

Health Reform and Disparities: The Massachusetts Experience



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Federal and Massachusetts' Healthcare Reforms



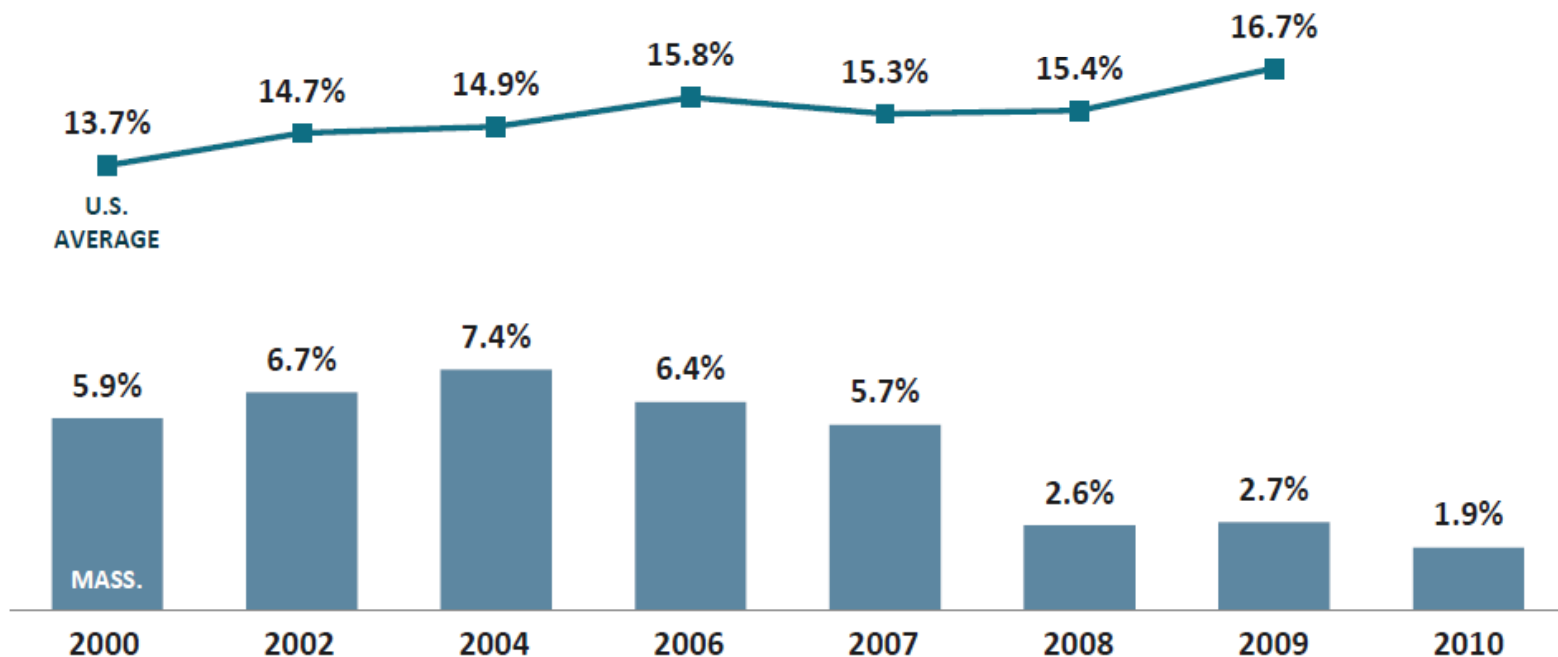
- Federal health reform has many similarities to Massachusetts' Health Reform:
 - “Shared Responsibility:” individual mandate, employer mandate, and expanded government subsidies
 - The Exchange modeled on the Massachusetts Health Insurance Connector
 - Builds on privately available options
 - Guaranteed issue, guaranteed renewal
 - Pricing cannot depend on health status or pre-existing condition

Health Reform Successes

- **98.1%** of Massachusetts residents insured
 - **Increase** in rate insured from 87.5% in 2006
 - **99.8%** of Massachusetts children have health coverage

