Ohio Adults with Special Health Care Needs: 2015 OMAS Health and Health Care Findings

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INTRODUCTION

There is a lack of data on adults with special health care needs. This topic is important because people with severe chronic impairments experience difficulty in the adult health care system (American Academy of Pediatrics, 2002). This data brief uses the 2015 Ohio Medicaid Assessment Survey (OMAS) to describe several key health indicators of Ohio's adults with special health care needs (SHCN), with special emphasis given to the Medicaid enrolled. These indicators include insurance coverage, poverty status, health status, employment status, access to health care, and health care utilization. This brief addresses differences and similarities between adults with special health care needs and adults without special health care needs in Ohio.

METHODS

OMAS is a telephone survey that samples both landline and cell phones in Ohio. The survey examines access to the health system, health status, and other characteristics of Ohio's Medicaid, Medicaid eligible, and non-Medicaid populations. In 2015, researchers completed 42,876 interviews with adults and 10,122 proxy interviews of children. The 2015 OMAS is the sixth iteration of the survey. For details, please see the OMAS methods report.

In the 2015 OMAS, an adult was considered to have special health care needs if they responded "yes" to at least one of the following four questions:

1. Do you have a developmental disability? (If needed, participants were told that a developmental disability was defined as "group of conditions due to impairment in physical, learning, language, or behavior areas. These conditions begin by age 21, may impact day-to-day functioning, and usually last throughout a person's lifetime.").
2. Because of a physical, mental, or emotional condition lasting 6 months or more, do you have difficulty doing or need assistance doing day-to-day activities?
3. Because of a physical, mental, or emotional condition lasting 6 months or more, do you need or get special therapy?
4. Because of a physical, mental, or emotional condition lasting 6 months or more, do you need or get treatment or counseling for any kind of mental health, substance, abuse or emotional condition?

OMAS findings will be placed in the context of findings from the research literature. Because the term "special health care needs" is not used to refer to adults in the research literature, this brief relied on literature that spoke to the health of adults with disabilities. Clearly not all adults who meet OMAS criteria for having special health care needs have disabilities.

Adults without special health care needs did not meet the criteria for the special health care needs group. A small proportion of the sample (2.8%, n=1,200) did not provide enough information to be classified; these individuals were put into the adults without special health care needs groups. This brief compares adults with SHCN and to adults without SHCN.

RESULTS

Demographic and Household Characteristics for all Ohio Adults

In 2015, 20% (1,755,104) of adults 19 years and older in Ohio reported having special health care needs (SHCN).

Adults with SHCN and adults without SHCN were similar in terms of age, racial identification, and county type. However, 58% of adults with SHCN were female compared to 50% of adults without SHCN. According to the 2015 OMAS, 46% of adults with SHCN in Ohio live in households with incomes below 138% of the Federal Poverty Level (FPL) compared to only 22% of adults without SHCN. Adults with disabilities are more likely to experience poverty compared to adults without disabilities, which has been associated with worse health outcomes in this vulnerable population (Henning-Smith, McAlpine, Shippee, & Priebe, 2013). One study found that adults with disabilities had a 27% poverty rate compared to only 12% of adults without disabilities (Iezzoni, 2011). Table 1 demonstrates detailed information about the demographics of the two groups.

Figure 1 demonstrates that 37% of adults with SHCN are covered by Medicaid compared to only 14% of adults without SHCN. This finding was expected because people with disabilities often live in low income households and are more likely to be covered under state-funded health insurance plans such as Medicaid compared to individuals without disabilities (Drainoni et al., 2006). The uninsured rate was 7% among both adults with SHCN and adults without SHCN.

Table 1. Distribution of Select Demographic characteristics of

		# of Adults with SHCN	%	# of Adults without SHCN	%
Gender	Male	729,967	42%	3,519,418	50%
	Female	1,025,137	58%	3,532,133	50%
Age (Years)	19-34	438,541	25%	198,2657	28%
	35-64	991,651	57%	359,4637	51%
	65+	324,912	19%	147,4257	21%
Race/Ethnicity	White	1,415,182	81%	5,833,574	83%
	African-American	242,200	14%	776,299	11%
	Hispanic	59,895	3%	187,245	3%
	Other	37,828	2%	254,432	4%
County Type	Metro	1,007,473	57%	3,801,563	54%
	Rural Appalachian	298,808	17%	1,174,791	17%
	Rural Non-Appalachian	195,241	11%	961,769	14%
	Suburban	253,582	14%	1,113,428	16%
Income (% of FPL)	138% or less	809,386	46%	1,534,441	22%
	138% to 250%	370,271	21%	846,278	22%
	250% to 400%	288,577	17%	1,710,717	24%
	400% or more	286,871	16%	2,283,515	32%
Insurance	Medicaid Only	458,471	26%	837,508	12%
	Medicaid and Medicare	198,803	11%	162,145	2%
	Medicare Only	414,326	24%	1,380,576	20%
	Employer-Sponsored	426,491	24%	3,481,793	49%
	Other Directly Purchased and Exchange	55,758	3%	420,152	6%
	Other and Unknown Type	87,554	5%	368,853	4%
	Uninsured	113,700	7%	500,523	7%

