

Changes in Access to Primary Care for Oregon Health Plan Beneficiaries and the Uninsured: A Preliminary Report

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Changes in Access to Primary Care for Oregon Health Plan Beneficiaries and the Uninsured: A Preliminary Report

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The context

- 1990's
 - Oregon Health Plan created
 - Expansion group of ~100,000 Oregonians added to the ~300,000 Oregon Medicaid enrollees
- 2000's
 - Reduction in scope of benefits
 - Reduction in eligibility
 - Premiums, co-payments, and deductibles

Impact of OHP changes?

- Ideal study
 - Prospective cohort
 - Primary data collection
 - Follow OHP beneficiaries and uninsured Oregonians for several years
- But
 - Need for quick data

Opportunity

- Poor access to primary care → high ED use
- ED claims data rapidly available

Objective

- To describe changes in ED use before and after the OHP changes
 - Phase 1: OHSU data
 - Phase 2: representative sample of Oregon EDs
- Uninsured and OHP
- Types of diagnoses
 - All
 - Behavioral health, chemical dependency alcohol-related
 - Ambulatory-care treatable and potentially preventable visits

Methods

- Study subjects

- OHSU ED visits, March, 2002 through May, 2003

- Variables

- Predictor: March-May, 2002 versus March-May, 2003
 - Outcomes
 - Payer mix
 - Behavioral health
 - Ambulatory care treatable/potentially preventable
 - Billings algorithm

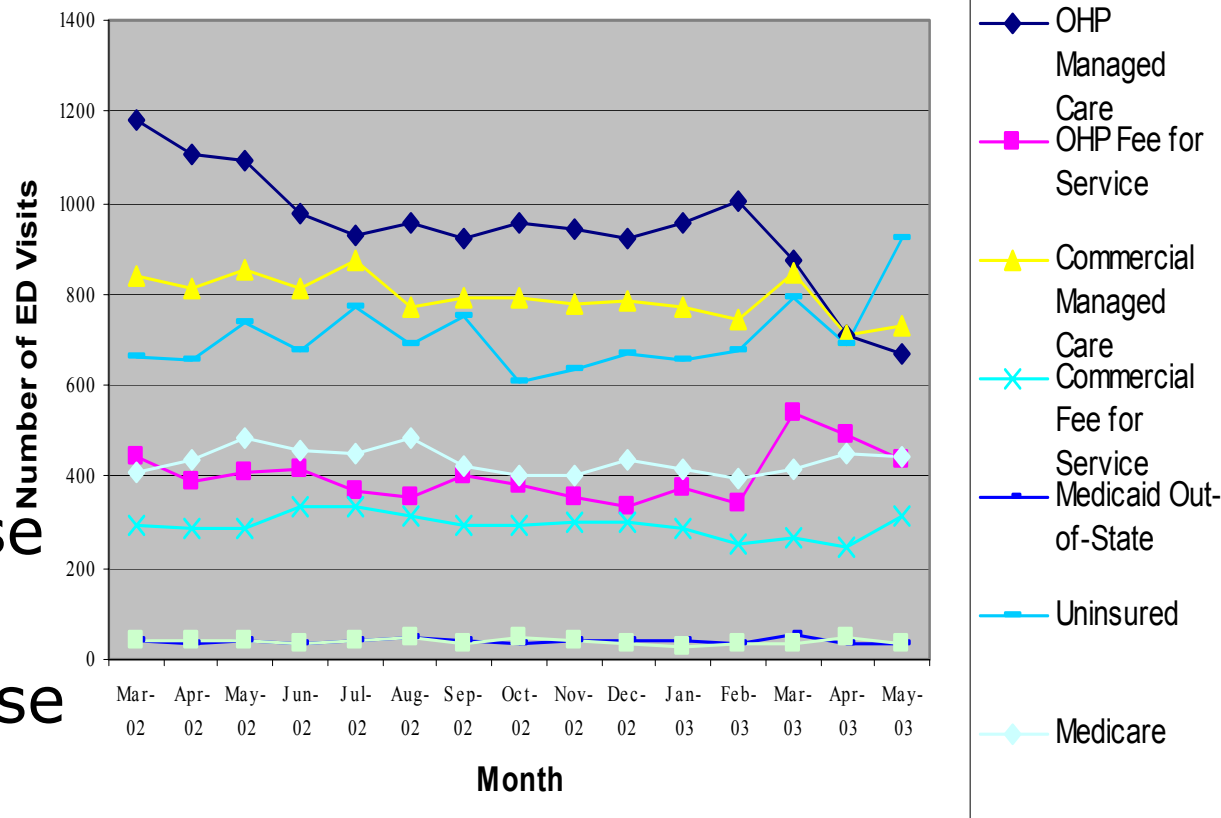
Data analysis

- Numbers of ED visits
 - % change
 - Not a rate
- “Standardized ED visits” for OHP enrollees
 - $\text{Number of OHP visits} / \text{number of OHP enrollees in tri-county}$

