

Health Outcome Evaluation of Utah's Primary Care Network (PCN): A New Medicaid Waiver

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Research Objective

Utah's Primary Care Network (PCN) is the first Medicaid 1115 waiver program in the nation to provide publicly-funded primary care coverage with donated hospital and specialty care for uninsured, low-income adults.

This study measures the program's impact on PCN enrollees' self-reported health outcomes, self-reported health care utilizations, and the enrollees' satisfaction with the program and providers after 12 months in the program.

Population Studied

The PCN program provides coverage to uninsured adults, 19 to 64 years old, with family incomes below 150% of the federal poverty level.

As of December 31, 2003, 18,814 people were enrolled in the program.

- Pre-enrollment assessments were administered among all those who applied for the PCN program (n=9,984) between July and December 2002.
- Post-enrollment assessments were mailed to a sample of members (n = 3,000) who renewed their PCN membership between July and December 2003.
- Approximately 2,233 respondents completed and returned the post-enrollment assessments. Response rate was 75.7%.
- A total of 1,992 pre- and post-assessment records were successfully matched and included in this study.

Comparison Groups

The PCN population consists of two types of enrollees according to their health insurance coverage prior to enrollment into the PCN program. Separate analyses were conducted for these two groups.

1. Approximately 13 percent (n=256) of the sample is made up of beneficiaries of the former Utah Medical Assistance Program (Former UMAP).
2. The remaining 1,736 PCN respondents did not have health insurance six months before they enrolled into PCN (Non-UMAP).

Study Method

The paired samples are self-health assessment surveys administered to PCN enrollees during pre- and post-PCN enrollment periods.

- The assessment questions were adopted from the SF-12 health status, the Behavior Risk Factor Surveillance System (BRFSS) and the Consumer Assessment of Health Plans Study (CAHPS) surveys.
- Ten health indicators were generated from each survey, serving as measures of health outcome, utilization, and satisfaction.
- Preliminary analyses have been conducted to measure the health indicators before and after 12 months of enrollment in the PCN program.
- Paired sample t-tests were used to discover significant differences between pre and post SF-12 health status scores.
- 95% confidence intervals were used to estimate differences between proportions.

