



DIVISION OF
Health Care
Finance and Policy

Access to Health Care in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys for All Residents

April 2011

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Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care Highlights

Usual Source of Care and Doctor Visits

- Massachusetts residents reported good access to health care in 2010, as in other years. Nearly all residents (93%) and non-elderly adults (91%) had a usual source of care – a place they went to when they were sick or needed advice about their health. The share of Massachusetts residents reporting a usual source of care was significantly higher in 2010 than in 2009.
- Most Massachusetts residents reported a doctor's office visit (88%), and 79% had a preventive care visit in the 12 months prior to the 2010 survey. These proportions have remained stable over the past three years.

Emergency Care

- One in four Massachusetts residents (25%) reported a visit to the emergency room (ER) in the 12 months prior to the 2010 survey. A small share of residents (8%) reported that their most recent ER visit was for a non-emergency condition, that is, a condition that could have been treated by a regular doctor if one had been available. These proportions have remained stable over the past three years.



Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care Highlights

Unmet Need

- Nearly one quarter of Massachusetts residents (23%) did not get the care they needed due to cost in the 12 months prior to the 2010 survey, with the level higher for non-elderly adults (29%) than children (11%) or elderly adults (16%).
- Unmet need due to costs among Massachusetts residents was significantly higher in 2010 than 2009 (23% versus 21%), mostly due to an increase for non-elderly adults.

Barriers to Care

- More than one-fifth (22%) of Massachusetts residents reported difficulty obtaining health care in the past 12 months in 2010, with non-elderly adults more likely to report problems obtaining health care (27%) than either children (15%) or elderly adults (15%).
- Nearly one-fifth (18%) of Massachusetts residents lived in families reporting difficulties paying medical bills in 2010, a significant increase from the 15% reporting such problems in 2009.
- Among non-elderly adults, those with lower family incomes relative to poverty, the uninsured, the disabled, and those in fair or poor health reported more problems with medical bills.



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Massachusetts Health Insurance Survey: Methodology Summary

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage and access to and use of health care for the non-institutionalized population in Massachusetts. In the survey, an adult member of the household is asked to respond to questions about the health insurance coverage and demographic information for all members of the household. More detailed socioeconomic characteristics and health care information are collected for one randomly selected household member (referred to as the target person in the household) and other members of his or her family who are residing in the household. Information on this target person is provided by the adult respondent for the household. The data reported here are for the household target person.

In order to ensure that the survey covers nearly all residents of Massachusetts, a dual sample frame was employed, combining a random-digit-dial (RDD) landline telephone sample with an address-based sample. The decision to rely on the dual-frame sample for the MHIS reflects the changing telephone environment as more and more households are relying on cell phones, which are not called in RDD surveys. We believe this dual-frame sampling approach combined with an improved survey instrument designed to better collect information on health insurance coverage leads to greater confidence in the estimates of the uninsured contained in this report. This design was first used for the 2008 HIS.

