Medi-Cal Enrollees’ Access to Care

Chris Perrone
Director, Improving Access

Assembly Select Committee on Health Care Delivery Systems and Universal Coverage

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Overview

• Framework

• Findings
  ▪ Non-elderly Adults
  ▪ California research
  ▪ Focus on comparison of Medi-Cal to uninsured and individual market coverage

• Key Program Features

• Summary

• Improvement Strategies
Framework for Measuring Access

- **Potential Access**: Is care available? Is it affordable? Do people have a usual source of care?
- **Realized Access**: Are people getting care they need? Is it timely and appropriate?
- **Outcomes**: What is the impact on health? On financial well-being?
Populations differ in important ways

Selected Population Characteristics

Source: California Health Interview Survey (CHIS), 2016. Non-elderly adults.
Physician participation in Medi-Cal is insufficient, has not kept pace with enrollment growth

Payment is the #1 reason physicians give for limiting their participation in Medi-Cal. They also report greater difficulty obtaining referrals for their Medi-Cal patients.

Access to care for adult Medi-Cal enrollees is generally comparable to individual market and better than uninsured.

**Has Usual Source of Care**

- **Employer**: 90%
- **Individual**: 85%
- **Medi-Cal**: 84%
- **Uninsured**: 52%

**Had Difficulty Finding Primary Care**

- **Employer**: 4%
- **Individual**: 10%
- **Medi-Cal**: 8%
- **Uninsured**: 9%

**Visited Doctor Within Past Year**

- **Employer**: 85%
- **Individual**: 77%
- **Medi-Cal**: 80%
- **Uninsured**: 56%

**Had Difficulty Finding Specialty Care**

- **Employer**: 10%
- **Individual**: 23%
- **Medi-Cal**: 25%
- **Uninsured**: 33%

Source: California Health Interview Survey (CHIS), 2016. Those answering yes to either of the following questions were categorized as having difficulty finding care: During the past 12 months, did you have any trouble finding a general doctor (or medical specialist) who would see you? During the past 12 months, did a doctor’s (or medical specialist’s) office tell you that they would not take you as a new patient?
Adult Medi-Cal enrollees are less likely to forgo care due to cost, but have more difficulty getting timely care.

Had to Forgo Needed Medical Care

- Employer: 53%
- Individual: 72%
- Medi-Cal: 58%
- Uninsured: 75%

Delayed Care Due to Cost

- Employer: 36%
- Individual: 67%
- Medi-Cal: 42%
- Uninsured: 80%

Able to Get Appointment Within 2 Days

- Employer: 70%
- Individual: 66%
- Medi-Cal: 48%
- Uninsured: 63%

Source: California Health Interview Survey (CHIS), 2016
Secret shopper study shows challenges Medi-Cal enrollees face getting timely care as a new patient

Percent of Primary Care Physicians Listed in Plan Directory As Accepting New Patients Who Had Available Appointment

El Dorado: 42% available, 6% within 10 business days.
Placer: 23% available, 14% within 10 business days.
Sacramento: 44% available, 19% within 10 business days.
San Joaquin: 50% available, 36% within 10 business days.
Solano: 25% available, 10% within 10 business days.
Sutter: 36% available, 17% within 10 business days.
Yolo: 24% available, 20% within 10 business days.
Yuba: 50% available, 31% within 10 business days.

Available Appointment
Within 10 Business Days, Any Provider in Same Practice

Higher ED Use Among Adult Medi-Cal Enrollees Reflects Population Differences

**Visited ED in Past Year**

<table>
<thead>
<tr>
<th>Category</th>
<th>Employer</th>
<th>Individual</th>
<th>Medi-Cal</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited ED</td>
<td>18%</td>
<td>18%</td>
<td>29%</td>
<td>17%</td>
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</tbody>
</table>

**Visited ED, Fair or Poor Health**

<table>
<thead>
<tr>
<th>Category</th>
<th>Employer</th>
<th>Individual</th>
<th>Medi-Cal</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited ED</td>
<td>28%</td>
<td>39%</td>
<td>40%</td>
<td>21%</td>
</tr>
</tbody>
</table>

**Visited ED, Fair or Poor Health and No long-term disability**

<table>
<thead>
<tr>
<th>Category</th>
<th>Employer</th>
<th>Individual</th>
<th>Medi-Cal</th>
<th>Uninsured</th>
</tr>
</thead>
<tbody>
<tr>
<td>Visited ED</td>
<td>22%</td>
<td>31%</td>
<td>26%</td>
<td>10%</td>
</tr>
</tbody>
</table>

