

OHIO MEDICAID ASSESSMENT SURVEY

2012

Taking the pulse of health in Ohio

Policy Brief

PATIENT-CENTERED MEDICAL HOME STATUS IN OHIO

June 2013

Robert Ashmead, MS, Eric Seiber, PhD, and Tim Sahr, MPH, MA

The Ohio Colleges of Medicine Government Resource Center and The Ohio State University

INTRODUCTION

The patient-centered medical home (PCMH) is a concept for health care delivery that refers to a model of coordinated and comprehensive primary care. Several groups have published sets of PCMH principles,¹⁻³ but in general care in a PCMH is patient-centered, accessible, comprehensive, and coordinated. PCMH is also a recognition or accreditation that health care providers are able to obtain.

Using the 2012 Ohio Medicaid Assessment Survey (OMAS), we developed a measure of care consistent with a PCMH (CCW-PCMH) for adults and children. Results are presented on CCW-PCMH by demographic variables, physical health risk factors, geographic variables, and other factors. The focus was on adults 19-64 years and children (ages 18 years and younger).

An estimated 18.2% of Ohio adults 19-64 years received CCW-PCMH, including 19.9% of those covered by Medicaid. These estimates were higher for children, with 36.9% of all Ohio children and 33.0% of those covered by Medicaid having received CCW-PCMH. The Medicaid population included those with dual Medicaid/Medicare coverage as well as Medicaid coverage without Medicare.

Table 1: The prevalence of CCW-PCMH among adults 19-64 years and children, both overall and among those covered by Medicaid

	Percent CCW-PCMH	90% CI
All adults 19-64 years	18.2	(17.6 - 18.9)
Medicaid adults 19-64 years	19.9	(18.1 - 21.8)
All children	36.9	(35.6 - 38.3)
Medicaid children	33.0	(30.8 - 35.3)

MEASURING PCMH

The CCW-PCMH measure consisted of seven components based on OMAS questions. Survey respondents who reported high levels of care within each of the seven components were classified as having care consistent with a PCMH. The seven components were:

- Usual source of care;
- Usual source of care is a clinic, health center, doctor's office, or hospital outpatient department (non-emergency room (E.R.) usual source of care);
- Personal doctor or nurse;
- Health care visit in the past year;
- Enhanced access;
- Specialist care and coordination; and
- Provider engagement (adults) or provider appointment reminders (children).

The enhanced access component consisted of questions asking about obtaining needed answers to medical questions during regular office hours, obtaining needed medical assistance right away, and obtaining needed medical assistance during nights, weekends, or holidays. The specialist care and coordination component consisted of questions about problems seeing a specialist and whether the patient's provider's office seemed informed about their specialist care. The provider engagement component consisted of questions concerning whether anyone in the provider's office asked about prescription medicines taken and depression.

Which Components were Adults not Meeting?

67.7% of all adults 19-64 years had a non-E.R. usual source of care and a personal doctor or nurse. Among adults 19-64 years with a personal doctor or nurse, only 36.9% met the passing criteria for the provider engagement component. Among those with a personal doctor or nurse who also needed enhanced access, 71.8% met the passing criteria for the enhanced access component.

Which Components were Children not Meeting?

84.3% of all children had a non-E.R. usual source of care and a personal doctor or nurse. However, only 62.6% of children among those with a personal doctor or nurse who also needed enhanced access met the passing criteria for the enhanced access component. Furthermore, 68.0% of children who had a personal doctor or nurse met the passing criteria for the provider appointment reminder component.

Table 2: The percent of adults 19-64 years and children meeting each of the CCW-PCMh components, both overall and among those covered by Medicaid

	Percent meeting component	
	All adults 19-64 years	Medicaid adults 19-64 years
Adult CCW-PCMh component		
Health care visit in the past year ^a	85.5	91.6
Specialist care/coordination ^b	78.6	72.7
Usual source of care ^a	90.2	92.0
Non-E.R. usual source of care ^c	89.9	82.1
Personal doctor or nurse ^d	85.7	84.0
Enhanced access ^e	71.8	62.1
Provider engagement ^f	36.9	50.8
Child CCW-PCMh component	All children	Medicaid children
Health care visit in the past year ^a	95.6	96.6
Specialist care/coordination ^b	93.0	90.3
Usual source of care ^a	97.2	97.2
Non-E.R. usual source of care ^c	95.9	94.2
Personal doctor or nurse ^d	90.4	86.3
Enhanced access ^e	62.6	56.9
Provider appointment reminders ^f	68.0	70.7

a. Among all **b.** Among those who needed specialist care **c.** Among those with a usual source of care **d.** Among those with a non-E.R. usual source of care **e.** Among those with a personal doctor or nurse and who needed enhanced access **f.** Among those with a personal doctor or nurse

DEMOGRAPHIC AND SOCIOECONOMIC ANALYSIS

The prevalence of CCW-PCMh in both the overall and the Medicaid population varied by age, race/ethnicity, income, and education. Variation in the percent of people receiving CCW-PCMh was primarily due to the proportion of the people in the group having a non-E.R. usual source of care and a personal doctor or nurse. For adults 19-64 years, the estimated percent who received CCW-PCMh increased with age, income, and education.

