

The Region IV Healthcare Marketplace

*Presented to the
Region IV Healthcare Consortium*

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The Region IV Marketplace Healthcare

- I. What is “Region IV”?
- II. What is the Region IV “Healthcare Marketplace”?
 - Healthcare Providers
 - Healthcare Consumers
- III. *Louisiana HABITS* – Quantifying Access Barriers
- IV. Where do patients go for care?
- V. Concluding Observations

I. What is “Region IV”?

Louisiana DHH Regions

- The Louisiana Department of Health and Hospitals (DHH) has organized the state into nine administrative regions.

- DHH Region IV

consists of:

Acadia Parish

Evangeline Parish

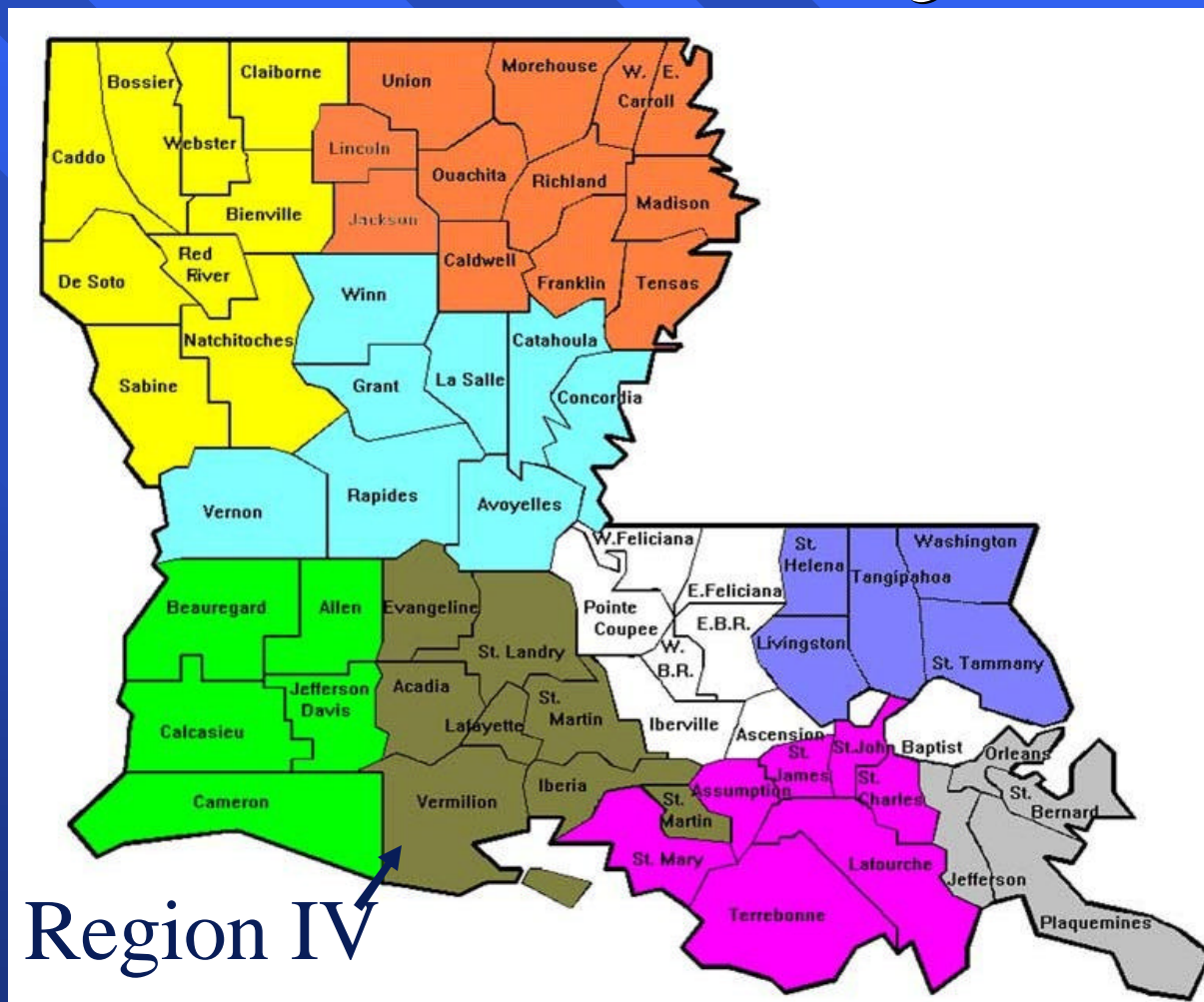
Iberia Parish

Lafayette Parish

St. Landry Parish

St. Martin Parish

Vermilion Parish



*II. What is the “Region IV
Healthcare Marketplace”?
-- Healthcare Providers*

Region IV Healthcare Marketplace: Healthcare Providers

- 1,019 licensed physicians (*source: LSBME*) and directed staff
 - General Practice Physicians, Specialists, and Surgeons
 - Nurse Practitioners and Physician Assistants
- 26 Hospitals (*source: LHA*)
 - 15 general acute care (2,419 licensed beds) [including UMC]
 - 1 specialty (Women's & Children's) acute care (93 licensed beds)
 - 1 critical access hospital acute care (25 licensed beds)
 - 4 long-term acute care (121 licensed beds)
 - 3 rehabilitation (34 licensed beds)
 - 2 psychiatric (80 licensed beds) [including UMC]
- Many other important professional and institutional healthcare providers including dentists, mental health professionals, nursing homes, home health agencies, pharmacies, ...

Physicians and Acute Care Beds Are Not Well-Distributed in Region IV

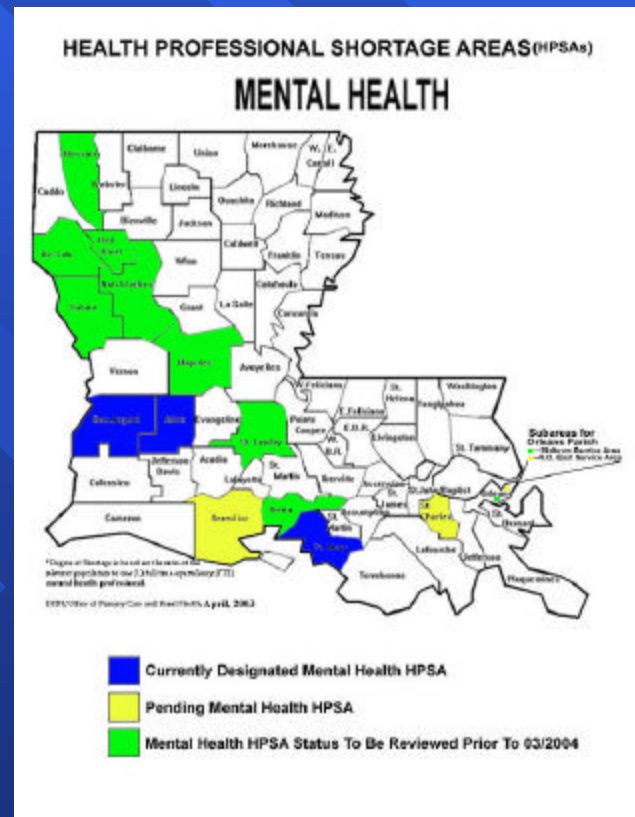
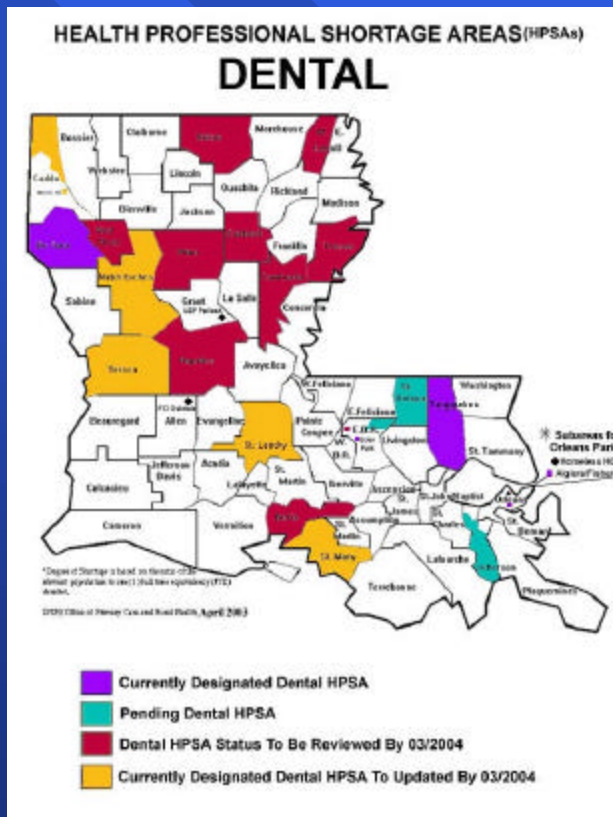
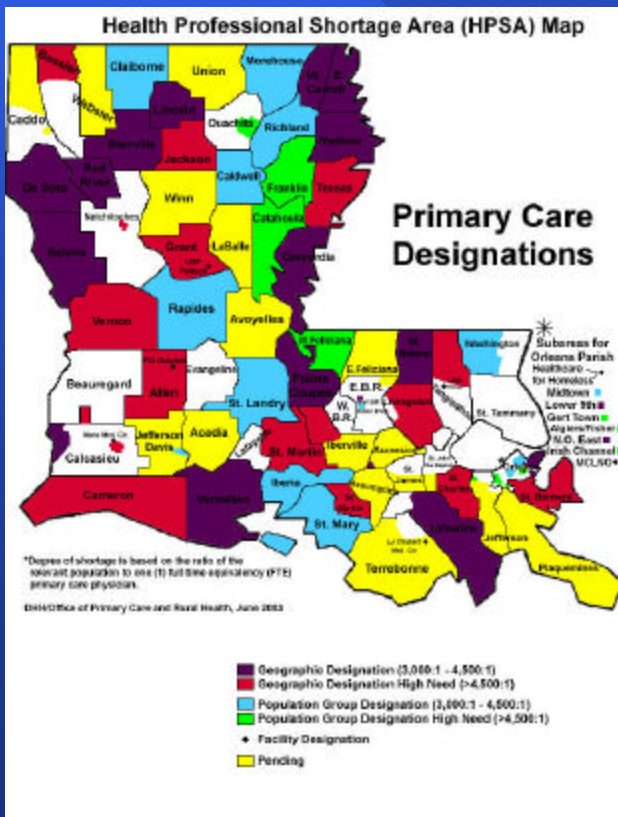
UMC Catchment Parish	2000 Population ¹	Total Physicians Available ⁸	Persons Served per Physician	Total Acute Care Beds Available ⁹	Acute Care Beds per 10,000 Population
Acadia	58,861	49	1,201	217	37
Evangeline	35,434	44	805	321	91
Iberia	73,266	109	672	237	32
Lafayette	190,503	617	309	1,100	58
St. Landry	87,700	148	593	436	50
St. Martin	48,583	15	3,239	25	5
Vermillion	53,807	37	1,454	201	37
Total	548,154	1,019	538	2,537	46

