



Access to Health Care in Michigan

COVER MICHIGAN SURVEY 2013



Introduction 2

Key Findings 2

Identification of a
Primary Care Provider 3

Ease of Scheduling
Appointments for
Primary Care 4

Ease of Scheduling
Appointments for
Specialty Care 5

Importance of
Having a Primary
Care Provider 6

Changes in Usual
Care Settings 7

Conclusion 8

Methodology 8

Introduction

Understanding the impact of health care coverage (or the lack of it) on health care access is crucial to improving the picture of health care in Michigan.

The Center for Healthcare Research & Transformation (CHRT), in partnership with the Institute for Public Policy and Social Research at Michigan State University, has surveyed Michigan residents three times (in 2009, 2010, and 2012) on key issues relating to health care coverage, access to care, and health status. The latest survey, *Cover Michigan Survey 2013*, was fielded in the third quarter of 2012.

This report compares data from 2010 and 2012 and focuses on one aspect of that survey: the relationship between coverage status and access to care.

Future reports will cover other aspects of health care in Michigan.



Key Findings

Cover Michigan Survey 2013 found:

- More respondents said they had an identified primary care provider than in 2010; the greatest increase was found among those with Medicaid coverage.
- Those with Medicaid coverage reported a significantly easier time in scheduling appointments for primary and specialty care than in 2010—now on par with those with employer-sponsored coverage.
- Those with individually-purchased coverage reported greater difficulty scheduling appointments for primary care than in 2010.
- Respondents reported using public or community health clinics as their usual sources of care at significantly higher rates than in 2010.
- Respondents who lacked coverage reported using emergency rooms and urgent care centers as their usual sources of care at considerably higher rates than those who had coverage.

The Center for Healthcare Research & Transformation (CHRT) illuminates best practices and opportunities for improving health policy and practice. Based at the University of Michigan, CHRT is a non-profit partnership between U-M and Blue Cross Blue Shield of Michigan to promote evidence-based care delivery, improve population health, and expand access to care.

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Identification of a Primary Care Provider

The proportion of respondents that said they had identified a primary care provider was significantly higher in 2012 than in 2010. In 2012, 83 percent of respondents reported they had identified a primary care provider for medical care, compared to 77 percent in 2010. **FIGURE 1**

While 56 percent of those who were uninsured said they had identified a primary care provider in 2012 (an increase from 2010), they were still significantly less likely to have identified a primary care provider than those with coverage. **FIGURE 2**

Those with Medicaid coverage reported the greatest increase in having identified a primary care provider. In 2010, 72 percent of Medicaid recipients reported having a primary care provider compared to 88 percent in 2012, a statistically significant difference. Those with individually-purchased coverage also experienced significant improvements—from 68 percent in 2010 to 82 percent in 2012. **FIGURE 3**

Those with Medicaid coverage reported the greatest increase in having identified a primary care provider.

FIGURE:1
Primary care provider identification 2010 and 2012^a

	2010	2012
Has a primary care provider	77%	83%
No primary care provider	23%	17%
TOTAL	100%	100%

^a Denotes a significant difference comparing 2010 and 2012 data

FIGURE:2
Primary care provider identification, by coverage status, 2010^a and 2012^b

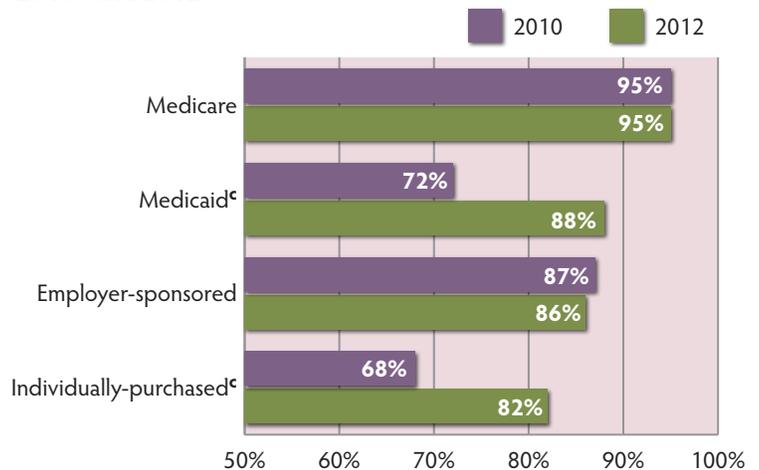
	Insured ^c		Uninsured	
	2010	2012	2010	2012
Has a primary care provider	81%	87%	50%	56%
No primary care provider	19%	13%	50%	44%
TOTAL	100%	100%	100%	100%

