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The Impact of Program Changes on Health Care for the OHP Standard Population: Early Results from a Prospective Cohort Study

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Background

- In February - March 2003 OHP benefits changed for ~89,000 Oregon Health Plan (OHP) Standard members.
- Added premiums - \$6-\$20 per month based on income.
- Expanded co-pays - office visits, labs, ED, prescriptions, hospitalization.
- Non-payment of premium results in 6 month "lock-out" from OHP.
- Eliminated coverage for dental, vision, outpatient mental health, substance abuse, durable medical equipment.
- Temporarily (two weeks) eliminated prescription benefits.

Study Objectives

- The purpose of this study is to assess the impact of benefit changes on the OHP Standard Population across three domains:
 - Enrollment
 - Access to care
 - Utilization

Methods

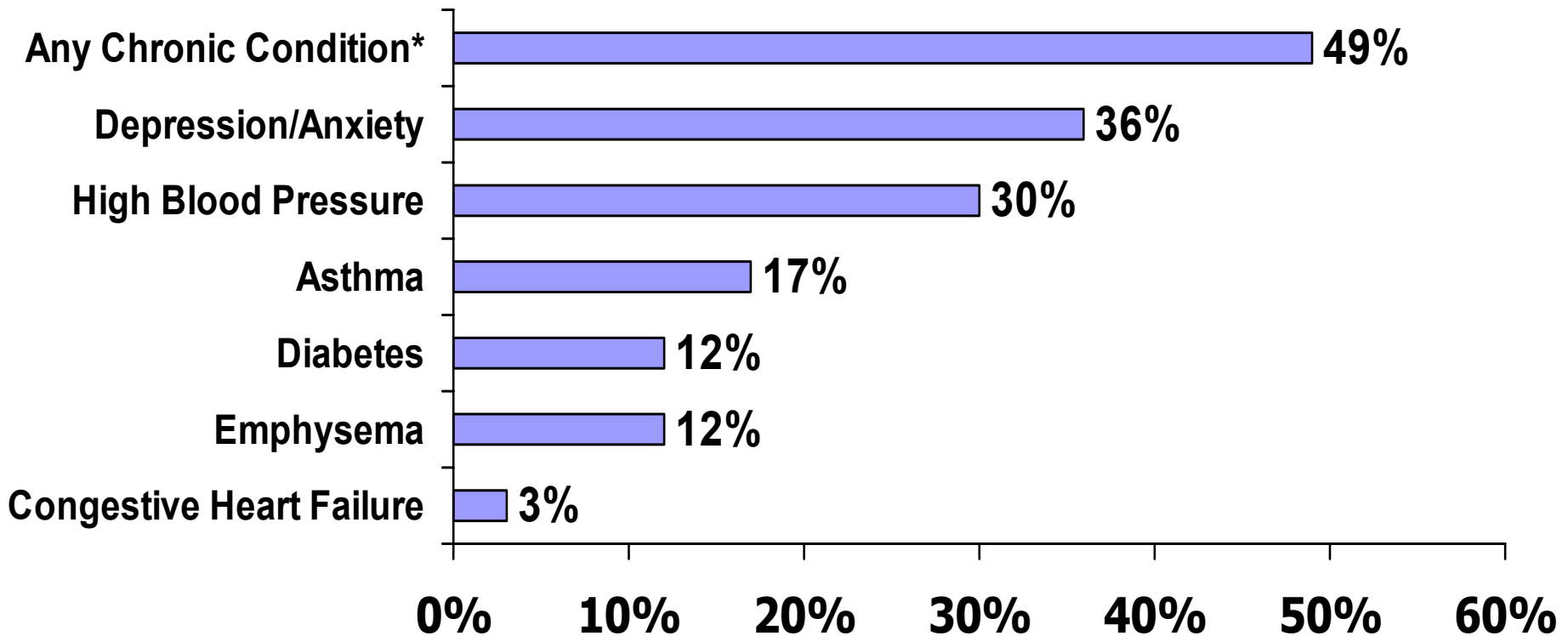
- Mail-return survey of a stratified probability sample of 10,597 OHP Plus and OHP Standard members enrolled in February 2003.
- Over-sample of 1,500 African Americans, Native Americans, and Hispanics.
- Preliminary survey results based on 2,195 English-speaking individuals.
- Preliminary response rate = 32%. Final disposition not yet available.
- Longitudinal cohort design: If funded, OHP Standard members will be compared over time with OHP Plus members, whose benefits did not change.

Demographic Characteristics

Gender	Eligible Sample (n=8,487)	Respondents (n=2,741)
Male	39.4%	32.8%
Female	60.6%	67.2%
Race/Ethnicity		
Asian	3.5%	2.1%
African-Am	10.0%	8.1%
Hispanic	14.1%	11.6%
NA/AN	9.5%	9.1%
White	62.8%	69.1%
Language		
English	87.9.7%	92.0%
Spanish	7.6%	6.0%
Russian	1.4%	0.6%
Vietnamese	1.3%	.8%
Other	1.7%	0.6%
Population		
OHP Plus	51.6%	50.7%
OHP Standard	48.4%	49.3%

