2016 Health Summit: Creating an Agenda for a Healthy Louisiana

SUMMARY REPORT COMPILED FOR HCR 22 OF THE 2016 REGULAR LEGISLATIVE SESSION

Prepared by
Louisiana Center for Health Equity
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Alma C. Stewart, RN, MS, CCHC, Lead Author

Senator Regina Barrow
Eric Baumgartner, MD, MPH
Nichelle Cook, JD, MA
Thomas J. Durant, Jr., PhD
Jamila Freightman
James Gilmore, Jr., PhD, MPA
Glennis Gray, PhD, MSN, RN-BC
Tammy Hall, EdD, MA
Linda Hawkins
Janet Hays
Eric Hornet, PhD
Mary T.C. Johnson
Michelle McCalope
Lue Russell, ThD, MA
Christopher Williams, MPH
Sundee Winder, PhD, MSPH

Comments: Your comments and suggestions are welcome and will assist us in efforts toward continuously improving community health across Louisiana. Please send us your comments via email to info@lahealthequity.org. Thank you!
Table of Contents

Introduction ............................................................................................................................................... 5
  Spotlight on Economic Security and Health .......................................................................................... 7
Ensure Access to Healthcare .................................................................................................................. 8
  Medicaid Expansion ............................................................................................................................. 8
  Issues with Healthy Louisiana/Managed Care Organizations .............................................................. 9
  Data/Electronic Medical Records/Health Information Exchange ..................................................... 9
  Parity between Medicare and Medicaid .............................................................................................. 10
Support Behavioral Health .................................................................................................................... 11
Promote Healthy Lifestyles .................................................................................................................... 12
Promote Economic Development .......................................................................................................... 13
  Healthcare Workforce Development is Necessary ........................................................................... 14
State Caucus on Healthcare Policy ........................................................................................................ 15
Conclusion ............................................................................................................................................... 16
APPENDIX 1: 2016 Health Summit Planning Team .............................................................................. 18
APPENDIX 2: 2016 Health Summit Speakers and Moderators .............................................................. 20
APPENDIX 3: 2016 Health Summit Sponsors ......................................................................................... 23
APPENDIX 4: 2016 Questions for State Caucus ..................................................................................... 24
APPENDIX 5: Comments Submitted in Response to Report ................................................................. 25
  Louisiana Association of Health Plans ................................................................................................. 25

Disclaimer: This report has been created based on information gathered at the 2016 Health Summit: Creating an Agenda for a Healthy Louisiana. Although the statements of fact in this report are obtained from reliable sources, the Louisiana Center for Health Equity does not guarantee their accuracy and, further, any such information may be incomplete or condensed.
Introduction

The Louisiana Center for Health Equity (LCHE) works to address the increasing disparities in health and health care across Louisiana. The Center represents the interest of health equity by promoting the elimination of health disparities caused by poverty, lack of access to quality health care, and other social conditions with a focus on community health and wellness.

In 2013, LCHE organized the Campaign for Healthcare for Everyone - Louisiana (HCEL), a broad diverse group of organizations and individuals advocating for expanded access to healthcare for all Louisianans. HCEL is a non-partisan, issue-based campaign that serves as a cohesive voice focusing on policy advocacy and grassroots mobilization. The Campaign led efforts to close the coverage gap by allowing low income, mostly working, adults to obtain healthcare insurance through federal Medicaid funds under Medicaid expansion, as authorized by the Affordable Care Act (ACA).

Louisiana State Representative Patricia Haynes Smith has been an avid champion for Medicaid expansion. Rep. Smith introduced House Concurrent Resolution (HCR) 170 during the 2015 Regular Legislative Session. During the 2016 Regular Legislative Session, she introduced HCR 22 to continue the study committee to evaluate Louisiana’s system of healthcare delivery and report findings concerning this system. The legislation states that the study committee will examine the financial condition of the state’s healthcare delivery system, evaluate issues related to healthcare access, assess overall health system capacity including the capacity of the state’s healthcare workforce, identify innovations and best practices which may improve healthcare quality and health outcomes, and fulfill other purposes as provided.

Around the same time period, the Louisiana Department of Health-Office of Public Health initiated a State Health Assessment and developed a State Health Improvement Plan. The subsequent report, “Creating a Blueprint for our Future: Louisiana State Health Assessment and Improvement Plan” (2016-2020), is a roadmap to achieve health and become a healthier Louisiana.

On March 29, 2016, the Louisiana Center for Health Equity and the Campaign for Healthcare for Everyone-Louisiana held at Pennington Biomedical Research Center the first statewide Health Summit: Creating an Agenda for a Healthy Louisiana. In collaboration with the Louisiana Department of Health (LDH)-Office of Public Health (OPH), and our signature sponsor, the Louisiana Public Health Institute (LPHI), this event convened people from faith-based organizations, non-profit organizations, health insurers, hospitals and clinics, service providers, law enforcement, and businesses, as well as health educators, researchers, policymakers, elected officials, community health leaders, and the general public.

