

➤ Portico Healthnet, for example

What we can – and ought to – learn from local health care initiatives

“For want of a nail, the battle was lost.” Such proverbial wisdom identifies the cause of a disaster in hindsight. If the cause had been properly addressed at the time it arose, so the argument goes, disaster could have been averted.

When it comes to maintaining the health of cities, towns and communities across the country, we have before us the opportunity to address just such a cause.

One of the most important keys to good public health is early medical intervention. This facilitates a chain-reaction of positive outcomes that can alter the course of a medical condition, transmissible disease, or novel pandemic. Unfortunately, early medical intervention is not yet something affordable to everyone in this country.

As Washington has wrestled with this issue over the years, various local initiatives to assist the uninsured have sprouted up here and there across the country. One successful effort has grown up right here in the Twin Cities.

In 1995 HealthEast Care System launched its own experiment to help the uninsured in our community and to better manage its own costs. Christened the MetroEast Program for Health, the effort redirected a portion of the funds set aside to cover uncompensated emergency room use to provide primary and preventive health care access to those without health care coverage. Fourteen years later, the initiative has grown into a nonprofit partnership of 14 competing Twin Cities hospitals and health care systems known as Portico Healthnet. Despite the current economy — or perhaps because of it — the commitment of the various partners has never been stronger.

Portico Healthnet's evolution offers several lessons for those seeking to provide affordable health care access to the uninsured in a sustainable manner.

Lesson 1: Many uninsured individuals actually qualify for coverage under existing public and community safety-net programs. Portico addresses this by reaching out to the uninsured, screening them for various coverage options based on personal circumstances, and assisting them with the various application processes. These efforts are funded via support from the United Way, health plans, and local corporations and foundations. During 2008, Portico screened more than 13,000 individuals, provided more than 8,000 referrals to public and private health care resources, and assisted nearly 3,800 individuals in applying for Medical Assistance, MinnesotaCare and other state-funded public assistance programs.

Lesson 2: Just because you work, doesn't mean you have access to affordable health care coverage. For those screened individuals ineligible for public coverage due to income, Portico offers primary and preventive health care access funded by commitments from its hospital and health plan partners. Eligibility is based on annual income beneath 275 percent of Federal Poverty Guidelines, and participant households pay a small sliding-scale monthly fee that goes back into paying for outreach efforts. Portico's coverage partnership currently works with more than 1,500



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formerly uninsured individuals, and more are on a waiting list due to the program operating at full funded capacity.

Lesson 3: Access to primary and preventive care significantly reduces high-cost emergency room use and in-patient hospital care. According to a survey conducted annually by the Wilder Research Center, enrollment into the Portico coverage program results in a 33 percent decrease in emergency room visits and a 35 percent decrease in in-patient hospitalizations. These reductions are facilitated by earlier, more efficient medical interventions. In addition to the improved health enjoyed by those now able to access affordable healthcare, we all benefit via improved public health and emergency rooms better able to handle true health emergencies.

Lesson 4: You can't just give people access to health care services when they haven't had it before and expect them to know how to use our complicated system correctly. Nowhere is this more apparent than in the experience of Minnesota's General Assistance Medical Care (GAMC) program, which provides a full spectrum of care to some of the poorest individuals among us. Despite having access to primary, preventive and specialty services, the care venue of choice remains the emergency room. Portico's program includes a care management component with a health care "coach" that helps participants manage their health and navigate complicated care systems. This is largely responsible for the cost-saving reductions in ER use and in-patient hospital admissions referenced above.

Lesson 5: There are alternatives to the so-called "public option" that don't involve government funds. Grassroots initiatives such as Portico Healthnet should not be overlooked in the national effort to provide affordable access to health care services for all. A solution could easily consist of the many different ideas that have evolved over the years into viable local solutions for various segments of the uninsured.

The debate in Washington over the plight — and the number and make-up — and of the uninsured is as contentious as ever. One reason may be a tendency by policymakers to view potential solutions as "one-size-fits-all." Lawmakers would do well to pay heed to local solutions that work within the unique circumstances faced by the communities they serve.

The United States does not yet have the "nail" of affordable early medical intervention for everyone. Now is the time for all of us to work within our local communities and with our federal legislators to find that nail — before the battle of sustaining good public health is lost.

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