

# COVERAGE AND ACCESS

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Let's Get Healthy California Task Force

# FRAMEWORK FOR TRACKING THE IMPACTS OF THE ACA IN CALIFORNIA

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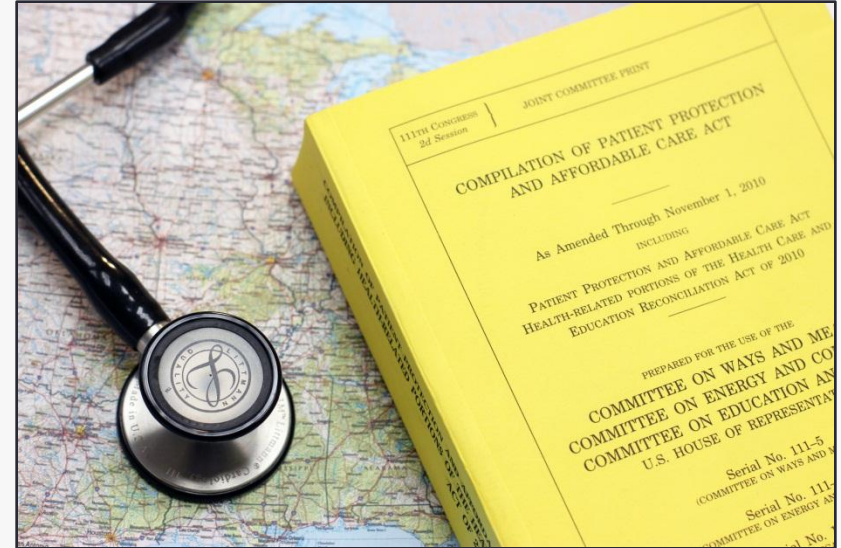
August 14, 2012



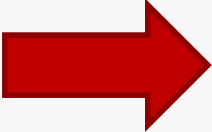
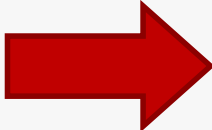
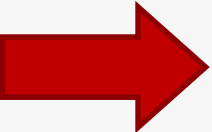
Let's Get Healthy California Task Force

# Project Background

- Funded by a grant from the California HealthCare Foundation
- Goal was to recommend how California can measure and monitor the impacts of the Affordable Care Act (ACA) in three areas:
  - Health insurance coverage
  - Access to health care services
  - Affordability and comprehensiveness of coverage
- Many components of the framework we developed are relevant to monitoring coverage and access more generally



# Our Process

- What is most important to monitor?  
 Identify priority measures
- What do we know now?  
 Identify and compare existing data sources
- Where are the gaps?  
 Identify priorities for new/modified data collection



# Today's Presentation

- Considerations for selecting indicators and data sources
- Overview of recommended indicators for monitoring health insurance coverage and access to care
- Current availability of recommended indicators
- Baseline and trends for selected indicators
  - Note: we did not establish benchmarks or goals



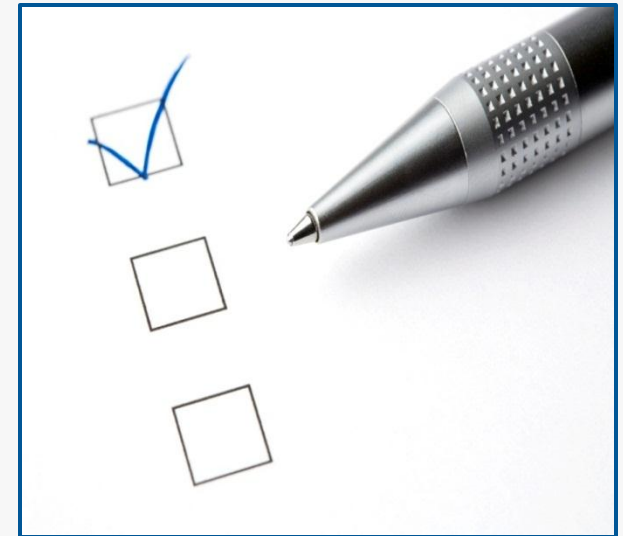
# **CONSIDERATIONS FOR SELECTING MEASURES AND DATA SOURCES**

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# Considerations for Selecting Measures

- Measures that reflect major goals and provisions of the law
- Outcomes rather than implementation process
- Relevant/meaningful to policymakers



# Considerations for Recommending Data Sources

- Comparability over time
- Ability to do in-depth analysis (e.g., by geography, age, income, race/ethnicity)
- Population coverage – complete population of interest
- Availability of benchmarks/national comparisons
- Timeliness of estimates
- Accessibility of data
- Flexibility to adapt to changing needs – for example, to change survey content, sample size, or oversample certain populations





# HEALTH INSURANCE COVERAGE MEASURES

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# Priority Measures: Coverage

- Overview: % with each type of coverage



- In-depth topical measures:
  - Uninsurance
  - Public coverage
  - ESI

Coverage Type	Data Availability	Source <sup>1</sup>
Employer-sponsored		CHIS
Nongroup		CHIS
Public		CHIS
Uninsured		CHIS



<sup>1</sup> Source: California Health Interview Survey

# Priority Measures: Coverage

- In-depth topical measures:

- Uninsurance
- Public coverage
- ESI



Uninsurance Measures	Data Availability	Source
Point in time	●	CHIS <sup>1</sup>
Uninsured at some point in the past year	●	CHIS
Uninsured for a year or more	●	CHIS
Reasons for uninsurance	●	CHIS
<b>Beginning in 2014:</b>		
# exempt from coverage mandate	●	Exchange
# paying tax penalty	●	Tax records

<sup>1</sup> Source: California Health Interview Survey



# Priority Measures: Coverage

- In-depth topical measures:

- Uninsurance
- **Public coverage**
- ESI



Public Coverage Measures	Data Availability	Source
Enrollment trend in state programs		DHCS <sup>1</sup> , MRMIB <sup>2</sup>
Participation rate (% eligible who are enrolled)		CHIS <sup>3</sup>
Churning/coverage transitions (% leaving who re-enroll within 3 months)		DHCS, MRMIB

<sup>1</sup> Source: Department of Health Care Services

<sup>2</sup> Source: Managed Risk Medical Insurance Board

<sup>3</sup> Source: California Health Interview Survey










# Priority Measures: Coverage

- In-depth topical measures:

- Uninsurance
- Public coverage
- ESI<sup>1</sup>



ESI Measures	Data Availability	Source
Percent of employers offering coverage		CEHBS <sup>2</sup>
Percent of workforce in firms that offer coverage		CEHBS
At employers offering coverage, % of employees eligible		CEHBS
% of eligible employees who enroll (take-up rate)		CEHBS
Percent of families with any ESI offer		NHIS <sup>3</sup>
Percent of families offered ESI with all family members enrolled		NHIS
Number of employers paying penalty for not offering coverage		CEHBS

<sup>1</sup> Employer Sponsored Insurance

<sup>2</sup> Source: California Employer Health Benefits Survey

<sup>3</sup> Source: National Health Interview Survey



# Priority Measures: Coverage

- Health insurance exchange related measures: These measures relate to the small group insurance market, the nongroup market, and the health insurance exchange.