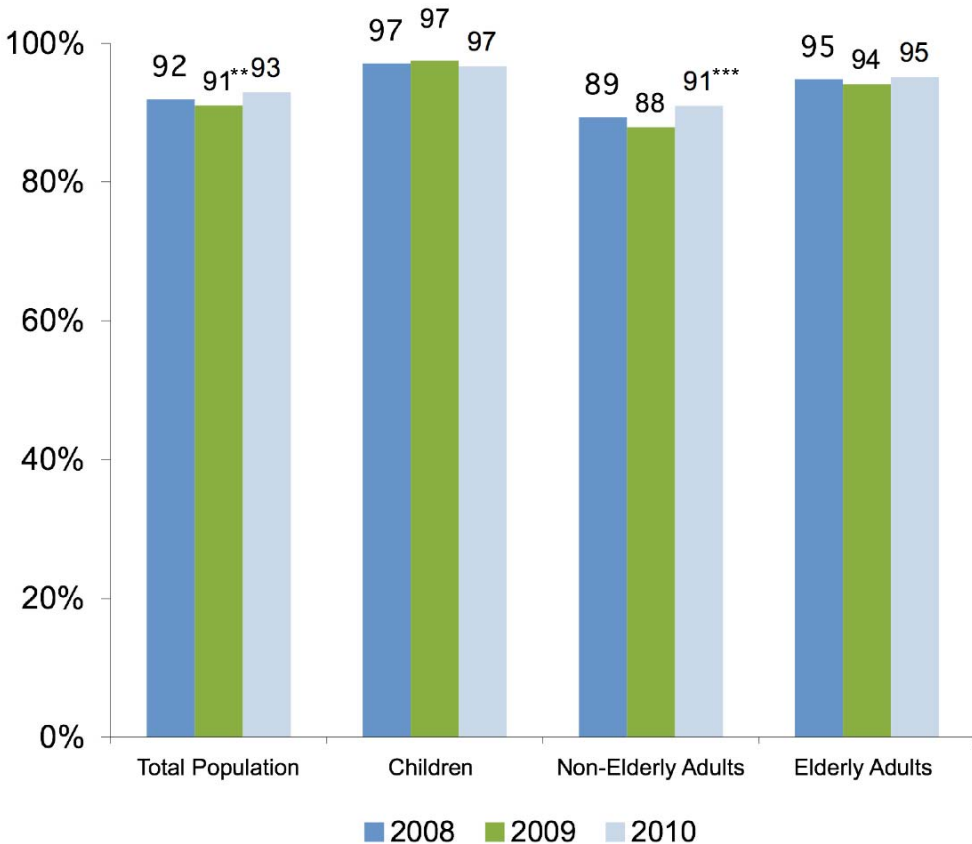
The MHIS is conducted via telephone, web, and mail by Social Science Research Solutions (formerly International Communications Research). The survey is available in English, Spanish, and Portuguese and takes, on average, about 19 minutes to complete. The 2008 MHIS was fielded between June and August 2008. The 2009 and 2010 MHIS were fielded between March and June of those years.

In 2010, surveys were completed with 4,478 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.71 percentage points. Estimates based on subsets of the full sample will have larger margins of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2010 MHIS was 49% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 40%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the MHIS is available at www.mass.gov/dhcfp

Throughout this report, non-elderly adults refers to adults ages 19 through 64, children are ages 0 through 18 and elderly adults are ages 65 and older.



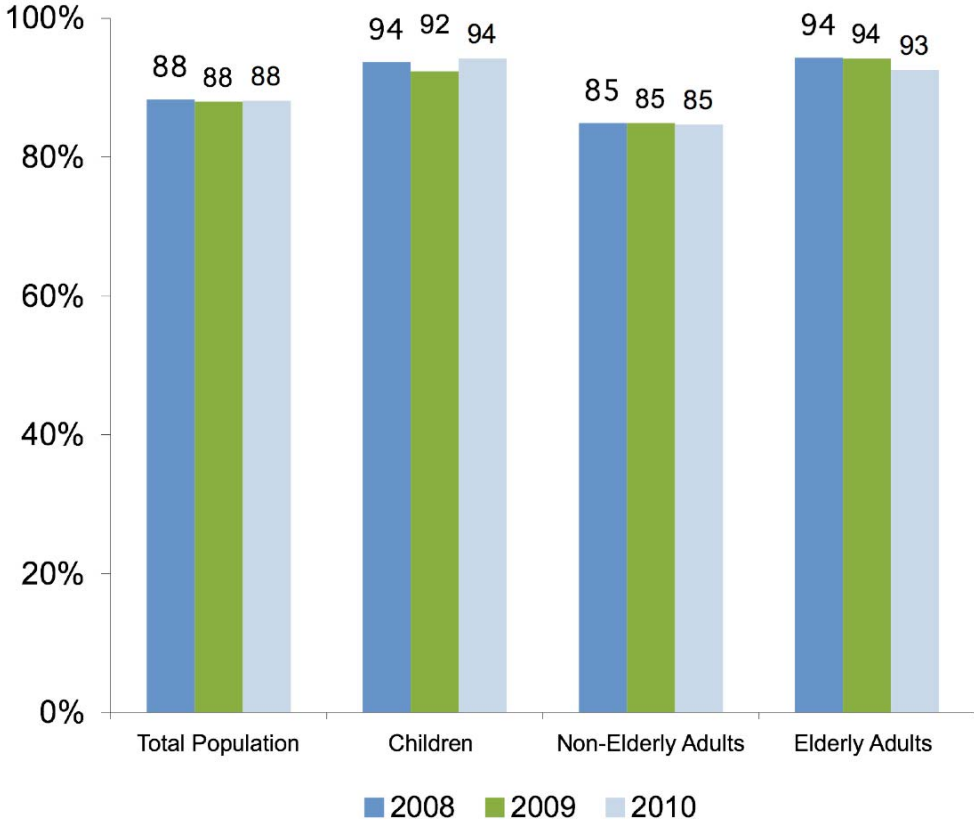
Residents with a Usual Source of Care by Age Group