PCN Evaluation Framework

Enrollees' Health Outcome and Program Performance Measures

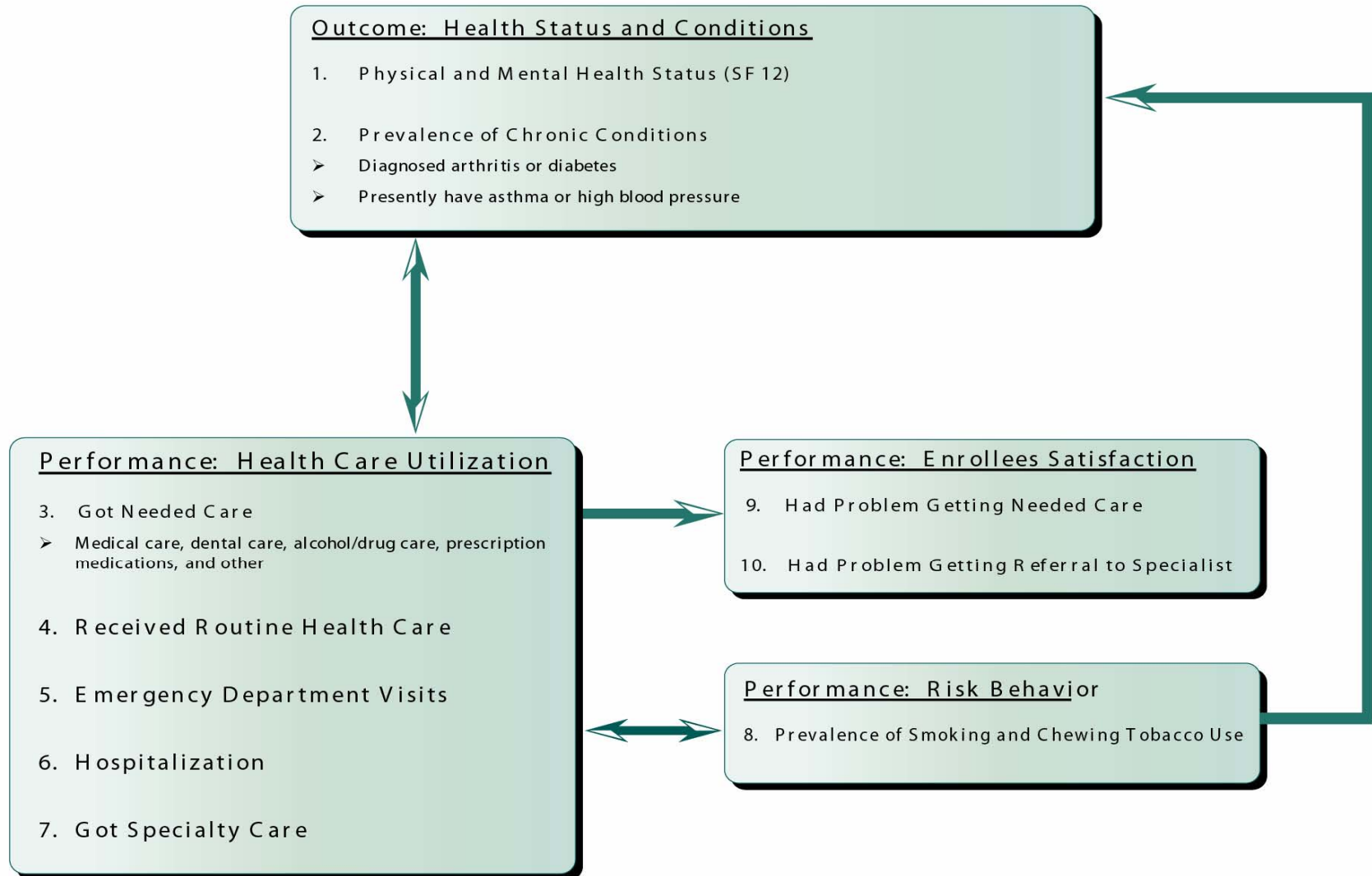
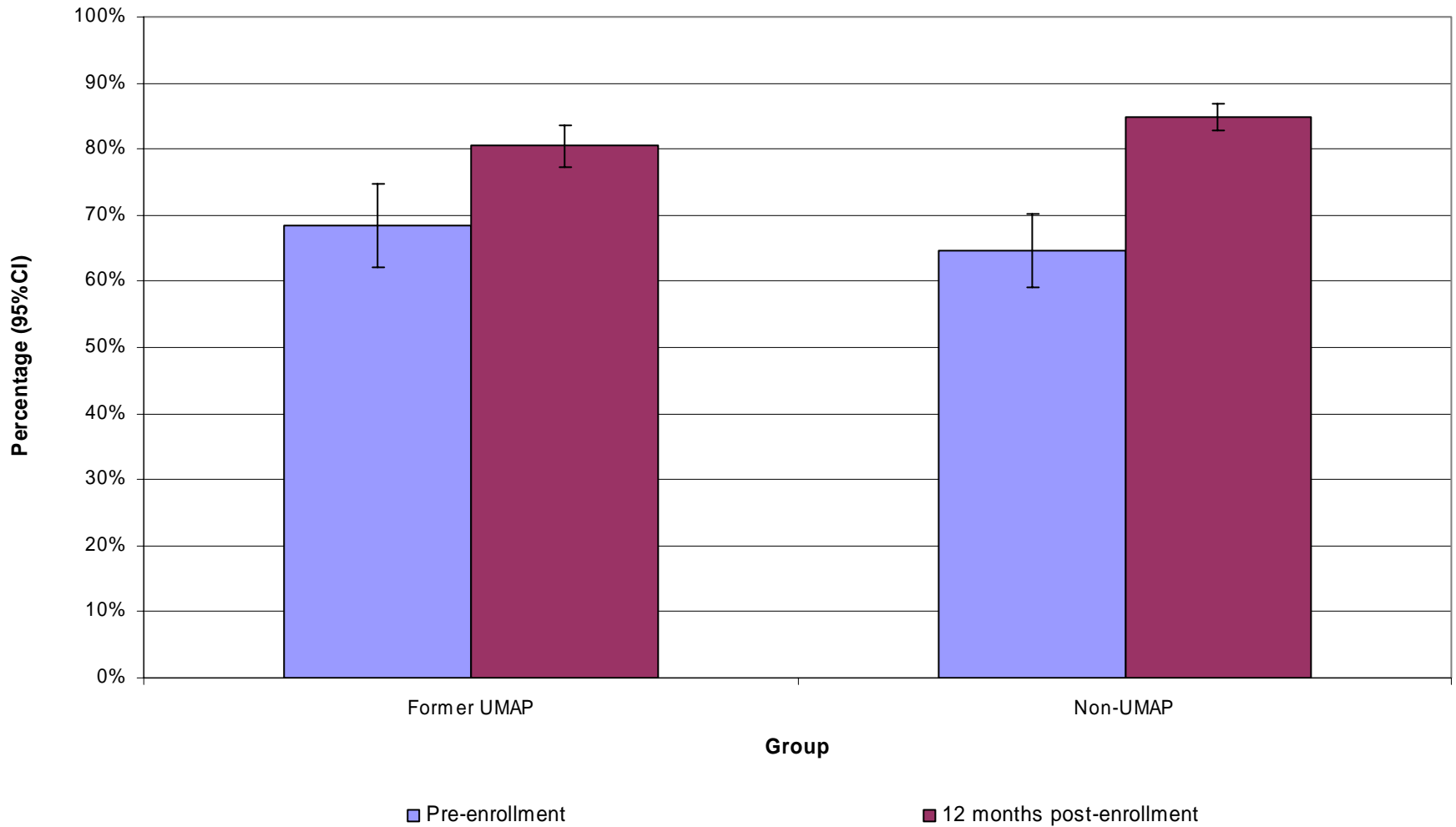


