Policy Implications of Racial and Ethnic Differences in MC vs. FFS Utilization Disparities in California

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Agenda

- **Background and Objectives**
- **Data and Methods**
- **Results**
- **Summary**

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Background

- **Enrollees in MC are more likely to have a usual source of care**
  - Choice / assignment to a PCP
  - Provider incentives for preventive care
- **National data shows that some racial and ethnic groups experience higher preventive care and diagnostic testing rates in MC than FFS.**
- **Motivation: does MC or FFS translate into greater access to preventive care and chronic disease management for California's racial and ethnic groups**

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Data

- **CHIS 2001 RDD + Asian oversample provides much richer information than national samples**
  - Race/ethnicity
  - Language
  - Immigrant status
- **Outcomes of interest**

Measure	Sample
Overall Health Resource Utilization	
Usual source of care	All 18-64 year olds
Visited a doctor in last year	All 18-64 year olds
ER visit in past year	All 18-64 year olds
Cancer Screening	
Pap test in past 3 years	Women 18-64
Mammogram in past 2 yrs	Women 40-64
Endoscopy in past 5 yrs	All 50-64
Fecal Occult Blood Test in past 1 yr	All 50-64
Prostate Cancer (PSA) test in past year	Men 55-64
Chronic Disease Management	
Diabetes - meds, blood sugar, hemoglobin A1C	Adults w/ DM 18-64
Heart disease - chol. check, aspirin	Adults w/ HD 18-64
Hypertension - chol. check, aspirin	Adults w/ HTN 18-64

Key Respondent Characteristics

Health Insurance

- Primary indicator created using INS_I64_P from PUF
- For Medi-Cal/Healthy Families, employment-based, or privately purchased insurance, the type of insurance was determined from the conditions of plan reported in questions A121, A122, and A123

Race/Ethnicity

- Due to focus on specific aspects of care, used broad RACEHPRA from PUF
  - *Latino*
  - *American Indian/Alaska Native*
  - *Asian/Pacific Islander*
  - *African American*
  - *White*
  - *Other*

Language

- CHIS 2001 has data on language spoken at home and self-assessment of English proficiency
- We constructed measures for
  - *Bilingual, Monolingual English, Monolingual non-English*
  - *LEP (speaking English "not well" or "not at all") vs. non-LEP*

Immigrant status

- Native/immigrant was used
- Age at immigration, proportion of life lived in US, parents birthplace were also explored

