

Policy Report
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First Evaluation of the IowaCare Program

Executive Summary

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Three approaches were used: outcomes of care, enrollee perceptions, and provider perceptions

Almost two-thirds of enrollees had been without any health insurance for more than 2 years prior to joining IowaCare

Introduction

The IowaCare program began coverage for adults 19-64 years of age under 200% of the Federal Poverty Level on July 1, 2005. This evaluation provides information for the first 2 years of the program. Three data collection methods were used to determine program effects:

- 1) Surveys were sent to 1600 IowaCare enrollees who had been enrolled for at least 6 months in February 2008. Over 60% returned the surveys providing information on their access and satisfaction with the health care services provided through the IowaCare program.
- 2) Claims and enrollment files were used for outcome measures to assess the health service utilization for acute, chronic and preventive care.
- 3) IowaCare providers (UIHC, Broadlawns and the four MHIs) were interviewed in a focus group format to collect their experiences with the program and identify issues for enrollees and providers.

Enrollment

Nearly 30,000 people were enrolled in the IowaCare program for at least one month during SFY 2007. The distribution of IowaCare enrollees across Iowa is varied, with fewer enrollees in counties that are more distant from the IowaCare providers. IowaCare enrollees are evenly split between male and female, with the majority of enrollees falling into the 31-50 year old age group. In addition, most enrollees were white (85%) and over 40% had some college education. During the first 2 years of the program nearly 7,000 enrollees re-enrolled after the first year of coverage.

Almost two-thirds of enrollees had been without any insurance for more than 2 years prior to joining IowaCare, while 1 in 4 had never had health insurance. Only 12% had been in the Indigent Care program (State Papers) at any time in the past.

In general people enrolled in IowaCare were less likely than people in Medicaid to rate their general health status or oral health status as good or very good. Poor health status was also reflected in the types of diagnoses reported on medical and institutional claims. The most common problems for which IowaCare enrollees accessed care were heart disease, hypertension, back pain, and depression. Yet, when asked about existing chronic conditions on the survey, having dental, tooth, or mouth problems was the most common condition, while back and neck problems, arthritis, and hypertension followed. When asked about chronic mental health conditions, depression was mentioned by 80% of respondents.

Administration

Programs can have many elements that are perceived as barriers to care that may stop or delay enrollees from receiving needed services. Perceptions varied regarding the ease of enrolling and accessing services under the IowaCare program. Over 2 out of 3 enrollees thought it was easy to understand the care provided and to access the

Over half of those paying a monthly premium worried about their ability to pay

62% of enrollees had a personal doctor, for many, especially outside Polk County, this person was outside the IowaCare provider network

services. Over half also felt it was easy to understand the costs for which they would be responsible. However, 2 out of 3 respondents indicated they were still worried about how to pay for health care after joining the program and half indicated that paying for care was a problem. A variety of tests and services require prior approval to be received under the IowaCare program. Prior approvals were easy to attain for two-thirds of those who required an approval. In addition, 80% of those who had to complete a form for the program felt it was easy to complete.

There are resources available to assist enrollees in negotiating the program and meeting their health service needs. Generally, IowaCare enrollees were not aware of these resources. Only 12% were aware of the Medicaid Helpline, only 19% of the Nurse Hotline, and only 15% felt that written or internet materials for the program always provided what they needed. One-third of those who did access the Medicaid Helpline never got the help they needed, while 1 in 10 never got the help they needed from the Nurse Hotline.

Understanding satisfaction with a program is critical in making program adjustments or designing new programs. One-third of IowaCare enrollees rated the plan as a 9 or 10 (10 being the most favorable rating) and over one-half would definitely recommend IowaCare to others. More than one-half also thought coverage under IowaCare was better than private insurance.

Utilization

In the evaluation of any program or plan, the actual utilization of services and satisfaction with services that were utilized is important. Of the one-third of enrollees who tried to find a personal doctor at UIHC or Broadlawns, approximately 70% had difficulty either finding a personal doctor for an IowaCare enrollee or seeing the same doctor over repeat visits. For most of those who were able to get a personal doctor, this was a new personal doctor and not one they had seen before getting into the program; however, most had visited this doctor within the last 6 months. It is interesting to note that enrollees with a personal doctor at Broadlawns were more likely to report 5 or more visits to their personal doctor within the past 6 months.

