



California Health Care Foundation
HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

Medi-Cal Enrollees' Access to Care

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Assembly Select Committee on
Health Care Delivery Systems
and Universal Coverage

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Overview

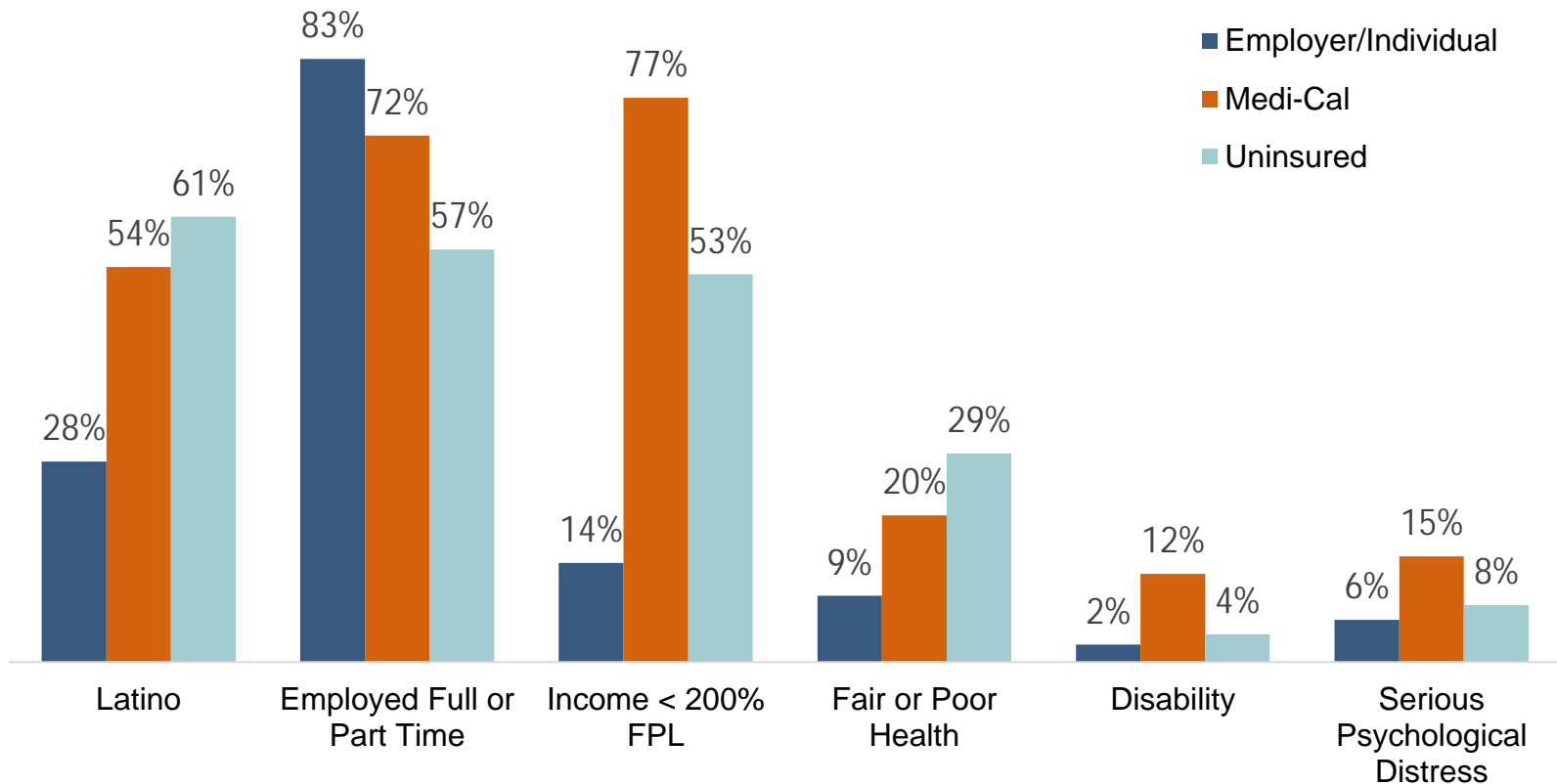
- Framework
- Findings
 - Non-elderly Adults
 - California research
 - Focus on comparison of Medi-Cal to uninsured and individual market coverage
- Key Program Features
- Summary
- Improvement Strategies

Framework for Measuring Access

- **Potential Access:** Is care available? Is it affordable? Do people have a usual source of care?
- **Realized Access:** Are people getting care they need? Is it timely and appropriate?
- **Outcomes:** What is the impact on health? On financial well-being?