^a Significant difference for primary care identification by coverage status among 2010 responses

^b Significant difference for primary care identification by coverage status among 2012 responses

^c Significant difference for primary care identification by coverage status comparing 2010 and 2012 for insured respondents

FIGURE:3
Primary care provider identification, by coverage type, 2010^a and 2012^b



^a Significant difference for primary care identification by coverage type among 2010 responses

^b Significant difference for primary care identification by coverage type among 2012 responses

^c Significant difference for primary care identification by coverage type in comparing 2010 and 2012 data for respondents with Medicaid and individually-purchased coverage

Ease of Scheduling Appointments for Primary Care

In 2012, 86 percent of survey respondents said that scheduling appointments for routine primary care was either “very” or “somewhat” easy, not significantly different from what was reported in 2010. **FIGURE 4**

While the overall response was statistically unchanged from 2010 to 2012, there were changes from 2010 to 2012 when responses were broken down by coverage type. For example, a significantly higher proportion of Medicaid recipients reported it was either “very” or “somewhat” easy to schedule primary care appointments in 2012 compared to 2010 (91 percent vs. 74 percent). This change for Medicaid respondents suggests that they are now on par with other insured respondents on ease of scheduling primary care appointments.

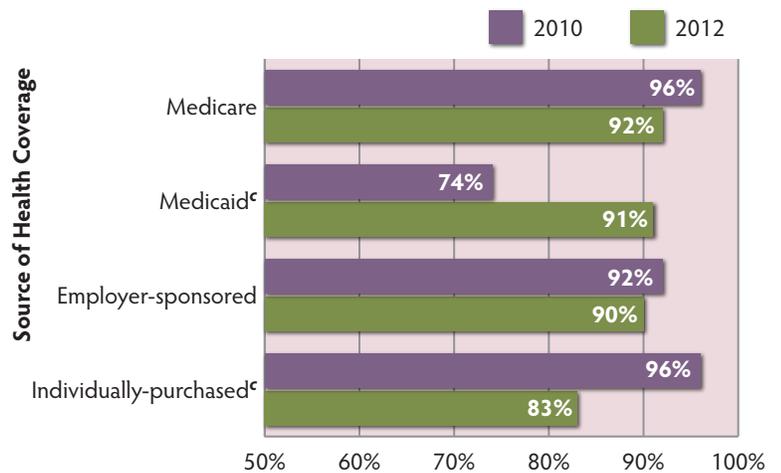
Those with individually-purchased coverage were the one group with a significant drop in ease of scheduling. Eighty-three percent of those with individually-purchased coverage indicated that scheduling appointments was “very” or “somewhat” easy in 2012, down 13 percent from 2010, when 96 percent reported it was either “very” or “somewhat” easy to schedule a primary care appointment. **FIGURE 5**

FIGURE 4
Ease of scheduling primary care appointments, 2010 and 2012

	2010	2012 ^a
Very or somewhat easy	88%	86%
Very or somewhat difficult	12%	13%
TOTAL	100%	100%

^a Note: 1% of respondents in 2012 reported ease of scheduling primary care appointments as “neither easy nor difficult”

FIGURE 5
Reported ease of scheduling primary care appointments as “very” or “somewhat” easy by coverage type, 2010^a and 2012^b



^a Significant difference in ease of scheduling primary care appointments by coverage type among 2010

^b Relationship between coverage and ease of scheduling appointments in 2012 is not statistically significant when “very” and “somewhat” easy and “very” and “somewhat” difficult are combined. Relationships are statistically significant for 2012 when the variables are not combined

^c Significant difference in ease of scheduling primary care appointments by coverage type comparing 2010 and 2012 for respondents with Medicaid and individually-purchased coverage

Ease of Scheduling Appointments for Specialty Care

Overall, response patterns regarding the ability to schedule appointments with specialists were largely unchanged between 2010 and 2012.

