

Each patient's story reveals system's holes

Brad Shannon, The Olympian, June 23, 2007

Yvette Perrine's blood pressure was up, and she needed to see a doctor, but she doesn't have health insurance. So she got in line for care at the Neighborhood Free Medical Clinic in Lacey recently, jotting her medical history and symptoms onto forms on a clipboard as she stood outside the clinic. "I work. I can't even afford insurance at work," said Perrine, a certified nursing assistant who works at an Olympia nursing home. "I have bills. If you can't pay your house payment or electricity, they cut it off."

A dozen other people were lined up on the warm evening — a single father who works as a carpet-layer, with his sick 12-year-old daughter; a mother who said she needed a prescription for hormone treatment to keep from going crazy after a hysterectomy; a man who said he might be depressed after attending several funerals for young people; and a 23-year-old, part-time retail worker who said she needed six more months on the job to qualify for health coverage. Each person had a story to tell, and each of the stories reveals a gap in the nation's medical care system. Among the gaps:

- **The ranks of uninsured are growing** and include 14 percent of Thurston County's population and 11.6 percent statewide.
- **Those who have state and federal help** through Medicaid or federally paid Medicare have trouble getting a doctor. That's because more doctors are refusing such patients, citing low government reimbursement rates.
- **Many patients** use hospital emergency rooms for treatment of illnesses that could be better treated in a doctor's office. **Providence St. Peter Hospital** in Olympia says one-quarter of its ER patients fit that description.
- **There are shortages of mental health care.** Recent state insurance changes put mental health on par with bodily illnesses, but that law will cover only 2 million of the state's insured, leaving the uninsured and 4 million who have insurance without coverage.
- **Dental care is a problem.** The **Sea Mar Community Health network** offers some dental care, and a free clinic operates through Olympia Union Gospel Mission.

In some cases, federal- or state-paid programs plug some of the gaps; in others, local volunteers at places such as the free clinic provide a safety net. "On any Tuesday night, we typically see between 25 and 30 patients. That will depend on who will show up. It also will depend on the number of providers we have" to volunteer, said social worker Jane Jones, the free clinic's director who helped spearhead its formation as a project of Westminster Presbyterian Church in Olympia. The clinic is open every Tuesday evening at the Lacey Presbyterian Church. "The patients that come here are so grateful. We have so very few patients who are trying to get one over" on the system, Jones said. Jones and her allies in the health care system say the gaps are many and resources few. The clinic runs on a \$123,000 yearly budget and delivers care at a cost of about \$50 per patient.

Besides the free clinic, the Sea Mar clinic in west Olympia offers sliding-scale fees for low-income people. There also is a referral program sponsored with help from the local medical society called Project Access, which includes surgical work; a free dental clinic that offers limited care a couple of times a week at Olympia Union Gospel Mission; and a free mental health clinic just getting off the ground in Olympia.

National problem

“The big picture is there needs to be a national solution. We are the only country among our economic peers around the world that doesn’t ensure that every resident has access to health care in a way that is affordable to them and to the overall system,” said David Rolf, president of Seattle-based **Service Employees International Union** Local 775, which represents about 28,000 home care and nursing care workers statewide. Rolf said employer-based health insurance is failing nationwide as more businesses scale back coverage. Sen. Ron Wyden, D-Ore., and Rep. Brian Baird, D-Wash., have offered a plan to create a system that would guarantee coverage for all, and others are talking about sweeping changes. “Realistically, this is not going to happen with this president,” Rolf said, noting that major retailers such as Wal-Mart and Safeway have joined a national coalition to look beyond job-based insurance. “We are one of a handful that maintains such a strong link between employment and health care coverage.”

