



# **An Update on Health Reform in Massachusetts as of Fall 2008**

## **Access to and Affordability of Health Care**

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# Findings Reported Last Year

- Significant gains in insurance coverage
- No evidence that private coverage was being “crowded out” by public coverage
- Access to care had improved
- Health care was more affordable for individuals
- Support for health reform remained high



# Focus of this Presentation

- Update on impacts of health reform on access to and affordability of health care
- Variation across the state in access to and affordability of health care in Fall 2008
- Support for health reform



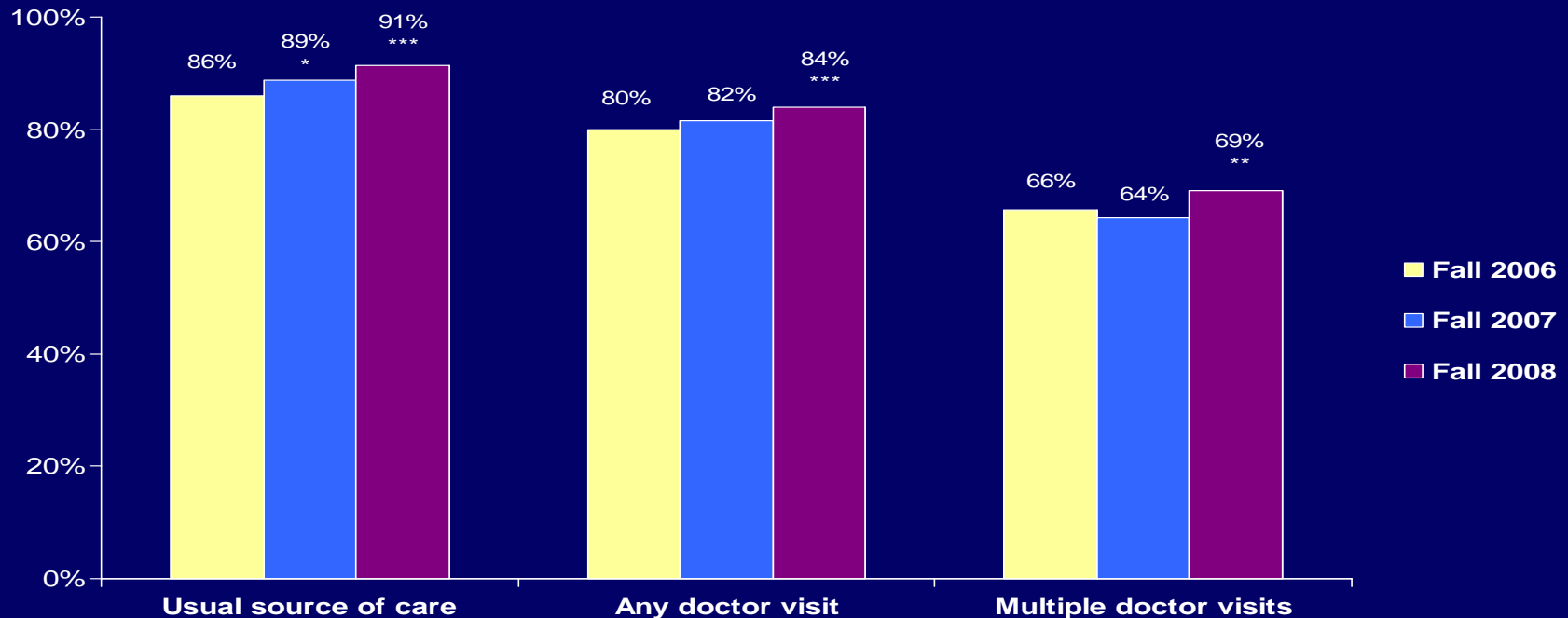
# Data and Methods

- Data: Massachusetts Health Reform Survey
  - Fielded in Fall 2006, Fall 2007 & Fall 2008
  - Telephone interviews with samples of adults 18 to 64
  - Sample sizes 3000+ in each year
- Methods: Estimate impact of health reform as change over time from Fall 2006



# Health care access and use

- Adults are more likely to have a regular health care provider and to have had health care visits over the prior year

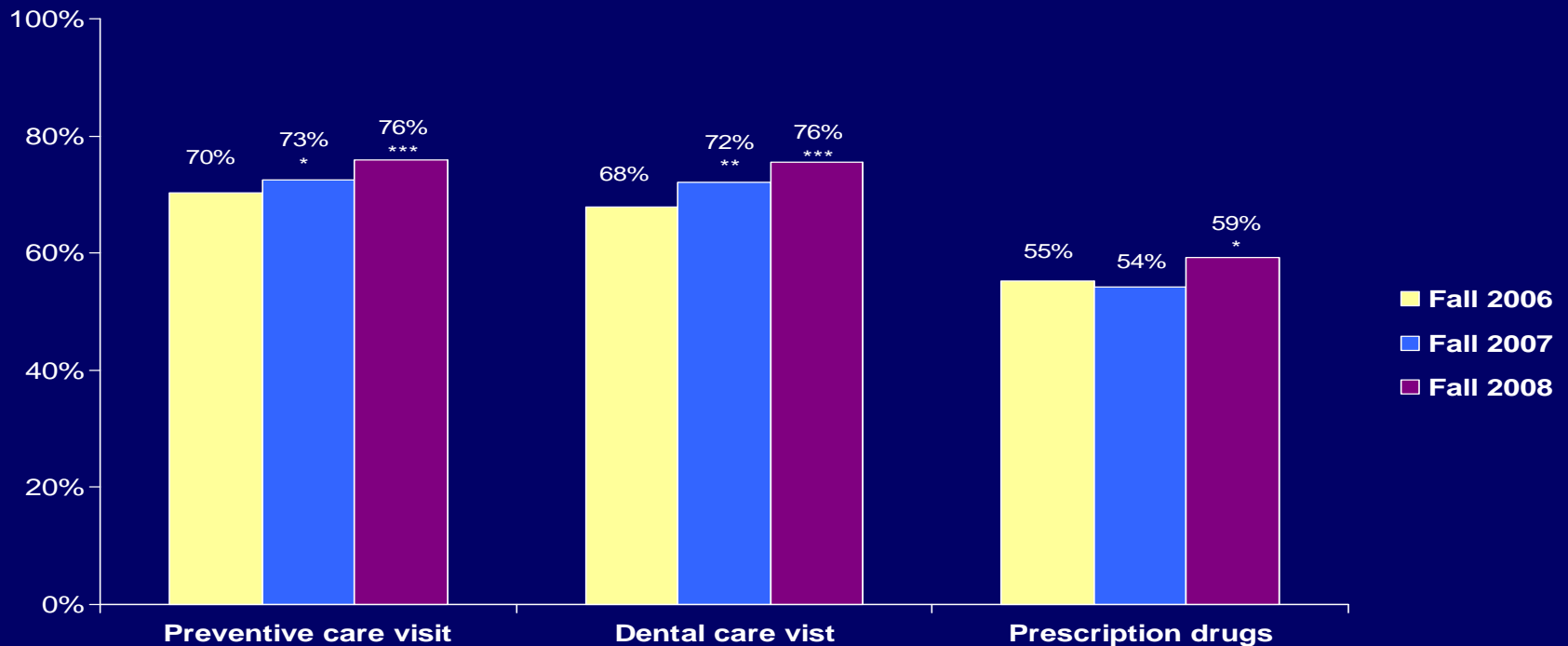


\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.



