

From individual consumer problems to large-scale policy change: Highlighting the work of the Health Consumer Alliance

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Overview

- Understanding the Health Consumer Alliance (HCA)
- Evaluation of the HCA
- Case studies
 - Moving from individual client problems towards policy and systems change
 - Charity Care
 - Medicare Part D
 - Health Care Reform

What is the Health Consumer Alliance?

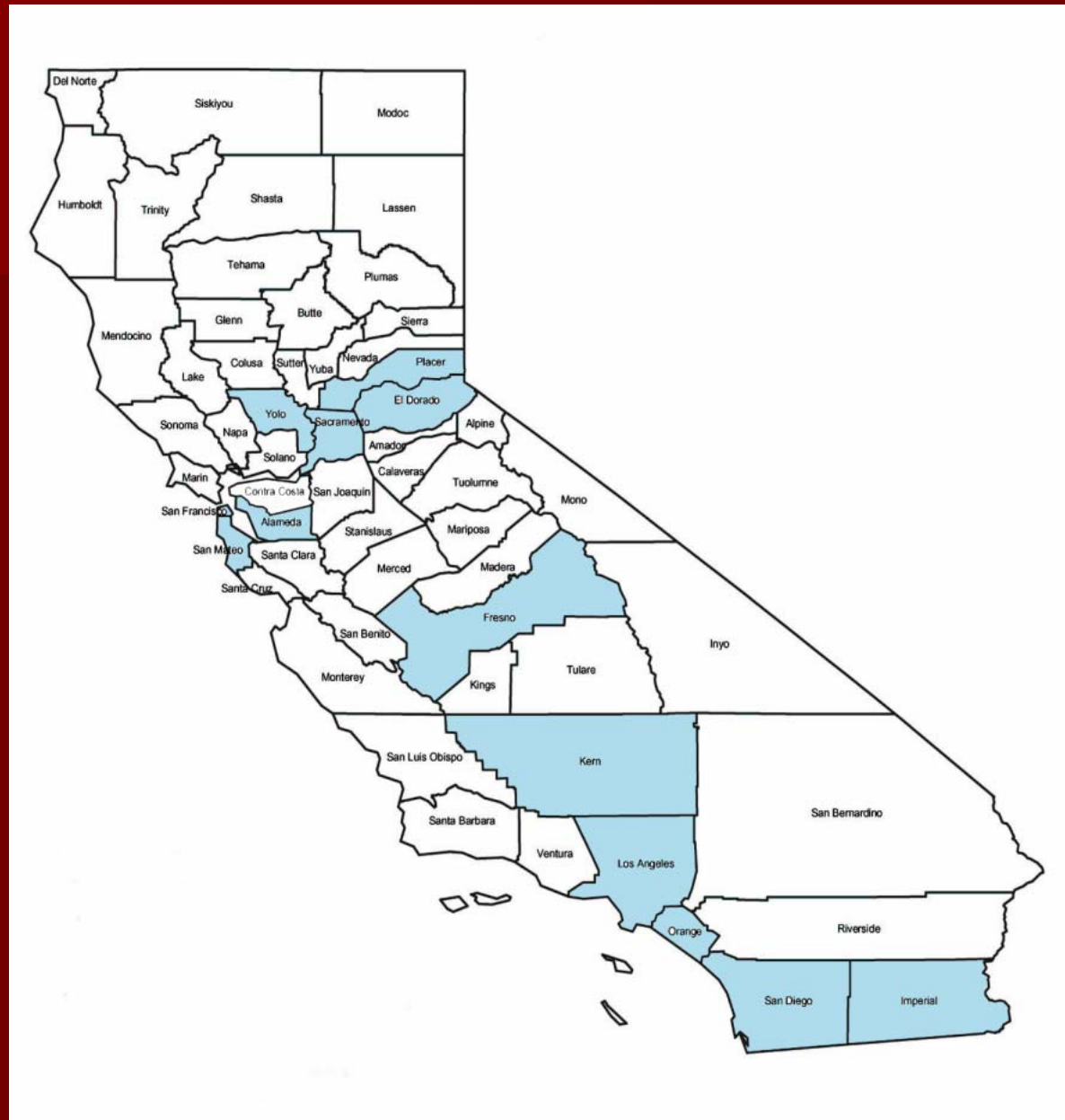
- Network of 11 legal aid agencies throughout California (2 support agencies, 9 direct service)
- History (started in 1999 with 8 organizations)
- Focus on improving access to health care for low-income Californians
- Independent network, funded by The California Endowment and others