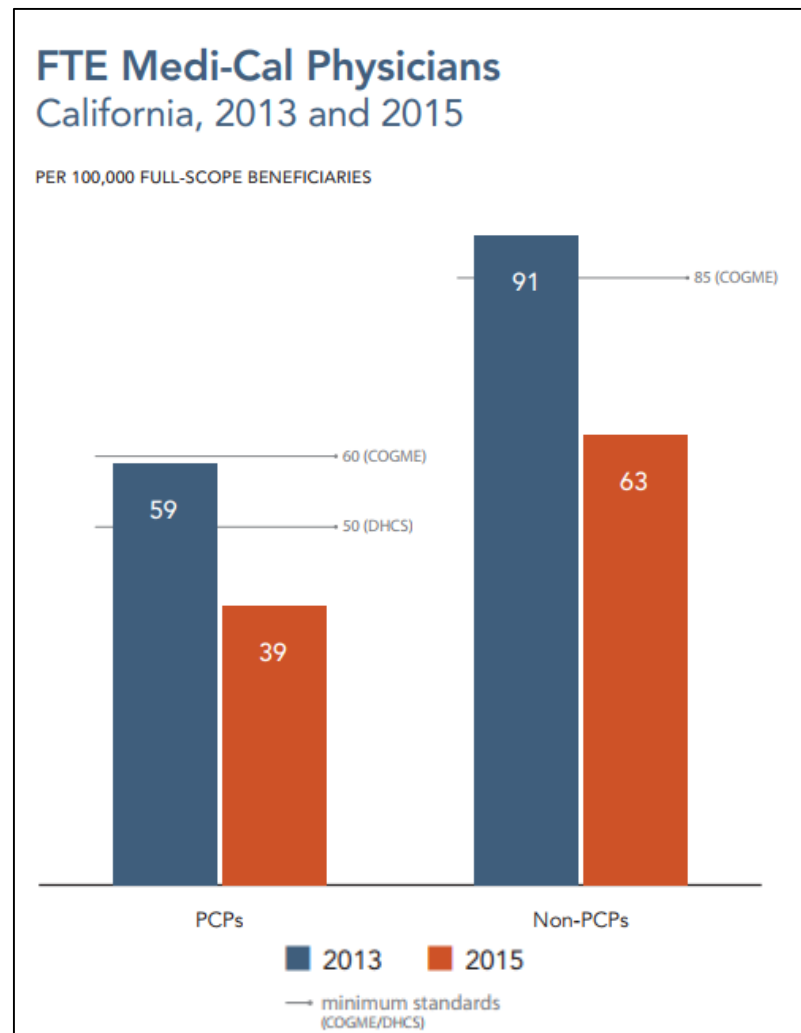
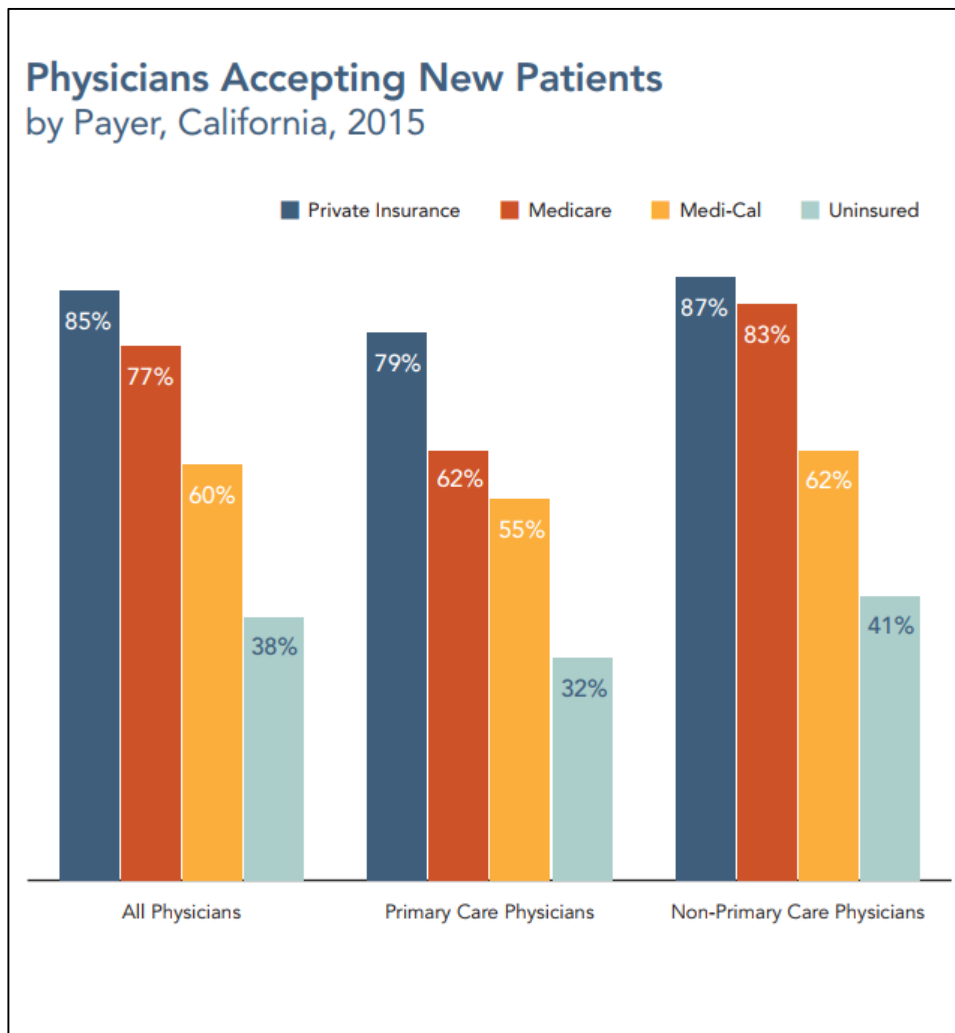
Populations differ in important ways

Selected Population Characteristics



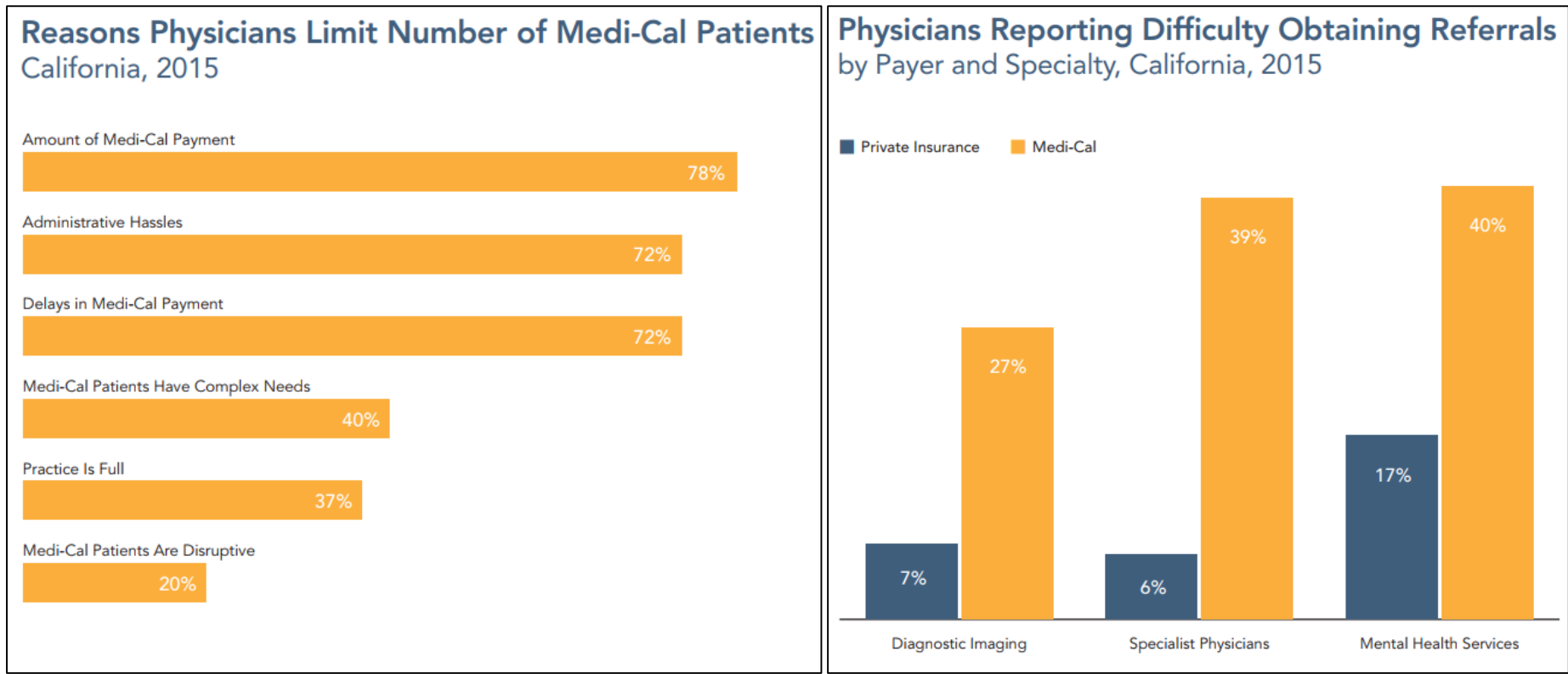
Source: California Health Interview Survey (CHIS), 2016. Non-elderly adults.

