Lack of Insurance and other Barriers to Health Care Access

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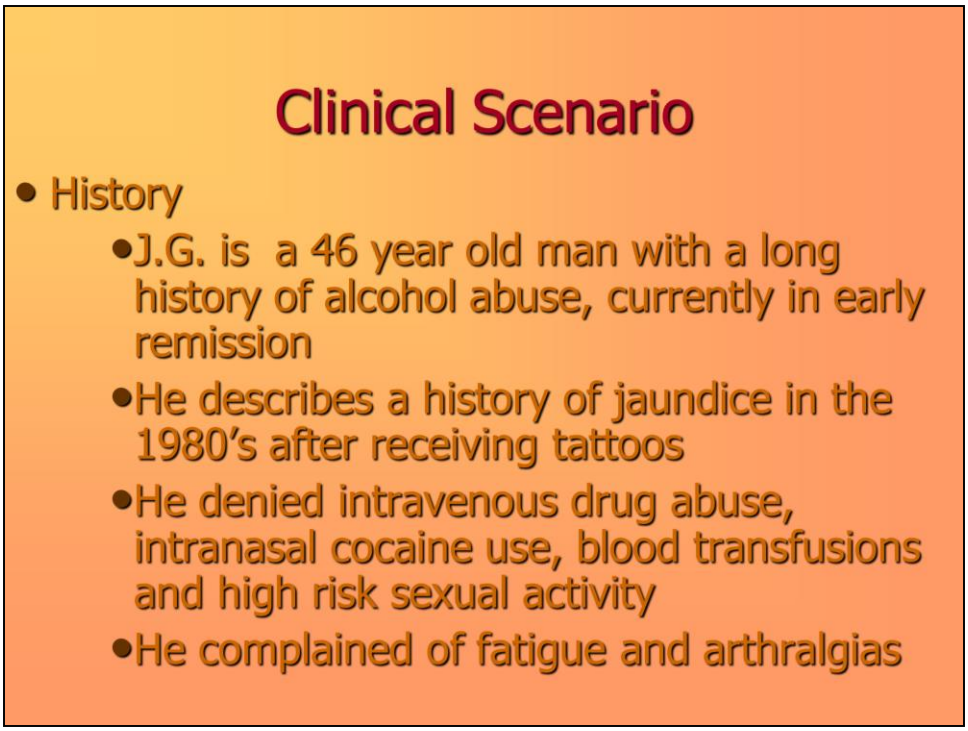
- This one hour lecture/presentation is part of a multifaceted curriculum for first year medical students that also includes:

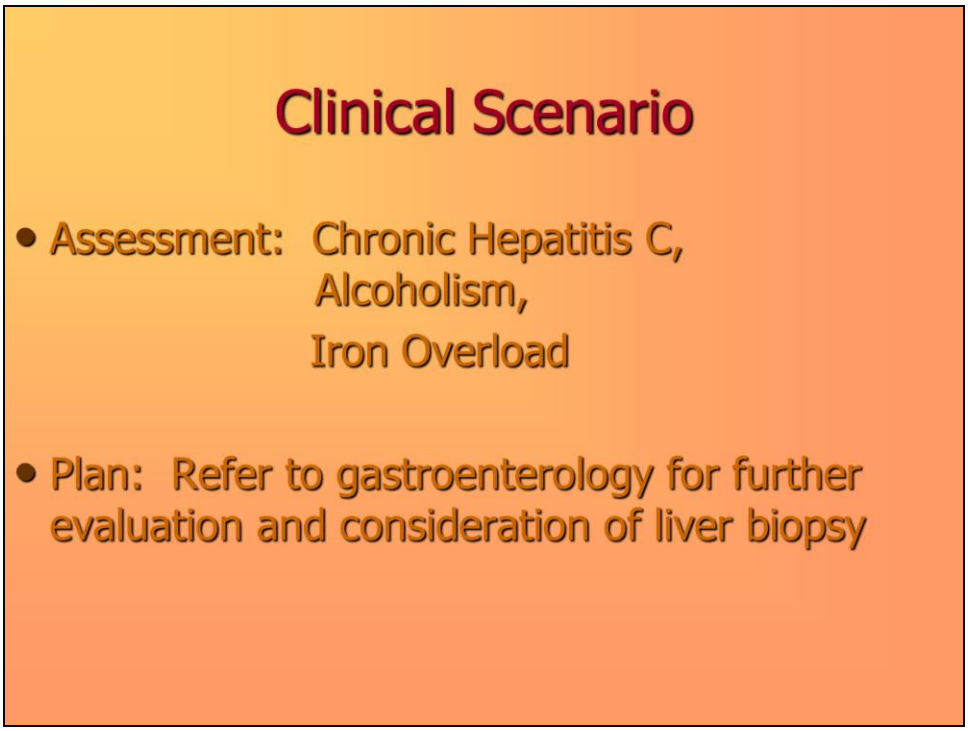
- Viewing a ~40 min segment of the documentary "**Unnatural Causes…is inequality making us sick?"** with a follow up reflective writing on the personal impact of social determinants of health.

- A two-hour interactive small group activity with 8 students and a facilitator:
  - Students work through 2 scenarios that involve setting priorities when a family's resources are limited. They discuss the compromises they have to make. Do they pay the utilities and phone bill, get their son in for immunizations, or work to earn extra money? Do they go to the doctor, repair the car or go to their son's school activity?
  - In a third scenario, the students play the role of a single mother without health insurance who is seen in the ER for pneumonia and an asthma exacerbation. She is given scripts for costly meds she can not afford. She is able to get an appt at the FQHC. The students use local transit maps to figure out how to get to the appt by bus.

- A simulated patient exercise involving care of an uninsured patient with limited finances and difficulty accessing needed medication treatment. This is a portion of the final evaluation.



Notes from a local med-peds provider: "I'll start with a brief clinical scenario from my own practice. This gentleman came to see me for evaluation of Hepatitis C, a chronic liver infection which has become epidemic in the United States and is especially prevalent among persons of low socioeconomic status. His symptoms of fatigue and joint pains are common among patients with Hepatitis C."



Notes from a local med-peds provider: "Although he had no health insurance I referred him to a liver specialist because I believed his degree of liver disease warranted the care of a specialist and I thought he would need a liver biopsy, which requires a specialist to perform. A biopsy would confirm the diagnosis and help guide treatment. I should add here that I am very judicious when it comes to referring uninsured patients to specialists because I am aware of the high cost of specialty care and that they will incur debt that will hang over them for years. I treat many patients with Hepatitis C without first referring to a specialist. This man had severe liver disease and that's why he needed a specialist. "

Provider works at a local FQHC and is very aware of financial barriers to health care. He also regularly treats uninsured patients for Hepatitis C.

Clinical Scenario

- Outcome

  " Optimally he should have a liver biopsy performed to assess the stage of his liver disease, the degree to which alcohol contributed to his liver disease and to determine tissue iron levels. However, he is uninsured and not on Medicaid. I will plan to schedule a biopsy for him when he can afford it."

This is how the GI specialist responded.

Questions

- Is Mr. G. eligible for Missouri Medicaid?
- Is there a chance that Mr. G. will be able to obtain health insurance that will cover him for a liver biopsy?