Table 3: The prevalence of CCW-PCMh among adults by age group and Medicaid status

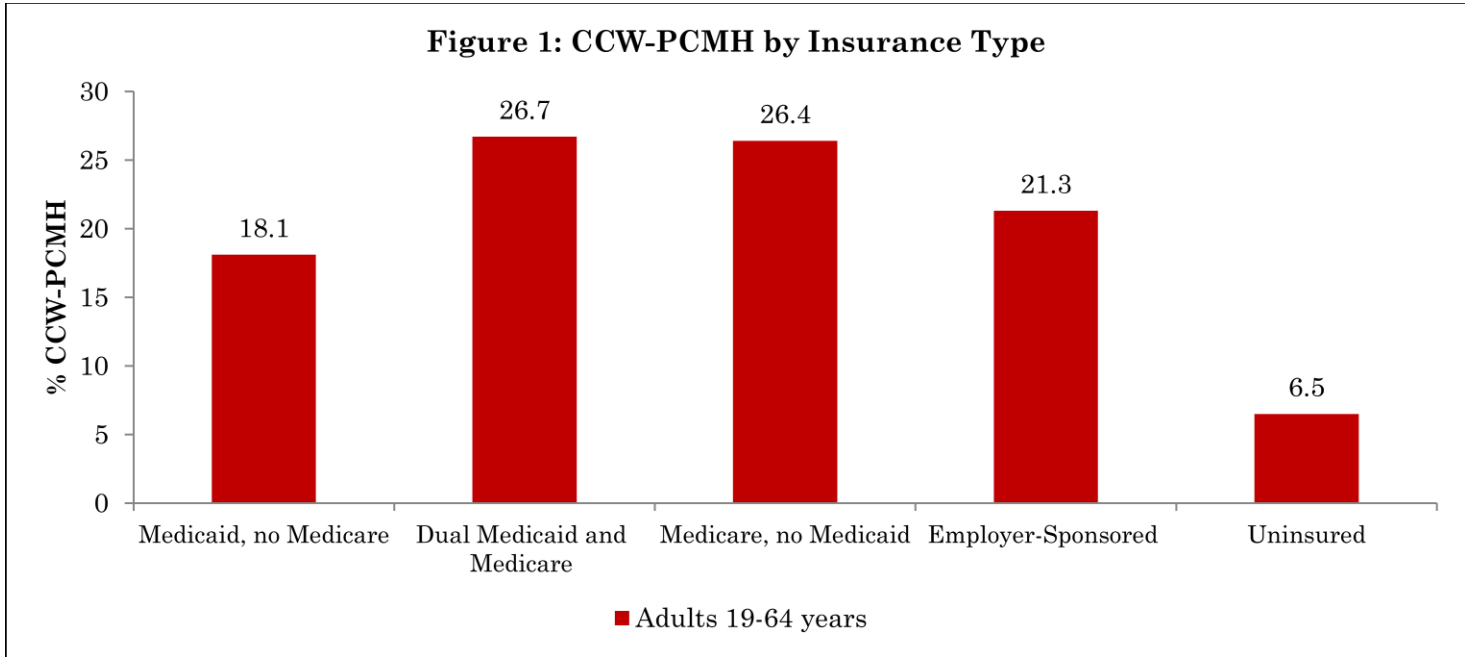
	Percent CCW-PCMh	
	All adults	Medicaid adults
19-24 years	13.5	15.0
25-34 years	14.8	18.3
35-44 years	17.7	18.5
45-54 years	20.2	24.4
55-64 years	22.8	25.5

Table 4: The prevalence of CCW-PCMh among adults 19-64 years by 2011 income as a percent of the federal poverty level (FPL) and Medicaid status

	Percent CCW-PCMh	
	All adults 19-64 years	Medicaid adults 19-64 years
Less than 63% FPL	14.5	18.8
63%-100% FPL	17.4	24.6
101%-200% FPL	15.4	18.6
201% or more FPL	20.2	14.9

Table 5: The prevalence of CCW-PCMh among adults 19-64 years by race/ethnicity and Medicaid status

	Percent CCW-PCMh	
	All adults 19-64 years	Medicaid adults 19-64 years
White	19.4	22.0
Black/African American	15.0	16.4
Hispanic	10.2	8.3



Mental Health

An estimated 7.3% of adults 19-64 years reported having mental health-related impairments (MHI), as measured by 14 or more days of functional impairment, due to a mental health condition or emotional problem. An estimated 19.4% of adults 19-64 years with MHI received CCW-PCMH, which included 23.9% of adults with MHI in the Medicaid population.

Usual Source of Care

The estimated prevalence of CCW-PCMH was highest among adults and children who utilized doctors' offices as their usual source of care (Table 6). An estimated 61.5% of adults 19-64 years and 76.8% of children used a doctor's office as their usual source of care.

