

Access to  
Quality  
Physical  
Healthcare



# A Framework for Progress

Executive Summary



Growing A Healthy  
Community

Carlisle Area Health & Wellness Foundation

November 2009

## Executive Summary

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The United States spends more per capita on healthcare than any other nation in the world yet the overall performance and quality of the system falls near the bottom of comparative international rankings. For example, the U.S. spends nearly twice as much per capita on healthcare as Australia, Canada and France, yet our nation has the highest rate of deaths resulting from conditions that are preventable or treatable. As the number of under- and uninsured Americans continues to rise and costs escalate, identifying more effective strategies to jointly strengthen healthcare access, contain costs and increase wellness is critical.

### **Study Group Methodology**

Between January and May of 2009, the Carlisle Area Health & Wellness Foundation (CAHWF) formed an Access to Quality Physical Healthcare Study Group. The goals of the group were five-fold:

- 1) Become more knowledgeable about healthcare facts and the depth and breadth of the issue;
- 2) Examine the provision of healthcare in other countries and identify models from which to learn;
- 3) Become more informed about healthcare reform as a state initiative and compare approaches across states;
- 4) Generate consensus on critical healthcare needs and the ethics of care and access; and
- 5) Identify what CAHWF can do to improve local access to healthcare and share these findings throughout our region.

The study group met monthly to engage with expert speakers and examine the status of healthcare reform based on the dialog and selected reading materials that were provided for review. Following each meeting, study group members assessed and documented key lessons and recommendations. This executive summary is based on a 14-page white paper originally prepared by Risa Waldoks and Kathy Hubert.

### **Key Findings**

Access to healthcare is a fundamental issue that affects everyone. Key findings from this study focus on the rising costs of healthcare; the many challenges presented by unequal access to care; the dynamic potential of reducing healthcare costs through prevention,

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education and a realignment of incentives; and an international comparison examining how healthcare in the United States compares to that of other nations. Highlights are shared below.

**Rising Costs:** In 2007, healthcare accounted for more than 16 percent of the nation's gross domestic product (GDP). Unless efforts are made to stem costs, this amount is projected to rise to 20 percent of our GDP by 2016. Over the past decade, health insurance premiums for families in Pennsylvania have risen 5.4 times faster than workers' earnings. For example, average annual premiums for family health coverage increased from \$6,721 in 2000 to \$13,116 in 2009. These and other economic changes are causing more individuals to move from private to public insurance coverage, placing a strain on public insurance programs such as Pennsylvania's "adultBasic" option, which currently serves more than 42,000 adults but has a waiting list of over 321,000 individuals. In the absence of systemic reforms, an ever increasing backlog of applicants for adultBasic and other public insurance programs will go uninsured. Additionally, the U.S. is the only developed nation with personal bankruptcies resulting from healthcare costs: health problems are associated with over 60 percent of U.S. bankruptcies. Nationally, nearly half of all Americans are paying off accrued medical debt. Ultimately, the rising cost of healthcare is unsustainable.

**Unequal Access:** More than 1 million Pennsylvanians—or 8.2 percent of the state's population—are uninsured. Many low to moderate income individuals lack access to affordable, preventive care and when chronic conditions occur, they may be priced out of obtaining the care they need. In a comprehensive 2007 health status assessment, CAHWF reported that 8 percent of area residents (an estimated 10,000 people) are uninsured in our economically stable region of 135,000 residents. With family health insurance premiums increasing by 95.2 percent in the last 10 years, the state's underinsured population—individuals for whom healthcare costs exceed 10 percent of their pre-tax income—has continued to rise. As families pay higher premiums and expanding out-of-pocket costs for medical bills, low-income Americans become less likely to fill prescriptions, get the care they need or see a dentist due to costs. CAHWF's research confirms that between 2002 and 2007 the number of people failing to fill prescriptions rose by 5 percent. Research also shows that African American and Hispanic residents of Pennsylvania are less likely to have private health insurance coverage than white residents. Such findings and others demonstrate that access to healthcare is influenced by many factors including geography, cultural norms, age, race and socioeconomic factors.

**Prevention:** Seventy percent of all deaths in the United States are caused by potentially preventable or treatable conditions. Yet survey research demonstrates that basic preventive practices are underutilized. Only 1.5 percent of men and 4.2 percent of women meet four key criteria for healthy lifestyles and disease prevention, meaning that: 1) they do not smoke; 2) they maintain a healthy weight; 3) they eat five fruits and vegetables a day and; 4) they exercise five times a week for at least 30 minutes. The threat of chronic disease due to health challenges commonly associated with obesity is a concern—35 percent of individuals in our

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region are considered overweight and 31 percent are classified as obese. The escalating costs of healthcare could be measurably contained through increased public education, incentives and other new approaches designed to increase healthy behaviors. Furthermore, ensuring that all citizens have access to affordable primary care stands to reduce the rising costs of chronic conditions.

**International Comparisons:** In a study comparing health system performance across six leading industrialized nations, the U.S. consistently ranked last or next to last across the dimensions of access, efficiency, equity, quality of care and healthy lives—the U.S. was the only country without universal health coverage. While the U.S. remains a leader in state-of-the-art care, we fall behind other nations on the adoption of information technology that has the capacity to increase system efficiency and quality.

## Policy Recommendations

Public opinion polls show that across party lines, a majority of Americans agree that it is important to reform healthcare but not all agree on a specific set of strategies. What can be done at the local, state and federal levels to ensure more equitable access to high quality care? Based on the study group's discussions and research, the Foundation supports the following public policy recommendations.

### Federal/State

- Advocate that all individuals deserve access to affordable healthcare through either a single payer or pluralistic system.
- Promote systemic reforms that support preventive care, health education and behavioral changes to strengthen chronic disease management.
- Provide healthcare coverage that does not exclude pre-existing conditions.
- Advocate for system reforms that encourage and incentivize medical students to become primary care practitioners and do the same for related healthcare professionals.
- Examine promising reforms implemented in other states, such as community rating systems that decrease premium penalties based on gender or other factors.
- Support the use of health information technologies and promote healthcare research.
- Encourage paperwork and billing reforms that stand to reduce medical administrative burdens, increase efficiency and prioritize quality of time spent on patient care.

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- Promote the creation of family/general practices that serve as “medical homes.” Advocate for primary care practitioners to be compensated appropriately for the broader coordination of patients’ integrated healthcare needs.
  - Enact cost sharing that promotes responsible consumer use of services without decreasing access and affordability.

### **Local**

- Educate legislators, community members and medical providers about healthcare access issues. Monitor, analyze and disseminate information on state and national healthcare legislation.
- Encourage health education and prevention practices through community partnerships and funding support.
- Promote high-quality services for chronic disease management through local family practices and Sadler Health Center Corporation.
- Support access to obstetric services for women receiving Medicaid.
- Ensure pediatric care access for uninsured children and children on CHIP or Medicaid.

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### **Endnotes**

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Cindy Fillman, Pennsylvania Department of Insurance  
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