



Insurance Instability and Usual Source of Care Among Chronically Ill, Medicaid Patients

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Background

- Reduced Medicaid spending in all 50 states, with subsequent gaps in health insurance
- Even without insurance, many chronically ill are able to establish a usual source of care
- It is unclear if a stable usual source of care mitigates the impact of insurance gaps over time



The Oregon Health Plan

- 1994 – expanded Medicaid coverage to all poverty-level adults using managed care, prioritized list of services
- February, 2003 – OHP redesign affected “expansion population”:
 - Reduced benefit package
 - Increased premiums & co-pays
 - More stringent administrative requirements
- Loss of coverage for many, though some benefits restored in 2004
- “Natural experiment” to explore effects of gaps in insurance coverage



Study Objectives

- To evaluate among a low income, chronically ill population the impact of gaps in insurance coverage on access to and utilization of health care
- To assess if this impact is mitigated by the presence of a usual source of care, and if these changes vary by length of the insurance gap

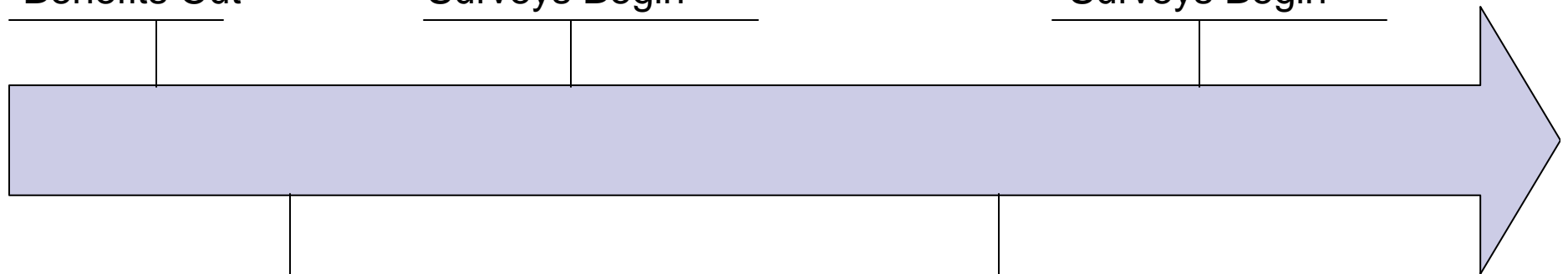


Study Design

February 2003:
OHP
Benefits Cut

September 2003:
Wave 1 of
Surveys Begin

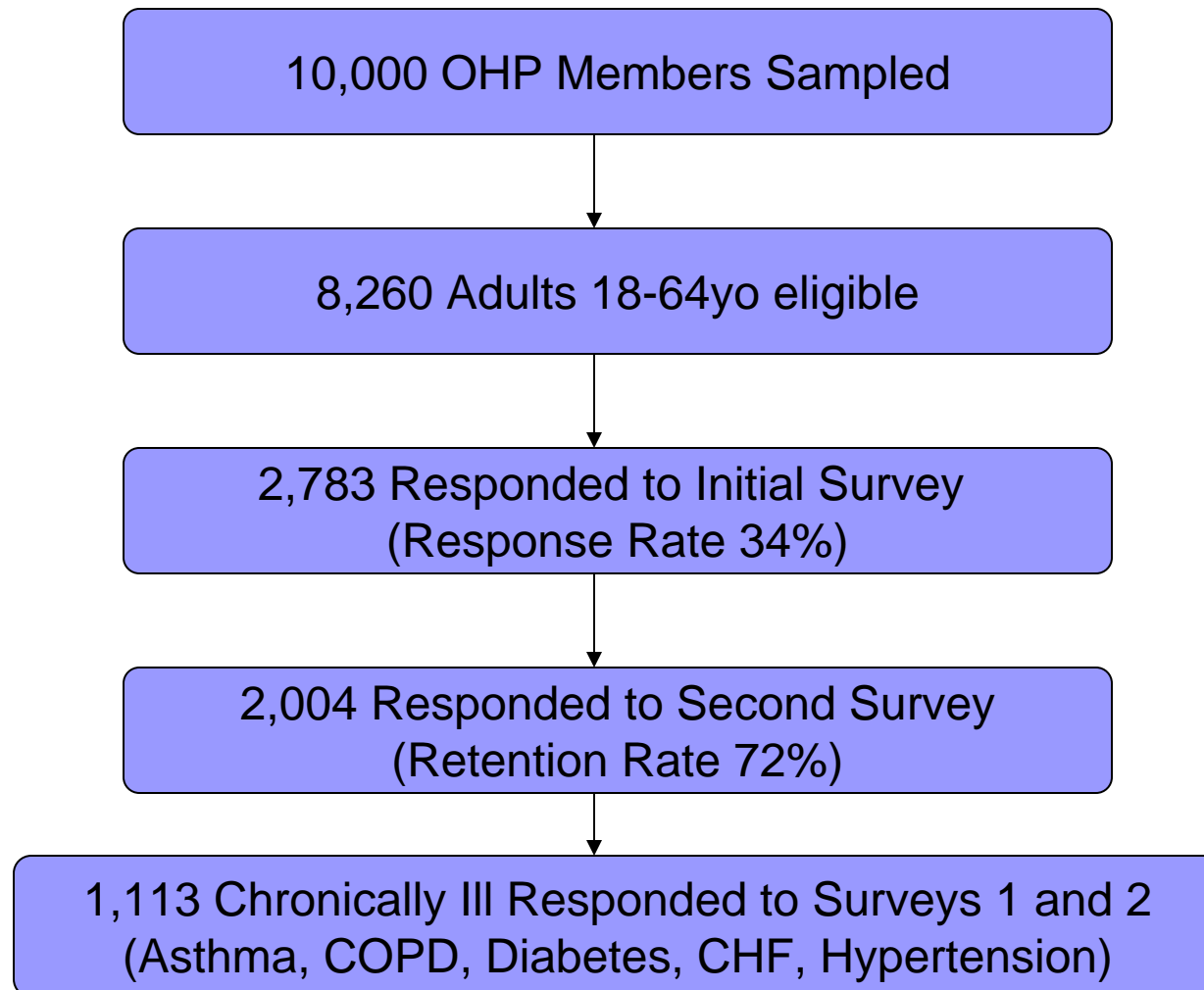
November 2004:
Wave 2 of Cohort Study
Surveys Begin



April 2003:
Prospective Survey
Study Designed

June-August 2004:
Some OHP Benefits Reinstated,
Co-pays Eliminated

Study Sample





Measures

- Primary predictor:

- Coverage Disruption:

- Stable coverage: continuously enrolled in OHP for 18 months
 - Short Gap: Lost OHP coverage, gap of 1-6 months
 - Medium Gap: Lost OHP coverage, gap of 7-12 months
 - Long Gap: Lost OHP coverage, gap of 13-18 months

- Outcomes:

- Unmet health care need during study period
 - Medication restriction due to cost during study period
 - Report of no PCP visit in past 6 months on either survey

- Primary co-variate of interest:

