



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

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#OMAS2015



Please note:

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.

OUTLINE

- 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

BACKGROUND

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
 - $\leq 138\%$ FPL for adults
 - $\leq 200\%$ 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

Adults

Children

Who has CC-PCMH?

Does Medicaid facilitate access to CC-PCMH?

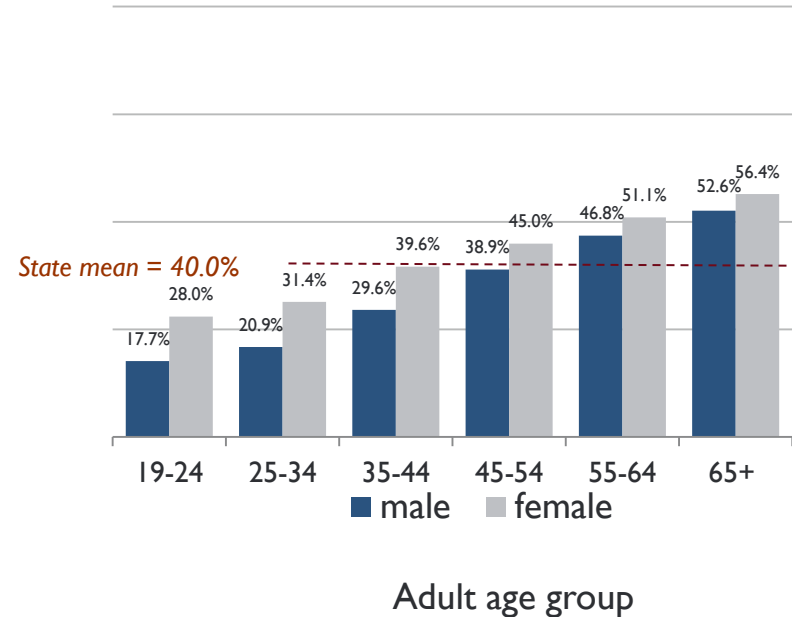
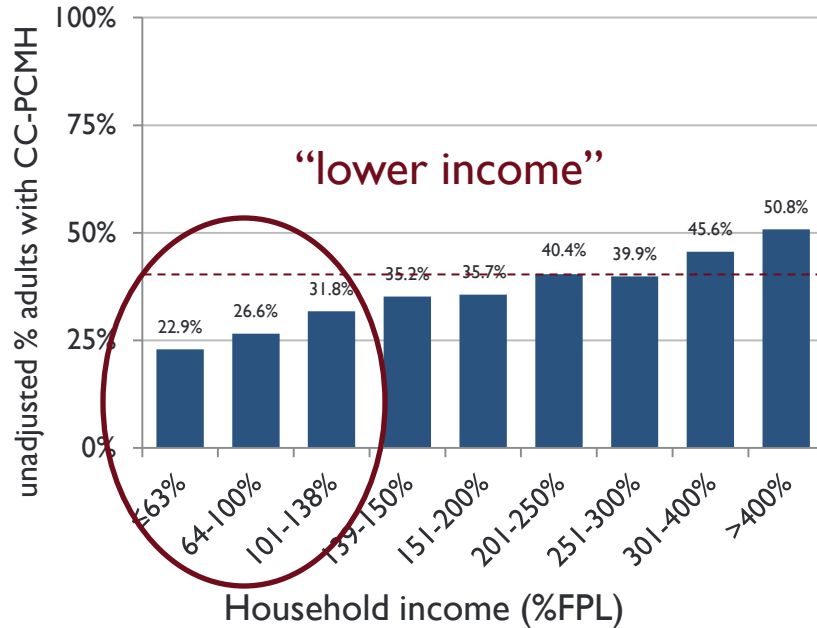
Is CC-PCMH associated with better health care?

Does CC-PCMH reduce health disparities?

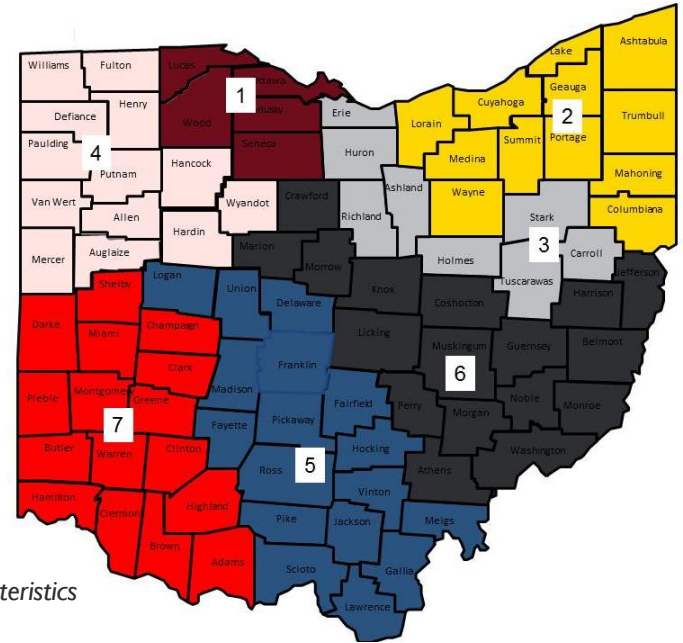
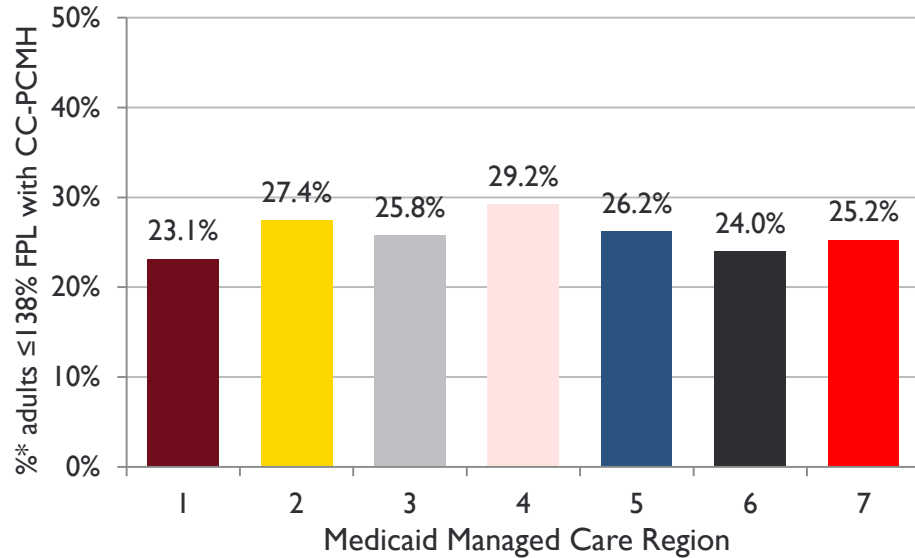
Findings

Which adults have CC-PCMH?

CC-PCMH varies by income, age and gender

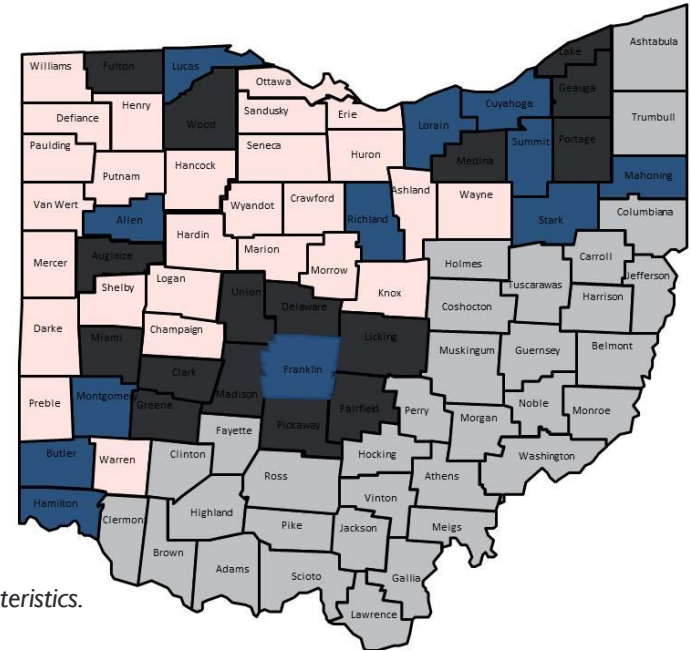
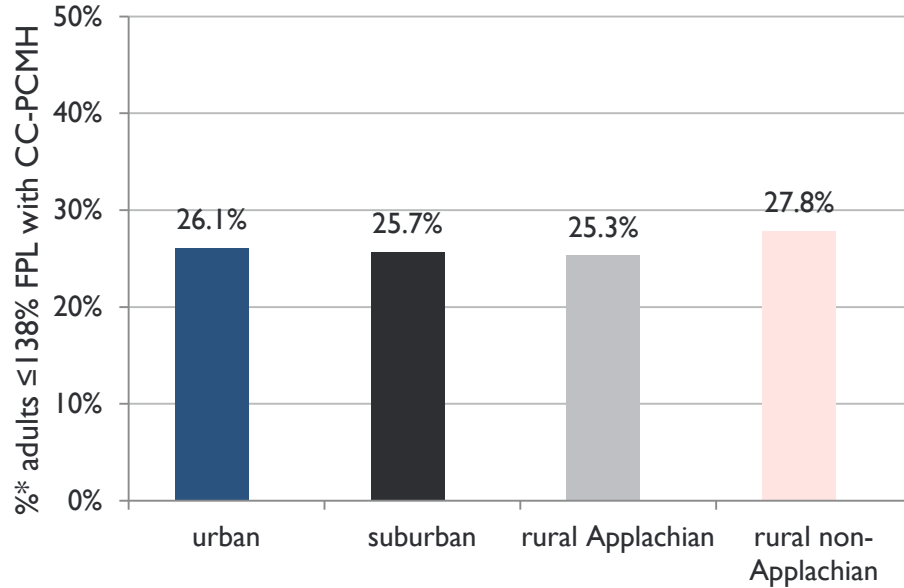


