Affordable Care Act (ACA)

Patient Access

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Outline

- ACA overview
- How do you define patient access?
- Factors that affect patient access
- Examples of implementation of patient access

The ACA

- Written into law in 2010
- Most implementations started in 2014
- 10 Titles in total

ACA Titles

I. Quality Affordable Health Care for All Americans
II. Role in Public Programs
III. Improving Quality and Efficiency of Health Care
IV. Prevention of Chronic Disease and Improving Health
V. Health Care Workforce
VI. Transparency and Program Integrity
VII. Improving Access to Innovative Therapy
VIII. Community Living Assistance Services and Support
IX. Revenue Provisions
X. Reauthorization of the Indian Health Care Improvement Act

Patient Access

- What is it?
  - The ability of an individual… “to command appropriate health care resources in order to preserve or improve their health.”
- “Having Access” vs “Gaining Access”
- Multi-Dimensional Factors:
  - Service Availability
    - *Supply vs Demand, wait times*
  - Personal/Financial Barriers
    - *Lack of insurance*
  - Utilization
    - ..”proof of access is use of service, not simply the presence of a facility”

ACA and Patient Access

- "Affordable Care"
  - Providing health care to people who lack coverage
    - A fundamental and crucial element in "patient access" in the U.S.

- How?
  - Enrollment – or penalty
  - Removal of bias in enrolling individuals - including pre-existing conditions
  - Emphasis on preventative services
  - Essential health benefits – and informed choices among plans
  - Expanding the supply of health care workers

Example: Medicare Protected Classes

- An essential health benefit for all plans:
  1. Anti-depressants
  2. Anti-epileptics
  3. Anti-neoplastics
  4. Anti-psychotics
  5. Anti-retrovirals (HIV/AIDs)
  6. Immunosuppressant (organ rejection)

- Covers “all or substantially all” drugs in the categories
  - Vs. the mandatory “at least two” drug rule

Access Metrics

- Access to Care Standards (Plan specific)
  - Ex: Blue Cross Blue Shield of North Carolina
    1. Waiting time for appointment (number of days)
       1. Urgent – non life threatening, but a problem needing care
          1. Pediatrics: See within 24 hours
          2. Adults: See within 24 hours
       2. Symptomatic non-urgent (eg. Cold)
          1. Pediatrics: See within 3 calendar days
          2. Adults: See within 3 calendar days
    2. Time in waiting room (minutes)
       1. Scheduled: 30 minutes. After 30 minutes, *must* be updated on waiting time. Max 60 minutes.
       2. Walk-Ins: 45 minutes. Max 90 minutes.

Access Metrics cont.

- National Quality Measures Clearinghouse (NQMC): For Healthcare Providers and Healthcare Organizations
  - Access Measure
  - Outcome Measure
  - Patient Experience Measure
  - Process Measure
  - Structure Measure

- Code of Federal Regulations
  - Ex: *Notification Clauses*

Access Metrics cont.

- Access Measure
  - *Timely and appropriate health care*
    - *Ex: % of patients 12 months – 19 years who visited their primary care provider in the past year (based on evidence that annual visits lead to better health outcomes in children)*
- Outcome Measure
  - *Health state of patient*
    - *Ex: # of hospital days spent following cardiac arrest/stroke*
- Patient Experience Measure
  - *Patient observations in health care or any sort of assessment*

Access Metrics cont.

- Process Measure
  - *How was an activity performed?*
    - *Ex: % of patients prescribed with aspirin post-myocardial infarction*
- Structure Measure
  - *What is the capacity to provide high quality care?*
    - *Ex: Does health care organization use Computerized Physician Order Entry (based on evidence that CPOE is associated with better performance and lower med. errors)*

Measuring Access

- FDA:
  - *No single unique access measure: Done with multiple metrics*
  - *Literature points to two kinds of metrics*
    - Patient's interaction with healthcare delivery system
      - Drug Utilization data → Refills, compliance, etc.
      - Surveys about wait times, appointments, etc.
    - Characteristics of overall healthcare delivery system
      - # of enrolled providers in an area

Negative Access

- Aetna (2010)
  - Paid $750,000 fine to New York Insurance Department
  - Failure to adhere to policy for affordable health insurance
    - *Did not provide notices for increases in member premiums*
    - *Did not provide notices of conversion rights for terminated members*
    - *Did not report enrollment data*

- How did Aetna actions result in negative patient access?
  - Increased premiums
  - Conversion rights
  - Enrollment notifications

Negative Access cont.