The purpose of the 2016 Health Summit was to share knowledge among a broad audience as we work toward creating a policy agenda for healthcare and build collaborative partnerships.
for improving community health statewide. The goal of the summit was to provide a ‘state of the state’ on community health in Louisiana. The objectives of the summit were to:

- Engage health advocates and partners in the state health improvement planning process;
- Present proven models for improving health outcomes and healthcare financing;
- Draft a policy agenda regarding healthcare;
- Provide tools to continue community health improvements.

With these objectives in mind, the summit incorporated and built upon the Louisiana State Health Assessment (SHA) conducted by the LDH-OPH. The Public Health Accreditation Board defines a health assessment as a collaborative process of collecting and analyzing data and information for use in education, mobilizing communities, developing priorities, garnering resources or using resources in different ways, adopting or revising policies, and planning actions to improve population health. The SHA identified five strategic priorities: Support Behavioral Health, Promote Healthy Lifestyles, Ensure Access to Healthcare, Promote Economic Development, and Build Public Health Infrastructure. The summit’s format included both plenary and breakout sessions focused on four of the five SHA strategic priorities.

The summit opened with a ‘State of the State’ delivered by Alma C. Stewart, from the Louisiana Center for Health Equity. Ms. Stewart reported that Louisiana is struggling with a budget crisis and the state ranks last according to the most recent America’s Health Rankings, a decline from its ranking as 48th in the previous year. In addition, Louisiana has the highest number of children in poverty in the country and public health funding has decreased 33 percent over the last five years. Healthcare is one of the largest portions of our economy and a major driver of the economy; however, it is an industry with widespread issues. Stewart stated, “Healthcare has become much more politicized,” and gave the example of the rejection of Medicaid expansion for two years under the previous governor, Bobby Jindal. Lt. General Russell Honore (retired) told the audience that the problem is more than poverty and that it is also the system, and the poor are not getting needed healthcare. Honore stated that some people tell you the amount of money spent on healthcare and think we are doing a good job. “I’ve been around the world,” he said. “I’ve seen the money we spend for goodwill like building bridges, hospitals, and schools. We buy tanks that have never been driven. We know how to waste money in other people’s countries, but when it comes to supporting basics here in Louisiana we have a hard time.”

The focuses for the breakout sessions were as follows: behavioral health, healthy living, economic development, and access to healthcare. The final summit session concluded with a discussion on healthcare policy. As you will note in this summary report, the major emphasis of the 2016 Health Summit was access to healthcare through the lens of economic security and Louisiana’s high rates of poverty.
Spotlight on Economic Security and Health

The average household income of poor families in Louisiana is $11,156 per year, less than $1,000 per month.\(^1\) As a result, many are forced to make difficult choices, such as forgoing health care. Many citizens in this state do not earn enough money to afford to visit a doctor or refill a prescription. Fortunately, more people will have access to health insurance because of Medicaid expansion. However, legislation introduced during the Regular Legislative Session to increase personal responsibility could create financial barriers for people significantly below the poverty line.

Jeanie Donovan, an Economic Policy Specialist from Jesuit Social Research Institute at Loyola University New Orleans, stated that proposed legislation requiring co-payments for non-emergency use of the emergency room and non-preferred drugs could place additional burdens on new Medicaid recipients. Implementing cost containment and cost reduction legislation, such as co-payments and cost sharing, which negatively affect consumers, would likely negatively impact health outcomes and cost the state more money.

Mary Ambrose of United Way of Southeast Louisiana reported that her organization conducted sixty-three community conversations with about 600 people in New Orleans with the three-fold purpose of assessing what people want in their community, identifying barriers, and developing solutions. The study revealed that people were concerned about safety, economic development, financial stability, employment opportunities, education, and having a sense of community. The overall concern for participants in this study was poverty. United Way of Southeast Louisiana developed the Asset Limited, Income Constrained, Employed, (ALICE) Report to assess the impact of poverty in Louisiana. The report provides a framework, language, and tools to measure and understand the struggles of the growing number of households in our communities statewide that do not earn enough to afford basic necessities.\(^2\) Ms. Ambrose recommended investing time, money, and efforts, as well as building partnerships, as strategies for eradicating poverty and building equitable communities.

Poverty is a problem in Louisiana as reported by both Ms. Donovan and Ms. Ambrose. The ALICE Report describes the impact in the New Orleans area. However, poverty and its impact are likely similar in other areas of the state and even more profound in still others.