CC-PCMH is similarly common in different regions



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

CC-PCMH is similarly common in different types of counties

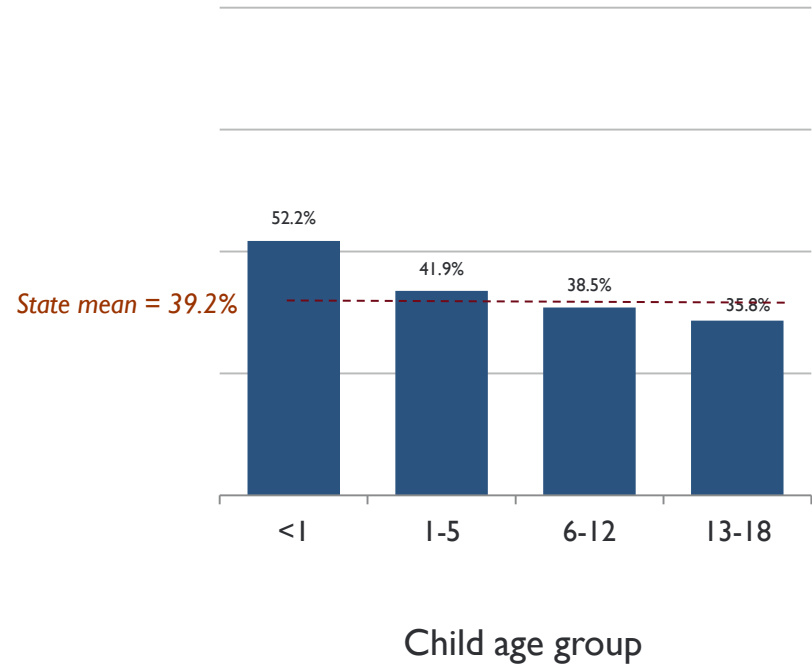
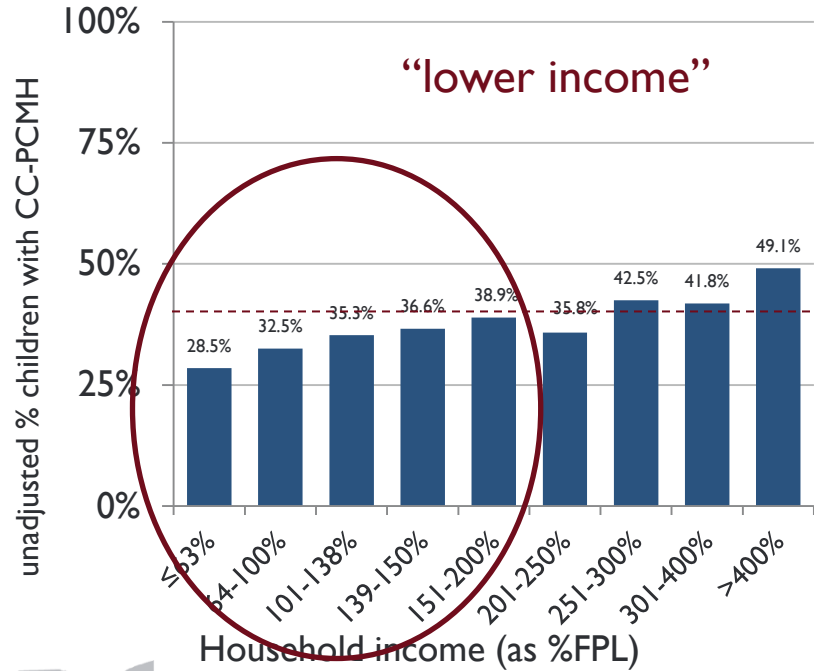


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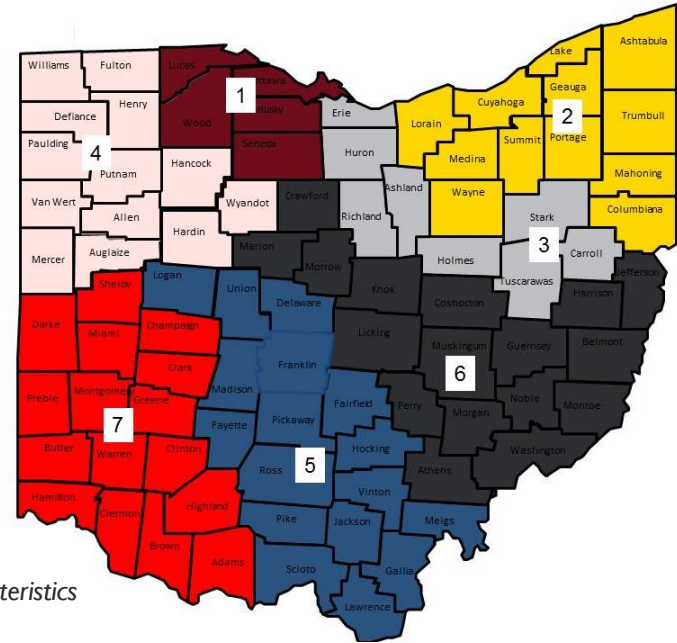
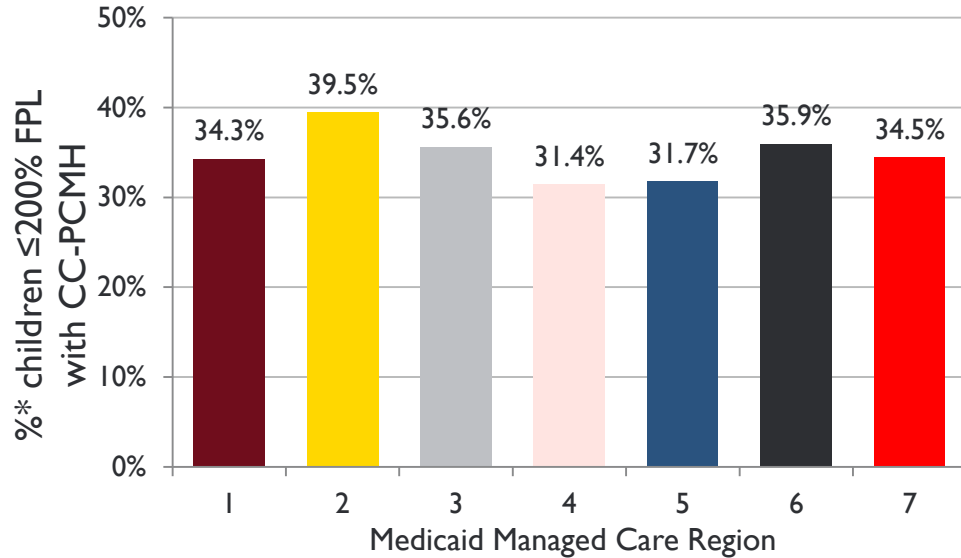
Findings

Which children have CC-PCMH?

CC-PCMh varies by income and age

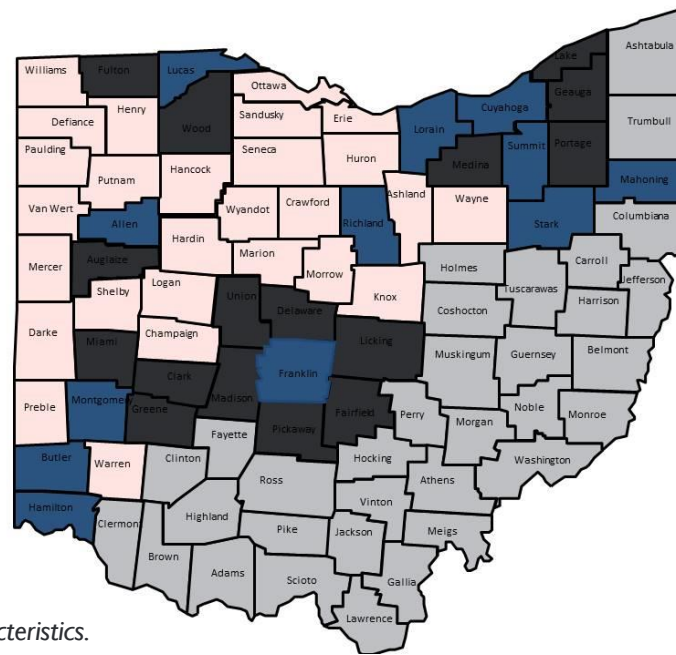
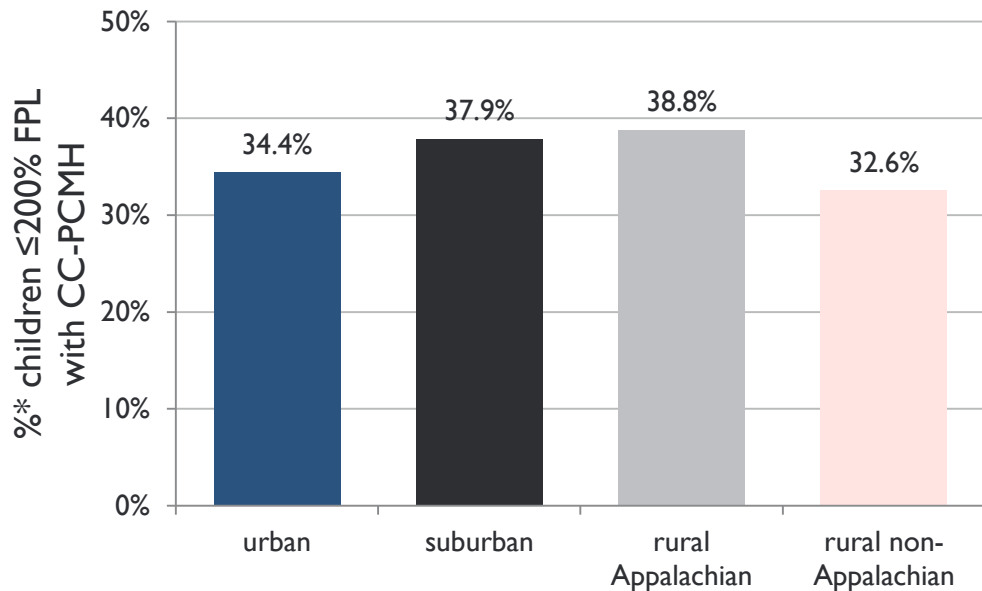


