Jacksonville University’s
Healthcare Policy Conference
November 13, 2013
How Healthy is Northeast Florida?
The Ranking Model

Health Outcomes
- Mortality (length of life) 50%
- Morbidity (quality of life) 50%

Health Factors
- Health behaviors (30%)
- Clinical care (20%)
- Social and economic factors (40%)
- Physical environment (10%)

Policies and Programs
- Tobacco use
- Diet & exercise
- Alcohol use
- Sexual activity
- Access to care
- Quality of care
- Education
- Employment
- Income
- Family & social support
- Community safety
- Environmental quality
- Built environment
Northeast Florida
Overall Rankings

- St Johns: 1
- Clay: 7
- Flagler: 23
- Nassau: 29
- Duval: 47
- Baker: 62
- Putnam: 66
The Cost of Unhealthy and Uninsured People is Unsustainable
Snapshot: United States, 2010

World Health Organization:

- U.S. ranked 37th of the world’s major health systems
- 14th in preventable deaths
- 72nd in health systems performance
- 2nd in total healthcare expenditures
Mortality Amenable to Health Care

Deaths per 100,000 population*

<table>
<thead>
<tr>
<th>Country</th>
<th>Deaths per 100,000 population*</th>
</tr>
</thead>
<tbody>
<tr>
<td>France</td>
<td>75</td>
</tr>
<tr>
<td>Spain</td>
<td>81</td>
</tr>
<tr>
<td>Italy</td>
<td>84</td>
</tr>
<tr>
<td>Canada</td>
<td>88</td>
</tr>
<tr>
<td>Netherlands</td>
<td>88</td>
</tr>
<tr>
<td>Germany</td>
<td>92</td>
</tr>
<tr>
<td>New Zealand</td>
<td>97</td>
</tr>
<tr>
<td>United States</td>
<td>97</td>
</tr>
<tr>
<td>Ireland</td>
<td>99</td>
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<td>Portugal</td>
<td>106</td>
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<tr>
<td>Netherlands</td>
<td>107</td>
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<td>109</td>
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<tr>
<td>Ireland</td>
<td>115</td>
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<tr>
<td>Portugal</td>
<td>129</td>
</tr>
<tr>
<td>Ireland</td>
<td>130</td>
</tr>
<tr>
<td>Portugal</td>
<td>132</td>
</tr>
</tbody>
</table>
Per Capita Total Current Health Care Expenditures, U.S. and Selected Countries, 2009

<table>
<thead>
<tr>
<th>Country</th>
<th>Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Austria</td>
<td>$4,045</td>
</tr>
<tr>
<td>Belgium</td>
<td>$3,946</td>
</tr>
<tr>
<td>Canada</td>
<td>$4,139</td>
</tr>
<tr>
<td>Denmark</td>
<td>$4,185</td>
</tr>
<tr>
<td>Finland</td>
<td>$3,053</td>
</tr>
<tr>
<td>France</td>
<td>$3,872</td>
</tr>
<tr>
<td>Germany</td>
<td>$4,072</td>
</tr>
<tr>
<td>Iceland</td>
<td>$3,538</td>
</tr>
<tr>
<td>Ireland</td>
<td>$3,609</td>
</tr>
<tr>
<td>Italy</td>
<td>$3,020</td>
</tr>
<tr>
<td>Luxembourg</td>
<td>$4,808</td>
</tr>
<tr>
<td>Netherlands^*</td>
<td>$4,585</td>
</tr>
<tr>
<td>New Zealand</td>
<td>$2,983</td>
</tr>
<tr>
<td>Norway^</td>
<td>$5,128</td>
</tr>
<tr>
<td>Spain</td>
<td>$2,982</td>
</tr>
<tr>
<td>Sweden</td>
<td>$3,562</td>
</tr>
<tr>
<td>Switzerland</td>
<td>$5,144</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>$3,311</td>
</tr>
<tr>
<td>United States</td>
<td>$7,598</td>
</tr>
</tbody>
</table>
National Health Expenditures per Capita, 1960-2010

Notes: According to CMS, population is the U.S. Bureau of the Census resident-based population, less armed forces overseas.

Source: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group, at http://www.cms.hhs.gov/NationalHealthExpendData/ (see Historical; NHE summary including share of GDP, CY 1960-2010; file nhegdp10.zip).
The Uninsured
Uninsured in the U.S.