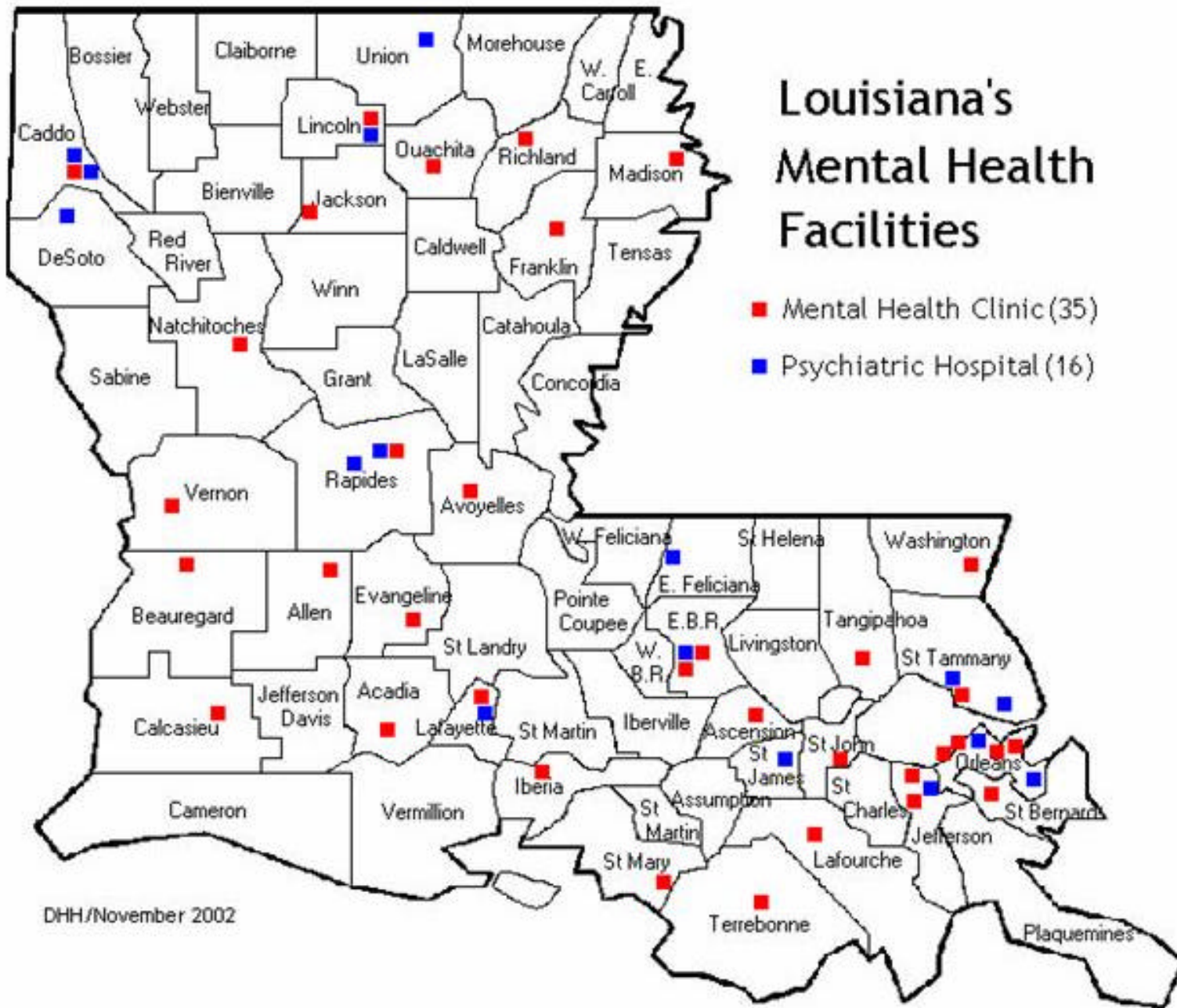
persons served per physician = 538

acute hospital beds per 10,000 persons = 46

Health Professional(s) Shortage Area:

- any of the following which HHS determines has a shortage of health professional(s):
- (1) An urban or rural area (which need not conform to the geographic boundaries of a political subdivision and which is a rational area for the delivery of health services);
 - (2) a population group; or
 - (3) a public or nonprofit private medical facility.





Federally-Sponsored Providers in Region IV

- Veterans Affairs Out-Patient Clinic in Lafayette
- 3 Federally Qualified Health Centers (FQHCs)
 - New Iberia
 - Gueydan
 - Opelousas
- 1 federally designated Critical Access Hospital

State-Sponsored Providers in Region IV

- University Medical Center,
operated by LSUHSC-NO HCSD
 - 208 licensed beds, including 20 psychiatric beds
at Joseph Henry Tyler Jr. Mental Health Center
 - Emergency Department & multiple outpatient clinics
 - 75 faculty (46 FTE salaried faculty physicians)
 - 65 interns and Graduate Medical Education residents
(~6.5 FTE physicians in advanced training)
- 9 Parish Health Units, operated by Louisiana OPH
 - 3 in St. Landry (Opelousas, Eunice, and Melville)
 - 1 each in Acadia, Evangeline, Iberia, Lafayette,
St. Martin, & Vermilion

*II. What is the “Region IV
Healthcare Marketplace”?
-- Healthcare Consumers*

Region IV Healthcare Marketplace: Healthcare Consumers

- All persons in Region IV are either active or eventual consumers of healthcare services, but not all can afford to purchase care, personally or through insurance plans.