Physician participation in Medi-Cal is insufficient, has not kept pace with enrollment growth



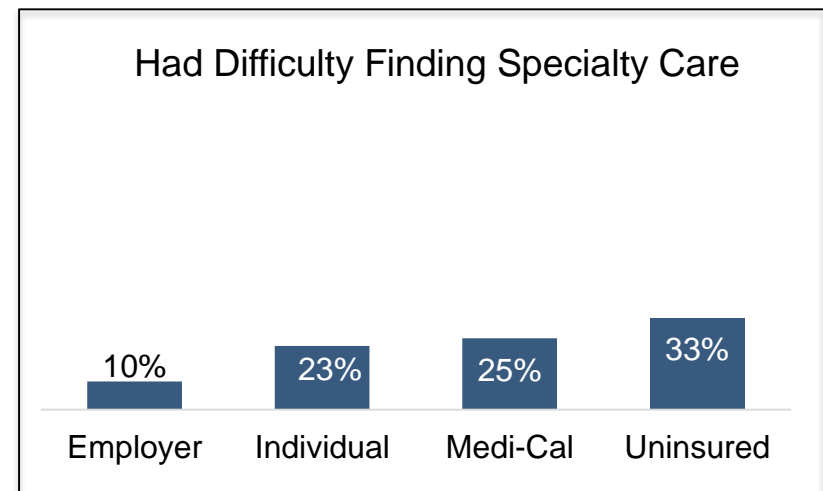
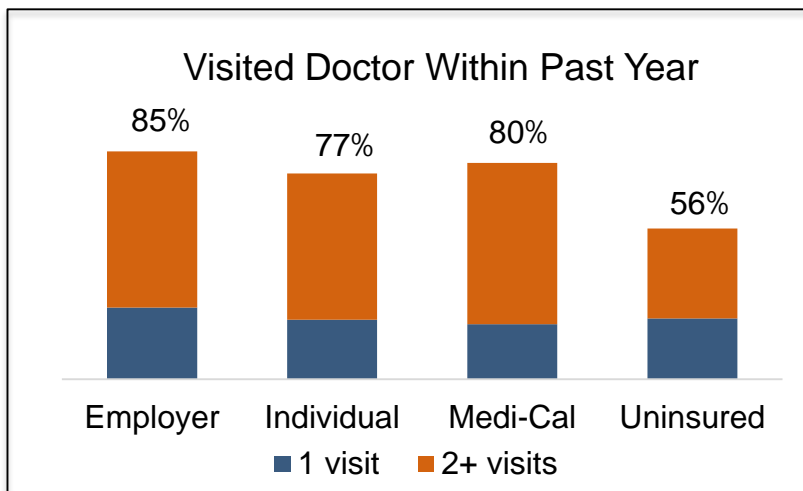
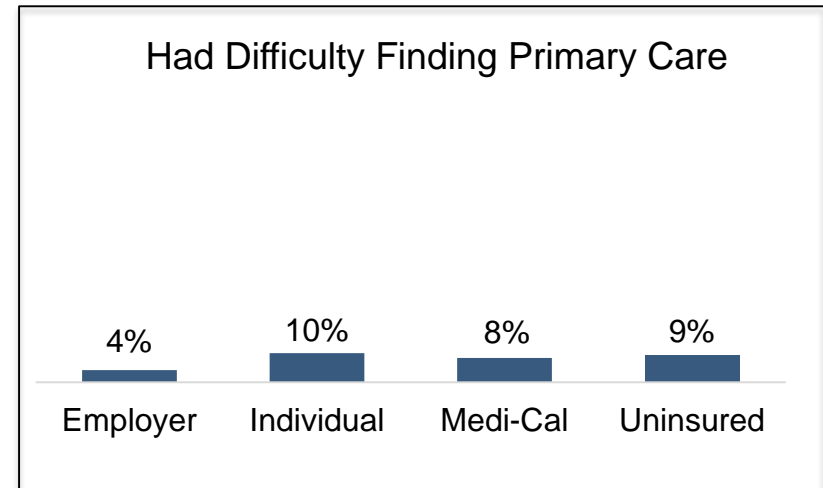
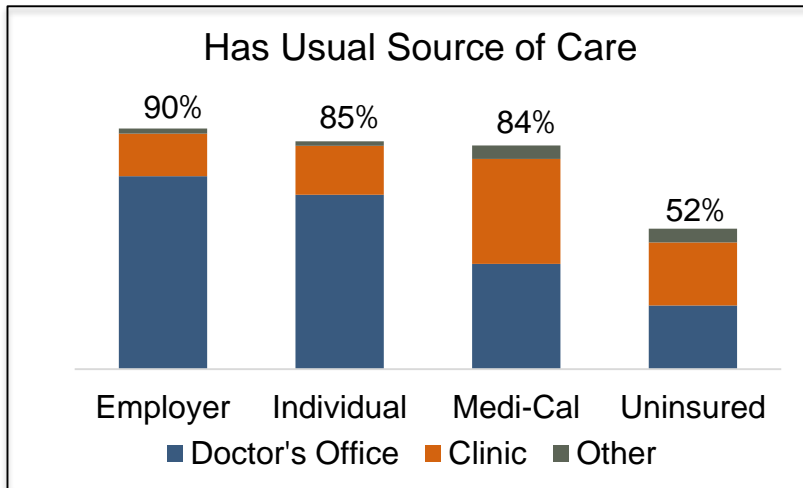
Source: J. Coffman and M. Fix, *Physician Participation in Medi-Cal: Is Supply Meeting Demand?* (CHCF, 2017).

Payment is the #1 reason physicians give for limiting their participation in Medi-Cal. They also report greater difficulty obtaining referrals for their Medi-Cal patients.