Millions of uninsured

# Uninsured in the NE Florida

<table>
<thead>
<tr>
<th>County</th>
<th>ALL AGES</th>
<th>UNINSURED MEDICAID ELIGIBLE</th>
<th>UNINSURED EXCHANGE ELIGIBLE</th>
<th>UNINSURED UNDOC</th>
<th>TOTAL UNINSURED</th>
</tr>
</thead>
<tbody>
<tr>
<td>STATEWIDE TOTAL</td>
<td>1,893,535</td>
<td>1,975,096</td>
<td>416,168</td>
<td>4,284,799</td>
<td></td>
</tr>
<tr>
<td>Baker</td>
<td>4,627</td>
<td>68.7%</td>
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<td>30.3%</td>
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<td>Duval</td>
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<td>43.8%</td>
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<td>452</td>
</tr>
<tr>
<td>Volusia</td>
<td>44,003</td>
<td>47.8%</td>
<td>45,032</td>
<td>48.9%</td>
<td>3,082</td>
</tr>
<tr>
<td>Region 4 Total</td>
<td>153,057</td>
<td>169,577</td>
<td>12,676</td>
<td>335,310</td>
<td></td>
</tr>
</tbody>
</table>
Uninsured in the NE Florida
Reform in Florida
4 Reform Categories

**Consumer Rights/Protetions**
- Stop/limit pre-existing exclusions
- Eliminates lifetime coverage limits
- Prohibits coverage cancellations

**Affordable Coverage**
- Medical Loss Ratio (80/20 Rule)
- Stop unreasonable rate hikes
- Small business tax credits

**Stronger Medicare**
- Lower cost prescriptions
- Free preventative services
- Improved care/quality
- Identifying Medicare fraud/abuse

**Better Access**
- Free Prevention benefits
- Coverage for young adults
- Affordable insurance exchanges
ACA Implementation in Florida

- **Some provisions have already begun:**
  - Small business tax credits for offering employee coverage
  - No-cost preventative health services
  - No Pre-Existing coverage denials for children and PCIP’s
  - Tax credits to seniors in the Medicare “donut hole”
  - Preventing Rescinded Coverage due to errors
  - Process to appeal insurance company decisions/denials
  - “80/20” Rule
  - Extended coverage for young adults up to Age 26

- **Coverage for All (aka. Medicaid Expansion)** - No expansion in FL

- **Health Insurance Exchange Marketplace**
Small Business Tax Credits

- Phase 1 – Starting 1/1/10 - credit up to 35% of employer contribution for employee coverage for most small businesses (25% for non-profits)
- Fewer than 25 employees
- Increases in 2014
  - Up to 50% most small businesses
  - Up to 35% for non-profits
No-Cost Preventative Healthcare

- Began September 23, 2010 *(applied to new plans)*
- No copays or deductibles for proven preventative services and screenings
  - Well-child visits
  - PAP smears and mammograms
  - Colonoscopy and other cancer screening
  - Diabetes screening
  - Blood pressure monitoring
  - Flu shots
  - Others…
Coverage for Pre-Existing Conditions

As of August 2012 – special Pre-Existing Condition Insurance Plan (PCIP) availability

- $2,000 annual medical deductible
- $500 annual prescription drug deductible
- 30% of medical costs in-network
- Max Out-of-Pocket of $6,250/yr for covered services in-network
- **Children under age 19 cannot be excluded from any new plan (after 9/23/10) for pre-existing**

<table>
<thead>
<tr>
<th>Age</th>
<th>Monthly Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18</td>
<td>$136</td>
</tr>
<tr>
<td>19-34</td>
<td>$202</td>
</tr>
<tr>
<td>35-44</td>
<td>$243</td>
</tr>
<tr>
<td>45-54</td>
<td>$311</td>
</tr>
<tr>
<td>55+</td>
<td>$432</td>
</tr>
</tbody>
</table>
Closing the Medicare “Donut Hole”

- For Medicare Part D beneficiaries, who do not receive “extra help”
- Gradual close beginning in 2010 thru 2020

Available now:

- Some coverage for some medications
- Discounts on covered meds purchased at pharmacies or via mail-order (up to 50%)
Extended coverage for young adults

- Adults can remain on a parent’s plan until age 26 *(some limitations on existing group plans*)