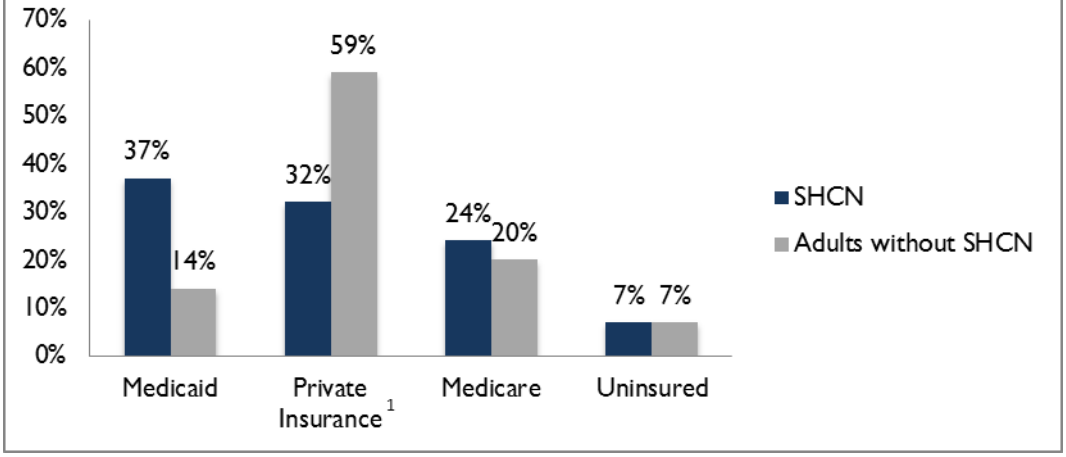
Employment Status

Employment rates for adults with disabilities have either remained the same or decreased over the years. The literature suggests that 43% of adult ages 21 to 64 with disabilities in the United States are unemployed compared to only 23% of people without disabilities (Ispen, 2006). Figure 2 illustrates that only 27% of working age (ages 19-64) adults with SHCN in Ohio were employed over 30 hours per week compared to 64% of adults without SHCN. The majority of working age adults with SHCN were unemployed at a rate of 61% compared to only 22% of adults without SHCN.

Reported Health Status

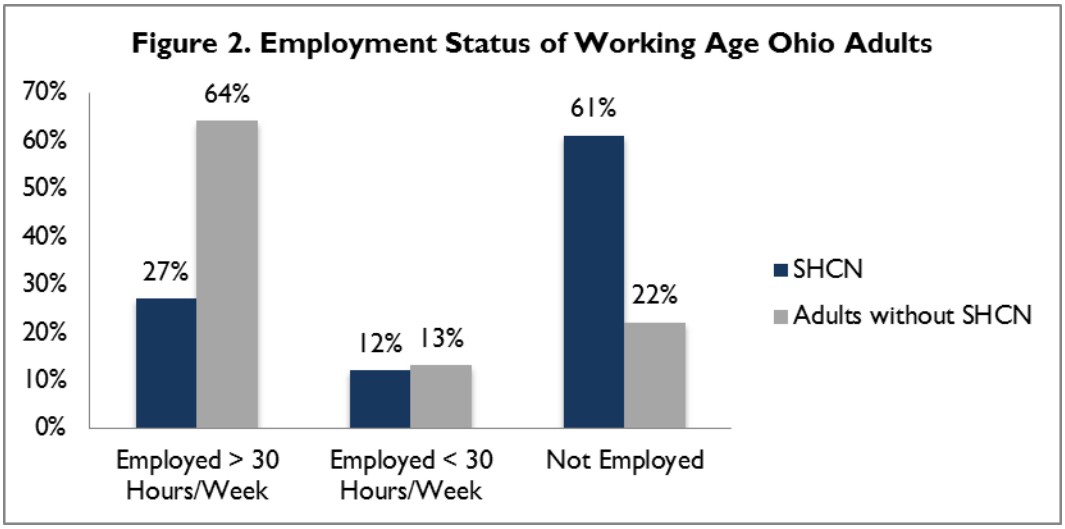
Adults with disabilities are more likely to experience poor health compared to adults without disabilities. The literature suggests that adults with disabilities are more susceptible to secondary health complications and an earlier onset of chronic health conditions than adults without disabilities (Krahn, Putnam, Drum, & Powers, 2006). The 2015 OMAS data revealed that 48% of adults with SHCN reported having fair or poor health status compared to only 11% of adults without SHCN.

