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La. uninsured walk a tightrope

State No. 3 in percentage of residents without health coverage

*By Melody Brumble
mbrumble@gannett.com*

Rachael Muniz relied on a flat-fee medical clinic and shopped around for cheap prescriptions during a 10-month period without insurance in 2008. Muniz lost health coverage when her husband, Joey, was laid off from a local branch of a national financial services company in early 2008. Rachael works full time in insurance billing for a psychiatric clinic but couldn't afford the monthly premiums for health insurance her employer offers.

"My portion of the coverage would have been \$500," Muniz said of the monthly premium.

Meanwhile, a children's state health insurance program — LaCHIP — provided preventive and emergency care for their son, Logan, until Joey qualified for insurance through his new employer in October.

The situation is typical for working families in Louisiana, where one in five adults was without health insurance even before a recession hit the nation. State officials predicted the numbers of uninsured people could rise by 2 or 3 percent in some parts of the state by the end of 2008.

Making health insurance affordable and accessible to all Americans is the cornerstone of President Barack Obama's plan for health care reform. One step toward this goal was taken last week, when Obama signed into law a bill extending health coverage to 4 million uninsured children.

The plight of the uninsured is key in Louisiana, which had the third-highest percentage of people without health insurance in the nation in 2008, according to United Health Foundation's yearly state-by-state health report card.

The relatively high number of people without insurance, combined with high poverty rates and a lack of access to medical care, contributes to the state's dismal scores on health rankings.

"We're usually right there, nip and tuck, scraping the bottom with Mississippi," said Ruth Kennedy, deputy director of the state Department of Health and Hospitals.

No 'safety net' here

Medicaid, a safety net for families in some states, is unavailable for virtually every able-bodied person in Louisiana. A single person who gets more than \$108.30 a month — from any source — isn't eligible for Medicaid in Louisiana. A family of four that earns or receives more than \$220.50 a month isn't eligible.

"There are no health plans for grown people who are not disabled," Rachael Muniz said. "Without insurance, you have no preventive care. You only go to the doctor in emergency situations. You're

not going to spend that money on the doctor just to make sure everything's OK."

That's one reason people without insurance are diagnosed with more complicated health problems when they finally do get to a doctor. Almost half of adults ages 19 to 64 without insurance have a chronic health condition, according to a study by the Kaiser Commission on Medicaid and the Uninsured.

Because they're sicker, it costs more to care for them. People without insurance generally pay about a third of what it costs for their care.

Helen and Kenneth Lucas, of Zwolle, depend on LSU Hospital in Shreveport for primary and specialty care, paying what they can. LSU doctors referred Helen to Pool of Siloam medical ministry in Shreveport recently after she was diagnosed with sleep apnea.

Helen, 61, is a cook at Toledo Bend Nursing Center. Kenneth, 57, worked on off-shore drilling rigs and at a Toledo Bend state park before multiple sclerosis disabled him. Neither could afford the premiums for health insurance offered through their jobs.

"You have to live," Kenneth said. "When I was working at the park, (the premium) would have taken two-thirds of my check. If you try to get insurance on your own, it's too high. Believe me, we looked around."

Doctors told Helen she needed a machine that regulates breathing for sleep apnea sufferers. Pool of Siloam provided the machine at no cost and will provide follow-up doctor visits for her.

"Sleep apnea can cause heart attacks and strokes," Helen said. "I would have gotten a machine because of my health, but I don't know how long it would've taken me to save money for one."

Pool of Siloam also offers dental services, specialty care for diabetics and a new program to provide routine health care for homeless people.

Executive director Terry Strain was moved to start the program in 2005 after working with the uninsured and underinsured at LSU Health Sciences Center in Shreveport.

"I would love for us to be put out of business by everyone having equitable health care," Strain said.

Until then, Pool of Siloam and the 22-year-old Martin Luther King Health Center in Shreveport provide an option for people who don't qualify for Medicare or Medicaid and can't afford the \$40 or \$80 to visit a flat-fee clinic.

Nonprofits fill gap

Religious and secular nonprofit agencies use private money, donated medications and volunteers to cover about a fourth of the cost of caring for the uninsured in the United States.

"I was talking to Willie White, the director of the David Raines Health Centers, recently, and he said, 'You're kind of like the safety net for the safety net'," said Janet Mentessane, executive director of the Martin Luther King Health Center.