% Reporting Chronic Conditions in OHP Standard Population

% Diagnosed with Chronic Condition



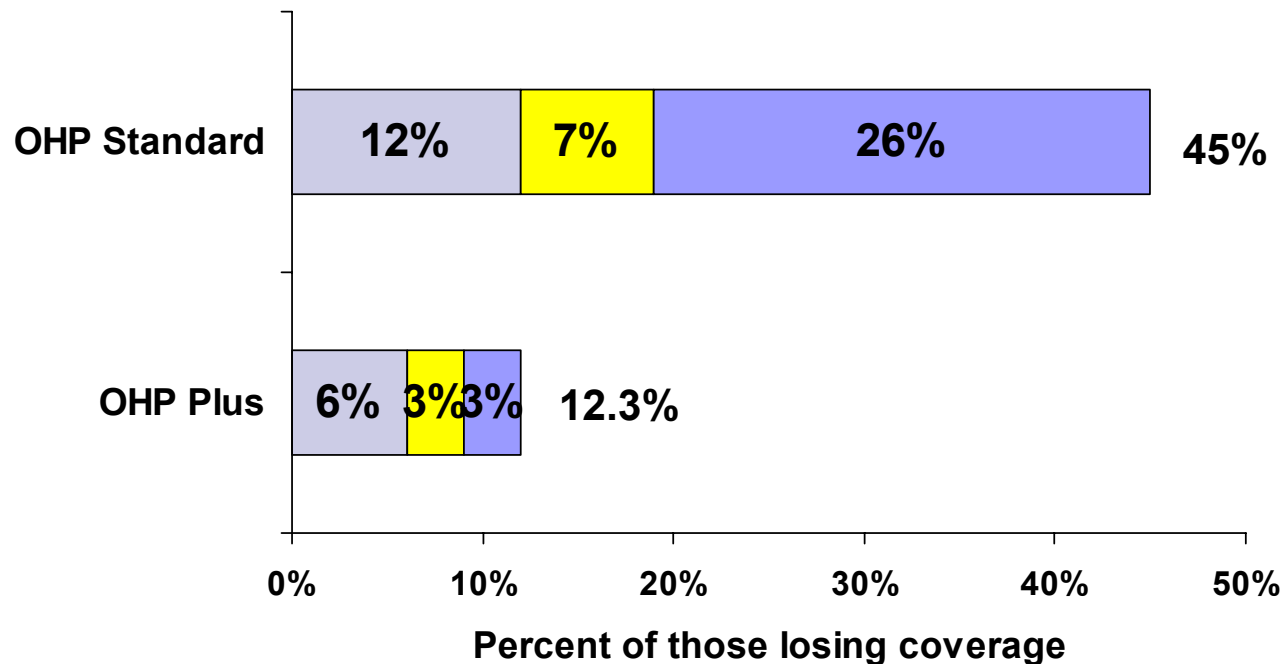
* Excluding depression/anxiety



Section I

Impacts on Enrollment and Insurance Status : OHP Standard

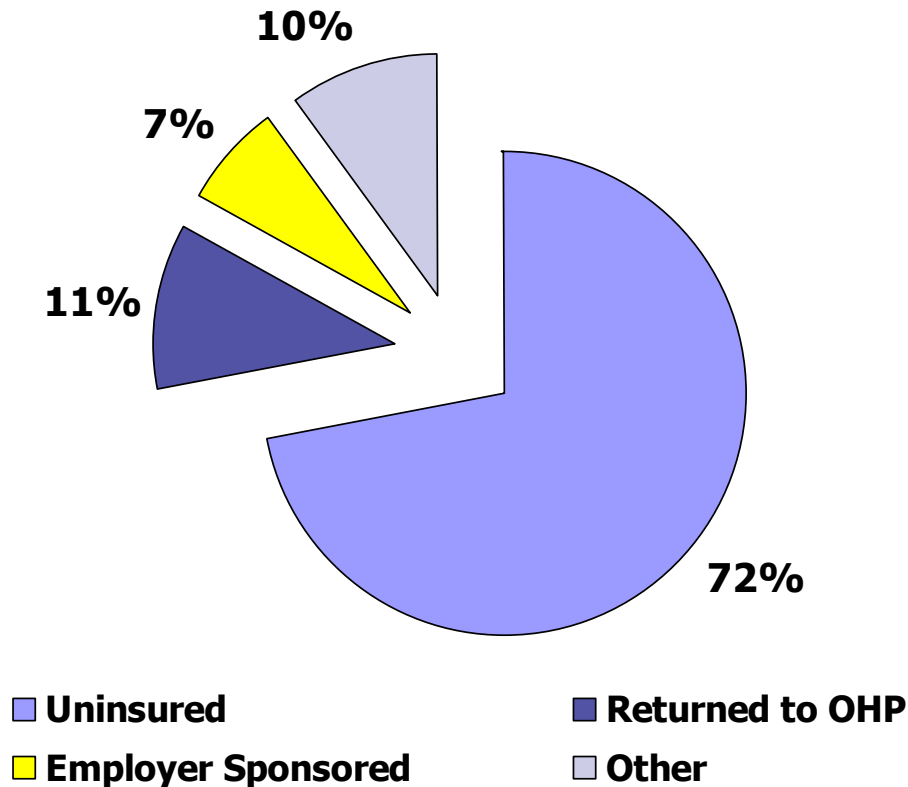
OHP Standard members were more likely to lose OHP coverage. Those who lost OHP were asked how many of the last 6 months had they been without coverage...



- Less than 1 to 2 months without coverage
- 3 to 5 months without coverage
- 6 months without coverage

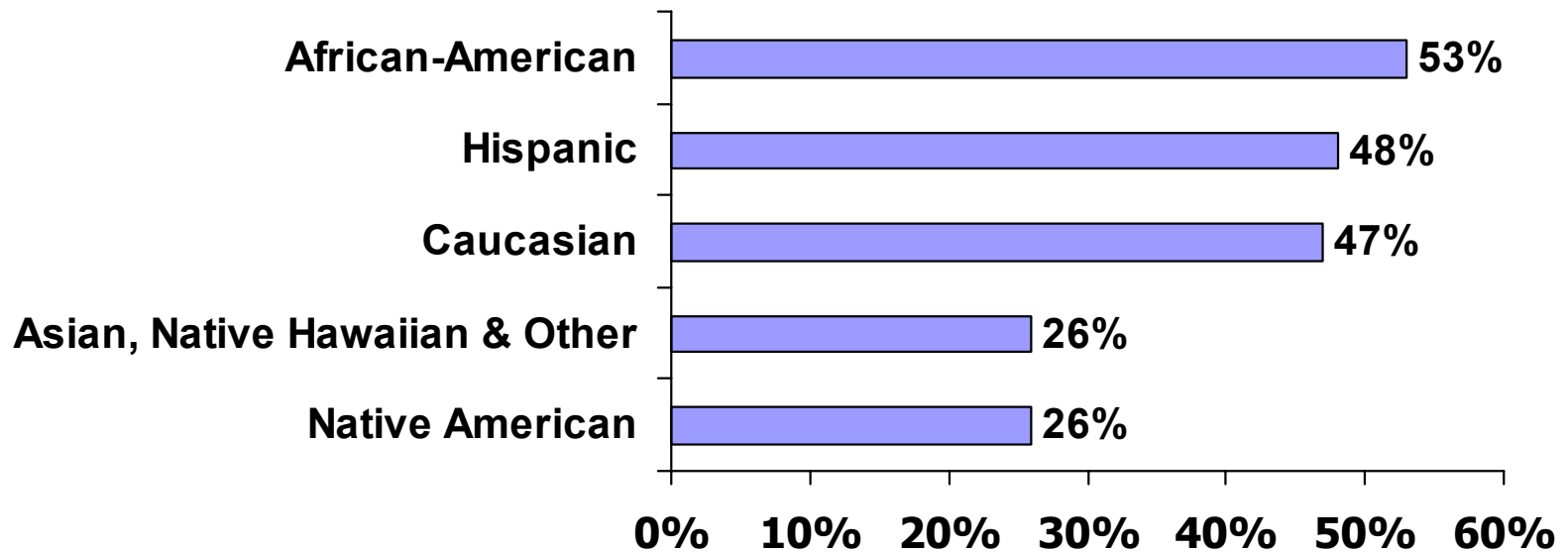
Most OHP Standard clients who left do not currently have health insurance coverage.

Former OHP Standard: Current Insurance Status




African Americans were more likely to lose OHP Standard coverage...

% Losing OHP Standard Coverage



p<.05



OHP Standard clients with chronic conditions are more likely to stay continuously enrolled...

- 61.2% of those reporting a diagnosis of one or more chronic conditions** maintained continuous enrollment

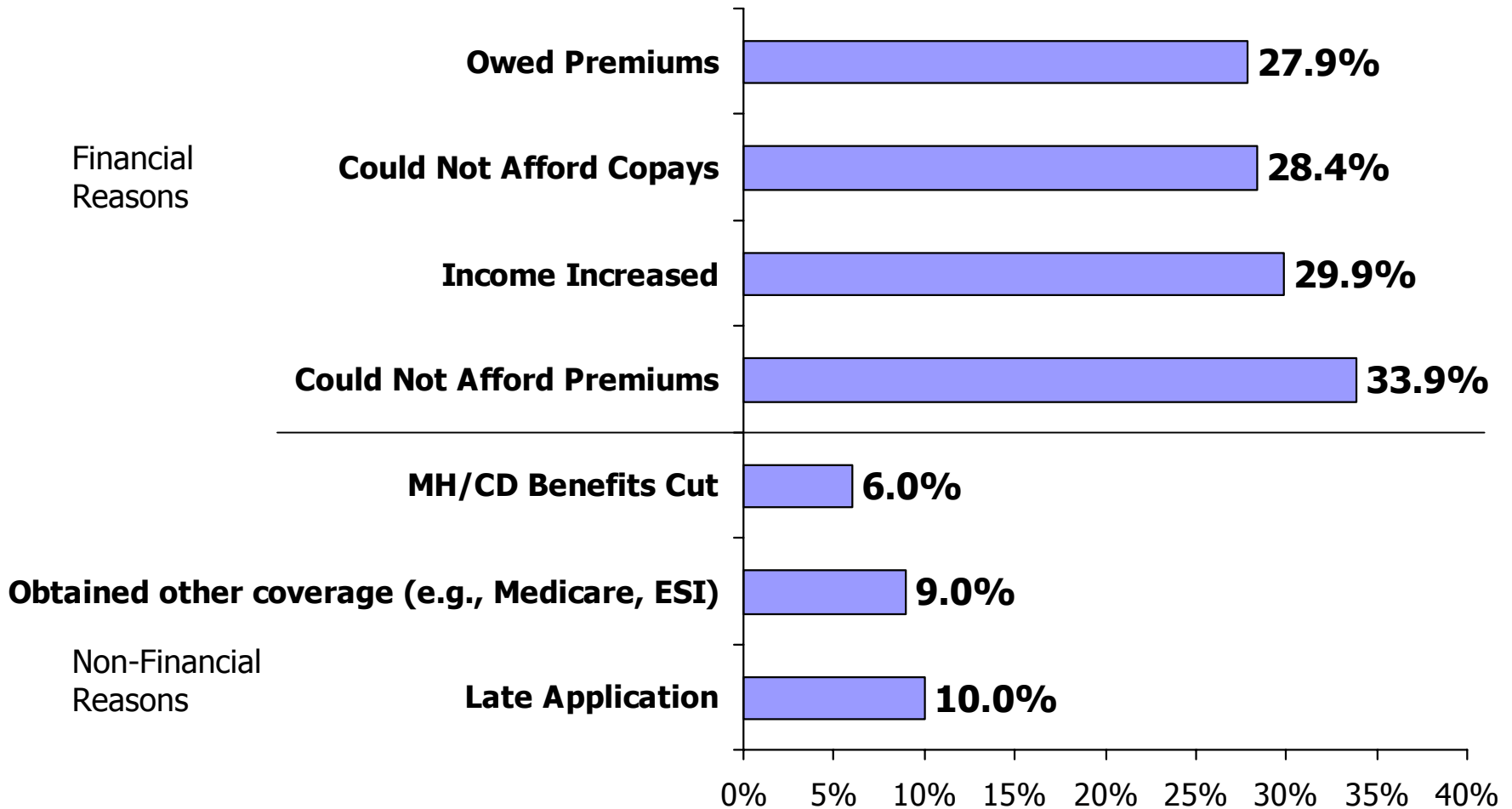
VS.