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  - Descriptive Results
  - Results of Exploratory Regression Analyses
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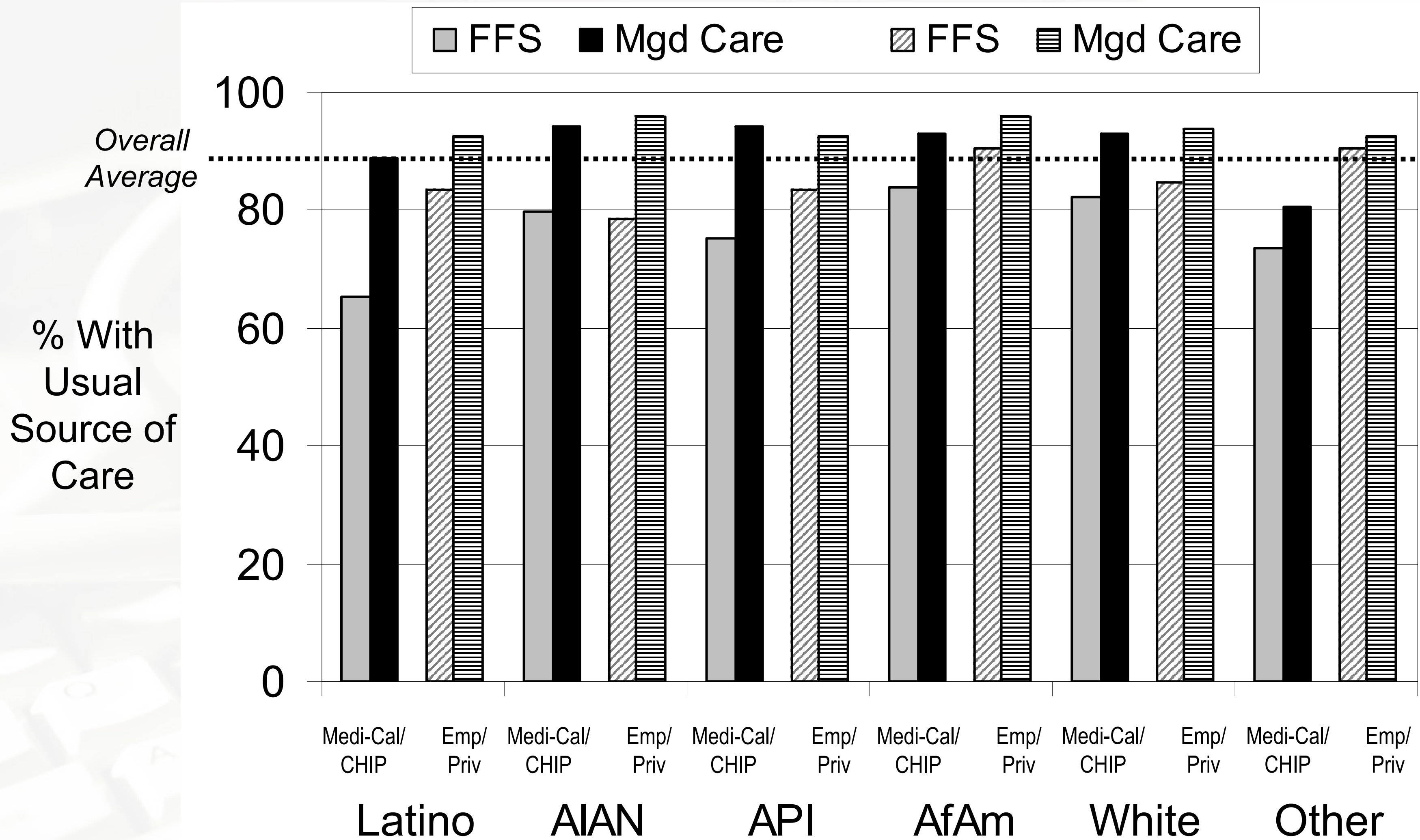
Insurance Status of Eligible Sample

Race/Ethnicity		Insurance Coverage					
		Uninsured	**Medi-Cal/Healthy Families**	**Employ**	**Private**	Other Pub	Total
Latino	n	4,192	**1,913**	**5,475**	**281**	127	11,988
	%	**35.0**	**16.0**	**45.7**	**2.4**	1.1	100
AI/AN	n	39	**29**	**89**	**8**	2	167
	%	**23.3**	**17.7**	**53.5**	**4.6**	1.0	100
Asian/Pacific Islander	n	1,334	**801**	**4,765**	**596**	73	7,568
	%	**17.6**	**10.6**	**63.0**	**7.9**	1.0	100
African American	n	335	**536**	**1627**	**62**	64	2,624
	%	12.8	**20.4**	**62.0**	**2.4**	2.4	100
White	n	2,494	**1,500**	**17,135**	**2,102**	335	23,565
	%	**10.6**	**6.4**	**72.7**	**8.9**	1.4	100
Other	N	273	**180**	**922**	**109**	36	1,520
	%	**18.0**	**11.8**	**60.7**	**7.2**	2.3	100
Total	N	8,667	**4,959**	**30,013**	**3,158**	636	47,433
	%	**18.3**	**10.5**	**63.3**	**6.7**	1.3	100

