



CALIFORNIA HEALTHCARE FOUNDATION

# Monitoring Access to Care for Medi- Cal Enrollees in a Time of Change

CHCF Sacramento Briefing  
October 16, 2014



# Agenda

- I. Introduction: CHCF Monitoring Access
- II. How Access in Medi-Cal Compares: Results from National & California Health Interview Surveys
- III. Ready for the Enrollment Boom? Results from Surveys of California Physicians
- IV. Reactor Panel
- V. Q&A

# I. CHCF Monitoring Access

- Framework for Monitoring Access
- Physician Survey
- Consumer Surveys
- Potentially Avoidable Hospitalizations
- Specialty Access Study
- Measuring Other Ways to Access Care

# Monitoring Access

## Measurement Framework

- **Potential Access**  
Connection to the health care system and provider availability
- **Realized Access**  
Receipt of services and appropriate, timely, affordable, and culturally appropriate care
- **Health Outcomes**  
Health status, health limitations, health behaviors

## II. How Access in Medi-Cal Compares: National & California Health Interview Surveys

Sharon K. Long

National Health Interview Survey (NHIS)



Ninez A. Ponce

California Health Interview Survey (CHIS)



# Survey Analyses

## Research Questions

- Gaps in *potential* access: Is health care available to Medi-Cal enrollees?
  - Examples: No usual source of care; unable to find a provider taking new patients
- Gaps in *realized* access: Do Medi-Cal enrollees receive appropriate health care in a timely and affordable manner?
  - Examples: Did not receive a flu vaccination; went without needed care

# Survey Analyses

## Approach

- Two data sources
  - NHIS data from 2011-2012
  - CHIS data from 2012
- Populations
  - Children 0 to 18
  - Non-elderly adults 19 to 64
- Benchmarks
  - Medi-Cal compared to Medicaid in other states
  - Medi-Cal compared to employer-sponsored insurance (ESI) in CA
  - Medi-Cal subgroup comparisons

# Survey Analyses

## Options to Estimate Gaps in Access

- How does access compare for individuals? (simple comparison)
- How does access compare for individuals with similar health care needs? (control for health care needs)
- How does access compare for individuals with similar needs and similar socioeconomic resources? (control for health care needs and socioeconomic status)



# Survey Analyses

## Methodology

- Regression-adjusted differences in access measures controlling for health care needs
  - Age
  - Sex
  - Self-reported health status
  - Mental health status
  - Presence of functional limitations
  - Presence of chronic conditions
  - Health behaviors (e.g., smoking, obesity)
  
- Differences statistically significant at or below 5%

# Survey Analyses

## Comparison of Options

Gap in potential access to care: <i>Most recent emergency visit was because doctor's office/clinic was not open</i>	Medi-Cal Adults	Medicaid Adults in Other States	Difference* (percentage point)
Simple difference	6.0%	10.0%	-3.9*
Regression-adjusted difference for adults with the same health care needs as Medi-Cal adults	6.0%	8.9%	-2.8*
Regression-adjusted difference for adults with same health care needs and socioeconomic status as Medi-Cal adults	6.0%	7.9%	-1.9*



Source: 2011-12 National Health Interview Survey. \*Statistically significant at or below 5%.

# National Health Interview Survey (NHIS)

- How does access to care in Medi-Cal compare to access to care in other Medicaid programs for adults with similar health care needs?

# Gaps in Potential Access

## Measures

- Does not have a usual source of care when sick (other than the emergency room)
- Relies on the emergency room as usual source of care when sick
- Does not have a usual source of care for routine care (other than the emergency room)
- Reported difficulties finding a provider taking new patients in the prior year
- Reported difficulties finding a provider taking Medi-Cal/Medicaid in the prior year

# Gaps in Realized Access

## Use of Care Measures

- Did not have a doctor visit in the prior year
- Did not have a specialist visit in the prior year
- Did not have a dental visit in the prior year
- Did not have a flu vaccination in the prior year
- Among women 18 and older, did not have a Pap test in the prior year
- Delayed needed medical care because of difficulty getting an appointment in the prior year

# Gaps in Realized Access

## Use of Care Measures (cont.)

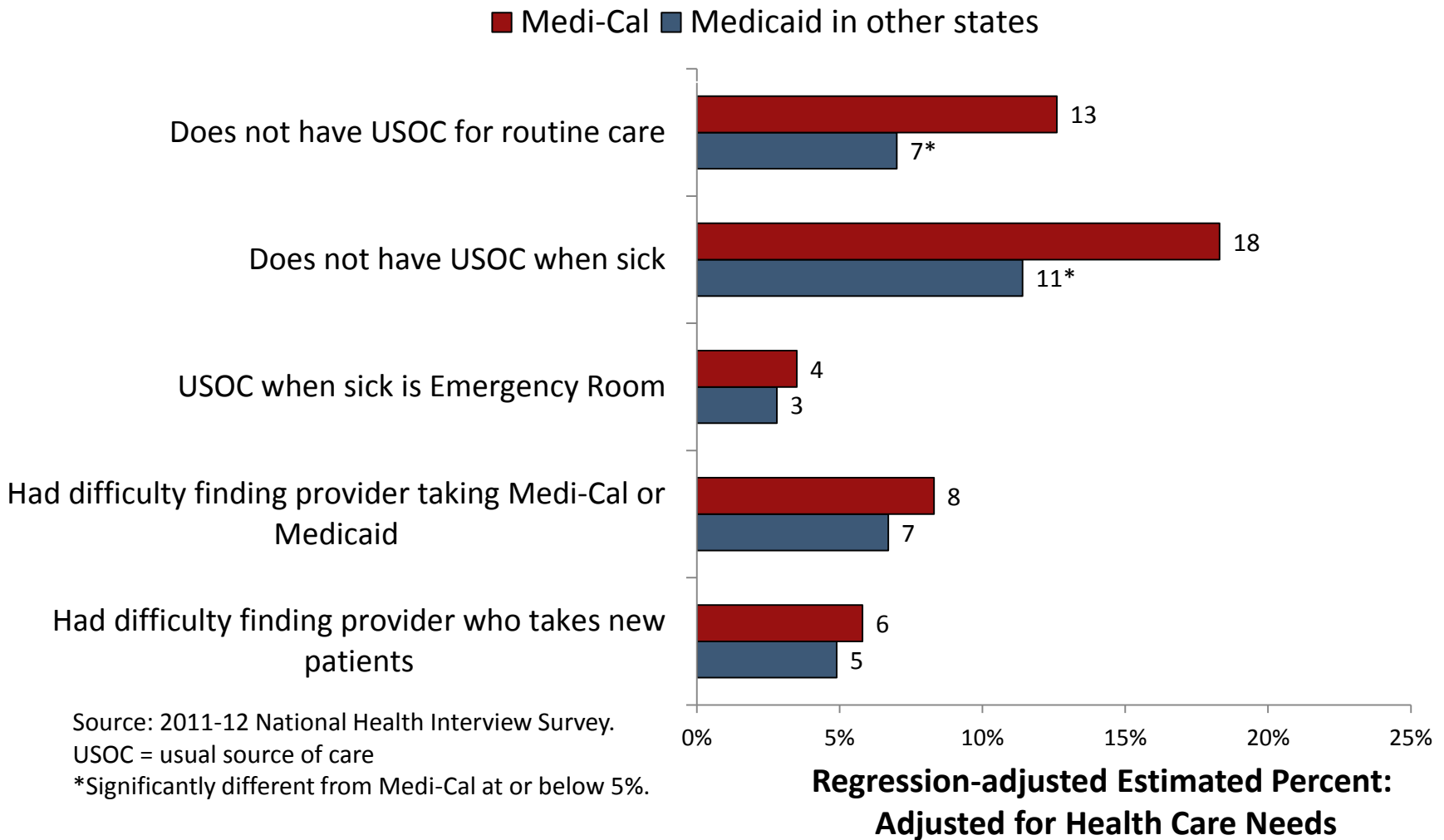
- Had two or more emergency room visits in the prior year
- Most recent emergency room visit in the prior year was because doctor's office/clinic not open

