

# Emergency Conditions

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Adults who can't afford to pay for medical care are skipping regular appointments, not filling prescriptions and putting off cancer and other screenings that could catch life-threatening illnesses. Southwest Florida has the third highest uninsured rate in the state—about 21 percent in 2009-2010, compared with the national average of about 16 percent—and even folks who have insurance are finding it's not enough to cover doctor visits, prescriptions and treatments.

State budget cuts have made caring for the poor even more challenging in Florida, which has the nation's 18th highest poverty rate. Gov. Rick Scott's fiscally conservative agenda has axed local health departments' budgets, while physicians are bracing for an expected 29.5 percent decrease in Medicare reimbursement rates on Jan. 1.

"Budget cuts and eliminating services don't make the people go away. The people are still in need of service," says Dr. Scott Nygaard, chief medical officer for physician services at Lee Memorial Health System.

U.S. Census Bureau data, from the 2009 American Community Survey, reported 23.9 percent of Collier's population is uninsured, compared with 20.9 percent in Lee County and 14.6 percent in Charlotte County. Collier and Lee counties were in the top 10 Florida counties with the highest uninsured rates, using the 2009 data.

Meanwhile, the face of the uninsured in Southwest Florida is evolving. As the economy has worsened, some of the really poor folks in town have moved on, says Dr. Joan Colfer, director of the Collier County Health Department. In particular, her department has seen a drop in patients from Central America.

Then there's the underinsured. As unemployment has shot up the past couple of years, adults who were laid off or whose employers have dropped costly health insurance plans have joined the ranks of those with inadequate or no insurance.

"It's just terrible because a lot of people now are going around without any health care coverage," says Andrea Kuzbyt, executive director of Lee County Volunteers in Medicine. "The majority of the people that we're seeing are people that are saying, 'I never thought we'd be in this position. Last year, two years ago, I had insurance, I was working full time.'"

## SKIPPING CARE

Folks who have worked most of their lives, gone to doctors, had insurance and have never had to access medical care from a nonprofit don't know where to go, says Cathy Timuta, executive director of Healthy Start Coalition of Southwest Florida. The not-for-profit provides access to prenatal care, in-home visits for high-risk pregnancies and infants, and a connection to resources and support groups in Lee, Collier, Glades and Hendry counties.

All of a sudden, a spouse is unemployed, his wife is pregnant, and they are unaware of how to find medical providers and how to apply for Medicaid. A recent case involved an expectant mom with a high-risk pregnancy who needed a specialist but couldn't

The Uncared For

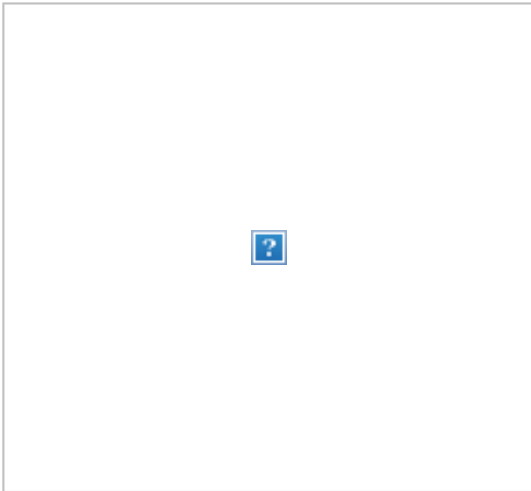


afford the co-pay. That scenario is becoming more common.

“She needed to come up with \$800 to pay for a sonogram and couldn’t afford it. She’s [receiving] care but is not necessarily able to access all the care needed,” Timuta says. “They’re skipping things.”

At Lee County Volunteers in Medicine’s Compassionate Care Clinic, which opened in May, patients with illnesses such as diabetes, high blood pressure and thyroid problems have gone so long without medication that their symptoms have become more severe and painful. Depression also has set in for owners of failed businesses and other workers, some of whom are ashamed to seek medical care from a free clinic, Kuzbyt says.

“They’ve just let their body go because they couldn’t afford to get health care. It’s like, ‘OK, we’ve got to get you back to normal again,’” she says.



When adults fail to get medical assistance when it could do most good—in the early stages of an illness—it puts a strain on emergency rooms when problems become more severe and life-threatening. “When it gets to be a crisis, they show up in the emergency room,” says Bob Johns, senior vice president of development and special projects for Family Health Centers, which offers adult medicine, pediatric medicine and dental primary care.

Instead of the lower cost of going to a clinic or family doctor, the system is trying to recoup the emergency room cost of treating something as simple as a seasonal illness, which can be hundreds of dollars. Treatment in an emergency room, rather than a doctor’s office or clinic, is about five times more expensive, says Phil Lebhertz, executive director of Foundation for Health Coverage Education, a California-based nonprofit organization.

The major problem is that adults are not getting primary care. Those sitting in waiting rooms at hospitals, the “safety net provider,” already include walk-ins wanting doctors and nurses to treat annual pests like colds and sinus infections, knowing they can’t be turned away for not paying.