# Health care access and use

- Adults are also more likely to have had preventive care visits, dental care visits, and prescription drugs

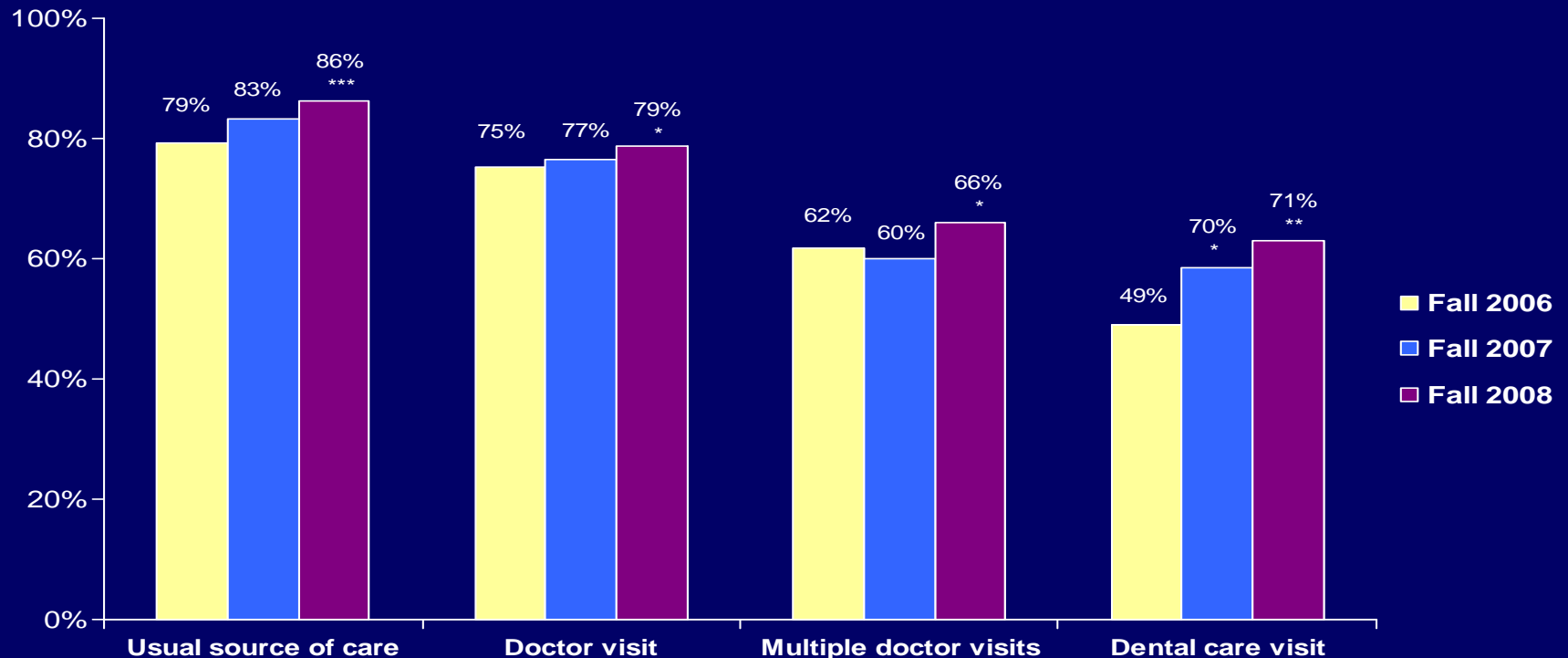


\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.



# Health care access and use

- The gains in access to care were greatest for lower-income adults

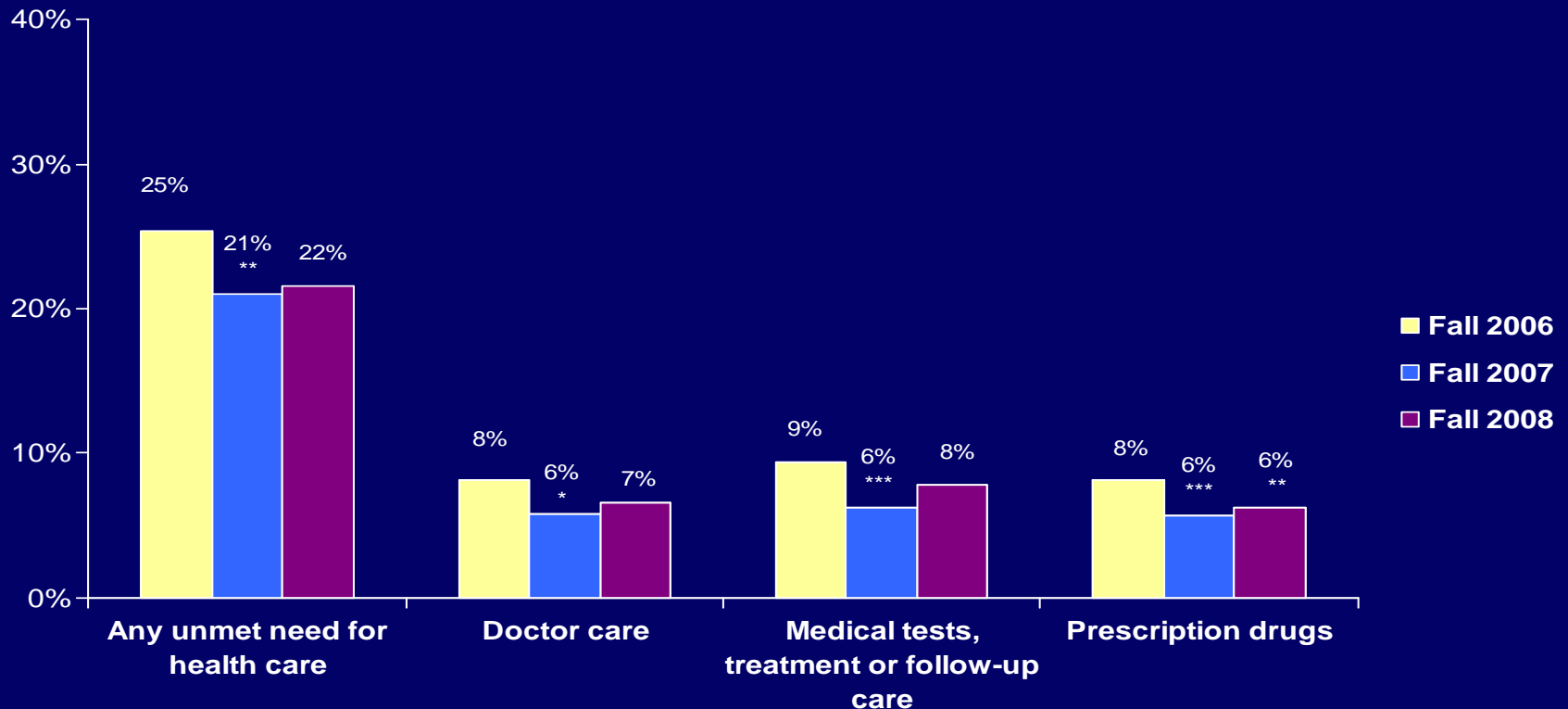


\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.