The number of people who fall through the cracks is growing — up by 88,000 people in six years in Washington, increasing slightly faster than population growth, according to data kept by the state **Office of the Insurance Commissioner**. That means 737,530 Washingtonians were uninsured part of the time in 2006, by Insurance Commissioner Mike Kreidler’s count. It’s a number that Gov. Chris Gregoire and state lawmakers don’t expect to cover in the next five years. A report late last year from Kreidler showed that 30,670 people lacked health insurance in Thurston County in 2004. It represented a shift in costs to hospitals, doctors and other patients of \$22.65 million, Kreidler’s report says. “It’s not going to get better on its own,” said Kreidler, a Democrat. “The number of uninsured is only going to rise.”

Nationwide, the number of uninsured exceeds 40 million people, with some estimates as high as 47 million. Kreidler’s report shows a related trend: Just 60 percent of businesses nationwide provided insurance in 2005, down from 69 percent in 2000. The situation is not getting better, Kreidler said, despite government efforts that have expanded the number of children eligible for state-subsidized care.

No federal solution

Although most observers say a federal solution is needed, there isn’t much help in the works this year. The lone exception: U.S. Sens. Maria Cantwell and Patty Murray, both Washington Democrats, plan to push this summer for reauthorization of the federally assisted State Children’s Health Insurance Program. A federal tobacco-tax increase could provide part of the funding. “We’re about to have a national debate. It’s the No. 1 domestic priority for Democrats to increase coverage for working families,” Cantwell said. Meanwhile, Washington’s Legislature expanded the state’s children’s insurance program this year in an attempt to cover all children by 2010. State officials have asked Cantwell to see what she can do on the Senate Finance Committee to avoid changes in federal law that might penalize the state for its pioneering approach.

But there's disagreement about how bad the health care situation is, which has contributed to the lack of political solutions. Don Brunell, president of the [Association of Washington Business](#), said that yearly increases in medical insurance premiums are slowing, and most members of his organization are able to afford insurance for their workers. Brunell recalls when the Legislature, with large Democratic majorities in 1993-94, required businesses to cover employees. Combined with tax increases, that action led to a political revolt and GOP majorities in 1995 that undid the reforms. Brunell said it's important for policy makers to move slowly on health care this time, making incremental changes that build on what is working.

Sometimes, the patchwork of programs the state and charitable groups have stitched together has good outcomes. For instance, Perrine's visit to the free clinic got her treatment for her high blood pressure, as well as advice on how she could exercise or change her diet to improve her health. Others at the free clinic were treated within a couple of hours for their urgent symptoms. The woman with the hormone problems said she received a small supply of medication to deal with her emergency until a national pharmaceutical-company program sends her a 90-day supply in the mail. To Perrine's surprise, she also learned she might qualify for the state's Basic Health Plan with a premium as low as \$30 a month — far less than the \$150 to \$300 she thought she would have to pay for insurance. “It blew me away, actually — how cheap she said it would be,” Perrine recalled later.

Kristen West, executive director of the [CHOICE Regional Health Network](#) that helps link patients with health insurance and doctors in several South Sound counties, said Perrine's experience is not unusual. In 80 percent of her agency's cases, some program such as Medicaid or Basic Health is found for the uninsured, West said. Or a clinic such as Sea Mar is able to provide subsidized care on a sliding scale for fees — as long as the patient can pay a minimum of \$20 for the office visit. Verinia Zepeda, who helps patients at the Sea Mar clinic, said it is common for people to think they don't qualify for help. In some cases, Sea Mar or CHOICE is able to get a third-party organization to pay part or all of the Basic Health premium, said Anna Streuli, an AmeriCorps and VISTA volunteer who works at both the free clinic and Sea Mar. Douglas Burt of CHOICE said in some cases, the clinics can find a program to pay a patient's heating bill, which frees up income to cover the health care premiums. Late last week, Murray announced that she had secured an additional \$500,000 for CHOICE's program at Providence St. Peter Hospital and to expand it at hospitals in Mason, Grays Harbor and Lewis counties. But even if patients qualify for a program, their circumstances often change and so does their status.