...while national coverage rates **dropped** from 85.2% in 2006 to 84.6% in 2010

PERCENT UNINSURED, 2000-2010, ALL AGES



Addressing Disparities in Reform

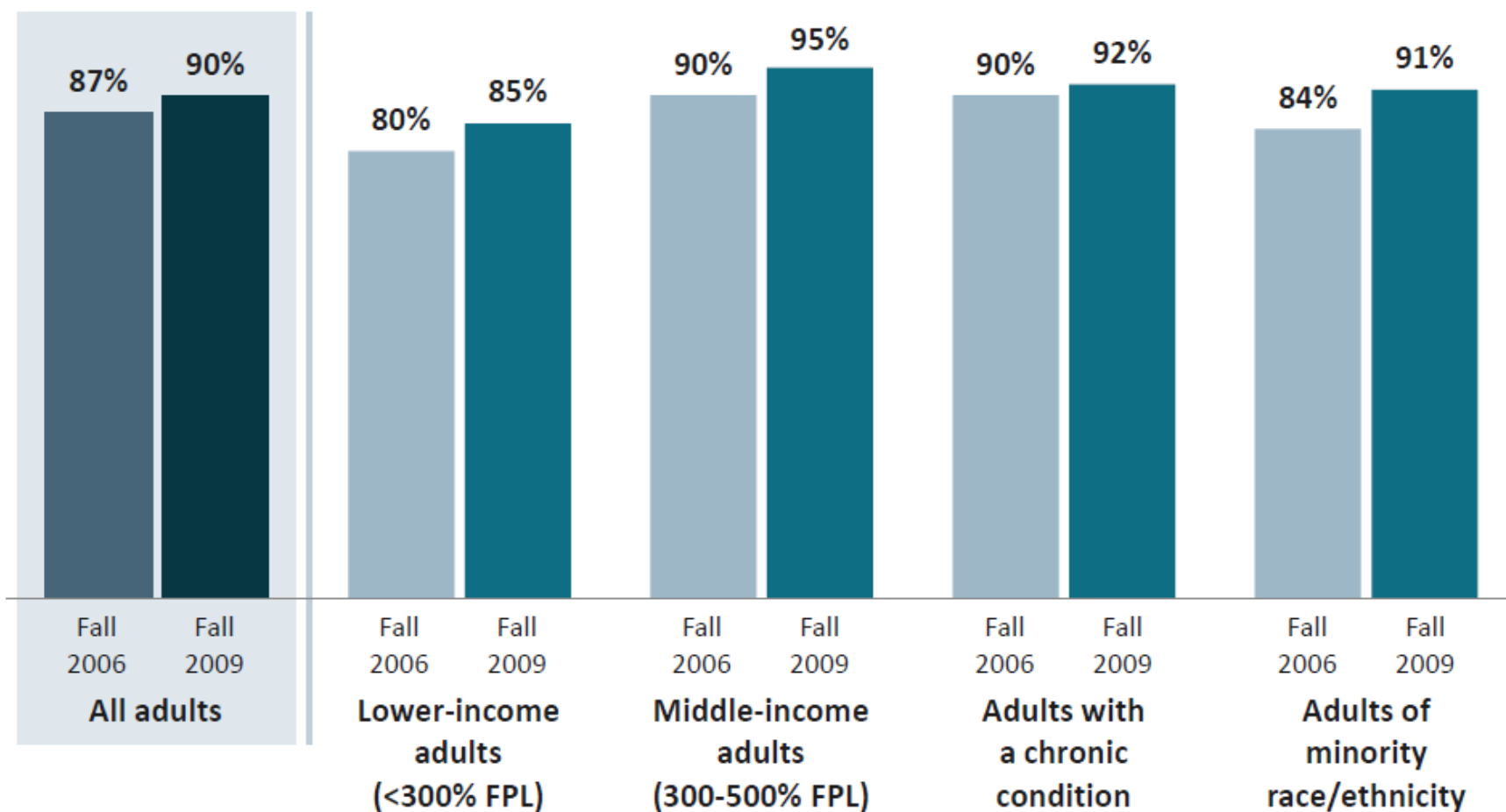


- The 2006 Massachusetts health reform law also created the Health Disparities Council
 - ✦ Advocated for a statewide and comprehensive approach to eliminate racial and ethnic health disparities
 - ✦ Members include legislators, community members, and experts in health and health care