Figure 1. Did You Receive Needed Medical Care in the Past Six Months?

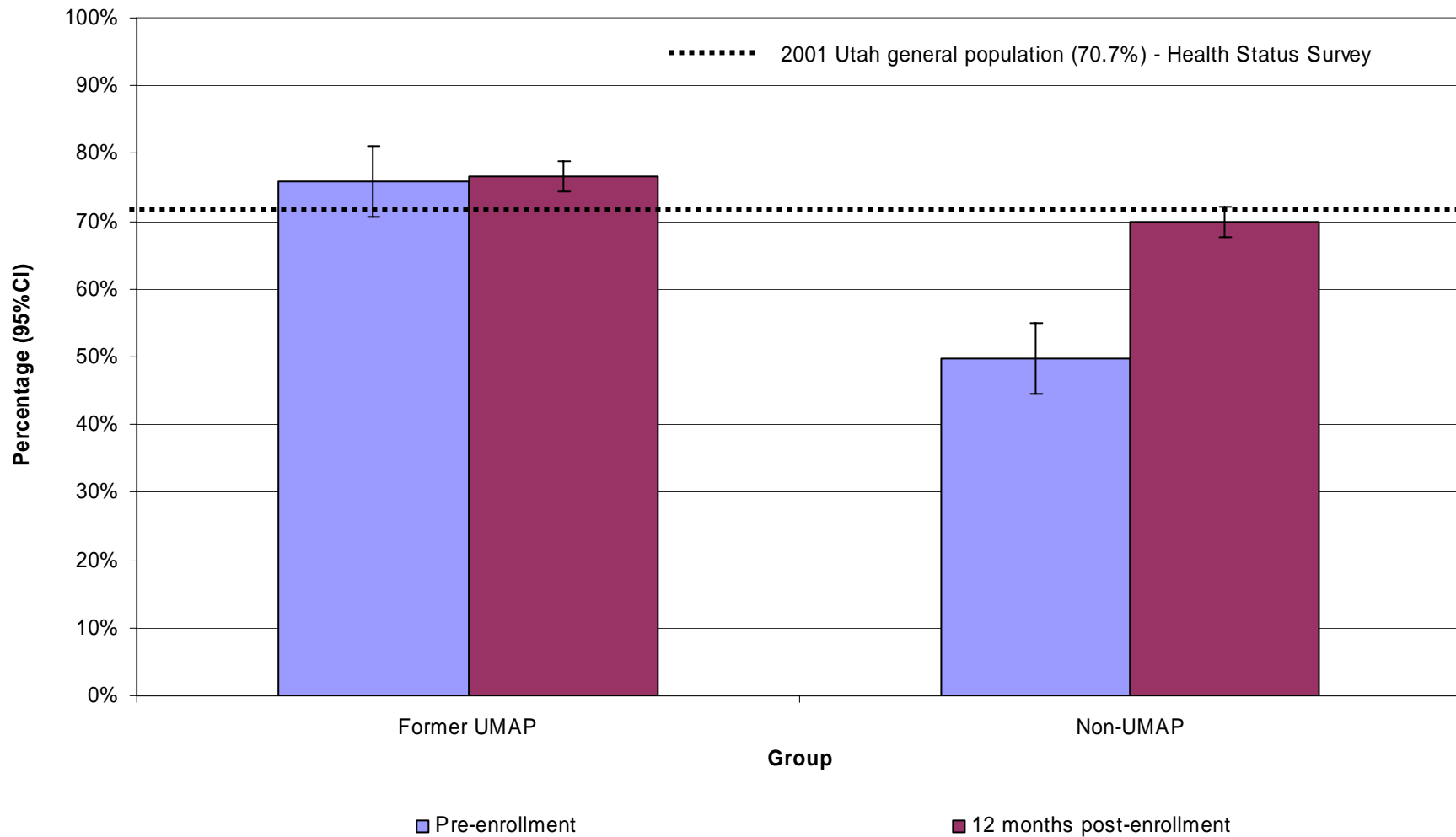
(Respondents who answered 'yes')



PCN enrollees got more needed care after enrollment into the program.

