>> DAVE CLARK: Greetings and welcome to today's Dialogue4Health web forum on Medicaid Expansion and Access to Healthcare in Louisiana, brought to you by the Louisiana Public Health Institute, with our partners Louisiana Center for Health Equity, the Louisiana Department of Health, and the Centers for Medicare and Medicaid Services. My name is Dave Clark. I'll be your host for today's event. Before we get started, as usual there are just a couple of things we would like you to know about. First of all, realtime captioning is available for today's web forum provided by Home Team Captions. The captioning panel is located on the right side of your screen. You can toggle it on and off by clicking the Media Viewer icon on the top right of the screen. On the Mac it is on the bottom right of your screen. If you would like to use captioning you'll see a link in the captioning panel that says show/hide header. Click that link and you will be able to see the captioning more easily. If the captioning window disappears click the Media Viewer icon to bring it back again.

Now, concerning today's audio, the audio is listen only. That means that you can hear us, but we can't hear you. That doesn't mean, though, that today's event won't be interactive. This will be a very interactive event, in fact. We will have a Q&A session at the end of the web forum. You can type your questions at any time into the Q&A panel. The Q&A panel is also located on the right side of your screen. You can toggle it on and off by clicking the Q&A icon that you'll see on the top right of your screen. Again if you are on a Mac, you'll see the icon on the bottom right of your screen.

In the Q&A panel, this is very important. Make sure in the dropdown menu it says "all panelists." If it doesn't say "all panelists," choose that option. That will ensure that your question gets sent to the right place.

You can also use the Q&A panel to communicate with me and my colleague Laura Burr, to let us know about audio issues.

We are interested today in your thoughts, questions, comments, feedback. Utilize the Q&A panel. We will answer as many questions today as we can, I promise.
In fact, why don't we get interactive right now. We thought you might be interested in seeing who you are attending today's event with. We will bring up a quick interactive poll so you can tell us if you're attending alone or in a group. See the poll on the screen and select from one of the four choices. When you made the selection, very important, you'll see a submit button, don't forget to click that. Are you attending today's web forum individually, in a group of 2 to 5 people? In a group of 6 to 10 people? Or in a group of more than ten people? Who are you attending today's web forum with? Attending alone or are you in a group?

Look at the results. If you didn't click the submit button you'll see an option about now to go ahead and submit your answer. Go ahead and do that. Not surprisingly, you will see in just a moment, a high percentage of you are attending alone, about 95 percent. And another percentage, single percentage of you are attending in a small group of 2 to 5 people. I'm not sure where the other 4 percent are.

If you are attending in a group, what you might want to do is assign a single person the responsibility of submitting questions on behalf of the entire group or for individual group members. On the other hand, if you are attending alone, among the 95 percent attending alone, we don't want you to feel you are there by yourself. We want this to be a group event today, an interactive group event. Make sure to get your questions into the Q&A panel and join in on the conversation today. We do want to hear from you. All right. Let's get started with today's presentation on Medicaid Expansion and Access to Healthcare in Louisiana.

Our moderator today is Candice Marti, Communications Director at the Louisiana Public Health Institute. She leads the communications team at the Louisiana Public Health Institute. She is shaping LPHI and their programs including the Louisiana Campaign for Tobacco-free Living and ReachNet. She earned her BA in social science with a minor in psychology and MBA in marketing and international business from Chapman University in Orange, California.

Candice will be leading us through the rest of today's event as our moderator. Candice, over to you.

>> Candice Marti:  Great. Thank you so much, Dave. Thank you to everybody for joining the webinar today. On behalf of the Louisiana Public Health Institute and our partners, I would like to welcome everyone to the webinar, Medicaid Expansion and Access to Healthcare in Louisiana.

So to get us started, I wanted to let everybody know a little bit of an idea about the audience attending this webinar. So right now we have some person from 37 U.S. states, D.C. These states have more than two registrants with the majority of you attending from Louisiana. Welcome to everybody, no matter from where you're attending.

I wanted to let you know about our audience in the work sectors that are attending. So a high percentage from nonprofit, other government, state, health provider, college, university and advocacy. You can see there, we have a number of folks from different sectors. So thank you all so much for attending today. All right. So let's get into a little bit about LPHI before we get into the full presentation. So LPHI is a Public Health Institute that champions health within systems and in all communities. We uncover complementary connections across sectors to combine
social, economic and human capital needed to align for health. We focus our areas in, clinical transformation, health services research, HIV, STI, healthy communities, and tobacco prevention and control. We offer research in communications, marketing and other specialties.

We have four fantastic presenters for you today. They are all experts in their fields. We are excited to have them share with us.

But first, I wanted to thank the registrants, all of the registrants for submitting some questions ahead of time as well. As Dave mentioned earlier, you can submit questions to us during the session using the chat feature -- excuse me, the Q&A feature. We strongly encourage that.

But I wanted to start us off by addressing the elephant in the room which is the upcoming change in administration. We will do our best to address questions about what may happen with the incoming administration in Washington, but we don't have all the answers yet. And things are continuing to unfold. So we ask you to be patient with us as we do our best to address those.

So now I am delighted to introduce our first speaker. Our first speaker is Sylvia Garcia. Sylvia is the health insurance specialist, outreach team lead, Division of Medicare Health Plans Operations at the Centers for Medicare and Medicaid Services in Dallas, Texas.

Sylvia is a member of the Dallas Regional External Affairs Team covering such issues as Medicare prescription drug coverage, Medicare Advantage, Medicare covered preventive services and the new health insurance marketplace.

With that I will turn it over to Sylvia.

>> DAVE CLARK: It looks like we might have some audio issues with Sylvia. Are you there, Sylvia?

(There is no response.)

>> DAVE CLARK: Candice, can you come back on the line?

>> Candice Marti: Sorry about that. We'll look into those connection issues and try to get Sylvia back on the line. We'll move now to Alma Stewart. Alma is the President for the Louisiana Center for Health Equity in Baton Rouge. She works for A. Charles Stewart Consultants, and she is the host of a radio show, Today's Health Topics, at 106.1 F.M. in Louisiana.