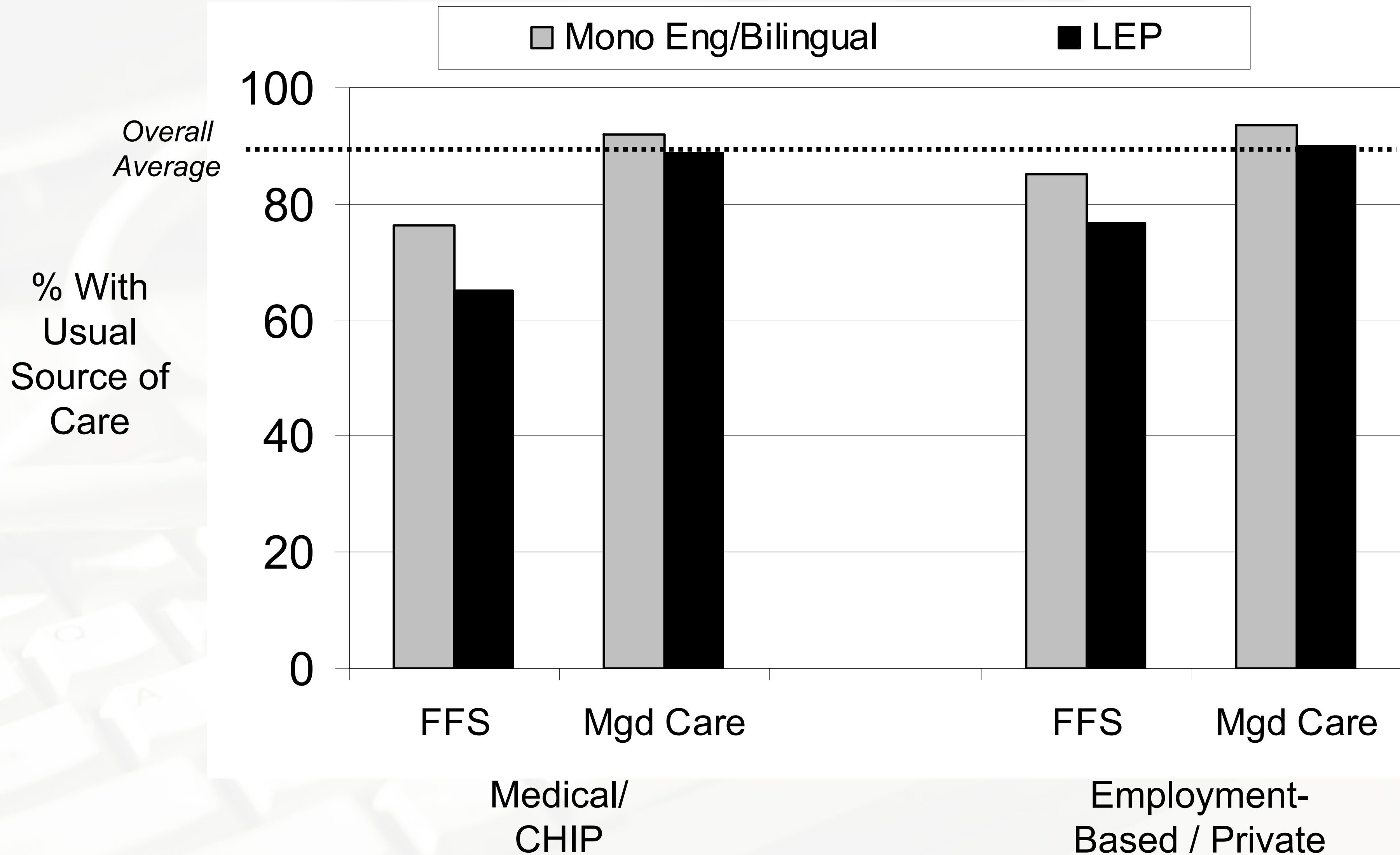
Insurance Type by Race/Ethnicity, Insured Adults 18-64

Race/Ethnicity	Insurance Coverage	
	Medi-Cal/Healthy Families	**Employ/Private**
Latino	24.9	75.1
AI/AN	23.3	76.7
Asian/Pacific Islander	13.0	87.0
African American	24.1	75.9
White	7.2	92.8
Other	14.8	85.2
Total	**13.0**	**87.0**