- Usual source of care other than ED on *both* surveys



Statistical Analysis

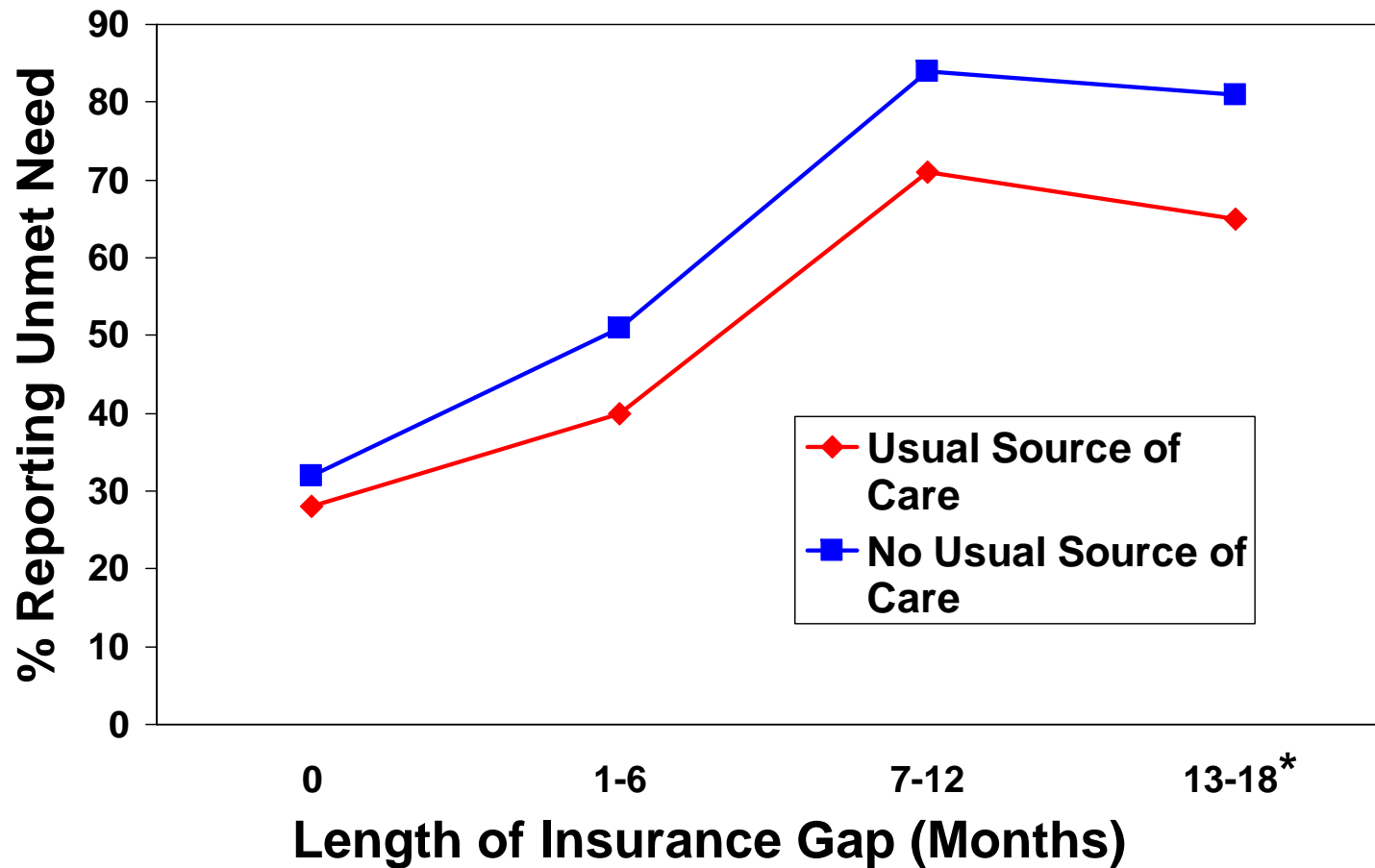
- Bivariate analyses of insurance status and outcome
 - Chi-square to compare USOC to no USOC
- Co-variate selection:
 - Bivariate chi-square analyses to identify co-variates for model inclusion: age, gender, education, income, number of chronic conditions, each individual chronic condition
- Logistic regression models
 - Assessed interactions between length of insurance gap and usual source of care
 - Stratified results by usual source of care or no usual source of care



Results: Population (n=1,113)