Results

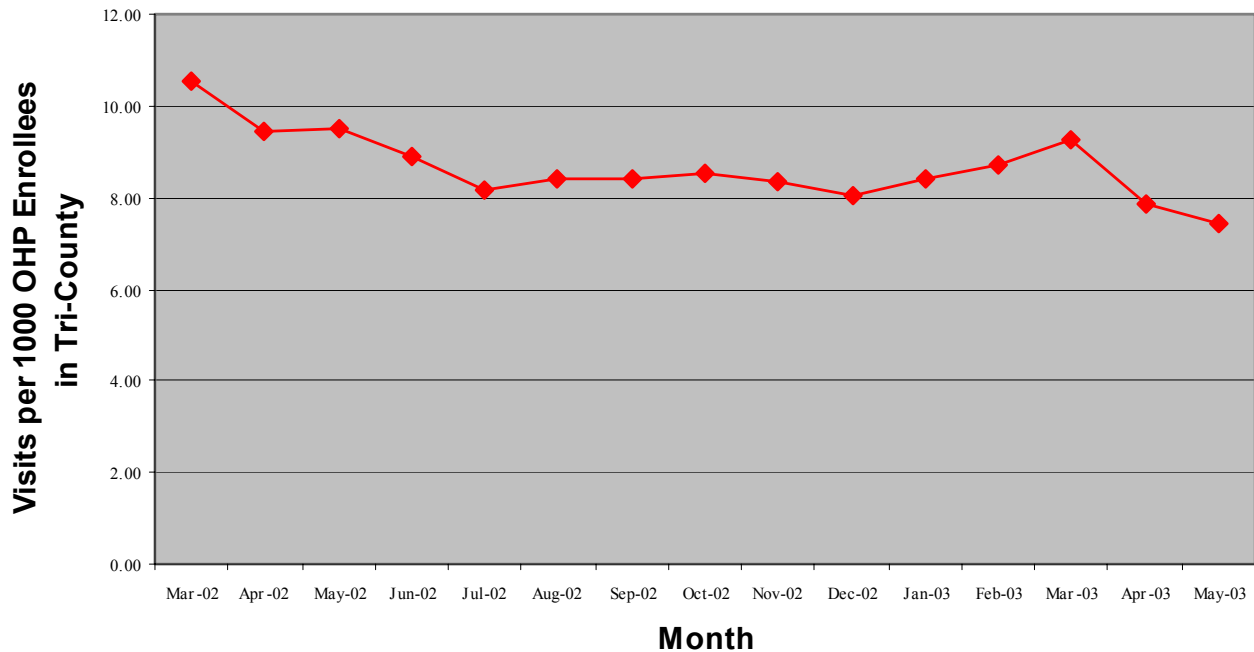
Payer mix by month

- March-May 2002 vs. 2003
- OHP 20% decrease
- Commercial Managed Care 8% decrease
- Uninsured 17% increase

