



Health Reform in Kansas: View from the KHPA

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Objectives

- Brief review of creation/role of KHPA
 - *What makes Kansas unique*
- Review of health reform and 2008 legislative session
 - *What makes Kansas like most other states*
- Discuss next steps and lessons learned
 - *Why leadership matters*



KHPA Mission

To develop and maintain a coordinated health policy agenda that combines the **effective purchasing and administration of health care with promotion oriented public health strategies**

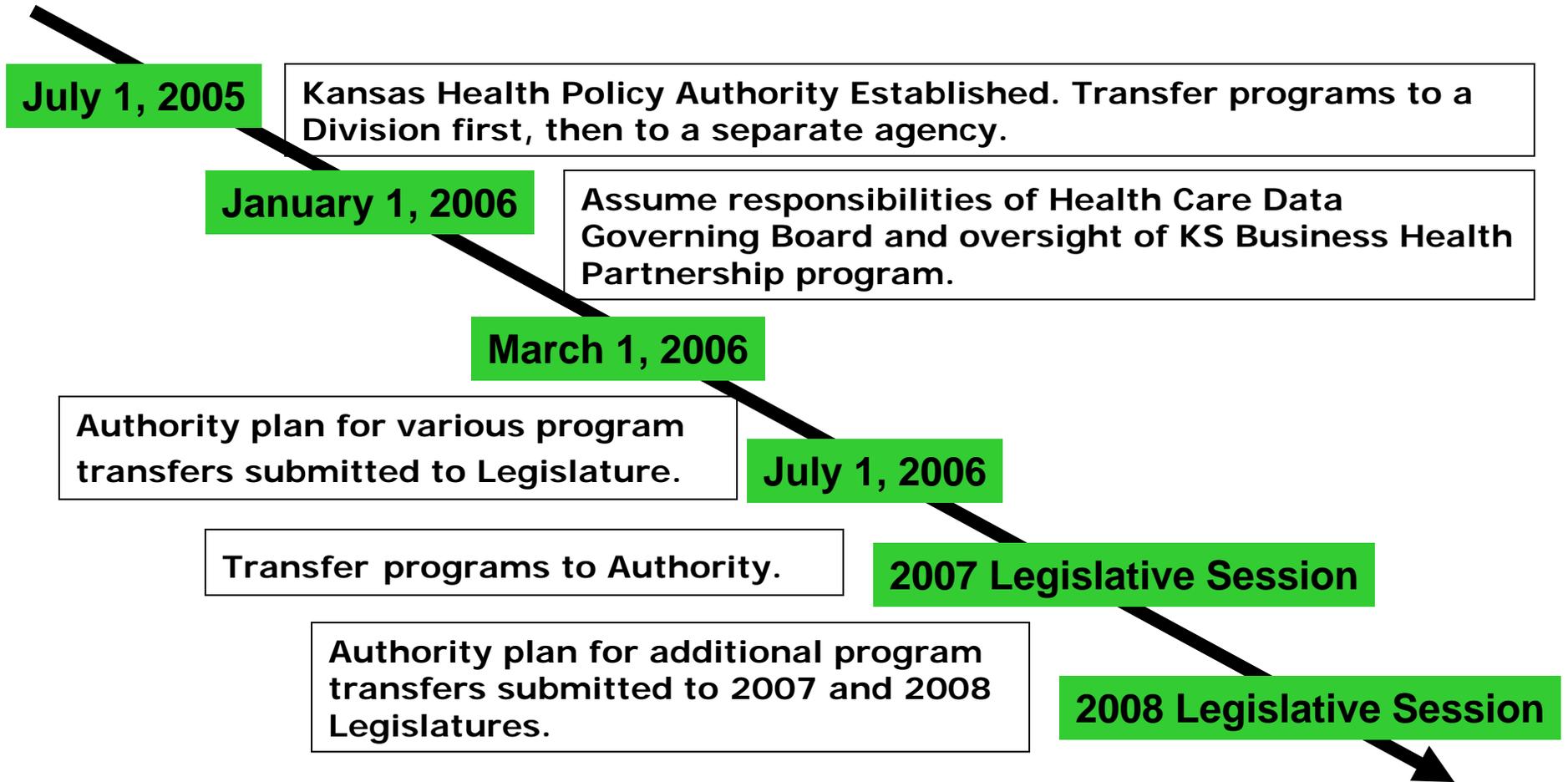


Creation of the KHPA

- Built on Governor Sebelius' "Executive Reorganization Order" in 2005
- Modified by State Legislature to:
 - Create an **independent nine voting member private Board** to govern health policy
 - Added a specific focus on **data driven policy making**
 - Creation of framework to **coordinate health and health care** in Kansas



