

# Early Findings from the Collaborative on Health Reform and Independent Living (CHRIL)

**September 27, 2016**

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# CHRIL Attribution

The CHRIL is funded by a 5-year Disability and Rehabilitation Research Program (DRRP) grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR grant number 90DP0075-01-00). The CHRIL brings together disability advocates and researchers from 4 institutions (Washington State University, the University of Kansas, George Mason University, and Independent Living Research Utilization (ILRU) at TIRR Memorial Hermann) to systematically investigate and disseminate essential findings about how the Affordable Care Act's implementation affects working age adults with disabilities. The CHRIL website is at [CHRIL.ORG](http://CHRIL.ORG).

# Collaborative on Health Reform and Independent Living (CHRIL) Project Objective



- To provide disability stakeholders with accurate, current and actionable information on how recent changes in health policy directly or indirectly impact the community living and participation of working-age adults with disabilities.

# CHRIL Research Activities

1. Documenting the experiences of working-age adults with disabilities in obtaining and maintaining health insurance, and identifying the impact of insurance on their access, health and function through phone interviews, internet surveys, and analysis of the Urban Institute's Health Reform Monitoring Survey (HRMS).
2. Assessing the health insurance information, training and technical assistance needs of Centers for Independent Living (CILs) and other disability stakeholders through internet surveys, phone interviews of CIL directors, and town hall meetings at national independent living conferences.
3. Analyzing post-reform insurance coverage trends among working-age adults with disabilities using the National Health Interview Survey (NHIS).

## CHRIL Research Activities, cont'd.

4. Identifying gaps in coverage and potential areas of undue cost burden for people with disabilities by analyzing health care expenditures, including premium costs, deductibles and co-pays using the Medical Expenditure Panel Survey (MEPS).
5. Assessing the impact of the Affordable Care Act (ACA) on disability program enrollment and workforce participation by testing how the Medicaid expansion influences SSI activity using the American Community Survey (ACS).

# Today's Agenda

- Presentation #1: Access to Preventive Services for Working-Age Adults with Mobility Limitations - *Gil Gimm*
- Presentation #2: Acute, Chronic, and Current Uninsurance Among Adults with Disabilities, 2008-2015 - *Elizabeth Wood*
- Presentation #3: Medicaid Expansion, Access to Care, and Employment for People with Disabilities: National Findings – *Jean Hall*

# Access to Preventive Services for Working-Age Adults with Physical Mobility Limitations

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# Research Questions

1. Does **health insurance coverage** vary for working-age adults with mobility limitations, other (non-mobility) limitations, and no limitations?
2. To what extent does access to preventive services vary for working-age adults with **physical mobility limitations, other (non-mobility) limitations, and no limitations**?
3. Which factors are significantly associated with the use of **preventive services** (i.e., blood pressure (BP) check, flu shot, and dental care) in the past year?



## Background Context & Motivation

- **Heterogeneity and disparities** in health and service use among adults with disabilities (Iezzoni 2011)
- Evidence of **disability-related disparities** in the receipt of preventive services and other types of medical care
  - For younger vs. older dual-eligible adults (Gimm, Blodgett, & Zanwar, 2016; Reichard and Fox, 2013)
  - Working-age adults with hearing impairments better off; if multiple limitations, worse off (Horner-Johnson et al., 2014)
- Adults with **physical mobility limitations** face barriers to access
  - Higher odds of having unmet needs for care (Mahmoudi and Meade, 2015); physical access barriers to offices, exam tables (Iezzoni et al., 2010)

# Data Source

- **Medical Expenditure Panel Survey (MEPS)**
  - MEPS is a nationally representative survey of civilian, non-institutionalized adults and children living in the United States
- **Data from 2004-2013**
  - N= 81,466 working-age participants in panels #9-17
- **3 Comparison Groups**
  - (1) **No limitation** (n=59,423)
  - (2) **Physical limitation** (n=6,042)
  - (3) **Other, non-physical limitation** (n=9,680)
    - Includes those with cognitive, hearing, and vision limitations, as well as those who indicated they had a limitation but did not specify a type.