- 52.4% of those with no chronic conditions maintained continuous coverage.

**Diabetes, Asthma, Hypertension, CHF, Emphysema

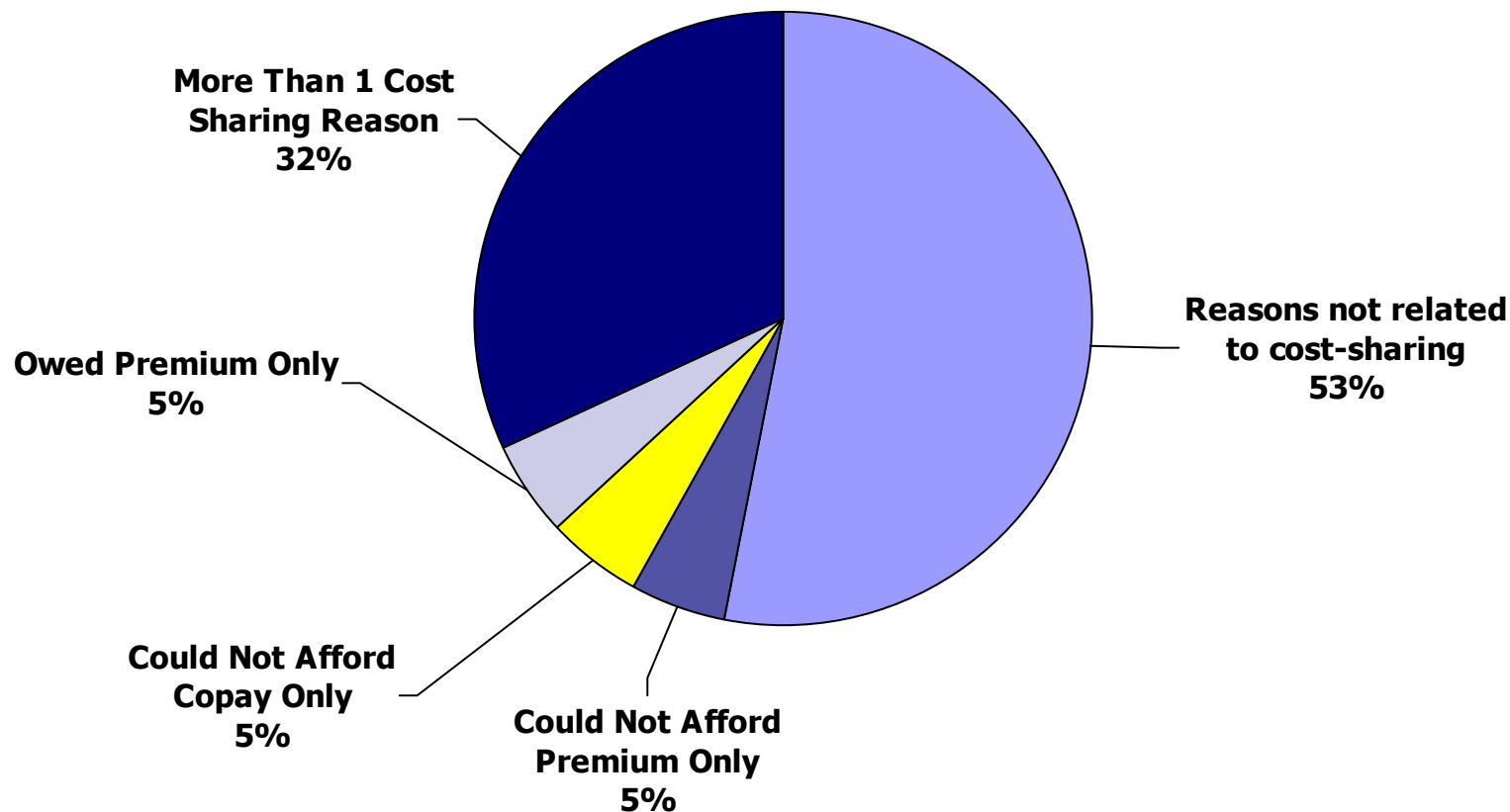
Significant, $p < .05$ (chi square)

Cost-sharing was a major driver of loss of coverage...



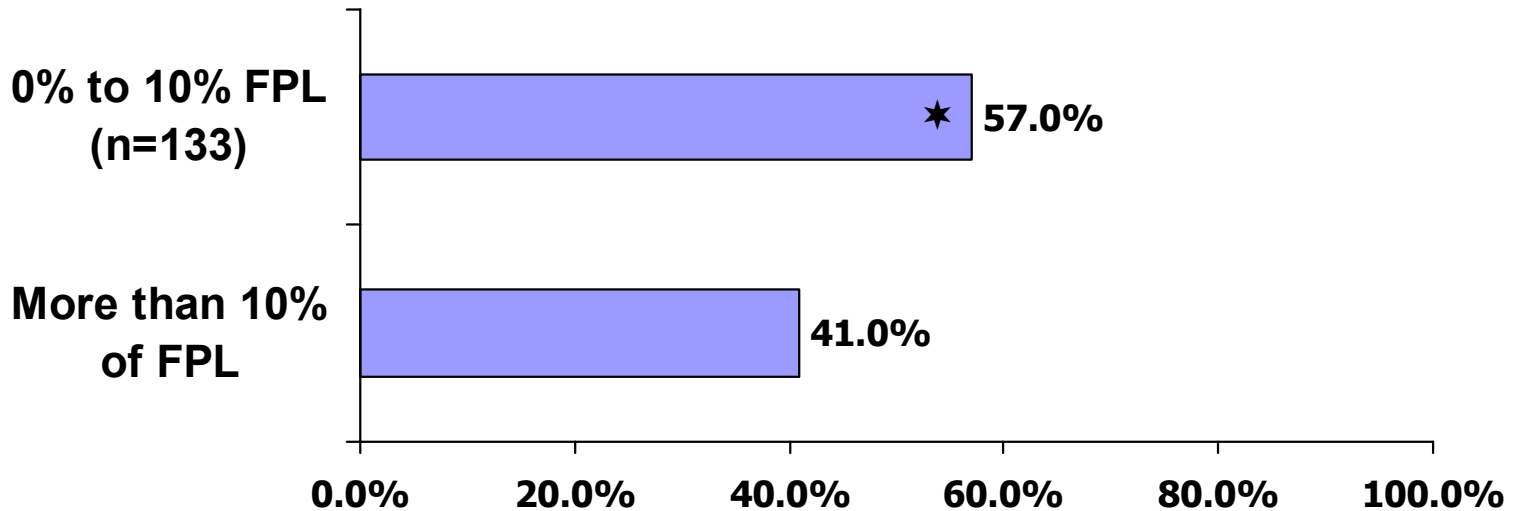
Note: Categories are not mutually exclusive. Will not sum to 100%.