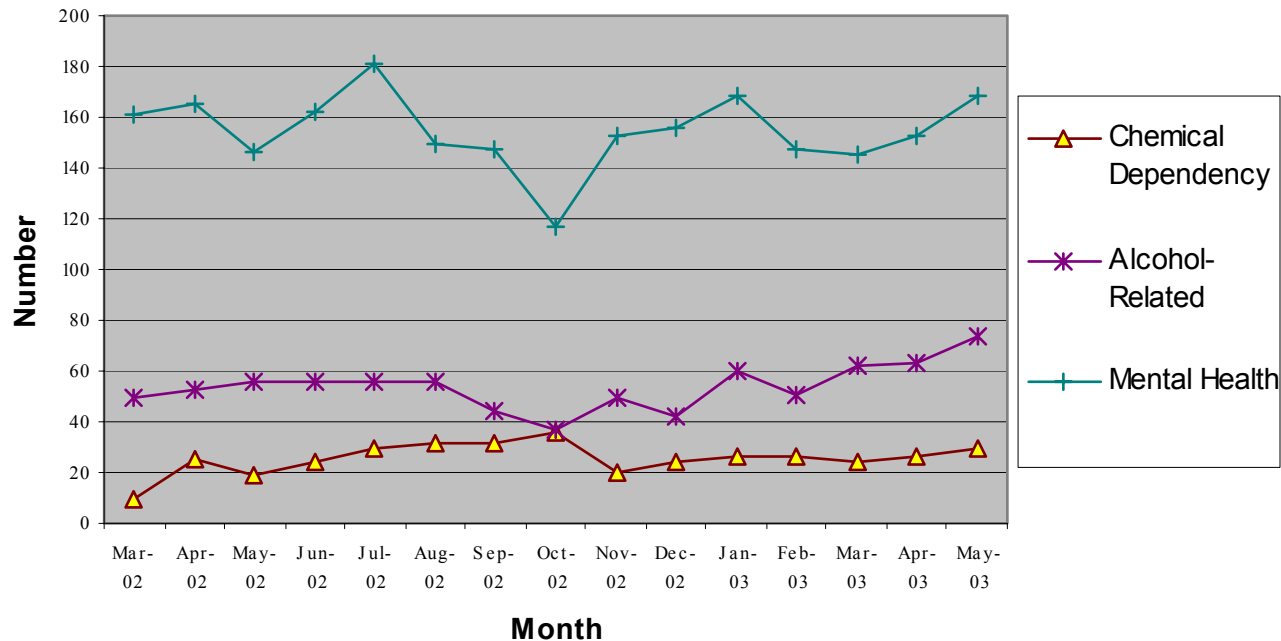


Standardized OHP ED visits

- Visits/1000 enrollees/month:
 - March - May, 2002: 9.7
 - March - May, 2003: 8.1