Population Statistics

- Region IV has a population of **548,154 persons**:
 - Estimated **111,982 “uninsured” (20.4%)**:
 - » Est. 79,283 “uninsured and at or below 200% FPL (14.5%)
 - » Est. 32,699 “uninsured and above 200% FPL (5.9%)
 - Countable **193,638 “under-insured” (35.3%)**:
 - » 126,288 Medicaid enrollees (23.0%) [due to poor reimbursement]
 - » 67,350 Medicare enrollees (12.3%) [have lacked R_x benefit]
 - Estimated **242,534 “well-insured” (44.2%)**
- 548,154**

Low Income Households

Region IV (UMC Catchment Parishes)	2000 Population ¹	Population at or < 200% FPL	%	Medicaid Enrollees ("Eligibles")	%	Target Population (at or < 200% FPL and not covered by Medicaid)	%
Acadia	58,861	28,296	48.1%	15,227	25.9%	13,069	22.2%
Evangeline	35,434	18,716	52.8%	11,628	32.8%	7,088	20.0%
Iberia	73,266	32,750	44.7%	18,304	25.0%	14,446	19.7%
Lafayette	190,503	65,440	34.4%	31,724	16.7%	33,716	17.7%
St. Landry	87,700	46,638	53.2%	26,596	30.3%	20,042	22.9%
St. Martin	48,583	21,680	44.6%	11,862	24.4%	9,818	20.2%
Vermillion	53,807	23,467	43.6%	10,947	20.3%	12,520	23.3%
Total	548,154	236,987	43.2%	126,288	23.0%	110,699	20.2%

at or below 200% FPL = 43.2%

enrolled in Medicaid = 23.0%

“the working poor” = 20.2%

Medicaid

- Medicaid is a state-run, federally subsidized medical insurance program that provides coverage for some of the medically indigent.
 - Eligible for Medicaid:
 - » Low Income Pregnant Women
 - Low income defined as <200% FPL
(\$3,067/month for a family of 4 in 2003)
 - » Low Income Children (LaCHIP)
 - » Very Poor Parents
 - Less than 16% of FPL
(\$245/month for a family of 4)
 - » Persons with certain disabilities
 - Ineligible for Medicaid:
 - » Parents -- greater than 16% of FPL
 - » Childless Adults -- ineligible at any income

The Uninsured

Of the 110,699 “working poor” in Region IV, some who are working full-time may be insured through an employer.

Many are not working full-time or can’t afford their share of the premiums.

UMC Catchment Parish	2000 Population ¹	Households ⁵	Average Persons per Household ⁵	UL Lafayette HICA Est. Uninsured ⁶	% ⁶
Acadia	58,861	21,142	2.78	16,648	28.3%
Evangeline	35,434	12,736	2.78	10,335	29.2%
Iberia	73,266	25,381	2.89	15,810	21.6%
Lafayette	190,503	72,372	2.63	25,797	13.5%
St. Landry	87,700	32,328	2.71	19,848	22.6%
St. Martin	48,583	17,164	2.83	12,889	26.5%
Vermillion	53,807	19,382	2.78	10,655	19.8%
Total	548,154	200,505	2.73	111,982	20.4%

uninsured = 20.4%

Source: Louisiana HABITS, a direct consumer survey approach developed by HICA at UL Lafayette. 17

Who Are the “Under-insured” in Region IV?

- **Medicaid enrollees** may be considered “under-insured” because their coverage **pays far below “usual and customary”** medical fees.
 - 126,288 (23.0% of the population of Region IV) qualifying indigent persons are covered by Medicaid.
- **Medicare enrollees** may be considered “under-insured” because **prescription medications are not yet covered**.
 - 67,350 (12.3% of the population of Region IV) qualifying elderly or disabled persons covered by Medicare.

Who Are the “Well-Insured” in Region IV?

- Subtracting the uninsured and under-insured populations from the total leaves **242,534 (44.2%)** – fewer than half – who might be said to be “well insured” against the risks of unexpected health-related expenses, and therefore able to fully participate in the healthcare marketplace.

When fewer than half of the residents of a region are able to fully participate in a healthcare marketplace, that marketplace is bound to show the effects of economic stress!

The Medically Indigent or Needy in Federal & State Law

- **“Medically Indigent”** : A person who is too impoverished to meet **medical expenses**. The term currently refers to persons whose income is too low for them to afford routine medical care, although they are able to pay for their basic living costs, or to persons with generally adequate income who suddenly face catastrophic medical bills.

[The Aspen Dictionary of Health Care Administration, 1989.]

- **“Medically Needy”**: A term in the Medicaid program for persons who have enough income and resources to pay their basic living expenses (and so not need public assistance) but not enough to pay for **medical care**. Medicaid law requires that the standard for income used by a state to determine if someone is medically needy cannot exceed 133% of the maximum amount paid to a family of similar size under the Aid to Families with Dependent Children (AFDC) program [now called “Temporary Aid to Needy Families (TANF)”].

[Ibid.]

The Medically Indigent or Needy & Louisiana's Charity Hospitals

- “Any *bona fide* resident of the state of Louisiana who is medically indigent or medically needy shall be eligible for any form of treatment by any general hospital owned and operated by the State of Louisiana.” *[LRS 46:6, Section 6. Act 62 of 1926]*
- The [state-owned “charity”] hospitals ... shall be operated primarily for the medical care of the uninsured and medically indigent residents of the state and others in need of medical care and as teaching institutions. *[LRS 17:1519.1.A.(1)]*
- **University Medical Center in Lafayette**, part of the 8-hospital charity hospital system currently administered by LSUHSC-NO HCSD, has as its mandate the care of Louisiana residents who are medically indigent, those in households earning at or below 200% of FPL (Federal Poverty Level).

III. Louisiana HABITS – Quantifying Access Barriers

Resources & Methods:

What Is Louisiana HABITS?

- *Louisiana HABITS* – “Healthcare Access Barriers In The State”
- Developed by HICA in conjunction with LRHAP, SWLAHEC, CLAHEC, and the Rapides Foundation
- Built on questions from widely used surveys:
 1. CDC’s Behavioral Risk Factor Surveillance System (BRFSS)
 2. Medical Expenditure Panel Survey (MEPS)
 3. North Carolina Health Profile Survey (NCHP), and other studies
- Survey methodology to better address locally significant barriers through sufficiently dense sampling
- Administered in two phases or “rounds”:
 1. Random telephone survey to measure general population, and
 2. In-person interviews to profile vulnerable populations
- No personally identifiable data collected retained
- Tailored for use with “healthy communities” initiatives

Results Inform Local Leadership, not Washington!

Resources & Methods: Why Two “Rounds”?

- The telephone survey approach fails to sample households without telephones!
 - Some 4.9% of households in Region IV are without telephones -- varying by parish. (*Census 2000*)
- Households without telephones are very likely to also experience “access to healthcare” barriers!
 - This is why we also conducted an in-person round of interviews with persons in vulnerable populations.

Census 2000	Occupied Housing Units	# without telephone service	% without telephone service
Acadia	21,142	1,278	6.0%
Evangeline	12,736	1,105	8.7%
Iberia	25,381	1,301	5.1%
Lafayette	72,372	1,751	2.4%
St. Landry	32,328	2,224	6.9%
St. Martin	17,164	1,090	6.4%
Vermilion	19,832	1,023	5.2%
Total	200,955	9,772	4.9%

Resources & Methods: Sampling Methodology

- First round based on at least 96 random-digit-dialed (RDD) telephone interviews of households
- Second round based on at least 96 interviews of households with “barriers”
- Response was entirely voluntary; each respondent could terminate the interview at any time or could refuse to answer any given question; only completed interviews were used in the analysis
- Statistics that follow are based on 96 (if everyone answered) or on a smaller number (if fewer answered)
- The statistics shown have error rate of $\pm 10\%$ (95% confidence)

Resources & Methods: Workplan and Timeline

- ✓ Collected parish baseline data by telephone survey
- ✓ Developed in-person interview schedule with the Office of Family Support and Office of Public Health
- ✓ Conducted in-person interviews at the Office of Family Support and at the Parish Health Unit
- ✓ Built database of findings
- ✓ Analyzed data to form conclusions on barriers to access
- ✓ Presented findings/conclusions/recommendations to LRHAP and to parish planning group

Findings:

Access Barriers -- Defined

- For the purposes of this study, a household is said to experience a “barrier to access to healthcare services” if any one or more of the following three situations exist:

One or more household members had some problem in the last 12 months ...

1. Problem obtaining healthcare services, including

- a) Difficulty in obtaining care
- b) Delayed seeking care
- c) Did not receive the care they thought they should have

2. Problem obtaining prescribed medications

or

One or more household members currently ...

3. Lack of health insurance coverage or a “medical card”.

Findings:

