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A word about health care cost containment with Toni Lawson of the Idaho Hospital Association

By: Anne Wallace Allen February 27, 2017 0

Toni Lawson (right) of the Idaho Hospital Association speaks with Rep. Marc Gibbs, R-Grace, outside of the hearing rooms at the Idaho Statehouse in February. Photo by Patrick Sweeney

Toni Lawson is vice president of governmental relations at the Idaho Hospital Association, a Boise group that advocates for 27 critical access hospitals and 11 general acute care hospitals in Idaho, the Veterans Administration hospital in Boise, and a handful of other facilities providing long term care or behavioral health services.

Lawson lived in the Basque country for a decade, completed an anthropology degree at Boise State University, and became director of the volunteer services program at Boise State. From there she moved to a development job with the Saint Alphonsus Foundation and then, about 15 years ago, into a position overseeing diversity training with healthcare professionals. That was Lawson's introduction to health policy, an area that became her focus when she later moved to the office of Idaho Sen. Larry Craig in Washington, D.C.

Lawson joined the Idaho Hospital Association in 2006. Idaho Business Review asked Lawson for a status report on health policy in Idaho, and for some predictions for the future. The interview has been edited for length and clarity.

This year, what are you watching for in the Idaho Legislature?

We are still trying to grapple with how to deal with our uninsured population. With a new administration in DC, a lot of legislatures are now kind of wanting to sit back and see what happens at the federal level before they are willing to commit to anything here. That's understandable, but I'm not sure it's the approach that's most beneficial. Instead of waiting for Washington, we could be more active in telling DC what we want and need.

What do we want and need?

Depending on how the Medicaid block grants are implemented, those are not necessarily good for Idaho. The assumption with block grants is, "We will give you fewer regulations, give you a lump sum of money, and give you the flexibility to make it work in a more efficient manner than it would have with government strings attached." In Idaho, we don't have a lot of fat in our Medicaid program; we're already terribly efficient, so we may not have the opportunity to cut fat the way other states might.

So for Idaho, that means we might just get less money and then the decrease in regulations isn't necessarily enough to make the difference. We need to make sure states like Idaho get treated fairly and aren't negatively impacted.

You mean so a state like Idaho isn't penalized for not covering everybody?

Yes. This administration, based on recent conversations, wants to be more flexible to states, and wants to decrease regulations. This might be the chance for Idaho to put a system in place and have more flexibility to do the kind of things our Legislature has wanted to do in the past.

For example, to look at work requirements if you're going to be a Medicaid beneficiary, or be actively seeking employment.

Legislators also want some kind of skin in the game from those who would receive the benefits, so they are also looking at co-pays. Things that may not have been approved in the past that this administration might be more

likely to approve in a waiver.

What is IHA's position on those ideas?

If it takes looking at some kind of unique program to get Idaho's uninsured covered, we're willing to look at every option. We want to look at ways to improve. So if there are things we should consider, we might look at the data and say, this isn't a good idea… but in the end if it gets 78,000 people covered (that's the gap population) then we're willing to look at all the options.

Can employers expect to see any changes this year?

In January, I said I don't think Obamacare is going to be repealed as quickly as some want. I think that's still a possibility. Trump just came out with a statement saying it could be a year or more before they are ready to move forward on something.

We still have folks in Congress who would like it to happen much faster than that, but there doesn't seem to be a consensus on whether you need to have something in place before you disrupt the existing system.

Health care is going to move forward regardless. So we are looking at programs that look at continuity of care, we're looking at more coordinated care, looking at networks that coordinate your care from primary care to hospital level to specialist level, but we are also working at that at the state level. Unless something is repealed that prevents us from doing that, our hopes are going to continue to moving forward in that vein.

We'll move forward on value-based purchasing and pay for performance. That is the way the industry is moving, lawyers and employers continue to demand that.

Trump's position is on removing restrictions and regulations. If that happens, then that would be helpful. We are one of the most regulated industries in the country.

Does IHA support a repeal of the ACA?

Folks for the last six years have been moving toward implementation. We can't just tomorrow repeal the ACA and think that won't have a significant impact. The other day those that oversee the state catastrophic care fund were saying they have saved millions of dollars over the last five years, because of some of the new programs they have implemented, ways they are processing claims, but also because the number of people who have now gone on the state insurance exchange. It has been so successful. If that disappeared, the $20 million we saved over the last five years in that program make come back.

What else is happening that affects health care costs?

Regulation and licensure requirements. There is talk of a couple new licensure proposals coming in the Legislature. They wouldn't really do anything to decrease the cost of health care, or streamline the way care is provided.

All of the hospitals seem to be building or expanding. Does that add to the cost of health care?

Over the last 10 or 15 years the population of Idaho has increased by over 300,000. Those people need care. It's a hospital's job to provide care. And, if I'm working living in Star, working in Eagle, and I need to go to see a doctor, do you want me to drive into Boise and come down to St. Luke's downtown and take half a day or more, or do you want me to drive 10 minutes to the clinic that is open there now, go to my doctor's appointment and get back to work?

Are the hospitals doing anything to contain costs?

Absolutely. Every single hospital in Idaho is going through some quality or cost-containment program.

They're also looking at quality, to make sure we don't have readmissions, to make sure patients have the education and resources they need so when they are discharged, they have a better chance of not having to be admitted again for an avoidable reason.

ABOUT ANNE WALLACE ALLEN

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