THE HEALTH CONSUMER
ALLIANCE

Nine local Health
Consumer
Centers serving
13 counties

Two-thirds of
California's low-
income
population live in
counties served
by HCA local
centers



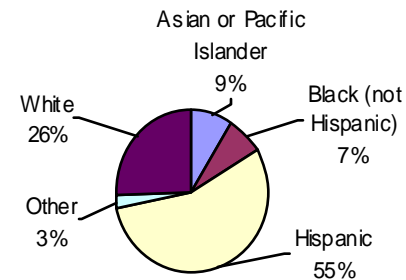
What HCA does

- Resolve consumer cases
- Outreach and education
- Policy work
- Networking/capacity building
- Advocacy and training
- Data collection

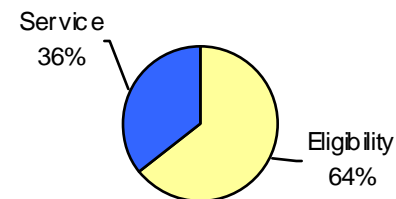
Consumer Cases

- Who are the consumers?
- Type of cases
- Type of assistance
- Problem resolution

Race/Ethnicity of HCA Consumers



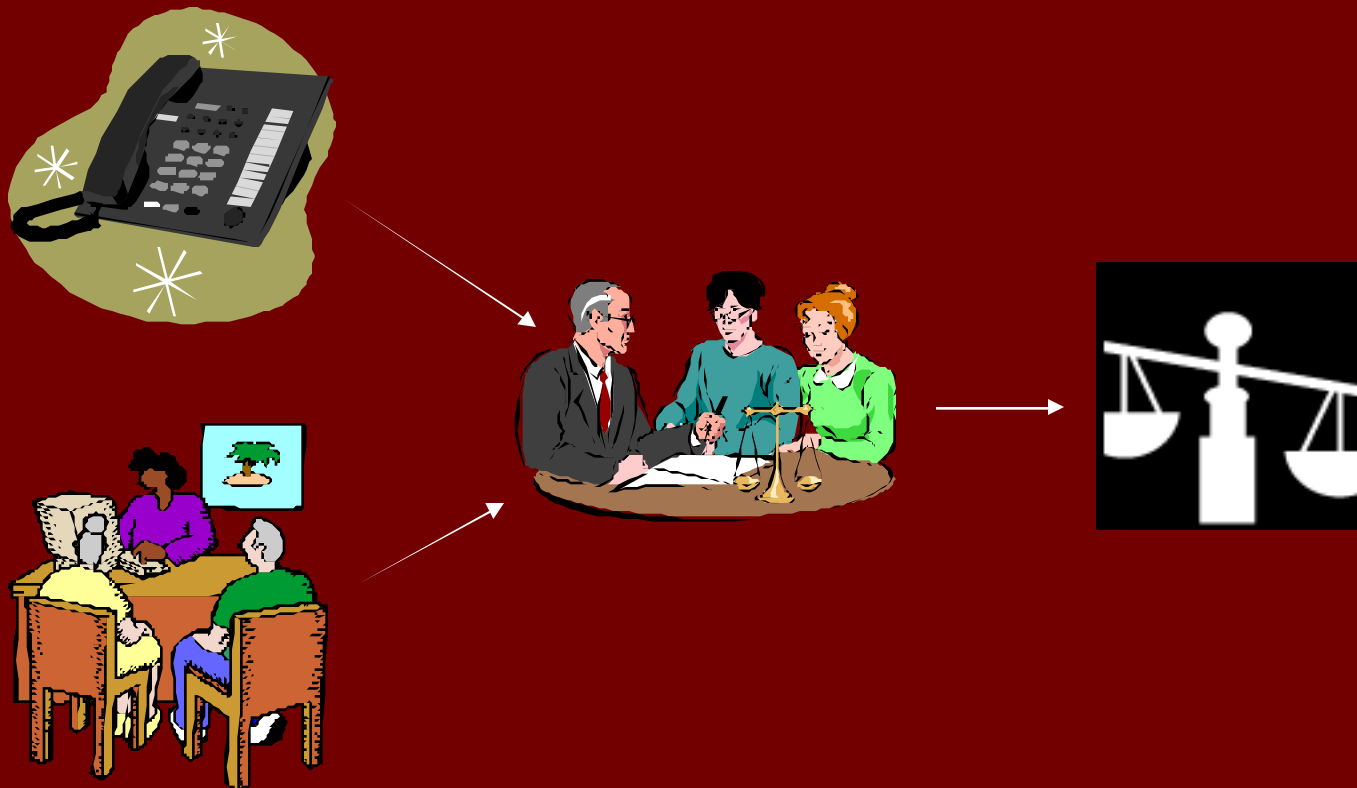
Percentage of Consumer Problems by Type



Policy Work

- To improve health care for low-income Californians
- Local and statewide policy work
- 10 policy priority areas

