

ObamaCare: HealthCare Reform Across a Nation

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Introduction

The United State's healthcare delivery system is currently undergoing a major transition. "Obamacare", the product of the Affordable Care Act, is working to make healthcare affordable to every citizen of the United States. One main milestone of this reform is the ability of individuals with pre-existing conditions to receive health insurance. Currently, individuals with pre-existing conditions, such as cancer or heart disease, are not readily compensated for by standard, affordable insurance premiums. However, now there is no discrimination among individuals seeking insurance coverage.

The objective of this project is to increase the awareness of the specific components of the Affordable Care Act to AltaMed providers so that they can be the valuable source of information AltaMed patients need in order to continue with AltaMed coverage into the upcoming year. With all of the health care changes taking place, it will be imperative for AltaMed to maintain its patient base. Without a solid patient base, AltaMed will not continue be able to fulfill its mission, which is to tend to the underserved and uninsured. Thus, this project is intended to indirectly maintain AltaMed's patient base through the providers in order to preserve AltaMed's functional integrity.

Background

In California, 5.7 million people (16.1 percent) live in a Medically Underserved Area (MUA) and nearly all counties have a portion of their population that resides in a primary medical care HPSA (Health Professional Shortage Area Designations, 2005). Of the 5.7 million Californians without health insurance in 2012, 4.6 million will be eligible for coverage under the ACA. One million are

ineligible due to their immigration status. Poor access to nutritious food, low education attainment, and a lack of employment are all contributing factors to the adverse health seen within the community. Cardiovascular disease (CVD) accounted for 30% of deaths among both men and women in 2008 (GDPH, 2012). This data shows significant health disparities that have their roots in variety of social/environmental factors, including those that have been discussed.

Nutrition, education, and employment status have all been correlated with health outcomes and are among factors described as social determinants of health. Various studies have shown how such factors influence health outcomes. In one study, a pair of twins raised separately was observed from infancy to adulthood. The twin who completed a higher level of education made better lifestyle choices such as abstaining from smoking and exercising more frequently (Fujiwara & Kawachi 2009). Reaching higher levels of education have also been shown to be associated with strong support networks, and mentors have been shown to play an important role in reaching higher education (Kogan et al 2011).

Similarly, studies have also shown that unemployment is a large factor in creating health disparities within communities. Lower socioeconomic status has been correlated with diseases such as diabetes, obesity, and cardiovascular disease (Fiscella & Williams 2004). Likewise, studies have reported that much of the chronic disease found in the country is attributable to malnutrition (Lenoir-Wijnkoop, 2013). These findings help to support the notion that those within the underserved communities not only suffer from direct hardships of poor nutrition, lack of education, and scarce employment opportunities but the intertwined damage to health outcomes.

California's health insurance exchange is known as Covered California. Beginning October 13th, 2013, pre-enrollment begins for this new health coverage. This pre-enrollment ends on March 31st, 2014. This new program will actually begin coverage starting January 14th, 2014. Future open enrollments will be each year from October 15 through December 7. Individuals who do not currently have insurance will be able to get coverage through Medi-Cal, or via private health plans with the help of financial assistance from the federal government, depending on income levels.

AltaMed

AltaMed is preparing for the new changes in healthcare through increased development and expansion. Currently, AltaMed is an organization known as a "safety net", meaning it accepts all patients equally regardless of the ability to pay. Thus, it "catches" any individual (citizen or undocumented) that longs for healthcare. However, this title will soon fade with the upcoming healthcare reform. AltaMed must compete for patients among other healthcare organizations, like Kaiser. AltaMed must begin to focus on quality care in order to attract individuals to the organization. No longer can AltaMed depend on government grants. That source of funding is decreasing rapidly. Moreover, AltaMed will depend more on insurance reimbursements from the increased patient base. Because more patients will potentially be covered by an insurance plan, there are potentially more insurance reimbursements to collect.

This organization is conducting a General Awareness Campaign to market the organization to the community. AltaMed is utilizing billboards, poster, bus shelters and other outlets to promote the awareness of the healthcare reform and to

help direct patients to healthcare. This is a critical part for AltaMed's success into the future. AltaMed needs to recruit as many patients as possible with insurance to maintain enough funds to tend to the individuals without healthcare.

There are contracts in place that determine which insurance plans patients under AltaMed can receive. One of Covered California's selected health plans, Anthem Blue Cross, has partnered with AltaMed enabling patients to choose this company for their health services. AltaMed also have similar agreements with two other selected health plans: HealthNet and L.A. Care Health Plan.

One major theme that is predicting the major surge in patient numbers is due to Moral Hazard. Moral Hazard is the theory that people have a tendency to use health insurance benefits even if they are not needed. In other words, concerns that were not normally a reason to go to the doctor without insurance are honed in on now that they have insurance. For example, if a patient had a bad headache without having health insurance, normally that patient would remain at home and just manage the pain the best he or she could. However, now that the same patient has health insurance coverage, he or she will not hesitate to see the doctor for anything. This is due to the psychological effect of never having health insurance; now that the patients finally have coverage, there will be no delay to see the doctor.

