Barriers to care among publicly insured adults

Kathleen Thiede Call

CHE Health Equity Conference

Earle Brown Heritage Center

April 24, 2012

Setting the Stage

- The Patient Protection and Affordable Care Act (ACA), passed in March 2010, expands public program eligibility
- Lack of insurance creates disparities in access to health care
- Providing health insurance may not do enough eliminate access disparities
- **Project aims:**
  - Describe barriers to care among a diverse insured population and
  - Explore the impact of barriers on access to care

DHS Barriers Team

Acknowledgements:

- Funded by a grant from the Minnesota Department of Human Services

- Contributors
  - The Disparities Team
  - Wilder Research

- Karen Soderberg @ SHADAC

Definitions

- Minnesota Health Care Programs
  - Medicaid/Medical Assistance
  - MinnesotaCare
  - General Assistance Medical Care
- No copayments for preventive services

Methods

- Sampled 2008 enrolled population stratified by ethnicity
  - African American, American Indian, Hispanic/Latino, Hmong and Somali enrollees with European American as contrast
  - Adult and child enrollees, parent as proxy

- Mixed mode survey
  - English only for mail version; translated for telephone follow-up (English, Hmong, Somali and Spanish)
  - 4,626 surveys (RR = 44%); Adult surveys: 2,194

- Focus groups & community forum informed recommendations

Survey Content:

- Self-rated health and disability
- Use of medical services
- **Barriers to health care –** today's focus
- Trust and confidence in doctors
- Perceived discriminatory attitudes
- Interpreter availability and quality

shadac

Presentation Overview

- Examine how even those with insurance report experiences that hinder access to care
  - Describe the impact of ethnicity on variation in experiencing barriers to services
  - Explore whether ethnic differences hold once background characteristics associated with access are controlled
  - Examine the impact of barriers on access to and use of health care services

Demographic and Health Status Characteristics, Adults

	European American	American Indian	African American	Hispanic/ Latino	Hmong	Somali
Unweighted sample size	347	276	199	321	369	219
Weighted population size	162,909	18,206	24,207	11,730	6,481	6,784
Female	65.0%	**79.5%**	69.5%	71.7%	**49.8%**	64.9%
Average age	42.7	39.7	41.6	**37.6**	41.0	**38.1**
Married	42.2%	**29.0%**	**22.1%**	54.1%	44.6%	48.6%
High school graduate	83.2%	**74.9%**	**68.7%**	**60.8%**	**30.2%**	**37.4%**
Employed	43.7%	**28.1%**	**23.7%**	**32.7%**	**21.3%**	**31.1%**
Resides in Metro area	58.2%	61.6%	**94.6%**	63.8%	**98.3%**	**92.6%**
Born in U.S.	97.6%	99.2%	**100.0%**	**45.6%**	**21.9%**	**0.0%**
Non-English language spoken at home	0.0%	0.1%	0.0%	**37.0%**	**31.9%**	**64.1%**
Reports excellent, very good, or good health status	76.9%	**63.5%**	**65.4%**	75.1%	74.7%	81.4%

Red bolded items are significantly different than European American (p< .05)

