

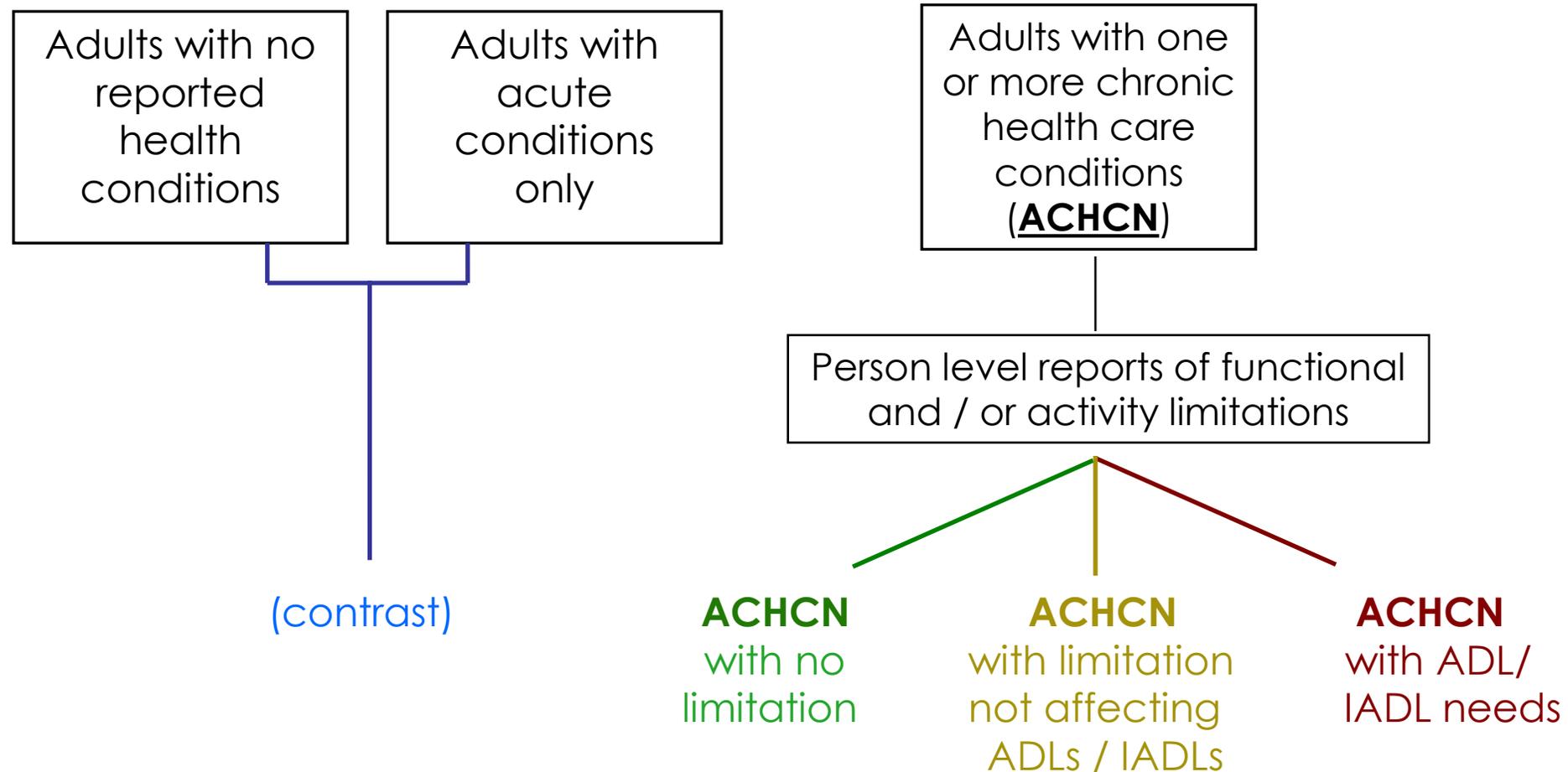
People with chronic healthcare needs and the affordable care act: A primer