## Methods

- **Conducted logistic regression analyses for working-age adults with physical limitation, other (non-physical) limitation, or no limitation.**
  - Examined the association of type of limitation and receipt of 3 preventive services.
  - Accounted for confounding factors, such as age, education, employment status, type of coverage, having a usual source of care, and health.
- **Analyses incorporated survey weights and were adjusted for survey design**
  - Verified survey questions were consistent across panels
  - Tested models for goodness of fit.

# Insurance Coverage

	No Limitation (n=59,423)	Physical Limitation (n=6,042)	Non-Physical Limitation (n=9,680)
<b>Insurance Coverage</b>			
Private Coverage	69.6%	42.2%	57.2%
Medicare only	0.2%	13.5%	4.8%
Medicaid only	4.9%	14.9%	10.4%
Dual Eligible	0.2%	7.2%	3.1%
Other Health Insurance (e.g., TRICARE)	1.2%	2.2%	1.8%
Uninsured (No Health Coverage)	23.9%	20.0%	22.7%
Dental Coverage	57.2%	37.6%	48.0%

# Preventive Service Outcomes

	No Limitation (n=59,423)	Physical Limitation (n=6,042)	Non-Physical Limitation (n=9,680)
<b>Outcome Variables</b>			
Flu Shot in Past Year	25.1%	40.3%	30.7%
Blood Pressure Check in Past Year	72.9%	92.0%	82.9%
Dental Check-up in Past Year	64.6%	47.2%	55.7%

# Multivariate Results

- Adults (18-64 years) with physical mobility limitations (OR 1.49,  $p < .01$ ) and non-physical limitations (OR 1.27,  $p < .001$ ) had a **greater likelihood of a BP check** in the past year than adults without any limitations, but no difference on the likelihood of flu shots or dental visits.
- Those **currently married** had an increased likelihood of receiving all 3 preventive services in the past year.
- Having any health insurance raised the likelihood of having a flu shot or dental visit in the past year; however, only private coverage and Medicaid increased the likelihood of a BP check.

# Discussion & Implications

- Findings confirm **heterogeneity of adults** (18-64 yrs.) with physical mobility limitations vs. other (non-physical) limitations vs. no limitations.
  - Adults with physical mobility limitations have lower family income, employment, and prevalence of private insurance coverage (42% vs. 57% vs. 70%).
- **Percent of adults with BP checks and flu shots was higher** for those with physical mobility limitations than for the other comparison groups.
  - But dental visit prevalence was lower, which suggests out-of-pocket expenses may be a barrier to dental care.
- **Social networks and marital status** have an important role in the receipt of preventive care services.
  - This has direct policy implications for supporting caregivers and social networks to encourage receipt of preventive services.

# Study Limitations

- **No causal inferences** can be drawn with pooled observations and logistic regression analysis.
- **Self-reported measure of physical mobility limitation (ADL)** may not represent a musculoskeletal disorder (SSA definition).
- **Analytic sample restricted to community-dwelling adults only**; therefore, results cannot be generalized to a broader population that includes adult residents in institutionalized settings.



# Future Research & Next Steps

- **Conduct robustness checks** to verify results in different model specifications and sensitivity tests removing outlier observations.
  - Explore feasibility of looking at 1 or 2 other preventive services.
- **Marital status and living arrangements** seem to play an important role in receiving preventive services; further research is warranted.
  - May use different age categories, cross-tabs by marital status.