Some Medi-Cal enrollees experience more difficulty accessing care than others

Preventable Hospitalizations, by Race/Ethnicity* (2011)

- Latino: 727
- Other White: 1,046
- African American: 1,912

Difficulty Finding Specialty Care, by Health Status (2016)

- Excellent: 16%
- VG/Good/Fair: 24%
- Poor: 36%

Difficulty Finding Specialty Care, by Disability (2016)

- Non-Disabled: 19%
- Disability: 40%

Difficulty Finding Specialty Care, by Region (2015-16)

- North Sierra: 40%
- Gr. Bay Area: 24%
- Sacramento: 50%
- San Joaquin V: 27%
- Central Coast: 22%
- Los Angeles: 25%
- Southern CA: 24%

There is considerable variation in performance among Medi-Cal managed care plans.

Source: Medi-Cal Managed Care Performance Dashboard, September 14, 2017 Release (DHCS, 2017). HEDIS is the Health Care Effectiveness Data and Information Set, a tool used to measure quality of care and service in managed care.
Quality of care in Medi-Cal managed care is similar to national Medicaid average, but not improving

<table>
<thead>
<tr>
<th>Service</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>National</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cervical Cancer Screening</td>
<td>65%</td>
<td>64%</td>
<td>59%</td>
<td>54%</td>
<td>56%</td>
</tr>
<tr>
<td>Diabetes Care - Testing</td>
<td>83%</td>
<td>83%</td>
<td>86%</td>
<td>86%</td>
<td>87%</td>
</tr>
<tr>
<td>High Blood Pressure Control</td>
<td>58%</td>
<td>56%</td>
<td>61%</td>
<td>61%</td>
<td>57%</td>
</tr>
<tr>
<td>Timely Prenatal Care</td>
<td>83%</td>
<td>81%</td>
<td>82%</td>
<td>79%</td>
<td>82%</td>
</tr>
<tr>
<td>Child Immunization Status</td>
<td>77%</td>
<td>75%</td>
<td>74%</td>
<td>71%</td>
<td>70%</td>
</tr>
<tr>
<td>Well Child Visit – Ages 3-6</td>
<td>75%</td>
<td>73%</td>
<td>73%</td>
<td>71%</td>
<td>72%</td>
</tr>
</tbody>
</table>

Source: Managed Care Quality and Monitoring Division, Medi-Cal Managed Care External Quality Review Technical Report (DHCS, 2017).
Public Plans Play A Unique Role in Medi-Cal

- Public plans outperform commercial plans on quality in 9 of 12 counties where they compete head-to-head.
- “Public plans were far more likely than commercial plans to make investments in safety-net clinics and were more likely to pair payments with technical assistance…. Public plans provided far larger levels of support targeted to expand access and implement practice improvements within safety net clinics”\(^1\)
- Several public plans making major investments to improve access and quality. For example:
  - Central California Alliance for Health’s Provider Recruitment Program made $20 million available to subsidize recruitment-related expenses for primary care, specialty care, and behavioral health professionals\(^2\)
  - Inland Empire Health Plan is investing in a $20 million initiative to integrate behavioral healthcare at the point of care with 13 entities across 34 sites\(^2\)


Source: DHCS, Managed Care Enrollment Report, November 2017
Several features of Medi-Cal are intended to promote better access

• Expansive benefit, including dental and transportation services
• No/low premiums and cost sharing
• Numerous legal and administrative protections for Medi-Cal enrollees
• Higher payments for selected providers/services
• Retroactive and presumptive eligibility; enrollment open year-round
Most enrollees have positive perception of Medi-Cal

Summary

• Physician participation in Medi-Cal is insufficient

• By most measures, access to care for Medi-Cal enrollees is significantly greater than for uninsured

• By many measures, access to care for Medi-Cal enrollees and those with coverage through individual market is comparable
  ▪ Privately insured more likely to delay care due to cost
  ▪ Medi-Cal enrollees more likely to have difficulty getting timely care

• Medi-Cal’s managed care infrastructure could be leveraged more effectively to improve access and quality
Ideas for Improving Access

- Improve health plan performance through value-based payment and contracting
- Encourage plans to expand access to telehealth
- Expand efforts to advance delivery system transformation
- Heed emerging recommendations from the California Future Health Workforce Commission
- Support efforts to measure and report network adequacy, timely access, and health outcomes