HEALTH REFORM IN MASSACHUSETTS: AN UPDATE AS OF FALL 2010

SUMMARY OF KEY FINDINGS

MASSACHUSETTS HEALTH REFORM SURVEY FALL 2006 TO FALL 2010

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JANUARY 2012

EXECUTIVE SUMMARY

In April 2006, Massachusetts passed a comprehensive health care reform bill, entitled *An Act Providing Access To Affordable, Quality, Accountable Health Care* (Chapter 58 of the Acts of 2006), that sought to move the state to near universal coverage. In order to track the impacts of Chapter 58, the Blue Cross Blue Shield of Massachusetts Foundation began funding a survey of nonelderly adults in the Commonwealth in fall 2006, just prior to the implementation of key elements of the law. That survey, called the Massachusetts Health Reform Survey (MHRS), has been fielded most years since 2006. With the 2010 passage of the federal *Patient Protection and Affordable Care Act* (ACA), the MHRS was expanded to include new questions to help track the future impacts of the ACA. This chartbook summarizes some of the key findings from the 2006 to 2010 MHRS, providing a more in-depth overview of the circumstances of working-age adults in 2010. The full report on the MHRS is available at www.bluecrossfoundation.org.

USUAL SOURCE OF CARE

- In 2010, most nonelderly adults had strong ties to the health care system, with more than 90 percent reporting a usual source of care. This is up from 86 percent in 2006.
- Most adults with a usual source of care in 2010 had had that patient-provider relationship for a year or more.

HEALTH CARE USE

- In 2010, most nonelderly adults had used health care services over the past year, including visits to a general doctor, preventive care visits, and dental care visits. Overall, health care use was higher in 2010 than 2006.
- Between 2006 and 2010, there were reductions in emergency department use, the first such decline since health reform began.

UNMET NEED FOR CARE

- In 2010, more than one in five nonelderly adults reported that they did not get needed care in the past 12 months. However, unmet need was lower in 2010 than 2006.

EXECUTIVE SUMMARY (CONTINUED)

HEALTH CARE COSTS AND AFFORDABILITY

- In 2010, 6 percent of nonelderly adults reported spending 10 percent or more of family income on out-of-pocket health care costs, a significantly lower percentage than in 2006.
- Roughly one in ten nonelderly adults reported problems paying medical bills and medical debt in both 2006 and 2010.
- Health care costs were an important issue for many families in 2010. About half (49 percent) of nonelderly adults in Massachusetts reported their family was spending more on health care in 2010 than in the prior year and a quarter were not confident in their ability to afford care in the coming year.
- More than a quarter of the adults (28 percent) reported that their health care spending in 2010 had caused financial problems for their families, often leading them to cut back on health care services and other spending or to reduce savings.
- Underinsurance arises when insurance coverage does not protect against the financial risk associated with serious illness or injury. In 2010, 9 percent of nonelderly adults who were insured for the full year were underinsured.
- In 2010, most nonelderly adults (84 percent) were confident in their ability to keep their current health insurance coverage over the coming year.

SUPPORT FOR HEALTH REFORM

- Support for health reform among nonelderly adults in Massachusetts remained strong in 2010, at 66 percent. This is not significantly different from that reported prior to implementation of health reform (69 percent) or from that in 2009 (67 percent). However, among the remaining adults who either are opposed to health reform or neutral, there has been an increase in the share opposed to health reform.

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INTRODUCTION

In April 2006, Massachusetts enacted a health care reform law that sought to move the state to near universal insurance coverage. The key features of Massachusetts' initiative, entitled *An Act Providing Access To Affordable, Quality, Accountable Health Care* (Chapter 58 of the Acts of 2006), are:

- An expansion of coverage under Massachusetts' Medicaid program (MassHealth) to children with family income up to 300 percent of the federal poverty level (FPL);
- Income-related subsidies for health insurance (Commonwealth Care) for adults with family income up to 300 percent of the FPL;
- A new purchasing arrangement (Commonwealth Choice) that links individuals and some small employers to private health plans;
- Health insurance market reforms;
- An individual mandate that requires adults to have health insurance if they have access to an affordable health plan or else face state tax penalties; and
- Requirements for employers.

In order to track the impacts of Chapter 58, the Blue Cross Blue Shield of Massachusetts Foundation began funding an annual survey of nonelderly adults (aged 18-64) in the Commonwealth in fall 2006. That survey, called the Massachusetts Health Reform Survey (MHRS), has been fielded in the fall of most subsequent years.[1] With the passage of the federal *Patient Protection and Affordable Care Act* (ACA) in 2010, the MHRS was expanded to include new questions to help track the future impacts of the ACA. This summary provides an update as of fall 2010 of key changes since 2006 for nonelderly adults—a target population of many elements of the state's reform initiative. It also provides a more in-depth overview of the circumstances of nonelderly adults in 2010. The full report from which these results are taken is available at www.bluecrossfoundation.org.

We summarize changes in insurance coverage, access to and use of health care services, health care costs and the affordability of care, and support for health reform since 2006. We also report on new measures added to the survey in 2010, including new measures of access to care and affordability of care.

In presenting the findings, we report on the outcomes for working-age adults in the state as of 2010. We focus on changes since 2006 and, where statistically significant, changes between 2009 and 2010 for the population as a whole and for higher- and lower-income adults. Higher-income adults are defined as those with family income at or above 300 percent of the FPL and lower-income adults are those with family income less than 300 percent of the FPL.

1 The first three years of the survey (2006, 2007, and 2008) were funded jointly with the Commonwealth Fund and the Robert Wood Johnson Foundation.

DATA AND METHODS

The MHRS relies on telephone interviews with a stratified, random sample of nonelderly adults, with oversamples of lower-income adults and uninsured adults. In the initial years of the survey (2006-2009), "nonelderly" was defined as ages 18 to 64; in 2010 that was changed to ages 19 to 64 to make the definition consistent with that used by the Massachusetts Division of Health Care Finance and Policy in the state's Massachusetts Health Insurance Survey. In 2010, the survey sample was also modified to include both a landline telephone sample (comparable to that used in the survey for 2006 to 2009) and a random sample of cell phones. The decision to change the survey design in 2010 to include both landline telephones and cell phones reflects the rapid increase in the share of cell phone-only households in Massachusetts and the nation over the last few years.

The survey includes questions on insurance status, access to and use of health care, out-of-pocket health care costs and medical debt, insurance premiums and covered services (for those with insurance), health and disability status, and support for health reform. The response rates for the landline component of the annual surveys ranged from 42 percent to 49 percent, comparable to those achieved in other recent social science and health surveys. The response rate for the cell phone sample for the 2010 survey was 31 percent. While response rates for cell phone samples are generally lower than those of landline samples, the cell phone sample captures a part of the population (adults in cell phone-only households) that is missed completely in surveys that focus only on the population with a landline telephone.

The bulk of the surveys were conducted between October and December of each year. All tabulations based on the survey data were prepared using weights that adjust for the complex design of the survey, under-coverage, and survey non-response.

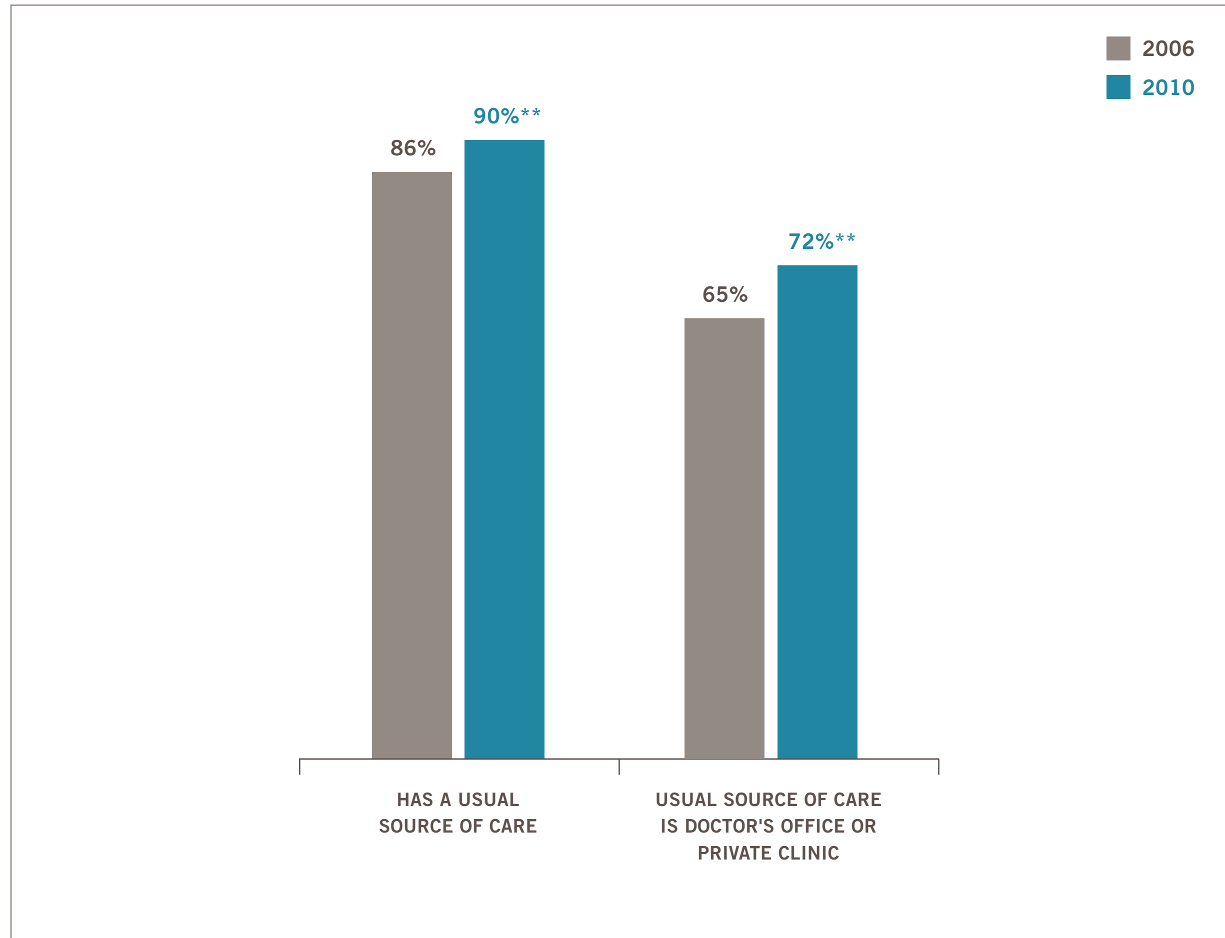
The study compares the outcomes for cross-sectional samples of adults in periods following the implementation of health reform (2007, 2008, 2009, and 2010) to the outcomes for a similar cross-sectional sample of adults in 2006, just prior to the implementation of key elements of health reform in the state. Under this pre-post framework, factors unrelated to health reform that were changing over the time period, including the economic recession and rising health care costs, will be captured in the estimates along with the effects of health reform.

For analyses that are comparing changes over time, we report estimates based on multivariate regression models that control for characteristics of the individual and his or her family and the region of the state in which he or she lives. In presenting the regression-adjusted estimates, we report the outcomes for adults in the state as of 2010 and estimates of how those adults would have fared in earlier years. The regression-adjusted estimates are generally quite similar to the simple, unadjusted estimates. The unadjusted estimates are available in the full report. Because we are focusing on the sample of adults in 2010, the findings reported here will not necessarily match estimates based on earlier survey samples.

USUAL SOURCE OF CARE, FALL 2006 TO FALL 2010

PERCENT REPORTING OUTCOME

- The share of nonelderly adults in Massachusetts with a usual source of care increased between 2006 and 2010. In both years, most adults had a usual source of care, suggesting strong ties to the health care system.
- For most nonelderly adults, their usual source of care is a doctor's office or a private clinic.

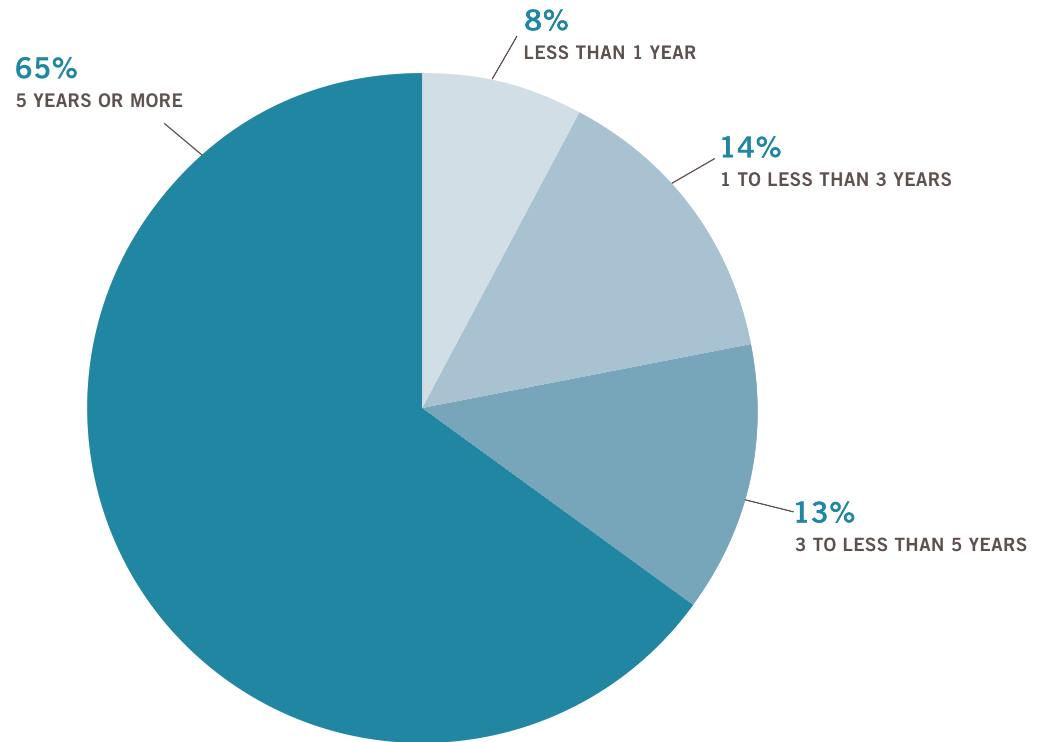


Note: These are regression-adjusted estimates based on the 2010 sample. These estimates will not necessarily match those reported in earlier years using different samples. * (**) Significantly different from estimate for 2006 at the .05 (.01) level, two-tailed test.