Figure 1. Insurance Status of Ohio Adults



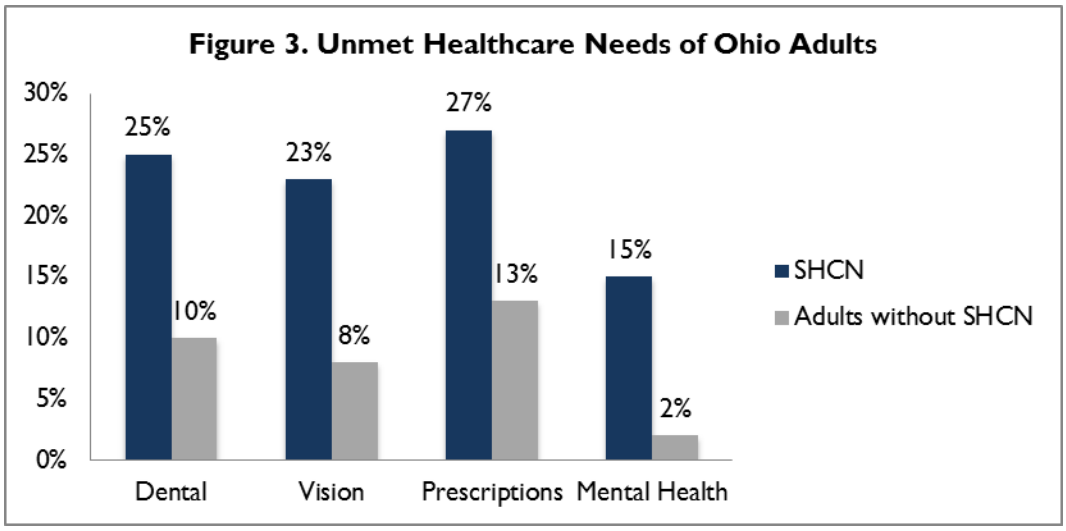
The 2015 OMAS data shows that 52% of adults with SHCN did not get needed health care compared to only 23% of adults without SHCN. Figure 3 demonstrates that adults SHCN were significantly more likely to have unmet health care needs including not being able to access needed dental care, vision care, prescriptions, and needed mental health care compared to adults without SHCN. Additionally, 18% of adults with SHCN could not get needed care supplies compared to only 5% of adults without SHCN.

[1] *Private Insurance is defined as employer-sponsored, other directly purchased, Exchange, or other*



Access to Health Care

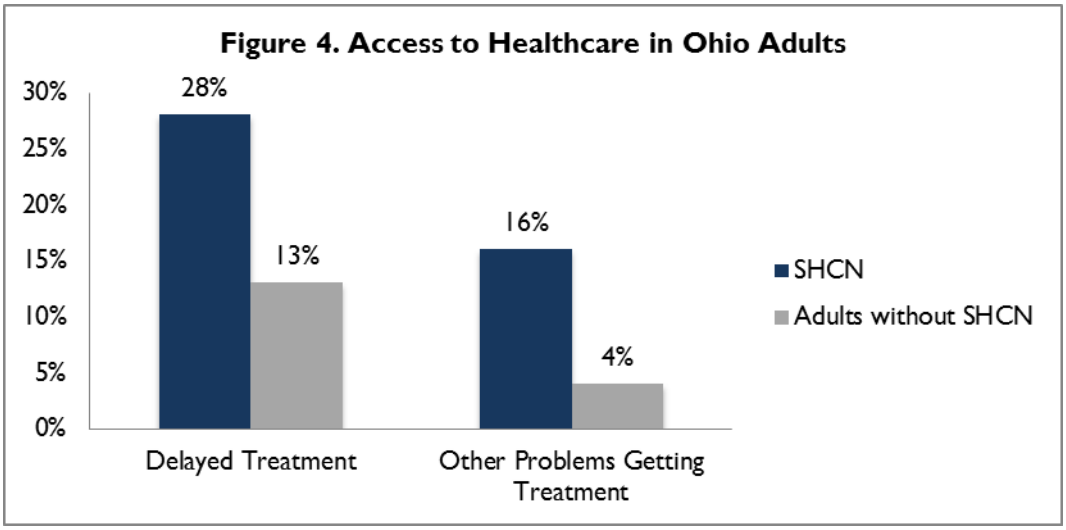
People with disabilities have higher risks of chronic health conditions and greater health care needs than people without disabilities. Despite this fact, adults with disabilities have less access to health care services (Havercamp & Scott, 2015). Further, people with disabilities face many barriers to accessing care, which include environmental, structural, cultural, and process barriers that can lead to delayed treatment (Henning-Smith, McAlpine, Shippee, & Priebe, 2013). The majority of Ohio adults reported having a usual source of care that was not an emergency room (95% for SHCN and 92% for adults without SHCN). However, the 2015 OMAS data indicates that having a usual source of care did not necessarily guarantee access to this care. The data revealed that 28% of adults with SHCN had delayed treatment within the past 12 months compared to only 13% of adults without SHCN. In addition, Figure 4 demonstrates that 16% of adults with SHCN reported other problems getting care, such as delays because of health plan approval, compared to only 4% of adults without SHCN.