More non-elderly adults have a usual source of care

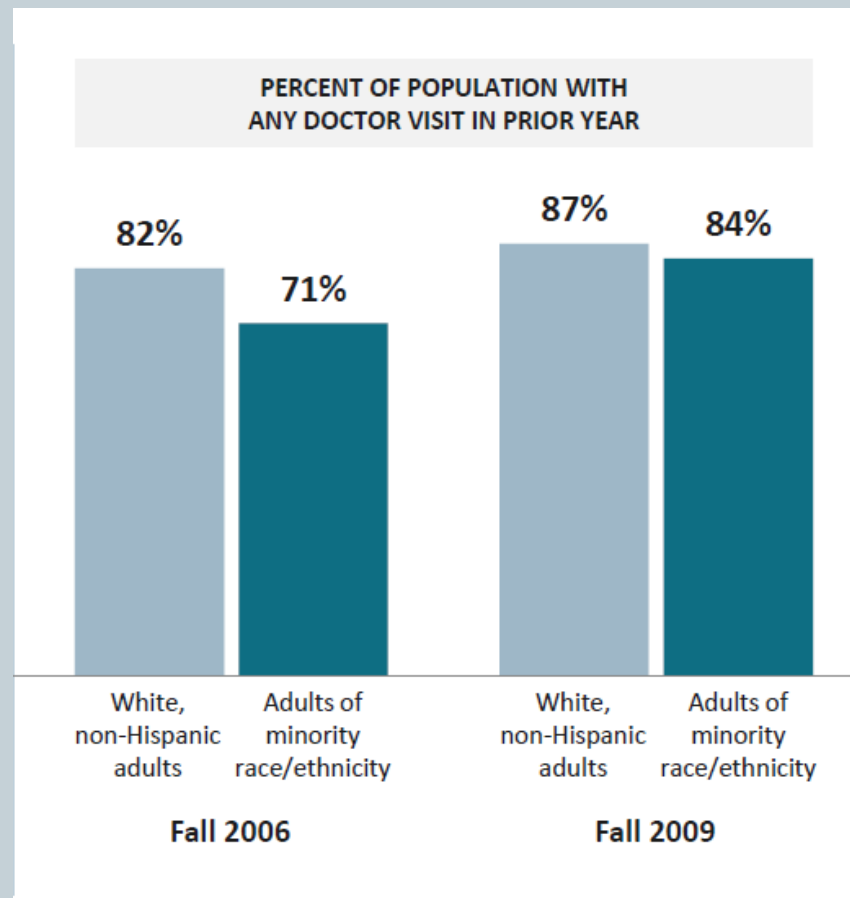


PERCENT OF NON-ELDERLY ADULTS REPORTING A USUAL SOURCE OF CARE, SELECTED POPULATIONS



SOURCE: *Health Reform Massachusetts: Assessing the Results*. Blue Cross Blue Shield of Massachusetts Foundation, April 2011.

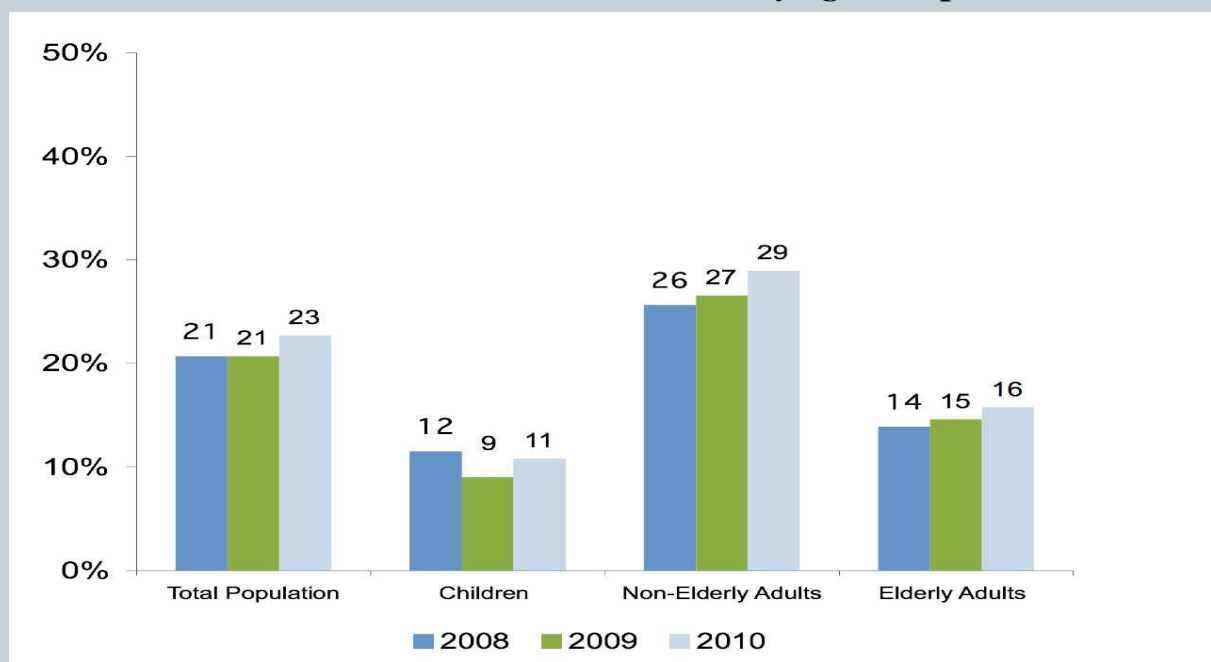
Racial and Ethnic Populations Access and Use of Care Have Improved