Behavioral health ED visits

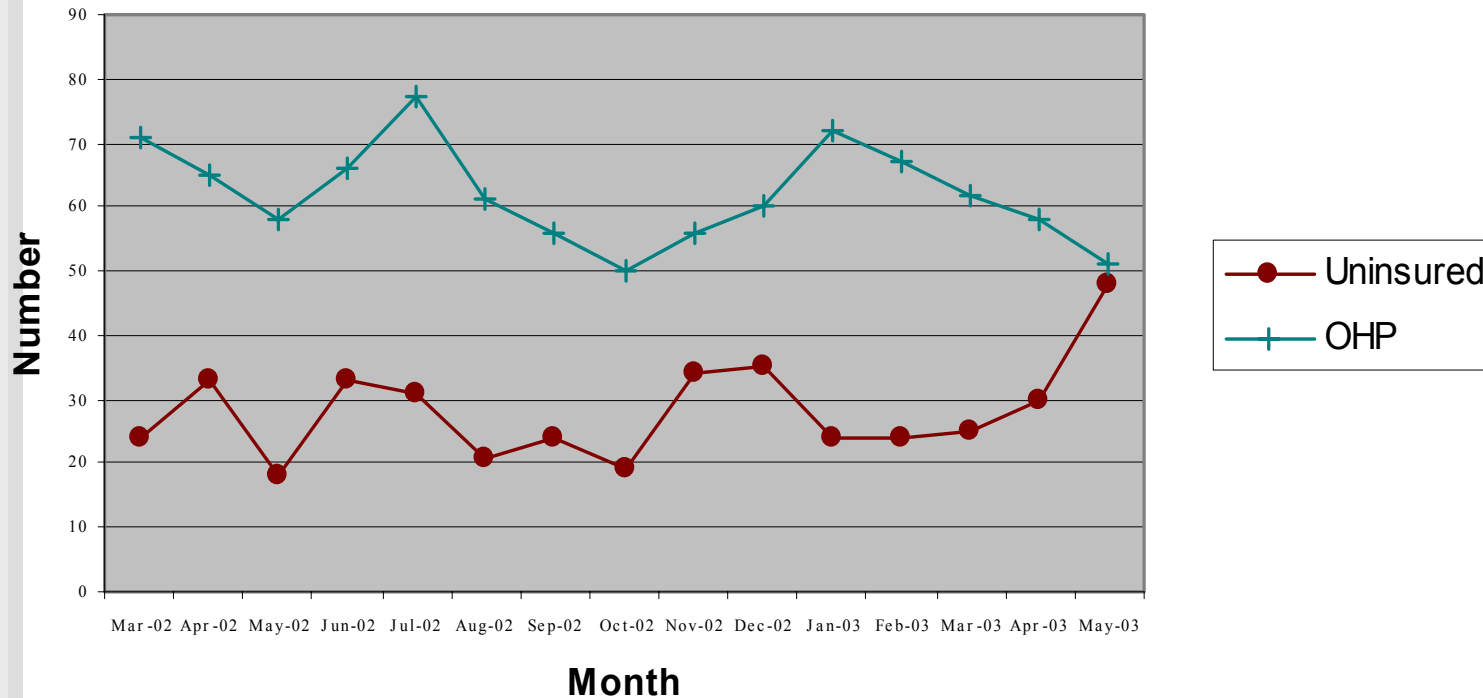


	Change, 2002-2003	Total/15 months
Chemical dependency	46% increase	382
Alcohol	26% increase	808
Mental health	No change	2,318

Ambulatory care treatable ED visits

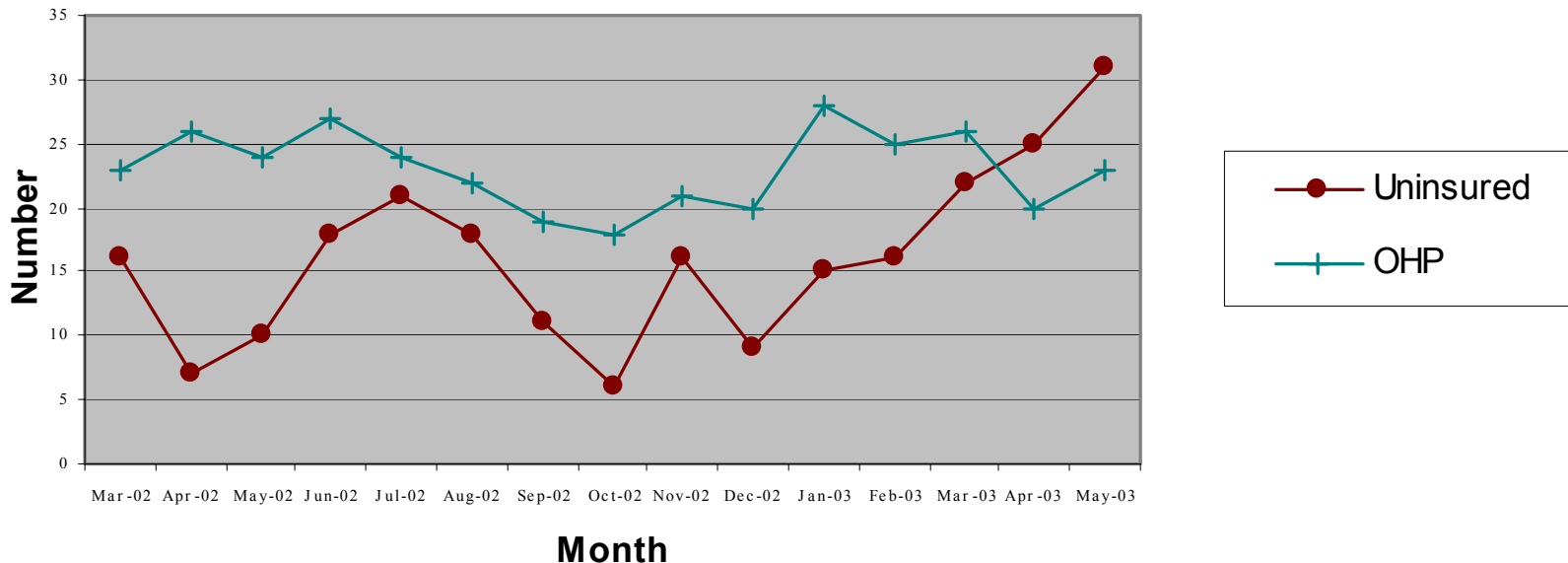
- Only 46% could be classified using Billings algorithm
- No change over time