# Unmet need for care for any reason

- The significant reductions in unmet need for any reason from Fall 2007 had largely disappeared by Fall 2008

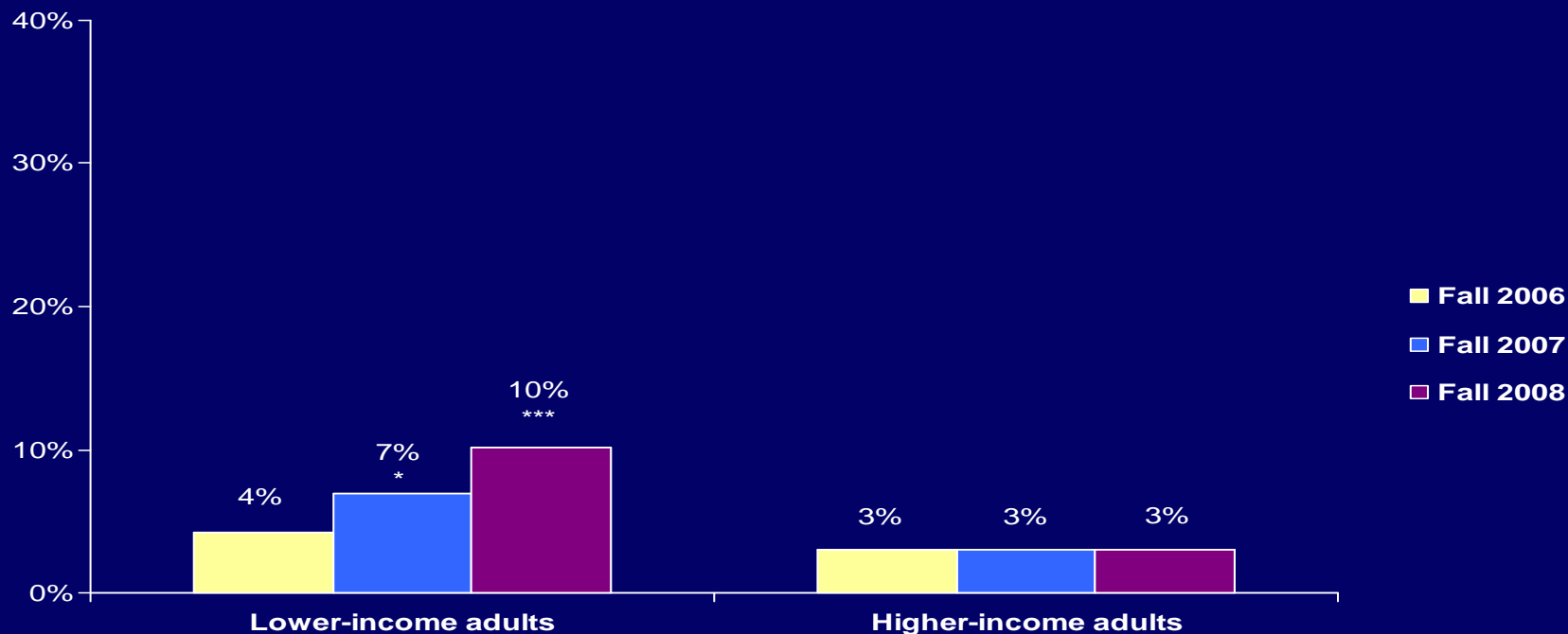


\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.



# Unmet need for care because of difficulties getting to see a provider

- Continued increases in unmet need because of difficulties getting to see a provider among lower-income adult since Fall 2006