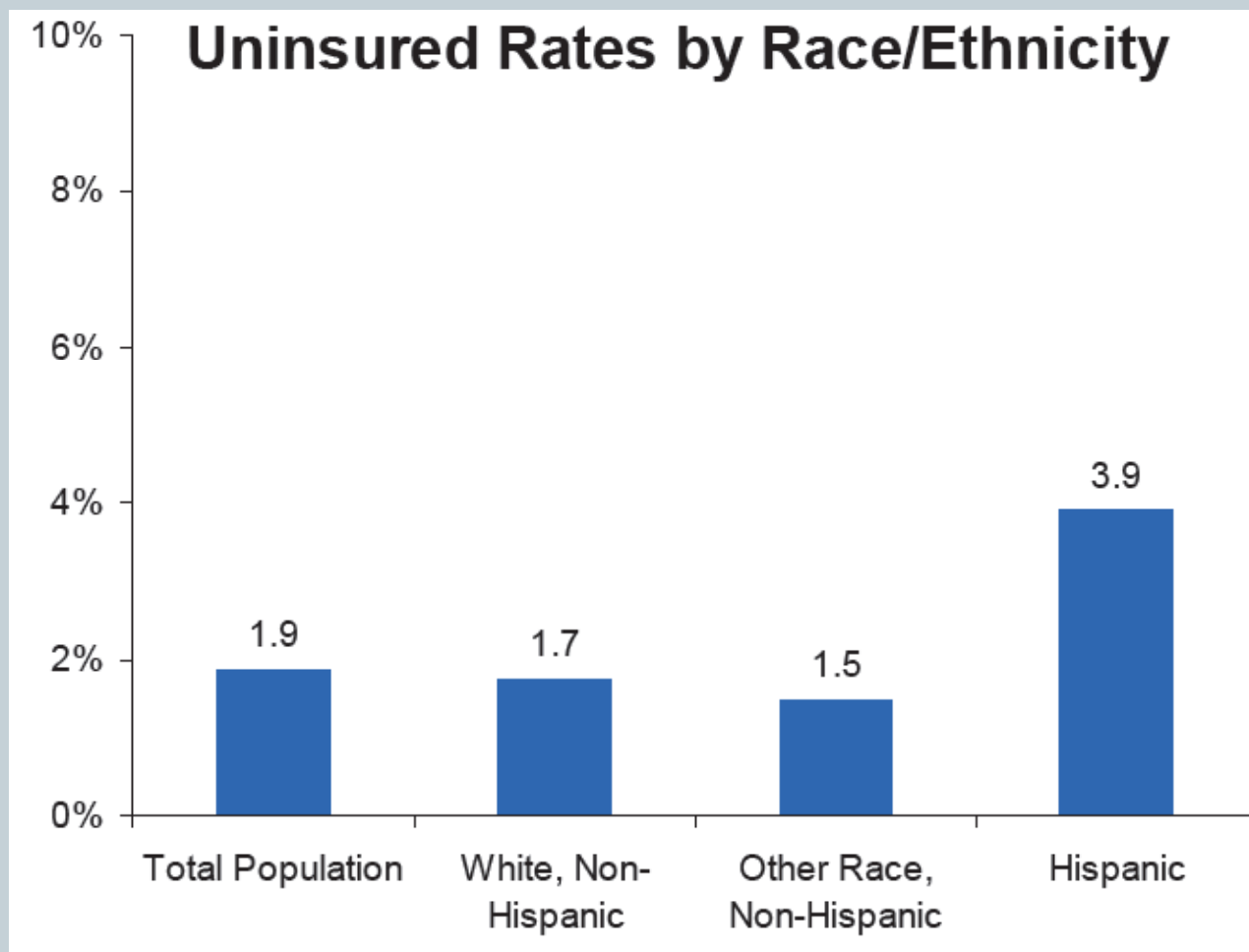
Challenges, Post-Reform

- Coverage **does not** mean equal access
 - Cost of care still a barrier for 23% of the population
 - 18% of the population reports difficulty in paying medical bills