Mental health ED visits for OHP and uninsured patients



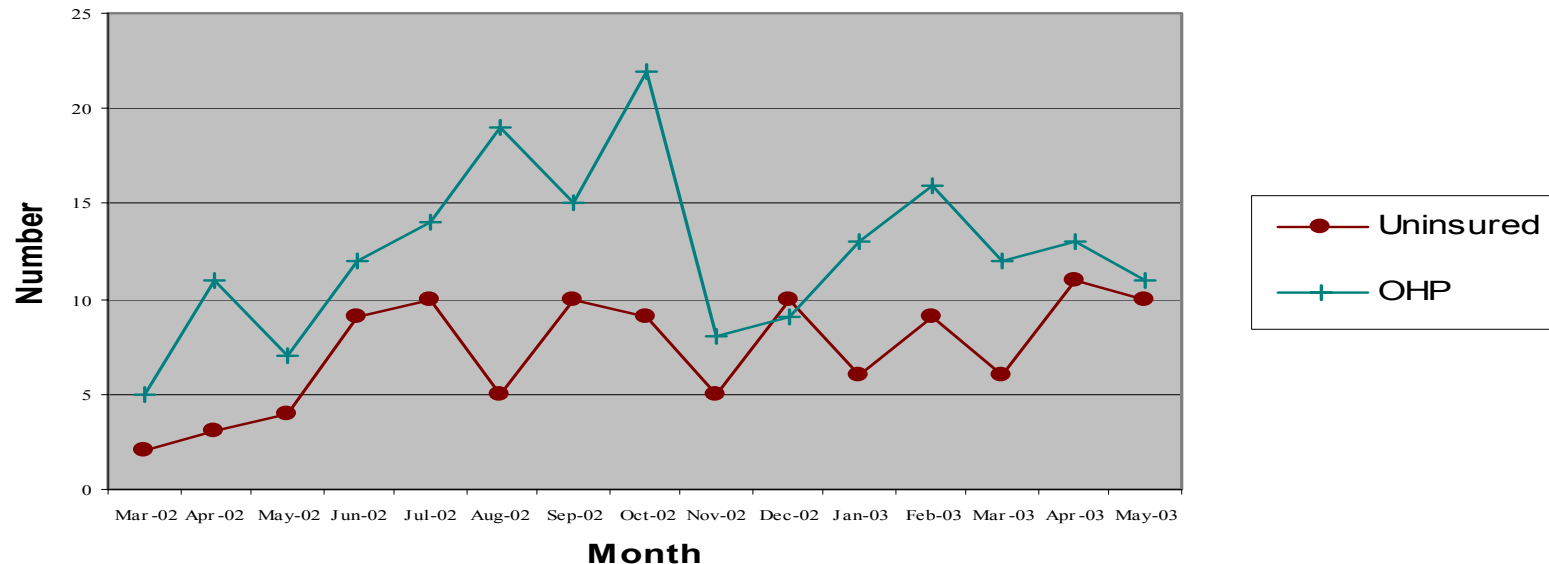
- OHP: 12% decrease (ns)
- Uninsured: 37% increase

Alcohol-related ED visits for OHP and uninsured patients



- OHP: 5% decrease (ns)
- Uninsured: 136% increase

Chemical dependency visits for OHP and uninsured



- OHP: 56% increase (ns)
- Uninsured: 200% increase

Interpreting the results

- 17% rise in ED use by uninsured
 - ? more uninsured Oregonians?
 - ? fewer alternatives to ED?
 - ? end of retroactive eligibility for OHP?

Interpreting the results

- Drop in ED use by OHP (20%) and commercially insured (8%)
 - Good news?
 - ? better access to care outside the ED?
 - Bad news?
 - ? loss of coverage?
 - ? impact of co-payments?
 - ? confusion?

Interpreting the results

- Dramatic rise in ED use for behavioral health problems by uninsured Oregonians
 - ? increased stress → increased illness?
 - ? preferentially dropping out of OHP?

Limitations

- Counts not rates
- One ED
- 3 months of post-change data
- Under-reporting of behavioral health diagnoses
- Lag period before definitive insurance data available

Conclusion

- Probably not good news
- Multiple potential causes
 - Loss of commercial insurance
 - Loss of OHP
 - Deteriorating safety net

Conclusion

- Further research
 - Longer time period
 - More EDs
- Is it better to wait for definitive data or to act on limited data?