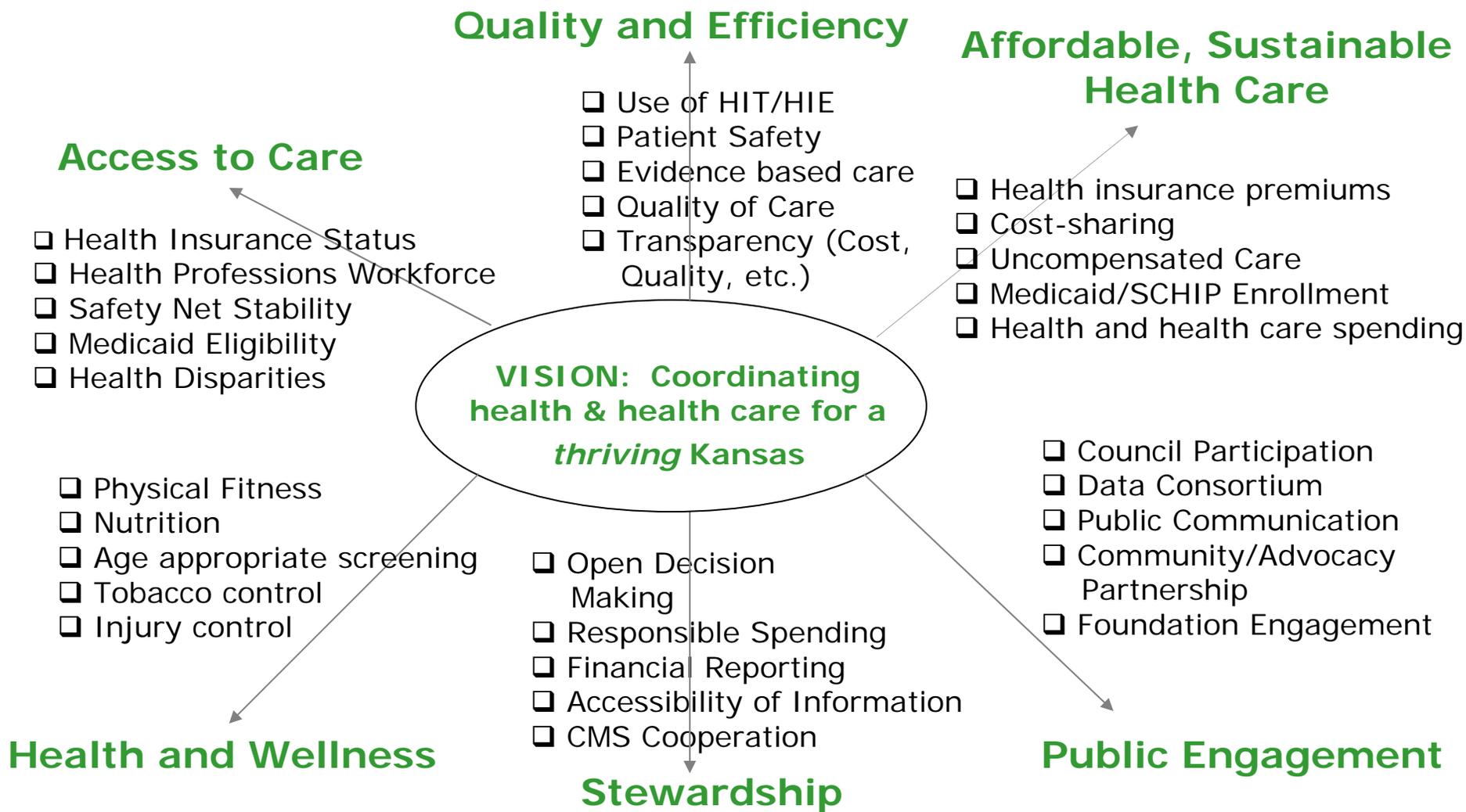
Timeline





KHPA Board

- **Purpose:** Provide independent oversight and policymaking decisions for the management and operations of KHPA
- **Make-up:**
 - Nine voting members appointed by the Governor and House and Senate leadership
 - Seven non-voting (ex-officio) members
 - Secretaries of State Departments: Health and Environment (including Director of Health), Social & Rehabilitation Services, Administration, Aging; Insurance Commissioner; Executive Director of KHPA