Residents Not Getting Needed Care Due to Cost in Past Twelve Months by Age Group



Hispanic residents are more likely to be uninsured

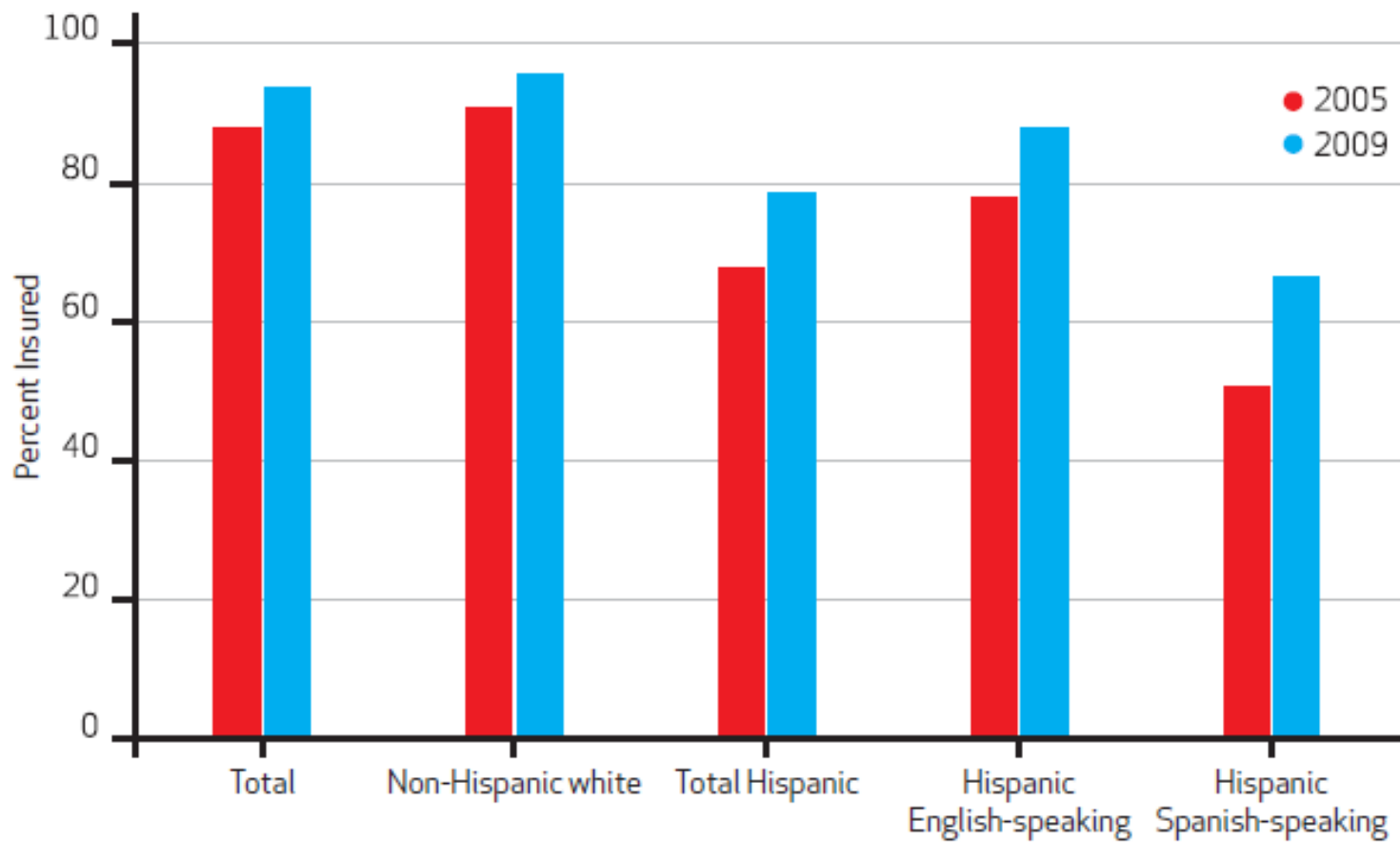


SOURCE: *Health Insurance Coverage in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys*. Massachusetts Division on Health Care Finance and Policy, December 2010.