Health Insurance Exchange	Data Availability	Source
Number of people purchasing nongroup coverage through exchange (with and without subsidies)	●	Exchange
Percent of nongroup market purchasing through exchange	●	Exchange, insurance regulators
Number of employers and people with group coverage through exchange	●	CEHBS <sup>1</sup> , Exchange
Percent of small group market purchasing through exchange	●	CEHBS

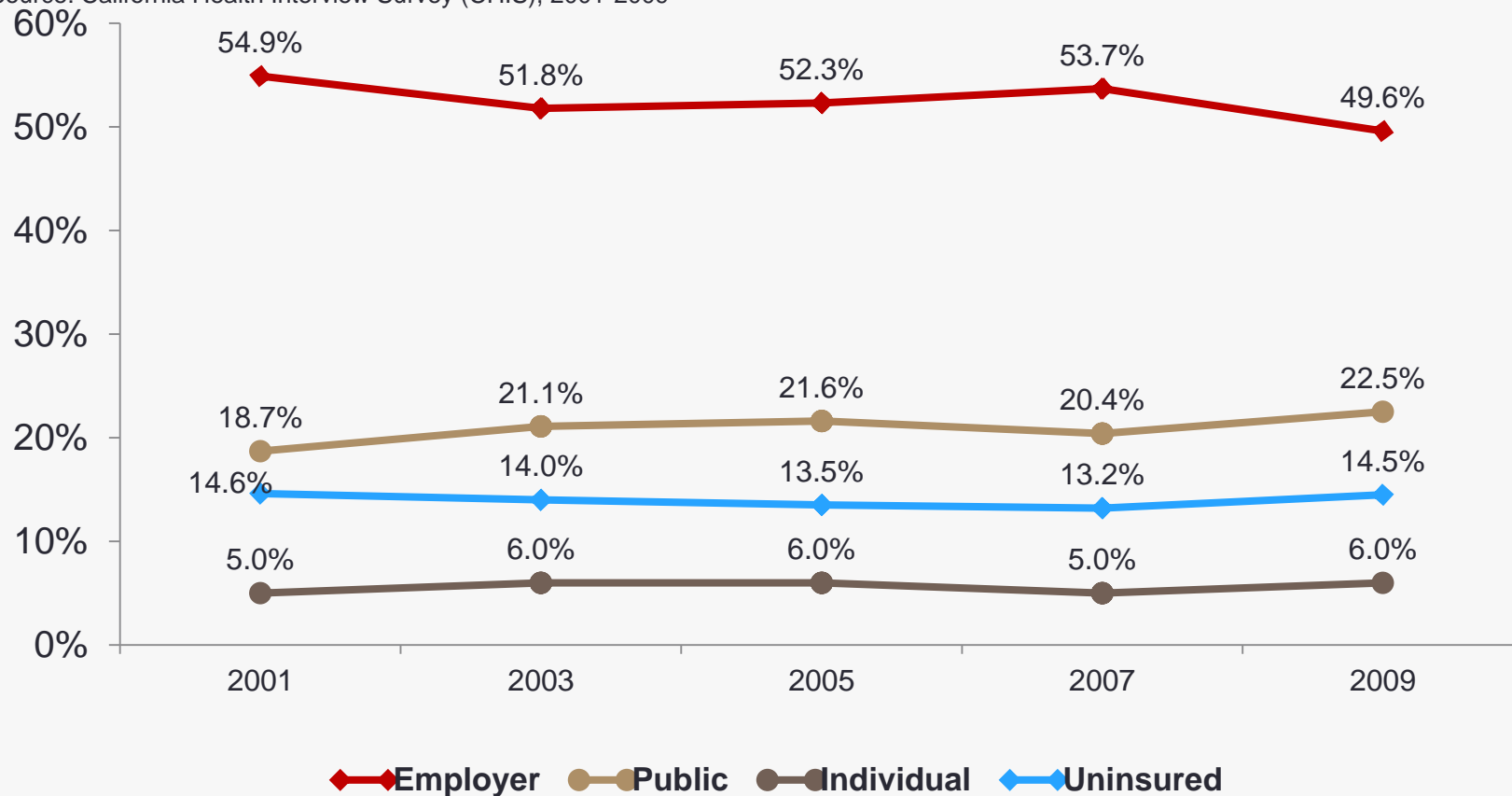
<sup>1</sup> Source: California Employer Health Benefits Survey



# Priority Measures: Coverage

## Distribution of insurance coverage

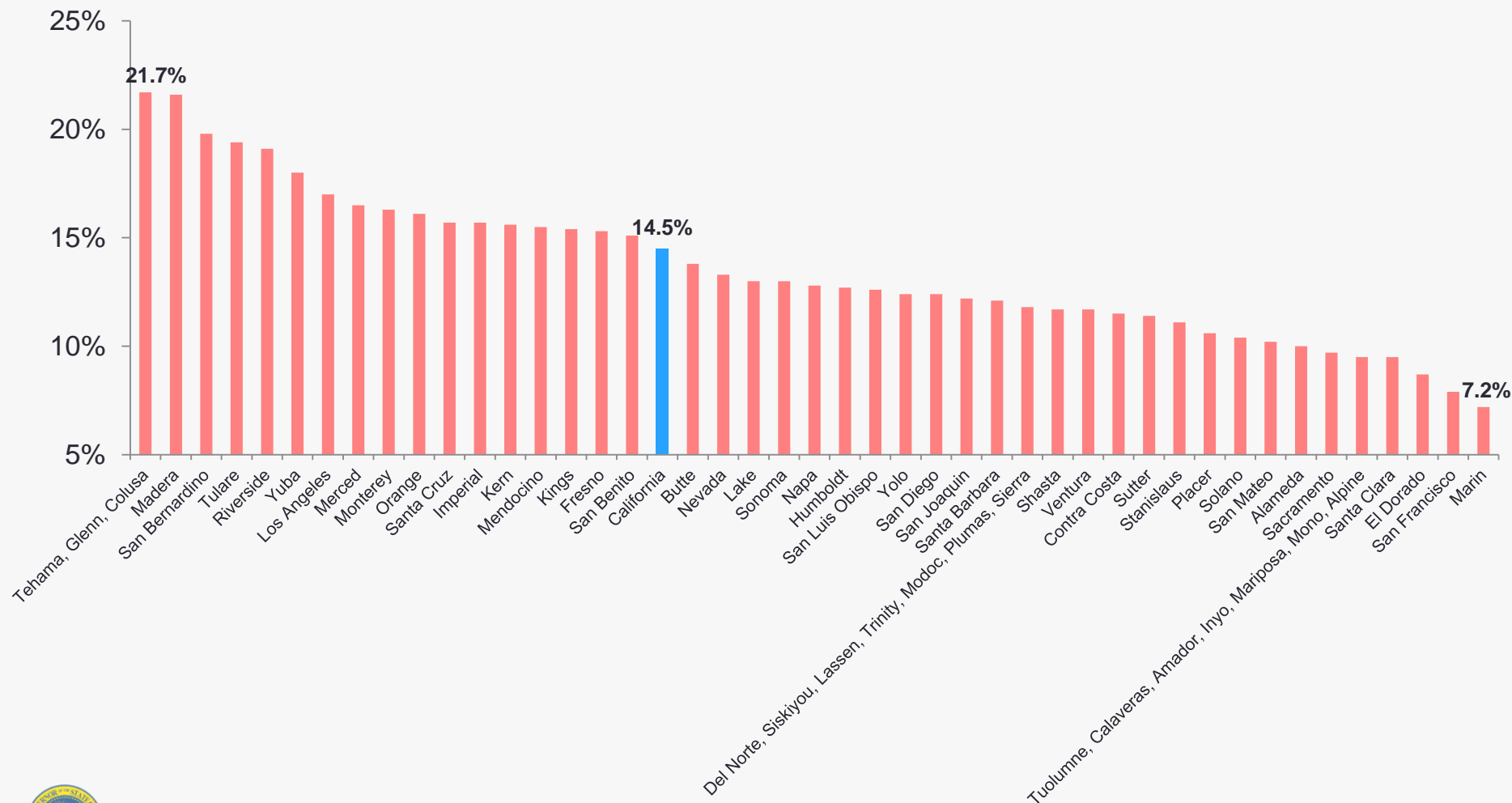
Source: California Health Interview Survey (CHIS), 2001-2009