LENGTH OF RELATIONSHIP WITH USUAL SOURCE OF CARE, FALL 2010

PERCENT REPORTING LENGTH OF TIME

- In 2010, most nonelderly adults in Massachusetts with a usual source of care had had that relationship for a year or more, with almost two-thirds reporting the same relationship for five years or more.

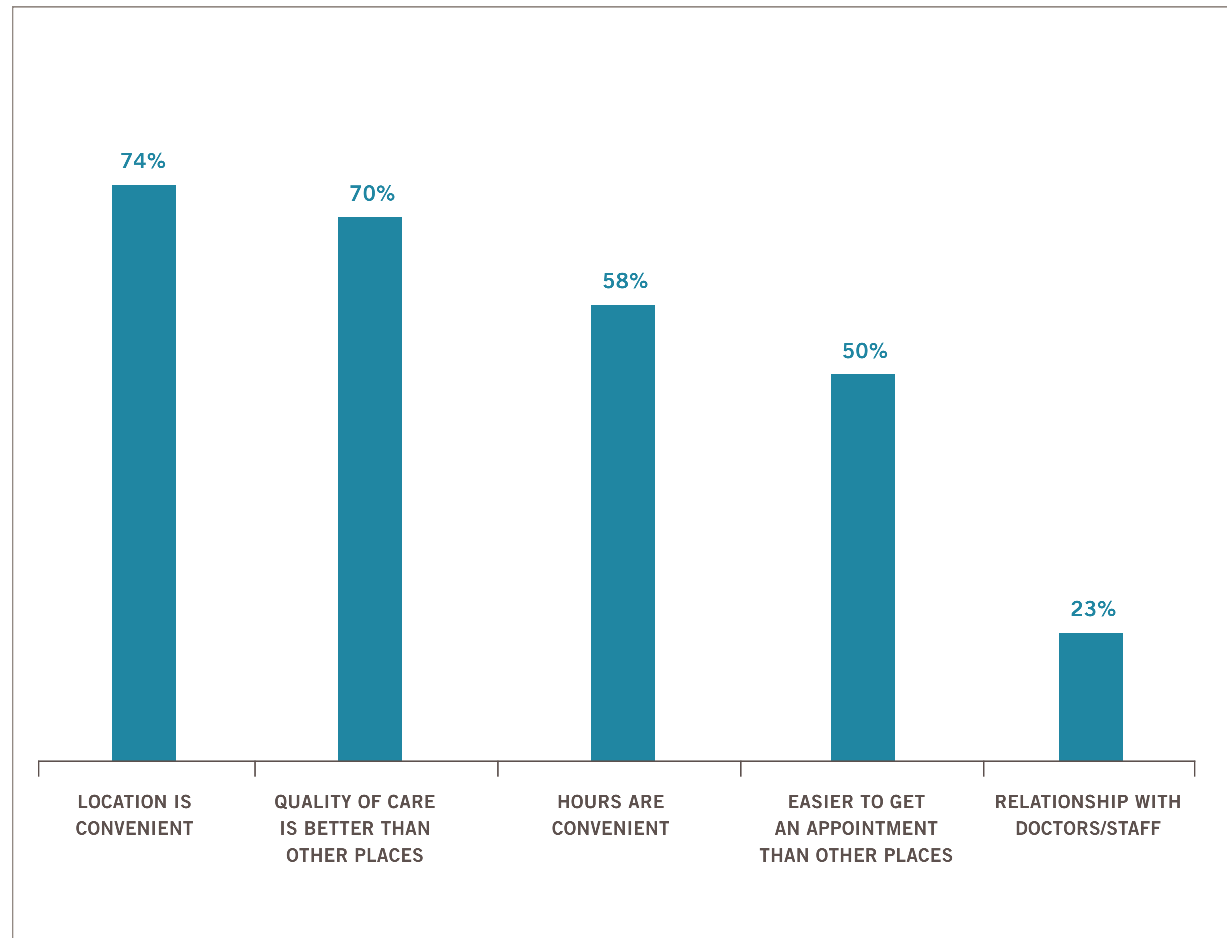


Note: These are simple (unadjusted) estimates.

TOP REASONS FOR GOING TO USUAL SOURCE OF CARE, FALL 2010

PERCENT REPORTING REASON

- In 2010, the most common reasons cited by nonelderly adults in Massachusetts for choosing to go to their usual source of care were convenient location, better quality of care than other places, and convenient hours.

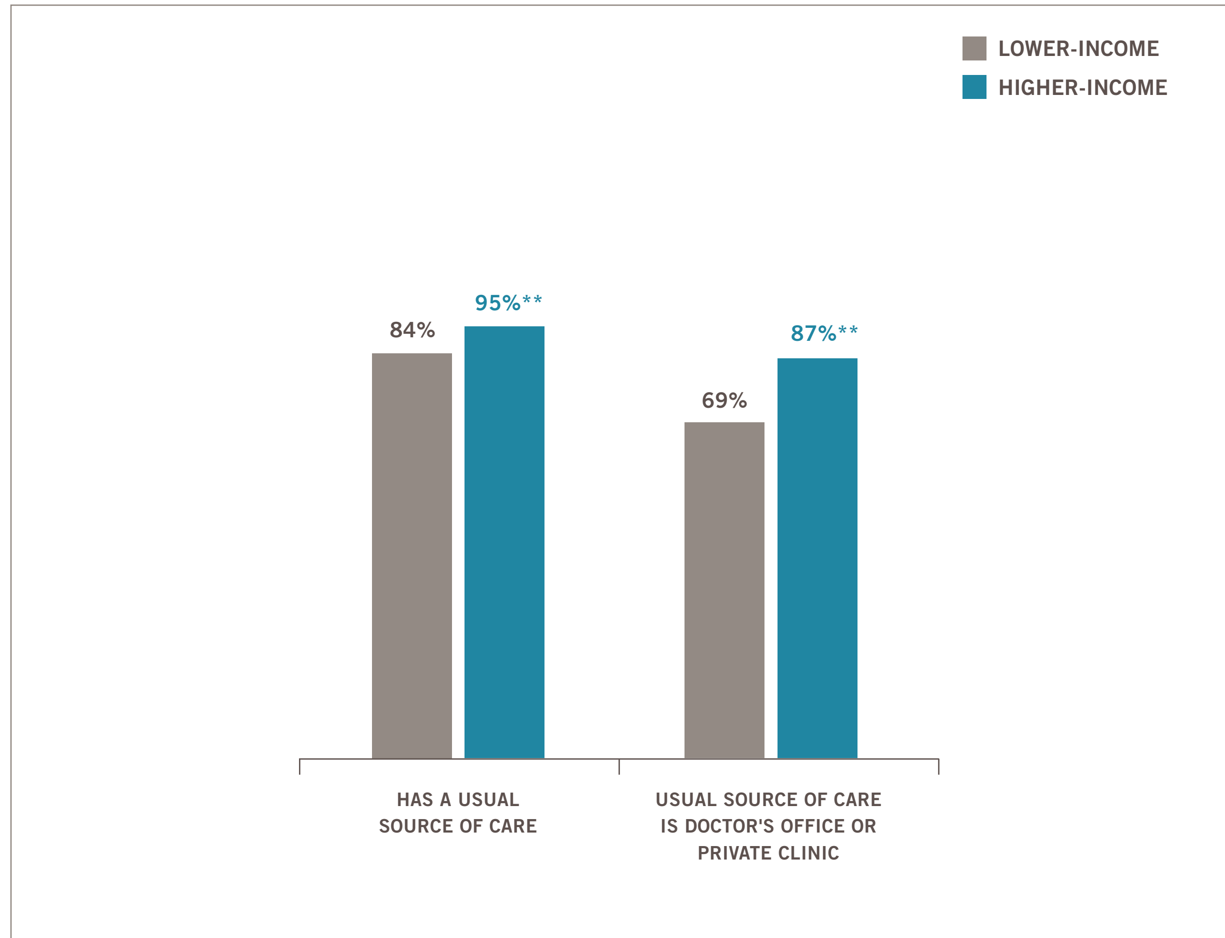


Note: These are simple (unadjusted) estimates.

USUAL SOURCE OF CARE, BY FAMILY INCOME, FALL 2010

PERCENT REPORTING OUTCOME

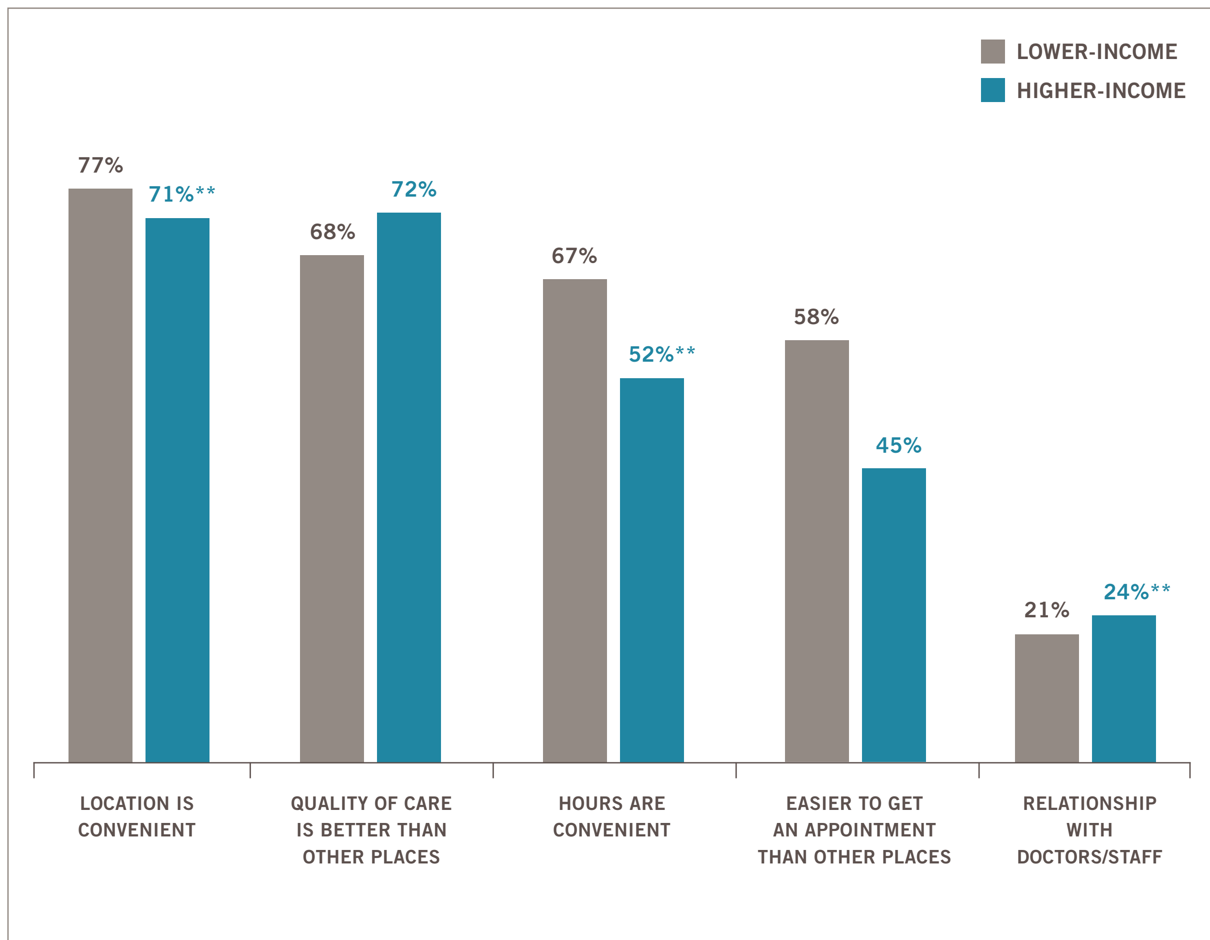
- In 2010, higher-income nonelderly adults in Massachusetts were more likely than lower-income adults to report having a usual source of care (other than the emergency department) and to have a doctor's office or private clinic as their usual source of care.



Note: These are simple (unadjusted) estimates. Higher-income adults are defined as those with family income at or above 300% of the federal poverty level and lower-income are defined as those with family income less than 300% of the federal poverty level.
* (**) Significantly different from estimate for lower-income adults at the .05 (.01) level, two-tailed test.

TOP REASONS FOR GOING TO USUAL SOURCE OF CARE, BY FAMILY INCOME, FALL 2010; PERCENT REPORTING OUTCOME

- There were broad similarities in the reasons higher- and lower-income nonelderly adults in Massachusetts had selected their usual source of care in 2010. Both groups reported the convenience of location, the quality of care, and the convenience of hours as their top reasons for choosing their usual source of care.



