



# **POST-REFORM CHANGES IN HEALTH CARE ACCESS AND AFFORDABILITY IN MINNESOTA**

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# Purpose and overview

Provide an up-to-date and State specific overview of two important outcomes to monitor: health care access and affordability

- How accessible and affordable is care in MN?
- Has the situation changed post-ACA?
- Does this depend on insurance type or income?

# Analytic sample

- MNHA 2007, 2009, 2011, 2013, and 2015
- Sample size
  - 2007: 9,728
  - 2009: 12,031
  - 2011: 11,355
  - 2013: 11,778
  - 2015: 11,178

# Indicators on Health Care Access

Access indicators in the Minnesota Health Access Survey include:

- reports of having a usual source of care (2007-2015),
- the ability –and confidence– in getting care when needed (2013-2015), and
- provider supply issues where potential patients are told by a doctor's office or clinic that they do not accept their health care coverage or they are not accepting new patients (2013-2015).

Other indicators available are: visit to a doctor's office (2011-2015) and use of the emergency department (2009-2015).

# Indicators on Health Care Affordability

Affordability indicators in the Minnesota Health Access Survey include:

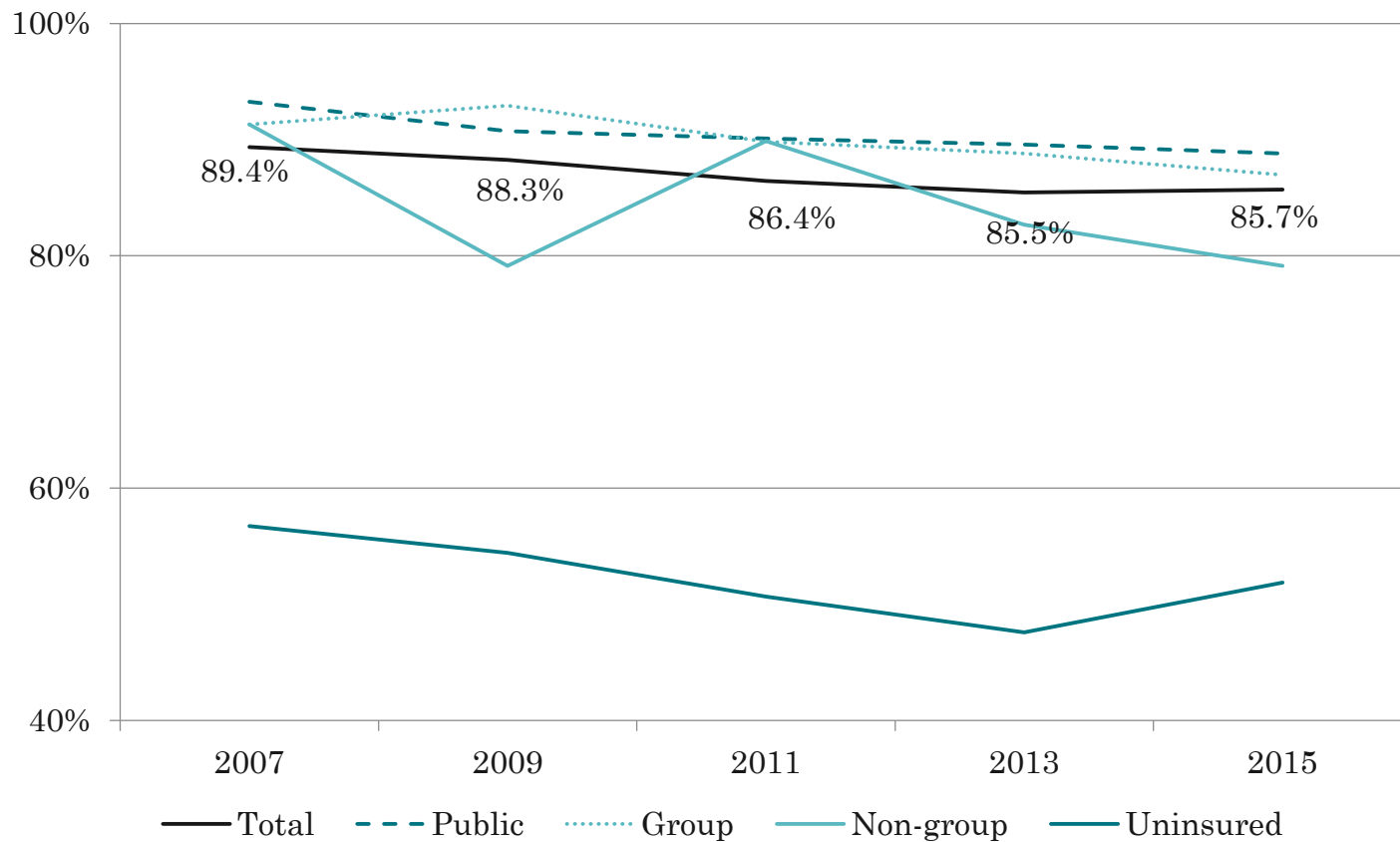
- forgone care due to costs (2011-2015),
- having problems paying medical bills (2013-2015),
- needing to establish a payment plan with a hospital or doctor's office (2013-2015),
- having trouble paying other basic bills (e.g. food, heat, or rent) due to care costs (2013-2015), and
- being satisfied with the protection against high medical bills provided by their insurance coverage (2015).