Comparison of Region IV Parishes

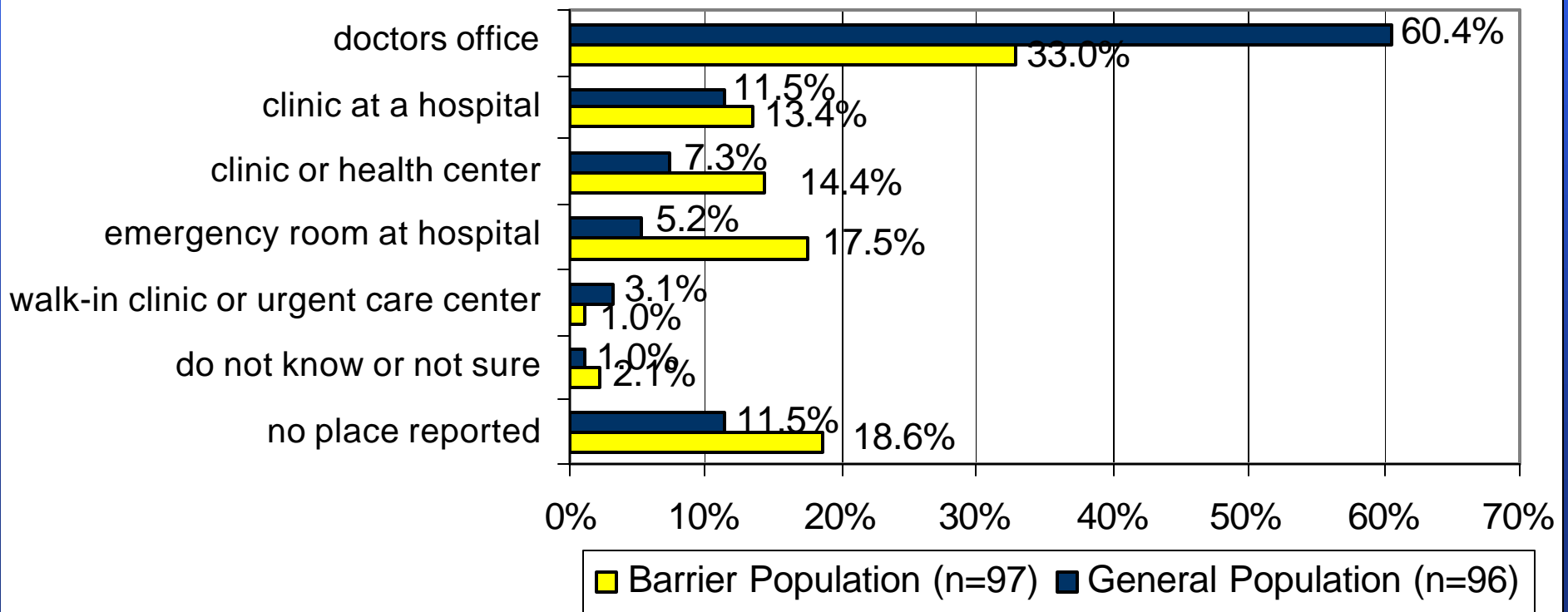
Barrier	Acadia Parish (2003)	Evangeline Parish (2002)	Iberia Parish (2002)	Lafayette Parish (2002)	St. Landry Parish (2002)	St. Martin Parish (2001)	Vermilion Parish (2001)	Region IV Weighted Average
DDD	16.5%	<u>31.3%</u>	19.3%	<u>26.2%</u>	20.6%	20.3%	15.4%	22.1%
Medications	9.3%	<u>18.3%</u>	<u>12.9%</u>	8.0%	<u>15.4%</u>	<u>16.7%</u>	<u>12.5%</u>	11.8%
Insurance	<u>31.9%</u>	<u>35.5%</u>	<u>25.0%</u>	15.3%	<u>26.2%</u>	<u>33.5%</u>	<u>24.7%</u>	23.9%
OVERALL	<u>43.2%</u>	<u>52.0%</u>	36.6%	39.9%	39.4%	<u>49.3%</u>	38.5%	41.2%

Green => “better” than Region IV population-weighted average

Red => “worse” than Region IV population-weighted average

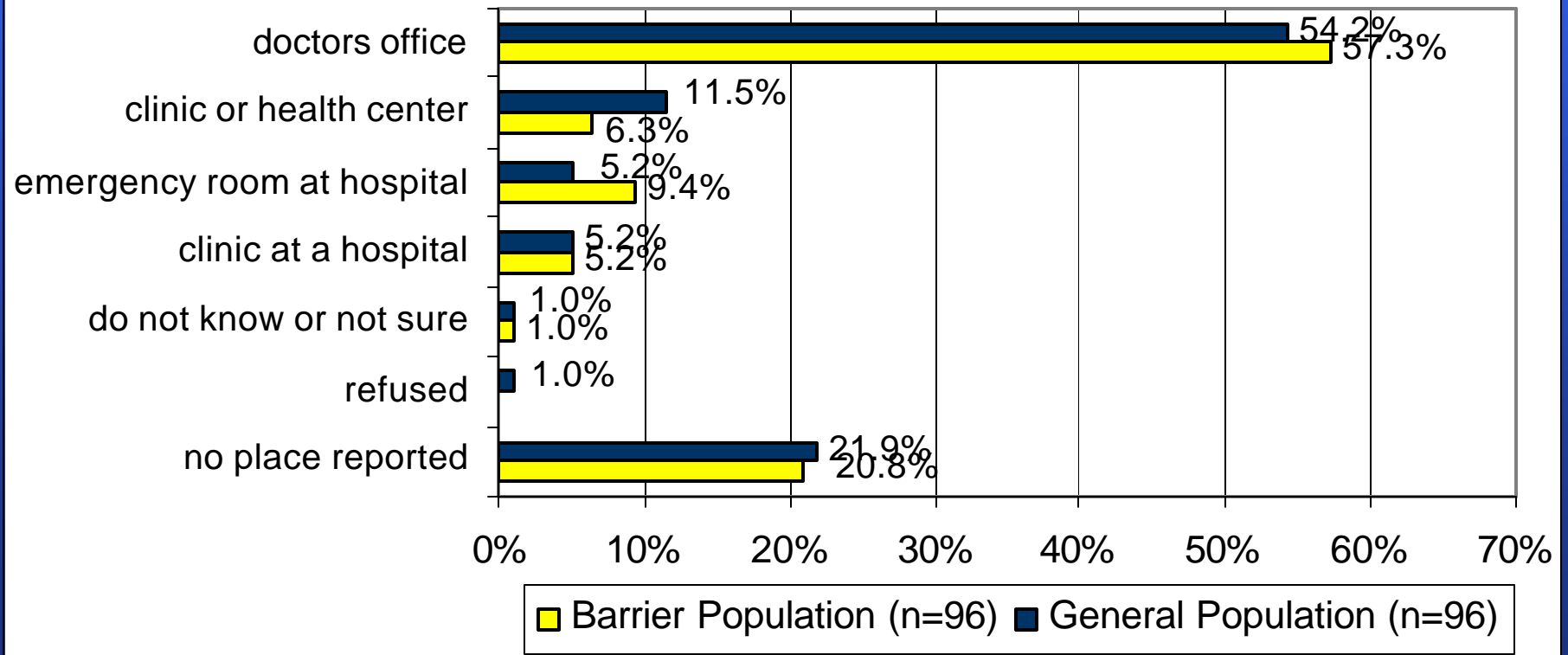
Lafayette Parish Findings: *Source of Care*

M44: Place that family members go most often for healthcare



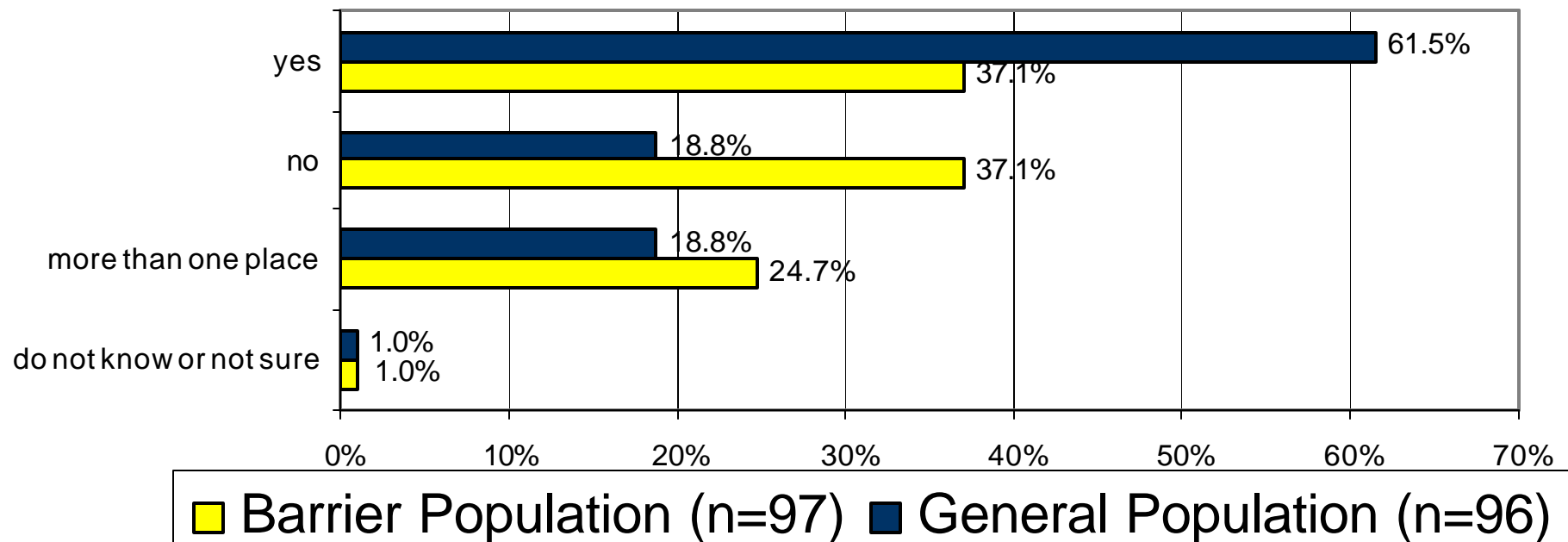
Evangeline Parish Findings: *Source of Care*