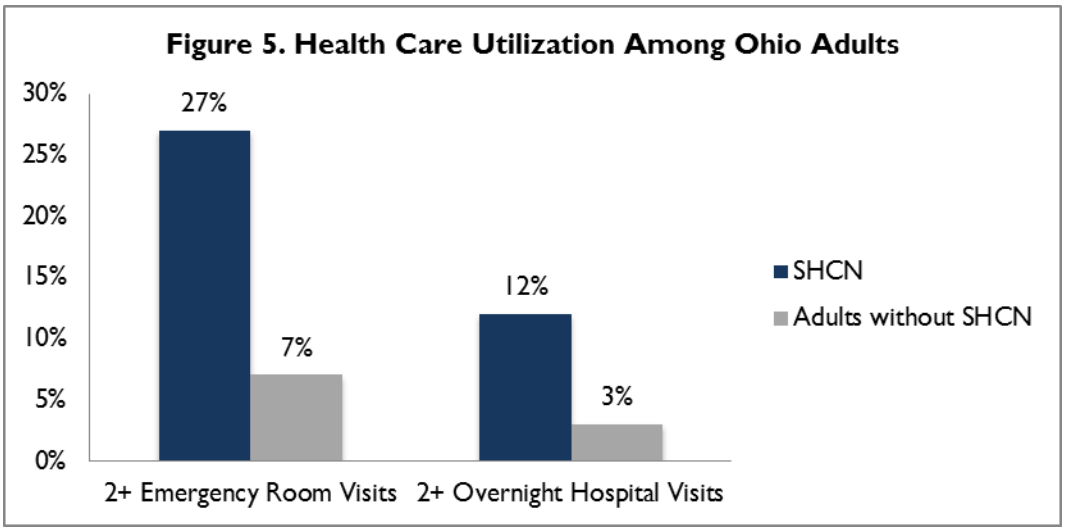
According to the 2015 OMAS, 63% of adults with SHCN needed specialist care compared to only 32% of adults without SHCN. The data revealed that18% of adults with SHCN who saw a specialist reported a big problem seeing a specialist compared to only 7% of adults without SHCN.

Health Care Utilization

People with disabilities utilize significantly more healthcare than people without disabilities and account for one of the largest groups of health care consumers in the United States (Drainoni et al., 2006). While 95% of adults with SHCN were reported to have a usual source of care, 26% of adults with SHCN had two or more visits to the emergency room in the past 12 months compared to only 7% of adults without SHCN. Difficulty accessing primary care and health conditions that may require earlier attention are some of the factors associated with higher rates of emergency department use among adults with disabilities (Rasch, Gulley, & Chan, 2013). Figure 5 demonstrates