CC-PCMH is similarly common in different regions



*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

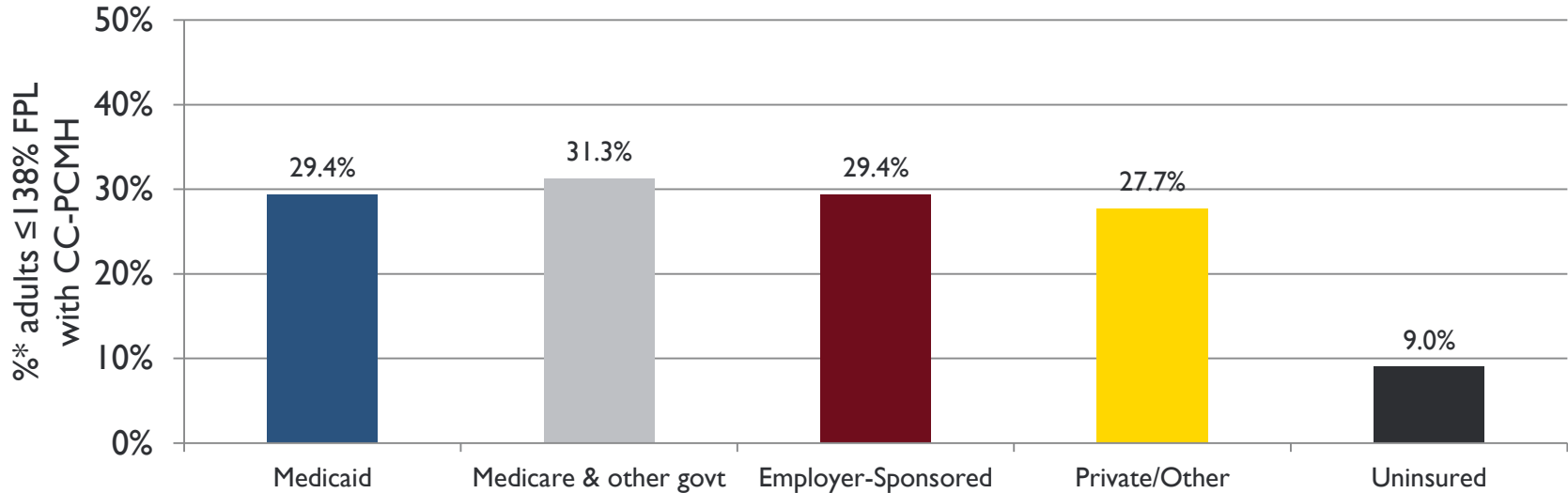


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Findings

Does Medicaid facilitate access to CC-PCMH among adults?

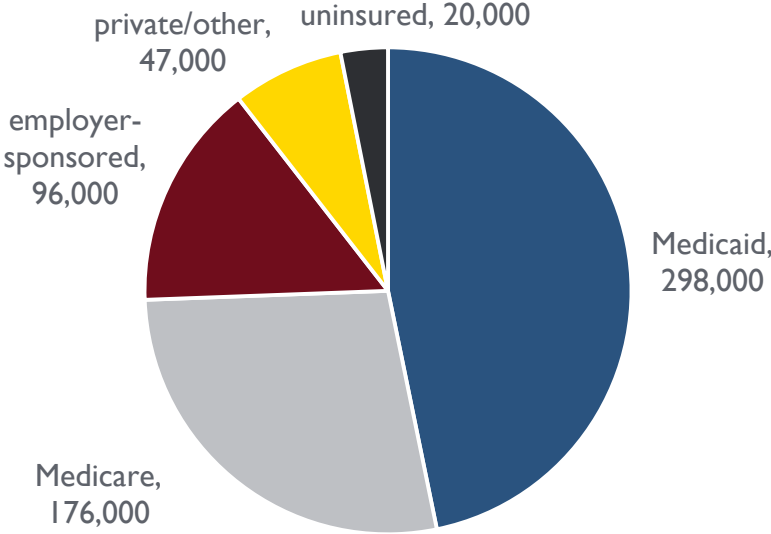
CC-PCMH is similarly common for lower income adults covered by Medicaid or other types of insurance



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

Nearly half of lower income adults with CC-PCMH have Medicaid

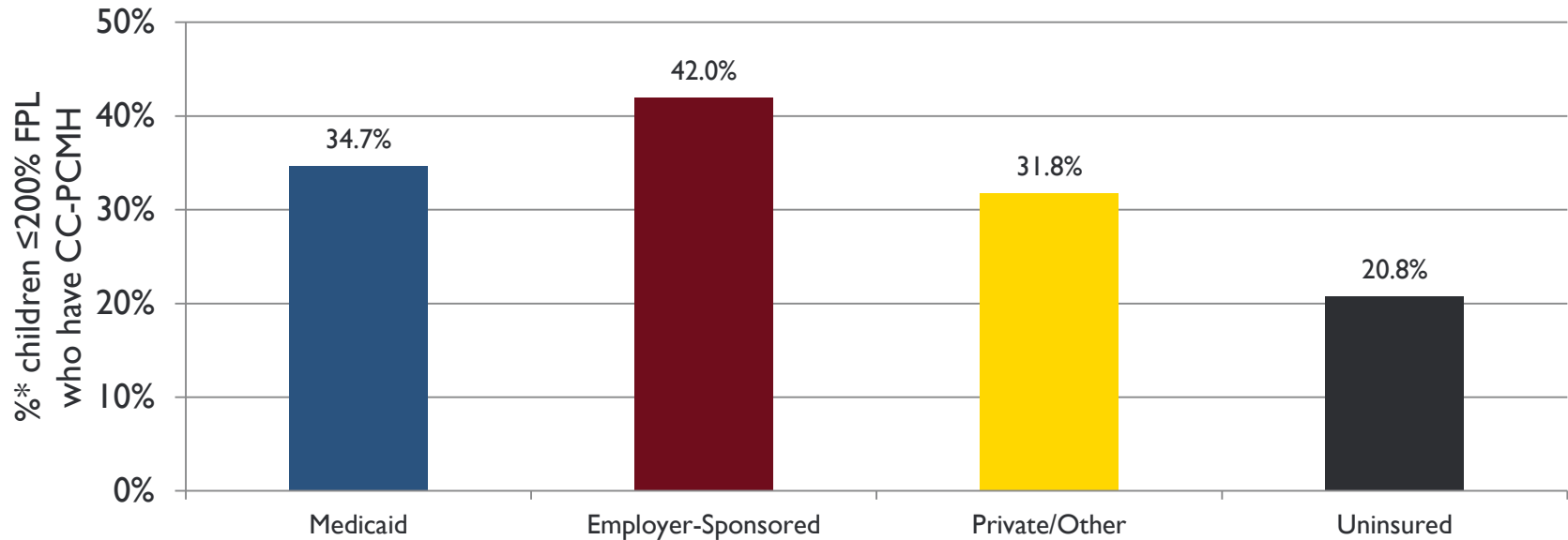
Estimated number of lower income adults with CC-PCMH, by insurance type/status



