Office of Disease Prevention and Health Promotion
Healthy People 2020: Who's Leading the Leading Health Indicators?
Access to Health Services Webinar, January 24, 2013, 3:00 p.m. ET

CARTER BLAKEY: Thank you, and good afternoon. I'd like to thank everyone for joining our first installment of the 2013 "Who's Leading the Leading Health Indicators?" series. And for those of you who joined us in 2012, a hearty thank you for making last year's series such a success.

In the coming year we're looking forward to focusing on new issues related to each of the Leading Health Indicators topics. In 2013, the "Who's Leading the Leading Health Indicators?" Series will continue to provide an overview of the monthly LHI topic, noting the most recent data and trends and showcasing states, communities, or organizations that are addressing the LHIs in innovative ways.

Now, a slight departure from last year, we'll conduct the "Who's Leading the Leading Health Indicators?" webinars every month. Each month, however, we'll continue to release our Who's Leading the Leading Health Indicators monthly e-bulletin. You can subscribe to these monthly bulletins by visiting healthypeople.gov.

We'll also host a monthly Twitter chat to continue discussions from the LHI webinars or e-bulletins, share resources, answer topic-related questions, and provide you with an opportunity to share what you're doing to address the LHIs. Even if you're not on Twitter, you can follow along with these chats, using the hashtag #LHI. This month's chat is scheduled for 12:00 p.m. Eastern time on Wednesday, January 30.

For those of you who are joining the series for the first time, I'd like to give you a brief overview of Healthy People and the Leading Health Indicators. For four decades, Healthy People has provided a comprehensive set of ten-year objectives that have served as a framework for public health activities at all levels and across the public health community. Healthy People is about understanding where we are now and taking informed action to be sure we reach our goals over a ten-year period.

Addressing these public health challenges, such as tobacco use, access to health services, and overweight and obesity, will help reduce some of the leading causes of preventable death and major illnesses. The indicators are organized under 12 topics, allowing us to focus on a specific LHI topic each month and to continue to revisit these topics throughout the decade, while taking into account emerging public health issues.

During today's webinar, you'll hear from distinguished speakers. Dr. Howard Koh, the Assistant Secretary for Health at the U.S. Department of Health and Human Services, will give you an overview of this month's LHI topic: "Access to Health Services," and present the latest data on this topic.

Dr. Laura Guerra-Cardus, Associate Director of the Children's Defense Fund in Texas, will discuss the organization's work to increase the number of eligible children enrolled in Medicaid and CHIP. Their work with businesses, schools, government agencies, and other partners has resulted in coverage of over 1 million Texas children who were previously uninsured.

Then during our roundtable discussion, we'll be joined by Dr. Marsha Lillie-Blanton. Dr. Lillie-Blanton is the Chief Quality Officer in the Center for Medicaid and CHIP Services within the Centers for Medicare and Medicaid Services, and is also an expert on Medicaid and disparities. We'll also be joined by Robert McNellis, Senior Advisor for Primary Care at the Agency for Healthcare Research and Quality.

Before we begin, I would like to remind you that throughout the webinar, you may submit questions for our speakers and panelists using the chat feature in the right-hand corner of your screen. We'll address these questions during our roundtable discussion at the end of the webinar. So with that, I'd like to turn the microphone over to Dr. Koh.

DR. KOH: Thanks so much, Ms. Blakey, and welcome, everyone. Welcome to another good year for LHI webinars and good discussions about healthy people. And I want to thank Carter Blakey for her incredible dedication and our wonderful team at the Office of Disease Prevention and Health Promotion for sponsoring these important webinars.

So as you see, on my first slide, the topic for today is "Access to Health Services," and this is such an appropriate topic for 2013 and beyond because this is the era of health reform and giving people the access to health insurance and all the benefits is a major theme for indeed the entire nation.

The two indicators for Access to Health Services are noted here: persons with health insurance by percentage, and also persons with a usual primary care provider. And the goals of the Affordable Care Act address these squarely, because those goals are obviously to link people to care, establish a regular source of primary care, and then deliver not only care but also preventive services, improve the workforce and improve public health in general.

Just as one example of how this is working well, since 2009 community health centers have increased the number of the clients they take care of by over 3 million people. So we've made progress since then, since the Affordable Care Act was signed into law in 2010. We are going to be talking about enrollment into health insurance marketplaces starting in October of 2013, and then of course, 2014 is a major year for the country because of expansion into all 49 states, so of health insurance marketplaces and Medicaid as well.

