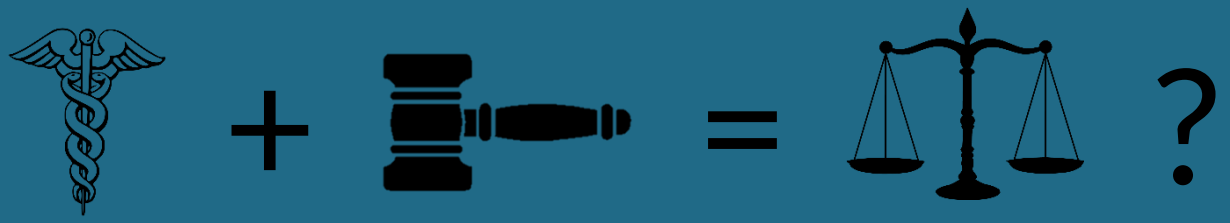
Access to health care after the Affordable Care Act



Public Health
Seattle & King County

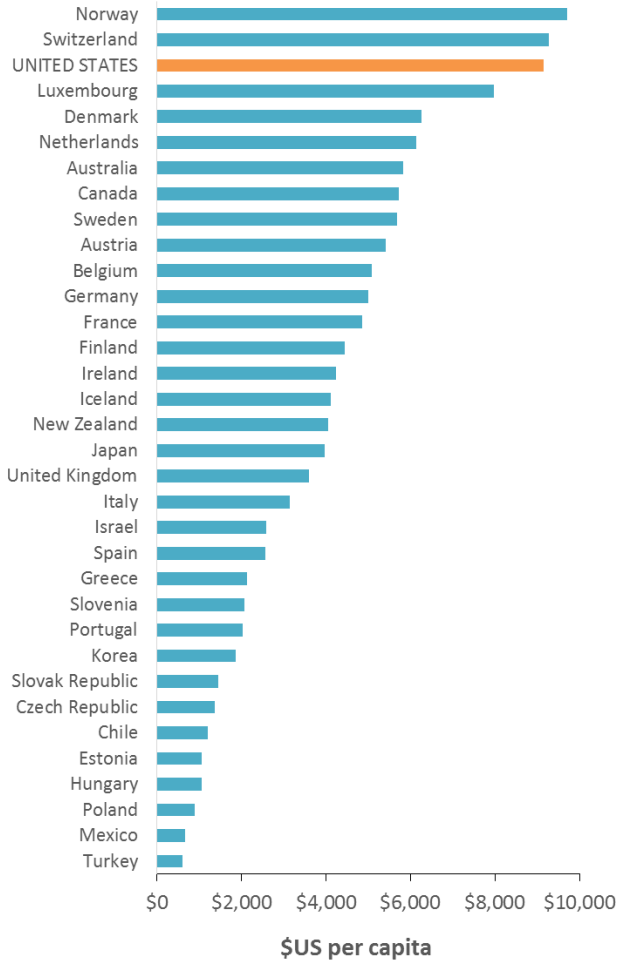
Executive Summary

- After Medicaid expansion and the launch of WA Healthplanfinder, uninsurance rates drop significantly in both the health safety net population and general adult population
- The largest reductions in uninsurance rates were experienced by adults, Seattle residents, non-Hispanic adults, low-income adults, and unemployed adults
- Although uninsurance rates dropped significantly, there are still eligible low-income residents in need of insurance:
  - In 2014, roughly 1 in 5 health safety net medical users remain uninsured
  - And roughly 1 in 6 health safety net dental users remain uninsured
  - And roughly 1 in 4 King County residents income-eligible for Apple Health have not enrolled (2015)
- Availability of primary care providers accepting adult Medicaid members fell between 2013/2014 and 2015; appointment wait times have not increased
- Data access barriers and fragmentation continue to limit health reform evaluation and measurement of progress towards equity
- Successful evaluation of health reform in King County will require increased data sharing and transparency, as well as cross sector and cross agency collaboration

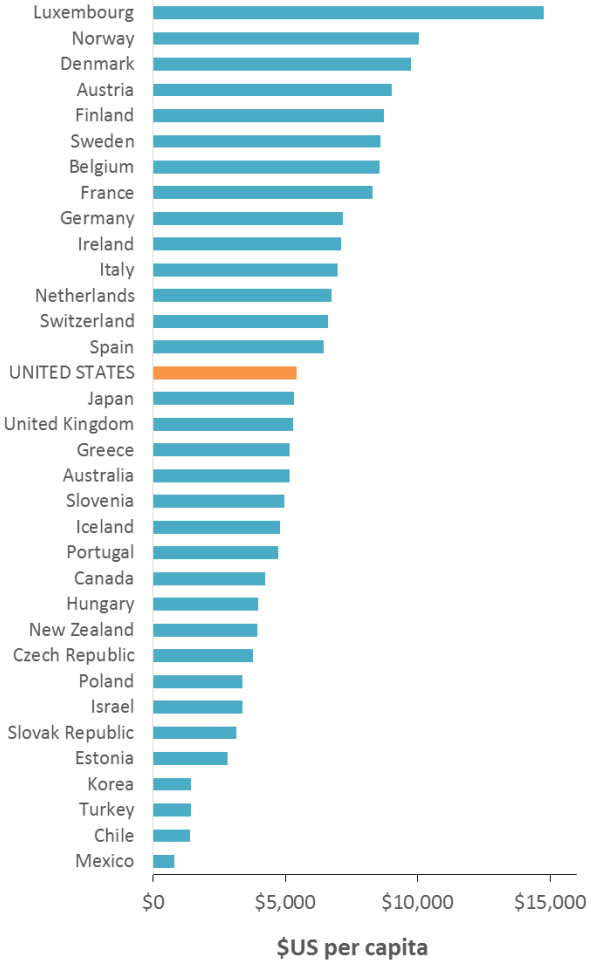
Health care reform comes at a time of great need, with persistent health disparities despite rising costs of care

The United States compared to its economic peers

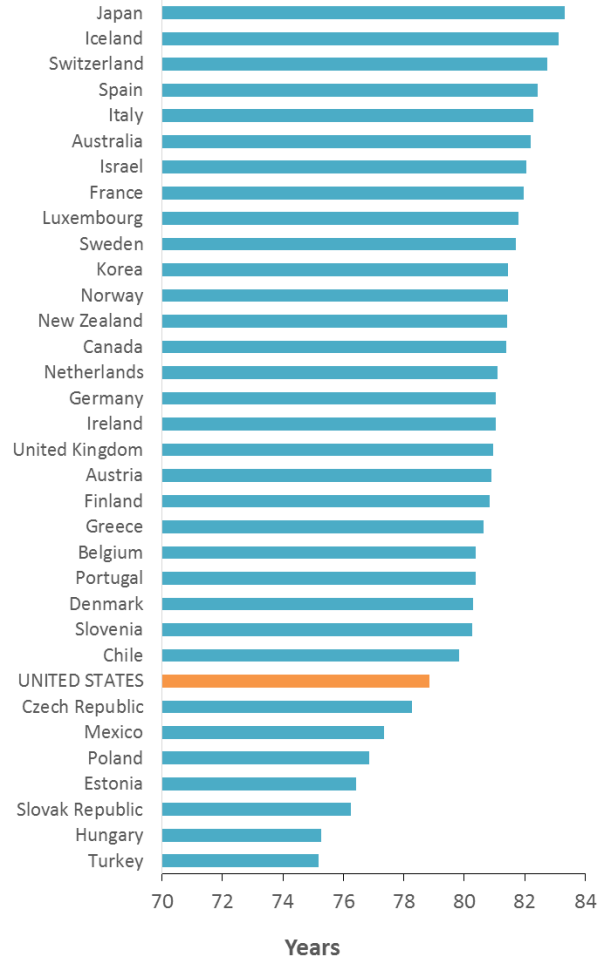
Top spender on health care



Moderate spender on social services



Low performer on life expectancy

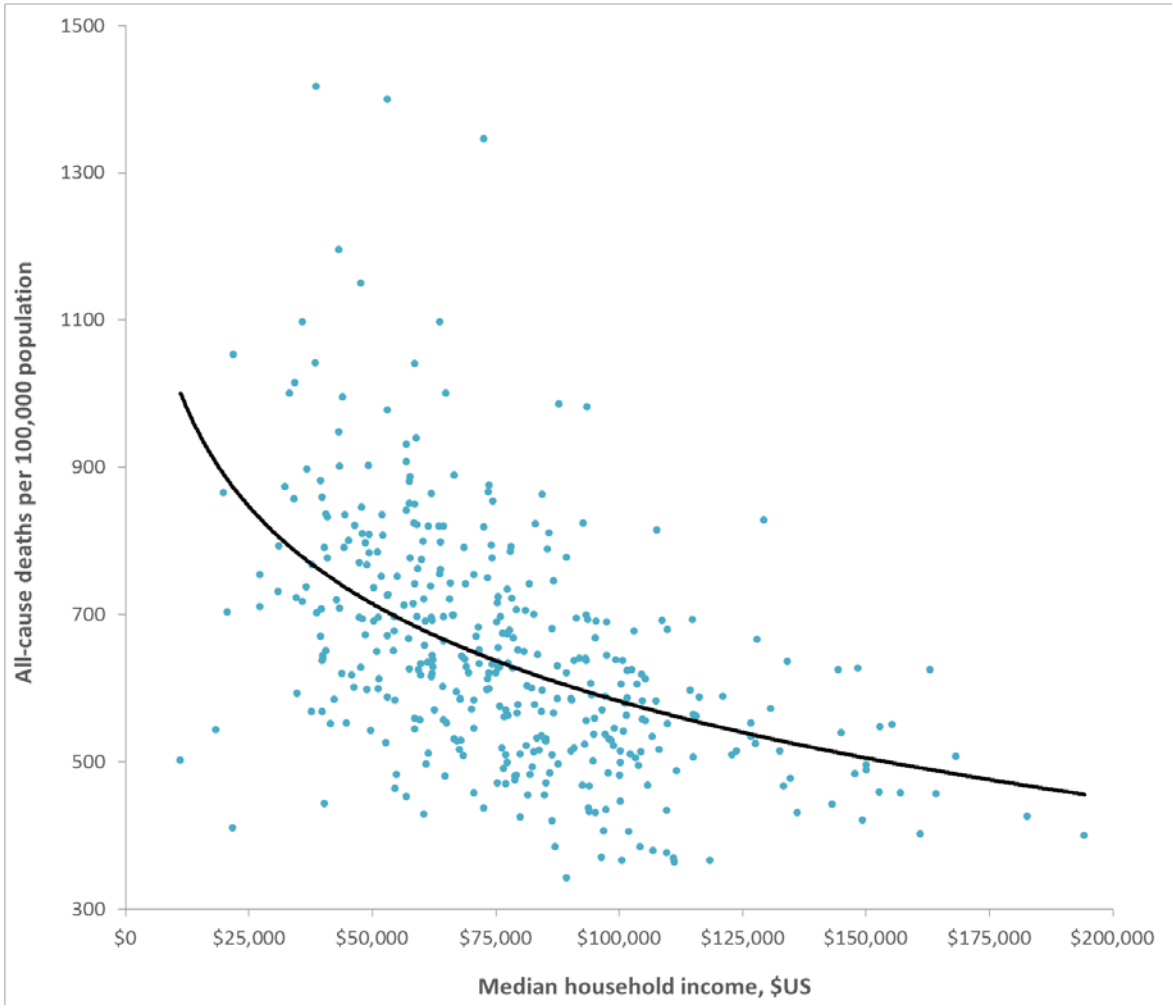


Sources: Health expenditures per capita, 2013 and life expectancy at birth, 2013 (World Bank); Social expenditures per capita, 2011 (OECD)