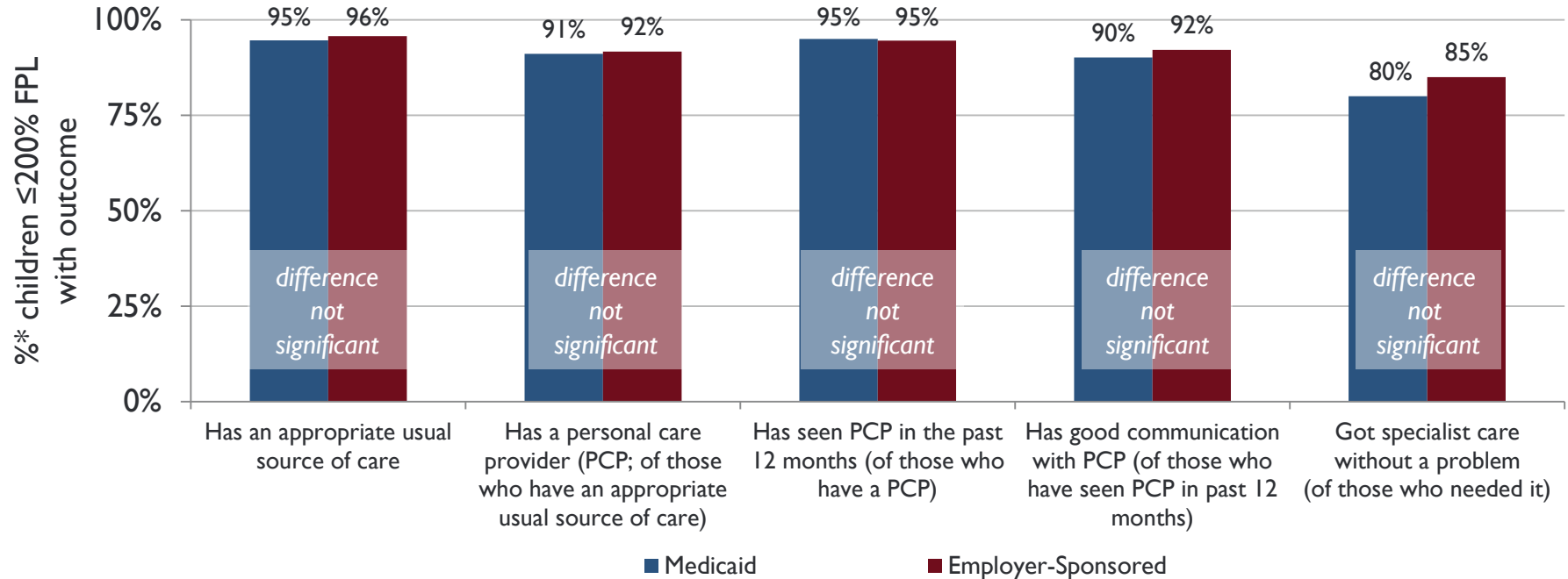
Findings

Does Medicaid facilitate access to CC-PCMH among children?

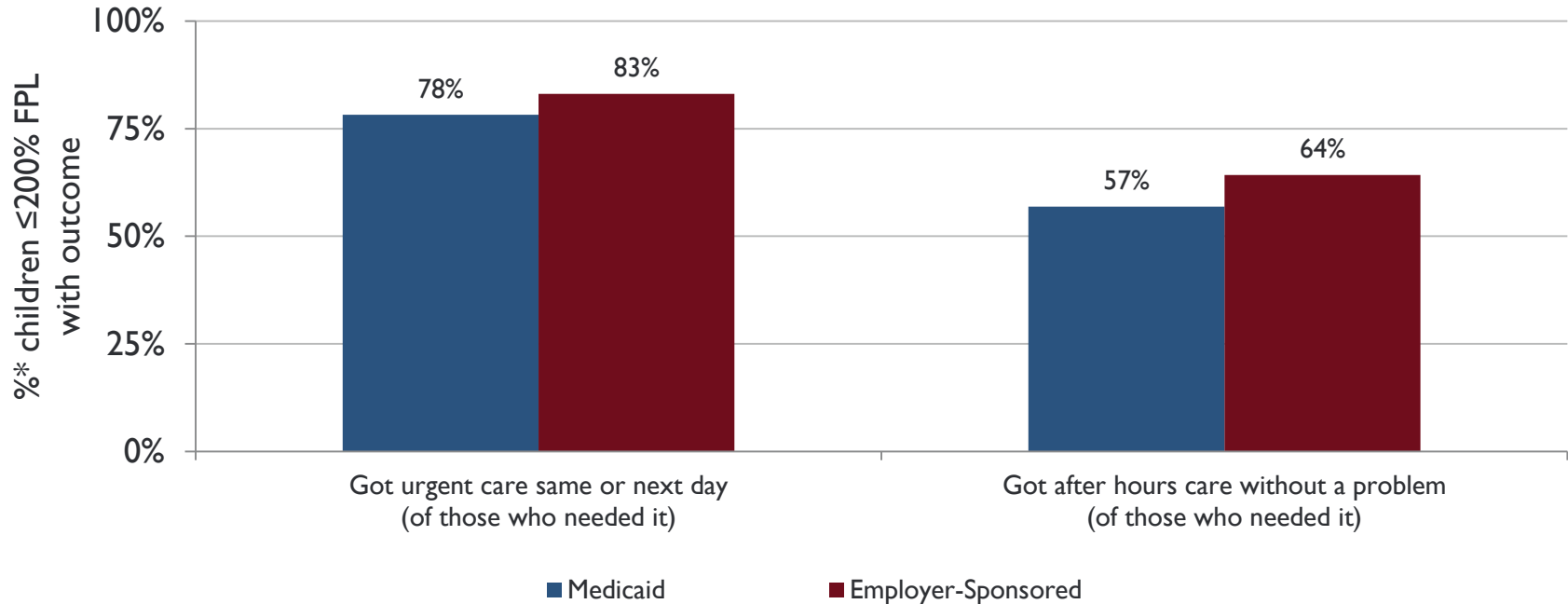
CC-PCMh is less common among lower income children with Medicaid versus those with employer-sponsored insurance



Most components of CC-PCMH are equally common among lower income children with Medicaid versus ESI

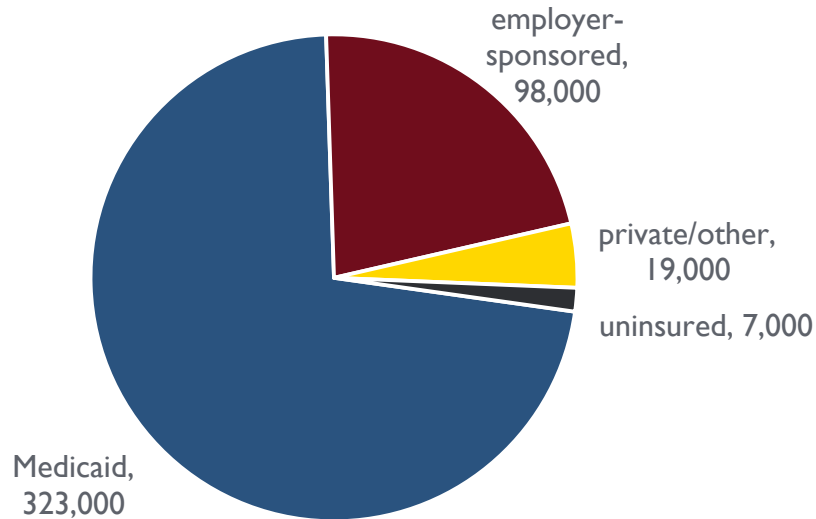


Lower income children with Medicaid are less likely than those with ESI to get needed urgent care or after hours care without a problem



Nearly $\frac{3}{4}$ of lower income children with CC-PCMH have Medicaid

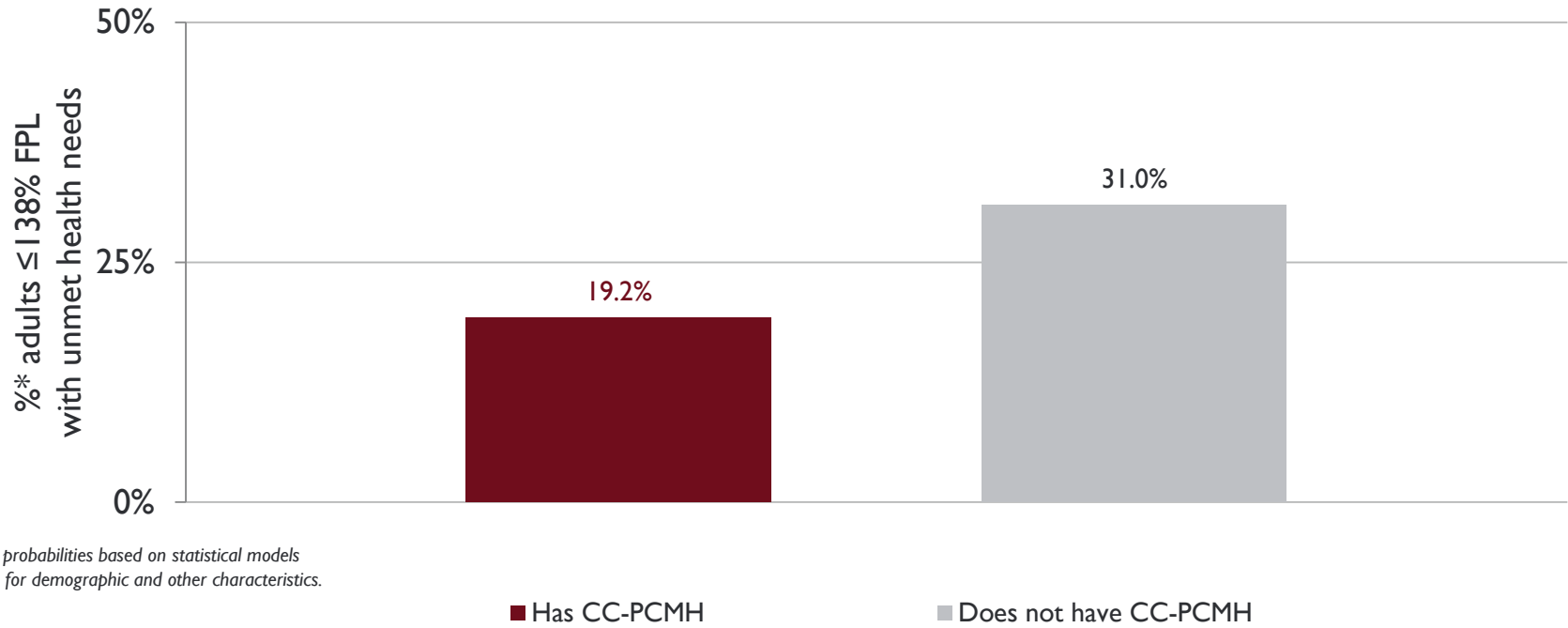
Estimated # of lower income children with CC-PCMH, by insurance type/status