- Providence Health Plan
  - Fined $164,000 by Centers of Medicare and Medicaid Services (CMS)
    - For *failure to quickly notify members about which services or prescription drugs were covered*
    - *Resulted in enrollees… "experiencing inappropriate delays or denials in receiving covered benefits and increased out-of-pocket costs.."*

Access Statistics

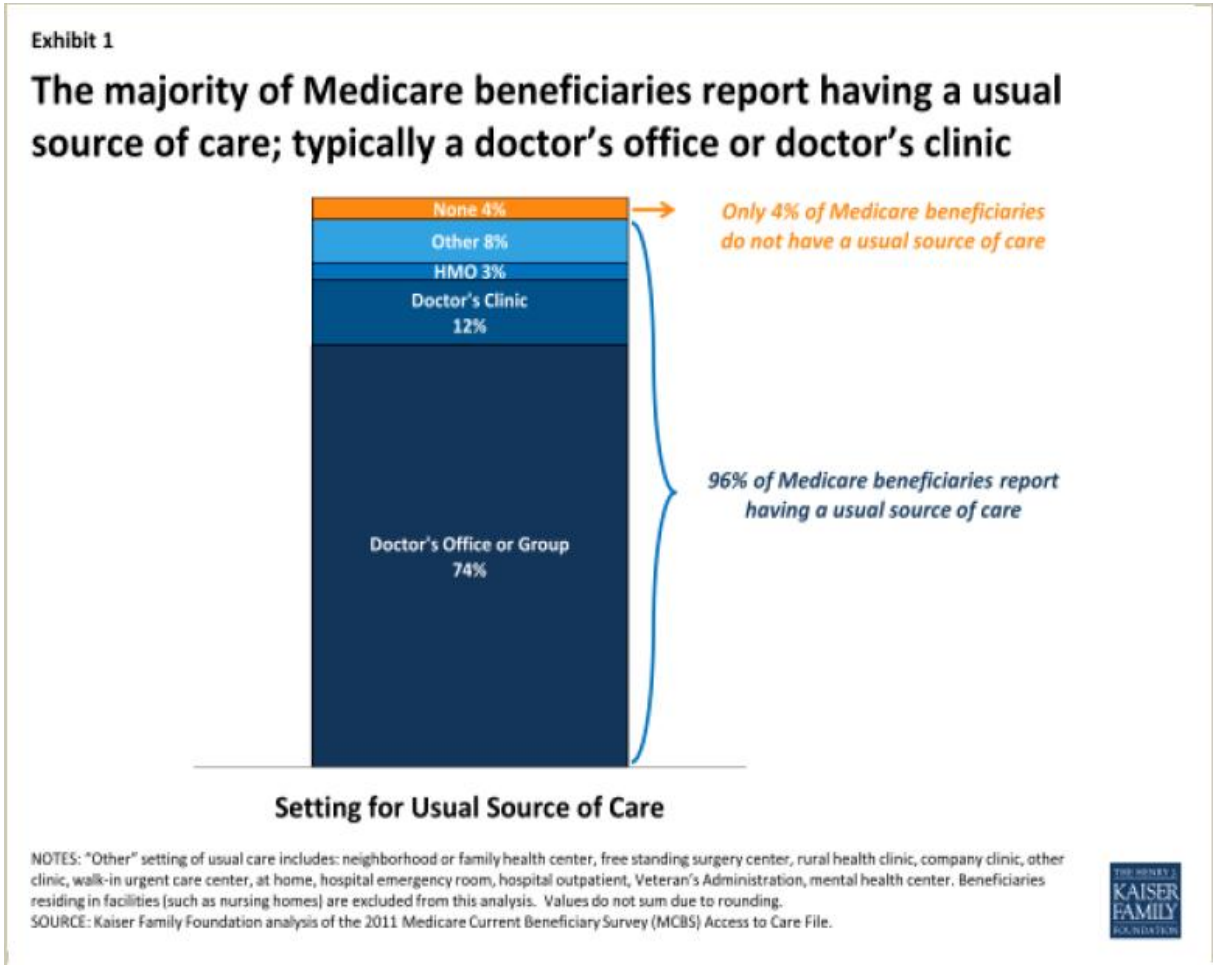

Exhibit 1. The majority of Medicare beneficiaries report having a usual source of care; typically a doctor's office or doctor's clinic

- Kaiser Family Foundation: Issue Brief 2013
  - Majority (96%) of Medicare beneficiaries have *good access* to physicians and many are able to schedule timely appointments for care

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Access Statistics cont.