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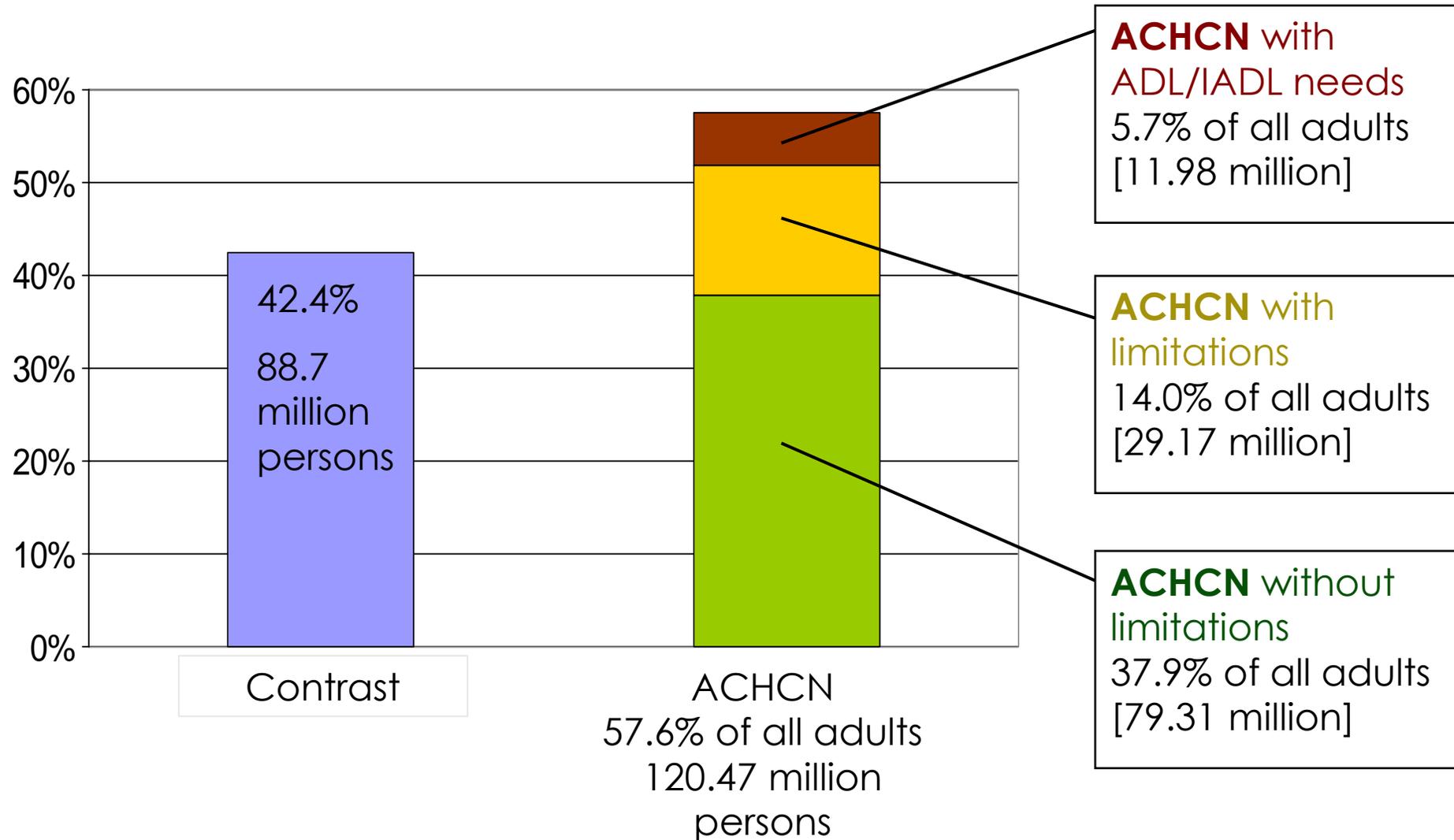
The impact of thousands of pages of regulations on the most heterogeneous population imaginable... in 15 minutes or less.

- Who are people with disabilities, who are people with chronic conditions and what do we need to know about the overlap between these populations in the context of healthcare access, use and cost?
- Before the ACA: Examples of some of the access problems individuals with chronic healthcare needs have historically confronted not only in finding coverage, but in coordination of their services, in use of the emergency department, in securing long term care services and supports, and in racial / ethnic disparities in their care.
- The promises (and a few perils) of the ACA for adults with chronic healthcare needs: A brief review of key tenets of the ACA and an evaluation both of what is covered and what is missed.

Chronic conditions and disability at the population level



US adult population by chronic healthcare need status



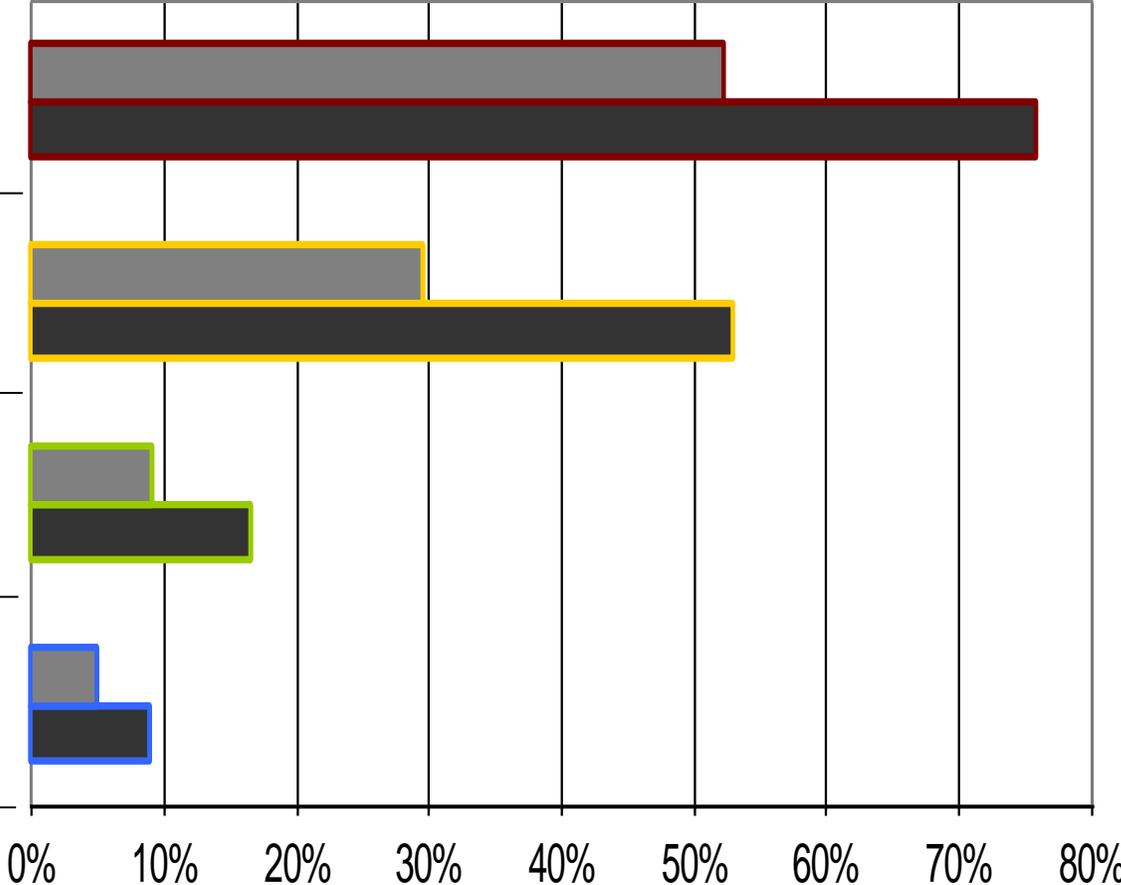
Mental health, overall health and mean health conditions among ACHCN subgroups