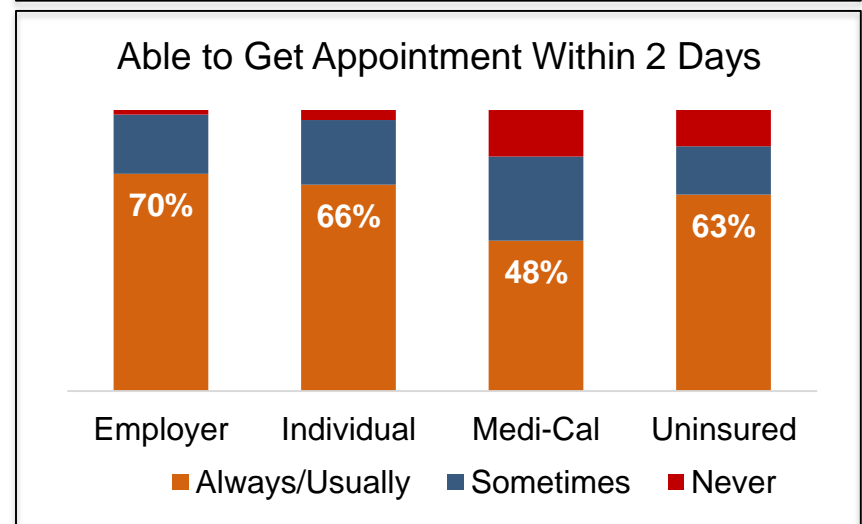
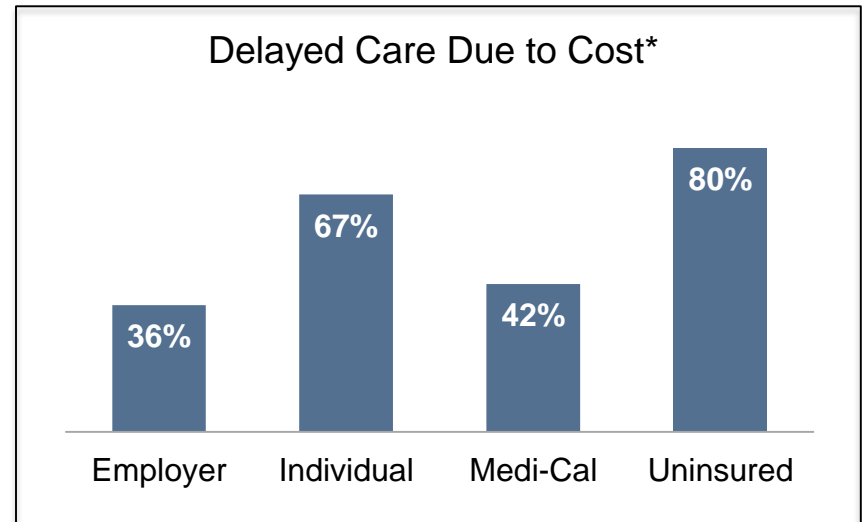
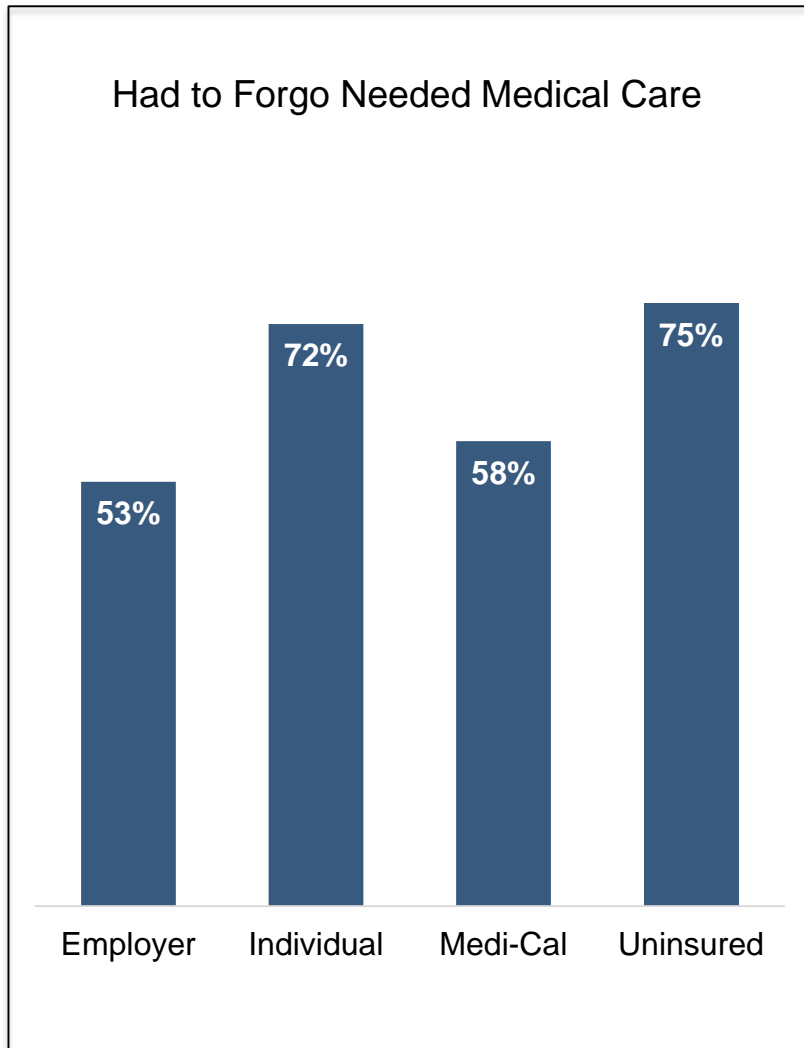
Source: J. Coffman and M. Fix, *Physician Participation in Medi-Cal: Is Supply Meeting Demand?* (CHCF, 2017).

Access to care for adult Medi-Cal enrollees is generally comparable to individual market and better than uninsured



Source: California Health Interview Survey (CHIS), 2016. Those answering yes to either of the following questions were categorized as having difficulty finding care: During the past 12 months, did you have any trouble finding a general doctor (or medical specialist) who would see you? During the past 12 months, did a doctor's (or medical specialist's) office tell you that they would not take you as a new patient?

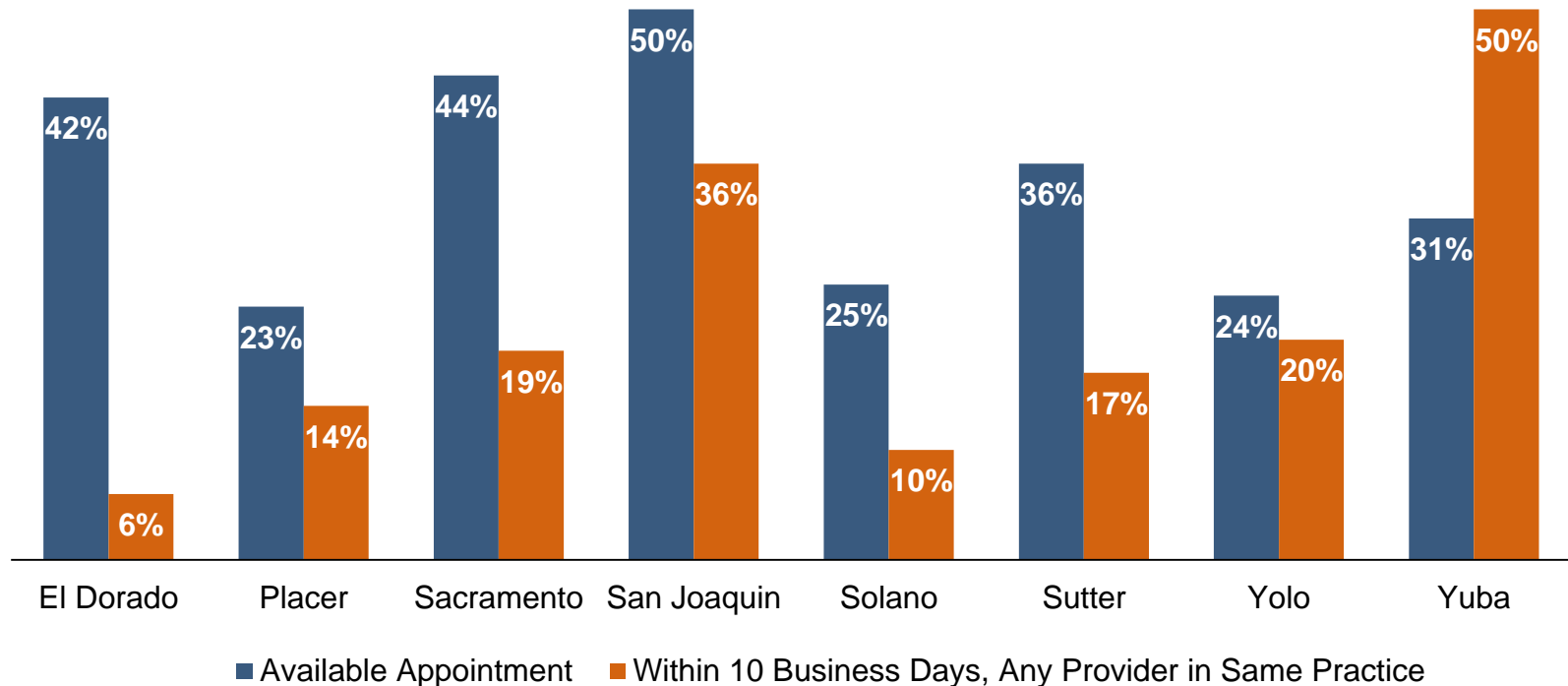
Adult Medi-Cal enrollees are less likely to forgo care due to cost, but have more difficulty getting timely care



Source: California Health Interview Survey (CHIS), 2016. *Among those who reported they had to forgo needed medical care.