# Questions (???)

- **Contact:**

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- Associate Professor, George Mason University

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# Acute, Chronic, and Current Uninsurance Among Adults with Disabilities, 2008-2015

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# Background

- The risks associated with lack of health insurance are notably worse for adults with disabilities, due to their limited resources and high healthcare needs.
- 2/3 of people with disabilities who lack health insurance routinely postpone seeking medical care because of cost.
- The Affordable Care Act is reducing rates of uninsurance in the general population, and has the potential to reduce rates of uninsurance for people with disabilities.

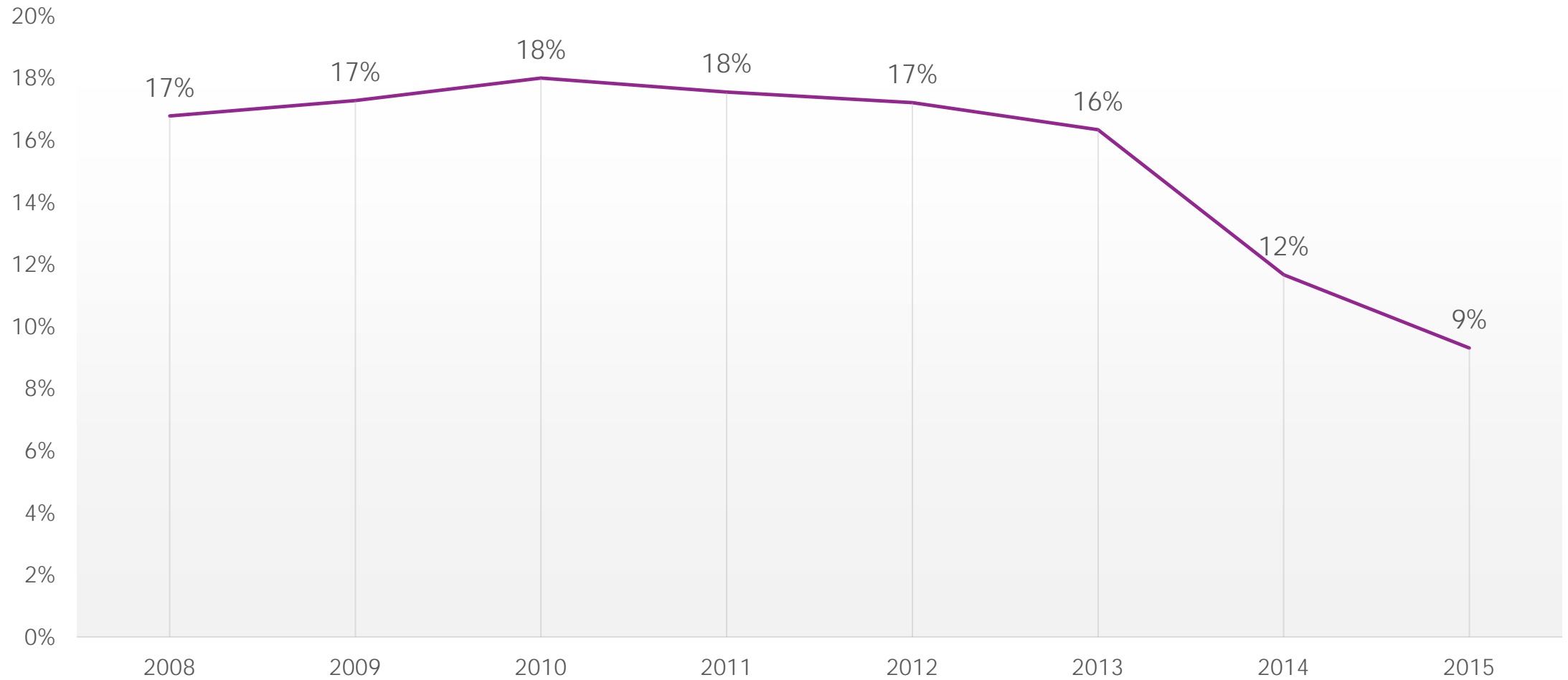
# Research Objective

- The objective of this research was to determine:
  - Whether formerly-uninsured working-age adults with disabilities are complying with the individual mandate by obtaining coverage.
  - Whether rates of uninsurance among working-age adults with disabilities changed after the implementation of the ACA.
  - Whether formerly-uninsured people with disabilities (PWD) are obtaining coverage, and where they are obtaining coverage.