# Priority Measures: Coverage

## Uninsurance rate by county, 2009

Source: California Health Interview Survey (CHIS), 2009

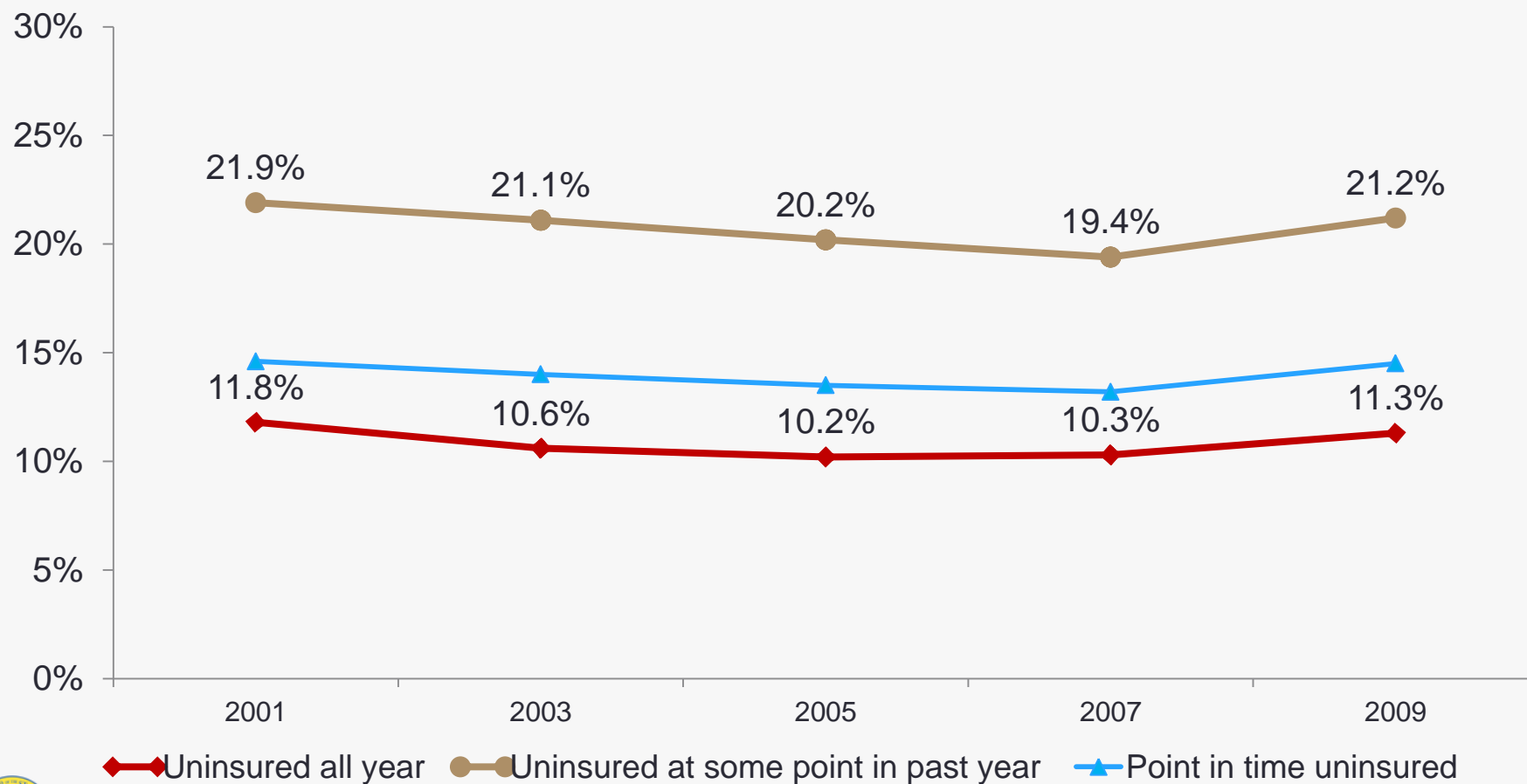




# Priority Measures: Coverage

## Measures of uninsurance

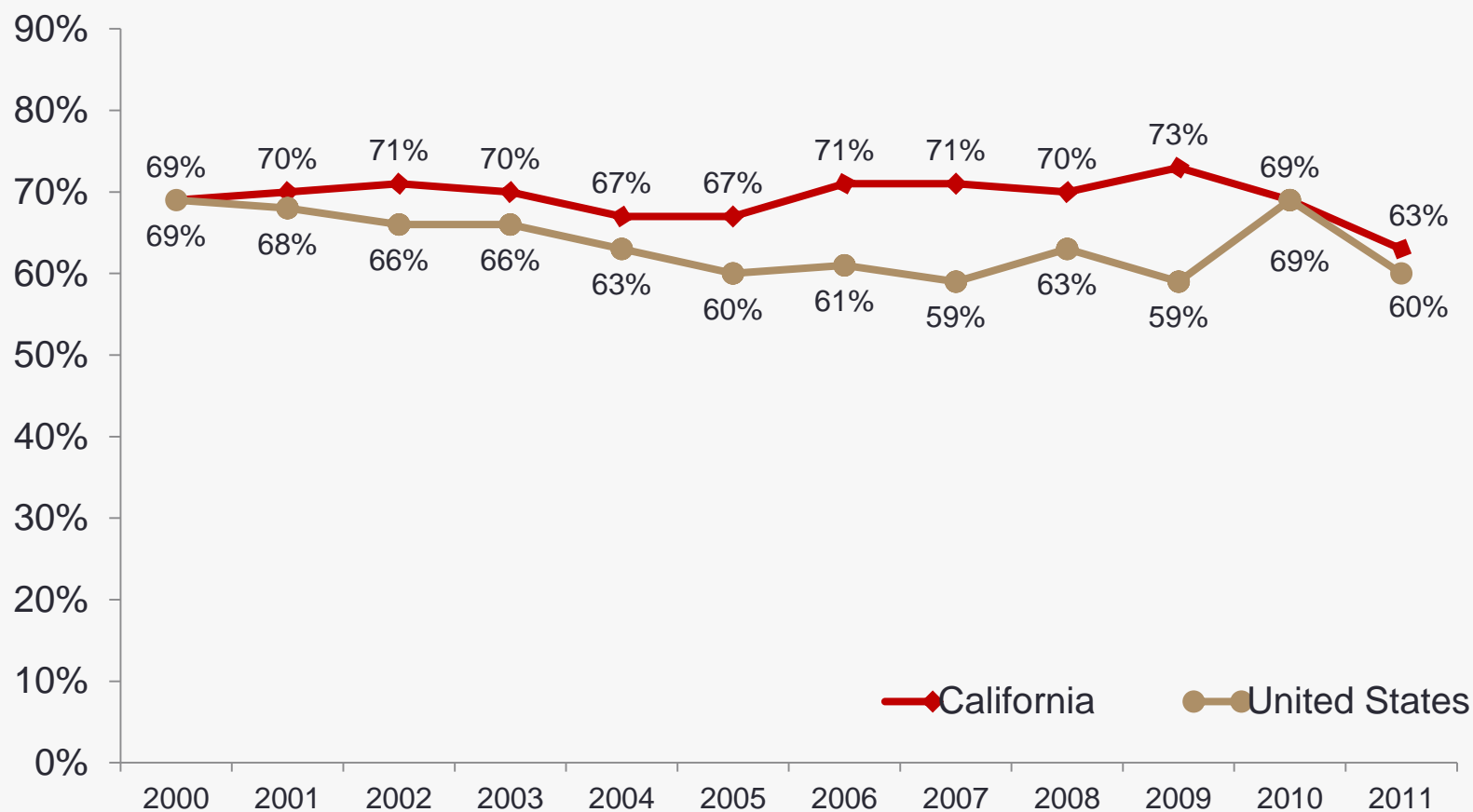