She's conducted national, state and local health initiatives. She organized the Campaign for Health For everyone, an initiative of the Louisiana Center for Health Equity. The Center hosted a health summit in 2016, and it will host the second summit coming up in 2017. With that I will turn it over to Alma.

>> Alma Stewart: Thank you so much, Candice. Thank you to all of our listeners for joining us this afternoon for our webinar. I would like to start off by saying that -- again, I'm Alma Stewart for Louisiana Center for Health Equity. And the objective for today is to explain the current strategies that led to Medicaid Expansion in Louisiana to discuss why advocacy and grassroots organizing is critical to systemic change and success and also to describe progress and challenges in expanding access to healthcare in Louisiana.

Just a bit about the Louisiana Center for Health Equity. We work to address increasing disparities in health and healthcare. We represent the interests of health equity. We
promote the elimination of health disparities caused by poverty, lack of access to healthcare, and focusing on community health.

Many populations are impacted by our work and benefit from our work. There are numerous groups, including racial and ethnic minorities, residents of rural areas, women, children and the elderly, persons with disabilities, sexual orientation and gender identity populations, and people of different socioeconomic status.

And you will see as we go through, as I go through this presentation how many of these different populations are impacted by our work.

I would like to start by giving you a snapshot of Louisiana. Louisiana is a very diverse state with a very rich culture, warm southern hospitality and so much more that we have to be proud of. It is home for a population of 4.7 million people. One in five people live below poverty. We are among the least healthy states. In fact, we rank 50th per the America's health rankings and 12 percent of our population is without health insurance. This is prior to the implementation of the Affordable Care Act. So we will have to see what these numbers look like when the 2016 health insurance coverage comes out.

There are or were 570,200 adults who were eligible for Medicaid Expansion prior to the expansion being implemented.

The average household income of the poorest families in Louisiana is just $11,156 per year or less than $1,000 per month. And this is significant, given the rate of poverty in this state. What this means is those families who are at the lower quartile of poverty in this state are extremely poor. On the other hand, the cost of living is not so low. For a single mom with one child, it costs $45,840 just to provide for basic necessities. And you would have to make an income, have an hourly income of $22 an hour to meet that obligation. For a married couple it's $55,428.

Healthcare and then housing are the biggest expenses for people who live in Louisiana, as I'm sure in other places. This is why safety net programs like the Supplemental Nutrition Assistance Program and Medicaid Expansion are so important in Louisiana. This leads us to the journey to Medicaid Expansion and why we felt it was so significant and worth fighting to get Medicaid Expansion implemented in this state. In anticipation of the Medicaid Expansion provision of the ACA taking effect in 2014, the Louisiana Center for Health Equity convened a group of health advocacy organizations in January of 2013 forming the Campaign for Healthcare For Everyone Louisiana. The campaign is an issue-based campaign that led the fight for Medicaid Expansion.

The campaign massed public support widely for Medicaid Expansion and closing the coverage gap. In year two of the campaign we began shifting to a more grassroots strategy. And by year three it was pretty much a grassroots and civic engagement strategy coming into an election year. I'll explain a little bit more about that. Primarily the work of the campaign has been policy advocacy and building a grassroots movement.

In 2014, to make our message resonate with a broad audience, we started using the slogan Dying For Coverage. And using that slogan, we backed it up with the number of lives that were being lost because of not having access to healthcare. We used numerous tactics to get our message out, maximizing opportunities to get as much publicity as possible.
As you can see on this slide, we held Dying For Coverage vigils throughout the legislative session to keep the issue alive and before the legislators and to continuously remind them that there were people actually Dying For Coverage.

Also during 2015, one of our after I had Medicaid Expansion supporters, state representative Patricia Smith, authored a resolution urging the State to evaluate Louisiana's system of healthcare and naming Louisiana Center for Health Equity to be director of that study. This is looking at healthcare, the healthcare system in our state and some of the broader issues as it relates to healthcare.

We turned our attention to the election and held a Gubernatorial forum on questions of healthcare. The top four candidates were invited. Two showed up and one of the participants that showed up is our governor today, governor John Bel Edwards that you see on the right in this photo here.

Governor Edwards made a campaign commitment to expand Medicaid on day one. On January 12, he kept that promise, signing an executive order making Louisiana first in the Deep South to expand Medicaid.

In March, the Louisiana Center for Health Equity and the Campaign for Health For Everyone held a summit bringing in folks from nonprofits, insurers, community health leaders and many other stakeholders and also concerned citizens. The purpose of the summit was to share knowledge among a broad audience to work towards creating a policy agenda for healthcare and building collaborative partnerships for improving community health statewide.

As you can see there were numerous partners that participated in the health summit, in bringing that health summit together.

The health summit objectives were to engage health advocates and partners in state improving planning process, present proven models for improving health outcomes and finishes, draft a policy agenda regarding healthcare and provide tools to continue community health improvements.

The summit focused on four priorities that were identified by the Louisiana Department of Health Office of Public Health, Louisiana Health Improvement Plan. Those five priorities were: Assuring access to healthcare, supporting behavioral health, promoting healthy life styles, promoting economic development, and building public health infrastructure. We chose not to focus on the last one, and to focus on the first four. This plan was developed during the time that the campaign was fighting for Medicaid Expansion. The Department of Health, Office of Public Health was conducting a state health assessment in each of the regions of the state, and from those state health assessments, they developed the state health improvement plan.

The agenda for the health summit was shaped by the state health improvement plan's priorities with sessions and speakers on each one. There was a lot of energy around the benefits of Medicaid Expansion. There were also areas that participants felt needed to be addressed, including Medicaid to ensure that outreach and enrollment worked and that recipients have access to medical care that's needed.

