

Healthy Howard figures show early success, though some question meaning of results

Participants in the program had fewer emergency room, hospital visits than others

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Enrollees in an innovative Howard County health access plan for the uninsured visited emergency rooms and were admitted to hospitals much less than the national average last year, according to a report that is being cheered by supporters of the plan and questioned by critics.

Figures for the Healthy Howard program were collected by David Holtgrave, chairman of the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health, and showed that in 2009, 8.5 percent of the roughly 515 Healthy Howard members studied made an emergency room visit and 2 percent were admitted to a hospital.

National averages from last year showed that 19.5 percent of people sought treatment at an emergency room and 7.5 percent were hospitalized, said Dr. Peter L. Beilenson, Howard County's health officer.

Holtgrave had previously reported that 18.8 percent of those enrolled in the private, non-profit Healthy Howard program had reported visiting an emergency room at least once in the previous year, though 100 applicants failed to answer that question on a survey.

"Our analysis gives a strong indication that Healthy Howard participants are able to receive a great deal of their needed care without unnecessary and costly visits to the emergency room," Holtgrave said.

The statistics provide some evidence that the program is meeting its objectives. It was created to help uninsured residents and employ preventive care and features such as health coaches to encourage people to join gyms and change eating habits to reduce the need for expensive treatment

"Clearly it's a primary care medical home model that seems to be working," Beilenson said. "We don't want people getting their care in the emergency room, and it saves everybody money."

Healthy Howard, a signature project for County Executive Ken Ulman, is an experimental attempt to provide low-cost, comprehensive, preventive health care to county residents who don't have health insurance. The idea is to change habits while reducing chronic ailments and serious complications. The program only operates within Howard.

The performance monitoring done by Holtgrave is to see if the results are worthwhile and if the program should be expanded or replicated elsewhere. Members pay between \$50 to \$85 a month and get primary care from Chase Brexton's clinic in Columbia.

Karen Davis, president of the Commonwealth Fund, a New York based group that tracks national health care developments, called the numbers "pretty encouraging." She said the figures are focused on the two most important measures examined in earlier studies of other similar programs in Seattle and central Pennsylvania.

Michael Cannon, director of health policy studies at the libertarian Cato Institute, questioned whether the new statistics reflect fair comparisons, though he said he's not familiar with the Howard program.

"The data sounds impressive but you've got to make sure you're comparing apples to apples," he said. Members of Healthy Howard may not be a comparable sample to compare to national statistics, he said. Also, since more than 3,000 people who applied to the program were found to be eligible for already existing state and federal insurance programs instead, Cannon wondered whether the health of the plan's members differs from those who applied but got insurance instead.

"You want to look at that over time," he said. "I don't know if this data tells us anything we'd want to know."

Beilenson called the results "fairly significant," though he agreed there are "multiple variables" that could affect the outcomes. Holtgrave noted that results should be studied over a longer period of time, but said, "The findings even from this first full year of Healthy Howard implementation, do give us strong, initial indications of the substantial benefits of the program."

Ulman, who has made creation of the program a key component of his progressive political image, announced the figures on emergency room visits at a recent campaign picnic as a sign of his success in office.

"It's gratifying to know that what we thought would happen is actually happening," he said later. "If we get people access to quality care, it would get them healthier."

But critics questioned whether the county has enough data to make a fair judgment.

County Councilman Greg Fox, the only council Republican, remained skeptical. Fox has been a persistent critic of the program, arguing it does not deserve taxpayer funding, because membership, which is now at nearly 1,000 after nearly two years, never reached the 2,200-member level Beilenson predicted at the start. "They don't have reasonable statistics" as a result, he said.

"They're looking for any data that's going to help them," Fox added. "They're comparing stuff in Howard county to the rest of the nation."

Beilenson has been battling for money to keep the program alive — at least until mandated health insurance under the new federal reform law takes effect July 1, 2014. Because Healthy Howard is not technically insurance, it will be eliminated at that time. He has received \$500,000 in county funding for each of the first two years the program has operated, but County Council support slipped in this election year.

At the same time, Horizon Foundation, which provided another \$500,000 initially, dropped its cash support to \$150,000 this fiscal year. Horizon president and CEO Dr. Richard M. Krieg declined to comment on the new figures until they appear in detail and he can study them, he said. Holtgrave said the information he's gathered will be published online within about two weeks.

Healthy Howard's time is limited, so Beilenson is working on finding a way to convert it under the new federal law into a regional non-profit insurance co-op that could offer lower priced insurance for working people.