This scenario can be tailored to fit state specific resources.

Who is currently covered by MO Medicaid?

- Currently MO Medicaid primarily serves
  - Children and their parents
  - Disabled adults
  - Low income elderly
  - Prenatal patients
- Being poor doesn't mean a person will be covered by Medicaid.

http://files.kff.org/attachment/Issue-Brief-The-Coverage-Gap-Uninsured-Poor-Adults-in-States-that-Do-Not-Expand-Medicaid

Who is covered by MO Medicaid?

- Currently low income adults who don't fit one of the above categories generally are not covered by MO Medicaid regardless of how limited their finances or how great their medical needs.

In 18 states including Missouri, adults without children are generally not eligible for Medicaid even if they are penniless.

Ask class to identify barriers in addition to lack of insurance that patients may have to accessing health care.

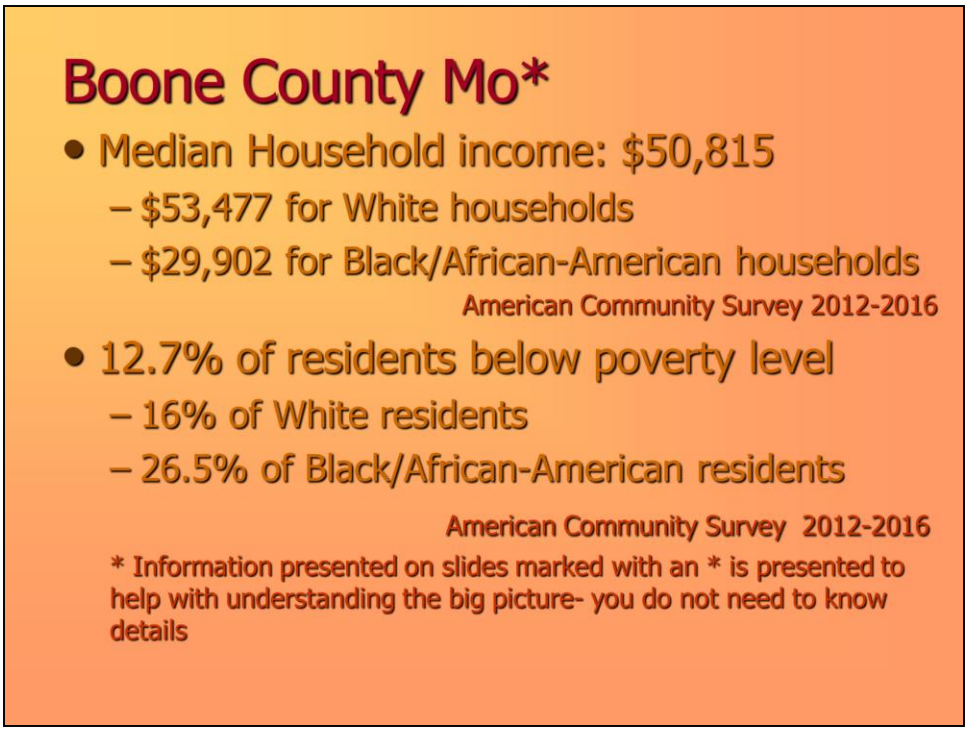
Barriers to Accessing Health Care

- Lack of health insurance
- Limited financial resources
- Limited literacy/limited health literacy
- Lack of transportation
- Language and cultural barriers
- No phone
- Difficulty taking time off work
- Incarcerations
- Complexity of health care system (billing, Medicaid, Medicare part D, Spend down, affordability test, prior authorizations…)

Barriers to Accessing Health Care

- Lack of sensitivity to LGBTQ/SGM issues
- Mental health issues
- Substance use issues
- Limited options for child care
- Many conflicting demands on time and resources
- Limited computer skills/access
- Learning and cognitive disabilities
- Poor coping skills
- Poor support systems
- Legal status

SGM = Sexual Gender Minorities



16.1% of Boone County Children under 5 live in poverty

Almost one in five Boone count children are food uncertain one in 12 food uncertain with hunger

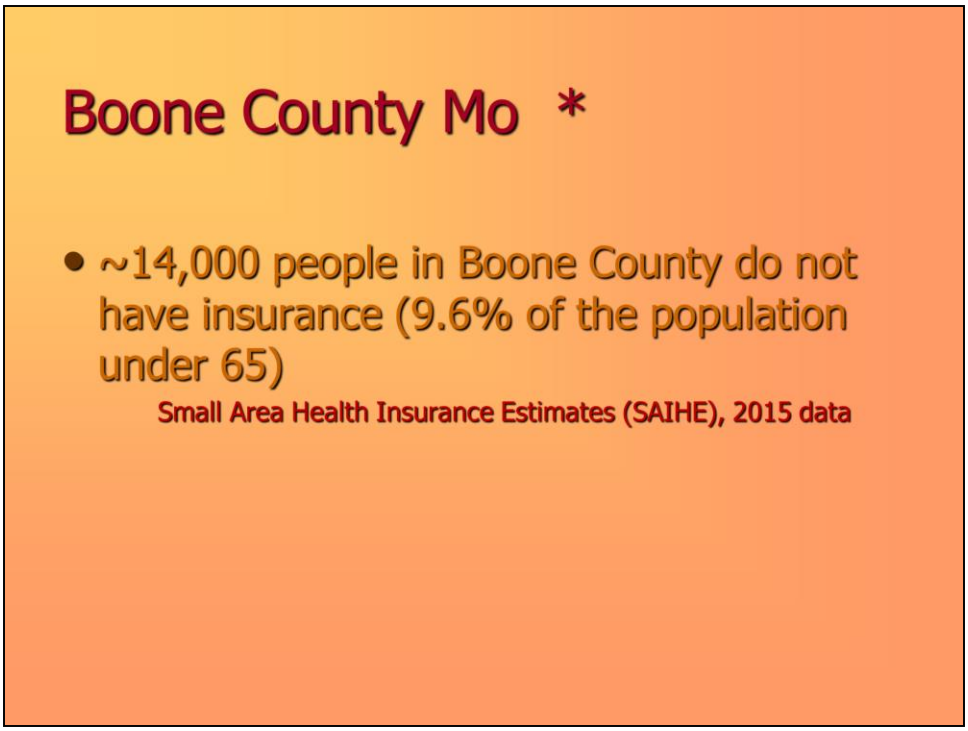
County specific data is available for all states from the US Census Bureau through:

- Quick Facts (https://www.census.gov/quickfacts/fact/table/US/PST045217)
- American Fact Finder- Information from American Community Survey https://factfinder.census.gov/faces/nav/jsf/pages/index.xhtml
    - Community Facts
    - Guided Search (lets you select specific topics and categories such as household income and race)

Additional health-related county level data of potential interest (not needed to modify slide) is available through “County Health Rankings” http://www.countyhealthrankings.org/

For other regions and for updating this data:

https://www.medscape.com/slideshow/compensation-2017-overview-6008547



This is down from ~17,700 uninsured in Boone County (under age 65) one year prior in 2014