The next slide shows the impact and context in which we're having this discussion with respect to medical insurance. In 2011 there are approximately 46 million Americans under age 65. That's 17 percent of the population who did not have medical insurance. So that's why we are all anticipating the impact of the promise of the Affordable Care Act because it will give people,

especially kids, the insurance they need and deserve, and that will lead to better overall health, lower the likelihood of people getting sick, increase the likelihood of people receiving preventive care.

And again, just one example of how we are changing some of these outcomes already, in September 2010, as you know, the law made possible the fact that children up to age 26 could stay on their parents' plan and therefore receive insurance coverage, and that's resulted already in over 3 million young adults are getting that very necessary coverage.

The next slide shows Access to Health Services for people under age 65 from 2001 to 2011 on the left, and the percent of those persons with a usual care provider from 2000-2010 on the right. And as you can see with both slides, there hasn't been much change over the last decade in terms of percentage of people with insurance coverage or percentage of those with a usual primary care provider.

For health insurance coverage, it's hovered around 83 percent over the last decade, when our Healthy People 2020 goal is 100 percent. For a percentage of people with a usual primary care provider it's been about 77, 78 percent for the last decade, where the target is 84 percent, as you see to the top right. So we have a long way to go, but health reform gives us that potential to reach these goals.

As always, we look at these trends by disparities according to race ethnicity or other parameters. This slide demonstrates that whether you're looking at 2008 or 2011, there are disparities by race ethnicity. Whites generally have insurance coverage at a rate of about 90 percent, blacks, about 80 percent, Hispanics about 70 percent or even less. We also see some challenges with respect to coverage of American Indians. So there are major disparities issues here, and we are really hopeful that we can close these gaps as coverage comes into effect in 2014 and beyond.

In fact, our HHS Disparities Action Plan that was released about a year and a half ago, has as a major goal to transform healthcare and bring coverage to all people and reduce these disparities if not eliminate them.

And then the last slide I'm showing is the percentage of persons under age 65 with health insurance coverage by age in 2008 and 2011, and the main message from this slide is that challenges of lack of insurance particularly affect younger persons -- younger adults, rather, among the age range you see here.

If you are a young child under age 5, the chance of your having insurance are about 95 percent, for reasons that my colleagues will discuss. But as you look on to the right, especially between ages 18 to 24 and 25 to 44, only about 74, 75 percent of people 18 to 24 have insurance coverage. So outreach for 2014 and beyond were really focused on this young adult group, because that's the group that's most in need.

We're really proud that Medicaid and CHIP has provided coverage for more than 7 million children up to age 19, and I know Dr. Lillie-Blanton will say more about that. And then in 2014, all Americans will be eligible for Medicaid if they're under 133 percent of federal poverty level, and that will include single childless adults for the first time across the country.

So this is a very exciting time to have this webinar Hand talk about this very important Leading health Indicator, and with that I'm going to turn this over to my colleague from Texas, Dr. Guerra-Cardus.

DR. LAURA GUERRA-CARDUS: Hi. Thank you so much, and it's great to be here. As was just mentioned, my name is Laura Guerra-Cardus. I'm the Associate Director for the Children's Defense Fund of Texas. And I'm going to be presenting a little bit about some of the most effective outreach strategies that we found of getting kids enrolled in CHIP and Medicaid.

Just so that you all know a little bit about the Children's Defense Fund, our mission is to ensure every child a Healthy start, a Head Start, a Fair Start, a Safe Start, and a Moral Start in life and successful passage to adult. In our Texas office, one of our main focuses has been to increase enrollment in CHIP and Children's Medicaid through legislative advocacy, community organizing, education and outreach. Next slide.

So a little bit about the Texas landscape. We have 6.1 million uninsured folks in our state. That's 23.8 percent. We have 1.2 million uninsured Texas children, where it's 16.3 percent. We do have the highest rate of uninsured people in the country and the second highest rate of uninsured children in the country. And like in many states, about half of our uninsured children in Texas are currently eligible for Medicaid and CHIP but not yet enrolled. Next?

So at the heart of our outreach strategies is really going where children and families are. So that can include area businesses like grocery store chains, it can include schools, places of worship, and then reaching then to the media. And at this presentation I'm going to focus on the top two strategies. Next?

One of our longest standing partnerships with businesses is with Fiesta Mart. They're a Texas-based grocery store chain that caters to the Hispanic community. And we work with them to hold enrollment tribes so that when families are coming in to do their shopping, they're able to enroll their children in healthcare coverage.