# Gaps in Realized Access

## Affordability Measures

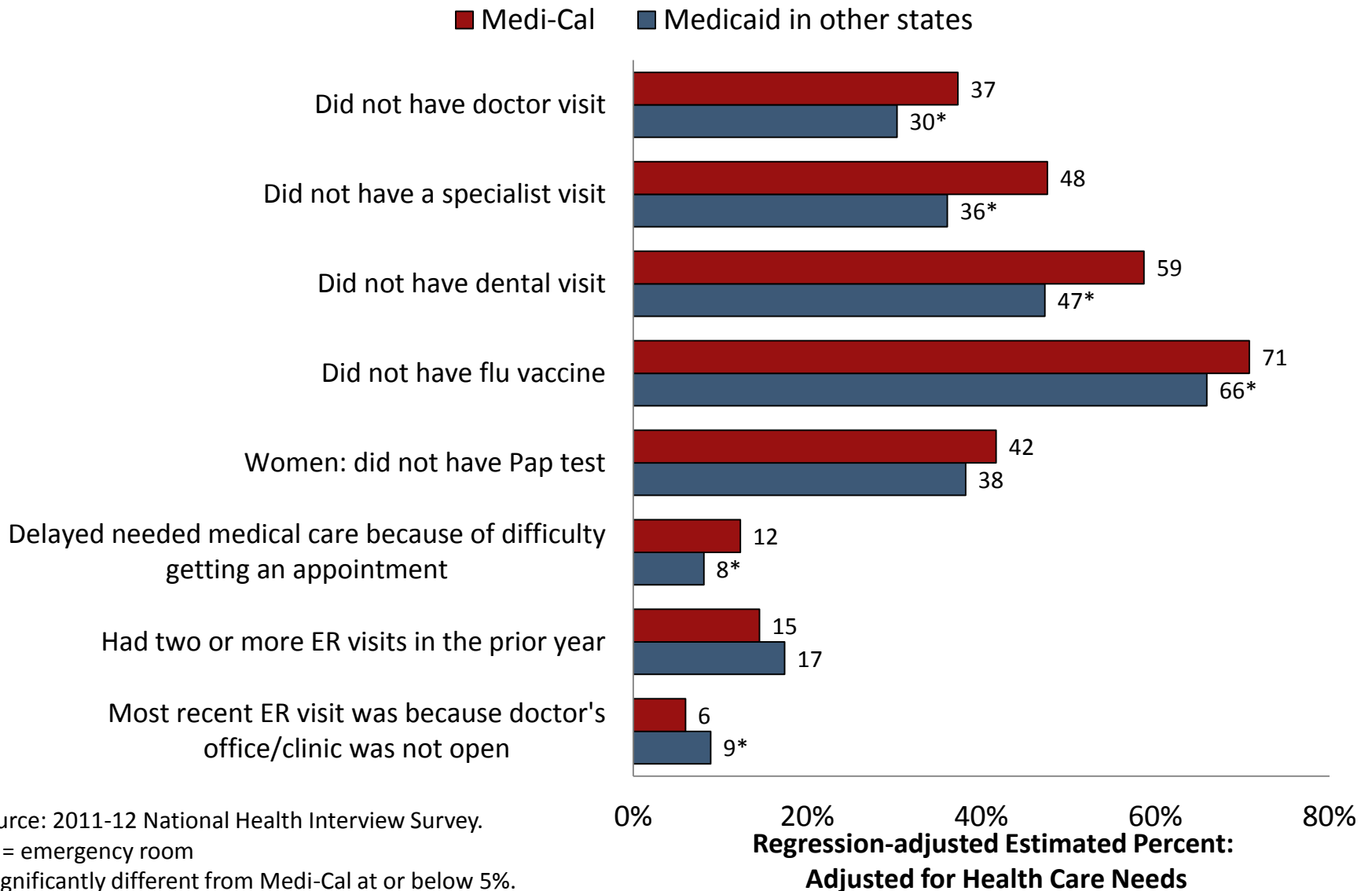
- Had unmet need for care because of concerns about affordability of care in the prior year
- Delayed needed medical care because of worry about the cost in the prior year
- Family had difficulty paying medical bills in the prior year
- Family unable to pay medical bills in the prior year
- Somewhat or very worried about ability to pay medical bills in the future

