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STATE HEALTH ACCESS DATA ASSISTANCE CENTER

STUDY OF THE IMPACT OF THE AFFORDABLE CARE ACT (ACA) IMPLEMENTATION IN KENTUCKY

Webinar

April 27, 2017, 1:00 PM CDT

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(888)-504-7949, Conference ID 368192

Slides and handouts at:

http://www.shadac.org/KYwebinar

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- Webinar archive will be posted on SHADAC's website
  - E-mail notice will be sent to participants

Introduction

Gabriela Alcalde
Foundation for a Healthy Kentucky

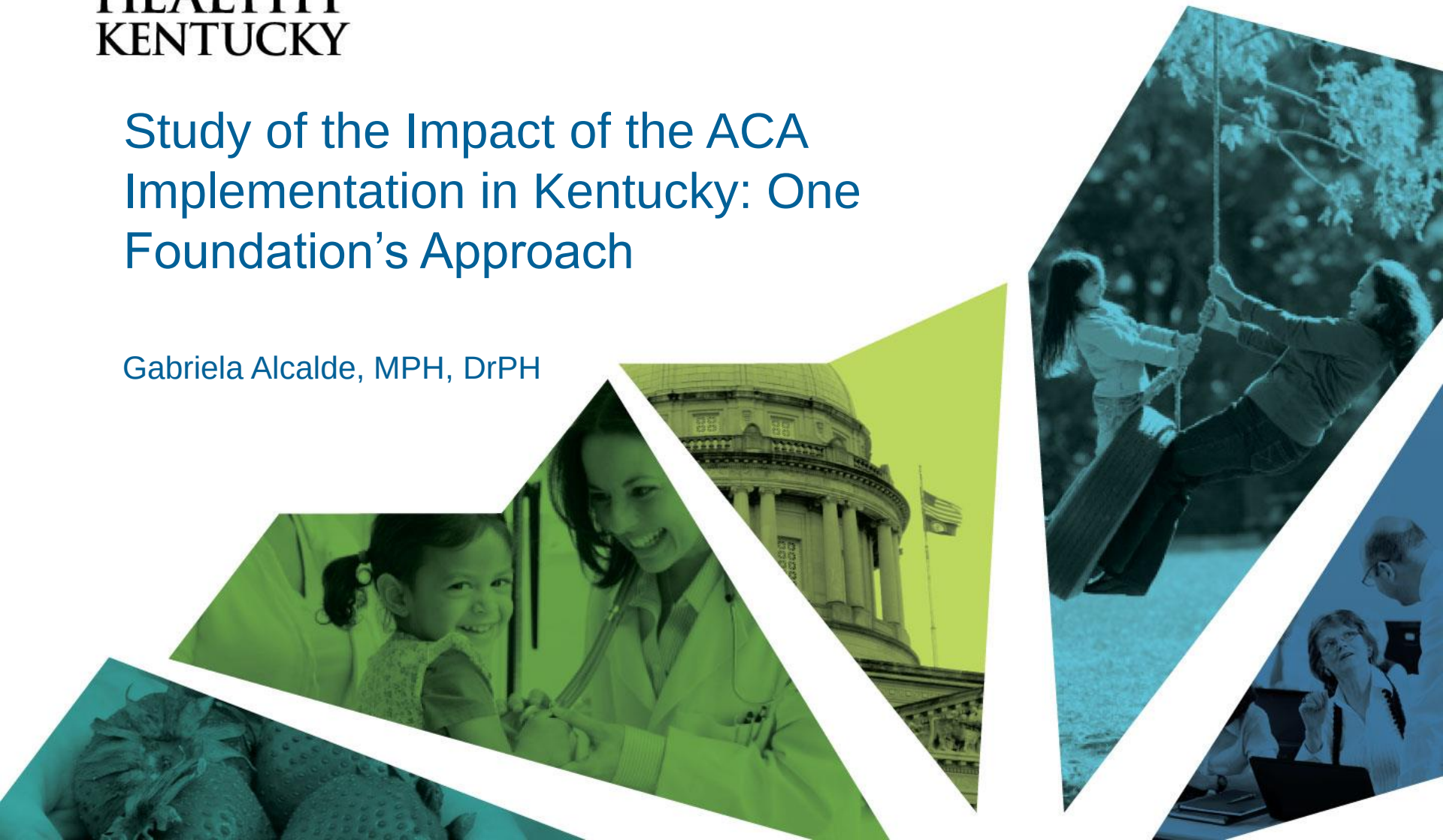
Lynn Blewett
SHADAC

Colin Planalp
SHADAC

FOUNDATION FOR A HEALTHY KENTUCKY

Study of the Impact of the ACA Implementation in Kentucky: One Foundation's Approach

Gabriela Alcalde, MPH, DrPH



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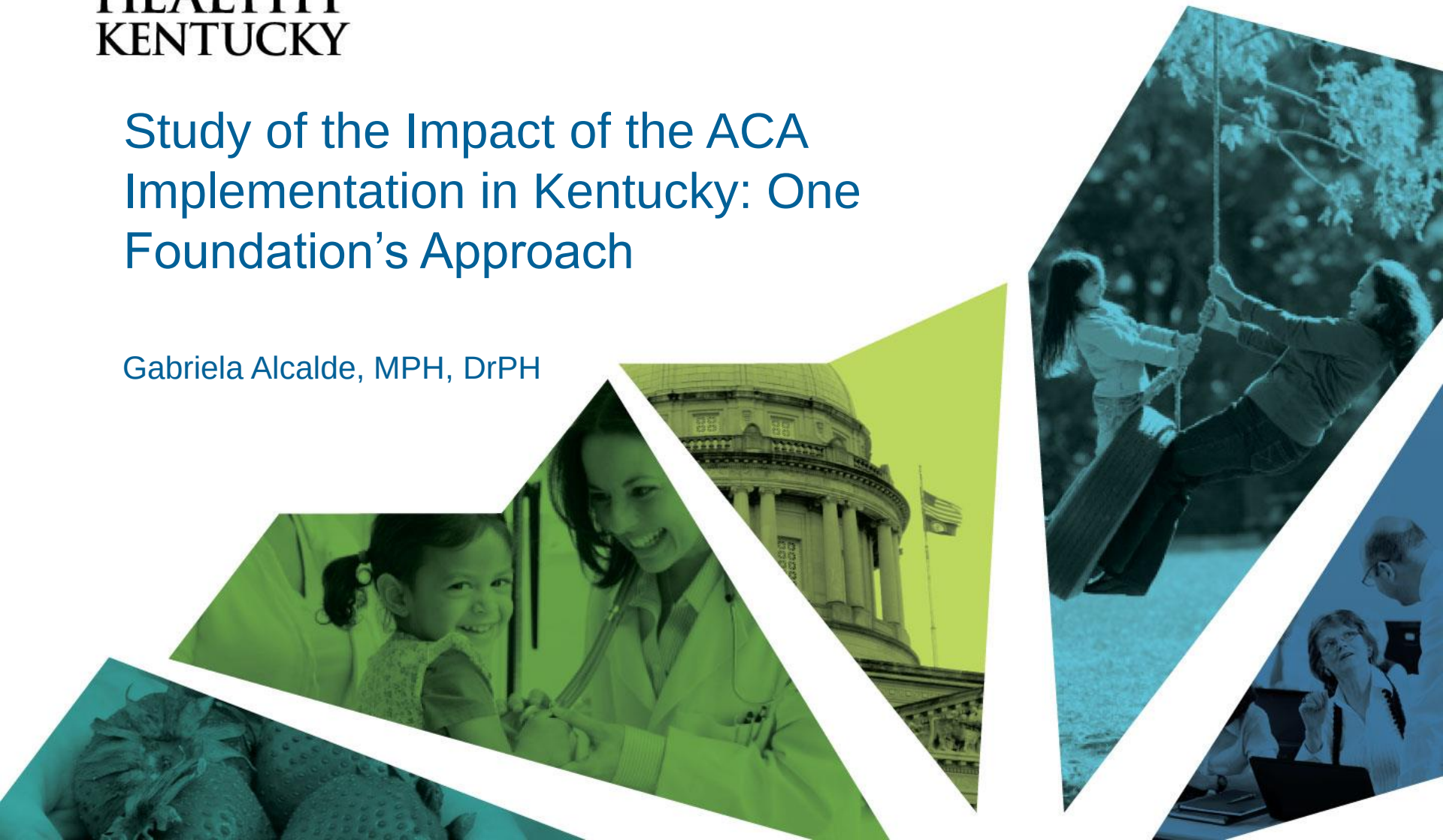

(New) Mission and Vision

Mission

To address the unmet health needs of Kentuckians by developing and influencing policy, improving access to care, reducing health risks and disparities, and promoting health equity.

Vision

A Kentucky where every individual and community reaches their highest levels of health.

FOUNDATION FOR A HEALTHY KENTUCKY

Promoting Response Health Policy (PRHP)

An initiative aimed at making public policy more responsive to the health and health care needs of the people of Kentucky, with a focus on four (4) policy priorities:

1. *Increasing access to care*
2. *Strengthening local public health*
3. *Improving children's health*
4. *Increasing the proportion of Kentuckians living in smoke-free jurisdictions*

To advance these priorities, the Foundation makes grants, invests in research and data efforts, convenes stakeholder groups in forums and meetings so they can share information and work together, and supports relationship- and capacity-building activities.

FOUNDATION FOR A HEALTHY KENTUCKY

Purpose of Study

- Significant health policy change provides an unprecedented opportunity to analyze the impacts of this system change on coverage, access, cost, quality, and outcomes; particularly for historically underserved populations, during the first years of implementation.

- As the only southern state to expand Medicaid and establish a state-based health benefit exchange, Kentucky offers a unique case study.

- Plan for the study findings and reports to be made accessible to key state health policy makers and other civically engaged parties. To serve as a credible, nonpartisan expert resource for health and health care stakeholders in Kentucky.

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Purpose of the Study (continued)

- To serve as a resource to other states wishing to compare and learn from other states' experiences in implementing the ACA, as well as lessons for federal level in designing health policy to be implemented by the states.

- To report knowledgeably on trends in coverage, access, quality, cost, and outcomes and to identify elements of the implementation process that were important to the identified impacts, whether positive or negative.

- To result in an objective, mixed methods study analyzing key effects of implementing the Affordable Care Act (ACA) in Kentucky, over a three-year period.

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Reports and Deliverables

- Baseline report
- Special reports:
  - *Impact on Children's Coverage*
  - *High Deductible Health Insurance*
  - *Substance Use and the ACA*
  - *Emergency Department Utilization*
- Annual and semi-annual reports
- Quarterly data "snapshots"
- Final report

- All available on Foundation's website,

www.healthy-ky.org/research

FOUNDATION FOR A HEALTHY KENTUCKY

FOUNDATION FOR A HEALTHY KENTUCKY

Thank you

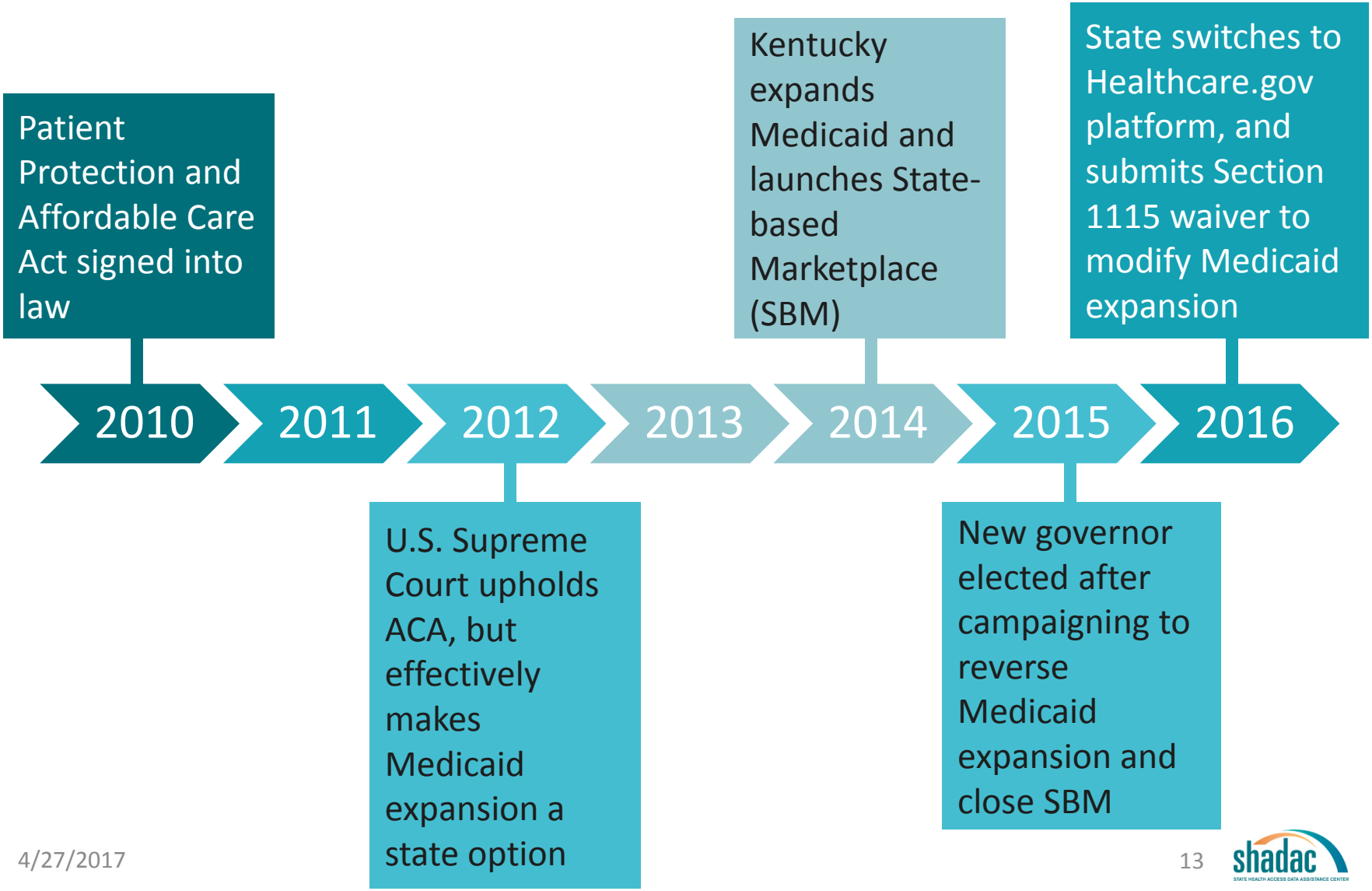
Questions?

Email: GAlcalde@healthy-ky.org

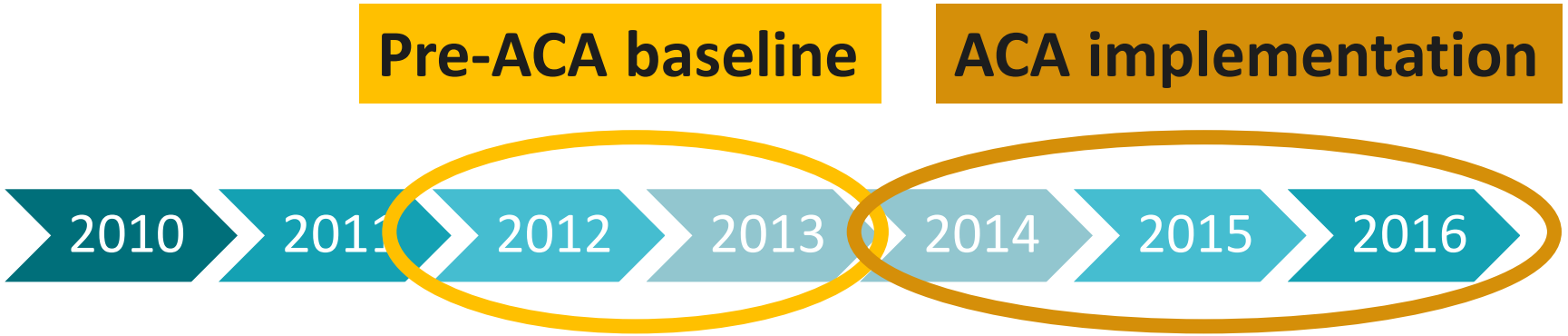
STUDY FINDINGS

Colin Planalp, MPA
Research Fellow, SHADAC

Kentucky's Implementation of the ACA



Kentucky's Implementation of the ACA



About our study

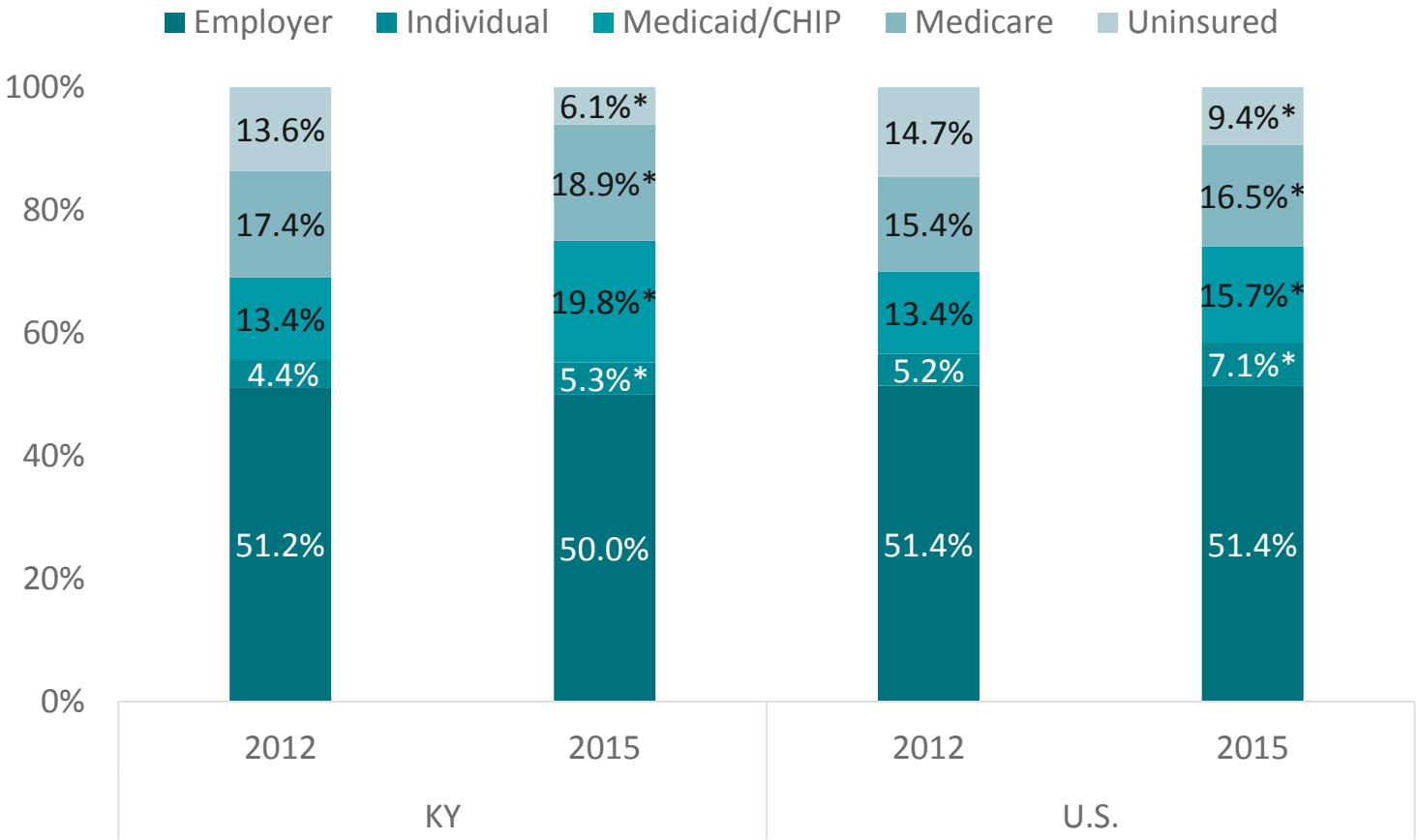
- Multi-year study of the impacts of the ACA in Kentucky

- Focused on 5 key domains:
  - Coverage
  - Access
  - Cost
  - Quality
  - Health Outcomes

Coverage

Since 2012, Kentucky's uninsurance rate has dropped by more than half

Insurance Coverage by Type for Kentucky and the U.S., 2012 & 2015 (all ages)



Source: SHADAC analysis of ACS

*difference is statistically significant at the 95% level

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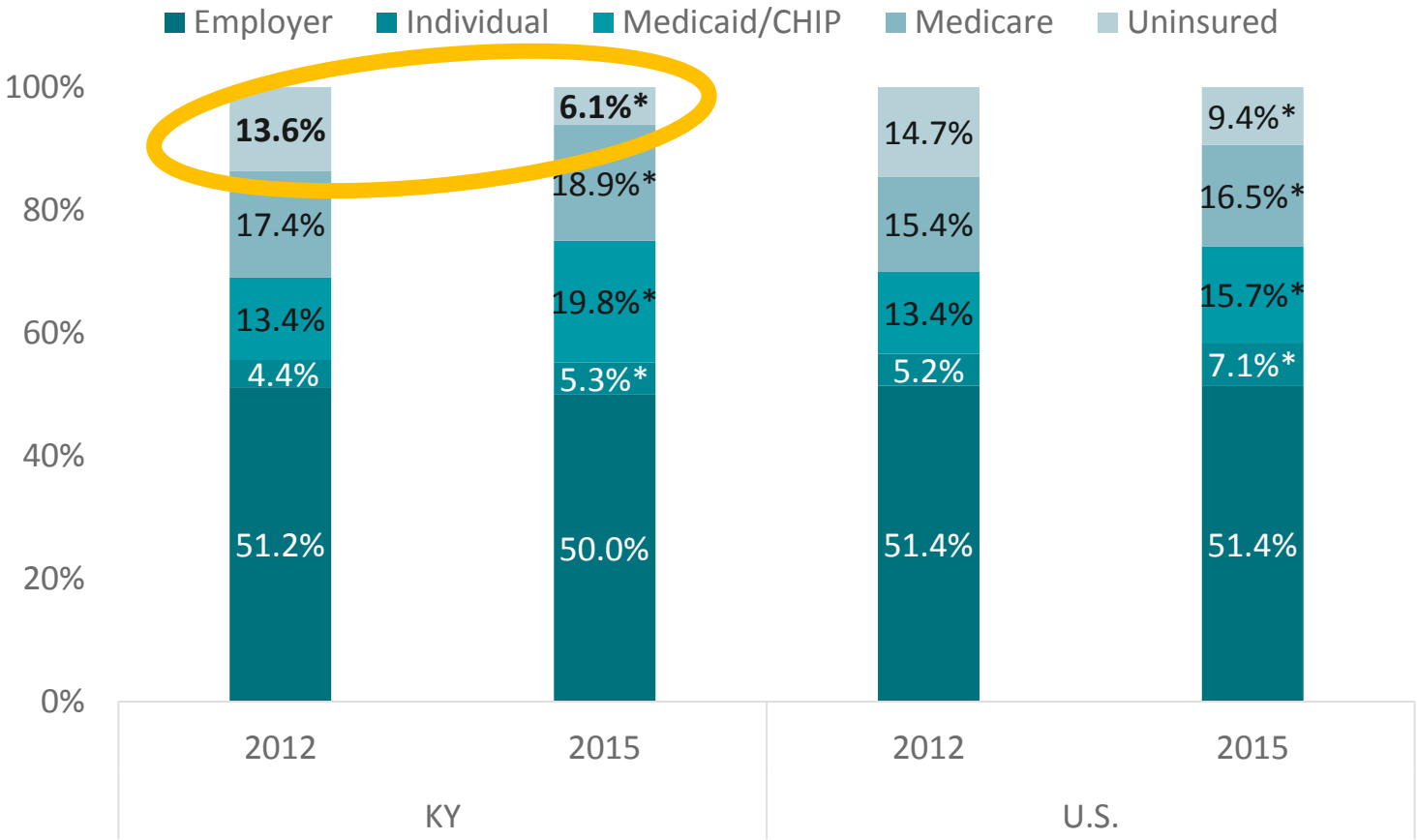