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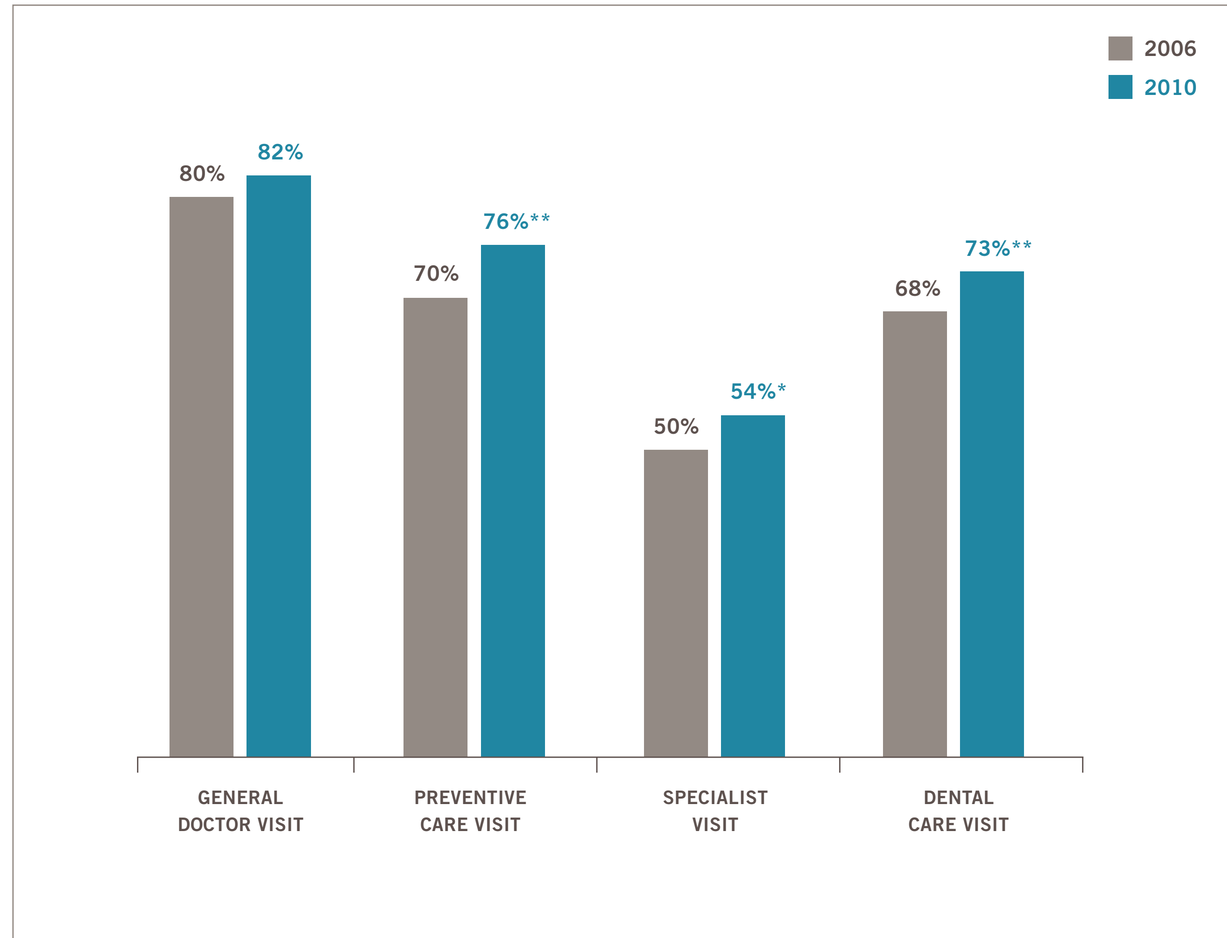
HEALTH CARE USE, FALL 2006 TO FALL 2010

PERCENT REPORTING TYPE OF CARE

- Nonelderly adults in Massachusetts in 2010 were more likely to have used most of the different types of care examined than was the case in 2006.

- In 2010, most of the adults had had at least one visit to a general doctor, specialist, nurse practitioner, midwife, or physician assistant, and roughly three-quarters had a preventive or dental care visit over the prior year.



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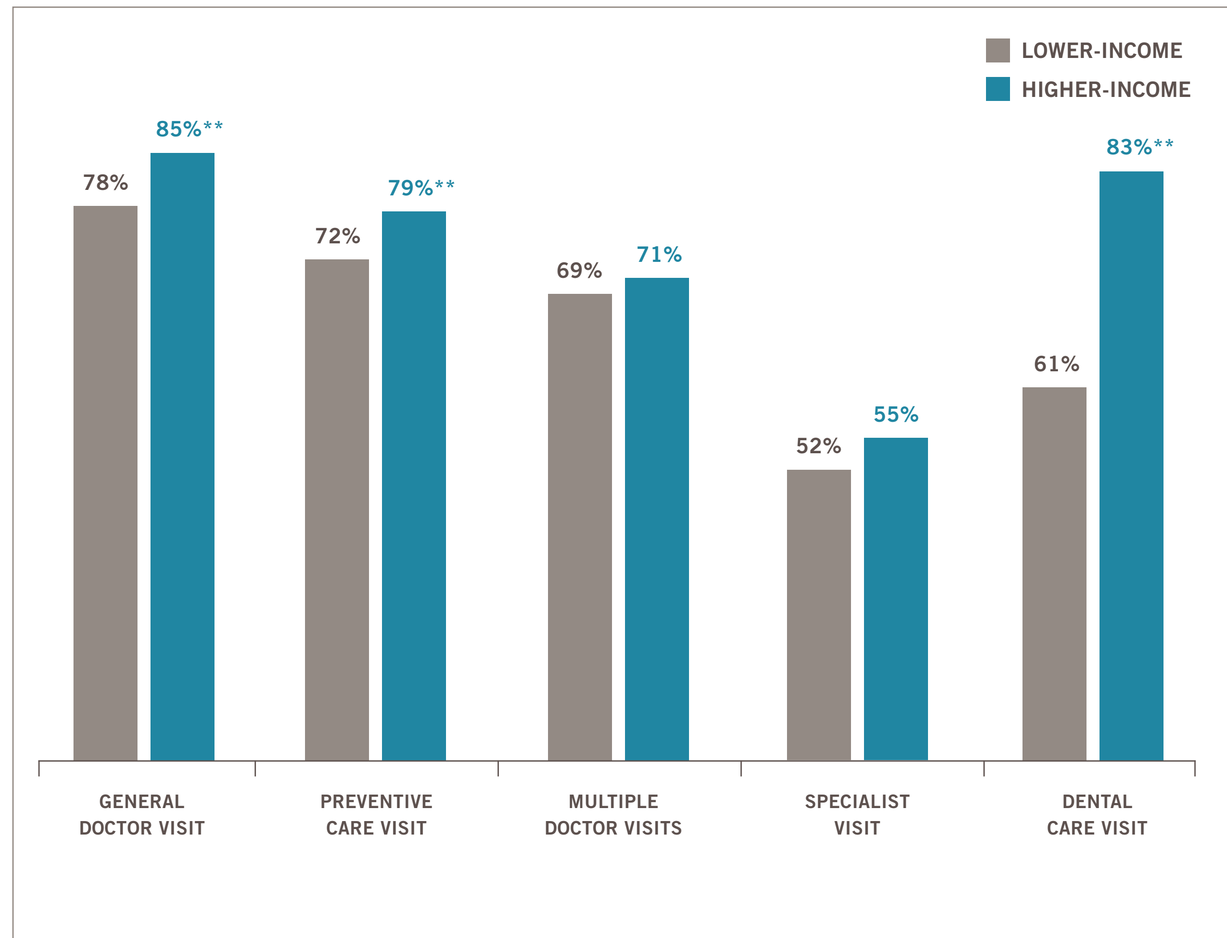
HEALTH CARE USE, BY FAMILY INCOME, FALL 2010
PERCENT REPORTING TYPE OF CARE

- Lower-income nonelderly adults in Massachusetts were less likely than higher-income adults to use many of the types of health care examined, including visits to a general doctor, preventive care visits, and dental care visits.



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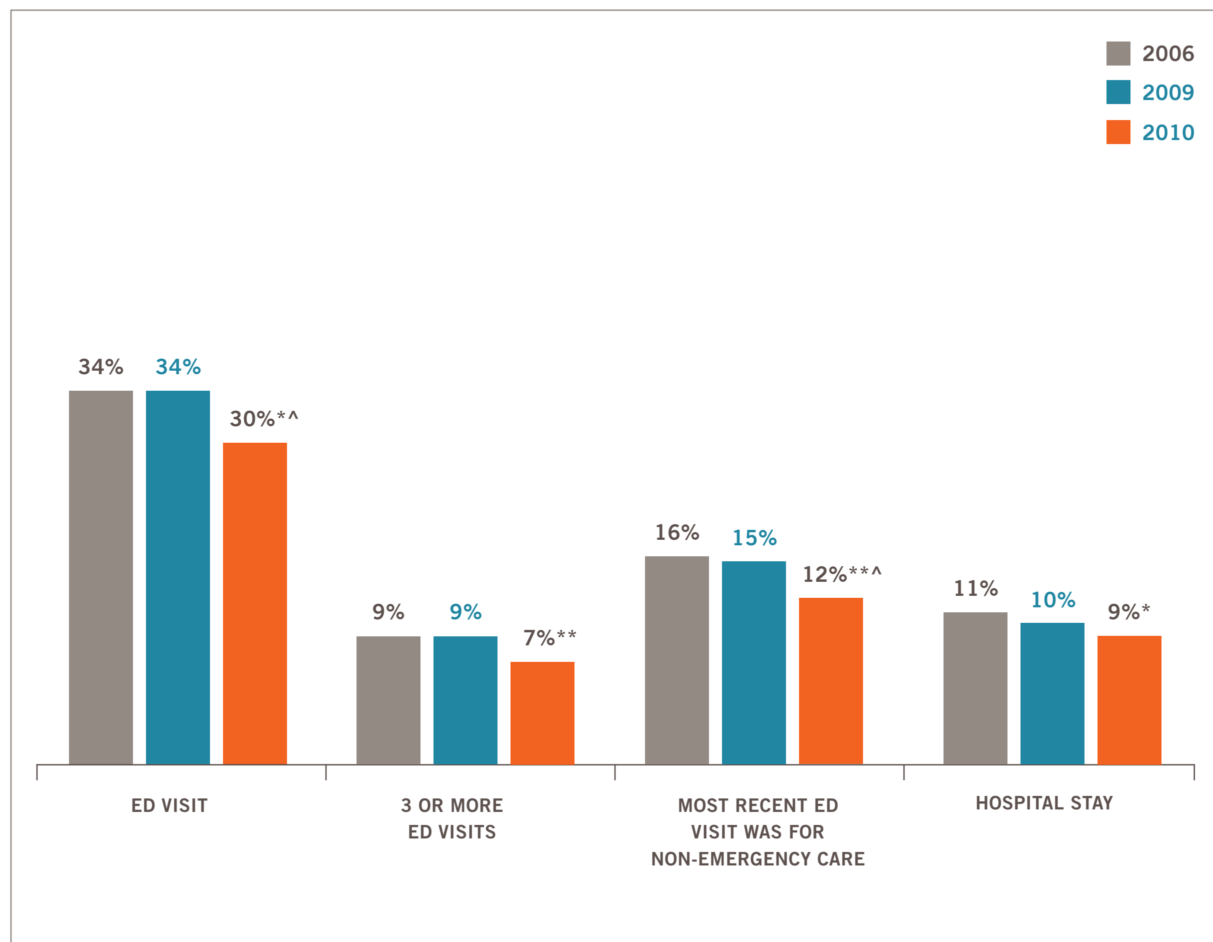
EMERGENCY DEPARTMENT AND HOSPITAL CARE USE, FALL 2006 TO FALL 2010

PERCENT REPORTING TYPE OF CARE

- In 2010, for the first time since the implementation of health reform in Massachusetts, there were significant reductions in emergency department (ED) use among nonelderly adults over the prior year.
- Rates decreased between 2009 and 2010 for any ED use, frequent ED visits, and ED visits for non-emergency care.
- Also for the first time since health reform began, there was a decline in the share of nonelderly adults with a hospital stay.



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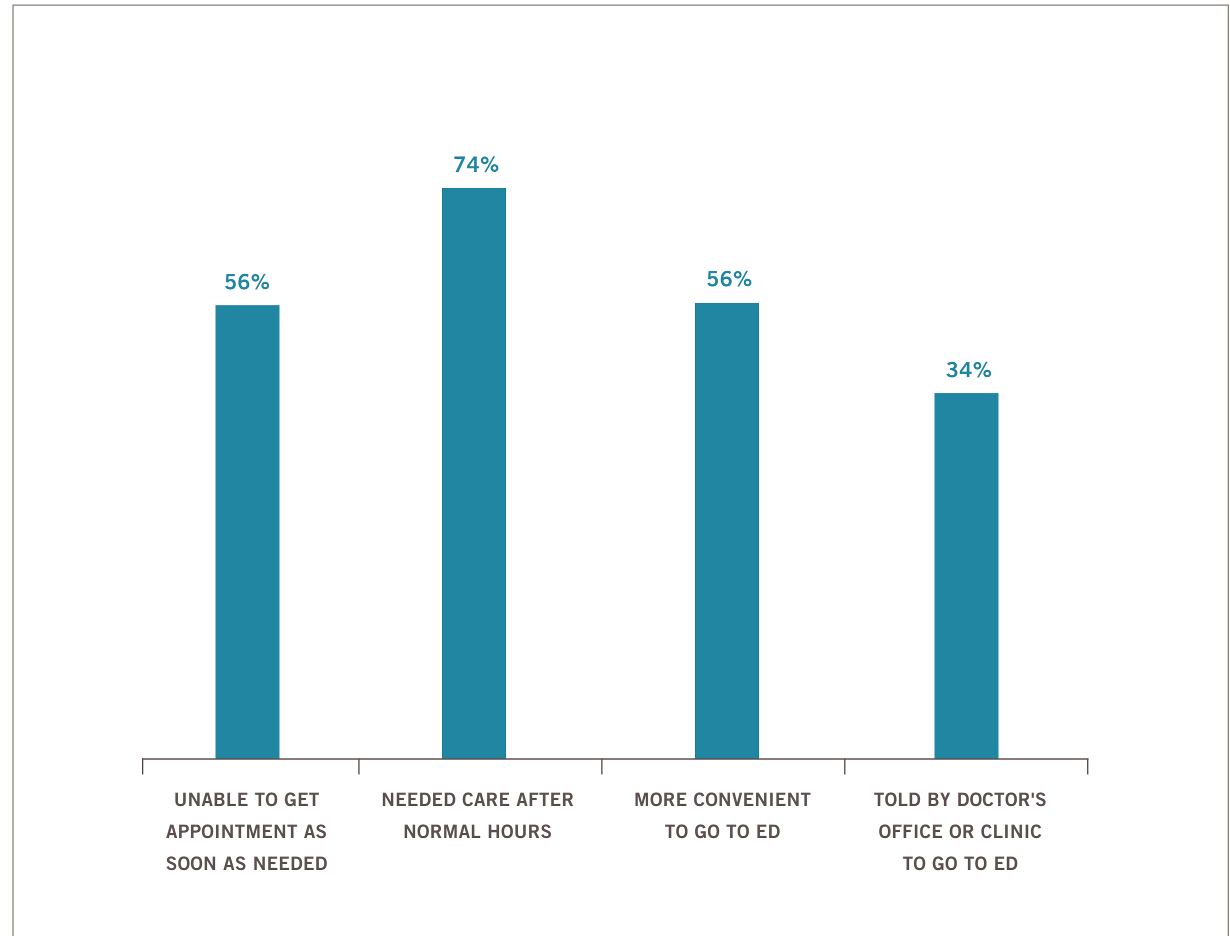
REPORTED REASONS FOR EMERGENCY DEPARTMENT VISITS FOR NON-EMERGENCY CARE, FALL 2010; PERCENT REPORTING REASON