With regard to access to healthcare, some of the areas that participants identified that needed to be addressed in addition to Medicaid expansion was the managed care plans now called Healthy Louisiana themselves particularly with regard to provider participation.
Also improvements to the data systems and electronic medical records and health information exchange and parity between Medicare and Medicaid to incentivize providers to accept the Medicaid.
The second priority area supporting behavioral health was another topic that got a lot of interest with participants. Wanting more time to focus on that issue. Mental health services are lacking and stand to benefit from Medicaid's expansion. There is now some light at the end of the tunnel.
Some of the areas that were identified as needing to be addressed are the lack of mental health services, that's a major issue within the healthcare system. Also many people with mental health issues have been criminalized due to lack of education among the criminal justice advertise system and the limited resources available to serve people in a crisis situation. The closure of some of the state mental health facilities left an shortage of emergency services for mental health patients as well.
Goal three is promote healthy lifestyles. Several organizations presented at the summit that are working to pioneer new ways to manage population health. In fact, the Louisiana Department of Health, Office of Public Health implemented the well ahead initiative in 2014. This is an initiative that aims to improve health and wellness of Louisiana citizens. It is a great program. The participants felt that to ensure success of such initiatives, more community involvement is necessary and more work is needed in local communities to improve health outcomes, reduce disparities and barriers to increase physical activity for both children and adults.
The final priority goal was to promote economic development. Again, Medicaid Expansion was talked about a lot in this regard as well because healthcare is a large economic driver. The healthcare sector employs the most people in this state. Over 35 percent of Louisiana's workforce is in hospitals. And Medicaid expansion is an opportunity for economic development and growing the healthcare workforce.
With the increased number of insured patients and the growing aging population, the demand for healthcare workers will increase, especially the need for more physicians.
At the summit, a couple of our presenters emphasized how Medicaid Expansion and healthcare impact our economy and how significant it is. Remember, keep in mind that Louisiana is a poor state, a very poor state. And that means that we benefit significantly from federal programs for the poor and low income, low to moderate income residents. Medicaid is working in Louisiana. Medicaid is working for 354,000 plus uninsured individuals. Those numbers are as of December 5. People between the ages of 18 to 64 who fall within the population of people unable to obtain health insurance now have access to primary care and medical services. Medicaid Expansion is helping our hospitals doors stay open especially in rural areas. The ACA has reduced the number of uninsured residents by a large percent. We will know the actual number when the 2016 data comes in.
Just a couple of closing thoughts in summary. I know that there's a lot of concern. We are hearing a lot of concern and a lot of anxiety from the field with regard to the repeal and replace of the Affordable Care Act. I wanted to speak a moment about what is at stake for Louisiana, should that take place. Of course, we have no details about what that will look like at this point. We are only hearing about possibilities, but I don't think anyone knows right now what the repeal and replace might look like. Especially the replace.
We do know that over half a million people, 558,000 people in Louisiana could lose coverage under an ACA appeal. And that is significant. That number is really understated. It does not take into consideration those individuals who are benefiting because they can continue to receive benefits on their parents' policy until they are 26. So that is still an unrepresentative number. Also, Louisiana would stand to lose or could stand to lose $26.7 billion in federal funding. This data comes from the center on budget and policy priorities. Those numbers are projections from between the year of 2019 and 2028. I questioned why they used those numbers starting from 2019. It is likely that they were thinking that's how long it would take to get the repeal and replace worked out.

Those numbers also include the marketplace spending and Medicaid Expansion spending. Also low and moderate income working families would be hit hard, and coverage gains would likely be lost. However, again we don't know because we don't know what the replace would look like at this time.

What we do know is that continued advocacy is important. We know that advocacy makes a difference in. It was largely due to advocacy, at least here in Louisiana, that we were able to get Medicaid Expansion implemented. We know that advocacy on the national level, and also grassroots on the state level also contributed to getting the Affordable Care Act passed in 2010.

So we know that being engaged and involved matters. I urge you to continue to stay informed, stay engaged. If you are not involved, get involved. If you are interested in learning more about the campaign for healthcare for everyone, Louisiana and how you can get involved in the advocacy efforts here in Louisiana, please give me, shoot me an email, contact me at Alma@LaEquity.org. If you would like to get involved or get more information about getting involved and advocate for the continued coverage healthcare coverage and health insurance for half a million people in Louisiana that are now benefiting, please contact me at Alma@LaEquity.org.

>> Candice Marti: Great. Thank you so much, Alma. I know it's incredibly important to get involved and do our best to effect change, especially on such an important topic. We are going to try Sylvia again. Sylvia, are you there? (There is no response.)

>> Candice Marti: Try one more time. Sylvia, can you hear us?

>> Sylvia Garcia: Can you hear me now?

>> Candice Marti: Wonderful! All right. We have Sylvia Garcia. She is the health insurance specialist, Outreach Team Lead, Division of Medicare Health Plans Operations at the Centers for Medicare and Medicaid Services in Dallas, Texas. Sylvia is a member of the Dallas Regional External Affairs Team covering such issues as Medicare Prescription Drug Coverage, Medicare Advantage, Medicare Covered Preventive Services, and the new Health Insurance Marketplace.

Sylvia, we have you up. I'll just follow your lead on advancing the slides.

>> Sylvia Garcia: Thank you so much. Thank you for being so patient with me. I'm at the Dallas-Ft. Worth Airport and trying to get included in this conversation. I'm with the External Affairs Team. What we do is work on concentrating on working with our key partners in Louisiana to inform them about the new healthcare
marketplace. I put a couple slides on what are the health insurance marketplaces and how they work. Again, that idea that we use one eligibility tool to kind of determine who is eligible for the marketplace or eligible for children's assistance through the Children's Health Insurance Program and through Medicaid. And kudos to Louisiana for expanding the Medicaid program because now Louisiana has more options to get coverage. Whether it's through the marketplace or the Medicaid program in their state. I also wanted to highlight key marketplace outreach efforts. I know Alma went into the key organizations that she's targeting, but really some of the campaigns that the marketplace education campaigns in the State have included. We really focus on working with our navigators and informing them about some resources that we may have. There are two great websites, we have the marketplace on CMS's side which has a lot of great information and training for navigators, agents, brokers. If you are a health advocate like I know the majority of the people on the call are, I encourage you to sign up and learn more about the newsletters we have, the webinars available. If you are in the business community we have information for the SHOP marketplace.