Health follows wealth, and the United States suffers from extreme income inequality

Income inequality

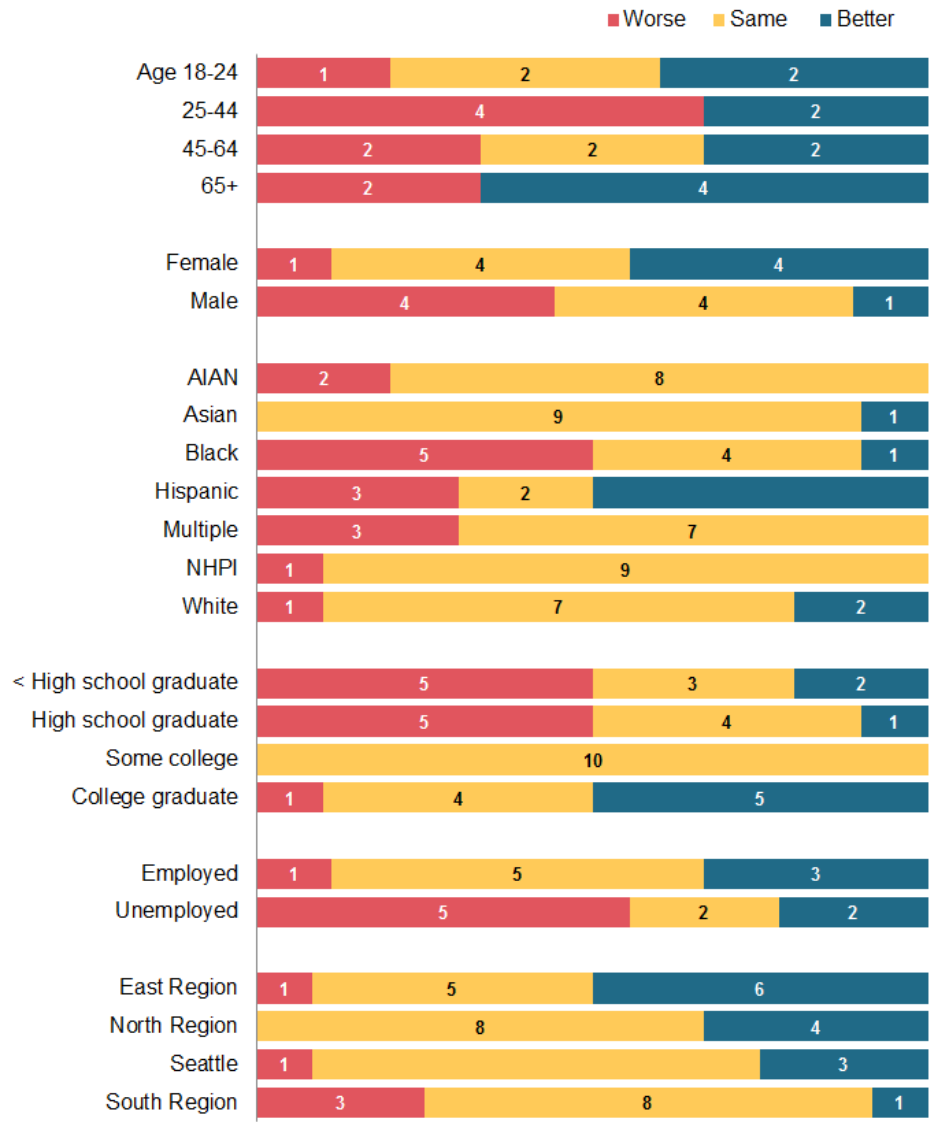
Income and all-cause mortality by census tract in King County, 2009-2013



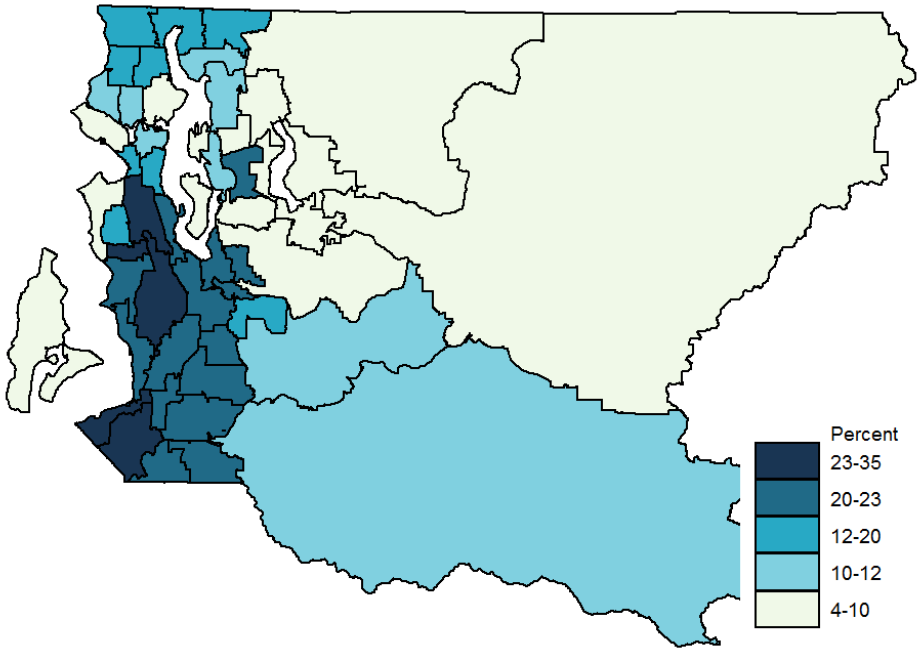
Sources: Income inequality, 2011 (OECD); mortality, 2009-2013 (WA Department of Health, death records); household income, 2009-2013 (American Community Survey)

Health care disparities in King County

Disparities across multiple ACA-relevant indicators



Adults age 18-64 with no health insurance by Health Reporting Area, King County, 2008-2012

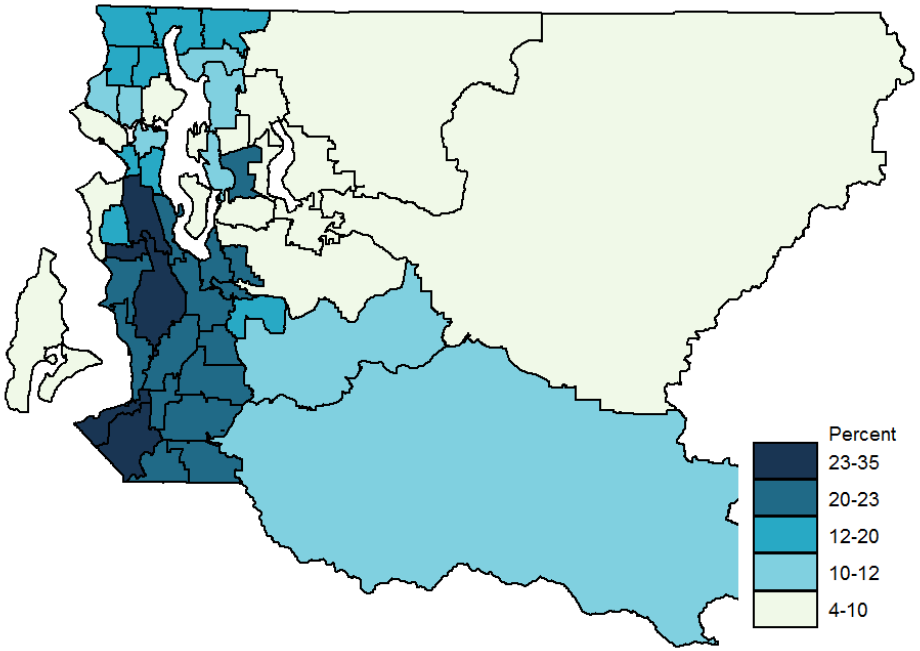


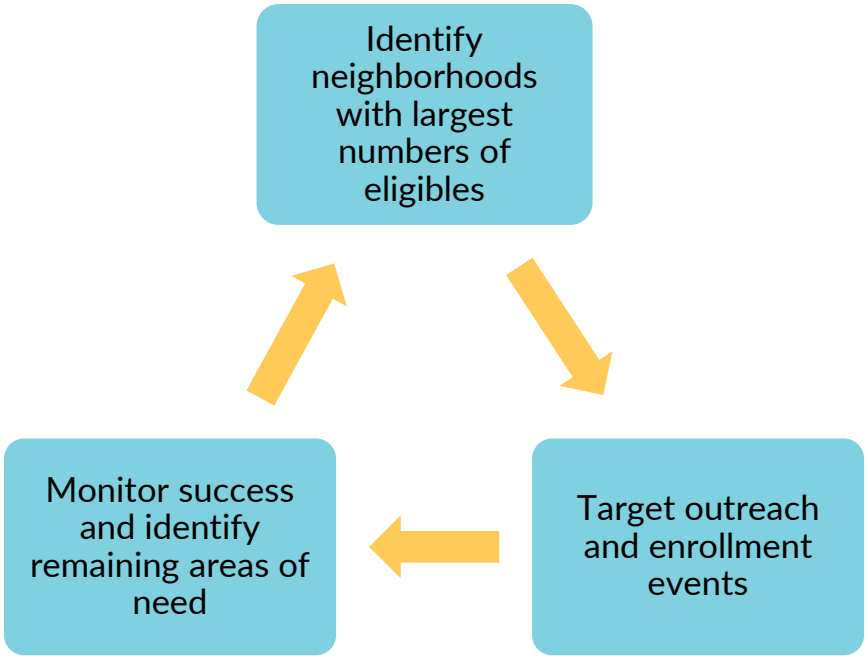
The Affordable Care Act was designed to promote health equity, better health overall, and lower costs.

The first step for King County was to ensure that the benefits of the ACA reached those with the greatest need.

