Care Consistent with a Patient-Centered Medical Home: The Experience of Adults and Children in Ohio

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INTRODUCTION

The Patient-Centered Medical Home (PCMH) is a model of coordinated, comprehensive primary care that can improve health care quality, reduce costs and increase patient satisfaction. In the past decade, Ohio has invested in building health care providers' incentives and capacity for employing this model. For Ohio's health-associated state agencies, the term comprehensive primary care (CPC) is often used interchangeably with the concept of Patient-Centered Medical Home – this brief will use PCMH to represent both.

OBJECTIVE

The 2017 Ohio Medicaid Assessment Survey (OMAS) enables researchers to describe the types of individuals who experience patient-centered care in Ohio and how the model is associated with more effective and efficient patterns of health care. Analyses focused on adults and children covered by Medicaid as well as lower income[1] individuals who had other types of insurance or were uninsured.

METHODS

OMAS data was used to examine patients' self-reported experiences and opinions to determine whether they receive care that is consistent with the PCMH model. As such, this study focused on "care consistent with a PCMH" (CC-PCMH). This approach affords policymakers a broad view, so analyses can estimate how CC-PCMH differs in key subpopulations across Ohio. It also considers how CC-PCMH is associated with important variables (e.g., unmet health needs) that are typically not available in medical records.

OMAS is a telephone survey that samples both landline and cell phones in Ohio. The 2017 version is the seventh iteration and researchers completed 39,711 interviews with adults and 9,202 proxy interviews of children during late 2017.

To be classified as having CC-PCMH, a respondent had to meet six criteria:

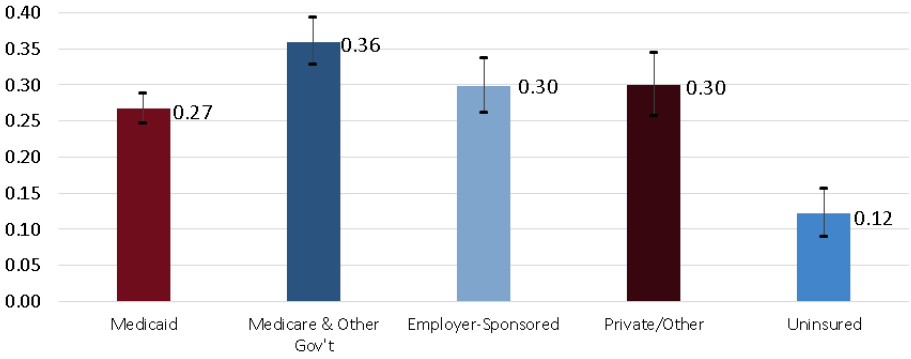
1) Has an appropriate, usual source of care;
2) Has a personal care provider (PCP; i.e., "a health professional who knows you well and is familiar with your health history");
3) Has seen this PCP in the past 12 months;
4) Reports that the PCP communicates well with them;
5) Got urgent care (if needed) on the same or next day; and
6) Got after-hours care (if needed) without a problem.

The findings reported in this brief are weighted to be representative of all non-institutionalized adults or

KEY FINDINGS

- For both lower income adults and children, CC-PCMH is equally common for individuals with Medicaid versus employer-sponsored insurance.
- Lower income adults who experience CC-PCMH are less likely to have frequent emergency department visits or overnight hospital stays.
- Lower income adults and children who experience CC-PCMH are less likely to report unmet health needs.

Figure 1. Adjusted probabilities (with 95% CIs) of lower income adults having CC-PCMH, by insurance type/status



children in Ohio. Because of differences in the survey, CC-PCMH findings from the 2017 OMAS are not comparable to findings from previous years of the OMAS.[2,3]

Adjusted analyses accounted for group differences in demographic characteristics and health status. Such results are presented as "adjusted probabilities" - values from a statistical model that estimate the percent of a hypothetical subpopulation predicted to have the outcome, assuming they have otherwise average characteristics. All differences presented are statistically significant at $p<0.05$ unless otherwise noted.