ACHCN with ADL/IADL needs
3.8 chronic & 4.3 acute conditions

ACHCN with limitations
3.0 chronic & 3.7 acute conditions

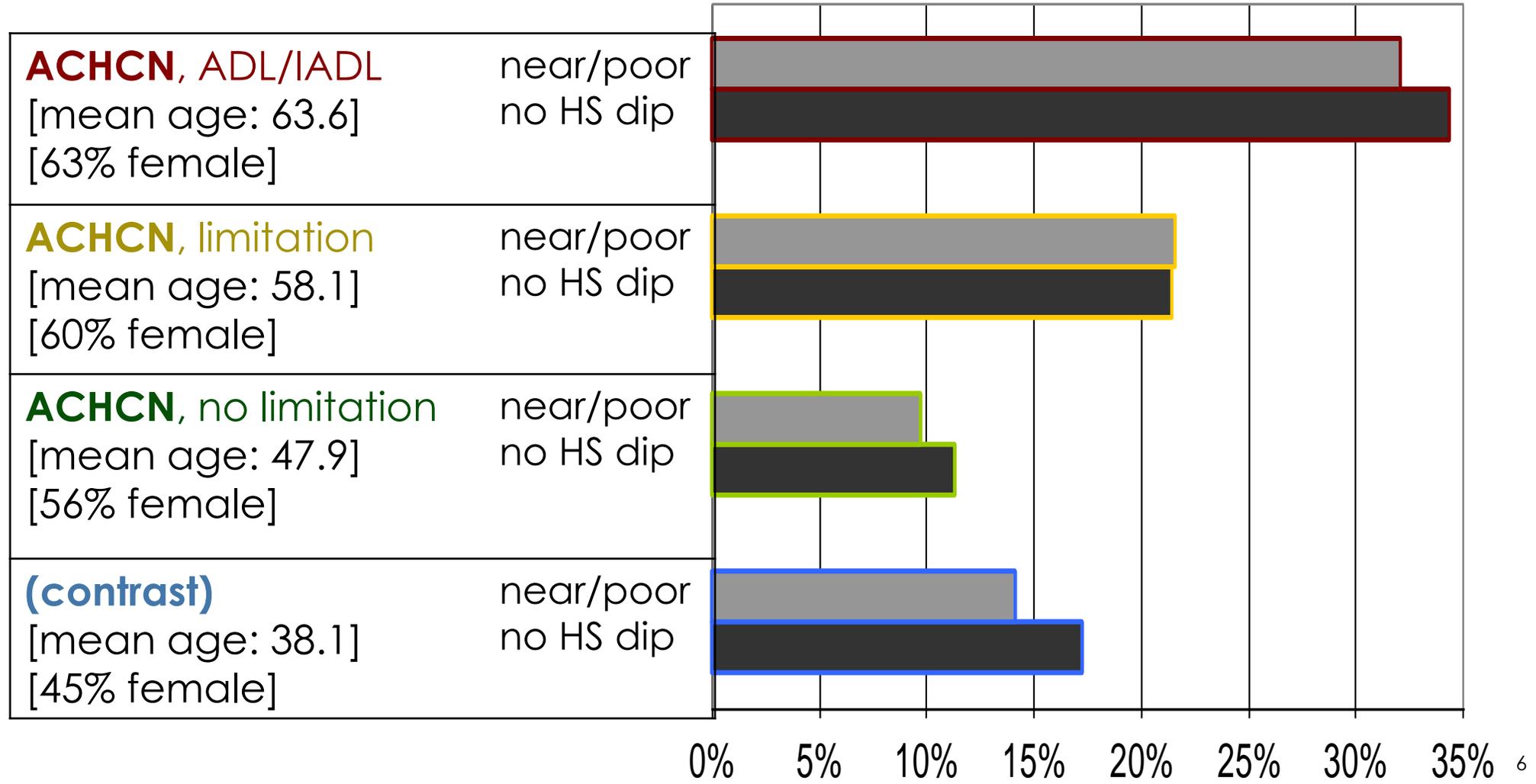
ACHCN without limitations
1.9 chronic & 2.3 acute conditions

