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LACKING A USUAL SOURCE OF HEALTH CARE: FINDINGS FOR OHIO'S MEDICAID, MEDICAID-ELIGIBLE AND OTHER KEY SUBPOPULATIONS

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INTRODUCTION

Most people have a certain place they go when they get sick or injured. This policy brief focuses on Ohio residents who lack such a usual source of care and describes who they are and how their health care differs from people who have one. Data from the 2015 Ohio Medicaid Assessment Survey (OMAS) – a large, scientifically rigorous telephone survey – provide valuable information on these topics for Ohio's Medicaid, Medicaid-eligible and other key subpopulations.

Lacking a usual source of care can indicate that a person is insufficiently connected to health care systems, often because they lack insurance or through distrust and transient life situations (e.g., homelessness). Such individuals can also be relatively healthy. This appears counterintuitive, yet healthy people may feel little motivation to maintain a relationship with a specific health care practice. In other words, good health may lead to lacking of a usual source of care, rather than vice versa.

As such, cross-sectional (i.e., single point-in-time) studies like the OMAS often statistically adjust their analyses for demographic and health status characteristics in order to assess the specific importance of having a usual source of care. Doing so enables such studies to guide policy on how best to serve key subpopulations that may lack a usual source of care.

OBJECTIVES

This brief aims to answer two questions, with a particular focus on Ohio's Medicaid and Medicaid-eligible populations:

Who lacks a usual source of care? This includes estimating the size and proportion of Ohio adults who lack such care, describing their demographic characteristics, and noting how figures have changed since 2012.

Is lacking a usual source of care associated with health status and health care outcomes? Beyond group differences in demographic characteristics and health status, analyses describe how lacking a usual source of care is associated with health care outcomes, such as overnight hospital stays and unmet health needs.

METHODS

OMAS is a telephone survey that samples both landline and cell phones in Ohio. The survey examines access to the health system, health status, and other characteristics of Ohio's Medicaid, Medicaid eligible, and non-Medicaid populations. In 2015, researchers completed 42,876 interviews with adults and 10,122 proxy interviews of children. The 2015 OMAS is the sixth iteration of the survey.¹

HIGHLIGHTS

- Uninsured, young males are especially likely to lack a usual source of care.
- Lower income adults with health insurance are equally likely to have a usual source of care, whether they are covered by Medicaid, employer-sponsored insurance, or another plan.
- Since 2012, there has been a decline in the percentage of lower income adults and women of child-bearing age who lack a usual source of care.
- Lacking a usual source of care is not associated with less health care utilization, but is associated with more unmet health needs.

An item on the 2015 OMAS was used to assess whether a respondent has a usual source of care: "Is there one place that you usually go to when you are sick or you need advice about your health? (We are interested in whether you have one place you usually go to seek medical care, not whether you have been there recently.)" People who answered "no" were then asked to confirm their answer: "Just to be sure, is it that there is no place at all that you usually go to when you are sick or you need advice about your health, or is it that you go to more than one place?" Respondents answering "no" to both items were classified as lacking a usual source of care.

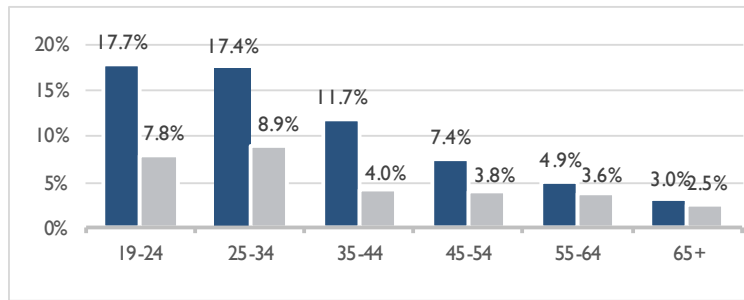
Note that this measure does not account for whether the source of care is appropriate. Some people, for instance, report that an emergency department or a pharmacy is their usual source of care. Nonetheless, previous OMAS studies^{2,3} have used this measure, so it is used here to aid comparability.