How we approach them was through the corporate or community relations. we approached them with the message of really our mission. Our mission is to ensure that Texas children are able to get the healthcare that they need, and many uninsured children in Texas come from the Latino community, the same target population that they reach out to, that they think about and want to support.

So with messages like that, we work on engaging like-minded individuals in businesses with similar target populations. And we really invest in relationship building. Next slide.

And so our outcomes of this partnership have been one over a 10-year relationship with Fiesta Mart. We've had about 25 semi-annual enrollment drives, helping more than 30,000 children, and they have distributed information about CHIP and Medicaid in their circulars and mailers, where we've been able to reach hundreds of thousands of Fiesta shoppers and families.

So we wanted to replicate that model with other grocery store chains, that were serving different communities. And one group that we worked with is H-E-B. They're the seventh largest grocery store chain in the country. And I wanted to highlight them, because our approach with them was different, but I think equally effective. We really thought about our board members and our partners, and who they were connected to in the community, and asked them if they could partner with us and make introductions to local businesses.

So we were able to connect with executives at H-E-B for an enrollment drive. We worked and are conscious of recognizing our partners publicly in the media and through other opportunities for their commitment to children.

And you see in the picture there, a press conference with H-E-B, legislators and CDF. And the outcome of this event was that we engaged stores throughout Houston and the Rio Grande Valley and in a four-hour enrollment drive, we were able to submit 1,400 CHIP and Medicaid applications.

So our work with schools is also really important and we feel very effective. Our campaign is called the All Healthy Children's Campaign, and basically we work with school districts to add a question on their school enrollment forms about health insurance. So parents are able to mark if their child is insured, not insured, if they have CHIP or Medicaid. And basically this provides us a database with the phone number and address of hopefully every uninsured child in that district.

We then support schools and help them build capacity to provide targeted outreach to these children. And every school is different and there's a lot of creative techniques. Of course, they use flyers but also have done automated or robo-calls with recordings of the principals asking the parents directly if they can please come to the school and get their child signed up for CHIP or Medicaid. Through this program we've reached about 40 school districts and worked with 40 school districts in Texas. Next slide.

This is just an example of the school enrollment form, and we do try to advertise and highlight that there is a new question that we hope all parents will answer. Next.

So where are outcomes? In just a two-year period of this project, we assisted more than 37,000 children in seven school districts. We did nice projects with school districts, such as the one we

did with the Houston ISDs producing PSAs in both English and Spanish that were promoted through the school district table station, and reached more than 200,000 households.

And we were also able to develop a partnership with the Texas Association of School Administrators, which eventually led to a national partnership with the American Association of School Administrators, helping us get more in contact with those superintendents and other school officials. Next.

So this slide is to give an example of how our outreach strategies are linked, and to encourage folks to be thoughtful about how to link outreach strategies. So let's say we are having an enrollment drive at a grocery store chain. We will advertise about that enrollment drive in local schools with flyers and signs that we hang up, but we'll also reach out to the media and try to get on the public affairs shows or radio shows that those families listen into. And the results is that families show up to our enrollment drives with all of the documentation they need to actually complete their enrollment form, and we're actually many times able to submit it for them. Next.

This slide is just to point out that outreach and advocating for policy changes work hand-in-hand, and that they can -- those efforts can really support each other. For example, you can garner powerful advocates by inviting legislators or business leaders to enrollment drives, you can collect real family stories that help put a human face on a policy issue. Next.

And so through our work advocating for policy changes and also our outreach work, same partnership with many, many other partners here in Texas, since 2008 we have reached over -- it's over now -- 1 million new Texas children who have now gained coverage through Medicaid and CHIP.

We are happy to say we are no longer in last place nationally for rate of uninsured children. Unfortunately, we're in second to last place. I think Nevada stole the last spot from us in terms of rates. But we still have a lot of work to do. For example, for every one uninsured child in Nevada, Texas has 9, so our number is still quite high.

And then our third significant outcome, even though I just got off track and mentioned all the work we still have left to do -- but between 2009 and 2011, Texas did account for 1 in every 4 newly covered children in the country.

I think that's my last slide. And that's my contact information. I know I had to go through things pretty quickly, but I am very open to questions, either during this call or if people want to e-mail me after. Thank you.

CARTER BLAKEY: Thank you very much to our presenters, and I would like to now ask that any participants who haven't already done so to please submit your questions via the chat function on your computer there. And also, I'd like to let you know that you will be prompted to take a

survey during the roundtable discussion so that we can get your feedback on how valuable you found the webinar. And this will help us improve what we do over the coming year.