Among those stating financial reasons for loss of coverage, most cited both premiums and copays as factors...



Cost sharing disproportionately affected lowest income group...

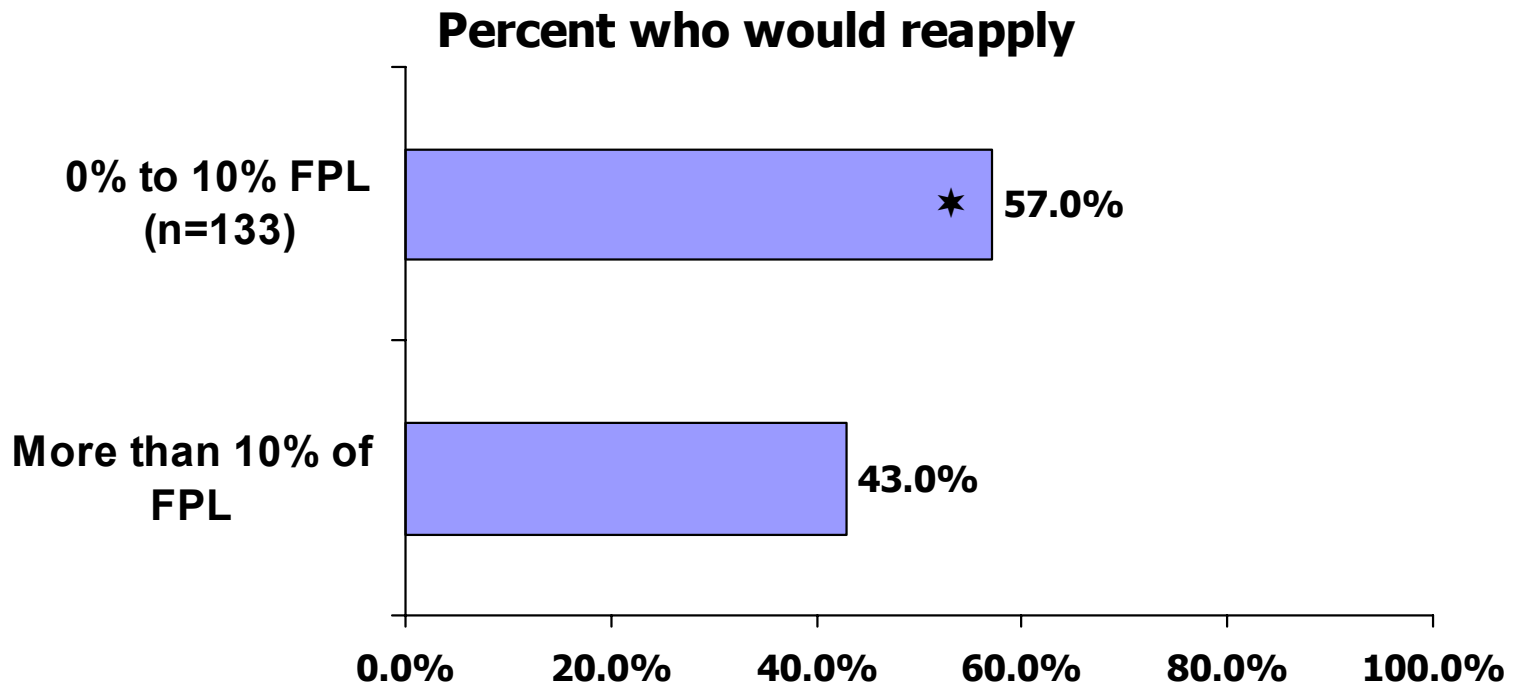
Percent reporting cost sharing as reason for loss of coverage




* $p < .01$

Respondents state a willingness to pay with small decreases in premiums...

If Premiums were lowered by \$3 per month would you continue without coverage or reapply for OHP?



* $p < .05$

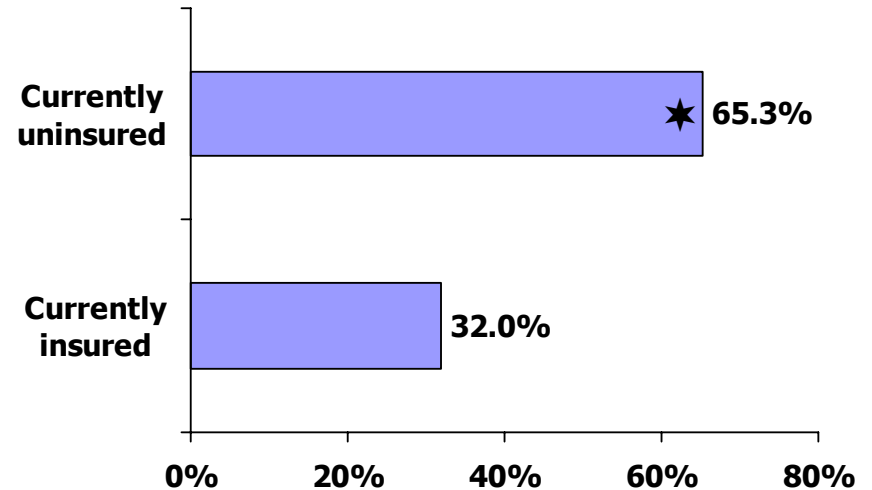
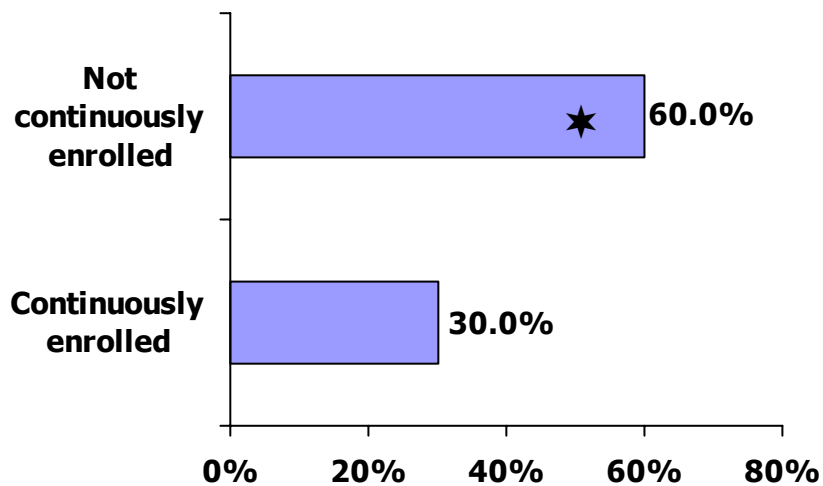


Section II

**Impacts of Program Changes
on Access to Health Care:
OHP Standard**

Loss of OHP and lack of current insurance lead to higher unmet need

Was there ever a time in the past 6 months when you needed care but did not get it?