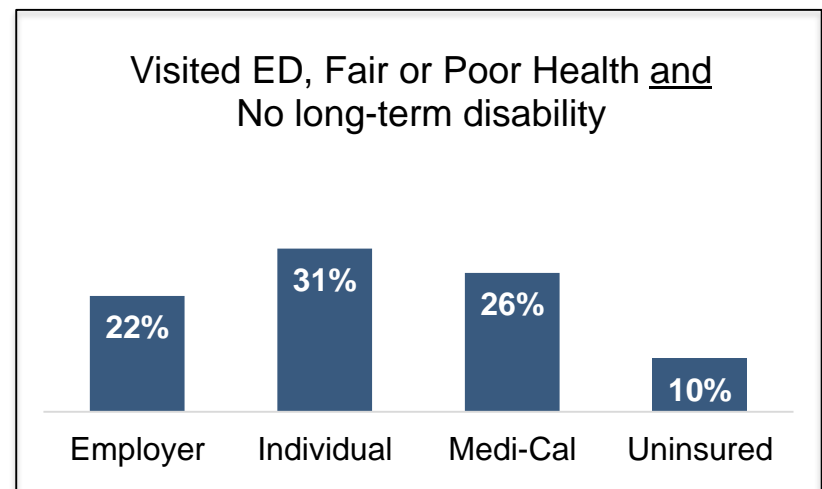
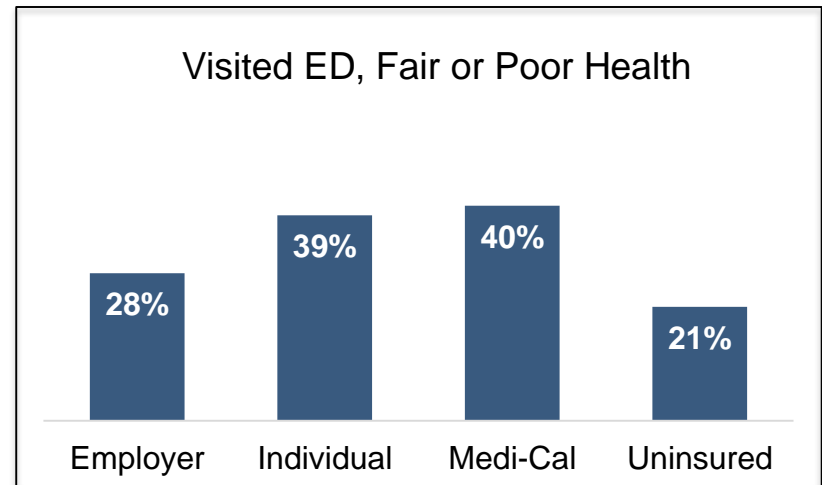
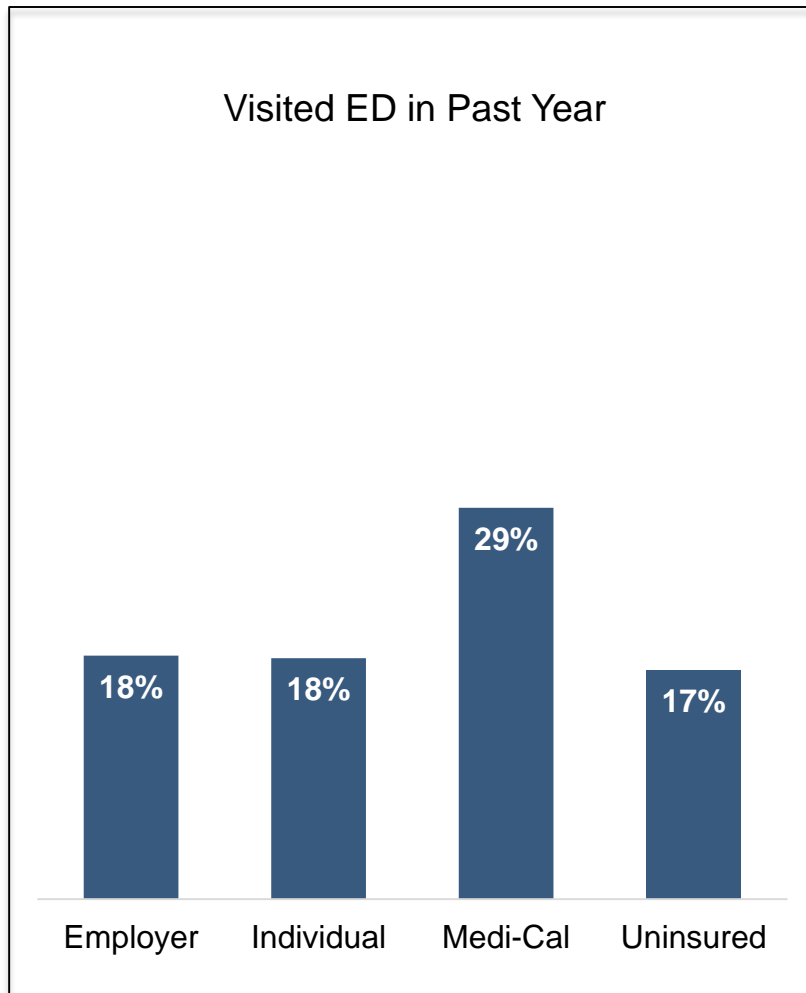
Secret shopper study shows challenges Medi-Cal enrollees face getting timely care as a new patient

Percent of Primary Care Physicians Listed in Plan Directory As Accepting New Patients Who Had Available Appointment