<u>SRS</u>	<u>KDHE</u>	<u>KDOA</u>	<u>KID</u>
<ul style="list-style-type: none"> •Mental Health • LTC for Disabled •Substance Abuse 	<ul style="list-style-type: none"> •Health Promotion •Child, Youth & Families •Consumer Health •Health & Environ. Stats •Local & Rural Health 	<ul style="list-style-type: none"> •Aged •Institutional Care •Community Care 	<ul style="list-style-type: none"> •Private Health Insurance •Business Health Partner.



The Purpose of Health Reform

To improve the *health* of Kansans – not just health insurance or health care – but the health of our children, our families, and our communities



Advisory Councils

- **Make-up:**
 - Health Care Consumers
 - Health Care Purchasers (e.g., Insurers, Businesses)
 - Health Care Providers
- **Purpose:** Assist the KHPA Board and Steering Committee (Board and legislators) with the development of health reform
- **Processes:**
 - Organized in March 2007; held monthly meetings
 - Delivered health reform recommendations to KHPA Board in Sept. 2007
 - Participating in community outreach



Economic Analysis

- Funded by four Kansas health foundations
- Independent consulting firm, SchrammRaleigh Health Strategy
- Conducted actuarial analysis of multiple health insurance models (ranging from single payer to market-based reform)
- Insurance models reviewed and retooled with feedback from:
 - KHPA Board and Executive Staff
 - Kansas stakeholders and public



Listening Tour

- **Purpose:** Gather public input on health reform in order to provide direction for the KHPA Board recommendations
- **Processes:**
 - Three week tour in August 2007
 - KHPA Board members and staff visited with 22 cities statewide (34 meetings)
 - Delivered summary comments to KHPA Board at Aug. and Oct. meetings
 - Publicized online “suggestion box” for public to provide suggestions and/or comments about health reform



Informing the Public

- Online access to all **health reform reports and testimony** through the KHPA website (w/i 24 hours)
- **KHPA E-newsletter** for weekly updates on the legislative process and health reform
- **Public meetings:** KHPA Board, Listening Tour, Advisory Councils and Steering Committees
- **Presentations** to organizations and communities
- **“Community Toolbox Kit” for local communities** to present on the KHPA Board Health Reform recommendations
- **News alerts** available through new news-service at the Kansas Health Institute website (www.khi.org)



Health Reform Priorities & Messaging

- **Promoting personal responsibility**
 - Responsible health behaviors
 - Informed purchase of health care services
 - Contributing to health insurance costs, based on ability to pay
- **Paying for prevention and promoting medical homes**
 - Focus on obesity, tobacco control, chronic disease management and incentives for primary care medical homes
- **Providing affordable health insurance**
 - Focus on small businesses, children, and the uninsured



21 Recommendations: System Reform and Better Health

<h2>Transforming Medical Care</h2>	<h2>Improving Public Health</h2>	<h2>Expanding Affordable Insurance</h2>
<ul style="list-style-type: none"> •Transparency project: health care cost and quality •Health literacy •Medical home definition •Medicaid provider reimbursement •Community Health Record (HIE) •Form standardization 	<ul style="list-style-type: none"> •Increase tobacco user fee •Statewide smoking ban •Partner with community organizations •Education Commissioner •Collect fitness data in schools •Promote healthy foods in schools •Increase physical fitness •Wellness for small businesses •Healthier food for state employees •Dental care for pregnant women •Tobacco cessation in Medicaid •Expand cancer screening 	<ul style="list-style-type: none"> •Aggressive outreach and enrollment of eligible children (target population: 20,000) •Premium assistance for low income adults without children (target population: 39,000) •Small business initiatives (target population: 15,000 young adults and 12,000 employees of small businesses)

Paying for Health Reform

- 21 recommendations “paid for” for five years:
 - **Increased tobacco user fee**
 - Fifty cent increase in cigarette tax, increases annually to reflect an assumption for inflation
 - Smokeless tobacco products user fee
 - Revenue dedicated to the “Health Reform Fund”
 - **Increased federal matching dollars**
- Cost containment - built into majority of proposals
 - Long term cost containment linked to improved health status
 - “Hidden tax” of uncompensated care

What Happened?