Primary language spoken affects insurance coverage and care access

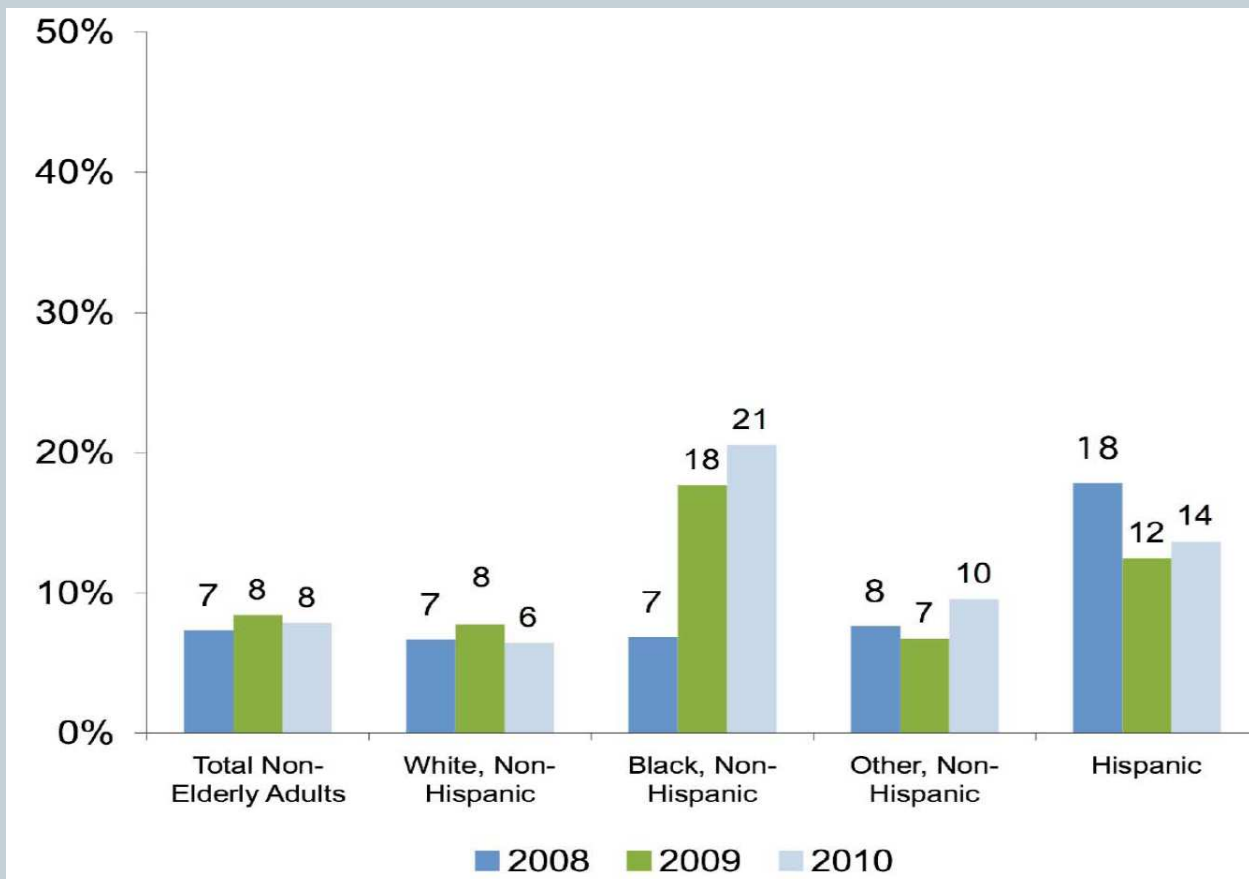


Rates Of Health Insurance Coverage For Adult Hispanic And Non-Hispanic White Massachusetts Respondents To Telephone Survey, 2005 And 2009



Symptom: **8%** of Massachusetts residents use emergency rooms before a family doctor