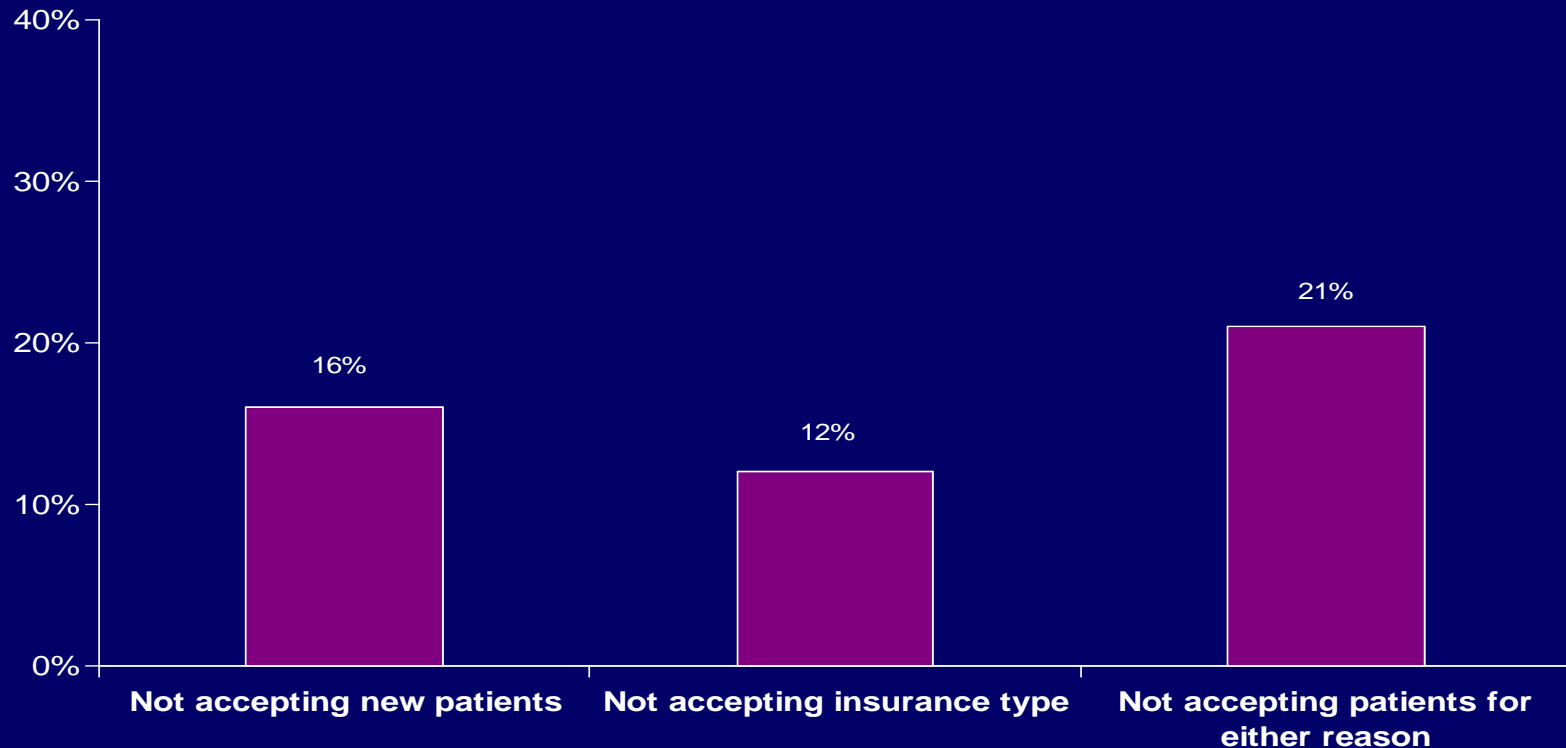


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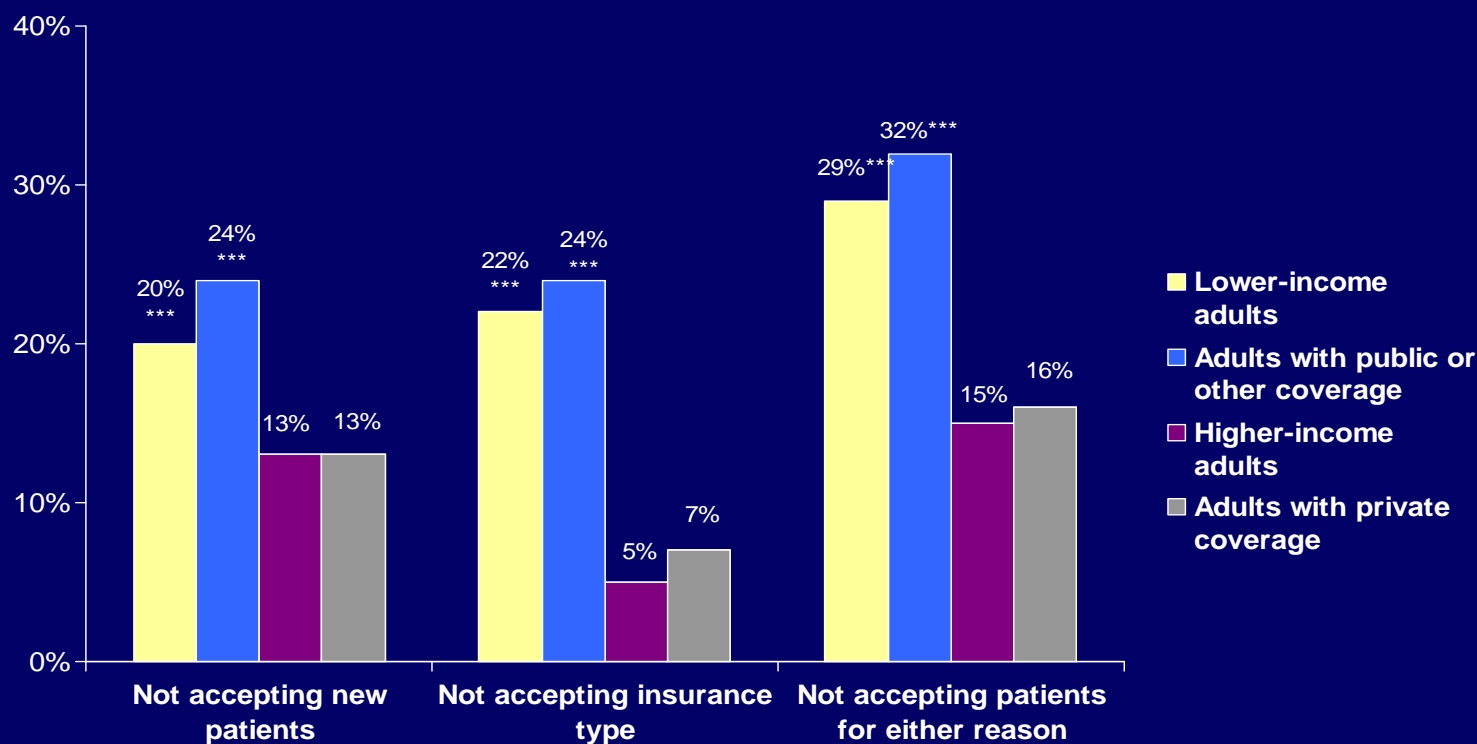
# Difficulties obtaining care in Fall 2008

- About 1 in 5 adults reported difficulties obtaining care because providers were not accepting new patients or not accepting their insurance type



# Difficulties obtaining care in Fall 2008

- Lower-income adults and adults with public or other coverage were more likely to report such difficulties in obtaining care

