

***“Tackling the Uninsured Puzzle:
Collaborating for Community Care”***

By Jeanan Yasiri and Tom Blinn

Executive Summary
of the Book published by
Medical Group Management Association

2001

Executive Summary

One of the most daunting issues impacting delivery of health care over the course of the last decade has been the increasing number of uninsured residents in the United States. With at least 44 million uninsured in the United States, health care providers, patients, policy analysts and other community stakeholders are nearly disabled by the magnitude of an issue that simply continues to grow and challenge us all.

In year 2000, Jeanan Yasiri and Tom Blinn wrote the book *"Tackling the Uninsured Puzzle: Collaborating for Community Care."* The intent of this book was to outline the scope of this issue, investigate the current landscape of public perception, review the legislative action points that were taking place across the country and identify methods that health care executives and physician leaders could employ in addressing the issue. The audience for the book was explicitly intended to be those working within the health care industry. The book was subsequently published in 2001 by Medical Group Management Association. The work intends to appropriately frame the issue and provide alternatives that could motivate group practices into action in collaborating with community partners on solutions.

In addition to eight chapters outlining national efforts to address the issue, the book includes several case studies of communities employing creative models of addressing the issues associated with providing care to the uninsured.

This work represents a research effort that included significant literature review as well as incorporation of information concerning proven program efforts. In addition to reporting the quantitative data appropriate to explaining the scope of the issue of the

uninsured, qualitative information was gathered and is reported in context with programs / cases that apply to addressing this issue.

“The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little.”

Franklin Delano Roosevelt

Introduction

Have you ever tackled a jigsaw puzzle?

The fact is only a few people ever consider doing so. That’s because jigsaw puzzles are time consuming, mind stumping and often frustrating enough that you just want to give it up after working on it awhile.

But, those who have taken on the task know there are a number of ways to view a puzzle. You can look at it as a pile of individual pieces, which generally proves to be overwhelming or you can put some sections together and try to understand the relationship those parts have to the whole picture. And, because there is usually a nice picture on the cover of the box visualizing what the end product is supposed to look like, you do have a sense of whether or not you’re making progress. The end product, not to mention the process of solving a seemingly impossible task, is what keeps most people motivated to stick with the project.

What if you were faced with solving a jigsaw puzzle in which the welfare of others depended on its solution?

When working with those who don’t have health insurance, it is easy to liken the process to constructing a jigsaw puzzle. Perhaps no other population holds the potential for eating up resources and causing endless frustration for health care and safety net providers than the uninsured. There are no easy answers to solving the puzzle of the

uninsured. There are no quick fixes. There isn't even a picture to tell you what all that time and energy you are investing will produce in the end. Instead, what you have is a mound of pieces with unique edges and no real direction to guide you.

And, to make matters worse, the number of pieces before you keeps growing. Simply put, because the uninsured are so many and so complex, they are an easy group to give up on.

It is the intent of this publication to help readers recognize and execute his/her role in meeting the challenge of addressing this growing national need. Perhaps no other population can provide the same level of satisfaction to those willing to tackle the task. The end product of working with this population can be enormously gratifying to those involved because so many view serving the uninsured as an impossible task.

In taking on the charge, health care organizations have an opportunity to create options that serve patients, providers and the realities of business balance sheets. Additionally, there is no doubt medical group practice leaders can make enormous differences in the lives of the challenged individuals in your community and ultimately to the community at large.

This Paper in Context with the Book

The book "*Tackling the Uninsured Puzzle: Collaborating for Community Care*" was published by Medical Group Management Association in 2001. The publication helps frame the issue of the uninsured and intends to encourage health care and physician leaders to develop or replicate models that achieve greater access to health care for the uninsured in your community.

The topics covered in the book include:

- **Chapter 1** investigates who makes up this growing population of people we call “the uninsured” and some of the circumstances as to how they got there.
- **Chapter 2** discusses public and professional perceptions and expectations associated with this increasingly complex national problem.
- **Chapter 3** addresses recommendations, at both state and federal levels as well as what some professional associations are recommending to reweave the safety net of services to the uninsured. Discussion of what constitutes community benefit is also an important element of this chapter and serves as a guide to assist health care leaders in determining whether their efforts are consistent with that definition.
- **Chapter 4** addresses the reality that there are millions of uninsured who are, in fact, eligible but not accessing public assistance benefits.
- **Chapter 5** discusses the importance of engaging with community partners through collaborative models. This chapter shows that health care providers can be change agents on this issue by initiating community dialogue in regard to vulnerable populations.
- **Chapter 6** outlines a variety of different options that individual organizations, practices and communities are employing to address the needs of the uninsured.
- **Chapter 7** assists leaders in creating an inventory of the community service efforts they are currently involved in or may consider in the future.
- **Chapter 8** is guest authored by Dr. Marilyn Hughes Gaston, assistant surgeon general and Dennis Wagner and Rick Wilk of the Health Resources and Services Administration (HRSA). This chapter focuses on HRSA’s “*Campaign for 100% Access and Zero Health Disparities.*”

- Finally, the publication closes with 11 case studies that present successful community and organizationally-based models of care that enhance access to health care for the uninsured. Contact names for each program are listed at the end of each case study.