(contrast)
[0] chronic & 1.3 acute conditions

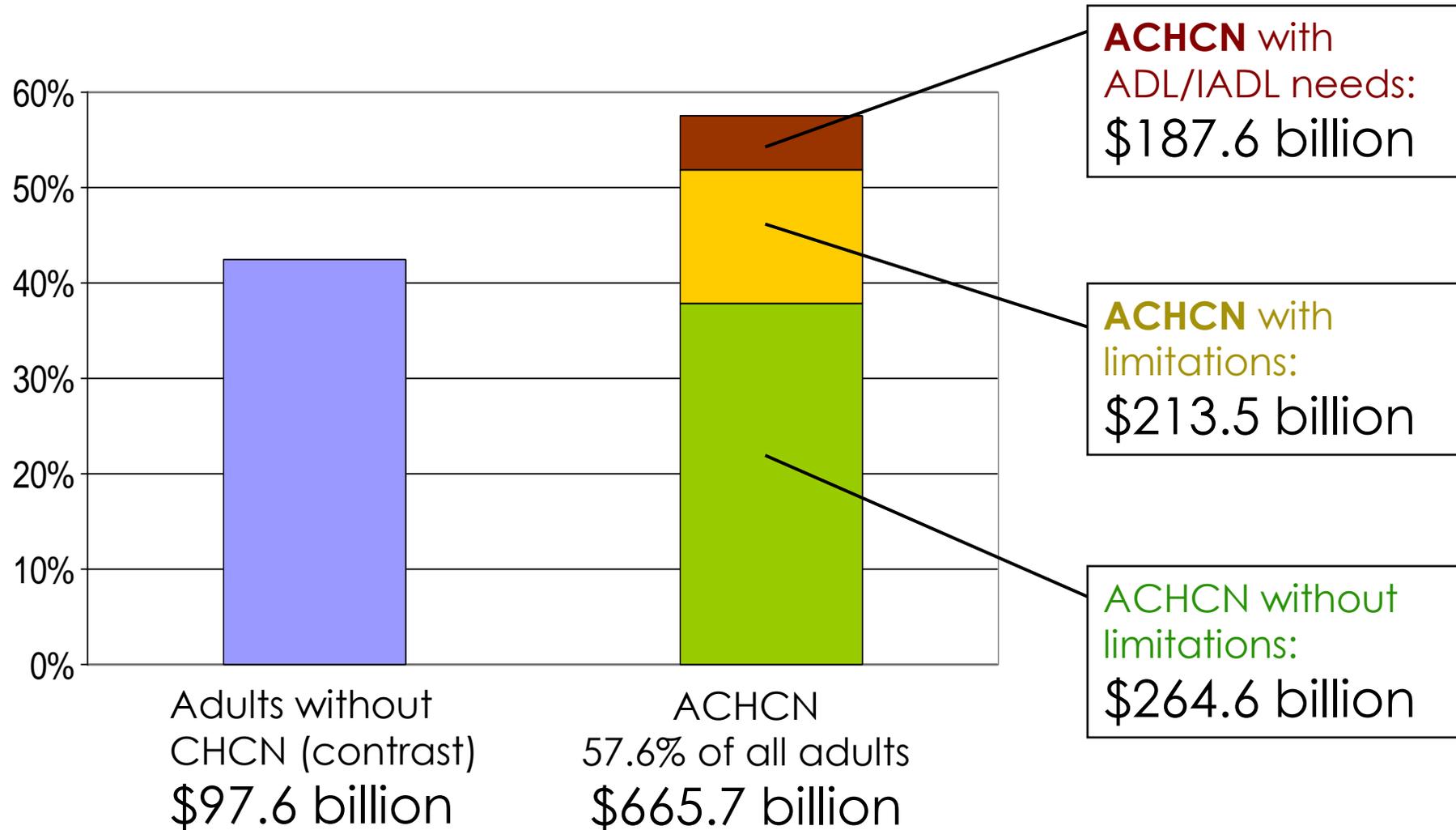


■ Fair to poor mental health
■ Fair to poor overall health

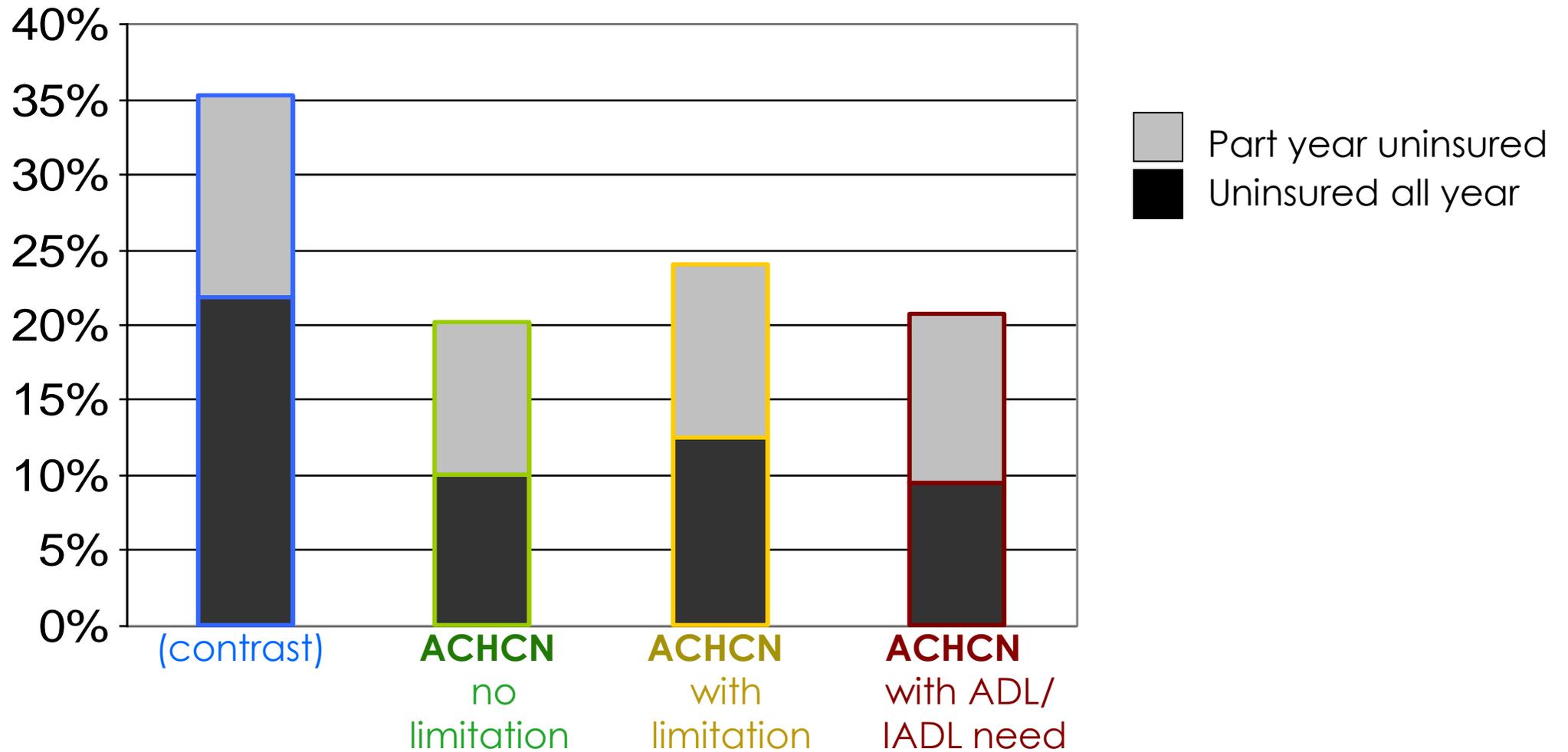
Age, gender, income and education by group