So thanks to those of you who were diligent and you sent your questions in during the webinar. We have a stack here to go over. And I think the first one I'd like to send out to Texas.

So there's a great deal of interest in exactly how you got your program to be so successful. And can you tell us, were there other community based organizations that you reached out to, in carrying out, developing, or even carrying out your program?

DR. LAURA GUERRA-CARDUS: Absolutely. I think many initiatives of this kind, for them to be successful and the most effective possible, it is very important to work with other partners.

For our work with grocery stores, we worked with a local coalition called the Gulf Coast CHIP Coalition. That is a group of stakeholders in the community that are all interested in enrolling eligible uninsured children. It includes health plans, other nonprofit community-based organizations, hospitals. And we've always worked with them on enrollment drives to help staff the stores, to develop strategies, to get information out.

As I mentioned in my presentation, some of our other partners is working with the media. Univision and Telemundo have been great partners for us, but we've also worked with some cable channels, Comcast here, and actually putting billboards up one year, working with Clear Channel. So I think the more people you can get engaged in your mission and can work together, the more successful your efforts will be.

CARTER BLAKEY: Great, thank you. And I have another one for you. What were the barriers that you found for families of CHIP and Medicaid-eligible children, and what were some of the barriers to getting them to enroll?

DR. LAURA GUERRA-CARDUS: Sure. You know, in Texas, we've had a bit of a rocky past with our eligibility system. So that means that when parents were submitting applications for their children, the applications weren't always getting to the agency. They may have been lost, they'd fall through the cracks. They didn't get notification of pending paperwork.

And this really kind of plagued our system from 2003 really to 2008 or '09. And so a big part of the work for us was working with the legislature to make improvements, make sure that the agency was properly staffed and that the eligibility system was working. But I would say that in terms of just the outreach work, that one very important barrier is just family's trust and organization providing that outreach.

So working with partners that are trusted in the community, being a partner that is trusted in the community, is something that can be very helpful.

CARTER BLAKEY: Thank you. And Dr. Koh, we have a question for you dealing with disparities. You touched on that in your presentation, but can you tell us, where do we see gaps in disparities in the proportion of the population with a primary care provider?

And I believe we might actually have some slides to go along with that question.

DR. HOWARD KOH: So that's a good question, and the answers are sort of parallel to the slides I showed earlier with respect to coverage by race and ethnicity. And yep, there's a very important first slide showing, not unexpectedly, that there are disparities of having a usual primary care provider by race and ethnicity.

Again, you see that in general, white populations have the highest rates, Black and Asian Americans follow behind disparity, and then Hispanic adults are less likely to have a usual primary care provider compared to the other groups.

So that may not be surprising, giving the earlier slide I showed about disparities of coverage by race and ethnicity. I think there may be one more slide, too, but if you look at the trends by health insurance status, there it is. It's really striking, if you look at the rates of having a usual primary care provider -- if you're uninsured, all the way over to the left, compared to all the other bars, it's literally about half the rate.

So the simple message is if you don't have insurance, you're much less likely to have a usual primary care provider. It's a 2:1 ratio in terms of the insured having a usual care provider compared to the uninsured. And then if you want to dig even deeper, it's really those with Medicare and other public insurance that has the highest probability of having a usual primary care provider.

So you just look at trends like this through Healthy People and Leading Health Indicator, and it raises lots and lots of questions about what an ideal system should look like. It raises a lot of questions about what we're trying to accomplish as a nation with respect to the Affordable Care Act. And these are very key things to put for the people at this time.

CARTER BLAKEY: Great. Thank you very much. And I have a question now for our colleague at CMS, Dr. Marsha Lilly-Blanton. Can you tell us what CMS is doing to help ensure that eligible but not uninsured children, but uninsured children are enrolled in Medicaid and CHIP?

DR. MARSHA LILLIE-BLANTON: Yes. Well, let me say that CMS is doing a number of things. One important effort we're engaged in is working with a website. It's called http://www.insurekidsnow.gov, and it's one word – http://www.Insurekidsnow.gov.

And on that website, we actually have outreach briefs, briefs that talk about things that schools can do, community health centers can do, and local businesses can do. And that website also includes a map. It's a map where anyone who's trying to get information about what's

happening in their state, can click on their state and get information about who to contact, where to go, and help them get enrolled in either Medicaid or CHIP.