Crafting a Picture for the Puzzle

While the statistics can be overwhelming, it is important to recognize the scope of the problem. According to national estimates, there are at least 42.6 million Americans who have no health insurance.

This represents an increase of 11 million people in the past decade. And, that includes just those that we can identify and thus count.

Nearly 12 million of the uninsured are children which represents 13.9 percent of all children and 27 percent of all uninsured people in the U.S.

The total group of uninsured constitutes 15.5 percent of the entire population and 18 percent of non-elderly people. The percentage of the population that is uninsured is even higher in certain states and the number of uninsured people nationally is increasing.

(1)

To add to the complexity of this puzzle, consider the following:

- It is estimated that in 1997 about 71.5 million people were without insurance for some portion of the year. (2) Most of these people were employed with 61 percent of uninsured adults surveyed in January/February 2000 saying they currently work full or part time. (3)
- Over 26 percent of young adults up to the age of 34 lack insurance coverage. This group represents 40 percent of the total number of the uninsured. Men between the ages of 18-34 are most likely to lack insurance but the percentage

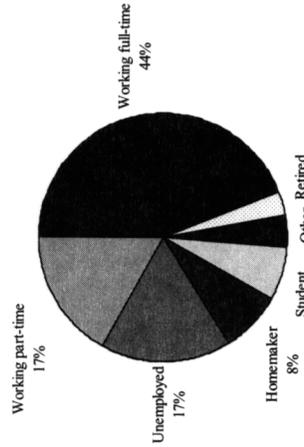
of uninsured women in every age rose faster between 1997-98 than the corresponding rate for men. About 25 percent of low-income adults aged 55-64 are uninsured. (4)

- According to a 1997 *DataWatch* survey, only 33 percent of women leaving welfare for work obtained health insurance through their jobs. Among this population, the likelihood of obtaining insurance decreases the longer the poor are out of the welfare system. (5)
- Most uninsured adults have incomes less than 200 percent of the federal poverty level (FPL) but over 40 percent have incomes *above* 200 percent of the FPL making them virtually ineligible for most public assistance sources. About two-thirds reside in households with at least one full-time worker. (6) In 1998, this percentage of “non-poor” Americans (people who earn more than twice the federal poverty level of \$33,400 for a family of four) represented nearly 46 percent of the uninsured. (7)
- Disastrous medical bills play a huge role in personal bankruptcies in this country accounting for about 40 percent of the filings in 1999. About 500,000 Americans filed for bankruptcy protection in 1999 largely because of heavy medical expenses. (8)
- In the last half of the 1990s, nationally the number of uninsured children increased 9 percent to nearly 12 million in total. Over four million children living in the South have no health insurance coverage. (9) According to 1999 figures from the Children’s Defense Fund, 1,353 babies are born *every day* without health insurance.

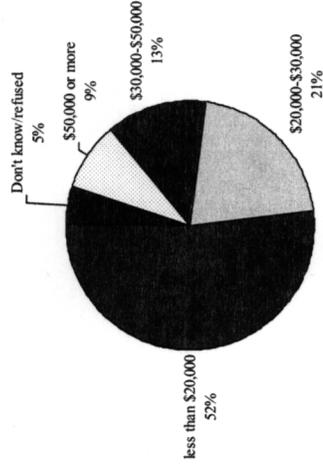
- The Health Insurance Association of America predicts the total number of Americans without health insurance will grow to 55 million by 2008 – more than 22 percent of the non-elderly population – if action is not taken. Should the economy falter and if health care costs grow faster than expected, the numbers of uninsured Americans would rise to more than 60 million by 2008.

Who Are Uninsured Adults?