Source: SHADAC analysis of ACS

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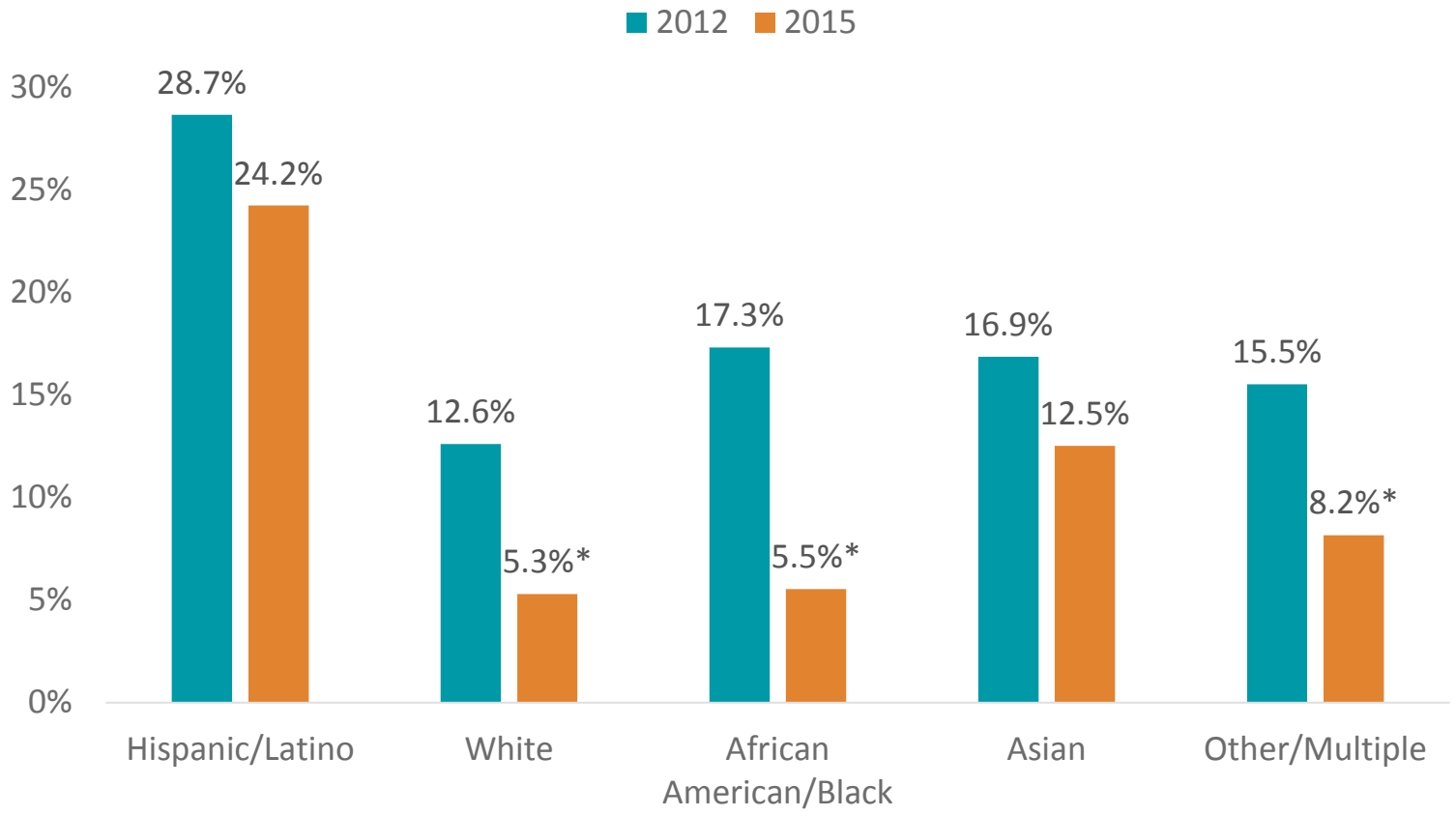
Coverage

Uninsurance dropped among whites, African Americans

Uninsured Rates by Race/Ethnicity for Kentucky, 2012-2015 (all ages)



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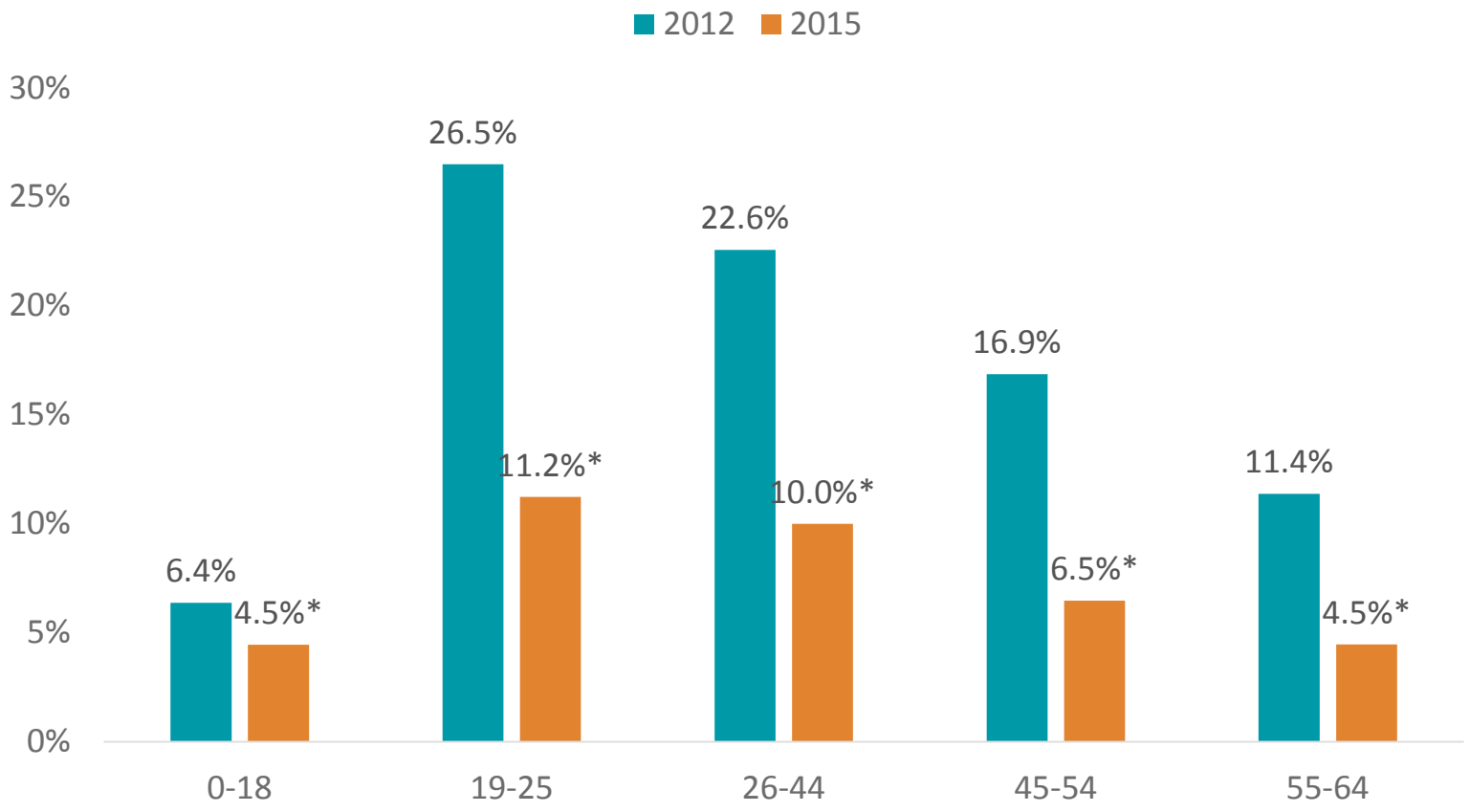
Coverage

Uninsurance declined significantly among all ages

Uninsured Rates by Age Category for Kentucky, 2012-2015 (ages 0-64)



Source: SHADAC analysis of ACS

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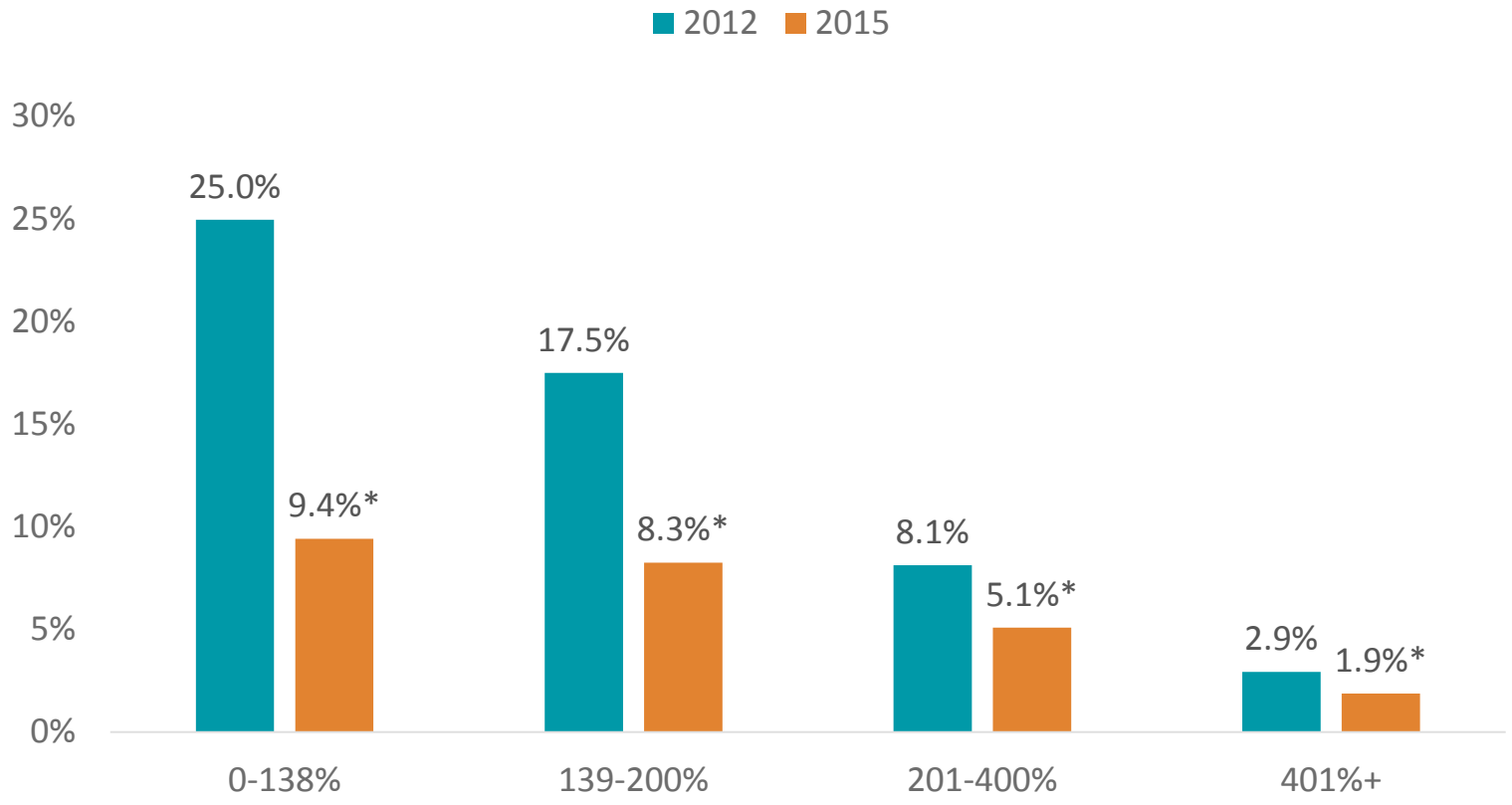
Coverage

All income categories saw declines in uninsurance

Uninsured Rates by Income as Percent of Federal Poverty Guidelines for Kentucky, 2012-2015 (all ages)



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Coverage

Cost cited as most common reason for being uninsured

Main Reason Cited for Being Uninsured, 2016

Reason	Percent
Too expensive/ could not afford	56.2%
Do not need health insurance	10.0%
Unemployed/ not working	8.7%
Will get insurance soon	6.9%
Don’t want government involved in their health care	5.3%
Not eligible/ health condition	5.3%
Spiritual/ natural healing	2.4%
Do not know how	2.3%
Never looked into it	2.0%
Other	1.0%

Source: 2016 Kentucky Health Reform Survey

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Less than 1 in 5 cited reasons suggesting opposition to coverage

Source: 2016 Kentucky Health Reform Survey

Coverage

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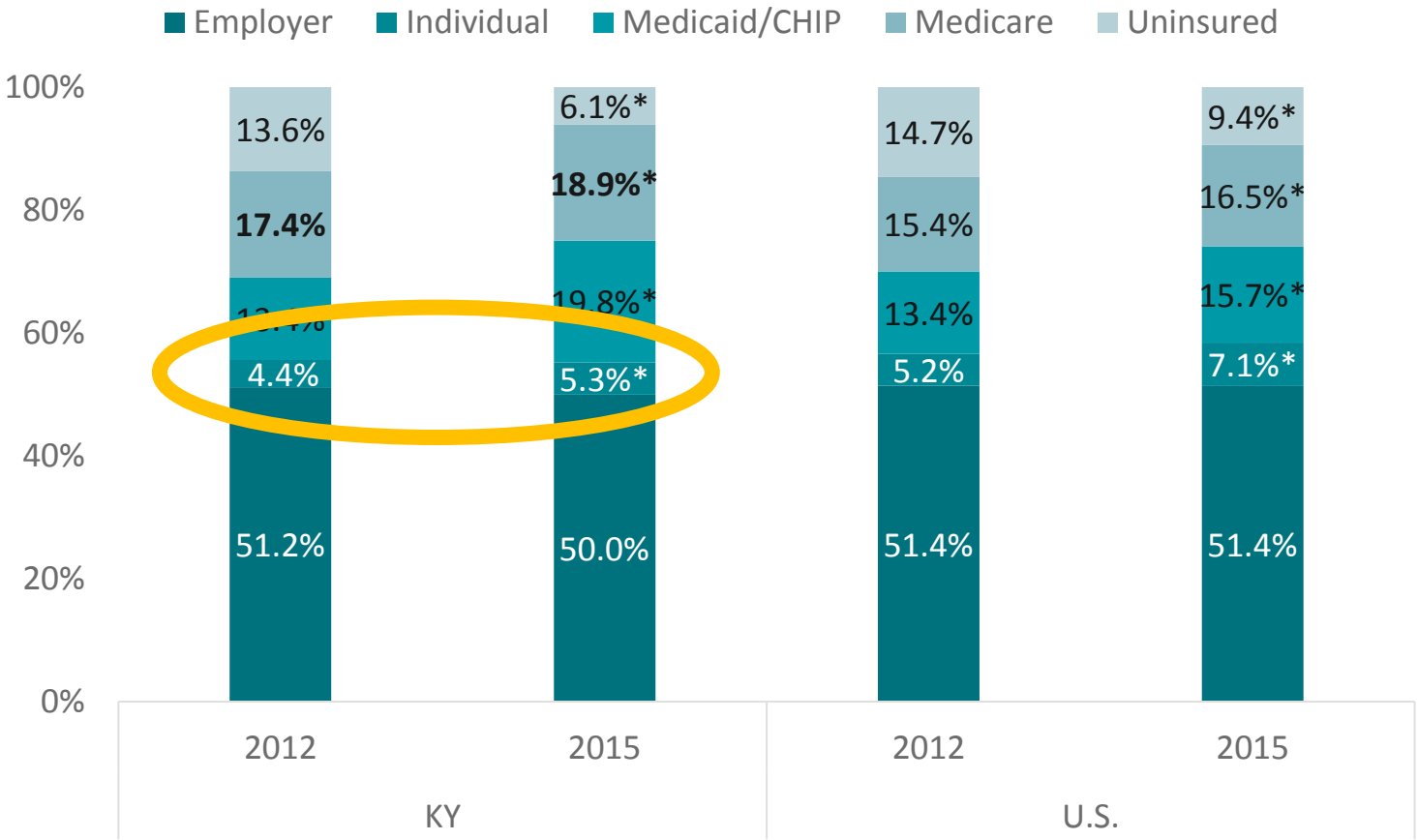
Insurance Coverage by Type for Kentucky and the U.S., 2012 & 2015 (all ages)



Source: SHADAC analysis of ACS

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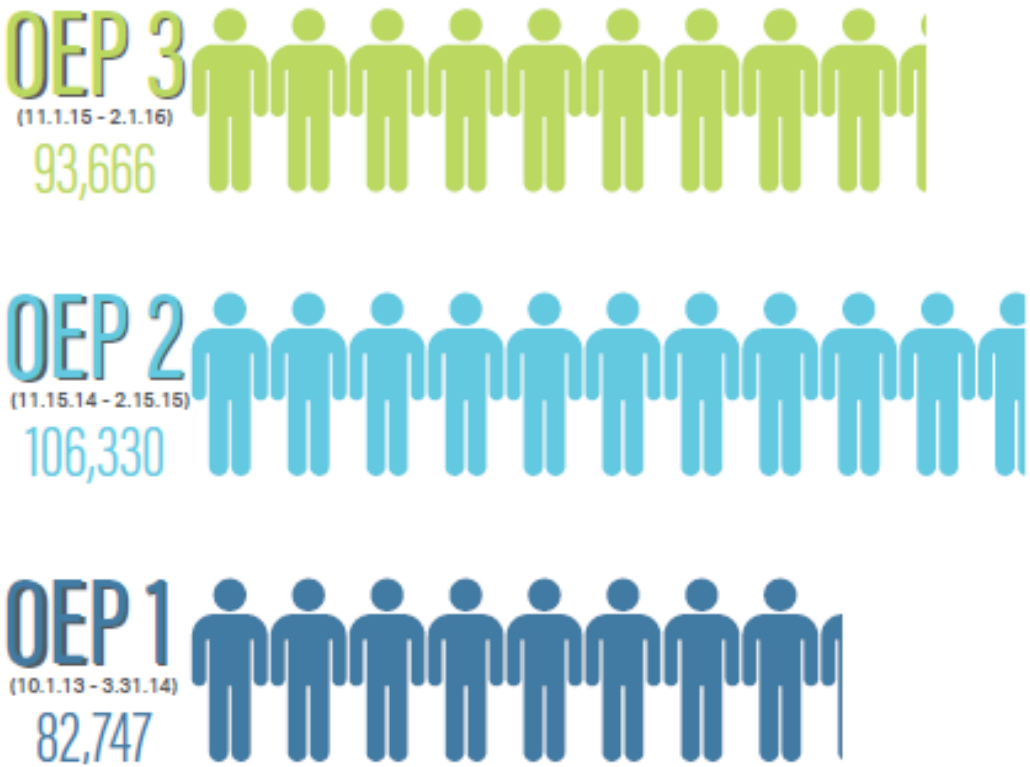
Coverage

Marketplace plan selections ranged from about 80,000 to 105,000 each open enrollment period

Marketplace Plan Selections, OEP 1-3



Source: ASPE Health Insurance Marketplace reports

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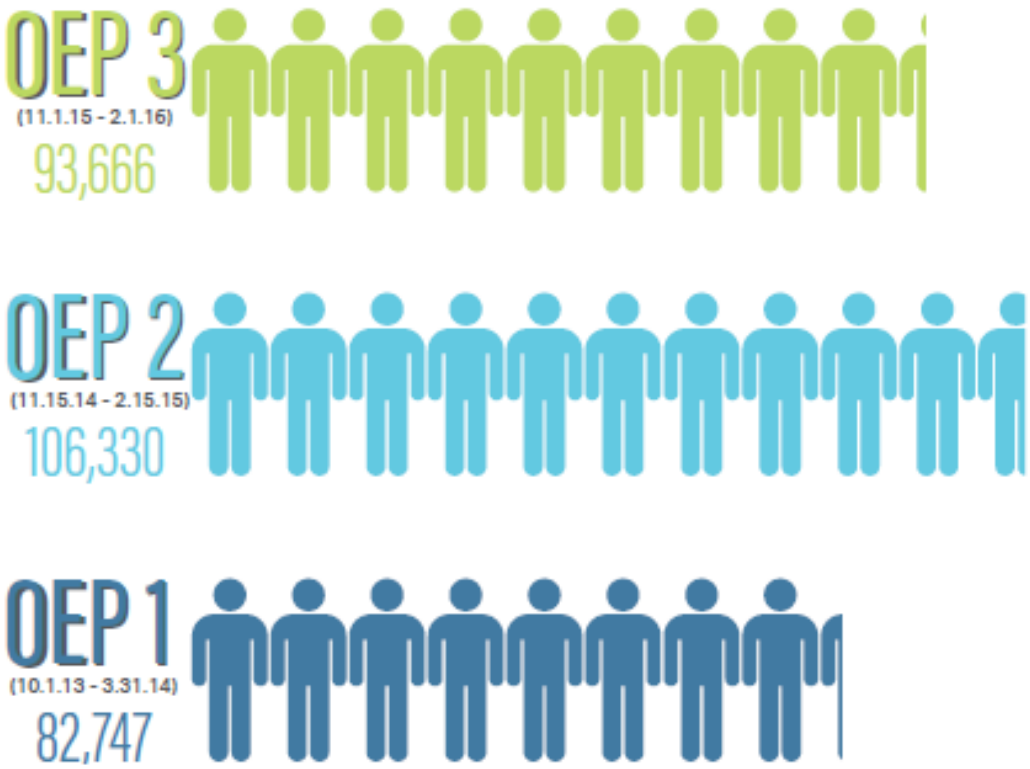