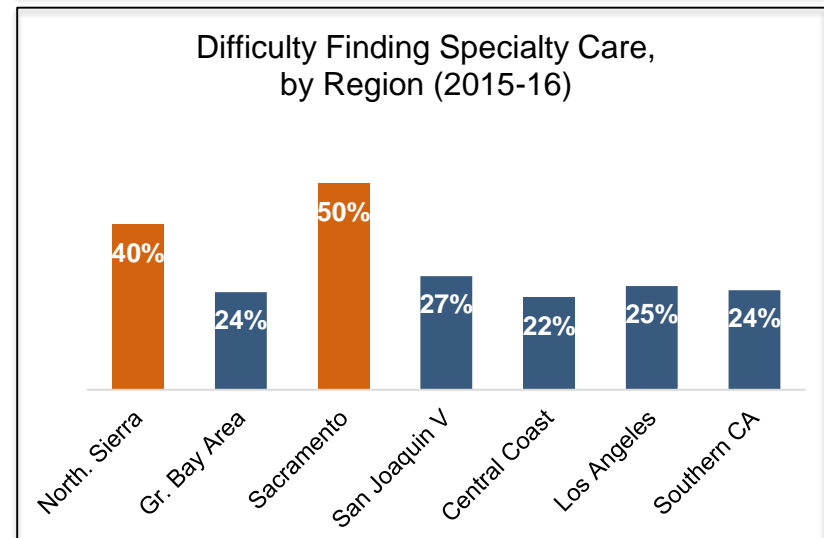
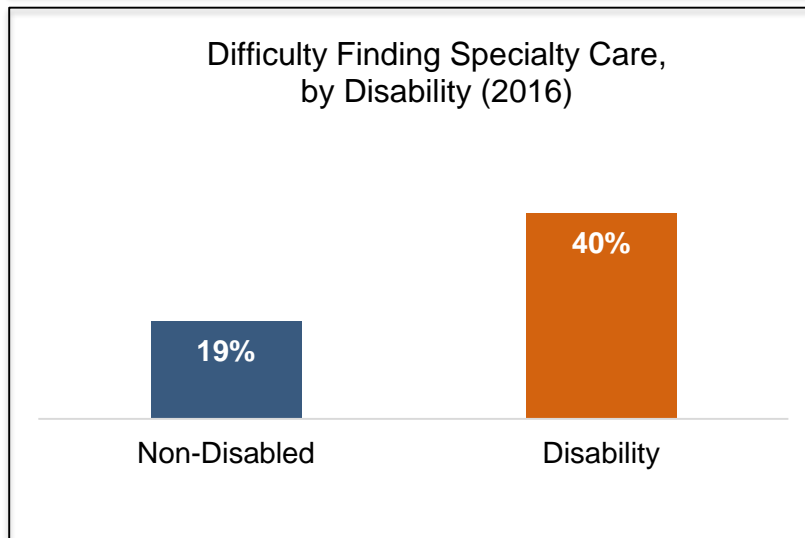
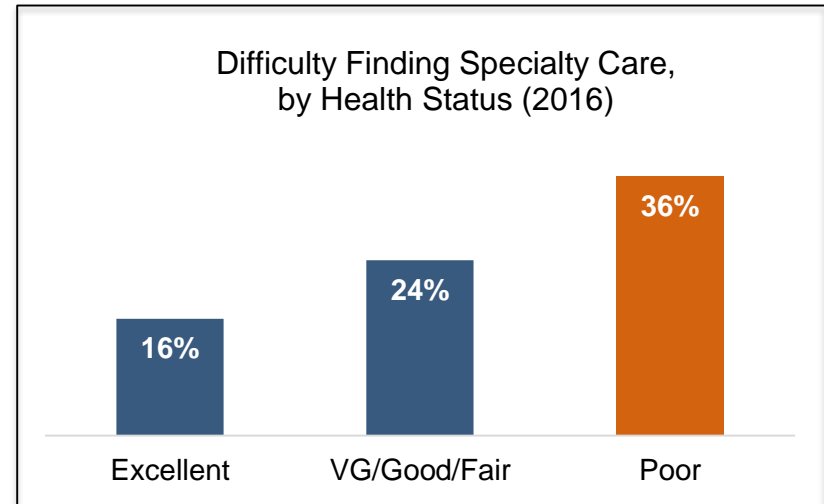
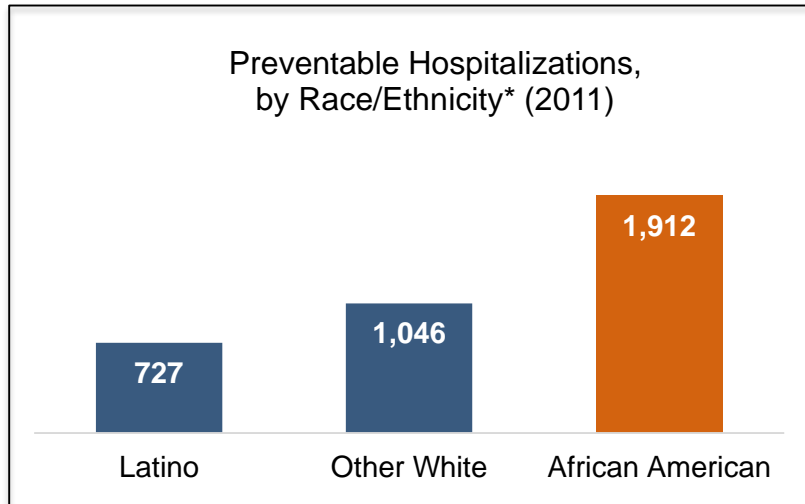
Source: J. Melnikow, et al., *Access to Primary Care Providers for Medi-Cal Patients: A Secret Shopper Study*. UC Davis Center for Health Care Policy and Research. Presentation on July 22, 2016. Ten business days based on 15 calendar days.

Higher ED Use Among Adult Medi-Cal Enrollees Reflects Population Differences



Source: California Health Interview Survey (CHIS). Pooled 2015 and 2016 data for non-elderly adults.

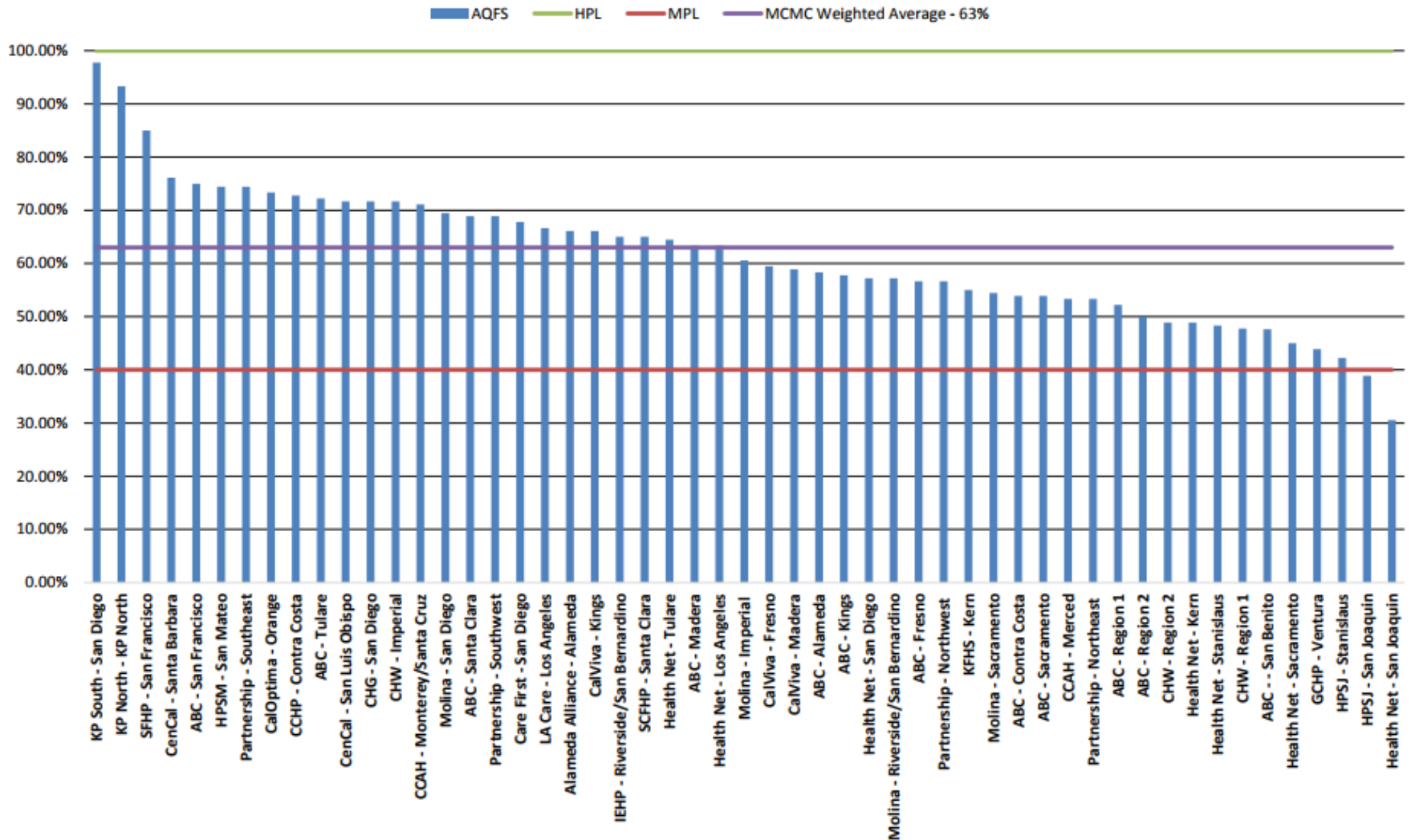
Some Medi-Cal enrollees experience more difficulty accessing care than others