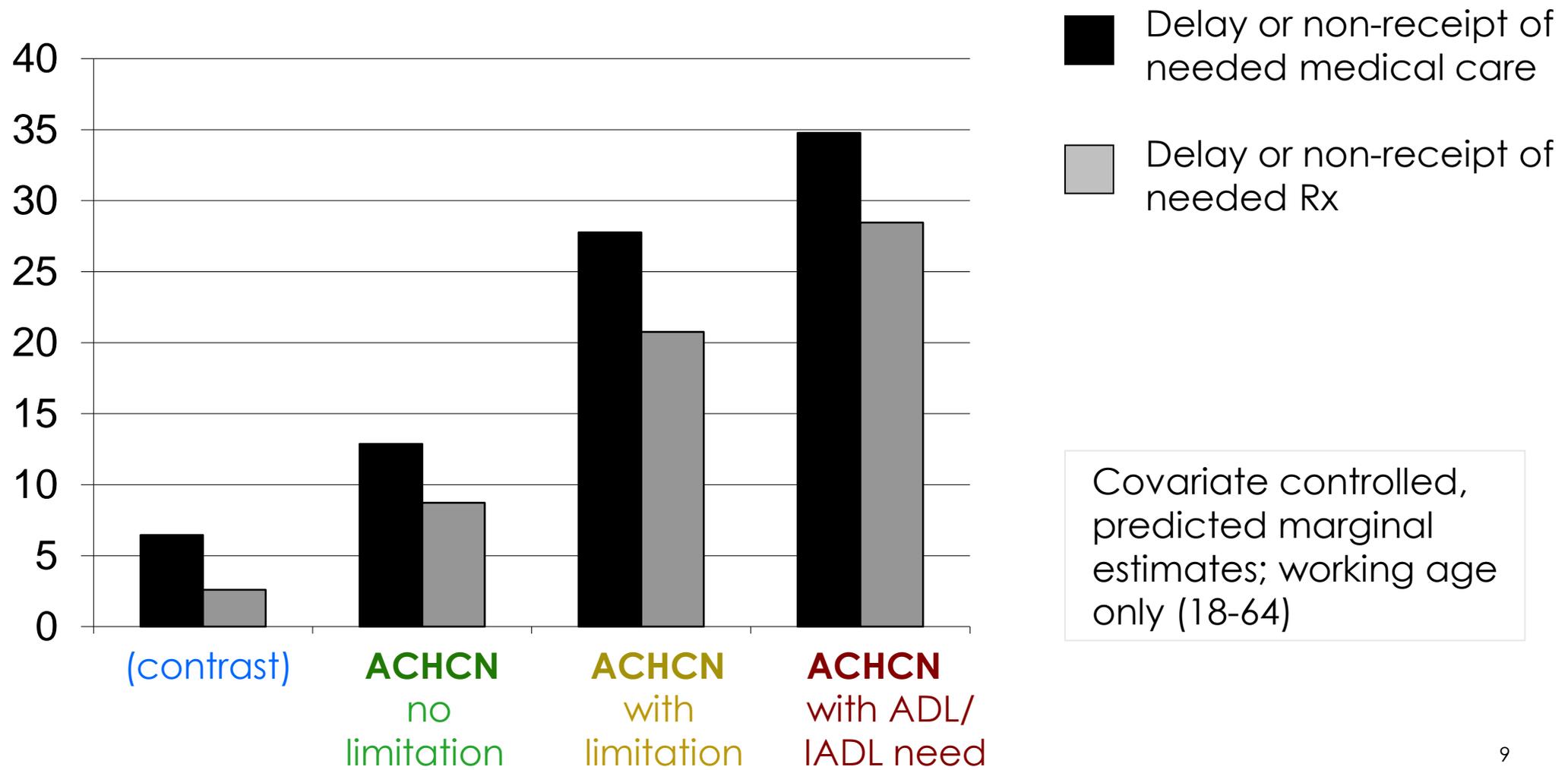
Total US annual medical expenditures in each group by size of group in U.S. adult population



