Patient-Centered Medical Homes and the Health of Ohio’s Adults and Children

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#OMAS2015
This study examines survey respondents’ perceptions of their health care and whether they reflect “care consistent with a patient-centered medical home” (CC-PCMH).

It does not assess whether individuals actually received care from a certified or accredited PCMH.
• Highlights
• Background
• Methods
• Findings
• Conclusions / Implications
KEY HIGHLIGHTS

• Lower income adults, whether on Medicaid or employer-sponsored insurance (ESI) have similar access to CC-PCMH
• Lower income adults and children with CC-PCMH are less likely to have:
  – unmet health needs
  – frequent emergency department visits
  – misused prescription painkillers
• CC-PCMH is less common for African-Americans vs. whites
• CC-PCMH equally benefits African-Americans and whites
  – Less benefit for pregnant women
What is a PCMH?

• Patient-Centered Medical Home (PCMH): a model of coordinated, comprehensive primary care
  – improve outcomes
  – reduce costs
  – increase patient/provider satisfaction
PCMH in Ohio

• PCMH Education Pilot Project led 42 primary care practices through a 2-year transformation process.

• Comprehensive Primary Care Initiative, with 61 practices in southwest Ohio (sponsored by CMS)

• $75 million State Innovation Model grant from CMS to develop payment systems that will facilitate PCMH development and practice.
PCMH in OMAS

• Respondents’ perspective
  – *Not* assessing certified PCMH locations
  – *Care consistent with* a PCMH – “CC-PCMH”

• Broad statewide perspective
  – Across all health systems; include the uninsured
Research Questions

• Does Medicaid facilitate access to CC-PCMH?
• Is CC-PCMH associated with better health care?
• Does CC-PCMH reduce health disparities?
METHODS
Sample

• 2015 Ohio Medicaid Assessment Survey (OMAS)
  – 42,876 adults
  – 10,122 proxy interviews of children

• Focus on Medicaid-covered and potentially Medicaid-eligible
  • ≤138% FPL for adults
  • ≤200% FPL for children
Defining CC-PCMH

(1) Has an appropriate, usual source of care (e.g., doctor’s office);
(2) Has a personal care provider (PCP; i.e., “a health professional who knows you well and is familiar with your health history”);
(3) Has seen this PCP in the past 12 months;
(4) PCP communicates well;
(5) Got urgent care (if needed) on the same/next day;
(6) Got after hours care (if needed) without a problem;
(7) Got specialist care (if needed) without a problem.

Does not have CC-PCMH

“no” to any

“yes” to all

CC-PCMH
Analyses

• Multivariable logistic regression
  – Adjust for demographic characteristics and health status (special health care needs; history of chronic conditions)

• Survey estimates, represent all Ohio

• Statistical significance, p<0.05

• Predicted probabilities:
  – predicted (not observed) values from statistical models
  – “the estimated percentage of a hypothetical subpopulation predicted to have the outcome, assuming they have otherwise average characteristics”
FINDINGS
Findings

Who has CC-PCMH?

Does Medicaid facilitate access to CC-PCMH?

Is CC-PCMH associated with better health care?

Does CC-PCMH reduce health disparities?

Adults

Children

WWW.GRC.OSU.EDU/OMAS
Findings

Which adults have CC-PCMH?
CC-PCMH varies by income, age and gender

State mean = 40.0%

Household income (%FPL)

Adult age group

unadjusted % adults with CC-PCMH

“lower income”
CC-PCMH is similarly common in different regions

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics
CC-PCMH is similarly common in different types of counties

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Findings

Which children have CC-PCMH?
CC-PCMH varies by income and age

“lower income”

State mean = 39.2%

Child age group

OMAS
Ohio Medicaid Assessment Survey

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CC-PCMH is similarly common in different regions

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics
CC-PCMH is less common in rural non-Appalachian counties vs. those in rural Appalachian counties.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Does Medicaid facilitate access to CC-PCMH among adults?
CC-PCMH is similarly common for lower income adults covered by Medicaid or other types of insurance.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics
Nearly half of lower income adults with CC-PCMH have Medicaid

Estimated number of lower income adults with CC-PCMH, by insurance type/status:
- Medicaid, 298,000
- Medicare, 176,000
- Employer-sponsored, 96,000
- Private/other, 47,000
- Uninsured, 20,000
Findings

