

Access, Quality, and Cost Containment: Massachusetts Healthcare in 2014

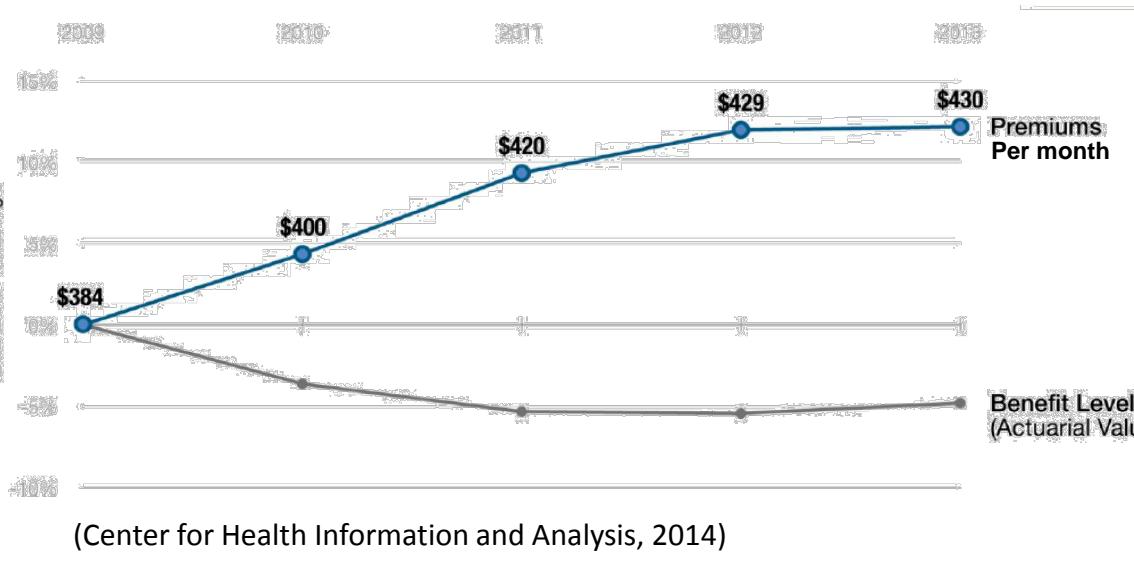
Peter Cruz-Gordillo, Renata Dalla-Costa, Michelle Gillespie, Alec Gramann, Jasmine Khubchandani, Desiree King, Christopher Libby, Balim Senman, Michael Chin M.D., Jay Himmelstein M.D., M.P.H.



University of Massachusetts Medical School

Target Population

Individuals in Massachusetts who are currently or who are at risk for encountering economic instability due to healthcare cost. Due to the growing cost of care, everyone who receives care in Massachusetts can be considered "at risk."



- Healthcare costs > 10% annual income are considered unaffordable.
- 42% of families with healthcare coverage consider themselves burdened by healthcare costs