Barriers to Care Domains
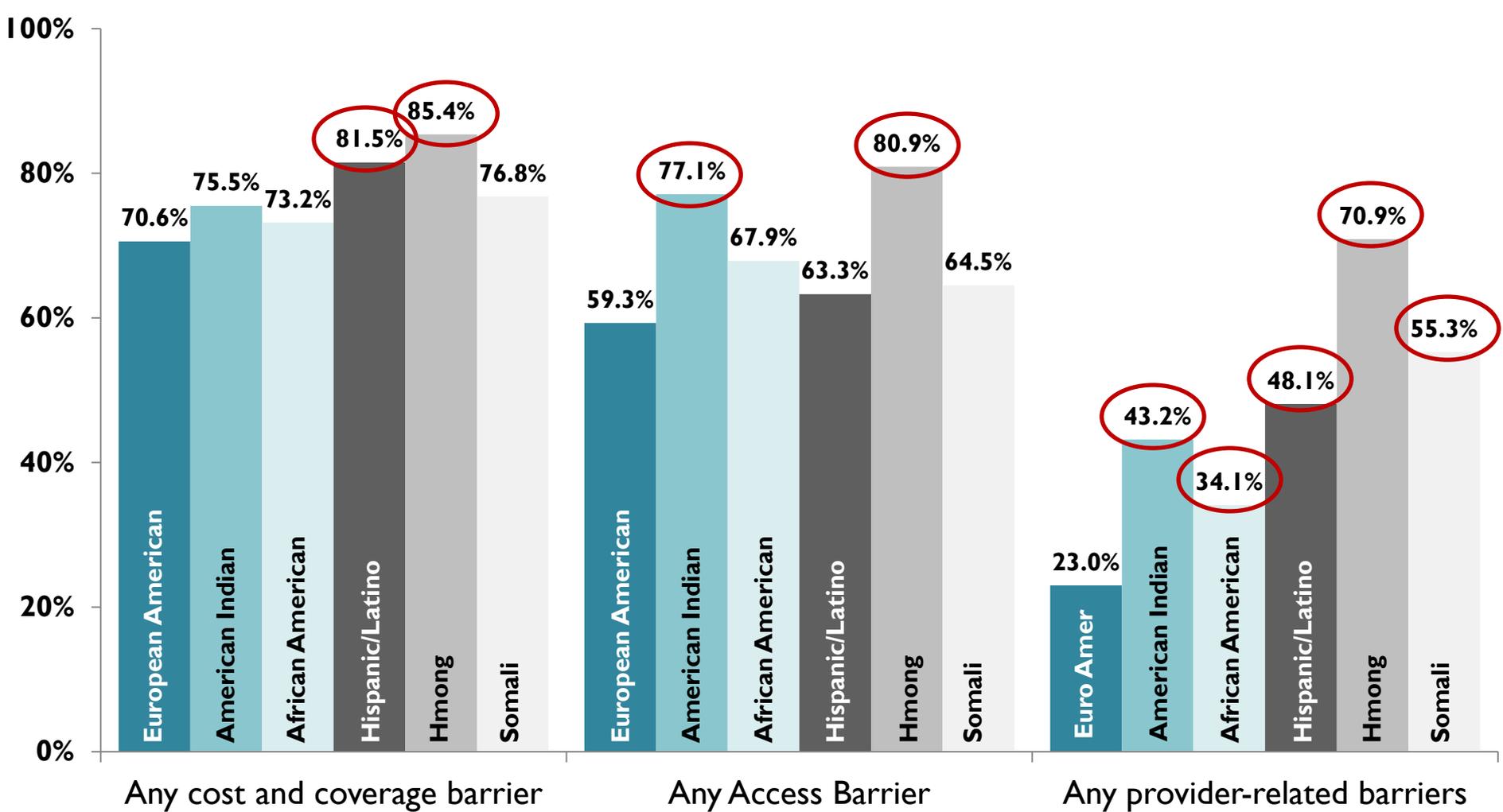
Circled items are significantly different than European American

shadac

10

Prevalence of Barriers to Care (%)

