

# Post-Reform Changes in Health Care Access and Affordability in Minnesota

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## INTRODUCTION

- To monitor how more (or less) accessible and affordable is healthcare in Minnesota in 2015 compared to 2013.
- To examine how some racial and ethnic disparity gaps have changed post-reform.

## STUDY DESIGN

- We compare different indicators of access and affordability pre- and post-reform. Our analysis focuses on differences by coverage type, income, and race/ethnicity.
- We use a representative sample of 9,935 and 9,321 non-elderly Minnesotans who participated in the Minnesota Health Access surveys in 2013 and 2015, respectively.

## RESULTS

**Table 1. Changes in Healthcare Access and Affordability, 2013-2015**

Indicator	2015	2013	Diff
Uninsurance Rate	4.9%	9.4%	-4.5pp*
Usual Source of Care	84.0%	84.1%	-0.1pp
Confidence	93.0%	91.1%	1.9pp*
Coverage Rejected	4.2%	2.9%	1.3pp*
New Patient Rejected	4.1%	3.2%	0.9pp*
Delayed or No Appt.	12.4%	10.1%	2.3pp*
Any Forgone Care	19.3%	19.2%	0.1pp
Forgone Prescriptions	6.5%	7.3%	-0.8pp
Forgone Dental Care	12.4%	12.4%	0.0pp
Forgone Routine	5.1%	6.9%	-1.8pp*
Forgone Mental	2.9%	4.1%	-1.2pp*
Forgone Specialist	4.9%	4.9%	0.0pp
Any Financial Burden	20.8%	23.0%	-2.2pp
Trouble-Medical Bills	13.2%	16.4%	-3.2pp*
Set Up Payment Plan	16.0%	17.0%	-1.0pp
Trouble-Basic Bills	6.5%	8.7%	-2.2pp*

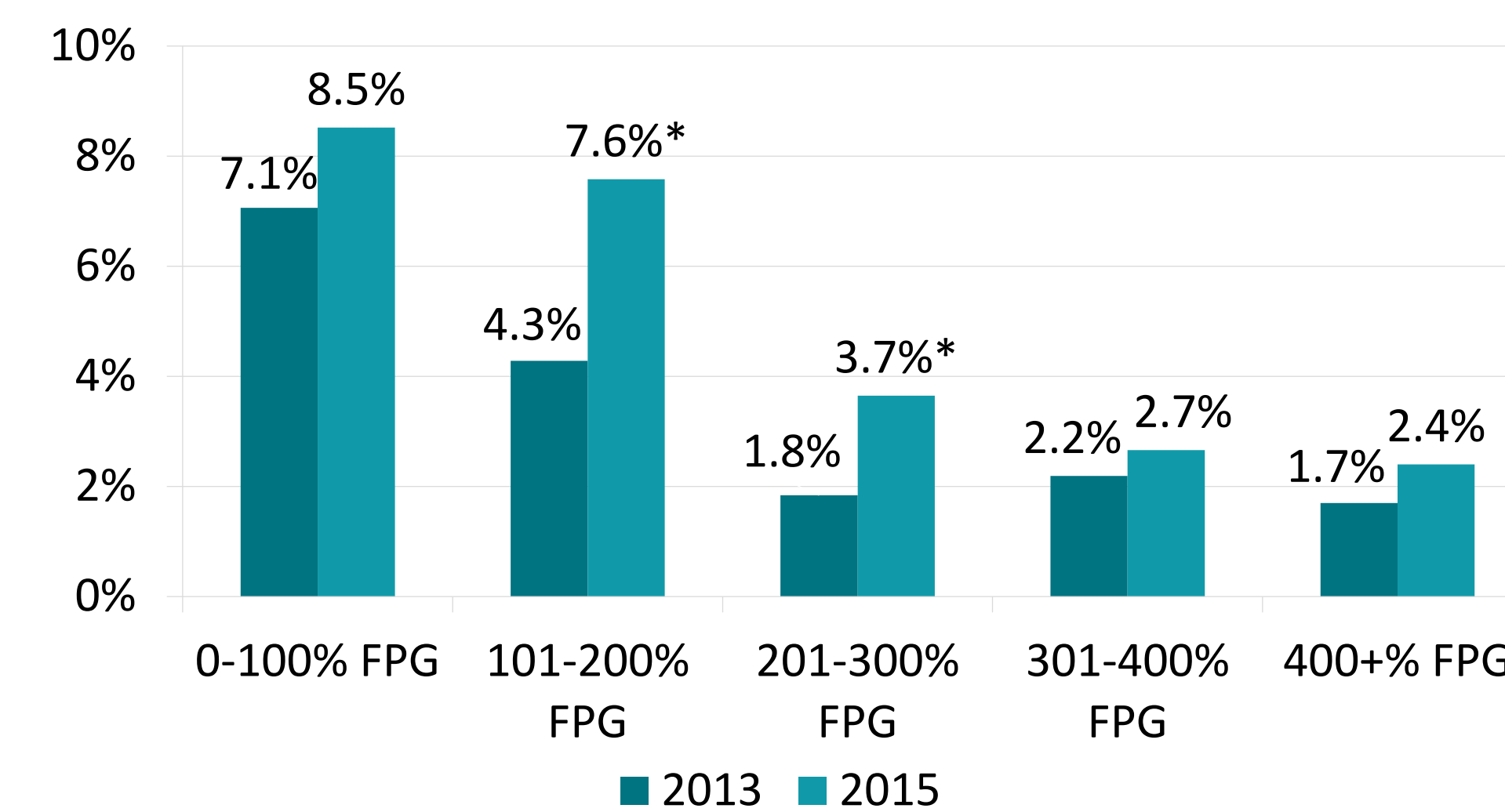
\* Indicates statistically significant difference (p<.05) from 2013 estimates