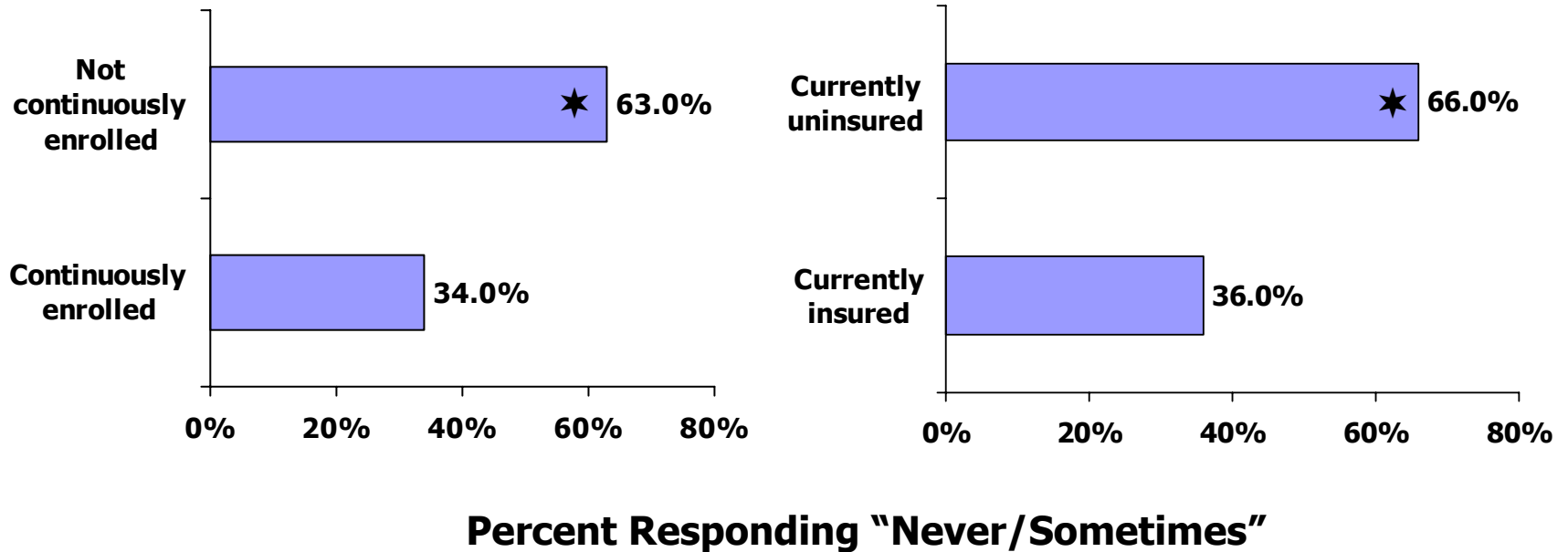


Percent Responding "YES" to Unmet Health Care Need.

*Significantly different, $p < .01$.

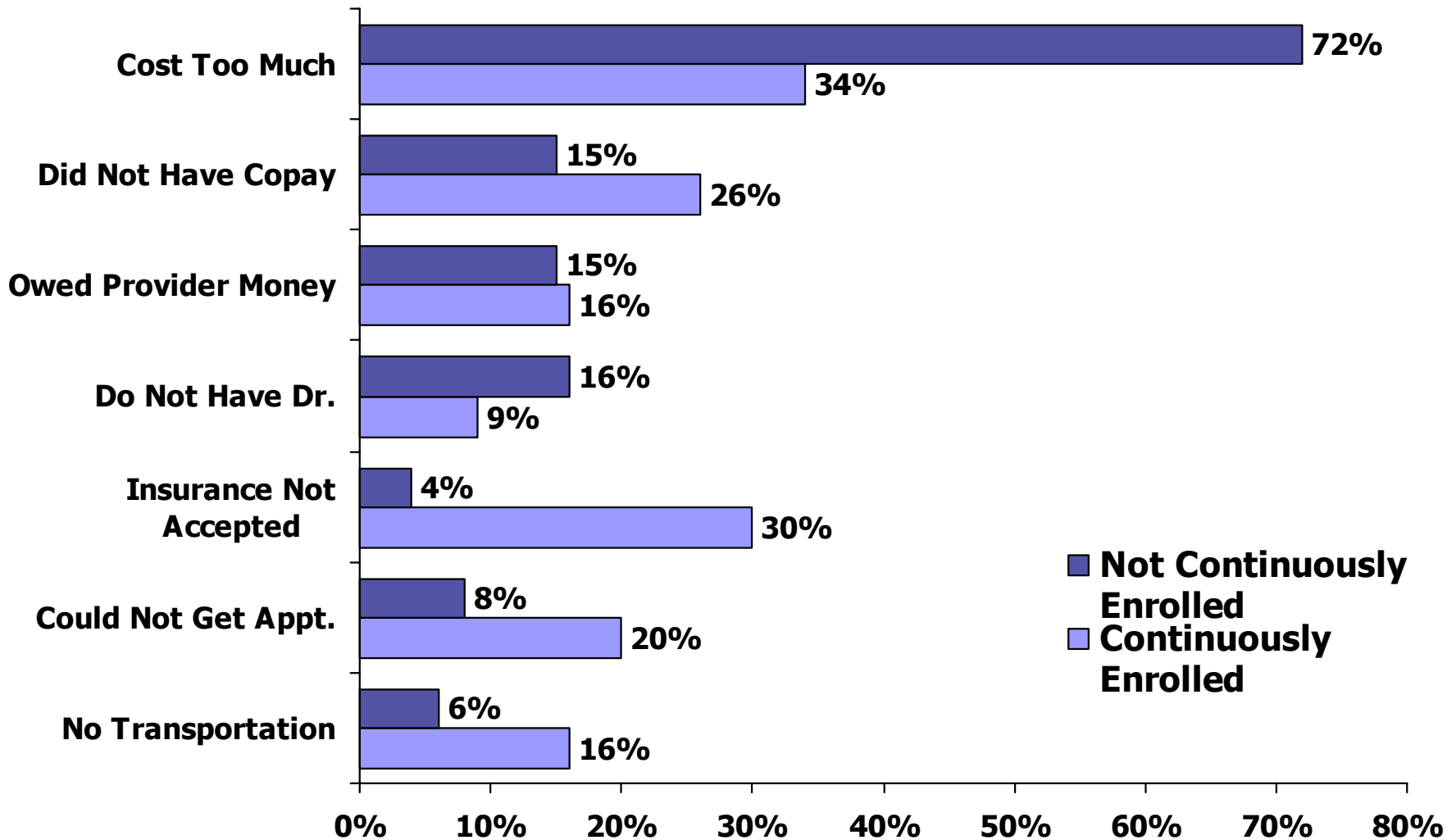
Loss of OHP and lack of current insurance lead to higher unmet need, even for urgent care...

When you needed care right away for an illness or injury, how often did you get care as soon as you wanted?