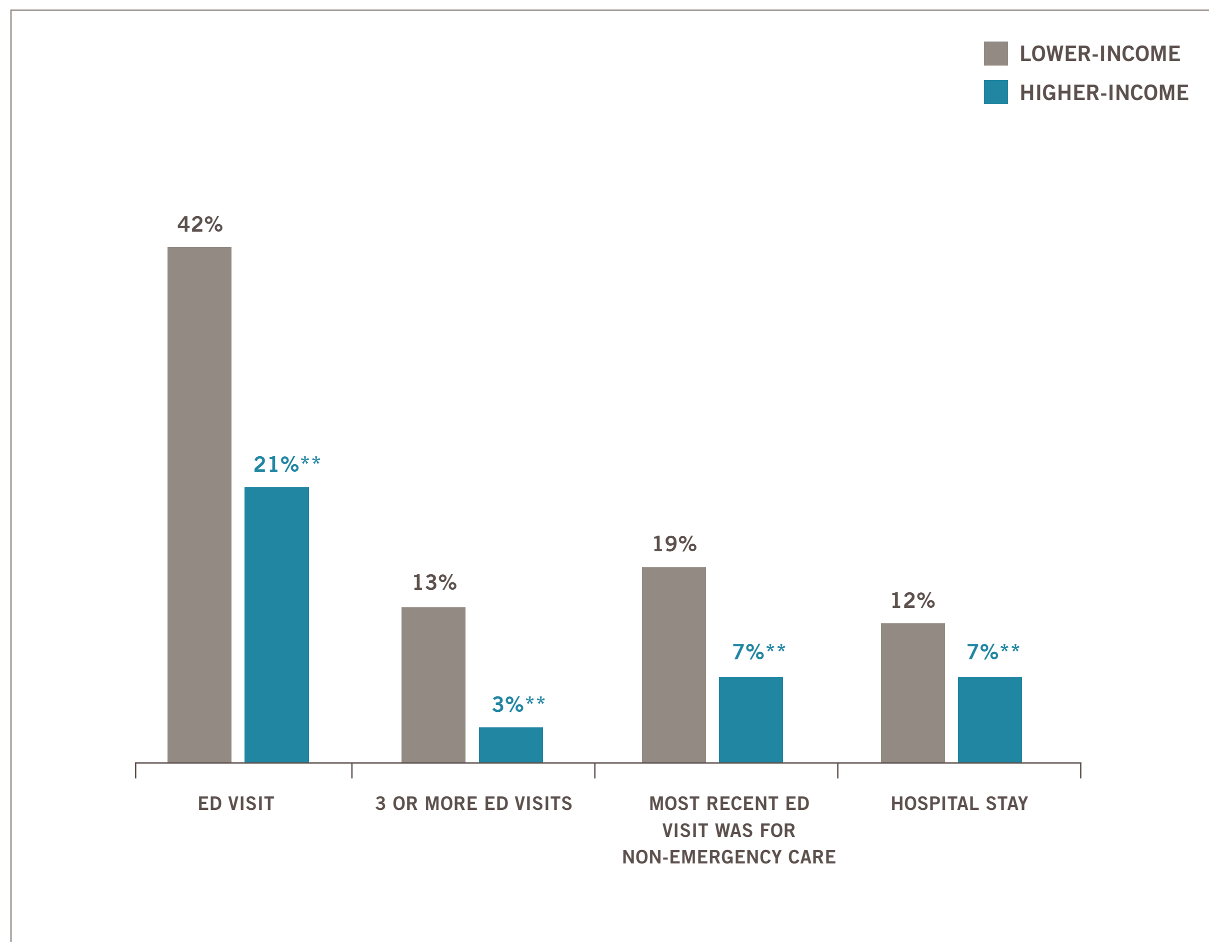
- Among the nonelderly adults in Massachusetts who reported using the emergency department (ED) for non-emergency care, almost three-quarters reported that it was because care was needed after normal doctor's office or clinic hours.
- The adults also used the ED for non-emergency care when they were unable to get an appointment at a doctor's office or clinic as soon as needed, or because it was more convenient. One-third of respondents using the ED for non-emergency care were told by their doctor's office or clinic to go to the ED.



Note: These are simple (unadjusted) estimates.

EMERGENCY DEPARTMENT AND HOSPITAL CARE USE, BY FAMILY INCOME, FALL 2010; PERCENT REPORTING TYPE OF CARE

- In 2010, lower-income nonelderly adults in Massachusetts were much more likely than higher-income adults to have had any emergency department (ED) visit, frequent ED visits, and an ED visit for non-emergency care over the past year.
- Lower-income adults were also more likely to have had a hospital stay over the past year than were higher-income adults.



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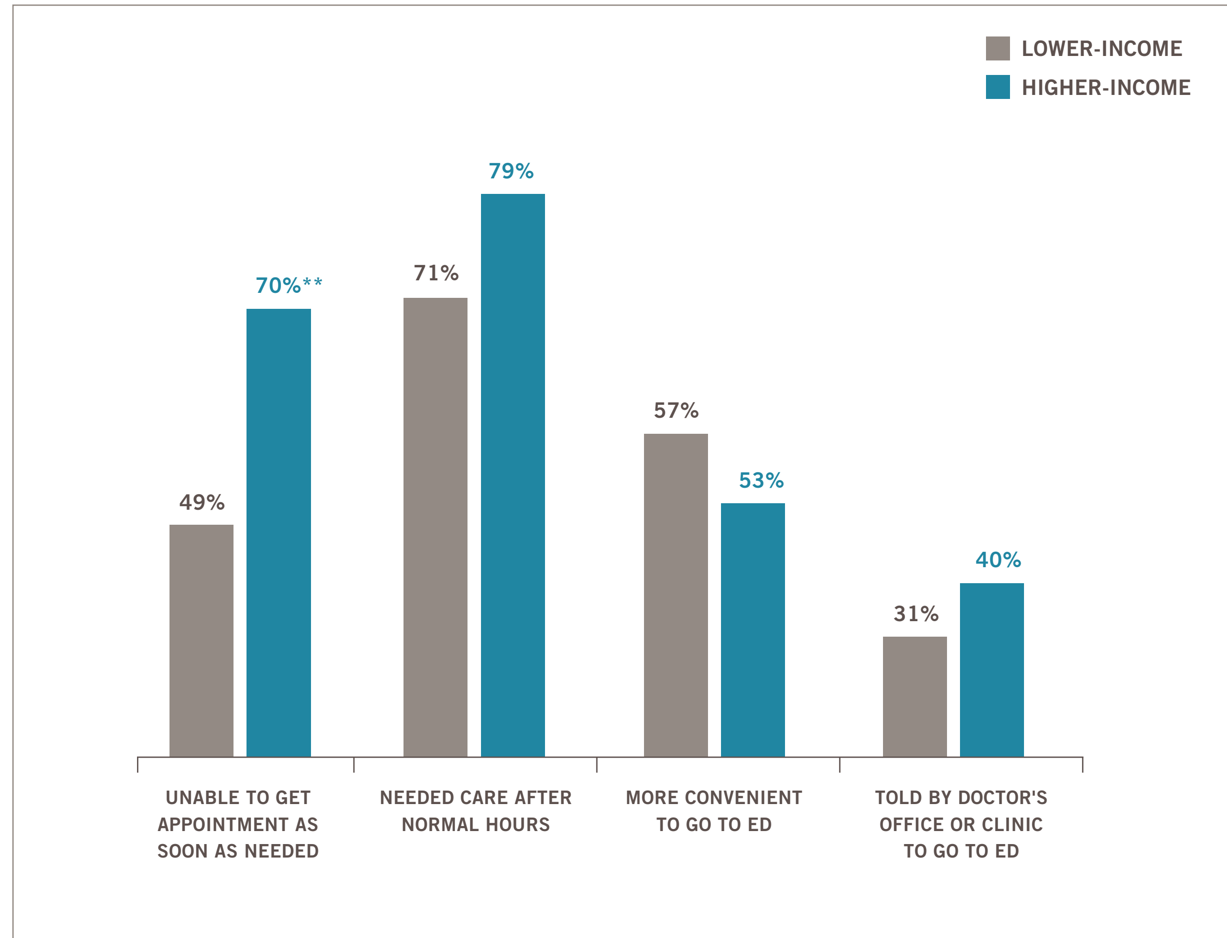
REPORTED REASONS FOR EMERGENCY DEPARTMENT VISITS FOR NON-EMERGENCY CARE, BY FAMILY INCOME, FALL 2010; PERCENT REPORTING REASON

- In 2010, lower-income nonelderly adults in Massachusetts were less likely than higher-income adults to report using the emergency department (ED) for non-emergency care because they were not able to get an appointment as soon as needed.

- There were no differences in other reasons for non-emergency ED visits among higher- and lower-income adults.

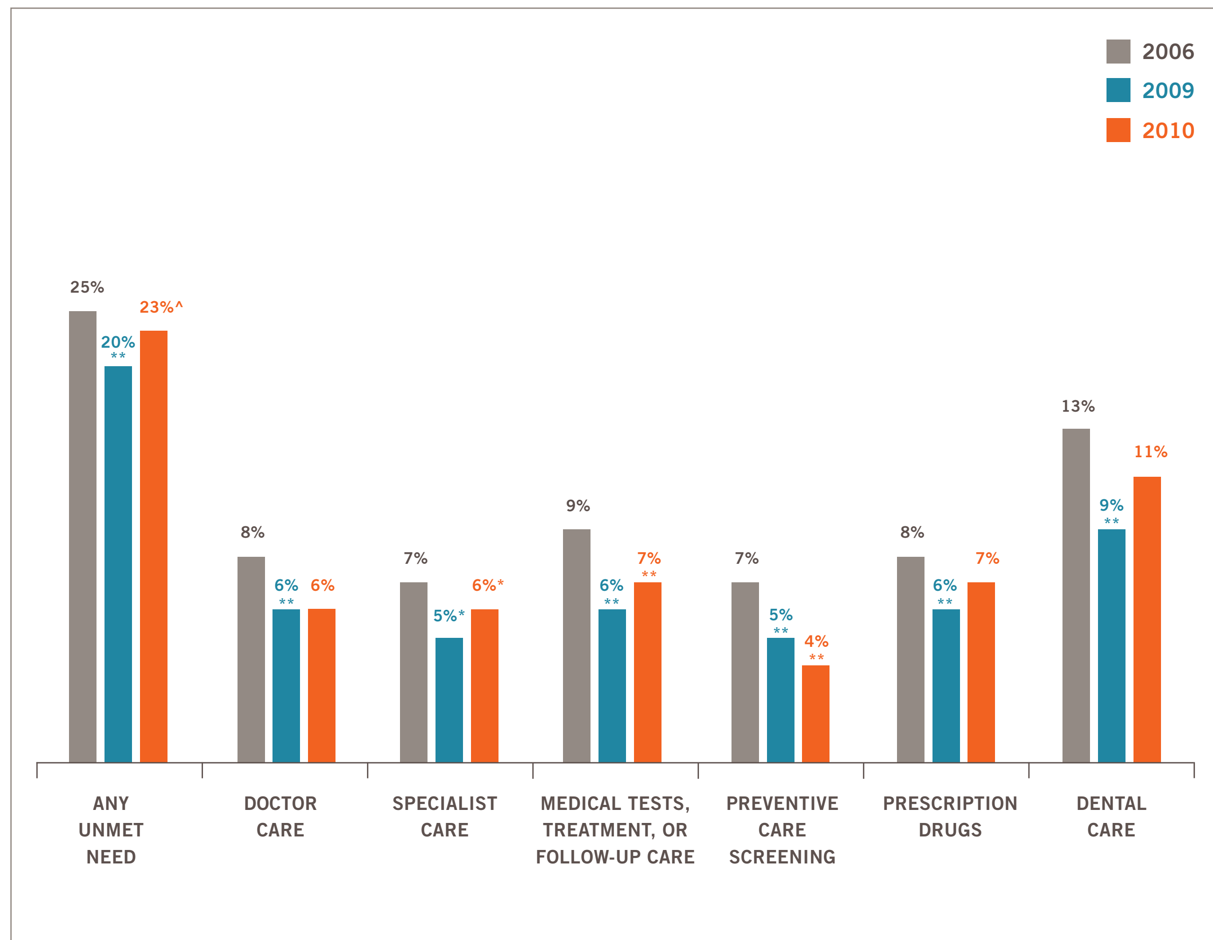


Note: These are simple (unadjusted) estimates.