Ensure Access to Healthcare

In January 2016, Governor John Bel Edwards issued an executive order to expand Medicaid, an act that will ensure healthcare access for over 350,000 low income adults, making Louisiana the first state in the deep-south to expand Medicaid. More people between the ages of 18-64 who make less than 138% of the Federal Poverty Line (FPL) will have access to health insurance that will help them afford primary care and prevention services. People without health insurance who tend to rely on emergency rooms for basic healthcare will be able to access preventive health services. Approximately 17% of people in Louisiana are uninsured. For those with insurance, access to healthcare remains problematic. Inadequate access to reliable transportation, lack of funds for co-pays or prescriptions, and insufficient consumer knowledge about the appropriate use of healthcare facilities affect health outcomes. Additionally, over 50% of parishes have been identified as Health Professional Shortage Areas (HPSA), meaning there are not enough healthcare providers to serve local communities.

The Health Summit identified four priority areas that should be addressed to ensure access to healthcare in Louisiana: Medicaid Expansion, Issues with Healthy Louisiana/Managed Care Organizations, Data/Electronic Medical Records/Health Information Exchange, and Parity between Medicare and Medicaid reimbursement providers.

Medicaid Expansion

On June 1, 2016, Louisiana residents with incomes 138% below FPL will be able to enroll in the state’s Medicaid program, with coverage effective July 1, 2016. During his keynote speech, Governor Edwards stated that Medicaid expansion is “good for people, doctors, hospitals, and other providers, and good for the budget.” Through the ACA, states that expand Medicaid will receive 100 percent of federal funding to cover healthcare costs for the first three years until 2017, and will receive no less than 90 percent federal support for healthcare costs in the years following. There is significant evidence that proves why and how expanding Medicaid will benefit the state’s health outcomes and save money, but there are a few issues that need to be addressed to ensure success. These recommendations include:

- Develop a strategic plan to enroll over 350,000 Louisianans onto a Medicaid plan. A possible recommendation presented at the summit was to train ACA marketplace navigators to enroll new subscribers.
- Address the healthcare workforce to ensure there are enough physicians and/or providers to take care of the newly insured patients.
- Reduce and/or curtail financial barriers, such as increased co-pays for medications and emergency care, for consumers seeking healthcare.

Kentucky is a great example of how reducing barriers to healthcare helped the state’s economy and improved health outcomes.
Prior to Medicaid expansion, Kentucky was ranked the 49th sickest state in the nation with 20% of the population uninsured. Post expansion, Kentucky generated $400 million in general fund savings over time. As well, the uninsured rate decreased to 7.5%, 14,000 jobs were generated, preventive services increased, and emergency room care dropped by 78%. By the end of 2015, over $3 billion dollars were being funneled into their healthcare delivery system as a result of Medicaid expansion. Audrey Haynes, the former Secretary of Kentucky’s Cabinet for Health and Family Services was a key player in Medicaid expansion’s success in Kentucky. She is helping Louisiana transition to Medicaid expansion.

**Issues with Healthy Louisiana/Managed Care Organizations**

Louisiana Medicaid operates under the Managed Care Model, a healthcare delivery system organized to manage cost, utilization, and quality. Medicaid Managed Care delivers Medicaid health benefits and additional services through contracted arrangements between state Medicaid agency and private Managed Care Organizations (MCOs). Currently, the MCOs have practices in place that make it difficult for subscribers to obtain care. Each managed care organization under Healthy Louisiana (formerly Bayou Health) has different formularies that change frequently. It is difficult to find providers that will accept Healthy Louisiana (some providers have capped limits to accept Medicaid patients), and currently the health plans do not provide sufficient access to specialists’ care. Recommendations to address these issues include:

- Conduct an unbiased evaluation of the managed care plans.
- Increase availability of specialty care provider participation with maximum time limits for appointments (neurologists, dermatologists, psychologists, rheumatologists, endocrinologists, etc.).
- Address low reimbursement rates to providers by the MCOs.
- Develop and implement uniform policies to address the different coverage formularies between the health plans.
- Develop plans to encourage and incentivize providers to accept patients with Medicaid insurance.

**Data/Electronic Medical Records/Health Information Exchange**

Healthcare data is important for healthcare systems to assess the quality of care, contain costs, and manage patient health outcomes. Our current data system, the Louisiana Heath Information Exchange (LaHIE), lacks the capacity to share patient data to measure outcomes. Current electronic medical records are not able to exchange data and connect or “speak” to each other. There is also a need to enhance quality of care indicators and transparency of data within the health systems.
An enhanced data system is an essential part of quality improvement and accountability as health systems have moved from fee-for-service to managed care.

Recommendations to address these issues include:

- Develop robust “medical neighborhoods” to enhance patient-centered care throughout the state. A medical neighborhood is defined as a clinical-community partnership that includes the medical and social supports necessary to enhance or improve health.
- Improve the referral system between Parish Health Units and Federally Qualified Health Centers.
- Report better data to show the value of healthcare from Federally Qualified Health Centers.
- Work with LDH (formerly DHH) to release (general) Medicaid outcome data routinely and timely (excluding provider identification), and sharing data openly on the web site.
- Create a secure health information system with the ability to view the full scope of patient history, services, treatments, etc., with the capability of virtual, real time access by multiple treating providers.