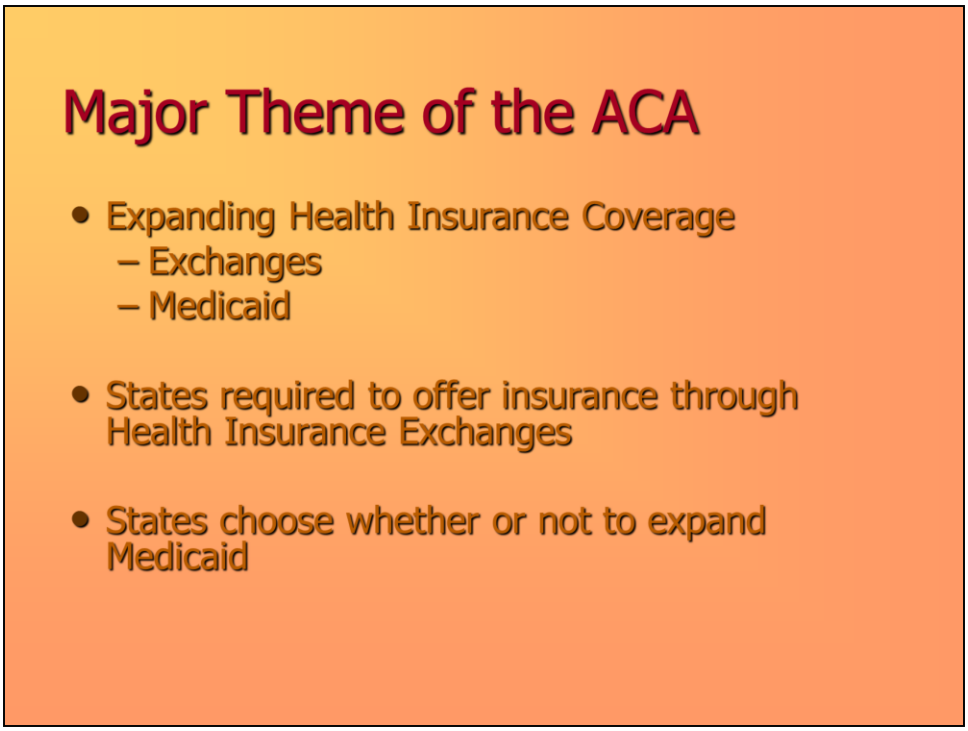
In 2007 there were 22,407 (16.9%) uninsured in Boone County

This data is available from the US Census Bureau's **Small Area Health Insurance Estimates** (SAHIE) program which produces the only source of data for single-year **estimates** of **health insurance** coverage status for all counties in the U.S. It is possible to sort by age, race, gender and income. (https://www.census.gov/programs-surveys/sahie.html)

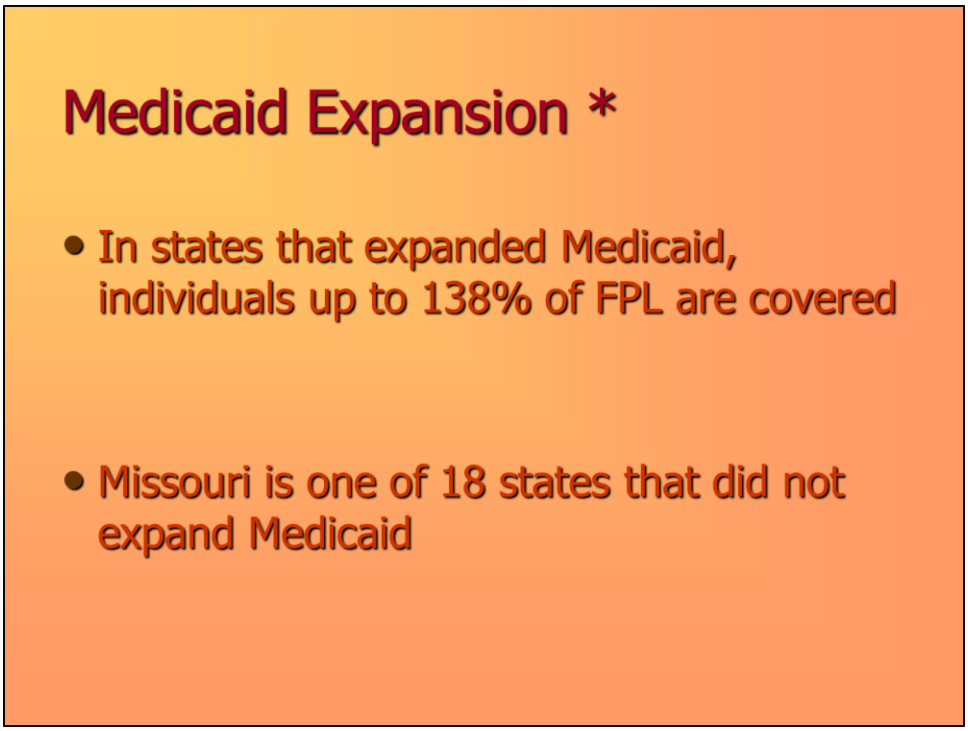
Citation: Bowers, Lauren, C. Gann, and S. Elser, Small Area Health Insurance Estimates: 2015, U.S. Census Bureau, Washington, DC, 2017.

Coverage through the Affordable Care Act (ACA)

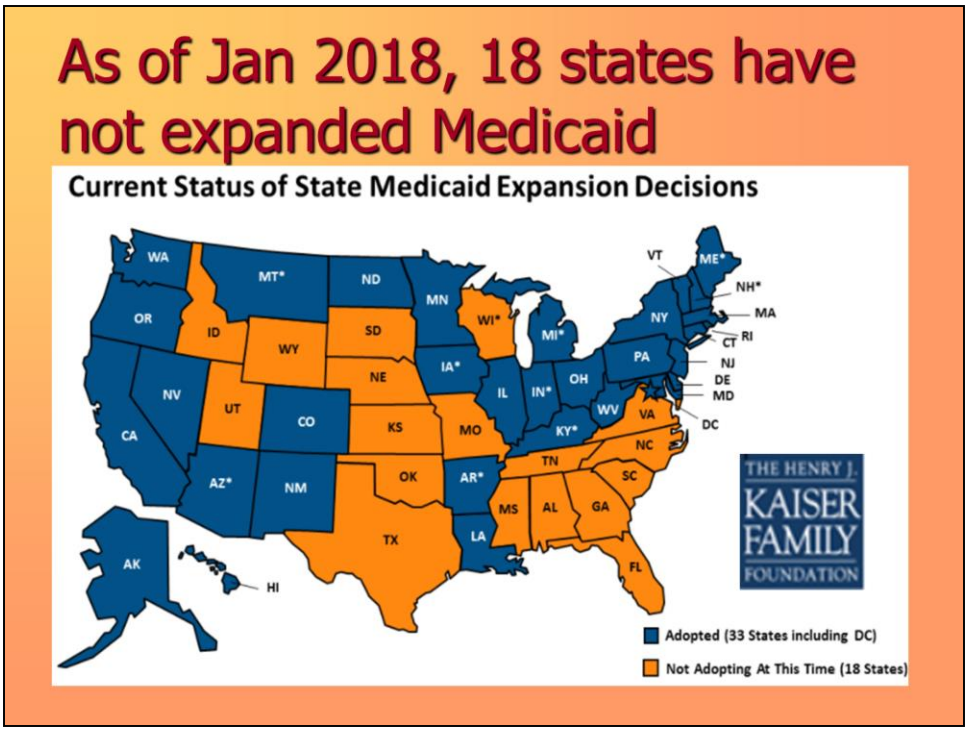
- March 2010 President Obama signed Patient Protection and Affordable Care Act into law.
- In 2012 the Supreme Court ruled States can chose whether to expand Medicaid



The Exchanges can be either a federal exchange or a state-created exchange. MO does not have its own exchange.