# ACCESS

# Highlights

- Most Minnesotans have a (private) usual source of care and are confident in getting care when needed, but only about half of the uninsured report the same characteristics.
- One in ten Minnesotans could not get a doctor's appointment as soon as needed, increasing for people with private coverage.
- Minnesotans with public coverage were more likely to face problems with providers than people with other types of insurance.

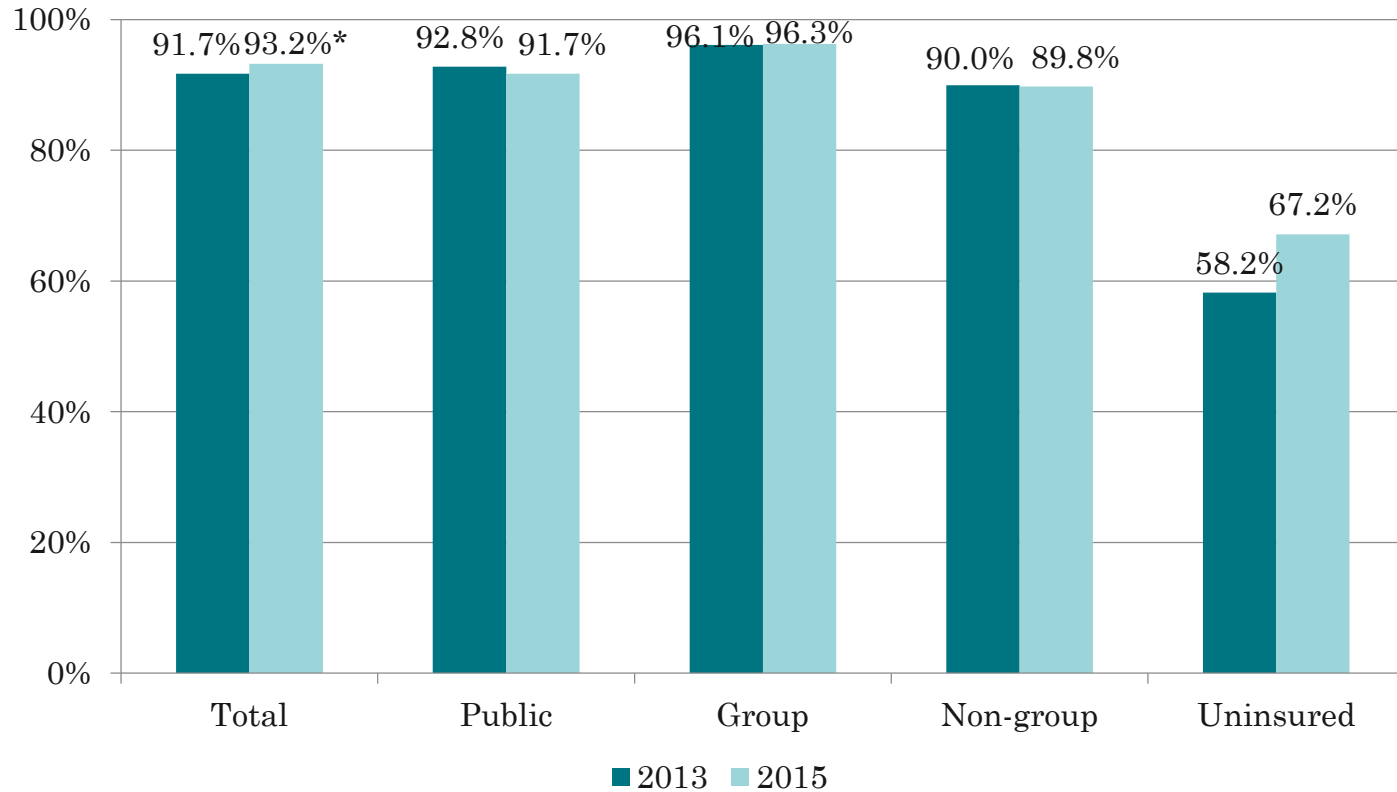
# Usual Source of Care by Insurance Type, 2007 - 2015



\* Indicates statistically significant difference ( $p \leq .05$ ) from previous year shown