Source: California Health Interview Survey (CHIS), 2001-2009



# Priority Measures: Coverage

## Percent of employers offering health insurance coverage

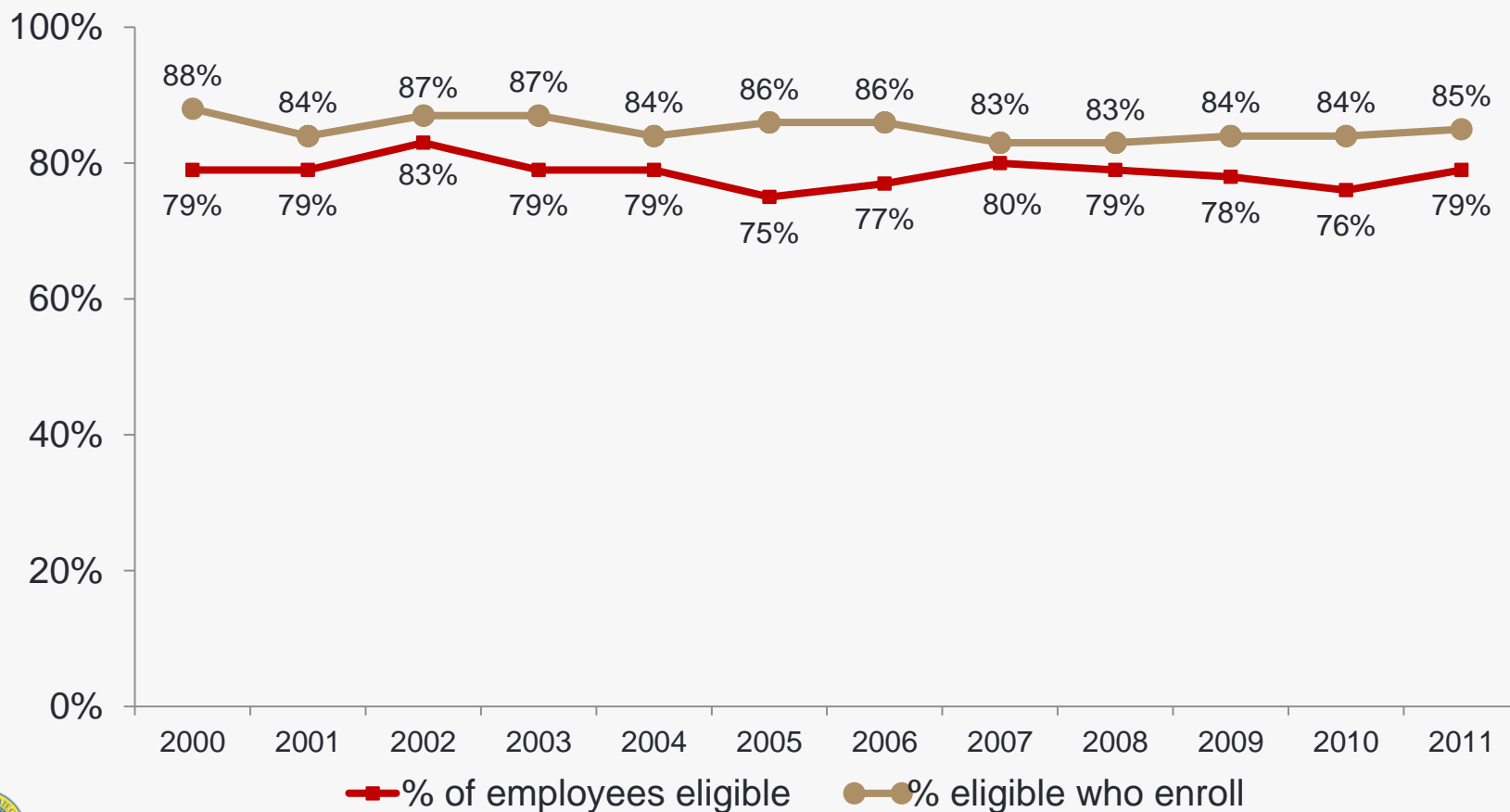
Sources: California Employer Health Benefits Survey, 2000-2011;  
Kaiser Family Foundation Employer Health Benefits Survey, 2000-2011.