## RESULTS: ACCESS TO HEALTHCARE

### Highlights

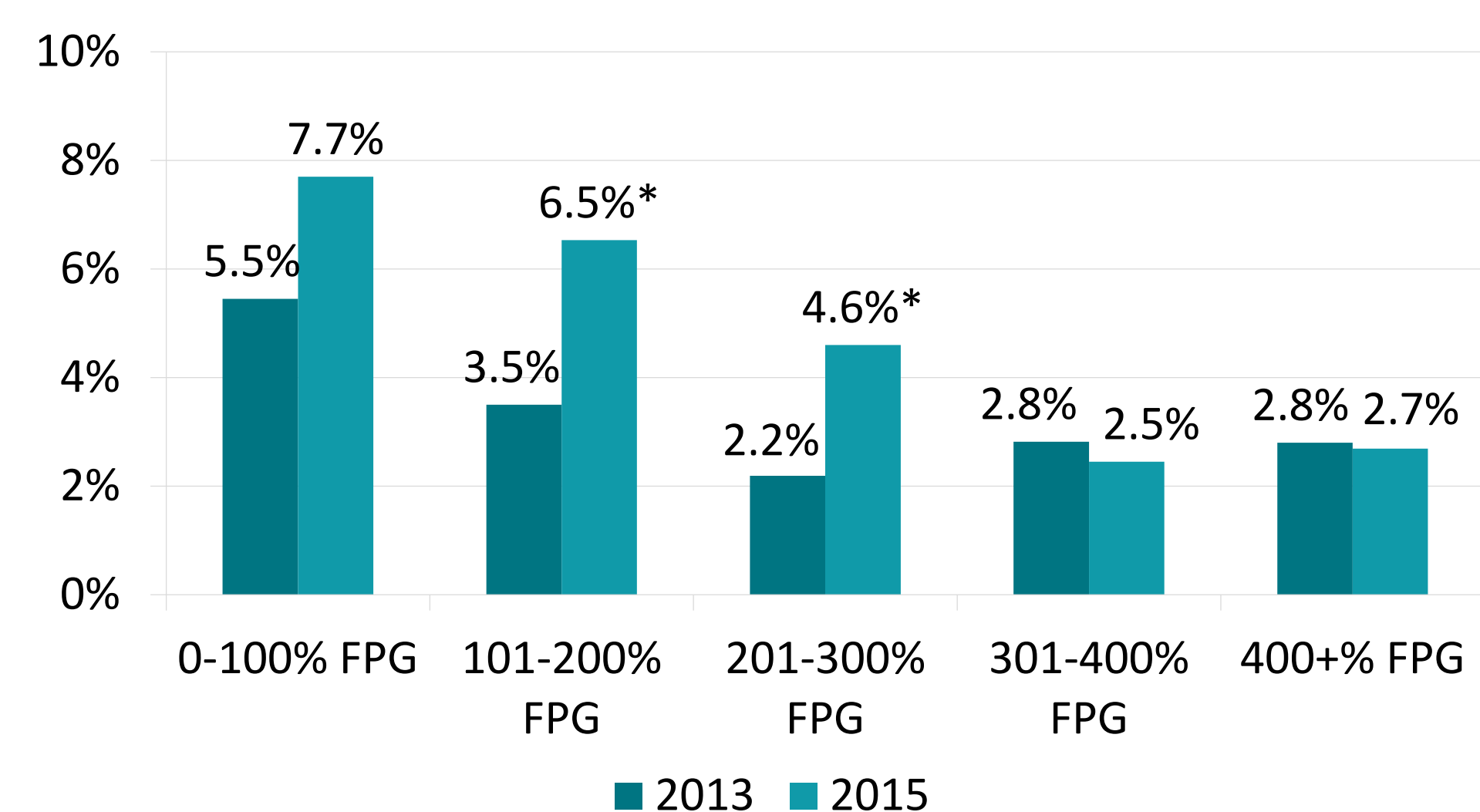
- Among the uninsured, the confidence in getting healthcare when needed grew by 8.4 pp, although it is not statistically significant.
- Provider supply issues grew.
  - Coverage and new patients were rejected more frequently among those with low income.