M44: Place that family members go most often for healthcare



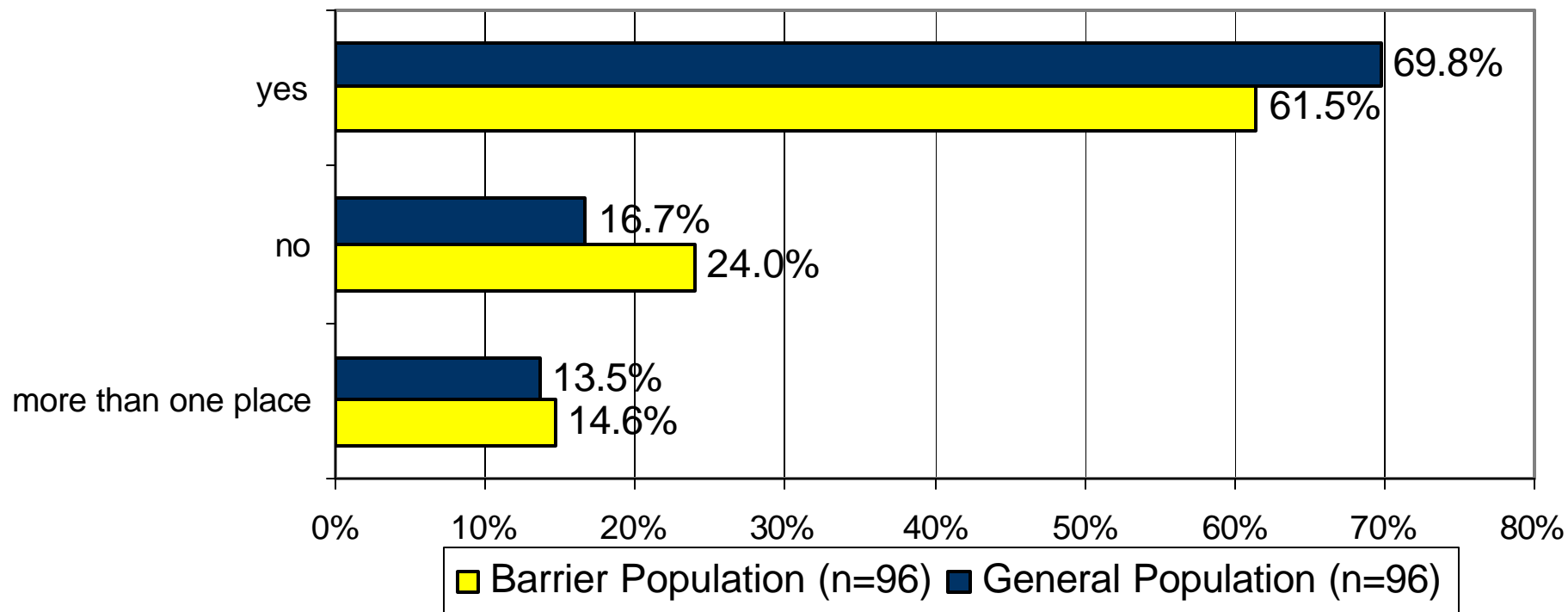
Lafayette Parish Findings: *Source of Care (continued)*

M45: Do you have one person you think of as your household's MAIN personal doctor or healthcare provider?



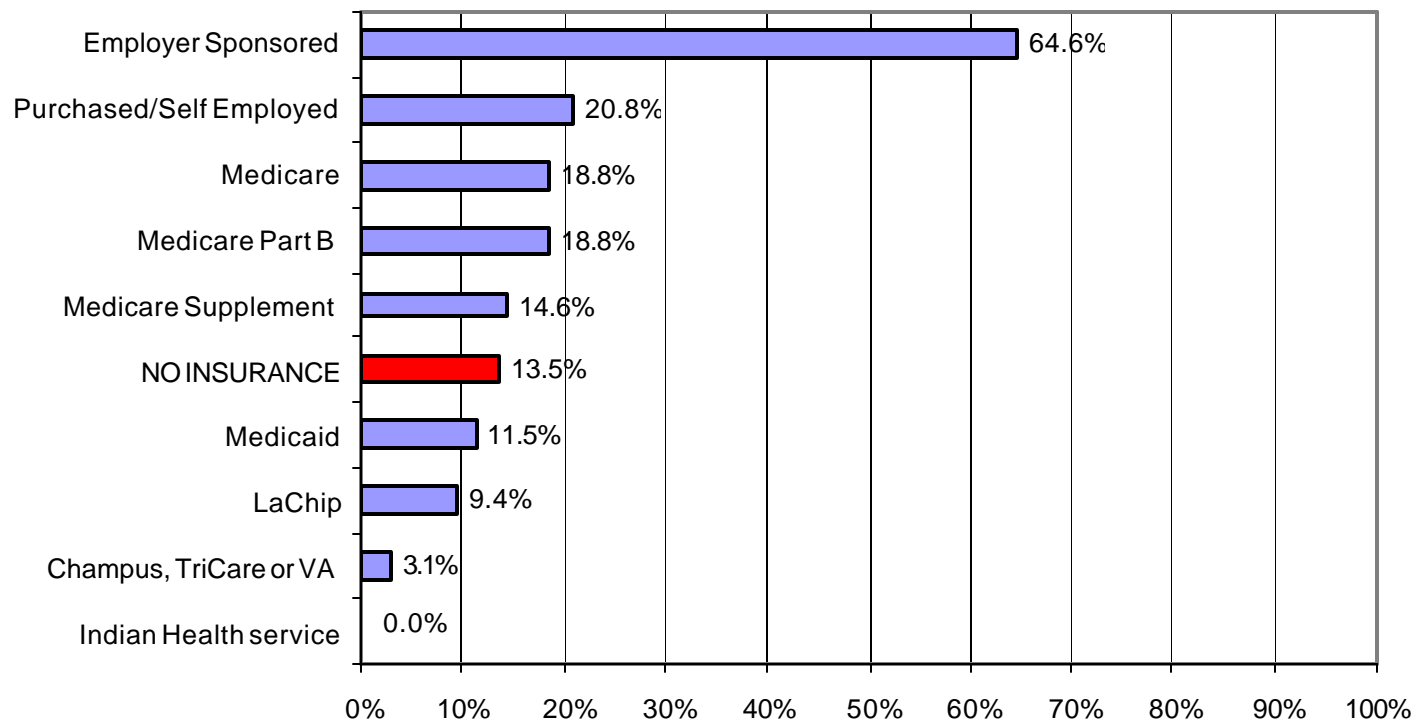
Evangeline Parish Findings: *Source of Care* (continued)

M45: Do you have one person you think of as your household's MAIN personal doctor or healthcare provider?