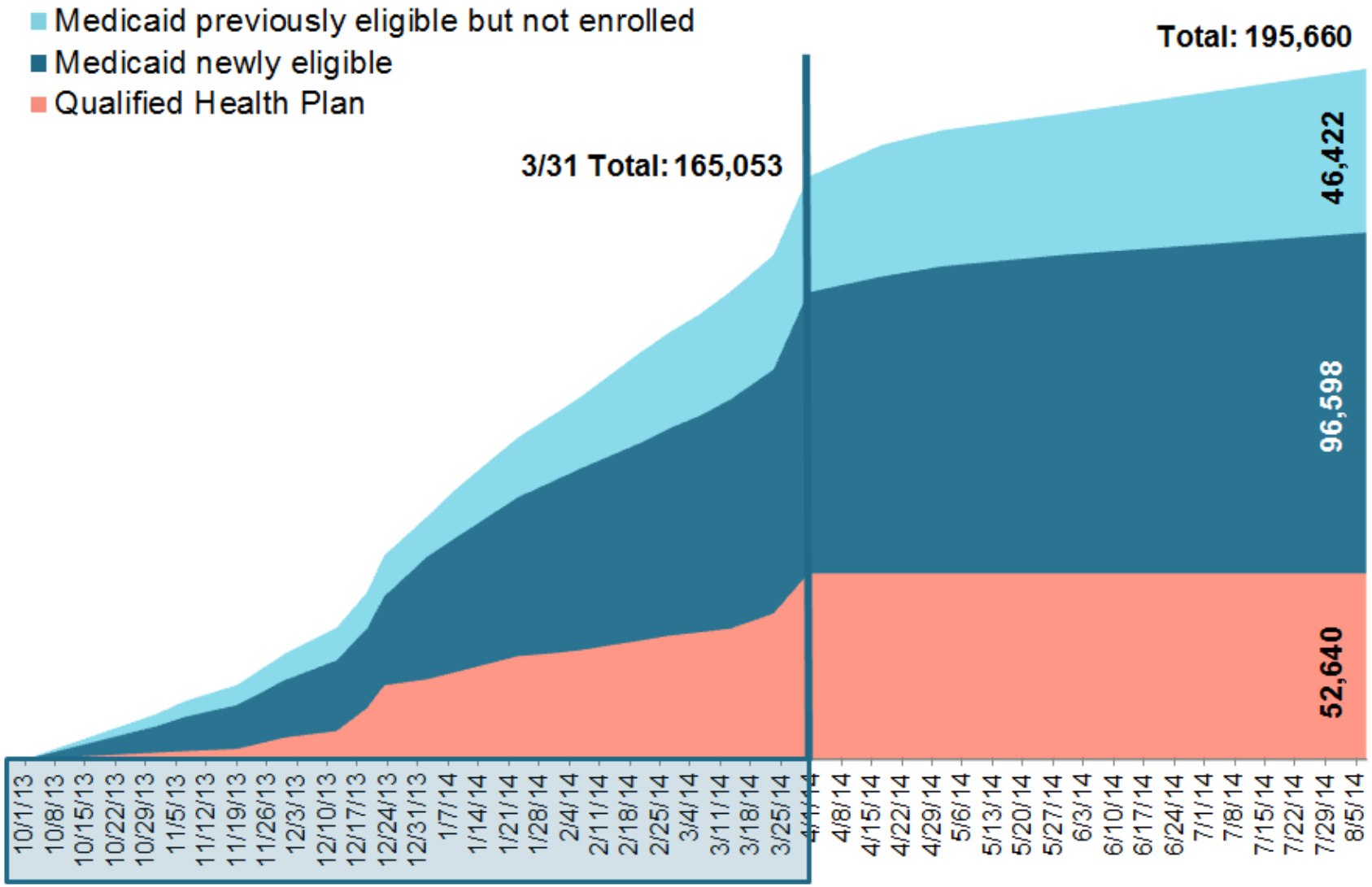
Public health analysis guides targeted outreach and enrollment efforts

Adults age 18-64 with no health insurance by Health Reporting Area, King County, 2008-2012



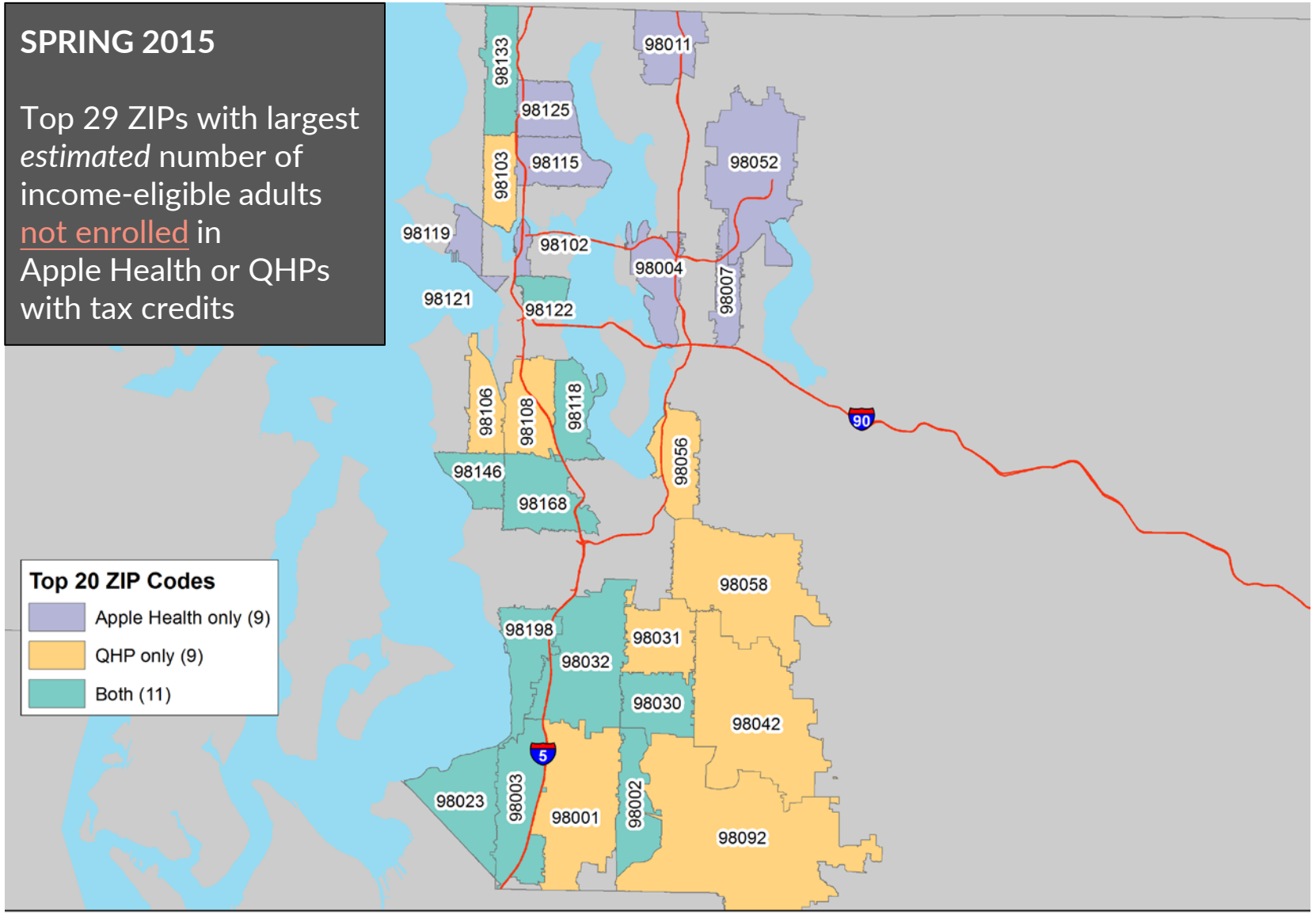


King County saw great success with first year of health insurance enrollment



Sources: WA Health Benefit Exchange & WA Health Care Authority. Historical estimates by APDE. Revised 8/12/14.

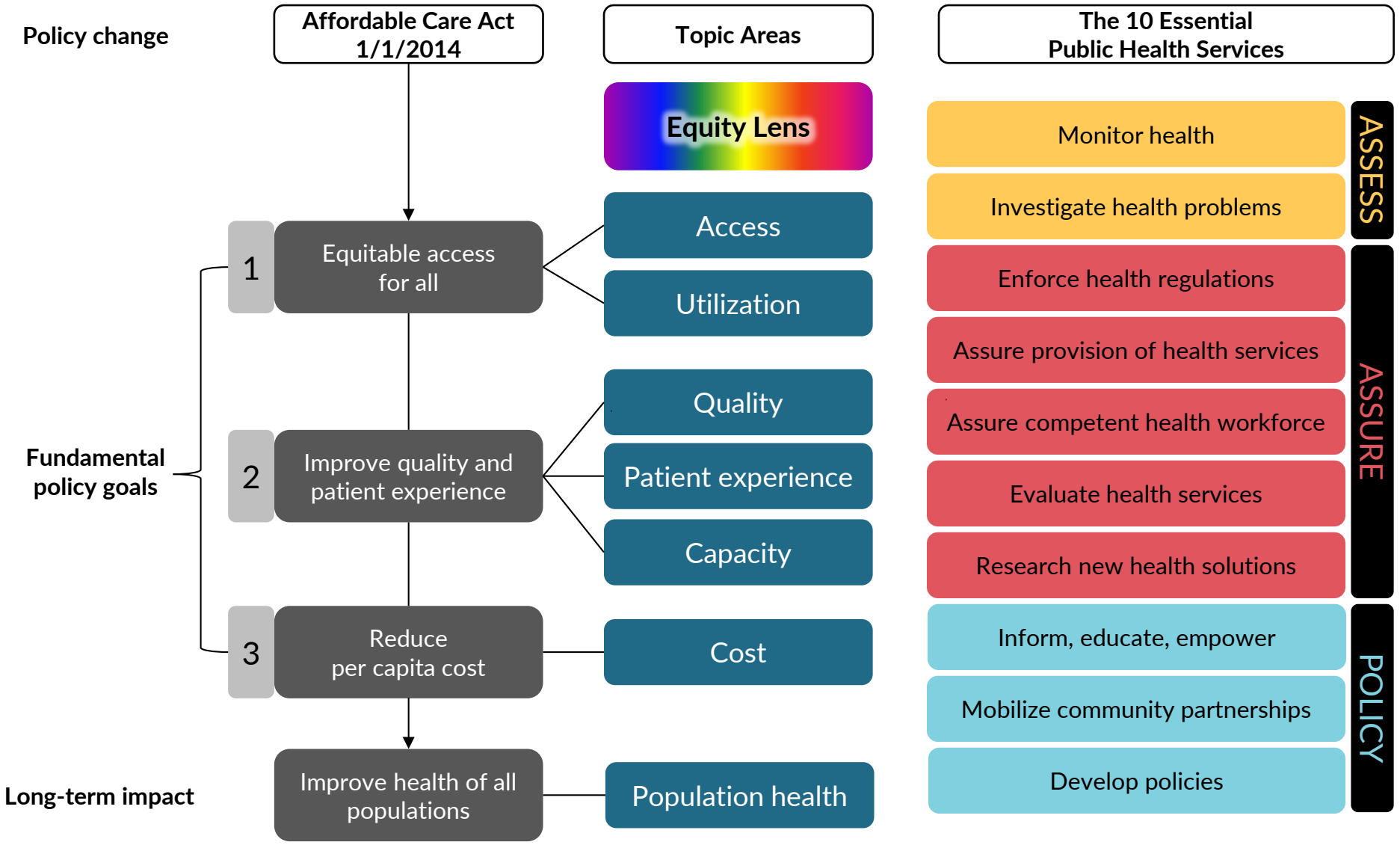
Public health analysis continues to guide on the ground enrollment efforts



Source: Enrollments – Health Benefit Exchange, Health Care Authority; Adults age 18-64 by ratio of income to FPL (<138%, 138-399%) – American Community Survey 2009-2013

With these early successes with enrollment, King County's second step is to assure that improved access to health care leads to health equity, better health overall, and lower costs

Conceptual framework for QA and evaluation of the Affordable Care Act



QA & Evaluation Framework to monitor ACA impact in King County

Topic area	Indicator areas	Illustrative indicators	Data sources	Data availability*
Access	• Coverage • Unmet need • Affordability	• Uninsurance • Not seeking care d/t cost • Enrollment	• ACS • BRFSS • HBE • CHARS	Good
Utilization	• Percent using any care	• Visits per capita • Routine checkup past year • Avoidable hospitalizations	• BRFSS • CHARS • DCHS • ProviderOne	Fair
Quality	• Evidence-based practices • Health outcomes	• Clinical Process Measures (e.g. Heart Failure Care)	• ProviderOne • WHA Community Checkup	Poor
Patient experience	• Satisfaction with health care received	• Satisfaction with health care received	• BRFSS • CAHPS	Poor
Capacity	• Plan network adequacy • Health provider capacity	• Per capita supply of HCPs • Accepting new patients	• OIC • Safety net • Mystery shopper	Poor
Cost	• Total costs of health care per capita	• Estimated price of inpatient (all) and total (Medicaid) care	• CHARS • ProviderOne	Poor
Population health	• Preventive services • Health status	• Late/no prenatal care • Child immunization rate • Fair/poor health status	• Vital stats • WSIIS • BRFSS	Good

*Good data availability is defined here as routinely collected, low-cost/free data available on the King County level by sub-populations (i.e. equity lens).