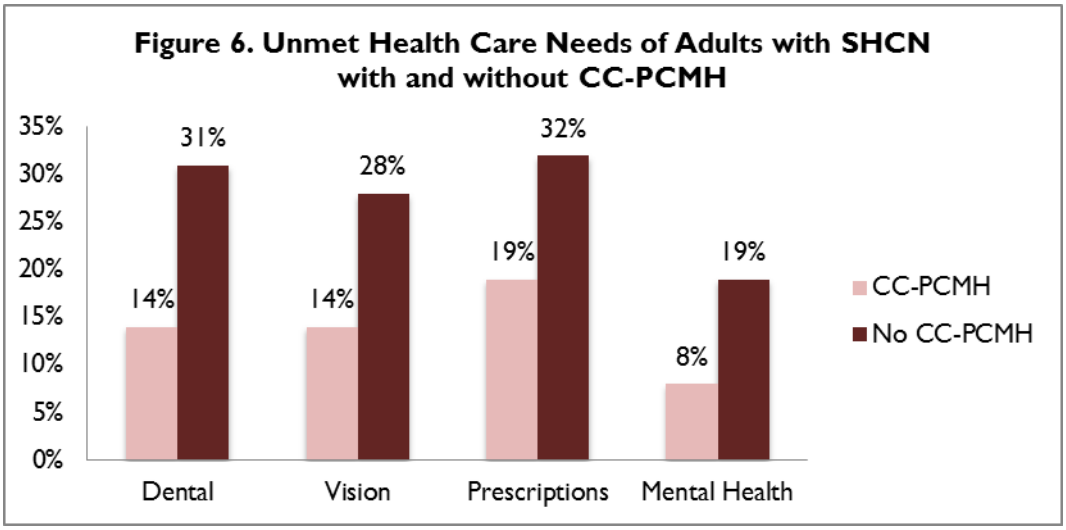
that 12% of adults with SHCN had two or more overnight hospital visits in the past 12 months compared to only 3% of adults without SHCN.



Patient-Centered Medical Home

The Patient-Centered Medical Home (PCMH), also known as the medical home model is a health care delivery model where the patient's primary care is comprehensive, patient-centered, and coordinated to increase the quality and safety of an individual's health care (Ashmead, Seiber, & Sahr, 2013).

Because the OMAS survey uses self-reported data, it was not possible to determine whether an individual received their health care through a recognized or accredited PCMH, thus this brief will use the term "care consistent with a PCMH" (CC-PCMH). To be classified as receiving CC-PCMH from the OMAS survey, a respondent had to meet all seven criteria: (1) Has an appropriate, usual source of care (e.g. doctor's office); (2) Has a personal care provider (PCP); (3) Has seen their PCP in the past 12 months; (4) Reports that their PCP communicates well with them; (5) Got urgent care (if needed on the same or next day); (6) Got after hours care (if needed) without a problem; (7) Got specialist care (if needed) without a problem (Wickizer, Steinman, Shoben, Chisolm, Biehl, & Phelps, 2016).

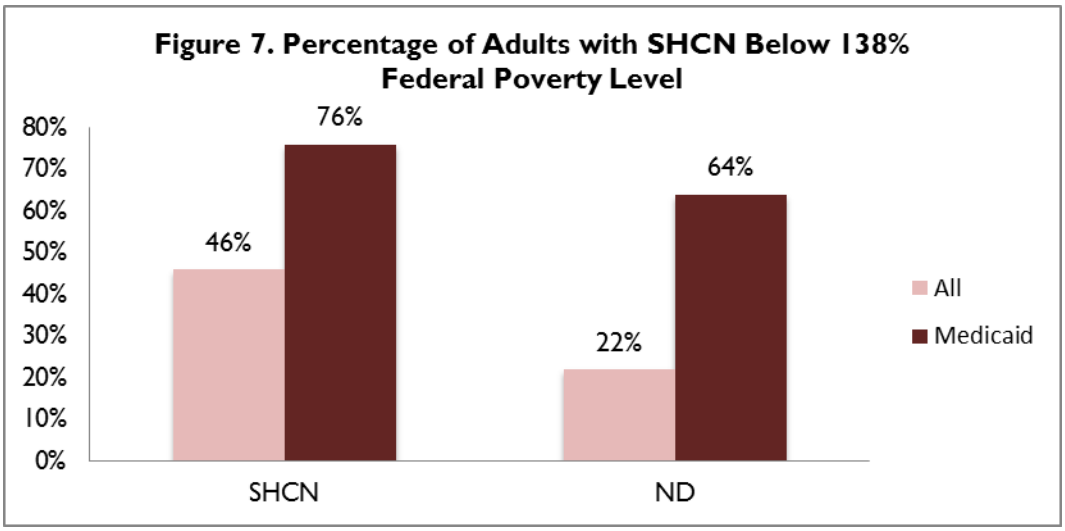


People with disabilities have more chronic conditions and problems with access to health care, thus this population would likely benefit from CC-PCMH. The 2015 OMAS revealed that only 31% (538,648) of adults with SHCN had CC-PCMH, and 23% of the adults with SHCN covered by Medicaid had CC-PCMH. The 2015 OMAS found that adults with SHCN receiving CC-PCMH had fewer reports of fair/poor health status compared to adults with SHCN who did not have CC-PCMH (42% vs. 50%, respectively). Further, 61% of adults with SHCN who had CC-PCMH reported that they received needed health care compared to only 41% of adults with SHCN who did not have CC-PCMH. Figure 6 demonstrates that adults with SHCN who had CC-PCMH had fewer unmet healthcare needs such as dental care, vision care, prescriptions, and mental health compared to adults with SHCN who did not have CC-PCMH.