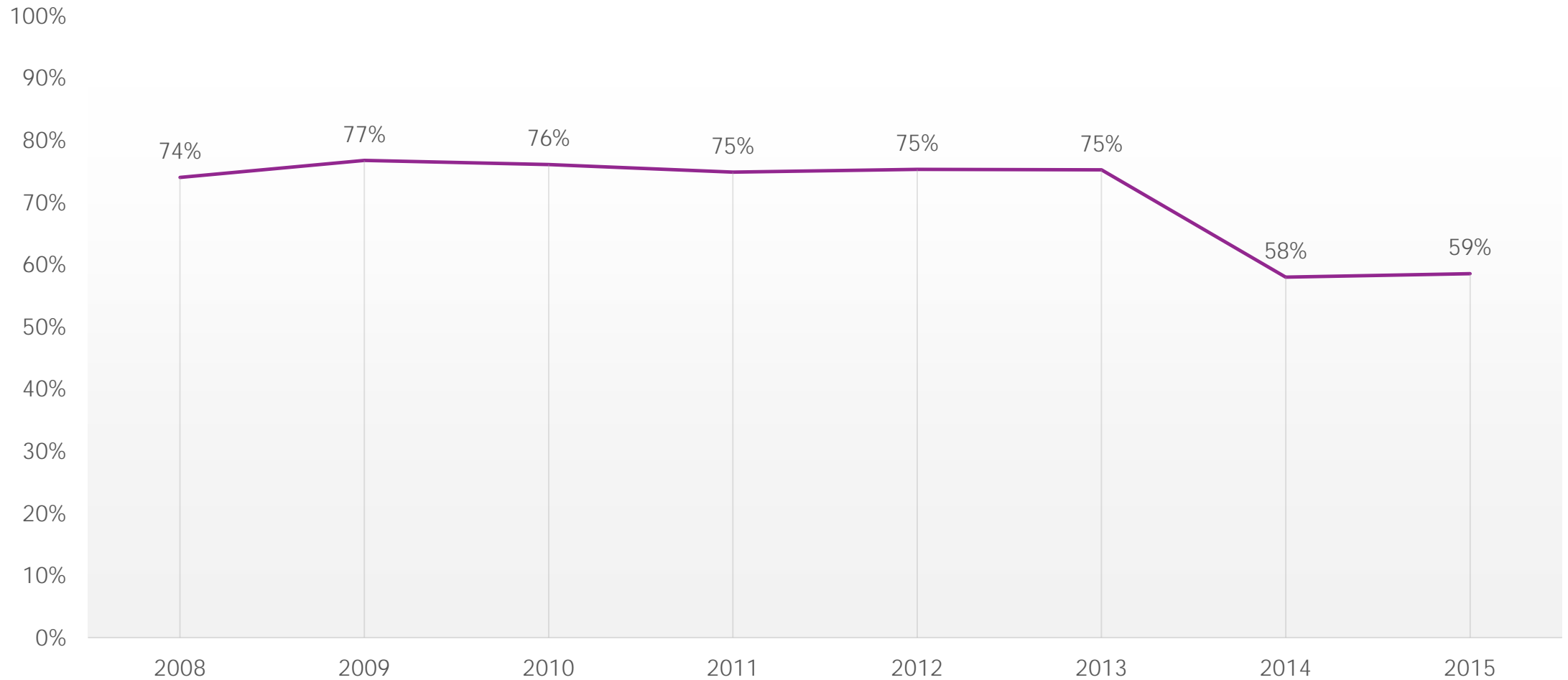
# Methods

- A pooled dataset of the 2008-2015 National Health Interview Surveys.
- Respondents were flagged as having a disability if they indicated they had limitations in their ability to work, perform activities of daily living, or perform instrumental activities of daily living.
- Prior year uninsurance was characterized three ways:
  - Acutely uninsured: uninsured for part of the prior year.
  - Chronically uninsured: uninsured for the entire prior year.
  - Continuously insured: always covered in the prior year.