Currently, AltaMed receives its income from three different sources. The first source of funding is directly from the government. This grant funding is due to the fact that AltaMed is a FQHC (Federally Qualified Health Center) and receives individuals who cannot pay for health coverage. The second sources stems from insurance reimbursements. Some patients that receive care in AltaMed are individuals who can afford basic levels of insurance and choose providers within

AltaMed. The final supply of funding is direct cash from individuals who receive treatment. These patients cannot afford healthcare, but they do give what they are able to. With these three sources of revenue, AltaMed is able to continue providing great healthcare to the underserved and uninsured.

The weighted proportion of AltaMed's funding will change dramatically in the upcoming years. Currently, AltaMed is heavily depending on governmental grants to run the organization. These grants will diminish in the upcoming year and more dependence will be shifted upon the revenue collected from insurance reimbursements. Because more patients will have insurance coverage, the annual insurance reimbursement revenue for AltaMed will significantly increase. This will work to offset the decreased amount of governmental grants received by AltaMed. Finally, the direct cash from individuals will still be present; undocumented individuals who cannot qualify for the new healthcare will still pay what they can to receive care.

AltaMed providers have a huge impact on transition into the new healthcare system. Patients will have to make critical decisions in the near future as to which insurance company they will receive care under but more importantly which provider they will trust. Thus, AltaMed providers are essential to the continued success of this organization. If patients can confide in the providers for direction concerning healthcare, they will be more likely to stay within AltaMed for healthcare. Providers must be open to answer questions and also direct the patients to an AltaMed Patient Care Coordinator.

Methodology

In order to create a meaningful presentation for the AltaMed providers, extensive research was done to develop our strategic endeavor. Weekly synergistic meetings were held amongst the Branding, Marketing, and Communications departments to determine the most effective path to reach the providers, and thus indirectly reaching the patient base. During the meeting, the groups also combined to review the brand initiative and patient communication tactics.

The presentation was created with the intention of touching AltaMed providers; however, the message delivered was designed to indirectly reach the patients through the providers. Each slide was carefully proposed to create a simple but effective meaning.

The beginning of the presentation involved some background information concerning the changes occurring within healthcare (Figure 1, Slides 1-6). Next, the following slides were designed to include certain facts on insurance specifics (Figure 1, Slides 7-11). Following, we included slides demonstrating how the Affordable Care Act will affect AltaMed as an organization as well as its providers (Figure 1, Slides 12-14). Closing our presentation, we wanted to leave the providers with the path they can utilize to reach the patient (Figure 1, Slide 15). This was the most important slide of the presentation because it implied provider action.

Our team designed each slide purposely making the slides easily understandable. Again, the goal was to supply the providers with information necessary to maintain AltaMed's patient base. The team discussed creating the presentation geared to the patient but it seemed that the provider was a better

option. The reasoning involved the fact that patients *trust* their provider. If our team can reach the provider, then we can successfully reach the patient.

Once the presentation was designed, the next step was to create the surveys that would be distributed to the providers. This consists of both AltaMed Provider Pre-survey (Figure 1) and Post-survey (Figure 2) in order to assess the provider's knowledge base. An additional purpose of the survey was to collect the action responses from the providers in order to analyze how the providers will take steps in the future. The surveys were made to be anonymous to help provide comfort to the providers so that they could respond honestly, which helps to make the data more significant.

The Los Angeles County Provider meeting was scheduled on July 16th at 8:00am at AltaMed Headquarters in the first floor Multi-purpose room.

Discussion

My original Affordable Care Act presentation (Figure 1) was intended for the providers of AltaMed. However, a last minute decision from the Communications Team altered my audience and presentation time. Instead, my presentation was given on the following day to AltaMed's Research Committee. They welcomed my talk and also paid close attention to what I had to say. Afterwards, the committee offered me some constructive criticism concerning my presentation.

The entire experience of creating the presentation helped me understand how the ACA is going to affect the providers of AltaMed. Primarily, the presentation was developed in order to provide a resource base of information within the providers so that patients can rely on their physicians. Another purpose of the

presentation was to ensure that each provider was sound on the political and medical changes taking place. It is normally assumed that all doctors are familiar with current legislature but this is not always as it seems. In order to maintain the patient base in the upcoming year, AltaMed providers must be up to date with the ongoing health care changes.

With the new health care legislature, there will be slight alterations that will affect AltaMed providers. The new health care system will allow for more citizens to be eligible for health care. Therefore, AltaMed providers will be anticipating more patients as a whole. In the past, health care has been focused on quantity over quality. With the new health care system, there are incentives for delivering quality health care and consequences for poor care distribution. Thus, even with the large increase in patient base, providers still must deliver quality health care.

Provider salaries are always a hot topic when discussing the new health care system. Within AltaMed, funds are being received from three sources – governmental funding, insurance reimbursements, and patients paying out of pocket. Because AltaMed's mission is to serve the underserved, which includes undocumented immigrants, AltaMed providers will still have to tend to individuals who cannot pay for health care. With the increased patient base, there will be a large increase in the insurance reimbursement volume that AltaMed receives which will help compensate for the lessened governmental funds and patients that cannot pay for health care. By the end of this transition, it is expected that AltaMed's providers maintain the same salary.