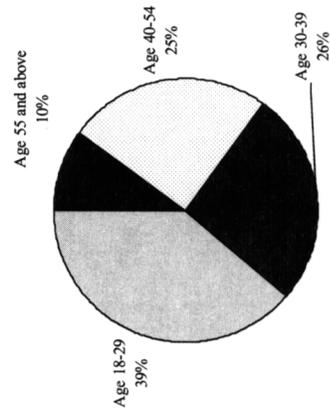
Employment



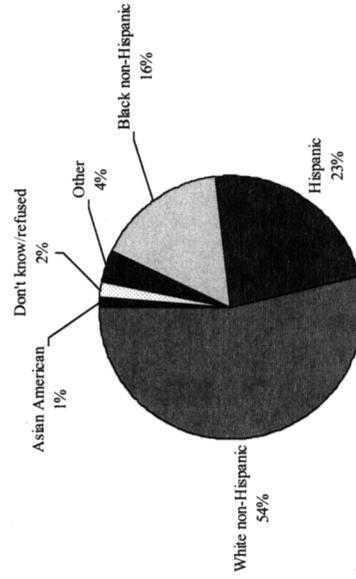
Income



Age



Race

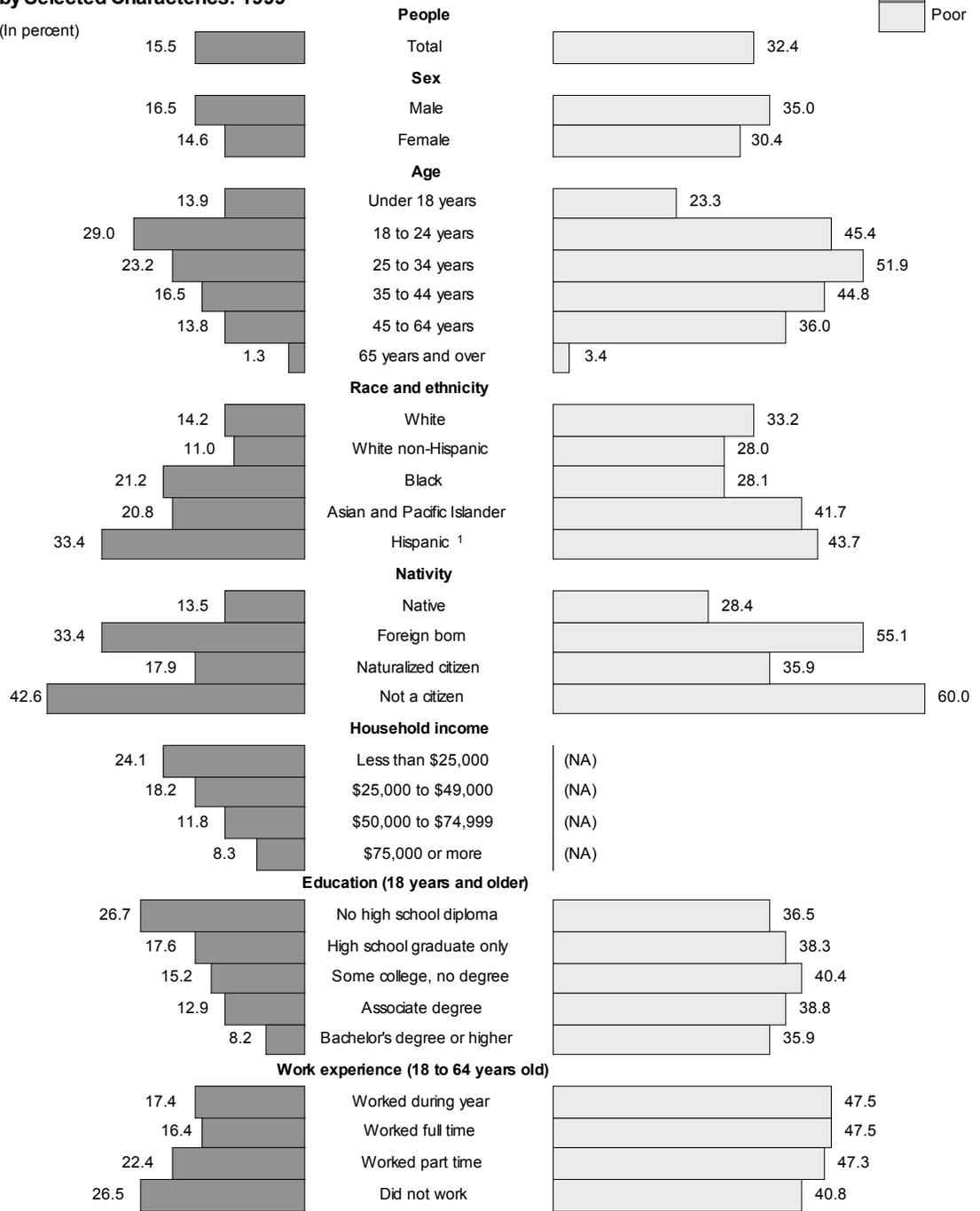


Note: Among Uninsured Adults Under Age 65; Does Not Include Dependents Under Age 18

Source: *The NewsHour with Jim Lehrer / Kaiser Family Foundation National Survey on the Uninsured, April 2000 (conducted January - February 2000)*

**People Without Health Insurance for the Entire Year
by Selected Characteristics: 1999**

(In percent)



¹Hispanics may be of any race. NA Not Applicable.
Source: U.S. Census Bureau, Current Population Survey, March 2000.