# Unadjusted Rates of Current Uninsurance



# Current Uninsurance among Previously-Uninsured





# Modeling current uninsurance and the ACA

- Controlling for other factors, we tested the association between time period (before or after the ACA) on whether a respondent reported being currently uninsured during their interview.
- Controlling for other factors, respondents in the post-ACA time period (2014-2015) were significantly less likely to report being uninsured (OR 0.52, 95% CI 0.45-0.60,  $p < .001$ ).
- Prior year uninsurance was tremendously predictive of current uninsurance, whether that prior year uninsurance was acute or chronic.
- Respondents were more likely to be uninsured if they were Hispanic, low-income, working part-time, or living in the South.

# Unadjusted coverage types post-ACA, continuously insured vs. previously uninsured working-age adults with disabilities.



	Continuous Insurance in Year Before Interview	Acute or Chronic Uninsurance In Year Before Interview
Uninsured***	1.05%	58.66%
Other government/public***	6.66%	2.33%
Private, employer/union paid***	22.16%	5.82%
Private, purchased directly, not marketplace**	1.98%	1.02%
Marketplace***	2.60%	7.04%
Medicaid only***	31.54%	20.04%
Medicare only***	21.90%	3.83%
Dual eligible***	12.11%	1.26%

## Modeling prior year uninsurance and current coverage

- Controlling for other factors, in the population of those insured post-ACA:
  - Prior year uninsurance was highly predictive of enrollment in the health insurance marketplaces, with an odds ratio of 8.06 for the acutely uninsured and 6.34 for the chronically uninsured.
  - Respondents who were uninsured for part of the year had higher odds of having enrolled in Medicaid (OR=1.39), but lower odds of having enrolled in Medicare (OR=0.28) or employer-sponsored coverage (OR=0.51).
  - Respondents who were chronically uninsured did not have significantly different odds of enrolling in Medicaid, Medicare, or employer-sponsored coverage relative to those who were continuously insured.

# Limitations

- This research used a very broad definition of disability.
- Unclear to what degree people with disabilities are utilizing expanded Medicaid vs. traditional Medicaid.
- No causal inference.

# Conclusions

- Even after ACA implementation, those who had coverage were likely to keep it, and those who lacked coverage were unlikely to obtain it.
- There are still some working-age adults with disabilities whose coverage problems have not been resolved by reform.
- Medicaid was the major source of coverage for the newly-insured working-age adults with disabilities, but the health insurance marketplaces played an especially notable role for this group when other factors were controlled for.

# Questions and thoughts?

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# **Medicaid Expansion, Access to Care, and Employment for People with Disabilities: National Findings**

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# Background

- Little is known about specific experiences of people with disabilities after ACA coverage expansions
- Marketplace coverage cannot exclude people with pre-existing conditions
- Medicaid expansion has the potential to support employment because the earnings threshold may be higher and assets are not capped
- Perhaps end the cycle of Health Insurance Motivated Disability Enrollments



## Research Objectives

- Examine insurance coverage, access to care, and employment among adults with disabilities pre- and post-ACA coverage expansions
- Document differences between states with and without Medicaid expansion
- Combine with other findings from the larger CHRIL project to more fully understand the impact of the ACA on people with disabilities

# Methods

- Data from the Urban Institute's Health Reform Monitoring Survey (HRMS)
- Nationally-representative internet survey of adults fielded periodically since 2013\*
- Over-samples people with chronic conditions and allows comparisons between Medicaid expansion and non-expansion states
- 2,740 adult respondents with a disability (ages 18-64 years)
  - Do you have a physical or mental condition, impairment, or disability that affects your daily activities OR that requires you to use special equipment or devices, such as a wheelchair, TDD, or communications device?