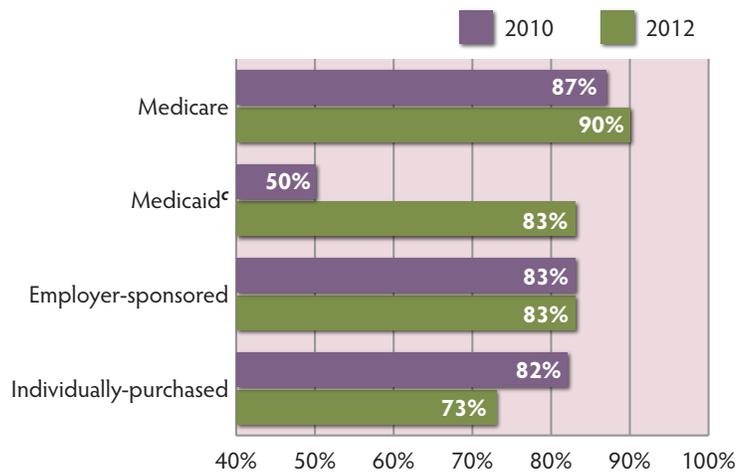
FIGURE 6

However, for respondents with Medicaid coverage, ease of scheduling specialty care appointments increased substantially from 2010 to 2012. In 2010, only 50 percent of Medicaid recipients reported it was “very” or “somewhat” easy to schedule specialty care appointments. In 2012, 83 percent reported it was either “very” or “somewhat” easy to schedule specialty care appointments. FIGURE 7

FIGURE:6
Ease of scheduling specialty care appointments, 2010 and 2012

	2010	2012
Very or somewhat easy	77%	79%
Very or somewhat difficult	23%	21%
TOTAL	100%	100%

FIGURE:7
Ease of scheduling appointments for specialty care, by coverage type, 2010^a and 2012^b



^a Significant difference in ease of scheduling specialty care appointments by coverage type among 2010 responses

^b Significant difference in ease of scheduling specialty care appointments by coverage type among 2012 responses

^c Significant difference in ease of scheduling specialty care appointments by coverage type comparing 2010 and 2012 for respondents with Medicaid



Importance of Having a Primary Care Provider

Having an identified primary care provider was significantly related to a patient's ease of scheduling both primary and specialty care appointments. Most notably, 83 percent of patients with an identified primary care provider reported it was "very" or "somewhat" easy to schedule specialty care appointments, compared to 55 percent for those without a primary care provider. **FIGURE 8**

FIGURE:8
Ease of scheduling appointments, for primary and specialty care, by primary care provider identification, 2012

	Primary care ^a		Specialty care ^a	
	Has a PCP	No PCP ^b	Has a PCP	No PCP
Very or somewhat easy	89%	76%	83%	55%
Somewhat or very difficult	11%	24%	17%	45%
TOTAL	100%	100%	100%	100%

^a Significant difference in primary care provider identification by ease of scheduling primary and specialty care appointments

^b 3% of those respondents with no identified PCP reported that the ease of scheduling primary care appointments was neither easy nor difficult



Changes in Usual Care Settings

From 2010 to 2012, there were significant changes in the settings that survey respondents reported as their usual locations of care. The percentage of respondents who reported using doctors' offices as their primary locations of care decreased, while the percentage of respondents who reported using a public or community clinic increased.