- Even adults who are:
  - Married
  - Not living with the parent
  - Attending school
  - Not financially dependent on the parent
  - Eligible to enroll in their own employer’s plan at work*
The “80/20” Rule

Medical Loss Ratio (MLR)

- A minimum of 80% (small groups) to 85% (large groups) of all premiums must be spent on medical care and/or the improvement of medical care.
- A maximum of 20% (or 15%) may be spent on administrative overhead and marketing.
- Insurance companies must provide premium rebates if the ratio is not met annually.
• Coverage to fit individual needs
  ✓ New premium tax credit (*sliding scale for 100-400% FPL*)
  ✓ Advance payment of the premium tax credit to the health plan to help lower monthly premiums

• Unbiased help and customer support
• Quality health coverage w/ minimum standards
• “Apples to Apples” comparison in simple terms
• Easy to use
How the Marketplace Works

One process to determine eligibility for:

- Qualified Health Plan on the Marketplace
- New tax credits to lower premiums (100%-400% FPL)
- Reduced cost sharing (100%-250% FPL)
- Medicaid (Assmnt. only in FL – Until March…)
- Children’s Health Insurance Program (CHIP)

- Offers choice of plans w/ 4 levels of coverage
- Insurance companies compete for business
QHP Basics

A Qualified Health Plan

• Is offered by an issuer licensed in the state
• Covers “Essential Health Benefits”
• Offers at least 2 plan tiers *(silver and gold)*
• Agrees to charge the same premium rate whether offered directly through Marketplace or outside the Marketplace
Essential Health Benefits

Coverage Levels

Four Levels of coverage to choose from…

<table>
<thead>
<tr>
<th>Plan Level</th>
<th>Plan Pays (Avg)</th>
<th>Patient Pays* (Avg)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Bronze</strong></td>
<td>60%</td>
<td>40%</td>
</tr>
<tr>
<td><strong>Silver</strong></td>
<td>70%</td>
<td>30%</td>
</tr>
<tr>
<td><strong>Gold</strong></td>
<td>80%</td>
<td>20%</td>
</tr>
<tr>
<td><strong>Platinum</strong></td>
<td>90%</td>
<td>10%</td>
</tr>
</tbody>
</table>

* In addition to regular monthly premium
Catastrophic Plans

Up to 30 years old

Some limited income eligibility (hardship exemption)

3 primary care visits per year
Free preventative services

High deductibles and copays (into Thousands of dollars)

Basic protection from “worst case scenarios”
Insurance Marketplace Eligibility

- Live in service area *(Florida)*
- U.S. Citizen or National... **OR**...
- Non-Citizen lawfully present in the U.S. for the entire period for which enrollment is sought
- Not be incarcerated
  *(Can apply for Medicaid at any time)*
# Open Enrollment

**October 1, 2013 – March 31, 2014**

<table>
<thead>
<tr>
<th>Enrollment Date</th>
<th>Coverage Effective Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>On or before December 15, 2013</td>
<td>January 1, 2014</td>
</tr>
<tr>
<td>1&lt;sup&gt;st&lt;/sup&gt; – 15&lt;sup&gt;th&lt;/sup&gt; Day of January,</td>
<td>1&lt;sup&gt;st&lt;/sup&gt; Day of following month</td>
</tr>
<tr>
<td>February, or March</td>
<td></td>
</tr>
<tr>
<td>16&lt;sup&gt;th&lt;/sup&gt; – Last Day of January,</td>
<td>First Day of the second following month</td>
</tr>
<tr>
<td>February, or March</td>
<td></td>
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</table>

Annual Open Enrollment for all following years:  
**October 15 – December 7**
Reform and Florida Medicaid Expansion
Florida Medicaid Eligibility

Currently Eligible vs Recommended Eligibility Under ACA

- Infants <1yr
- Pregnant Women
- Ages 1-5
- Ages 6-18
- Ages 19-20
- Unemployed Parents
- Employed Parents
- Disabled Adults
- Seniors/LTC
- Most Other Adults

