

Insuring North Carolina's Working Poor: Building the Foundation

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The work of the Covering the Uninsured Task Force of the North Carolina Institute of Medicine and the subject of this Journal forum is extremely timely and focuses on maybe the most important healthcare issue facing our state in decades. Basic affordable healthcare is essential to the health of our state, our citizens, and our economic future. There are no simple solutions, but we must start now building the foundation programs that will allow us to assure all our citizens have access to needed basic healthcare and affordable health insurance in the future.

North Carolina has made great strides over the past decade in providing health insurance for our states poorest children through expansion of our Medicaid and Health Choice programs. Medicaid, while covering over 800,000 North Carolina children and mothers, also serves a vital role in providing care for our 400,000 poor elderly and disabled citizens. Despite recent difficult economic times and severe state budget shortfalls, North Carolina has avoided many of the draconian cuts and eligibility reductions experienced in other states. While North Carolina has not been forced to exercise major cuts to its Medicaid program, controlling Medicaid spending remains a top priority. Through expanding our successful Community Care of North Carolina program statewide and inclusion of the aged, blind, and disabled Medicaid recipients in our clinical management strategies, we can reduce the rate of expenditure growth in the Medicaid program without sacrificing quality or access to needed services. Community Care networks are now well organized regional networks of physicians, hospitals, health departments, and social service agencies charged with developing improved local systems of care for Medicaid recipients focusing on quality, disease management, and targeted utilization initiatives.

This public-private partnership between the Department of Health and Human Services and community providers has produced needed savings, slowed the Medicaid growth rate, and improved the quality of care provided to our Medicaid recipients.

As we focus on exploring low-cost options for providing health insurance to more of our citizens, it is important to support and expand the fragile safety net of providers available to our poorest citizens without insurance until coverage is available to all. Increased funding to these traditional providers, such as community health centers, public health departments, rural health clinics, and free clinics, is needed to help meet the needs of poor citizens. The care of the poor and uninsured, however, can

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not be left solely to these providers. A coordinated, community system of free care is needed until we are able to provide more of our citizens with affordable health insurance. The success of Project Access in Asheville and the many similar projects across the state, initially funded by federal Healthy Community

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Access Program (HCAP) grants, illustrates the importance and often unstated role of private physicians in the community safety net. The success of these community efforts to include private primary care access as well as traditional safety net providers in an organized system has successfully expanded the capacity of the system to care for the poor without significant increases in funding. Providing basic primary care through these community-organized systems prevents delay in needed care and often more serious, costly, and unnecessary complications.

This Journal expertly outlines the many options available for expanding affordable health insurance to many more North Carolinians. While the task of covering everyone seems daunting, the recent announcement of the Massachusetts federal waiver approval that creates state-subsidized insurance for low-income working adults and also mandates health insurance for all citizens should illustrate that universal coverage is possible to achieve. Each option presented by the North Carolina Institute of Medicine Task Force on Covering the Uninsured report, *Expanding Health Insurance Coverage to More North Carolinians*¹ is important in providing insurance to different populations of citizens who have no insurance. While Medicaid and North Carolina Health Choice provide health insurance

for many of our poorest children, their parents are often uninsured. Childless adults, no matter how poor, have no options for coverage. Many working citizens simply cannot afford the cost of health insurance. It is clear that no one strategy alone will provide for everyone. We must start small, recognizing that there are not sufficient funds available to accomplish the task of full coverage immediately. Long-term success will come from developing programs that also include quality improvement, disease management, and utilization management as important components to assure that the cost of new programs do not grow at a rate that would jeopardize their future. Community Care of North Carolina has shown that such strategies, when implemented locally, can save money while improving quality.

As additional savings are realized in our Medicaid program, it will be important to reinvest some of those savings in building the foundation programs to expand health insurance to all North Carolinians. Building the foundation for providing affordable health insurance for all of our citizens will require a continuing dialog and a strong commitment not only from government, but also businesses, healthcare providers, and citizens. We must start now. It is time for North Carolina step forward to assure healthcare for all of our citizens. **NCMedJ**

REFERENCES

- 1 North Carolina Institute of Medicine (NC IOM). *Expanding Health Insurance Coverage to More North Carolinians: North Carolina Task Force on Covering the Uninsured*: April 2006. NC IOM: Durham, NC. 2006. Available at: <http://www.nciom.org/projects/uninsured/uninsuredreport.htm>. Accessed May 10, 2006.

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