Primer on Minnesota Access Problems and Vulnerabilities

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Agenda

• Overview of the Minnesota Health Access Survey
• How does access to health insurance trend over time?
• Who are the uninsured?
• How does insurance influence access to care?
• What can we do about these challenges?
Brief overview of the Minnesota Health Access Survey

• General population telephone survey – move to address based in 2019
• Comparable data back to 2001, conducted biennially since 2007

2017 Information:
• 12,436 completed interviews
• Fielding period: June through early October 2017
• Sample design:
  • 75% cell phone/25% landline
  • Screening for age
  • Oversampled pre-paid cell phones
• Response rate: Overall: 28.8%
• Weighted to MN population using 2016 American Community Survey (ACS)
2017 Results
Trends in uninsurance

* Indicates statistically significant difference from previous year shown at the 95% level

Potential sources of coverage for the uninsured

- **Connection to Employer that offers coverage**: 36.7% (2013), 33.4% (2015), 30.8% (2017)
- **Eligible for employer coverage**: 19.6% (2013), 23.1% (2015), 18.6% (2017)
- **Potentially eligible for public coverage**: 67.4% (2013), 59.4% (2015), 51.1%~ (2017)
- **Potentially eligible for APTC**: 23.5% (2013), 22.7% (2015), 17.7% (2017)
- **Not eligible for employer coverage, public coverage or APTC (2013 does not include APTC eligibility)**: 12.5%~* (2013), 7.8%~ (2015), 7.8% (2017)

* Statistically significant difference from 2015 at the 95% level
~ Statistically significant difference from 2013 at the 95% level

Why don’t eligible people enroll in coverage?

• People without health insurance tend to have less awareness of coverage options

• They are worried or assume they cannot afford coverage, or that they aren’t eligible

• Confusion in current policy environment
  
  o A 2017 Commonwealth Fund survey found 39% of uninsured people had heard of the marketplace but did not enroll because they thought the ACA would be repealed or that the individual mandate was no longer in effect
Who are the uninsured in 2017?
Profile of the uninsured

• In 2017, populations with the highest uninsurance rates were:
  • Young adults, aged 18 to 34 (10.9%);
  • People with lower incomes (under 200% Federal Poverty Guidelines) (11.3%);
  • People with a high school education or less (11.9%); and
  • People of color and American Indians (13.9%)

• These populations also tend to have less access to employer sponsored (group) coverage

• While disparities remained, some of these groups maintained coverage gains from 2015, while others did not
Most adults saw a return to 2013 coverage levels

Some maintenance of 2015 coverage gains by race and ethnicity

* Statistically significant difference from previous year shown at the 95% level
# Statistically significant difference from previous year shown at the 90% level
People with the lowest incomes maintained coverage gains, yet have the highest uninsured rates.

Uninsurance rates by region

*Indicates statistically significant difference from 2015 (95% level)
^ Indicates statistically significant difference (95% level) from statewide level in 2017

Source: Minnesota Health Access Survey, 2015 and 2017
NEW: Uninsured profile by zip code

As part of a project to support targeted outreach and enrollment strategies to reach the remaining uninsured in Minnesota, SHADAC has developed a new resource tool with support from the Blue Cross and Blue Shield of Minnesota Foundation and guidance from MNsure navigators and policy makers. Composed of a downloadable profile and interactive map, the tool provides rates and counts of the uninsured in Minnesota at the ZIP code level, compares characteristics of the total population to the uninsured population in that ZIP code, and includes community characteristics.

https://www.shadac.org/resource-minnesota's-uninsured-profile-and-interactive-map
What about access to care?
The uninsured are more likely to…

• Report fair or poor health (21.6%, compared to 12.7% total population)

• Experience more unhealthy days related to their mental health per month (4.6 days compared to 2.9 days)

• Lack confidence in getting needed health care (38.2% compared to 9.9%)

• Report forgoing health care due to costs at twice the rate of the general population (46.0% compared to 21.0%)

Source: 2017 Minnesota Health Access Survey.
Where do the uninsured get health care?

Type of Usual Source of Care by Health Insurance Coverage, 2017

<table>
<thead>
<tr>
<th>Source</th>
<th>Public Coverage</th>
<th>Group Coverage</th>
<th>Individual Coverage</th>
<th>Uninsured</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Public Clinic</td>
<td>74.6%</td>
<td>81.1%</td>
<td>71.0%</td>
<td>33.1%</td>
<td>75.5%</td>
</tr>
<tr>
<td>Private clinic or Dr’s office</td>
<td>14.8%</td>
<td>5.3%</td>
<td>8.2%</td>
<td>11.9%</td>
<td>9.3%</td>
</tr>
<tr>
<td>Other</td>
<td>12.0%</td>
<td>17.1%</td>
<td>3.5%</td>
<td>47.4%</td>
<td>13.0%</td>
</tr>
<tr>
<td>Emergency Room/Urgent Care</td>
<td>17.1%</td>
<td>74.6%</td>
<td>71.0%</td>
<td>47.4%</td>
<td>17.1%</td>
</tr>
<tr>
<td>No usual source of care</td>
<td>2.6%</td>
<td>1.5%</td>
<td>3.5%</td>
<td>5.5%</td>
<td>2.2%</td>
</tr>
</tbody>
</table>

Source: 2017 Minnesota Health Access Survey.
People without health insurance have fewer doctor visits

Health Care Utilization by Health Insurance Coverage, 2017

- Less likely to see a Doctor
- Equally likely to have an inpatient stay as privately insured
- More likely to use the ED than privately insured, but less likely than publically insured

Source: 2017 Minnesota Health Access Survey.
Experiences with care: Insurance based discrimination

If insured:

“How often do health care providers treat you unfairly because of the type of health insurance you have?”

