

TRANSFORMING HEALTH

Key Outcomes from Recent Health Reform Efforts



What Have We Learned from Health Reform Efforts to Date?

The Affordable Care Act (ACA) has brought significant change to the health care system, expanding access to affordable insurance and ensuring minimum standards for health plans. While we wait for the full effects of the ACA to occur, be measured, and reported, we can review what we have already learned from some similar, historic policy changes.

Massachusetts Health Reform



In 2007, a comprehensive health reform effort took effect in Massachusetts. It was similar to the ACA in that it was designed to provide near-universal insurance coverage through shared individual, employer, and government responsibility. The uninsured rate among adults aged 19–64 years dropped from 13.4 percent in 2006 to 5.8 percent in 2010, following reform.⁹

Among Massachusetts residents aged 19–64 years, survey findings suggested that health was or would be improving. For example, there were increases in recent preventive care visits (69.9% to 75.8%), in recent dental care (67.9% to 72.9%), and in reports of being in very good or excellent health (59.7% to 64.9%) in the years following reform (2006 to 2010).⁹ People were slightly

more likely to get preventive care (including cancer and cholesterol tests) after implementation of the health reform law.¹⁰

There were also differences in where people sought care, with fewer people using the emergency room for non-urgent conditions, and more people using primary care providers. Rates decreased from 2006 to 2010 for overall ER visits (34.2% to 30.4%), unnecessary ER visits (16% to 12.2%), and for skipping or delaying needed care



What This Means for Health

Previous health reform efforts are associated with significant improvements in insurance coverage rates, preventive care receipt, and self-reported health and happiness. Studies suggest that similar improvements may be seen as the effects of the ACA are measured over months and years. Increased use of preventive care can provide meaningful reductions of certain illnesses (e.g., influenza and colorectal cancer), better health outcomes as a result of early diagnosis and treatment (e.g., STDs and high blood pressure), and improvements in self-reported health status.



What This Means for CDC

Health system reforms, to date, have improved access to health care for many Americans, yet, millions will remain uninsured—especially in states that do not expand Medicaid. CDC programs are assessing how best to utilize existing resources, building on our current expertise and infrastructure to address the changing conditions and maximize the impact on health.



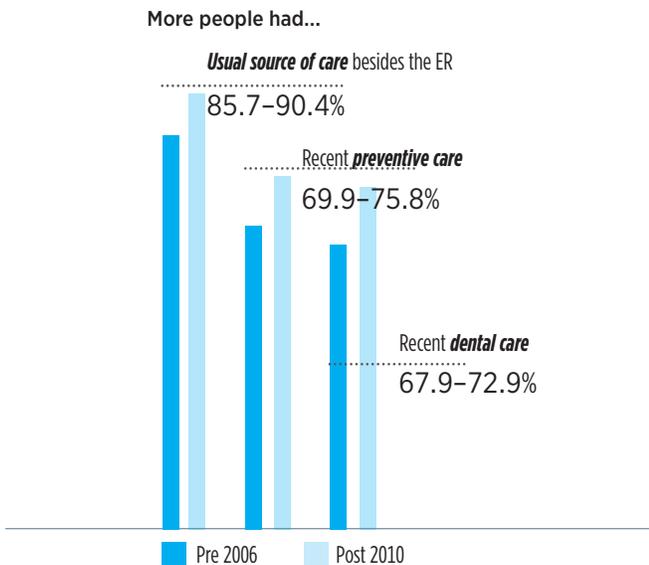
(43.5% to 38.3%). The proportion of people reporting having a usual source of care other than the ER increased (85.7% to 90.4%) during the same timeframe.⁹



The uninsured rate for adults aged 19–64 in Massachusetts dropped from 13.4% in 2006 to 5.8% in 2010, following health reform.

FIGURE 1.

Massachusetts Health Reform Outcomes



Oregon Medicaid Expansion Lottery



In 2008, Oregon used a lottery to expand enrollment in Medicaid to approximately 10,000 low-income adults. Observations of the impact of the expansion provide an opportunity to estimate the effects of being enrolled in Medicaid relative to being uninsured.