# Confidence in Getting Care When Needed by Insurance Type, 2013 - 2015



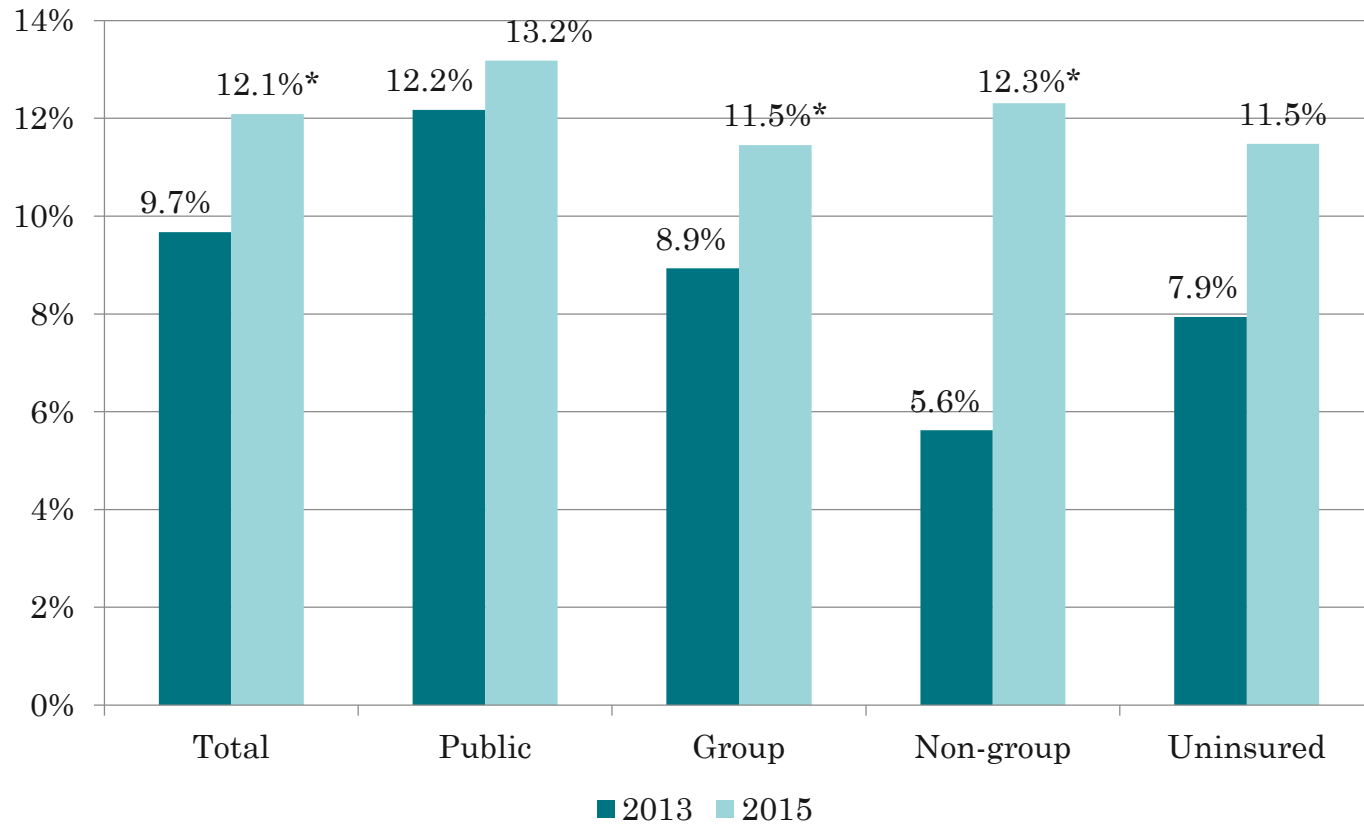
\* Indicates statistically significant difference ( $p \leq .05$ ) from 2013 estimates

# Level of Confidence in Getting Care When Needed by Insurance Type, 2015

	Total	Group	Non-group	Public	Uninsured
Very confident	75.8%	82.0% ^	64.6% ^	70.6% ^	48.3% ^
Somewhat confident	17.4%	14.3% ^	25.1% ^	21.1% ^	18.9%
A little confident	3.9%	2.3% ^	5.2%	5.7% ^	10.9% ^
Not confident at all	2.9%	1.5% ^	5.0%	2.6%	21.9% ^

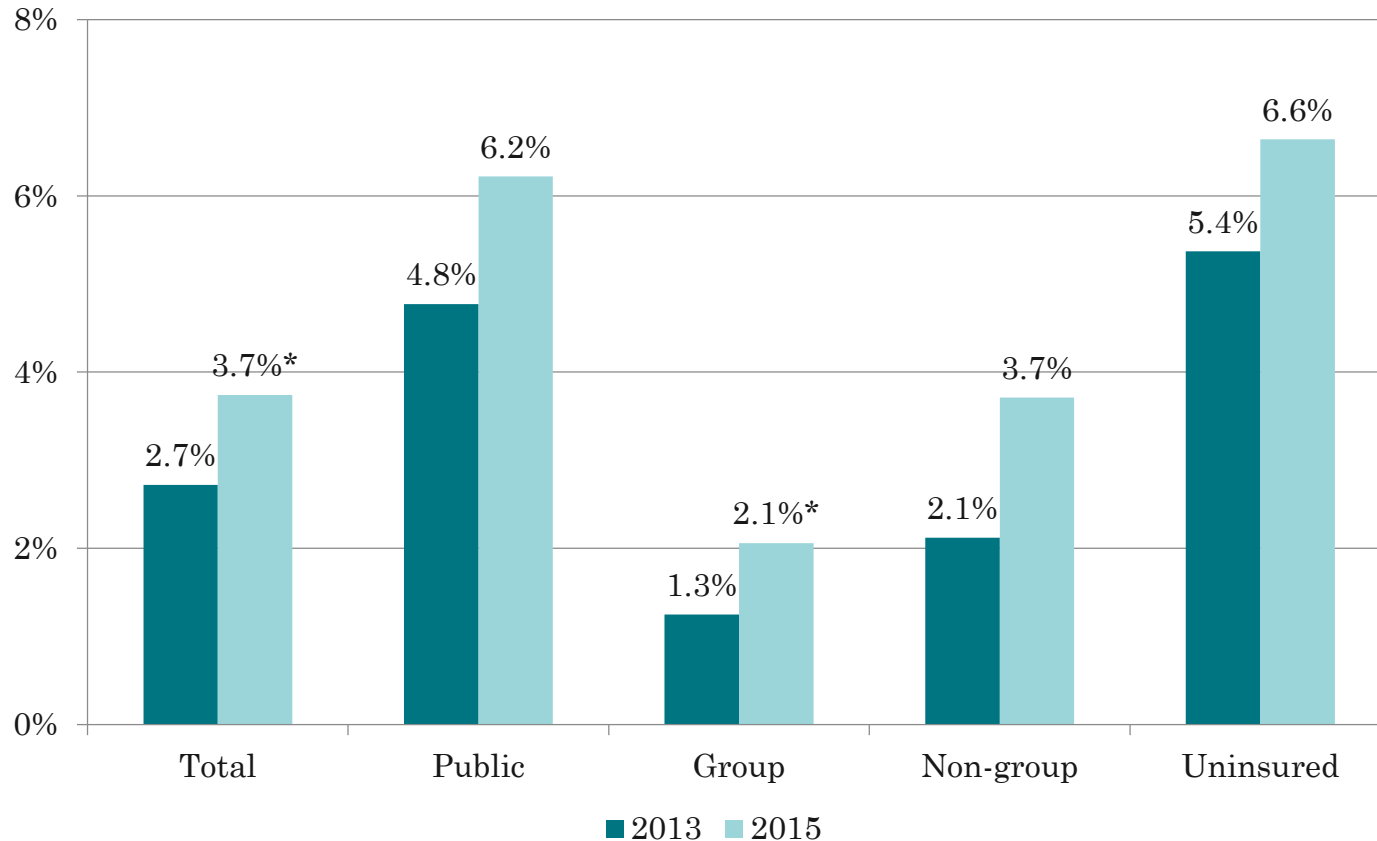
^ Indicates statistically significant difference ( $p \leq .05$ ) from Total estimates