UNMET NEED FOR CARE, FALL 2006 TO FALL 2010

PERCENT REPORTING UNMET NEED

- Between 2006 and 2010 there were reductions in unmet need for care for nonelderly adults in Massachusetts, including reductions in unmet need for doctor care; medical tests, treatment, or follow-up care; and preventive care screening.
- There is evidence of some lost ground since 2009 as the overall share of adults with any unmet need for care in 2010 was higher than in 2009.
- Notwithstanding that change, there were no significant differences in any of the specific categories of unmet need between 2009 and 2010.



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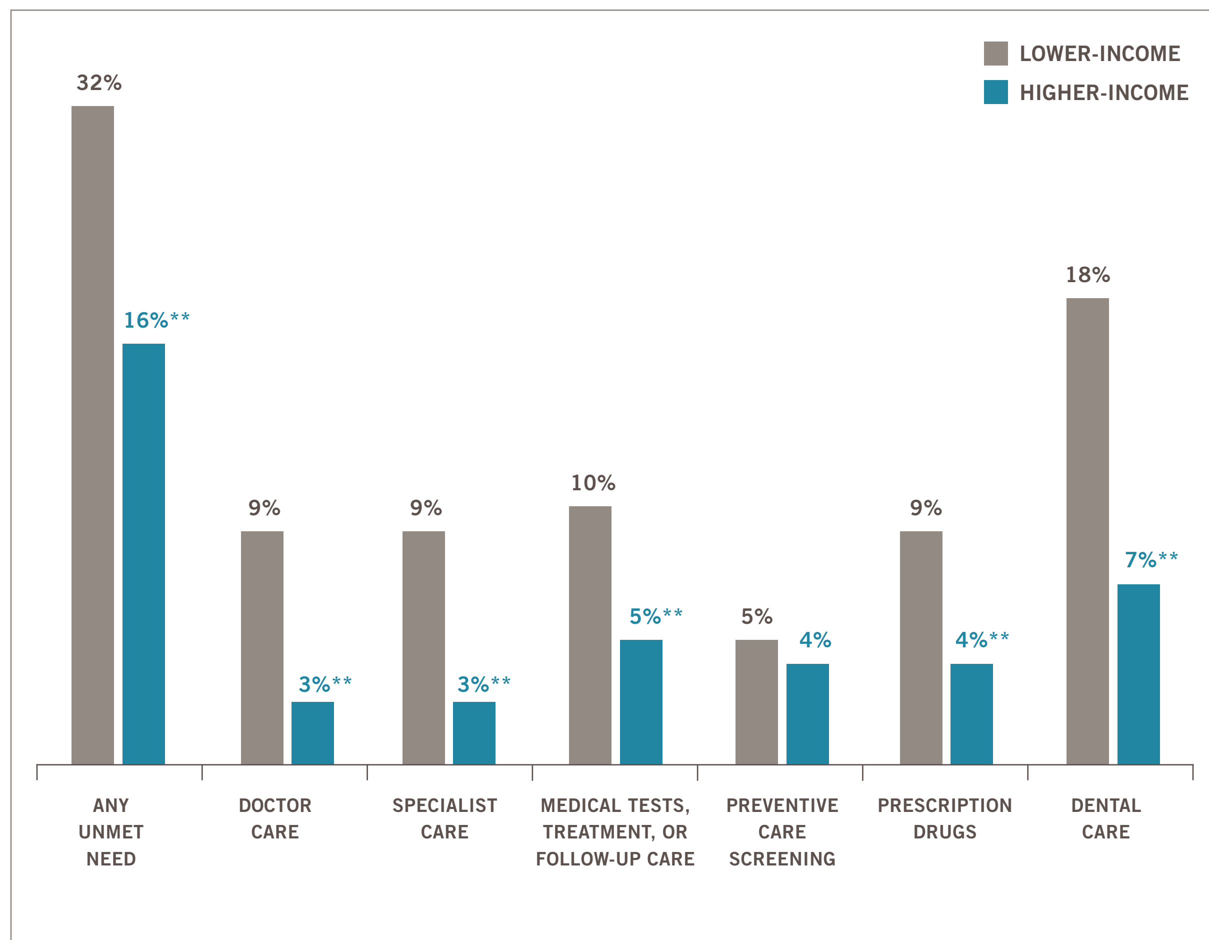
UNMET NEED FOR CARE, BY FAMILY INCOME, FALL 2010

PERCENT REPORTING UNMET NEED

- Overall, lower-income nonelderly adults in Massachusetts were nearly twice as likely as higher-income adults to go without needed care in the past 12 months (32% versus 16%).
- Lower-income adults were more likely to report unmet need across all the types of care examined, with the exception of preventive care screening.



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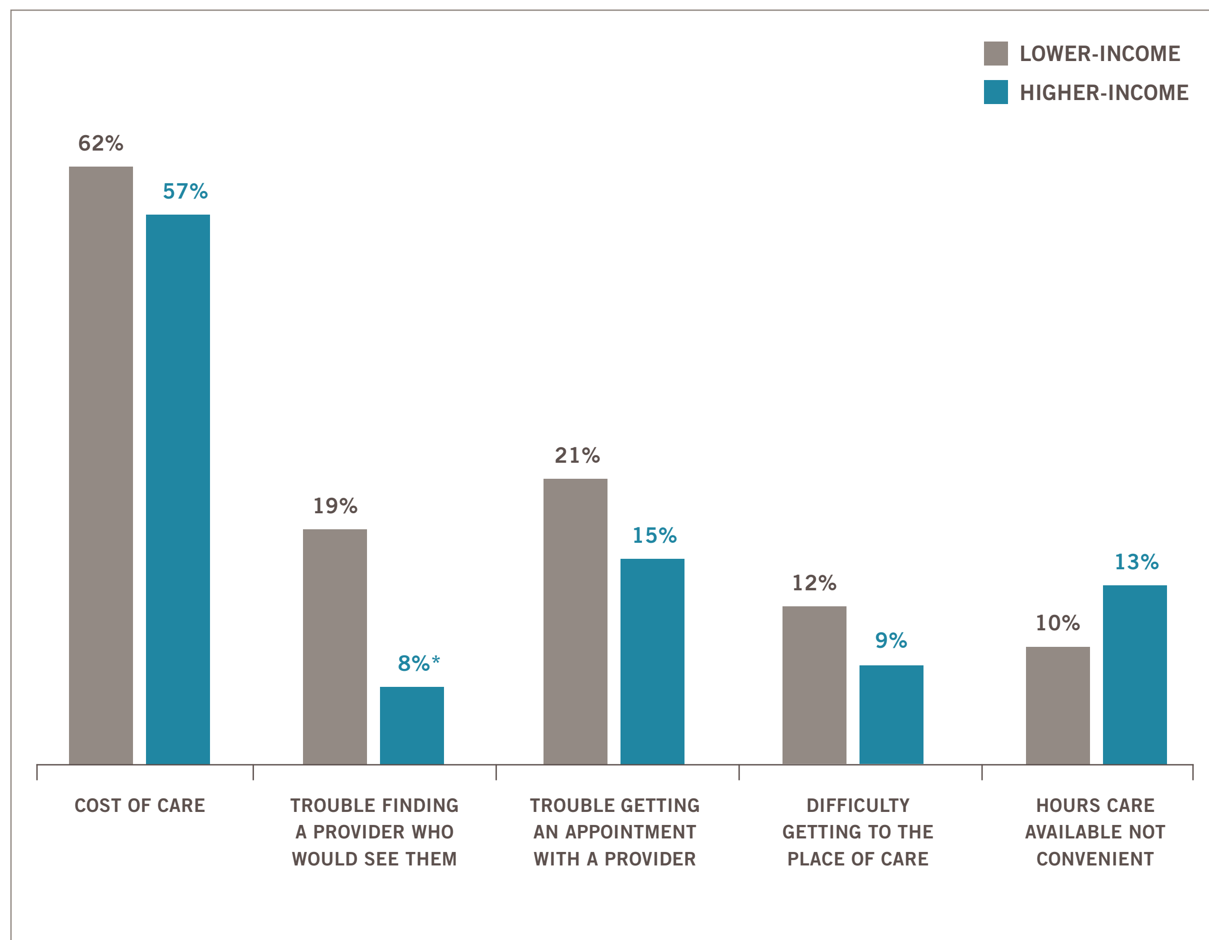
REPORTED REASONS FOR UNMET NEED FOR CARE, BY FAMILY INCOME, FALL 2010

PERCENT REPORTING REASON

- In 2010, the cost of care and trouble getting an appointment with a provider were the top reasons for unmet need for care among both higher- and lower-income nonelderly adults in Massachusetts.
- The only significant difference in the reported reasons for not getting care were that lower-income adults were more likely to report trouble finding a provider who would see them than were higher-income adults.



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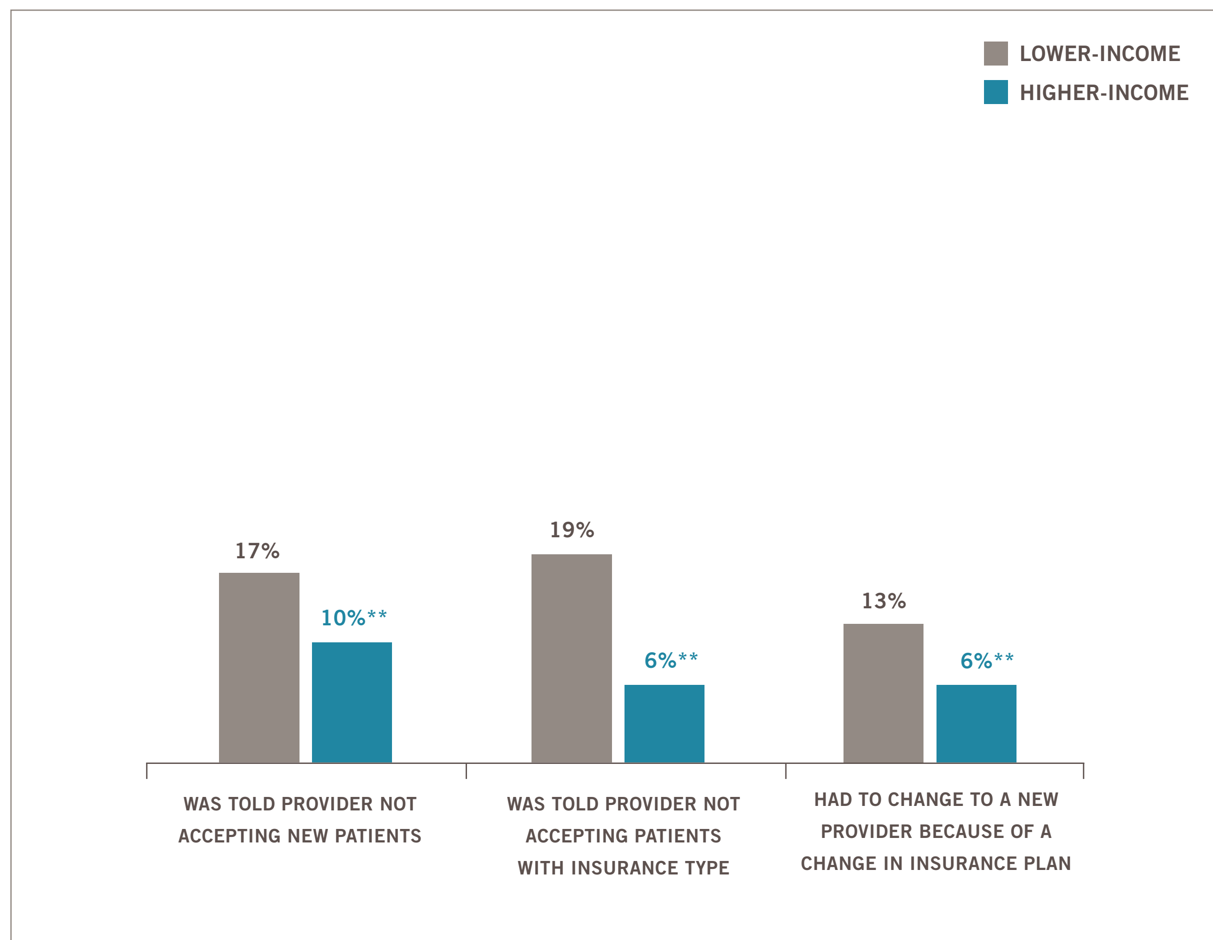
DIFFICULTY OBTAINING CARE, BY FAMILY INCOME, FALL 2010

PERCENT REPORTING DIFFICULTY

- Lower-income nonelderly adults in Massachusetts were more likely to report difficulties obtaining care in 2010 than were higher-income adults.
- Lower-income adults were also more likely than higher-income adults to report that they were told that a provider was not accepting new patients and that a provider did not accept patients with their insurance type. They were also more likely to report having to change to a new provider due to a change in their insurance plan than were higher-income adults.