GAP
# Reform and Florida Medicaid Expansion

<table>
<thead>
<tr>
<th>County</th>
<th>ALL AGES</th>
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<th>ALL AGES</th>
<th>Minute of Uninsured who Gain Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statewide</strong></td>
<td><strong>Total</strong></td>
<td><strong>1,893,535</strong></td>
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<td><strong>1,977,457</strong></td>
<td><strong>2,307,342</strong></td>
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<tr>
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<td>68.7%</td>
<td>2,040</td>
<td>30.3%</td>
<td>70</td>
<td>1.0%</td>
<td>6,737</td>
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<td>48.9%</td>
<td>3,082</td>
<td>3.3%</td>
<td>92,117</td>
</tr>
<tr>
<td><strong>Region 4 Total</strong></td>
<td><strong>153,057</strong></td>
<td><strong>169,577</strong></td>
<td><strong>12,676</strong></td>
<td><strong>335,310</strong></td>
<td><strong>143,841</strong></td>
<td><strong>191,469</strong></td>
<td><strong>57.10%</strong></td>
</tr>
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</table>
Regional Diversity:
Population at or below 100% of FPL

Coverage gap will remain in FL
For these residents under the ACA
If Florida does not somehow expand
Medicaid eligibility to 100% FPL
## A Diverse Group

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percent of Uninsured</th>
<th>Uninsured Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White (non-Hispanic)</td>
<td>45%</td>
<td>13%</td>
</tr>
<tr>
<td>Black (non-Hispanic)</td>
<td>15%</td>
<td>21%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>32%</td>
<td>32%</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>5%</td>
<td>18%</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>1%</td>
<td>27%</td>
</tr>
<tr>
<td>Two or More Races</td>
<td>2%</td>
<td>15%</td>
</tr>
</tbody>
</table>

*Source: Kaiser Commission on Medicaid and the Uninsured, October 2012*
Limited Public Awareness

The majority of uninsured Americans don’t know the health reform law will help them

78% of the uninsured don’t know about the new health insurance exchanges

83% of people who could be eligible for the new Medicaid expansion don’t know about it
UNNECESSARY & UNINTERESTED (11% OF EXCHANGE POP.)
Skeptical, Young (Mostly) Men

71% are uninsured - and most have been so for more than two years. A majority are men (67%). They are one of the youngest clusters (40% are ages 18 to 29) and among the most single (53%). They represent a mix of race, ethnicity and income, but lean less educated than others - 63% have a high school degree or less. They are the least connected to Medicaid. Politically, they are independent and 45% are Southerners. Most are in excellent or good health.

Most do not see health insurance as necessary - only 22% say it is. Close to half (44%) feels insurance is not even important or needed - a much bigger proportion than any other cluster.

Only 3% express strong interest in the new options. This segment is incredibly skeptical - only 3% to 4% lean toward thinking there will be a plan they can afford or one that will cover what they need.

They are moveable, however. About a third (37%) move in the positive direction - becoming slightly more interested in the options after hearing information. Half (52%) shift in the direction of believing they may be able to find an affordable plan.

24% of the uninsured fall into this segment.

Top Facts:
1. What is covered
2. Simple language, no fine print
3. Financial help

Top Motivators:
1. Financial security
2. Find a plan to fit budget
3. Mandate

Top Messengers:
1. Family member (Spouse or mom)
2. Friend
3. Doctor

First Place They’d Go for Info:
1. Google/search engine
2. Family member (Mom, then spouse)

Behaviors
- 29% have a smart phone
- 61% text
- 59% use the internet at least several times/week
- 51% use Facebook
Reluctant but Reachable (10%)
Young, Diverse, Uninsured Seekers

64% are uninsured - but unlike others, many have tried to find insurance in the past 12 months. This cluster is among the least white (27%), with 46% Latinos and 23% African Americans.

They are the one of the youngest clusters (40% are ages 18 to 29) and earn among the lowest incomes - 50% are under 139% FPL. They are among the least educated (62% have a high school degree or less). A majority (55%) are parents of children under 18, and 36% say someone in their household is enrolled in Medicaid or CHIP. Politically, they are least Republican (5%). They are the cluster most likely to be living in the West (36%).

71% of this group sees health insurance as necessary.

They are among the most likely to express “soft” interest in new options. While only one third (31%) is extremely interested in the new options, 98% express some level of interest. They also lean toward believing there might be a plan they could afford (87%) and that it would cover the care they need (79%).

Many move toward firmer positions after information. More than four in ten (42%) move toward a firmer belief that they could find a plan they could afford and one that will cover what they need (46%).

