Issue Brief | October 2019

Rethinking Medicaid vs. commercial differences in access to health care

Medicaid is popular with the voting public and has expanded in over 35 states under the Affordable Care Act. Yet some policymakers have questioned the program's value, citing concerns about poor access to services in Medicaid compared to private insurance plans. What can be learned from Oregon about Medicaid-commercial differences in access to health care?

Medicaid was recently the subject of roiling national debate, and several prominent policymakers have expressed a belief that Medicaid coverage does not actually translate into access to services. Former congressional Speaker of the House John Boehner stated *"[G]iving people Medicaid insurance is almost like giving them nothing. Because…you can't find a doctor that will see Medicaid patients."* More recently, CMS Administrator Seema Verma noted that Medicaid would fail to live up to its promise if it *"merely provides a card without care."*

Using comprehensive claims data, this research compared access to health care for Medicaid versus commercially insured Oregonians living in rural and urban areas. Access was evaluated for primary care physicians, advanced practice nurse practitioners (NPs) or physician assistants (PAs) specializing in primary care, and mental health providers (psychiatrists, psychologists, NP/PAs, and behavioral specialists, counselors, and therapists).

The research also examined the share of each provider's patient panel that was Medicaid vs. commercially insured, to determine if providers typically cared for mostly Medicaid-insured patients, mostly commercially insured patients, or a mix of both.

"Medicaid-commercial Differences in Access to Care"

Journal of General Internal Medicine, October 2019

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KEY FINDINGS

- Oregon Medicaid provided access to a range of important medical services.
- Access to mental health providers was low in many rural counties, regardless of insurance type.
- Medicaid patients had less access to primary care physicians but greater access to NP/PAs specializing in primary care, as well as a variety of mental health providers.
- Most primary care providers who saw commercial patients also saw Medicaid patients. Mental health providers tended to see more Medicaid than commerically insured patients.

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Counties falling along the dotted line have equal access rates for Medicaid and commercially insured residents.

Counties above the line had higher commericial access; counties below the line had higher Medicaid access.

Figure 1. Access to primary care physicians for rural and urban counties.

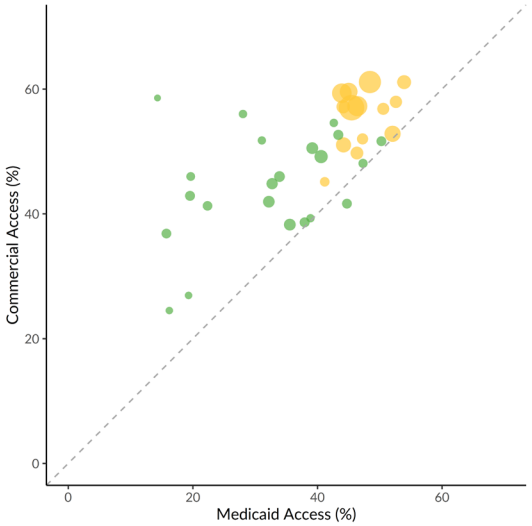
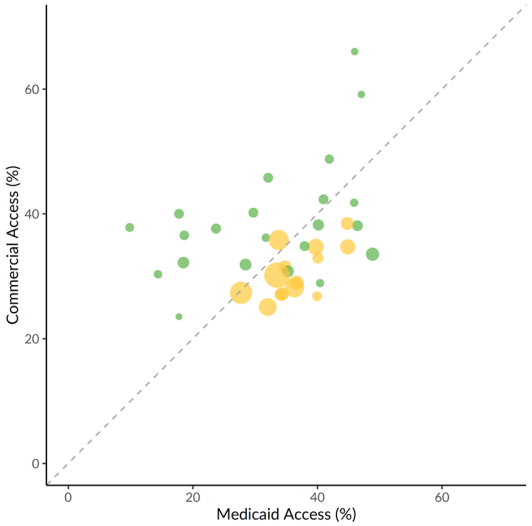


Figure 2. Access to nurse practitioners and physician assistants specializing in primary care for rural and urban counties.



Findings

Primary care

- Medicaid members had lower access to primary care physicians than commercially insured patients in both rural and urban areas.
- Compared to the commercially insured, Medicaid members had slightly lower access to NP/PAs specializing in primary care in rural areas, but higher access in urban areas.
- Rural counties exhibited greater variation than urban counties. Some rural counties had very large (>20 percentage point) gaps in Medicaid-commercial access.
- Most primary care physicians and NP/PAs saw at least some Medicaid patients during the study year, although the share of Medicaid vs. commercial patients in each individual provider's patient panel varied.

Mental health

- Medicaid members had equal or greater access to psychiatrists, NP/PAs, and other behavioral specialists, but slightly lower access to psychologists, compared to commercially insured members.
- Access to mental health providers was very low for both insurance types in many rural counties.
- Most mental health providers cared for more Medicaid than commercially insured patients. This may reflect contracting arrangements for mental health or intentional specialization in care for low-income patients with higher social risks.

Implications

Some important Medicaid-commercial disparities in access to care do exist, but the magnitude of those differences may be less than many popular perceptions. In contrast, differences in access between rural and urban communities may be an under-recognized area of concern.

A high priority should be placed on policies that address differences in both rural-urban and Medicaid-commercial access. For example:

- **Altering the workforce.** Medicaid members in this study had lower access to primary care physicians everywhere, but in urban areas they had higher access to primary care NPs/PAs. Training more NP/PAs and encouraging them to work in rural

areas may improve primary care access for rural Medicaid patients.

- **Changing payment methods to invest in social determinants of health.** Value-based payment models that allow investment in social determinants of health may help address gaps in access caused by barriers like housing insecurity or lack of transportation.
- **Supporting telemedicine.** Telemedicine may improve access for patients who are difficult to reach, such as those living in rural areas.

About the study

The study included 420,947 Medicaid and 638,980 commercially insured adults living in Oregon between October 2014 and September 2015. Enrollment and claims data was obtained from the Oregon Health Authority's Health Systems Division and the Oregon All-Payer All-Claims (APAC) database.

Access was measured as the presence of any visit with each provider type, risk-adjusted for sex, age, and health conditions. Analyses that assessed patient panels were restricted to providers who treated a minimum of 50 or more Medicaid and commercially insured patients during the study year.

What remains unknown?

- **Would the findings be similar in the rest of the country?** Oregon has a unique Medicaid model and relatively high Medicaid reimbursement rates, which may influence provider participation.
- **Would the findings be similar for other measures of access?** This study assessed visits with a health care provider, but did not measure other dimensions of access such as appointment availability or wait times.
- **To what extent is access inhibited by social determinants of health?** Measures of social complexity were not available in the data for this study, but some factors—including availability of transportation and flexibility of work schedules—may contribute to differences in access, even if provider availability is similar across payers.

CENTER FOR HEALTH SYSTEMS EFFECTIVENESS

Original article: McConnell KJ, Charlesworth CJ, Zhu J, Meath THA, George RM, Davis MM, Saha SS, Kim H. Access to Primary, Mental Health, and Specialty Care: A Comparison of Medicaid and Commercially Insured Populations in Oregon. Journal of General Internal Medicine. 2019; https://doi.org/10.1007/s11606-019-05439-z

Cite this brief as: Rethinking Medicaid-commercial differences in access to healthcare. Center for Health Systems Effectiveness, Oregon Health & Science University; 2019.

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