

ACCESS TO CARE IN MASSACHUSETTS: COMPARING PUBLIC COVERAGE WITH EMPLOYER-SPONSORED INSURANCE

The 2013 Massachusetts Health Reform Survey (MHRS) highlights the state's ongoing success at maintaining near universal health insurance coverage and high levels of health care use following the 2006 health care reform initiative. Massachusetts' health reform success is in part attributed to a strong system of public health insurance that covers a substantial number of the low- and moderate-income residents of the Commonwealth. While MassHealth (the Medicaid program in Massachusetts) and Commonwealth Care¹ (collectively referred to here as public coverage) provide substantially better access to care than being uninsured, findings from the 2013 MHRS show that problems with access to care were more prevalent for adults with public coverage than for those with employer-sponsored insurance (ESI).² These disparities persist even when the results are adjusted for differences in health status and socioeconomic factors between the populations. The persistence of gaps in access to care for adults with public coverage raises concerns about systemic barriers to care within the Massachusetts health care system. Addressing the gaps in the extent to which adults with public coverage are obtaining the right care, at the right time, and in the right setting, offers the potential for improved quality of care and lower health care costs.

THOSE WITH PUBLIC COVERAGE ARE MORE LIKELY TO FACE DIFFICULTIES ACCESSING CARE.

Compared with adults with ESI who are similar in terms of their health and socioeconomic status, those with public coverage are:



- Nearly four times as likely to have difficulties finding a provider taking new patients (25.1% vs. 6.5%).
- Nearly three times as likely to have difficulties finding a provider taking their insurance type (23.7% vs. 8.1%).
- **More than twice as likely to have difficulties finding a primary care provider (18.7% vs. 7.8%).**

THOSE WITH PUBLIC COVERAGE ARE MORE LIKELY TO HAVE UNMET NEEDS FOR CARE.

Compared with adults with ESI who are similar in terms of health and socioeconomic status, those with public coverage are:

- More likely to have gone without needed care in the prior year (46.4% vs. 32.0%).
- **More than four times as likely to have an unmet need for care due to difficulties finding a provider (11.6% vs. 2.7%).**
- Two and a half times as likely to have unmet need for dental care (26.9% vs. 10.4%) and 60% more likely to have unmet need for medical care (25.7% vs. 16.6%).



THOSE WITH PUBLIC COVERAGE ARE MORE LIKELY TO SEEK CARE FROM AN EMERGENCY DEPARTMENT (ED).

Compared with adults with ESI who are similar in terms of their health and socioeconomic status, those with public coverage are:

- More likely to have had two or more ED visits in the prior year (37.9% vs. 23.0%).
- **More likely to report that their most recent visit to the ED was for a nonemergency condition (26.0% vs. 16.7%).**



IT APPEARS THAT PUBLIC COVERAGE PROVIDES GREATER FINANCIAL PROTECTION FROM HIGH LEVELS OF HEALTH CARE SPENDING THAN ESI FOR ADULTS WITH SIMILAR HEALTH CARE NEEDS AND SOCIOECONOMIC STATUS.



Adults with public coverage are half as likely as similar adults with ESI to face out-of-pocket health care spending equal to 5% or more of family income (16.9% vs. 32.7%).

1 With the implementation of the Affordable Care Act, the Commonwealth Care program was ended and most of its members were shifted either to MassHealth or to a newly created ConnectorCare program.

2 Long SK and Dimmock TH. 2014. *Health Insurance Coverage and Health Care Access and Affordability in Massachusetts: Affordability Still a Challenge*. Boston, MA: Blue Cross Blue Shield of Massachusetts Foundation. Available at www.bluecrossfoundation.org/sites/default/files/download/publication/MHRS_2013_Report_FINAL.pdf.

Source: 2013 Massachusetts Health Reform Survey.