Some progress in first year, but need for multi-year multi-stakeholder strategy



Source: *The Wichita Eagle*. April 20, 2008.

Health Reform Report Card

Transforming Medical Care	Improving Public Health	Expanding Affordable Insurance
<ul style="list-style-type: none"> ▪ Transparency project: Health care cost and quality (Kansas Health Online) ▪ Health literacy ▪ Medical home definition ▪ Medicaid provider reimbursement ▪ Community Health Record (HIE) ▪ Insurance Form Standardization 	<ul style="list-style-type: none"> • Increase tobacco user fee • Statewide smoking ban • Partner with community organizations • Education Commissioner • Collect fitness data in schools • Promote healthy foods in schools • Promote fitness in schools • Wellness for small businesses • Healthier food for state employees • Dental care for pregnant women • Tobacco cessation in Medicaid (for pregnant women only) • Expand cancer screening 	<ul style="list-style-type: none"> • Aggressive outreach & enrollment of eligible children (target pop: 20,000) • Premium Assistance for low income adults without children (target population: 39,000) • Small Business Initiatives (target population: 15,000 young adults and 12,000 employees of small businesses)



Summary of 2008 Legislative Action

- Nine of KHPA's original 21 health reform recommendations were passed by legislature in some form
- Any items that were considered controversial were requested to be studied-only
- Final health reform bill (SB 81) left some unfunded mandates

See [Legislative Session at a Glance](#) for summary of final bill



Major Barriers to Passing Health Reform

- **Energy:** Coal plant debate center stage
- **Economy:** Concern about state budget
- **Election year:** all Kansas legislative seats (House and Senate) up for re-election
 - Many legislators raised concern about raising taxes in an election year
 - Opposition to statewide smoking ban – local control at issue



What's Next: Never Give UP!

- KHPA Board vows to continue reform push – and begin transformation of Medicaid
- Continued outreach to communities, including a Community Dialogue tour in the Fall of 2008
- Continued work with advocates, press
- Better education of the legislature
- *Need for message development for different audiences – health reform difficult to understand*