↑ 29%

Source: ASPE Health Insurance Marketplace reports

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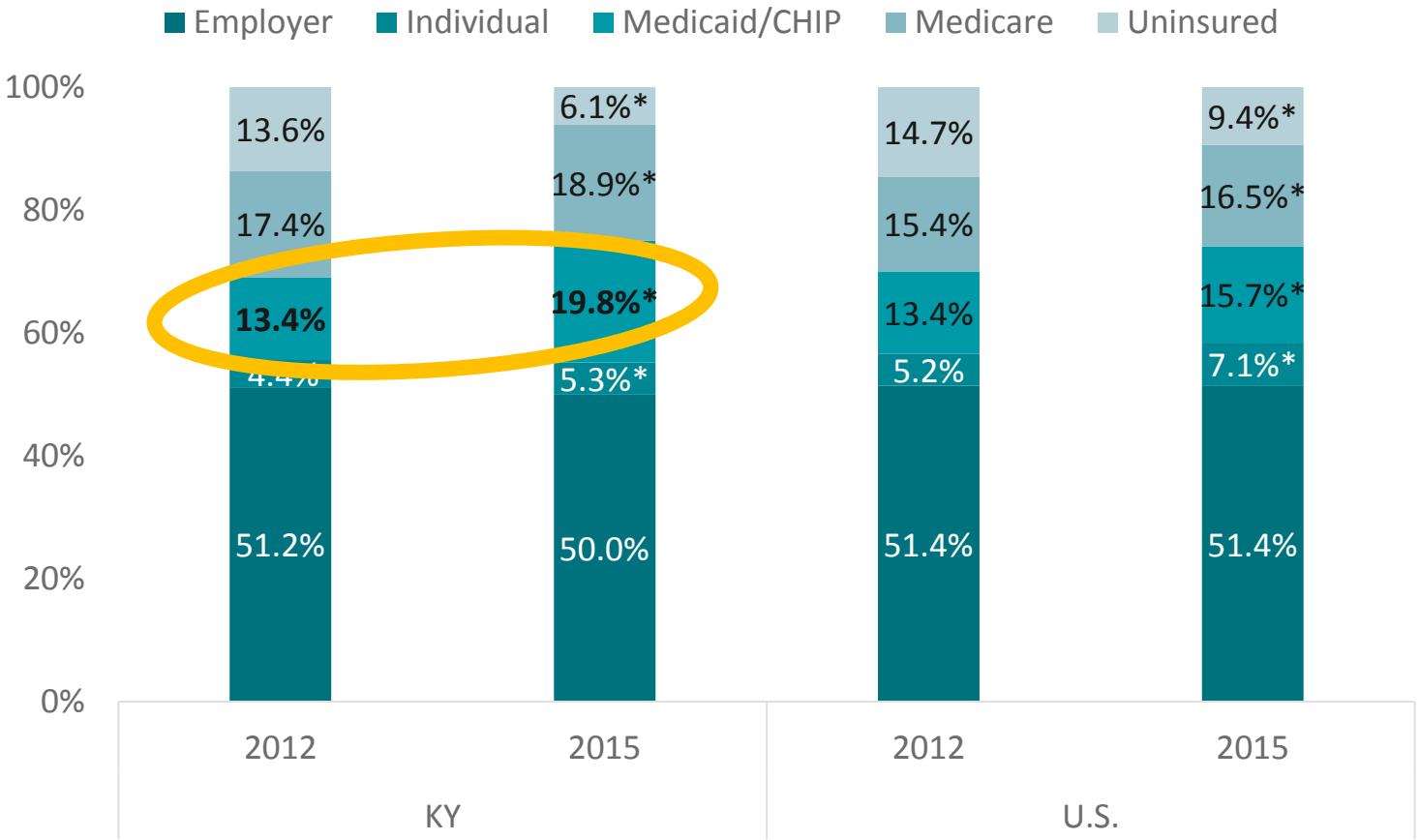

Source: SHADAC analysis of ACS

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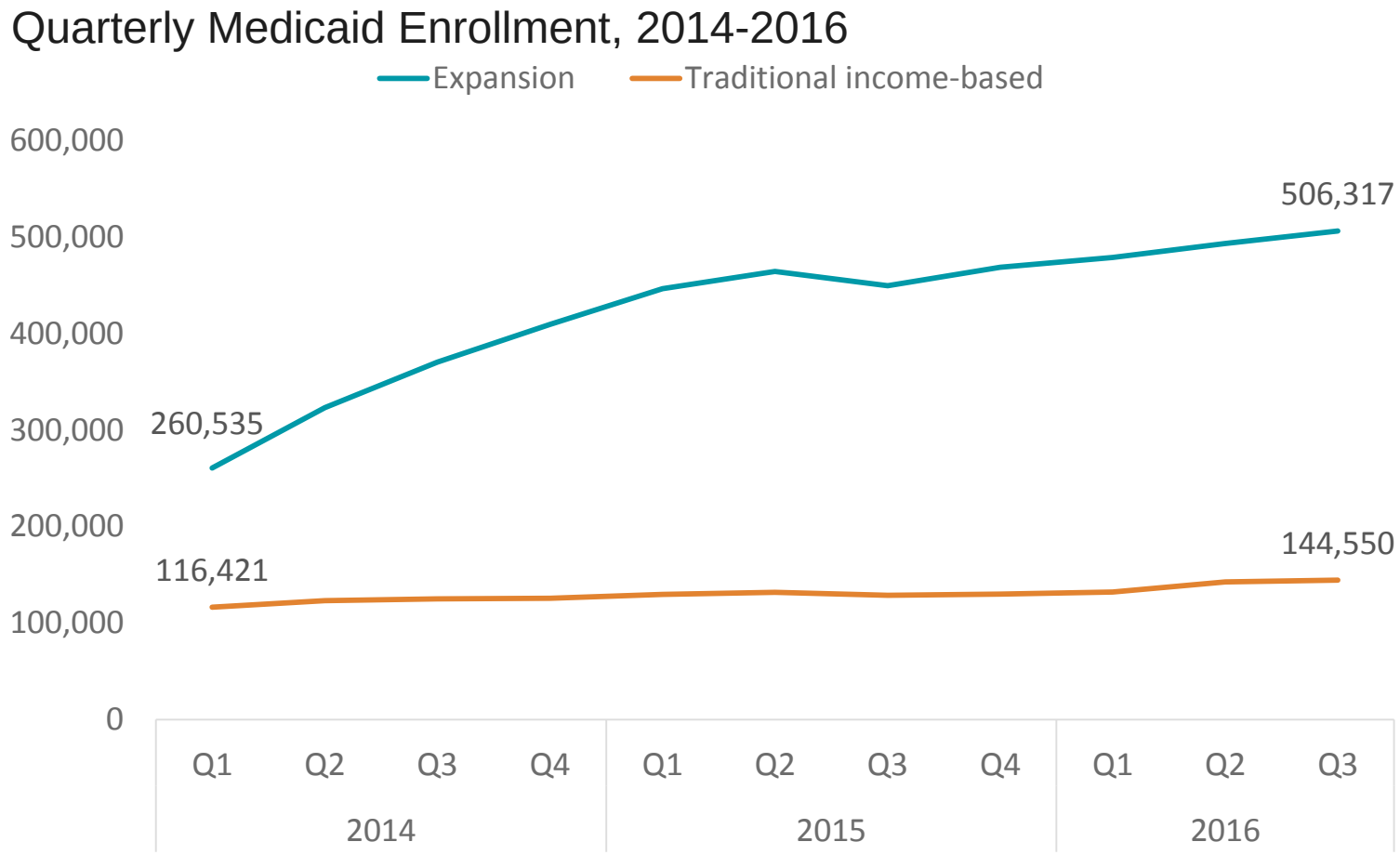
Coverage

Enrollment increased in expansion and traditional Medicaid since first quarter of ACA implementation



Source: SHADAC analysis of data from the Kentucky Cabinet for Health and Family Services

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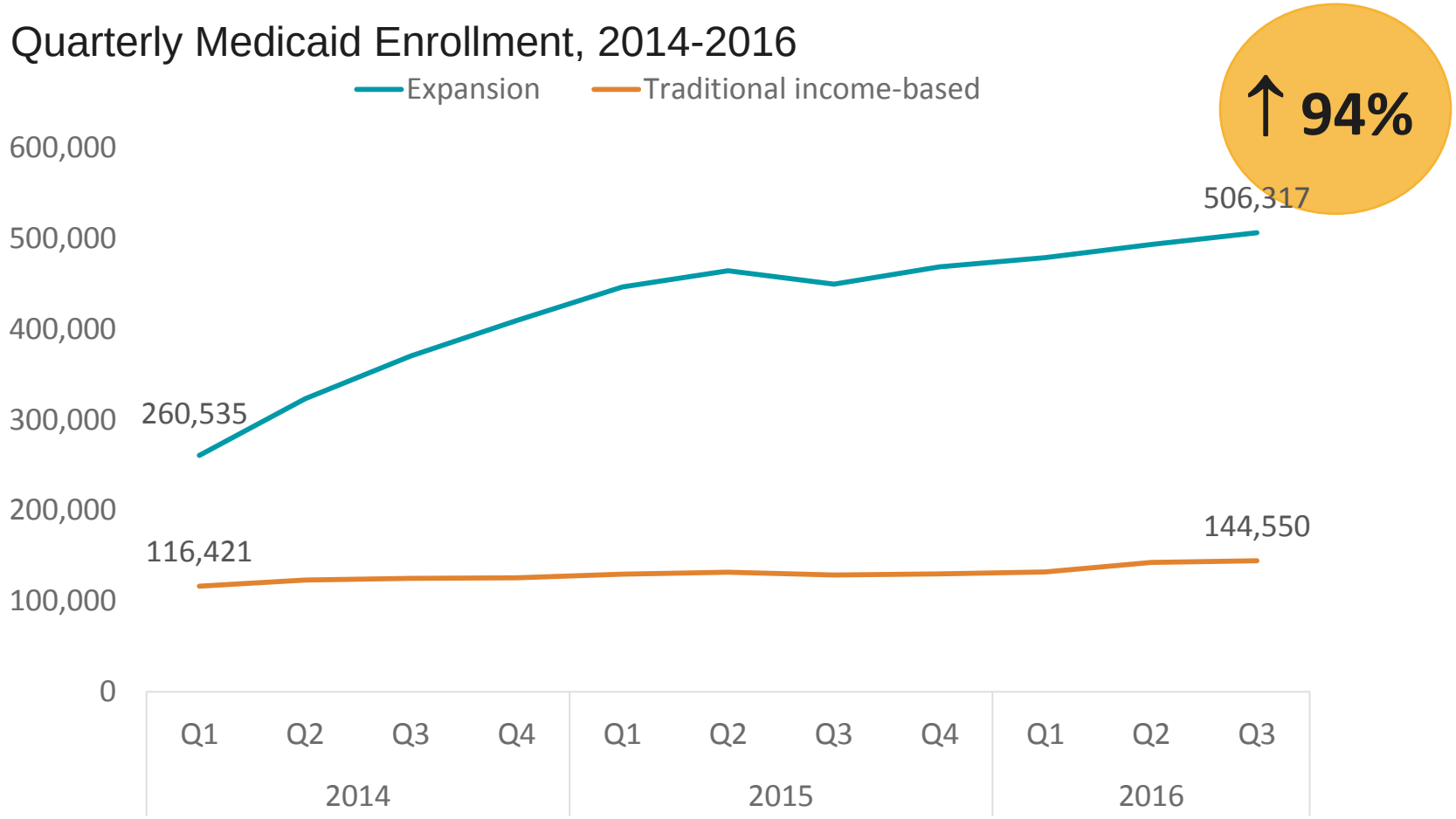

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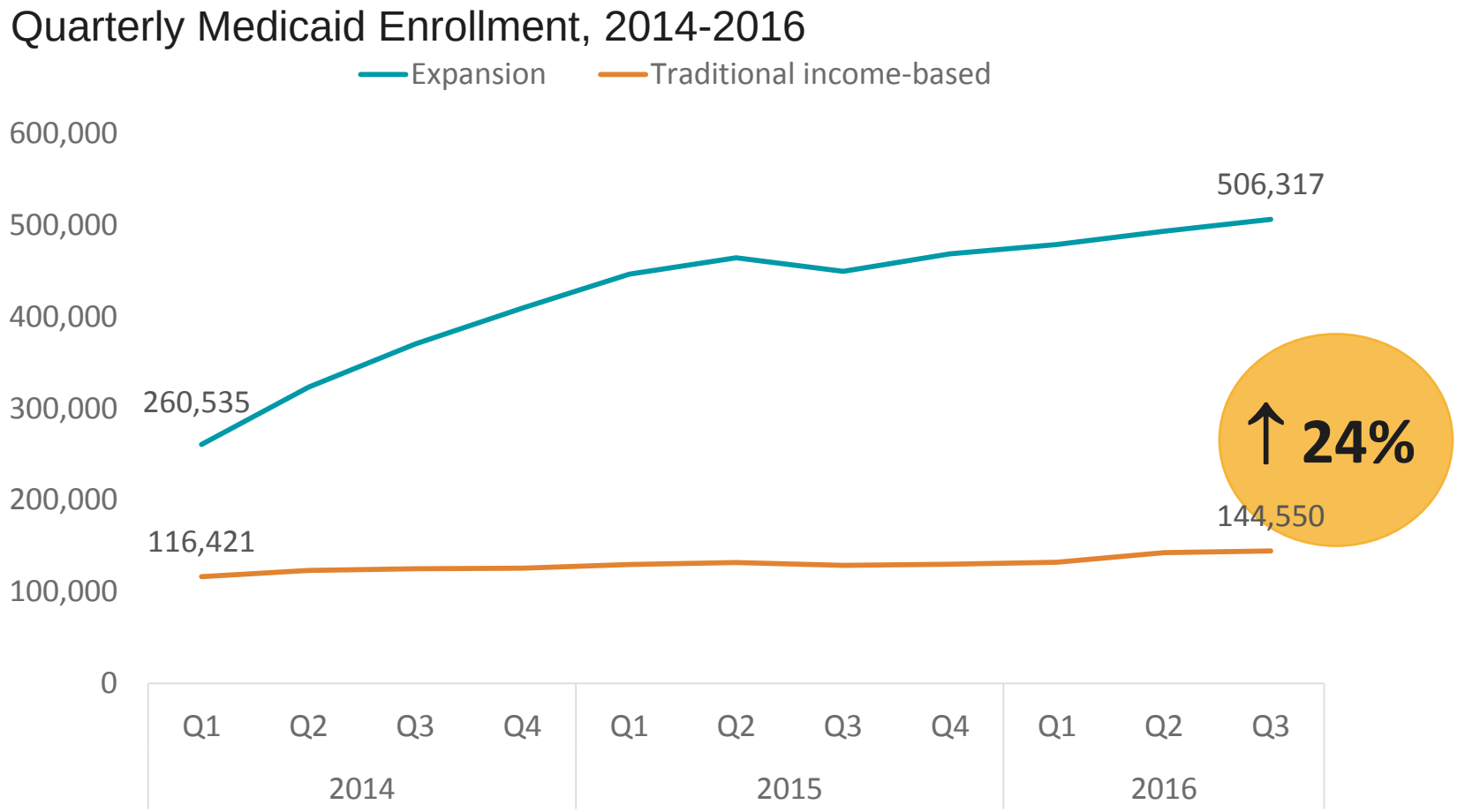

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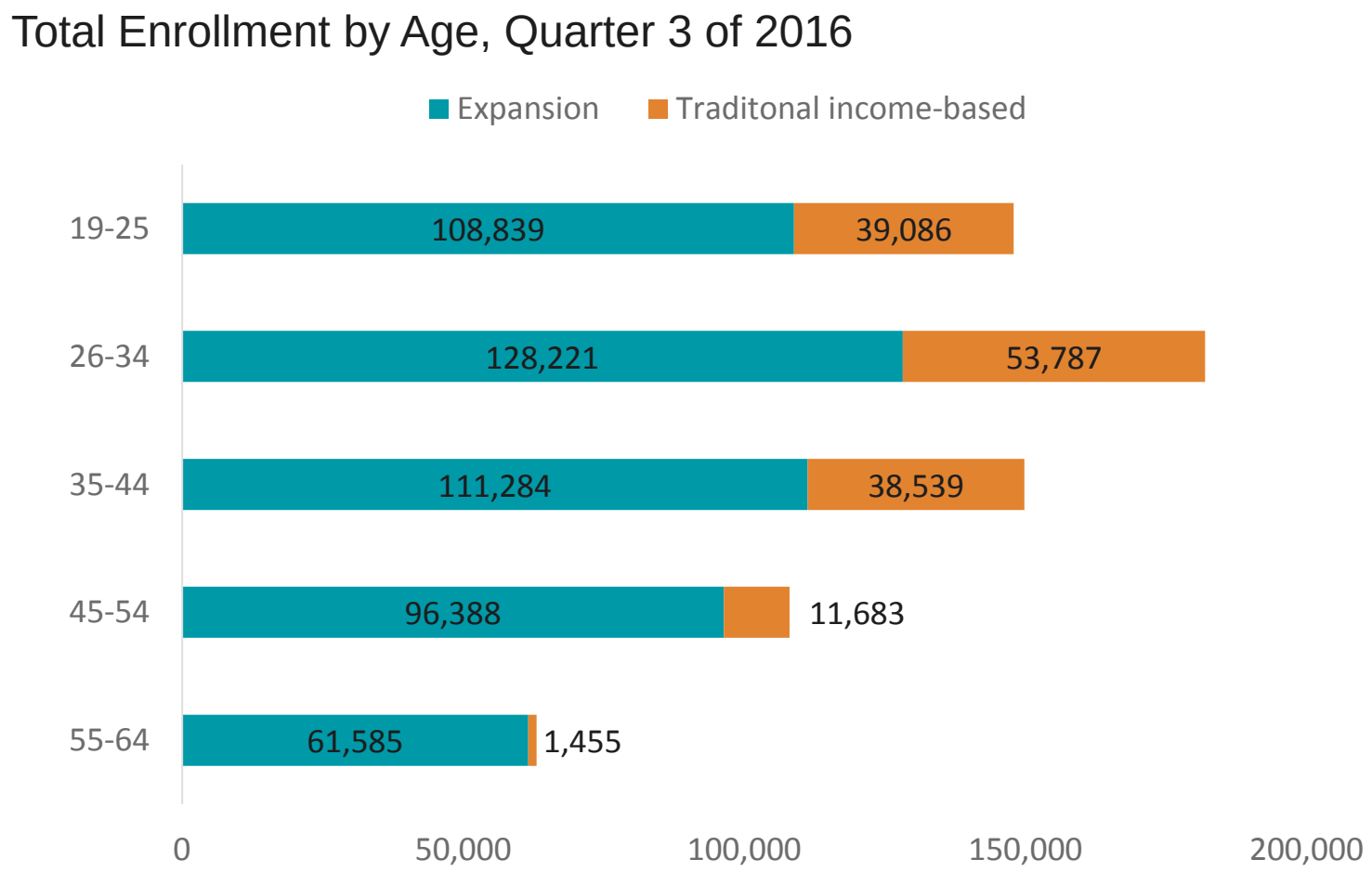
Coverage

Younger adults lead Medicaid enrollment



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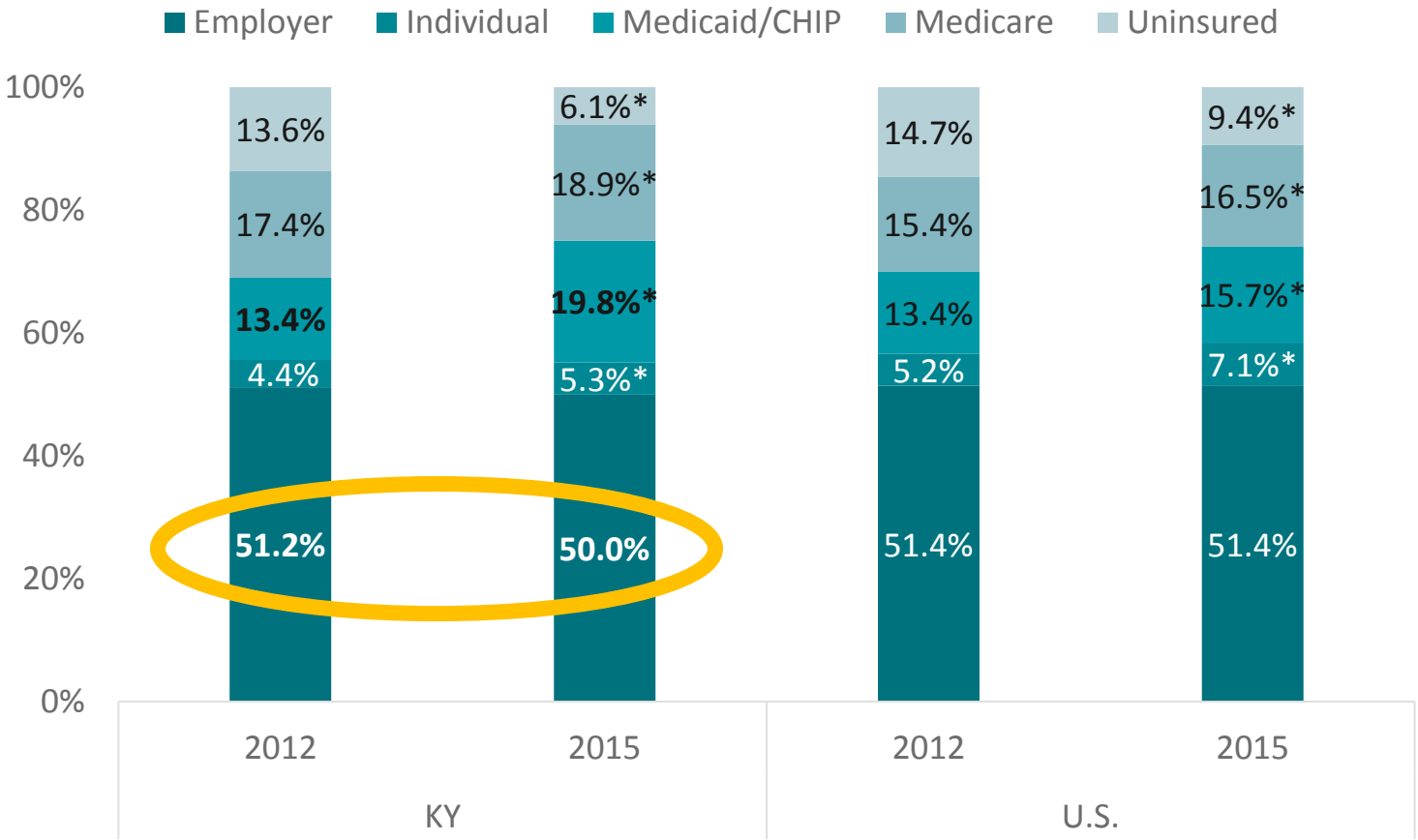