**Figure 1. Doctor Did Not Accept Their Coverage by Coverage Type, 2013-2015**



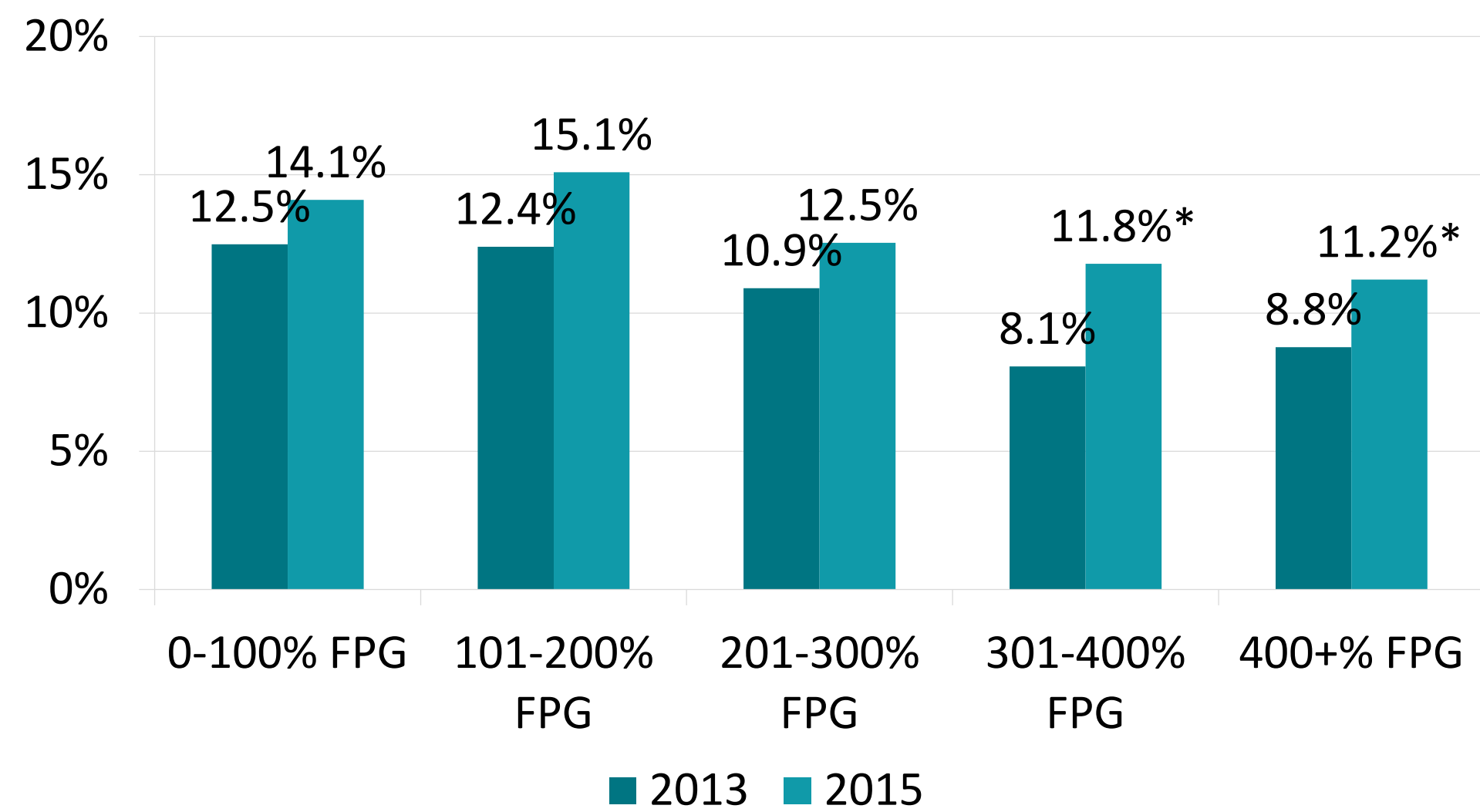
\* Indicates statistically significant difference (p<.05) from 2013 estimates