# Could Not Get an Appointment When Needed by Insurance Type, 2013 - 2015



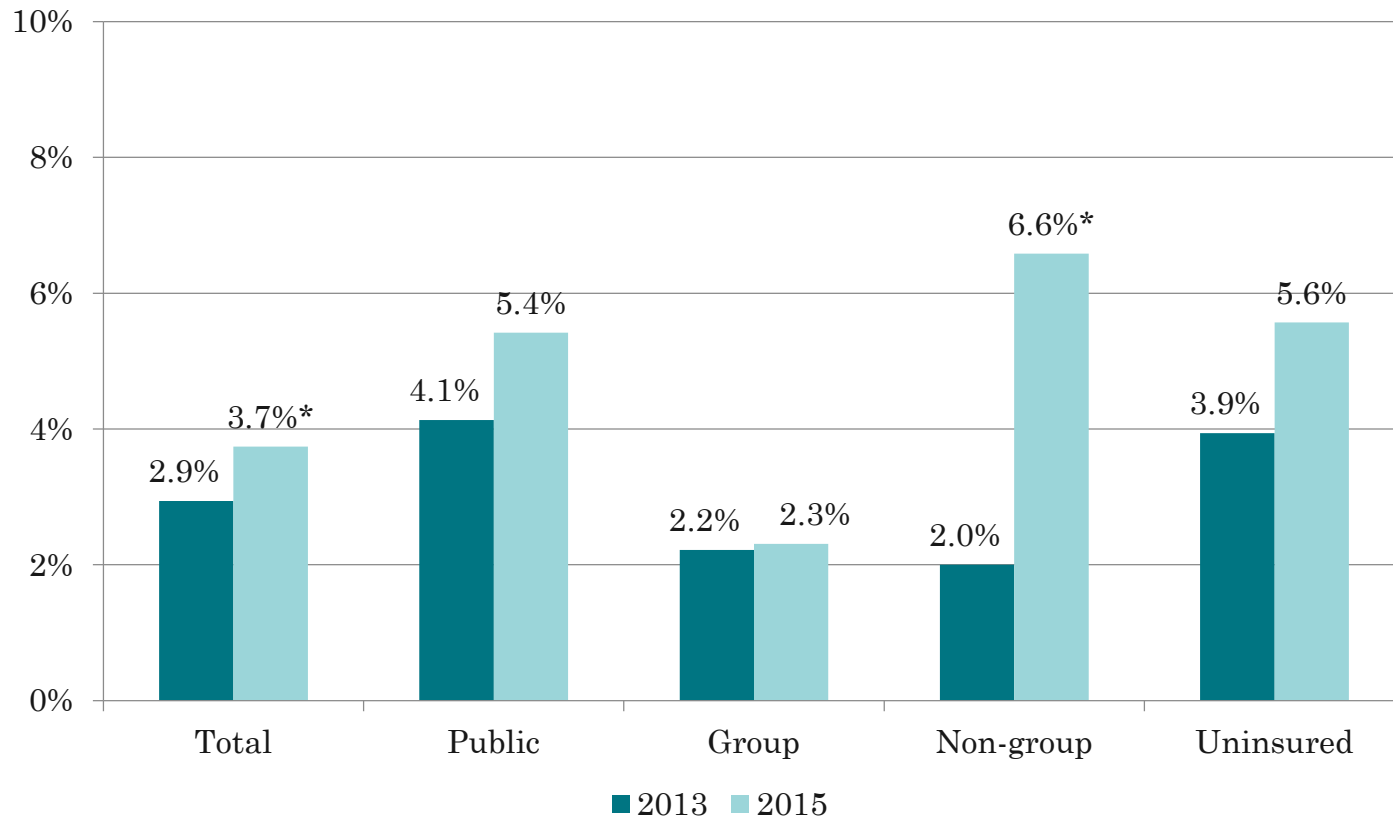
\* Indicates statistically significant difference ( $p \leq .05$ ) from 2013 estimates