Medicaid expansion covers low income adults. Without expansion of Medicaid, adults under 100% of FPL generally have access to no new options for health insurance coverage. Those earning 101% FPL can receive highly subsidized insurance through the exchanges (sometimes costing as little as several dollars a month) Those earning 98% FPL have no new options. In states that have not expanded Medicaid these individuals are not covered by Medicaid and are not eligible for subsidies for insurance through the exchanges. In mid-Missouri, this group makes up the majority of patients seen at our local student run free clinic.



States not expanding Medicaid as of Jan 2018: Alabama, Florida, Georgia, Idaho, Kansas, Missouri, Mississippi, Nebraska, North Carolina, Oklahoma, South Carolina, South Dakota, Tennessee, Texas, Utah, Virginia, Wisconsin*, Wyoming

Maine adopted Medicaid expansion through a ballot initiative in Nov 2017

In these states there are over 4.5 million uninsured adults who would be covered by Medicaid if it were to be expanded in all states. Almost 2.4 million of these individuals are in the “coverage gap” (under 100% of FPL) and were not eligible for any new coverage under ACA because they live in States that did not expand Medicaid coverage and are below the cutoff for being eligible for coverage through the exchanges. 199,000 uninsured Missourians would become covered by Medicaid if Missouri chooses to expand Medicaid coverage.

Garfield R, Damico A. *The Coverage Gap: Uninsured Poor Adults in States that Do Not Expand Medicaid,* Kaiser Family Foundation. October 2017

http://files.kff.org/attachment/Issue-Brief-The-Coverage-Gap-Uninsured-Poor-

Adults-in-States-that-Do-Not-Expand-Medicaid

* 8 states have expanded Medicaid through a 1115 expansion waiver

Maine approved Medicaid expansion through a ballot initiative in Nov 2017

Wisconsin did not adopt Medicaid expansion but covers adults up to 100% of FPL

Kaiser Family Foundation: "Status of State Action on the Medicaid Expansion System"

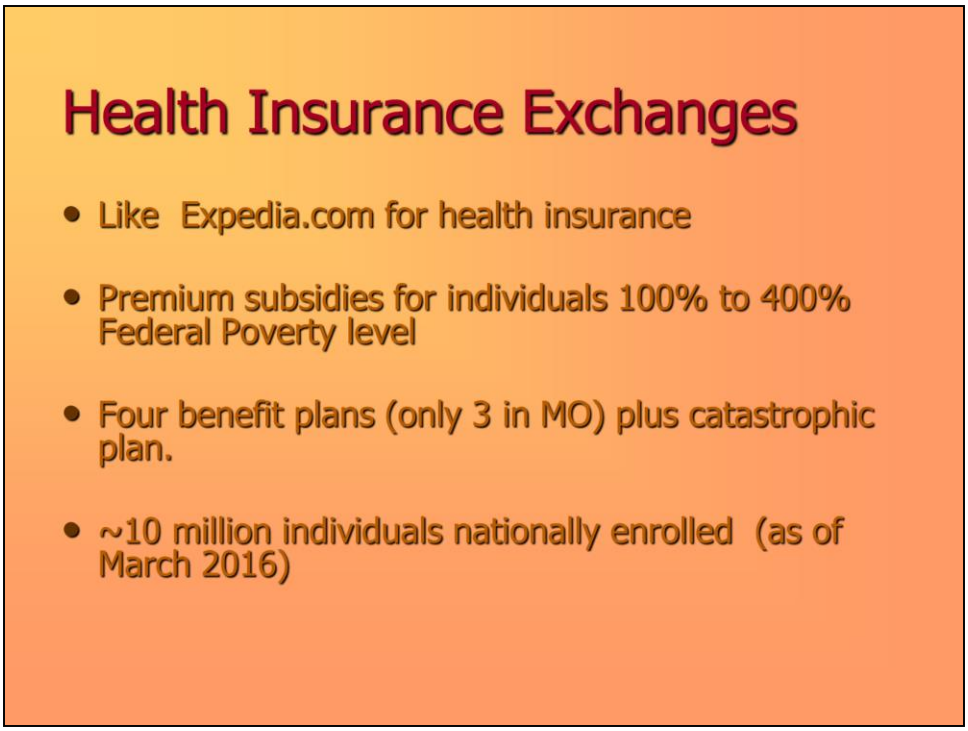
https://www.kff.org/health-reform/state-indicator/state-activity-around-expanding-medicaid-under-the-affordable-care-act

Other ACA changes impacting coverage

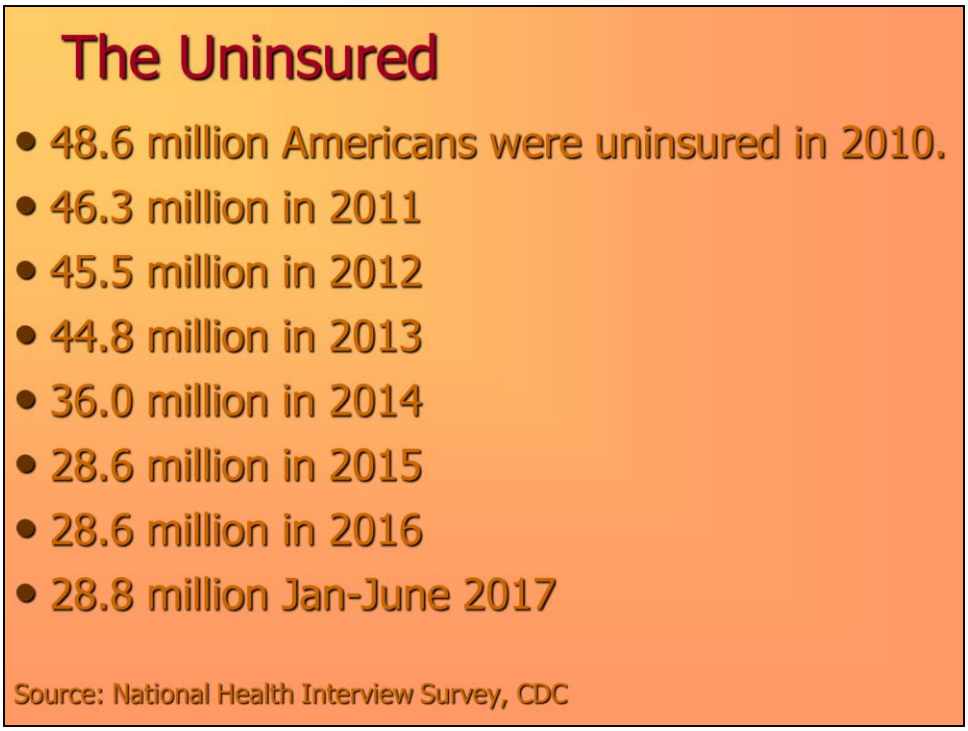
- Young adults can stay on parents' insurance to age 26 (~2.3 million gained coverage)
- Individuals with preexisting conditions can no longer be denied coverage (3.6 million gained coverage)
- Small businesses eligible for tax credits if they provide insurance to employees

Other ACA changes expanding coverage

- New health plans must cover preventative services with no co-pays
- People can no longer be dropped from insurance if they become sick



Bronze Silver Gold plans available in MO. In 2017 only 4 carriers in MO, most counties have only one carrier. Currently in Columbia Cigna is the only carrier offering insurance through the exchange (health insurance.org). As our hospital does not contract with Cigna, patients in an exchange now need to transfer care to the other provider network/hospital in town.