Policy Timeline

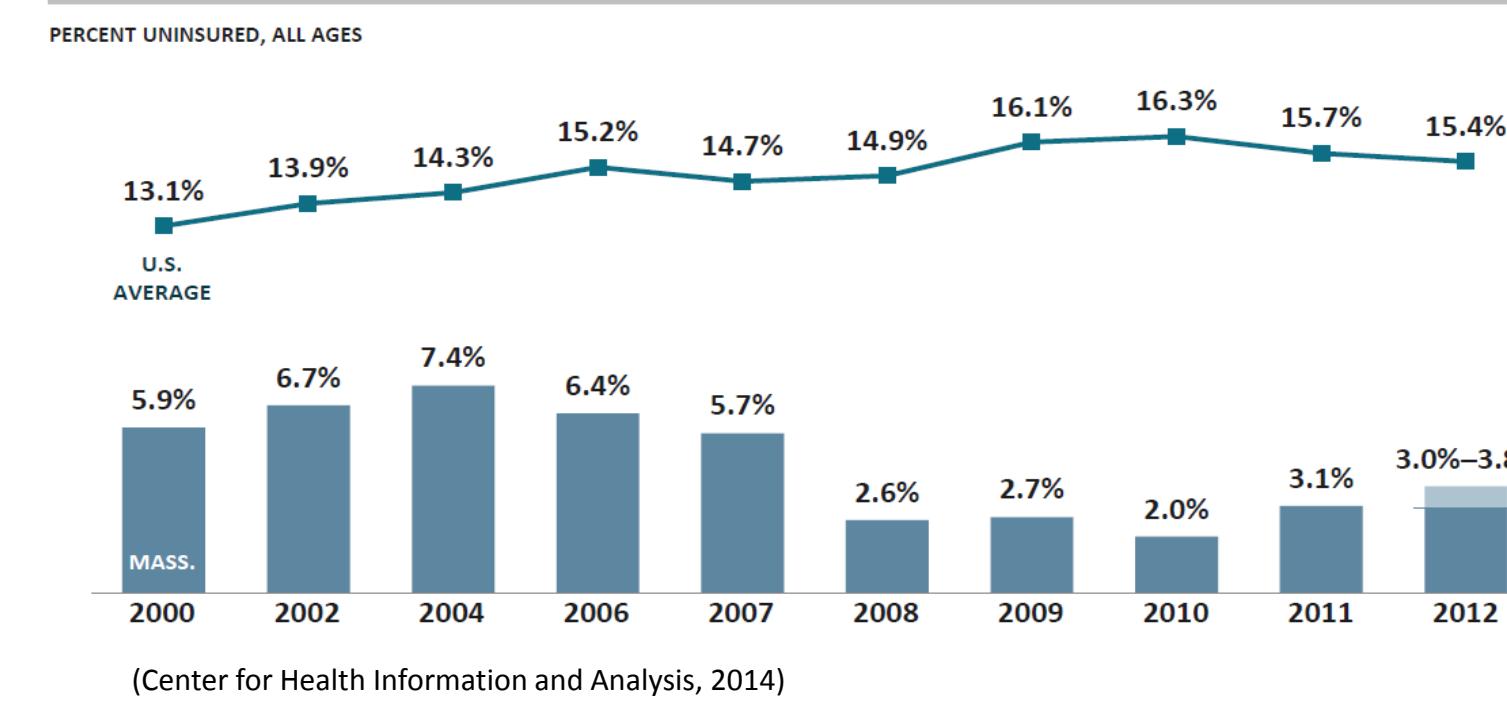


Acknowledgements



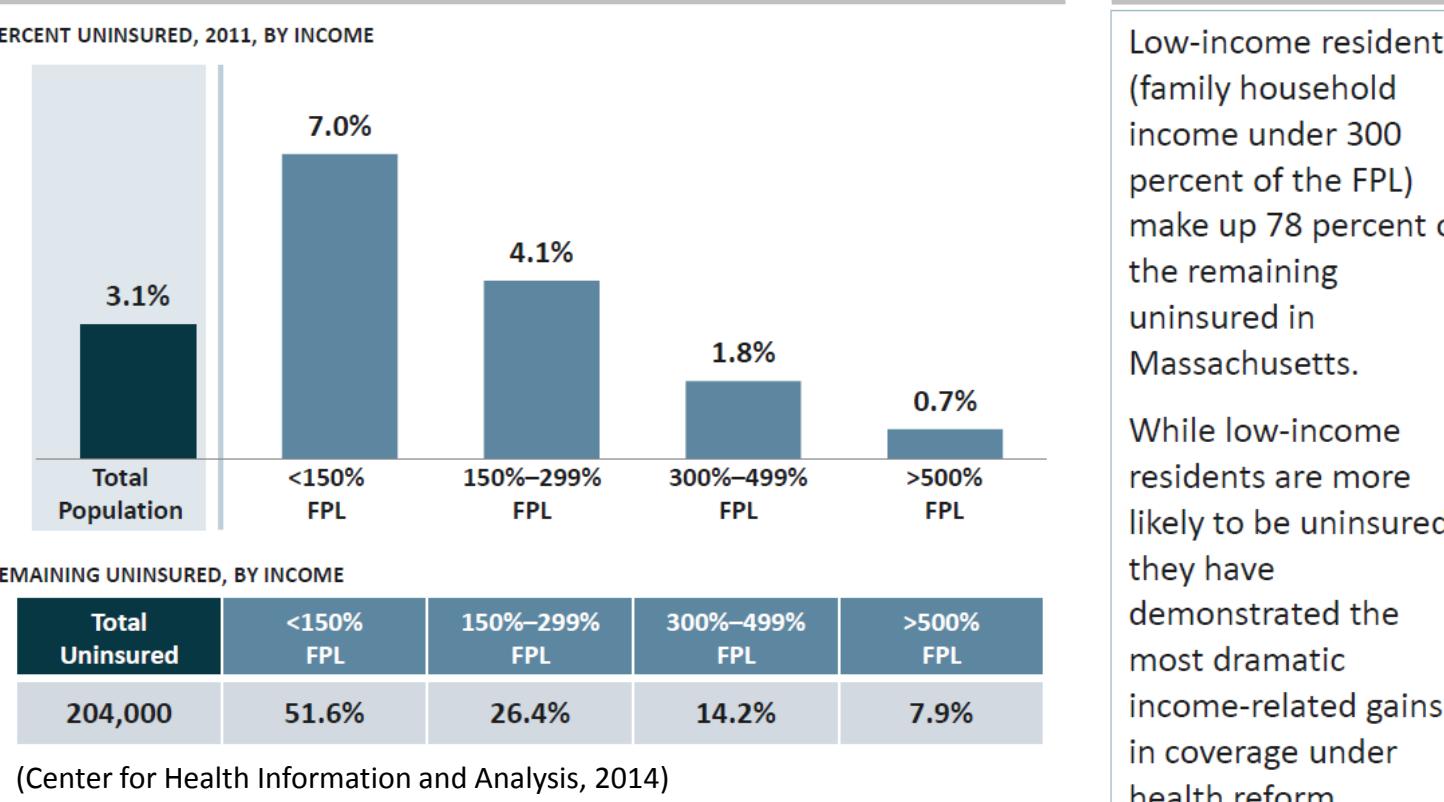
Healthcare Access in Massachusetts