	European American	American Indian	African American	Hispanic/ Latino	Hmong	Somali
Cost and coverage barriers:						
Worry insurance won't cover care	40.5	47.3	41.3	**53.7**	**71.4**	49.4
Worry will have to pay more than expect	38.7	45.2	**49.1**	**57.6**	**61.7**	42.5
Worry pay more than can afford	50.3	54.4	46.2	61.2	64.8	53.2
Worry medications will cost too much	34.8	38.2	39.1	42.0	**60.4**	42.5
Not sure if you will be dropped from MHCP	40.2	44.5	46.8	47.7	**66.2**	48.3
Don't know what plan covers	41.7	49.2	47.4	44.2	**65.3**	49.4
Don't know where to go with questions	27.9	**39.3**	36.4	32.3	**60.6**	**48.5**
Any cost and coverage barrier	70.6	75.5	73.2	**81.5**	**85.4**	76.8
Access barriers:						
Can't get appointment as soon as needed	36.0	41.4	40.7	40.6	**52.1**	28.6
Transportation problems	23.4	**45.7**	**40.3**	32.7	**40.4**	30.8
Can't see preferred doctor	23.8	28.7	21.5	18.8	**44.8**	31.4
Office not open when you can go	12.4	**24.4**	14.7	**19.0**	**41.0**	**19.6**
Don't know where to go	11.3	**18.5**	15.8	**17.7**	**41.6**	**20.7**
Work or family responsibilities	26.9	31.0	22.0	23.8	**59.6**	27.0
Availability of childcare	12.7	**22.8**	15.7	14.3	**47.0**	**26.0**
Any Access Barrier	59.3	**77.1**	67.9	63.3	**80.9**	64.5
Provider-related barriers:						
Doctors don't speak your language	8.3	**18.9**	11.9	**32.8**	**51.0**	**29.7**
Doctor's don't understand your culture	2.1	**15.8**	**10.2**	**16.8**	**50.9**	**28.0**
Doctors don't respect your religious beliefs	1.1	**11.3**	3.4	1.8	**27.7**	**15.6**
Doctors are not trustworthy	15.0	23.0	21.2	24.1	**48.8**	**25.8**
Place of care is not welcoming	8.6	**15.4**	**16.0**	10.2	**41.1**	**22.7**
Any provider-related barriers	23.0	**43.2**	**34.1**	**48.1**	**70.9**	**55.3**

Yellow highlights indicate top five barriers

Bolded red *indicates significant difference from European American (p < .05)*

Prevalence of Barriers After Adjustment

	American Indian	African American	Hispanic/ Latino	Hmong	Somali
Cost and coverage barriers:					
Worry insurance won't cover care	47.3	41.3	5✕7	**71.4**	49.4
Worry will have to pay more than expect	45.2	✕	**57.6**	**61.7**	42.5
Worry pay more than can afford	54.4	46.2	61.2	64.8	53.2
Worry medications will cost too much	38.2	39.1	42.0	**60.4**	42.5
Not sure if you will be dropped from MHCP	44.5	46.8	47.7	**66.2**	48.3
Don't know what plan covers	49.2	47.4	44.2	✕	49.4
Don't know where to go with questions	**39.3**	36.4	32.3	**60.6**	✕
Any cost and coverage barrier	75.5	73.2	**81.5**	✕	76.8
Access barriers:					
Can't get appointment as soon as needed	41.4	40.7	40.6	**52.1**	28.6
Transportation problems	**45.7**	✕	32.7	✕	30.8
Can't see preferred doctor	28.7	21.5	18.8	**44.8**	31.4
Office not open when you can go	**24.4**	14.7	✕	**41.0**	✕
Don't know where to go	✕	15.8	✕	**41.6**	✕
Work or family responsibilities	31.0	22.0	23.8	**59.6**	27.0
Availability of childcare	**22.8**	15.7	14.3	**47.0**	✕
Any Access Barrier	**77.1**	67.9	63.3	**80.9**	64.5
Provider-related barriers:					
Doctors don't speak your language	**18.9**	11.9	**32.8**	**51.0**	**29.7**
Doctor's don't understand your culture	**15.8**	**10.2**	**16.8**	**50.9**	**28.0**
Doctors don't respect your religious beliefs	**11.3**	3.4	1.8	**27.7**	**15.6**
Doctors are not trustworthy	23.0	21.2	24.1	**48.8**	✕
Place of care is not welcoming	**15.4**	✕	10.2	**41.1**	✕
Any provider-related barriers	**43.2**	✕	**48.1**	**70.9**	**55.3**

Controls: Employment, health status, sex, metro, marital & education status, age, survey language

Barriers and Access to Health Care

- Move from 3 to 5 barrier domains:

  1) Coverage
  2) Financial
  3) Access
  4) Family/work
  5) Provider-related

  <u>Interested in magnitude</u>: big, small or no problem

  Hypothesis: those reporting big problems accessing healthcare will be more likely to report unmet medical needs within the last year

