

Access to Health Care in Massachusetts

The Landscape in 2009

May 28, 2009

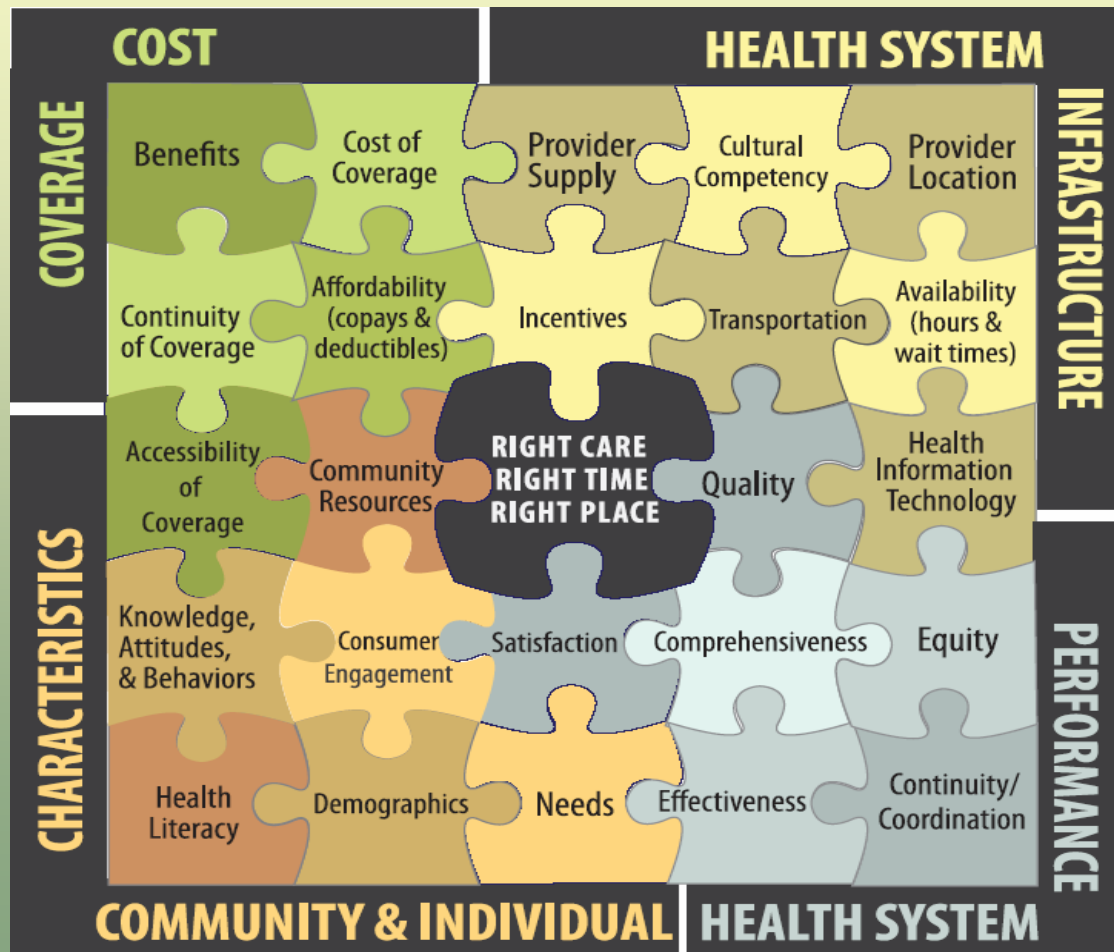
Project Goal:

Identify, prioritize, and research barriers to health care access in Massachusetts

- Post-Chapter 58
- Particular focus on low- to moderate-income residents and newly insured

Access Definition and Framework

All Massachusetts residents receive the “right care,” at the “right time,” and in the “right place”



Research Methods

- Environmental scan to identify access barriers
- Methods included
 - Literature review
 - Key informant interviews (n = 60)
 - Review of existing secondary data
 - Primary data collection on “newly insured”
 - Consumer focus groups (n = 30)
 - Health Care for All Helpline pilot survey (n = 87)
 - Advisory Board

Criteria for Prioritizing

- Importance of improving access
- Opportunity for impact
- Avoid duplication of efforts

Approach to Identifying Priorities: An Iterative Process

Coverage and Cost

- Benefits
- Co-pays
- Deductibles
- Accessibility of coverage
- Continuation of coverage
- Financial incentives

Health System Infrastructure

- Provider location
- Transportation
- Provider supply
- Wait times
- Hours
- Comprehensiveness
- Health information technology

Health System Performance

- Continuity of care
- Quality
- Compliance
- Satisfaction
- Coordination
- Communication
- Effectiveness

Community and Individual Characteristics

- Demographics
- Knowledge
- Beliefs
- Behavior
- Needs
- Health literacy
- Lifestyle