Unless otherwise noted, all results are statistically significant at $p < 0.05$ and are adjusted with survey weights to represent all non-institutionalized adults (19+) in Ohio.

RESULTS

Across Ohio, 630,000 adults (7.2% of all adults) lack a usual source of health care. They are more likely to be younger males. For example, over 17% of males under age 35 lack a usual source of care compared to only 2.5% of females age 65 and over (Chart 1). In addition, adults from lower income households ($\leq 138\%$ federal poverty level [FPL] and potentially eligible for Medicaid) are more likely than those from higher income homes ($> 138\%$ FPL) to lack a usual source of care (8.9% vs. 6.5%).

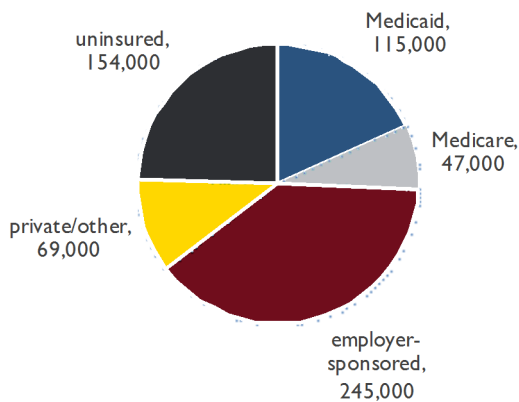
Chart 1: Percent of all Ohio males and females who lack a usual source of care, by age group



Another important influence is having insurance. Among lower income adults ($\leq 138\%$ FPL), the uninsured are nearly 4 times as likely as those with health insurance to lack a usual source of care (25.0% vs. 6.7%).

Nonetheless, having health insurance does not necessarily mean that a person also has a usual source of care. In fact, three quarters of the adults who lack a usual source of care have some type of health insurance (Chart 2), including 115,000 who are covered by Medicaid and 245,000 covered by employer-sponsored insurance. So while the uninsured are much more likely to lack a usual source of care, most of the people who lack such care already have health insurance.

Chart 2: Estimated number of all Ohio adults who lack a usual source of care, by insurance type/status

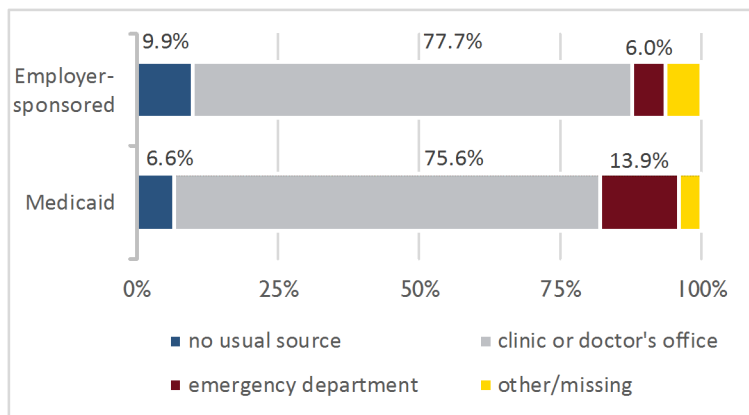


The type of insurance does not matter. After adjusting for group differences in demographic characteristics and health status, lower income adults ($\leq 138\%$ FPL) are equally likely to have a usual source of care whether they are covered by Medicaid, Medicare, employer-sponsored or privately-purchased insurance.

Types of usual source of care

Most lower income adults have a usual source of care, although those with Medicaid are less likely than those with employer-sponsored insurance to have one (6.6% vs. 9.9%; Chart 3). Not all sources of care are equally appropriate, however. Some people report their usual source of care as a hospital emergency department.

Chart 3: Types of usual source of care among lower income Ohio adults ($\leq 138\%$ FPL) with Medicaid vs. employer-sponsored insurance



A clinic or doctor's office is the most common usual source of care among lower income adults, but those with Medicaid are more likely than those with employer-sponsored insurance to say their usual source of care is an emergency department (13.9% vs. 6.0%). This difference persists even after adjusting for group differences in demographic characteristics and health status. And in comparison, less than half (47.5%) of uninsured lower income adults have an appropriate usual source, while 25.0% have no usual source and 20.7% use an emergency department. (not shown).