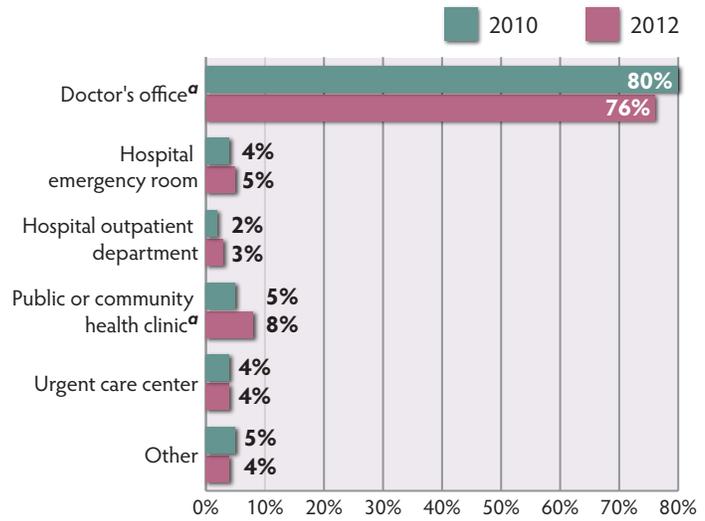
FIGURE 9

Community clinics include settings such as federally qualified health centers (FQHC). In 2012, Michigan had 46 more FQHC sites than in January 2010.¹

Uninsured respondents used hospital emergency rooms and urgent care centers as usual sources of care at higher rates than those with any form of coverage, though the use of urgent care declined for the uninsured between 2010 and 2012. In 2012, 21 percent of uninsured respondents said they considered hospital emergency rooms or urgent care centers to be their usual locations of care, compared to fewer than 10 percent of insured respondents.

FIGURE 10

FIGURE:9
Usual location of care, 2010 and 2012



^a Significant difference comparing 2010 and 2012 in usual location of care

FIGURE:10
Usual location of care, by coverage status, 2010 and 2012^a

	Insured		Uninsured	
	2010	2012	2010	2012
Doctor's office	86%	80% ^b	35%	52% ^b
Public or community health clinic	3%	6% ^c	20%	25%
Hospital outpatient department	2%	3%	4%	1%
Hospital emergency room	3%	3%	9%	12%
Urgent care center	3%	3%	19%	9%
Other	4%	5%	13%	1% ^d

^a All usual locations of care are significantly different when comparing insured respondents to uninsured respondents for 2012

^b Significant differences in "doctor's office" as a usual location of care among insured and uninsured comparing 2010 and 2012 data

^c Significant difference in public or community clinic as usual location of care ONLY among the insured when comparing 2010 and 2012 data

^d Significant differences in "Other" as a response to usual location of care ONLY among uninsured comparing 2010 and 2012 data

¹ Human Resources Service Administration Data Warehouse, January 2010 – October 2012

Conclusion

This report found significant changes in access to health care in Michigan in 2012 when compared with 2010. Results from 2012 included particularly good news regarding the Medicaid program: Medicaid recipients reported having an identified primary care practitioner at much higher rate than in 2010—equivalent to those with private coverage and Medicare—and an easier time scheduling appointments for both primary and specialty care. In contrast, those with individually-purchased coverage had a significantly harder time scheduling appointments for primary care in 2012 than in 2010. And, as in 2010, those who lacked health coverage were much less likely to have an identified primary care provider than insured respondents, and much more likely to use emergency rooms as their usual source of care.

Since 2010, a great deal has changed in the way health care is organized and delivered in Michigan—in public and private health insurance programs alike. This report should be useful information to policy makers who seek to understand which specific changes and initiatives were most directly connected to the results reported here.



Methodology

The results presented in this report were produced from a series of survey questions added to Michigan State University's Institute for Public Policy and Social Research's (IPPSR's) quarterly State of the State Survey. The survey was fielded in the third quarter of calendar year 2012 and included a sample of 1,018 Michigan adults. The margin of error for the entire sample was +/- 6.5 percent. The sampling design, a random stratified sample based on regions of the state, was a telephone survey that called landline and cellular phones of Michigan's residents.

For analytical purposes, survey data were weighted to adjust for the unequal probabilities of selection for each stratum of the survey sample (e.g., region of the state, listed vs. unlisted telephones, etc.) Additionally, data were weighted to adjust for non-response based on age, gender, and race according to population distributions from the United States Census 2010. Results were analyzed using SAS 9.3 software. Statistical significance of one-year variation was tested using a chi-squared test for independence. Z-tests were used to determine the statistical significance of individual groups when two years were compared. All relationships and tables marked as statistically significant are significant at $p \leq 0.05$. Percentages may not add up to 100 due to rounding.

A full report of IPPSR's State of the State Survey methodology can be found at: <http://ippsr.msu.edu/soss/>.



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