Top Facts:
1. What is covered
2. Financial help
3. Can’t be denied for pre-existing conditions

Top Motivators:
1. Plan will be there for you
2. Financial security
3. Find a plan to fit budget

Top Messengers:
1. Doctor
2. Someone like me who has tried it
3. Someone from state health agency
   (Spouse, then mom)
4. Family member
5. Someone from Medicaid office

First Place They’d Go for Info:
1. Google/search engine
2. Health insurance company

Behaviors
• 41% have a smart phone
• 74% text
• 84% use the internet at least several times/wk
• 67% use Facebook
Desperate & Believing (8%)
Poorest, Sickest, Least Educated

55% of this cluster is uninsured. They are the most Latino cluster (53%) and the least white (14%), with 23% African Americans. They are split on gender and include a mix of age - with most under 50. They are low income (52% are under 139% FPL) and are the least educated (83% have a high school degree or less, and 47% do not have a high school education). They are also the sickest cluster - 43% say they are in fair or poor health.

They are the second most likely group to be connected to Medicaid or CHIP (52% say someone in their house is enrolled). One-third (34%) are receiving SNAP benefits.

75% sees health insurance as necessary.

This cluster expresses the strongest interest and least skepticism toward 2014 options. Attitudinally, this group is the most reachable - about 80% to 100% are extremely interested in new options, and strongly believe there will be an affordable plan that covers what they need. They do not need convincing, they just need education - they are the least aware of new options (12%).

Top Messengers:
1. Someone from Medicaid office
2. Someone from fed or state gov’t health agency
3. Doctor
4. Family member (Spouse)
5. Someone like you who tried it

First Place They’d Go for Info:
1. Health insurance company
2. Google/search engine
3. Local Medicaid office

Top Facts:
1. What is covered
2. Can’t be denied for pre-existing conditions
3. Simple language, no fine print

Top Motivators:
1. Financial security
2. Find a plan to fit budget
3. Mandate

Behaviors
- 36% have a smart phone
- 62% text
- 73% use the internet at least several times/week
- 56% use Facebook
- 66% have shopped at dollar store in past month
Connected Low-Income Women (9%)
The Medicaid/CHIP Connection

39% are uninsured - with nearly a third (30%) in the expansion population. Sixty-percent of this cluster is connected to Medicaid - 30% receive it themselves, and another 30% say someone in their home is enrolled in Medicaid or CHIP. They are the most likely to receive SNAP benefits (48%).

A majority of this cluster is women (75%). This is the lowest-income cluster - 77% are under 139% FPL. Slightly more than half (55%) has a child under age 18. This cluster has a fairly representative mix of race, ethnicity, and age.

This is among the sickest clusters - 44% have a chronic condition and 40% rate their health as fair or poor. One in five (22%) is disabled and not working. They are the most likely to have medical bills (40%). One in four (25%) lives in a rural area.

91% of this group sees health insurance as necessary.

About one-third expresses strong interest in the new options, but they need convincing about affordability and coverage. Fewer than 10% lean toward believing they could find an affordable plan (8%) or one that would cover what they need (6%). These numbers jump, however, to 38% and 48% after hearing information. Learning about financial help, sample Medicaid incomes with “free or low cost plan,” and what services are covered may help move this audience.

Top Facts:
1. What is covered
2. Can’t be denied for pre-existing conditions
3. Financial help

Top Motivators:
1. Plan will be there for you
2. Financial security
3. Find a plan to fit budget

First Place They’d Go for Info:
1. Google/search engine
2. Local Medicaid office
3. Family member (Spouse, mom, sibling)
4. Health insurance company

Top Messengers:
1. Someone like you who tried it
2. Someone from Medicaid office
3. Someone from state gov’t health agency
4. Doctor
5. Family member (Spouse and mom, then sister)

Behaviors
- 22% have a smartphone
- 64% text
- 74% use the internet at least several times/week
- 70% use Facebook
- 64% have shopped at a dollar store in past month
- 39% used ER in past 2 yrs
INSURED BUT AT-RISK (13%)
YOUNG, UNDER 250% FPL

35% of this cluster is currently uninsured - 63% have coverage. However, those with coverage may be at risk for losing it. Of those with coverage, 20% have gone without it at some point in the past year. One in eight (12%) will eventually have to get off their parent's plan. One in six (17%) receives Medicaid. Eighteen percent have employer coverage, with 17% getting insurance at a job earning less than 250% FPL.