From Consumer Issue to Broader Policy Work



Evaluation of the HCA

- **Background**
- **Statewide policy**
 - Tracking tool
 - Key stakeholder interviews
- **Networking and Capacity Building**
 - Tracking tool
 - Key stakeholder interviews
- **Impact of HCA in local communities**

Evaluation of the HCA

Three focus areas for evaluation are:

- Statewide health policy:
 - Is the HCA an effective entity to influence and change health care policy in California?
- Networking and capacity building
 - Has the HCA contributed to a sustainable infrastructure that has enhanced the capacity of communities, both locally and statewide, to positively influence the formation and implementation of health policy?
- Impact in local communities
 - How has TCE's investment in the HCA resulted in a cost benefit for local health consumer centers and the communities they serve?
- Methodology
 - Key stakeholder interviews, data collection, data analysis, document review, meeting attendance, site visits

HCA Policy Tracking Tool

(example Managed Care)

| Policy Issue | Date | Managed Care |
|--|-------------|--|
| Background | | There are several policy issues that fall under this topic, such as making sure that persons with disabilities have a choice of providers, commenting on regulations within the Department of Managed Care for the State of CA, and general managed care work. |
| Health Policy Implication (What we want changed) | | <ol style="list-style-type: none"> 1. Prevent having mandatory managed care for the SPD population, because the transition would likely interrupt working health care networks and treatment regimens. 2. Participate in the drafting of new regulations issued by the Department of Managed Health Care – ensuring that consumer needs are reflected. |
| Partners | | HCA grantees, HCA workgroup, Protection and Advocacy |
| Population Affected | | All those with Managed Care in CA and those who fall in the SPD (seniors and people with disabilities) who may be affected by new policies requiring mandatory managed care. |
| Impact and Results (long-term or *final* results) | | A successful proposal by HCA and partners resulted in allocated State Budget funds for education and outreach around mandatory managed care. |
| Estimated Number of People Affected | | <ol style="list-style-type: none"> 1. two-three million in managed care; 1 Million + SPD 2. Half of all California Medi-Cal Beneficiaries are in Managed Care |

HCA Tracking Tool for Networking and Capacity Building *(example)*

| ISSUE | Partners (Specify) | | | Other HCA or TCE Grantee | Efforts and Outcomes <i>(i.e. established meetings, workgroup, products, results of collaboration)</i> |
|----------------------------|-------------------------|---------------------------|---|--------------------------|---|
| | Governmental Agency | Private Agency or Company | Non-Profit Organization | | |
| California Advocates Calls | | | Project Infom, CHCR, NILC, California Health Advocates | YES | Host monthly conference calls to share information at state and sometimes national level with local advocates; discuss systemic problems for inclusion in advocacy. |
| Healthy Families | MRMIB | Maximus | MCHA, Consumers Union, CDF, Children's Partnership, 100% Campaign | YES | Meet quarterly to discuss ongoing issues involving administration of Healthy Families Program. Participate in policy advocacy with MRMIB agency to promote efficient and effective program for eligible families. |
| Lead Poisoning Prevention | CLPPP-DPSSLA, CDC, CHDP | | PSR-LA, Healthy Homes Collaborative, LAFLA, Esperanza | YES | Meet regularly with LA Strategic Planning Group to Eliminate Lead Poisoning to discuss ways to increase lead screening and reporting and make more information available to the public |

Case Study #1 – Charity Care

- Background – Medical debt is one of the leading service problems facing HCA consumers and the lack of implementing charity care policies at hospitals contributes to this debt
- Health Policy Implication – prevent hospitals from billing consumers more than allowed; require hospitals to establish and implement adequate charity care policies
- Partners – All HCA grantees
- Population Affected – uninsured consumers below 350%FPL and those above 350% who have over 10% of their income in medical expenses (2-3 million)
- Impact and Results – AB774 passed (hospitals are required to have written charity care policies and provide discounted care to all uninsured individuals below 350%FPL)