Before the ACA: Rates uninsured among the US working age (18-64)

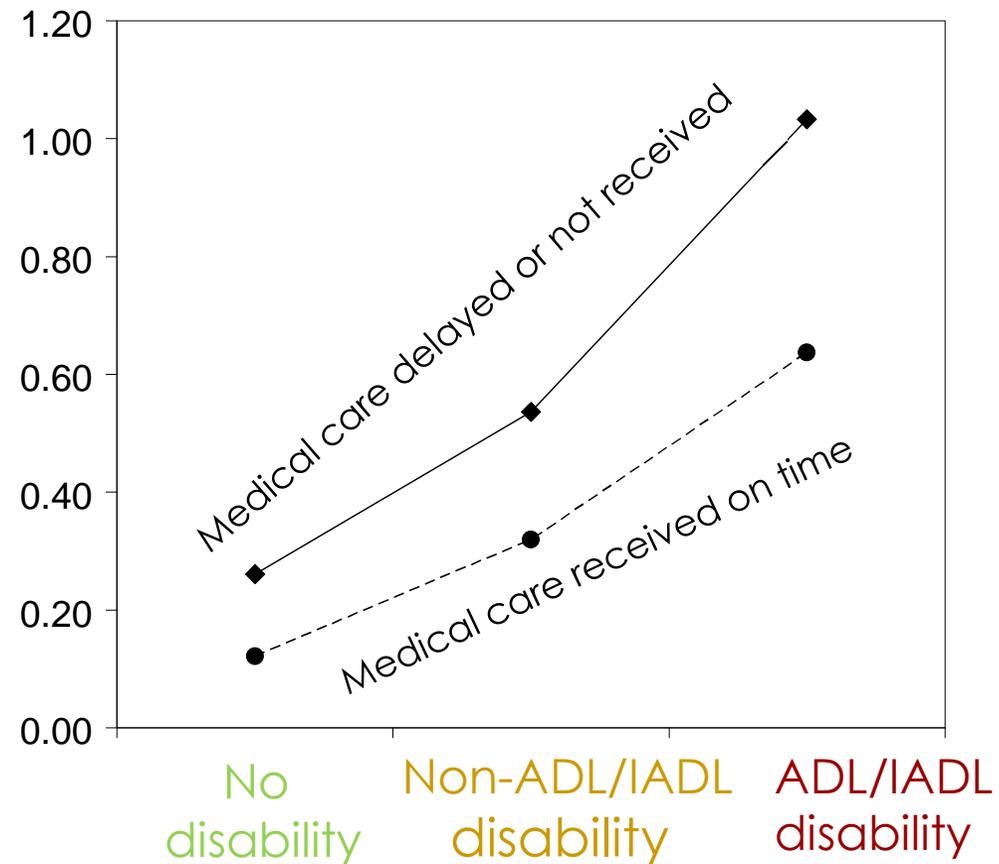


Before the ACA: Delay or non-receipt of needed medical care or Rx among those with a gap in insurance coverage



Before the ACA: Use of the Emergency Department by working age adults with disabilities

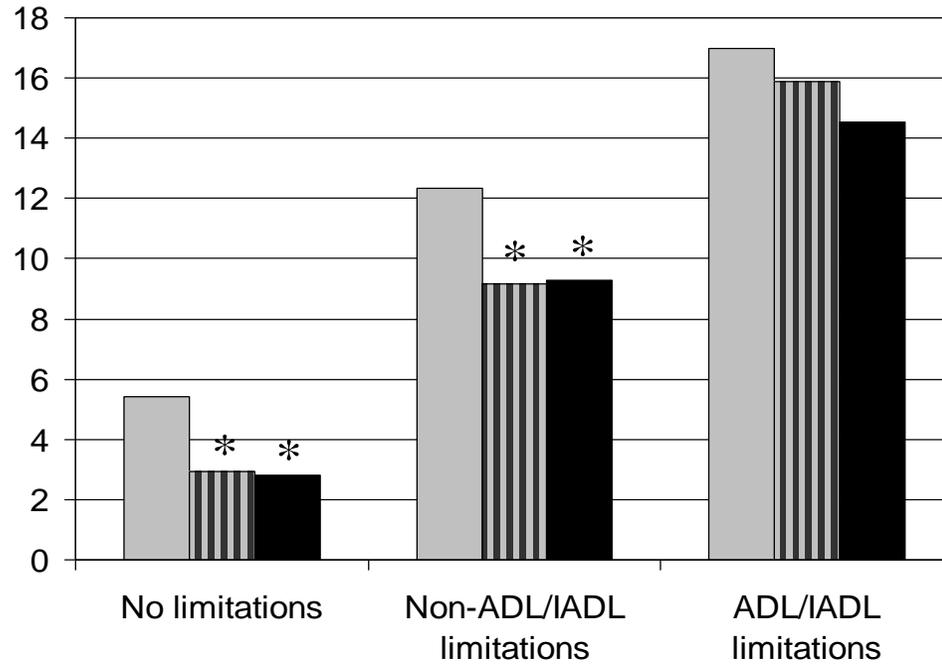
Covariate controlled mean annual ED visits