This cluster is one of the youngest, with 42% ages 18 to 29. It is a representative mix of race, ethnicity, and gender. The vast majority (90%) are at or below 250% FPL. About half (49%) are married and 44% have a child under age 18 at home. There is some connection to Medicaid - 36% say they or a household member is enrolled in Medicaid or CHIP. One-third (31%) receives help from SNAP.

64% sees health insurance as necessary. Another 19% say it is very important.

Like the Uninsured, Unnecessary, & Uninterested, this cluster expresses weak interest and are very skeptical. Only 40% express some kind of interest in the new options, and 2% or fewer lean toward believing they would be able to find a plan they could afford and that would cover all the care they need. About one-third moves in the believable direction on affordability (36%) and adequate coverage (32%) after information.

Behaviors
- 27% have a smart phone
- 63% text
- 68% use the internet at least several times/week
- 62% use Facebook

First Place They’d Go for Info:
1. Google/search engine
2. Local Medicaid office
3. Doctor/health care provider
4. Family member (Spouse and mom)

Top Facts:
1. What is covered
2. Can’t be denied for pre-existing conditions
3. Financial help

Top Motivators:
1. Financial security
2. Plan will be there for you
3. Find a plan to fit budget

Top Messengers:
1. Family member (Spouse and mom)
2. Doctor
3. Someone like me who has tried it
Reform, Medicaid Expansion and Physicians:

Shortage or Opportunity?
Total Licensed Physicians, 2012-2013
Illustrating diversity across the state…

Data source: Florida Department of Health, Bureau of Vital Statistics
• Of the state's licensed physicians, just under 70% are actively practicing in Florida
• Nearly 61% of the actively practicing physicians are age 50 or older
• Of the states active physicians, 33% are practicing primary care which include family medicine, internal medicine and pediatrics
• Physicians are concentrated in areas containing medical schools and large population centers
• Nationally, Florida is below the state median of active primary care physicians of 9.1 per 10,000 population, with 7.7 primary care physicians per 10,000 population
• In 16 of Florida’s 67 counties, over 20% of their physicians plan to retire in the next 5 years compared to 13% statewide
• Organized medicine is calling for more funding to graduate medical education schools

Physician Workforce Advisory Council, FDOH 2013
According to the Association of American Medical Colleges’ (AAMC) 2011 State Physician Workforce Data Book, Florida ranks 5th in states with the greatest number of active physicians over age 60. Looking at the age distribution of Florida’s physician workforce, 13,283 (30.6%) are age 60 and older and 13,495 (31.1%) are between ages 50-59. It is notable that only 5,040 (11.6%) are under 40 and 11,586 (26.7%) are between ages 40-49, as shown in Figure 3. This has implications for the future of Florida’s physician workforce and highlights the importance of expanding graduate medical education and pipeline programs throughout the state.
Florida's Physician Workforce by County
2012-2013

This map illustrates the distribution of physicians per population at the county level. There are 43,406 licensed and practicing physicians in Florida.
This map illustrates the distribution of physicians per population in Region 2. There are 13,060 active, licensed and practicing physicians in Region 2, or 30.1% of the state's 43,406 total active, licensed and practicing physicians.
Florida's Physicians Planning to Retire in the Next Five Years

This map illustrates the percentage of physicians in each county planning retirement in the next five years. Of the 43,406 licensed and practicing physicians, 13.2% (n=5,724) indicate planned retirement in the next five years.

Percentage of Retiring Physicians

- 0
- 0.1 - 20.2
- 20.3 - 37.5
- 37.6 - 66.7

0  50 Miles
• Health systems are using the physician shortage as an opportunity to roll out more cost-effective delivery systems and deploy different types of professionals to provide healthcare.

• They are optimizing the use of different professionals in patient-centered medical homes, accountable care organizations and retail clinics, which may well reduce the number of physicians needed.

• Retail clinics are growing rapidly around the country and now total around 1,400 and are staffed by nurse practitioners.

• In 2010, an estimated 4.1 million families used a retail clinic, according to a study by the Center for Studying Health System Change.

• Shortage issue could be solved through technology and reallocation of responsibilities.

• Researchers argue that properly staffed, nurse-managed health centers and doctors' offices that have adopted the patient-centered medical-home model have shown that provider organizations can serve more patients better with fewer physicians as long as they have the right team and right processes in place.
Thank You!