Coverage and Cost

- Affordability
- Medical debt

Health System Infrastructure

- Continuity, coordination and integration
- Equity

Health System Performance


- Financial and structural incentives
- Provider supply
- Availability
- Cultural competence

Community and Individual Characteristics

- Knowledge, beliefs and behavior
- Consumer engagement
- Community resources

Priorities

- Enrollment and maintenance of coverage
- Consumer cost of care
- Provider supply and capacity
- Care coordination and continuity
- Equity



Five Priority Areas

- Enrollment and maintenance of coverage
- Consumer cost of care
- Provider supply and capacity
- Care coordination and continuity
- Equity

Enrollment and Maintenance of Coverage

- 25% of newly insured adults* experienced gaps in coverage during their first year of coverage**

* Adults 18-64 years old

** Health Care for All Helpline Pilot Survey, JSI and Health Care for All, Spring 2009

Enrollment Barriers

- Complex application/re-verification requirements
- Ineffective communication from state and plans
- Particular challenges for:
 - Newly insured
 - Residents with limited English/literacy skills
 - Immigrants
 - Residents with job or income changes

Consumer Cost of Care

- 11% of adults reported unmet need for health care due to cost in the past 12 months*
- 18% of adults had problems paying medical bills in the last 12 months*
- 20% of adults reported having medical bills they were paying off over time*

* Massachusetts Health Reform Survey, Urban Institute, Fall 2008

Cost Barriers

- High out-of-pocket costs
 - Prescription drugs, Chronically ill
- Affordability of premiums
 - Over 300% FPL
 - Ages 55-65
 - Low-wage workers
- Continuing medical debt
 - Higher ER use for non-emergent conditions
 - Less follow-up care, Prescription drugs

Provider Supply and Capacity

- “Critical” rating for family practice, internal medicine, specialists*
- CHCs average 2 FTE physician vacancies**
- More than 100 FTE vacancies at CHCs across the state**

* Massachusetts Physician Workforce Study, Massachusetts Medical Society, 2008

** Survey of Community Health Centers (CHCs), Massachusetts League of Community Health Centers, 2007

Provider Supply and Capacity Barriers

- Insufficient access to primary care and some specialties
 - Newly insured
 - Subsidized plan enrollees
 - Residents with specific language/cultural needs
 - Residents in certain parts of the state (West, Southeast)
- Lack of system support for non-physician providers
 - Interpreters, care managers, nurse practitioners

Care Coordination and Continuity

- 71% of physicians reported difficulty making timely referrals*
- 11% of 30-day hospital readmissions were potentially preventable**
 - Hospital days due to PPR: >377,000
 - Estimated cost: ~\$576 million

*Massachusetts Physician Workforce Study, Massachusetts Medical Society, 2008

** Preliminary hospital readmission rates calculated use 3M PPR algorithm and state hospital discharge data, Department of Health Care Policy and Finance, FY 2006.

Coordination Barriers

- Challenges in referrals for specialty care
 - Subsidized plan enrollees
 - Disabled
 - Geographic shortages
- Poor communication during patient transitions
 - Chronically ill
 - Non-English speaking
- Insufficient care coordination, management infrastructure
 - Provider personnel
 - Resources
- Consumers behavior and preferences not well-understood

Equity

- Access is not equal for all residents
 - 7% of adults were unable to see a doctor in the past year due to cost*
 - 16% Hispanic
 - 12% Non-Hispanic black
 - 6% Non-Hispanic white

* Behavioral Risk Factor Surveillance System, Centers for Disease Control and Prevention (CDC), collected by the Health Survey Program, MA Department of Health, 2008.

Equity Continued

- 88% Usual Source of Care*
 - 76% Hispanic
 - 80% Non-Hispanic black
 - 90% Non-Hispanic white
- 15% most recent ED visit was for non-emergency condition**
 - 23% Low-income (<300% FPL)
 - 10% Higher income (≥300% FPL)

* Behavioral Risk Factor Surveillance System (BRFSS), MA Department of Health, Health Survey Program, 2008

** Massachusetts Health Reform Survey, Urban Institute, Fall 2008

National Benchmarks

- Massachusetts is a leader in many areas of access
 - **Usual source of care:** 2nd of 50 states
 - 88% MA vs. 78% US average*
 - **Unmet need due to cost:** 1st of 50 states
 - 6% MA vs. 16% US average*
 - **Primary care provider supply:** Top 25% of states with residents living in Health Professional Shortage Area (HPSA)**

* Behavioral Risk Factor Surveillance System (BRFSS), MA Department of Health, Health Survey Program, 2008

** Kaiser State Health Factors, developed using 2008 Census projection data and HRSA's HPSA data, Fall 2008, available at: www.statehealthfacts.org

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