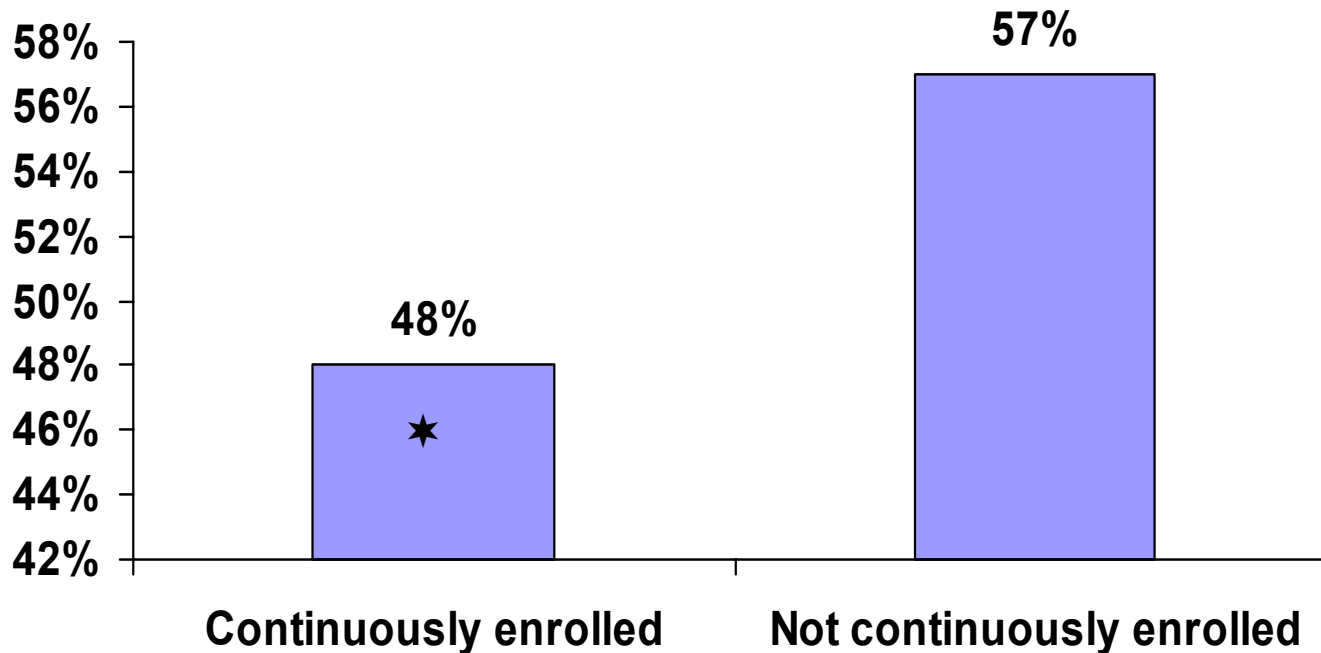
*Significantly different, $p < .01$.

Cost was a major reason for not getting needed care...



Note: Categories Are Not Mutually Exclusive. Will not sum to 100%.

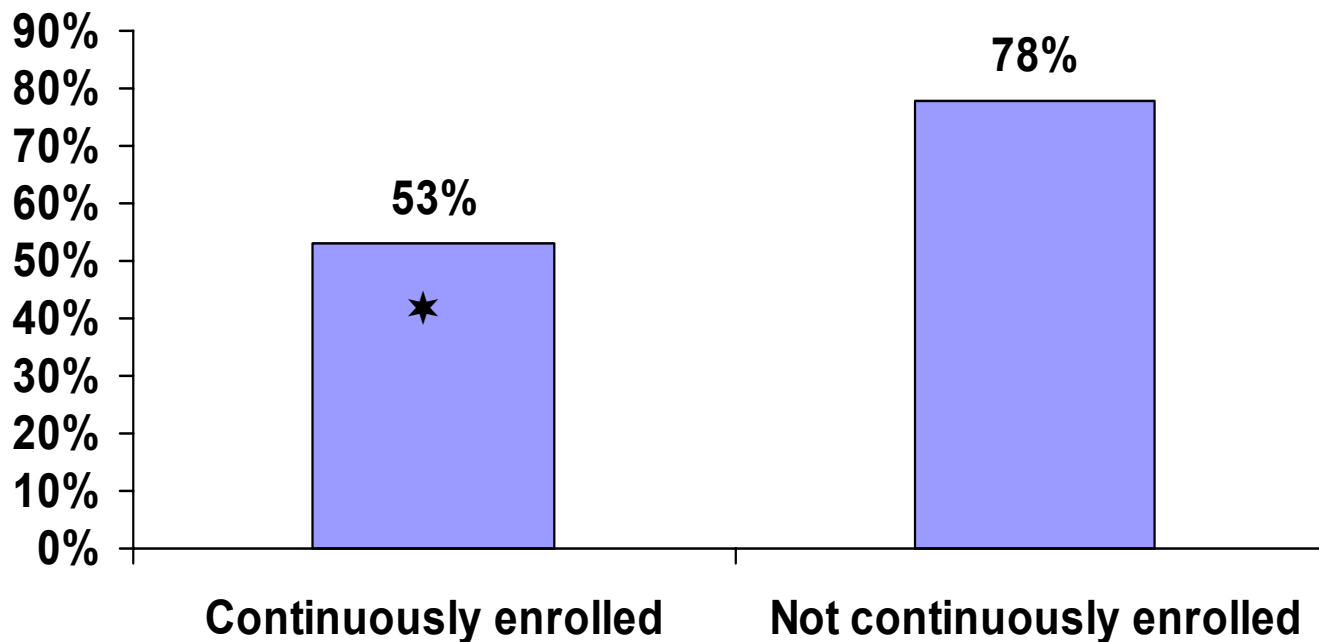
Former OHP Standard clients report there have been occasions when they have not purchased prescription medications due to cost...



Percent reporting could not afford prescription medications.

★ Significantly different, $p < .05$.

OHP Standard clients who lost coverage were more likely to report unmet mental health care needs...

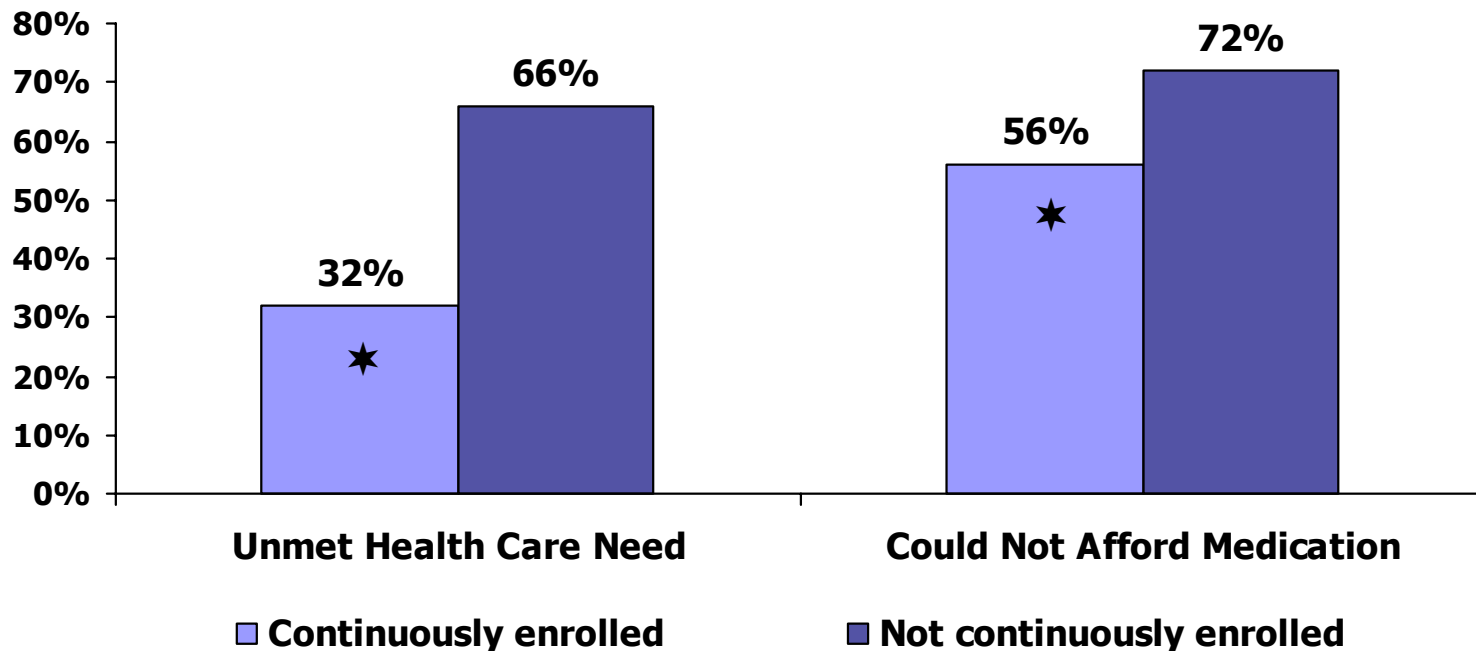


Percent who reported needing but not receiving mental health care.