About 80% of those with a personal doctor also received care from another doctor, usually within the same facility. About 75% of respondents felt that communication between their personal doctor and other doctors providing care was good. Care coordination was provided to 75% of those who had received care from multiple providers most often through the facility and occasionally through the IowaCare program. Most were satisfied with the care coordination they received. Given the distance to care for some enrollees, access by telephone can be critical. Almost 75% got the help they needed when calling their personal doctor's office, while only 8% never got the help they needed.

Emergency care is critical at the point it is needed, but can also be costly when an

The most common emergency department complaint was chest pain

emergency department (ED) is used for routine or non-emergent acute care. There were 64 ED visits per 1,000 enrollees covered by the IowaCare program in SFY 2006 compared to 57 per 1,000 in SFY 2007. Anxiety attacks, pain (chest, abdominal, and back), infections (skin and respiratory), and respiratory distress were the most common reasons for these ED visits. Nearly 2 out of 3 respondents reported using the ED in the previous 6 months, which may or may not have been covered by the program.

In addition to ED care, enrollees made use of urgent care services. Over half indicated they had a need for urgent care in the past 6 months. One-third went to UIHC for this care, one-third went to Broadlawns and one-third went to a provider outside the IowaCare network. Two-thirds felt they received care when they needed it, while 10% felt they never received the care they needed. Polk county enrollees were more likely to report getting care when they needed it.

Ambulatory care encompasses all care provided without an inpatient admission. This is usually described by four categories of service that include outpatient visits, ED visits, ambulatory surgeries, and observation room stays. Ambulatory care utilization decreased from the first year of the program to the second year for all groups. Older enrollees were more likely to utilize ambulatory care, ambulatory surgery, and observation beds, while younger enrollees were more likely to utilize the ED.

An essential component of the care continuum for establishing and maintaining good health is the utilization of routine and preventive care services. Approximately two-thirds of respondents indicated they had sought routine care in the past 6 months, with Polk county residents being more likely to have made a visit than non-Polk county residents. The proportion with a routine visit covered by the program was reflected in the claims data, with 74% having seen a physician in SFY 2006 and 61% having seen a physician in SFY 2007. Preventive care was accessed by over half of the respondents within the previous year; however, nearly one-quarter had not had a preventive visit in the last three years. In looking at specific preventive procedures, colorectal cancer screenings were performed for 16% of 51-64 year olds in SFY 2006 and 21% in SFY 2007.

Care provided by specialists was needed by 45% of respondents, however, 20% never saw a specialist. Those seeing a specialist at UIHC were more likely to see multiple specialists at the same facility.

Regarding inpatient visits, claims data revealed that there were over 4,000 hospitalizations accounting for over 20,000 days of care in SFY 2006 and over 4,400 hospitalizations accounting for almost 22,000 days of care in SFY 2007. The average length of stay (ALOS) remained stable over the first two years of the program. ALOS was always higher for those over 44 years of age. Additionally, the ALOS for surgical care was consistently higher than the ALOS for medical care. On the survey, 10% of respondents reported having been in the hospital within the past 6 months. Almost 40% were hospitalized for 4 or more nights, while about 5% had trouble leaving the

One-third of enrollees needing urgent care went outside the IowaCare network

IowaCare enrollees outside Polk county were much less likely to receive a dental visit

One-third of enrollees had an unmet need for routine medical care in the previous 6 months

hospital due to needing non-covered services at discharge.

Surgical care is provided under IowaCare. Gall bladder surgery was provided to very few enrollees, however, the group with the highest rate of gall bladder surgery was women 20-44 years of age, as might be expected given the natural progression of gall bladder disease. Looking at the rate of back surgery (including back injections), the rates are highest for young men, 20-44 years of age. Rates did not change greatly over time.