Lafayette Parish Findings: *Insurance Coverage*

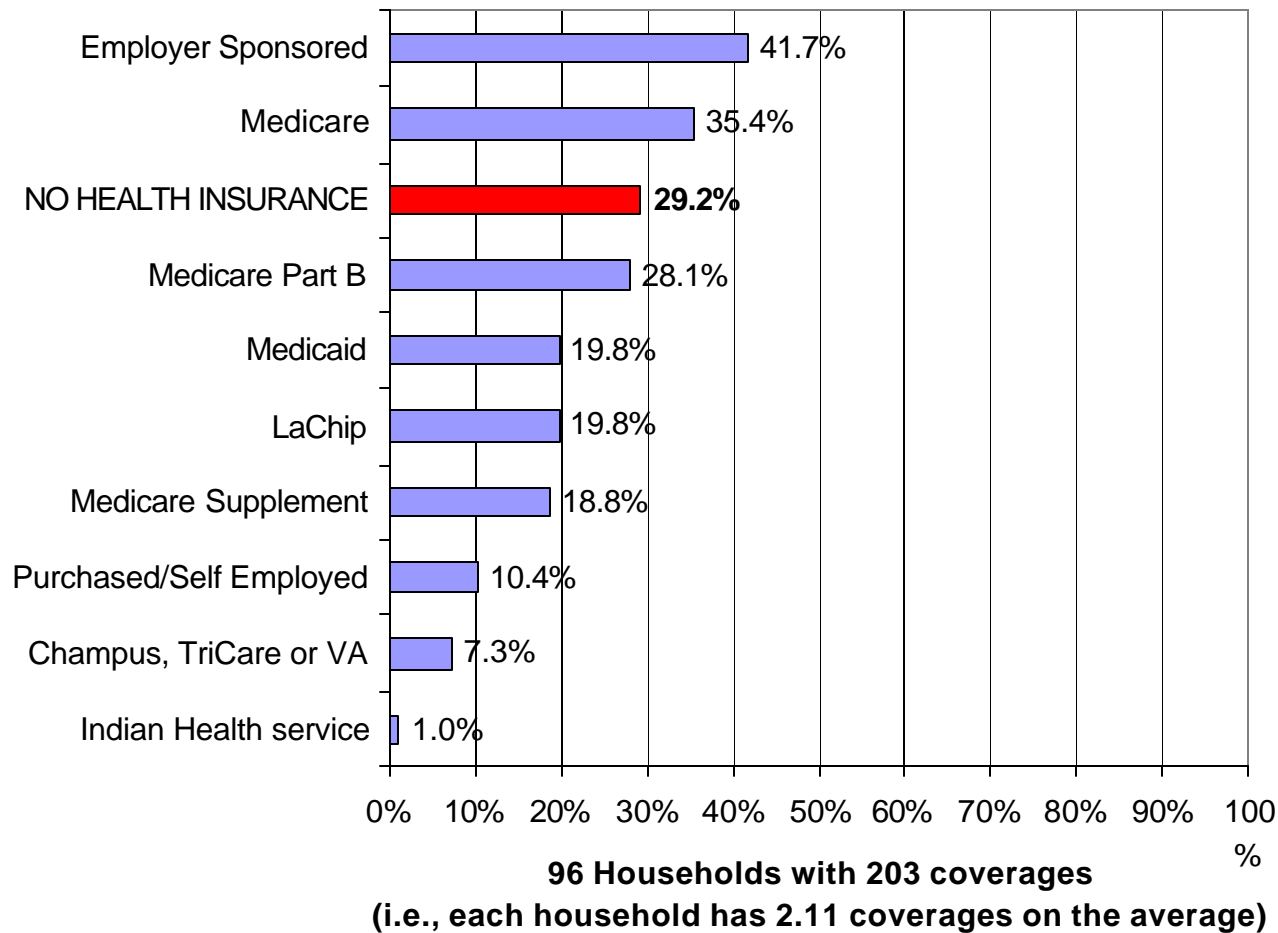
Ins 1-Ins 8: Percentage of "General Population" households having at least one person with listed health coverages



**96 Households with 169 coverages
(i.e., each household has 1.76 coverages on the average)**

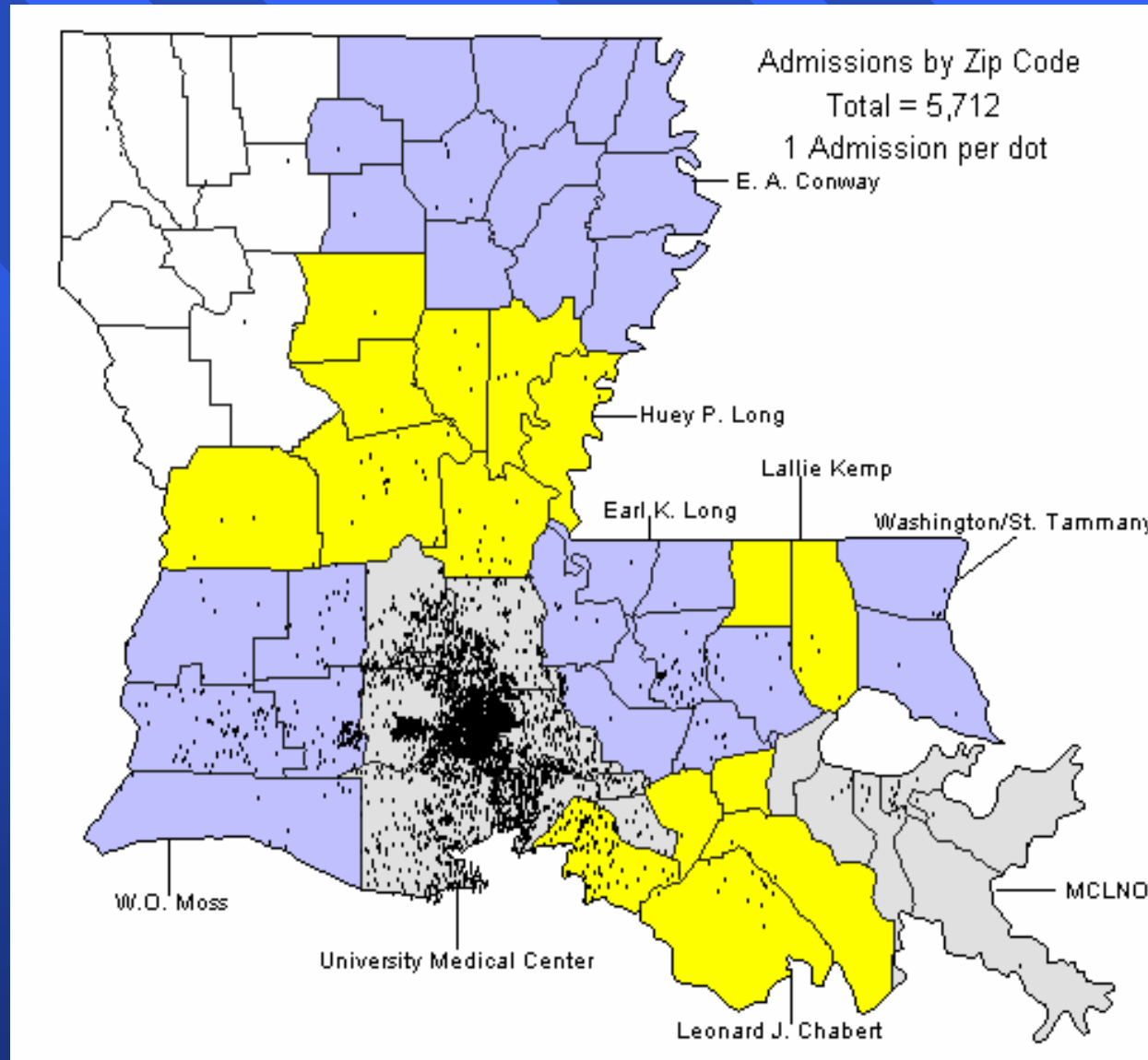
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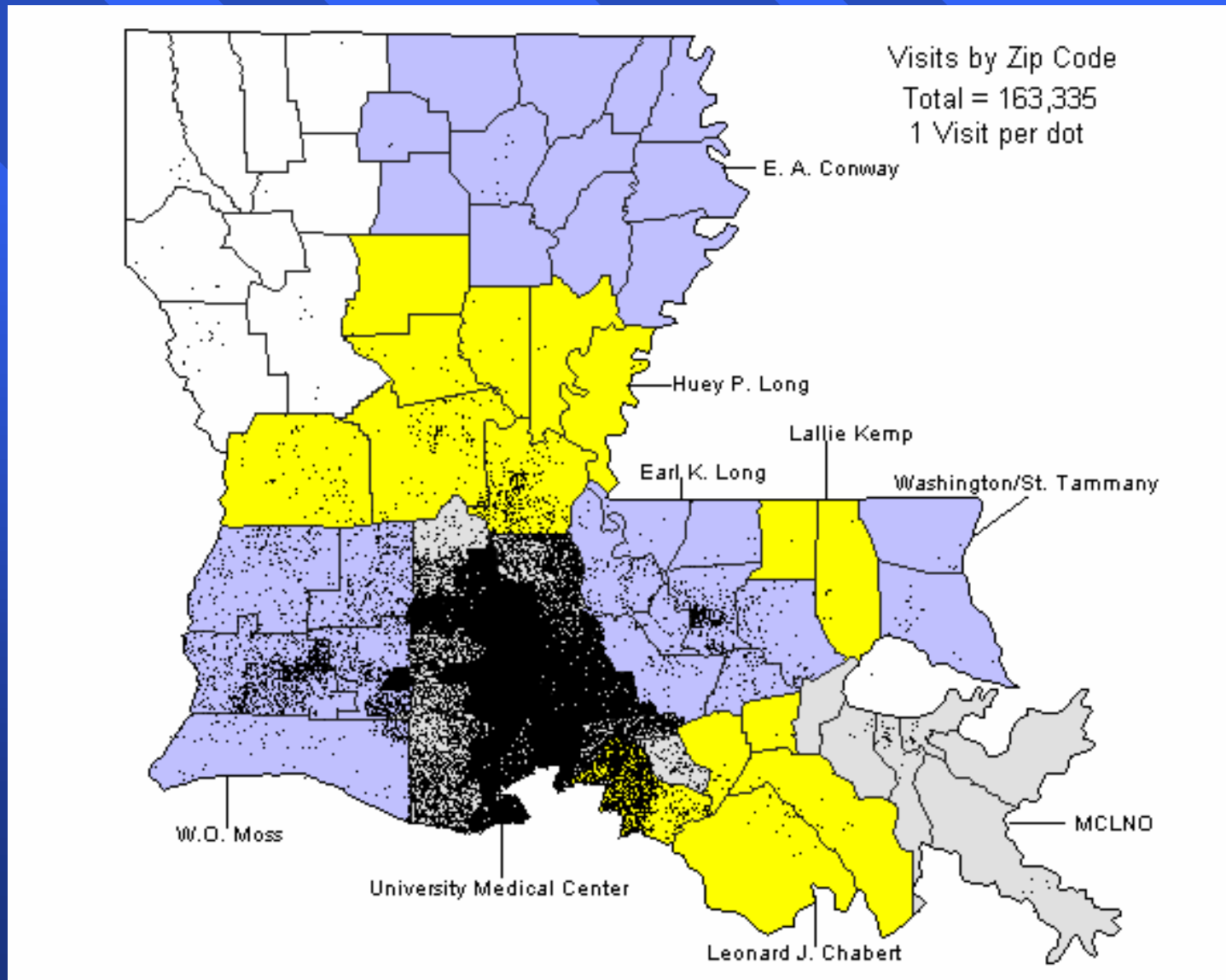