**Figure 2. Doctor Was Not Accepting New Patients by Type of Coverage, 2013-2015**



\* Indicates statistically significant difference (p<.05) from 2013 estimates

**Figure 3. Could Not Get Appointment As Soon As Needed by Type of Coverage, 2013-2015**



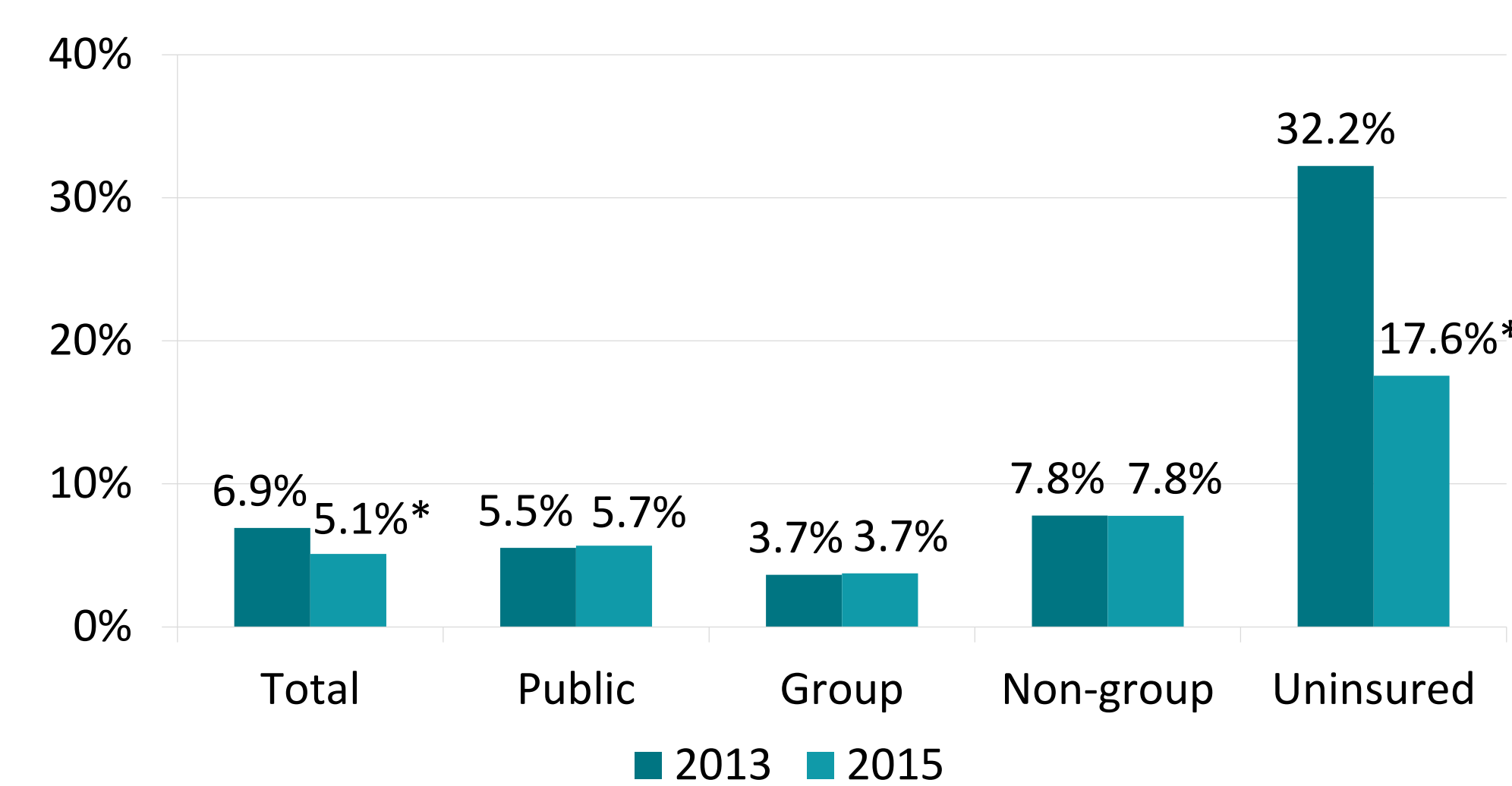
\* Indicates statistically significant difference (p<.05) from 2013 estimates