ACS - American Community Survey; BRFSS - Behavioral Risk Factor Surveillance System; CAHPS - Consumer Assessment of Healthcare Providers and Systems; CHARS - Comprehensive Hospital Abstract Reporting System; DCHS - Department of Community and Human Services; HBE - Health Benefit Exchange; HCP - Health care provider; OIC - Office of the Insurance Commissioner; WHA - Washington Health Alliance; WSIIS – Washington State Immunization Information System.

The PHSKC framework in action:

In 2014 and 2015, has access to health care improved among those with the greatest need?

3 ways to measure changes in access to care after the ACA

1

Track uninsurance rates in the **health safety net population**

2

Track access to primary care and specialty providers among **Apple Health members**

3

Track uninsurance and other access to care indicators in the **general adult population**

Uninsurance among the health safety net population

The health safety net in King County

- In this report, the health safety net includes providers that deliver a significant level of health care to uninsured, Medicaid, and other vulnerable patients:
  - By legal mandate or explicitly adopted mission, they offer care to patients regardless of ability to pay

- Report includes 8 organizations that are part of the King County Health Safety Net System:
  - Receive city and county funding to serve uninsured, under-insured and vulnerable populations
  - 7 are designated as Federally Qualified Health Centers (FQHCs)[1]
  - All FQHCs that operate in King County are included in this report
  - Harborview Medical Center's Pioneer Square Clinic (not an FQHC) is also included because of its mission and the vulnerable population it serves

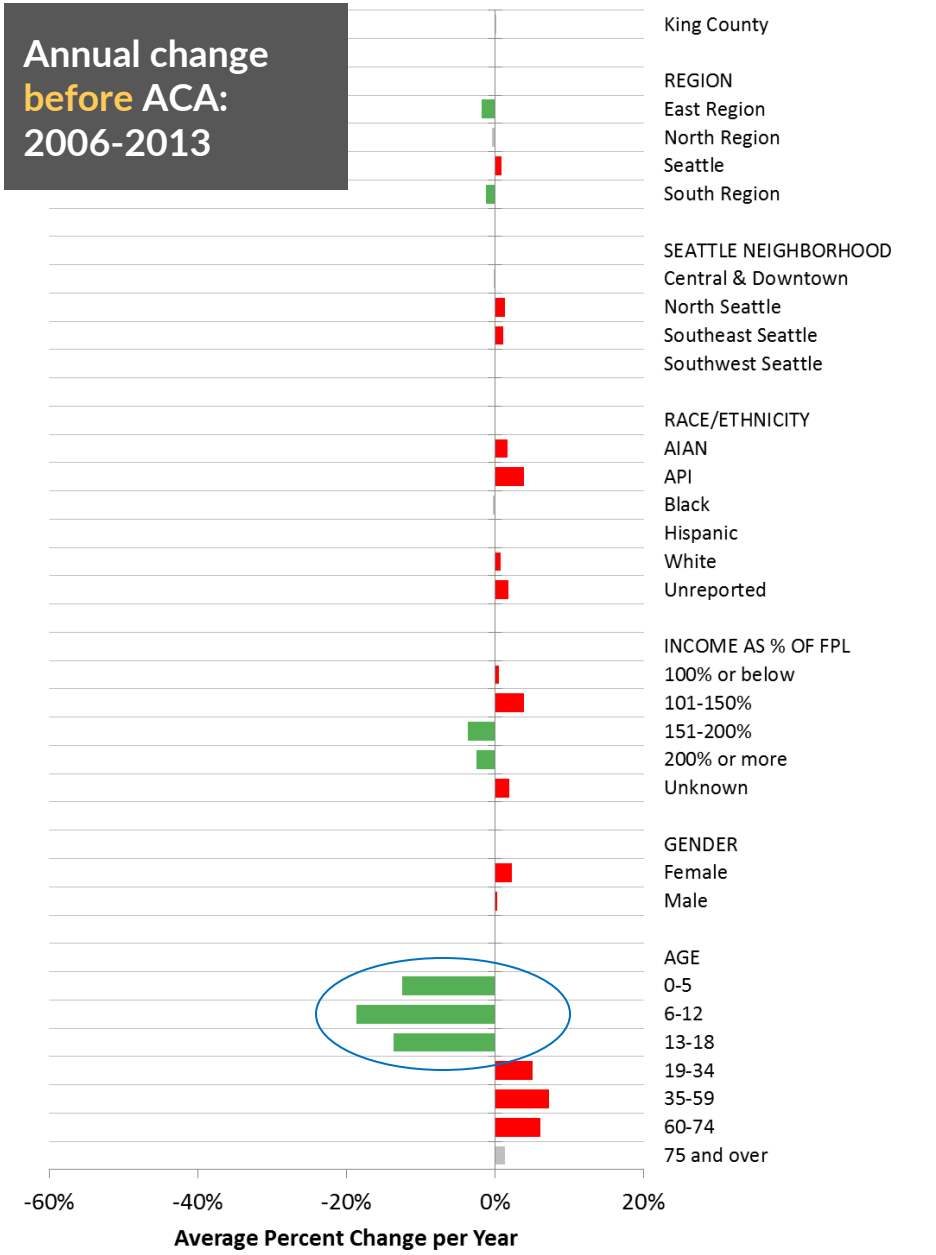
- Looking at the total King County population in 2014:
  - 1 in 11 residents received medical services through the health safety net (179,081 clients)
  - 1 in 25 residents received dental services (86,503 clients)
  - 1 in 5 residents is income-eligible for Apple Health[2] (2013)
  - Click here for a demographic comparison of medical safety net users and the general population

Notes:

1. County Doctor, HealthPoint, International Community Health Services, Neighborcare, PHSKC's Public Health Centers (PHCs), SeaMar, Seattle Indian Health Board
2. Source: American Community Survey 2013 data. Note: this includes children and adults income-eligible for Apple Health (98% of all Apple Health enrollees), and excludes the 2% of enrollees with AEM, Family Medical, and Pregnant Women coverage.

Medical uninsurance rates fall after Medicaid expansion and the launch of WA Healthplanfinder

Annual change before ACA: 2006-2013



Change between 2013 & 2014 after ACA

Legend

- Significantly better
- No significant change
- Significantly worse

AIAN: American Indian/Alaska Native

API: Asian/Pacific Islander

FPL: Federal Poverty Level

Data Source: Community Health Services Division, PHSKC

Dental uninsurance rates fall after Medicaid expansion and the launch of WA Healthplanfinder

Annual change before ACA: 2006-2013

Change between 2013 & 2014 after ACA

Legend

- Significantly better
- No significant change
- Significantly worse

AIAN: American Indian/Alaska Native

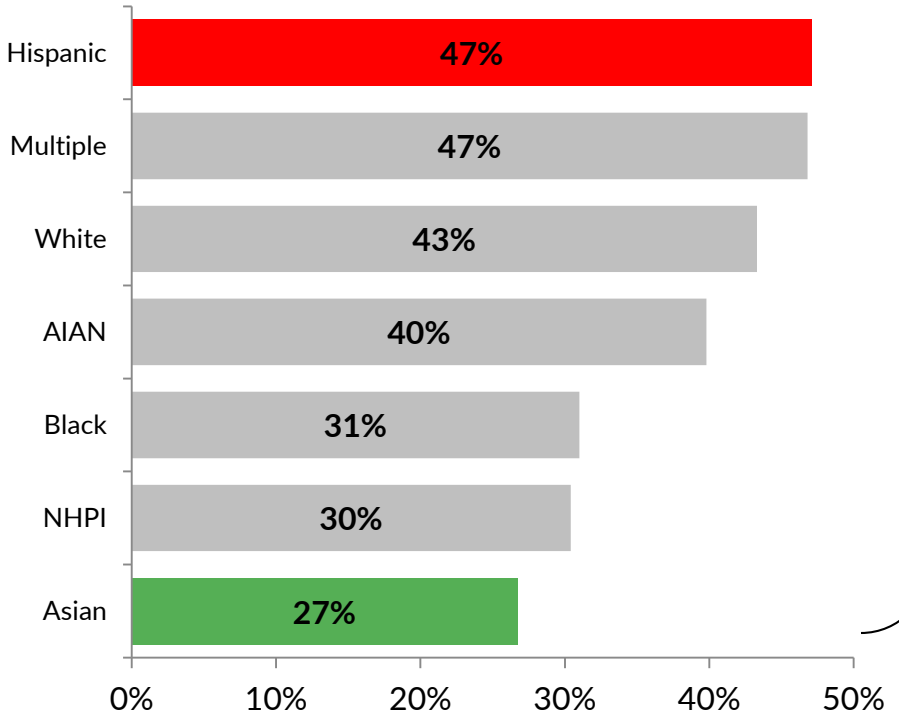
API: Asian/Pacific Islander

FPL: Federal Poverty Level

Data Source: Community Health Services Division, PHSKC

Measuring equity – absolute versus relative disparity explained

Medical uninsurance rate by race/ethnicity, 2013



Absolute disparity = highest rate (47%) minus lowest rate (27%) = 20 percentage points

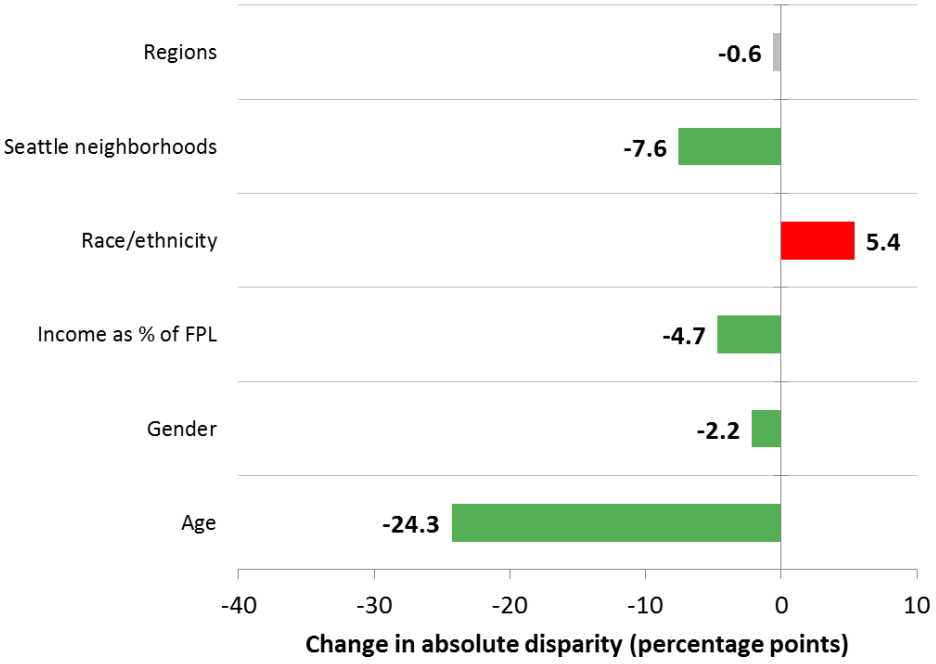
Relative disparity = highest rate (47%) divided by lowest rate (27%) = 1.7

- Absolute disparity measures the public health impact of inequality. For example, if Hispanic medical users had the same uninsurance rate as Asian users, this would translate to ~ 10,000 fewer uninsured Hispanic residents. An absolute disparity of ZERO indicates perfect equality.