Health status of adults who lack a usual source of care

As a group, people who have a usual source of health care tend to have more health problems. For instance, Medicaid adults who have a usual source of care are much more likely than those who lack a usual source of care to have a disability (43.5% vs. 27.9%); to have a history of chronic conditions like cancer, diabetes or hypertension (48.8% vs. 21.9%); or to self-rate their health status as either “fair” or “poor” (36.5% vs. 15.6%).

This appears counterintuitive, yet people who are healthy may feel little motivation to maintain a relationship with a specific source of care or even to get insurance. To understand the value of having a usual source of care, it is useful to focus on adults with special health care needs⁴ and within this group, compare how those who have a usual source of care differ from those who do not have one.

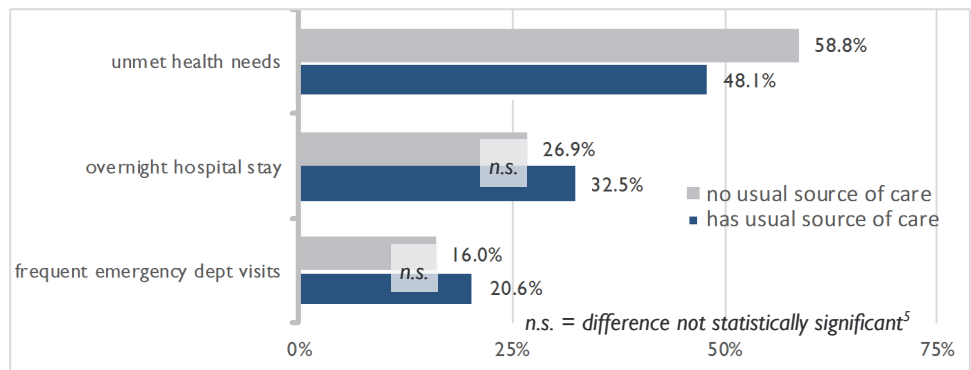
Health care outcomes among adults with special health care needs who lack a usual source of care

For adults with special health care needs,⁴ lacking a usual source of care has little association with different health care outcomes (Chart 4). After adjusting for group differences in demographic characteristics and health status, analyses found no association⁵ between Medicaid adults’ lacking a usual source of care and having an overnight hospital stay or having frequent (3+ /year) emergency department visits.⁶

There was, however, one statistically significant finding: Medicaid adults with special health care needs who lack a usual source of care are more likely than those with a usual source of care to have unmet health needs (estimated probability⁵ 58.8% vs. 48.1%).

These findings suggest that among Medicaid adults with special health care needs, those who lack a usual source of care do not have use less health care services, yet are more likely to have unmet health needs. This may suggest that the care they do receive is less effective at meeting their health needs. Further research will need to examine the particular characteristics of the patient and/or the medical practice that contribute to this finding.

Chart 4: Estimated probability⁵ of Medicaid adults with special health care needs having various health care outcomes



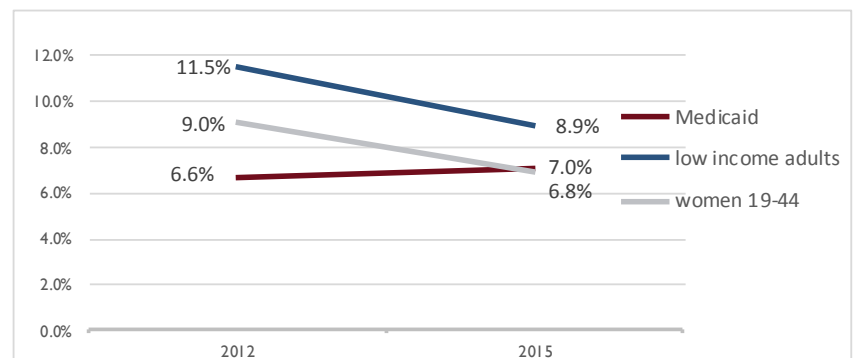
What has changed since 2012?