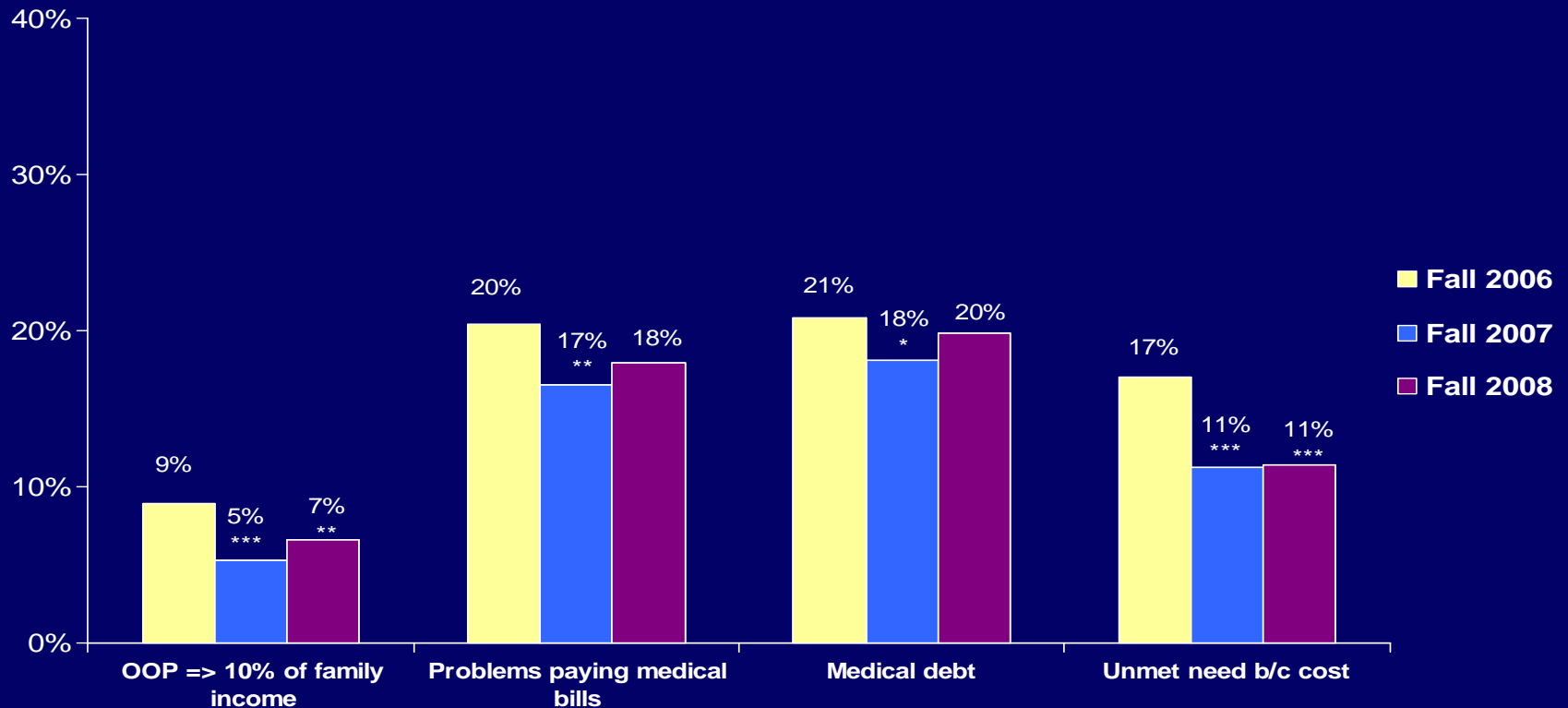


\* (\*\*) (\*\*\*) Estimates of difference between income groups or coverage groups significant at .10 (.05) (.01) level, two-tailed test.



# Affordability of health care

- Affordability of care for adults is still below that of Fall 2006; however, have lost some of the gains from Fall 2007