We help with resources, some of the consumers you are working with or as an advocate, helping people to get into the marketplace. Go through the ID proofing process, understanding the eligibility and enrollment of everything. Getting ready for tax season as well, learning more about the tax information and how to file appeals. When we think of outreach efforts, though, we do have a large supply of certain educational resources that are available to anybody. They can order them all through the CMS website. What is great about them, you can have things that are print ready for yourself or order a supply for yourself including the quick start guide to the marketplace education. If you want to get tutorial on how they are generated through healthcare.gov. We have special materials for certain campaigns including certain populations, like working with your immigrant populations. We have outreach for the LGBT community, rural outreach is a key component. I shared information about the Louisiana information, not concentrating on New Orleans and Baton Rouge. We work with state partners as well and developed toolkits geared to the second Sunday of the month to encourage faith-based partners to learn what resources are available in the area and how you can partner with a church or synagogue to share the message about the marketplace.

A new campaign has been on young adults, making sure that we reach out to our young invincibles, as then known as. Young adults up to the age of 30 who necessarily hey not be on their parents' insurance and now have do get a marketplace plan. We encourage the idea behind it. Some of the key phrases we use: Do you realize that a three-day stay in the hospital is $30,000? Again, just kind of being smart with your money an also sharing the components of it.

Another campaign I really want to highlight is called coverage to care. It's a grade handbook and also campaign that allows individuals who are new to the marketplace, new to having health insurance really understanding how to use this new health insurance. It will explain to you ten things involved in terms of health benefits such as knowing that you need comprehensive health care, it's not just emergency room care. Understanding that you can find a provider within your plan. Some key hints for people who never had health insurance and explaining the ins and outs, like premiums and co-payments.
I tried to put in some data on exactly where we are in terms of the nationwide enrollment for the marketplace. There are would 2.1 million. This is data we have seen from November 30 this year. 1.6 million are renewing consumers into the marketplace. If you look specifically, Louisiana has 25,863 and growing, I know, to individual plan selections from the healthcare.gov website. Again to really see people in the healthcare program, you want to go through healthcare.gov, generate an application and see if you are eligible for the healthcare marketplace or see if you can get involved in the Louisiana Medicaid program.

Like I said, kudos to Louisiana. It is important to note that there is something for everyone in that plan. What is exciting about it, now Louisiana has four carriers in the State. Two of them are statewide. I'm highlighting Blue Cross/Blue Shield and vantage health plans. Those are statewide. The others are HMO Louisiana and Humana, depending on where you are in the state you may be eligible to join those plans. Again to learn more about whether you are eligible for the marketplace and what plans are available to you, we encourage you to go to healthcare.gov.

I want to highlight the enrollment assistance in Louisiana specifically. If you are looking for one-on-one assistance and learning more about the marketplace, there are two great grant-funded programs called Family Road of Greater Baton Rouge. They assist individuals in the Baton Rouge areas and statewide, there's the Southwest Louisiana Area Health Education Center. They are enrolling people in the marketplace, understanding Medicaid Expansion and learning about other resources in the area. If you are not able to get to somebody one-on-one in person, you can call the marketplace call center. That number is 1-800-318-2596:

What is interesting about the call center, it is 24/7. If you are looking to get through and you have a tough time waiting online, I'll tell you if the you call during off hours, off peak hours you'll get through the marketplace call center a little bit faster. They can walk you through the application process online as well. They have been helpful, just a really great support program for the marketplace program.

You can also use the marketplace website to find local assisters in your area outside of the two navigators. There are certified counselors who can help you navigate. The call center is 24 hours a day, seven days a week. They'll help you with enrollment. If you are stuck on a page, they'll walk you through it. There are 240 languages they can use through the language line that are available as well.

On slide ten you'll see I listed a couple of great resources to kind of help you stay connected in the marketplace. That is through Twitter@healthcare.gov. Facebook has a healthcare.gov marketplace. There is a YouTube channel and you can subscribe to get our alerts and emails and sign up through healthcare.gov.

The last slide, I shared my contact information. Look into policy and technical resources that you might be looking for. I want to highlight the two websites at healthcare.gov which allows you to enroll in the marketplace specifically and also marketplace.CMS.gov which has official information and contact resources. My contact information is there.

I have to get off the line, Candice. If there are any questions, email me or call me directly on the telephone number I listed here, (214)767-1525. I'm happy to answer any questions or refer you to some groups. CMS has ten regional offices throughout the country. There's a marketplace team in each regional office. They all divided it up by
state leads as well. Thank you so much for this opportunity. Alma, thanks again. I'm looking forward to hearing from you all soon.

>> Candice Marti: Thank you so much, Sylvia. We truly appreciate you taking the time to join us today and talk about some of the outreach and some ways that folks can help others get in touch or get into the marketplace. Great information and we'll, I've got your information posted here. We'll make sure to share that if anybody has questions. Thank you again. We'll definitely make sure to send any questions your way if we get any direct questions for you.

Okay. So now we are delighted to introduce Dr. SreyRam Kuy. Dr. Kuy is the Chief Medical Officer for the Louisiana Medicaid, Louisiana Department of Health. She served as the Director for Innovations and Quality Outcomes and Patient Safety, and was the first full-time female general surgeon at Overton Brooks V.A. Medical Center. Assistant Professor of Surgery at Louisiana State University. Dr. Kuy was previously a Robert Wood Johnson Fellowship, and worked as a Kaiser Family Foundation Health Policy Scholar for Senator Tom Harkin in Washington, D.C. Dr. Kuy's vision for Louisiana is to improve access to healthcare, strive for excellence in health outcomes and promote quality healthcare.