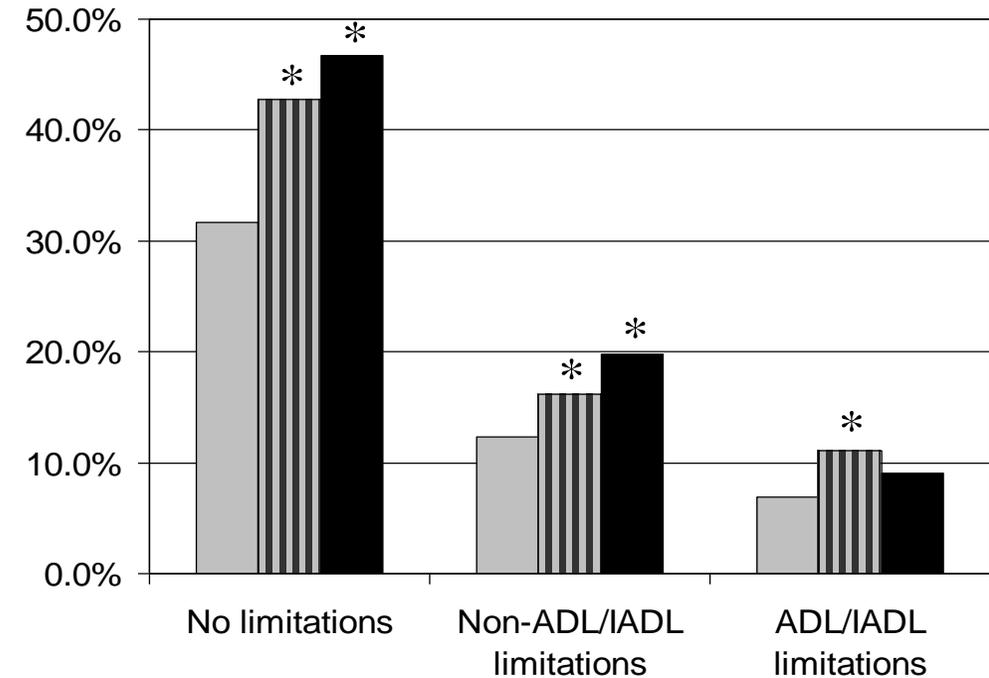
- A total of 13 percent of working age adults reported one or more ED visits in a year, amounting to roughly 32 million visits.
- Adults with disabilities accounted for 39.2 percent of total annual U.S. ED visits despite representing just 17 percent of the working age population.
- Adults with ADL/IADL disabilities accounted for 13% of ED visits, despite representing just 4% of the working age

Before the ACA: Racial and ethnic differences / disparities among adults with disabilities

