A Response to Senate Concurrent Resolution 32 of the 2021 Louisiana Regular Legislative Session

Executive Summary

A Study of the Health Services Delivery and Financing in the Baton Rouge Region

October 2022

Prepared by:
Louisiana Center for Health Equity

Submitted to the Governor, the Louisiana Department of Health, the House Committee on Health and Welfare, and the Senate Committee on Health and Welfare

LOUISIANA HEALTH EQUITY

EXECUTIVE SUMMARY

INTRODUCTION

In light of significant shifts in Baton Rouge's healthcare landscape (the closure of a charity care provider, Earl K. Long Regional Medical Center, and privatization of healthcare services), the Louisiana State Legislature tasked the Louisiana Center for Health Equity (LCHE) to convene a task force to evaluate the region's healthcare delivery system and make policy recommendations that could expand the capacity of public and private urgent care clinics to meet the healthcare needs of medically underserved populations. This task force was originally authorized by House Concurrent Resolution (HCR) 129 of the 2015 Regular Session, continued by Senate Concurrent Resolution (SCR) No. 4 of the 2016 Regular Session and SCR No. 122 of the 2018 Regular Session. Additionally, SCR 32 extended Legislative authority for this study through December 21, 2022. Given that there was no funding attached to these resolutions, the findings presented below are the product of LCHE's long-standing commitment to health equity and access to healthcare for all. The most critical findings of this study are reported as follows.

METHODS

The LCHE conducted an online survey and focus group discussions in October and November of 2015 to understand the Capital Region's healthcare landscape from the perspective of its residents. The LCHE also consulted subject matter experts (SMEs), who provided data and testimony for this research. SMEs included representatives from the Louisiana Department of Health and Hospitals, the Office of the Mayor-President of the City of Baton Rouge and East Baton Rouge Parish, Emergency Medical Services (EMS)--Capital Area Region, East Baton Rouge Parish Coroner's Office, and Capital Area Transportation Systems (CATS).

CRITICAL FINDINGS

East Baton Rouge Parish, the most populated parish in the Capital Region, has experienced an **overall increase in mortality rates** since the closure of Earl K. Long Regional Medical Center (EKL). This data is concerning not only because of what it reveals about the health and wellbeing of the people of the Capital Region, but also because the closure of EKL represents a broader trend in declining access to healthcare for low-income and uninsured residents across the state of Louisiana. From 2012 to 2017, there has been a 19 percent increase in deaths in East Baton Rouge (see figure 1, East Baton Rouge Coroner's Office, 2020). Deaths have continued to increase overall through 2020, particularly in the advent of the outbreak of Covid-19 (see figure 2, East Baton Rouge Parish Mortality Data By Cause (2012-2020). Between 2007 and 2015, age-adjusted **death rates due to suicide have increased** in East Baton Rouge from 9 to 11 deaths per 100,000 individuals between 2007 and 2015 (Centers for Disease Control and Prevention, 2015). Reported **mental health distress** between 2014 and 2015 also increased.

These changes correspond with significant shifts in Louisiana's healthcare delivery services over the last ten years. These shifts include cuts to federal Disproportionate Share Hospital (DSH) funding, the expansion of Medicaid programs, the closure of formerly state-operated public charity care (such as Earl K. Long Regional Medical Center), and the privatization of the public healthcare system. These changes have concentrated healthcare services to certain areas. For instance, the majority of healthcare facilities are now concentrated in South Baton Rouge, making it more **difficult to access emergency care** from North Baton Rouge in an adequate amount of time.

In 2015, residents of the Capital region reported that access to healthcare was further inhibited by several factors: lack of affordability, lack of adequate transportation, long wait times, overcrowded facilities, poor service, and not having healthcare insurance. Residents have also reported **significant differences in the quality of care** received from healthcare facilities following the closure of EKL. The hospital's closure has also **affected residents' sense of hope and safety**. They reported having "lost a community symbol, lost caring competent dedicated doctors and professionals" and feeling that there has been a "loss of compassion" in the healthcare they receive.

Residents indicated that increasing the number of facilities and improving quality of care were necessary to improve healthcare access. They also suggested collaboration between healthcare facilities, churches and other community organizations, improved transportation services to healthcare facilities, more funding for community health centers, and expanded healthcare services available for a broader range of people, particularly those who are low-income and uninsured.

PROPOSED RECOMMENDATIONS

1. **Improve regulation of urgent care facilities and services to better serve residents**
    a. Unlike emergency rooms and hospitals, many urgent care facilities (commonly operated by private equity investment firms) have the authority to choose the patients they serve, leaving low-income and uninsured patients at risk of not receiving the healthcare they need.
    b. Regulation of urgent care facilities has been implemented in other states with success through anti-discrimination policies (preventing discrimination against patients regardless of insurance status or health coverage) and alternative payment plans.
2. **Critically analyze community benefit efforts**
    a. The issues raised in this report present an opportunity for hospitals to critically analyze their partnerships with communities and community-based organizations, and current applications of the ACA Community Health Needs Assessment (CHNA).
3. **Increase access to charity care for low-income and uninsured individuals to improve health outcomes and the Capital Region's economy**