Debbie Kira, an Olympia hotel worker who was treated recently at Sea Mar, is one of those who slipped on and off insurance over the years. Kira had insurance as a care worker at Panorama's retirement community in Lacey and later while working for [Group Health](#). But she left those jobs and had no insurance when she worked as an apartment manager. Kira eventually got her children enrolled for coverage through the government-paid State Children's Health Insurance Program, or SCHIP, she said. When she took the kids to Sea Mar, she learned the clinic would see her, too, on its sliding scale. At Sea Mar, Kira learned she qualified for the state's Basic Health Plan for about \$30 a month, so she signed up. That coverage served Kira until her new hotel job, which she expects to provide insurance in a few months at a price of \$58 a month. All along, Kira said, payment of her basic bills for rent and food has come ahead of her medical needs, and she sometimes puts off care, even when it hurts. On the day she was interviewed, Kira was getting follow-up care for pain in her face that had sent her to the hospital. “It hurt for like a week. I waited to see if it would go away. I couldn't take it anymore, so I went to the hospital”

emergency room, where doctors figured she had a medication reaction and sent her to Sea Mar for follow-up, Kira said. “You have to put the medical on the back burner,” she said, adding she would go to a free clinic, an emergency room or elsewhere if she needed help. “I’m a survivor. I figure something out.” Through it all, Kira said, she thinks her care is inconsistent, despite the best efforts of those who try to help.

Still others — Lourdes “Gabby” Gomez is one — go without insurance and hope for the best. Gomez is from Guatemala and works two jobs, including a temporary position as receptionist at Sea Mar, but she does not qualify for an employer’s medical coverage. She might qualify for aid but doesn’t apply, she said, because “I don’t want to be another person trying to get something from the government.”

Possible alternatives

Just about everyone agrees the U.S. health care system is too expensive and cumbersome, but changing it is no small task. Washington is trying to push the industry in new directions by using its clout in the state market; it covers 1 million veterans, state workers, teachers, retirees and their families. And that’s not including the 860,000 residents who use the joint state and federal program Medicaid. Washington isn’t moving as boldly as a few other states, particularly Massachusetts, which will require residents to have health insurance and has offered to help pay for it. But states such as Illinois have proposed big changes only to see them die amid political wrangling. “Maybe what makes Washington notable is you actually did enact something. In those (other) states, the question is what will make it through the legislative proposal,” said Enrique Martinez, acting director of State Coverage Initiatives, based in Washington, D.C.

Pay for healthy patients

- **THE IDEA:** You get sick; you go to the doctor. But the doctor doesn’t charge you and your insurance company for making you better.

The doctor charges you and your insurance company for tests, surgeries and office visits, which are supposed to make you better, but might not. The Washington, D.C., Institute of Medicine has estimated that as much as 30 percent of money spent on health care does not improve patient health or extend a patient’s life.

Instead of forking over cash for procedures, the state government wants to pay when the patient gets better.

- **IN THIS STATE:** Legislation passed this year charges the **Health Care Authority**, which runs state worker health plans, with figuring out how to do it — in five years. “Everybody agrees that we need to do that. Nobody has a real good idea on how you go about it,” said Richard Onizuka, policy director for the authority.

- **IN PRACTICE:** There are no true leaders to follow here, he added, although a small example of how the theory might work is Virginia Mason Medical Center in Seattle. The hospital cut fees it charged for specialty services such as MRI scans after insurers and employers complained; it tried to recover the money by talking one big insurer into paying more for routine visits.