“They have the right to come to the hospital to be seen treated or evaluated. While that’s an access point, it’s probably not the most efficient or the most cost effective,” Nygaard says.

Some believe individuals with insurance end up footing the costs, through higher insurance premiums and fees. The average annual family premiums for health insurance provided through an employer rose 9 percent to \$15,073 in 2011, according to a study released in late September by the Kaiser Family Foundation, a Washington, D.C.-based research group. Those costs have doubled in the past decade. Average annual premiums for single coverage also rose 8 percent to \$5,429.

## GOING TO PATIENTS

Lee Memorial Health System, for example, opened two clinics this year—in Dunbar and North Fort Myers—joining other longtime and new efforts in Lee County to care for adults lacking insurance or adequate coverage.

In Collier County, a variety of clinics and agencies—Collier Health Services, Neighborhood Health Clinic, Senior Friendship Center, Women’s Health Foundation, PLAN and Kidcare—provide a “patchwork quilt of health care,” Colfer says. Their efforts help fill in the gaps as the Collier County Health Department, which hasn’t offered primary care for almost a decade, has slashed \$1.6 million from its budget by cutting 51 positions (including 25 layoffs) and reducing or eliminating services.

“I can’t take much more in the ways of cuts,” she says.

In Fort Myers, Family Health Centers of Southwest Florida is on the battlefield for primary care, Johns says. Family Health Centers served about 65,000 adults and children in Southwest Florida last year, in more than 230,000 office visits. This year, 11

additional dentists, pediatricians and adult physicians have joined Family Health Centers, with five of those in new positions (four were funded by federal stimulus money).

Primary care is one of the first things Johns and others see people sacrificing when their income is cut or they lose their job. Patients at Family Health Centers are charged on a sliding fee scale, based on a patient's poverty level. For example, patients who make less than 100 percent of the poverty level (about \$30,000 a year in Southwest Florida) are charged \$18 for a typical office visit. One area where Family Health Centers sees financial constraints is when some patients are unable to pay at all. "If you pay \$18, great. If you can't, we don't hunt you down."



In deciding to open the two clinics, Lee Memorial Health System sought an efficient and cost-effective way to provide access to the right level of care for patients, Nygaard says. If they come to the ER, "we're paying for it anyway," he says.

Getting people who regularly visit the emergency room or use it for primary care to come to a clinic helps them create a regular relationship with a primary care provider, at a lower cost to the health system. At Dunbar, the clinic is seeing 18 to 20 patients daily. Its no-show rate has dropped from 33 percent to around 20 percent, as people have come to trust the staff and realize that the care will be there.

Patients at these two new locations have had insurance previously but have lost their coverage or their jobs in the past three to five years. The fee scale is based on household income and the number of people in the household. A family of four with an income that is less than 200 percent over the federal poverty level (about \$22,000) receives free office visits. A family can earn up to \$44,000 and be eligible for the free care. Families earning more than 200 percent of the federal poverty level pay either \$5 or \$10 for an office visit, depending on their income level.

After a three-month review of the Dunbar facility, this became obvious: The clinic has about 187 patients with diabetes and poor access to care who were previously using the hospital. The rate of admission had increased 327 percent over the last five years, resulting in costs of \$2.5 million.

"How much primary care would I buy for 187 patients for \$2.5 million? The answer is a heck of a lot," Nygaard says. "That's why we said we could spend our money more wisely and set up this system."

## **OPENING AND CLOSING DOORS**

Lee County Health Department's pharmacy was scheduled to close by the end of October, leaving another void for nonprofits to fill, and it also was stopping doctor's visits to poor families. Those changes (part of \$905,000 in budget cuts this year) and others have nonprofit health centers and clinics expecting a surge in folks seeking help.

"We're going to have a significantly greater number of people trying to get their medicines from us, and we do not have unlimited funds," Johns says.

Lee County Volunteers in Medicine, which has about 42 physicians and more than 250 patients, expects to see a drastic increase in patients and is seeking funding.

"We're going to be inundated. Our goal is to provide the care. We want to step up to the plate," she says.

In Collier, the health department had to reprioritize its services and first serve those at highest risk. Residents seeking flu shots (\$30) can still get them, but at the health department offices instead of through flu clinics in the community. Free sexually transmitted disease screenings have been cut from any week day to two days a month. "We'll be able to serve people. They're going to wait longer," Colfer says.



Despite dwindling dollars, Family Health Centers is looking at ways to provide greater access by pursuing new grants and other funding opportunities. Extended hours and outreach into poor communities, by bringing in nurses to check for diabetes and cholesterol, are among new efforts.

Adding to patients' frustration is that when they seek help, sometimes they find their situation doesn't mean they can get free care. The Compassionate Care Clinic, for example, only accepts patients with no insurance, Kuzbyt says. Patients who have Medicare come to the clinic because they can't afford their

Medicare co-pay but are turned away.