# Priority Measures: Coverage

**At employers that offer coverage: % of employees eligible, and % eligible who enroll**

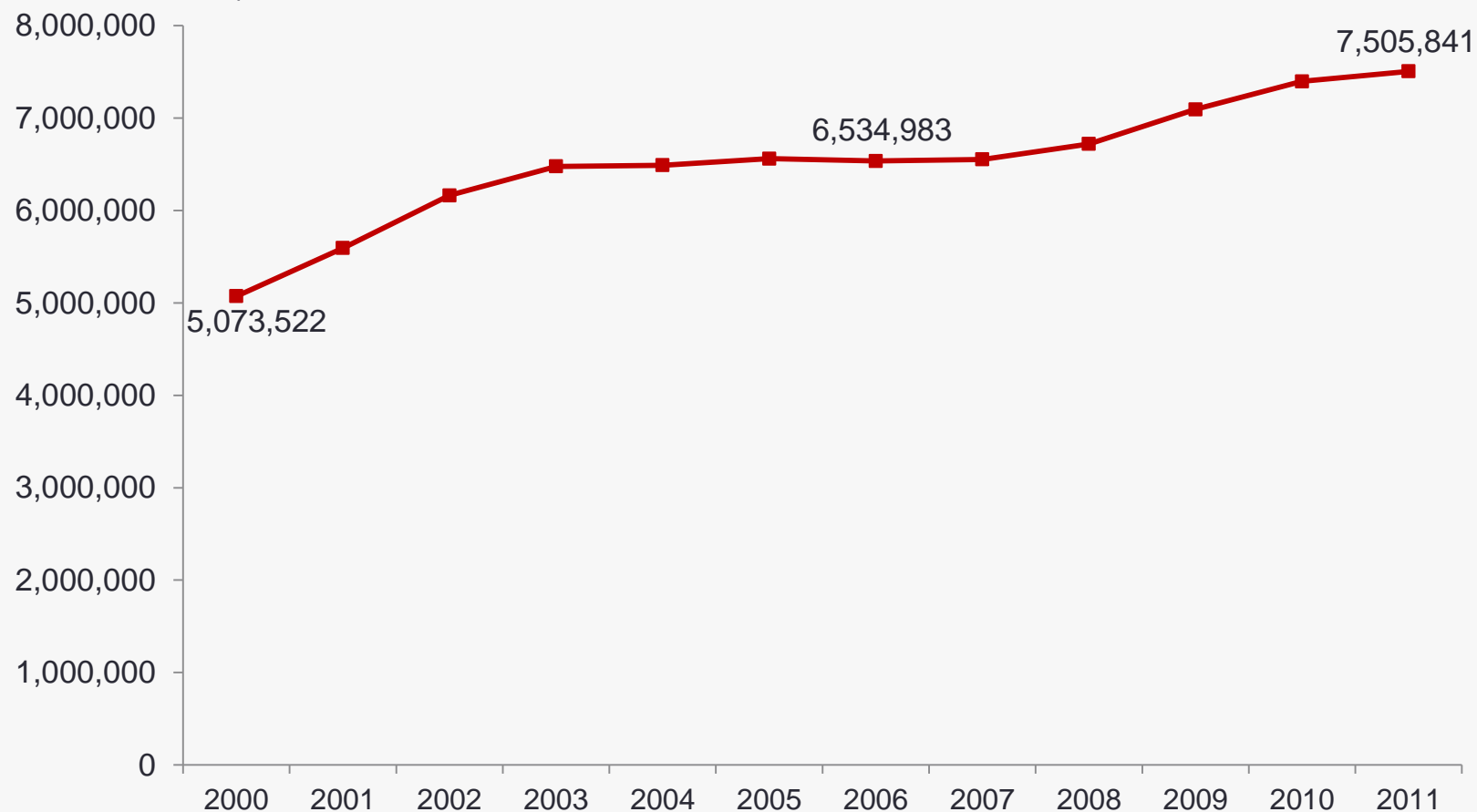
Source: California Employer Health Benefits Survey, 2000-2011



# Priority Measures: Coverage

## Med-Cal program enrollment





Source: California Department of Health Care Services



# Priority Measures: Access

- Individual perspective
  - **Use of services**
  - Barriers to care
- System perspective
  - Provider-based measures
  - Safety net



Use of Services	Data Availability	Source
Percent of people with a usual source of care		CHIS <sup>1</sup>
Type of place for usual source of care		CHIS
Percent of people with a doctor visit in the past year		CHIS
Percent of people with a preventive care visit in the past year		MEPS-HC <sup>2</sup> , CHIS

<sup>1</sup> Source: California Health Interview Survey








<sup>2</sup> Source: Medical Expenditure Panel Survey –Household Component



# Priority Measures: Access

- Individual perspective
  - Use of services
  - Barriers to care
- System perspective
  - Provider-based measures
  - Safety net



Barriers to Care	Data Availability	Source
Percent of people who forgo needed care		MEPS-HC <sup>1</sup>
Reasons for forgone care		MEPS-HC
Percent of people not able to get an appointment with a doctor in a timely way		MEPS-HC, CHIS <sup>*2</sup>
Percent of people who had difficulty finding a provider that would accept new patients <ul style="list-style-type: none"> <li>• Primary care</li> <li>• Specialty care</li> </ul>	 	NHIS <sup>3</sup> , CHIS <sup>*</sup>
Percent of people who had difficulty finding a provider that would accept their insurance <ul style="list-style-type: none"> <li>• Primary care</li> <li>• Specialty care</li> </ul>	 	CHIS <sup>*</sup> , NHIS <sup>**</sup>

\*Requires new data collection

\*\*Not able to distinguish between primary and specialty care

<sup>1</sup> Source: Medical Expenditure Panel Survey –Household Component

<sup>2</sup> Source: California Health Interview Survey

<sup>3</sup> Source: National Health Interview Survey



# Priority Measures: Access

- Individual perspective

- Use of services
- Barriers to care

- System perspective

- **Provider-based measures**
- Safety net



Provider-Based Measures	Data Availability	Source
Percent of physicians accepting new patients, by payer <ul style="list-style-type: none"> <li>• Primary care</li> <li>• Specialty care</li> </ul>	● ●	Medical Board of CA*
Percent of physicians participating in public programs <ul style="list-style-type: none"> <li>• Primary care</li> <li>• Specialty care</li> </ul>	● ●	Medical Board of CA*
Emergency room visit rates	●	OSHPD <sup>1</sup>
Ambulatory care sensitive hospital admissions	●	OSHPD
Preventable/avoidable emergency room visits	●	OSHPD