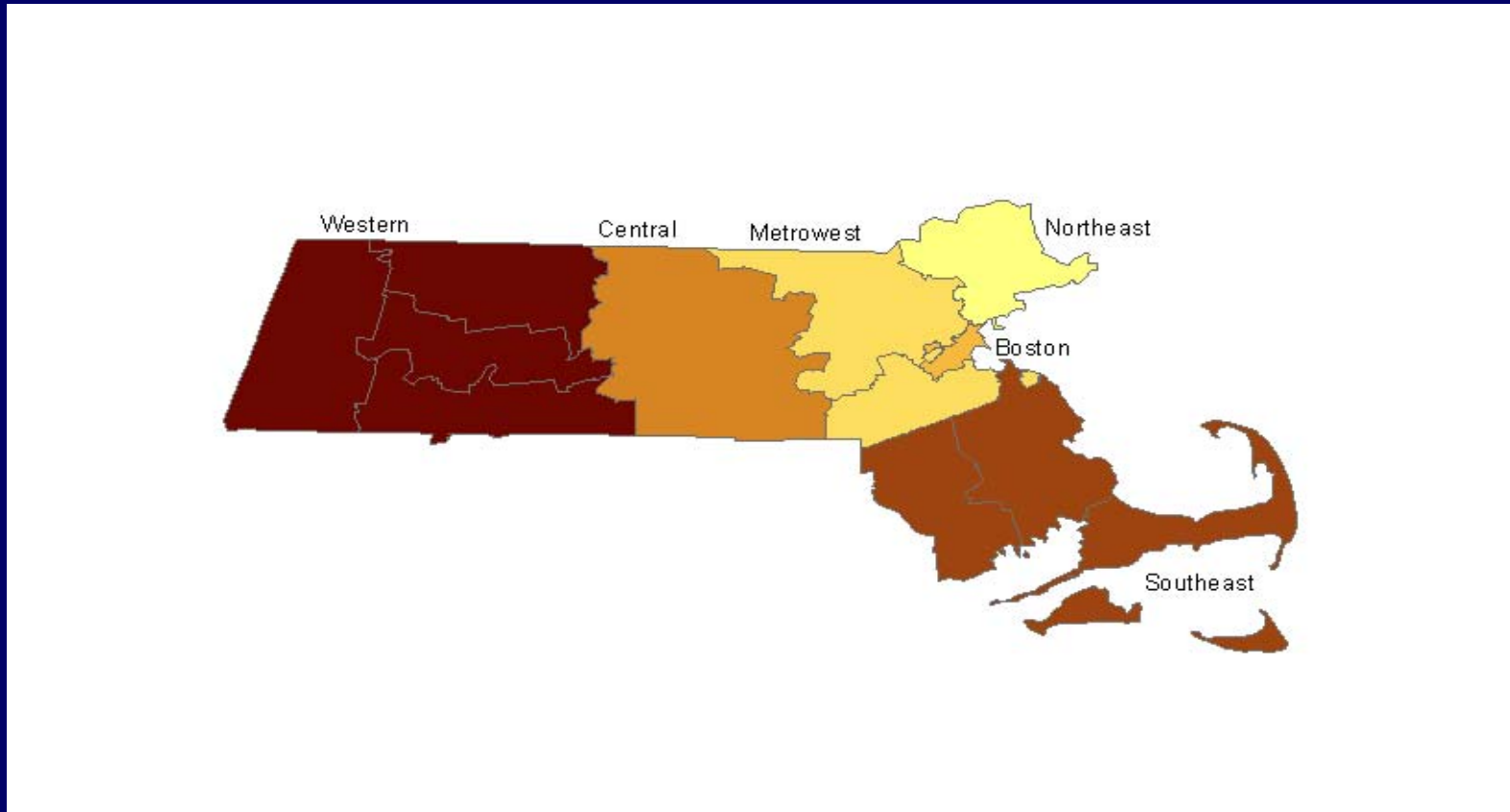


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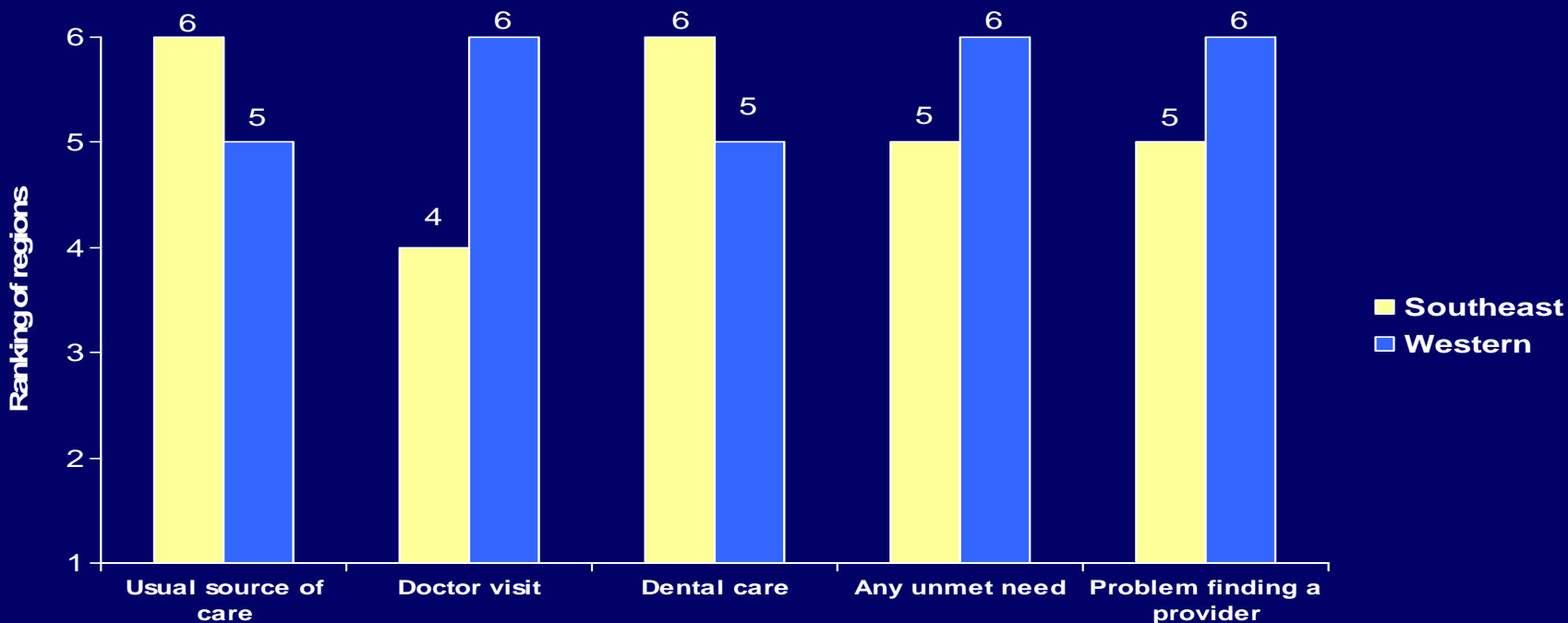
# Variation across the state in Fall 2008

- Focus on six regions in the state, controlling for differences in health care needs among residents in the regions



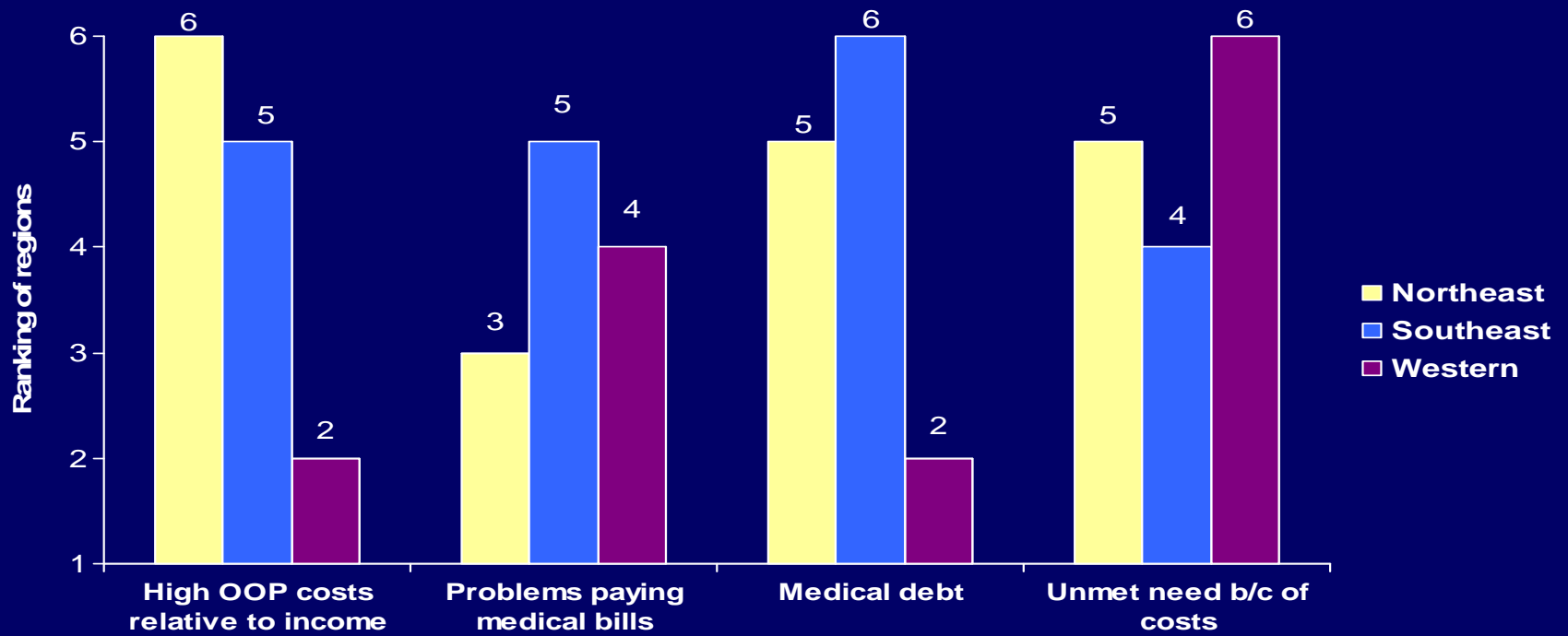
# Variation across the state in Fall 2008: Health care access and use

- Southeast and Western regions often ranked 5<sup>th</sup> or 6<sup>th</sup> (poorer access) on measures of access to care