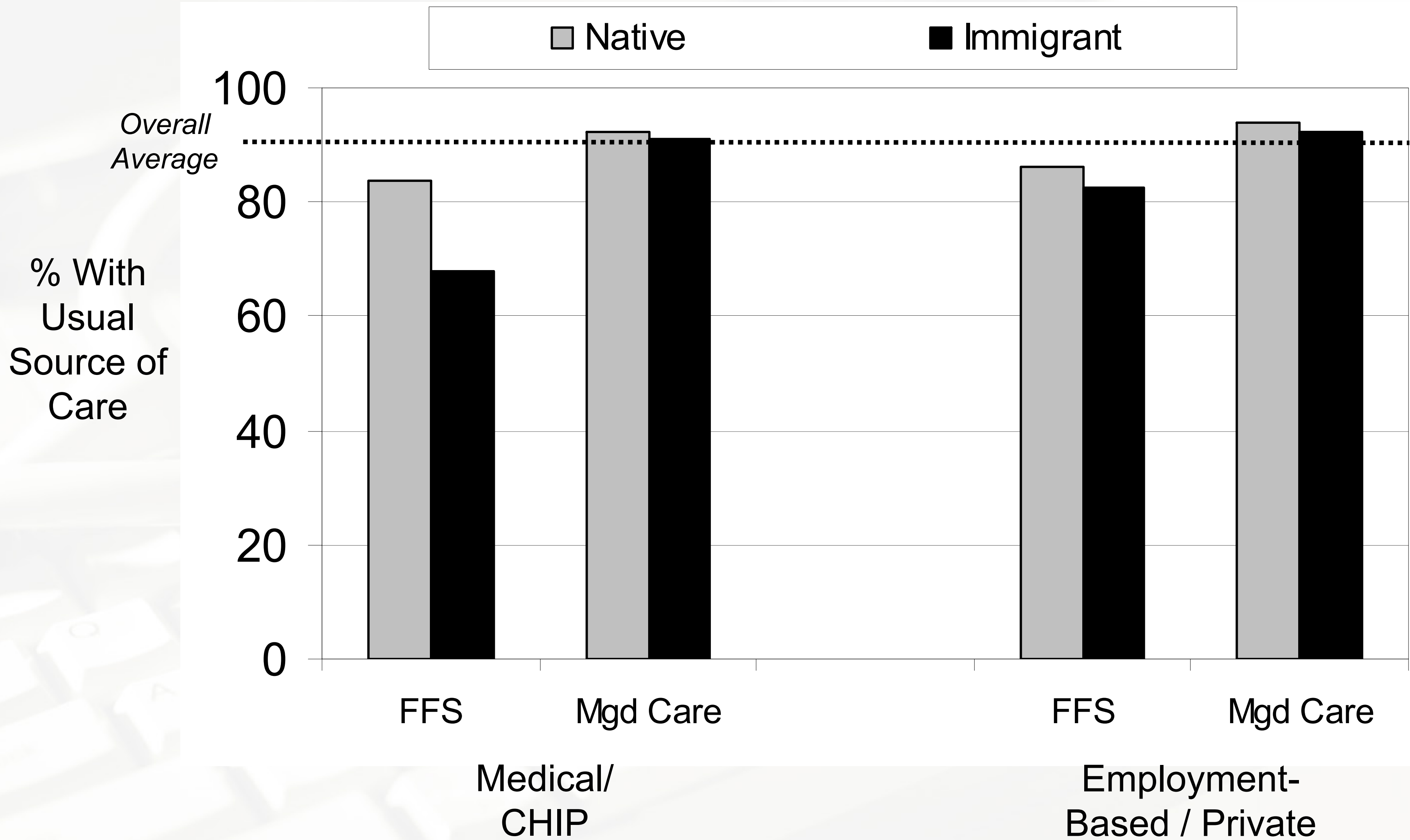
Usual Source of Care, by Race/Ethnicity & MC vs. FFS



