

Summary Report on the PCN Evaluations

Conducted by the Office of Health Care Statistics
Center for Health Data
Utah Department of Health
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The PCN Outcome Evaluation Summary: The PCN Program is needed by low-income, uninsured adults. Community-wide charity care is an indispensable component of the PCN program. Enrollee utilization management is crucial for achieving budget neutrality. If the entire uninsured population has primary preventive coverage, acute care needs would be reduced in the long run.

I. Who is the PCN Program's Outcome Evaluator:

Utah Department of Health (UDOH) Executive Director's Office designed the Center for Health Data's Office of Health Care Statistics (UOHCS) to be the PCN Program's Outcome Evaluator when planning the waiver in 2002. The UOHCS' researchers have closely worked with the PCN Program and partners to conduct enrollee surveys, charity care assessment, and some process evaluation since July 1, 2002. Major findings were presented to the PCN and UDOH management and published to the public at <http://health.utah.gov/hda/report/pcn.html>.

II. What Evaluations Have Been Done? What are the Major Findings?

II-1. Positive impact on reducing number of uninsured people in the PCN eligible population. Based on the Utah Statewide Household Health Status Survey, we found that the PCN Program was implemented in a period when the economy hit hard times, and the number of working Utah adults with income below 150% FPL increased by 17% from 2001 (pre-PCN period) to July-Dec. 2003 (12 month post-PCN period). However, the PCN Program decreased the number of uninsured adults in the PCN eligible population by 10%. (The report is forthcoming)

II-2. Baseline Assessment Survey: The UOHCS conducted a self-health assessment survey among 9,984 PCN enrollees during their enrollment orientations from July 1 – December 31, 2002. Selected findings from the baseline survey (Year 1) are:

- PCN respondents have a higher prevalence in being told or diagnosed with arthritis, diabetes, and heart diseases, than the 2001 Utah general population.
- Approximately one in four (24.5%) PCN respondents went to an emergency room within six months prior to completing the PCN health assessment form.
- Over one in three (33.9%) PCN respondents needed to see a specialist within six months prior to completing the PCN health assessment form.
- Approximately two thirds of PCN respondents (62.8%) who needed specialty care saw a specialist within six months prior to completing the PCN health assessment form.
- Fifty-eight percent (58.0%) of the survey population needed prescription medication within six months prior to completing the PCN assessment form. Nearly forty-four percent (43.7%) required some type of dental care during the same period.

- Approximately one in four PCN respondents is affected by either depression (26.0%) or oral health problems (24.9%).

Two quarterly reports were published at:

Quarter one: http://health.utah.gov/hda/Reports/PCN_Q1.pdf

Quarter two: http://health.utah.gov/hda/Reports/PCN_Q2.pdf

II-3. Reassessment Survey After 12 Months' Enrollment. The UOHCS conducted the second self-health reassessments among 3,000 randomly selected PCN enrollees during the period of July 1, 2003 – December 31, 2003. Approximately 2,233 assessments were returned for a response rate of 75.7%. Selected outcome findings from comparing the baseline (Year 1) to reassessment measures (Year 2) are:

- Minimal change was observed in the health status of PCN enrollees.
- PCN enrollees got more needed care after enrollment into the program.
- Non-UMAP beneficiaries were more likely to receive needed care after entering the program.
- Self-reported inpatient utilizations declined in year 2 of enrollment.
- Ability to access speciality care was shown to be a problem.
- Former uninsured PCN members were more likely to be diagnosed with chronic conditions after they enrolled into the PCN.

Additional report information and findings can be found at:

<http://health.utah.gov/hda/report/SCIJune04-PCN-RoundTable.pdf> and

<http://health.utah.gov/hda/report/pcnPoster.pdf>

II-4. Process Evaluations: Denials survey. The Office of Health Care Statistics was asked by the PCN program to conduct a survey that would answer the research question “Why did denied PCN applicants NOT provide the requested additional information for PCN to decide whether they are eligible?” A telephone survey was conducted from Sept. 13-17, 2002, yielding the following recommendations:

- 19% of Candidates didn't complete their PCN applications because they obtained health care insurance coverage from another source.
- Only about half of candidates, who didn't completed their PCN applications and have not obtained other health care insurance, said that they were told or received notification that they need to supply this additional information.
- 18% of those who received notification to supply additional information have mailed the information back.