\*The HRMS was fielded quarterly from Q1 2013-Q1 2015, after which the survey shifted to a biannual fielding schedule. These analyses uses data from ten rounds of the HRMS, Q1 2013-Q3 2015.

# Analyses

- Multivariate regression models with recycled predictions compared trends between Q1-Q3 2013 (pre-ACA) to Q4 2014-Q3 2015 (post-ACA) using pooled cross-sectional estimates
- Looked at insurance coverage status, access to care, and employment overall and by state Medicaid expansion status for 2,740 adult respondents
- Models controlled for age, gender, race/ethnicity, primary language, education level, marital status, household income, self-reported health status, US region, metropolitan status and local-area employment rates

# Overall Findings

- Significantly greater percentages of people with disabilities reported having a usual source of care post-ACA (84.5 % versus 74%,  $p < .001$ )
- Post-ACA, respondents in Medicaid expansion states were significantly less likely to report having been uninsured for the year (-2.6%,  $p < 0.001$ ) and more likely to be employed (6.1%,  $p < 0.001$ ) compared to those in non-expansion states.

# Adjusted Outcomes: Post-ACA Differences

	Adults with a disability in Medicaid Expansion states <sup>a</sup> (n=1,639)	Adults with a disability in non-Expansion states <sup>1</sup> (n=1,101)	P Value
<b>Employment Status (%)</b>			
Working as paid employee or self-employed	38.0	31.9	p=.011
Not working, excluding due to disability	22.3	19.7	NS
Not working, disabled	39.7	48.4	p<.001
<b>Uninsured for full year (%)</b>	3.0	5.6	p<.001

<sup>a</sup>Medicaid expansion status as of December 2014, includes AZ, AR, CA, CO, CT, DE, DC, HI, IL, IA, KY, MD, MA, MN, NV, NJ, NM, ND, NY, OH, OR, RI, VT, WA, WV, MI, and NH

# Conclusions

- Reports of being uninsured were significantly lower in Medicaid expansion states, reinforcing the importance of expansion coverage to people with disabilities
- Prior to the ACA, many people with disabilities were locked into poverty to maintain eligibility for Medicaid. With Medicaid expansion, they can now work, accumulate assets, and maintain coverage.
- Medicaid expansion may serve the dual purpose of being a work incentive *and* insurance program for this population that has historically been discouraged from employment.
- More people with disabilities in all states reported improved access to care post-ACA, potentially decreasing long-standing health disparities for this group.

## Study Limitations and Next Steps

- Data are self-reported; some may not report a disability (e.g., disclosure not needed for benefits)
- A small number of states implemented early Medicaid expansions during 2013, which may have led to an underestimation of expansion effects
- Early work seems to indicate differential effects for people with psychiatric disabilities, who may be less likely to work even in Medicaid expansion states; will look at other differences for this population as well

# Contact Information

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The HRMS instrument is available online at <http://hrms.urban.org/survey-instrument>

The contents of this presentation were developed under the Collaborative for Health Reform and Independent Living (CHRIL), a grant from the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR, grant number 90DP0075-01-00). NIDILRR is a Center within the Administration for Community Living (ACL), Department of Health and Human Services (HHS). Funding for the HRMS comes from the Robert Wood Johnson Foundation (RWJF, contract #72731). The contents of this presentation do not necessarily represent the policy of NIDILRR, ACL, HHS, or RWJF and you should not assume endorsement by the Federal Government.



# Final Questions and Evaluation Survey

Any final questions?

Please click the link below to complete the evaluation survey:

**<http://www.surveygizmo.com/s3/3038942/Webinar-Evaluation-September-27-2016-Early-CHRIL-Findings>**