## RESULTS: HEALTHCARE AFFORDABILITY

### Highlights

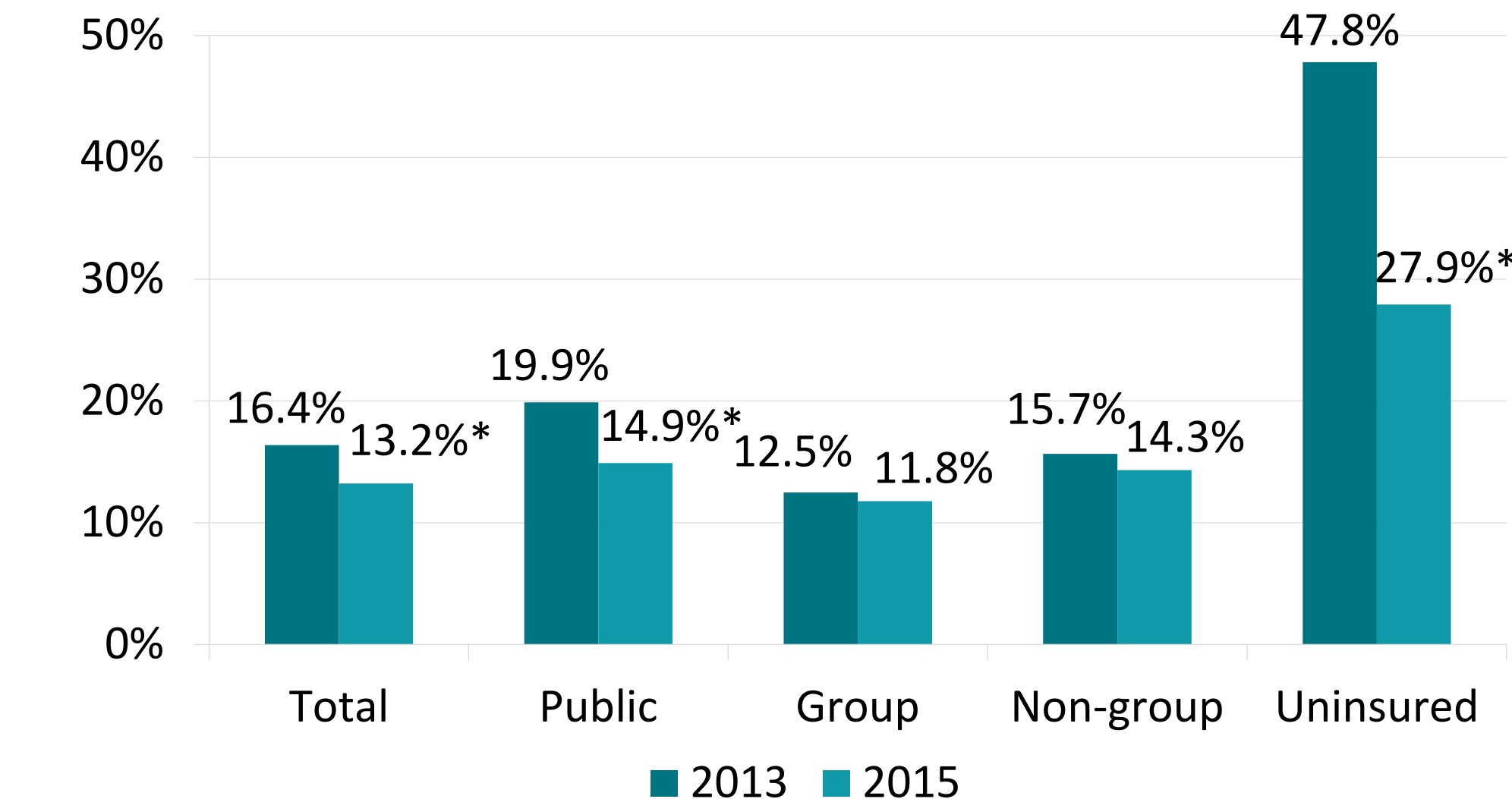
- The uninsured faced less hardship:
  - They had to forgo care less frequently: 15 pp and 7.4 pp for routine and mental care.
  - They experienced financial burden less frequently (20.4 pp).
- Low income people (0-200% FPG) reduced their financial burden by 10.0 pp.