The majority of all Massachusetts residents, including children, non-elderly adults, and elderly adults had a usual source of care, with the level statistically significantly higher for non-elderly adults in 2010 than in 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.
* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

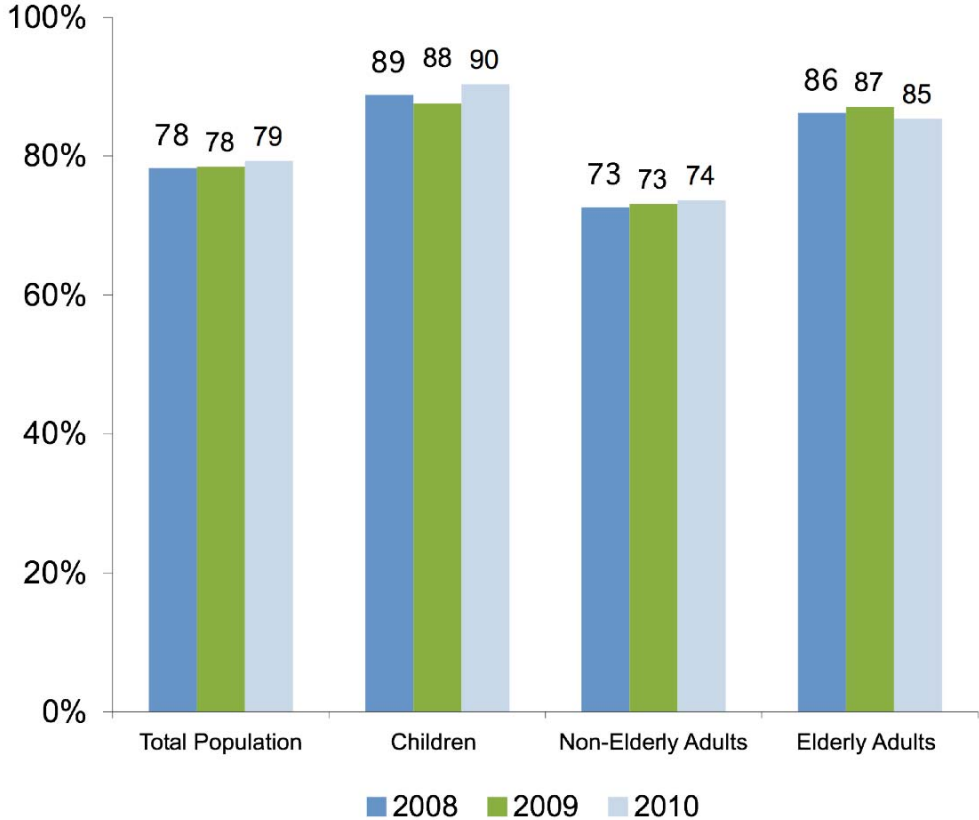
Residents with a Doctor Visit in Past Twelve Months by Age Group



The majority of all Massachusetts residents, including children, non-elderly adults, and elderly adults had a doctor visit in the past 12 months, with the level somewhat lower for non-elderly adults. The 2010 estimates are not statistically significantly different from the 2009 estimates.