Source: SHADAC analysis of ACS

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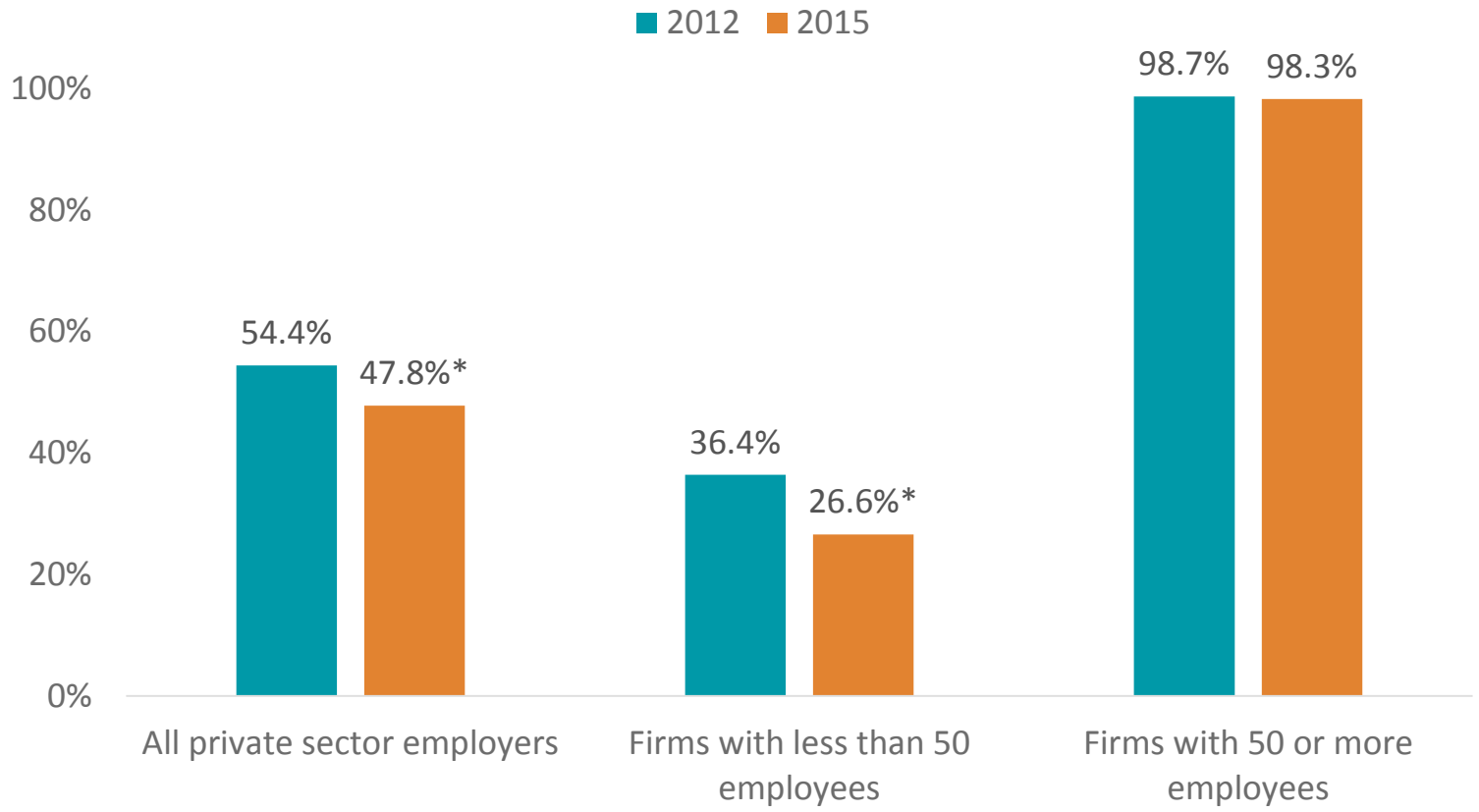
Coverage

Drop in employers offering coverage driven by small firms

Employer Offer Rates by Private Sector Employers for Kentucky, 2012-2015



Source: SHADAC analysis of MEPS-IC

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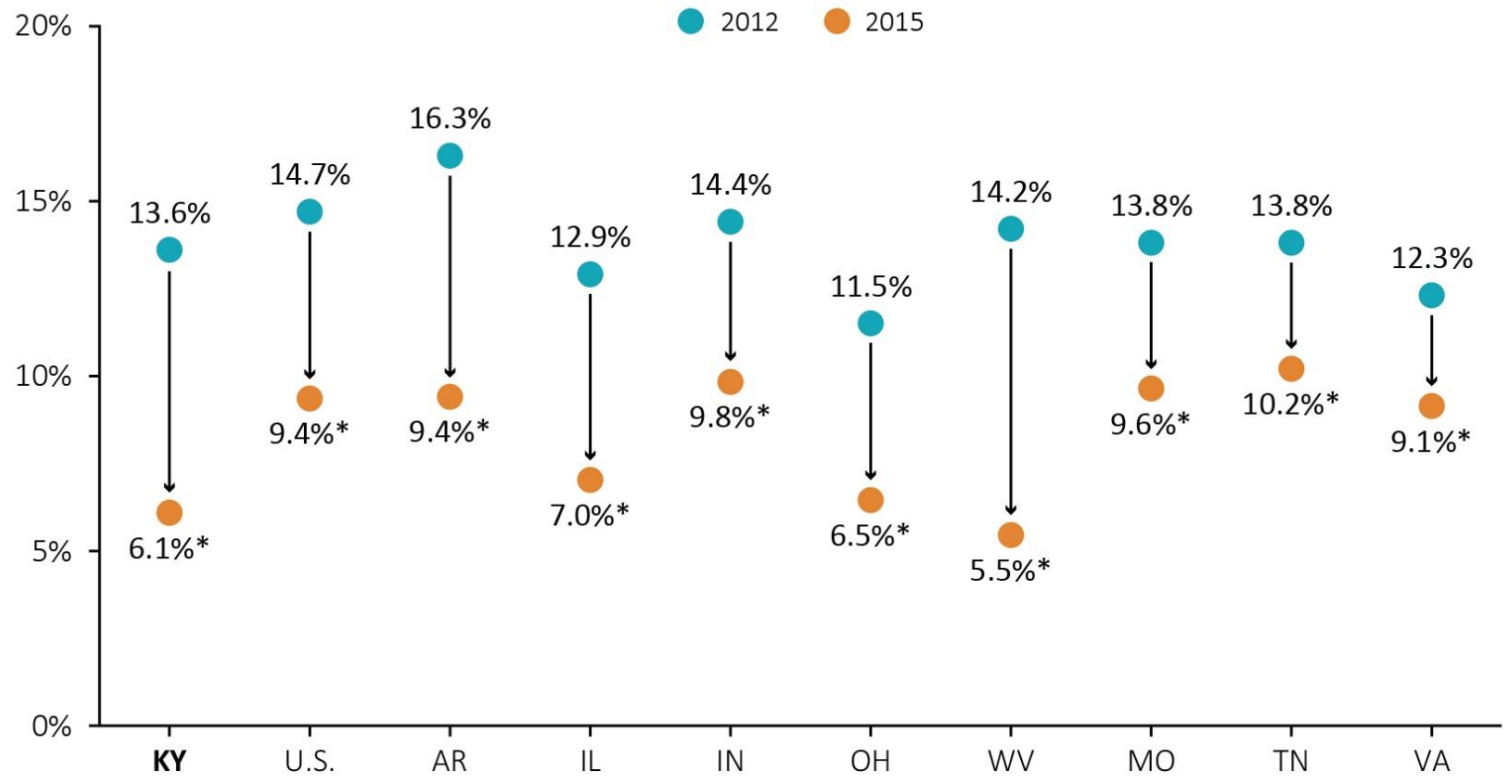
Coverage

Since 2012, Kentucky had the second-largest decline in its uninsurance rate after only West Virginia

Uninsurance, Kentucky Compared to Neighboring States and U.S. Rate, 2012 & 2015 (all ages)



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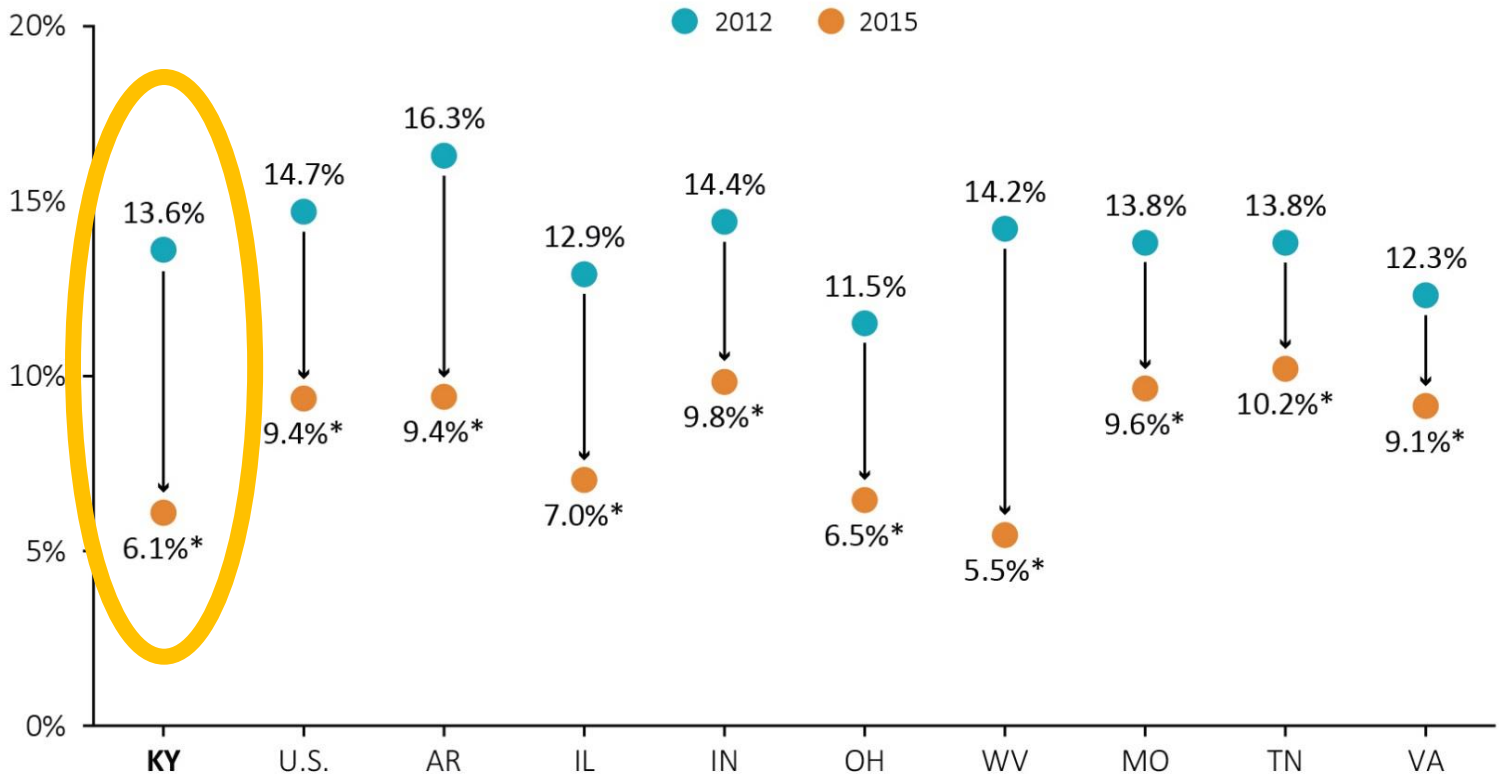

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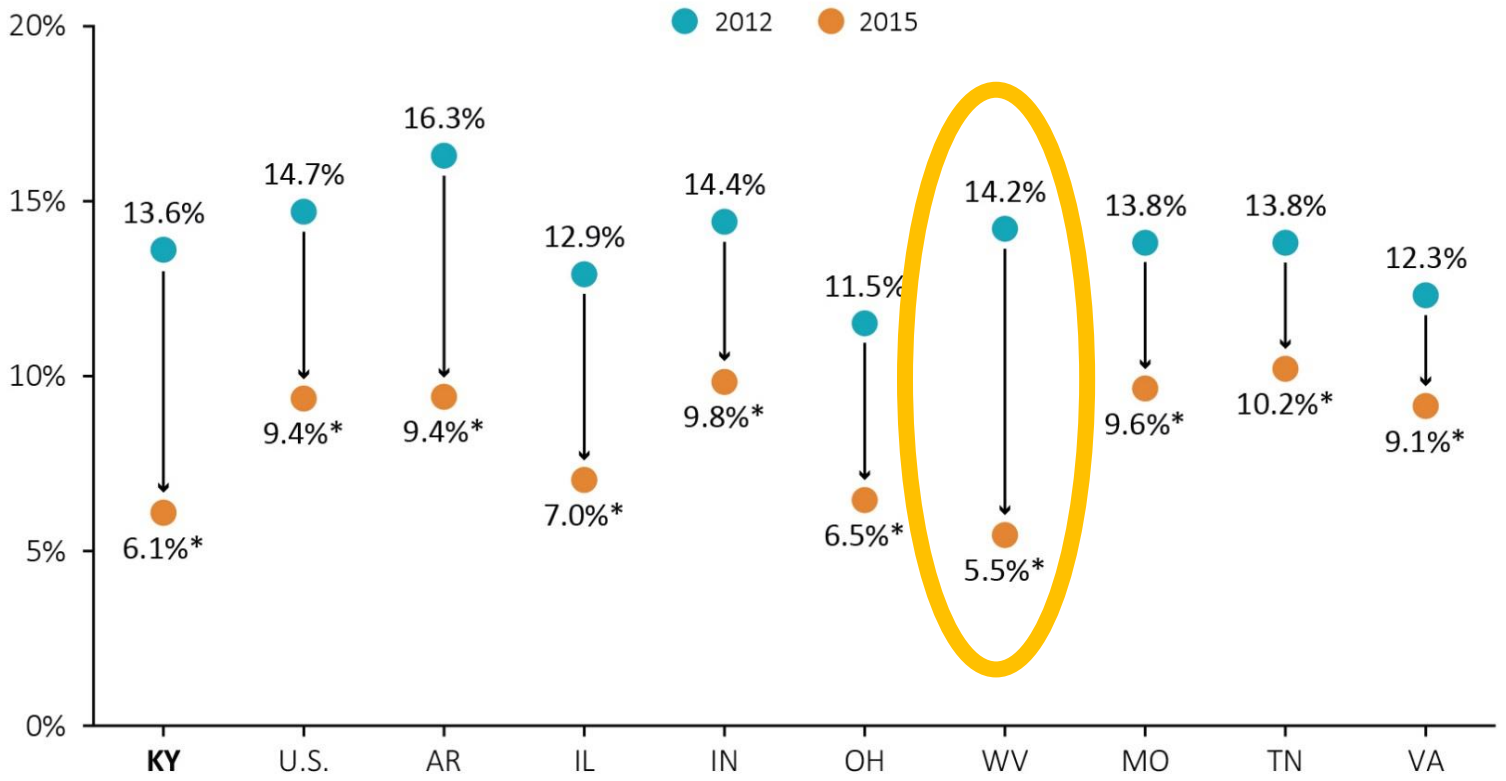

Source: SHADAC analysis of ACS

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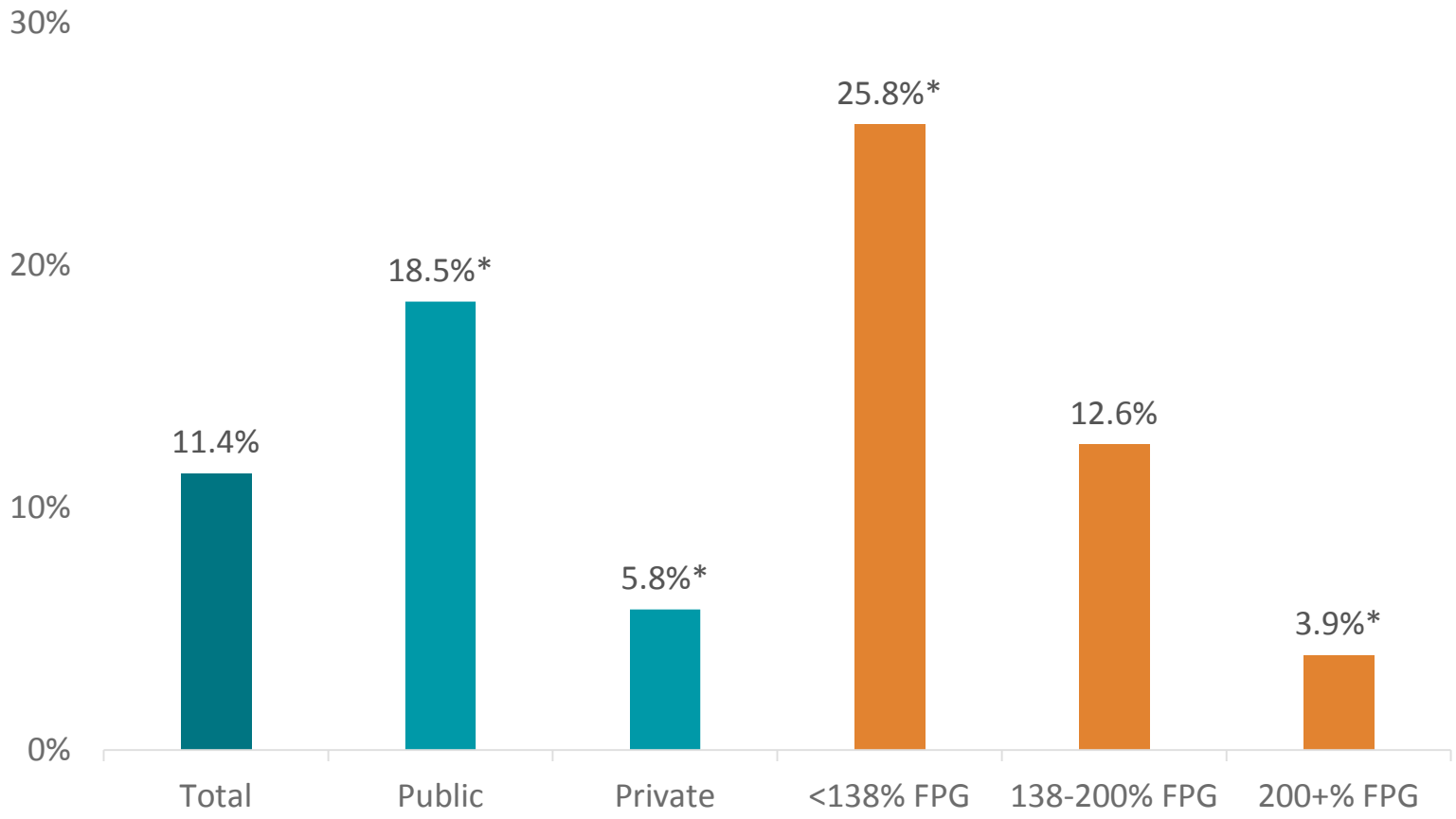
Coverage

More low-income concerned about losing coverage

Concern About Losing Current Coverage by Type and Income, 2016



Source: 2016 Kentucky Health Reform Survey

*difference is statistically significant from total at the 95% level

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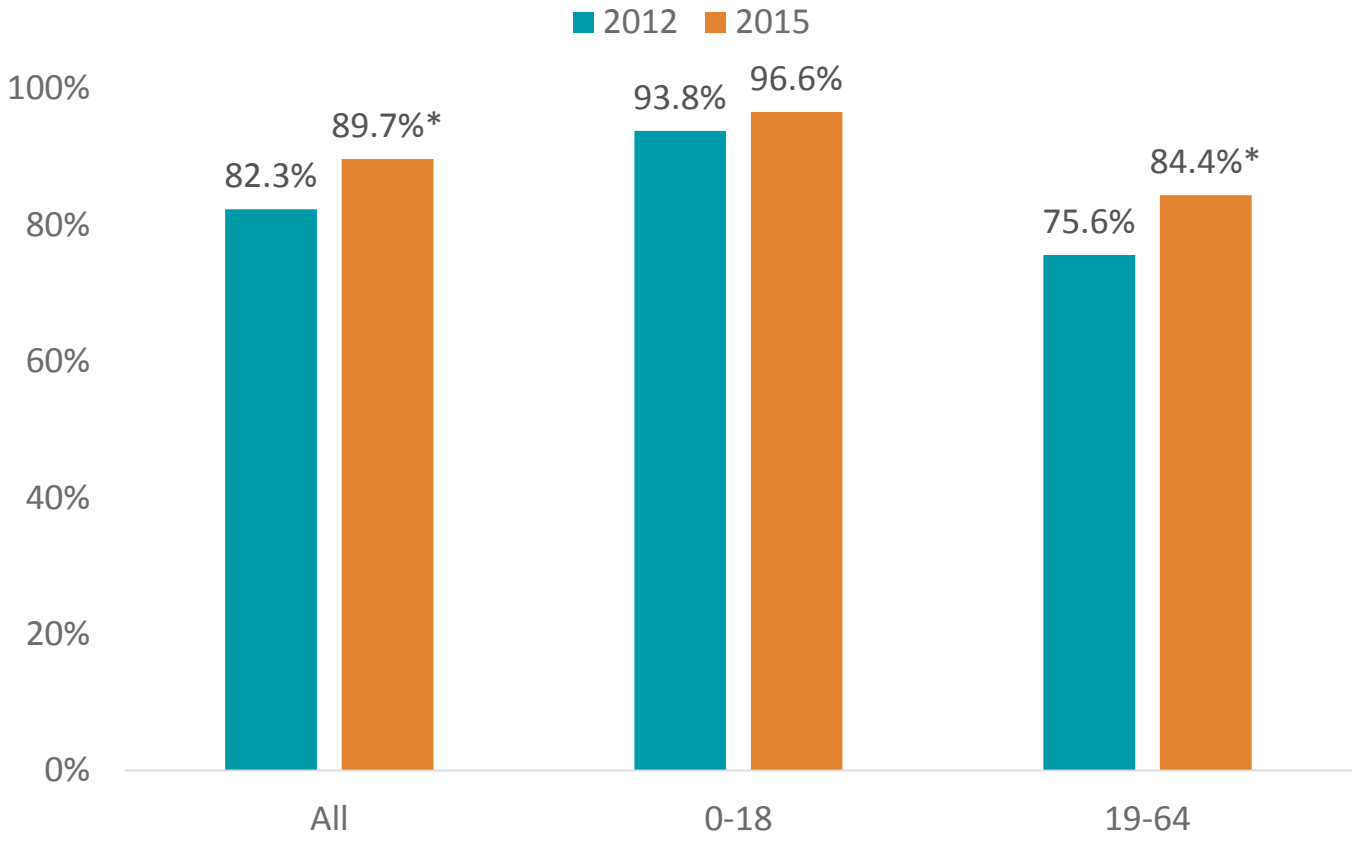
Access