Again, there were suggestions that health might improve as a result of access to certain services. Medicaid coverage increased the use of preventive care such as

mammograms (by 100%), cervical cancer screening (by 30%), and cholesterol monitoring (by 50%) compared to those without Medicaid.¹¹ New Medicaid enrollees were 25 percent more likely to indicate that they were in good, very good, or excellent health (vs. fair or poor health); were 30 percent less likely to screen positive for depression; and were 30 percent more likely to report that they are “pretty happy” or “very happy” (vs. “not too happy”).^{11,12}

As in Massachusetts, the site of care delivery shifted. People with new Medicaid coverage were 70 percent more likely to report having a regular place of care and 55 percent more likely to report having a usual doctor than those without Medicaid.¹² Medicaid coverage raised the probability of using outpatient care by 35 percent, of using prescription drugs by 15 percent, and of hospital admission by 30 percent.^{11,12} Medicaid coverage reduced by 40 percent the probability that people reported having to borrow money or skip payment on other bills because of medical expenses and decreased by 25 percent the probability that they had unpaid medical bills sent to a collection agency compared to those without Medicaid.¹²

FIGURE 2.

Improved Outcomes after Gaining Medicaid Coverage in Oregon

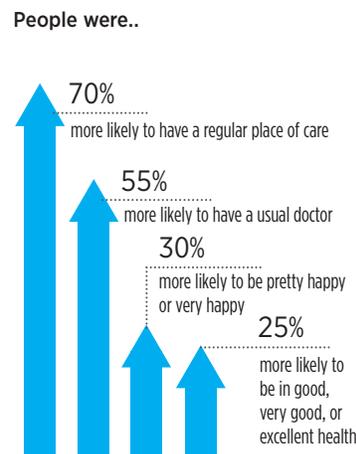
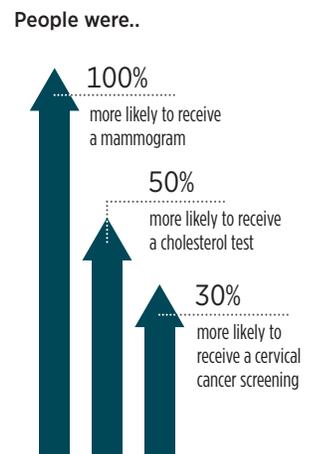


FIGURE 3.

Improved Receipt of Prevention after Getting Medicaid Coverage in Oregon



Medicaid Expansion: Arizona, Maine, and New York



During 2001–2002, Arizona, Maine, and New York expanded Medicaid eligibility to low-income adults in ways similar to the ACA’s Medicaid expansion, resulting in a decline among the uninsured.

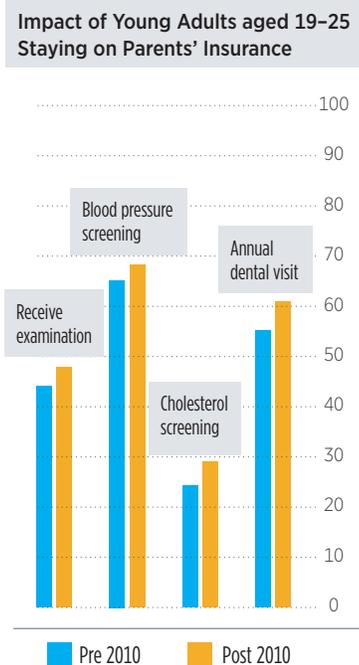
In the 5 years following the expansions, there was an indication of a positive impact on health as all-cause mortality, in the three states combined, decreased by 19.6 deaths per 100,000 (a relative reduction of 6.1%) as compared to neighboring control states.¹³ In parallel, self-reported health status improved.¹³

Young Adult Coverage by the Affordable Care Act

One of the first provisions of the ACA to go into effect allowed young adults aged 19–25 to stay on their parents’ health plan beginning in 2010. The number of uninsured in this age group dropped by more than 10 percentage points (3 million people).¹⁴ After ACA

implementation, young adults had higher rates of receiving a routine examination (44.1% vs. 47.8%), blood pressure screening (65.2% vs. 68.3%), and an annual dental visit (55.2% vs. 60.9%).¹⁵

FIGURE 4.



Summary

In the coming months and years we will have a better understanding of the impact of health reform on health status and access, utilization, and cost. Early indications from pre-ACA reform efforts and from the ACA’s young adult coverage provision suggest that we may see signs of improved health with increased use of screening and preventive services, and reports of improvements in overall health and well-being. In addition, these early findings suggest changes in point of care, with increases in use of primary care and dental care and decreases in the use of emergency rooms for non-urgent care.

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