**Parity between Medicare and Medicaid**

Enhancing the provider reimbursement for parity between Medicaid and Medicare is needed to help ensure that more primary care providers will accept Medicaid beneficiaries. Currently, Medicare and Medicaid reimbursement rates are not the same, and for all health services Louisiana Medicaid reimburses about 71% of the rate Medicare reimburses for the same services. To enhance the parity between Medicaid and Medicare, the state needs to, at minimum, meet the national level for reimbursement rates. According to the Kaiser Family Foundation Medicare to Medicaid Fee Index, several states, such as Mississippi, Oklahoma, and Alaska, set their Medicaid reimbursement rates closer to Medicare’s rates for the same services. The Medicare to Medicaid fee index for these states is about 90% to over 100%.  

Also, because the Medicare system is financially more efficient than the Louisiana Medicaid system, providers are able to break even and improve their efficiencies. Having a more efficient reimbursement system will help providers sustain their practice, provide more health services, and hire more healthcare professionals. Healthcare providers will also have an incentive to accept more patients with Louisiana Medicaid.

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Expanding Medicaid will expand access to mental health services. Lack of mental health services has been a major issue within the healthcare system in Louisiana. Many people with mental health issues have been criminalized due to the lack of education among the criminal justice system and scarcity of resources.

According to Dr. Raman Singh, the Medical and Mental Health Director of the Louisiana Department of Corrections, 35% of the prison population have mental health issues, and more than 40% of the mentally ill in society have been arrested.

The issues identified during the health summit related to mental health are as follows:

- Lack of emergency services for mental health patients and the closure of mental health institutions in the state.
- The criminalization of individuals with mental health issues.
- Lack of a screening process for those with mental health issues in jails and prisons.
- Use of law enforcement to police individuals with mental health issues.
- High rate of homelessness among individuals with mental health issues.

Dr. Jan Kasofsky, from the Capital Area Human Service District, reported that through their Crisis Intervention Program about 360 people with mental and substance abuse conditions are seen every day. As a result of this program, there has been a 60% reduction in emergency room visits.

Dr. Kasofsky’s recommendations for addressing this issue are to:

- Work with wardens to do mental health screenings in jails and implement evidence based programs that provide treatment and discharge plans for individuals with mental health issues.
- Expand the Crisis Intervention Program and train more police officers.
- Re-establish a stabilization unit for mental health patients (HB 763, Rep. Carpenter).

Legislation like Nicola’s Law will automatically link people who are arrested with these issues to mental health services, making it easier for someone with severe mental illness to receive court-ordered outpatient treatment. Judge Calvin Johnson, Retired Chief Judge of the Orleans Parish Criminal District Court, made the point that since this law was passed in 2008, homelessness and suicide attempts have been reduced. Additionally, engaging community-based organizations can help address mental health issues and link individuals to available resources.
There are several organizations, such as Healthy BR, Louisiana State University and Southern University AgCenters, Louisiana Department of Health, and Pennington Biomedical Research Center, that are working to pioneer new ways to enhance population health by promoting initiatives that provide opportunities for people to improve nutrition, increase physical activity, and enhance environmental factors that make the healthy choice the easy choice. These organizations implement programs statewide and in local communities to improve health profiles for residents. The organizations use evidence-based methods and interventions to reduce preventable risk factors that contribute to chronic disease, and reduce disparities and barriers to increase physical activity for children and adults. Community involvement in such initiatives is necessary to ensure success.

Although no specific recommendations were developed from this session, the organization’s initiatives reveal how environmental factors affect health outcomes. Implementing programs and policies that promote a healthy built environment at the local and statewide level are necessary to impact social determinants of health. In addition to community involvement, removing barriers to encourage more physical activity and evaluating the quality of these programs are necessary to ensure success.

The following is a highlight of the initiatives and projects:

Outreach Officer Andy Allen stated that the Mayor’s Healthy City Initiative (Healthy BR) started with a community needs assessment involving all of the hospitals working together to develop an implementation plan. The primary areas of focus to improve health in Baton Rouge are: obesity, mental and behavioral health, HIV/AIDS, and emergency department utilization. Healthy BR’s mission is to foster a movement based on communication, coordination, and collaboration that promotes a better and healthier life for all people in Baton Rouge.

Dr. Gina E. Eubanks, Vice Chancellor for Extension, SU AgCenter, and Associate Vice Chancellor, Nutrition and Food Science, LSU AgCenter, stated that the AgCenters have implemented a community engagement project in West Carroll parish to improve the health profiles for residents. Dr. Eubanks and her team worked within the community to develop an advisory board and a mission to promote healthy eating, physical activity, and access to healthy food. To do this, the advisory board held health fairs and a Family Fun Day at the Park with support from the local Mayor.