I'm going to turn it over to you, Dr. Kuy.

>> SreyRam Kuy: Candice, thank you so much. It is such a previous to get to present this work. As many people alluded to, including Alma and Sylvia, it is really the result of so many people collaborating together, both at the state level in Louisiana and federally in order to make Medicaid Expansion possible in Louisiana. I am going to start with really focusing on what is the current state of health in Louisiana. I think many of us know, and I'm probably preaching to the choir, Louisiana really struggles with poverty. It is among the poorest states in the country. Louisiana was ranked 50th overall in the entire United States by the united health foundation 2015 report.

We were ranked 50th in the country for infectious disease including sexually transmitted infections. Louisiana has the fourth highest cancer incident nationally and second highest in the south and ranked 50th in the country for women's health. I think it is important to point these things out so we know where we are starting in order to understand the vision for moving forward.

We also struggle with disparities. Over a quarter of Black residents in Louisiana reported being in fair or poor general health compared to counterparts. Louisiana residents are more likely to have no personal doctor. I point this out to know where we are going.

A wise man once said we can not solve our problems with the same thinking we used to create them. Louisiana has changed its thinking through the work of many, many people collaborating across the State.

We have developed a five-step strategy for how we want to improve healthcare quality in Louisiana. And the first system is really to improve access through expansion. Thank you so much to Ms. Alma Stewart for detailing all the incredible work that happened at the grassroots level in order to push this important initiative forward. Our second step of trying to improve healthcare quality is, what is the result of expansion? Have we made progress with that? The third is to engage stakeholders across the state in the quality movement. In order to engage stakeholders in quality, we
have to define the quality targets. Ultimately, the fifth step, integrate quality, transparency and benchmarks together as we try to move Louisiana healthcare forward. Step one, improving access through expansion. Previous speakers mentioned the passage of the Affordable Care Act in 2010 Louisiana. Louisiana for many years did not participate in it, but we found that by changing the way we think is how we can move forward with our solutions.

Medicaid Expansion is really simple. I know it can be confusing sometimes to be understand what the whole ACA is, but simply saying through the ACA states have the ability to raise income eligibility for Medicaid up to 138 percent of the federal poverty level. And they are able to receive a great match rate, up to 100 percent. 90 percent of the federal share.

Who is eligible for Medicaid Expansion in Louisiana. Prior to expansion, people had to be at 12 percent of the federal poverty level. We expanded from 12 percent to 138 percent of the poverty level. LSU did a public policy survey and found out that 25 people in Louisiana from 19 to 64 years old were uninsured prior to Medicaid Expansion.

Our goal in the first year was to achieve enrollment of 375,000 people in our first year. That was our goal to try to do that in our first year of Medicaid Expansion. And this info graphic here shows who Medicaid Expansion fills the gaps in coverage for. Prior to expansion, Medicaid covered health coverage for elderly and patients with disabilities, children and pregnant women. Now this expands to adults age 19 to 64 also.

So who is benefiting from Medicaid Expansion in Louisiana? This study shows that about 34,000 people in Louisiana who benefit from Medicaid Expansion are those who work in food services. 25,000 are those who work in sales. 24,000 are those who work in construction. You can see going down the list. These are our working class here in Louisiana, working in cleaning, maintenance, in personal care and transportation. These are the top nine occupations that benefit from expansion of coverage in Louisiana.

So how is Louisiana different from other states? Well, Louisiana has really been externally innovative and drew a lot of attention nationally for that. We tied expansion to SNAP, the food stamp program in Louisiana. The eligibility for SNAP or the food stamps program is 108 percent of the FPL. The waiver allowed us to use a strategy to enroll all people who are in SNAP. We were able to get 124,000 people enrolled without having to fill out an application. This speeded up our enrollment in Medicaid Expansion.

We also had a network of Medicaid application centers throughout the state. Then these were really integral in recruiting people and getting people signed up. In addition we were able to do something that no other state has done in the country before. This has put Louisiana on the map. We were able to out station workers across the state, out in the rural communities, at hospitals, at Federal Qualified Healthcare Centers who helped with signing up residents and getting them into Medicaid Expansion. And at zero cost to the State.

This is something that other states are actually learning from Louisiana. I love pointing this ought because so often we hear about how Louisiana ranks 50th and worst in the
country and for once we're first, using SNAP in a novel way and signing up workers. I'm proud of Louisiana for that.

We have 64 eligibility workers deployed at 44 locations across the State. It was win-win. This helps providers, when patients are insured they no longer have to provide unreimbursed care. It helps the Medicaid agency because it is at no cost to our state. 

If we talk about step one improving quality through improving access, step two is assessing expansion. As Ms. Alma alluded to earlier we have really exceeded our target. 

Our goal is to try to get to 375,000 in one year, and just five months since July 1 we've already gotten 354,000 adult also enrolled in Medicaid Expansion.

If you look at other states that expanded Medicaid, no other state had this astronomical rise. It is due to the innovative approaches that Louisiana has taken. Tremendous, tremendous kudos to Louisiana for a state as a whole being innovative and stepping out of the box.

And going back to our five-steps for improving quality, we talked about the importance of engaging stakeholders as we work to improve quality across the State. This map shows all the many -- this isn't all, but many of the collaborators working across the state as we work to improve quality. We have a quality committee that has stakeholders from all the managed care plans, from provider groups, from patient advocacy groups participating, from institutions across the State.

LSU collaborates with us with their Center for Transformational Care, University of Louisiana Lafayette and Monroe. We have a Medicaid quality subcommittees with members from hospitals across the State. We have Willis-Knitson, Christus, LSu-Shreveport, LSU-New Orleans, LANP, LPCA, Tulane, Baton Rouge General, ULM. We also have collaboration with the partners at the federal level, including Dr. Kate Goodrich for the Quality Division.

What this is underscoring is the importance of engaging with all our stakeholders across a wide swathe across the state as we work to improve quality.