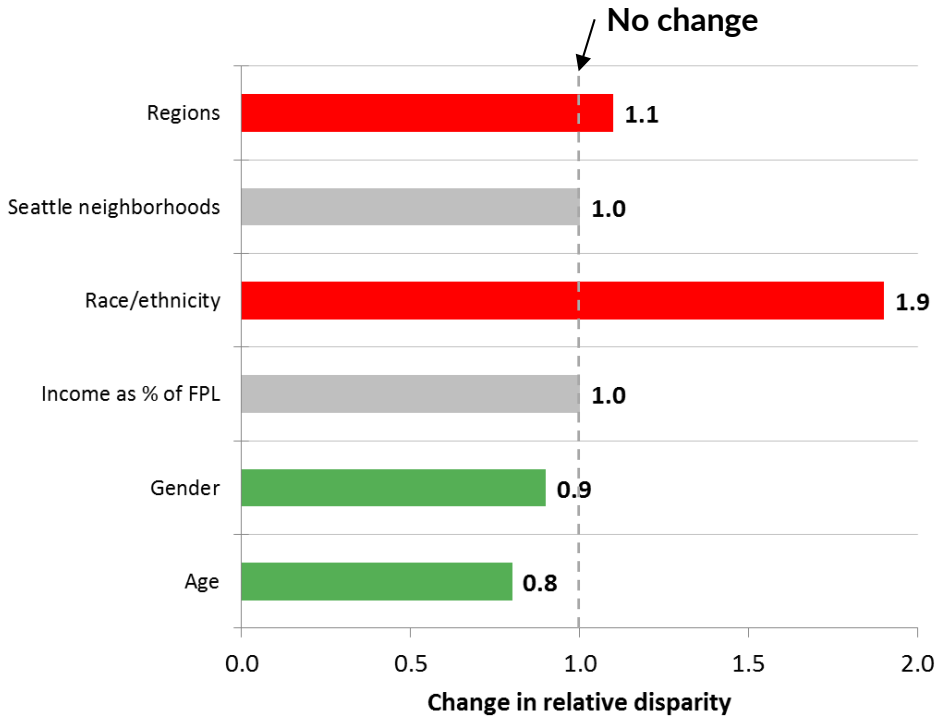
- Relative disparity can identify inequality even when the number of people impacted is small. This is particularly important for very rare events, such as cancer or death. A relative disparity of ONE indicates perfect equality.

Comparing medical insurance disparities in 2013 versus 2014

Change in absolute disparity from 2013 to 2014



Change in relative disparity from 2013 to 2014



Legend

Significantly better	No significant change	Significantly worse

Data Source: Community Health Services Division, PHSKC

Interpreting the 2013-2014 change in **medical** uninsurance disparities

Race/ethnicity

- Increase in disparities driven by a widening gap between Asians (lowest pre-ACA rate) and Hispanics (highest pre-ACA rate)
- Barriers to insurance coverage remain for adults with less than 5 years of US residence or undocumented immigration status

Seattle neighborhoods

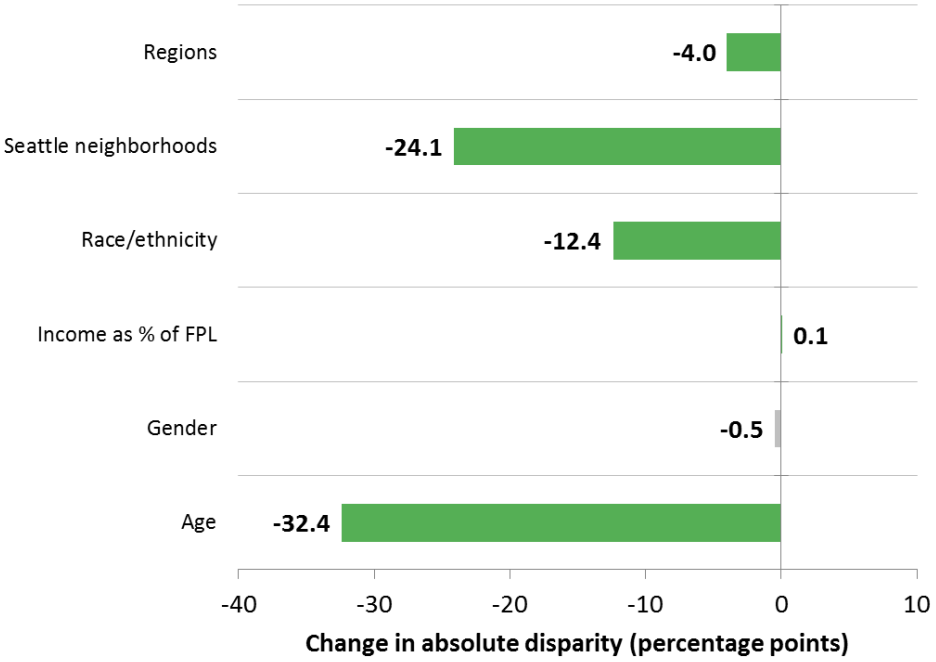
- Area with highest pre-ACA uninsurance rate (North Seattle) and area with lowest pre-ACA rate (Southeast Seattle) saw similar reductions in uninsurance
- Thus, absolute disparity decreased (i.e. fewer people affected) and relative disparity stayed the same

Age

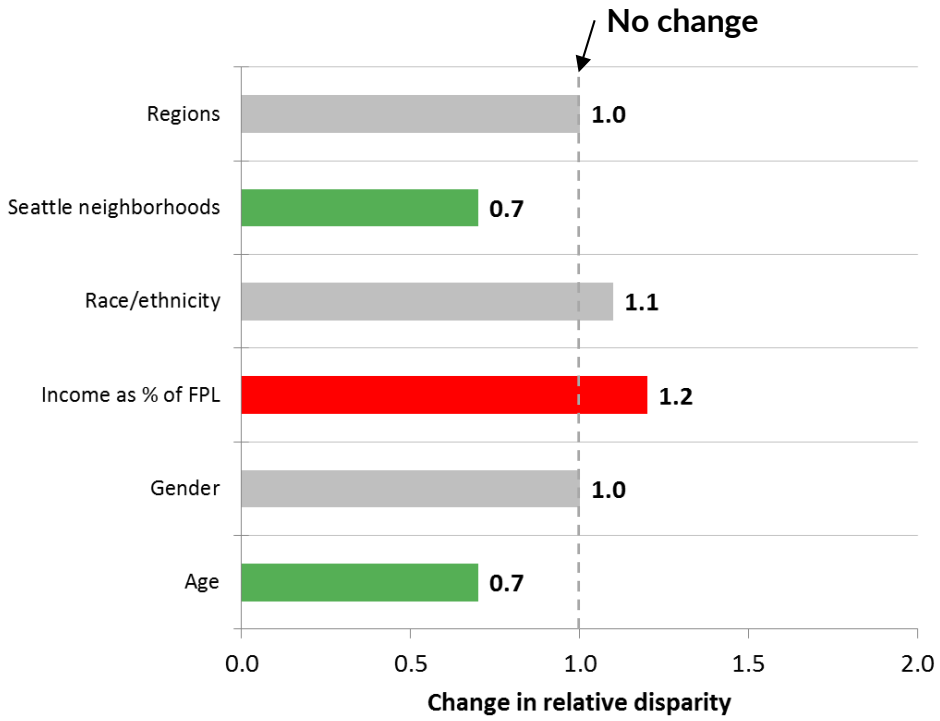
- Substantial decrease in disparities as adults catch up to children
- Child uninsured rates dropped prior to 2014 due to Medicaid income eligibility expansion and the ACA mandate that dependents can be covered by parental/guardian plans up to age 26

Comparing dental insurance disparities in 2013 versus 2014

Change in absolute disparity from 2013 to 2014



Change in relative disparity from 2013 to 2014



Legend

Significantly better	No significant change	Significantly worse

Data Source: Community Health Services Division, PHSKC

Interpreting the 2013-2014 change in **dental** uninsurance disparities

Race/ethnicity

- Group with highest pre-ACA uninsurance rate (AIAN) and group with lowest pre-ACA rate (NHPI) saw similar reductions in uninsurance
- Thus, absolute disparity decreased (i.e. fewer people affected) and relative disparity stayed the same

Seattle neighborhoods

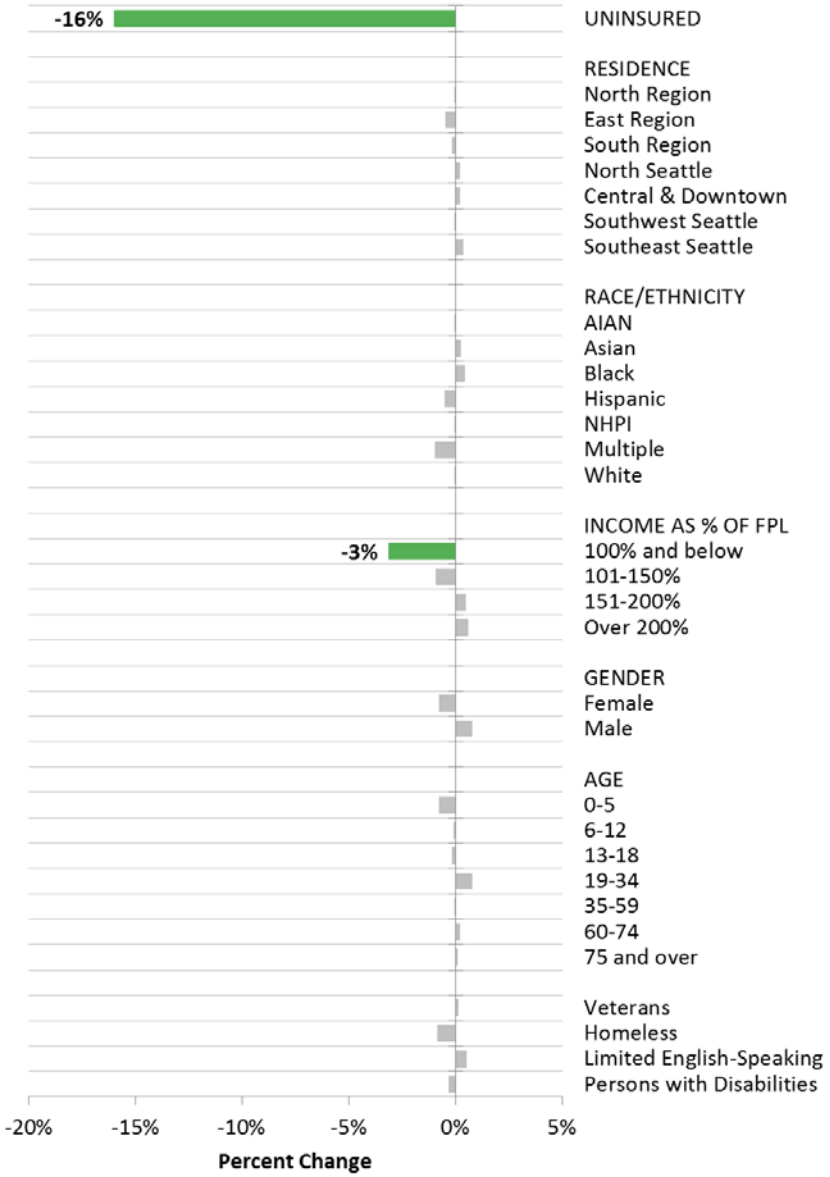
- Substantial reduction in absolute and relative disparities driven by the larger reduction in Central & Downtown (highest pre-ACA rate), as compared to Southeast Seattle (lowest pre-ACA rate)