MASSACHUSETTS HAS THE LOWEST RATE OF UNINSURANCE IN THE COUNTRY



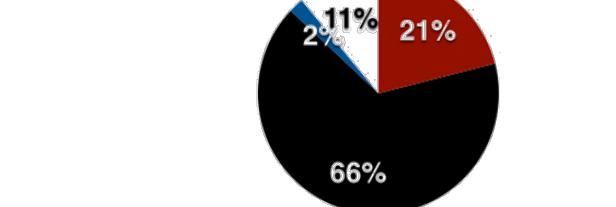
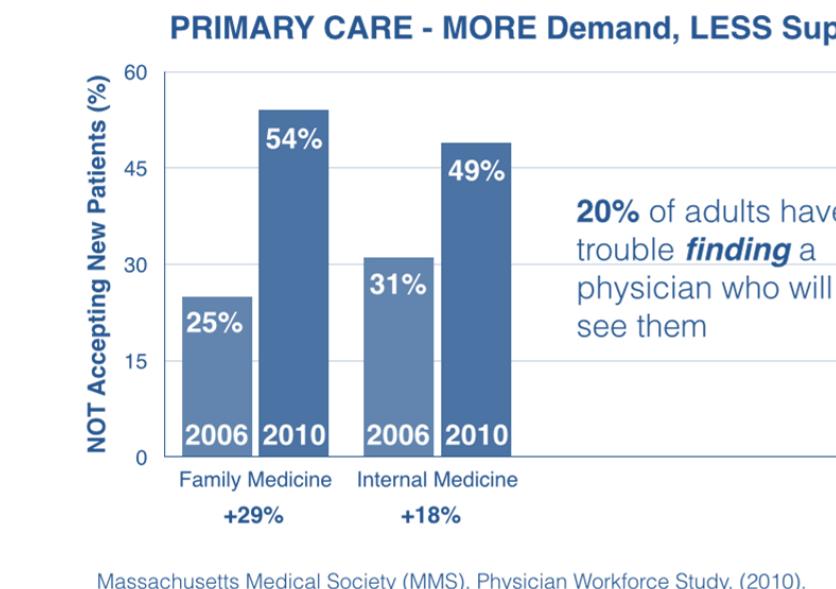
Income Disparity in Access to Healthcare