Dr. Stephanie Broyles, Assistant Professor at Pennington Biomedical Research Center, described a pilot project conducted in Baton Rouge to reduce disparities and barriers for kids having safe places to play. This project explored the feasibility and impact of the Play Streets Program in areas with high poverty and crime rates. The Play Streets Program closes off a street to traffic so kids can engage in physical activity. To monitor participant’s level of
physical activity, a small group of kids were given Fit Bits for 5 weeks. During Play Streets activity days, physical activity increased among the 21 children with Fit Bits. This project also provided an opportunity for the neighborhood to come together and feel safe while being outside and physically active in their community. Dr. Broyles reported that one of the barriers to planning these events is obtaining a permit to close streets for Play Streets activity days. Implementing Play Streets policies that include permits will make it easier for communities to promote physical activity and increase community engagement.

To address environmental factors that affect health, the Louisiana Department of Health and Hospitals implemented the Well Ahead initiative in 2014. Well Ahead Louisiana uses evidence based methods and interventions to reduce preventable risk factors that contribute to chronic diseases. This initiative impacts environmental health factors through Well Spot designations. The Well Ahead team works with child care centers, schools, universities, restaurants, and other businesses to meet certain benchmarks that are related to five goal areas: Healthy Start, Healthy Weight, Healthy Hearts, Healthy Smiles and Healthy Air. These benchmarks encourage policy, system, and environmental changes surrounding these behaviors. Since its inception, the Well Ahead program has designated over 1200 Well Spots in Louisiana.

**Promote Economic Development**

Medicaid expansion is an opportunity for economic development, building the healthcare workforce, and ensuring Louisiana has a healthcare system for those making less than 138% of the federal poverty level.

Dr. James Richardson, an alumni professor from LSU Economics and Public Administration Institute, Ourso College of Business Administration, estimated the cost to the state with Medicaid expansion will be $684 per enrollee with healthcare options, compared to $1,381 per enrollee without Medicaid expansion and continuing limited healthcare options for low income adults and overuse of emergency care at hospitals.

Using 90% FFP, the lowest amount of federal contribution according to current ACA law, Dr. Richardson projected that $2.38 billion dollars of annual federal healthcare spending will be injected into Louisiana. Expansion will create nearly 38,000 jobs, bring in $1.5 billion in personal earnings, and $200 million in state and local tax revenue. As stated earlier in this report other states like Kentucky have experienced positive economic and health outcomes as a result of Medicaid expansion.

Audrey Haynes, former secretary for Kentucky’s cabinet for Health and Family Services explained the impact Medicaid expansion has had on Kentucky’s economy and healthcare system. As a result of Medicaid expansion, healthcare jobs have grown and the state has
saved $400 million in general funds. Hospitals have received $3 billion in the first year and a half.

Medicaid expansion will increase access to the current workforce that does not receive health benefits from their employers. Dr. Richardson stated that small businesses without health insurance will benefit from Medicaid expansion. Small businesses will have a more productive labor force by increasing access to health insurance for their employees. Additionally, Disproportionate Share Hospital (DSH) payments are scheduled to decrease for qualifying hospitals with uncompensated care costs because previously uninsured patients will now have health coverage.

With the increased number of insured patients and a growing aging population, the demand for healthcare workers will increase.

**Healthcare Workforce Development is Necessary**

Susana Schowen, MA, Director of Workforce initiatives, from the Louisiana Department of Economic Development, stated that there is an undersupply of workers in the healthcare sector. Although Louisiana is producing a large number of registered nurses, many of these nurses are not working in rural areas, and a number of providers who receive their medical degrees in Louisiana are seeking jobs outside of the state. Nursing is the largest segment of the healthcare workforce and the most trusted profession. Currently, there are about 60,000 registered nurses in Louisiana, and Louisiana is producing more nurses than providers with medical degrees. Ms. Schowen recommended recruiting and educating people for healthcare jobs from communities in rural and urban areas so they will go back to their communities and work. Other recommendations are to provide incentive programs for new healthcare providers, and provide better information to students about employment gaps in their community so they can make the best decision for their education.

Cynthia Bienemy, Director, LA Center for Nursing at the LA State Board of Nursing, and member of the Louisiana Action Coalition, recommends increasing the number of nurses with doctorates and removing barriers for advance practice nurses to fill the gaps in healthcare delivery.

W. Dennis Epps, Senior Vice President for Workforce Solutions works with employers to fill employment gaps and train current employees for new opportunities in their industry. By giving the current workforce the skills employees need to gain promotions in their careers, entry level positions for high school graduates entering the labor force will be available.

Annette Beuchler, MBA, FACHE, Director of Programs and Communications, from the Rapides Foundation, stated that the primary goals for economic development are to increase the median household income level, improve social determinants of health, and enhance health outcomes. The Rapides Foundation offers an opportunity for high school students to receive
workforce development training. The Jump Start program prepares students to lead productive adult lives, capable of continuing their education after high school while earning certifications in high-wage career sectors. Approximately 4,000 kids per year participate in this program, and are required to obtain industry-promulgated and valued credentials in order to graduate with a Career Diploma.