Findings

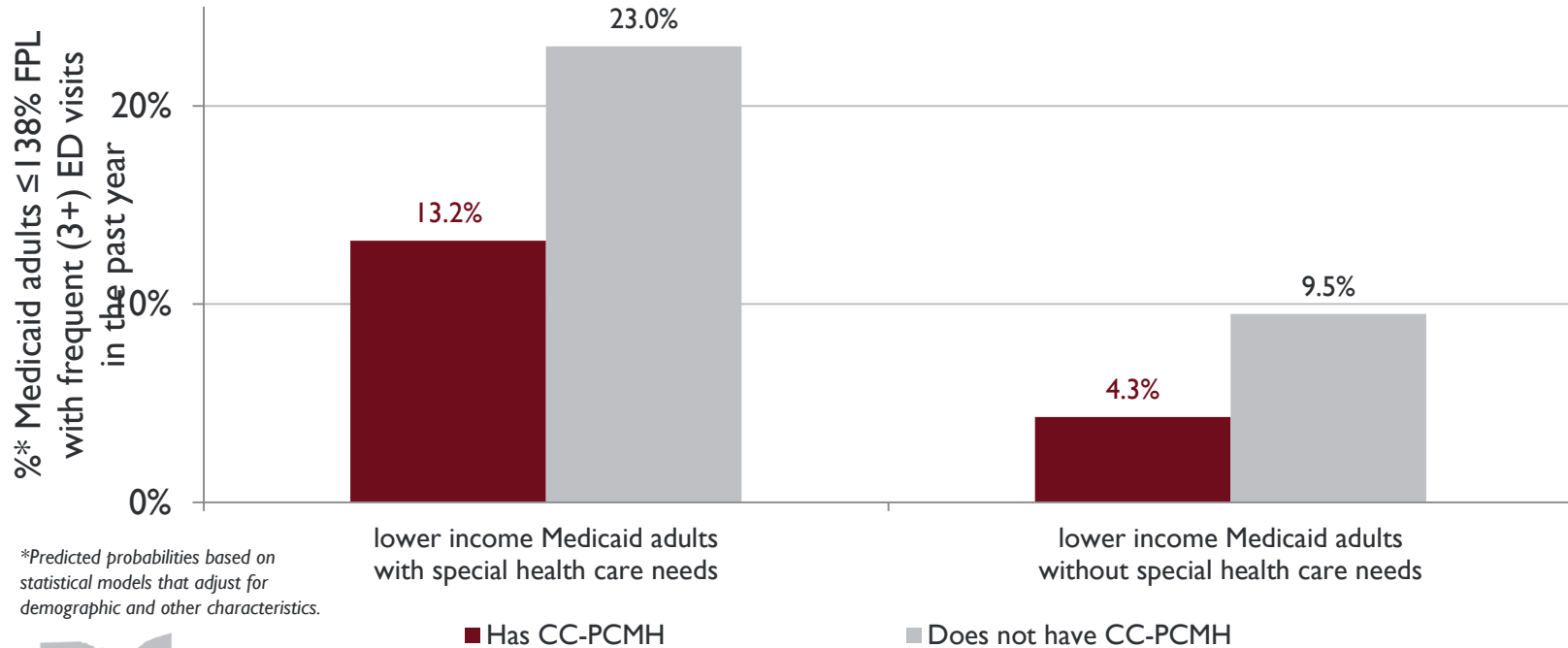
Is CC-PCMH associated with better health care among adults?

Lower income Medicaid adults with CC-PCMH are less likely to have unmet health needs



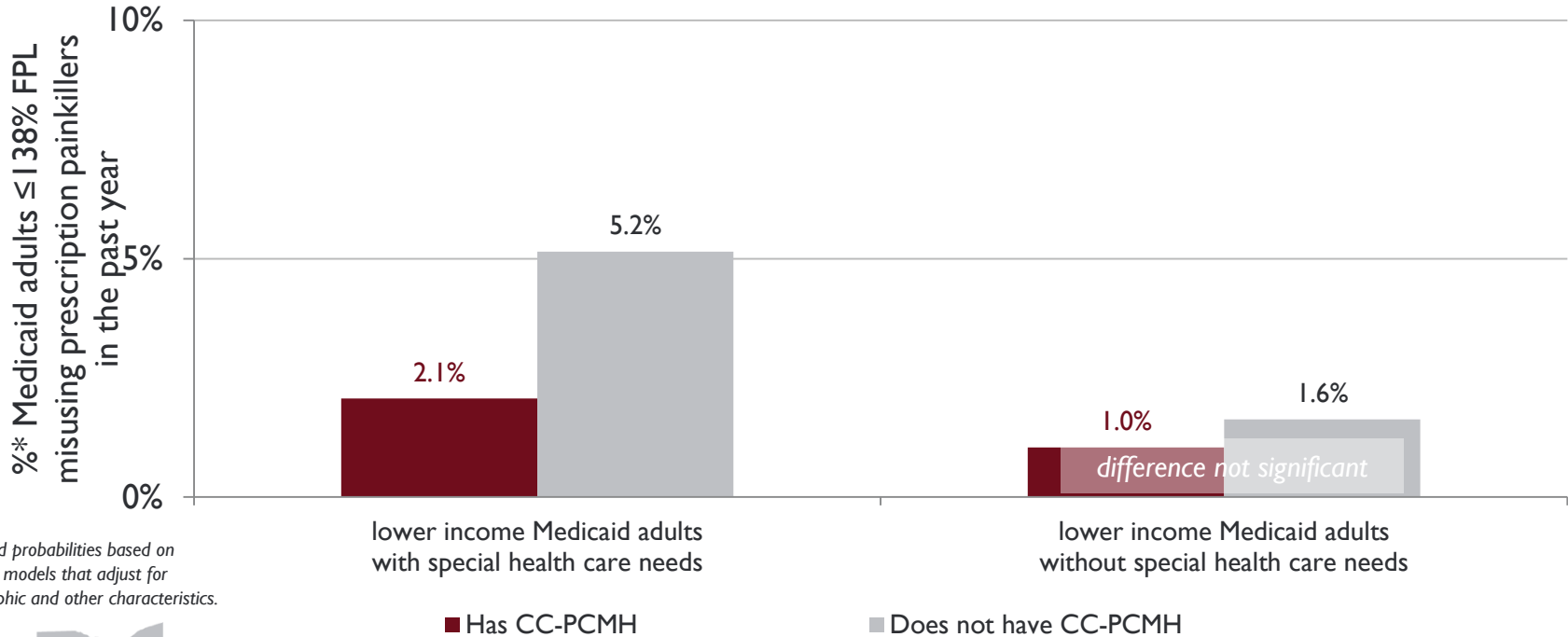
*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.

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.*

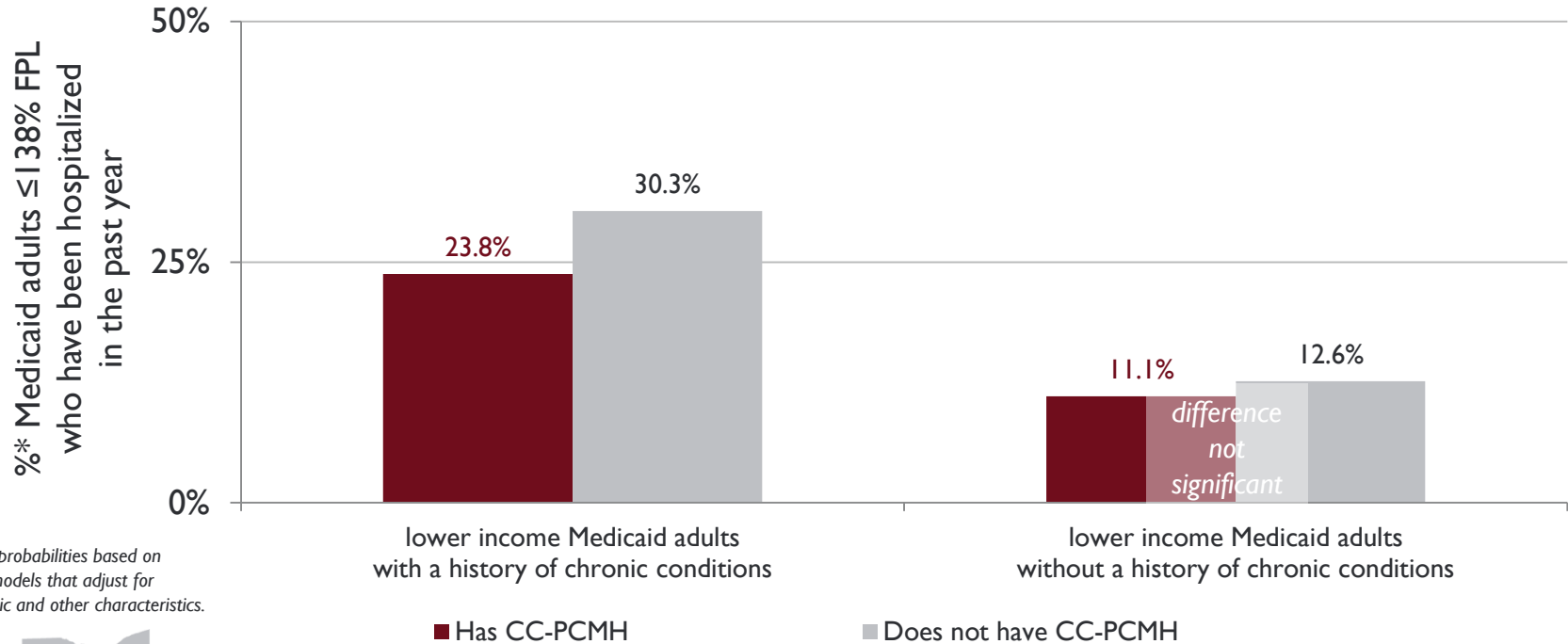
Lower income Medicaid adults with CC-PCMH (and who have special health care needs) are less likely to misuse prescription painkillers