Significantly more Kentuckians reported a usual source of care

Usual Source of Care by Age Category, Kentucky, 2012-2015



Source: SHADAC analysis of NHIS

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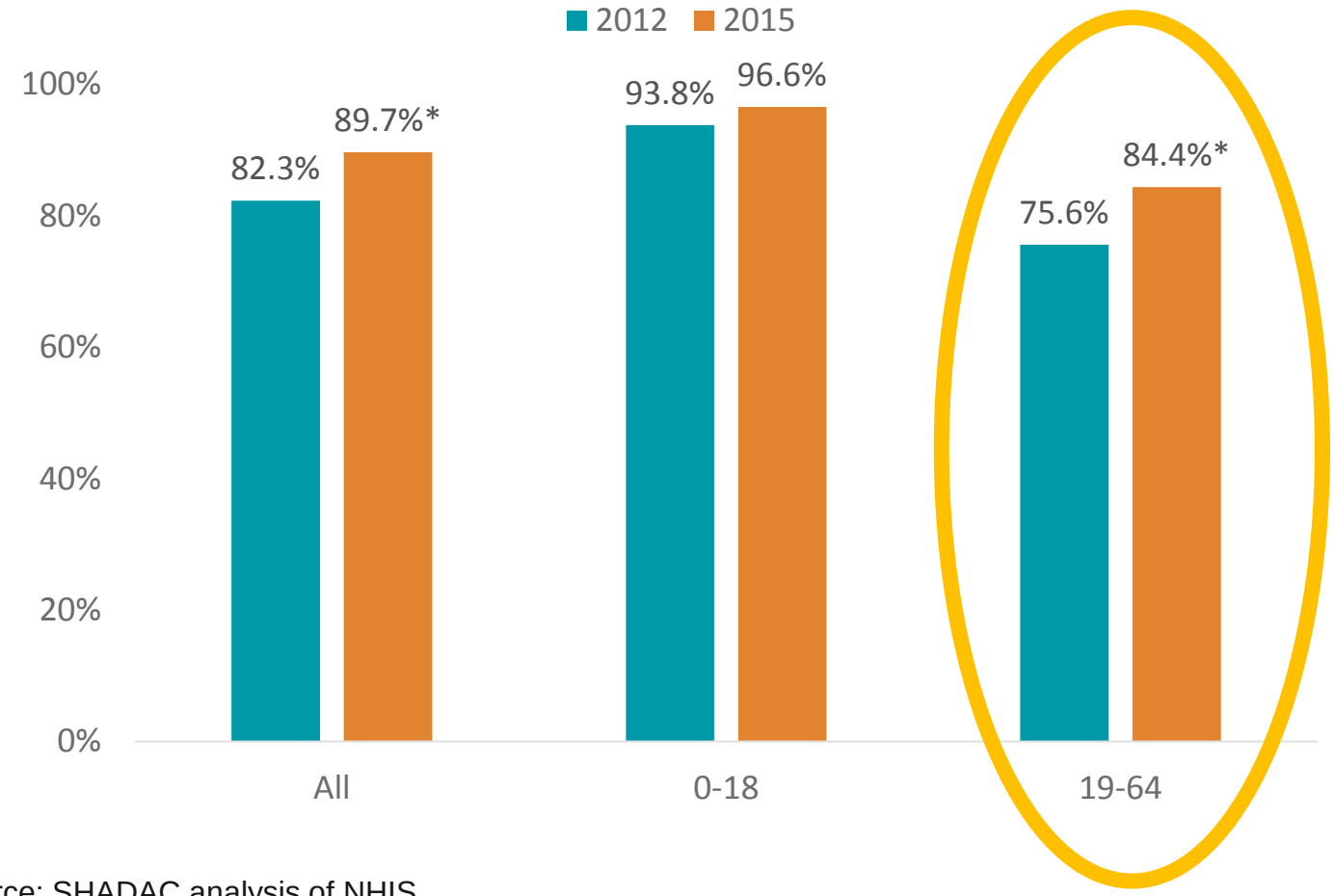

Source: SHADAC analysis of NHIS

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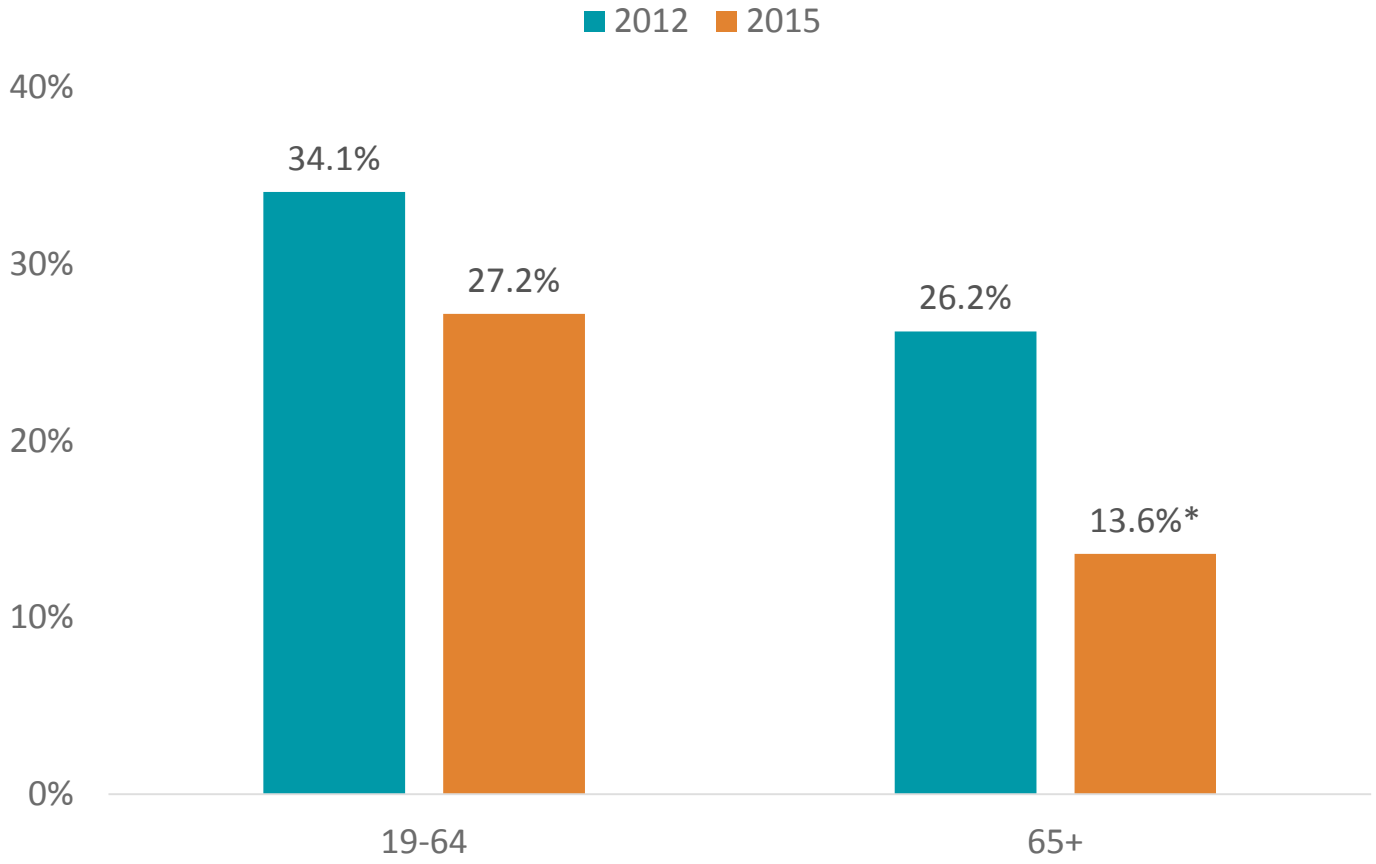
Access

Fewer elderly Kentuckians responded to drug-cost barriers

Skipping, Delaying, or Altering Prescription Drug Use Due to Cost, Kentucky, 2012-2015 (ages 19-64 & 65+)



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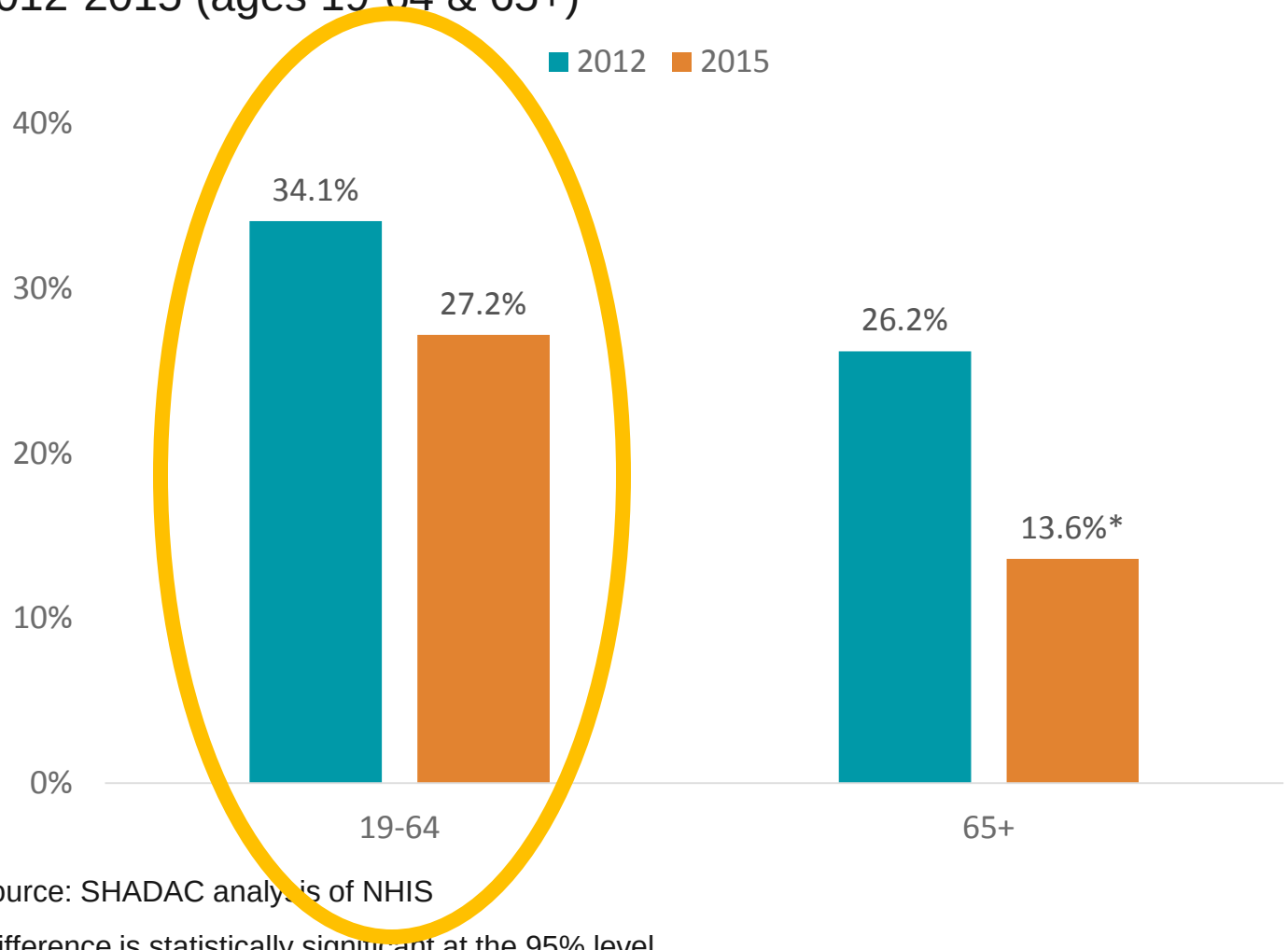

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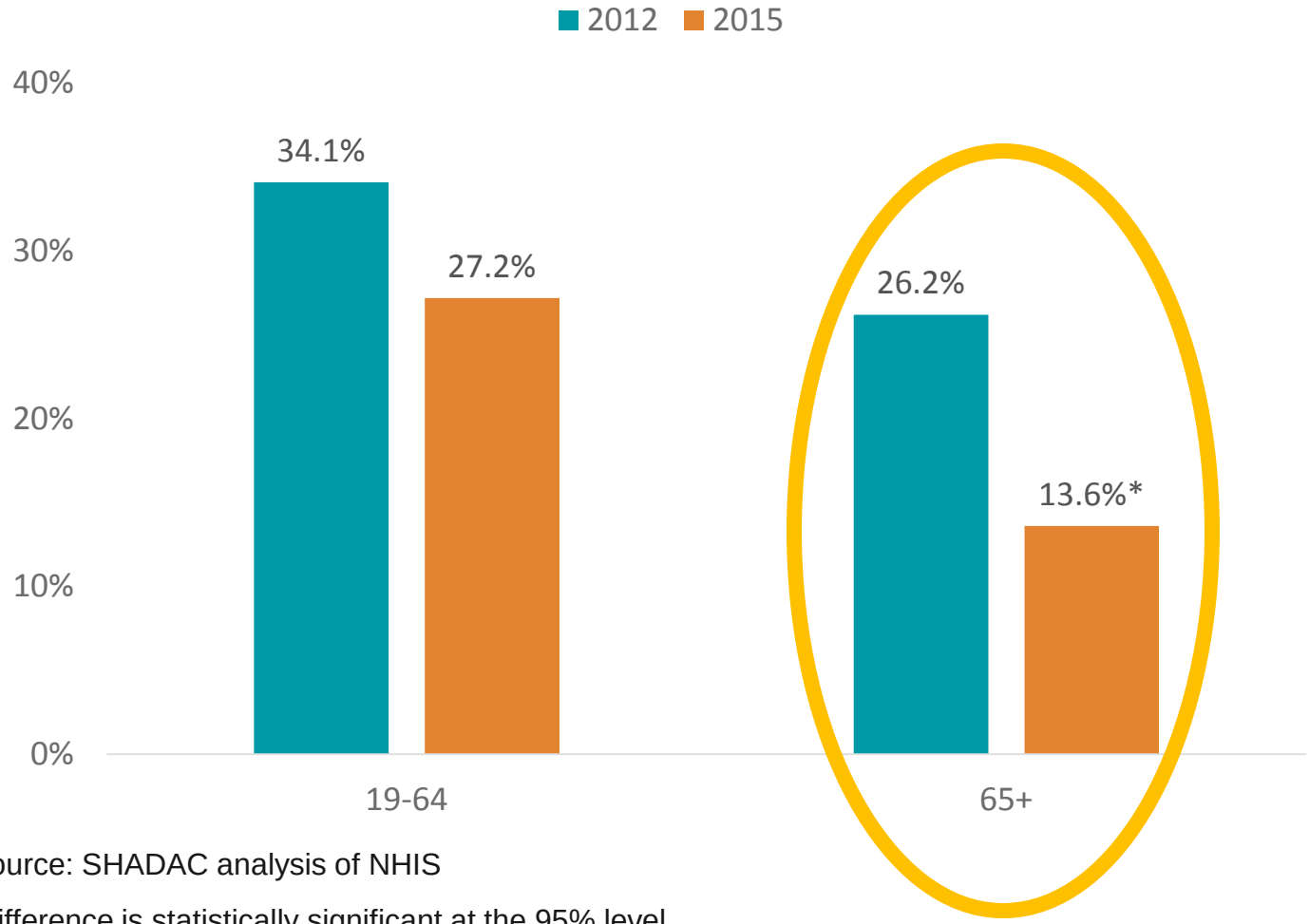

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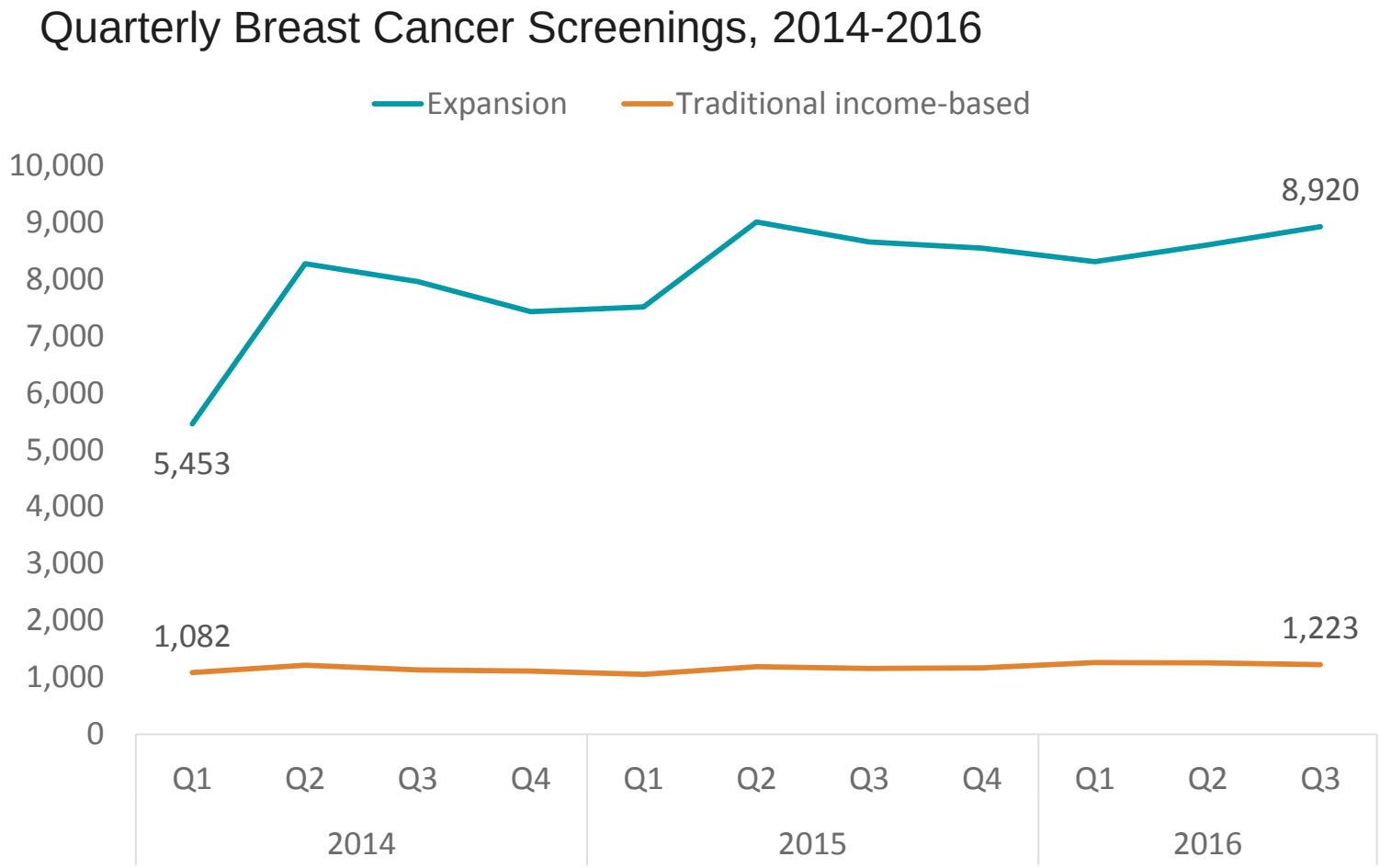
Breast cancer screenings covered by Medicaid have continued to increase since 2014

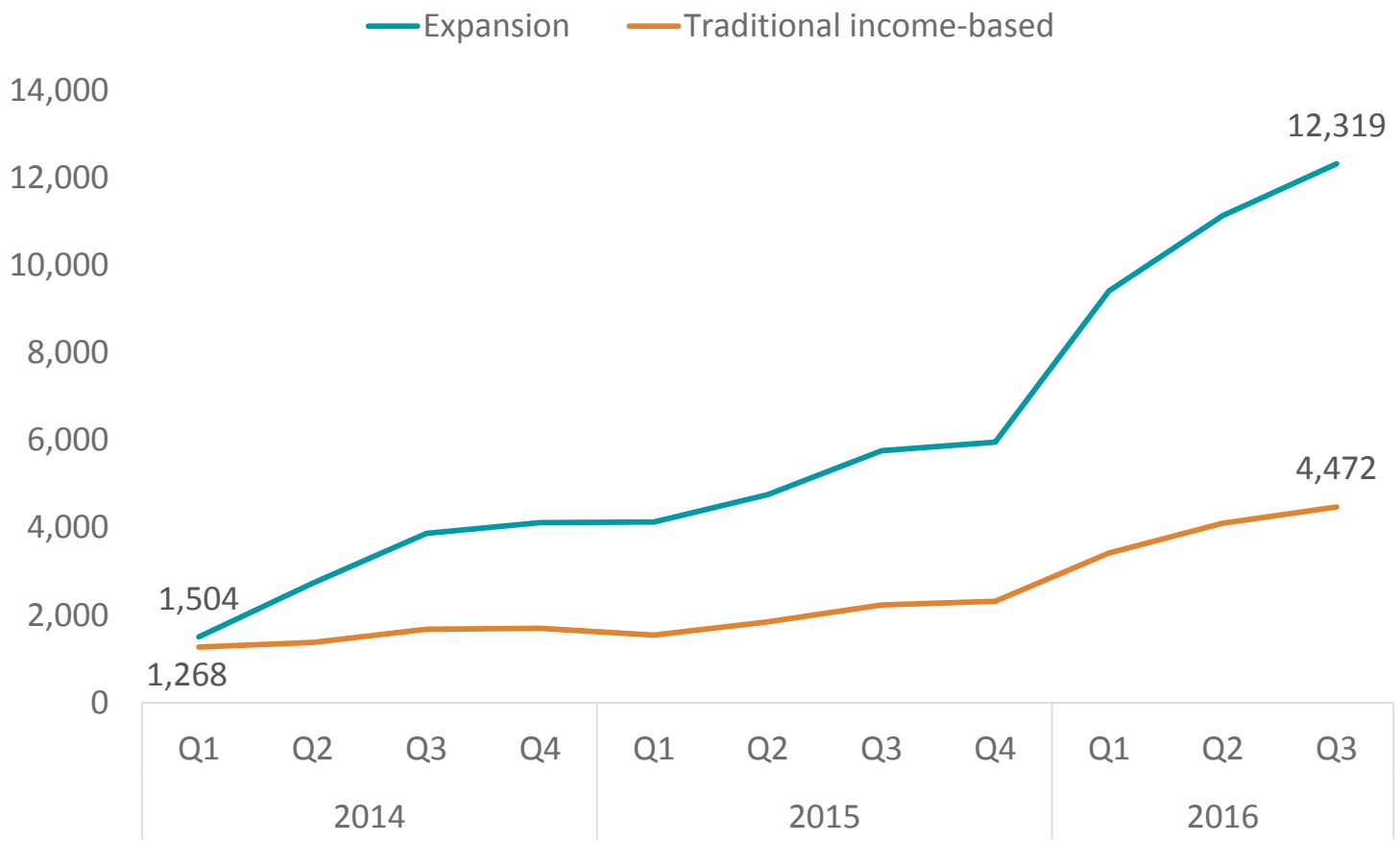


Source: SHADAC analysis of data from the Kentucky Cabinet for Health and Family Services

Access

Substance use treatment services increased for traditional and expansion Medicaid enrollees

Quarterly Substance Use Services, 2014-2016



Source: SHADAC analysis of data from the Kentucky Cabinet for Health and Family Services