# Doctor Did Not Accept Their Health Coverage by Insurance Type, 2013-2015



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

# Doctor Was Not Accepting New Patients by Insurance Type, 2013 - 2015



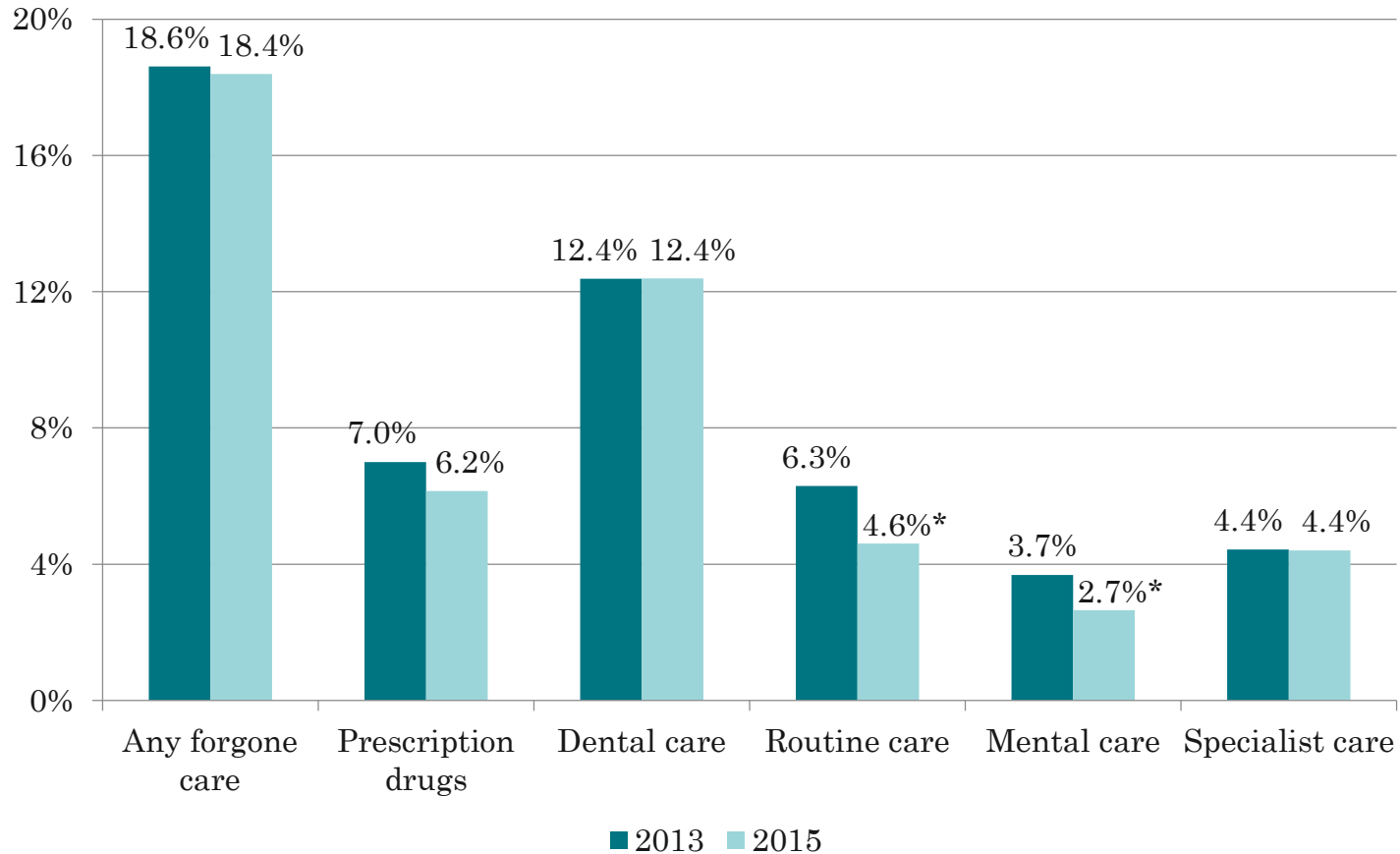
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# AFFORDABILITY

# Highlights

- About one in five people were likely to forgo care due to costs, although this has decreased for patients seeking routine or mental care.
- One in five insured Minnesotans who used some form of care reported having financial burdens related to these services. This doubles for uninsured Minnesotans.
- Financial Burden affects 1 in 3 Minnesotans with income between 138-250% FPG.
- Four in five people reported being satisfied with the protection against high medical bills provided by their insurance.