2009 Legislative Recommendations

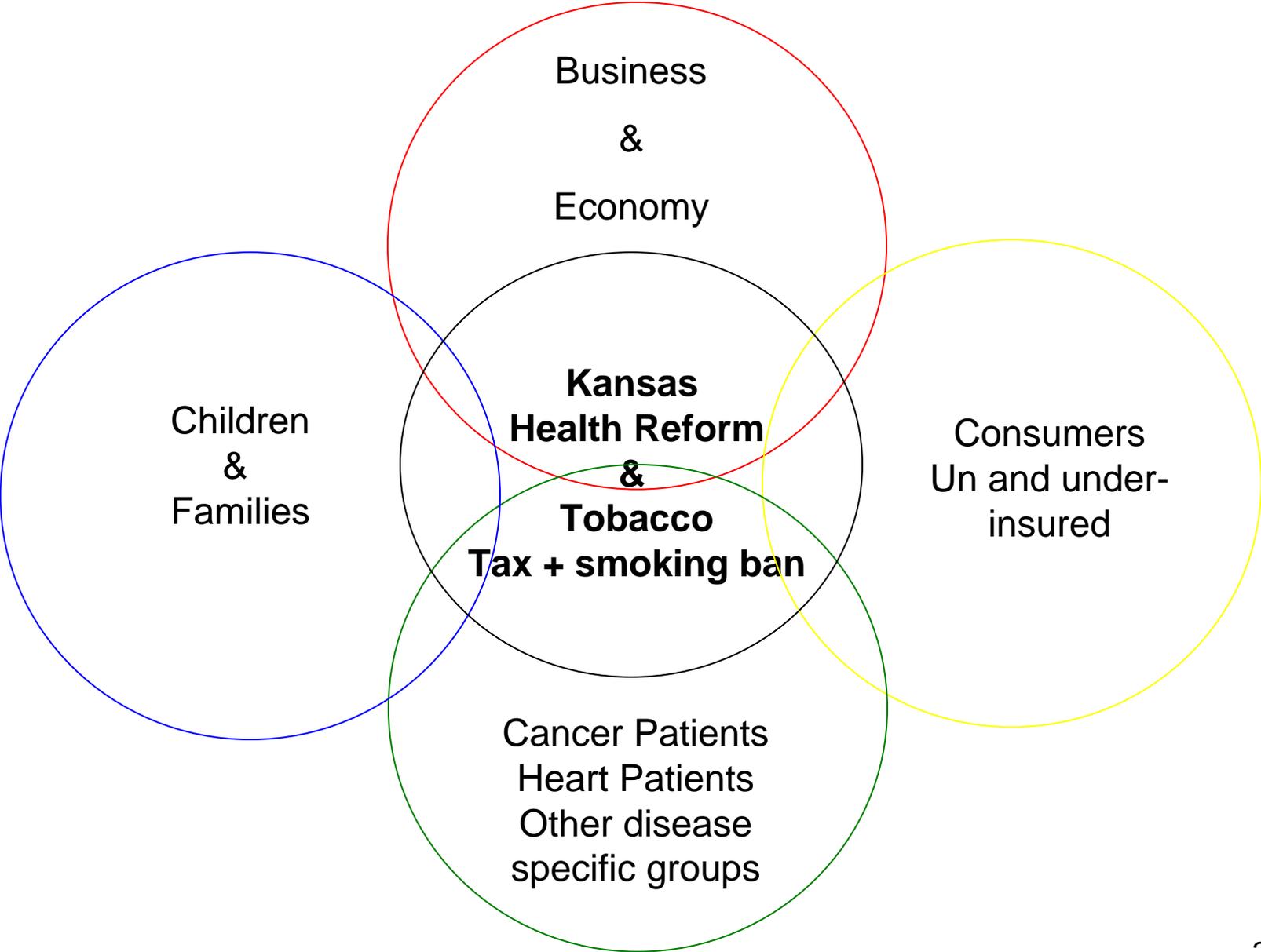
Green: Passed	Yellow/Red: Agency Next Steps	Staff Recommendations 2009 Legislative Session
<ul style="list-style-type: none"> ▪ Transparency Project: Health care cost & quality ▪ Medical Home definition process ▪ Insurance Form Standardization • Education Commissioner • Collect fitness data in schools • Promote healthy foods in schools • Promote fitness in schools • Tobacco cessation in Medicaid • Partner with community organizations 	<ul style="list-style-type: none"> • Dental care for pregnant women: Fund through caseload ▪ Medicaid Provider Reimbursement: Design as part of medical home ▪ Community Health Record (HIE): Focus on SEHP and Medicaid projects • Aggressive outreach & enrollment of eligible children: Seek grant funding • Healthier food for state employees: Work with DOA ▪ Health literacy: build into medical home model and transparency project ▪ Expand cancer screening: KDHE as lead agency 	<ul style="list-style-type: none"> • Increase tobacco user fee • Statewide smoking ban • Premium Assistance: convert to Medicaid Expansion for Parents under 50% FPL • Small Business Initiatives: Narrow focus to reinsurance in small market and consider high risk pool improvements



Enlist More Help: Outreach & Education

- **Health Reform Advisory Councils.** Meet in Aug to review proposed KHPA budget and health reform plans for 2009; additional meetings for remainder of 2008 will also be held.
- **Community Tours (30 to 40).** Scheduled for Sept/Oct 2008 to meet with community leaders across Kansas; public Townhall meetings will be held at each location.
- **Health 101 Tours.** To be scheduled for after election; meet specifically with legislators to educate on health reform efforts and KHPA

Health Reform Messaging: Need to Better Target





Strengthen Programs: Transform Medicaid

- **Create Medicaid Transformation Plan**
 - **Staff will develop recommendations on cost-savings, program improvements, and potential new revenue sources in the Kansas Medicaid Program.**
 - **Subcommittee members of Board to bring their recommendations to the Aug 2008 Board meeting.**
 - **Coordinate with other agencies to include all major Medicaid programs**



Simpler Reform Plan

- **Push for Original Package with few changes:**
 - Increase Tobacco Products Assessment
 - Statewide Smoking Ban
 - Expand Medicaid Coverage for Parents/Caretakers
 - Tobacco Cessation for all Medicaid Recipients
 - Implement Statewide Community Health Record
 - Assist Small Businesses Purchase Affordable Health Insurance
 - Develop medical home model for Medicaid and State Employee Health Plan (payment reforms for 2010 session)

*Coordinating health & health care
for a thriving Kansas*



<http://www.khpa.ks.gov/>