The Affordable Care Act and Medicaid expansion have markedly changed Ohio’s health care landscape. Comparing OMAS data from 2015 to 2012 illustrate how policy changes may be influencing the proportion of adults with a usual source of care.

The proportion of adults who lack a usual source of care has declined in key adult subpopulations. Lower income adults ($\leq 138\%$ FPL) declined from 11.5% to 8.9% and women of child-bearing age (19-44 years) declined from 9.0% to 6.8% (Chart 5). For adults covered by Medicaid, a slight increase from 6.6% to 7.0% was not statistically significant.

These results are consistent with expectations that the Medicaid expansion would reduce the proportion of adults who lack a usual source of care. The lack of significant change in the overall Medicaid population may reflect the large number of new enrollees who are still learning how to access a usual source of care, now that they have health insurance. Future research can help test such interpretations more directly.

Chart 5: Percent of key adult subpopulations in Ohio who do not have a usual source of care, 2012 vs. 2015



POLICY CONSIDERATIONS

With the exception of higher unmet health needs, lacking a usual source of care has little association with health care variables. This does not, however, mean that it is unimportant. Instead, it may be more useful to consider models where a usual source of care as just one of a series of necessary components. The patient-centered medical home (PCMH), for example, involves having an appropriate usual source of care, along with having a personal care provider, seeing that provider regularly and enjoying good communication with him/her; and not having problems getting timely specialist, after hours or urgent care. A separate OMAS research project concluded that people who received care consistent with a PCMH had a reduced likelihood of worrisome patterns of health care utilization.⁷

Medicaid expansion along with statewide efforts to promote the PCMH model may have already had success in increasing adults access' to a usual source of care. Future efforts may be particularly useful if they focus on younger, uninsured males.

Future research can help guide effective policy, especially if analyses distinguish appropriate usual sources of care (e.g., doctor's office; health clinic) from other sources (e.g., emergency department). OMAS can be a valuable tool in this regard, and data from other sources will also be useful to provide robust findings that policymakers can use with confidence.

REFERENCES

1. Ohio Colleges of Medicine Government Resource Center and RTI International. *2015 Ohio Medicaid Assessment Survey: Methodology Report*. Research Triangle Park, NC: RTI International; 2015.
2. Malat J, Timberlake J. [Racial and ethnic inequality in health care access and quality in the state of Ohio](#). Columbus, OH: Ohio Colleges of Medicine Government Resource Center; 2009.
3. Ashmead R, Seiber E., Sahr T. [Patient-Centered Medical Home Status in Ohio: Final Report](#). Columbus, OH: The Ohio Colleges of Medicine Government Resource Center and The Ohio State University; 2013.
4. OMAS defines adults with special health care needs as, "individuals who have a physical, mental or emotional condition lasting at least 6 months that requires special therapy". They account for 35.9% of Ohio's adult Medicaid population, and are responsible for a disproportionately large percentage of health care spending.
5. Estimated probabilities are values from a statistical model that represent the estimated percentage of a hypothetical subpopulation predicted to have the outcome, assuming they have otherwise average characteristics. The multivariable models in this brief adjusted for demographic characteristics (age, gender, income, education, race/ethnicity, marital status, household composition), county type (e.g., suburban), insurance type/status and health status (e.g., history of chronic conditions; self-rating health status as "fair" or "poor").
6. This model omitted 2,150 respondents who reported that their usual source of care was an emergency department.
7. Wickizer T, Steinman K, Shoben A, Chisolm D, Biehl J, Phelps L. *Patient-Centered Medical Homes and the Health of Ohio's Adults and Children*. Columbus, OH: Ohio Colleges of Medicine Government Resource Center; 2016.

FOR MORE INFORMATION

To view more information about OMAS and the findings in this policy brief, please visit the OMAS website at the Ohio Colleges of Medicine Government Resource Center www.grc.osu.edu/OMAS.

WHAT ABOUT CHILDREN?

The 2015 OMAS estimates that 96.1% of Ohio's children have a usual source of care. Because so few in the OMAS sample lacked a usual source of care, analyses could not produce reliable estimates in key subpopulations or examine its association with health status and health care utilization. Therefore, this policy brief focuses on adults.