She adds that establishing a network among all the free and sliding-scale clinics in the area could enable the groups to maximize resources and not be redundant in terms of educational programs or outreach efforts. "I would love to see something like that happen."

### **ACCESSING SPECIALTY CARE**

Specialty care, with high-priced medications and treatments for cancer and other severe illnesses, is one area where some believe more efforts need to be provided to bridge the cost gap between the patient and physician.

Lee Memorial Health system is trying to build effective partnerships with specialty care providers, acknowledging more give and take is needed. "If you are willing to accept all of our paying patients, you need to take some of our share of the uninsured, underinsured patients in exchange," Nygaard says.

With 17 offices around the country, the physicians at 21st Century Oncology have observed a rise in uninsured patients seeking care in high unemployment spots such as Florida and Las Vegas. "We've probably seen during a recession a doubling of that number of patients company wide," says Dr. Constantine Mantz, chief medical officer.

Even those with insurance are neglecting routine screening exams because of the costs.

"Very tragically, people are delaying getting those tests and are likely getting diagnosed in more advanced and less curable stages. Patients are going to be suffering needlessly," he says.

Through relationships with community groups and the 21st Century C.A.R.E., a foundation it began about five years ago that now is independent of the practice, they're able to raise money to pay for chemotherapy, surgery, radiation, therapy and testing of patients. Mantz says the 30-plus-year-old practice has never turned away a patient who could not pay and works out payment plans for those patients. He estimates that 15 percent of its Southwest Florida patient base lacks adequate insurance.

Although that decision puts a burden on revenues, Mantz says it's up to individual physicians and practices to commit to poor patients because no funds have been appropriated to provide access to specialty services such as cancer care.

"Lacking that, there is no large-scale organized effort on a state or national level to fund, or at least offset, the cost of care for these uninsured patients," he says. "That's what's sad and tragic in this."



**'We don't turn anyone away'**

Collier Health Services provides care to 42,000 patients a year.

Three-year-old Mario Ochoa Jr. III sits in Collier Health Services (CHS) Healthcare's pediatric waiting room, where he and several children are glued to *Scooby Doo* playing on a large flat-screen TV. On this day, Mario has come for a physical, but he's been under CHS' care technically since before he was born. Little Mario may not appreciate the services—especially if a needle is involved—but his father, Mario Jr., certainly does. “I probably couldn't afford medicine, I mean, that stuff is expensive,” Ochoa says. “It would leave me in debt with bills.”

The organization helps families like Ochoa's by making health care affordable through sliding fees, calculated according to income, which is especially crucial for the uninsured or those with access to meager government-backed assistance. In short, they take all comers.

“We don't turn anyone away,” says Lesa Peterson, director of operations for CHS Healthcare, which has 11 facilities in Collier County serving 42,000 patients annually. “We're a private, nonprofit; and we are here for the community.”

CHS patients have access to most primary-care needs, such as family medicine, women's health, dental and behavioral care. CHS also offers a bilingual staff and in-house lab and pharmacy departments.

Many CHS patients are among the poorest in Southwest Florida. In addition to the sliding fees, CHS relies heavily on its managed-care Medicaid program, Integral, to help ease patient costs. But with changes to Medicaid looming, CHS is preparing for the worst.

“The state has got to make huge cuts because the Medicaid program has grown so fast that if they don't do anything it's going to eat up the entire state budget,” says Steven Weinman, vice president and chief operating officer for CHS Healthcare. “We know that they're going to have to initially slow down the growth of the spending, and, ultimately, they're going to have to reduce it.”

One way to reduce Medicaid, Weinman says, is to cut reimbursement rates, which the state aims to do by moving Medicaid patients into a managed care plan, much like the one established by CHS. (The matter is still under consideration, and it is unclear whether those programs would be administered by nonprofits like CHS or for-profits such as HMOs.) Managed Care plans provide well-rounded health care for patients, all under the watchful eye of a family physician. That approach, supporters argue, would help curtail the inappropriate use of emergency facilities for non-emergency issues (colds, sinus infections, etc.) for which hospitals—and ultimately insurance providers and their customers—bear the costs.

“While managed care plans can't prevent all inappropriate use of ERs, effective case management of the patient can reduce it by assuring medical issues are treated in the appropriate venue,” Weinman says. CHS has already transitioned their patients to Integral, which now provides coverage for 20,000 locals.

“Right now, the only Medicaid managed plan in Collier is ours, which makes sense because we have most of the Medicaid lives,” Peterson says.

A second way to cut Medicaid is by narrowing the field of eligibility, which is worrisome to physicians like Stephen Liftig, a pediatrician who works with patients 21 and under and who sees mostly Medicaid patients. If some lose that benefit, they will have to foot the bills themselves. “The people who really have the hardest times are the self-pays,” Liftig says. “Those people are usually the sickest because they put off going to the doctor.”

—*Kristie Aronow*