Sources: J. Watkins and J. Chen, *Preventable Hospitalizations in Medi-Cal: Rates of Hospitalization for Ambulatory Care Sensitive Conditions in 2011* (DHCS, 2015). Excludes children, seniors and persons with disabilities. California Health Interview Survey, 2016 and 2015-16 pooled. Non-elderly adults with Medi-Cal only.

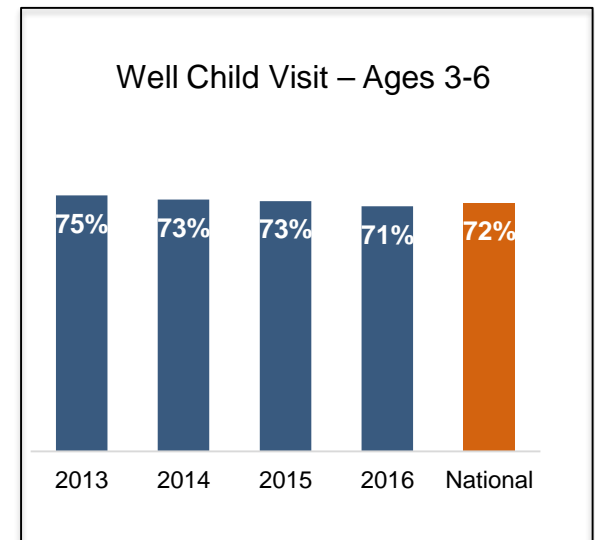
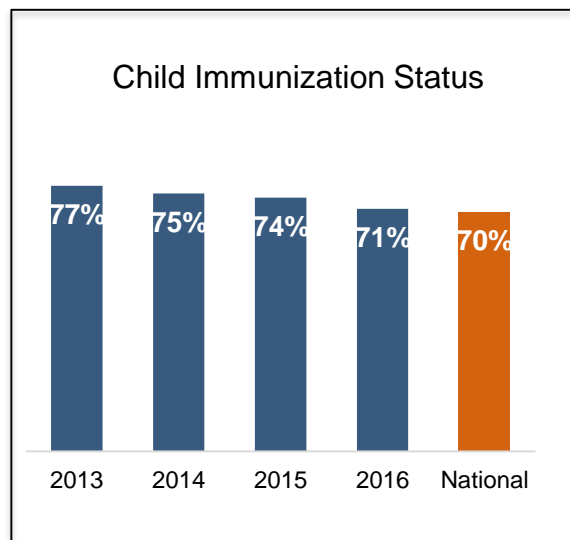
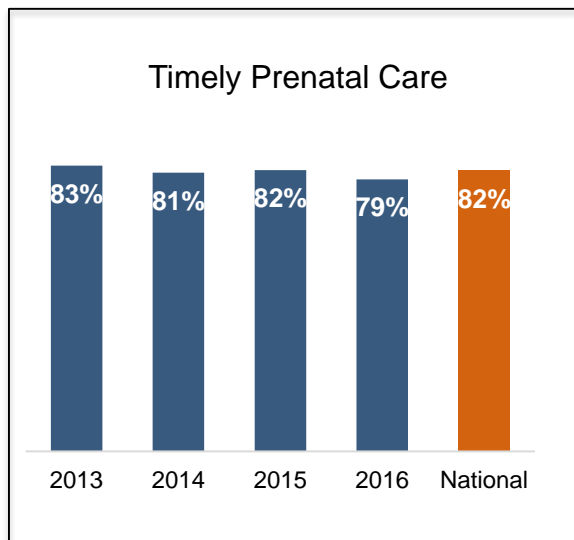
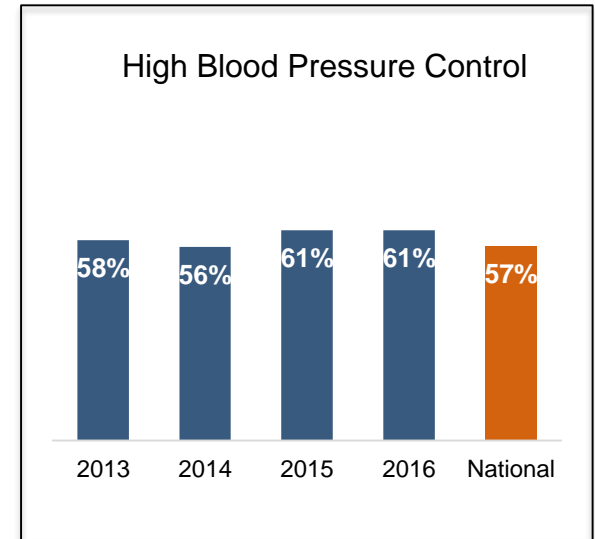
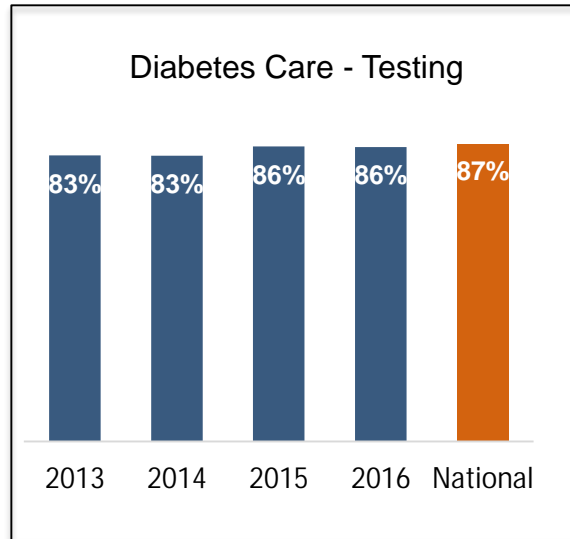
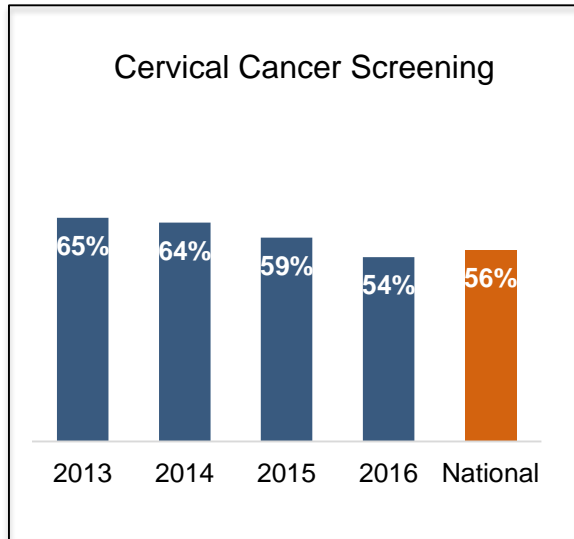
There is considerable variation in performance among Medi-Cal managed care plans

11-1: 2017 HEDIS Aggregated Quality Factor Score (AQFS)



Source: Medi-Cal Managed Care Performance Dashboard, September 14, 2017 Release (DHCS, 2017). HEDIS is the Health Care Effectiveness Data and Information Set, a tool used to measure quality of care and service in managed care.