The other thing is that we are partnering with organizations such as the Children's Defense Fund and other organizations that are engaged in outreach and education efforts. And we see that as a really important part of a role that we can play; in some cases providing funding, in other cases, providing support.

But the last thing I want to mention is something new that we are engaged in now, and that is we've actually issued a funding opportunity announcement that is available to states, to local governments, and to community-based organizations. And on the website, it's actually on the http://www.insurekidsnow.gov website. We're actually calling it "Connecting Kids to Coverage: Outreach and Enrollment Grants."

And these grants are available for local communities to apply and do efforts around outreach and enrollment. The deadline for the grant application is February 21, so this is good timing for anyone who's interested in learning more and submitting an application, because we want as many partners as we can to get eligible children enrolled in Medicaid and/or CHIP.

CARTER BLAKEY: Great, thank you. Can you repeat that website again?

DR. MARSHA LILLIE-BLANTON: Uh-huh, it's insure, I-N-S-U-R-E, kids, K-I-D-S, now, N-O-W, one word, http://www.insurekidsnow.gov.

CARTER BLAKEY: Okay. Thank you very much. It is indeed good timing. Now, turning to our colleague from AHRQ, Bob McNellis. Welcome.

The presentation focused on ways to increase the number of children with health insurance coverage. How do we make sure that these newly insured children receive the care that they need?

BOB McNELLIS: Well, thanks, Ms. Blakey. That's a great question, and Dr. Koh highlighted I think, an important aspect of how interlinked the first LHI is here about insurance, and the second one about having a usual primary care provider. Because you can have one or the other, but frankly you get the best outcomes when you have both. And creating linkages between community-based programs and primary care practices is going to be critical.

There's been some research that's been done that shows kids who have insurance certainly get more of their healthcare needs met than kids who don't have insurance, but kids who have insurance and a usual primary care provider even have more, two and a half times more, of their healthcare needs met.

So there's got to be a lot of work to really connect up community-based programs like the ones that Dr. Guerra-Cardus talked about and the primary care practices in their vicinity. And I think there's a lot of work being done to try to do that.

CARTER BLAKEY: Great. Great. Thank you very much. And now going back to Texas, Dr. Guerra-Cardus. Can you talk about some of the effective communication messages that your organization has used to educate the public on the importance of health insurance?

DR. LAURA GUERRA-CARDUS: Sure. Over the years, we've certainly had a lot of messages. Some that come to mind right now is once when we were trying to promote people renewing their coverage in CHIP and Medicaid as well, get it, use it, renew it, to kind of emphasize that getting enrolled is not the last step. It's also using it, finding a primary care provider for your child, and then remembering to renew it.

After a lot of our complications with the eligibility system, we had to ask families to try Medicaid and CHIP again, because they may have tried it in the past and felt that it was too frustrating trying to get through.

We do use messaging that we need healthy children for a strong future workforce. That helps us engage Chambers of Commerce and other business partners. And in terms of the families, I think most parents do want to have their children covered, so just telling them about the program, that it is no cost or low cost; that one out of every two children who is uninsured in Texas does qualify for Medicaid and CHIP. So that even if you think your child doesn't qualify, that you should check.

And just a quick note, we think messengers, the right messengers is also an important part of the message, so again, we try to engage all kinds of partners, from business partners to hospital groups to faith leaders and many more.

CARTER BLAKEY: Great. Thank you. And we have some more questions coming in over the Internet. And this one, I believe, should be answered by our CMS colleague, Dr. Lilly-Blanton.

Can you tell us, what is the oldest age that someone can apply for CHIP? And are there limitations for college students enrolling in Medicaid?

DR. MARSHA LILLIE-BLANTON: Let me start with the first one. CHIP eligibility varies by state, so it will be important to go to the website that I listed to better understand what is the age group a child is eligible for. I think, though, it might be -- it's up to age 19, which would mean up to 18.

But for Medicaid, there is no age limit. I mean, children can qualify for Medicaid; in fact, qualify for services up to age 21, but you actually can enroll. The eligibility for Medicaid is defined by both family income, and it could be other qualifications in a state, at least until 2014, where we go to a more seamless system.

But the good thing for children in Medicaid is that Medicaid provides coverage for children up to age 19 in families with income up to 100 percent of the federal poverty level. And so for a family of four, that's at about $23,000. And infants and children, up to age 6, are covered by Medicaid in families with income up to 133 percent of the federal poverty level. And for a family of four, that's about 30,000.