# Gaps in Potential Access

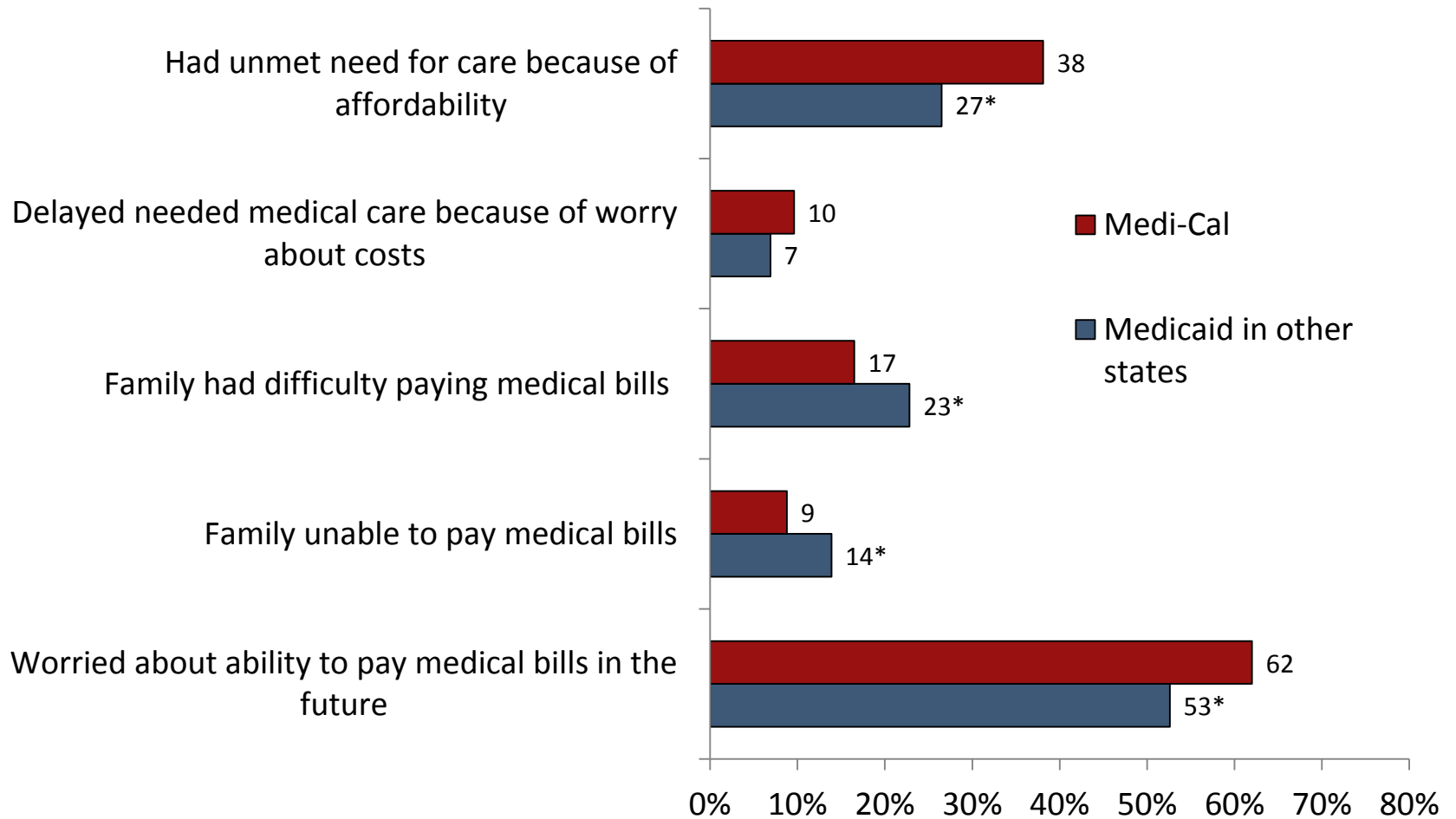




# Gaps in Realized Access: Use of Care



# Gaps in Realized Access: Affordability

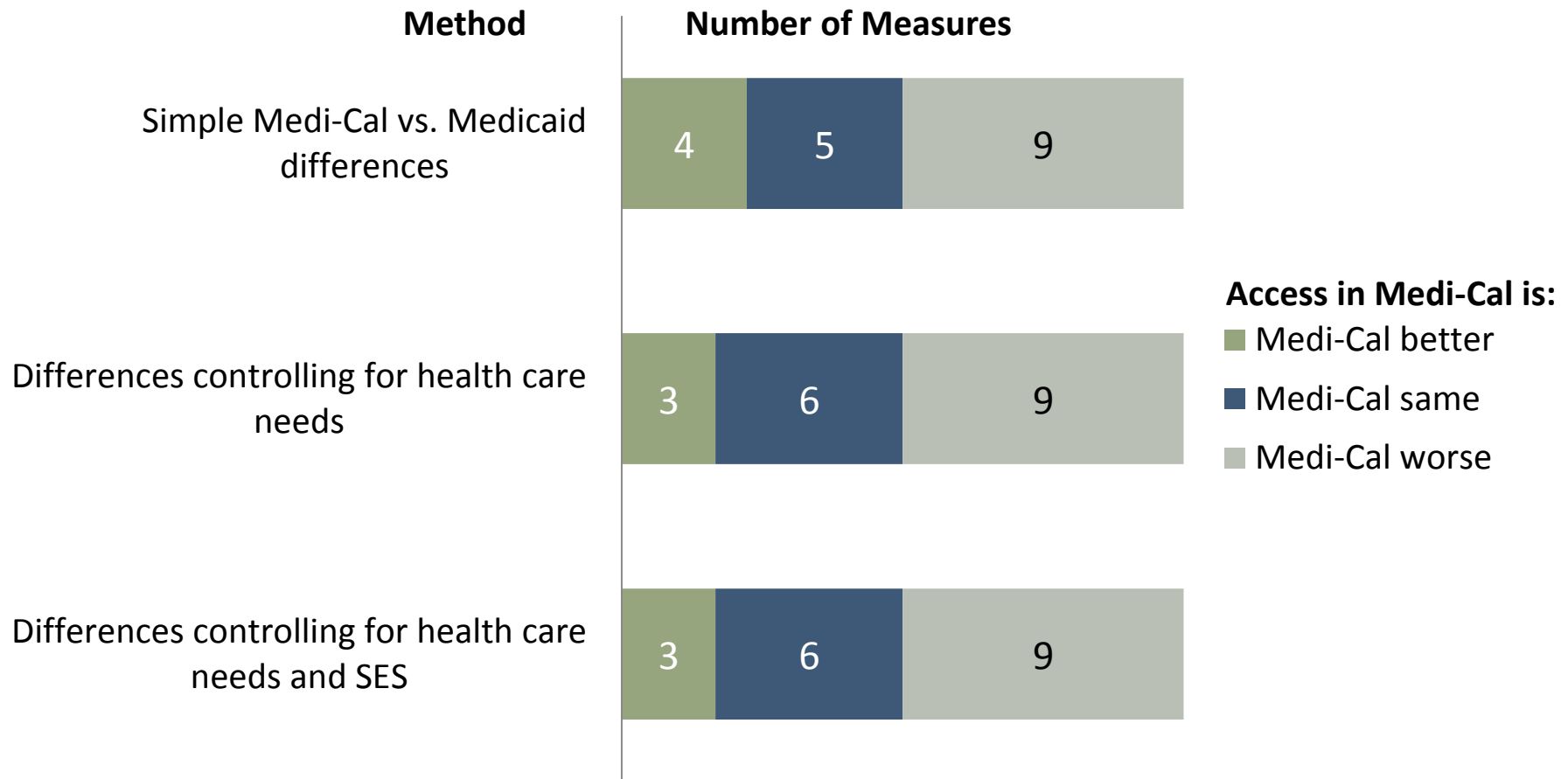


Source: 2011-12 National Health Interview Survey.  
\*Significantly different from Medi-Cal at or below 5%.

**Regression-adjusted Estimated Percent:  
Adjusted for Health Care Needs**

# Medi-Cal Compared to Medicaid in Other States

## Key Findings



Source: 2011-12 National Health Interview Survey.  
SES = socioeconomic status

# California Health Interview Survey (CHIS)

- How does access to care in Medi-Cal compare to access to care in Employer-Sponsored Insurance for adults in California with similar health care needs?
- How does access to care for adult Medi-Cal enrollees compare across regions, race/ethnicity, and language?

# Gaps in Potential Access

- Does not have a usual source of care for routine care (other than the emergency room)
- Relies on the emergency room as usual source of care
- Usual source of care changed due to insurance
- Personal doctor is not main doctor
- Had hard time understanding doctor in last visit past two years
- Language barrier led to hard time understanding doctor in visit past two years
- Sometimes/never able to get doctor appointment within two days if sought appointment

# Gaps in Realized Access

## Use of Care Measures

- Did not have a doctor visit in the prior year
- Did not have a doctor visit in the prior year and has chronic condition
- Did not have a flu vaccination in the prior year
- Among women 40 and older, did not have a mammogram in the prior year

# Gaps in Realized Access

## Use of Care Measures (cont.)

- Delayed needed medical care in prior year
- Delayed getting prescription in prior year
- Did not get help for mental health because had a hard time getting appointment
- Had two or more emergency room visits in the prior year