LOW-INCOME RESIDENTS ARE MORE LIKELY TO BE UNINSURED THAN HIGHER-INCOME RESIDENTS



Low-income residents (family household income under 300 percent of the FPL) make up 78 percent of the remaining uninsured in Massachusetts. While low-income residents are more likely to be uninsured, they have demonstrated the most dramatic income-related gains in coverage under health reform.

Effects of Reform in Massachusetts



Time Spent with Patients



Waiting Room Time



8 of 10 people saw a provider in the last year



Trends in Healthcare Cost Containment

Cost Containment

In order to address increasing costs, the healthcare industry is experimenting with alternative payment models, such as Accountable Care Organizations (ACO) and capitated payments. In addition, the Health Policy Commission (HPC) is trialing benchmarks and penalties to ensure healthcare organizations are limiting their growth inline with set benchmarks.

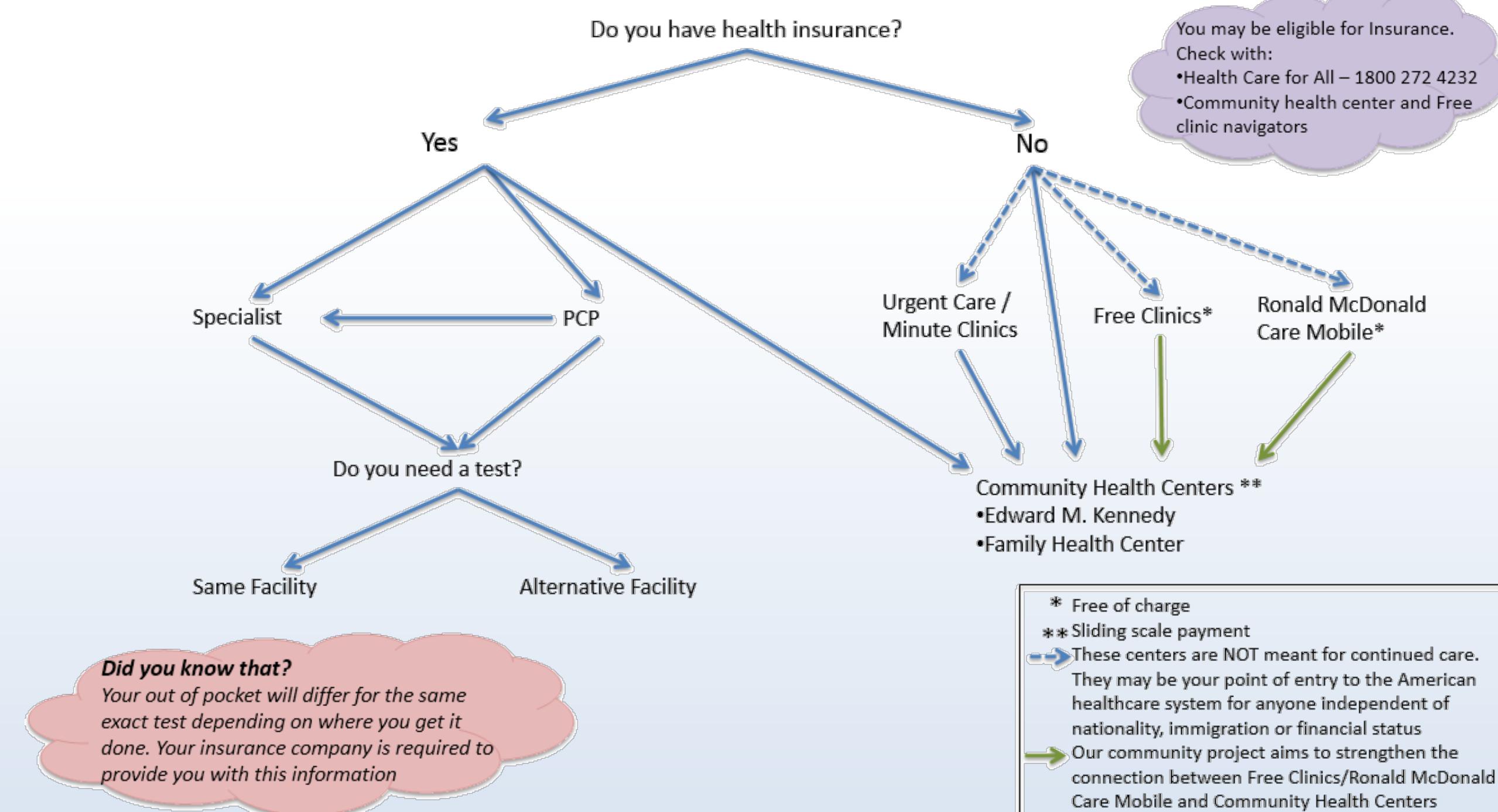
Improve Value

By developing Patient Centered Medical Homes (PCMH), expanding scope of practice for non-physician providers, and improving use of health data, health organizations are hoping to expand the value of care delivered to patients. In addition, the focus is being shifted towards prevention and behavioral health services.

Increase Transparency

With the passage of Chapter 224, Center for Health Information and Analysis (CHIA) was created to analyze cost and quality from providers and payers. All available data from insurers are provided to patients about cost of procedures. Furthermore, all providers must register with the HPC. All healthcare organizations must disclose mergers and acquisitions to the HPC and the Attorney General.

Access to Affordable Care in Worcester, MA



Service Project Overview and Goals

Overview: Currently, care at the Worcester Free Clinics and the Ronald McDonald Care Mobile occur as a one time service. However, Worcester is home to two of the leading community health centers in the state that is capable of providing longitudinal care to patients regardless of their ability to pay.

