

Insurance commissioner outlines challenges

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Oklahomans are used to seeing their teams at the top of the list in athletic competition.

But when it comes to health care, the state doesn't make the playoffs. In fact, it's hardly in the game.

That's the challenge facing Insurance Commissioner Kim Holland and agencies working to improve Oklahomans' health, Holland told members of the Cherokee County Health Community Health Coalition during their 10th annual meeting Thursday at Go Ye Village.

Just look at the statistics, Holland said. Oklahoma ranks 50th, or worst, among the states in cardiovascular deaths per 100,000 population. It also comes in at the bottom in primary care physicians and in providing mental health care, 45th in preventable hospitalizations, 43rd in cancer deaths, 48th in percentage of adults and 44th in percentage of children insured, 47th in the percentage of smokers (25.1 percent), and 44th in prevalence of obesity.

"If there was a race to the bottom, we'd win," Holland said. "I don't know about you, but I'm tired of being 50th."

Holland may have been preaching to the choir; members of the audience came from health care agencies and private individuals concerned about access to health care.

The local coalition, the only one of its kind in Oklahoma, began 14 years ago as a response to an outbreak of hepatitis A, said Linda Axley, coalition chair and administrator of the Cherokee County Health Department.

"We began to work together, develop together and come together at lunches every couple of months since then," she said.

Holland said that's one of her main goals – advocating the various health care agencies and providers across the state to come together and ensure Oklahomans receive quality health care they can afford.

"Affordability continues to be a barrier in terms of access to health care in Oklahoma," Holland said. "We know the coalition commits tremendous resources in trying to provide health care for their citizens."

Oklahoma is fifth from the top in the number of uninsured residents, accounting for 18.4 percent of all Sooners. Texas tops the list, with 23.5 percent. In contrast, Arkansas is 10th, with 16.1 percent, Kansas 30th with 11.4 percent, and Missouri 36th with 10.2 percent uninsured.

Those who do have insurance pay a high price for this ranking, Holland said. Insured Oklahomans pay \$1,781 per family of four per year, or \$680 per single person, to provide health care for the uninsured. Missourians pay only \$291 per family. By 2010, if nothing changes, this cost will expand in Oklahoma to \$2,911 per family, \$1,127 per individual.

"We rank fifth in the nation in the number of our uninsured population," Holland said. "Let's talk about economics. As business people, that's something we grapple with. There is a real cost with the lack of health care in our state. We refer to that as health shift."

Because people lack insurance, they are unlikely to have regular doctor visits and receive preventive care. When a health condition becomes serious enough that they can't postpone medical attention any longer, many turn to emergency rooms. That's the most expensive way to provide health care, Holland said.

It's reflected in insurance costs, it's reflected in higher taxes," she said.

For geographically isolated Oklahomans, the lack of a primary care, or basic family physician, in their area can also create a problem. It doesn't do much good to have insurance when you can't get in to see a doctor, Holland said.

"In rural parts of our state, this is really magnified. In some rural counties, we do not have enough population to support one primary care physician," she said.

And many doctors don't want to locate in small towns, far from large medical centers and access to specialists.

"We still have so much further to go, and the challenges are only becoming bigger," Holland said.

This is changing, thanks to cooperation between state agencies, the Legislature, and health care providers. Holland praised the efforts of Sen. Jim Wilson and Rep. Mike Brown, both Tahlequah Democrats, who attended the event.

"It's beginning to happen, but we've been a bit slow in the uptake," Holland said.

One of her early acts as insurance commissioner was to convene a summit on the high cost of health care.

"How do we create a culture of health in this state?" she said.

One thing employers can do is encourage their workers to become more health conscious. The local coalition has participated in this through such efforts as a stop-smoking program and Walk this Weigh, which encourages healthy eating and has attracted walkers even in freezing temperatures.

Cherokee County was instrumental in establishing the SMARTNET program, which allows sharing of a patient's health information among agencies. It cuts down on the time and cost of health care by eliminating duplication of efforts.

"We really need to develop some kind of low cost basic health care for everybody," she said.

Two studies now under way are providing a profile of Oklahoma's uninsured and investigating why these people do not have insurance. The surveys are asking people what they think should be covered under a basic health plan.

"We know some people can't afford it. We know some people have health conditions and don't work for an employer," she said.

The Insure Oklahoma program has reached many people, but federal funds for the program have not been as forthcoming as Holland had hoped.

One highly uninsured group is people ages 19 through 29. Holland thinks many of these young people do not place purchasing insurance as a high priority because they generally are in good health and don't understand the need for it.

She wants to see a state initiative to bring insurance coverage under one umbrella, rather than a cookie cutter approach targeting different groups.

"This is a serious effort that the state is taking seriously," she said. "Our goal is to have an outline of a plan and a recommendation for the Legislature this next session."

Until this is accomplished, it will be her primary goal as long as she holds office, Holland said.