IV. Where Do Patients Go for Care?

UMC – Lafayette Admissions

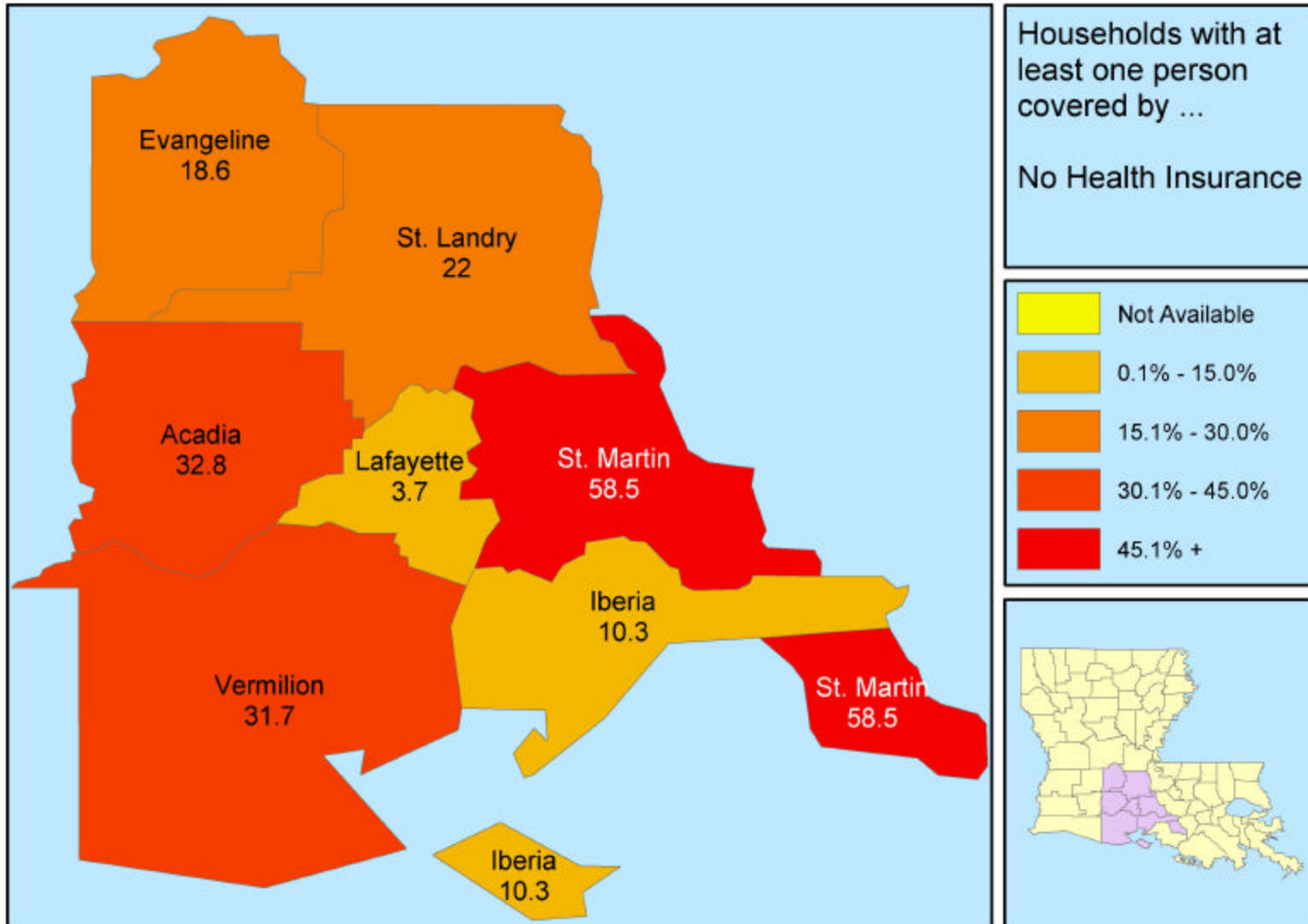


UMC – Lafayette Outpatient Visits



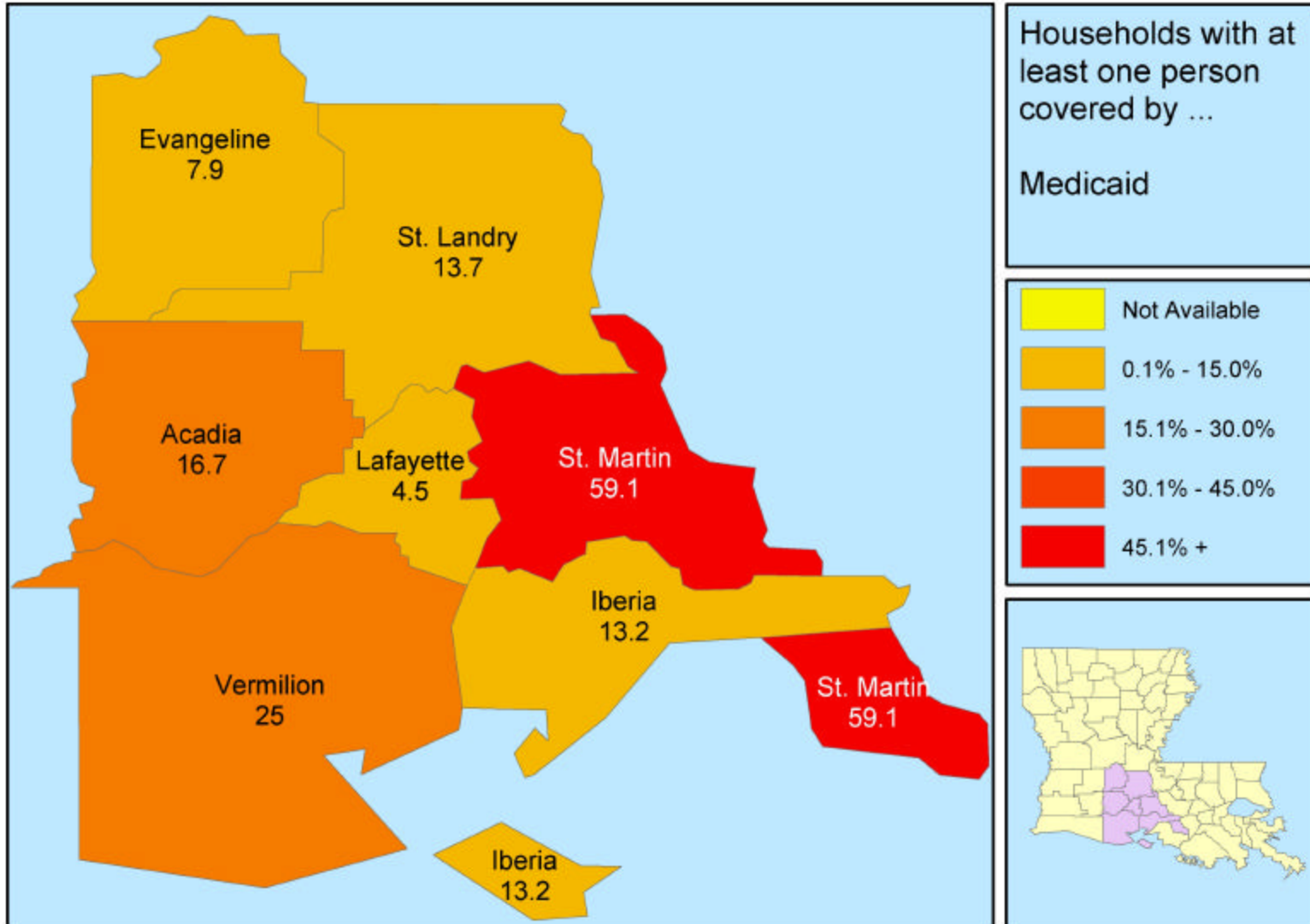
Where do the Uninsured go for care?