RESULTS

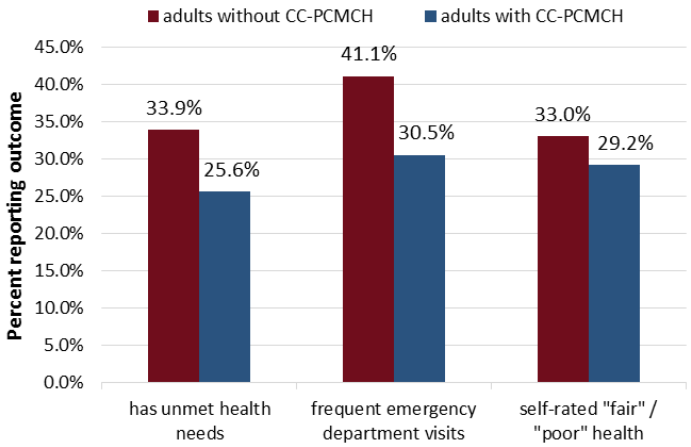
Results for Adults

Overall, 37.1% of Ohio adults (of all income levels) experienced CC-PCMH. Yet this figure varied markedly by household income, as well as by gender and age. Only 24.7% of adults from lower income households had CC-PCMH, compared to 42.3% of those from households with higher incomes.[1] Females were more likely than males to experience CC-PCMH (41.2% vs. 32.6%) as were older adults compared to younger adults. For instance, only 18.9% of 19 to 24 year-olds experienced CC-PCMH, compared to 45.2% of 55 to 64 year-olds. There were few differences in the prevalence of CC-PCMH across different regions of the state, or by the type of county (e.g., urban vs. suburban counties), with the modest exception of rural northwest Ohio (40.8% experiencing CC-PCMH, compared to 36.2%-38.3% for the rest of the state).

Adjusted analyses found that lower income adults were equally likely to experience CC-PCMH whether they are covered by Medicaid or employer-sponsored insurance (i.e., there was no statistically significant difference between the groups). However, uninsured adults are much less likely to experience CC-PCMH and those with Medicare were somewhat more likely to do so (Figure 1).

Regardless of insurance type, lower income adults who experience CC-PCMH were less likely than those who lack such care to report having unmet health needs. Moreover, they were less likely to have frequent emergency department visits or to rate their health as "fair or "poor" (Figure 2).

Figure 2. Adjusted probabilities of outcomes for lower income adults with and without CC-PCMH



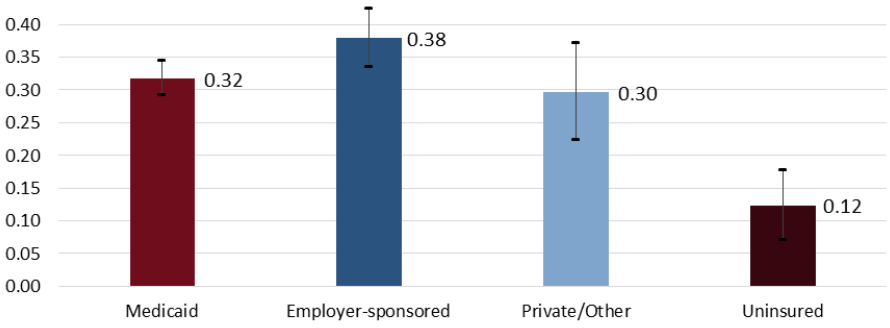
Results for Children

Among children in all households, 34.7% had CC-PCMH (as reported by an adult in the household), although only 28.0% of children from lower income households[1] and 28.7% of children with Medicaid have CC-PCMH.

For children in lower income households, CC-PCMH was more common among those who were white, lived in suburban counties and had employer-sponsored insurance. There were no significant differences by age, sex or the marital status of the child's caregivers.

After controlling for group differences in such demographic characteristics and health status, children with employer-sponsored insurance are more likely than those with Medicaid to have CC-PCMH while uninsured children were much less likely to have CC-PCMH (Figure 3).

Figure 3. Adjusted probabilities (with 95% CIs) of lower income children having CC-PCMH, by insurance type/status



Among children in lower income households,[1] those with CC-PCMH were less likely to have unmet health needs (3.8% vs. 8.8%), but were just as likely to have frequent emergency department visits and for the adult survey respondent to report the child's health as "fair" or "poor." These findings persisted even after adjusting for demographic characteristics, health status and health insurance.

POLICY CONSIDERATIONS

Given these robust findings, Ohio should maintain its confidence in the PCMH model, especially for adults.

Medicaid provides low income adults with CC-PCMH just as effectively as does employer-sponsored insurance. Because the uninsured are less likely to have access to, and benefit from CC-PCMH, Medicaid expansion is a critical tool in providing access to such care.

For children in lower income households, further research should examine why Medicaid may be somewhat less effective than employer-sponsored insurance in providing CC-PCMH.

The findings from this study parallel those from research conducted elsewhere using other methods, suggesting that OMAS is a useful tool for assessing the PCMH model across Ohio. One possible use would be to evaluate efforts to expand certain aspects of patient-centered care. Consider the finding that among children from low income homes, the only deficits in CC-PCMH between children covered by Medicaid versus employer-sponsored insurance was in having a problem seeing a specialist or getting prompt after hours care. Statewide efforts to improve one or both of these components could be evaluated using OMAS data (prior, current, and future iterations). In such work OMAS's focus on the patient perspective will be critical, but should be complemented by data from other sources that assess Ohio's institutional capacity for PCMH.

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.

FOOTNOTES

[1] Different income thresholds were used for adults and children to correlate with key income eligibility thresholds for Medicaid. For adults, "lower income" refers to individuals in households with incomes ≤138% of the federal poverty level (FPL). For children, the figure is ≤206% FPL.

[2] 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: The Ohio Colleges of Medicine Government Resource Center and The Ohio State University; 2016.

[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