Source: Urban Institute tabulations on the Massachusetts HIS.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

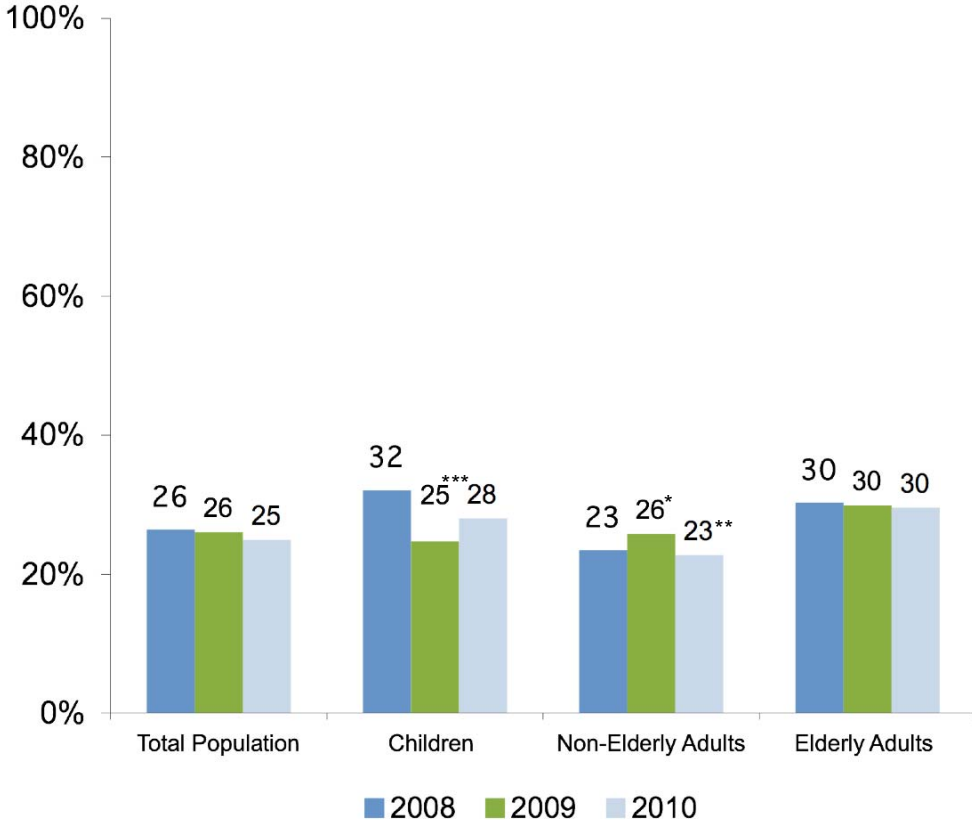
Residents with a Preventive Care Visit in Past Twelve Months by Age Group



High shares of both children and elderly adults had a preventive care visit in the past 12 months, compared with 74% of non-elderly adults during the same period. The 2010 estimates are not statistically significantly different from the 2009 estimates.

Source: Urban Institute tabulations on the Massachusetts HIS.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