If uninsured:

“How often do health care providers treat you unfairly because you don’t have health insurance?”

CODING: sometimes, usually, always (1) and never (0)
What role does insurance based discrimination play?

<table>
<thead>
<tr>
<th>Category</th>
<th>0%</th>
<th>5%</th>
<th>10%</th>
<th>15%</th>
<th>20%</th>
<th>25%</th>
<th>30%</th>
</tr>
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<tbody>
<tr>
<td>Private</td>
<td>3% *</td>
<td></td>
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<tr>
<td>Public</td>
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<td></td>
<td></td>
<td>18% *</td>
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<tr>
<td>Uninsured</td>
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<td></td>
<td></td>
<td>25% *</td>
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</tr>
<tr>
<td>Male</td>
<td></td>
<td>6%</td>
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<tr>
<td>Female</td>
<td></td>
<td>8%</td>
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</tr>
<tr>
<td>White</td>
<td></td>
<td>5%</td>
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<tr>
<td>Black</td>
<td></td>
<td>5%</td>
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<td></td>
</tr>
<tr>
<td>Asian</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>American Indian</td>
<td></td>
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<td></td>
<td>13%</td>
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<tr>
<td>Other/Multiple</td>
<td></td>
<td>3%</td>
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<tr>
<td>Latinx</td>
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<td></td>
<td>7%</td>
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<tr>
<td>&lt;138% FPG</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td>24% *</td>
</tr>
<tr>
<td>138-400% FPG</td>
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<td></td>
<td>7%</td>
<td></td>
</tr>
<tr>
<td>&gt;400% FPG</td>
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<td></td>
<td></td>
<td></td>
<td>2%  *</td>
<td></td>
</tr>
</tbody>
</table>

* Indicates significant difference in IBD compared to all adults at p < .05

Source: 2017 Minnesota Health Access Survey.
Summary & possible solutions
Summary of results

• Trends in uninsurance are going the wrong direction
• Uninsurance is highest among those most vulnerable
• Insurance based discrimination creates barriers to access among those with insurance
• Disparities in uninsurance persist and those lacking insurance have worse access to care
• Disparities in access may impact the inequities seen in health outcomes
Ideas for expanding insurance AND access to care

• Policy
  • Increase access to affordable insurance; incentivize patient-centered or whole person care; enhance provider pay equity between public and private insurance; improve incentives to provide care to uninsured and publicly insured; reduce structural/economic barriers to wellbeing and health

• Insurers:
  • Simplify benefit structures so consumers understand what is covered and what it costs; continued support of navigators for enrollment and to support confident use of insurance

• Clinic/provider:
  • Promote structural competency and implicit bias training; monitor insurance based discrimination as quality measure; diversify workforce/leadership; include CHWs on care teams

• Individual:
  • Locate trusted clinics, patient advocates, CHWs, navigators

• OTHER IDEAS ARE WELCOME!
Thank You

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What changed in Minnesota Between 2015 and 2017?

2015

- Unemployment Rate: 3.8%
- Average Weekly Wages: No change
- State Economy: $328.4B
- 0 to 65 Population Growth: 7.2%
- 65+ Population Growth: 4.6%

2017

- Unemployment Rate: 3.6%
- Average Weekly Wages: No change
- State Economy: $352.0B
- 0 to 65 Population Growth: 1.2%
- 65+ Population Growth: 4.6%
Coverage Through Individual Market and Employers Fell

• Fewer people connected to employers offering coverage
• Declining take-up among children
• High costs (both group and individual markets)
• Uncertainty around coverage

Private Coverage in Minnesota, 2001 to 2017

<table>
<thead>
<tr>
<th>Year</th>
<th>Group Coverage</th>
<th>Individual Coverage</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>68.1%</td>
<td>64.3%</td>
</tr>
<tr>
<td>2004</td>
<td>62.6%*</td>
<td>60.7%</td>
</tr>
<tr>
<td>2007</td>
<td>62.5%</td>
<td>58.6%</td>
</tr>
<tr>
<td>2009</td>
<td>57.6%*</td>
<td>54.5%</td>
</tr>
<tr>
<td>2011</td>
<td>56.6%</td>
<td>53.5%</td>
</tr>
<tr>
<td>2013</td>
<td>55.2%</td>
<td>52.2%</td>
</tr>
<tr>
<td>2015</td>
<td>55.9%</td>
<td>54.9%</td>
</tr>
<tr>
<td>2017</td>
<td>52.9%*</td>
<td>50.9%</td>
</tr>
</tbody>
</table>

* Indicates statistically significant difference from previous year shown at the 95% level

Public Coverage increases did not make up for private coverage decreases

- More people aging into Medicare (responsible for 40% of the increase)
- Fewer people losing public coverage and becoming uninsured
- Eligible people have more options to enroll, better support than in the past and more exposure to the issue

* Indicates statistically significant difference from previous year shown at the 95% level