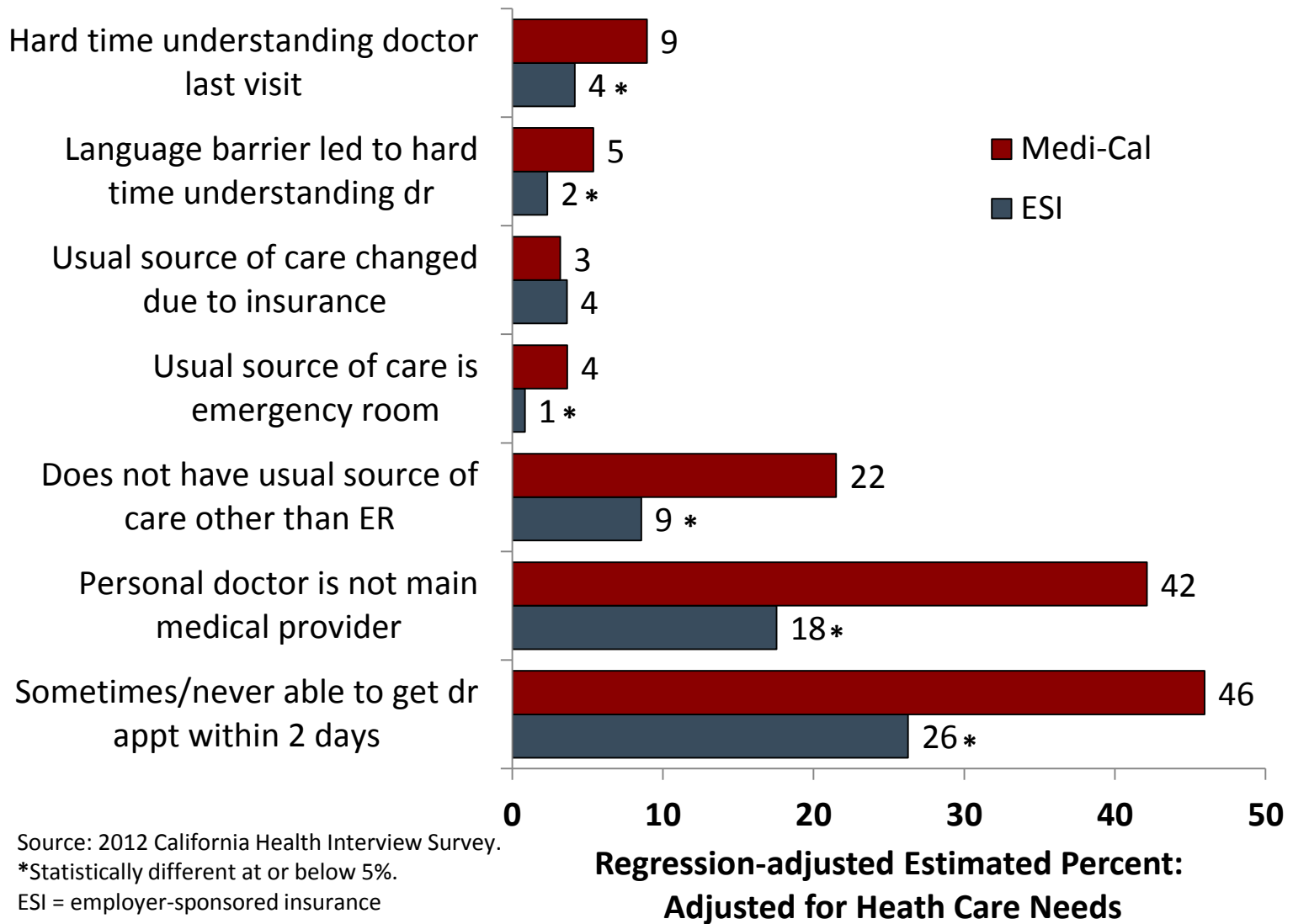
# Gaps in Realized Access

## Affordability Measures

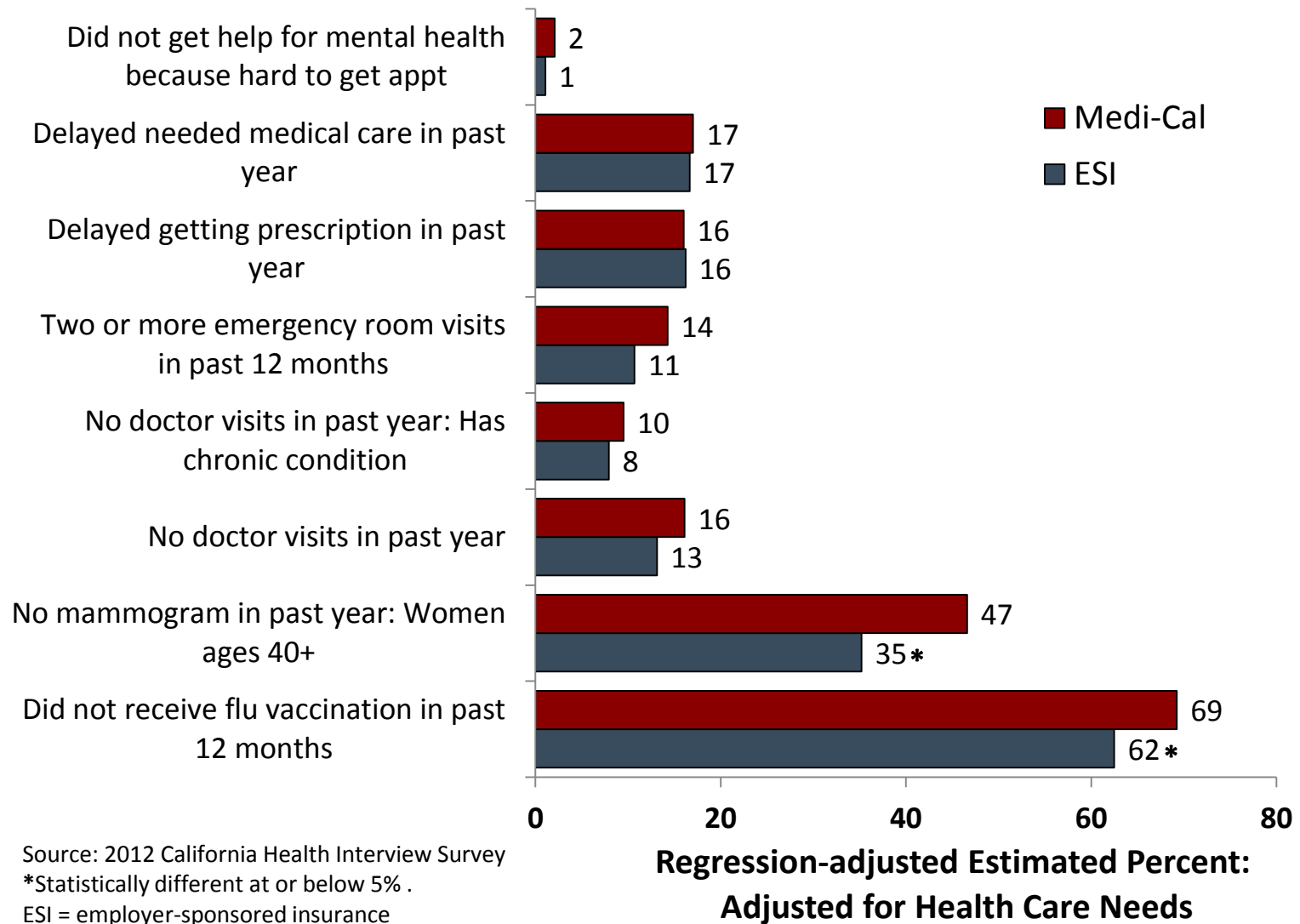
- Delayed medical care due to cost/insurance in the prior year
- Delayed getting prescription due to cost/insurance prior year
- Did not get help for mental health due to cost