★ Significantly different, $p < .01$.

Loss of OHP Standard coverage particularly affected those with chronic conditions...

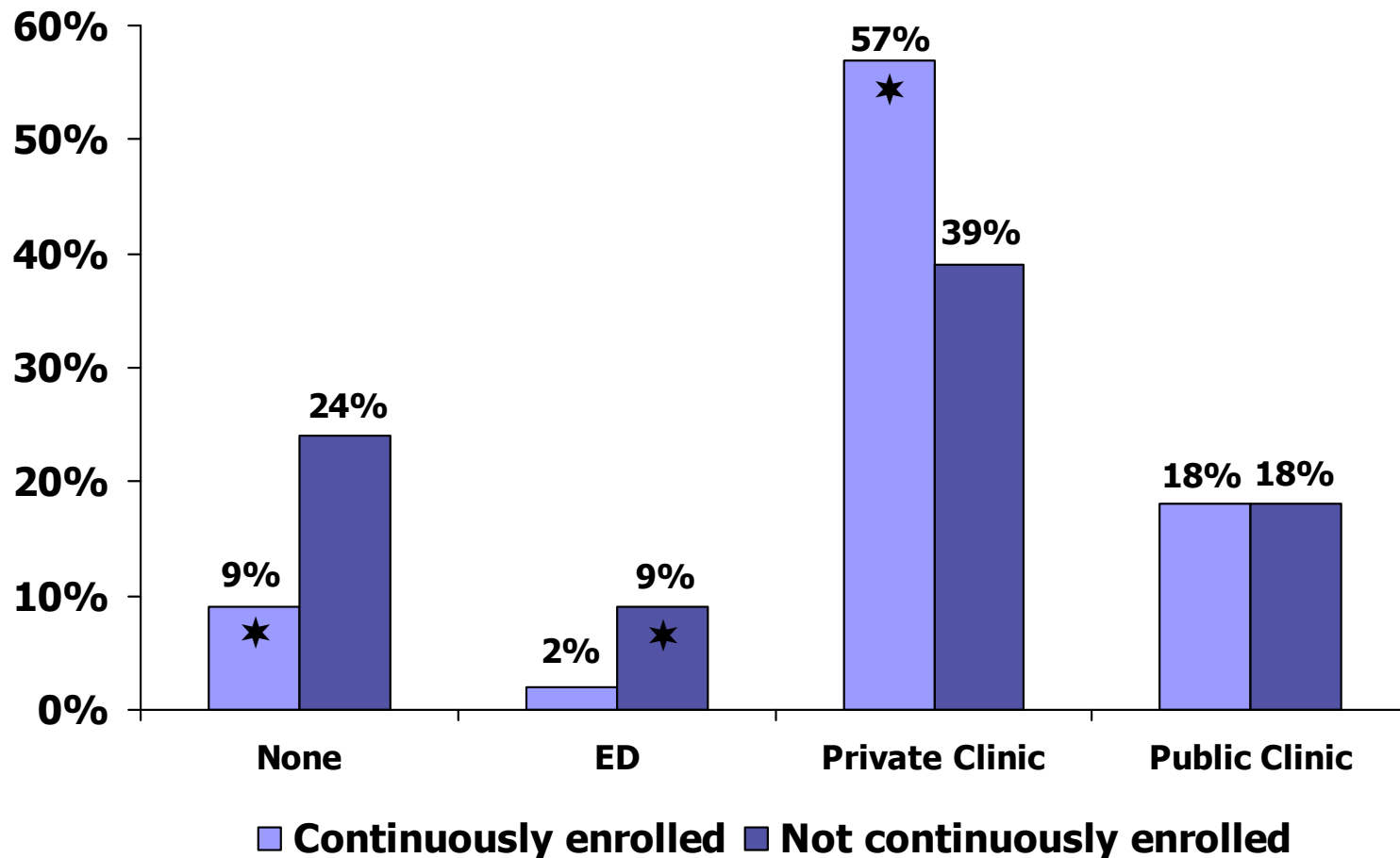
Unmet Need Among People with Chronic Conditions**



**Diabetes, Asthma, Hypertension, CHF, Emphysema

Significantly different, $p < .01$

Former OHP Standard respondents were more likely to report ED as Usual Source of Care...