So step four in our five-system strategy to prevent Louisiana from being 50th in the country is to define the quality targets. Traditionally we looked at maternal and women's health and pediatric health. With Medicaid Expansion we have a unique opportunity to look at a whole other section, looking at adults age 19 to 64. Now we have the opportunity to really define quality targets for adult behavioral health which is a key issue in Louisiana.

For adult primary care, because we all know that preventive care absolutely has a return on investment for the State. Looking at sexually transmitted infections which are a huge issue, including HIV, chlamydia, gonorrhea, and targeting these areas that we never looked at before.

And we talked about the fifth step? The strategy to improve healthcare quality is integrating all this together in a cohesive look. We make that transparent and we have benchmarks that we expect our plans and our communities to work towards. We developed a search by score dashboard that is open to the public that anyone in the State can look at, a patient or provider or healthcare institution, and see how the state is doing on these six different quality areas. They can click on pediatric health and see how we are doing for ADHD among children or looking at adult primary care and see how we are doing for colonoscopies, for breast cancer prevention, sexually transmitted diseases, look at syphilis screening and and HIV environmental load suppression.
In terms of the scores, it allows us to look at each of the five health plans in the state and look at performance on even of the individual metrics. I believe that embarking on this transparent approach to quality really, really engages us all in this process. We talked about expansion and how we have 354,000 dulls now enrolled for the first time in the last five months and now have insurance. What does that mean for expansion? These are what we call our expansion early wins that Medicaid developed. This is a team of doctors, nurses, pharmacists, Ph.D.s, policy gurus who work together to see what are the areas that we can make a big impact. What we found, since expansion, just five months, 38,000 adults in Louisiana have been able to get preventive care. 3,500 women were able to get breast cancer screening, either mammograms or ultrasounds. Among those in just five months, 45 women who did not know that they had breast cancer were diagnosed and now are able to get treatment for breast cancer. We had 3,000 adults able to get colon cancer screening as a result of Medicaid Expansion. These are people who didn't have health insurance before. Then this is not a service that you can get by going to a safety net in the ER. This is a preventive service. Among the 3,000 adults we had 786 adults who had colon cancer averted. They were found to have polyps during the view and that's a precursor for colon cancer. That's a staggering months in five months. 786 adults averted colon cancer. You can see diabetes, nearly 600 adults were diagnosed who did not know that they had diabetes before and 1,400 who were diagnosed with hypertension and now are able to get treatment for the first time.

So in terms of evaluating, the demographics of Medicaid Expansion, what we've seen as I mentioned earlier in terms of Louisiana had poor performance in terms of women's health, in terms of racial disparities. As a result of expansion, in just the Medicaid Expansion population, 65 percent of expansion population are women. These are people who didn't have health insurance before and now have health insurance. If they didn't have health insurance before, we can't expect them to have had good health outcomes and this is the first step for that.

50 percent of the expansion population were African American in Louisiana. As we mentioned earlier, there are disparities in terms of poor health. If they don't have health insurance, and this is the first step to moving the needle on healthcare quality. The five steps we are working on in Louisiana to improve health and make Louisiana healthier, improve access to expansion, assess that expansion, engage stakeholders across the state in quality and define what the quality targeting are so we know what to work towards and integrate quality, transparency and benchmarks together as we work in healthcare Louisiana.

Thank you so much for the opportunity to participate in this conversation.

>> Candice Marti: Great. Thank you so much, Dr. Kuy. It is so great to see the wonderful progress that we've made. Thank you for sharing all of the information that you provided. There is a lot more to talk about at the beginning of the year and we move into the next four years, but it is good to see that we are making progress and that we'll keep working to make even more progress as we go forward. Thank you so much.

All right. So moving to Dr. Lisanne Brown. Dr. Brown is currently the director of evaluation and research at the Louisiana Public Health Institute in New Orleans,
overseeing the evaluation of programs including the Teen Pregnancy Prevention Program, Louisiana Campaign for Tobacco-Free Living. Dr. Brown has more than 20 years experience conducting applied public health research with a particular focus on program evaluation. And I will turn it over to you, Dr. Brown.

>> Lisanne Brown: Thank you very much. It is a pleasure to be with all of you today. It is exciting to share some preliminary results from a study that we have conducted here in Louisiana that echos a lot of what we have heard already today around Medicaid Expansion in Louisiana.

So the study I'm going to talk about today was initially funded in 2013 to actually collect data to advocate for Medicaid Expansion, but obviously all that changed earlier this year when governor Edwards signed the Medicaid Expansion into law.

So we adjusted the study for this last phase of the project to look at some early lessons around the implementation of Medicaid Expansion.

The overall study background and purpose was to inform population health, economic policy, and health systems operation in the State of Louisiana from multiple perspectives.

The initial core component of this study was the health reform monitoring survey which is, we actually purchased an over sample of a national survey that is being implemented by Urban Institute. There is an Internet panel survey of the general population of non-elderly Louisiana residents, roughly between the age of 18 and 65.

The second part of the study was an economic impact study of hospitals and clinics, both looking at pros and cons and what would happen to those various segments of the healthcare system with different non-Medicaid expansion scenarios and Medicaid Expansion scenarios.

Finally in the last few months, given the change in administration and obviously now that Medicaid is being rolled out, we conducted semi-structured interviews with clinic directors, especially those in rural and federally qualified health centers to get their experience with the early phases of Medicaid Expansion.

With the focus really on learning about what has happened with insurance enrollment and access to care. This study was funded by the Baptist Community Ministries based here in New Orleans.

So first I'm going to give you a few key findings. These results have just come out. We are preparing reports now and will have much more detail to provide in the new year, but just some key highlights in terms of the ACA roll-out from the patient experience. These results echo what we heard from the previous speakers. We've seen a significant increase in people who are on Medicaid, as expected. Generally overall increase in people who had insurance but specifically Medicaid and a significant decrease on the percentage of those who have no insurance. The trend is the same among respondents that responded to this particular survey.