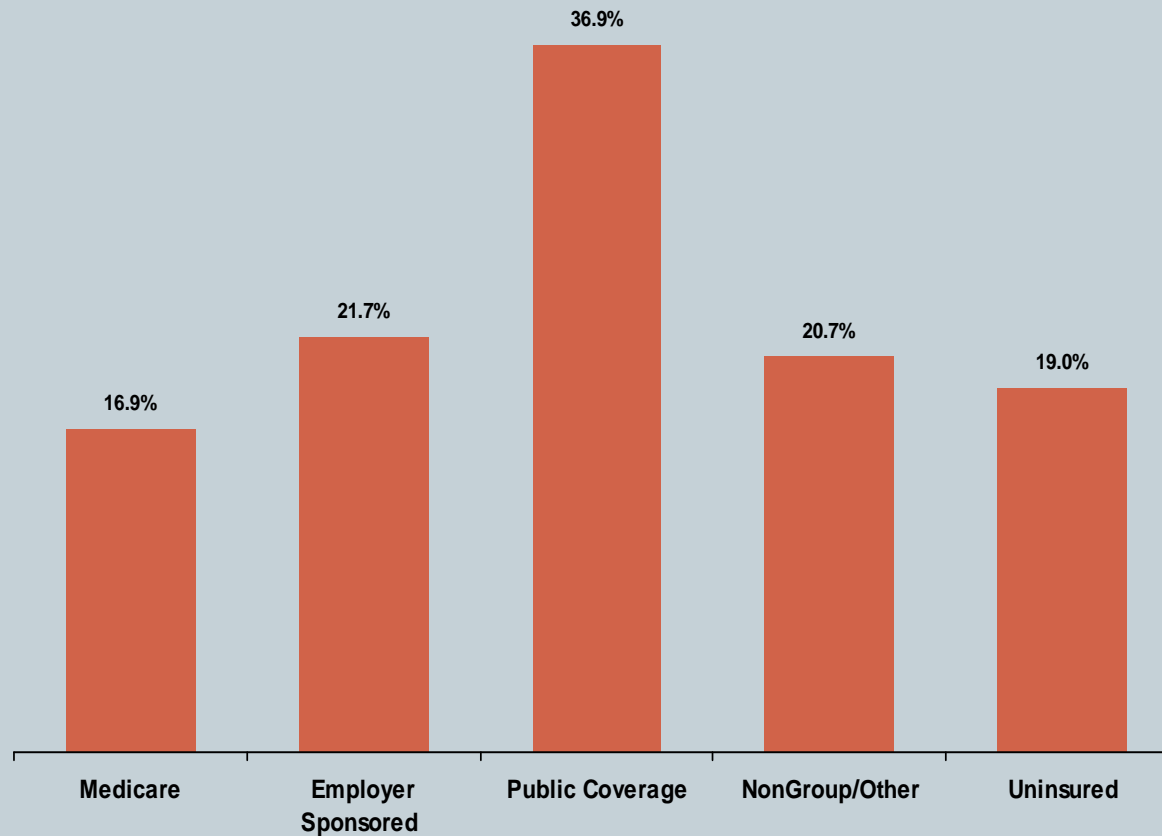
Non-Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Race/Ethnicity



SOURCE: *Health Care Access in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys for All Residents*. Massachusetts Division of Health Care Finance and Policy, April 2011.