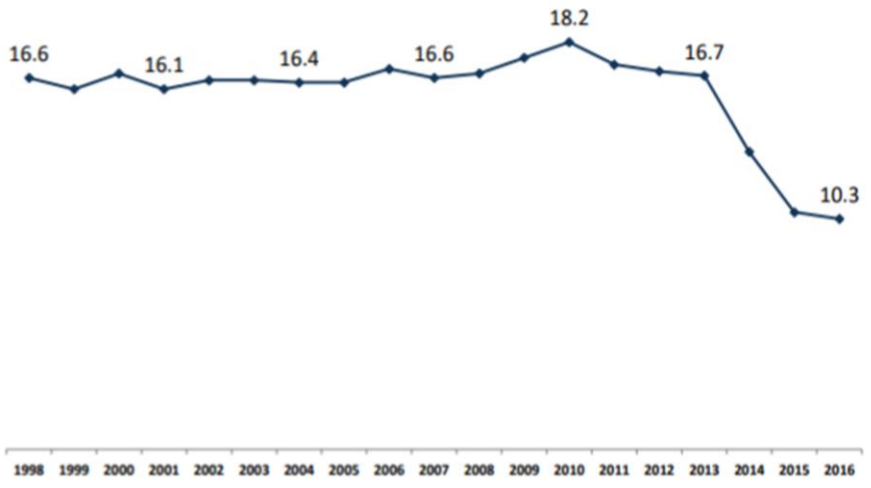


Data on uninsured available from:

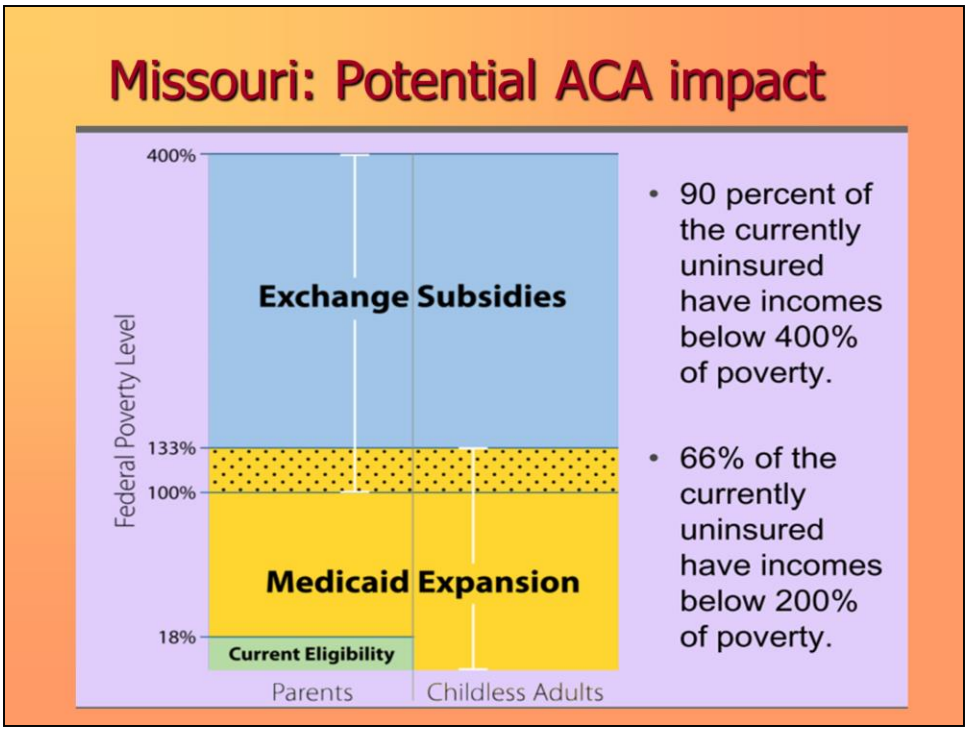
https://www.cdc.gov/nchs/nhis/releases.htm#health_insurance_coverage

Figure 2

Uninsured Rate Among the Nonelderly Population, 1998-2016



NOTES: Includes nonelderly individuals ages 0-64.
SOURCE: Kaiser Family Foundation analysis of the 1998 - 2016 National Health Interview Survey.



This information is specific to Missouri adult insurance coverage through the ACA. The yellow area represents the individuals who would be covered by Medicaid if it were to be expanded. Currently adults in the yellow-only area have no new options for insurance through the ACA. Missouri has one of the lowest cutoffs for coverage of parents (they are only covered if under 18% FPL).

This graph does not represent children, disabled or pregnant individuals who all have different federal poverty line (FPL) cutoffs for Medicaid coverage.

Recent Administrative Changes Impacting ACA

- Dec 2017: Individual mandate to have health insurance coverage repealed. This mandate encouraged healthy people to sign up for insurance.
- Without it, premiums will rise
- Most of the key components of the ACA are still in place:
  - Expanded coverage through Medicaid
  - Protections for people with preexisting conditions
  - Premium subsidies for lower income people
  - Coverage of dependents to age 26 on parents policy

The repeal of the individual mandate goes into effect in 2019.

- Other efforts to undercut the ACA administratively (as opposed to a full legislative repeal by congress):
  - Reduced federal funding for outreach by 90%
  - Reduced by 41% grants to community based navigators who help people sign up for coverage
  - Shortening the enrollment period
  - Expanding access to loosely regulated association plans

Levitt, L, *The JAMA forum: Health Care Law that Continues to Escape Death* November 20, 2017.

https://newsatjama.jama.com/2017/11/20/jama-forum-the-health-care-law-that-continues-to-escape-death/

https://www.kff.org/other/state-indicator/annual-chip-enrollment/

Children's Health Insurance Program provides low cost insurance for children whose parents earn too much income to qualify for Medicaid, but not enough to pay for private coverage. It is now funded through 2023. 39% of U.S. children are covered by CHIP and Medicaid

This is an example of how national policy can have a huge impact on many individuals. Policy issues on a national, state, local and health-care institution levels can have a large impact on the challenges patients face in accessing health care. Examples:

National: National decisions regarding continued funding of CHIP insurance

State: State decisions about whether or not to expand Medicaid

Local: Resources available through local agencies to facilitate purchase of medications for uninsured individuals. Funding of these efforts and determination of exclusion criteria, etc., can have a big impact on patients.