Charity Care – Consumer Stories

- A consumer with a serious medical condition was avoiding follow-up care after receiving a \$23,000 surgery bill from the county hospital, in addition to a \$16,000 bill from an emergency room visit. The consumer was sick and scared to seek more treatment. HCA intervened and the county hospital bill was withdrawn.
- A low-income uninsured man in his 40's received a bill for \$2,000 from a hospital emergency room visit. He was not informed of any financial assistance program but later applied for the hospital's charity care program with the assistance of an HCA local project.
- An uninsured woman incurred a hospital bill of \$17,000 as a result of getting treatment for domestic violence but was not told about financial assistance until an HCA local project was contacted and intervened on her behalf.

Charity Care

■ Inputs/Actions

- Data collection (printed policies from hospitals, hospital survey)
- Data analysis
- Wrote letters, advocacy, technical expertise
- Formed workgroup, held Medical Debt Summit

■ Outputs/Results

- Report
- Media
- Legislation passes (AB774)

Case #2 – Medicare Part D

- Background – Assist consumers with new Medicare Part D prescription drug plan, especially dual eligibles
- Health Policy Implication – extend emergency coverage, language access, state to cover co-pays for dual eligible beneficiaries, consumer education, other issues
- Partners – All HCA grantees, NSCLC, CHA, P&A, others
- Population Affected – CA Medicare pop (>4.1 million), Part D Beneficiaries in low-income subsidy (>1.1 million), 1 million nationwide re: elimination of assets test for Part D
- Impact and Results – Extended emergency coverage, raised awareness on the local, state and federal level regarding problems dual eligibles face with accessing prescription drugs

Medicare Part D – Consumer Stories

- 66 year old paraplegic vet receives \$800/month in disability and takes 35 different meds/month and cannot afford the \$1-\$3 co-pays; has to choose between rent, food and medications
- 79 year old woman makes \$832/month and takes 33 medications, uses a power wheelchair and has one hand. She cannot afford the co-pays and is behind on paying her utilities and is worried about how to pay for food.
- 62 year old woman with physical and mental disabilities receives \$1,230/month in s.s. and child support to cover her and her granddaughter's expenses. She takes 21 meds/month which is more than \$80 in co-pays.

Medicare Part D

■ Inputs/Actions

- Provided client testimonials
- Letter to Senate and Assembly Leadership
- Established a Part D workgroup
- Developed educational materials, presentations, trainings
- Survey

■ Outputs/Results

- Emergency coverage was extended for 12 months
- Legislators, consumers and CBOs became more educated on consumer problems with Part D
- Data-driven report was drafted and disseminated widely
- Pharmacies better informed about Part D billing and working with providers regarding appeals process

Case #3 - Health Care Reform

- Background – advocating for expanding coverage to those who are currently uninsured and underinsured
- Health Policy Implication – goal of achieving universal coverage without reducing coverage for other low-income individuals
- Partners – All HCA grantees and others
- Population Affected – Uninsured Californians (almost 5 million) and those on Medi-Cal whose benefits may change; potentially all CA residents
- Impact and Results – Pending!

Health Care Reform

- Inputs (highlight collaborative efforts)
 - Analysis of bills and governor's proposal
 - Meetings with policy makers
 - Created coverage expansion workgroup
 - Developed documents and commented on documents
- Outputs
 - Distributed policy briefs and other documents outlining HCA standards for health reform
 - Developed standards to ensure low-income Californians access to affordable quality care
 - Educated policy makers and others

Disseminating Findings

- Findings and recommendations from the evaluation are provided in six-month progress reports
- Individual project and summative charts on policy issues and partnerships
- HCA sustainability work
- Share findings with other projects and program officers
- Recommendations from the evaluation include programmatic issues and are shared with HCA partners, then addressed by the collaborative

Next Steps

- Continue use of evaluation tools
- Illustrative interpretation of capacity building work
- Conduct a cost-benefit analysis of local projects (health consumer centers)
- Local project evaluation – Consumer Survey
- Focus on policy/systems change

Contact Information

- The Health Consumer Alliance (HCA),
coordinated by the National Health Law Program
www.healthconsumer.org
- Evaluation of the Health Consumer Alliance
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