# Forgone Care Due to Cost, 2013 - 2015



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



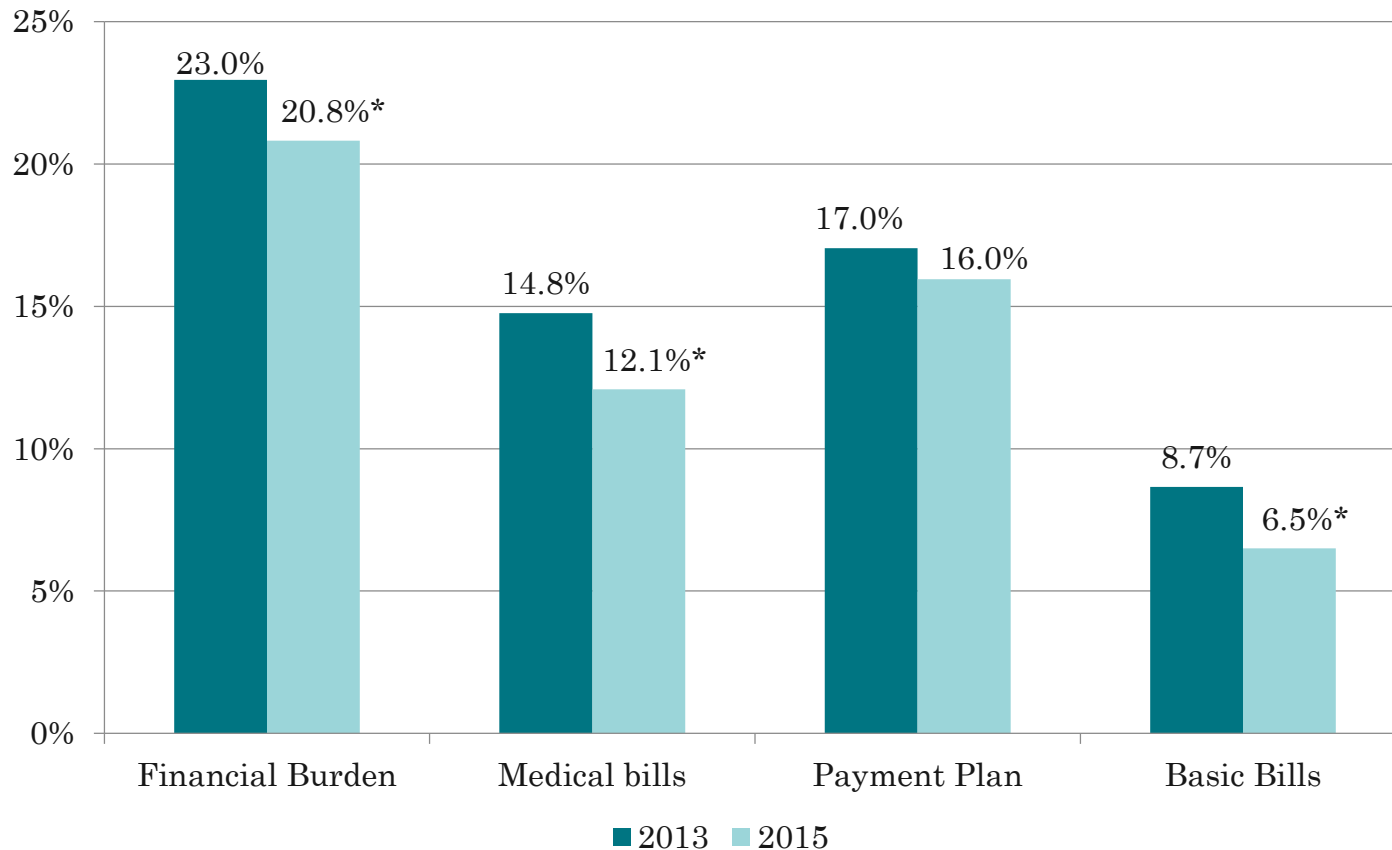
# Forgone Care Due to Cost by Income Group, 2015

	Any forgone care	Prescription drugs	Dental care	Routine care	Mental care	Specialist care
Total	18.4%	6.2%	12.4%	4.6%	2.7%	4.4%
0 to <138%/275 FPG	22.5%	7.9%	14.8%	5.6%	3.2%	4.6%
138-250% FPG	29.8%	9.3%	24.2%	7.3%	3.5%	8.3%
<250-400% FPG	19.0%	6.2%	14.1%	4.5%	2.2%	4.4%
<400% FPG	11.9%	4.0%	6.9%	3.2%	2.3%	3.0%

# Forgone Care Due to Cost by Insurance Type, 2015

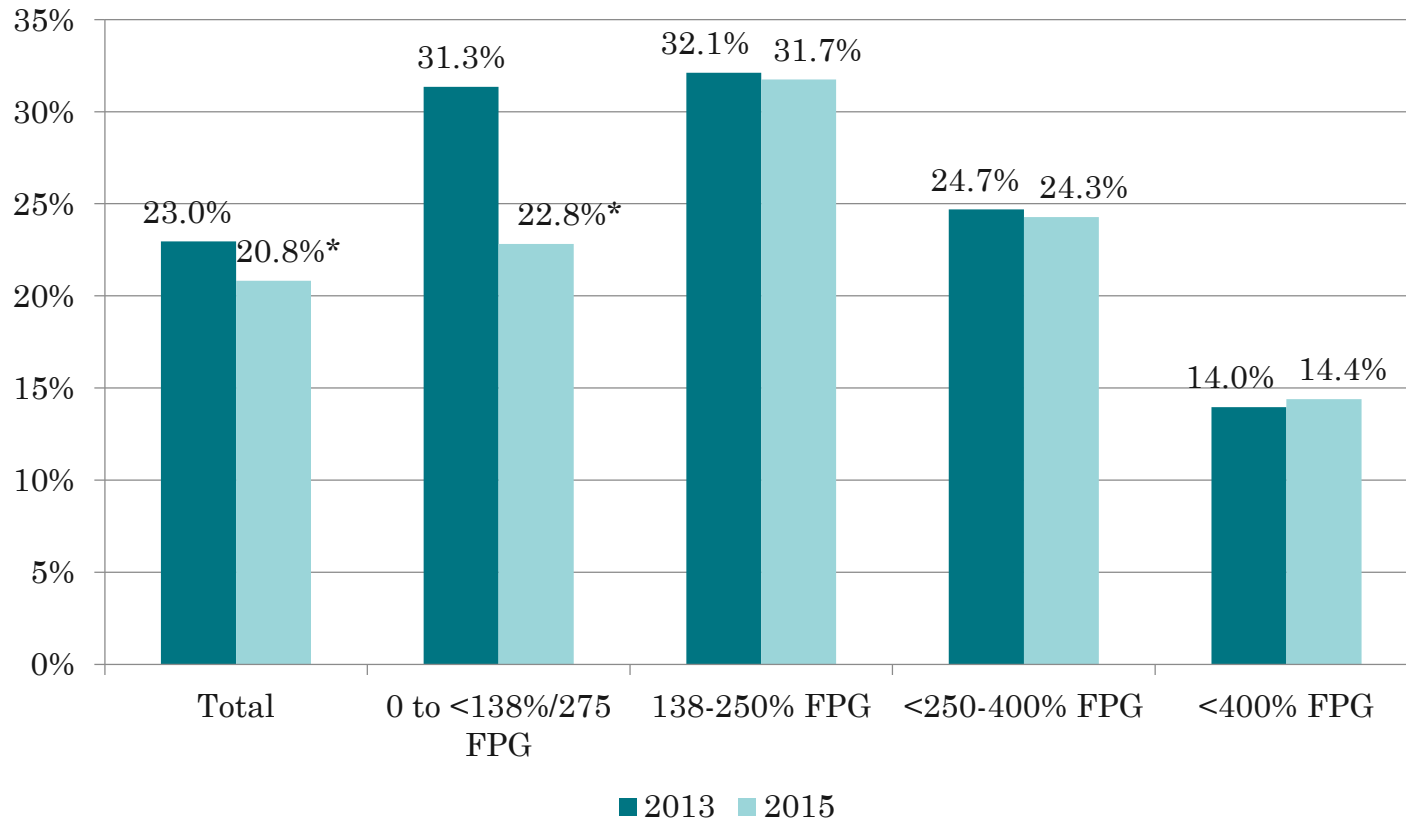
	Any forgone care	Prescription drugs	Dental care	Routine care	Mental care	Specialist care
Total	18.4%	6.2%	12.4%	4.6%	2.7%	4.4%
Public	20.1%	6.3%	16.5%	4.1%	2.0%	4.0%
Group	14.7%	5.1%	9.0%	3.7%	2.3%	3.5%
Non-group	29.4%	8.7%	21.8%	7.6%	5.1%	8.9%
Uninsured	40.0%	16.4%	24.4%	17.4%	9.9%	14.0%