**Figure 4. Forgone Routine Care by Type of Coverage, 2013-2015**



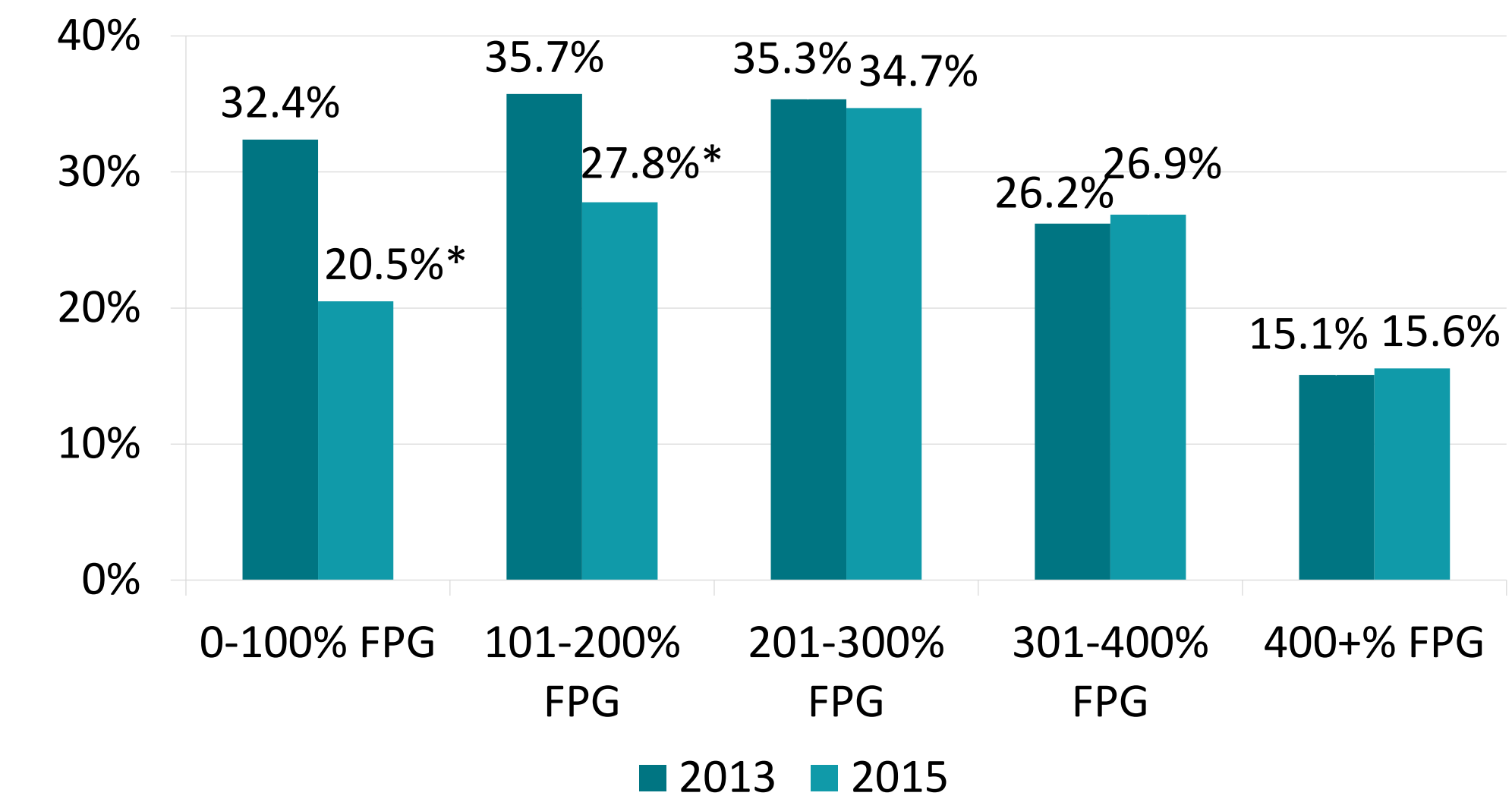
\* Indicates statistically significant difference (p<.05) from 2013 estimates

**Figure 5. Problems Paying Medical Bills by Type of Coverage, 2013-2015**



\* Indicates statistically significant difference (p<.05) from 2013 estimates

**Figure 6. Financial Burden by Income, 2013-2015**



\* Indicates statistically significant difference (p<.05) from 2013 estimates

## DISPARITIES ANALYSIS

- Minorities have experienced greater gains in access and affordability.
- The disparities against minorities existing in 2013 have narrowed in 2015:
  - African Americans are no longer overrepresented among people having problems paying basic bills or having to set up a payment plan.
  - Hispanics are no longer overrepresented among people having problems paying medical can basic bills.

**Table 2. Disparities: Problems Paying Basic Bills Due to Medical Costs, 2013-2015**

	2015		2013	
	TP	FBP	TP	FBP
White	82.1	79.2	85.3	73.7^
African American	5.6	7.8	4.9	11.7^
Hispanic	4.4	8.2	3.7	11.8^
Asian	4.7	2.8	3.5	3.3
Native American	1.5	2.2	1.5	3.2
Other	0.3	0.6	0.2	0.0

TP: Percent out of Total Population.

FBP: Percent out of People Experiencing Problems Paying Basic Bills.

^ Indicates statistically significant difference from total population.

## CONCLUSIONS

- Results suggest that, post-reform, health care services in Minnesota are becoming more accessible and affordable for non-elderly adults; almost all indicators show an improvement.
- Affordability problems (e.g., forgone care and financial burden) show important reductions, including among the uninsured.
- Changes among the uninsured suggest spillover effects of the Affordable Care Act, which could be driven by the aid they obtain through the healthcare safety net.
- The exception to this general improvement is a set of provider supply issues, which have increased.