Indicators of Unmet Need
(Precede barriers questions in survey)

1) ## Forgone needed care

   "Was there anytime <u>during the past year</u> when you needed medical care but did not get it?" (yes/no)

2) ## Delayed needed care

   "Was there anytime <u>during the past year</u> that you <u>delayed</u> getting medical care that you felt you needed?" (yes/no)

3) ## No preventive care received in past year

   "About how long has it been since you went to a doctor or clinic for <u>regular or routine care</u>? By regular or routine care, we mean things like physical checkups, blood pressure or cholesterol checks, mammograms, pap smears, or other types of preventive care." (within past year/more than1 year but less than 3 years/3 to 5 years/more than 5 years)

shadac

Odds of Unmet Need by Level of Perceived Barriers to Care: Adult MHCP Enrollees
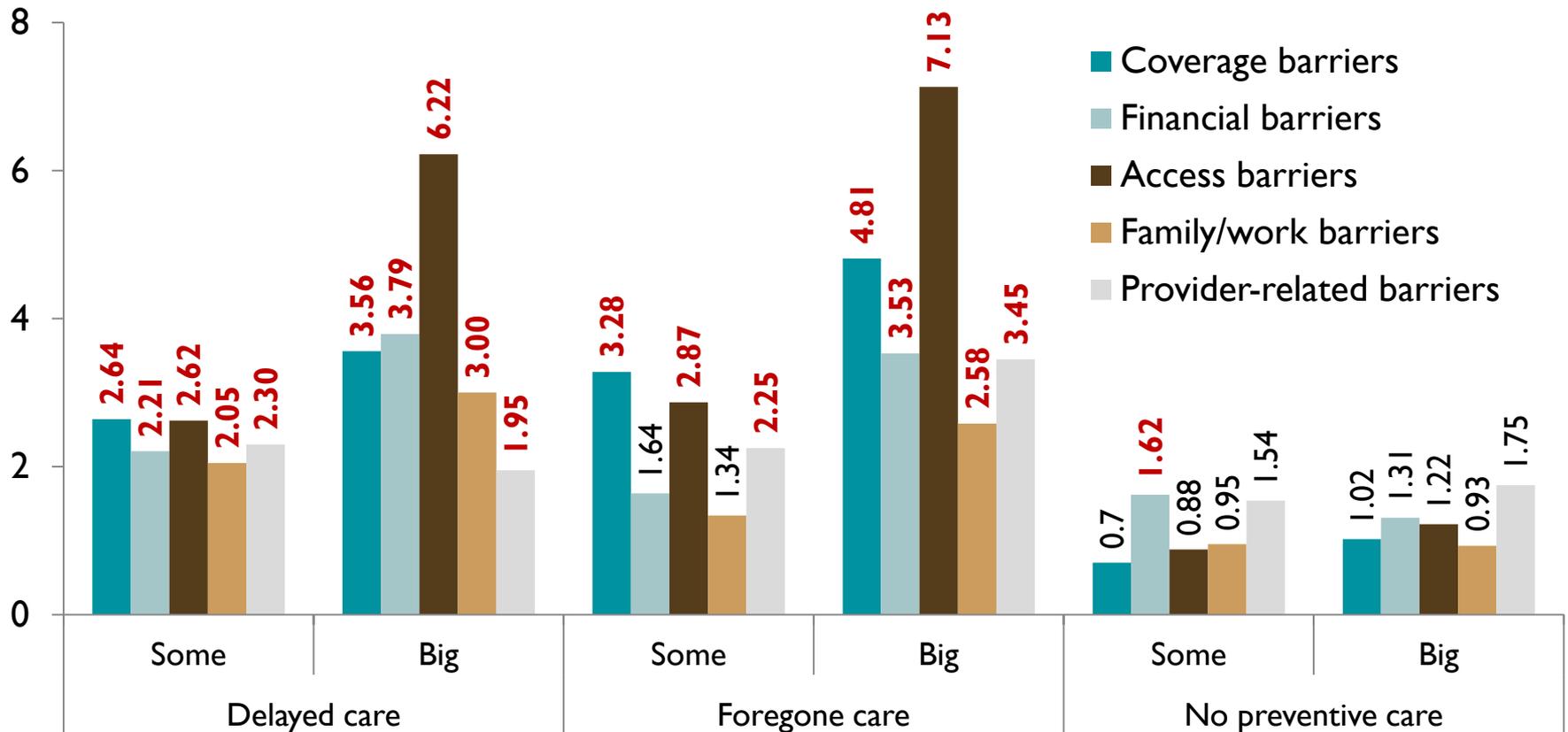
Red bolded items are significantly different than those reporting no problems in the barrier domain.