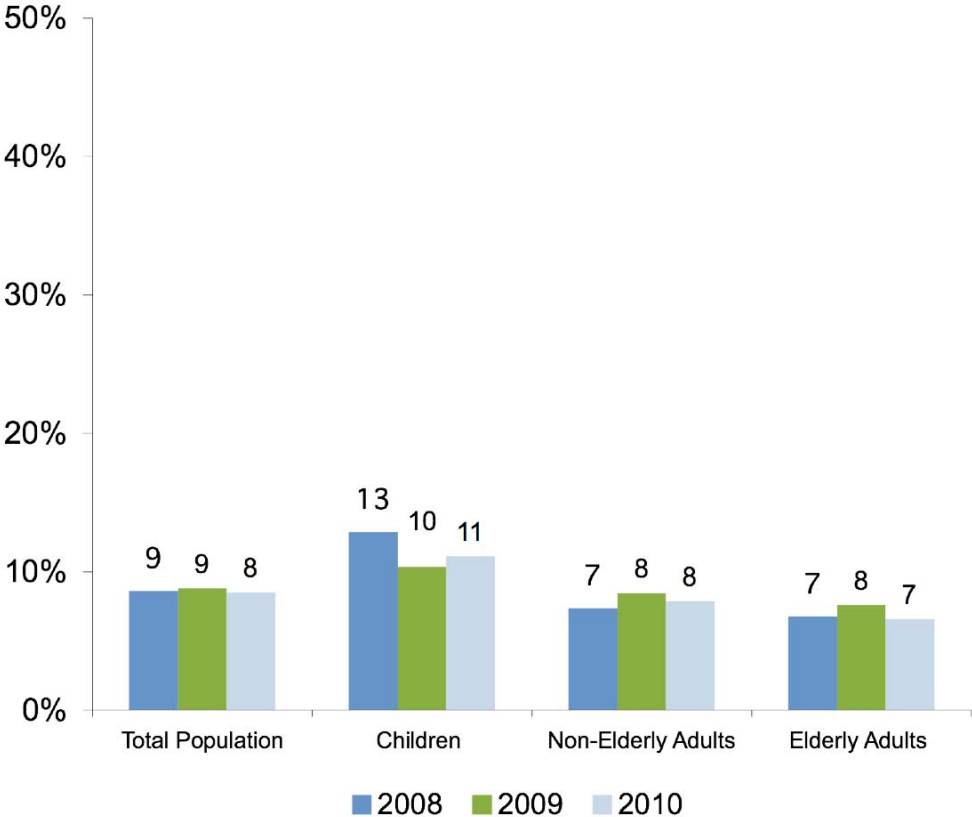
Residents with an Emergency Room (ER) Visit in Past Twelve Months by Age Group



Approximately one in four residents in Massachusetts had an ER visit in the past 12 months. The share of non-elderly adults reporting an ER visit dropped between 2009 and 2010, returning to the same level as in 2008.

Source: Urban Institute tabulations on the Massachusetts HIS.
* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Residents with a Non-Emergency ER Visit in Past Twelve Months by Age Group