Ohio Adults and Medicaid

As stated earlier in this brief, 37% of Ohio adults with SHCN were enrolled in Medicaid. Figure 7 demonstrates that adults with SHCN covered by Medicaid are much more likely to have incomes below 138% of the federal poverty level compared to adults without SHCN covered by Medicaid (76% vs. 64%, respectively). This finding is expected because Medicaid has an income eligibility requirement and, as stated earlier, the literature suggests that a higher proportion people with disabilities live in low income households compared to adults without SHCN.

Access to health care and unmet health care needs among Medicaid adults with SHCN were very similar to the entire population of adults with SHCN. However, the 2015 OMAS data revealed that 57% of adults with SHCN covered by Medicaid reported a fair or poor health status compared to 48% of the full population of adults with SHCN. Further, Figure 8

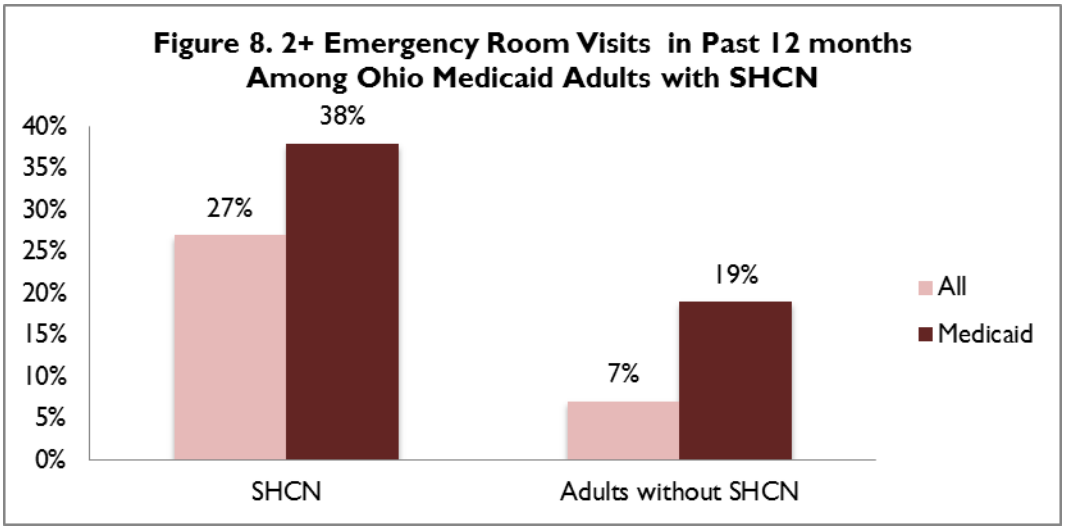


demonstrates that adults with SHCN covered by Medicaid were more likely than other adults with SHCN to have two or more visits to the emergency room in the past 12 months (27% versus 38%). The same pattern was found in adults without disabilities.

