Health Care Reform and Public Health

The Massachusetts Experience and its Possible Implications for Public Health

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Noteworthy Successes of Health Care Reform
Massachusetts and US Average - 2000-2010
MA Uninsurance rate drops by 67%

†Population estimates are based on estimates of the total civilian non-institutionalized population in Massachusetts from the March Current Population Survey for the relevant year.
and 2010 are from the Urban Institute tabulations on the Massachusetts Health Insurance Survey for the respective years. For more information, please visit www.mass.gov/dhcfp. Click on "Publications and Analyses" then go to "Household Health Insurance Survey." National uninsured rate is as reported by the US Census Bureau in Income, Poverty, and Health Insurance Coverage in the United States, 2008 and 2009 data. Online at http://www.census.gov
Massachusetts and US Average - 2000-2010

US Insurance Rates have much farther to drop—at best on halfway
Health Care Reform Report Card

- 98% of population insured
- 91% have a personal health care provider
- 80% had a routine check-up in past year
- 81% had a dentist visit in past year
- 67% approval rating
HEALTH REFORM IN MASSACHUSETTS: ASSESSING THE RESULTS

Comprehensive chart pack displaying the findings of recent surveys and other efforts to monitor the impact of the 2006 Massachusetts health reform law. Designed to support use of the charts in slide presentations.
Non-Elderly Adults with a Doctor Visit in Past 12 Months by Insurance Status

Compared with the insured adults, uninsured non-elderly adults were much less likely to have had a doctor visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

**Note:** In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

**Source:** Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS.
Non-Elderly Adults with a Preventive Care Visit in Past 12 Mo. by Insurance Status

Compared with the insured adults, uninsured non-elderly adults were much less likely to have had a preventive care visit in the past 12 months. The 2009 estimates are not significantly different from the estimates for 2008.

Note: In some cases, what appear to be relatively large differences in estimates between 2008 and 2009 are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Source: Urban Institute tabulations on the 2008 and 2009 Massachusetts HIS
In Massachusetts: What has Occurred Regarding Health?
Increased Preventive Care Among People with Diabetes

The number of people with diabetes who received recommended preventative care (eye exam, foot exam, flu shot and twice annual A1c check) has increased by 7.6 percentage points in the period following health care reform implementation.

Age-adjusted % of people with diabetes receiving all four recommended preventive care measures

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<td>0%</td>
<td>12.0%</td>
<td>19.6%*</td>
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*Statistically significant increase (p<.05)

Source: MA BRFSS, 2005-2009
After the health care reform law was enacted, there was a significant increase in the percentage of MA adults age 18-64 with current asthma who reported having health insurance. There was also a significant increase in the percentage of adults age 18-64 with current asthma who reported that they had received a flu vaccine in the past year during this time period.

*Statistically significant increase (p<.05)

Source: MA BRFSS, 2005-2010
Improved Screening and Vaccine Rates

- PSA test past year, men age 50-64: 54% (January 2006-June 2007), 57% (July 2007-December 2008)
- Colonoscopy or sigmoidoscopy past five years, all respondents age 50-64: 55% (January 2006-June 2007), 63% (July 2007-December 2008)
- Mammography in past two years, women 40-64: 84% (January 2006-June 2007), 85% (July 2007-December 2008)
- Flu Vaccine in Past Year, 50-64: 43% (January 2006-June 2007), 46% (July 2007-December 2008)

Legend:
- Purple: January 2006-June 2007
- Blue: July 2007-December 2008
Dramatic Impact on Smoking Prevalence

Smoking prevalence among the uninsured changed very little after July 2006, but the MassHealth population saw a sharp and significant decrease from 38% pre-benefit to 28% just 2.5 years later. This decrease began the month the MassHealth benefit was implemented.

Source: MA BRFSS, 1998-2008
Biggest Impact Was The Combination Of HCR And Robust Public Health
Tobacco Use: Public Health Teams with Medicaid

- DPH ran media campaigns promoting benefit.
- DPH used existing QuitWorks channels to reach MDs.
- Local programs disseminated materials.

You can quit smoking. MassHealth covers it now!

MassHealth has a new benefit to help you quit — whether you chew, smoke cigarettes, or use any other tobacco product.

What stop-smoking help is covered?

You can choose from many stop-smoking medicines for a $1 or $3 co-pay. The nicotine patch, gum, lozenge, or a pill (bupropion or Chantix) are all covered. These can help with cravings. Ask your doctor or nurse for more information.

You can also meet with a counselor to learn how to quit and stay quit for a $1 or $3 co-pay.