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



Lower income Medicaid adults with CC-PCMH (and who have a history of chronic conditions) are less likely to have an overnight hospital stay

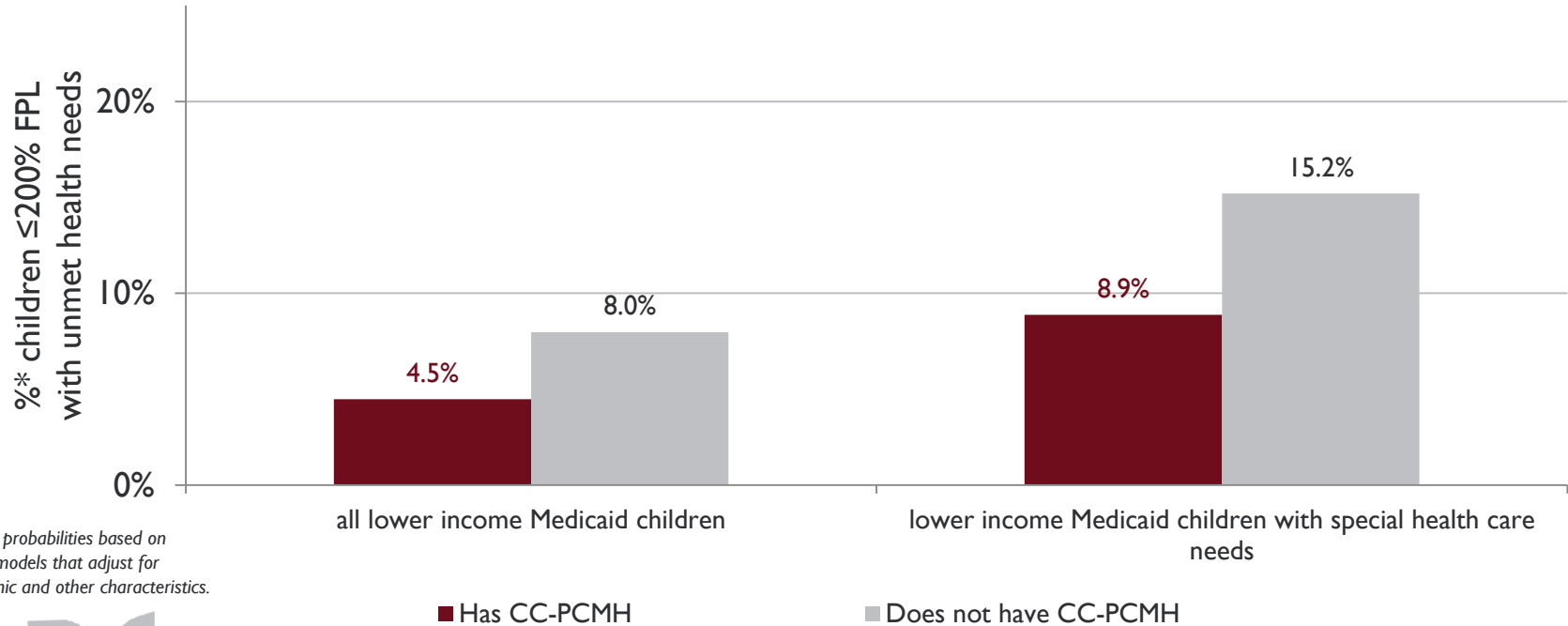


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Findings

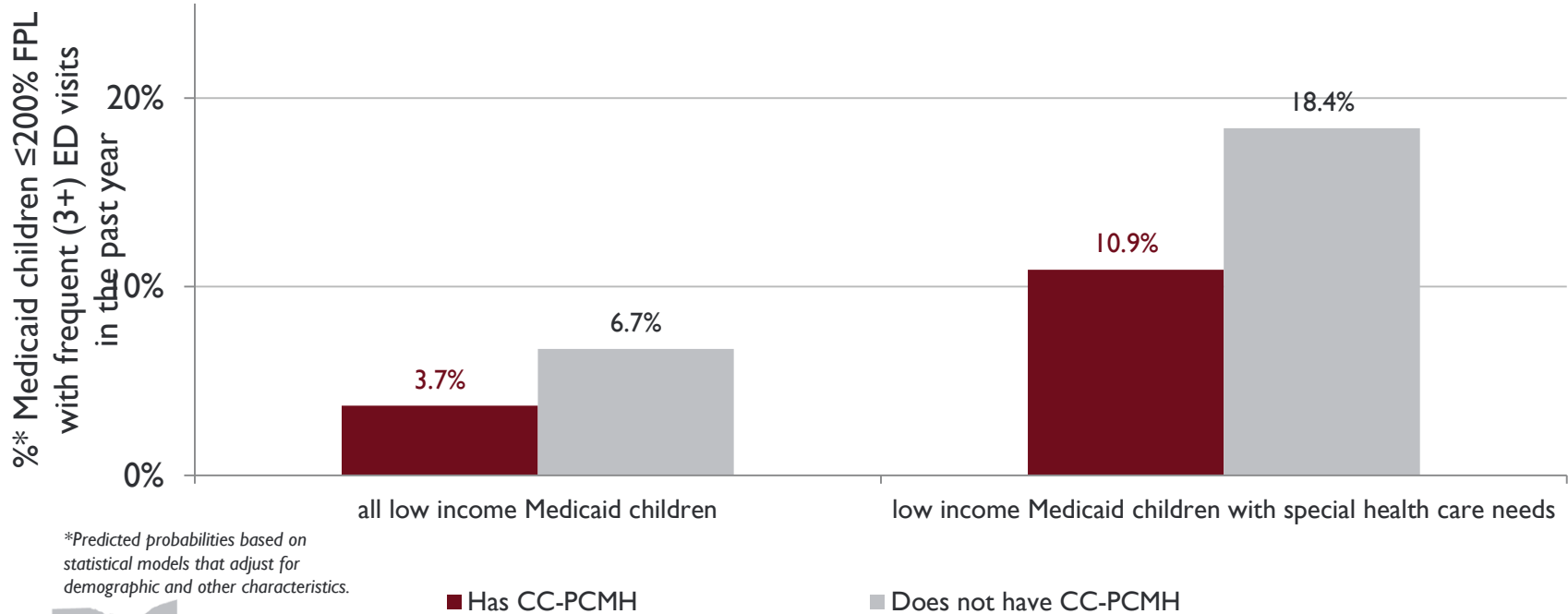
Is CC-PCMH associated with better health care among children?

Lower income children with CC-PCMH are less likely to have unmet health needs



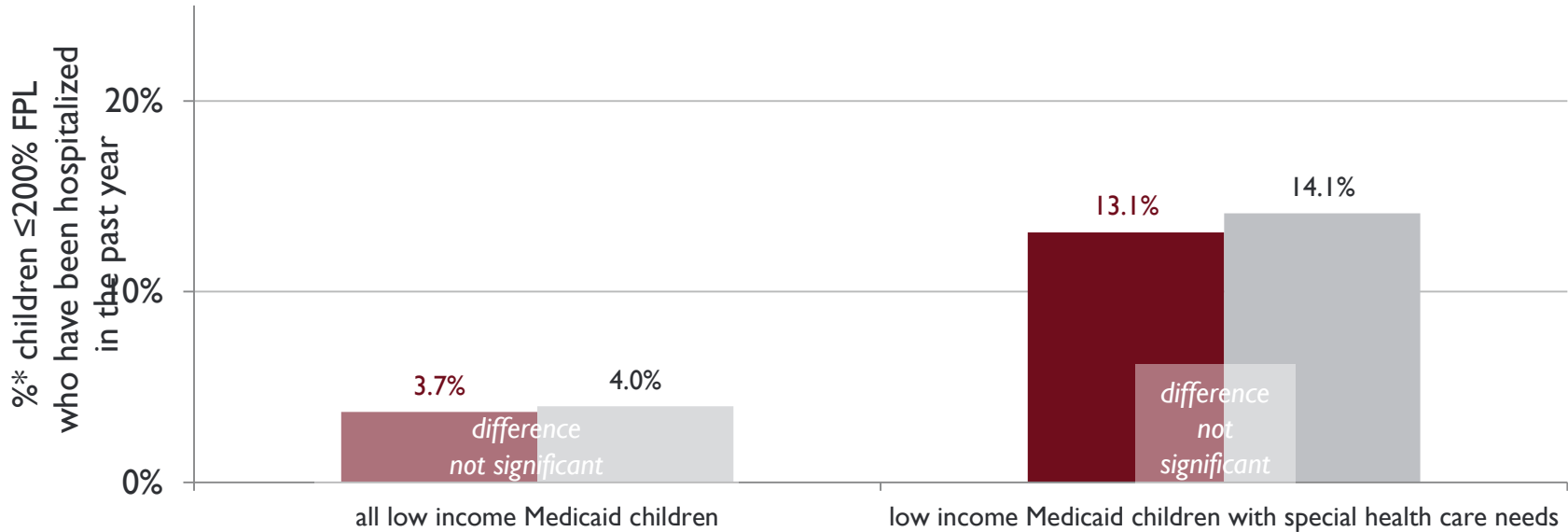
*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.