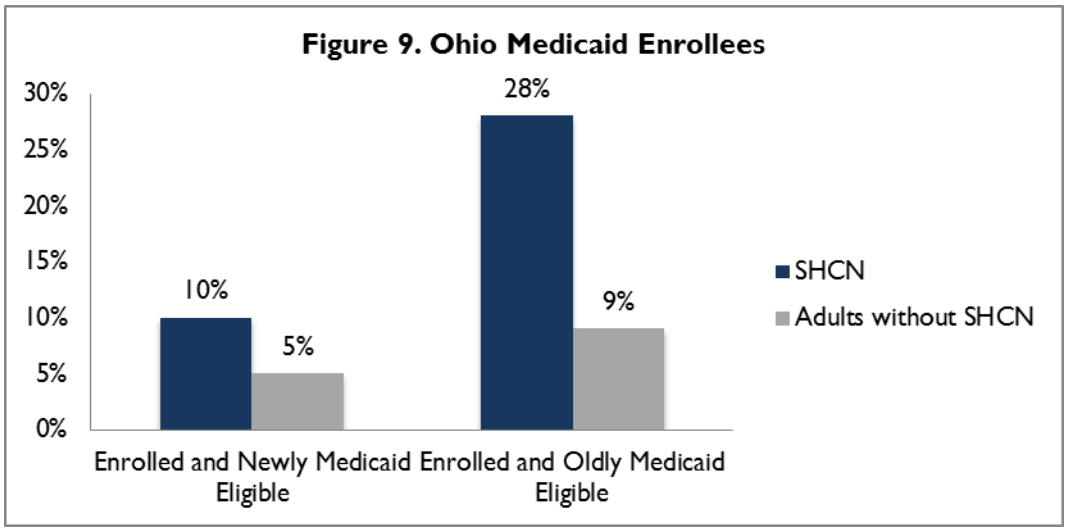
Medicaid Expansion

Medicaid expansion took effect in 2014 and extended the eligibility criteria to 138% FPL. Figure 9 shows the distribution of adults with and without SHCN: Medicaid enrollees who were recently made eligible and Medicaid enrollees who were eligible before the Medicaid expansion. The 2015 OMAS revealed that 10% of adults with SHCN were newly eligible and enrolled in Medicaid compared to 5% of adults without SHCN. In addition, 28% of adults with SHCN were oldly Medicaid eligible and currently enrolled in Medicaid, compared to 9% of adults without SHCN.

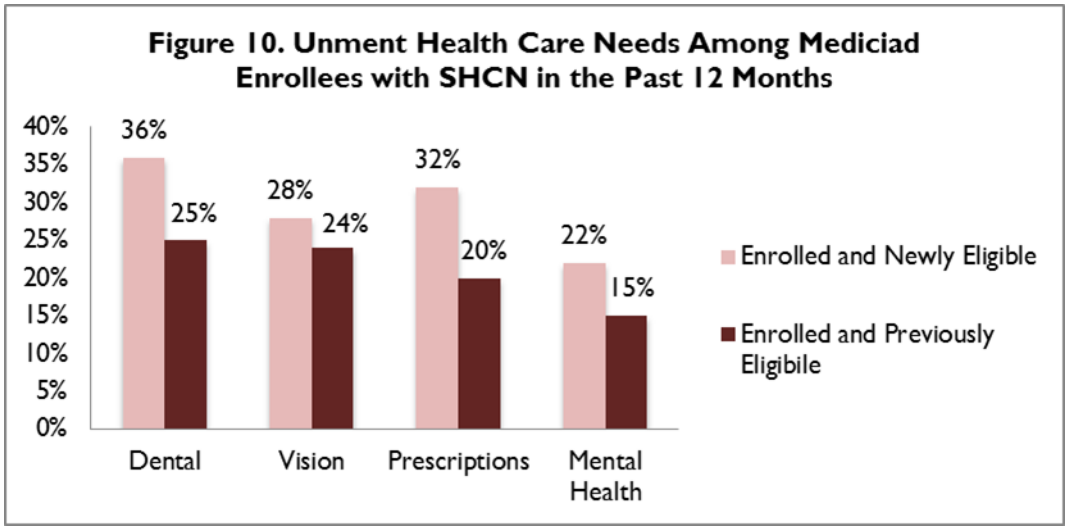
The 2015 OMAS data revealed that newly Medicaid eligible adults with SHCN were more likely to report that they did not receive needed health care compared to adults with SHCN who were oldly eligible (62% versus 51%). Figure 10 demonstrates that adults with SHCN who were newly Medicaid eligible had higher proportions of unmet healthcare needs such as dental care, vision care, prescriptions, and mental health compared to adults with SHCN who were enrolled in Medicaid and oldly eligible.



The 2015 OMAS data revealed that adults with SHCN who were enrolled in Medicaid and newly eligible had less access to health care compared to adults with SHCN who were oldly Medicaid eligible. Figure 11 shows that 38% of adults with SHCN who were enrolled in Medicaid and newly eligible had delayed treatment compared to 20% of adults with SHCN who were oldly Medicaid eligible. Further, 22% of newly Medicaid eligible adults with SHCN had other problems getting treatment compared to 15% of adults with SHCN enrolled in Medicaid who were oldly eligible.



A limitation to these outcomes reported by the 2015 OMAS is that a higher proportion of newly eligible were enrolled for less than one year while unmet needs and delayed care were reported over the past 12 months. Therefore, some of the



unmet needs or delays in care reported by the newly eligible adults with SHCN may have been before they obtained Medicaid coverage. Thus the data from the 2015 OMAS may not be accurately represented.