\*Requires new data collection

<sup>1</sup> Source: Office of Statewide Health Planning and Development



# Priority Measures: Access

- Individual perspective
  - Use of services
  - Barriers to care
- System perspective
  - Provider-based measures
  - **Safety net**



Safety Net	Data Availability	Source
Volume and type of services provided by safety net clinics		OSHDP <sup>1</sup> , counties*
Uncompensated care		OSHDP*
County indigent care volume and cost		Counties*

\*Requires new data collection

<sup>1</sup> Source: Office of Statewide Health Planning and Development

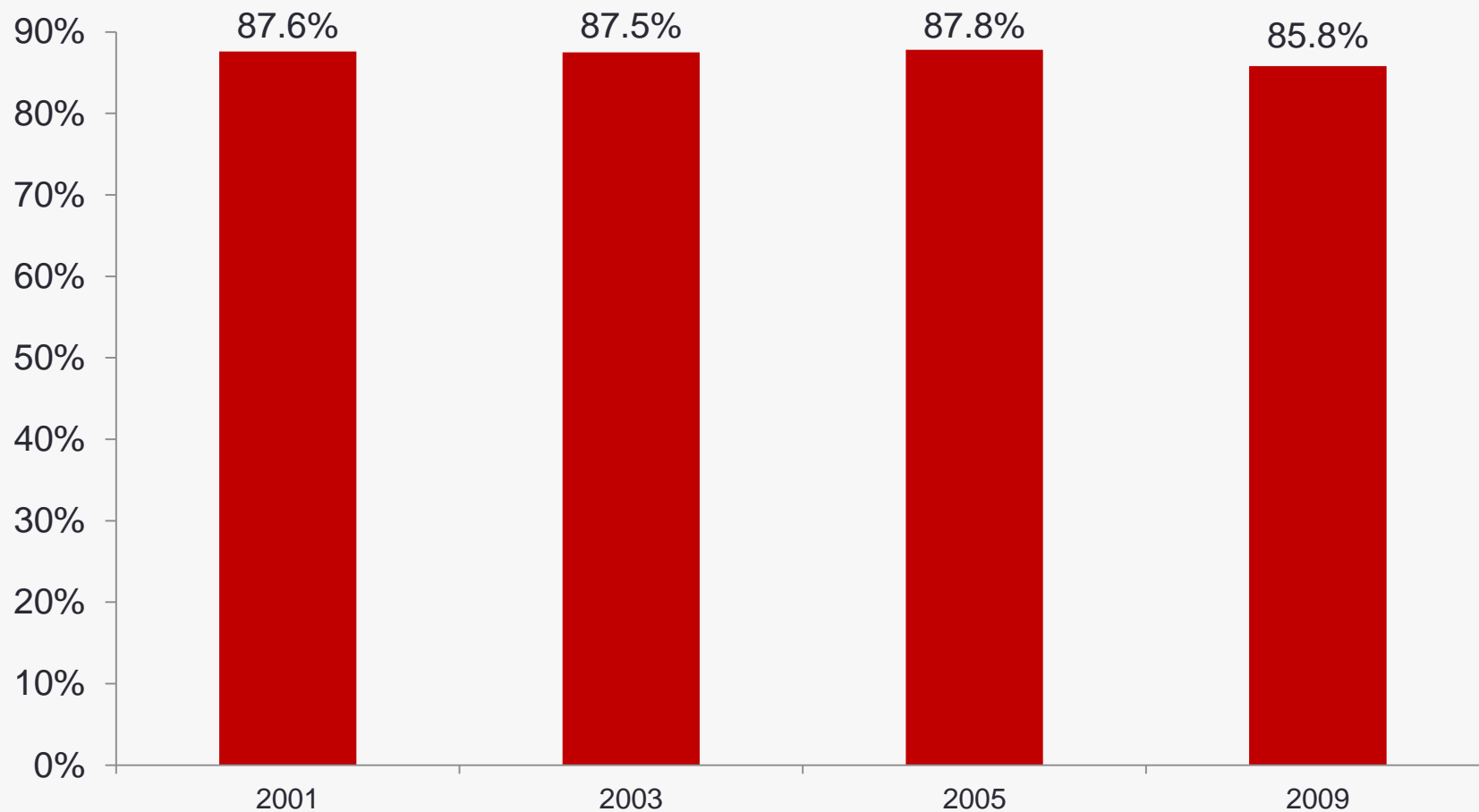




# Priority Measures: Access

## Percent of people with a usual source of care

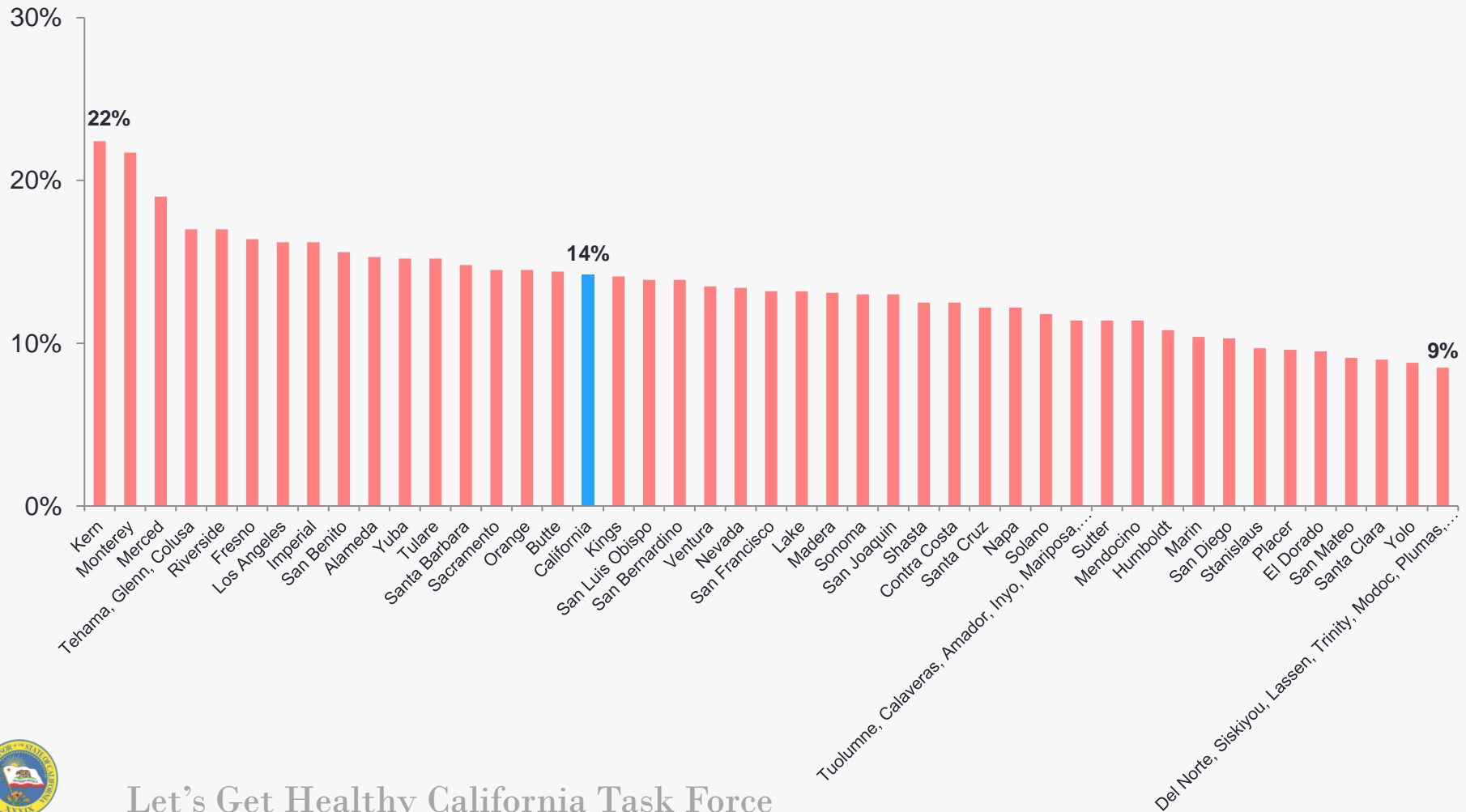
Source: California Health Interview Survey, 2001-2009