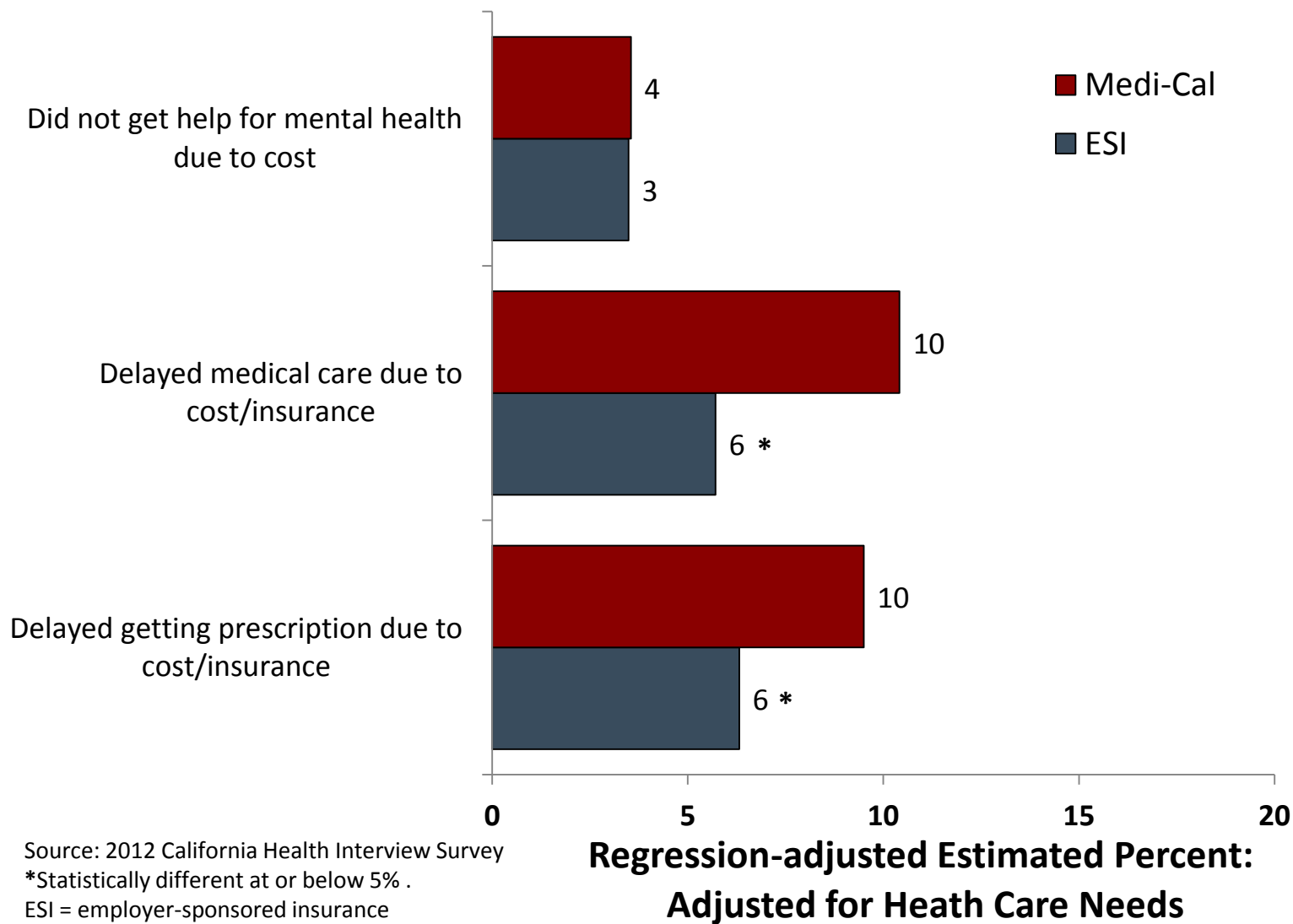
# Gaps in Potential Access



# Gaps in Realized Access: Use of Care

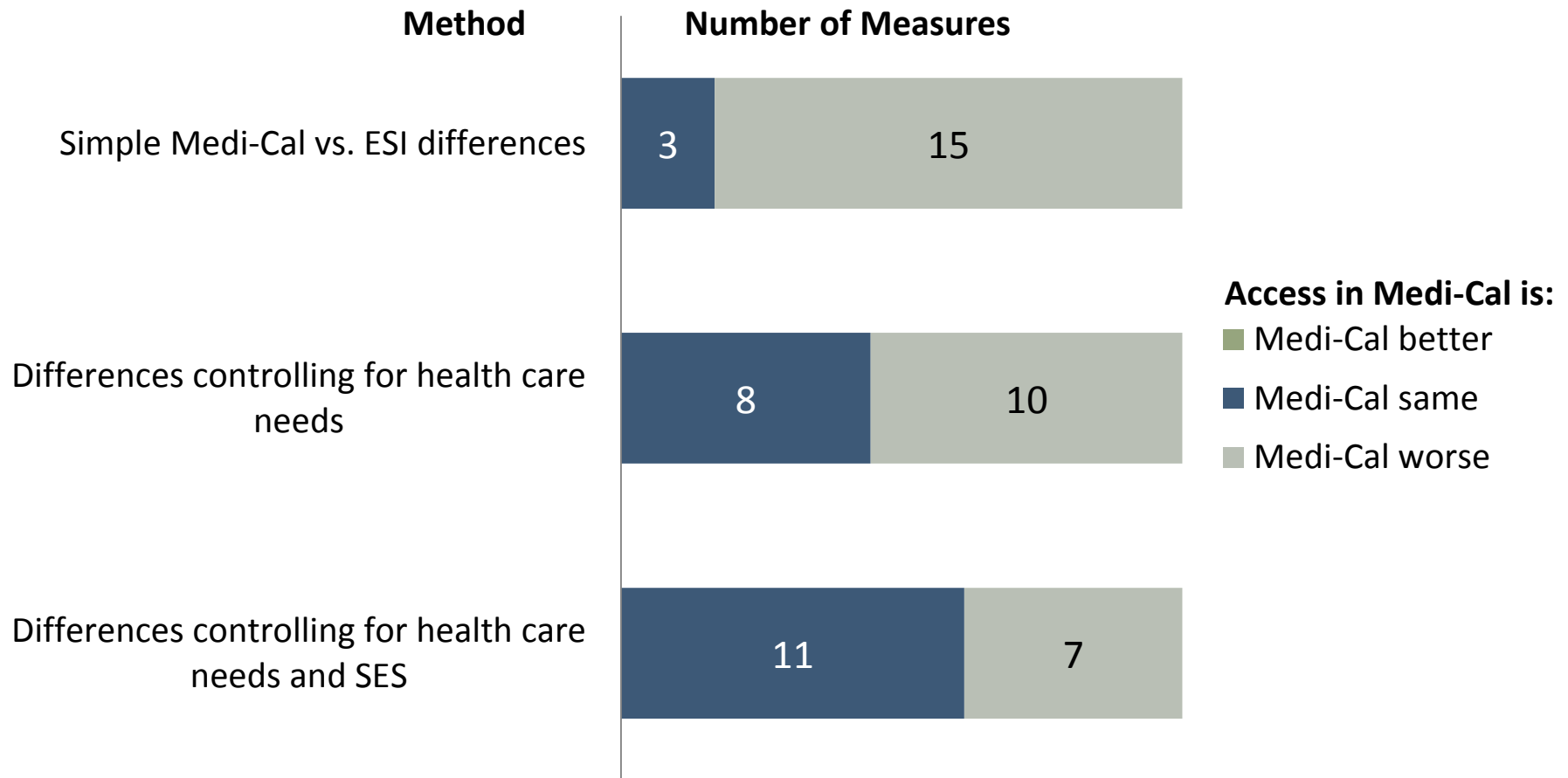


# Gaps in Realized Access: Affordability



# Medi-Cal Compared to ESI

## Key Findings



Source: 2012 California Health Interview Survey.  
ESI = employer-sponsored insurance; SES = socioeconomic status

# Variations Within Medi-Cal

- Regional: Differences were found for 3 of 18 measures; no clear patterns emerged
- Race/Ethnicity: Latino enrollees fared worse on 2 of 18 measures; Asian and African American populations each fared worse on one measure and better on another
- English Proficiency: Enrollees with limited English proficiency fared worse on 2 of 18 measures

# Analysis of NHIS and CHIS

## Next Steps

- Examine changes over time in access using newly available 2013 data
- Include analysis for access for children
- Include analysis controlling for differences in health care needs and socioeconomic status
- Publish findings in spring 2015

# Acknowledgements

## Research Team



Sharon Long  
Nathaniel Anderson

UCLA CENTER FOR  
HEALTH POLICY RESEARCH



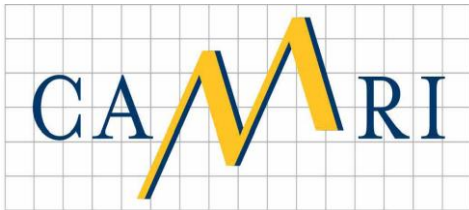
Ninez Ponce  
Tara Becker  
AJ Scheitler

# III. Ready for the Enrollment Boom? Results from Surveys of California Physicians

Janet Coffman

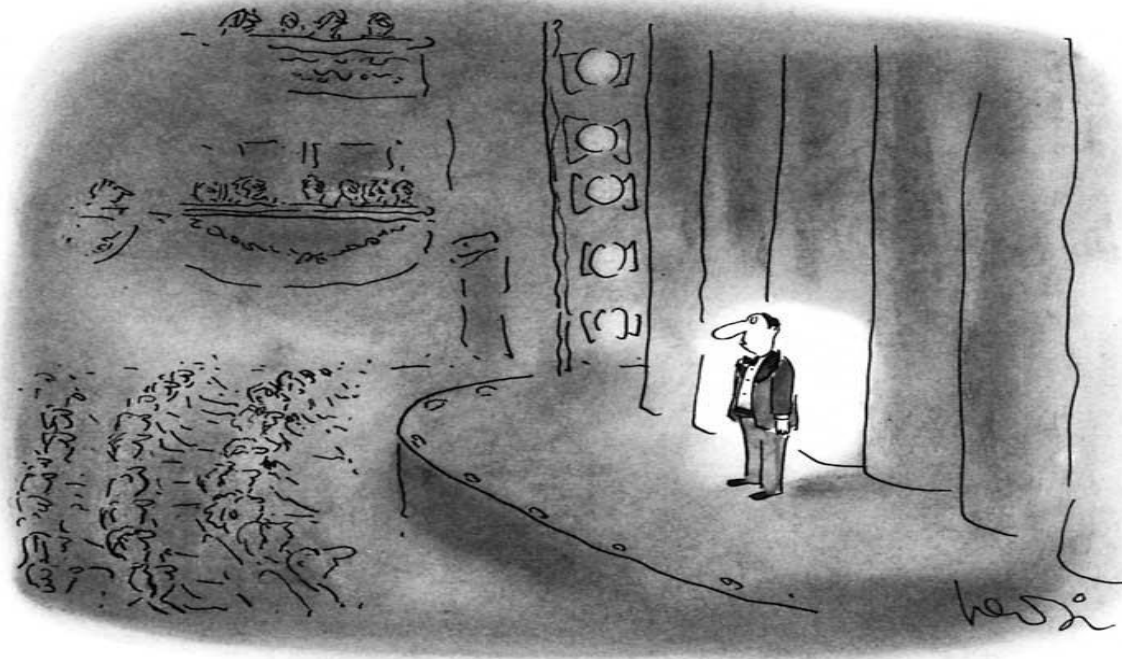
California Medicaid Research Institute

University of California San Francisco





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*"Is there a doctor who accepts Medicaid in the house?"*

# Survey Analysis

## Research Question

- Are a sufficient number of physicians participating in Medi-Cal to provide enrollees with adequate access to care?

# Methods

- Voluntary survey mailed to California MDs with licensure renewal due in June or July of 2013
- Physicians responded by mail or online
- Analyzed responses from physicians
  - Practicing in California
  - Not in training
  - Providing patient care at least 20 hours per week
- Sample size = 3,499
- Response rate = 63%

# Questionnaire

## ■ Voluntary Questions

- Type of practice (e.g., solo, group, clinic)
- Whether accepting new patients by payer
- Distribution of patients in practice by payer