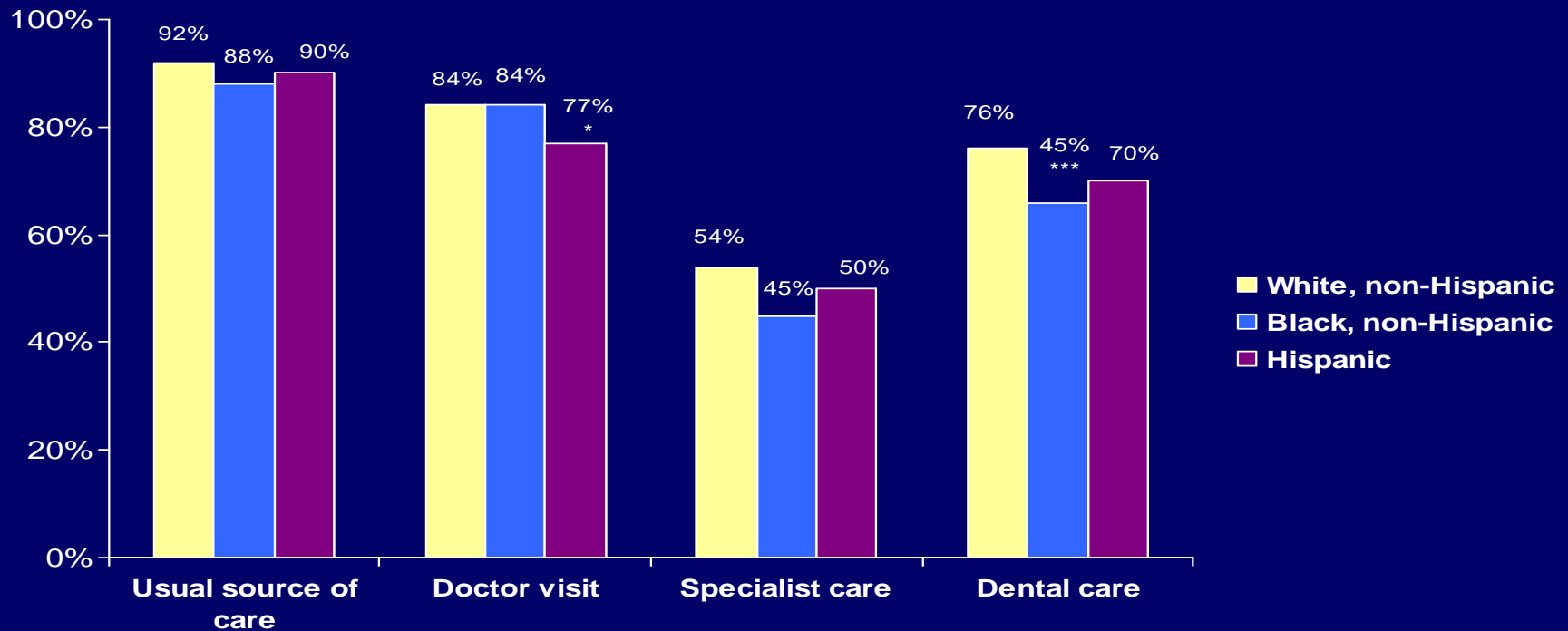
# Variation across the state in Fall 2008: Affordability of health care

- Northeast, Southeast and Western regions often ranked 5<sup>th</sup> or 6<sup>th</sup> (lower affordability) on measures of affordability of care



# Racial/ethnic differences in Fall 2008: Health care access and use

- Somewhat lower access and use for black and Hispanic adults than white adults

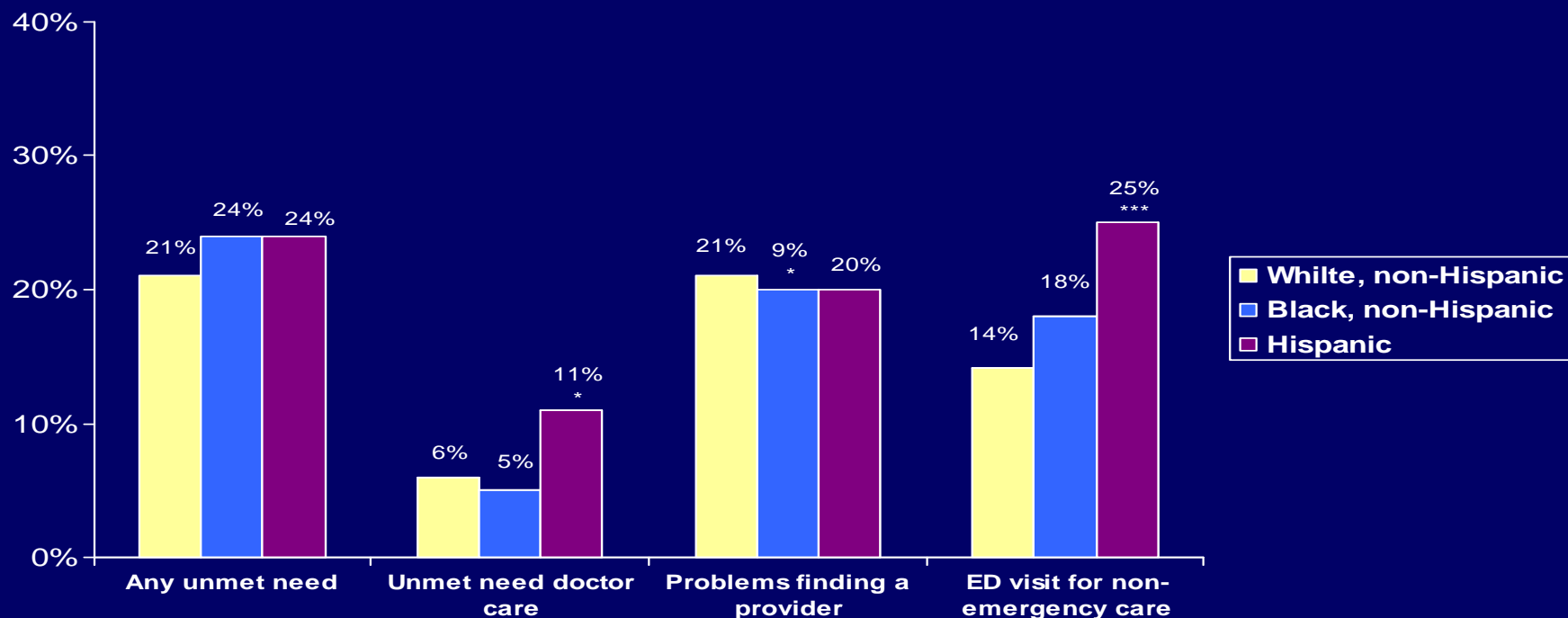


\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from white, non-Hispanic adults significant at .10 (.05) (.01) level, two-tailed test.



# Racial/ethnic differences in Fall 2008: Difficulties obtaining care

- Somewhat greater difficulties obtaining care for black and Hispanic adults than white adults