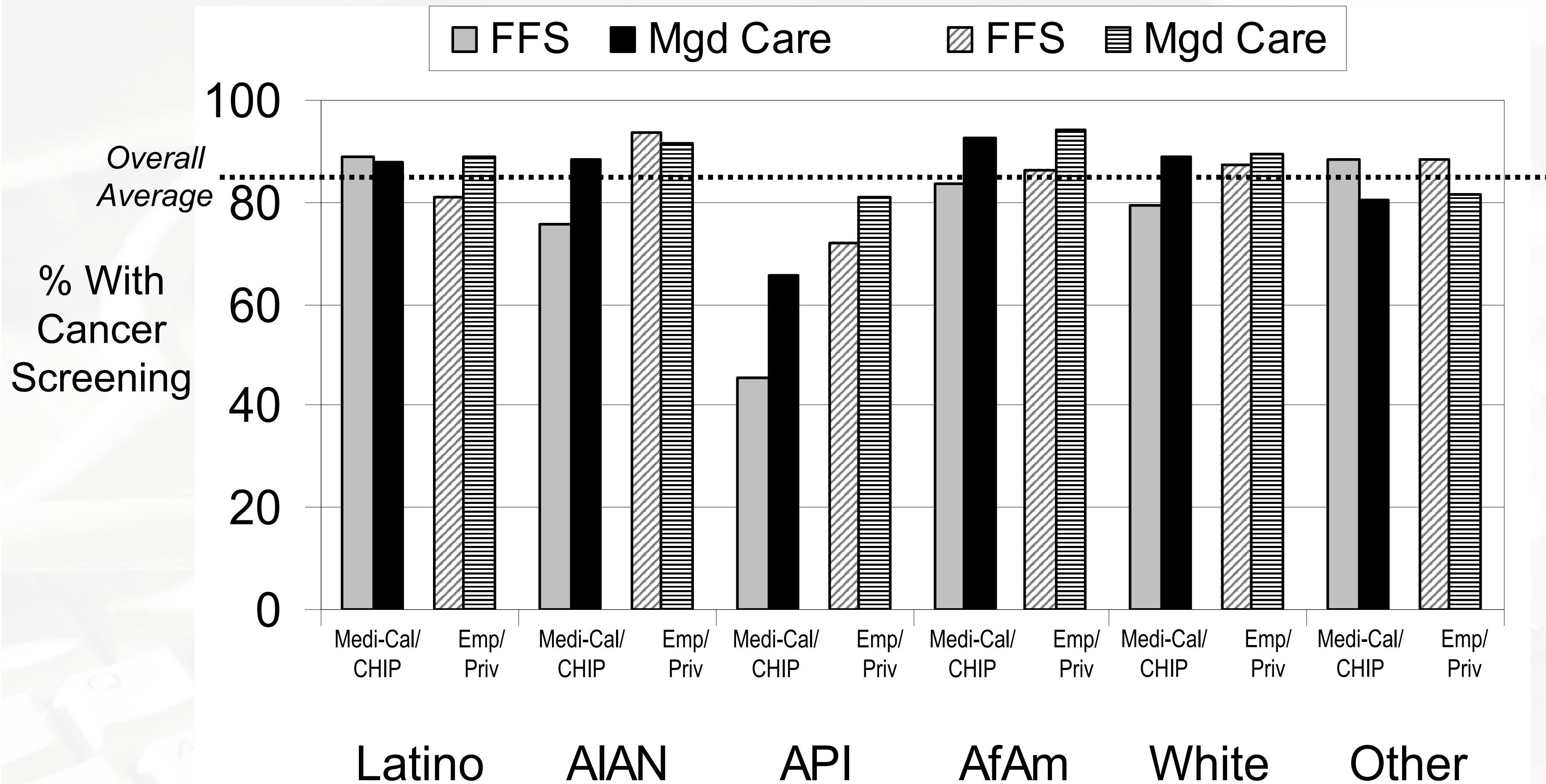
USOC by Language and MC vs. FFS



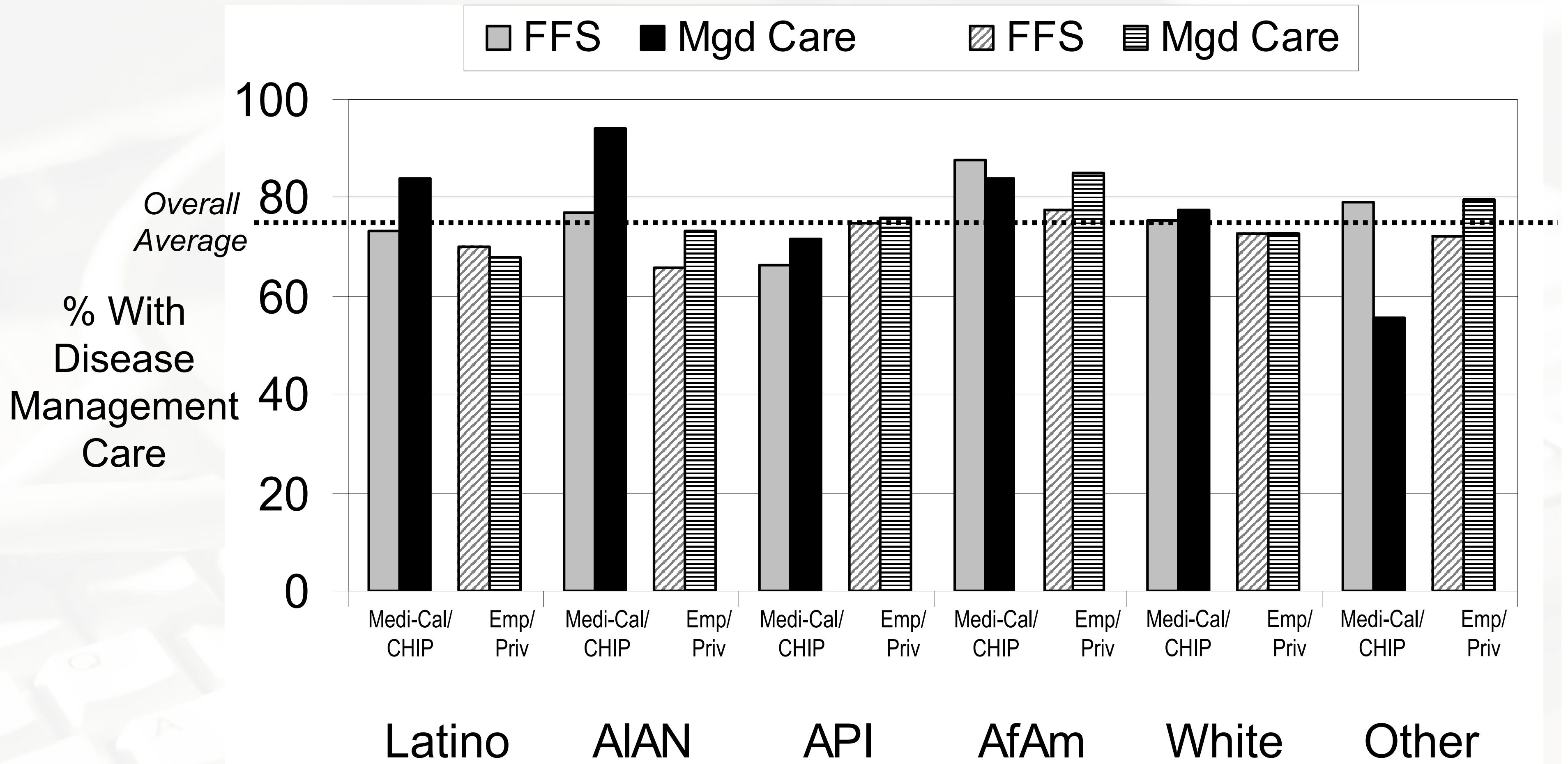
USOC by Nativity and MC vs. FFS



Overall Cancer Screening



Overall Chronic Disease Management



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Overview of Regression Analyses