# Priority Measures: Access

## Percent of people without a usual source of care

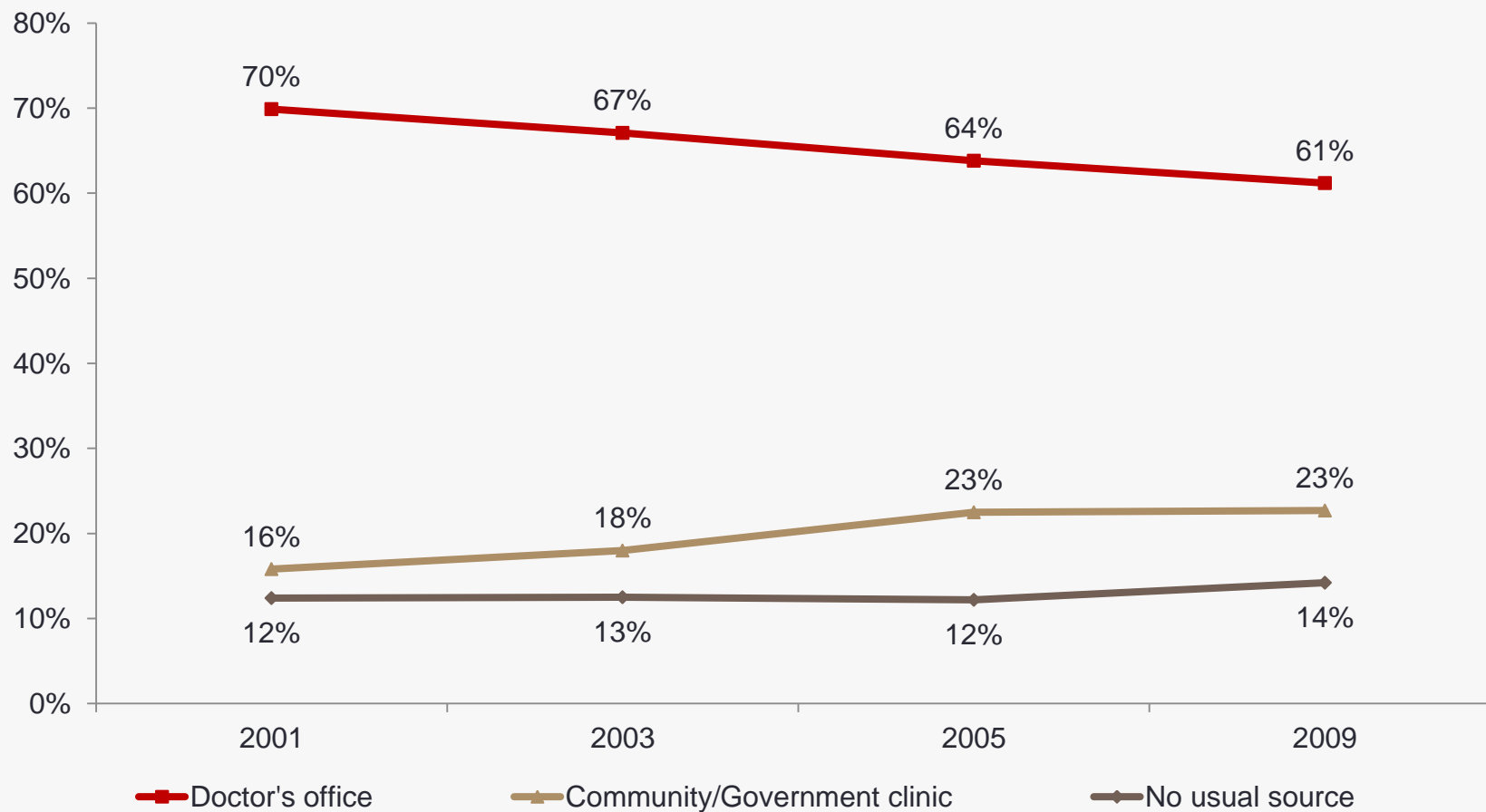
Source: California Health Interview Survey, 2009