POLICY CONSIDERATIONS

Disability Training for Health Care Providers

Adults with SHCN have more unmet healthcare needs and have higher rates of health care utilization compared to adults without SHCN. Further, the 2015 OMAS found that adults with SHCN were more likely to report having fair or poor health status compared to their counterparts. Health care providers of all disciplines, specialties, and subspecialties must be prepared to care for adults with special health care needs, yet little or no disability training is required in medical or nursing schools for adult providers. It would be valuable for health care training programs in Ohio and nationwide to incorporate clinical practice working with adults with disabilities as a required part of their curriculum.

Patient-Centered Medical Homes

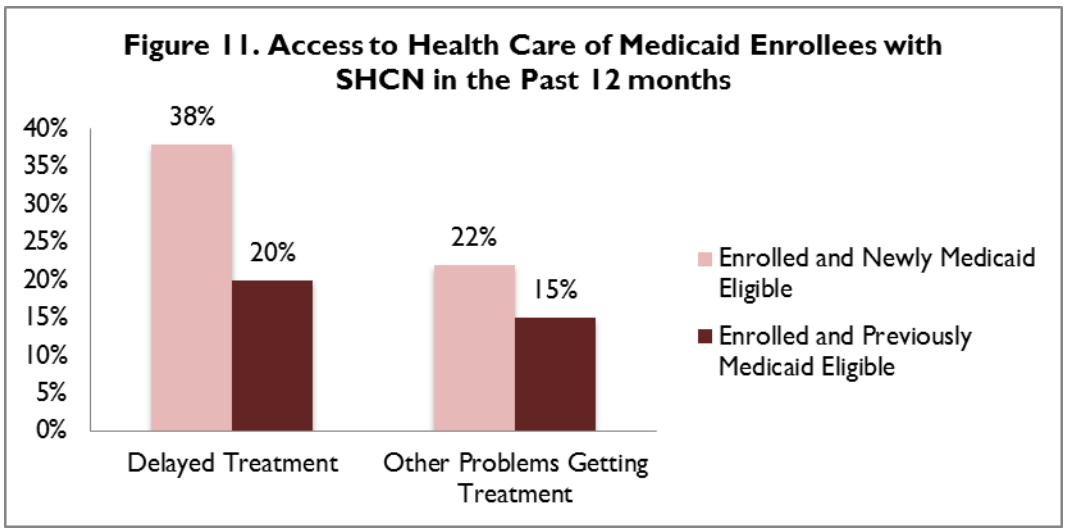
Although the majority of adults with SHCN were reported to have a regular source of care such as a physician in a doctor's office, the higher proportion of emergency room visits and the high rate of unmet health care needs among adults with SHCN compared to adults without SHCN suggests that adults with SHCN may face barriers to accessing primary care. Based on the 2015 OMAS findings, adults with SHCN could greatly benefit from better care coordination. The 2015 OMAS revealed that adults with SHCN who had CC-PCMH reported better health statuses and were more likely to receive needed health care. Further, adults with SHCN who had CC-PCMH had significantly less unmet health care needs than adults with SHCN who did not have CC-PCMH. Only 23% of adults with SHCN covered by Medicaid had CC-PCMH. Continued efforts to expand CC-PCMH could improve care for this population and reduce unmet health care needs.

Other Considerations

The 2015 OMAS revealed that even with health insurance, adults with SHCN have higher rates of health care utilization and poor health. The high rates of poverty reported in this population likely contributes to poor health outcomes and presents barriers to health care that are independent of having a health care provider and having health insurance. An increased focus on mitigating the effects of poverty and understanding specific barriers to care for adults with SHCN could improve the health in this population.

CONCLUSION

The 2015 OMAS data demonstrates that Ohio's adults with SHCN have higher poverty rates, greater unmet health care needs, less access to healthcare, and utilize more health care compared to adults without SHCN. The literature suggests that adults with disabilities are more susceptible to secondary health complications and an earlier onset of chronic health conditions than adults without disabilities. Compared to adults without SHCN in Ohio, adults



with SHCN were more likely to be in fair or poor health and to report barriers to accessing health care. Ohio may consider conducting additional research to explore the costs and benefits of training for health care providers, provisions for care coordination including increasing availability of PCMH, and work to mitigate the effects of poverty for adults with disabilities.

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FOR MORE INFORMATION

To view more information about OMAS and the findings in this policy brief, please visit the OMAS website at the Ohio Colleges of Medicine Government Resource Center www.grc.osu.edu/OMAS.