**State Caucus on Healthcare Policy**

In order to address healthcare priorities identified by the SHA, there is a need for shared values to guide healthcare policy, financing, program implementation, and service delivery to improve the health of Louisiana citizens. President of the Louisiana Center for Health Equity, Alma C. Stewart, identified equity, collaboration and transparency, coordination, continuity of care, consumer focus, and accountability as possible guiding values for Louisiana to adopt in order to become a healthier state. In Governor Edward’s speech he referred to Medicaid expansion as “the right thing to do.” The values that he developed as a child from his mother about the importance of having access to healthcare influenced his decision to sign an executive order to expand Medicaid in Louisiana.

Through a brief, written, three-question survey, summit attendees were given the opportunity to provide feedback about what values, policies, and priorities are needed to address healthcare barriers and facilitate healthy communities across Louisiana (See Appendix 4).

First, summit participants were asked what values they thought were critical to shaping the changes needed to improve health equity in Louisiana. The common values among respondents were:

- Equity
- Inclusivity
- Collaboration among state, local, and community-based organizations
- Increasing access to health insurance
- Quality care
- Thinking/considering the needs of the patient and/or citizens of Louisiana (culture, background, etc.)
- Transparency of data and information from state leadership
- Accountability among providers for healthcare outcomes and among policymakers

Second, environmental and policy changes have a significant impact on population health. Therefore, health summit participants were asked what potential policies are needed to address healthcare barriers and facilitate healthy communities across Louisiana. Suggested policies include:
School health and physical education  
Smoke and tobacco free environments  
Mental/behavioral health  
Funding for chronic disease health organizations and programs  
Incentivizing programs with successful outcomes  
Transportation and built environment (walking and biking communities)  
Better nursing home regulations  
Addressing reimbursement rates and provider participation in Medicaid  
Supporting education, livable wages, and affordable housing  
Requiring all providers who participate in the Medicaid programs statewide to accept a certain percentage of Medicaid patients  
Reducing barriers to access healthcare  
Removing barriers for advance practice registered nurses  
Supporting multi-sector collaboration  
Addressing retention of physicians, recruiting specialized healthcare professionals, expanding scope of practice for various healthcare providers, and training

Finally, respondents were asked what priorities policymakers should keep in mind when developing new health policies and setting priorities. Respondents indicated that policymakers should consider:

- The citizens of Louisiana, particularly the vulnerable populations (elderly, children, people with disabilities, and people with mental illness)  
- Improving health outcomes through prevention and management of chronic diseases  
- Lack of access to healthcare services  
- Equity  
- Enhancing the healthcare workforce  
- Improving healthcare financing

**Conclusion**

The 2016 Health Summit: Creating an Agenda for a Healthy Louisiana highlighted

- Issues and weaknesses with the private Medicaid Managed Care Plans,  
- The lack of behavioral health resources,  
- The need to improve the state’s health data reporting systems,  
- Sound programs and initiatives that promote nutrition and physical activity, and  
- Recommendations to enhance economic development and health policy.
The proposed recommendations from the summit that would improve community health statewide include the following:

- Adopt shared values that consider Louisiana’s population, especially the elderly, children, people with disabilities, and people with mental illness, to guide healthcare policy, financing, program implementation, and service delivery to improve the health of Louisiana citizens.
- Develop policies that enhance equity and eradicate poverty.
- Address the healthcare workforce to ensure there are enough physicians and/or providers to provide access to quality medical care to the newly insured Medicaid patients.
- Enhance the provider reimbursement parity between Medicaid and Medicare to ensure more primary and specialty care providers will accept Medicaid beneficiaries.
- Increase behavioral health services and resources to reduce the criminalization of people with mental health issues.
- Improve data systems to monitor health outcomes as the health system transitions from the fee-for-service model to value-based care.
- Reduce and/or curtail financial barriers such as increased co-pays for medications and emergency care for consumers seeking healthcare.
- Develop and promote policies and practices that create environmental changes to increase more active lifestyles and physical activity.

Based on the information shared at the summit, Medicaid expansion is a step in the right direction to increase access to healthcare coverage; however, there is more work to be done to ensure all Medicaid recipients have timely, adequate, and affordable healthcare. Louisiana has been ranked as one of the unhealthiest states in the nation for many years, and ensuring access to healthcare for our most vulnerable populations and people in poverty is vital to enhancing health outcomes in this state.
APPENDICES

APPENDIX 1: 2016 Health Summit Planning Team

Lue Russell, MA, ThD, State Organizer
The Micah Project/PICO
2016 Health Summit Planning Team Chair

Bruce Blaney, Director
Supported Living Network

Lisanne F. Brown, PhD, MPH, Evaluation and Research Director
Louisiana Public Health Institute (LPHI)