Age

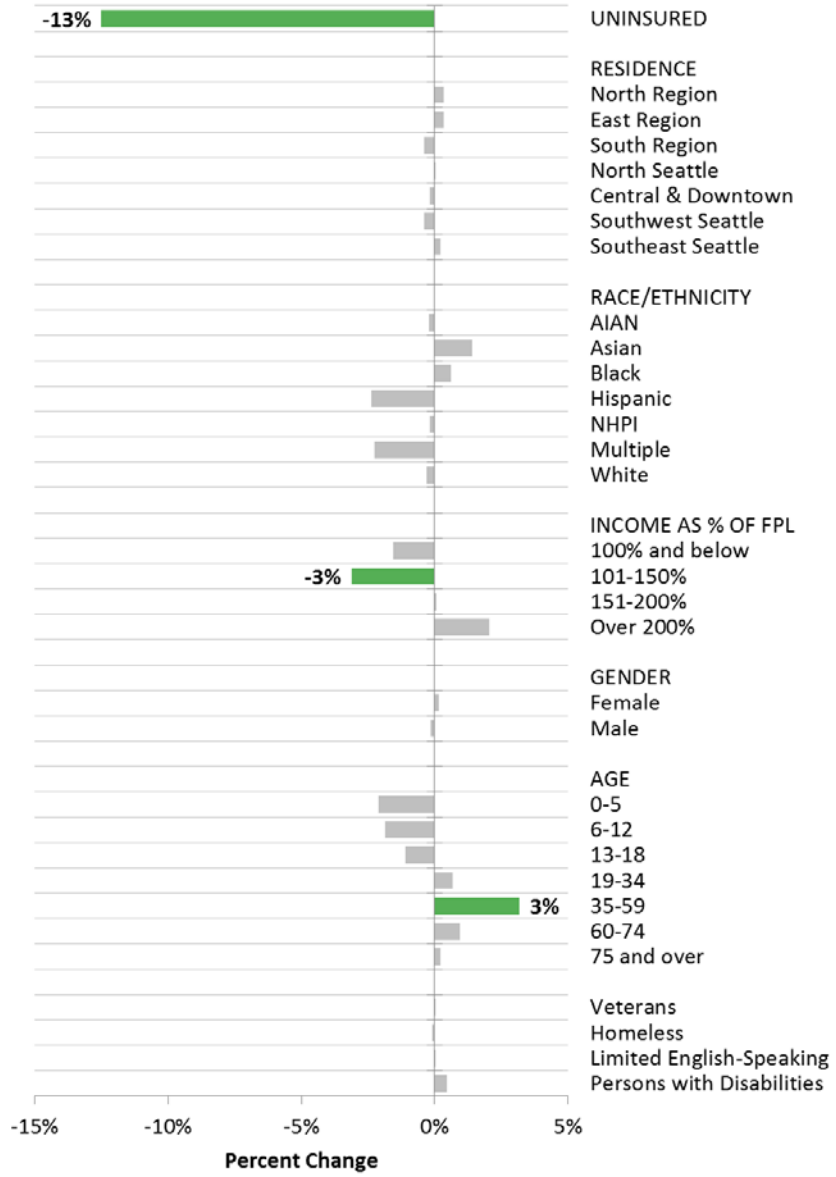
- Substantial decrease in absolute and relative disparities as uninsurance rate among adults moves closer to the rate among children

Except for uninsurance rates, post-ACA client demographics show little change

Medical users – 2014 vs 2013



Dental users – 2014 vs 2013



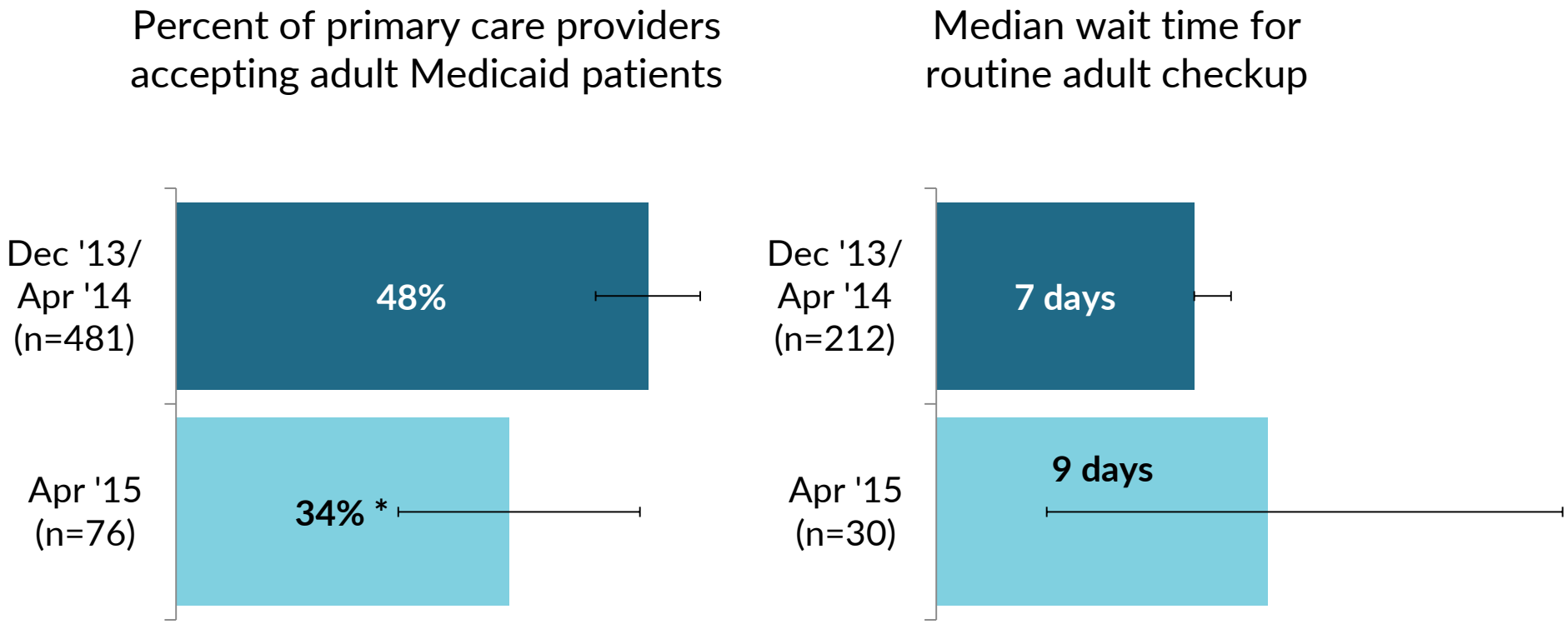
Data Source: Community Health Services Division, PHSKC.
Notes: AIAN – American Indian/Alaska Native; NHPI – Native Hawaiian/Pacific Islander; FPL – Federal Poverty Level

Access to primary care and specialty providers among Apple Health members

PHSKC mystery shopper survey of access to care for Apple Health adults

- Mystery shopper survey (MSS):
  - Interviewer's purpose unknown by the respondent
  - Interviewers called providers acting as an uninsured resident of King County
- Massachusetts Medical Society has conducted Physician Workforce Study since 2005
- King County MSS objectives:
  - Assess validity of Medicaid Managed Care online provider directories
  - Estimate health care provider availability and wait times before and after Medicaid expansion for adult Apple Health clients
- Measured at three time periods:
  - Dec 2013 (Primary care providers [PCPs])
  - April 2014 (PCPs)
  - April 2015 (PCPs, OB/GYNs, Orthopedic surgeons)

PCP availability falls significantly in 2015, no significant change in wait times



Notes:

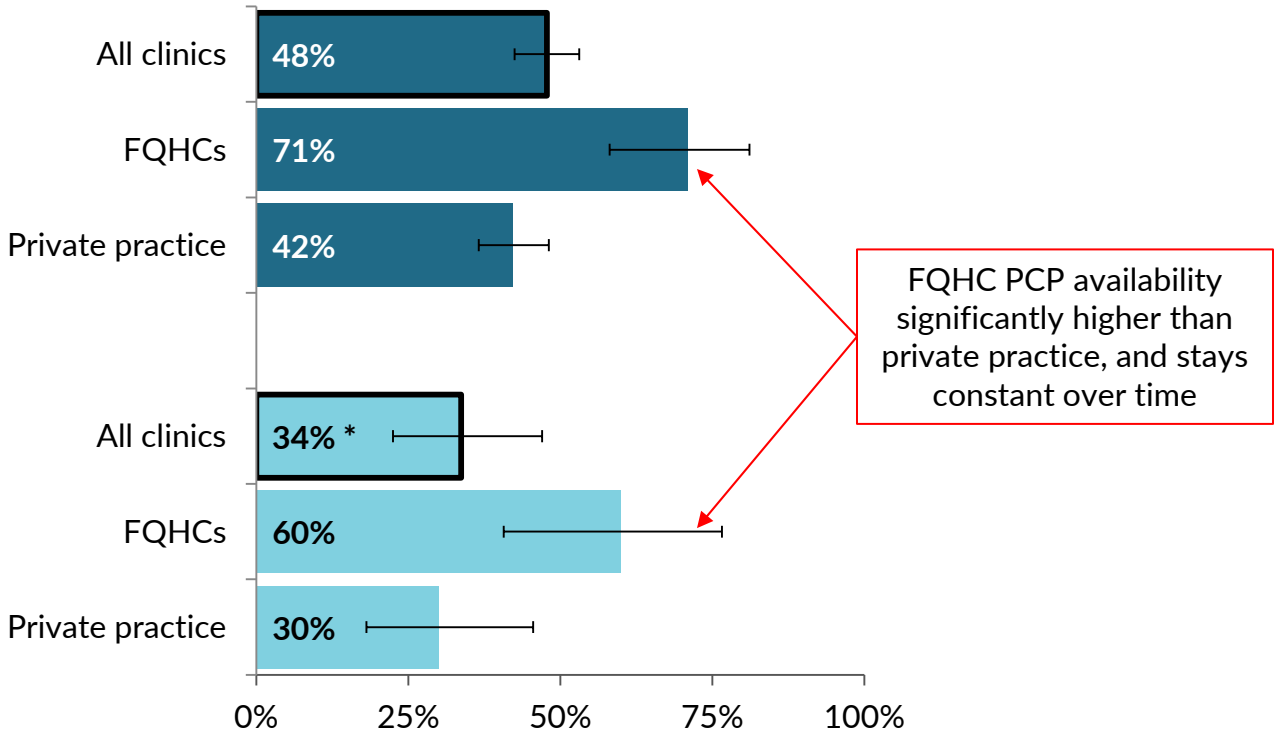
1. Source: PHSKC mystery shopper survey of Medicaid Managed Care-contracted providers
2. Difference between surveys assessed with Adjusted Wald test (PCP accepting Medicaid) and Hodges-Lehmann median difference (wait time)
3. * Difference between 2013/2014 and 2015 statistically significant (p-value < 0.05)
4. Wait times are for providers who are accepting any MCO plan

