Health Care Access of Women Medicaid Recipients

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Introduction

- This presentation is based on a study using a national sample of low-income women Medicaid recipients to contrast the health care access of women with and without disabilities.
- Recommendations for future policy changes and research are provided.
Considerable lack of research on women’s health prior to the 1990s (Public Health Service Task Force on Women’s Health Issues, 1985)

As a result, the National Institutes of Health formed the Women’s Health Initiative (Pinn & La Rosa, 1992)

Women with disabilities are largely overlooked by current research (Krotoski, Nosek, & Turk, 1996)

Due to the lack of research, it is impossible to create successful policies targeting women with disabilities
Poverty and Women with Disabilities

- The connections between poverty, inadequate health care and worse health outcomes is well known (Institute of Medicine, 1998)
- Women with disabilities are significantly more likely to live in poverty than nondisabled women (Parish, Rose & Andrews, 2008; Haveman, Holden, Wolfe, Smith, & Wilson, 2000)
Predicting Health Outcomes: Satisfaction with Care Matters

- Satisfaction with care is critical - people who are satisfied with their health care are likely to have better health outcomes (U.S. DHHS, 2000)

- Barriers to satisfactory care happen at the personal, clinical, and health care system levels
  - Effects of such barriers are greater on people with disabilities because of their increased interaction with and need for health care services (Iezzoni, McCarthy, Davis, & Seibens, 2000)
Federal Initiative to Address Disability-Based Health Care Disparities

- Healthy People 2010 (U.S. DHHS, 2000)
  - Comprehensive national public health campaign
  - Goals included:
    - Preventing secondary conditions of individuals with disabilities
    - Eradicating health care disparities
  - Highlighted insufficiencies of the current knowledge base
    - Baseline data were not available for over half of the 207 objectives related individuals with disabilities in Health People 2010

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Study Purpose

- To understand how health care access differs among low-income women with and without disabilities who have Medicaid.
Study Definitions

● Disabilities:
  - functional limitations in activities of daily living

● Health care access:
  - The opportune use of services to attain the greatest potential health (Institute of Medicine, 1998)
  - Includes both the ability to get suitable health care services AND the actual use, or knowledge, of such services (Aday & Andersen, 1981, 1984).

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Medicaid and Women with Disabilities

- Medicaid
  - Means-tested public health insurance program
  - Funded by federal and state governments
  - Primarily used by the poor and people with disabilities

- Because working-age women with disabilities are more apt to be poor, Medicaid is often their source of health insurance

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Research on Health Care Access and People With Disabilities

- Limited research on health care access of people with disabilities exists
- Contributions of existing research
  - Adds to the body of knowledge
  - Initiates research on a neglected population
  - Identifies common barriers to access
- Limitations of existing research
  - Excludes or not separately analyzes poor people with disabilities, so overlooks a large portion of the population with disabilities

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Research on Health Care of Women With Disabilities

- Previous research suggests that potential access to health care seems sufficient for women with disabilities
  - Potential Access: Having insurance, having a doctor or routine source of care
- However, realized access is inadequate for women with disabilities
  - Realized Access: Receipt of Pap tests, flu shots, mammography, getting medical care when needed
- For the general, nondisabled population, Potential Access is a robust predictor of Realized Access
Study Method

- Data obtained from the National Survey of America’s Families (NSAF) of roughly 42,000 households
  - Random-digit-dialed telephone survey of households with telephones
  - Area sample for households without telephones, where respondents were loaned cell phones

Cross-sectional surveys conducted in 1997 and 1999
  - Surveys representative of the civilian, noninstitutionalized population of children and adults under 65
  - Collected data on the health, financial, and social well-being of participants and basic demographic and socioeconomic information (Safir, Scheuren, & Wang, 2000)
Sample Characteristics

- 5,894 female NSAF respondents
- Aged 18 to 64 years with Medicaid
- Household income below 200% of the federal poverty level (FPL)
- Self-reported disability
  - “Do you have a physical, mental, or health condition that limits the kind or amount of work you do?”
# Sample Characteristics