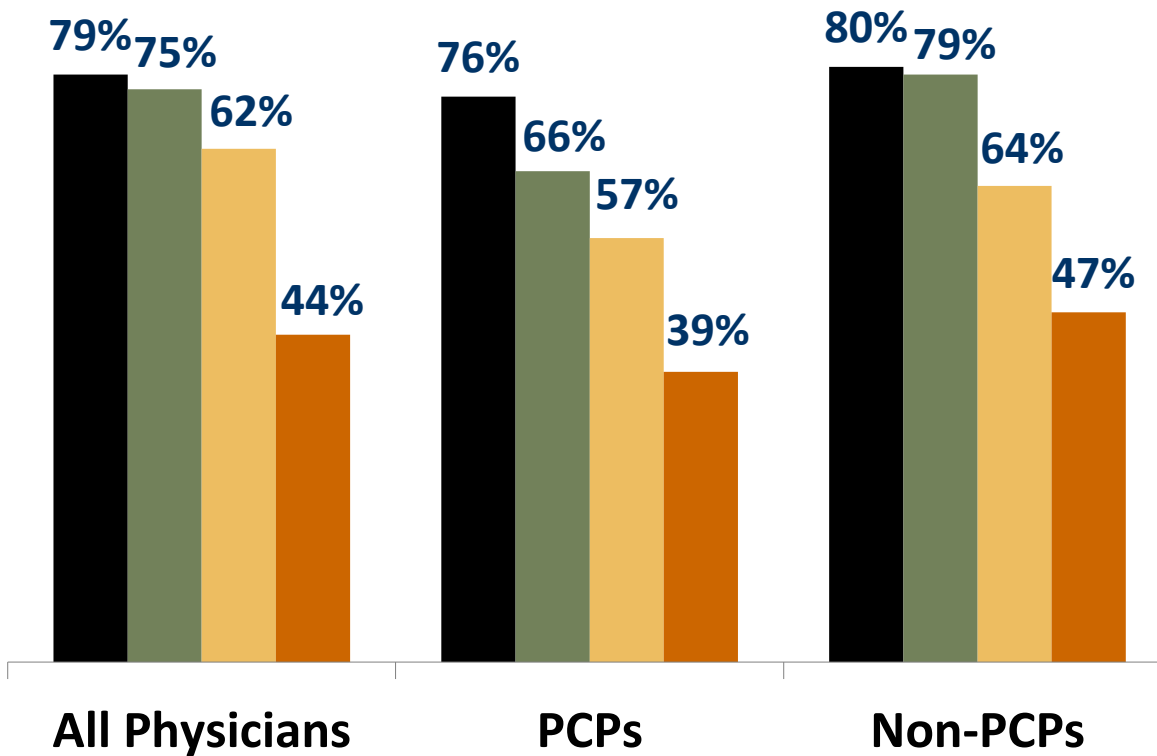
## ■ Mandatory Questions

- Linked to Medical Board's mandatory survey (demographics, specialty, practice location)

# Physicians Accepting New Patients

## Payer

■ Private Insurance ■ Medicare ■ Medi-Cal ■ Uninsured



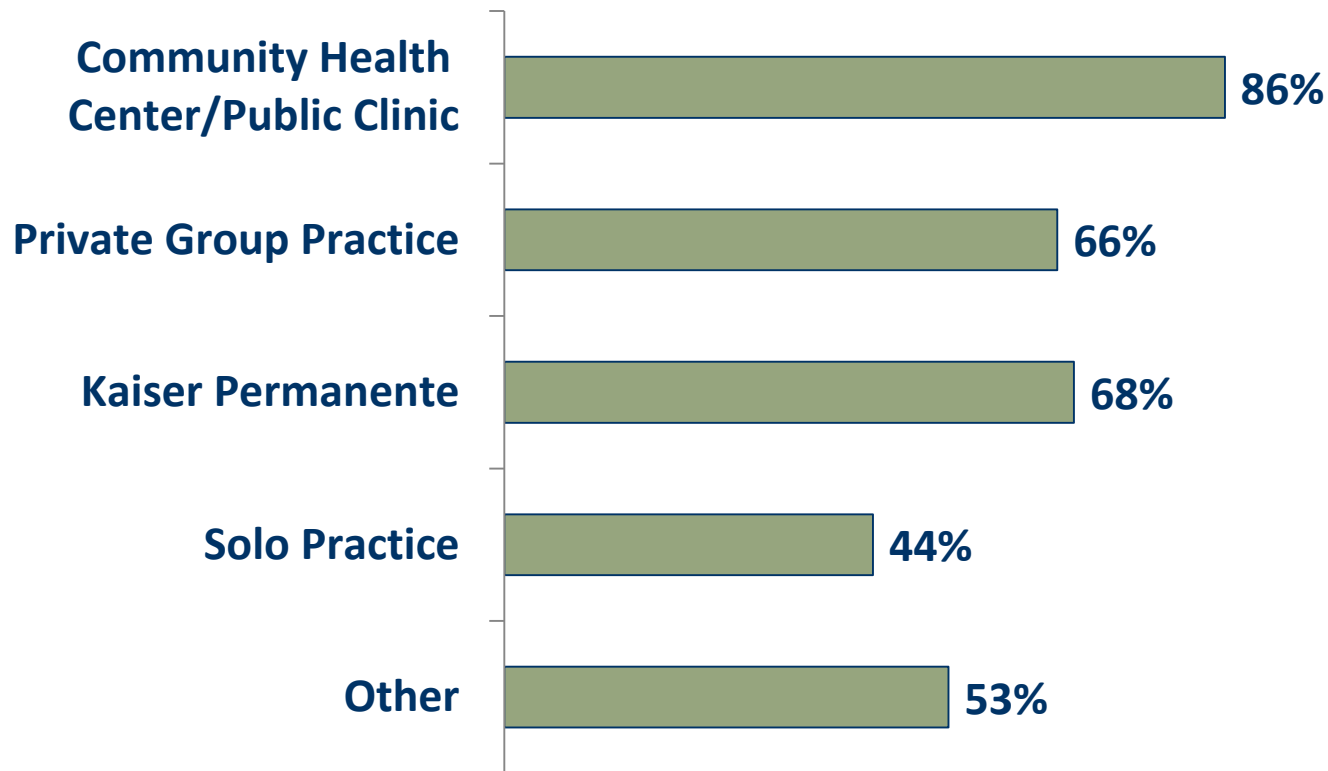
Source: Analysis of 2013 Medical Board of California supplemental survey.

PCP = Primary Care Physician

# Physicians Accepting New Medi-Cal Patients

## Practice Type

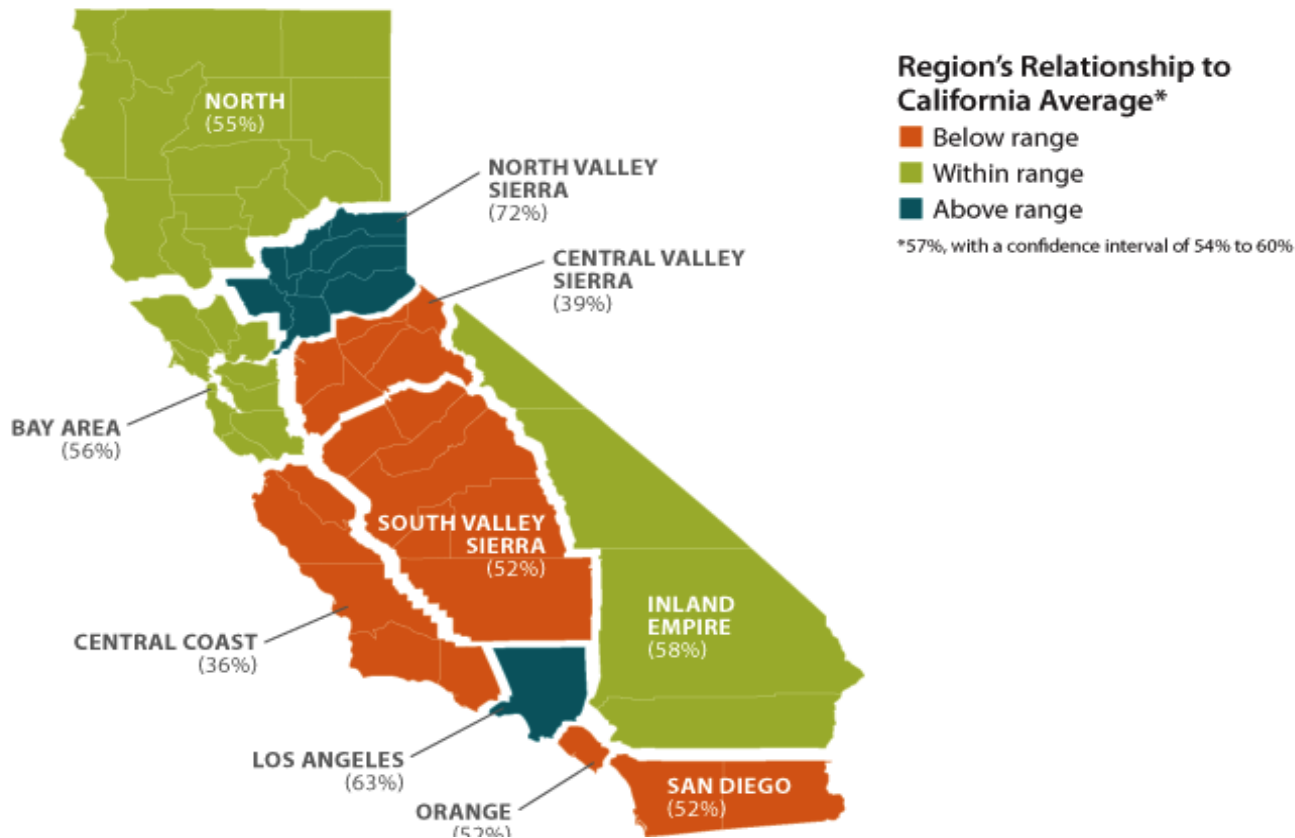
### % Accepting New Medi-Cal Patients



Source: Analysis of 2013 Medical Board of California supplemental survey.