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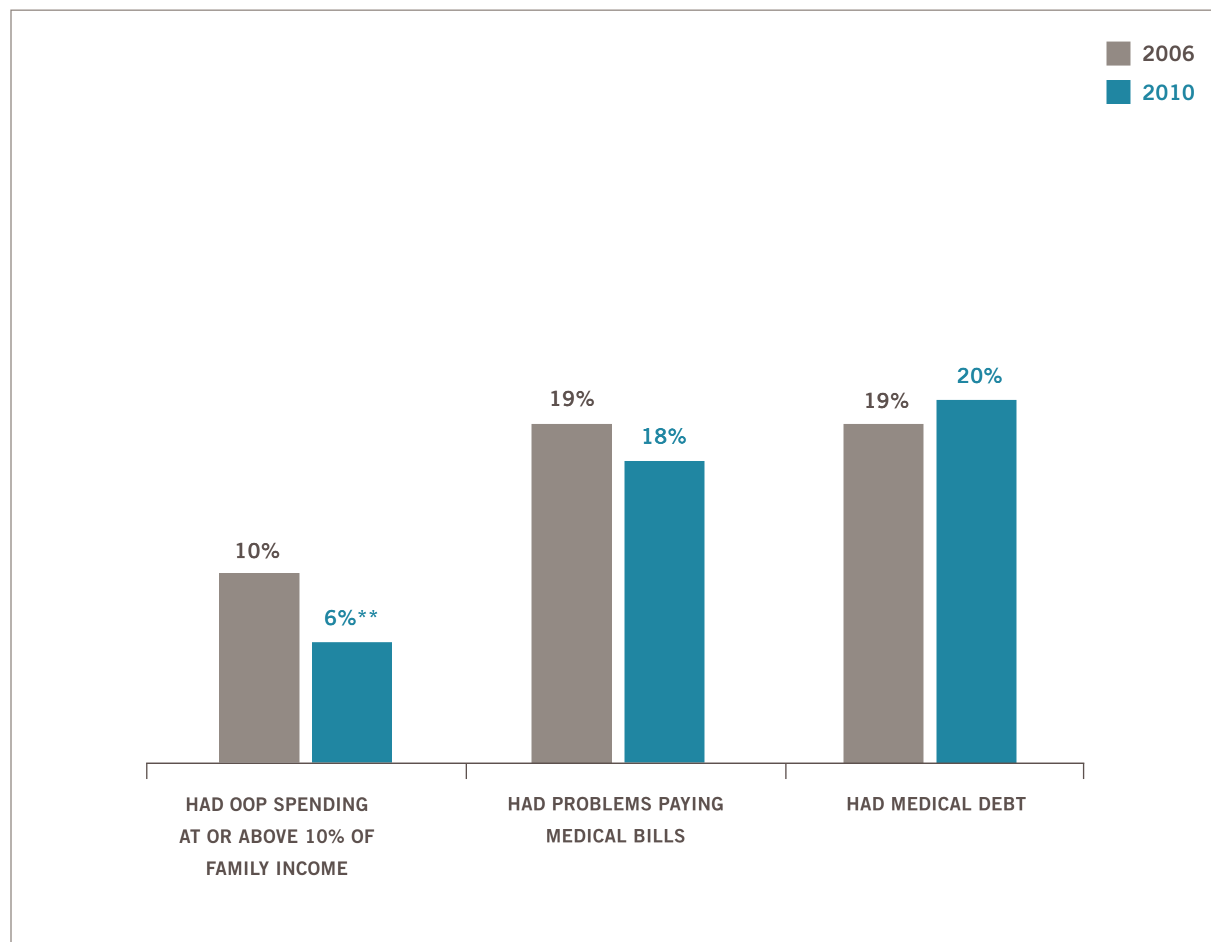
HEALTH CARE COSTS AND AFFORDABILITY, FALL 2006 TO FALL 2010

PERCENT REPORTING OUTCOME

- The share of nonelderly adults in Massachusetts who were spending 10% or more of family income on out-of-pocket (OOP) health care costs was lower in 2010 than 2006.
- However, there were no significant changes in the share of adults reporting problems paying medical bills or with medical debt between 2006 and 2010.

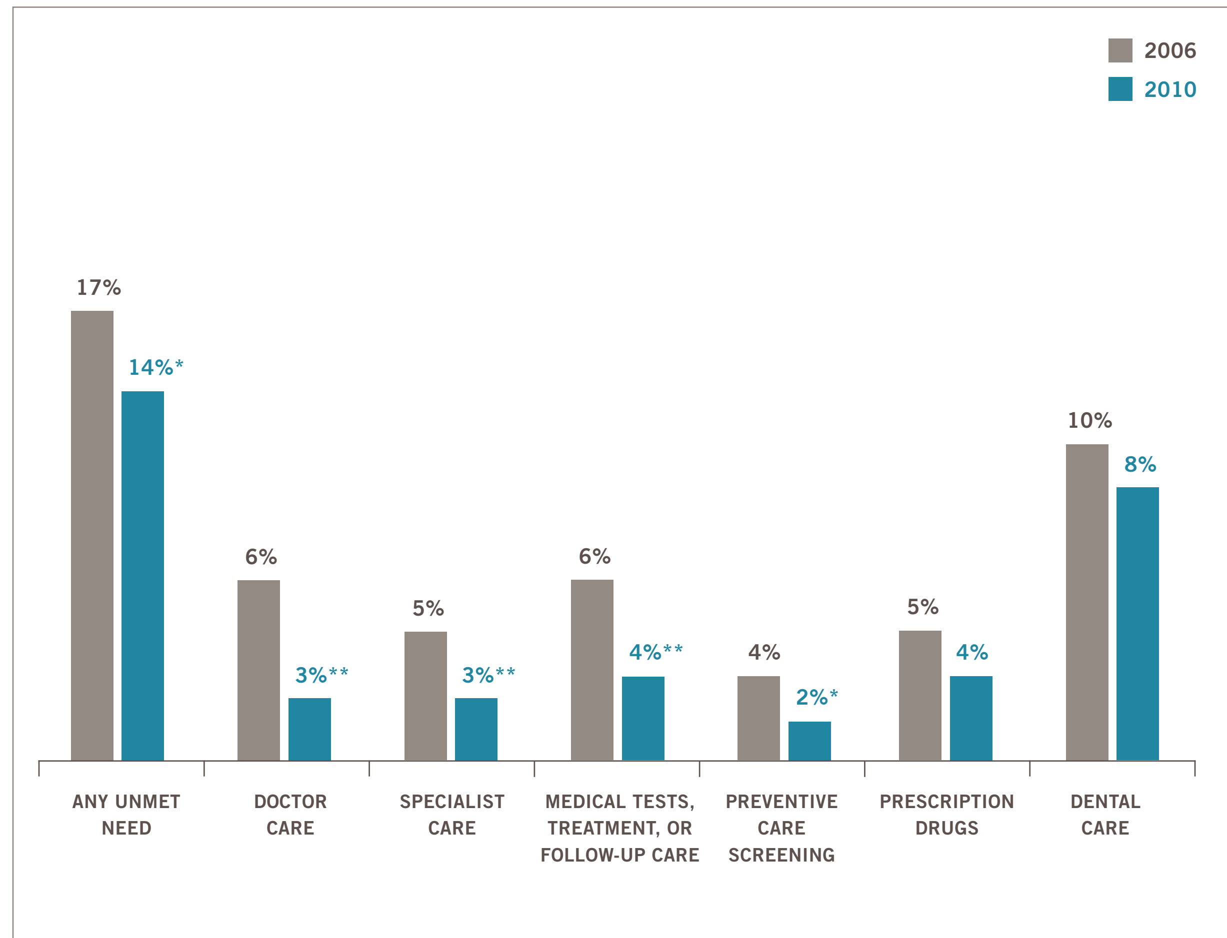


Note: These are regression-adjusted estimates based on the 2010 sample. These estimates will not necessarily match those reported in earlier years using different samples. Because of data limitations, the measure of out-of-pocket spending is limited to adults with family income less than 500% of the federal poverty level. * (**) Significantly different from estimate for 2006 at the .05 (.01) level, two-tailed test.

UNMET NEED DUE TO COST, FALL 2006 TO FALL 2010

PERCENT REPORTING UNMET NEED

- The share of nonelderly adults in Massachusetts who reported unmet need for care because of costs was lower in 2010 than 2006 overall and for most of the types of care examined, including doctor care; specialist care; medical tests, treatment, or follow-up care; and preventive care screenings.



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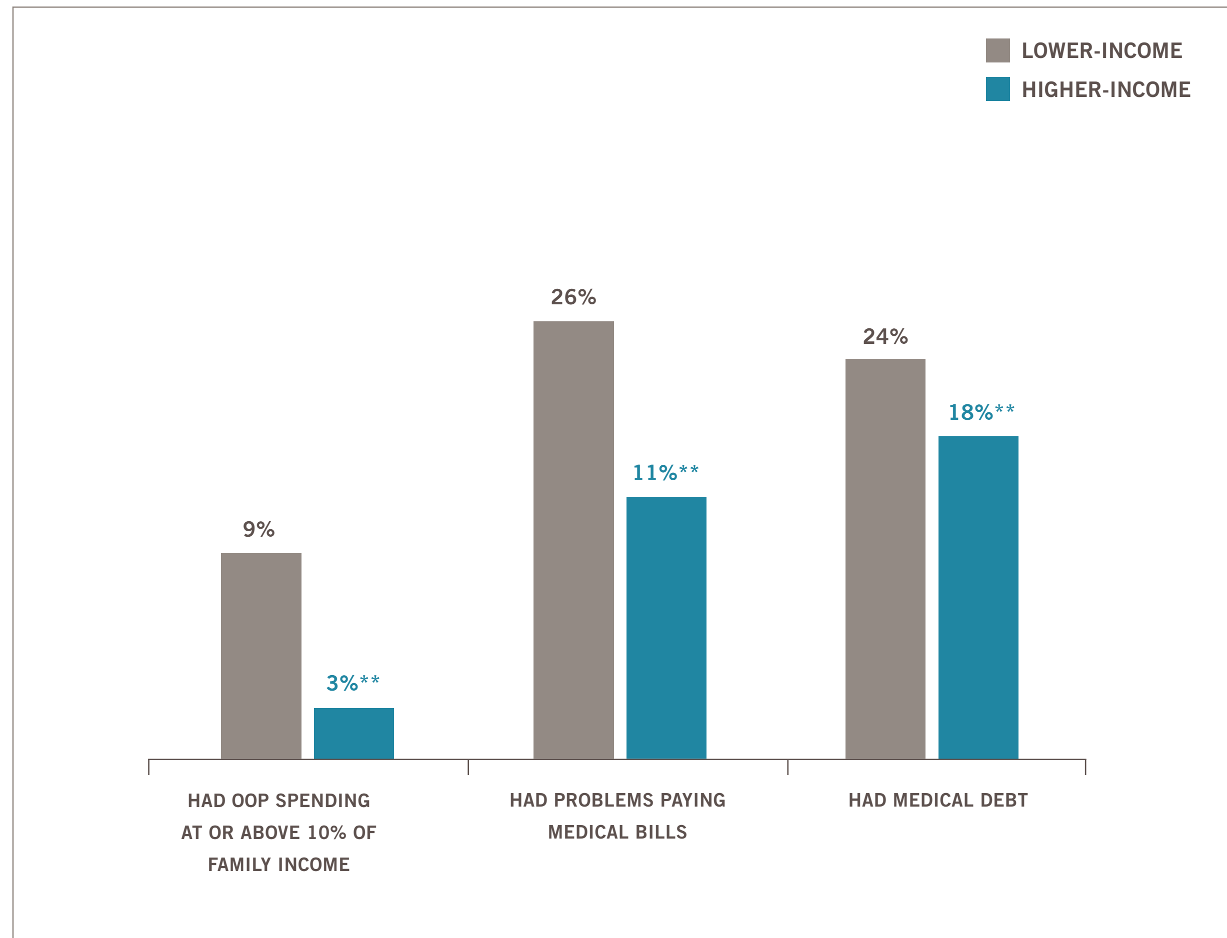
HEALTH CARE COSTS AND AFFORDABILITY, BY FAMILY INCOME, FALL 2010

PERCENT REPORTING OUTCOME

- Lower-income nonelderly adults in Massachusetts were more likely than higher-income adults to report high out-of-pocket (OOP) health care spending, problems paying medical bills, and medical debt that they are paying off over time in 2010.



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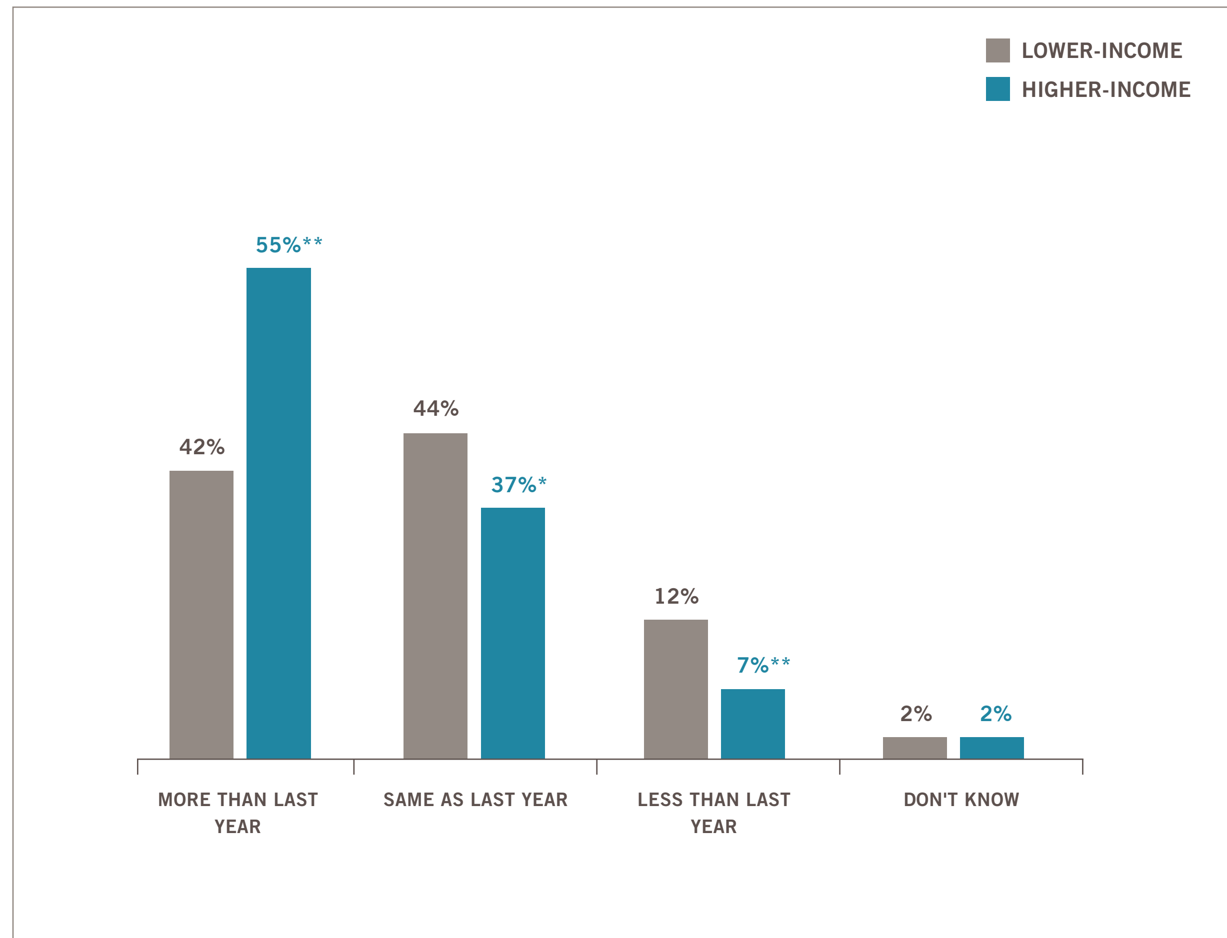
FAMILY HEALTH CARE SPENDING IN 2010 RELATIVE TO PRIOR YEAR, BY FAMILY INCOME, FALL 2010; PERCENT REPORTING OUTCOME

- Higher-income nonelderly adults in Massachusetts were more likely than lower-income adults to report that their family was spending more on health care in 2010 than they spent in the prior year.