2000 Federal Poverty Levels

ANNUAL GROSS INCOME

Group Size	<u>100%</u>	<u>150%</u>	<u>185%</u>	<u>200%</u>
One	\$8,350	\$12,525	\$15,448	\$16,700
Two	11,250	16,875	20,813	22,500
Three	14,150	21,225	26,178	28,300
Four	17,050	25,575	31,543	34,100
Five	19,950	29,925	36,908	39,900
Six	22,850	34,275	42,273	45,700
Seven	25,750	38,625	47,638	51,500
Eight	28,650	42,975	53,003	57,300

MONTHLY GROSS INCOME

Group Size	<u>100%</u>	<u>150%</u>	<u>185%</u>	<u>200%</u>
One	\$696	\$1,044	\$1,287	\$1,392
Two	938	1,406	1,734	1,875
Three	1,179	1,769	2,181	2,358
Four	1,421	2,131	2,629	2,842
Five	1,663	2,494	3,076	3,325
Six	1,904	2,856	3,523	3,808
Seven	2,146	3,219	3,970	4,292
Eight	2,388	3,581	4,417	4,775

HOURLY GROSS INCOME

(2,080 Hours/Year)

Group Size	<u>100%</u>	<u>150%</u>	<u>185%</u>	<u>200%</u>
One	\$4.01	\$6.02	\$7.43	\$8.03
Two	5.41	8.11	10.01	10.82
Three	6.80	10.20	12.59	13.61
Four	8.20	12.30	15.16	16.39
Five	9.59	14.39	17.74	19.18
Six	10.99	16.48	20.32	21.97
Seven	12.38	18.57	22.90	24.76
Eight	13.77	20.66	25.48	27.55

Dept. of Health and Human Services, Annual Update of HHS Poverty Guidelines
Federal Register/Vol. 65, No. 31

The statistics are compelling and raise many unanswered questions. But for those who have worked with the uninsured, either by assisting them with their personal medical issues or the financial challenges they face, their circumstance is far less about statistics and much more about lives on the brink of human tragedy. These are individuals and families often already living in crisis, if not just one step away from it.

But, Whose Responsibility?

There is no doubt that different people are moved by different aspects of this puzzle we call “the uninsured”. Different aspects of the issue impact different people.

Perhaps the pure economics of the situation causes you concern. There is no doubt that group practices and health care providers across the country are faced with extraordinary requests for service by populations with increasing needs and decreasing ability to pay. Perhaps the other discounted fee arrangements your practice has been forced to adopt have left little room to cost-shift to cover services to the poor. Maybe your organization is an example of a group that recognizes business is no longer “as usual” and you are moved by the mere concept of how to manage the circumstance differently.

Perhaps the concept of women going without prenatal care is something that you find difficult to wrestle with. The Centers for Disease Control report in the U.S. 40,000 women deliver babies each year without the benefit of *any* prenatal care. Another 39,000 get minimal attention and only in their third trimester. This is shocking in a nation that has demonstrated the human and economic value associated with regular care of pregnant woman and the positive impact on potentially devastating birth outcomes.

With 30,000 infant deaths a year due to premature birth, it is a preventive health concern difficult to ignore. But, maybe this isn't what moves you.

Perhaps it's the concept of several thousand children lacking necessary immunizations against preventable childhood diseases that concerns you most. Maybe you are concerned for those uninsured children and the devastating effects that lack of protection against basic childhood diseases can bring them. Perhaps you really become concerned once you reflect on the fact that the child who lacks immunizations sits next to your own son or daughter in class and plays with them and interacts with them in ways that may even impact your child's health, despite your child's health insurance status.

Maybe it's the plight of low-income seniors that haunts you. You realize that many elderly live out their final years in total isolation, particularly from the necessary health services that could provide them with a better quality of life. With mental health issues plaguing the already compromised health conditions of this population, it's no wonder you're moved.

Maybe none of these circumstances moves you. You're not alone. But, consider then, the implications of *your* day-to-day exchanges and whether the fact that service sector employees lacking health insurance may impact you personally. When the gentleman preparing your luncheon salad in the kitchen of your favorite restaurant has a hacking cough and active tuberculosis, does that impact you? Yes, it certainly does. But, then again, you may still not be moved because you are unlikely to be aware of whether your salad is contaminated. (Note: Restaurant and tavern employees are one of the many working populations least likely to carry health insurance through their employers.)

The point is that the issue of the nation's uninsured is our issue. It is not one strictly rooted in public policy, in private sector fistfighting over who should pay the bill nor even who should be solely responsible. *We are all responsible.* Health care providers and group managers have an integral role in addressing this problem. Whether it is for the sake of population health or out of concern for individuals in our society, it is *our* issue. The time has simply come for health care organizations to fully assume our responsibility and act responsibly. And, very soon.