Evidence-based medicine

- **THE IDEA:** The state wants to know which treatments help heal people, and which treatments only sound good. “There’s a lot of stuff out there now and new stuff that people grab on to. The biggest example of this is medications — prescription drugs,” Onizuka said. Expensive new drugs might not be any more effective than cheaper generics. Similarly, new diagnostic tests, surgeries and the rest of the never-ending advances in medicine can drive up costs without making people healthier.
- **IN THIS STATE:** Last year, the state formed a panel of medical experts to review emerging technologies, based on evaluations of the scientific data on the equipment collected by a private firm. The group recommends whether state health programs, such as the Uniform Medical Plan popular with state workers, should pay for using the new treatments.
- **IN PRACTICE:** The first technology to receive such a review was an upright-MRI scan, an advance over the lie-down version. There are only two upright machines in Washington, but the panel found recently they are no more effective and recommended not paying for their use. “The trick is to evaluate the evidence rather than evaluate the marketing,” Onizuka said, noting the next technique to be reviewed will be weight-loss surgery for children. By paying only for things proven to work, the state hopes to slow increases in insurance costs.

Information technology

- **THE IDEA:** While the technology to cure people races forward, doctors, nurses and other health professionals still are scribbling notes about your health on paper kept in manila folders. That kind of patient information is hard to retrieve, to transfer and sometimes to read, all of which limit the treatment of expensive chronic diseases.
- **IN THIS STATE:** The answer might be electronic medical records, complete files on patients that can be zapped to any specialist, emergency room doctor or pharmacist who needs them. Such records could reduce mistakes and cut costs. But computer technology is expensive, making the investment difficult for small clinics.
- **IN PRACTICE:** “The cost of achieving an electronic medical record for every person in Washington is going to be astronomical,” said Doug Porter, who oversees the state **Medicaid** program. He noted it cost \$2.5 million just to figure out what the basic technology needs were to share records among Spokane-area health care providers, who are ahead of the curve in the field. But eventually the records could pay for themselves by reducing, for example, repeats of the same test every time a patient switches doctors, he said, adding, “It could take many, many years to make a return on that investment.”

The insurance connector

- **THE IDEA:** What if, like taking your electronic medical record from doctor to doctor, you could take your health insurance from employer to employer? Massachusetts made national headlines last year when it moved to create such a system through its “connector,” a system that allows employees and the companies for which they work to pay into a hub.

• **IN THIS STATE:** This year, the Legislature voted to dip Washington's toe in the same water. The Health Insurance Partnership would offer a few health plans, paid for by participating small employers, their low-income workers and the state. The workers would choose a plan, and if they move from one participating company to another, they could keep it. The system is similar to the way state workers choose a coverage plan approved by the Public Employees Benefits Board and can keep it as they move from agency to agency. Like that system, the Health Care Authority will run it.

• **IN PRACTICE:** The connector is scheduled to begin operation next year and could expand to other markets, such as individual coverage, if successful. Today, Washington's program is in development and Massachusetts' system is unproven.

Basic Health- Medicaid link up

• **THE IDEA:** If Washington started its Basic Health Plan today, it would be a big deal. As it is, the 20-year-old program has become a part of the landscape, despite a lack of similar programs in other states. It provides \$200 million a year in state-sponsored insurance for 106,500 people who are too poor to buy their own insurance but earn too much to qualify for Medicaid, which serves primarily pregnant women and children who live in poverty.

• **IN THIS STATE:** The Legislature paid for an additional 6,500 slots last year. Hoping to build on that expansion, the Department of Social and Health Services has been talking to the U.S. Department of Health and Human Services, trying to get federal money. The goal is to get money to cover the 10,000 parents of children who already receive federal help, Porter said. The savings could open 6,000 more slots for the working poor in the Basic Health Program.

• **IN PRACTICE:** The Bush administration is committed to working out a deal to cover some of those parents, said James Whitfield, regional director for the federal department. "I would say that the state of Washington is the state that we're furthest downstream on this. We're having similar conversations with Idaho, but there again, there isn't the infrastructure that there is in Washington," he said. Porter is less optimistic. "The responses we get are very disheartening: 'Please explain more about this, more about that.' You get the message this is not a priority for the administration," Porter said.