# Primary Care Physicians Accepting New Medi-Cal Patients

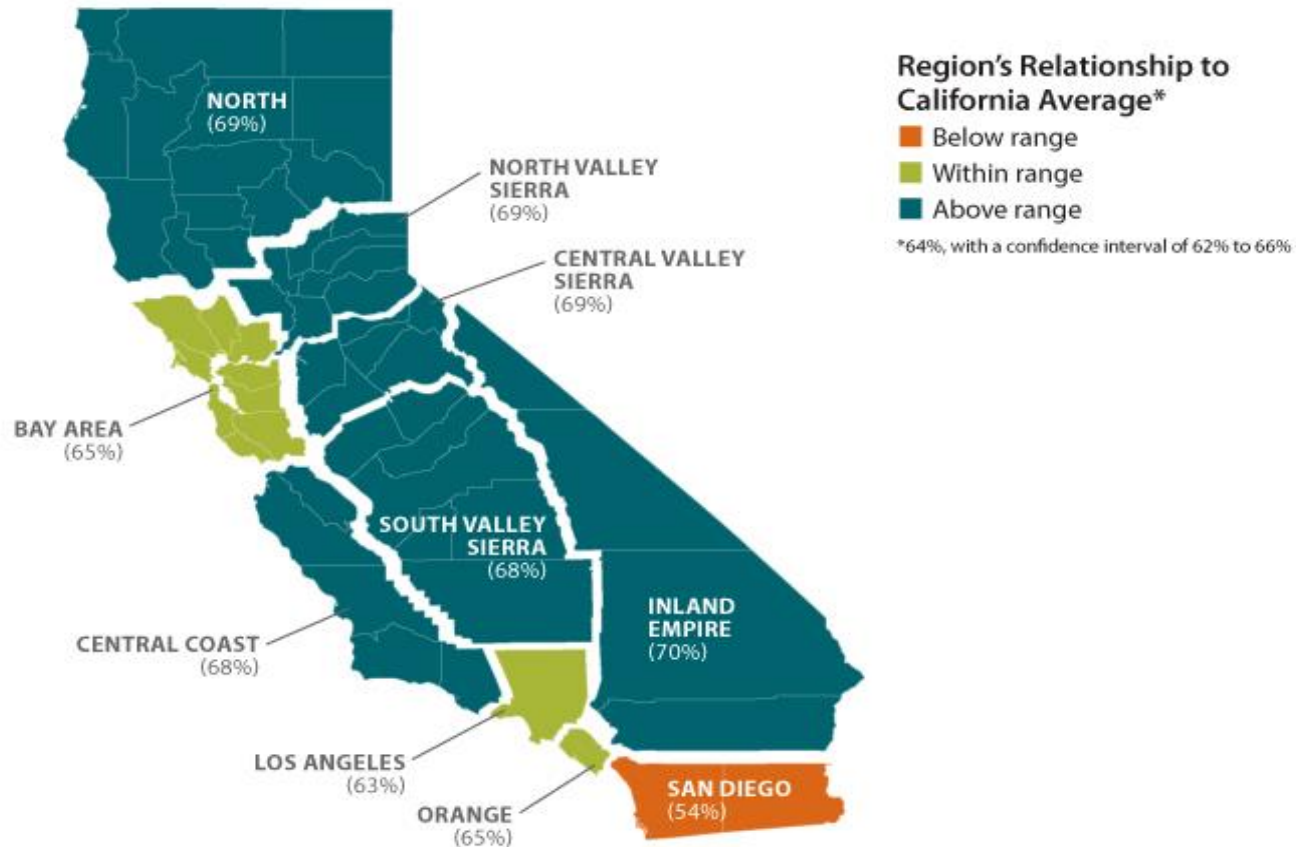
## Region



Source: Analysis of 2013 Medical Board of California supplemental survey.

# Non-Primary Care Physicians Accepting New Medi-Cal Patients

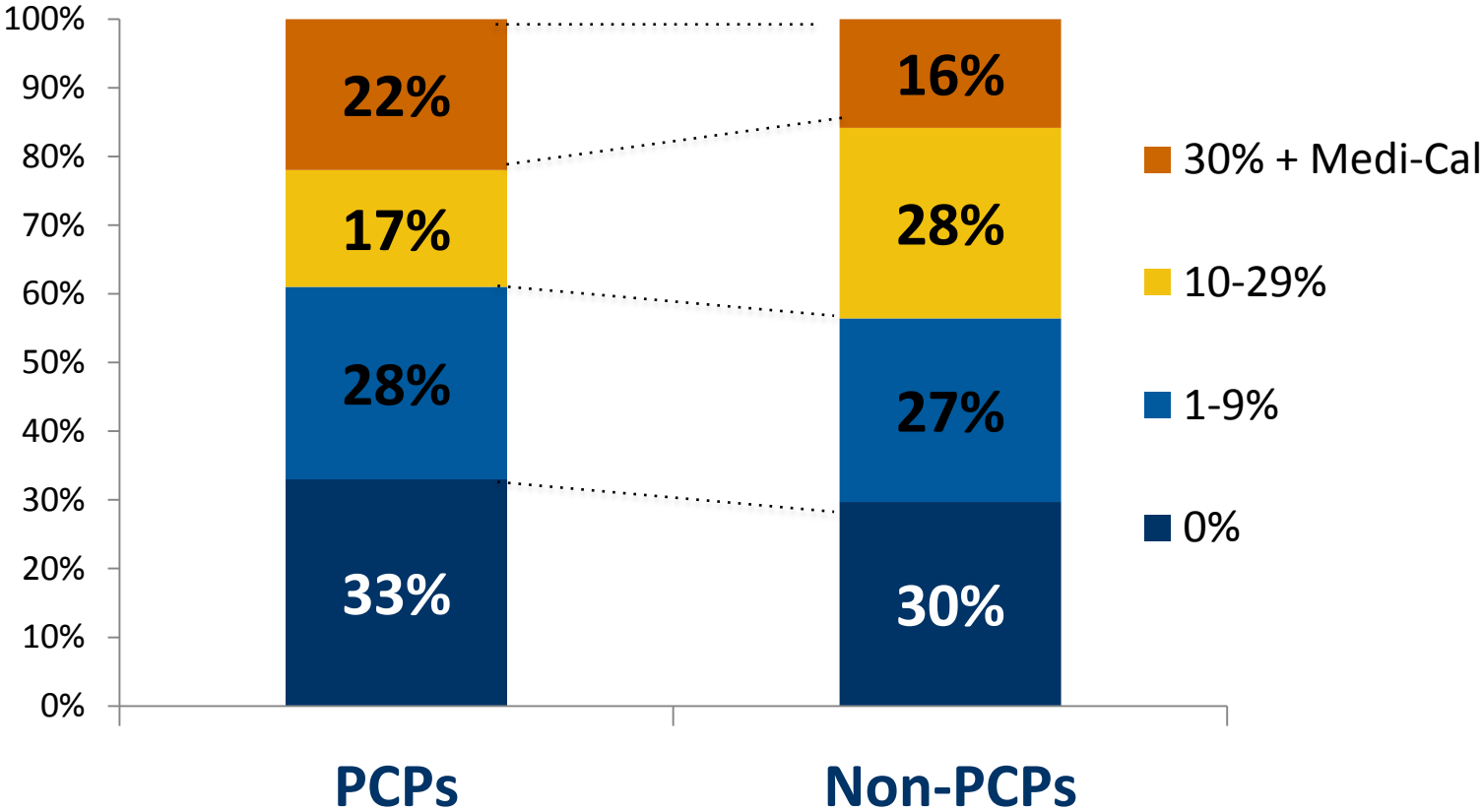
## Region



Source: Analysis of 2013 Medical Board of California supplemental survey.