% of Households that "most often" travel out of home parish for care:



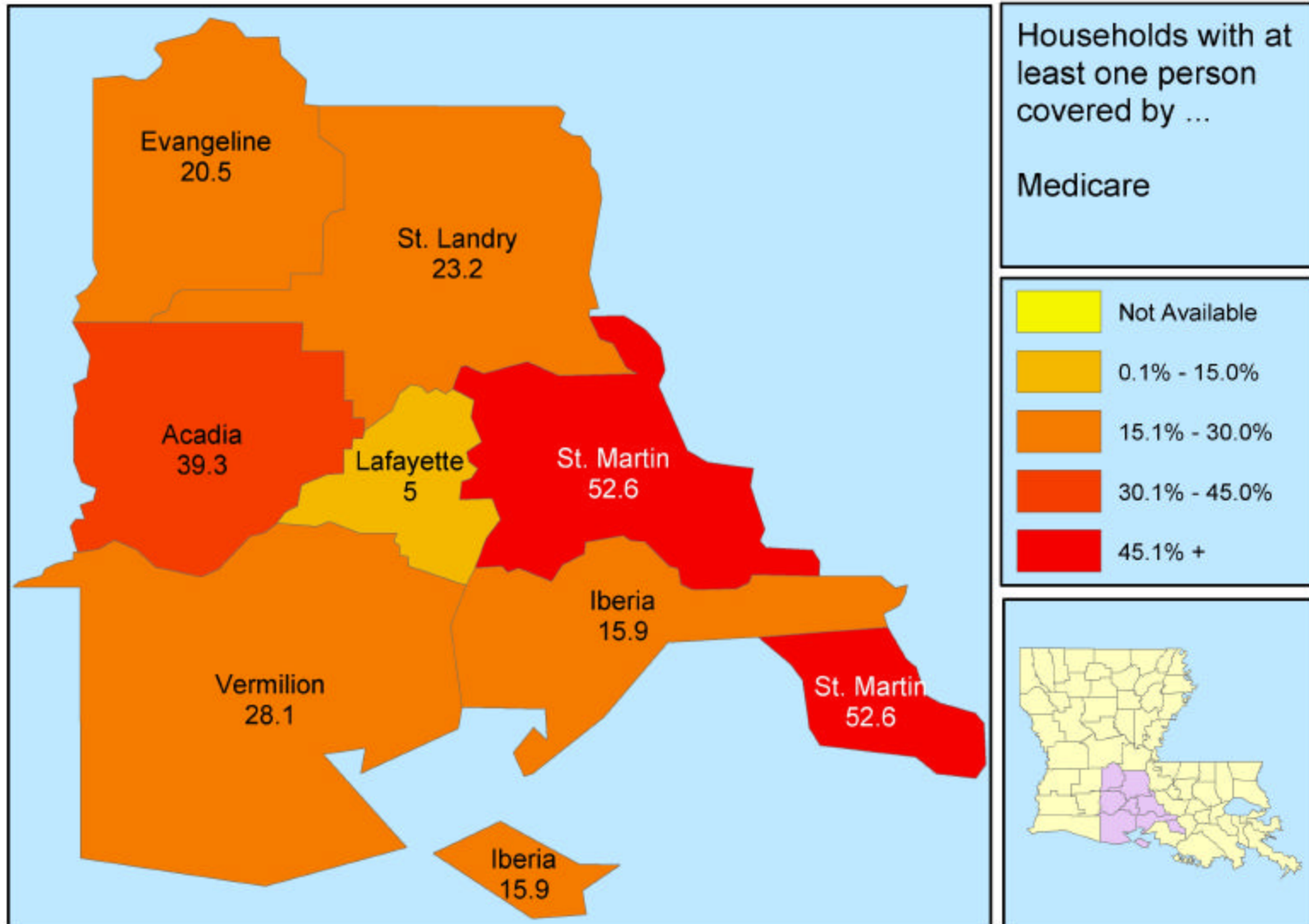
Where do Medicaid enrollees go for care?

% of Households that "most often" travel out of home parish for care:



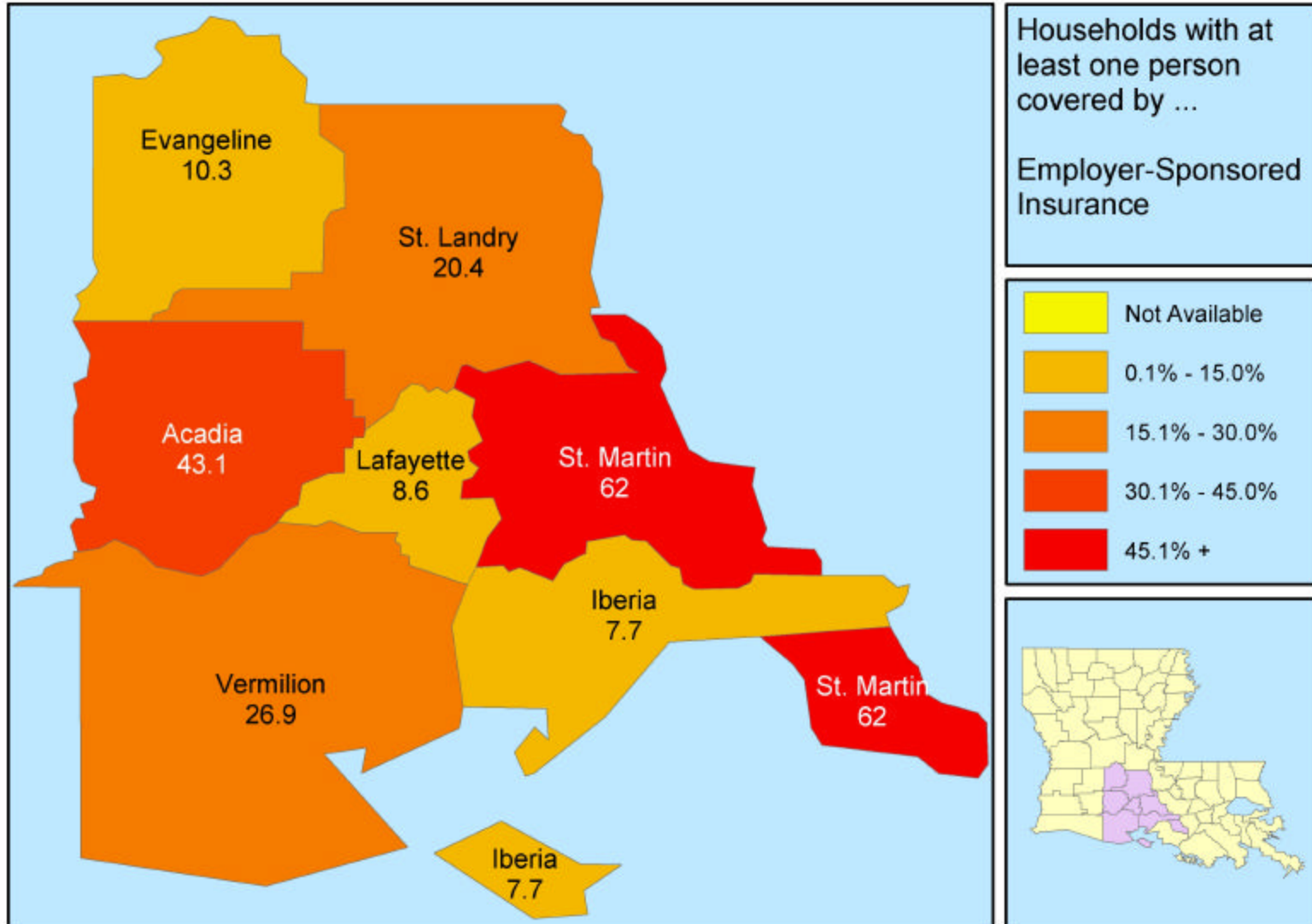
Where do Medicare enrollees go for care?

% of Households that "most often" travel out of home parish for care:



Where do employer-insureds go for care?

% of Households that "most often" travel out of home parish for care:



V. Concluding Observations

- Access to healthcare is not uniform across Region IV.
- The proportion of persons who have a regular source of care varies by parish, but seems unexpectedly higher in rural areas among persons in “barrier populations.”
- Lafayette Parish has an abundance of providers and facilities, yet more than ¼ of its population reports having difficulty obtaining care, delaying care for various reasons, and not getting the care it feels it needs.
- Rural Region IV parishes have provider shortages, causing flight of healthcare dollars toward Lafayette – dollars spent by insured persons who also have access to transportation.
- Careful review of available regional data should inform the policy decisions of the Region IV Healthcare Consortium.
- Gathering of additional Region-specific data may prove useful where only statewide statistics are now available.

prepared at the

Health Informatics Center of Acadiana

*a commitment to education, research, and
community service in health informatics!*

Region IV *Louisiana HABITS* reports and
other regional data tools
can be downloaded from

<http://hica.louisiana.edu>

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