However, we are continuing to see challenges with access to care. While definitely access to insurance has improved, residents of Louisiana are still having challenges getting into care. So we saw increases, the respondents reported two times more trouble finding a doctor. 5 percent of our respondents said they had trouble finding a doctor in 2014. This rose to 10 percent in the latest round of the survey in September 2016. This was highest among the low income level, the 138 federal poverty level, the
new threshold for Medicaid eligibility. We saw that access to care increase among that particular population from seven to 17 percent. And then we also saw an increase in people who are not getting their prescription medicines due to cost. That increased from 20 to 25 percent. Again, this is among those respondents to this particular survey.

So the second set of key finding is around economic policy. We did an economic analysis of the healthcare system, specifically looking at sustainability of federally qualified health centers. Overall the sustainability, that looks good under the Affordable Care Act and hopefully we will continue that direction. FQHCs are an integral component of the Affordable Care Act and Congress initially dedicated 11 billion to strengthen and expand the FQHC network nationwide and recently extended this funding through 2017. So at least in the next year FQHCs will continue to get funding to support and provide services to Medicaid eligible populations.

And then Medicaid Expansion is certainly increasing the percentage of insured patients that the FQHCs are seeing. So their overall mix of patients with insurance is increasing. Secondly, the analysis showed that the cost per patient should decrease with Medicaid Expansion over time. You know, even at the lowest possible federal match rates of 90 percent, the state cost per Medicaid patient is estimated at 684 versus what it would have been under a non-expansion scenario, which is estimated at 1,388. So long-term the State should expect, is expected to save money through Medicaid Expansion.

Now, askance mentioned, the giant elephant in the room, all of this is subject to macro level forces. What happens in the new administration? We don't have enough information at this point to say. We have to stay tuned to see what happens there. Finally, I want to just share some of the high level findings from the interviews with FQHC administrators. So overall I'm going to talk a little bit about what is working well and some of the challenges that still need to be addressed to ensure that Medicaid expansion and insured care is the best it can be.

What is working well? Most of the FQHC administrators said they are so pleased to be able to serve those in need. They are seeing a lieutenant on of patients who have not accessed care in many, many years or come to the clinic maybe once and never come back. So they really feel like they are finally able to serve the larger population in need of healthcare services.

Certainly the Medicaid Expansion will increase the sustainability of primary care services. With increased, in a number people with insurance and that improves the sustainability of their services. They are also using this as an opportunity to improve the system effectiveness around the quality reporting that Dr. Kuy about. Several talked about how they are able now to better work on their EMR systems and quality reporting and other systems to improve their effectiveness in providing services. Some of the challenges that expressed are coordinating with various health plans on enrollments has been challenging. Some of the lists they received were better than others. Others get lists but the individuals patients may not necessarily come to their clinic and go elsewhere. That's still a work in progress, but some challenges that they expressed.

A bigger challenge is provider shortages. Both primary care physicians as well as specialty care. A lot of the FQHC administrators talk about difficulty in finding specialty
care but also staffing the clinics and the amount of turnover. That continues to be a problem.

Third, a lot of the new patients who have not been able to access healthcare for a number of years are entering the health system with complex health issues. And the clinic staff are having to spend a lot more time with these patients that obviously effects the reimbursement rate, the number of patients that clinics can see in a day. They are trying to adjust their schedules, provide more time for new patients and figure out how to address these complex health issues.

Then finally, another theme was around healthcare utilization literacy. So again those who have not accessed care in many years really don't know how to use the healthcare system. They don't really have a good understanding of when it is appropriate to go to a primary healthcare provider versus an ER. So there is still a lot of work to be done around educating residents of Louisiana around utilization of the healthcare system. That's again is a snapshot of the early results. We are producing a report which will be available in January and we are happy to share it with everyone on this list, as well as others. So stay tuned for that. Thank you very much.

>> Candice Marti: Okay, Dr. Brown. That's great, wonderful information. We look forward to hearing more as we progress into the next year and further on.

I want to let everybody know, remind everybody about the Q&A feature. We are moving into the Q&A session. So if you have a question, we have received a few so far. Then we also have some that were submitted ahead of time. Thanks for submitting questions.

If you have a question now, if you look on the right-hand side type your question into the Q&A box. Select ask all panelists and go ahead send in your question. We will do our best to get to it.

But for now, I will start with a question that has been submitted earlier. This can be for either Alma or Dr. Brown. It does touch on something that you just spoke about, Dr. Brown, as far as availability of providers.

So the question is: There has been a rule that nurse practitioners can only have 1500 patients assigned to them but doctors can have 3,000. With the expansion this is more profound. A few questions have been submitted around this issue. I don't know if either of you would like to take this, about why should there be a limit at all for any profession? And is there any, have you heard of anything being done to address this?

>> Alma Stewart: This is Alma. I am not sure how that came to be, the history of that policy. However, I can say that the study committee that I mentioned during my presentation that was convened by state representative Patricia Smith to look at the Louisiana's health system is looking at those kinds of issues. We are looking at a number of issues pertaining to the workforce, because we know that we do have a shortage of healthcare professionals. That shortage is being exacerbated as more people are getting insurance coverage and as we are aging. We have an aging population.

It is something that is being reviewed and will be taken under consideration through that study committee process.

>> Candice Marti: Great. Thank you so much, Alma. Another question that had came up earlier on was, and any of the panelists are welcome to answer this. What do you think is the best road forward in our country to achieve accessible, equitable, affordable
healthcare for all sooner rather than later? What can we do now and into the beginning of the next administration to achieve these goals? And anybody on the panel is welcome to answer.

I can swing this over to Alma. I know you've got a lot of thoughts on this. I know your presentation touched a lot on what has been done. Perhaps you can take it first.

>> Alma Stewart: I kind of got a little distracted. I'm not sure I got the whole question.

>> Candice Marti: Okay, best road forward in the country to achieve accessible, equitable, affordable healthcare for all sooner rather than later.

>> Alma Stewart: That's a very broad question and there are many, many paths forward.