Symptom: Residents with public insurance have more difficulty obtaining care

Difficulty obtaining care in past 12 months, by insurance type, 2009



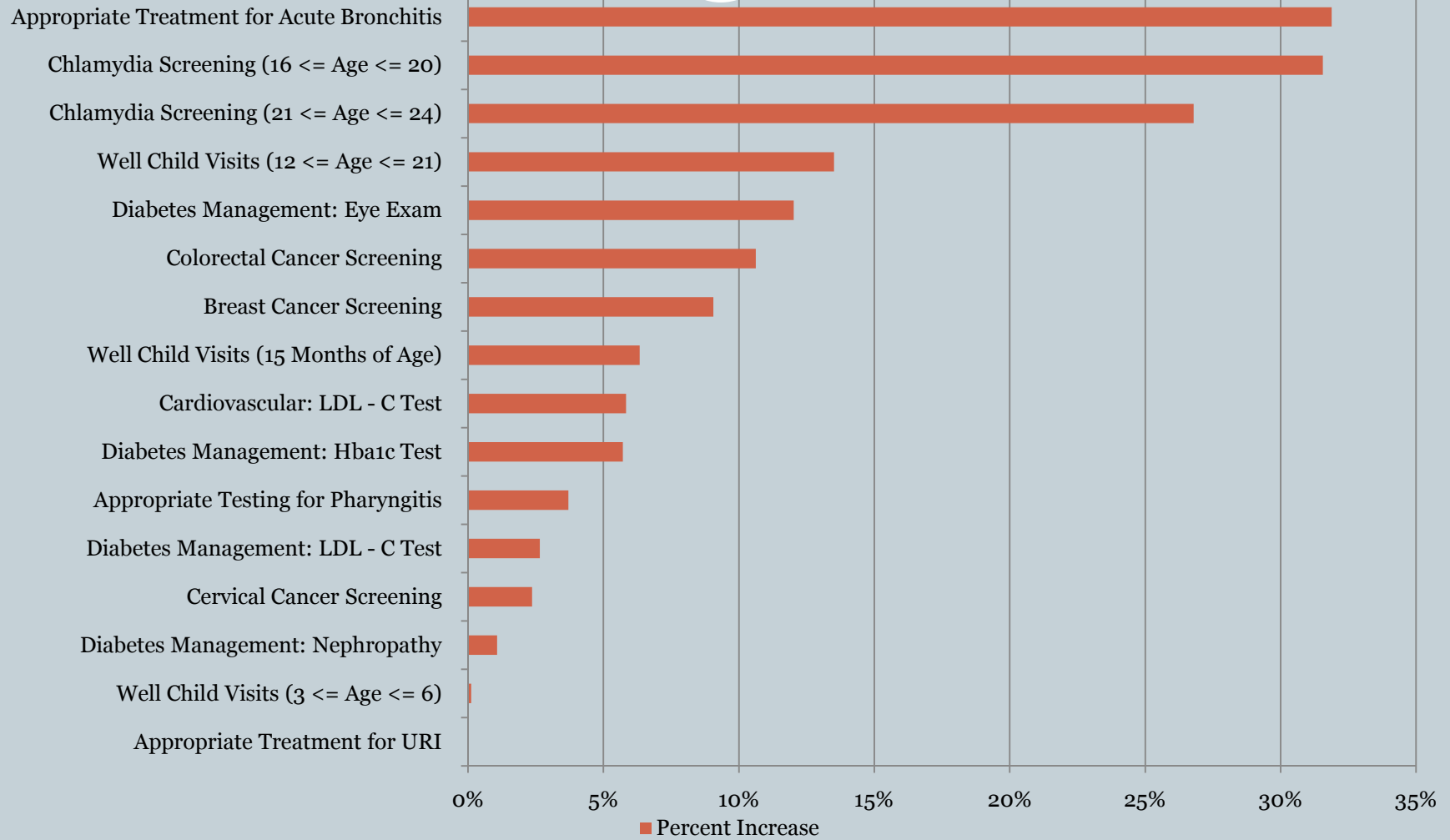
SOURCE: *Primary Care in Massachusetts: An Overview of Trends and Opportunities*. Massachusetts Division of Health Care Finance and Policy, July 2010.

Quality Could Be Key in Payment Reform



- Payment Reform
 - Reform will be tied to quality measures
 - Massachusetts' private market has shown better outcomes can be achieved when costs are contained ***regardless of racial/ethnic background and socioeconomic status.***
 - ✦ Blue Cross Blue Shield Alternative Quality Contract (AQC) Participant, Lowell General, showed significant screening increases
 - ✦ Lowell residents:
 - are almost twice as likely to be below 100% FPL as compared to the state
 - show a high proportion of Hispanic and Asian residents
 - have higher rates of infectious disease and chronic conditions

Lowell General Physician Hospital Org.: Percent Change in Screening Measures 2008:2010



SOURCE: *Attaining Outpatient Quality Improvement with Physicians in a Cottage Industry*. Emily Young, Director of Operations at Lowell General PHO, May 19, 2011.

Strategies for Improvement: Legislative Efforts



- Codify Office of Health Equity
- Expanded scope of practice
 - Enhance primary care delivery and reduce shortage through inclusion of Nurse Practitioners and Physician Assistants
 - Examine improvements to care coordination among MDs/NPs/PAs
- Chronic disease management
 - Coordinated care along the continuum of health services
 - Higher patient and physician satisfaction, as well as cost containment