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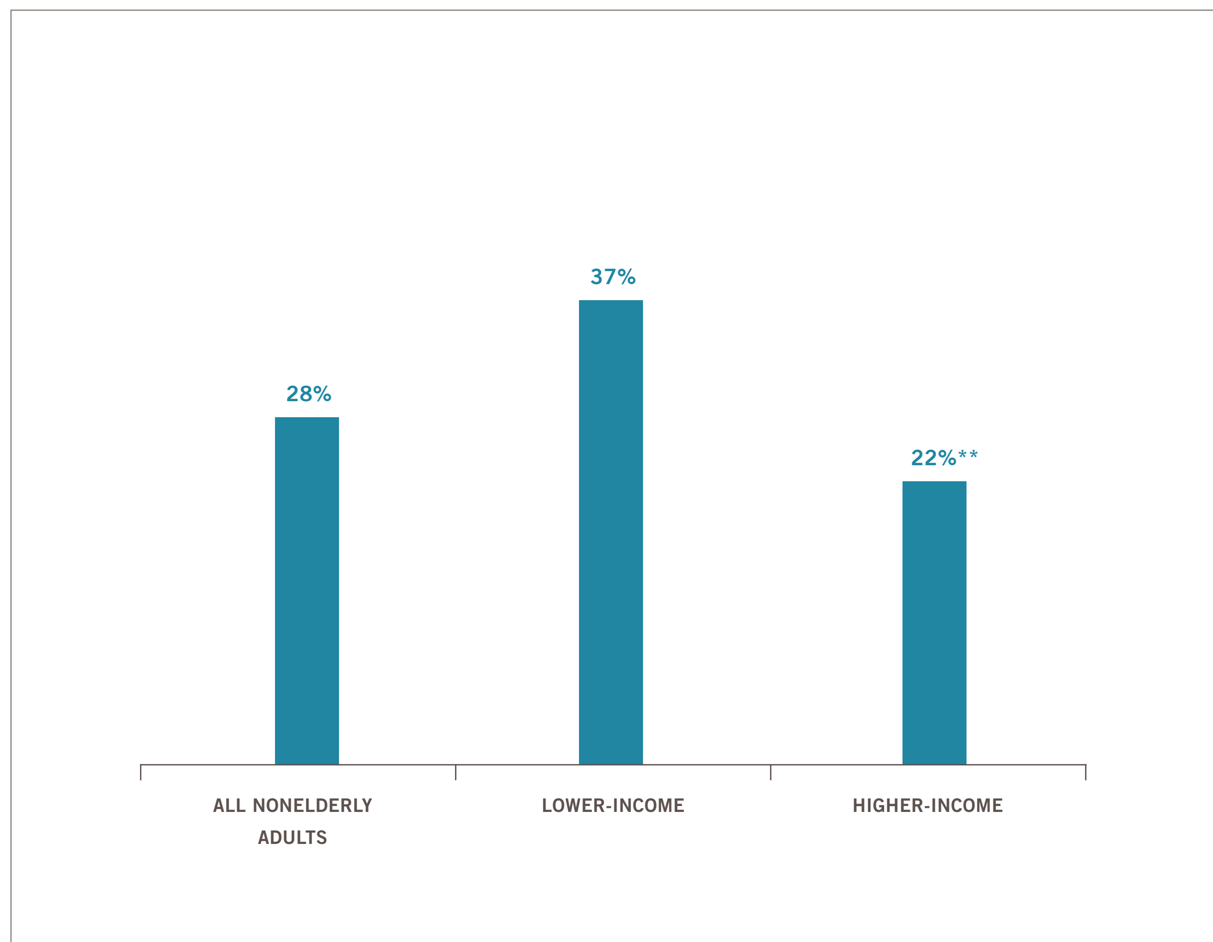
FAMILY HAD FINANCIAL PROBLEMS DUE TO HEALTH CARE SPENDING, BY FAMILY INCOME, FALL 2010; PERCENT REPORTING PROBLEMS

- In 2010, more than one in four nonelderly adults in Massachusetts reported that health care spending had caused financial problems for their family over the past year.
- Lower-income adults were more likely to report financial problems stemming from health care spending than were higher-income adults.



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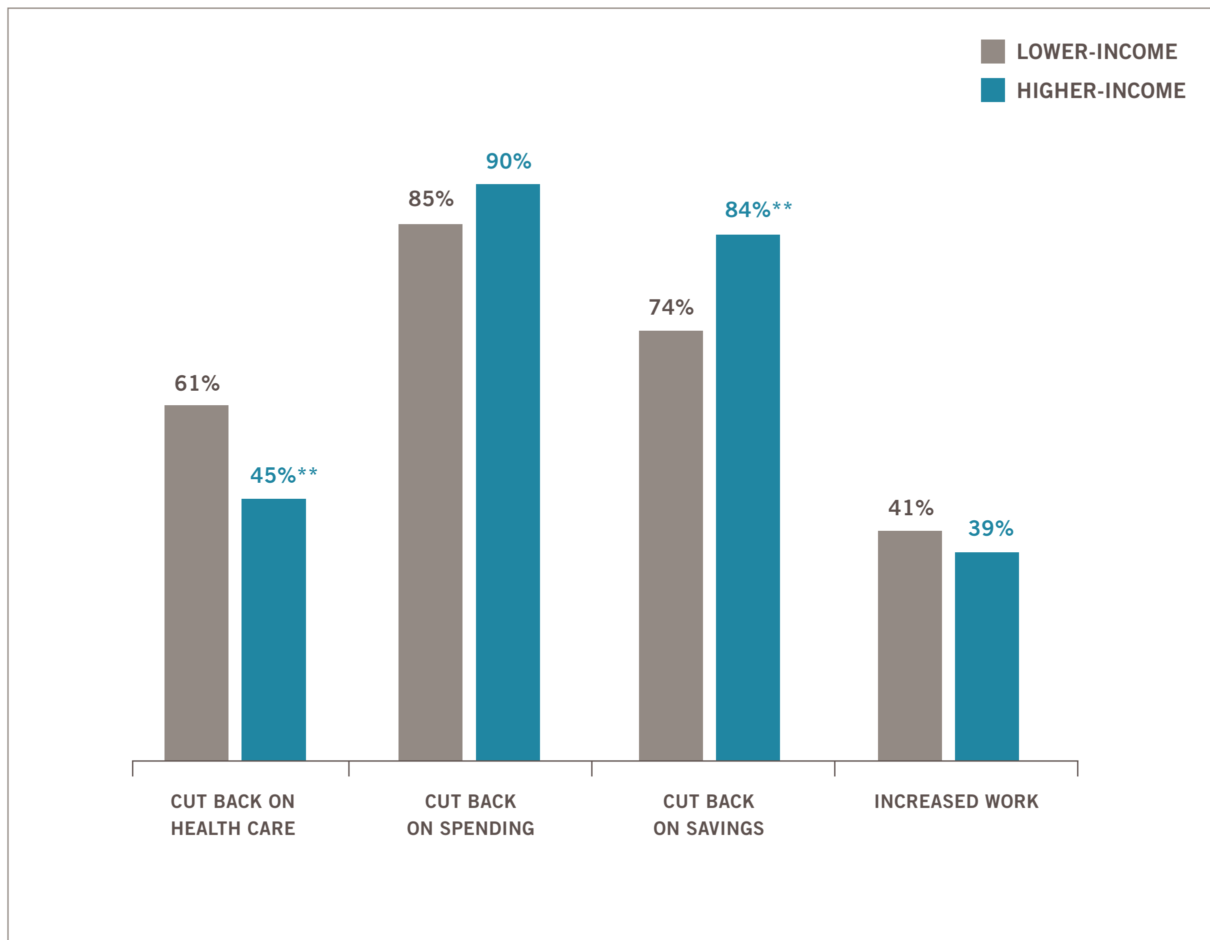
RESPONSE TO FINANCIAL PROBLEMS DUE TO HEALTH CARE COSTS, BY FAMILY INCOME, FALL 2010; PERCENT REPORTING RESPONSE AMONG THOSE WITH FINANCIAL PROBLEMS

- Among the nonelderly adults in Massachusetts with financial problems caused by health care costs, both lower- and higher-income adults reported similar responses to those problems; however, lower-income adults were more likely to cut back on health care while higher-income adults were more likely to cut back on savings.



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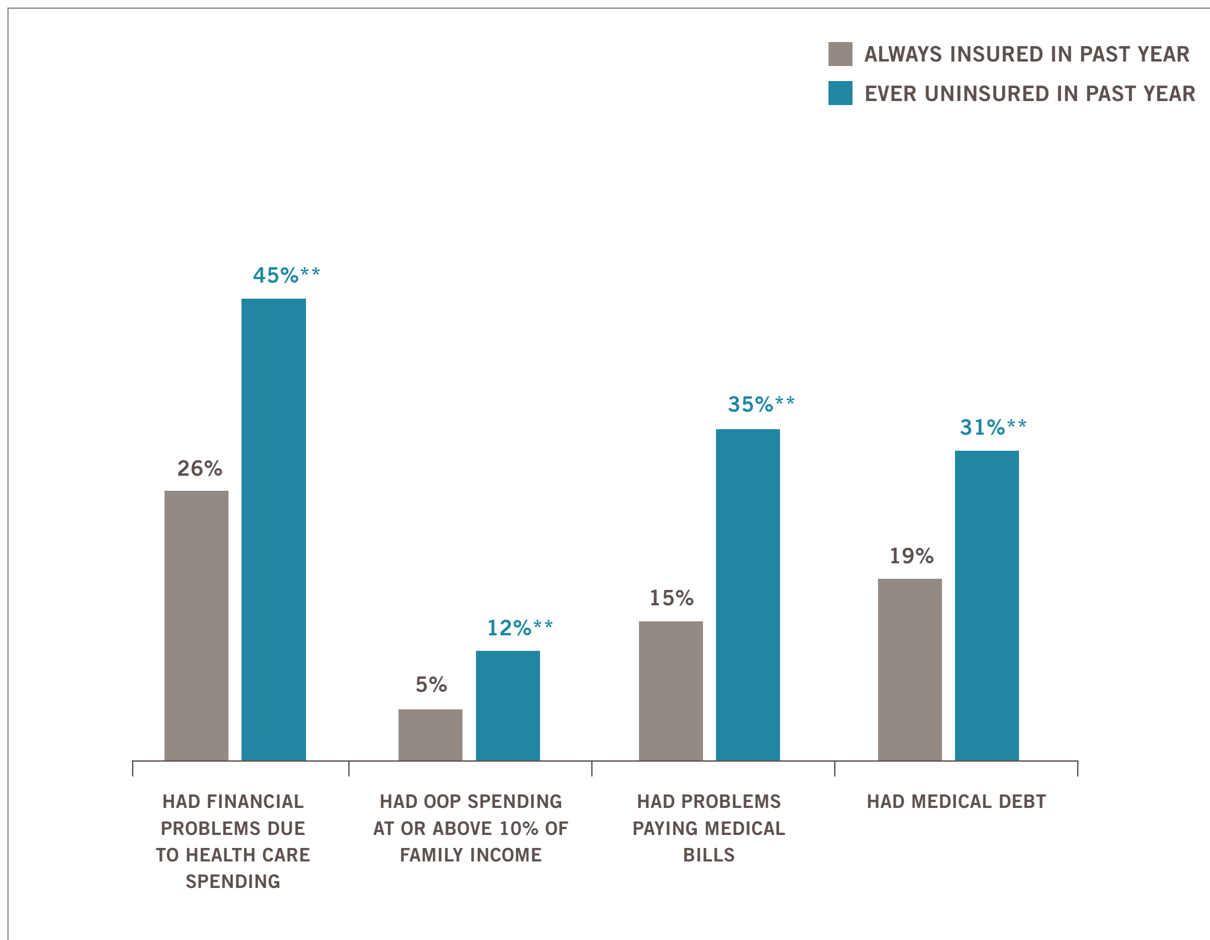
HEALTH CARE COSTS AND AFFORDABILITY, BY INSURANCE STATUS OVER PAST YEAR, FALL 2010; PERCENT REPORTING OUTCOME

- Relative to nonelderly adults in Massachusetts who were always insured over the last year, uninsured adults were more likely to report high levels of out-of-pocket (OOP) health care spending.
- The uninsured adults were also more likely to report problems paying medical bills and to have accumulated medical debt than were their insured counterparts.
- In 2010, nearly one in two uninsured adults reported having had financial problems due to health care spending over the past year, compared to one in four insured adults.