Figure 2. Have You Received Routine Care in the Past Six Months?

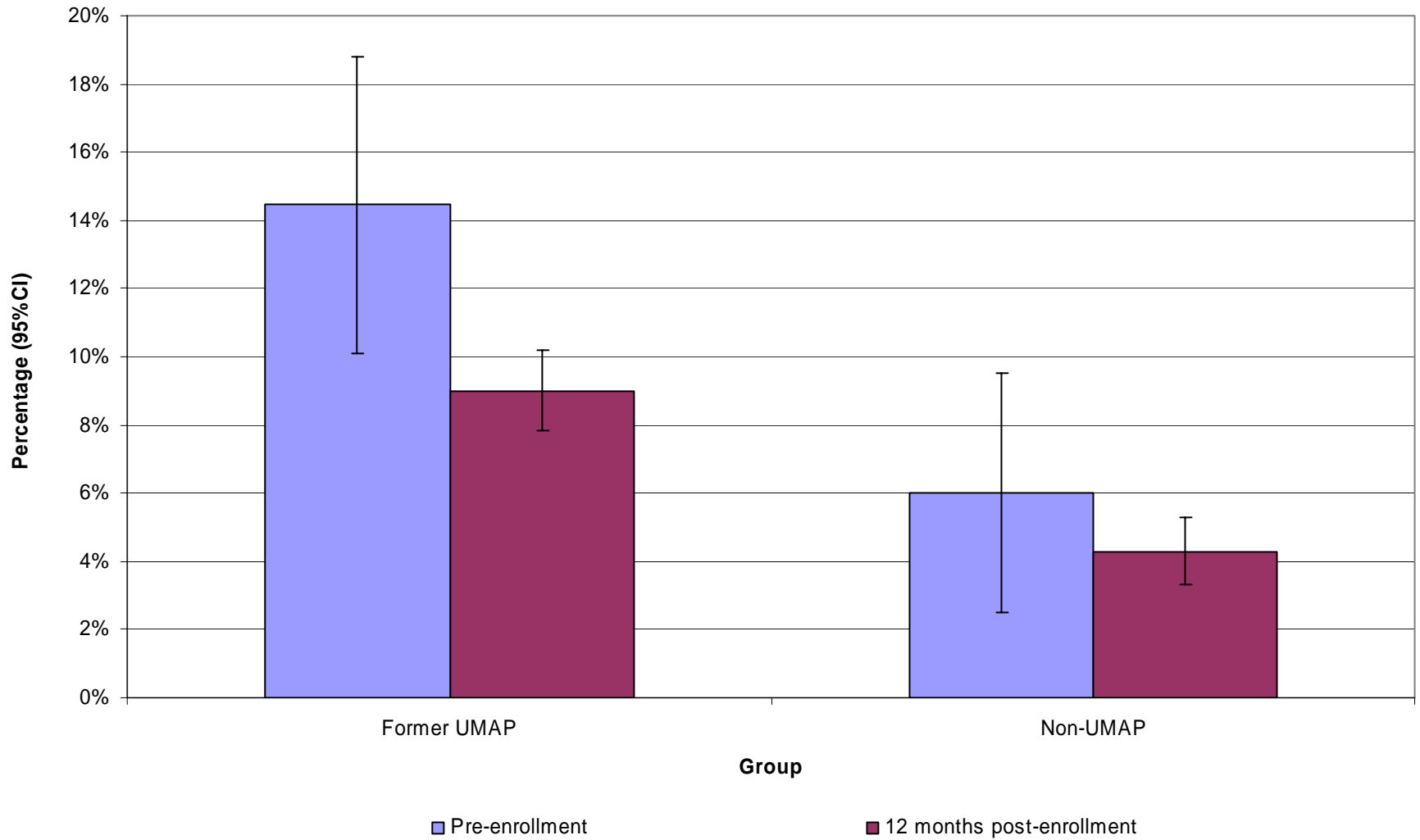
(Respondents who answered 'once' 'two-three times' or 'four + times')



Non-UMAP beneficiaries are more likely to receive routine care after enrollment into the PCN.