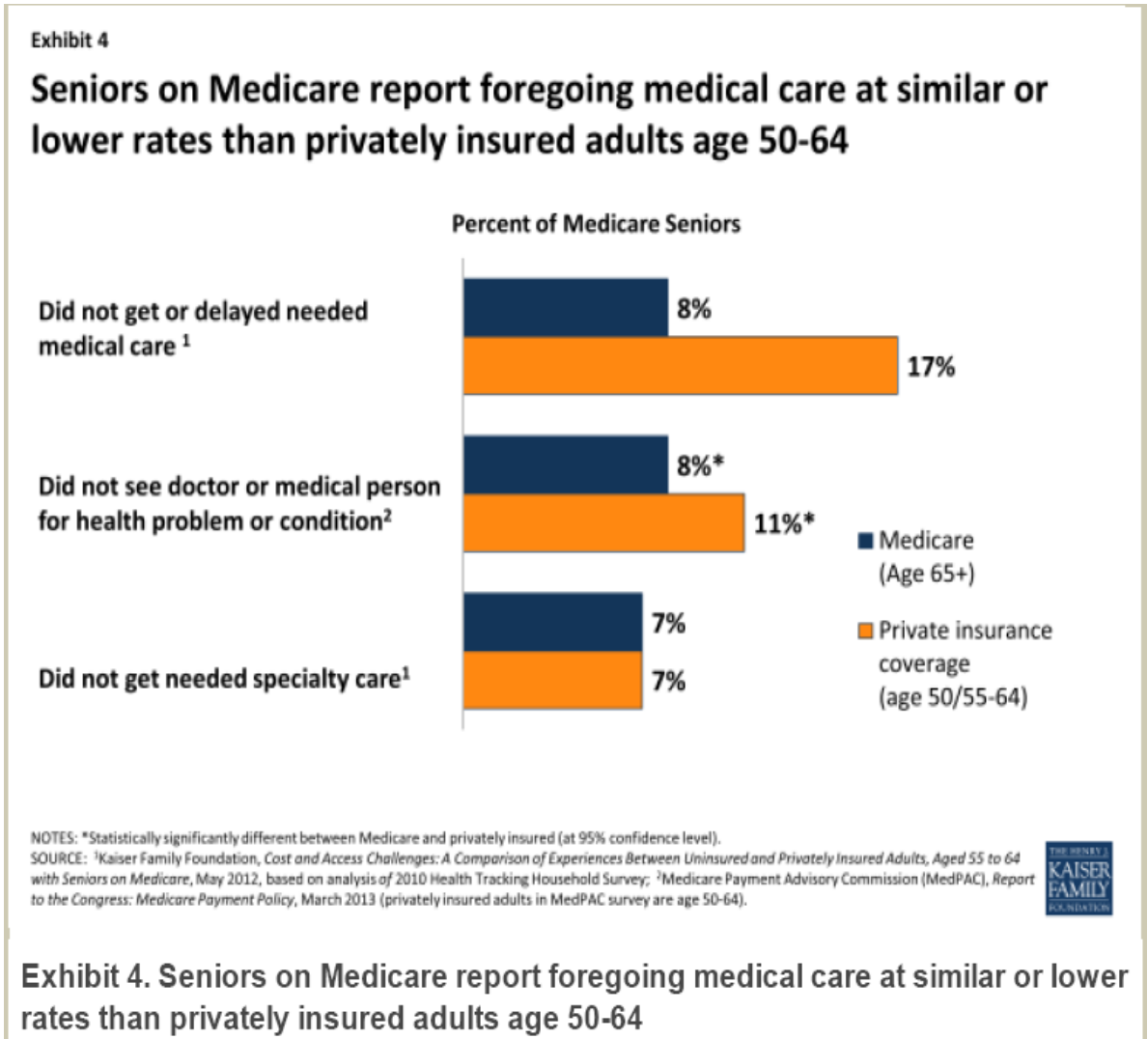

Exhibit 4. Seniors on Medicare report foregoing medical care at similar or lower rates than privately insured adults age 50-64

- Primary reasons for foregoing medical care:
  - Trouble finding doctor
  - Non-serious problem
  - Costs
- Majority of people forgoing medical costs:
  - *Patients with poorer health status (>5 chronic diseases) - ~22%*
  - *Have lower incomes (~11%)*

Conclusions

- Patient Access is a multi-variable term
- The ACA was aimed to improve patient access
- There are many metrics that can be used to assess patient access
- Access is an integral part to a successful healthcare system and overall health benefits

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