Tooth extractions are the only dental services covered by the IowaCare program, although Broadlawns does provide preventive and routine restorative dental care in their clinic to IowaCare members. Approximately 25% of respondents attempted to get dental care, with Polk county residents being more likely to attempt to access care. Of those who tried to receive care, about 60% did get at least one visit. Those outside Polk county were much less likely to get any dental care.

IowaCare enrollees are able to access some mental health services at UIHC and Broadlawns, as well as at the 4 MHIs. Just over one-quarter of respondents indicated they needed treatment or counseling and of these, almost 3 out of 4 actually received services. Polk county residents were more likely to report receiving mental health care than those outside Polk county.

Prescription drugs are not covered under IowaCare, however, some generic medications are provided by UIHC and Broadlawns. Three out of 4 respondents reported needing medication in the 6 months prior to the survey. Most of these medications were to help with a chronic condition. About 50% of respondents received their medications from UIHC or Broadlawns. Durable medical equipment (DME) is also not covered under IowaCare, but occasionally is provided by UIHC or Broadlawns. Just over 10% of respondents reported needing DME and 44% obtained DME from UIHC or Broadlawns, whereas the other 46% went somewhere else.

Access

Though utilization provides information about the needs that the program met, asking about needs that were not met is also important. One-third of respondents indicated that they had unmet need for routine care, and residents outside Polk county were more likely to have unmet need. The most important reasons for having unmet need included could not afford care, transportation/travel distance, care not covered by IowaCare, and trouble getting an appointment at UIHC/Broadlawns. Delays can be an important problem when trying to access timely care. Of those who sought care at UIHC or Broadlawns in the previous 6 months, two-thirds were able to get in as soon as they wanted; however, 11% were never able to get in. Those who sought care at Broadlawns were more likely to get timely care than those who sought care at UIHC. When asked about delays for urgent care the results were similar to routine care, except that the delays were longer for a provider not at UIHC or Broadlawns than they

Enrollees in non-Polk counties felt travel distance and expense stopped them from getting care

Over half of IowaCare enrollees indicated that their personal doctor always spent enough time with them

were at either provider.

Almost half of enrollees reported needing specialty care. Of these, 37% reported having a time when they could not see a specialist at UIHC or Broadlawns. This was higher for those attempting to schedule an appointment at UIHC than for those scheduling at Broadlawns. Nearly two-thirds of those attempting to see a specialist were able to get an appointment easily. Again, enrollees reported having more trouble scheduling at UIHC.

Of those who needed mental or behavioral health services, 39% reported a time when they were stopped from getting care, with non-Polk county residents more likely to report having an unmet need for mental health care. The reasons for not getting care included: care not covered by IowaCare, could not afford mental health medications, trouble getting an appointment with a mental health care provider, and transportation/travel distance.

Dental services were needed and could not be accessed by over one-third of respondents in the 6 months before the survey. Cost and needing a non-covered service were the reasons most often cited for not getting care by those needing dental care outside Polk county, while trouble getting an appointment was mentioned most often by those in Polk county.

Less than 10% of enrollees had contacted UIHC transportation for help getting to UIHC in the 6 months prior to the survey. Sixty percent of these enrollees made at least 1 trip to UIHC. Most felt UIHC transportation was their only option and that UIHC met their needs. Forty-two percent of those who contacted UIHC were unable to get transportation at least 1 time in the previous 6 months.

Quality

Survey respondents were asked to rate the quality of care they received under IowaCare. They generally ranked the care as high. Respondent rankings of all health care through IowaCare was similar to that of all health care by Iowa Medicaid enrollees in 2007, though more IowaCare respondents ranked the program 0-6 on a scale of 1-10. Personal doctors were ranked lower by respondents who sought care at UIHC, with a slightly lower proportion believing doctors at UIHC spent enough time with their patients than those seeking care at Broadlawns.