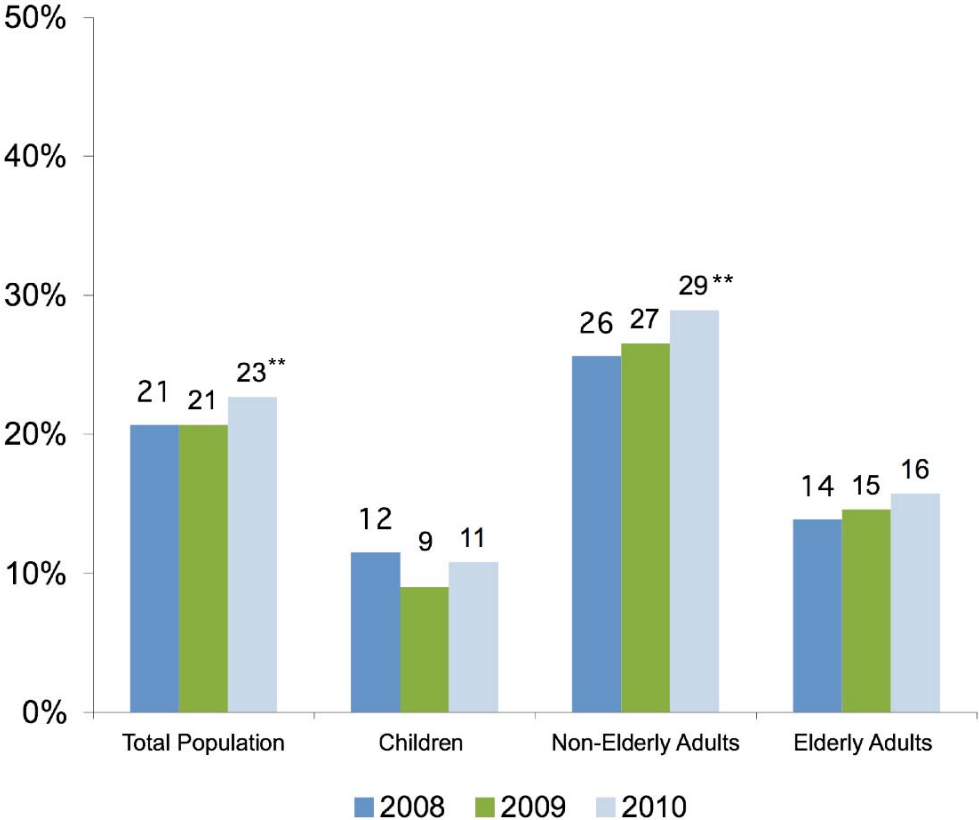


Fewer than one in ten Massachusetts residents had a non-emergency visit as their most recent ER visit in the past 12 months (8%), with the level higher for children (11%) than non-elderly adults (8%). The 2010 estimates are not significantly different from the estimates for 2009.

A non-emergency ER visit is one that the respondent says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the Massachusetts HIS.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

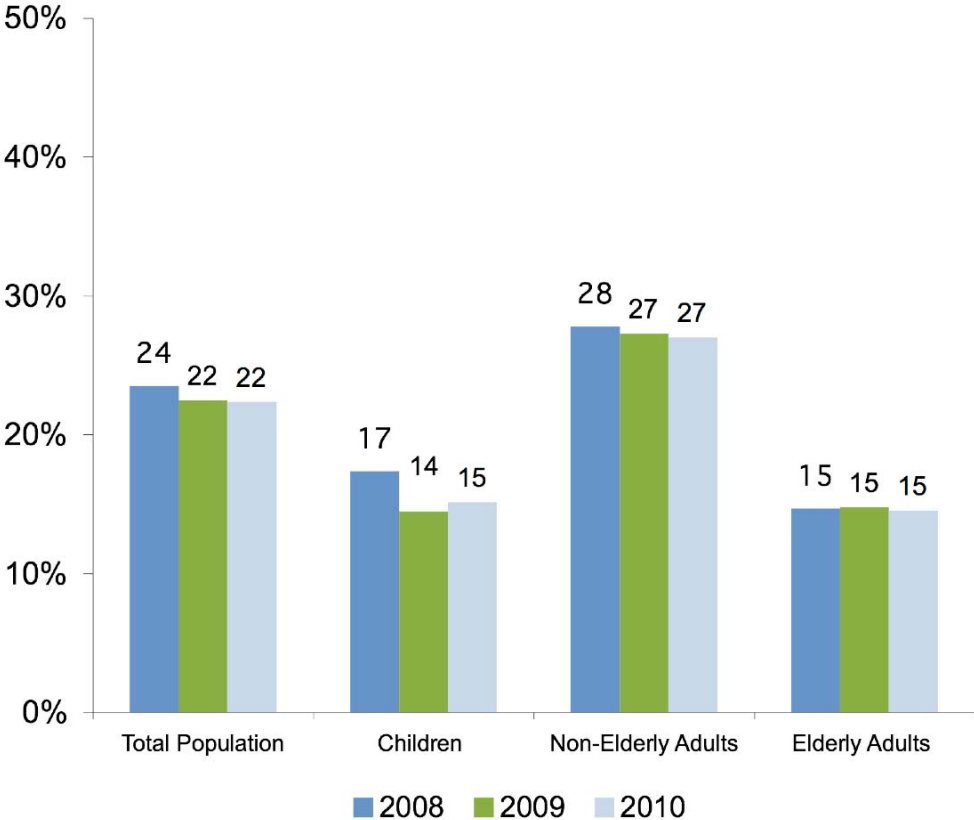
Residents Not Getting Needed Care Due to Cost in Past Twelve Months by Age Group



Non-elderly adults were more likely to go without needed care because of costs in the past 12 months than were residents in other age groups. The share of non-elderly adults reporting unmet need for health care because of costs rose between 2009 and 2010.