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

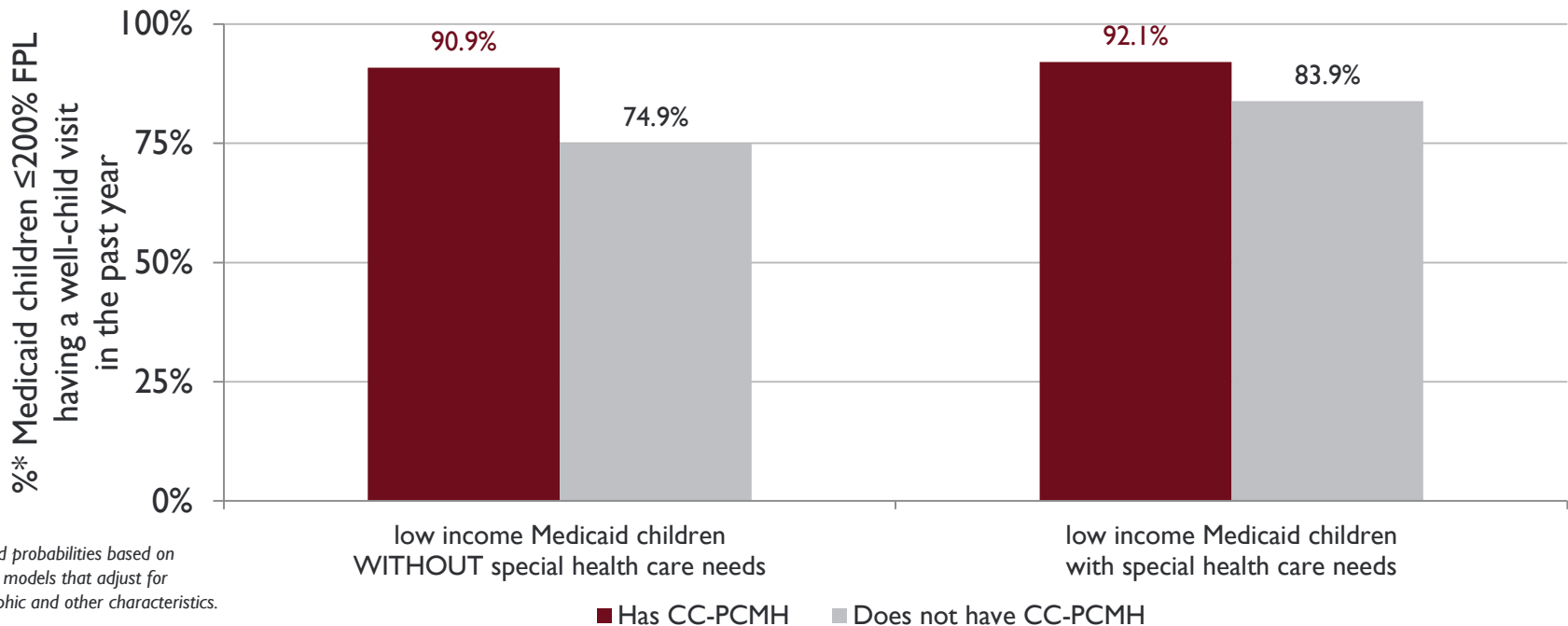


**Predicted probabilities based on statistical models that adjust for demographic and other characteristics.*

■ Has CC-PCMH

■ Does not have CC-PCMH

Lower income Medicaid children with CC-PCMH are more likely to have a well-child visit



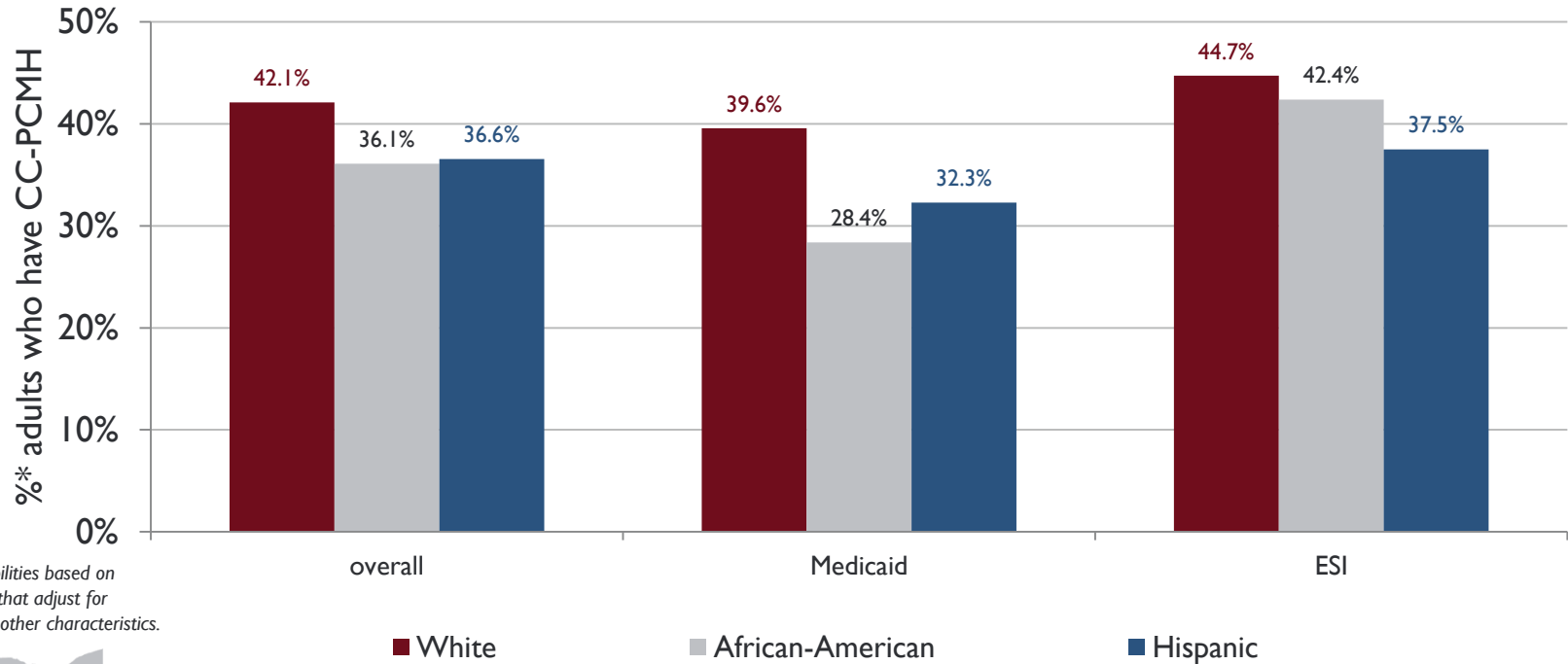
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Findings

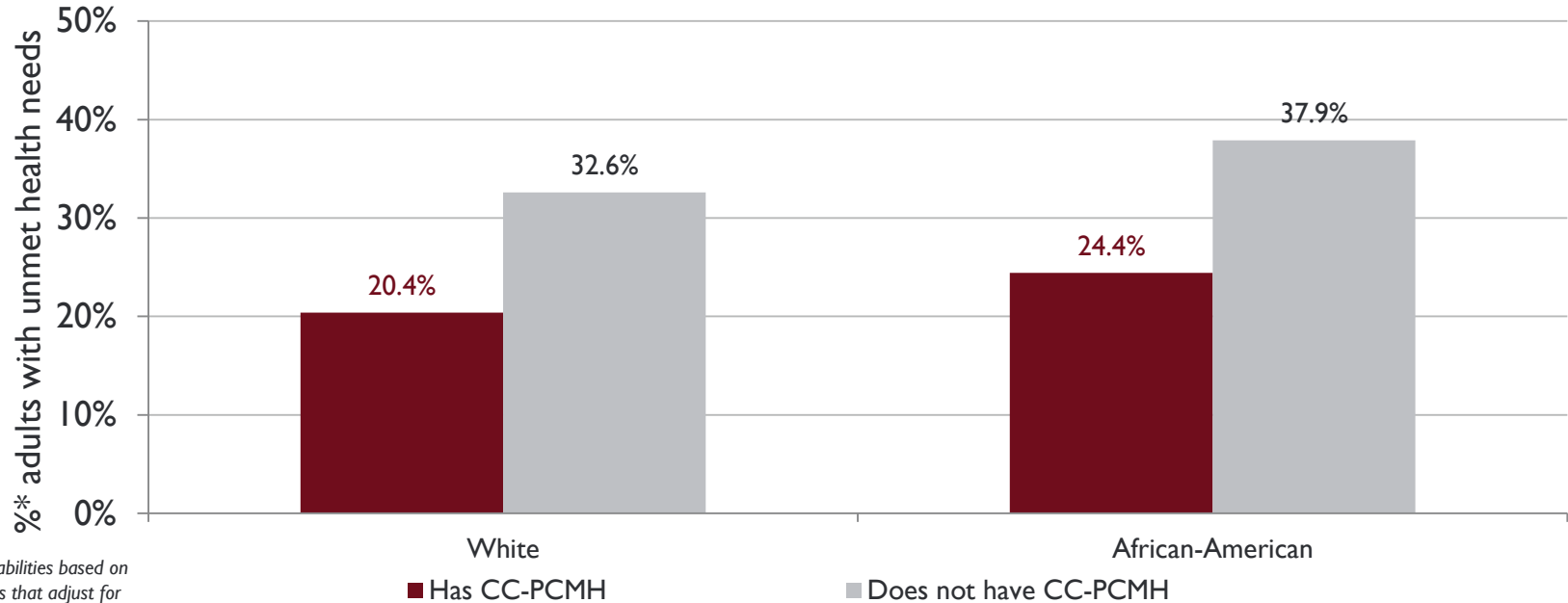
Does CC-PCMH reduce health disparities among adults?