Rosa Terrance Green, MSN, APRN, GNP-BC
Doctorate Student-Southern University School of Nursing

Tammy A. Hall, EdD, Performance Improvement Director
Louisiana Department of Health & Hospitals
Office of Public Health

Linda Hawkins, Healthcare Chair
League of Women Voters of Louisiana

Janet Hays, Mental Health Care Advocate
Healing Minds NOLA

Tammey Honore, BS, Computer Science Corporate Trainer
Once Logix Solution - Sharenote.com

Eric Horent, PhD, Undersecretary
Department of Children and Family Services

Brittany Howard, Interim Executive Director
Mental Health America of Louisiana

Candice Marti, MBA, Communications Director
Louisiana Public Health Institute (LPHI)

Rev. Joyce M. Plummer, JD, MDiv
National Congress of Black Women, Inc. and The Micah Project - Baton Rouge

Dr. Rhoda A. Reddix, Associate Professor-Physician Assistant Program
Director, Service-Learning & Bonner Leaders Program
Our Lady of the Lake College

Alma C. Stewart, RN, MS, CCHC, President
Louisiana Center for Health Equity
Convener, Campaign for Healthcare for Everyone - Louisiana
Regenia Faye Taylor, MS, Member
National Congress of Black Women, Inc.

Sundée Winder, PhD, MSPH, Community Affairs Director
Louisiana Department of Health & Hospitals
Office of Public Health
## APPENDIX 2: 2016 Health Summit Speakers and Moderators

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<tr>
<th>Name</th>
<th>Position/Institution</th>
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<tbody>
<tr>
<td>Andy Allen</td>
<td>Healthy BR Outreach Officer - Office of the Mayor President</td>
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<tr>
<td>Mary Ambrose, LMSW</td>
<td>Senior Vice President of Community Impact - United Way of Southeast Louisiana</td>
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<tr>
<td>Senator Regina Barrow</td>
<td>Louisiana State Senate, District 15</td>
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<tr>
<td>Eric Baumgartner, MD, MPH</td>
<td>Senior Community Health Strategist - Louisiana Public Health Institute</td>
</tr>
<tr>
<td>David J Becker, PhD</td>
<td>Associate Professor - University of Alabama School of Public Health-Department of Health Care Organization and Policy</td>
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<tr>
<td>Governor John Bel Edwards</td>
<td>Governor - State of Louisiana</td>
</tr>
<tr>
<td>Annette Beuchler, MBA, FACHE</td>
<td>Director of Programs and Communications - The Rapides Foundation</td>
</tr>
<tr>
<td>Cynthia Bienemy, PhD, RN</td>
<td>Director - Louisiana Center for Nursing and Co-Lead for the Louisiana Action Coalition</td>
</tr>
<tr>
<td>Stephanie Broyles, PhD</td>
<td>Assistant Professor - Pennington Biomedical Research Center</td>
</tr>
<tr>
<td>Gerrelda Davis, MBA</td>
<td>Executive Director - Louisiana Primary Care Association</td>
</tr>
<tr>
<td>Jeanie Donovan, MPA, MPH</td>
<td>Economic Policy Specialist - Jesuit Social Research Institute</td>
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<tr>
<td>Thomas J. Durant, Jr. PhD</td>
<td>Co-author - A History of the Charity Hospitals in Louisiana</td>
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<tr>
<td>William Dennis Epps</td>
<td>Senior Vice President for Workforce Solutions</td>
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<td>Gina Eubanks, PhD</td>
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<tr>
<td>Tammy A. Hall, EdD</td>
<td>Performance Improvement Director, Office of Public Health- Louisiana Department of Health</td>
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<tr>
<td>Linda Hawkins</td>
<td>Healthcare Chair - League of Women Voters of Louisiana</td>
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<td>Louisiana House of Representatives, District 67</td>
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<td>Former Secretary - Cabinet for Health and Family Services for the Commonwealth of Kentucky</td>
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<td>Mental Healthcare Advocate - Healing Minds NOLA</td>
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<td>Chair, House Health and Welfare Committee - State of Louisiana</td>
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<td>Medicaid Program Manager - Louisiana Department of Health</td>
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<tr>
<td>Melissa R. Martin, RDN, LDN</td>
<td>Director - Bureau of Chronic Disease Prevention and Health Promotion, Louisiana Department of Health</td>
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<td>Attorney- National Congress of Black Women and The Micah Project</td>
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<td>Alumni Professor - Louisiana State University</td>
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<tr>
<td>Jonathan Roberts, Dr PH</td>
<td>Co-author - A History of the Charity Hospitals in Louisiana</td>
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<tr>
<td>Lue Russell, MA, ThD</td>
<td>State Organizer - The Micah Project</td>
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<td>Susana Schowen, MA</td>
<td>Director- LED FastStart, Louisiana Economic Development</td>
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<td>Raman Singh, MD</td>
<td>Medical and Mental Health Director - Louisiana Department of Public Safety and Corrections</td>
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<tr>
<td>Monteic Sizer, PhD</td>
<td>Executive Director - Northeast Delta Human Services Authority</td>
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<td>Alma C. Stewart, RN, MS, CCHC</td>
<td>President - Louisiana Center for Health Equity</td>
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<tr>
<td>Tana Trichel, MBA</td>
<td>President/CEO - Northeast Louisiana Economic Alliance</td>
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<tr>
<td>Andrew Tuozzolo, JD</td>
<td>Chief of Staff - Louisiana Department of Health</td>
</tr>
<tr>
<td>Carol Vargo, LHS</td>
<td>Director, Position Practice Sustainability-American Medical Association</td>
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<tr>
<td>Karla Wilburn, LCSW</td>
<td>Program Director - Family Roads of Greater Baton Rouge</td>
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<tr>
<td>Christopher Williams, MPH</td>
<td>Chair - Louisiana Center for Health Equity</td>
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<tr>
<td>Sundee Winder, PhD, MSPH</td>
<td>Community Affairs Director - Louisiana Department of Health</td>
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The 2016 Health Summit was hosted by the Louisiana Center for Health Equity and the Campaign for Healthcare for Everyone - Louisiana at Pennington Biomedical Research Center in collaboration with the Louisiana Department of Health (LDH)-Office of Public Health (OPH), and our signature sponsor, the Louisiana Public Health Institute (LPHI).