MassHealth Customer Service: 1-800-841-2900
For more information about quitting smoking, go to www.makesmokinghistory.org
Announcement to 20,000 providers 6/06. Announcement to all MassHealth subscribers 6/06. Additional outreach to health centers, hospitals, community agencies, and providers beginning 8/06. Articles placed in over 15 professional and MCO newsletters beginning 9/06. MTCP radio and transit campaign 12/06 – 5/07. MassHealth wellness brochures 7/07. MTCP cessation television campaign 11/07 – 1/08. Consumer awareness surveyed by MTCP in 10/06 and by University of Massachusetts in 1/08.
Did it make a difference?
To examine if health improved…

- 21,656 members who used the benefit studied
- Longitudinal design; Pre-post individual’s use of benefit
- August 2003-June 2008
- Must have used the benefit by Nov 2007
- 15 diagnostic categories with over 200 hospitalizations
It did! - Cardiovascular Claims Decrease

- 46% decrease in hospitalization for acute myocardial infarction

- 49% decrease in hospitalization for acute coronary heart disease

- Controlled for demographics, prior health risks, seasonality, influenza rates, and the implementation date of the Massachusetts Smoke-Free Workplace Law

- Health care improved & costs decreased
DPH Patch Promotion for Veterans –
For vets with cessation coverage who weren’t using it

COURAGE. COMMITMENT. THE WILL TO SURVIVE.
You have what it takes to quit smoking.
Veterans, get FREE nicotine patches to help you quit for good!
1-800-Try-To-Stop (1-800-879-8678)
Fight4YourLife. Quit now.
Veterans: Promising Results

- 1 mth. free patch/counseling for vets and family during the 7½ months campaign
- Specialized promotion thru veteran services groups
- 4,000 respond
- Many transition to their own insurance after first month
HIV – Insurance + Public Health = Reduced New Infections

- Mass. has dramatic reduction of new HIV infections
- Indications of low viral load among positive
- Hypothesis: 98% insurance with robust public health
Conclusion: Insurance & Robust Public Health Yield Best Results

We need more of these examples
A Danger: INCORRECT ASSUMPTIONS ABOUT THE NEED FOR PUBLIC HEALTH

- Faulty assumptions may be made about what is covered by insurance

- Examples: nicotine replacement therapy, family planning and immunization funds
Learning the Lessons of Health Care Reform for Public Health
#1: Get a Seat at the Table
Possible Ways to Prepare

- Understand/teach the basics of insurance coverage
- Learn & appreciate the values & incentives of insurers
- Examine key opportunities for input – e.g. SIM grants
- Shore up core assumptions insufficiently substantiated by data
#2: Take an Open-Minded and Critical Look at the Work Public Health Does Now

DDT... FOR CONTROL OF HOUSEHOLD PESTS
Possible Ways to Prepare

- Identify core
- Look to the future needs
- Consider whether traditional public health roles should be shifted to primary care
- Establish billing for services previously funded by public health
Examples of Work to Consider for PC Integration or Billing

- STDs
- TB
- Family Planning
- Immunizations
  (local health-flu shots)
#3: Defend the Traditional Public Health Approach When Called For
Possible Ways to Prepare

- Review ASTHO strategic plan and vision
- Undertake assessment of current and future needs; core vs. non-core activities
And Assist in Efforts to Clarify Vision of PH Departments of the Future

- Changing health needs and emerging demographics
- Policy focus
- New data analytics
- Integration on PH and Primary Care
- Community support and mobilization

We’re off the medical home

And then over to the community meeting on reducing air traffic injuries
Join ASTHO Day on the Hill

Percentage of state health agencies experiencing reduced workforce capacity and programs

- Layoffs: 30%
- Loss of Staff: 56%
- Mandatory: 41%
- Entire: 58%
- Reduce: 62%

Public Health Job Losses Since 2008

Local Health Depts: -39600
State Health Depts: -17800

Sources: NACCHO and ASTHO, 2012
#4: Keep on the Lookout for Opportunities
Possible New Roles: Skills in Quality & Cost

- Eliminating avoidable risks and events such as hospital acquired infections and falls
- Strengthening the Determination or Certificate of Need Process
Consider New Models of Primary Care that Incorporate or Link to Population Health

1. Clinical preventive measures

2. The gray zone (sometimes ties to clinical and sometimes ties to community)

3. Community health
Assist in Search for “Population Health” Quality Outcome Measures

- Payment reform offers opportunities for making system-wide changes
- Efforts underway to imbed global payment with incentivized PH action steps/outcomes
- But response lags behind – need for consensus on best evidence-based approach
#5: Envision a Better Model and Take Steps to Make it Real
Work at Base of Pyramid

- **Socioeconomic Factors**
  - Long-lasting Protective Interventions
    - Changing the Context to make individuals’ default decisions healthy
  - Clinical Interventions
    - Counseling & Education
  - Examples
    - Eat healthy, be physically active
    - Rx for high blood pressure, high cholesterol, diabetes
    - Immunizations, brief intervention, cessation
    - Fluoridation, trans fat, smoke-free laws, tobacco tax
    - Poverty, education, housing, inequality

Smallest Impact

Largest Impact
Examples from Massachusetts

- The successful creation of a $60 million Prevention and Wellness Trust Fund to support multiple innovative approaches to population health
- The formation of a Community Health Worker (CHW) Certification Board
Examples Nationally

- RWJ “Culture of Health”
- National Prevention Strategy
- CDC Social Determinants of Health Workgroup
Some Signs This May be Working

- Decrease in obesity levels or rate of growth for children in multiple states.
This is a Sentinel Moment

We are either part of the change or the change happens to us.
Public Health Departments Can Lead the Change