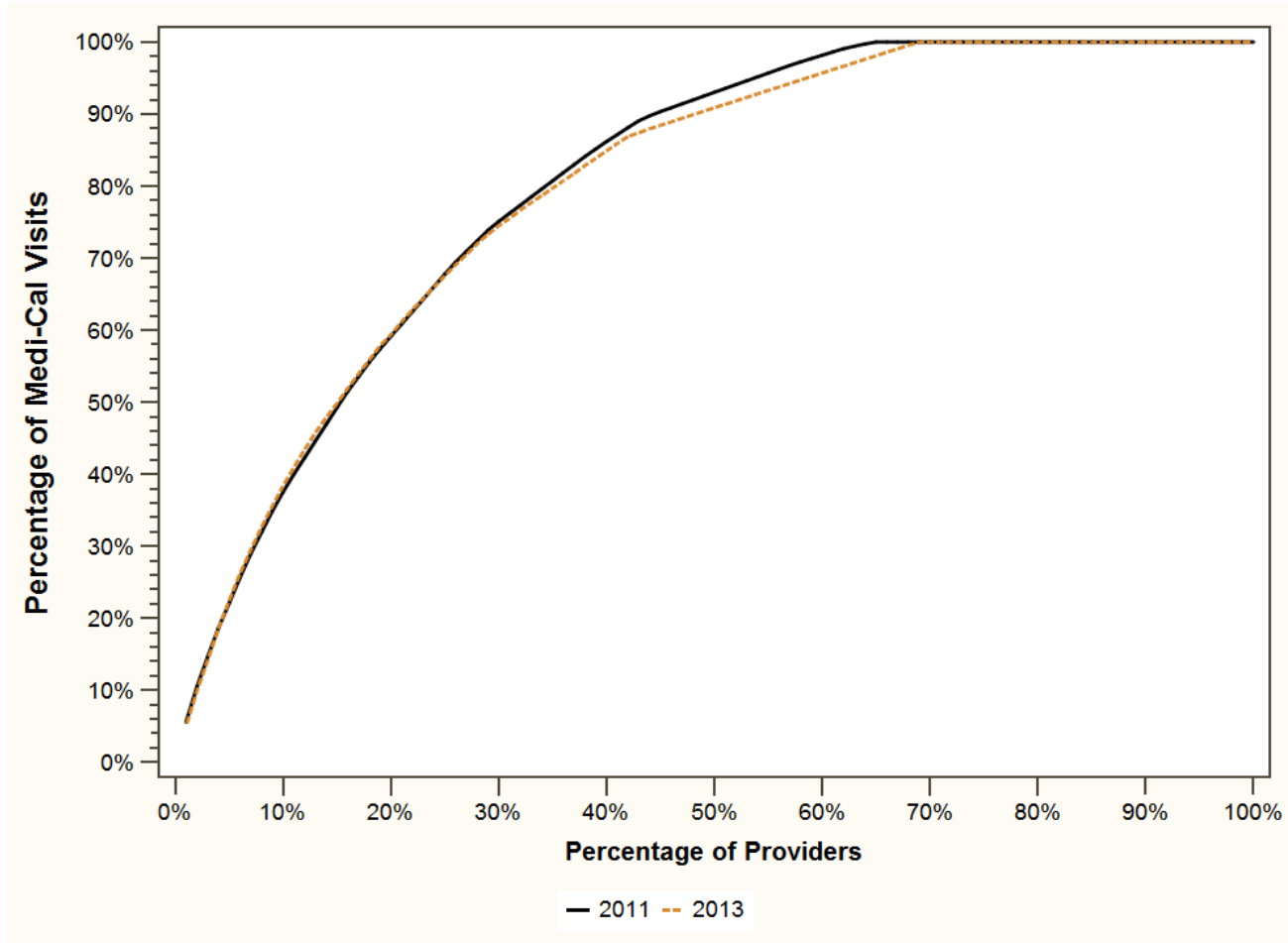


# Percentage of Patients Enrolled in Medi-Cal Primary Care vs. Non-Primary Care Physicians



Source: Analysis of 2013 Medical Board of California supplemental survey.

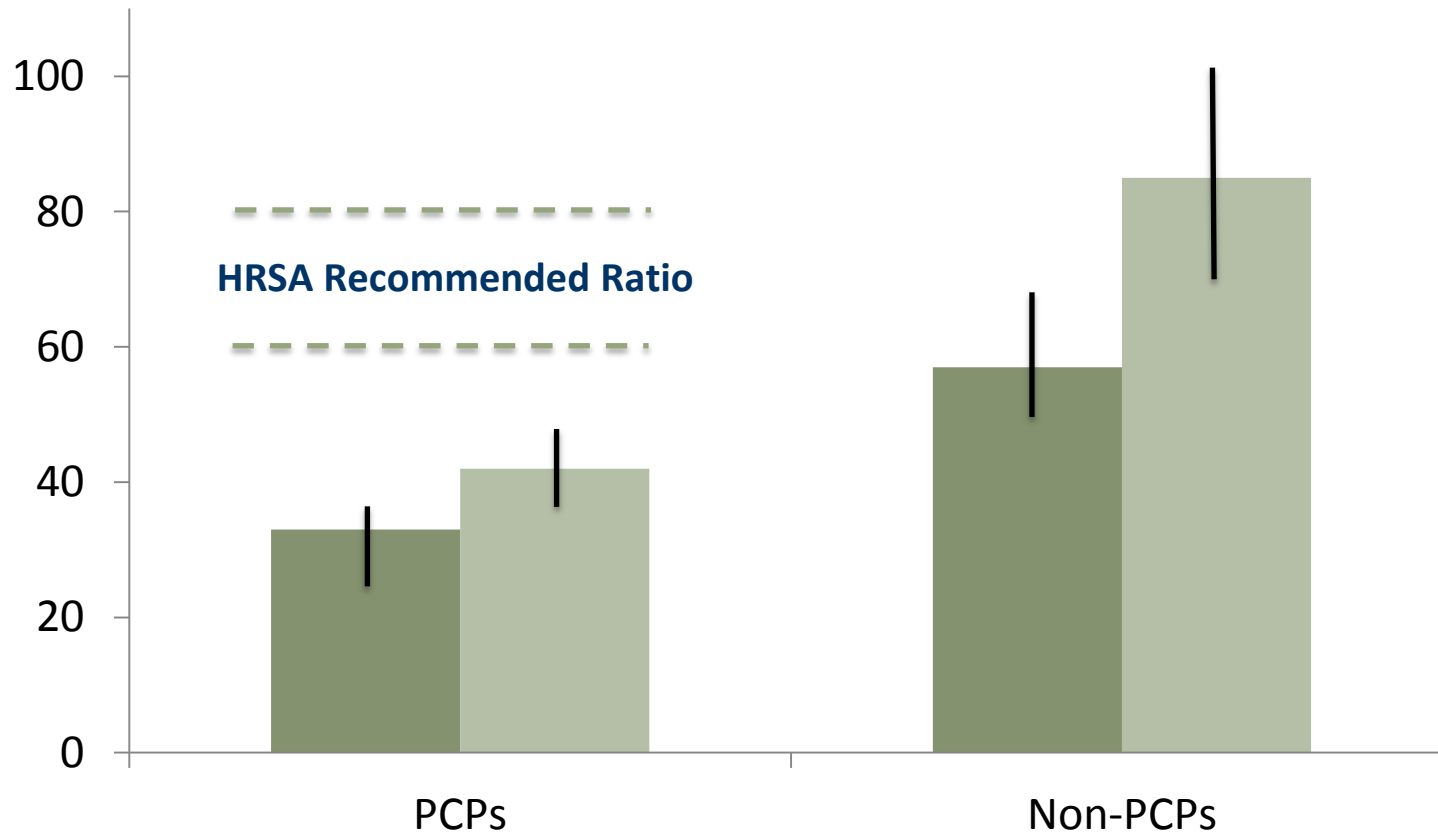
# Distribution of Medi-Cal Visits Across All Physicians



Source: Analysis of 2013 Medical Board of California supplemental survey.

# Ratio of FTE Medi-Cal Physicians per 100,000 Medi-Cal Enrollees, 2011 vs. 2013

■ 2011 ■ 2013



Source: Analysis of 2011 and 2013 Medical Board of California supplemental survey.

# Validating Survey Findings

- Conducted a “secret shopper” study of PCP practices to compare physicians’ and schedulers’ responses
- Study findings suggest that:
  - Physicians overestimate the availability of new patient appointments
  - Degree of overestimation is similar for patients with Medi-Cal and private health insurance

# Key Findings

- Physicians are less willing to care for Medi-Cal patients than patients covered by other forms of insurance
- 40% of physicians provide 80% of Medi-Cal visits
- 62% of physicians statewide are accepting new Medi-Cal patients but the rates vary substantially across regions
- Medi-Cal meets federal standards for non-primary care physicians per enrollee but falls below federal standards for primary care physicians

# Acknowledgments

## **Funders**

California HealthCare Foundation

California Department of Health Care Services

## **Partner**

Medical Board of California

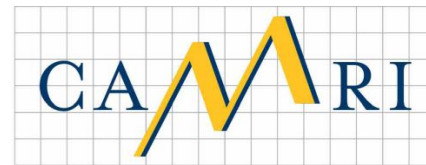
## **Research Team**

Andrew B. Bindman

Margaret Fix

Denis Hulett

Lena Libatique



University of California  
San Francisco

## IV. Reactor Panel

- Toby Douglas, director, California Department of Health Care Services
- Anthony Wright, executive director, Health Access California

# V. Questions & Answers