So there are some uniform standards for income in Medicaid, but for CHIP there are some differences in income qualifications by state. But the main thing I want to suggest is that if there is any question, if you go to this website, you can answer those. And actually, what I forgot to also give you is that we now have a phone number as well, which I want to give on this line. it's for children or kids.

It's 1-877-KIDSNOW. And that number is actually 1-877-543-7669. And pregnant women, parents with children, can call that number and they can direct you to a source of information that can help you with enrollment in your state. So in addition to the website, there is a phone number that can be used.

CARTER BLAKEY: Great. You actually answered another question with your answer with that. Can also, can you tell us whether you have strategies in place to reach the immigrant population? And I guess this could go down to Texas.

DR. MARSHA LILLIE-BLANTON: Well, I would say those who are eligible for coverage, the strategies are the same as what we have for the general population. I mean, it's working with the communities that have connections with those populations. I think that's the key thing.

Just as we learned from Texas, whether it's working with a faith-based community, working through community-based organization, or even local grocery store chains, it's using the sites where the communities, regardless of across ethnic groups, frequent and trust. So it's having connections with the communities. And those I think are strategies that cut across, whether it's someone who's native born or immigrant born.

CARTER BLAKEY: Great.

DR. LAURA GUERRA-CARDUS: Do you want me to say anything to this?

CARTER BLAKEY: That would be great.

DR. LAURA GUERRA-CARDUS: Yeah, I just was going to mention that I would agree. That's where the trust factor really comes into play with mixed status families, so being prepared. One, with the right source, as the other speaker just mentioned; two, being prepared with the information, assuring them that the information they're provided is not going to be shared with other agencies, showing them that language on the application.

And then helping them connect family members who are not eligible for Medicaid or CHIP, whether it's a child or an adult, with other healthcare services in the community. So partnering, then actually see your healthcare clinic to assist them. Thank you.

CARTER BLAKEY: Great, thank you. And Dr. Koh, I'm going to give you this next question . I don't know if it's something that we actually have information for, but it would certainly be interesting to look into.

Is there a projected coverage rate in disparity after 2014 once the benefits kick in?

DR. HOWARD KOH: Well, that's a great question, and the best answer I can give you is looking at the Massachusetts experience, because as you know, Massachusetts started health reform in 2006. They now have the lowest rates of uninsured of any state in the country, 2 percent.

And what's been fascinating about that whole effort among other things, is that the disparities in the uninsured has narrowed considerably. In fact, there are virtually no disparities between white and black health insurance coverage. The Hispanic population there still lags behind a little bit, but even that disparity has narrowed as well.

So in fact, that's one of my favorite talking points for the promise of health reform, because if we can improve health insurance coverage in 2014 and beyond, we can reduce and maybe even eliminate these disparities that I just showed earlier, and show that Massachusetts was an eagerly leader but the rest of the country can do the same.

CARTER BLAKEY: Great, thank you. I think we might have time for one more question, and I think I'll ask our colleague from AHRQ to handle this one.

Can you tell us what is being done at the federal level to help individuals maintain a usual primary care provider once they find someone?

BOB McNELLIS: well, that's great, and I know we don't have much time left, so I'll be brief. But there's a lot of work being done, both at ARQ and HRSA and other agencies, to really try to transform primary care. It's sometimes not well known that the ACA included a lot of information or a lot of help to try to rebuild primary care, because we know a strong primary care system is really the foundation for a strong healthcare system. And the types of transformation we're looking at is better use of teams, better coordinated care, self-management support, better use of health information technology -- all of these things will help increase the capacity of primary care to take on these new enrollees, people who have new insurance coverage.

I especially want to call out the federally qualified health centers that we heard about a little bit for the important work that they're doing in this area. So lots of things going on there, and really important work.

CARTER BLAKEY: Great, thank you. I think you had the last word. So I'd like to thank all of our participants today, and encourage you to continue to join us with our every other month webinar on the Leading health Indicators. Don't forget that on Wednesday, January 30 at 12:00 noon we will have ea Twitter chat, so please join us then for that.

Then a reason for our every other month webinar and LHIs that we'll be initiating in February, and every other month series on progress reviews on the full complement of Healthy People 2020 topic areas.

So please go to http://www.healthypeople.gov to find out the latest information on what's coming up. So again, thank you for joining us today, and please fill out your survey if you haven't already. Thank you.

MODERATOR: Ladies and gentlemen, thank you for joining us for this LHI webinar.

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