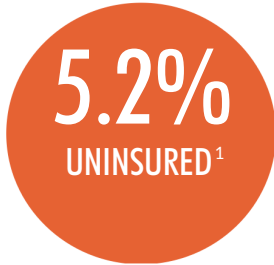


# THE STATE OF HEALTH CARE IN BOULDER COUNTY



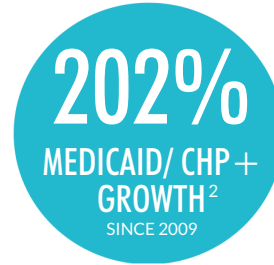
Hope for the future, help when you need it.

## WE'VE MADE SIGNIFICANT PROGRESS EXPANDING ACCESS TO HEALTH INSURANCE ...



In 2015, the percent of Boulder County residents without health insurance is estimated at 5.2%, down from 11.8% in 2013.

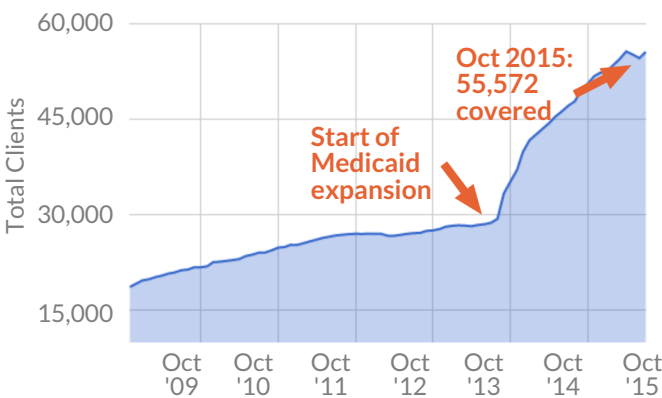
Between 8,000 and 10,000 people in the County are eligible but not yet insured.



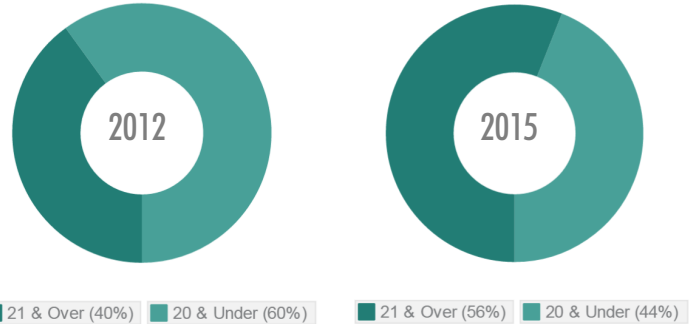
Since January 2009, enrollment in Medicaid and the Child Health Plan Plus (CHP+) has increased more than 200% in Boulder County.

As of October 2015, 18% of county residents were covered by Medicaid or CHP+.

### BOULDER COUNTY ENROLLMENT IN MEDICAID AND CHP+<sup>3</sup>



### BOULDER COUNTY MEDICAID ENROLLEES BY AGE GROUP<sup>4</sup>



From 2012 to 2015, Medicaid enrollees 21 & over have increased 176% – a reflection of expanded eligibility provided for under the Affordable Care Act.



**MEDICAID INCOME ELIGIBILITY<sup>5</sup>**  
% of federal poverty level (FPL)  
for family of 4

<b>PREGNANT WOMEN</b>	195% FPL (\$3,941/mo.)
<b>CHILDREN 0-18</b>	142% FPL (\$2,870/mo.)
<b>ADULTS</b>	133% FPL (\$2,688/mo.)
<b>PARENTS</b>	68% FPL (\$1,375/mo.)

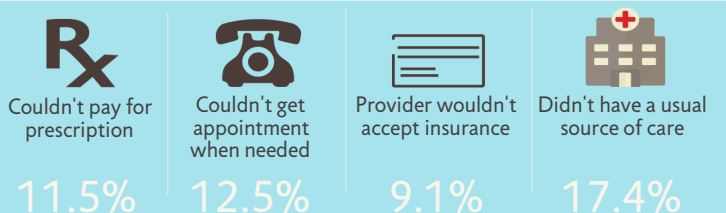
## BUT INSURANCE COVERAGE IS ONLY PART OF THE ACCESS TO CARE STORY

### PHYSICIAN ACCESS ISSUES

- Nationwide, demand for primary care physicians and specialists is growing faster than supply – a trend expected to continue into the next decade.<sup>6</sup>
- Over the past two years, the number of Boulder County Medicaid claims has increased 69%.<sup>7</sup> While this means that the previously uninsured are getting care, it also adds more stress to the growing provider supply issue.
- Finding doctors who accept Medicaid is becoming more difficult. Typically, Medicaid pays less than other insurers – that can lead some doctors to limit their Medicaid patients.<sup>8</sup>
- Even prior to Medicaid expansion, doctors were more likely to accept new privately-insured patients than new Medicaid patients.<sup>9</sup>

### BARRIERS TO CARE<sup>10</sup>

Percent in Boulder & Broomfield Counties reporting various barriers to health care in previous 12 months (2013 survey data)