Goals: To assist in the coordination of care from free clinics in Worcester as well as the Ronald McDonald Care Mobile to local community health centers by providing referral forms to the free clinics for continuing care at a community health center.

Service Project Progress and Outcomes

Progress: We have created a continuity of care referral form to be used by providers and have distributed the form into the Worcester free clinics and the Ronald McDonald Care Mobile.

Outcomes: Both the Worcester Family Health Center and the Edward Kennedy Community Health Center have agreed upon the referral form. The Worcester Free Clinic coordinators are currently working on the best practices for implementation of the forms.

References

- Blue Cross Blue Shield of Massachusetts Foundation. (2014). *Health Care Reform in Massachusetts: Addressing the Results*. Boston.
- Center for Health Information and Analysis. (2013). *Annual Report on the Massachusetts Health Care Market*. Boston: Commonwealth of Massachusetts.
- Center for Health Information and Analysis. (2014). *Annual Report on the Performance of the Massachusetts Health Care System*. Boston: Massachusetts Department of Health and Human Services.
- Division of Health Care Finance and Policy. (2010). *Health Insurance Coverage in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Survey*. Boston: Executive Office of Health and Human Services.
- Goslin, A., & Rodman, E. (2012). *Summary of Chapter 224 of the Acts of 2012*. Boston: Blue Cross Blue Shield of Massachusetts Foundation.
- Raymond, A. G. (2007). *The 2006 Massachusetts Health Care Reform Law: Progress and Challenges After One Year of Implementation*. Waltham: Massachusetts Health Policy Institute.
- The Henry J. Kaiser Family Foundation. (2012). *Massachusetts Health Care Reform: Six Years Later*. Menlo Park: The Henry J. Kaiser Family Foundation.
- United States Census Bureau. (2012). *Health Insurance Coverage Status and Type of Coverage by State*. Washington: United States Census Bureau.
- Rice, C. (2014). Cost of health care a burden for mass. residents. Retrieved from <http://www.boston.com/health/2014/03/26/cost-health-care-still-burden-for-mass-residents/5phredAs0PnK4lurok/story.html>