FQHC PCP availability continues to remain higher than private practice

Dec '13 / Apr '14

Apr '15

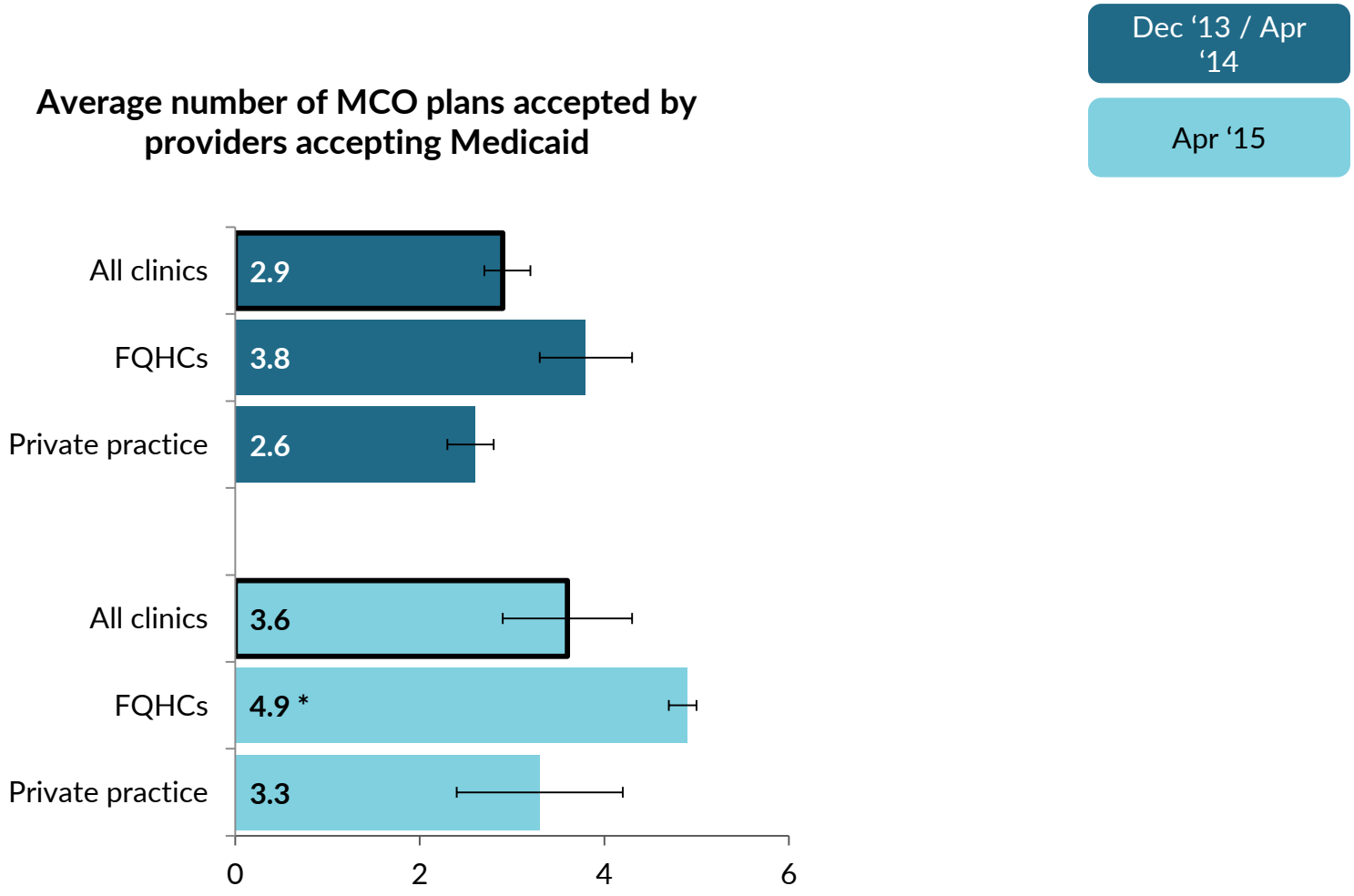
Percent of primary care providers accepting adult Medicaid patients



Notes:

1. Source: PHSKC mystery shopper survey of Medicaid Managed Care-contracted providers
2. * Difference between 2013/2014 and 2015 statistically significant (p-value < 0.05)

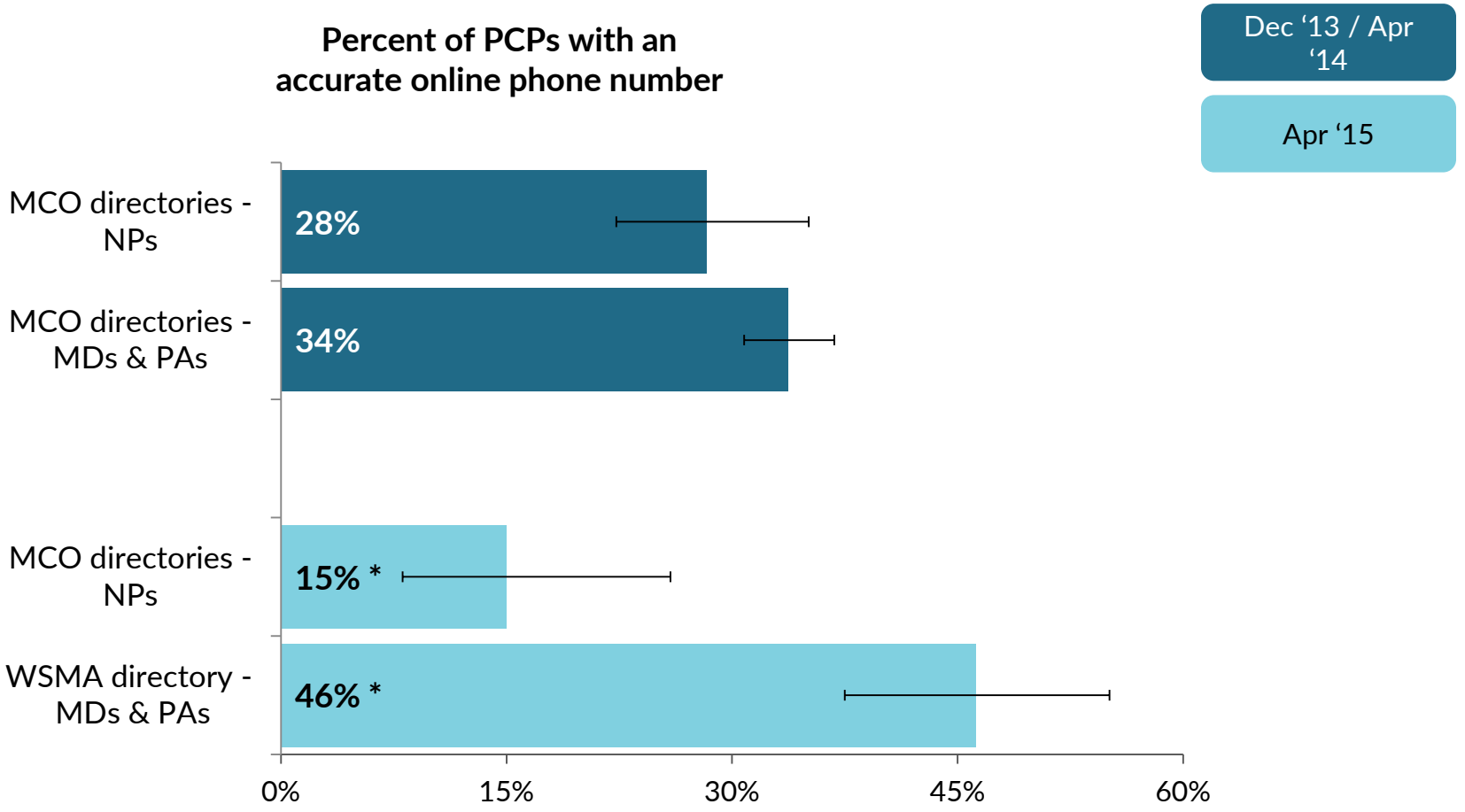
Average number of MCO plans accepted increases among FQHC PCPs



Notes:

1. Source: PHSKC mystery shopper survey of Medicaid Managed Care-contracted providers
2. * Difference between 2013/2014 and 2015 statistically significant (p-value < 0.05)

Inaccurate PCP contact information continues to challenge surveys

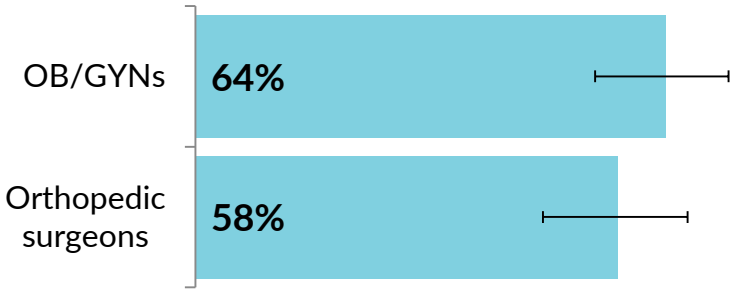


Notes:

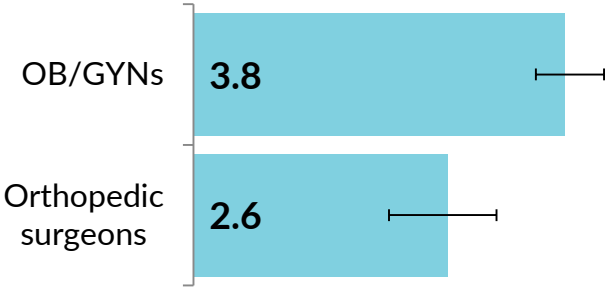
1. Source: PHSKC mystery shopper survey of Medicaid Managed Care-contracted providers
2. * Difference between 2013/2014 and 2015 statistically significant (p-value < 0.05)
3. In 2015 for the first time PHSKC was provided Medical Doctor and Physician Assistant contact information by the WA State Medical Association (WSMA)
4. Nurse Practitioner contact information extracted from online MCO provider directories for all surveys
5. Click here for explanation of how phone numbers were identified as inaccurate in the April 2015 survey