- **In MediCal/Healthy Families plans (relative to Whites)**
  - Latinos have higher rates of cancer screening
  - APIs have substantially lower rates of cancer screening (and employment-based plans), consistent with other studies.
  - African Americans have higher rates of chronic disease management
  - AI/AN and “Other” groups have higher rates of cancer screenings
- **Interactions of insurance type (MC vs. FFS) and race/ethnicity are critical. Independent of other socioeconomic factors:**
  - Latino gains in increased rates of cancer screenings in Medi-Cal/Healthy Families are offset by much lower rates in MC.
  - APIs’ lower cancer screening rates in employment-based coverage are partially offset in managed care.
  - Cancer screening rates among African Americans with employment-based coverage are higher in managed care.
  - Higher USOC rates employment-based coverage and increased rates of cancer screenings in Medi-Cal/Healthy Families in AI/AN and “Others” are offset by much lower rates in MC plans.
  - Cancer screening rates in MC employment-based coverage is also lower for AI/AN and Others.

Analyses of Specific Scenarios

- **Scenario 1: Household incomes below 300% FPL, compare managed care in public MC programs with commercial MC**

- **Scenario 2: Household incomes below 300% FPL, compare utilization rates of Medi-Cal FFS to commercial MC**

- **Issues to consider**
  - **Language preference**: important because most of the cultural and linguistic requirements address the issue of language access.
  - **Race/Ethnicity**: differences may be the result of a more appropriate provider network in Medi-Cal and Healthy Families for communities of color, than in commercial health plans. We were unable account for whether or not their primary care provider belonged to the "safety net" in this exploratory analysis.

Scenario 1

- In API and AI/AN LEP populations, USOC rates are higher in Medi-Cal/Healthy Families managed care than in employer-based/private managed care.
- In African Americans USOC rates are higher in employer-based/private managed care than in Medi-Cal/Healthy Families.
- AI/AN LEP have a higher rate of cancer screenings in employer-based/private managed care than in Medi-Cal/Healthy Families.
- Among Latinos and AI/AN LEP populations, rates of chronic disease management are worse in employer-based/private managed care than in Medi-Cal/Healthy Families.

Scenario 2

- **All racial/ethnic groups had a higher rate of usual source of care in employer-based/private managed care, regardless of English language proficiency (except AI/AN LEP)**
- **Cancer screening rates were higher for API and African Americans in employer-based/private managed care than in Medi-Cal/Healthy Families managed care.**
  - Warrants further research to identify characteristics or situations that will increase the utilization of cancer screenings among Asian and Pacific Islanders.
- **Latinos and AI/AN LEPs had a higher rate of appropriate chronic disease management in Medi-Cal/Healthy Families managed care than in employer-based/private managed care.**

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Summary

- **Health care utilization in MC vs. FFS is complex**
  - Managed care was generally associated with higher utilization rates
  - Controlling for socioeconomic status, several racial/ethnic groups have higher utilization rates than Whites, with the exception of cancer screenings among Asian and Pacific Islanders.
  - Unique interactions between racial/ethnic groups and being in managed care.
    - *For example, the increases seen by Latinos and AI/AN and Others on several measures are eroded by managed care.*
- **Findings are preliminary, nonetheless there may be important patterns**
  - Some communities of color in Medi-Cal/Healthy Families managed care have better utilization rates for chronic disease management than in employment-based/private insurance and to a lesser extent for USOC
  - Especially true among LEP

Implications and Recommendations

- **Generally supports previous research comparing MC and FFS**
- **Caution: the research should not end here.**
- **Many disparities that require additional study and resolution**
  - within and between racial/ethnic populations
  - Medi-Cal/Healthy Families and employment-based/private insurance
  - managed care and fee-for-service structure,
- **Recommendations:**
  - Encourage further study of health plan characteristics that influence health care utilization among California's racial and ethnic population groups.
  - Identify best or promising practices that may begin to reduce the racial/ethnic disparities that exist.
    - *Example: APIs and cancer screening*
    - *APIs with employment-based private insurance had higher rates of cancer screenings.*
  - Require the collection and analysis of race/ethnicity data by all health insurance purchasers
  - Encourage further disaggregation of data, especially among Asians and Pacific Islanders.