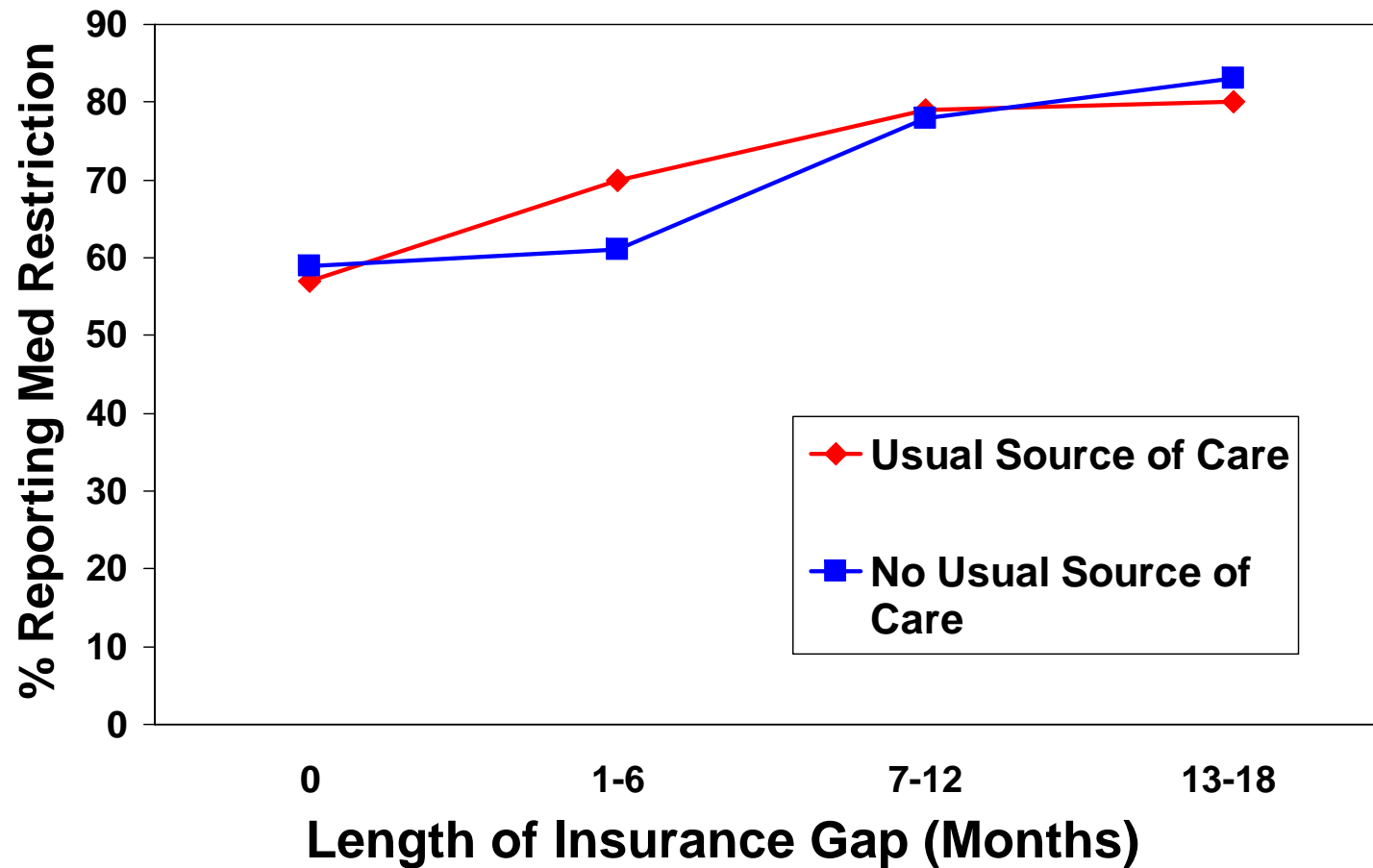
Gender (Percent Female)	68%
Mean Age (years)	47
Race/Ethnicity	
White, Non-Hispanic	74%
Black, Not-Hispanic	7%
Hispanic	9%
Primary Language	
English	88%
Spanish	10%
Number of Chronic Illnesses	
One condition only	59%
Two conditions	27%
Three or more conditions	13%