The health center, near downtown Shreveport, averages 600 patients a year. Like the Pool of Siloam, the center works to provide continuing care to their patients and coordinate medical, dental and mental health services.

"A lot of times, there's such disjointed health care," said Mentessane.

She considers the health center a model of the "medical home," a concept promoted by state officials as they work to revamp the Louisiana Medicaid program.

A "medical home" gives a patient one primary care doctor, similar to the arrangement enjoyed by most people with private health insurance. Ideally, the patient's doctor keeps track of the person's preventive care, provides information about managing chronic conditions and refers the patient to specialists.

"Relationship-building is very important, instead of someone being a number on a chart," Mentasane said. "We help people, but we tell them, 'You're responsible for your health, too.'"

In return, the health center sees a 90 percent attendance rate among patients and compliance with medication and lifestyle changes that help people manage chronic illnesses.

"We try to keep people as productive as possible, keep them out of the emergency room," Mentasane said.

When she joined the center's staff more than five years ago, most patients were in their 50s and 60s. Now she's seeing more new patients in their 20s and 30s, possibly because of layoffs and the rising cost of health insurance.

"I also think that healthwise, people at a younger age are being diagnosed with chronic illnesses," Mentasane said.

Diseases can progress

The MLK Health Center and Pool of Siloam aim to keep people from developing complications that can put them in a costly hospital bed and — ironically — make them eligible for government-subsidized health care.

Dr. Gary Hensley, Pool of Siloam's medical director, cites diabetes as an example of something manageable that becomes life-threatening without access to regular care.

"If it's caught early, it's treatable. If it's not, it snowballs. It's a vicious cycle, and you develop all the complications, like kidney failure," Hensley said. "People end up on dialysis, at which point they can get on Medicare."

Medicare and Medicaid, funded by federal and state governments, helped pay an estimated \$656 million for health care for people without insurance in Louisiana in 2005.

"People should care about this because it ends up costing them more in tax dollars," Mentasane said.

People who can afford health insurance also end up paying more for coverage because doctors and hospitals structure their rates to try to cover some of the cost of providing care to people who can't pay.

Paying for the uninsured

People in Louisiana who have private health insurance paid an estimated \$922 a year more for family coverage in 2005 to cover the cost of care for the uninsured, according to a report by health care advocacy organization Families USA. The report estimated the cost would rise to nearly \$1,300 more a year for family coverage in Louisiana by 2010.

"It is a reality within the current U.S. health care system that the privately insured pick up the unreimbursed costs of those uninsured and underinsured," said Chuck Daigle, Willis-Knighton Health System's chief operating officer.

More than 16 percent of patients who come through the system's four emergency rooms lack insurance. The overall percentage of people without insurance ranges from 3 to 9 percent at each facility, Daigle said.

Daigle said another 55 percent of patients covered by Medicare and Medicaid are considered underinsured because they face substantial out-of-pocket costs after those programs' reimbursements.

Uninsured people accounted for about 11 percent of outpatients at Christus Schumpert Health System in 2008. Outpatients include people who visit the system's emergency rooms. Slightly more than 3 percent of inpatients lacked insurance in 2008. Similar statistics aren't available for LSU Hospital in Shreveport, one of the "safety net" centers where the region's poor can receive care with little or no up-front cost.

However, in the budget year that ended June 30, more than one-fourth of the hospital's patients qualified for free care. The figure includes people who are admitted to the hospital, visit the emergency room and attend preventive care clinics.

Free care is available only to Louisiana residents. People meet the standards for free care based on income levels and the number of dependants, said Elaine King, an LSU Health Sciences Center spokeswoman.

Private hospitals and free clinics could see demand for services rise in the next year if state lawmakers impose budget cuts that could close two of the three emergency departments operated by LSUHSC-Shreveport. Besides the Shreveport medical center, LSUHSC operates E.A. Conway Medical Center in Monroe and Huey P. Long Hospital in Pineville. The three emergency rooms logged 124,000 visits in the budget year that ended June 30, 2008.

The safety net LSU Hospital provides caught Georgia Miller after she suffered a heart attack. Miller, 64, of Shreveport, went to the hospital with chest pains and was hospitalized for three days. The hospital referred her to Pool of Siloam, which provides routine checkups and the six medications she takes.

"I've never had any insurance, really," said Miller. "I work in housekeeping. When I have to go to the doctor, I just go and don't have no money to pay."