# Type of Medical Financial Burden, 2013 - 2015



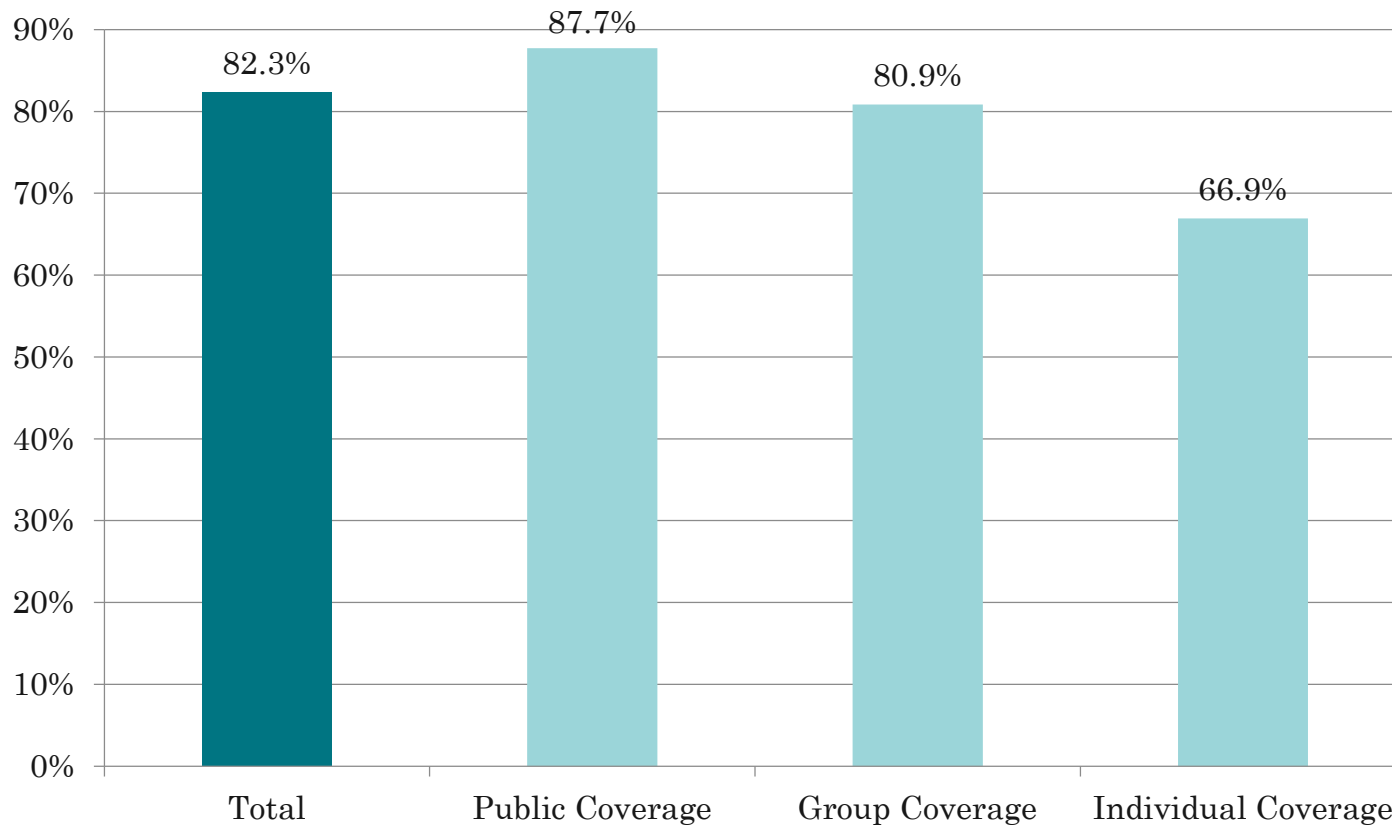
\* Indicates statistically significant difference ( $p \leq .05$ ) from 2013 estimates