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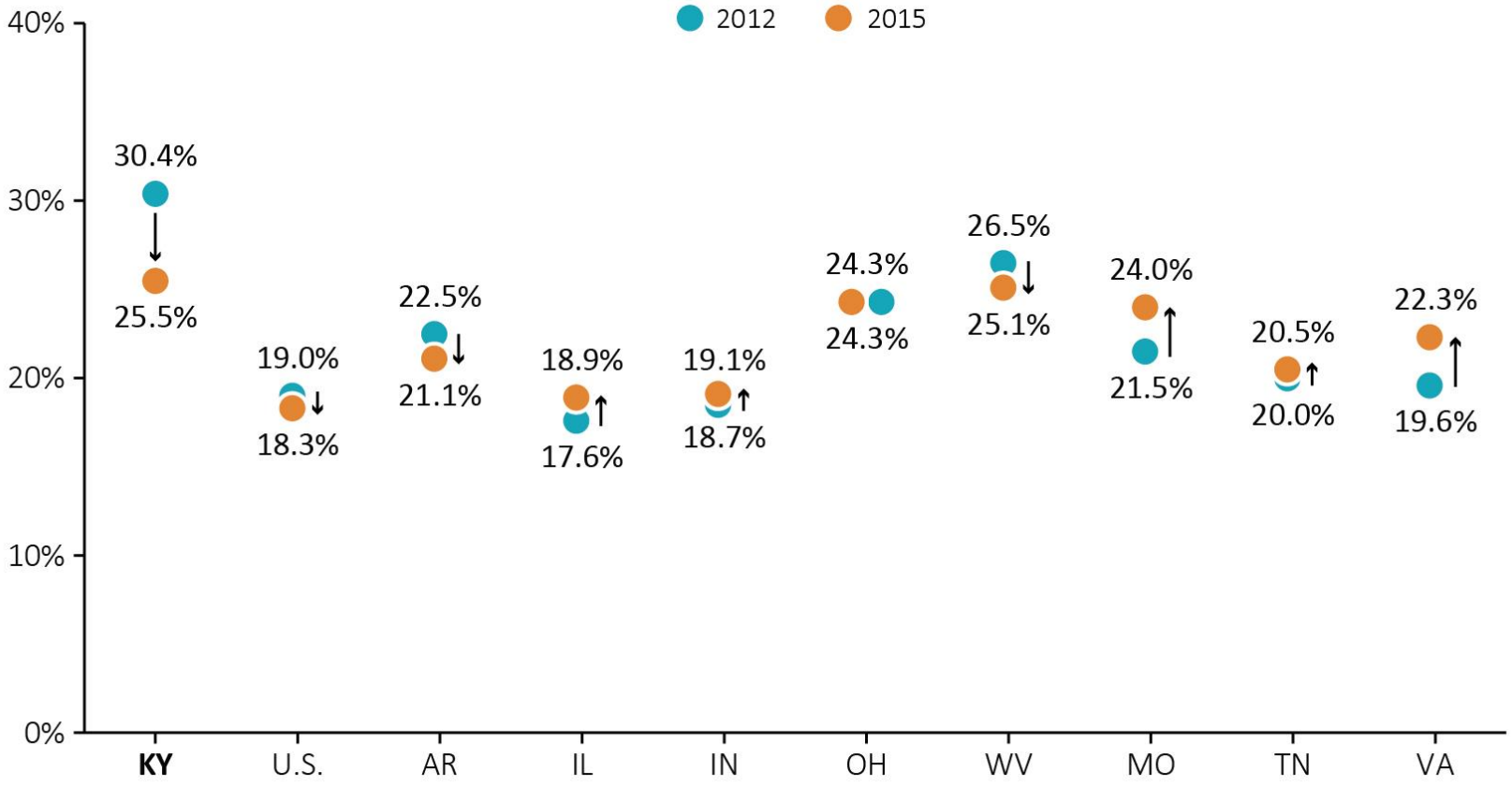
Access

One in four Kentuckians used Emergency Department

Emergency Department Visits in the Past Year, Kentucky Compared to Neighboring States and U.S. Rate, 2012 & 2015 (all ages)



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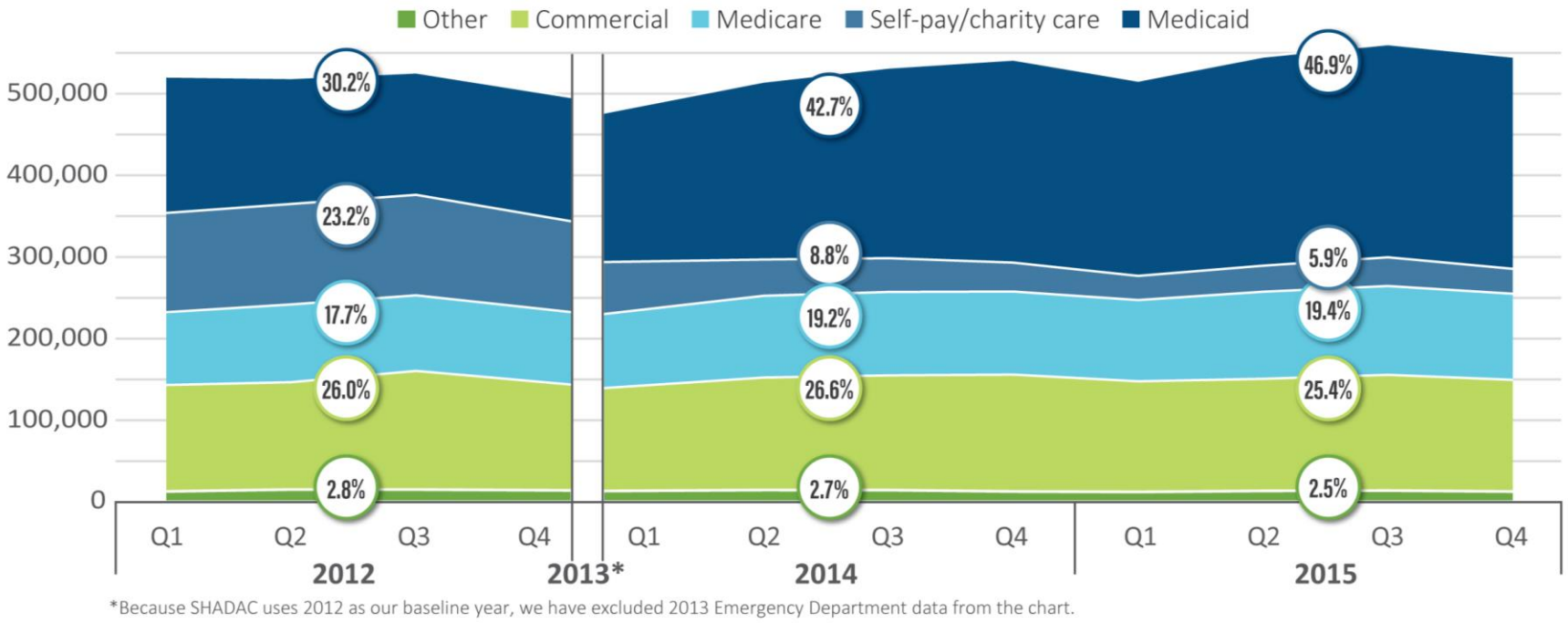

Source: SHADAC analysis of data from the Kentucky Hospital Association

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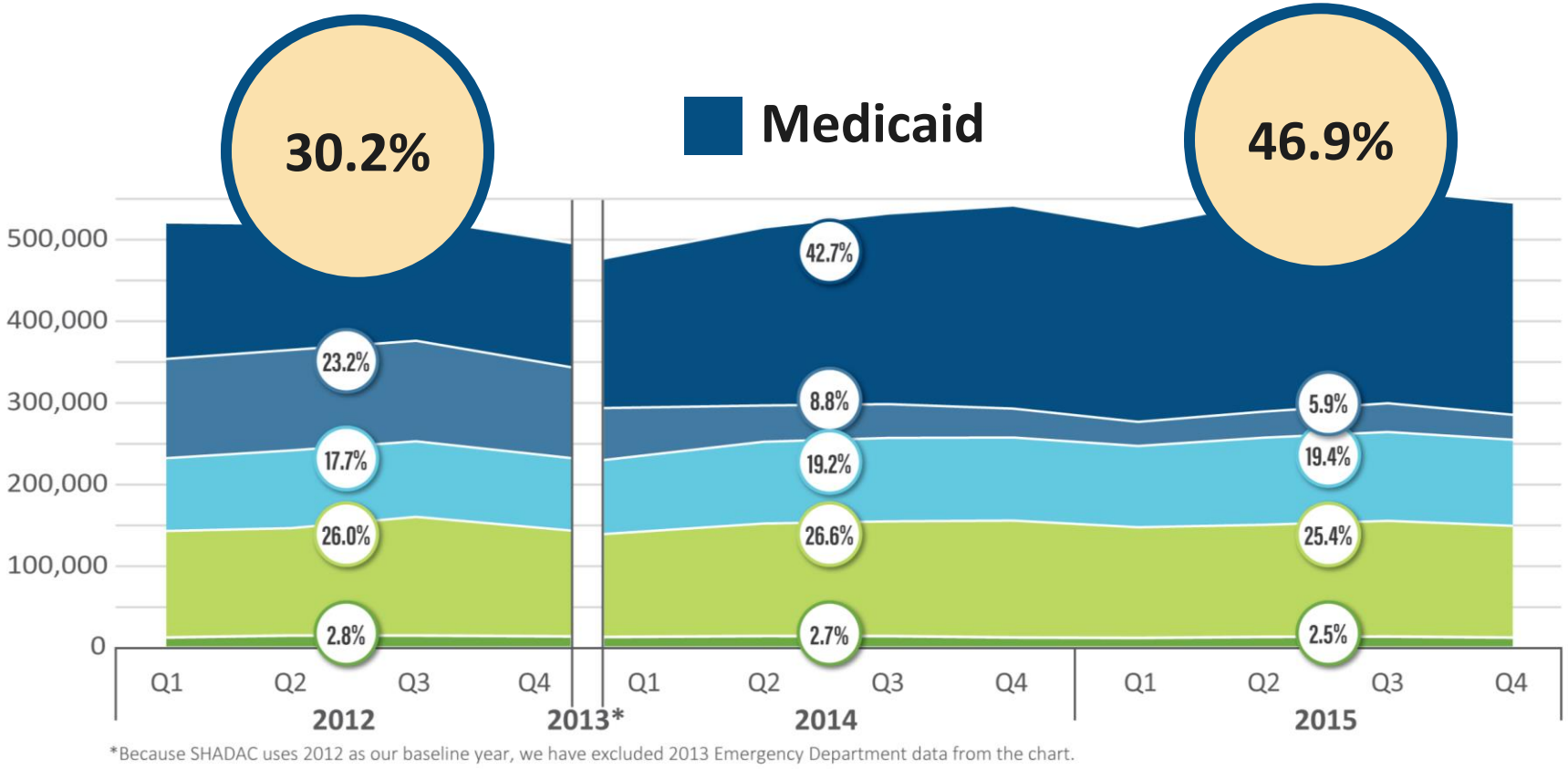

*Because SHADAC uses 2012 as our baseline year, we have excluded 2013 Emergency Department data from the chart.

Source: SHADAC analysis of data from the Kentucky Hospital Association

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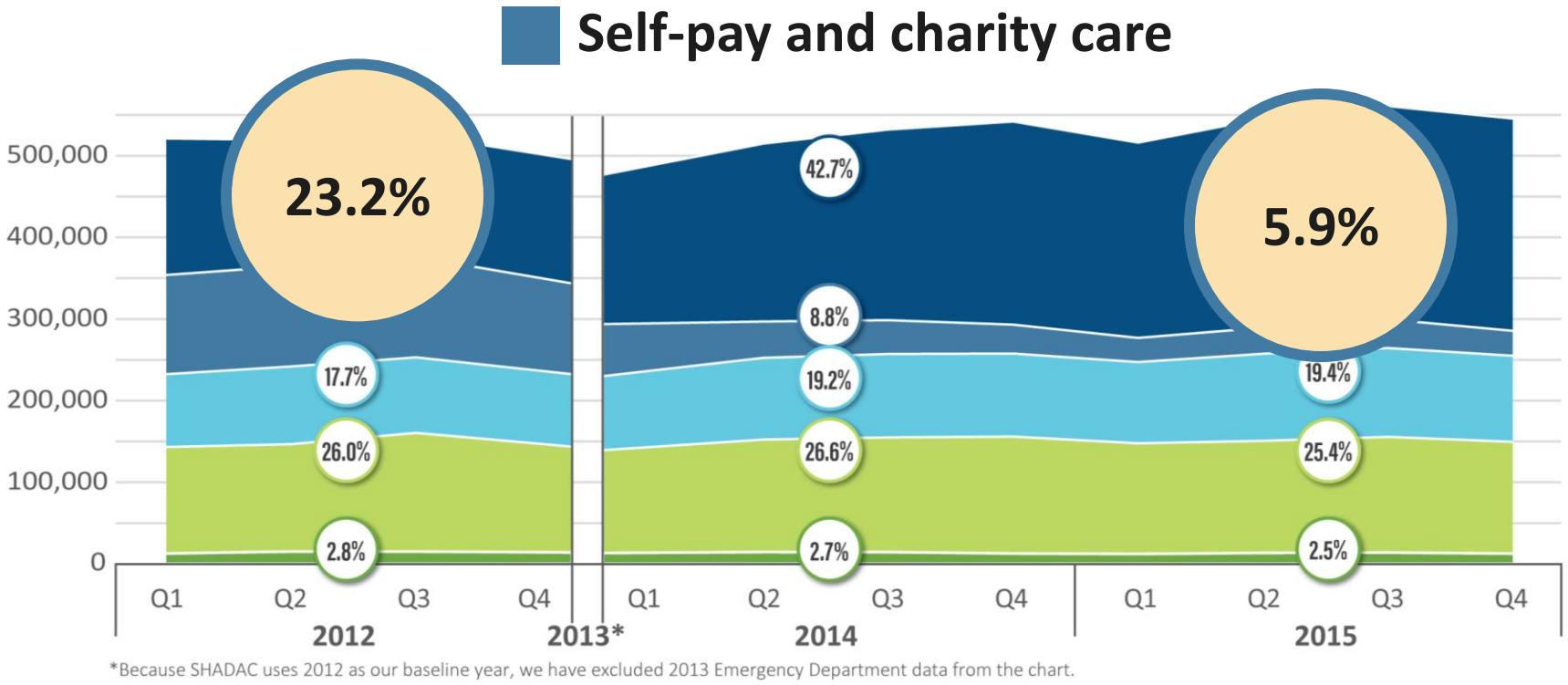

*Because SHADAC uses 2012 as our baseline year, we have excluded 2013 Emergency Department data from the chart.

Source: SHADAC analysis of data from the Kentucky Hospital Association

Access

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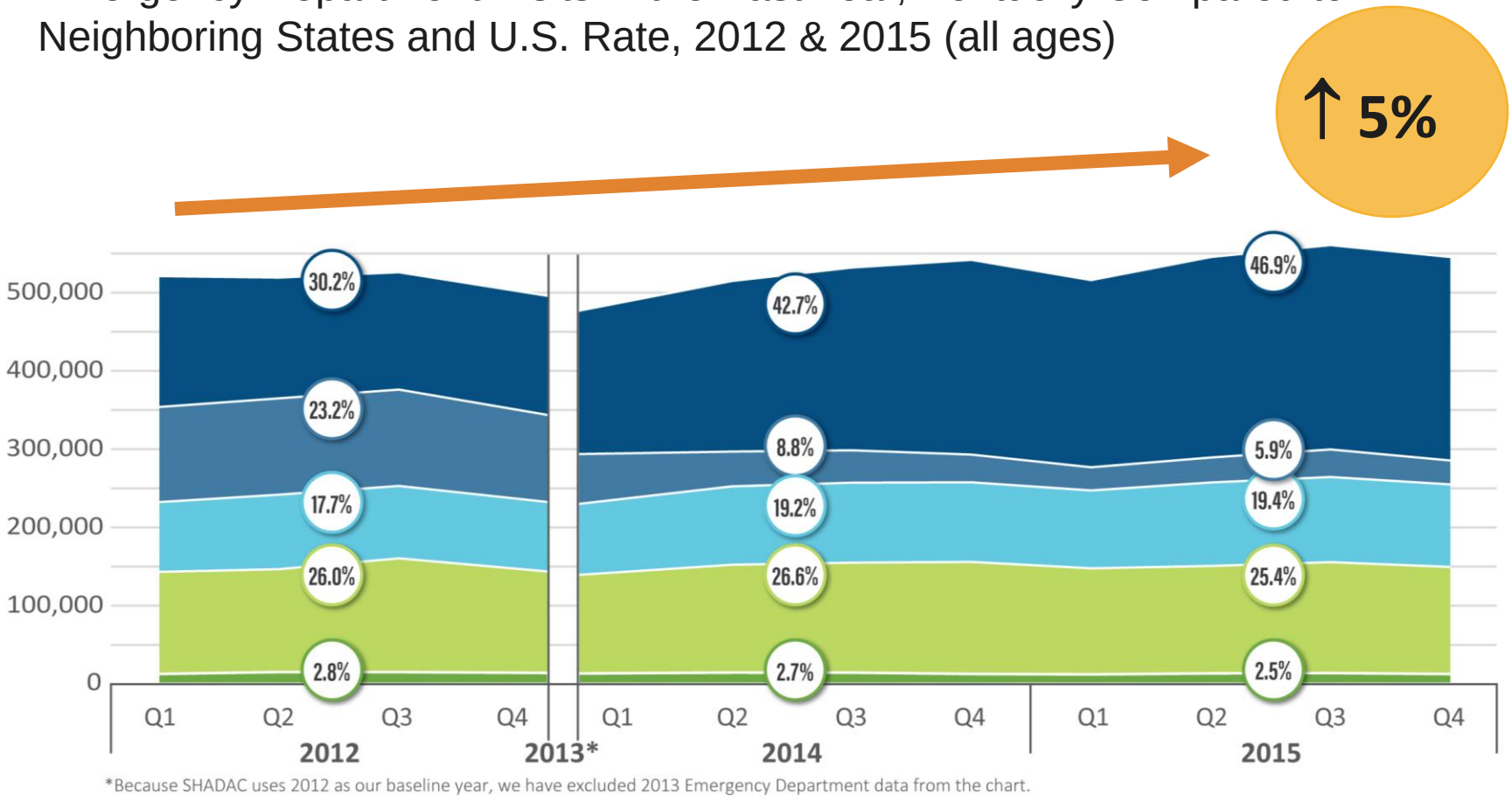
Emergency Department Visits in the Past Year, Kentucky Compared to Neighboring States and U.S. Rate, 2012 & 2015 (all ages)

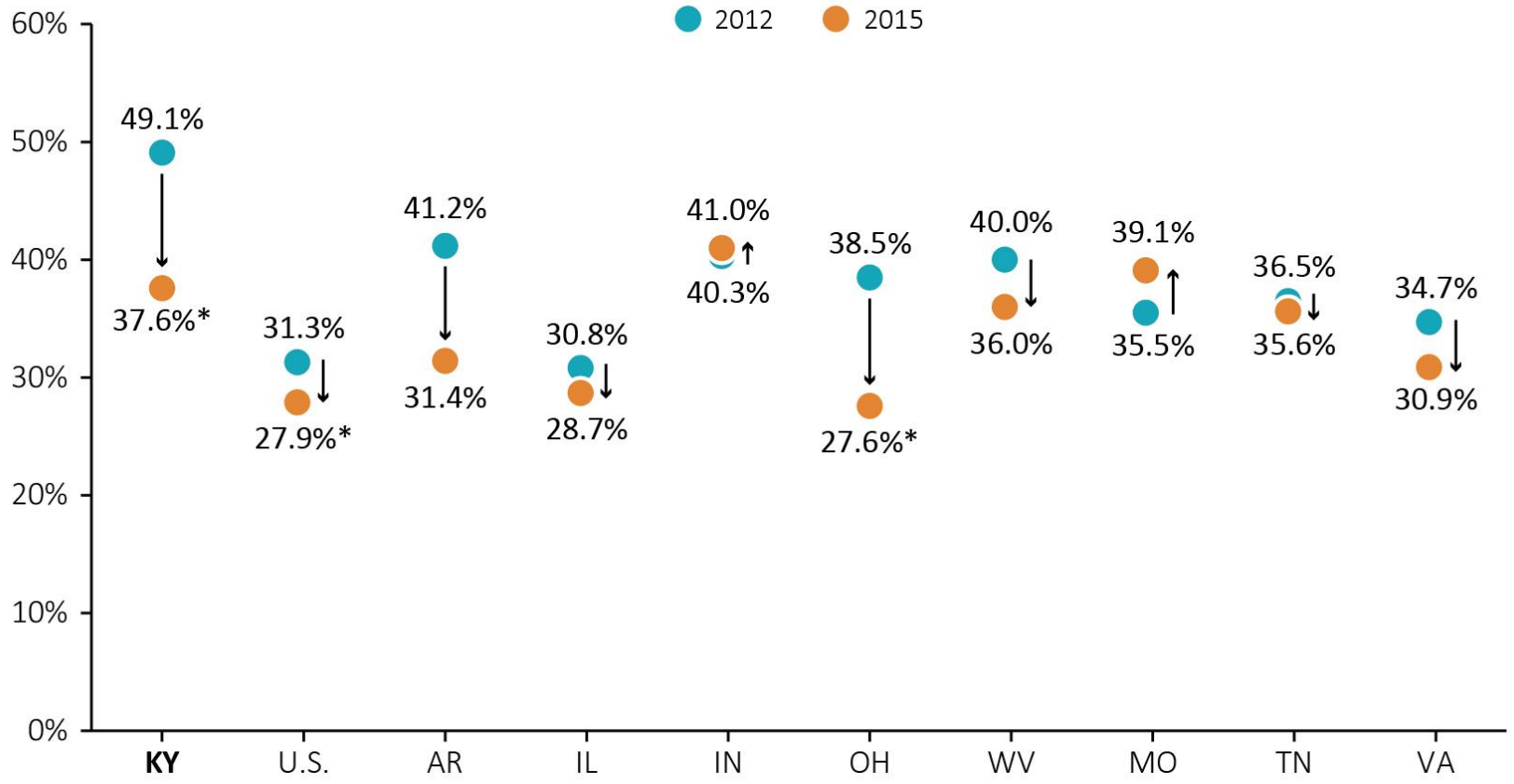


Source: SHADAC analysis of data from the Kentucky Hospital Association

Cost

Fewer Kentuckians reported trouble paying medical bills

Trouble Paying Medical Bills, Kentucky Compared to Neighboring States and U.S. Rate, 2012 & 2015 (all ages)