Figure 3. How Many Times Have You Stayed Overnight in a Hospital in the Past Six Months?

(Respondents who answered 'one or more times')



Self-reported inpatient utilizations for both groups declined.

Figure 4. Have You Visited a Specialist In The Past Six Months?

(Respondents who answered 'yes')

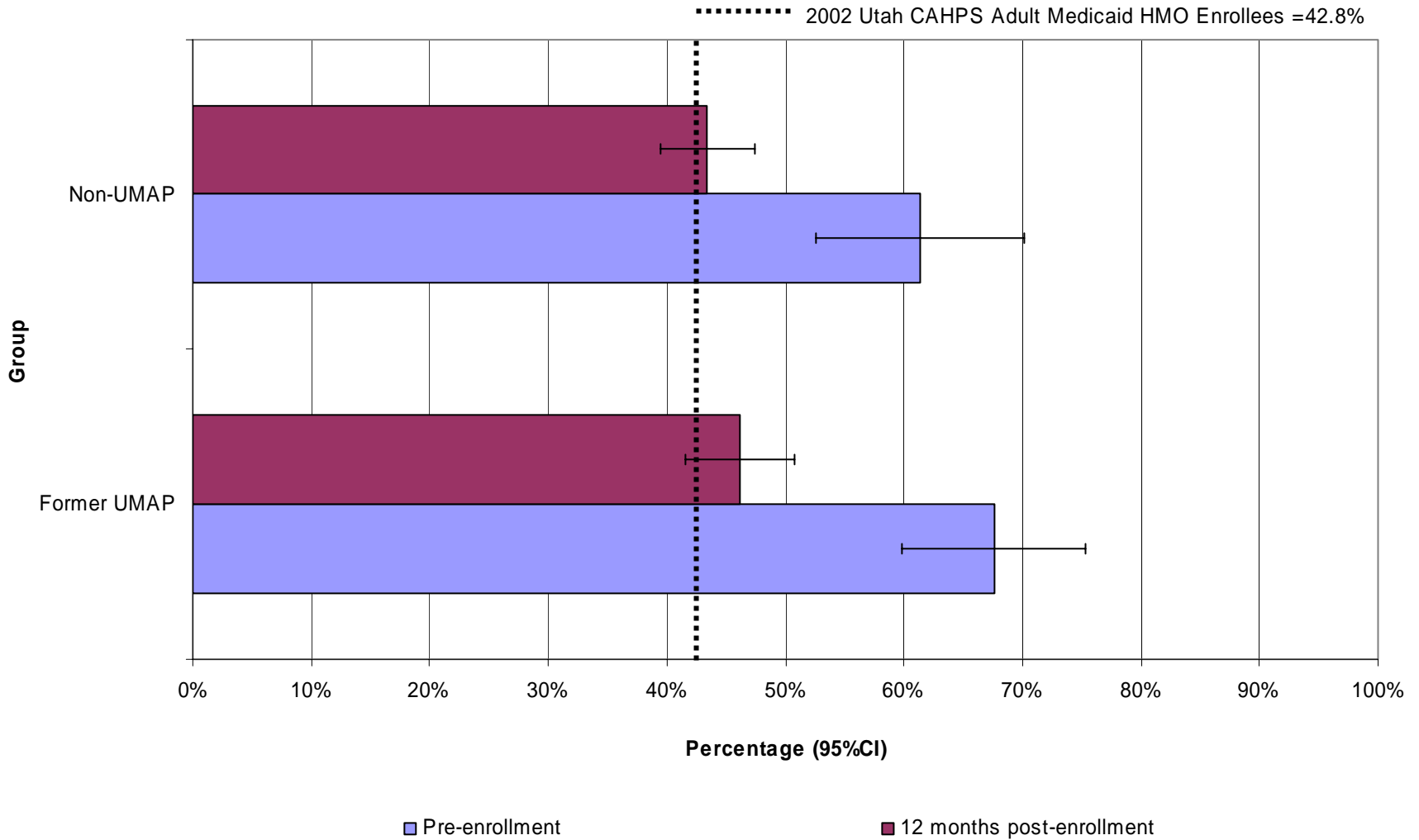
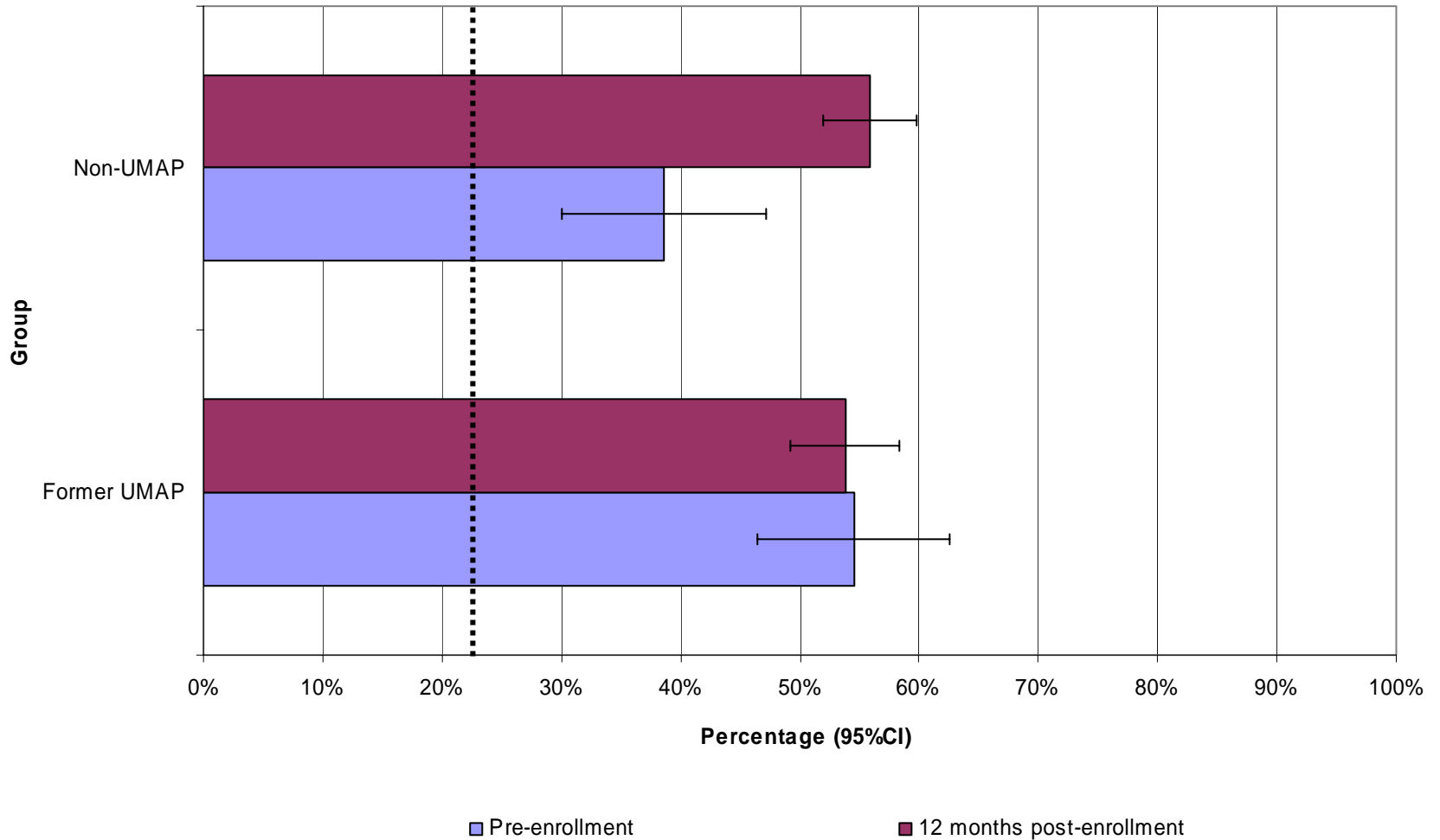