A first look at access to specialty providers in April 2015

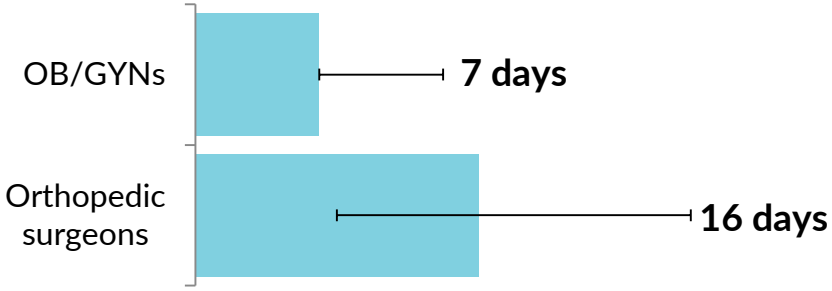
Percent of providers accepting adult Medicaid patients



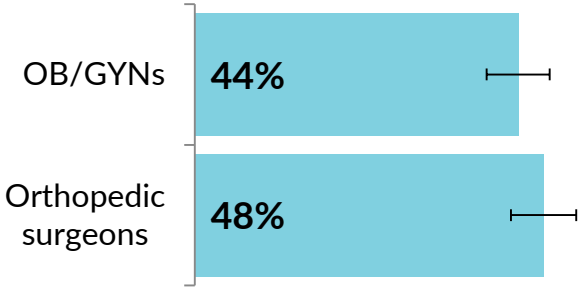
Average number of MCO plans accepted by providers accepting Medicaid



Median wait time for appointment



Percent of providers with an accurate phone number



Notes:

1. Source: PHSKC mystery shopper survey of Medicaid Managed Care-contracted providers
2. OB/GYN and orthopedic surgeon appointments for a 1st prenatal care appointment at 8 weeks and routine exam for knee pain, respectively
3. Provider contact information was provided by the WA State Medical Association (WSMA)
4. Wait times are for providers accepting any MCO plan

Uninsurance in the general adult population

In the general adult population, uninsurance rates fall in 2014 for some groups

Data Source: Behavioral Risk Factor Surveillance System, 2000-2014

Additional adult indicators to be available soon…

Access to care

- Uninsured at some point in last year
- Uninsured for a year or more
- Unmet medical need due to cost
- Non-cost-related reasons for delaying medical care
- Medical debt

Utilization of care

- No routine checkup in past year
- No dental visit in past year

Patient experience

- Less satisfied with health care received

Population health

- Not screened for mammography
- Not screened for colorectal cancer
- No flu vaccine
- Fair/poor heath status
- Serious psychological distress
- Excessive alcohol consumption

Barriers to measuring progress in King County and potential solutions

Addressing data fragmentation in King County and WA state

Topic Areas	Major Barriers	Potential Solutions
Equity Lens	Fragmentation of/limited access to administrative and clinical data forces reliance on surveys (sample sizes too small for equity analysis)	Build robust HIE infrastructure Pay for survey over-samples
Access	No one has access to all enrollment data	HCA, HBE, OIC, and OFM collaborate on unified health reform evaluation
Utilization Quality Cost	No one has access to all claims data No price transparency	All payer claims database (APCD) through OFM, if government/researchers can be guaranteed affordable access
Capacity	No one monitoring population-level access to care Inaccurate provider directories limit surveys	Sentinel provider network Health system-sourced capacity data
Patient Experience	Population-level, representative patient experience info either not collected OR not accessible for in-depth analysis	Integration of CAHPS data across agencies Analysis of consumer grievance data
Population health	No existing HIE for all health care providers	State's Link4Health and other regional solutions

Next steps for health reform evaluation in King County

The road ahead

Topic Areas	Next steps
Equity Lens	Advocate for core equity lens in all evaluation frameworks in WA state Pursue access to large administrative health databases for equity tracking Continue to investigate novel methods for measuring equity
Access	Continue to advocate for synergy in heath reform evaluation in WA state & the US Continue to pursue detailed enrollment data from the Health Benefit Exchange Continue to track access to care in safety net and overall adult population
Utilization Quality Cost	Begin working with Medicaid claims data through HCA data sharing agreement Continue to advocate for affordable and unfettered access to APCD
Capacity	Publish recommendations for system capacity monitoring based on PHSKC surveys Investigate use of consumer grievance data for monitoring capacity
Patient Experience	Investigate use of CAHPS and other survey data for population-level analysis
Population health	Continue to track health outcomes through survey and vital statistics data Advocate for access to state's Clinical Data Repository (Link4Health)

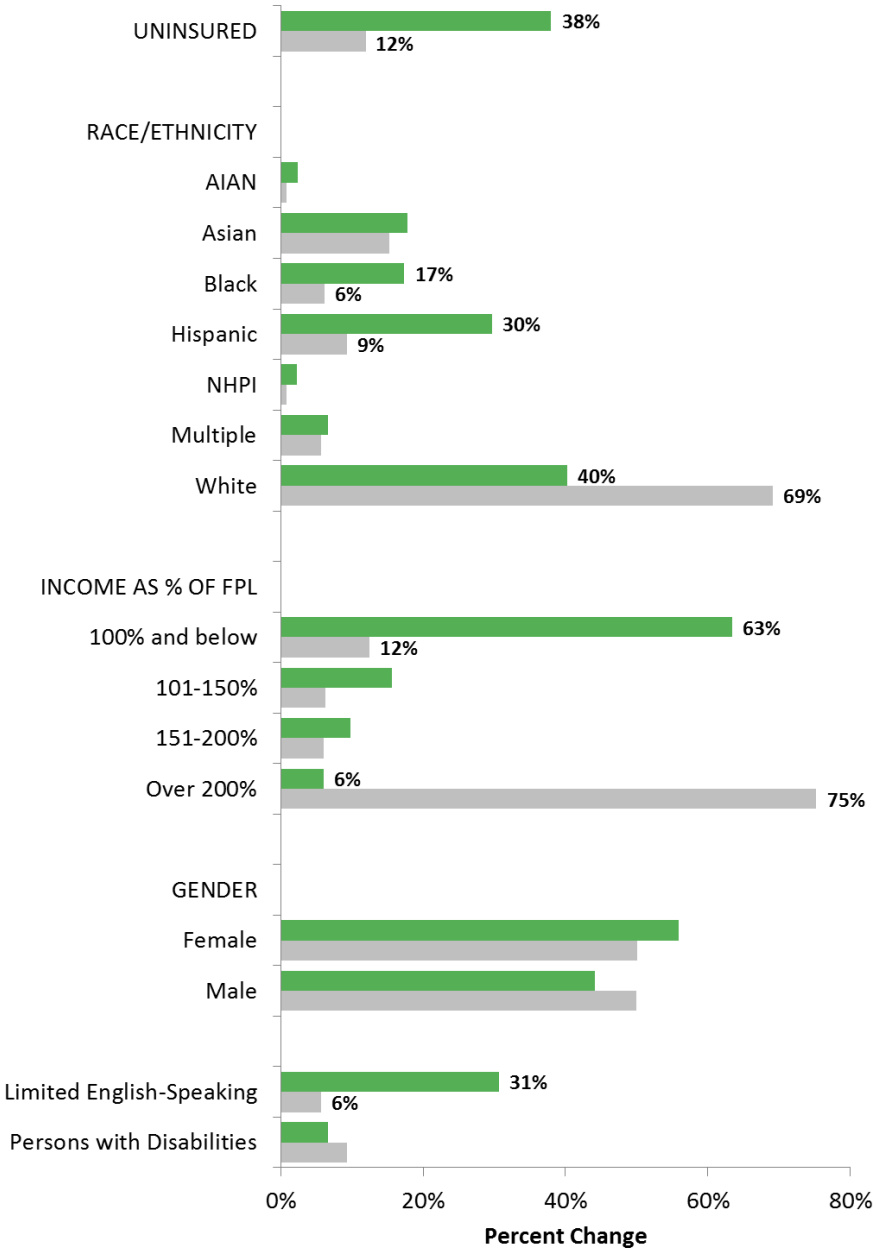
APPENDIX

See 2013-14 report for complete description of ACA QA/Evaluation framework and methodology

FOR MORE INFORMATION, CONTACT:

Assessment, Policy Development & Evaluation Unit
Public Health - Seattle and King County
Phone: 206.263.8786 | Email: data.request@kingcounty.gov

Demographics in 2013: Medical users versus the overall King County population



Legend

Health safety net

King County

AIAN: American Indian/Alaska Native

NHPI: Native Hawaiian /Pacific Islander

FPL: Federal Poverty Level

Data Source: Health safety net – Community Health Services Division, PHSKC; overall King County population – US Census Bureau, American Community Survey, 2013

Assessment of phone accuracy in the April 2015 Mystery Shopper Survey

- Each phone call is assigned to a call status category:

Survey	Complete interview	Inaccurate phone number	Not applicable
Primary care provider	32%	58%	10%
OB/GYN	39%	50%	11%
Orthopedic surgeon	40%	44%	16%

- Reasons for inaccurate phone number include:
  - Requested provider was never at the practice location
  - Requested provider is no longer at the practice location
  - Phone number was non-working or a fax machine number
  - Phone number was provider's personal line
  - Long hold time (After 2 attempts on different days)

- Reasons for not applicable interviews include:
  - PCP: specialty/venue (e.g. cardiology, ED), patient/service restrictions (e.g. low-income patients only, school-based health center, WIC office)
  - OB/GYN: specialty (e.g. GYN only), patient/service restrictions (e.g. High-risk pregnancies only, ultrasound only)
  - Orthopedic surgeons: specialty excludes knees (e.g. hand and wrist only)

Indicators included in summary health care disparities figure by demographics

Demographic category	Age	Sex	Race/ethnicity	Education	Employment	Region
Insurance coverage	☑	☑	☑	☑	☑	☑
Unmet medical need	☑	☑	☑	☑	☑	☑
Annual checkup	☑	☑	☑	☑	☑	☑
Annual dental visit	☑	☑	☑	☑	☑	☑
Mammography screening			☑	☑	☑	☑
Colorectal cancer screening		☑	☑	☑	☑	☑
Cholesterol screening		☑	☑	☑	☑	☑
Flu shot	☑	☑	☑	☑	☑	☑
Childhood vaccinations						☑
Fair/poor health status	☑	☑	☑	☑	☑	☑
Adequate prenatal care			☑	☑		☑
Uncompensated hospital care	☑	☑				☑
TOTAL	**7**	**9**	**10**	**10**	**9**	**12**

Timeline for acquiring pre- and post-ACA data used in the Framework

Data source *Click source for results*	Pre-ACA data acquisition date†	Post-ACA data acquisition date‡	Time from 1/1/14 to post-ACA data acquisition
ACS	12/6/14	12/6/15	23 months
BRFSS	4/1/14	4/1/15	15 months
CHARS	1/1/15	1/1/16	24 months
HBE	TBD	TBD	TBD
Mystery shopper survey	1/1/14	6/1/14	5 months
ProviderOne	2015 Q1-Q2	2015 Q1-Q2	~18 months
Vital statistics	12/31/14	12/31/15	24 months
WSIIS	3/1/14	9/1/14	8 months

†Pre-ACA = 2013 or any time period before 2014.
‡Post-ACA = After January 1, 2014.
ACS – American Community Survey; BRFSS – Behavioral Risk Factor Surveillance System; CHARS – Comprehensive Hospital Abstract Reporting System; HBE – Health Benefit Exchange; TBD – To be decided; WSIIS – Washington State Immunization Information System.