I think as far as what is happening currently in the environment that we have now one of the major issues is affording people access to healthcare, of course. That is particularly important for people who are largely impacted by disparities because of certain demographics such as being poor, such as being in rural areas. Individuals who typically are not able to access healthcare delivery as much as the mainstream. So it is important as we go forward to really be engaged in what and how the repeal and replace, I guess I would say, of the Affordable Care Act is going to unfold and to ensure that we get something better that is going to truly be more advantageous to people who are impacted most and who need the services the most.

>> Candice Marti: Great. Thank you so much for that answer.

I just received a question, and unfortunately Sylvia had to drop off. We lost her. Her phone connection.

There was an interesting question that came up. Somebody submitted, they would like to understand the new healthcare member, do they automatically renew each year, how long is the enrollment? What happens if we move and we can not locate an address or phone number. I don't know if the remaining panelists can answer that. If you can, speak up. If not, I'll make sure that we get that question answered.

Alma, Dr. Brown, any thoughts on knowledge about the process of a new Medicaid member renewing or how long they are enrolled for?

Actually, I'm sorry, let me turn to one of the slides to address this question. If we can. There is some information listed in Sylvia's resources. And I've got it up on the screen right now. As far as where you might go to get some of this information. Like I mentioned, we will do our best to get all the questions answered even if we can't do it in the time that we have together.

Here are some resources. This is also Sylvia's contact information. If you have any questions for her directly.

Thank you for submitting those questions.

Alma, one more question popped up regarding the answer you gave a few minutes ago around having enough providers. The question is: Is the geographical distribution of physicians part of the physician shortage in Louisiana? If so, is it more a problem in primary care or specialty care?

>> Alma Stewart: I'm certainly not the expert on this subject. From information that we have been gathering, we have a problem in both areas. We have a problem with primary care physicians especially in rural areas and we have an issue with some specialty physicians such as psychiatry. We have a shortage. So it varies. And we
would have to look at the overall pictures in terms of expects to answer that question fully. But the short answer, I guess, is we have a shortage in both areas.

>> Candice Marti: Okay.

>> Lisanne Brown: Just to add in, I concur with that. I think it's slightly more acute in rural areas than in urban areas, but particularly for specialty care. But it is all over, and it is really a challenge for both primary care and specialty care.

>> Candice Marti: Great. Thank you so much.

And just for, I know we actually had Dr. Kuy had another presentation to run to, so one last question before we wrap up. This is to both Dr. Brown and to Alma. What have been the pros and cons in your experience of expansion so far? And what do you see moving forward as opportunities and challenges as we move into the next year?

>> Alma Stewart: This is Alma speaking. I think the expansion has been and is a tremendous opportunity for the state of Louisiana, given as I mentioned earlier that we are such a poor state and we have so many people who struggle just to meet their basic needs. Safety net programs like Medicaid afford people to have access to healthcare that they would not ordinarily have. So I think it is phenomenal. I think that Louisiana has done an exceptional job in implementing the Medicaid expansion and I am just very pleased and very proud of our state for the work that is going on to improve, not just to get people insurance or access to healthcare, but to improve the quality of life of citizens of Louisiana and to have a healthier state. Because we are 50th, we are the least healthy state, the opportunities are tremendous, almost endless for us to improve the health of our citizens. I think that overall, I see so many more positives. In terms of challenges, the challenge is the unknown, the uncertainty of the future. What is going to happen in the next year, the next two years, the next three years? You know, there is a lot of anxiety about the future and what the incoming administration, President-elect Trump's administration is going to do, the new Secretary of HHS in terms of repeal and replace of the Affordable Care Act. And what will it look like? No one really knows yet. I tend to be optimistic. So I would like to think that we will continue to have obviously healthcare. This is, these are government programs and government services. As we all know there's a whole process. The Affordable Care Act is the law right now. There's an entire process that will go into play to repeal and replace the Affordable Care Act. We know that is not a quick or easy process. So it is going to take some time as things move through that process through Congress and a new law or different law or changes are passed through Congress. So we just don't know. That to me is the challenge as we go forward. However, what we do know is that right now the Affordable Care Act is still the law of the land. For us here in Louisiana, we are continuing and proceeding to get people healthcare coverage, to get people healthcare conversations, to try to improve -- healthcare services, to try to improve on the services that we currently have so that it works for the people of Louisiana.

>> Candice Marti: Great. Thank you so much. Dr. Brown, would you like to say anything about the pros and cons of the expansion so far, in closing?
>> Lisanne Brown:  Sure.  I mean, I echo everything that Alma said.  I think it's pretty remarkable what has been accomplished in such a short amount of time.  Sure, there's some challenges.  I think they can be worked through and we can continue to improve the system and ensure that all of those that need care get access to that care and that we really improve the state of the health of our population here in Louisiana, which desperately needs it.
So thank you to everybody and the good questions and stay tuned for next steps.
>> Candice Marti:  Thank you.  So I will hand it over to our host, Dave.
>> DAVE CLARK:  Thanks so much, Candice.  And thanks to all of our presenters today for their insights into Medicaid Expansion and Access to Healthcare:  Candice, Alma, Lisanne, Sylvia, and SreyRam, thanks.  Thanks to today's sponsor, the Louisiana Public Health Institute and our partners, the Louisiana Center for Health Equity, the Louisiana Department of Health and the Centers for Medicare and Medicaid Services.
Now, a recording of today's session as well as the presentation slides will be available shortly at Dialogue4Health.org.  You are also going to receive an email with a link to the recording and the slides.  Check your inboxes for that.  That email will also include a link to a brief survey we hope you will take.  We would like to know your thoughts concerning today's web forum and especially what topics you would be interested in for future health forums.  We are interested in what you have to say.  We do read your comments.  Take a couple of moments and complete that survey.  We would appreciate it.  Thanks so much for being with us today.  That does conclude today's web forum.  Have a great day.
(The webinar concluded at 3:55 p.m. EST.)

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