OHCA
OFFICE OF HEALTH CARE ACCESS
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October 2002

A Continuing Look at the Uninsured

Utilization of Health Care Services Among Working-age Adults (19 to 64 years)

Introduction

This is the third in a series of issue briefs examining the results of the 2001 Household Survey conducted by the University of Connecticut Center for Survey Research and Analysis on behalf of the Office of Health Care Access (OHCA). The survey explored Connecticut residents' health insurance coverage and their utilization of health care services.[1] The second brief revealed that while most working-age adults had health care coverage, 7.3% or approximately 150,800 were uninsured.[2]

This brief focuses on the utilization of health services among working-age adults (19 to 64 years), a group that is not automatically eligible for any public health insurance programs.[3] While most in this age group reported they had an established source of care and utilized health care services when they were sick or injured, the uninsured were less likely to have a regular health service provider or to seek care, even in a medical emergency.

Connecticut's Health Care System and Factors Influencing Access to Care

Connecticut has a number of characteristics supporting access to health care, beginning with its strong health care system. It has 31 acute care hospitals, 19 Federally Qualified Health Centers, and numerous walk-in clinics and ambulatory care centers. According to recent national comparisons, the state ranked in the top 10 for physicians and physician assistants per 100,000 residents, and in health care employment as a share of total employment.[4]

The availability of health care services through an extensive provider system does not, however, ensure access to care; people need a means of paying for care, such as government programs, privately purchased coverage, or employer-sponsored health insurance. In fact, OHCA's survey found that 78% of working-age adults had employer-based coverage. The survey also showed that family income was the strongest demographic characteristic associated with insurance coverage and utilization of health care services. Income may affect the ability to purchase coverage and afford co-pays and deductibles. Despite the state's high median household income, Connecticut's poverty rate increased during the previous decade, widening the income gap and creating vulnerable populations whose access to regular care may be at risk.[5]

Even with an extensive health care system and a large insured population, the cost of Connecticut's health care may negatively affect access to services. Among states, Connecticut ranks near the top in both public and private health care spending. Nationally, health care costs are expected to double from 2000 to 2011.[6] Escalating costs may threaten health care coverage, and ultimately access to care, as employers decide to limit products, reduce benefits, increase employee cost sharing, or even eliminate offering coverage. It is also not yet clear how the recent economic slowdown will affect insurance coverage and access to care.

Coverage and Utilization of Health Services

Mirroring national studies, OHCA's 2001 Household Survey revealed that insurance status had a clear and significant influence on the utilization of health care services.[7] The insured were more likely than the uninsured to have a usual source of care and to receive needed medical care.

In fact, insurance status was the factor most strongly related to whether or not a person had an established source of care. Among both the uninsured and insured, there were no other significant age, racial, educational, marital, or income differences between those who had a regular source of care and those who did not.[8]

Having an established source of primary care has implications for the health of the individual as well as for health care providers and payers. A recent report by the National Institutes of Medicine found that the uninsured were less likely to receive regular preventive care.[9] Regular primary care contributes to long-term health through early detection and treatment of serious medical conditions, thereby reducing the number of costly hospitalizations.[10] In FY 1999 Connecticut experienced an estimated 20,000 hospitalizations of people under 65 years old, with total charges of $205 million, that may have been prevented through timely and effective primary care.[11]

For people who had established a regular source of care, insurance coverage influenced the type of provider chosen (Figure 1). The insured overwhelmingly received their

primary care in a physician's office (92%), compared to just over half of the uninsured (54%). One-third of the uninsured received their primary care at either public health clinics or hospital outpatient clinics and walk-in centers. Annually, 160,000 state residents made 500,000 visits to public health clinics.[12]

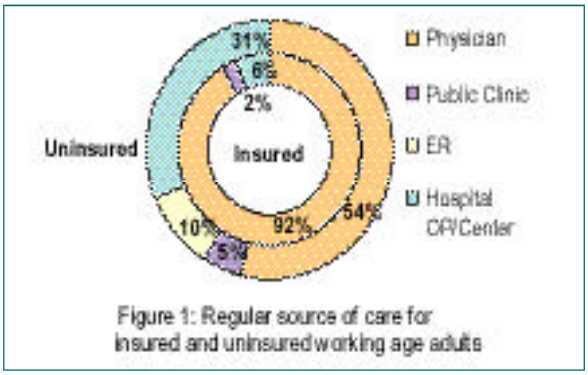

Figure 1: Regular source of care for insured and uninsured working age adults

Accessing health services in this way may affect patients' continuity of care because they are less likely to be seen over time by the same physicians who are acquainted with their medical history.