# Priority Measures: Access

## Type of place for usual source of care

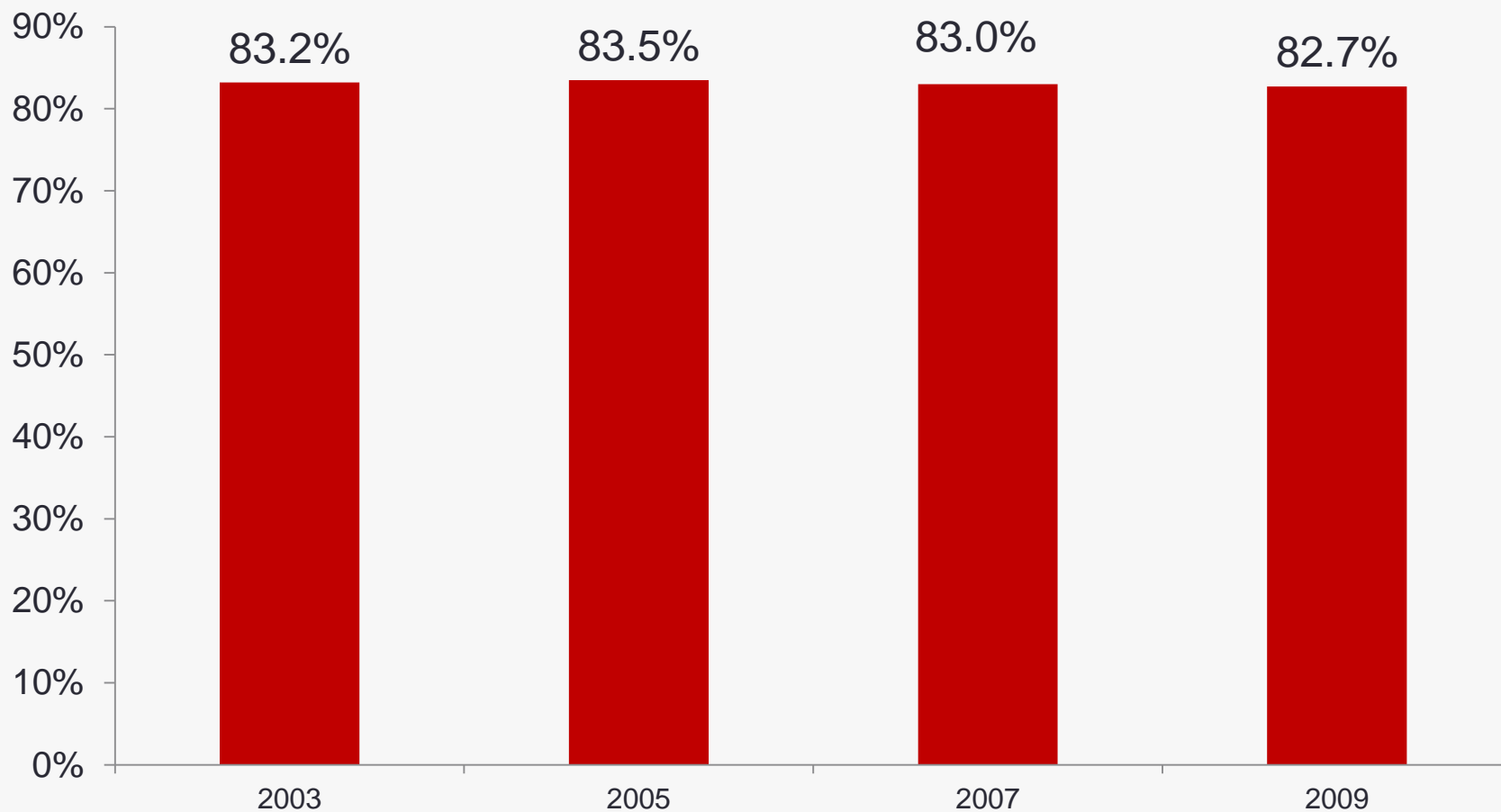
Source: California Health Interview Survey, 2001-2009



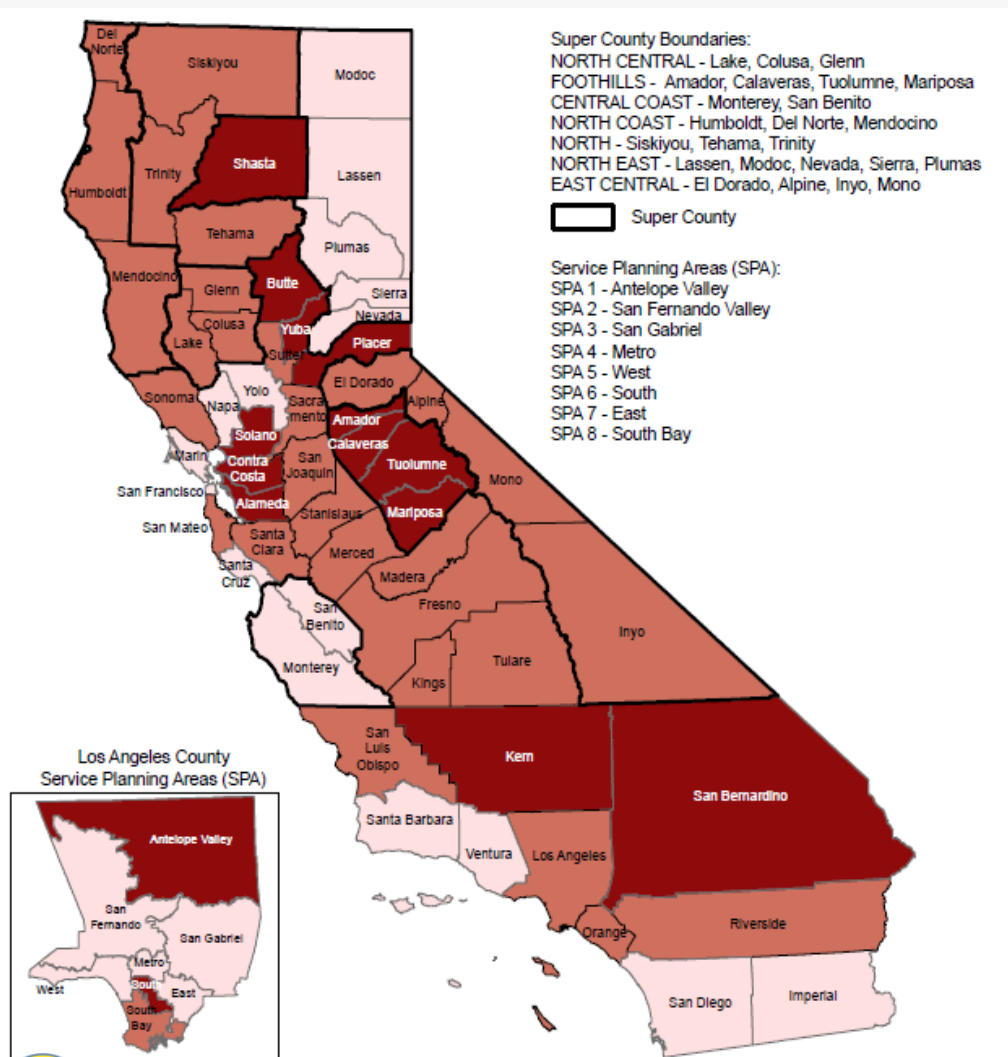
# Priority Measures: Access

## Percent of people with a doctor visit in the past year

Source: California Health Interview Survey, 2001-2009



# Priority Measures: Access



**Ambulatory care sensitive hospital admissions based on AHRQ prevention quality indicators (PQIs)**

**Example:**  
**Short-term Complications of Diabetes (PQI 1) & Uncontrolled Diabetes (PQI 14)**

Source: California Office of Statewide Health Planning and Development , 2009

# Stakeholder Feedback

- CHCF solicited stakeholder feedback on the framework through a series of 6 stakeholder meetings in Feb. 2012
- Response to the framework was largely positive
- Key coverage and access issues identified by stakeholders:
  - “Drill-down” is very important (e.g., by geography, race/ethnicity, large vs small employers)
  - Understanding who remains uninsured and why is a top priority
  - Need for better measures of access:
    - Providers accepting Medi-Cal
    - Consider broadening the definition of provider beyond physicians