Full report upon request.

II-5. Process Evaluations: Access Survey. The Center for Health Data to conducted a telephone survey of 1,471 PCN enrollees from October 23 to November 1, 2002, to understand if they had difficulty in finding a primary care provider who accepts the PCN coverage. The Office of Health Care Statistics (OHCS) led the development of the survey questionnaire, edited the data, and conducted statistical analysis.

Recommendations

- Client education and a reminder on how to use the services are needed.
- PCN program should provide a list of PCN providers to PCN enrollees through enrollment orientation, information packet, or an Internet link to the PCN Program web site.

- There are significant variations among the four areas in percentages of PCN enrollees who don't have a primary care provider. Salt Lake and Tooele Counties had the highest rate in the Wasatch Front area.

Full report upon request.

II-6. Process Evaluations: Hospitalization Survey. The Utah PCN Program asked the Center for Health Data to conduct a telephone survey to understand why PCN enrollees disproportionately utilized St. Mark's Hospital. The telephone survey was conducted from June 17 to June 27, 2003 consisting of 69 PCN enrollees admitted to the St. Mark's ER between July 1, 2002 and May 23, 2003.

Recommendations

- A local hospital list with address information would be a helpful supplement to the current PCN Member Guide.
- To minimize unnecessary referrals to St. Mark's, PCN administrators might consider sending a notice to nearby doctors/clinics informing them of proper referral procedures (e.g. when to send a patient to St. Mark's, when to send a patient to another local hospital).
- Gently educate providers about referral practices and consumers about alternative care locations in Salt Lake County

Full report upon request.

II-7. Utilization Evaluation of Prescription Drugs and Hospitalizations. By analyzing the PCN claims data, we found that

- A substantial number of PCN clients receive treatment in a hospital setting before receiving primary care.
 - For those who receive treatment in a hospital setting, the total program cost is slightly higher for those that have received primary care beforehand.
 - High Intensity Users (especially those without children) account for a high fraction of PCN pharmacy costs
 - Spending on all types of High Intensity Users involves spending on drugs where there is a potential for abuse or misuse
 - Additionally, some of the most costly categories may have lower cost alternatives
- For example go <http://health.utah.gov/hda/report/SCIJune04-PCN-RoundTable.pdf>

II-8. Estimated baseline of the hospital donated charity care for PCN Eligible Population in 2001 was about \$90 millions, according to a study done by Brigham Young University. Utah Hospitals have agreed to donate about \$10 million inpatient charity care to the PCN enrollees. For a full report, go to <http://health.utah.gov/hda/Reports/charitycare.pdf>

II-9. Dis-enrollment Survey. The UOHCS conducted a survey of 896 PCN enrollees who disenrolled from the program, after one year of membership, in either July or August 2003. The main purpose of the analysis was to gain a better understanding of why respondents chose not to renew their membership in the PCN.

- Over one-third of PCN disenrollees now have health insurance through another source.
- Nearly half of disenrollees report they are still eligible for the PCN program

- 29% of respondents listed ‘finances’ as a reason for disenrollment. Of these 63% could not afford the \$50 enrollment fee and 78% reported not having health insurance after exiting the PCN program.

A full copy of this report can be accessed at:

<http://health.utah.gov/hda/Reports/PCN%20Disenrollment.pdf>

III. What are the Plan and Challenges for Future Evaluations:

III-1. Funding for Evaluations: Lack of designated funding has been the major barrier to conduct comprehensive evaluations. UOHCS has used some funds from the State Planning HRSA Grant and state non-Medicaid general funds to cover the above limited evaluations.

III-2. Evaluations by Non-Utah Department of Health’s Researchers: Independent outside evaluation of the PCN Program is needed. UOHCS has assisted researchers in Brigham Young University and University of Utah having submitted two separate proposals for the PCN evaluations to the RWJ/HCFO during 2003-2004. However, none of the proposals was funded. CMS may want to “contract with an outside party to conduct an additional summative evaluation as it does with most 1115 waiver demonstrations” (See 3.15 Evaluation Design, in Utah’s PCN Waiver Application).

III-3. Future Evaluations by Utah Office of Health Care Statistics: Based on limited resources in UOHCS, we will conduct the second follow-up enrollees’ health assessments and further analyze the collected data in 2005-2006. No additional evaluation is planned for the time being.

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