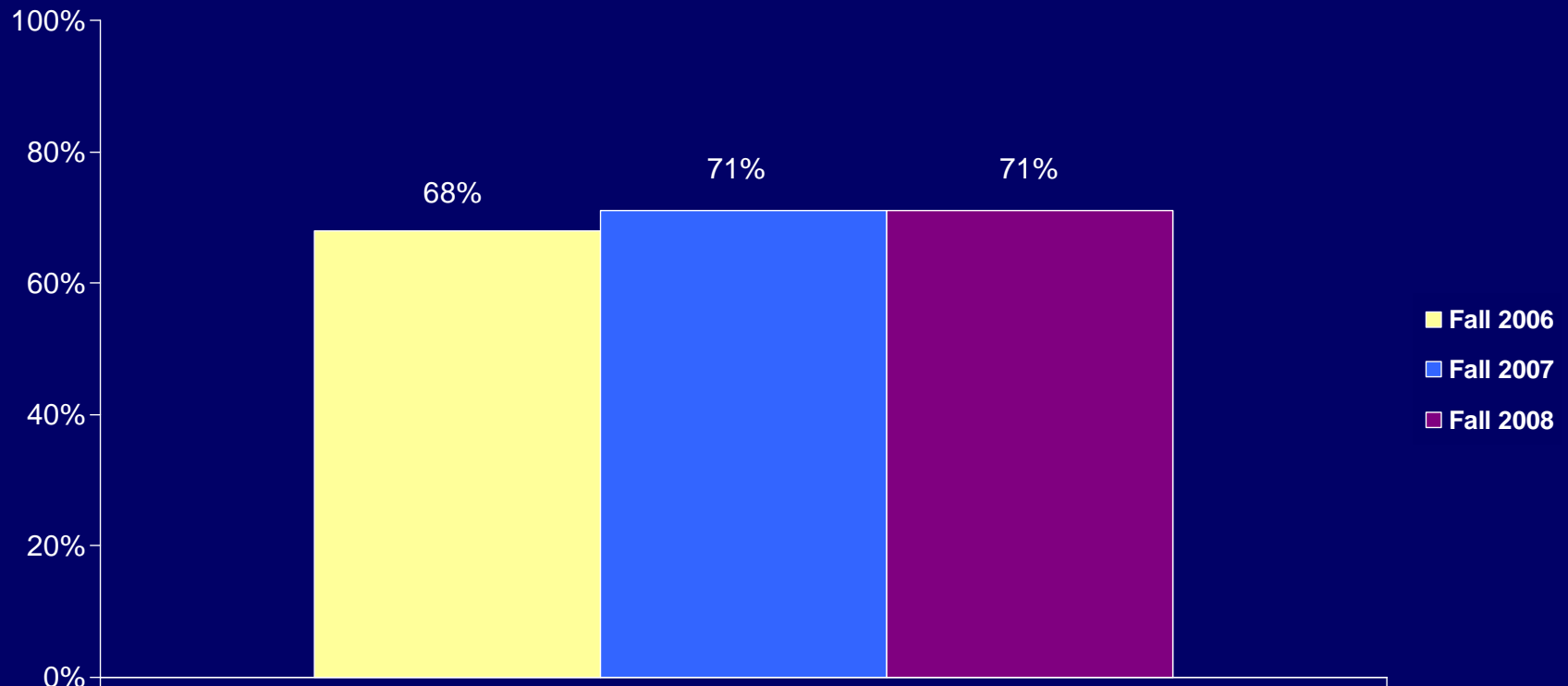


\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from white, non-Hispanic adults significant at .10 (.05) (.01) level, two-tailed test.



# Support for health reform

- Working-age adults in Massachusetts continued to support health reform in Fall 2008

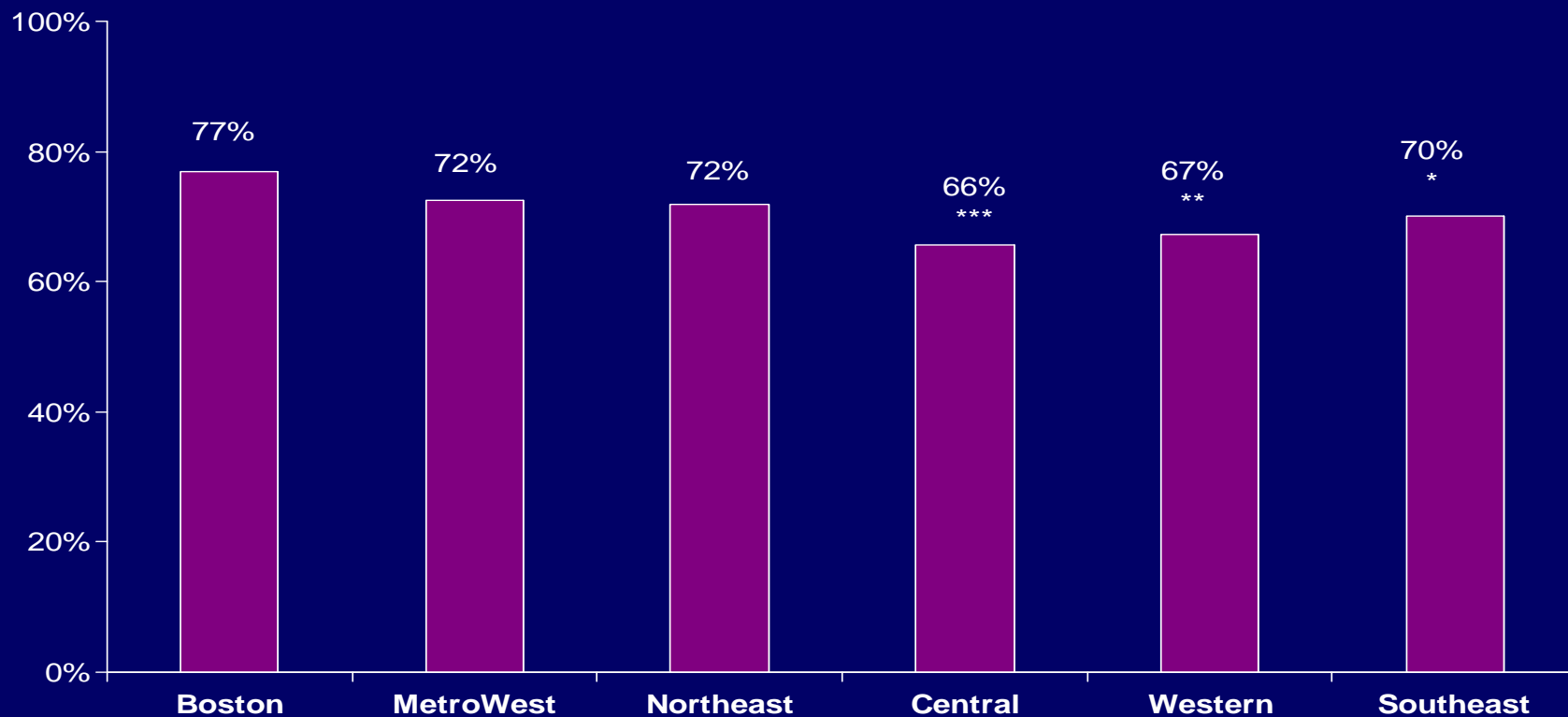


\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from Fall 2006 significant at .10 (.05) (.01) level, two-tailed test.



# Support for health reform in Fall 2008

- Support for reform was high across the state in Fall 2008



\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from Boston region significant at .10 (.05) (.01) level, two-tailed test.



# Support for health reform in Fall 2008

- Support for health reform was high across different segments of the population in Fall 2008



\* (\*\*) (\*\*\*) Regression-adjusted estimate of difference from rest of population significant at .10 (.05) (.01) level, two-tailed test.



# Study Limitations

- One set of estimates of the impacts of reform
- Estimates are of interim impacts of reform
- “Pre-post” evaluation design
  - Additional studies are being conducted using other data sources and methods to check findings

# Summary of Findings as of Fall 2008

- Improvements in access to and use of health care
  - Significant gains between Fall 2007 and Fall 2008
  - Evidence of increased barriers to care as demand increased
- Improvements in affordability of care
  - Continued gains in affordability of care through Fall 2008
  - However, some of the early gains eroded between Fall 2007 and Fall 2008 with increasing health care costs
- Support for reform remains strong in the state