Physical Health Risk Factors

Adults 19-64 years with physical health risk factors were more likely to receive CCW-PCMH than the overall population. For example, an estimated 27.3% of adults 19-64 years who reported being told they had diabetes received CCW-PCMH, compared to 18.2% of all adults 19-64 years.

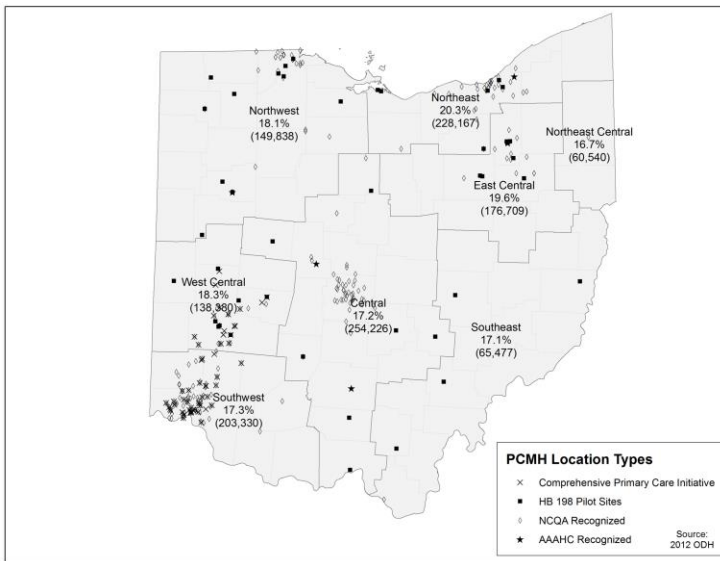
Table 6: The prevalence of CCW-PCMH among adults 19-64 years and children by usual source of care

	Percent CCW-PCMH	
	All	Medicaid
Adults 19-64 years		
Overall	18.2	19.9
Clinic/health center	17.8	23.8
Doctor's office	23.6	28.7
Hospital outpatient department	22.3	19.4
Children		
Overall	36.9	33.0
Clinic/health center	32.5	32.2
Doctor's office	40.8	37.1
Hospital outpatient department	35.9	37.5

GEOGRAPHIC ANALYSIS

In general, the percent of adults and children with CCW-PCMH, a usual source of care, and a personal doctor or nurse did not vary greatly across geographic regions (Figure 2). Association between the prevalence of CCW-PCMH among adults or children in a region and the number of PCMH recognized or accredited locations in that region was weak, suggesting too few PCMH locations per region to make a significant difference in the region-wide prevalence of CCW-PCMH.

Figure 2: The estimated prevalence of CCW-PCMH among adults 19-64 years by Medicaid managed care region and PCMH recognized or accredited locations



SENIORS

19.8% of all seniors (65 and older) and 17.5% with Medicaid coverage received CCW-PCMH. A higher estimated percentage of seniors with health risk factors received CCW-PCMH than seniors overall. 24.3%, 17.2%, 19.3% and 18.7% of seniors in suburban, Appalachian, metropolitan, and rural non-Appalachian counties received CCW-PCMH respectively.

More information about OMAS, including the data and electronic versions of reports and research briefs, is available online at:

<http://grc.osu.edu/omas/>

KEY CONSIDERATIONS

i. Early adoption of PCMH recognition or accreditation was primarily in urban and suburban areas with most locations in and around Cincinnati, Columbus, and Cleveland. Resources could be targeted to better enable distribution of PCMH oriented service providers to rural and urban areas of need. Different dynamics outside of urban markets may affect the spread of PCMH accreditation.

ii. Provider engagement is an area with great potential for improvement. While a majority of adults and children had a personal doctor or nurse that they identified with, few reported care that suggested active provider engagement – such as sending out appointment reminders.

iii. While a majority of adults and children had a personal doctor or nurse, a significant proportion of Ohio's adults and children still did not. Approximately a third of adults 19-64 years and a sixth of children did not have a non-E.R. usual source of care and a personal doctor or nurse. While this proportion is lower in Ohio than in other states, it represents a large population of Ohioans who might benefit from participation in a PCMH. Health system entities, insurers, and government entities could concentrate efforts to increase basics services consistent with the PCMH model.

REFERENCES

1. Advisory Committee. The Medical Home. *Pediatrics*. 2002; 110:184–186. American Academy of Pediatrics Medical Home Initiatives for Children with Special Needs Project.
2. American Academy of Family Physicians, American Academy of Pediatrics, American College of Physicians, American Osteopathic Association. Joint principles of the patient-centered medical home. 2007. www.pcpc.net/content/joint-principles-patient-centered-medical-home. Accessed August 6, 2012.
3. Adapted from Agency for Healthcare Research and Quality's (AHRQ's) medical home definition. Available at: http://pcmh.ahrq.gov/portal/server.pt/community/pcmh_home/1483/PCMH_Defining%20the%20PCMH_v2. Accessed May 2, 2013.