Further future research opportunities involve analyzing how many patients actually remained within AltaMed's system starting January 1st, 2014. Covered

California involves 13 different health insurance plans, each with different provider contracts. It is of interest to see whether AltaMed maintains clasp upon current patients.

Although I did not personally deliver my presentation to the AltaMed providers along with the pre- & post-surveys, the Marketing and Communications teams will use my presentation in the fall to reach the providers. It was great to be apart of this process and I look forward to observing the results.

Recommendations

Moving forward, there are several essential tasks that can be done in order to guarantee AltaMed's smooth transition into the new health care system. First and foremost, due to the wave of incoming patients, AltaMed must increase its provider base in order to accommodate the increased patient base. This involves building expansion as well as staff expansion. All together, this will put AltaMed in a better position to accept the larger number of patients and still provide quality health care.

Another suggestion involves the business aspect of the organization. I feel that it is imperative for AltaMed to compete as an organization in order to bring more patients to the company. Without patients, AltaMed will see fewer insurance reimbursements and will not be able to continue running the organization. Thus, AltaMed must compete and promote itself as an elite provider of quality health care. No longer can AltaMed remain at the casual end as a "safety net" organization. AltaMed must present itself as a leader in quality health care delivery in order to last.

Conclusion

The research committee provided additional analysis for my AltaMed provider presentation. One of the strengths they noticed involved the simplicity yet effectiveness of the presentation. It was very easy to understand but carried a critical message. Another strongpoint of my presentation was my delivery and ability to answer questions. They were truly impressed with knowledge base of the health care legislature and the changes that were taking place.

The committee also offered ways that I could make my presentation even better. The group suggested that I slightly alter my slides to be more directed to the provider. They noticed that I could go farther in order to really reach the providers of AltaMed. One technique would be to show the providers how the ACA will affect each one of them. The committee explained that when you can relate a presentation to the audience, the message goes much deeper. Those suggestions were the research committee's main critiques for improving my presentation.

While working on this summer project supported by the NMF, I learned a vast amount concerning the Affordable Care Act and the new legislature concerning health care in the United States. I researched the new policy changes and begun to understand how our health system was actually going to transform. This was excellent; not only did this help me realize how the ACA would affect me, but I also was pushed to grasp the concept well enough in order to explain to others. However, this knowledge acquisition was not the most critical aspect of my summer.

More importantly, I was able to gain a better perspective of professionalism within myself. I feel that when I started the program, I was not as "sharp"

(professionally-speaking) as I should have been. I made a couple mistakes that cost me my first impression at the site. Therefore, the majority of the summer I was working uphill in order to prove myself to the organization. I feel that this summer fellowship has propelled me to become more conscious of my mistakes, thus leading to fewer slips. I also feel that the elements I grasped during this program will make me a better physician in the future. Although my summer started off a bit unsure, I am thankful to have undergone through this complete learning process. I am truly glad to have been selected as a 2013 NMF PCLP Scholar.

Appendix



Provider Survey

What is your specialty?

How long have you worked under AltaMed?

Pre-Survey	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am likely to refer my patients to the exchanges	<input type="checkbox"/>				
I feel confident advising patients on the health exchange	<input type="checkbox"/>				
I am aware of the changes MediCal is undergoing with the ACA	<input type="checkbox"/>				
I am aware of how the ACA affects patients with pre-existing conditions	<input type="checkbox"/>				
I understand which individuals are not eligible for coverage (with the new healthcare system)	<input type="checkbox"/>				
I am clear on which insurance companies are involved in a partnership with AltaMed	<input type="checkbox"/>				
I have a clear understanding of the changes ACA will bring to healthcare	<input type="checkbox"/>				
I am aware of the how the healthcare reform will affect my salary	<input type="checkbox"/>				
I am excited for the upcoming changes in healthcare	<input type="checkbox"/>				
I prefer using the current healthcare system compared to the new healthcare	<input type="checkbox"/>				

Figure 2



Provider Survey

What is your specialty?

How long have you worked under AltaMed?

Post-Survey	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
I am likely to refer my patients to the exchanges	<input type="checkbox"/>				
I feel confident advising patients on the health exchange	<input type="checkbox"/>				
I am aware of the changes MediCal is undergoing with the ACA	<input type="checkbox"/>				
I am aware of how the ACA affects patients with pre-existing conditions	<input type="checkbox"/>				
I understand which individuals are not eligible for coverage (with the new healthcare system)	<input type="checkbox"/>				
I am clear on which insurance companies are involved in a partnership with AltaMed	<input type="checkbox"/>				
I have a clear understanding of the changes ACA will bring to healthcare	<input type="checkbox"/>				
I am aware of the how the healthcare reform will affect my salary	<input type="checkbox"/>				
I am excited for the upcoming changes in healthcare	<input type="checkbox"/>				
I prefer using the current healthcare system compared to the new healthcare	<input type="checkbox"/>				

Figure 3

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