More respondents who sought care at UIHC ranked their specialist as 9 or 10 (60%) than those who sought care at Broadlawns (52%) or who were in the Medicaid program (52%). This was similar for hospital ratings, with 66% of respondents who sought care at UIHC ranking the hospital a 9 or 10 while only 53% of those who sought care at Broadlawns giving one of these rankings

Providers felt that the IowaCare application process was easy and DHS staff acted quickly on applications

Provider perspectives

Focus groups with the IowaCare providers were used to elucidate issues for the six providers, as well as to get their perspective on enrollee concerns. Common themes regarding eligibility determination were the ease of the application, birth certificate requirement as a barrier to enrollment, quick turnaround of application from DHS, flow of information about IowaCare, and verification of eligibility.

In addition to determining eligibility, UIHC, Broadlawns, and the 4 MHIs attempt to link enrollees with needed community resources. The themes regarding this linkage were: social workers working with patient on aftercare/discharge, shortage of psychiatrists in Iowa for MHI patients, rurality and logistics to reach services, and lack of coverage for pharmaceuticals, DME, vision, dental and continuing care (nursing homes), and mental health services.

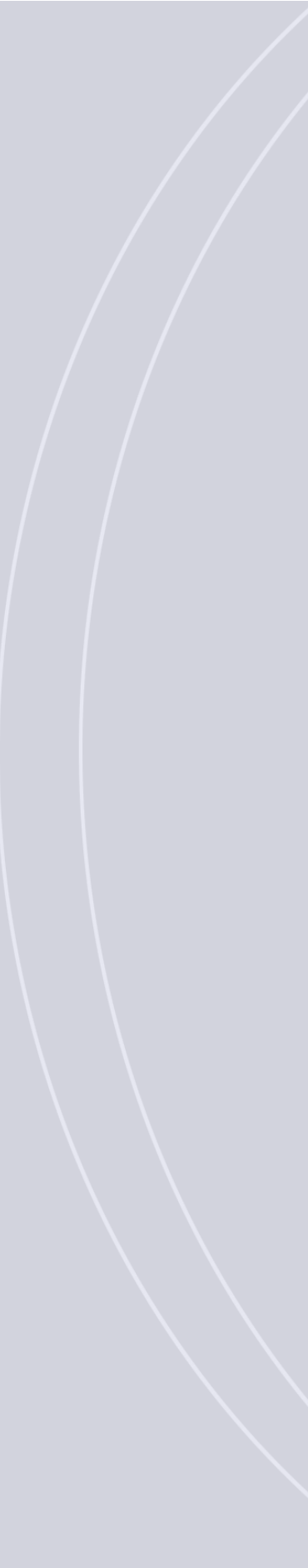
Though administrators seem to understand the IowaCare program, physicians have little understanding of how the program works or what is covered. Social workers are responsible for connecting patients with resources. It appears that patients like the provision of preventive care in the program.

Common themes regarding the flow of information about practice guidelines within IowaCare include having a central point of contact at all facilities for IowaCare information dissemination, ensuring that evidence-based practice is utilized by providers, and having regular interaction between UIHC and Broadlawns about IowaCare.

When asked about the effect of IowaCare on treatment, the following themes were found: all patients received the care they needed for the presenting issue, there are problems with referrals to UIHC specialty clinics, practice guidelines and protocols are the same for all patients-regardless of insurance, medications prescribed are generic unless there is a medical reason to prescribe name-brand.

Summary

The IowaCare program was designed to cover a limited set of health care services for low- and moderate-income adults using a limited provider network. It has successfully enrolled a population with a high proportion of chronic illnesses. It also provides coverage to a group that was previously uninsured for an extended period of time. In general, the program is meeting the needs of about two-thirds of enrollees well, while the other third have some problems accessing services. For example, about one-third of those outside Polk County sought urgent and routine care from a provider outside the IowaCare network; this was related to the need to travel to UIHC for services. More effective marketing of the Nurse Helpline and Medicaid Hotline would be helpful. The chronic health problems of this population increases the need for prescription drugs, a non-covered service that is provided by UIHC and Broadlawns when possible. Dental



care, another limited coverage service, was repeatedly said to be needed by enrollees, with oral health problems being the most frequent self-reported chronic health problem.