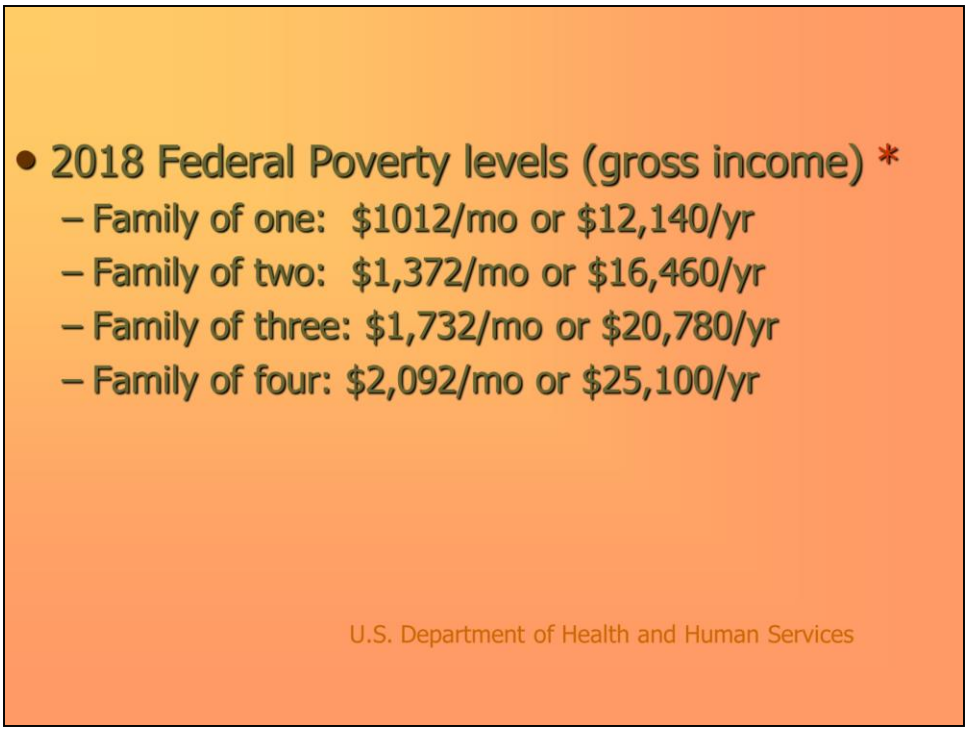
Health Care Institution: Policies re availability and use of interpreter services, criteria for financial assistance

Issues at the exam room level between provider and patient can also either create or eliminate barriers.

Can J.G be covered?

- J. G. would not qualify for Medicaid in Missouri
- If under 100% of poverty level he would not qualify for subsidized insurance through the exchanges.
- If between 100% and 400% of poverty level, he would be eligible for subsidized insurance.

After ACA, he would not be excluded because of a preexisting condition.



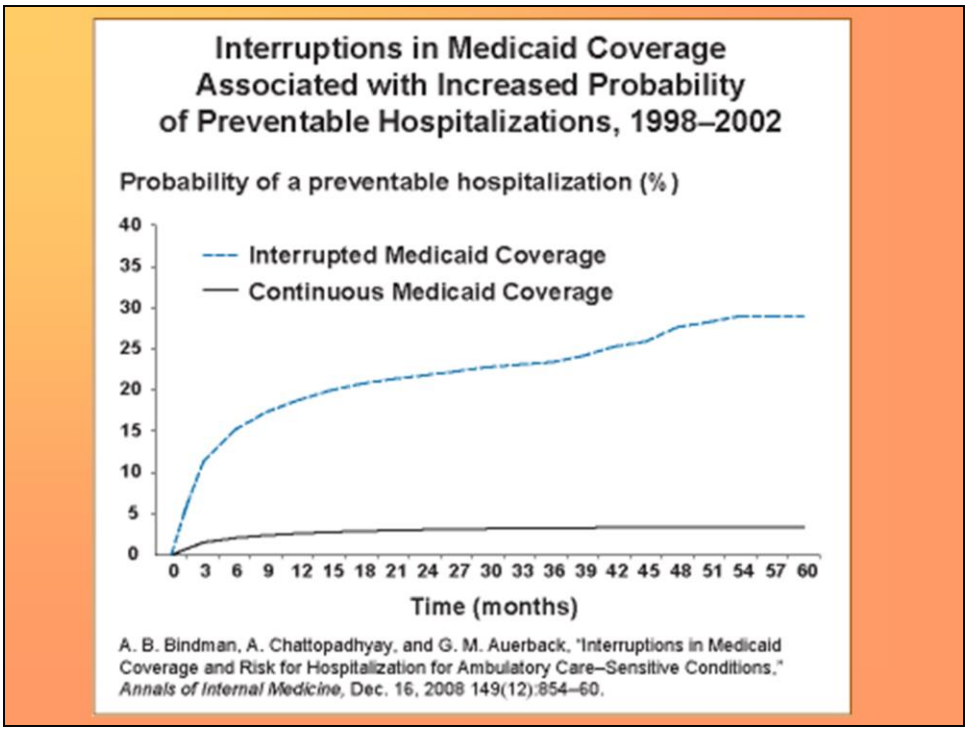
“Poverty Guidelines,” U.S. Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, accessed January, 2018. https://aspe.hhs.gov/poverty-guidelines.

*Higher in Alaska and Hawaii.

Consequences of Being Uninsured

- Uninsured adults are 25% more likely to die prematurely
- Long term uninsured adults are 3-4 times more likely to go without preventative care.
- Uninsured adults are more likely to be diagnosed with a disease at an advanced stage. Source: Dying for Coverage Families USA 2012
- Excess deaths among uninsured adults 17-64 estimated at 45,000 a year

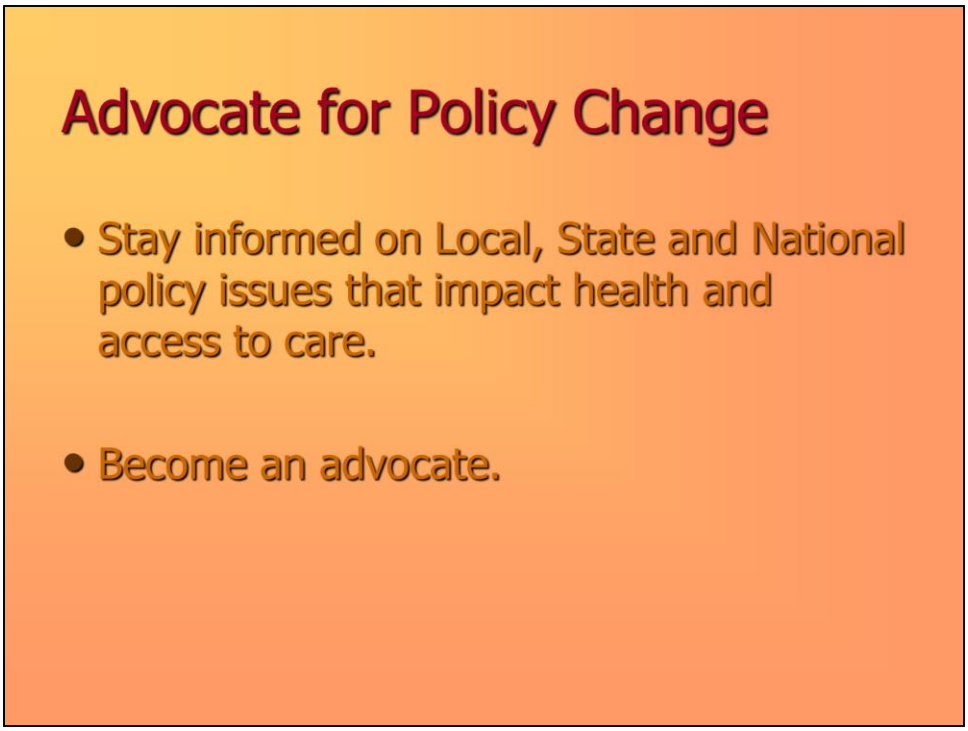
Source: Am J of Public Health 2009



Intermittent insurance coverage can also have significant consequences on health. This study showed that interrupted Medicaid coverage was associated with a significantly higher probability of preventable hospitalization.