# Financial Burden by Income Group, 2013 - 2015

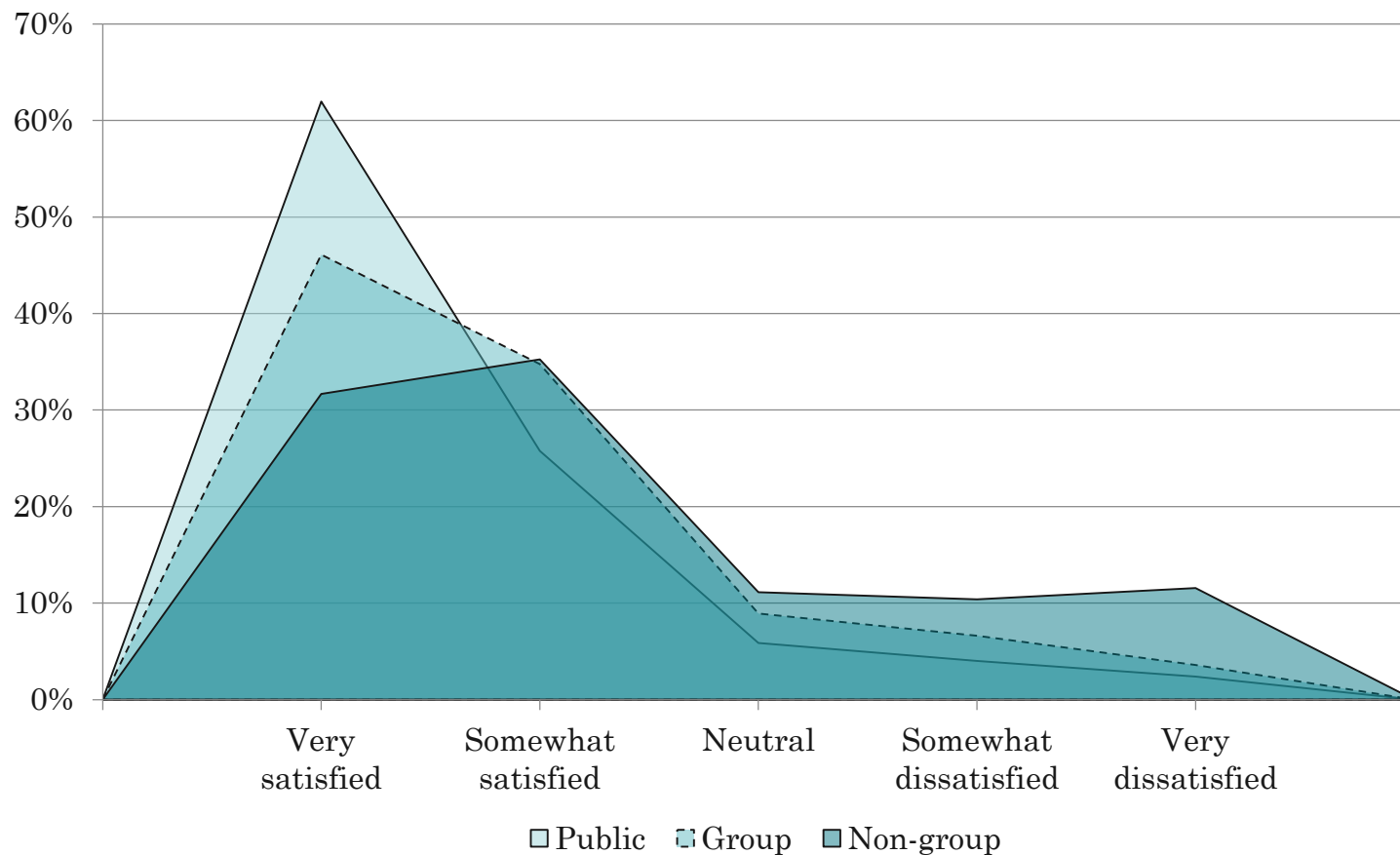


\* Indicates statistically significant difference ( $p \leq .05$ ) from 2013 estimates

# Financial Protection by Insurance Type, 2015



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	Total	Public	Group	Non-group
Very satisfied	50.6%	62.0% ^	46.1% ^	31.7% ^
Somewhat satisfied	31.7%	25.8% ^	34.8% ^	35.3%
Neither satisfied or dissatisfied	8.0%	5.9% ^	8.9%	11.1%
Somewhat dissatisfied	6.0%	4.0% ^	6.6%	10.4% ^
Very dissatisfied	3.7%	2.4% ^	3.6%	11.6% ^

^ Indicates statistically significant difference ( $p \leq .05$ ) from Total estimates

# CLOSING REMARKS



- Some access indicators show a clear improvement, including gains in coverage.
- Some issues related to providers have worsened, including the rate of people who reported not getting an appointment when they needed it.
- Forgone routine and mental care are less frequent.
- Fewer Minnesotans had problems paying medical bills or other basic bills due to medical costs.
- Only low-income Minnesotans have experienced a reduction in the financial burden they experience due to their health care costs.

# Acknowledgements



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# THANK YOU

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