White adults are more likely to have CC-PCMH



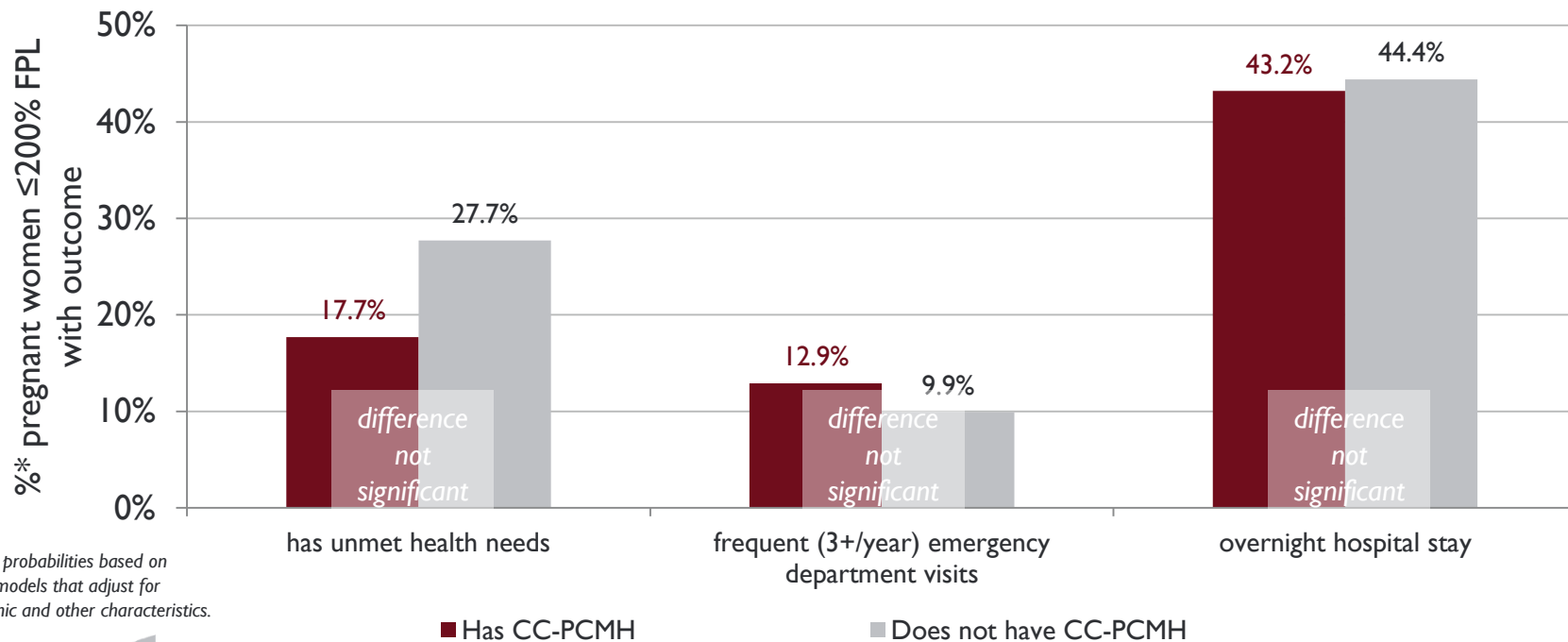
*Predicted probabilities based on statistical models that adjust for demographic and other characteristics.

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

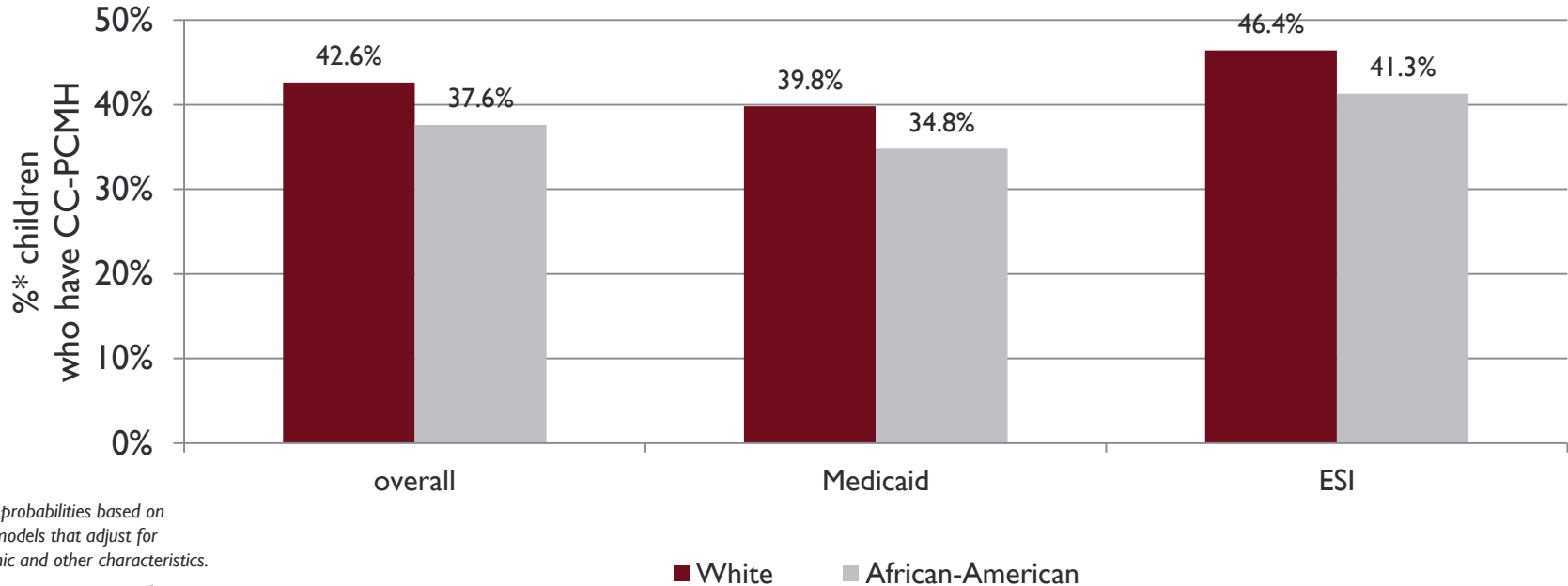


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Findings

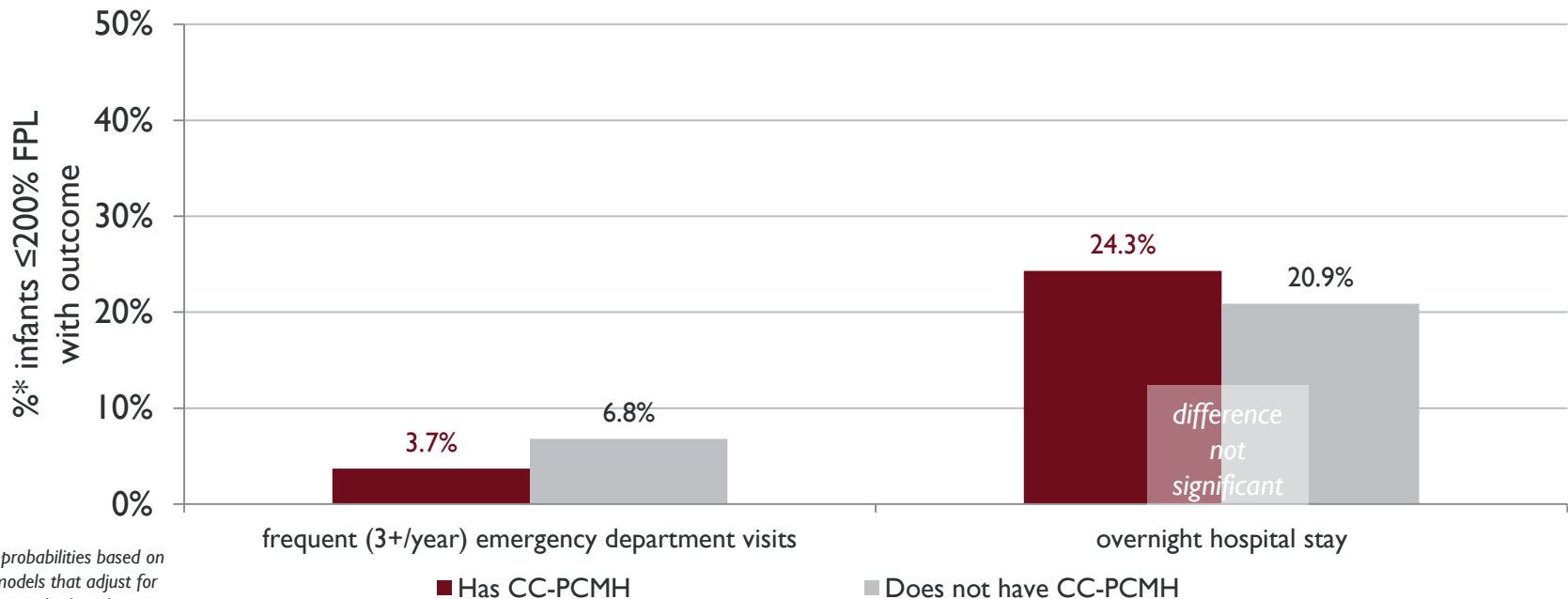
Does CC-PCMH reduce health disparities among children?

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

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

CONCLUSIONS/IMPLICATIONS

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?