Unmet Health Need



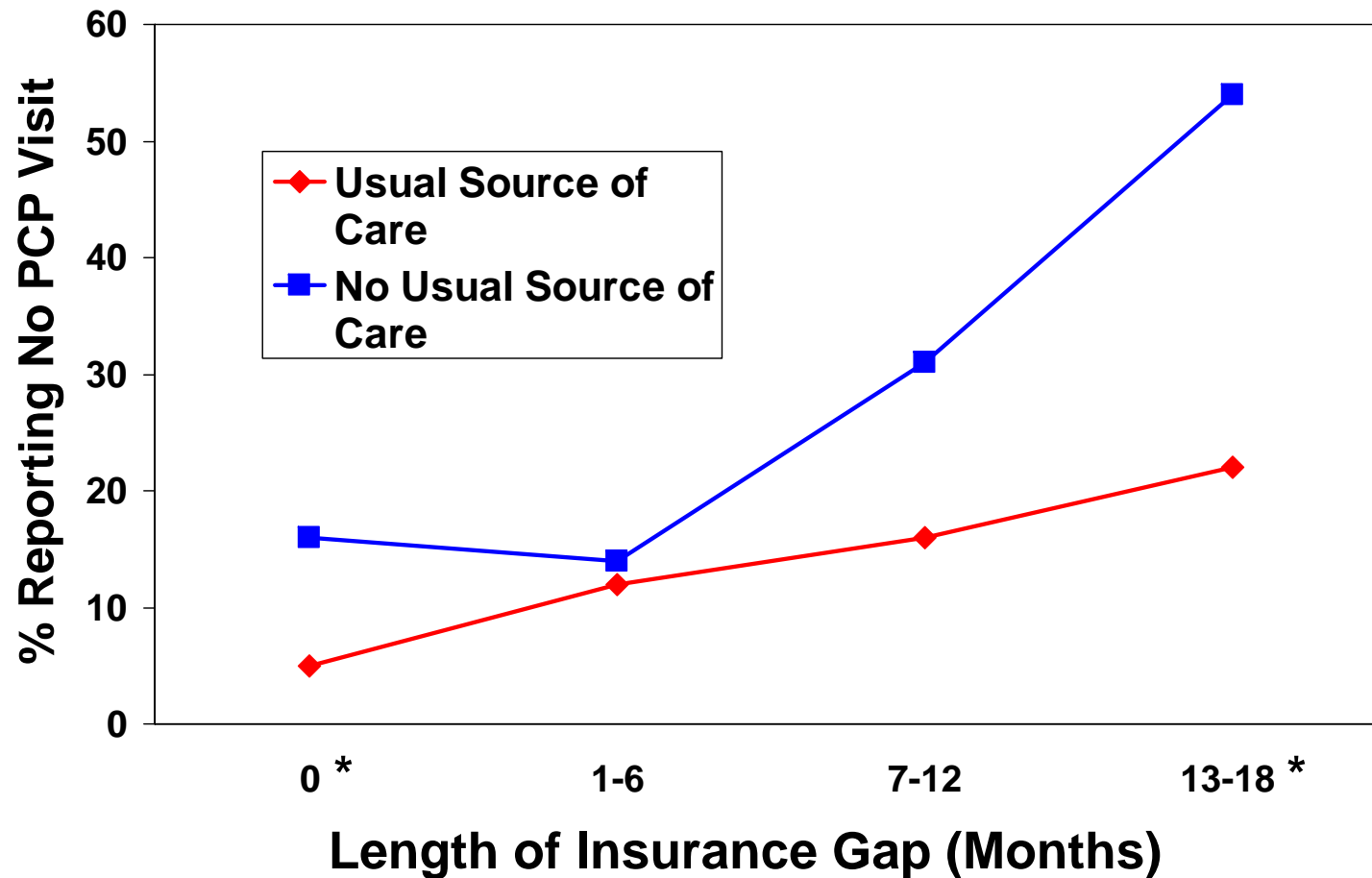
*p < 0.05 for difference at 13-18 month gap

Restriction of Medications



p-value not significant for differences at any insurance gap length

No PCP Visit in Past 6 Months



$p < 0.05$ for differences at no gap and gap of 13-18 months

Predictors of Unmet Health Need*

Insurance Status	Usual Source of Care (n=559) Odds Ratio (95% CI)	No Usual Source of Care (n=225) Odds Ratio (95% CI)
Continuous OHP Coverage (referent)	--	--
Left OHP, 1-6 Month Gap	1.60 (0.92-2.78)	3.04 (1.30-7.11)
Left OHP 7-12 Month Gap	10.54 (5.24-21.19)	10.25 (3.46-30.35)
Left OHP, 13+ Month Gap	5.46 (2.90-10.26)	8.91 (3.91-20.35)

* Adjusted for age, gender, education, income, number of chronic conditions, and presence of diabetes, asthma, CHF, COPD or hypertension