Does Medicaid facilitate access to CC-PCMH among children?
CC-PCMH is less common among lower income children with Medicaid versus those with employer-sponsored insurance.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.*
Most components of CC-PCMH are equally common among lower income children with Medicaid versus ESI

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics
Lower income children with Medicaid are less likely than those with ESI to get needed urgent care or after hours care without a problem.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Nearly \(\frac{3}{4}\) of lower income children with CC-PCMH have Medicaid
Findings

Is CC-PCMH associated with better health care among adults?
Lower income Medicaid adults with CC-PCMH are less likely to have unmet health needs.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Lower income Medicaid adults with CC-PCMH are less likely to have frequent emergency department visits

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Lower income Medicaid adults with CC-PCMH (and who have special health care needs) are less likely to misuse prescription painkillers.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.

<table>
<thead>
<tr>
<th>Medicaid adults ≤138% FPL misusing prescription painkillers in the past year</th>
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<tbody>
<tr>
<td>lower income Medicaid adults with special health care needs</td>
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<tr>
<td>lower income Medicaid adults without special health care needs</td>
</tr>
<tr>
<td>Has CC-PCMH</td>
</tr>
<tr>
<td>2.1%</td>
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<tr>
<td>1.0%</td>
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*OMAS (Ohio Medicaid Assessment Survey)
Lower income Medicaid adults with CC-PCMH (and who have a history of chronic conditions) are less likely to have an overnight hospital stay.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Is CC-PCMH associated with better health care among children?
Lower income children with CC-PCMH are less likely to have unmet health needs

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Lower income Medicaid children with CC-PCMH are less likely to have frequent emergency department visits.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
CC-PCMH is not associated with having an overnight hospital stay

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.

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<tr>
<th></th>
<th>Has CC-PCMH</th>
<th>Does not have CC-PCMH</th>
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<tbody>
<tr>
<td>All low income Medicaid children</td>
<td>3.7%</td>
<td>4.0%</td>
</tr>
<tr>
<td>Low income Medicaid children with special health care needs</td>
<td>13.1%</td>
<td>14.1%</td>
</tr>
</tbody>
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*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Lower income Medicaid children with CC-PCMH are more likely to have a well-child visit

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
Does CC-PCMH reduce health disparities among adults?
White adults are more likely to have CC-PCMH

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
For both white and African-American lower income adults, those with CC-PCMH are less likely to have unmet health needs.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
CC-PCMH is *not* associated with health care outcomes among lower income pregnant women

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.*
Findings

Does CC-PCMH reduce health disparities among children?
White children are more likely than African-American children to have CC-PCMH

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
For infants from lower income homes, those with CC-PCMH are less likely to have frequent emergency department visits, but are just as likely to have an overnight hospital stay.

*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.
### Summary of Findings

<table>
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<tr>
<th>Who has CC-PCMH?</th>
<th><strong>Adults</strong></th>
<th><strong>Children</strong></th>
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<td>older, female, higher income</td>
<td>younger, higher income</td>
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<tr>
<th>Does Medicaid facilitate access to CC-PCMH?</th>
<th>= ESI; &gt; uninsured</th>
<th>&lt; ESI; &gt; uninsured</th>
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<tr>
<th>Is CC-PCMH associated with better health care?</th>
<th>strong, consistent associations</th>
<th>strong, consistent associations</th>
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<tr>
<th>Does CC-PCMH reduce racial/ethnic disparities?</th>
<th>White &gt; Afr-Am; CC-PCMH helps both; weak/no effect for pregnant women</th>
<th>White &gt; Afr-Am; CC-PCMH helps both; weak effect for infants</th>
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Conclusions

• Medicaid is facilitating access to CC-PCMH
• CC-PCMH has robust associations with favorable health care outcomes
• CC-PCMH may reduce certain health disparities
Policy Considerations

- Medicaid expansion may have increased access to CC-PCMH
- Improving access to urgent and after hours care may help facilitate Medicaid children’s access to CC-PCMH
- Care delivery models that promote CC-PCMH may improve health care outcomes
- Promoting CC-PCMH may help reduce health disparities
- OMAS can help monitor CC-PCMH
Thank You
Questions?