TOWARD EQUITY IN HEALTH

Does Coverage Equal Access

By Joel Abrams, President and CEO
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There is little question that Massachusetts has been a pioneer in health care reform. The successful implementation of Chapter 58 will result in near universal health insurance coverage for the residents of our state. The good news is that we are well on our way to closing the gaps in health care insurance – gaps that are being filled with the Commonwealth Care and Commonwealth Choice insurance programs, along with MassHealth. Added to these are coverages available through employer based health insurance, non-group and small group coverages, and of course the Medicare program for seniors and disabled.

The problem is that each of these categories of health insurance provides varying degrees of coverage, with comprehensiveness being tied to how the state or the individual chooses to pay. Some insurance products are very comprehensive with nominal if any co-payments and deductibles for most medical care and drugs. Others will cover only catastrophic medical events, and assign responsibility to the enrollee for payment of more routine care. In many ways we in Massachusetts are fortunate to have the opportunity to acquire health insurance irrespective of our age, employment or income status. Even so, it is fair to ask whether or not there is equity in this patchwork of insurance coverage and more fundamentally, whether or not coverage equals access.

On the equity question, I would argue that our health insurance system is not equitable, since it often depends on whether or not one is lucky enough to work for an employer who provides a rich health insurance benefit, or be covered by a state program that does the same. Scant benefits do not support an argument of equity in our health care system, although much credit should go to our Commonwealth Connector for establishing a base-line "credible coverage" standard, below which no health insurer may go. Despite increasing enrollment in our state's insurance products, there are too many medical needs that remain unaffordable to some because the plans that they can afford simply do not cover them or require onerous payments from the enrollee.

On the coverage equals access question I would take strong exception to those who think these are in fact equivalents. This question goes to the heart of the Commonwealth's commitment to preserving the safety-net system. Since the passage of Chapter 58, and particularly with the successful conversion of a significant percentage of Uncompensated Care Pool users to Commonwealth Care insurance, I have observed an increasing trend to assume that we no longer need the safety-net system that Boston Medical Center and Cambridge Health Alliance provide.

I believe such assumptions are dangerous and can ultimately bring harm to the very people we all hope will benefit from health care reform. Our safety-net health care system was initially developed around the need to take care of people who a) lacked the ability to pay for their health care; and b) lacked access to quality health care – partly because of their inability to pay, but also because other health care systems did not exist to take care of poor people and non-English speaking immigrants among others. The creation of Boston City Hospital – now the outstanding Boston Medical Center (BMC) –was and continues to be one solution to that problem. The word "continues" is key, because institutions like BMC and Cambridge Health Alliance, along with the city's community health centers, are essential providers of quality, culturally competent health care to populations that cannot otherwise access such care elsewhere.

One indication of this premise is that - post Chapter 58 - BMC and the community health centers are busier than ever. Those enrolled in the new insurance plans are not saying "Hey, now that I have an insurance card, I can get my care elsewhere." Rather, patients at Dorchester House and at BMC are staying with their providers whom they consider to offer excellent and responsive care to them. For these reasons the safety-net system needs to be preserved, and we should not confuse the very laudable goal of health insurance coverage with access to quality health care.

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