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Women w/ disabilities</th>
<th>Women w/out disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age (yrs.)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-44</td>
<td>1264 (53%)</td>
<td>3176 (90%)</td>
</tr>
<tr>
<td>45-64</td>
<td>1107 (47%)</td>
<td>347 (10%)</td>
</tr>
<tr>
<td><strong>Education level</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; High school</td>
<td>1,335 (57%)</td>
<td>1,823 (52%)</td>
</tr>
<tr>
<td>HS/ some college</td>
<td>852 (36%)</td>
<td>1,450 (42%)</td>
</tr>
<tr>
<td>College graduate</td>
<td>157 (7%)</td>
<td>209 (6%)</td>
</tr>
<tr>
<td><strong>Household income</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 100% FPL</td>
<td>1,681 (71%)</td>
<td>2,413 (69%)</td>
</tr>
<tr>
<td>100%-199% FPL</td>
<td>690 (29%)</td>
<td>1,110 (32%)</td>
</tr>
<tr>
<td><strong>Unmarried</strong></td>
<td>2,061 (87%)</td>
<td>3,027 (86%)</td>
</tr>
</tbody>
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Measures

- Two measures of the potential for health care
  - Having a usual source of health care
  - Having a physician as usual source of care

- Five measures of realized health care
  - Having postponed needed drug therapy
  - Having postponed medical care during the last year
  - Satisfaction with care
  - Receipt of 2 clinical preventive services in last year
    - Pap test
    - Clinical breast exam

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Findings

- Compared to nondisabled women, women with disabilities had some *SIMILAR* outcomes in terms of:
  - Breast exams, Pap tests, having usual source of care, has physician as usual source of care

- Compared to nondisabled women, women with disabilities had *WORSE* outcomes in terms of:
  - Satisfaction with care (50% less satisfied)
  - Postponed needed medical care (nearly three times as likely to have done so within last year)
  - Postponed needed medications (nearly three times as likely to have done so within last year)
Findings: Satisfaction With Care

- Among women with disabilities, satisfaction with care strongly predicted:
  - postponement of needed medical care – nearly 4 times as likely to postpone care when dissatisfied with care
  - postponement of necessary medication – nearly 3 times as likely to have postponed meds within last year when dissatisfied with care
  - Satisfaction with care did not predict receipt of Pap test for women with disabilities
Study Limitations

- Defined *disability* as a health problem that limits employment
  - Excludes women with disabilities whose employment was not limited or was voluntary or unpaid
- Respondents not asked to identify their impairments
- Sample excluded those living in group care facilities
- Nationally representative sample, but Medicaid policies, eligibility and reimbursement rates vary by state
Current Study Contributions

- First research using a national probability sample that included women with disabilities who lacked telephones
- For low-income women Medicaid recipients
  - Women with and without disabilities had similar potential access to health care
  - Women with disabilities had significantly worse outcomes in realized or actual use of care when it was needed
  - These findings are consistent with previous research (Altman, 1997), but conflict with existing research on the general, nondisabled populations (U.S. DHHS, 2000)
- Medicaid *does not* eliminate disability-based inequalities in realized access to care

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Implications

- Women with disabilities received breast exams at higher rates than nondisabled women
  - These women may have benefited from the Breast Cervical Cancer Mortality Prevention Act of 1990
  - Given the disability-based inequality in Pap tests, a similar initiative may be a useful policy for Medicaid beneficiaries

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Implications

- Findings support prior research regarding the many unmet needs of people with disabilities
  - Particularly for accessing physicians and obtaining prescription medication (Coughlin et al, 2002; Parish & Saville, 2006; Parish & Huh, 2006)

- Women with disabilities are more likely to develop secondary conditions if their needs are not met, yet they postpone needed care and medication at vastly higher rates than nondisabled women
Additional Research Needed to Inform Policy Decisions

- Research focusing on locating the exact barriers faced by women Medicaid recipients with disabilities
  - Addressing these health care inequalities will require targeted public policies and resources

- Research needed on women who have a potential for health care access and a usual source of care, but have unsatisfactory care experiences
Current Policy Initiatives and Suggestions

- Medicaid reimbursement methods could be used to improve the quality of health care received by women with disabilities
  - National Committee for Quality Assurance (2004) accreditation program for health plan providers
    - Pay for Performance initiative
    - Provider Recognition initiative
      - Encourage providers to get feedback, invest in quality improvement, and establish competency in specific areas

- Quality-based reimbursement incentives are not currently offered within Medicaid

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Additional Policy Suggestions

- Promote women with disabilities entering health professions
  - Example: Emulating the National Institute of Health’s policies and funding to support the advancement of racial minorities (Institute of Medicine, 2002)
  - Increased participation and leadership by women with disabilities would likely improve the quality of care all women receive
References


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