Nearly 10% of the uninsured relied upon hospital emergency departments as their regular source of care. The use of emergency departments by the uninsured for care more appropriately treated in a clinic or physician's office may create financial and resource burdens for providers. The uninsured are also more likely to delay medical treatment until an emergency arises and subsequently require a higher and more expensive level of care.[13]

Among the insured, differences in the usual source of primary care were significantly related to family income. As family income increased, so did the likelihood of having established a physician's office as the regular source of care. Low-income insured were much more likely to access care at a clinic than higher income insured.

Insurance status also affected access to necessary medical care. One of every five uninsured working-age adults did not seek care for an illness, and one in 10 had a medical emergency that went untreated (Figure 2).

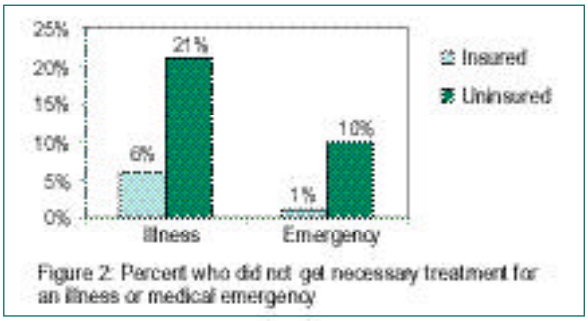

Figure 2: Percent who did not get necessary treatment for an illness or medical emergency

The uninsured cited lack of insurance and their inability to afford medical care as the major reasons they did not seek needed care.[14]

Conclusion

OHCA's 2001 Household Survey results reflect national findings regarding the association between insurance coverage and the utilization of health care services. Most of Connecticut's working-age adults were insured and had established a regular source of primary care at a physician's office.

In contrast, of the approximately 150,800 uninsured working-age adults, 25% did not have a regular source of care, 20% did not get necessary care for an illness, and 10% did not seek treatment for a medical emergency. Just over one-half of this group received their primary care at a physician's office while 10% relied upon hospital emergency departments.

The next issue brief in this series on OHCA's 2001 Household Survey will investigate the relationship between employment and insurance coverage and will focus on the approximately 101,300 gainfully employed adults who do not have health care coverage.

Notes

For technical/statistical questions on this issue brief, please contact Michael Sabados at (860) 418-7069 or michael.sabados@po.state.ct.us.

[1]The survey, consisting of 3,985 interviews, was conducted in the Fall of 2001.
[2]Unless specified otherwise, "uninsured" refers to anyone who reported they did not have health insurance coverage at the time of the survey, i.e. the "point in time" uninsured. This includes those who were continuously uninsured for the year preceding the survey and those who may have had insurance at some point during that time but did not have coverage at the time of the survey.
[3]Connecticut's uninsured children have access to HUSKY, the state's SCHIP Program. Senior citizens were excluded from this analysis because they are eligible for Medicare. While working-age adults may qualify for Medicaid, they must pass means testing to be eligible.
[4]State Health Facts Online." 1999. http://www.statehealthfacts.kff.org.
[5]State of Connecticut, Office of the Comptroller, *The Comptroller's Report, Connecticut's Economic Health, January 1999.* The Economic Policy Institute/ Center on Budget and Policy Priorities, *Pulling Apart: A State-by-State Analysis of Income Trends* (2000).
[6]Stephen Heffler, et al., "Health Spending Projections for 2001-2011: The Latest Outlook," *Health Affairs*, Vol. 21, Number 2, March/April 2002.
[7]Kaiser Commission on Medicaid and the Uninsured, *Health Insurance Coverage in America: 2000 Update*, Publication #4007, February 2000. Institute of Medicine, *Health Insurance Is a Family Matter*, The National Academies Press, 2002.
[8]Only associations that were statistically significant are discussed in this issue brief.
[9]Institute of Medicine.
[10]Institute of Medicine and J. Billings, et al., *Impact of socio-economic status on hospital use in New York City*, Health Affairs, Spring 1993 and Weissman, Gastonia, & Epstein, *Rates of avoidable hospitalization by insurance status in Massachusetts and Maryland*, JAMA, 1992, 268. Examples of preventable hospitalization conditions include asthma, chronic obstructive pulmonary disease (COPD), and diabetes.
[11]State of Connecticut Office of Health Care Access, *Preventable Hospitalizations During the 1990's*, May 2000.
[12] Katrina Clark and Cornell Scott, New Haven Register, *Shortchanging health centers shortsighted*, August 7, 2002.
[13]Russell C. Coile, Jr. *Futurescan 2002, A Forecast of Healthcare Trends, 2002-2006*, Health Administration Press.
[14]A small sample of uninsured working adults responded to questions regarding reasons for not seeking care.