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By improving patient health, bill aims to cut health-care costs

By Michelle Dynes

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CHEYENNE - Dr. Harold Gardner thinks the answer to national health-care reform could come from Wyoming.

Other states attempted to test health-care solutions, finding that laws aimed at guaranteed coverage for the uninsured create unaffordable programs. But Wyoming's lawmakers are evaluating legislation that would test a model to improve patient health and decrease costs.

"This is not a cost investment," Gardner said. "It's a cost-reduction investment."

The chairman of the Cheyenne-based Health as Human Capital Foundation added that Wyoming spends about \$6,500 on each Medicaid patient every year. But the proposed pilot project within Senate File 24 would take 500 of these patients to test a theory that could cut costs 35 percent.

Gardner said health improves when patients are given the tools to stay healthy. For example, program participants would be connected with pharmacists to find lower-priced prescription plans. Nurse practitioners would offer suggestions for chronic disease management. Patients also would be encouraged to visit the family physician more often for regular checkups to catch problems early. Another piece of the pilot program would connect participants with the resources to find better-paying jobs that offer private insurance plans.

For the past four years, a similar model has been used to care for 300 of Albany and Laramie counties' working poor families. The state's departments of Health, Employment, Workforce Services, Family Services and Corrections pooled money to coordinate the Healthy Families Succeed program for these Medicaid patients.

Shelly Montgomery said she will graduate with her nursing degree in 14 weeks but that full-time studies would be impossible without assistance. The single mother of four has been a Healthy Families client for two years and finds that caseworker services offer support when she feels overwhelmed.

"Even though I consider myself a resourceful, independent person, it's nice to have someone say 'What do you need?' and 'How can I help?,'" Montgomery said.

She added that as caretakers, mothers often neglect their own health. And even though she is health-educated, it was still difficult to determine a plan of care when her oldest daughter was diagnosed with asthma.

"When you're taking your kid to the ER, all of a sudden you're not the nurse, you're the mother," she said.

Tracy Stefanik said it's difficult to get ahead on an \$8-an-hour job when extra time at work could end her See Health, page A6

Medicaid coverage. Overtime pay once meant she made \$1 too much to collect benefits. But without assistance, she must pay her doctor bills out of her own pocket.

She added that caseworker oversight meant that someone asked how a new medication was working and acted as a patient advocate when Stefanik didn't know what kinds of health questions to ask. Meanwhile, the job assist portion of the program gave her direction toward earning her associates degree.

Stefanik said she plans to enroll in classes to earn her bachelor's degree next semester. She also hopes to add a master's degree someday. She added that for the first time she experienced a coordination between services to ensure that her health problems did not affect her studies.

"It's not just one person - it's many people," she said. "And they all have time for me. I haven't felt this good in a long time."

Gardner said SF 24's model would add a high-deductible health plan and health savings accounts.

Whatever money is dedicated to the program would be divvied up among participant accounts to cover the deductibles. But participants would earn more money for the health-care account if they use clinical preventive nurses such as pharmacist consultations. Visits to family doctors also would be priced cheaper than trips to a specialist.

"People are smart when they are given the information and incentives to manage their health," Gardner said. "(And) technically it's their money to manage their care."

Senate File 24 passed the state Senate this week and moves to the House for approval at the other side of the Capitol. Senators also sliced the \$5.1 million request to start the program and offered \$2.1 million for the health-care experiment instead.

But if the solution proves successful in Wyoming, there's no reason it couldn't work for other states and other patient populations. Gardner said SF 24 gives the state a chance to take the lead toward nationwide health-care reform.