

Reform May Cover Most Uninsured Young Adults

BY JANE ANDERSON

Health reform could benefit young adults more than any other uninsured group, expanding coverage to almost all 13.7 million of them through a combination of insurance reforms, subsidies, and Medicaid expansion, according to a new report from the Commonwealth Fund.

Provisions of the recently passed Affordable Care Act that extend coverage of young adults as dependents to age 26 years probably will cover about 1.2 million of that population by the end of 2011. Extending Medicaid eligibility could provide coverage to another 7.1 million young people, beginning in 2014, the Commonwealth Fund report said.

Furthermore, combining premium subsidies with opportunities to purchase coverage via a health insurance exchange will provide the remaining uninsured young adults (defined by the report as those aged 19-29 years) a chance to obtain affordable coverage beginning in 2014.

"The benefit of the Affordable Care Act of 2010 for young adults cannot be overstated," Sara Collins, Ph.D., lead author of the report, said during a press briefing. "All told, the provisions have the

VITALS

Major Finding: About half of uninsured young adults will get health insurance coverage by 2014, and most others in that group will be eligible for premium subsidies under the new health insurance reform law, which may enable them to seek needed care and alleviate debt.

Data Source: Commonwealth Fund Survey of Young Adults, 2009

Disclosures: No disclosures were reported.

potential to cover 13.7 million young adults," or the same number that were uninsured in 2008.

However, that figure probably underestimates the current number of uninsured young adults, as unemployment has risen dramatically in that population since 2008.

Health care costs represent a significant problem for this group, whether or not they are insured, according to the report. A total of 76% of uninsured young adults and 37% of those with insurance went without needed care in 2009 because of its cost, the report said.

One-third of all uninsured young people—and 46% of those who both are uninsured and have chronic health problems—reported that their health declined because they delayed getting medical care.

In addition, 60% of young adults without insurance had trouble paying medical bills in 2009, compared with 27% of their insured peers, according to the report.

Medical debt also is a problem, the report found, with 11.3 million young people who are trying to pay it off. Half of those had asked family for financial help, whereas 39% said

they were unable to meet other financial obligations such as student loans because of their medical debt.

More than half of the 13.7 million uninsured young adults are in families with incomes that will make them newly eligible for Medicaid under the health care reform law. Another 30% are in families whose incomes will qualify them for health insurance premium subsidies so they will not have to spend more than 3%-8% of their income on health insurance premiums. And 12% live in families whose incomes will qualify them for health insurance-premium subsidies so they won't have to spend more than 9.5% of their income on premiums, the Commonwealth Fund study found.

Fewer than 1 million uninsured

young adults are expected to have incomes that are too high to qualify for premium assistance, the study authors said.

Many of those who will become newly insured through the law's provisions probably will seek care from primary care physicians rather than getting free care from emergency departments, noted Dr. Collins, the Commonwealth Fund's vice president for affordable health insurance.

This has the potential to help primary care physicians because "these people will be coming in with insurance cards" that will cover much of their care.

"A lot of people have been getting free care," she said. "Now, providers will be reimbursed for care."

It's not clear whether the new law will lead to a significant shortage of primary care physicians to care for the influx of new patients, but Dr. Collins said that the law authorizes a significant increase in funding for community health centers, which could take up some of the slack.

The report, "Rite of Passage: Young Adults and the Affordable Care Act of 2010," was based on federal health insurance data and a national telephone survey of 2,002 young adults. ■

COMMENTARY

Teamwork Is Key to a Successful Transition

The failure of EHR implementations is often the result of productivity loss, and nothing is more detrimental to productivity than discouraged employees. Before taking the giant leap, it is critical to solidify support from all members of a practice staff and build enthusiasm for the transition.

The only proven way to do this is to create an effective transition team to effectively guide the process and allay fears about the changes to office workflow.

The first team-member role that should be defined is the "physician champion," who will communicate with fellow providers and foster an environment that is excited about change.

No matter how big or small a practice, there will always be naysayers, and that means the champion will need to have strong staff rapport and be effective at communicating the goals of the transition.

This person will have a significant impact on how the new technology will affect patient care, so the other providers must trust the champion to act in their best interests. He or she will act as a "superuser" of the EHR software, possessing a firm grasp on most aspects of its operation, and be available to help the staff with technical questions.

Next, identify the team manager. This person may be the office manager or another staff member with good organizational and communication skills.

With the primary responsibility of

overseeing the transition team, this person must clearly understand the needs of the practice and keep the process moving forward according to the established timeline. He or she will be the go-between for the EHR vendor and the transition team to ensure that all concerns are addressed and will keep track of information related to the process. Together with the physician champion, the team manager will select the rest of the transition committee.

It is typically beneficial to select one individual from each department—including members of the front, back, and clinical office staff—so that all aspects of office workflow can be considered. It can be invaluable to choose influential individuals who are excited about the new technology. Be sure to spend some time assessing the strengths and relationships of individual staff members prior to making the choice.

Once the team members are identified, the real work begins. The first step is to establish a common vision. Early on, presentations providing a preview of the EHR software can be helpful to ensure that the team members are all on board with the same objectives.

Ask the EHR vendor to provide a demonstration to the entire office that highlights the features of the product and allows them to interact with it. Often, this demo will raise questions and concerns that can then be addressed by the transition team. This leads to the

next—and perhaps the most important—step to implementation success: Create buy-in from the staff.

Medical professionals have a reputation, whether deserved or not, of disliking change. After all, routine in the workplace is often the source of efficiency, and disrupting the routine can significantly impact workflow.

There is no question that introducing information technologies into an office will be disruptive. For those employees with limited technical skill, the mere idea of spending any more time interacting with computers may be daunting. For others, it may feel like an unnecessary inconvenience.

To address these concerns, highlight ways in which the EHR implementation may save time and make life easier: automating appointment reminders and refill requests, simplifying repetitive office processes, and increasing the legibility of progress notes. What once was handwritten and clipped onto a paper chart can now be documented electronically. This is not only more secure, but also makes it easier to search for notes and other documents later.

Charge capture can be dramatically improved with more accurate coding and billing, and staff time can be optimized by avoiding chart pulls and streamlining quality data reporting.

If the technology is used to its full potential, every office process will be affected by the transition. The hope is

that ultimately it will provide an opportunity to examine current workflow procedures and improve on them. This can be achieved if the leadership clearly communicates the vision and reason for the change, highlighting the potential to improve efficiency, while carefully addressing employee fears and concerns.

With the right transition team and a healthy amount of enthusiasm, adopting an EHR will improve patient care and employee satisfaction. ■



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