Predictors of Prescription Restriction*

Insurance Status	Usual Source of Care (n=560) Odds Ratio (95% CI)	No Usual Source of Care (n=227) Odds Ratio (95% CI)
Continuous OHP Coverage (referent)	--	--
Left OHP, 1-6 Month Gap	1.29 (0.73-2.29)	1.15 (0.47-2.78)
Left OHP 7-12 Month Gap	4.65 (2.06-10.5)	2.53 (0.89-7.19)
Left OHP, 13+ Month Gap	3.50 (1.65-7.45)	6.69 (2.55-17.6)

* Adjusted for age, gender, education, income, number of chronic conditions, and presence of diabetes, asthma, CHF, COPD or hypertension

Predictors of No PCP Visit in 6 Months*

Insurance Status	Usual Source of Care (n=559) Odds Ratio (95% CI)	No Usual Source of Care (n=210) Odds Ratio (95% CI)
Continuous OHP Coverage (referent)	--	--
Left OHP, 1-6 Month Gap	2.20 (0.92-5.26)	0.50 (0.12-1.95)
Left OHP 7-12 Month Gap	2.75 (1.06-7.12)	2.64 (0.98-7.14)
Left OHP, 13+ Month Gap	4.31 (1.85-10.04)	6.84 (3.05-15.4)

* Adjusted for age, gender, education, income, number of chronic conditions, and presence of diabetes, asthma, CHF, COPD or hypertension



Conclusions

- Insurance gaps of greater than six months dramatically increase unmet health need
 - USOC modestly reduces this effect
- Half of all Medicaid, chronically ill patients, 80% of those with coverage gaps restrict prescriptions
 - Modest mitigating effect from USOC for longer gaps
- Coverage gaps predictably reduce use of primary care
 - USOC moderately reduced this effect for longer gaps



Limitations

- Reliance on self report, subject to recall bias
- Non-responder bias
- Those with USOC and those without USOC may have different burden of illness
- Smaller sample size in No USOC group



Implications

- Use caution in relying on “safety net” providers of usual source of care (FQHC’s, private charity care) in times of Medicaid cost-containment
- Prescription drug coverage an area of particular need
 - Improve access to drug assistance programs
 - Institute Medicaid formulary



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A Qualitative Approach to Understanding the Effects of OHP Coverage Loss on Patients Seeking Care in the Emergency Department



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Background and Objectives

- **Context**
 - In 2003, Oregon Health Plan:
 - Instituted co-pays
 - Mandatory premiums (Lock-out for default)
 - Eliminated benefits
 - Low-income expansion population vulnerable
 - By 2005, disenrollment of >50,000 beneficiaries
- **Goal**
 - Identify ED patients affected by OHP cuts
 - Describe:
 - Patient characteristics
 - Effects of OHP cuts on these ED patients

Methods

- Qualitative methods
 - In-depth understanding of complex problems
 - Hypothesis-generating
 - Describe issues from perspective of “invisible” citizens
 - Triangulation to ensure validity
 - Method: multiple interviewers
 - Source: medical records used for verification
 - Analysis: independent coding
 - Theory: negative cases examined, competing themes

Methods

- Convenience sample of previous OHP enrollees seen in urban ED
 - Exclusion:
 - Trauma
 - Psych
 - Non-English speaking
 - Medically unstable
- Twelve semi-structured interviews

Results

- Characteristics of subjects
 - Low-income with unstable or no employment
 - OHP lost due to:
 - Inability to pay premiums
 - Processing errors
 - Income > eligibility threshold
 - Most had PCPs but poor access to medications

Results

- Characteristics of subjects (continued)
 - In ED for acute exacerbation of chronic illness
 - Trying to help themselves
 - Tried to reinstate OHP coverage
 - Tried to get work/disability coverage
 - Used family resources if available
 - Made choices of medical care vs. clothes, food & shelter

Summary

- Result of OHP policy changes
 - Disrupted treatment for chronic illnesses
 - Medications not available
 - Patients vulnerable to acute medical conditions
 - Deterioration in health
 - ED visit
- Patients concerned about losing OHP and actively sought re-enrollment
- Exacerbated precarious social situations
 - Feeling of abandonment by the system