Where your health insurance money goes

Here's a breakdown of average per-month, per-member charges to the Uniform Medical Plan used by state workers:

- **Hospital stays:** \$55
- **Emergency room care:** \$6
- **Same-day treatment facilities:** \$69
- **Fees by health care professionals:** \$96
- **Prescription drugs:** \$46
- **Other, including medical equipment:** \$2
- **TOTAL:** \$274

Source: State Health Care Authority

Annual visits to Providence St. Peter Hospital emergency room:

About 65,000

Estimate of how many visits are from people who are substituting the ER for a visit to a primary care doctor because they either don't have insurance or don't have a primary care doctor, or both:

About 25 percent, or between 15,000 and 20,000

Source: Providence St. Peter Hospital and Dr. Joe Pellicer

Glossary of terms:

- Medicaid:** A federal program that provides medical care to qualifying low-income Americans. Created in 1965, the federal and state governments share its costs. It covers kids and families with incomes up to 200 percent of the federal poverty line.
- Medicare:** A federal health insurance program for people age 65 and older, as well as those who qualify for certain Social Security disability benefits.
- SCHIP:** Also known as the State Children's Health Insurance Program. Created in 1997, it provides insurance coverage for children in families that make too much money to qualify for Medicaid but cannot afford medical insurance. It covers kids in families with incomes between 200 percent and 250 percent of the poverty line; families pay \$15 per month per child.
- Basic Health Plan:** A state-funded program that provides subsidized health-insurance policies for the low-income poor, including adults who are at or below 200 percent of the poverty line. It enrolls about 106,100 individuals.
- Neighborhood Free Medical Clinic:** A project of the Westminster Presbyterian Church in Olympia, it opened with free medical care for the uninsured in 2004. It operates Tuesday evenings at Lacey Presbyterian Church on Carpenter Road.
- CHOICE Regional Health Network:** A 12-year-old nonprofit begun by nonprofit hospitals in five counties including Thurston and Mason; it works to improve access to health care and discourage inappropriate use of emergency rooms.
- **Thurston County Project Access:** It is a physician-led program that refers low-income residents to donated medical treatment, including specialists.

Insurance lags behind change in focus

Medical visits have flipped from 70 percent acute, 30 percent chronic 20 years ago to 70 percent chronic, 30 percent acute now. However, health insurance reimbursement rates still favor acute, heroic care, specialty procedures such as heart bypasses and surgery. Chronic care visits to discuss lifestyle changes, medications or wellness are reimbursed at a lower rate.

Acute: heart attacks, stroke, car accidents, lung collapse, bruises, stabbings, gunshot wounds, pneumonia, food poisoning

Chronic: diabetes, obesity, arthritis, chronic fatigue, cancer, AIDS, hepatitis B or C, anemia

Source: Dr. Kevin Haughton, Providence St. Peter Hospital

Related Links and Resources: (see <http://www.theolympian.com/forum/story/143959.html> for links)

- See a year-by-year breakdown of general inflation versus health care inflation for the Seattle area from 1997 to 2006 (weblink)
- See 2007 insurance rates for a variety of health plans in all Washington state counties (weblink)
- See a state-by-state map detailing efforts to “Cover All Kids All the Time” (weblink)
- Read the text of state Senate bill 5093 that expands children’s health care this year (weblink)
- Read the text of state House bill 1569 that sets up a process to design a “connector” or state brokerage for health care insurance (weblink)
- Read the text of state Senate bill 5930 that reforms the health care system to improve the quality and effectiveness of care (weblink)
- Links to other work by the Blue Ribbon Commission (weblink)
- 2006 bipartisan report from the Legislature’s Blue Ribbon Commission on Health Care Costs and Access (weblink)
- Washington Policy Center in Seattle reports on health-care topics including Health Savings Accounts (weblink)
- States scoreboard by The Commonwealth Fund looks at the health-care system (weblink)
- January 2007 look at the progress of health-care reforms by the State Coverage Initiatives, a project of the Robert Wood Johnson Foundation (weblink)