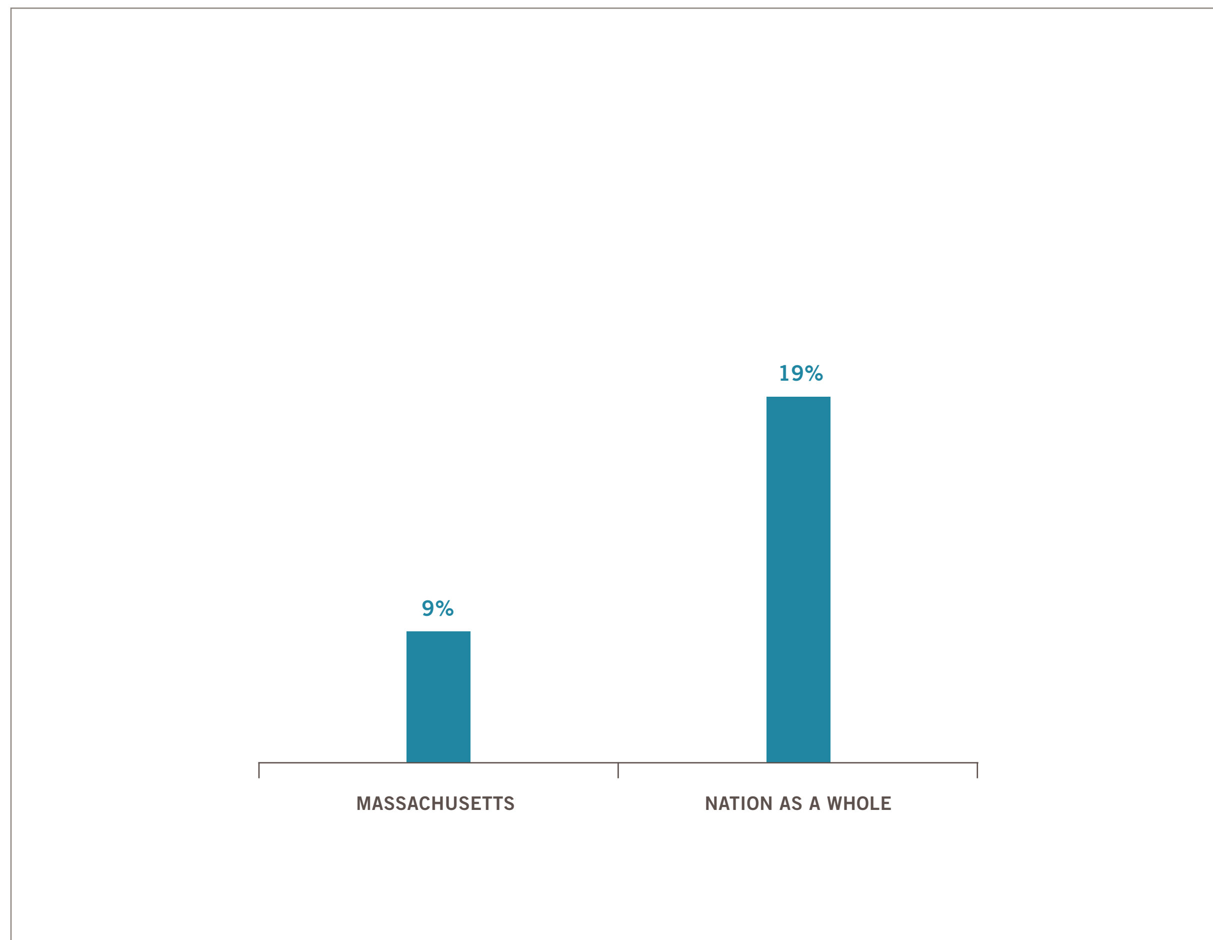


Note: These are simple (unadjusted) estimates. Always insured adults are defined as those with health care coverage for all of the past 12 months, while ever uninsured adults are those who had a time in the past 12 month without insurance. * (**) Significantly different from estimate for always insured adults at the .05 (.01) level, two-tailed test.

EXTENT OF UNDERINSURANCE AMONG ADULTS WITH FULL-YEAR INSURANCE COVERAGE IN MASSACHUSETTS AND THE NATION AS A WHOLE, 2010

PERCENT UNDERINSURED

- Underinsurance arises when insurance coverage does not protect from the financial risks associated with serious illness or injury. In 2010, 9% of nonelderly adults in Massachusetts who were insured for the full year were underinsured. This is substantially lower than the national underinsurance estimate of 19% in 2010.

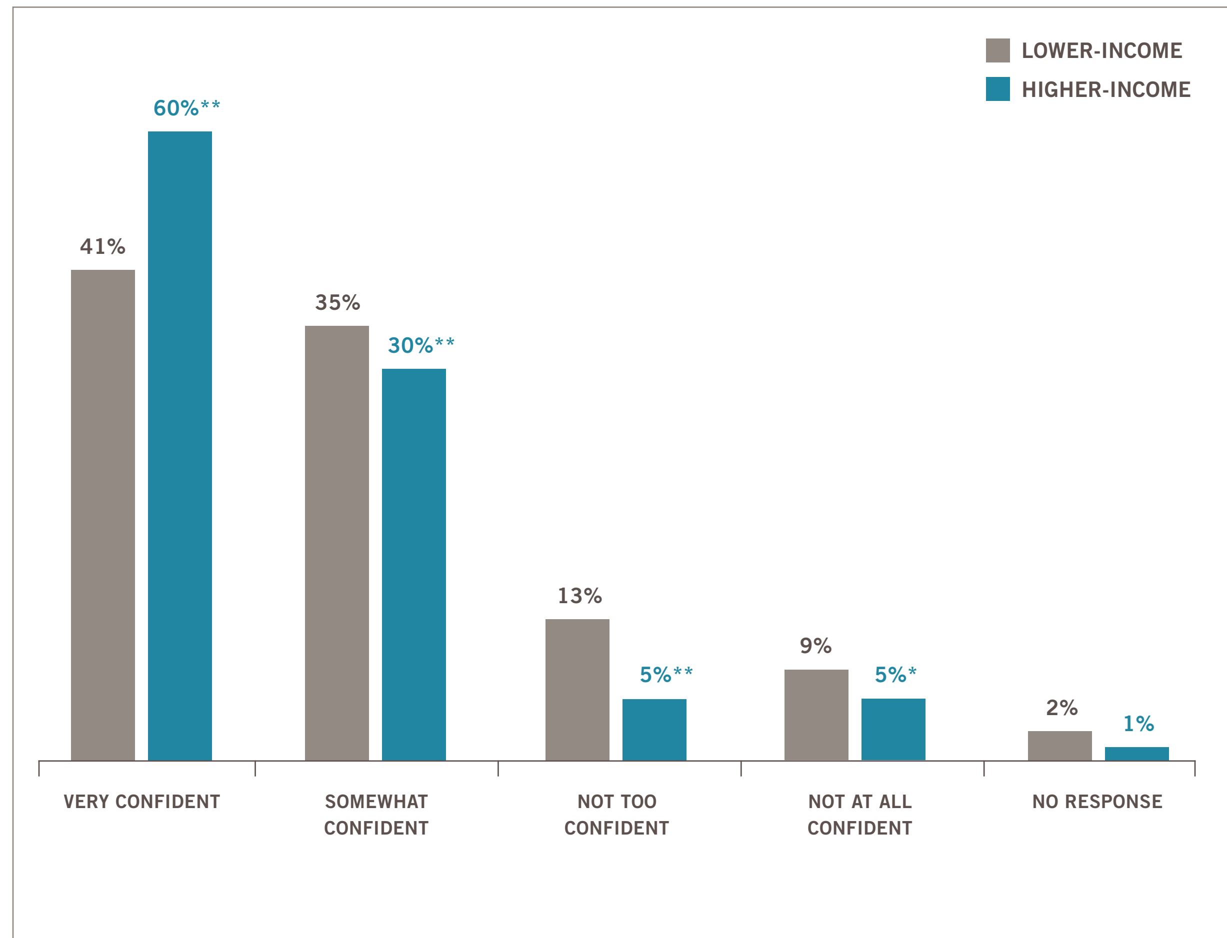


Note: These are simple (unadjusted) estimates. Underinsurance is defined as out-of-pocket health care costs of 5% or more of family income for lower-income individuals (defined as those with family income less than 200% of the federal poverty level) or 10% or more of family income for individuals with family income above that level. Estimate for the nation as a whole is from Schoen, C., Doty, M.M., Robertson, R.H., and Collins, S.R. "Affordable Care Act Reforms Could Reduce the Number of Uninsured US Adults by 70 Percent." *Health Affairs.* 2011, 30(9): 1762-1771.

CONFIDENCE IN ABILITY TO KEEP CURRENT HEALTH INSURANCE COVERAGE IN THE FUTURE, BY FAMILY INCOME, FALL 2010; PERCENT REPORTING

- Lower-income nonelderly adults in Massachusetts were less confident in their ability to keep their current insurance coverage than were higher-income adults.

- Roughly one in ten lower-income adults and one in twenty higher-income adults in 2010 were not at all confident in their ability to keep their current insurance plan.

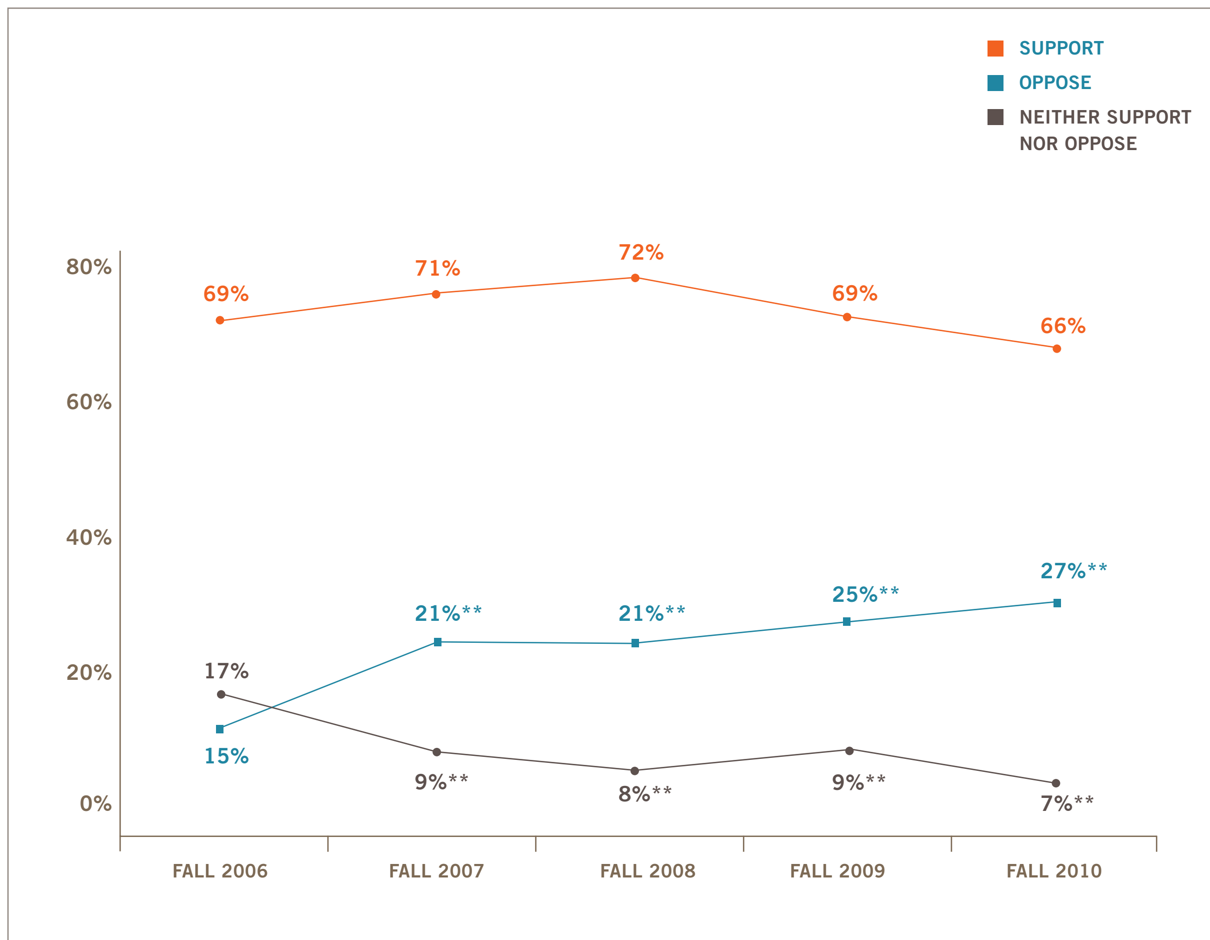


Note: These are simple (unadjusted) estimates. Higher-income adults are defined as those with family income at or above 300% of the federal poverty level and lower-income are defined as those with family income less than 300% of the federal poverty level. * (**) Significantly different from estimate for lower-income adults at the .05 (.01) level, two-tailed test.

SUPPORT FOR HEALTH REFORM IN MASSACHUSETTS, FALL 2006 TO FALL 2010

PERCENT REPORTING OUTCOME

- Support for reform among nonelderly adults in Massachusetts has remained high since 2006, with no significant change since that time.
- However, a growing share of nonelderly adults have opposed health reform in the years after 2006, moving from the neutral category of neither supporting nor opposing reform.



Note: These are simple (unadjusted) estimates. * (**) Significantly different from estimate for 2006 at the .05 (.01) level, two-tailed test.