Barriers to Accessing Health Care

What can physicians do about any of this?



Examples of policy issues that impact health:

- Prescription drug monitoring program
- Cigarette taxes, banning tobacco use in restaurants and hospitals, increasing the minimum legal sale age for tobacco products
- Fluoridation of water
- Funding of federally qualified health centers
- Public health funding
- Incentives for professionals to work in health care shortage areas
- Medicaid expansion
- Funding of CHIP

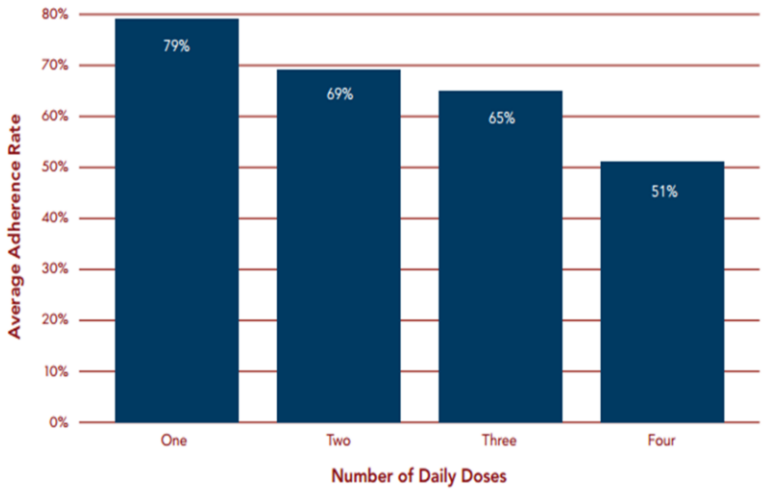
Medication Adherence

Drugs don't work in patients who don't take them

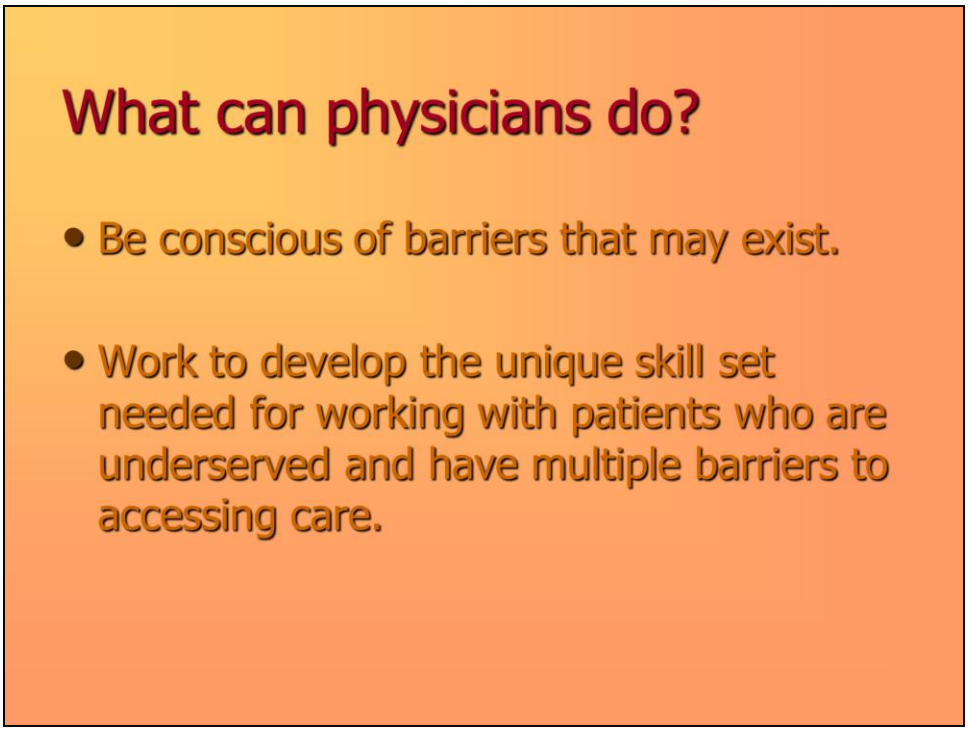
-Former US surgeon General C Everett Koop

- One in three new prescriptions are never filled
- Doubling copays reduced adherence by 25 to 45 %, increased ER visits 17% and increased hospitalizations 10%. JAMA 2004
- Simple dosing (one pill once a day) improves adherence.

FIGURE 3: IMPACT OF DAILY DOSING SCHEDULE ON ADHERENCE



Source: A.J. Claxton et al. "A Systematic Review of the Associations Between Dose Regimens and Medication Compliance." *Clinical Therapeutics*, August 2001.



Providing appropriate care for low-income, uninsured, underserved patients requires providers to develop a specific skill set. Opportunities to work with underserved patients facilitates this process. When this is not provided within the formal education setting, student-run free clinics can complement curricular efforts to develop these skills. At our institution, we have a required part of the medical curriculum that addresses these issues as well as a student-run free clinic, in which over 95% of medical student voluntarily participate at some time during their medical education.

What can physicians do?