The Louisiana Center for Health Equity extends a heartfelt thank you to our partners and the following event sponsors for your support of the 2016 Health Summit.

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State Caucus on Healthcare Policy Questions for Participants

- What values are critical to shaping the changes needed to improve health equity in Louisiana?

- What potential policies are needed to address healthcare barriers and to facilitate healthy communities across Louisiana?

- When policymakers set priorities and make new policy, I would like them to keep _________ in mind. (Please fill in the blank.)
January 27, 2017

Representative Patricia Haynes Smith
Chair, Healthcare Delivery Study Committee
State Capitol
P.O. Box 44486
Baton Rouge, LA 70804

Dear Rep. Smith:

Last week, during a meeting of the HCR 22 Louisiana Statewide Healthcare Delivery System Study Committee, the committee members reviewed a report on the 2016 Health Summit by the Louisiana Center for Health Equity. On behalf of the Louisiana Association of Health Plans and the five Healthy Louisiana plans, I wanted to address a few points on page 9 of the document in the section titled “Issues with Healthy Louisiana/Managed Care Organizations.”

1) “Each managed care organization under Healthy Louisiana (formerly Bayou Health) has different formularies that change frequently.”
   a. The Healthy Louisiana plans have a Pharmacy and Therapeutics Board with public meetings each quarter for providers and members to give input.

2) “It is difficult to find providers that will accept Healthy Louisiana (some providers have capped limits to accept Medicaid patients), and currently the health plans do not provide sufficient access to specialists’ care.”
   a. The Healthy Louisiana plans assign a primary care physician to each of its members that does not pick one, although the member may switch providers at their discretion.
   b. It is important to emphasize that the caps are put in place by providers, not by the MCOs.
   c. The MCOs are required by their contract with the Louisiana Department of Health to meet network adequacy requirements. The plans do not have the ability to force a provider to participate in the Medicaid program. The health department controls the Medicaid Fee Schedule regarding payments to Medicaid members’ providers.

3) Recommendation: “Conduct an unbiased evaluation of the managed care plans.”
   a. The Louisiana Legislature already requires a thorough annual Transparency Report, and the MCOs submit hundreds of reports to the health department.

4) Recommendation: “Increase availability of specialty care provider participation with maximum time limits for appointments (neurologists, dermatologists, psychologists, rheumatologists, endocrinologists, etc.).”
   a. The MCOs do not have the ability to force specialists to contract at the current Medicaid rates.
5) Recommendation: “Address low reimbursement rates to providers by the MCOs.”
   a. As mentioned above (item #2, c), the Louisiana Department of Health sets and controls the Medicaid Fee Schedule.
6) Recommendation: “Develop and implement uniform policies to address the different coverage formularies between the health plans.”
   a. The common preferred drug list shared by the MCOs addresses this issue.
7) Recommendation: “Develop plans to encourage and incentivize providers to accept patients with Medicaid insurance.”
   a. The Health Louisiana plans have and prefer to continue making incentive payments to providers who produce positive results. These payments help offset the low Medicaid Fee Schedule rate set by the health department. It is difficult, however, to continue these incentive programs while the MCOs budgets are cut to unsustainable levels.

I do want to thank the Louisiana Center for Health Equity for their work on this report, which also highlights the need to increase the number of providers participating in the Healthy Louisiana program. We completely agree, and look forward to working with the Department of Health, the Legislature and others to make that happen.

Sincerely,

Jeff Drozda  
CEO  
Louisiana Association of Health Plans