a. Hospitals are currently expected to provide "medically necessary" care to patients who are unable to pay for healthcare. However, a 2015 survey of major hospitals in Louisiana showed that Baton Rouge General and Ochsner were the only hospitals to provide information about their charity care on their websites. Women's Hospital, Lane Memorial hospital, and Our Lady of the Lake Regional Medical Center (OLOLRMC) did not provide this information online. All the hospitals surveyed also failed to make information about their financial assistance policies easily available (e.g., eligibility criteria, methods of applying). From the lack of information available regarding financial assistance, one can infer that access to charity or medically necessary care is underutilized by patients who may qualify. Legislation should be implemented to ensure that hospitals make this information known and easily accessible to those who may qualify.
b. Healthcare resources are also inequitably distributed across the Capital Region, with North Baton Rouge and surrounding areas experiencing mounting healthcare needs and reduced access to charity care and reduced access to urgent care facilities for uninsured individuals. Policy should be aimed at fostering more equitable distribution of healthcare resources.

4. **Adopt a reparative and justice-oriented approach to healthcare policy**
   a. This report highlights significant health disparities within the Capital Region, and thus urges that the solutions take on an explicitly reparative and justice-oriented approach. Policymaking addressing inaccessible or ineffective healthcare must focus on supporting the communities most impacted by unaffordable, inaccessible, and ineffective healthcare.
   b. Moreover, the allocation of resources and changes in policy will be most effective if they are done in collaboration with the communities most affected by health disparities. Community-based research and partnerships are necessary to the creation of policies that will best meet the needs of those experiencing gaps in healthcare care.

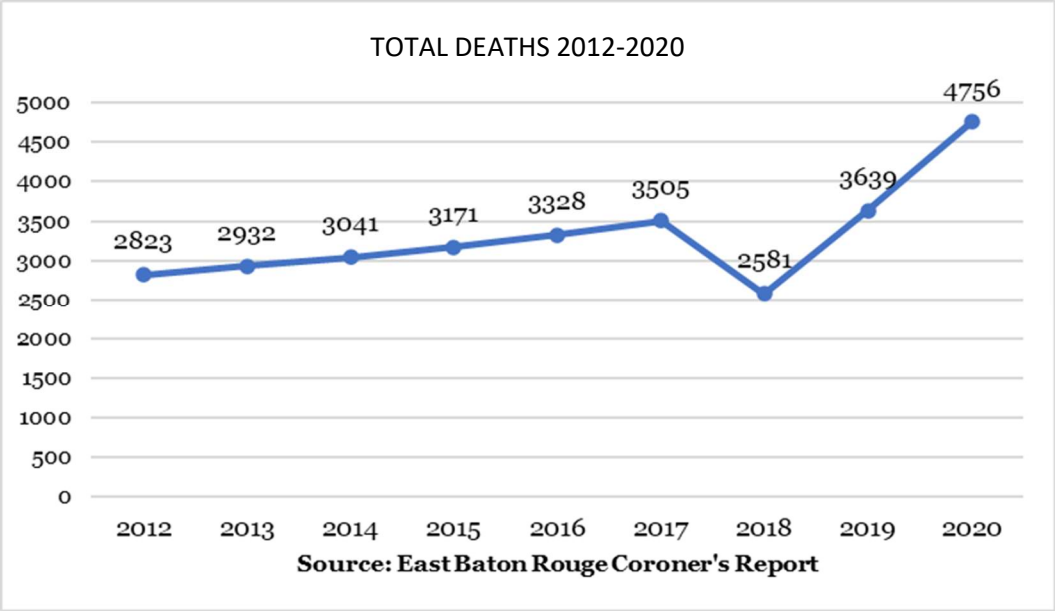

Figure 1: Baton Rouge Parish Mortality Data, Overall (2012-2020).

East Baton Rouge Parish Mortality Data By Cause (2012-2020).[1]

Cause	2012	2013	2014	2015	2016	2017	2018	2019	2020
Accidental	148	198	203	220	256	261	271	284	429
Homicide	96	78	73	94	84	124	100	97	136
Suicides	45	48	55	49	47	58	54	66	50
Natural	2,509	2,481	2,694	2,793	2,921	3,053	2,147	3,181	3,581
Infant Deaths	24	24	NR	NR	NR	NR	NR	NR	NR
Undetermined	1	2	1	3	3	2	3	3	4
Unsafe Sleeping	NR	NR	15	12	17	7	6	8	12
COVID-19	NR	NR	NR	NR	NR	NR	NR	NR	544
Total	2,823	2,831	3,041	3,171	3,328	3,505	2581	3639	4756

Figure 2: East Baton Rouge Parish Mortality Data By Cause (2012-2020).

[1] Annual Report 2020. East Baton Rouge Parish Coroner's Office. East Baton Rouge Parish, Louisiana.

The Louisiana Center for Health Equity (LCHE) is a nonprofit nonpartisan charitable organization, with 501(c)3 tax exempt status, dedicated to advancing health equity to improve the overall health and well-being of all Louisianans. LCHE works to eliminate health and healthcare disparities attributed to structural, institutional, or social disadvantages. We educate, advice and mobilize in an effort to improve public health and healthcare in our state.

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