Figure 5. In the Past Six Months, Have You Had a Problem Getting Referrals to Specialists?

(Respondents who answered 'big problem' or 'small problem')

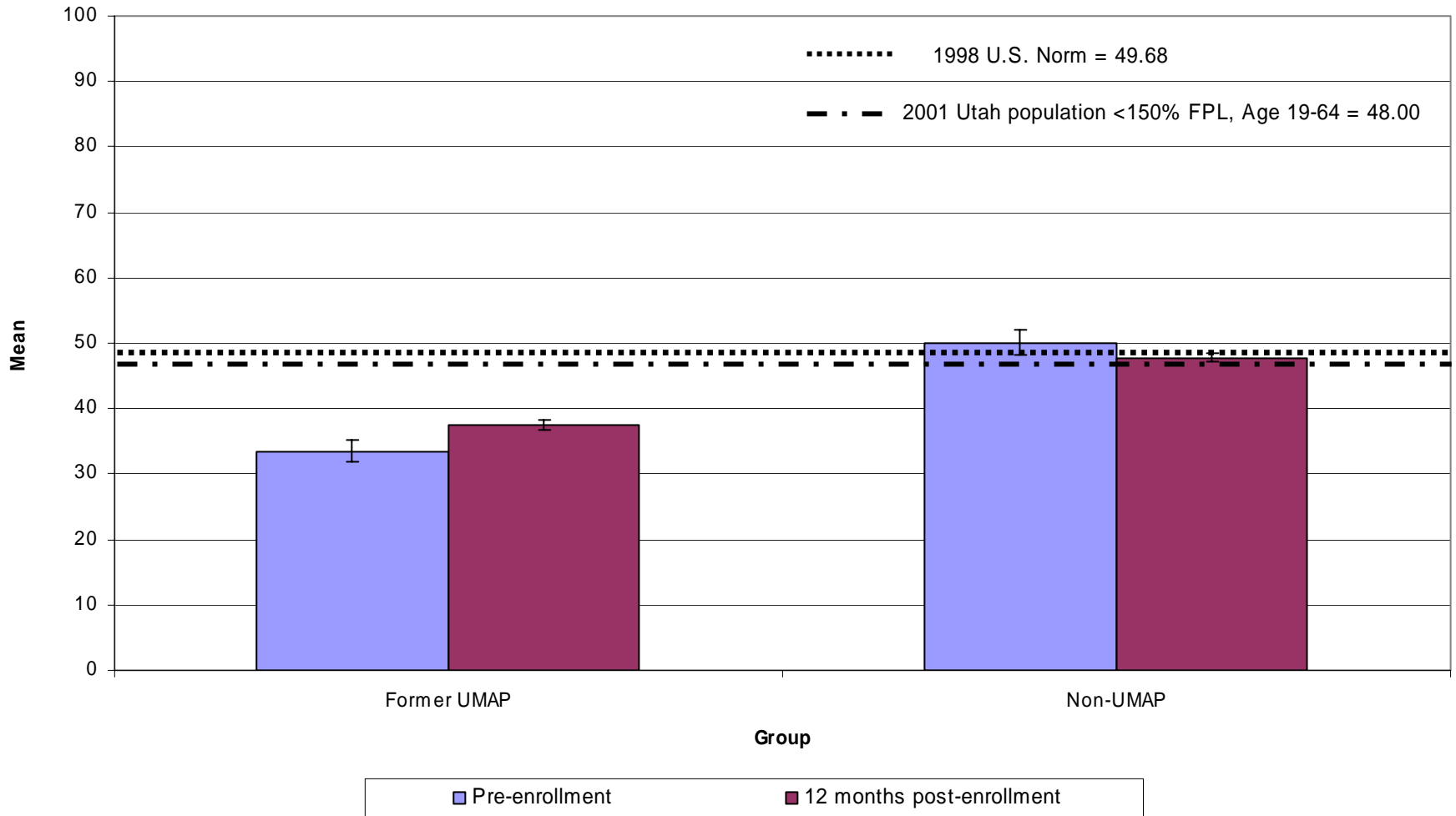
..... 2000 Utah CAHPS Adult Medicaid HMO Enrollees = 22%



Ability to access specialty care was a major problem for both groups

Figure 6. SF-12 Self-Reported Health Status Physical Component Score

(100 indicates the highest level of health)



Minimal change was observed in physical health status of PCN enrollees.