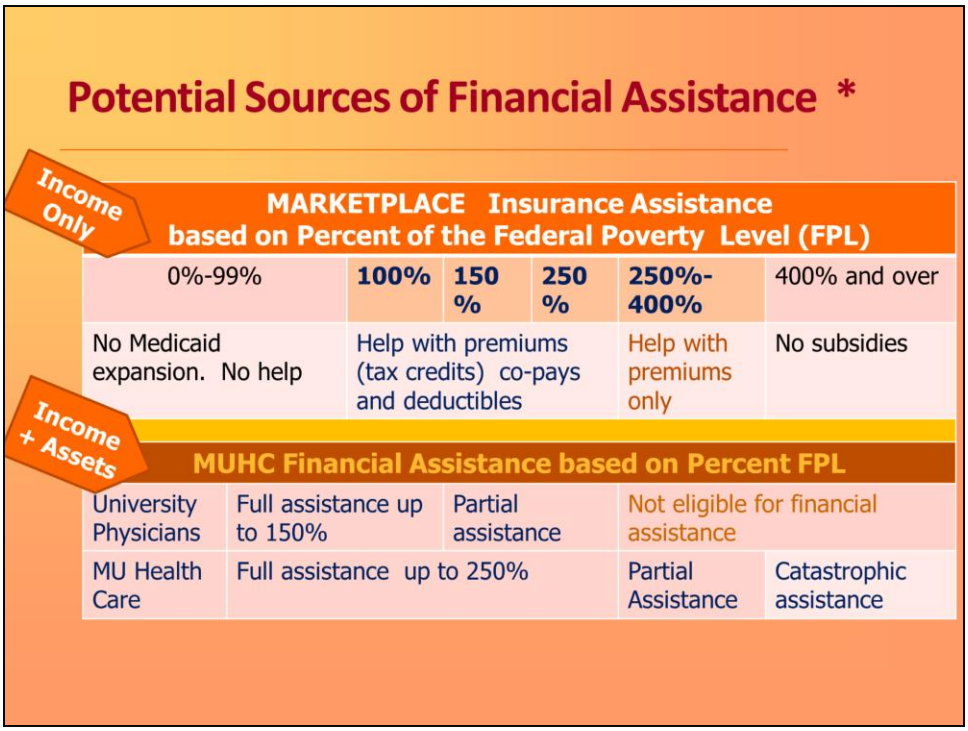
- Be aware of costs
  - Medicines
  - Diagnostic services
  - Office visits
  - Lab work
- Discuss options with patients to help them decide the financial and medical risks they choose to take. (Shared decision making)

Ask patients about their ability to get the medication/tests that you recommend.

- "I would like to prescribe a medicine that will cost about $40, will that be a problem for you?"
- "It would be very helpful to get a test called a sleep study. It can cost quite a lot if it is not covered by insurance. Do you have insurance that would help cover the cost?"

What can physicians do?

- Know the basic facts about the Insurance Marketplace.
- Know where your patients can go for help.
- Understand the financial assistance available through our institution.
- Stay informed about changing policies that impact our patients options.



This is information about our institutions financial assistance plan for uninsured patients. You may be able to obtain similar data for your institution.

Many of our patients eligible for our institution's financial assistance will be eligible for Marketplace assistance as well.

This financial assistance is not available for undocumented individuals. It is for US citizens and sometimes will cover non-citizens here legally.

This financial assistance is for urgent and emergent issues If a patient receives food stamps, they automatically meet the requirements to receive financial assistance for urgent or emergent issues.

This policy includes assets. Auto and house are excluded, but if client has more than ~$2,000 in other assets, they do not qualify for assistance.

Local Resources for Meds Assistance:*

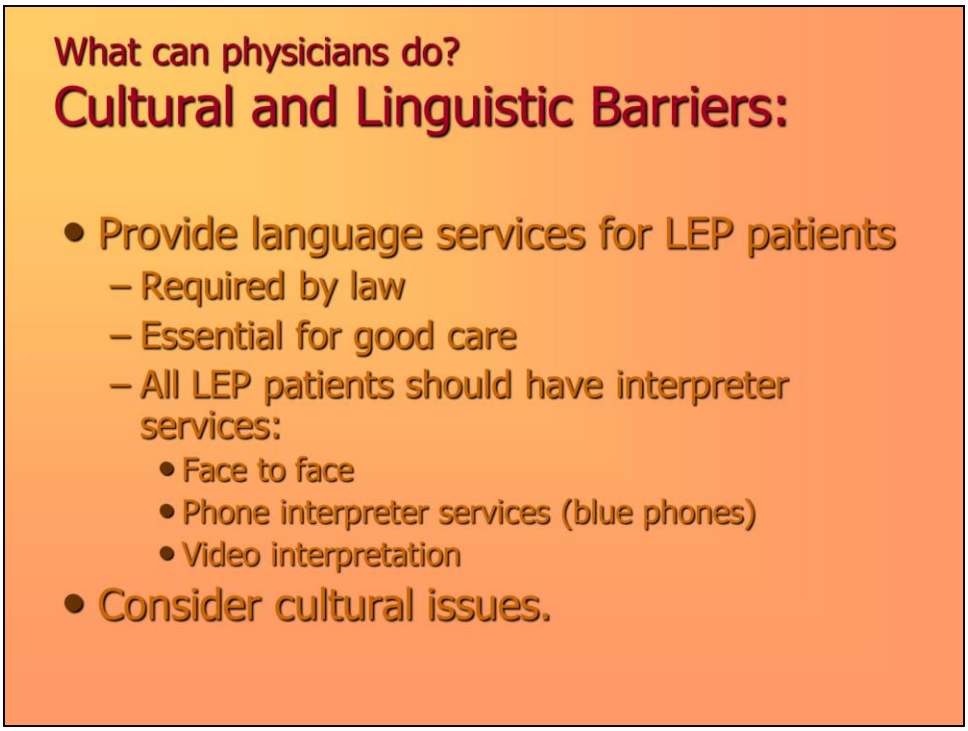
- Voluntary Action Center: $50/year toward meds, X-rays, dressings, etc.
- Health Department: $100/year toward meds (including co-pays). Limit of $3,000 total a month so most likely to get assistance first part of month before funds run out.

A very useful resource for finding low cost meds. Zip code specific. Coupon can be texted to patient if they have a smart phone or called to pharmacy. Does not include some low cost meds like over-the- counter insulin available through Wal-Mart.

What can physicians do ?

Medication Assistance:

- Patient Assistance Programs run by pharmaceutical companies
  - Many medications available
  - Typically provide 3 month supply at a time, and can repeatedly be renewed.
  - Often takes a month or more to get them medication
  - Requires income documentation/paperwork
- www.rxassist.org *
- www.needymeds.com *



LEP = Limited English Proficient

What can physicians do?

Medication Assistance:

- Learn the cost of medications, and prescribe cost effectively.
- Inquire if patient can afford. Know less expensive options.
- Consider risk/benefit ratio of prescribing second line treatment (second best might be better than none at all)

What can physicians do? (medications)

- Become familiar with the medications prescribed through local $4 discount programs (Wal-Mart, Gerbes, Hy-Vee, Target)
- Metformin 1000 mg BID $4 for 60 tabs, $10 for 120 tabs
- Learn which meds can be split.
  http://mednews.stanford.edu/releases/2002/august/pillsplitting.html

What can physicians do about any of this?

- Develop office policies (regarding missed appointments, arriving late, etc,) that are flexible and can take into consideration issues beyond the patient's control (transportation problems)
- Recognize that not all patients can be reached by phone or e-mail and develop alternative systems to address their needs.

Changing policies at the clinic level can often greatly facilitate access.

What can physicians do about any of this?

- Think beyond the medical model (medical knowledge is irrelevant if the patient can not afford the medication)
- Consider literacy issues (universal precautions)
- Learn about community resources

We encourage “Universal Precautions” related to health literacy. Similar to the concept of universal precautions related to infection control which encourages infection control precautions with all pts. Universal precautions with health literacy assumes that all health care encounters are at risk for communication errors, and aims to minimize risk for everyone by utilizing health literate communication techniques in every encounter.

What can physicians do about any of this?

- Be willing to be the patient's advocate

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* Andy Quint, MD for the clinical scenario about Hepatitis C and for his commitment to underserved populations.

See the “Resources List” for helpful websites on this topic that can be used for updating the data and modifying it to fit your County and State.