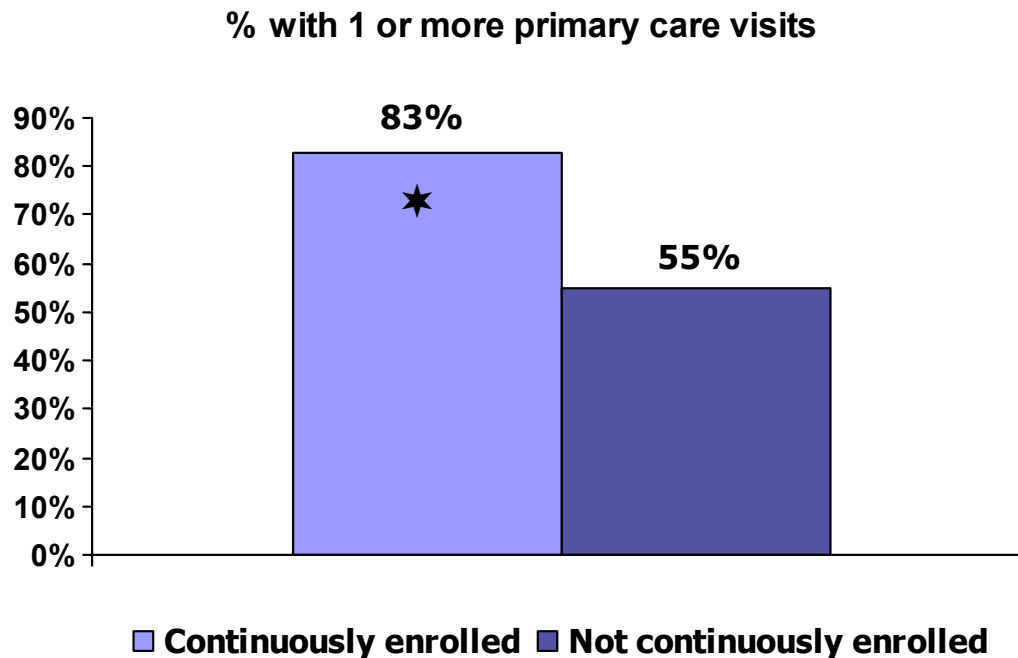
* Significantly different, $p < .01$



Section III

Impacts on Utilization: OHP Standard

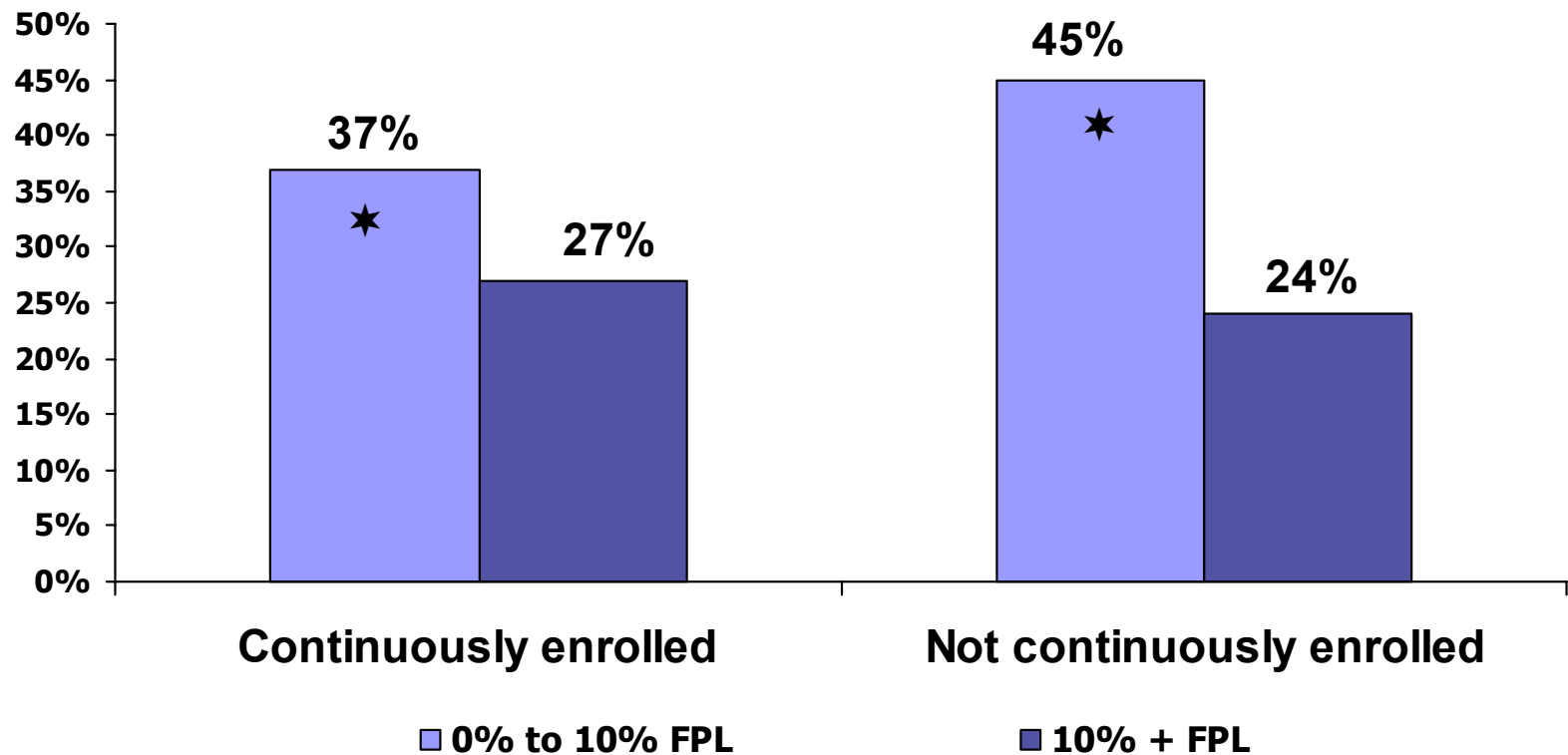
Former OHP Standard clients utilize primary care services less...



*Significantly different, $p < .01$

Loss of coverage increased Emergency Department use, especially among lowest income group...

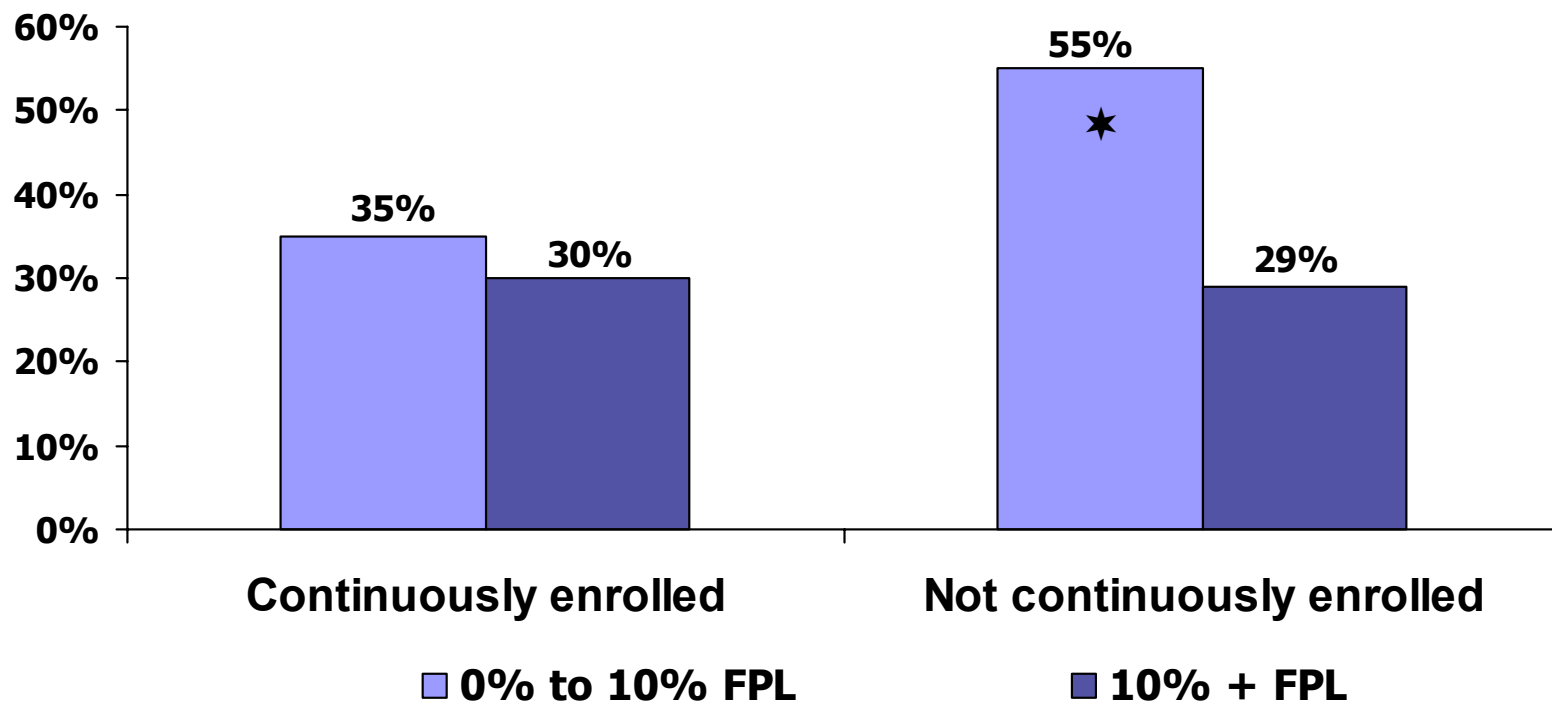
% with at least 1 ED visit past 6 months



*Significant difference, $p < .05$

Continuous enrollment mitigates ED use for lowest income persons with chronic illness...

% of Chronically ill with at Least 1 ED Visit in Last 6 Months



★ Significant difference, $p < .05$.

Conclusion and Implications

■ Enrollment – Standard Population

- Most who lost coverage remained uninsured.
- Premium Cost was most common reason for loss of coverage.
- Lowest income group was disproportionately affected by cost sharing.
- Most would reapply if premiums were decreased.

Conclusion and Implications

■ Access

- Those who lost coverage had higher unmet needs for medical care, urgent care, mental health care and prescription medications.
- Persons with chronic illness who lost coverage were more likely to report unmet health care needs.
- Cost was primary reason for unmet health care needs.

Conclusion and Implications

■ Utilization

- Those who lost coverage were nearly 3 times more likely to have no usual source of care and were 4-5 times more likely to report the Emergency Department as usual source of care.
- Those who lost coverage were less likely to have a primary care visit.
- Loss of coverage increased the likelihood of an ED visit among individuals in the lowest income group especially those with chronic conditions.

Data Limitations

- Analysis is based on preliminary mail-return data including only the English speaking population.
- Data on enrollment, access, and utilization are based on self-report.
- Survey respondents may have higher rates of chronic illness than general OHP population.
- This is the baseline, cross-sectional survey and associations may not be causal.

Next Steps

- This is the baseline survey for a proposed longitudinal cohort design.
- Funding is currently being sought to complete 2 additional surveys at 12 and 18 months using a combination of mail and telephone surveys.
- Follow-up surveys will allow causal analysis of the impact of program changes on OHP Standard.