PCN Reenrollee's Health Outcome and Performance Measures

July 1- December 31, 2002 vs. July 1- December 31, 2003

Health Indicator/Measure	Former UMAP n=256 (13%)		Statistically Significant	Non-UMAP n=1,736 (87%)		Statistically Significant
	Pre (numerator)	Post (numerator)		Pre (numerator)	Post (numerator)	
1. Physical and Mental Health Status						
Physical Component Score (SF-12)*	33.54 (253)	37.52 (256)	X	50.12 (1,708)	47.81 (1,724)	X
Mental Component Score (SF-12)*	39.88 (253)	40.05 (256)	n.s.	40.56 (1,708)	40.32 (1,724)	n.s.
2. Chronic Conditions						
Diagnosed Arthritis	37.9% (97)	39.1% (100)	n.s.	14.3% (248)	20.0% (347)	X
Diagnosed Diabetes	21.1% (54)	18.8% (48)	X	8.4% (145)	10.9% (189)	n.s.
Presently Have Asthma	18.8% (48)	16.4% (42)	X	9.1% (158)	11.0% (191)	n.s.
Presently Have High Blood Pressure	35.5% (91)	29.3% (75)	X	11.8% (205)	16.5% (287)	X
3. Got Needed Care						
Medical care	68.5% (146)	80.5% (157)	X	64.6% (581)	84.8% (985)	X
Dental Care	43.5% (54)	55.5% (66)	n.s.	40.1% (283)	64.3% (549)	X
Mental health care	63.8% (44)	72.7% (40)	n.s.	58.2% (107)	56.6% (116)	n.s.
Alcohol/drug care	45.5% (5)	70.0% (7)	X	73.1% (19)	58.3% (14)	X
Prescription medications	62.7% (133)	85.0% (153)	X	63.1% (587)	89.1% (913)	X
4. Received routine care	75.8% (194)	76.6% (196)	n.s.	49.7% (862)	69.9% (1,213)	X
5. Emergency department visits, at least once	35.9% (92)	28.1% (72)	X	15.8% (274)	18.7% (324)	n.s.
6. Overnight hospital stays, at least once	14.5% (37)	9.0% (23)	X	6.0% (105)	4.3% (75)	n.s.
7. Got specialty care	67.6% (48)	46.2% (61)	X	61.4% (266)	43.4% (262)	X
8. Prevalence of tobacco use	41.8% (107)	36.3% (93)	X	24.1% (418)	32.3% (195)	X
9. Had problem getting needed care	61.3% (157)	44.5% (114)	X	37.8% (657)	33.3% (578)	X
10. Had problem getting referral to specialist	54.5% (79)	53.8% (71)	n.s.	38.6% (167)	55.9% (337)	X
Satisfaction Measures						
Rating of Program (8,9,10=Best)	N/A	N/A	N/A	N/A	N/A	N/A
Rating of Personal Doctor or Nurse (8,9,10=Best)	N/A	N/A	N/A	N/A	N/A	N/A

* Significant test was done by paired samples t-tests. Other tests were based on 95% confidence intervals.

Additional Findings (not presented in figures)

Former UMAP enrollees showed different patterns in reporting their experiences with PCN from their counterpart group.

- Formerly uninsured PCN members were more likely to be diagnosed with chronic conditions after they enrolled into the PCN.
- Self-reported ED visits for former UMAP clients declined.
- A slight modification of risk behavior (tobacco use) has been observed among a subgroup of PCN enrollees.
- The level of PCN enrollees' satisfaction with their personal doctor or nurse was similar to that of the general Medicaid population in Utah.
- PCN enrollees rated the PCN program lower than general Medicaid enrollees' ratings of the Utah Medicaid program.

Conclusions and Implications

The PCN program reached its enrollment target within 17 months, indicating that primary care coverage was valued among the uninsured.

- The new coverage reduced access barriers to primary care for PCN enrollees.
- Due to limited coverage, PCN enrollees reported difficulties in getting specialty care or reported problems in getting referrals to specialists.
- Although some communities in Utah established specialty care donation networks, some enrollees' needs were not met.
- With limited financial resources, primary care coverage can serve more uninsured adults than that under an ideal comprehensive coverage.
- Initially, the covered primary care will induce more needs for uncovered acute or specialty care. Policy makers have to anticipate and respond to this challenge.
- If an adult population has universal primary coverage, acute care needs for the adult population may be reduced in the long run.

A period of twelve months is not sufficient for improving health status of formerly uninsured enrollees, especially those with high rates of chronic illness. The 12-month evaluation period is too short to demonstrate significant results of the program impact. Future follow-up study is needed.

APPENDIX:

What is the Primary Care Network of Utah?

The Primary Care Network (PCN) offers limited medical and dental coverage to Utah adult without health insurance six months prior to enrollment. Enrollees must not have access to health insurance, student health insurance, Medicare or Veteran's Benefits.

- **PCN covers primary care services including:**
 - Primary care provider visits / Some emergency room visits
 - Emergency medical transportation
 - Lab services / X-rays / Up to four prescriptions per month
 - Dental exams, dental X-rays, cleanings, and fillings
 - One eye exam per year; no glasses
 - Family planning methods

- **PCN does not cover specialty physician care or inpatient hospital care.**

- **However, hospitals in Utah have agreed to donate up to \$10 million in inpatient care financial charges to pre-authorized PCN patients.**

- **PCN case managers work with community-based voluntary specialty physician networks to connect clients with needed services.**

PCN web site: <http://www.health.utah.gov/pcn/>

For More Information About...

Utah Health Data Committee/Office of Health Care Statistics

Please visit the following web site:

<http://health.utah.gov/hda/>

Contact the Utah Office of Health Care Statistics at:

healthcaresat@utah.gov

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