

9 Health Care Reform and Women's Health

In the context of health care reform, policies on women's health must consider more than reproductive health. Many of the leading causes of morbidity and mortality for women are due to causes outside of the reproductive tract. Assuring health policies that empower women and improve women's health will require diligence and persistence, and a vision of what the ideal health care system should look like.

Though federal health care reform failed in 1993, it stimulated reform at the state and local level that has continued. The corporatization of health care, which involves intense competition among managed care plans for market share and shifting of care to outpatient settings (including the home), is occurring nationally and in Utah.

In this evolving environment, it is critical for women to become informed consumers and to take an active role in shaping a system that integrates women's health needs into health care delivery. Articulating an agenda for system reform that incorporates women's particular needs and concerns is a challenge in a market-based system dominated by business interests. Women must communicate their needs to those in the

board room and in public office---in other words, they must become advocates for their own and their family's health needs. This is a role many women are not accustomed to assuming.

Unanswered questions about the current and future health care system include the following issues:

- Public policy lags behind market developments, with many decisions settled in board rooms instead of through public debate. How can women assure that their needs are met in a corporate environment?
- As mergers and acquisitions consolidate providers and health plans into large systems, will patient care become depersonalized and secondary in importance to business interests? Will the pressure to increase market share reduce the quality of care and limit investment in improvement of internal systems?

Utah's HealthPrint and Utah Women

In 1994, Governor Michael O. Leavitt and the Utah Legislature joined forces to adopt HealthPrint--a seven year, incremental plan to guide health care reform in Utah. HealthPrint and

the 13-member Health Policy Commission have enacted market-oriented policies to strengthen and improve Utah's health care systems in the areas of cost, quality, and access.

Access

1) Expanding Insurance coverage to thousands of Utahns, especially children, by expanding Medicaid coverage. This expansion is funded on a cost-neutral basis from savings generated through managed care contracts and other efficiencies in managing Medicaid programs.

This expansion, or increased safety net, is especially important to low-income Utahns. Many women, especially single mothers and elderly women with less pension and benefits, are low-income Utahns. Therefore, this policy is considered to be an important step in improving women's health.

2) A grant program was established to strengthen the health safety net in Utah. One-time funding for existing community based health care organizations to provide primary care services has been appropriated for individuals not eligible for Medicaid, but whose incomes prohibit them from purchasing health care.

3) Strengthening of the business community's purchasing power. A regulatory body providing anti-trust and consumer protections is formed to encourage small employers to form alliances to leverage health care purchasing-bargaining power.

4) Small group and individual insurance reforms. The state of Utah has expanded insurance coverage to medically uninsurable individuals working for small employers and individuals, and their dependents under the age of 26 years,

while offering protections to insurers that will prevent sharp increases in premiums. A basic benefit package is defined that establishes the minimum benefits. Carriers must offer to those individuals enrolled under these insurance reforms.

Female enrollees made up 56 percent of all Health Insurance Pool for Disabled and Chronic Ill (HIP) enrollment as of December 31, 1995.

Women bear an increased burden for disabilities, chronic illness, and care giving. Women are also more likely to be employed in small businesses or service-related businesses that are less likely to provide insurance coverage. In addition, women are more likely to drop in and out of the workforce due to family and care giving responsibilities. This policy, that allows insurance to be transferred with employment while still some way from universal coverage, is a step towards it by providing access to basic insurance that is transferable between employers for Utah people.

5) Establishment of Medical Savings Accounts (MSAs) will permit individuals up to \$2,000 in tax credits for funds spent on medical care. A recent federal legislation reinforces and strengthens the HealthPrint insurance reforms.

The effect of this policy on women and women's health is uncertain, as experience with MSAs are limited. MSAs can

encourage individuals to have more control over their first dollar for medical care or MSAs could lead employers to put fewer dollars for their employees' health care. People with special needs, such as

people with disabilities and women with needs of reproductive health care, have to spend more of their own money for health services.

Cost

HealthPrint promoted and strengthened managed care delivery systems among Medicaid eligibles in the State of Utah. Managed care penetration has increased to approximately 60 to 70 percent of the general insured population in 1996.

As of June 30, 1996, a total of 43,258 Utah women and girls had enrolled in Health Maintenance Organizations (HMOs) under Medicaid Coverage, they accounted for 59 percent of all Medicaid HMOs' enrollees.

Managed care is affecting Utah's health care system greatly. According to some studies,

market success may be only weakly linked to the quality of care provided by a managed care plan, with the pressure to grow over-riding quality of care. Reimbursement policies are changing from a claims payment system to a capitated system, in some cases financial risk is being shifted from the health plan to the physician. Women, as consumers and brokers of health care for their families, need education in how to use the new health care delivery system and how to become an equal partner in their care. Obtaining that education is difficult, as the information needed to be an informed consumer is not readily available.

Quality

How is managed care influencing the quality of health care for Utahns? Data collection and public availability of comparative reports will be enhanced through legislation that strengthens the Utah Health Data Committee's mandate to collect, analyze, and report health data. Publicly available information will increase the accountability of providers and health plans to pursue quality improvement. Health plan report cards will be made available early in 1997.

Women can use objective information, demand additional information, and make informed choices to leverage improved care.

Gender-specific analyses and data collection that emphasizes women's health concerns must be integrated into statewide reporting. Statewide reporting, as well as quality improvement initiatives and clinical practice guideline development should include women consumers in their design.

Rural Issues

Women in rural Utah have some what different health care concerns such as travel time to the closest health care provider, whether an appropriately affiliated hospital and needed services are available, and primary care provider availability.

HealthPrint is studying the impact of managed care on rural Utah and women. The Department of Health needs to listen to and communicate the strategies to meet rural women's needs.

Provider Education

In an era of managed care, it is uncertain which entities bear the costs of educating health professionals. Studies to better understand the costs of educating health professionals and to better forecast the health workforce requirements under managed care delivery are underway. Women's representation in the physician workforce is increasing, but little is known about the distribution and career patterns of female physicians.

Managed care delivery provides a unique opportunity to re-evaluate the traditional medical model

of health care delivery. Cost containment strategies include utilization of mid-level practitioners, such as nurse practitioners and midwives, and integration of wellness and prevention practices into health care delivery. Women must make their preferences known to managed care organizations, hospitals, and state agencies who will be surveying consumers to determine satisfaction with care.

Mental Health

Mental health is an important concern for women. A reformed mental health care system should ensure that women and children in need have access to a broad array of health and mental health treatment, rehabilitation and prevention

services and should emphasize treatment in the least restrictive setting, consistent with the patient's needs. A two-year study group was organized to examine these issues as a result of HealthPrint, the governor's market based health care reform plan.

Long Term Care

As more care is moving from acute settings to home and community based settings, the scope of long term care has expanded. Long term care includes rehabilitation, home care, assisted living, and full nursing home service.

A reformed long term care system should determine how best to meet the needs of women who require long term care services, and whether medical insurance policies should be changed to accommodate long term care needs.

HealthPrint is studying this daunting task and addressing the increasing demand for publicly funded care that meets the needs of more individuals, but controls the costs of care. In addition, the two-year study group is examining what the industry has already done in the area of long term care insurance, examples of what has worked in other states and the costs associated with those reforms, and whether a different type of product is needed to meet present and future needs.