Controls: Race/ethnicity, age, sex, employment, health status, metro, marital & education status, survey language

shadac   15

Summary of Results

- No ethnic group is sheltered from problems seeking care

- Disparities exist even after controlling for health status and demographics differences

- The pattern of disparities in barriers runs opposite their prevalence

  - **Cost and coverage barriers** primary obstacles for all cultural groups; fewer disparities

  - **Access barriers** second most prominent; more disparities

  - **Provider-related barriers** are less prominent; greatest disparities

- Barriers impact reports of unmet need but not reports of preventive care use

  - Preventive care use measure has limitations

Community Endorsed Solutions to **Cost and Coverage** Barriers

- Develop more accessible (community-based) and effective information

  - Succinct and simplified mailings

  - Help lines and navigators

  - Outreach initiatives

- Keep copayments low and stables

- Publicize dual function of the Helpline and Ombudsman

  - for <u>answering questions</u> and <u>recording enrollees concerns</u> and suggestions

  - DHS should continue to compile and code the nature of calls and develop a mechanism to report back

Community Endorsed Solutions to **Access Barriers**

- Develop one-pager outlining enrollee rights and responsibilities (e.g., transportation benefits)

- Allow a modest portion (for example 10%) of Minnesota's Child Care Assistance Program to be used to cover health care appointments

- Expand clinic hours and days

Community Endorsed Solutions to **Provider-related Barriers**

- Remind enrollees that the Helpline and Ombudsman are venues for airing consumer praise and complaints
  - Need to have <u>reciprocal communication </u>about the steps DHS or providers have taken to address enrollee concerns
- DHS should require a mechanism for tallying complaints against clinic staff, interpreters and providers, along with stated <u>consequences</u> for those receiving an inordinate numbers of complaints
- Increase evaluation and enforcement of CLAS standards

Conclusions/Implications

- Enrollment in health insurance does not guarantee easy access to health care
- Although no cultural group is spared experiences of barriers, minority enrollees are significantly more likely to report problems
- Barriers impact reports of unmet need for services
- Results foreshadow challenges on the ACA horizon

Questions?

Disparities and Barriers to Utilization among Minnesota Health Care Program Enrollees, 2009

Report available at:

http://www.shadac.org/publications/

Defining Community

- **Community is characterized by "…a sense of identification and emotional connection to other members…shared values and norms…common interests, and commitment to meeting shared needs."**
  - - Israel, Schulz, Parker, Becker, Allan, Guzman 2008
- May be geographical or group with a sense of common identity and shared fate
- CBPR attempts to identify existing communities and strengthen this sense of community through collective engagement

shadac

Definitions

- ## Health disparities:

  - "A health disparity should be viewed as a chain of events signified by a difference in: (1) environment, (2) access to, utilization of, and quality of care, (3) health status, or (4) a particular health outcome that deserves scrutiny. Such a difference should be evaluated in terms of both inequality and inequity, since what is unequal is not necessarily inequitable."

    (Carter-Pokras, Baquet 2002, p 426)

Definitions

- Race/ethnicity

  – "Racial/ethnic categories are at best approximations of societally defined groupings to which individuals are assigned based largely on skin color, country of origin or ancestry, and language or dialect spoken"

  (Kaplan, Bennett. Use of race and ethnicity in biomedical publication. JAMA 2003 pp 2709-10)