Quality of care in Medi-Cal managed care is similar to national Medicaid average, but not improving

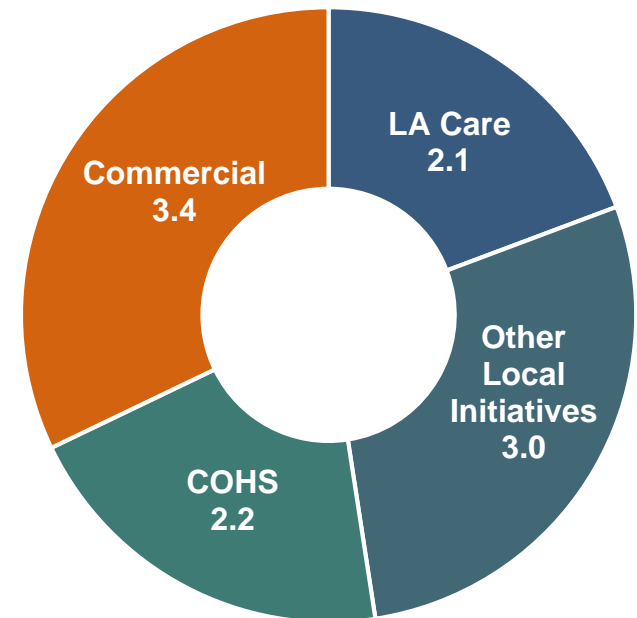


Source: Managed Care Quality and Monitoring Division, *Medi-Cal Managed Care External Quality Review Technical Report* (DHCS, 2017).

Public Plans Play A Unique Role in Medi-Cal

- Public plans outperform commercial plans on quality in 9 of 12 counties where they compete head-to-head
- “Public plans were far more likely than commercial plans to make investments in safety-net clinics and were more likely to pair payments with technical assistance.... Public plans provided far larger levels of support targeted to expand access and implement practice improvements within safety net clinics”¹
- Several public plans making major investments to improve access and quality. For example:
 - Central California Alliance for Health’s Provider Recruitment Program made \$20 million available to subsidize recruitment-related expenses for primary care, specialty care, and behavioral health professionals²
 - Inland Empire Health Plan is investing in a \$20 million initiative to integrate behavioral healthcare at the point of care with 13 entities across 34 sites²

Enrollment by Plan Type
(millions)



Sources: (1) Pacific Health Consulting Group, *Medi-Cal Managed Care Plans and Safety Net Clinics Under the ACA* (CHCF, 2015). (2) Manatt Health, *Moving Medi-Cal Forward on the Path to Delivery System Transformation* (CHCF, 2016).

Source: DHCS, *Managed Care Enrollment Report*, November 2017

Several features of Medi-Cal are intended to promote better access

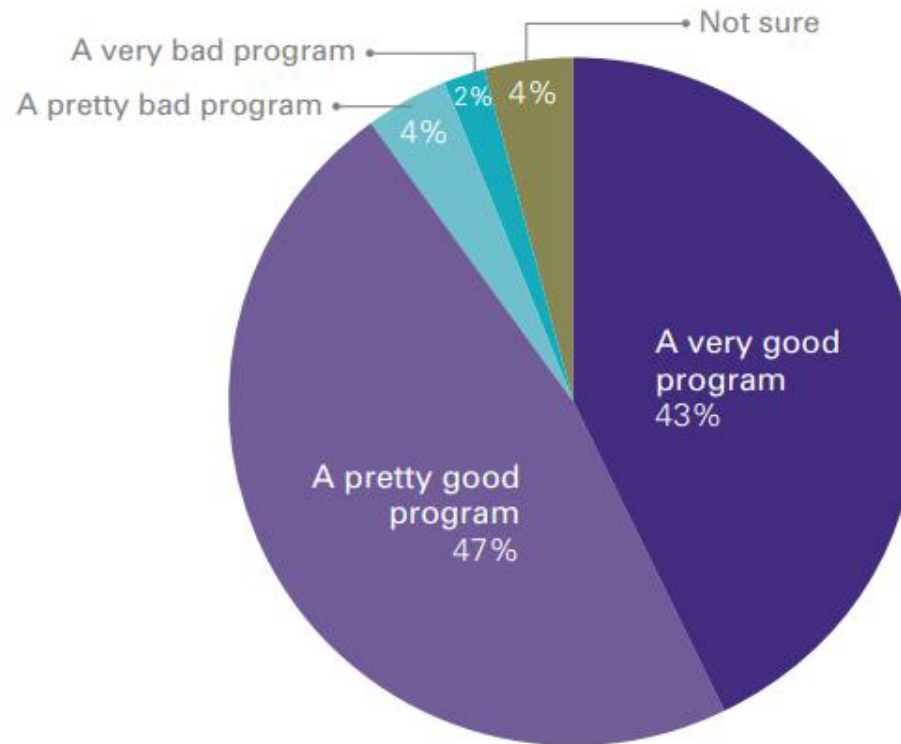
- Expansive benefit, including dental and transportation services
- No/low premiums and cost sharing
- Numerous legal and administrative protections for Medi-Cal enrollees
- Higher payments for selected providers/ services
- Retroactive and presumptive eligibility; enrollment open year-round

Most enrollees have positive perception of Medi-Cal

Overall Perceptions of Medi-Cal

BASE: MEDI-CAL ENROLLEES/PARENTS OF ENROLLEES (n = 1,083)

In your opinion, is Medi-Cal...



Source: Medi-Cal Enrollees Survey, conducted by Lake Research Partners, 2011–2012.

Source: Lake Research Partners, *Medi-Cal at a Crossroads: What Medi-Cal Enrollees Say About the Program* (CHCF, 2012).

Summary

- Physician participation in Medi-Cal is insufficient
- By most measures, access to care for Medi-Cal enrollees is significantly greater than for uninsured
- By many measures, access to care for Medi-Cal enrollees and those with coverage through individual market is comparable
 - Privately insured more likely to delay care due to cost
 - Medi-Cal enrollees more likely to have difficulty getting timely care
- Medi-Cal's managed care infrastructure could be leveraged more effectively to improve access and quality

Ideas for Improving Access

- Improve health plan performance through value-based payment and contracting
- Encourage plans to expand access to telehealth
- Expand efforts to advance delivery system transformation
- Heed emerging recommendations from the California Future Health Workforce Commission
- Support efforts to measure and report network adequacy, timely access, and health outcomes