Source: SHADAC analysis of NHIS

*difference is statistically significant at the 95% level

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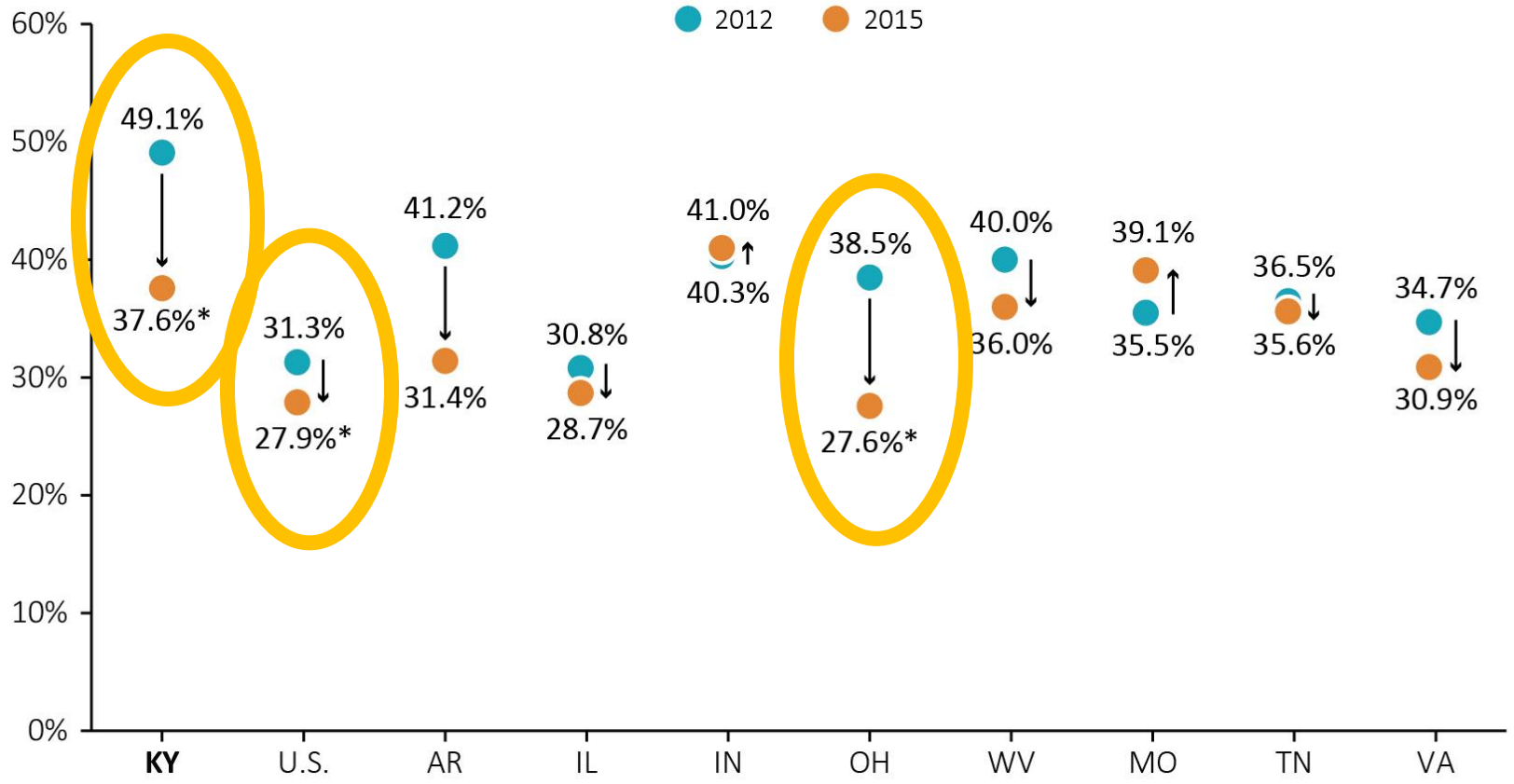

Source: SHADAC analysis of NHIS

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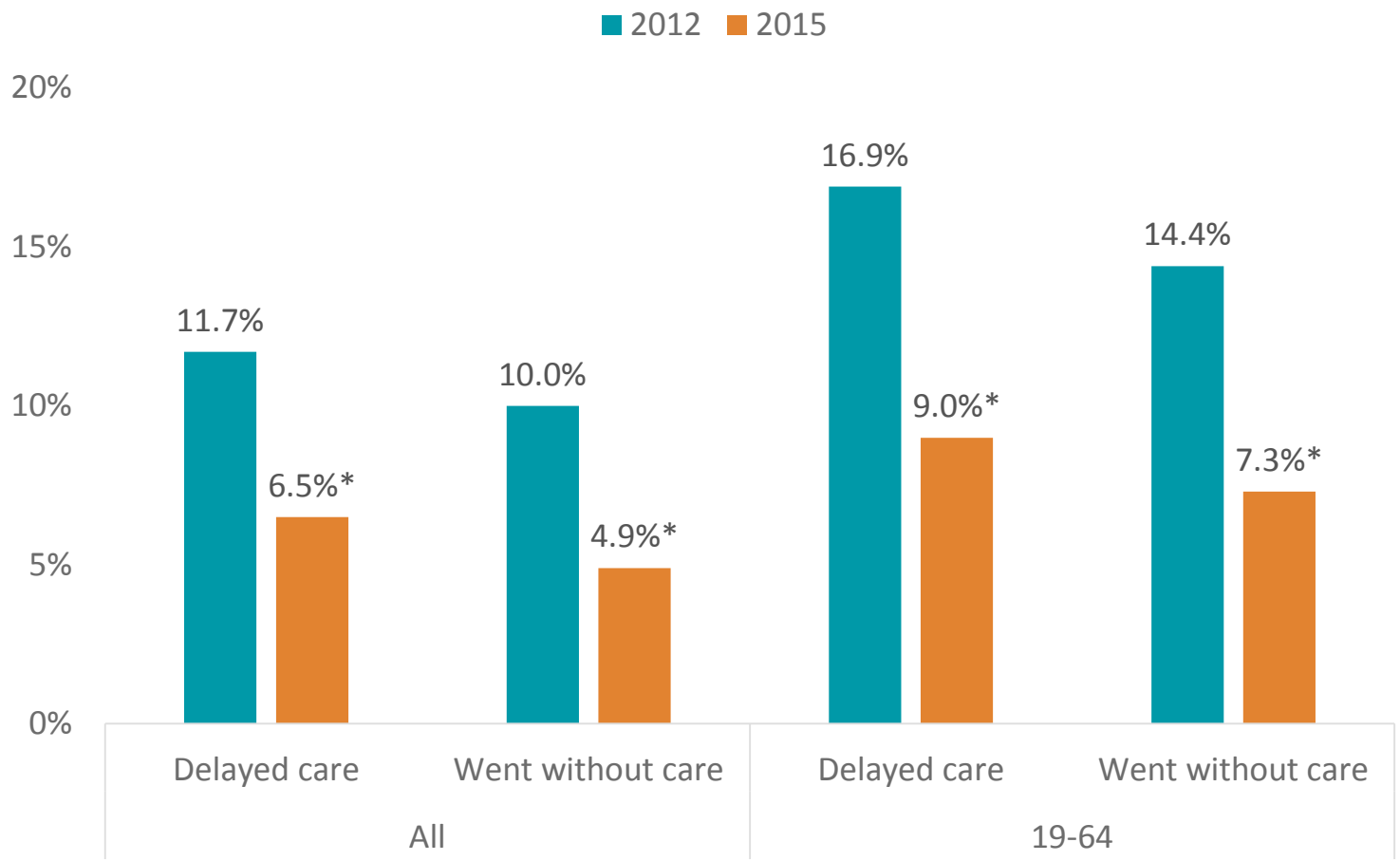
Cost

Delayed and forgone care declined significantly

Delayed or Went Without Needed Care Due to Cost by Age Category, Kentucky, 2012-2015



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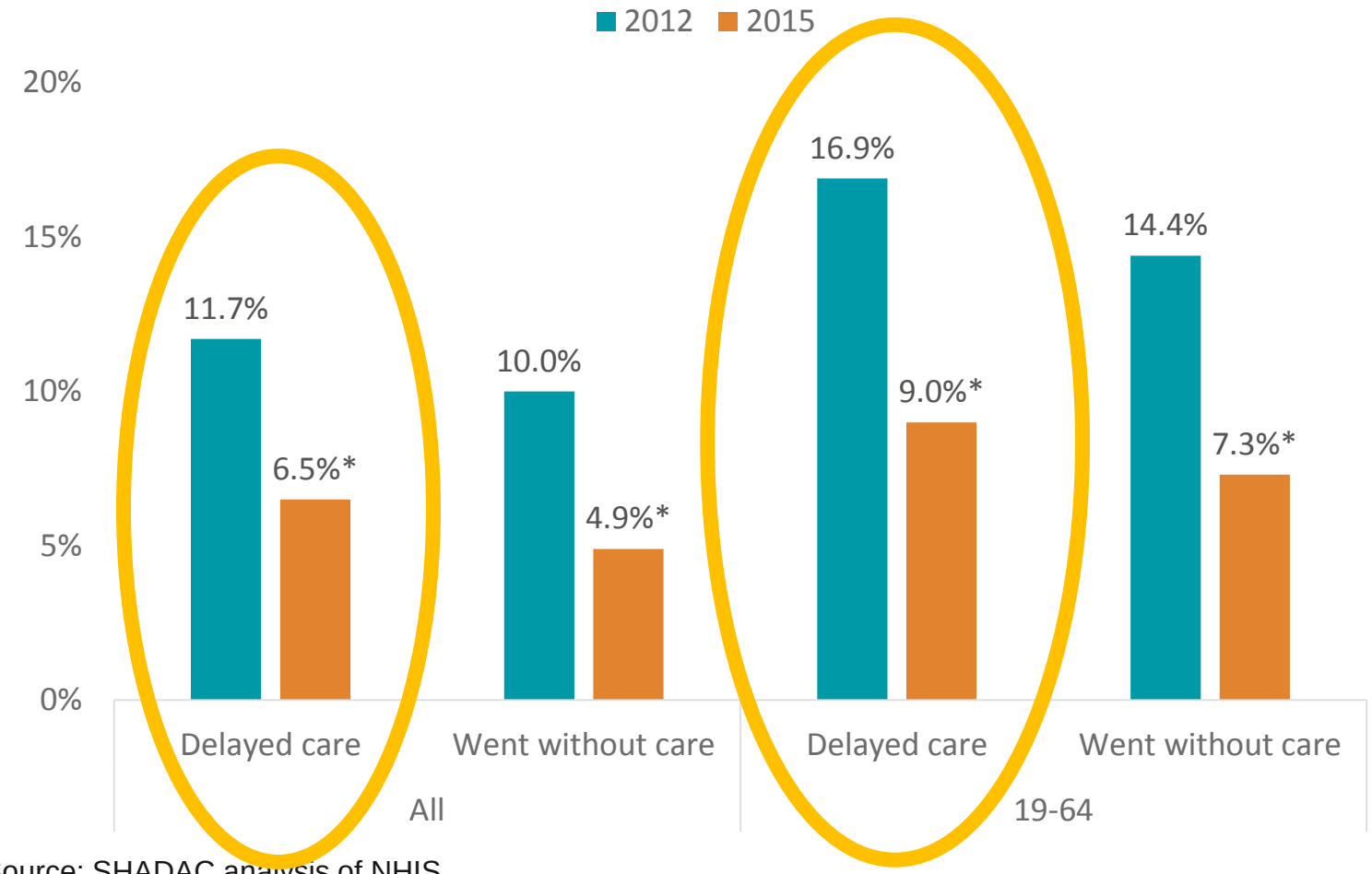

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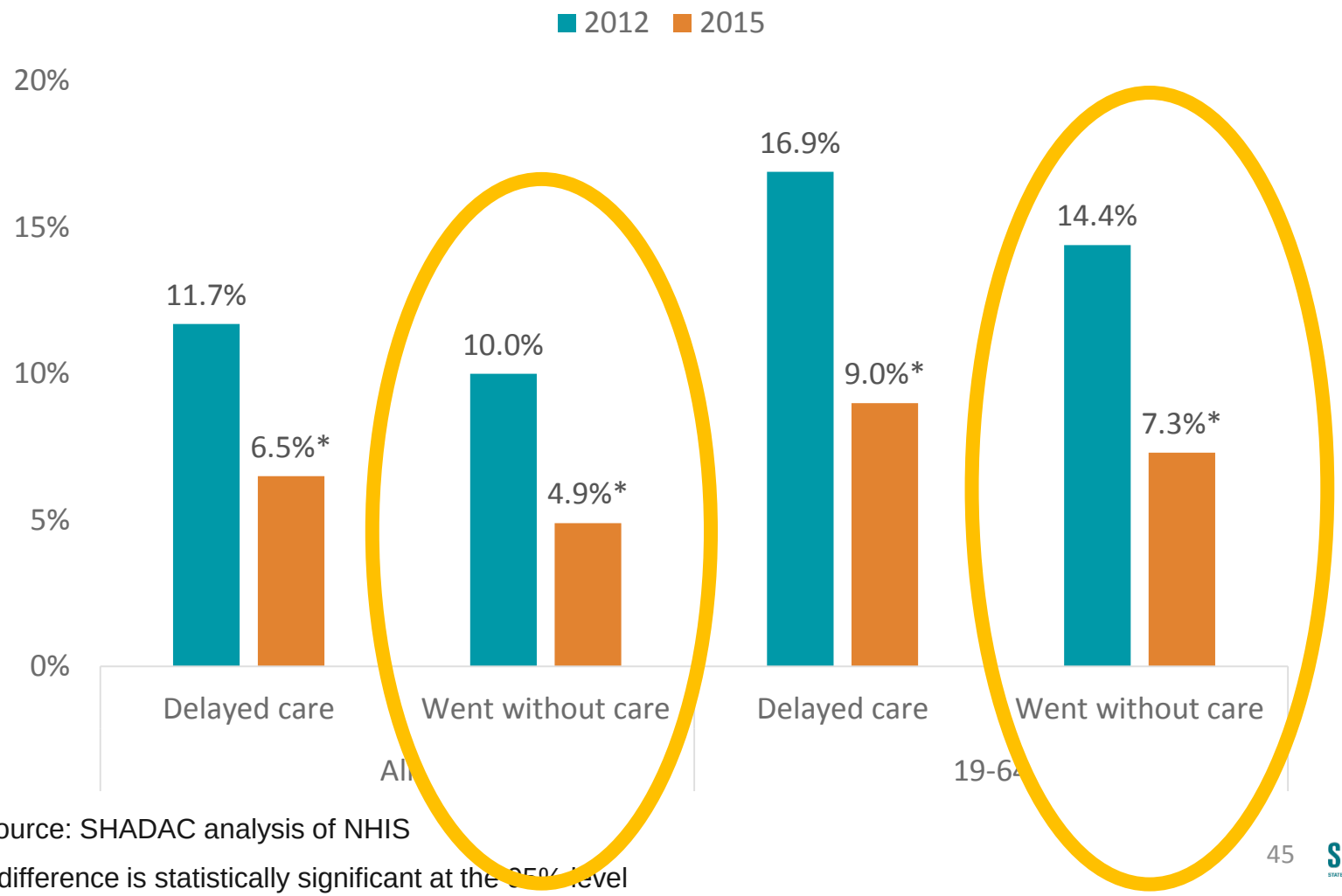

Source: SHADAC analysis of NHIS

*difference is statistically significant at the .05% level

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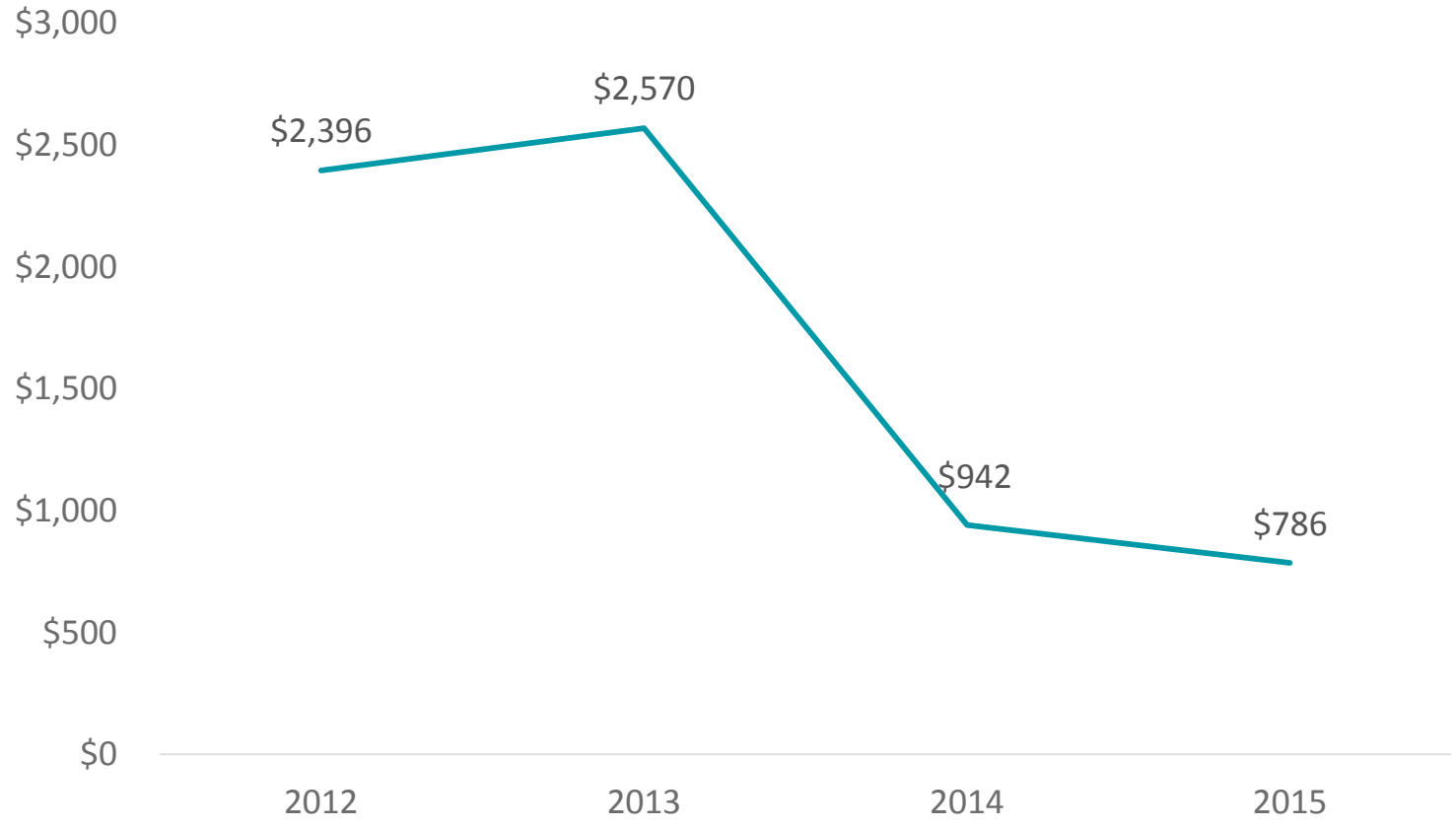
Cost

Hospital charity care and self-pay charges declined

Hospital Charity Care and Self-Pay Charges in Dollars (millions), Kentucky, 2012-2015



Source: SHADAC analysis of data from the Kentucky Cabinet for Health and Family Services' Kentucky Hospital Administration Claims Data

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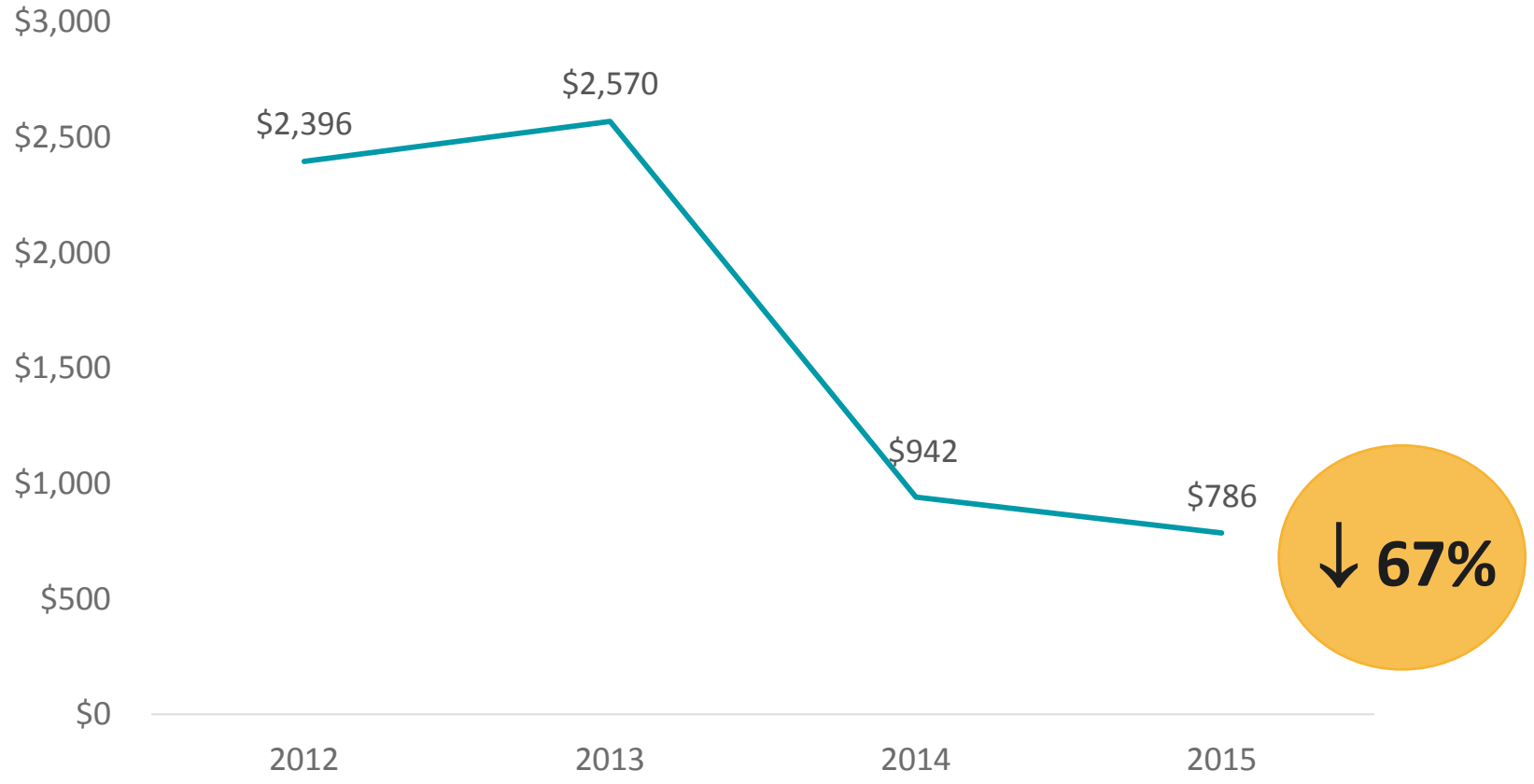
Hospital Charity Care and Self-Pay Charges in Dollars (millions), Kentucky, 2012-2015