# CONTINUED CHALLENGES TO ACCESSING HEALTH CARE SERVICES

## ARE BOULDER COUNTY RESIDENTS ACCESSING IMPORTANT PREVENTIVE CARE?<sup>11</sup>

- 10%** of pregnant women do not receive prenatal care as soon as they want it
- 32%** of children under 19 have not had a well-child visit in the past 12 months
- 18%** of women 18+ have not received a pap test (cervical cancer screening) in the last 3 years
- 34%** of adults 50+ have never received a colonoscopy or sigmoidoscopy (colorectal cancer screenings)
- 32%** of residents have not visited a dentist or hygienist in the past year

## UNIQUE CHALLENGES FOR THE MEDICAID POPULATION<sup>12</sup>

- The Medicaid population tends to have communications barriers, higher rates of mental health conditions, and – in some cases – built-up demand following years without seeing a doctor. Not all providers are equipped to meet those needs.
- Additionally, Medicaid patients may struggle to find after-hours care and transportation to medical appointments.

## LACK OF AVAILABLE DENTAL CARE FOR MEDICAID PATIENTS<sup>13</sup>

- In Boulder County, approximately 18% of dentists accept Medicaid. State-wide, the figure is 33%.
- In Colorado, 5% of dentists who accept Medicaid treat nearly half of all Medicaid dental patients – meaning many dentists who participate in the program are only treating a small number of patients.

# BENEFITS OF INCREASED COVERAGE AND ACCESS TO HEALTH CARE

Despite the challenges, there are clear and important benefits to the progress we've made in expanding coverage to the previously uninsured.

## MEDICAID PAYMENTS ON BEHALF OF BOULDER COUNTY RESIDENTS (Jan 2012- Oct 2015)<sup>14</sup>



Medicaid payments to providers increased 54% from January 2012 to October 2015. Total payments in 2015 are expected to exceed those in 2013 by approximately \$65 million.

## HEALTH INSURANCE CAN HELP REDUCE FINANCIAL STRAINS

**66%** In 2013, 66% of uninsured Colorado residents had trouble paying medical bills – that figure was 18% for the population overall. Of those facing challenges:<sup>15</sup>

- 69% used funds from their savings
- 43% were unable to pay for basic necessities (e.g., food, housing, heat)
- 43% took on credit card debt
- 28% increased work hours or took on another job



A 2013 study in Oregon found that Medicaid coverage "nearly eliminated catastrophic out-of-pocket medical expenses."<sup>16</sup>

## INSURANCE IS ASSOCIATED WITH BETTER HEALTH OUTCOMES

- Expanding Medicaid eligibility for pregnant women is associated with lower infant mortality and fewer low birth weight babies.<sup>20</sup>
- Medicaid coverage increases the use of preventive services, increases diabetes detection and management, and lowers rates of depression.<sup>21</sup>
- Uninsured adults are less likely to receive preventive care – as a result, they are more likely to experience preventable illness and/or delays in diagnosis and treatment.<sup>22</sup>
- Compared to insured children, uninsured children are 70% less likely to receive medical care for both common childhood conditions and emergencies.<sup>23</sup>
- Death rates in Massachusetts decreased almost 3% following the state's health insurance expansion in 2007. Deaths related to potentially treatable conditions decreased 4.5%.<sup>24</sup>

**70%** One Boulder County hospital saw a 70% reduction in charity care in 2014 as compared to 2013. At the same time, its Medicaid patient volume increased from 11.9% to 17.6%.<sup>17</sup>



Other area hospitals and clinics are also seeing savings due to the increase in health coverage. Those savings allow for more investments into the health care system and a greater focus on prevention and wellness – producing important long-term benefits.<sup>18</sup>

**12%** Workers with health insurance are 12% less likely to miss days from work. Unscheduled missed work is estimated to cost employers around \$3,000/year per employee.<sup>19</sup>

## SOURCES:

1 CHI, CO Health Access Survey (Sep 2015)  
 2,3,5,7,14 Colorado Department of Health Care Policy & Financing  
 4 CHI, Medicaid Caseload Data (through Jan 2015)  
 6 Association of American Medical Colleges, Medical Experts Say Physician Shortage Goes Beyond Primary Care (Feb 2014)  
 8,12 Kaiser Commission, Medicaid Moving Forward (Mar 2015); conversations with Boulder County providers  
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 10,11 Colorado Health Institute (CHI), CO Access to Care (Mar 2015)  
 13 CHI, Filling the Dental Gap (Feb 2015)  
 15 CHI, CO Health Access Survey, Are Medical Bills a Burden? (Apr 2014)

16,21 The Oregon Experiment – Effects of Medicaid on Clinical Outcomes, New England Journal of Medicine (May 2013)  
 17,18 Conversations with Boulder County providers  
 19 Effect of health insurance on workplace absenteeism in the U.S. workforce (Jan 2006); Absenteeism: Reducing the Often Overlooked Bottom Line Killer, Circadian  
 20 Saving Babies: The Efficacy and Cost of Recent Expansions of Medicaid Eligibility for Pregnant Women, NBER (Feb 1994)  
 22,23 How Does Insurance Coverage Improve Health Outcomes? Mathematica (Apr 2010)  
 24 Changes in Mortality After Massachusetts Health Care Reform, Annals of Internal Medicine (May 2014)