Source: Urban Institute tabulations on the Massachusetts HIS.
* (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

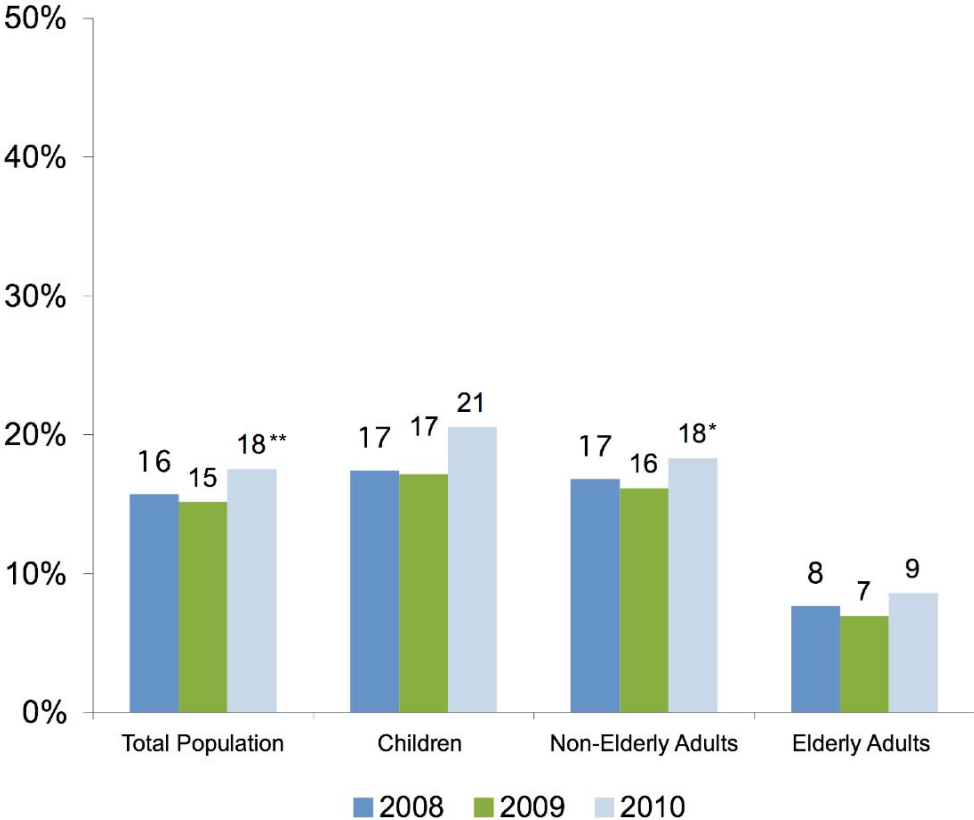
Residents with Difficulty Obtaining Care in Past Twelve Months by Age Group



Non-elderly adults were more likely than residents in other age groups to report problems obtaining health care in the past 12 months. The 2010 estimates are not statistically significantly different from the 2009 estimates.

Source: Urban Institute tabulations on the Massachusetts HIS.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.

Residents in Families with Problems Paying Medical Bills in Past Twelve Months by Age Group



Non-elderly adults and children were more than twice as likely to be in families with difficulties paying medical bills in the past 12 months as were elderly adults. Non-elderly adults were more likely to report difficulties paying medical bills in 2010 than in 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.
* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.
Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



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