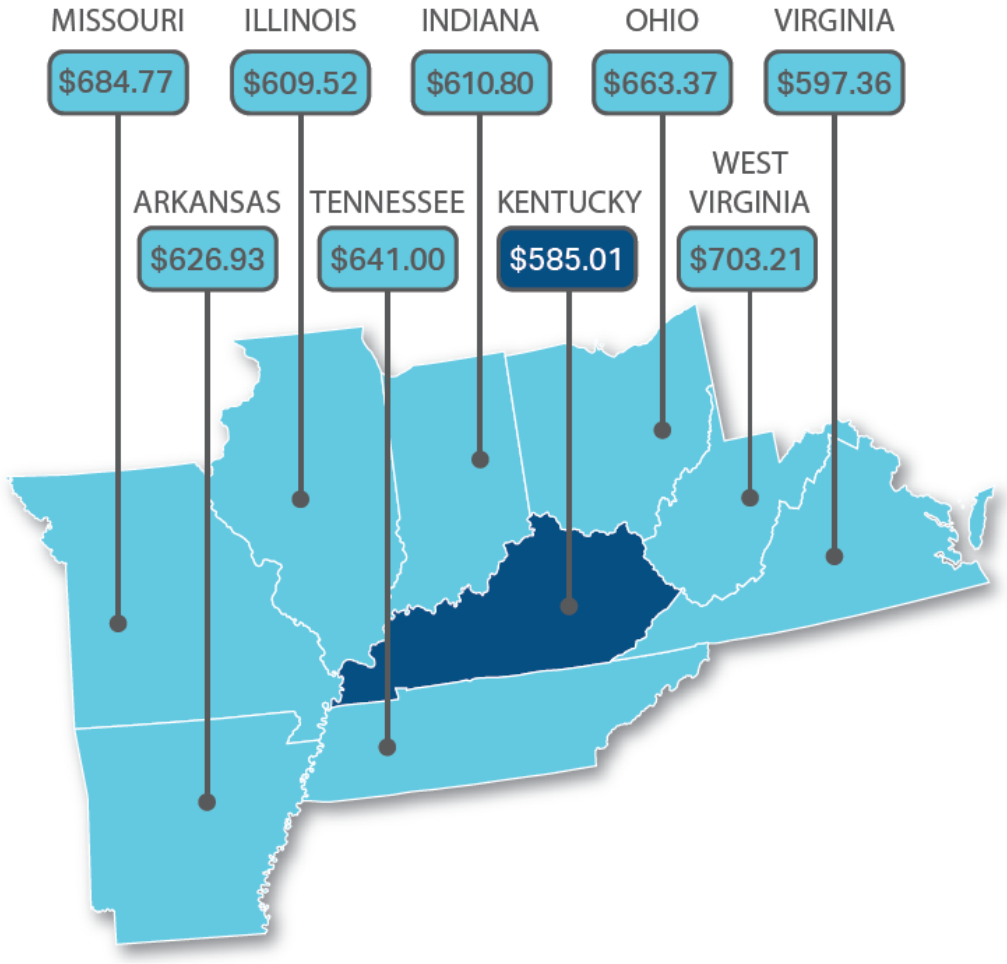


Source: SHADAC analysis of data from the Kentucky Cabinet for Health and Family Services' Kentucky Hospital Administration Claims Data

Cost

Lower 2016 Marketplace Plan Costs Than Neighbors

Median Silver Plan Premium for 30-year-old Couple with Two Children, 2016

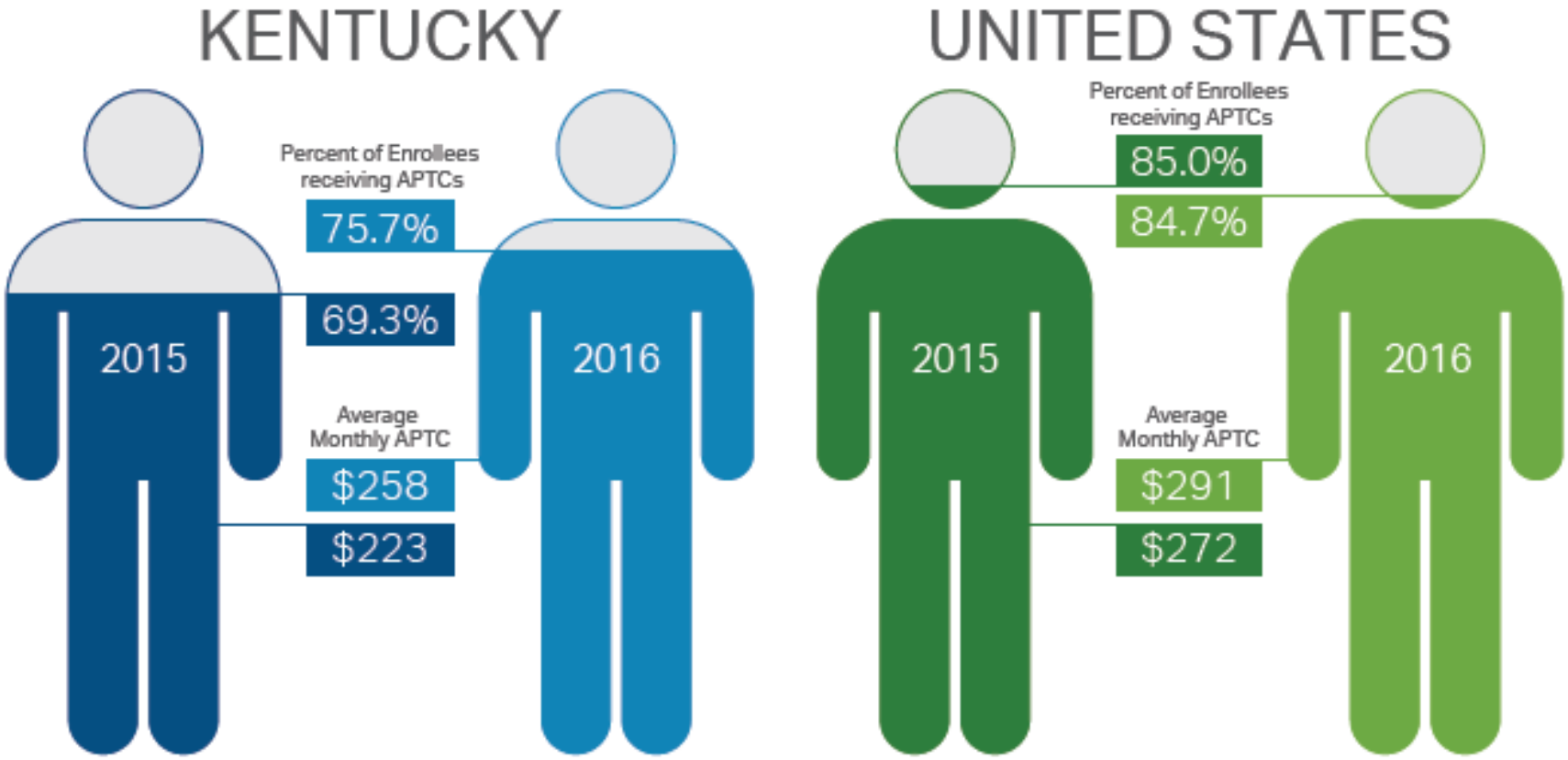


Source: SHADAC analysis of Robert Wood Johnson Foundation and Manatt, Phelps & Phillips' "HIX Compare 2015 – 2016"

Cost

Kentucky APTCs Were Smaller, Fewer Received Them

Percentage of Marketplace Enrollees Receiving Advanced Premium Tax Credits (APTCs) and Average Monthly APTC, U.S. and Kentucky, 2015 & 2016



Source: CMS Effectuated Enrollment Snapshots, 2015 & 2016

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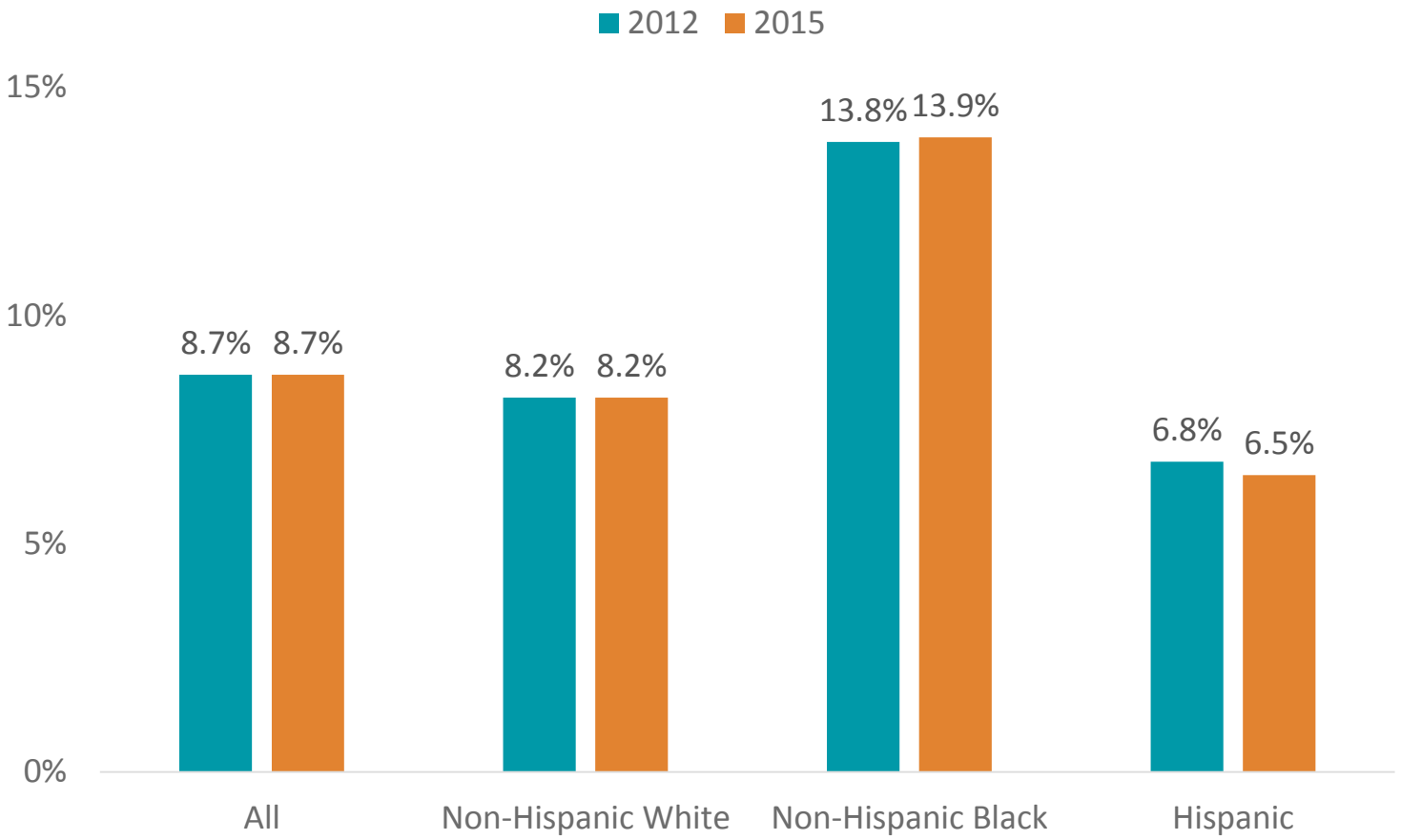
Quality

Racial disparities continued in low birth weight

Low Birth Weight for Births by Race/Ethnicity, Kentucky, 2012-2015 (all births)



Source: National Vital Statistics Reports

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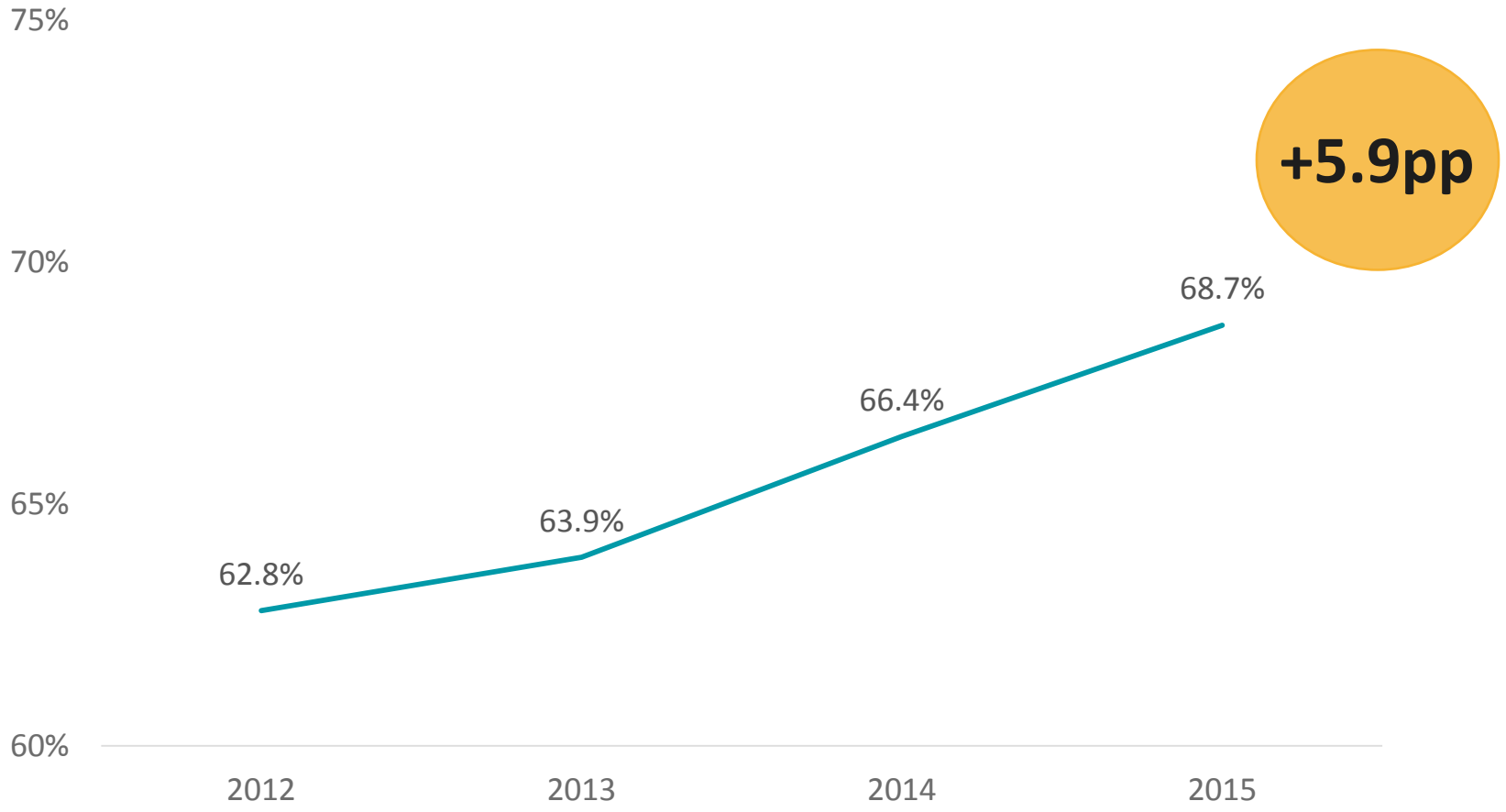
Quality

Breastfeeding grew to more than two-thirds of births

Breastfeeding Initiation Rates, Kentucky, 2012-2015 (newborn infants)



Source: Kentucky Department for Public Health

Note: Data are still preliminary for 2014 and 2015.

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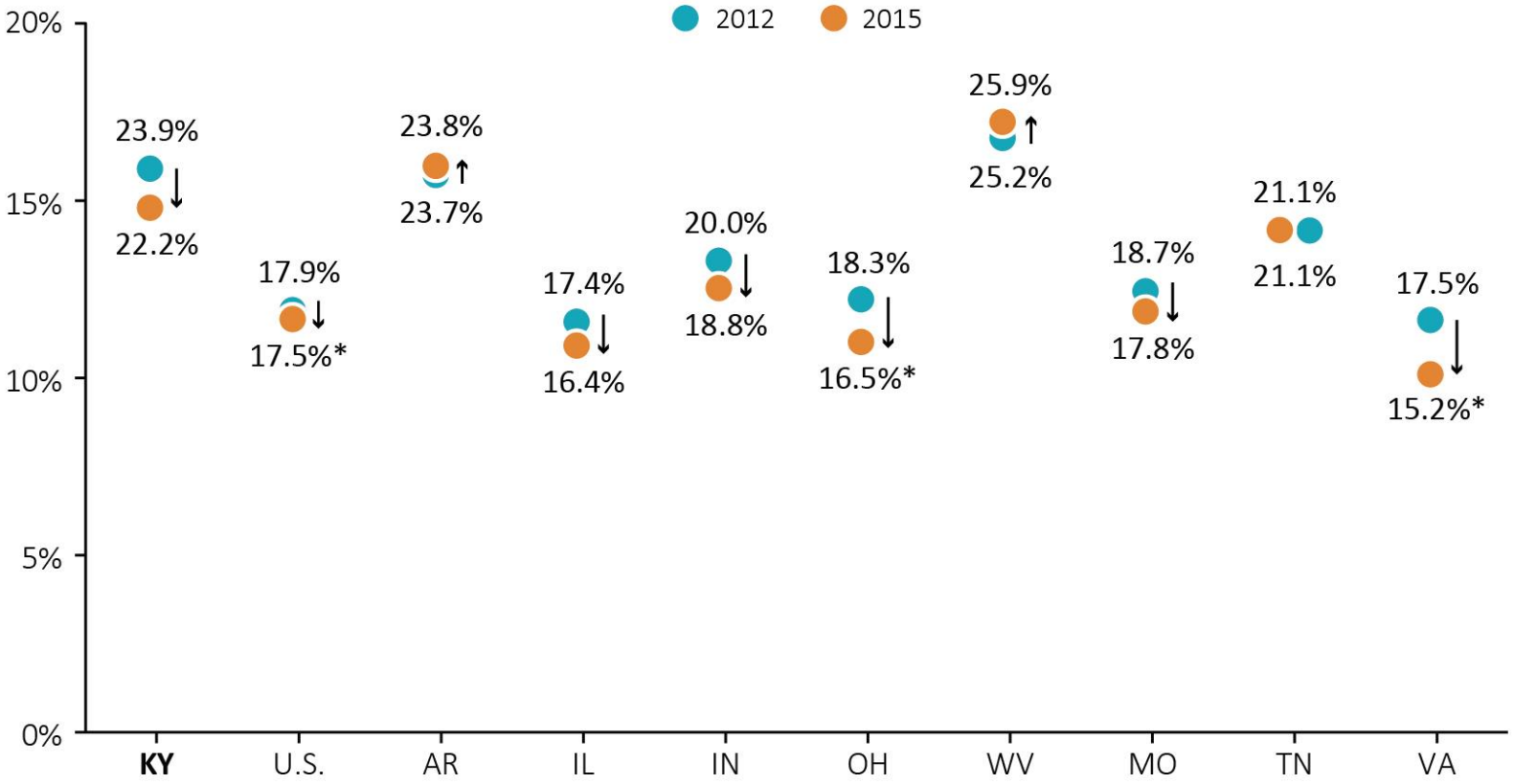
Health outcomes

Nearly one in four Kentucky adults report fair or poor health

Poor/Fair Health, Kentucky Compared to Neighboring States and U.S. Rate, 2012-2015 (ages 18+)



Source: SHADAC analysis of BRFSS

*difference is statistically significant at the 95% level

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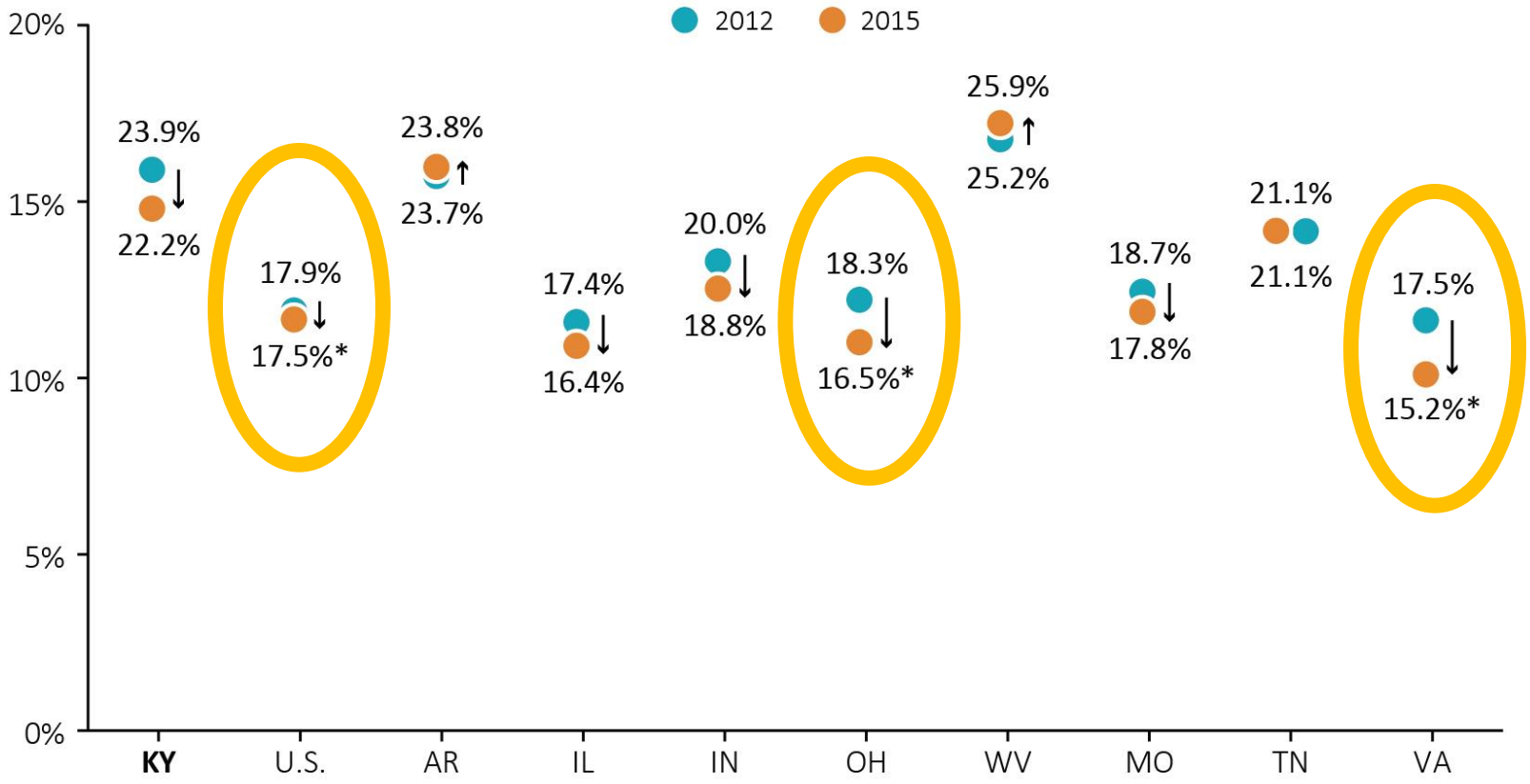

Source: SHADAC analysis of BRFSS

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CONCLUSIONS

Conclusions

- Commonwealth has experienced clear improvements in coverage since before ACA
- Some improvements seen in access and cost domains
- Quality and health outcomes have remained largely stable

THANK YOU!

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QUESTIONS?

Submit questions using the chat window.

Contact Information

Direct inquires to

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or shadac@umn.edu

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