Total annual ambulatory healthcare visits

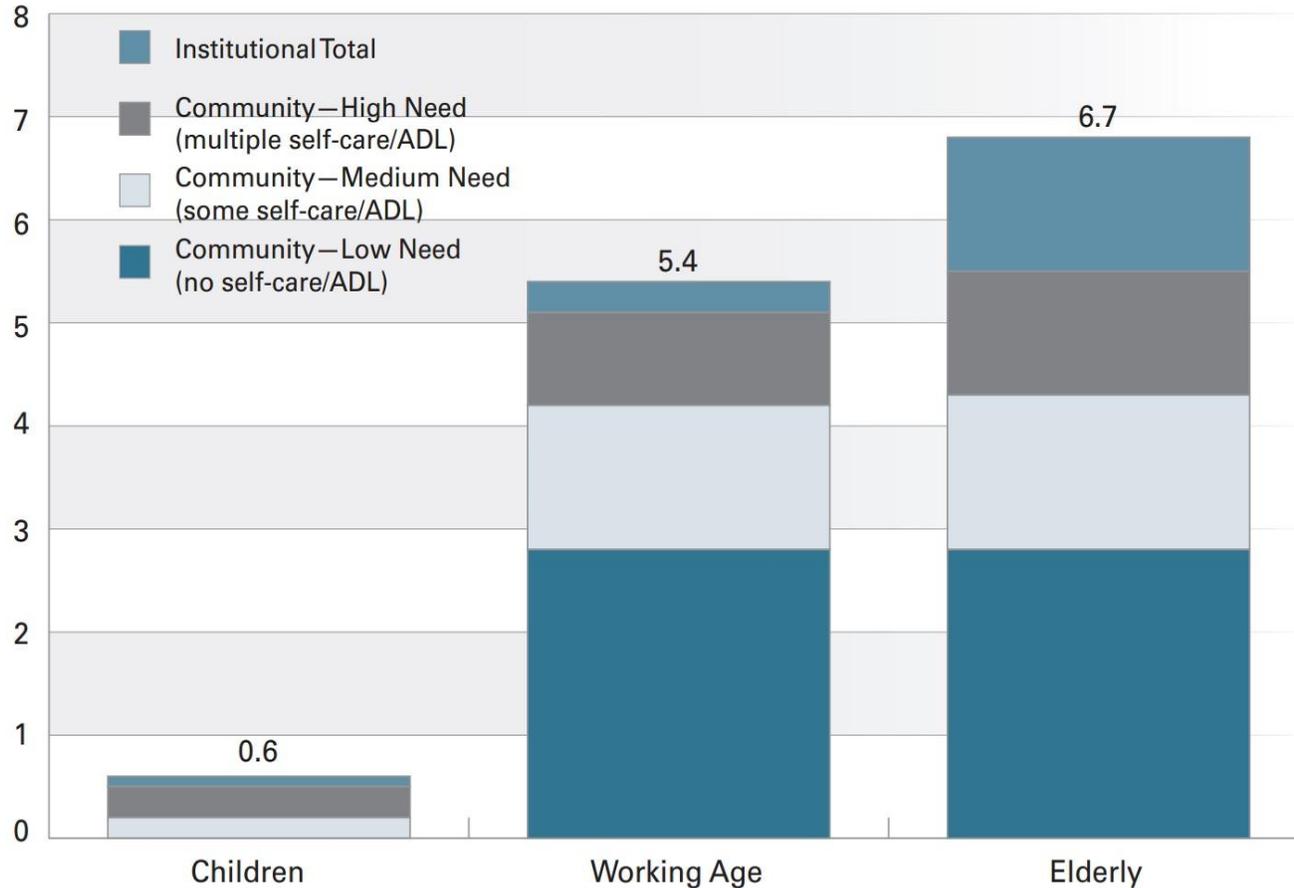


Percent with no doctor visit during the year



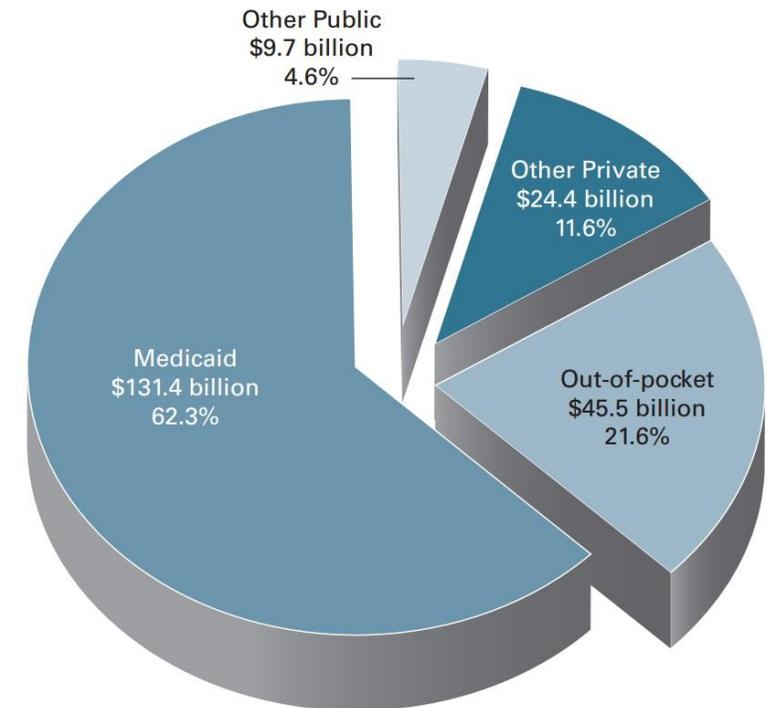
Before the ACA: The elephant in the room

Population needing LTSS by age and level of need (millions)



Source: S. Kaye, data from 2012 NHIS, 2010 Census, Nursing Home Data Compendium 2010

LTSS expenditures by source, 2011



Source: National Health Policy Forum, based on data from 2011 National Health Expenditure Accounts

The ACA: Promises and perils

- No more coverage denials on the basis of pre-existing medical conditions. AMEN! And no more annual – or lifetime – benefit caps, either.
- Parity!
- Young adults, including those with disabilities, can stay on their parent's insurance plans through age 26
- CMS granted significant flexibility to demonstrate and roll out new programs and approaches to coordinate and finance care, particularly for people with chronic conditions and disabilities
- Insurance exchanges soften the historic mistake of linking health benefits to work, providing tax subsidized coverage for lower income citizens
- Medicaid expansions provide a fast track route to coverage for PWDs and chronic conditions on the basis of low income alone

The ACA: Promises and perils

- However, expansion states will provide an “Alternative Benefit Plan” to individuals qualifying for Medicaid on the basis of income alone. The benefits offered this way may not be as comprehensive as those offered to individuals qualifying due to disability.
- Courtesy of the Supreme Court, 23 states are currently not participating in the Medicaid expansion. Many of these are Southern states where disability and poverty rates are notably high.
 - Current estimates suggest this will create a “coverage gap” for 5 million citizens (e.g. income > traditional Medicaid threshold but < threshold to receive tax credits for exchange coverage)
- On the private side, individual and small group insurance policies (exchange or employer based) must offer 10 baseline, “Essential Health Benefits”. However, each state selects its own benchmarking plans.
 - We can expect there to be core coverage in these ten areas but the details of that coverage (number of visits covered per year, copayments, etc.) will vary considerably from one plan to the next. Required: savvy shopping skills and consumer knowledge of health care needs.

The ACA: Promises and perils

- Neither the exchanges nor the Medicaid expansion will cover undocumented immigrants. And documented immigrants will generally face a 5 year waiting period for Medicaid coverage.
- **And that darn elephant is still in the room:** The changes to home and community based services are relatively modest and are generally state optional. So, the 100 day Medicare SNF limit, the Medicaid spend down, the state to state variations in PAS benefits and many of the other shortcomings in LTSS – will still be with many of us.

Some of the sources for this presentation (shameless self-promotion)

Gulley, S., Rasch, E., Chan, L. (2014) When difference becomes disparity: Health status and health service utilization on the basis of race and ethnicity among U.S. adults with disabilities. *Medical Care* (in print).

Rasch, E., Gulley, S., Chan, L. (2013). Use of Emergency Departments among Working Age Adults with Disabilities: A Problem of Access and Service Needs. *Health Services Research* 48(4).

Gulley, S., Rasch, E., Chan, L. (2011). The complex web of health: Relationships among chronic conditions, disability, and health services. *Public Health Reports* 126(4).

Gulley, S., Rasch, E., Chan, L. (2011) If we build it, who will come? Working age adults with chronic health care needs and the medical home. *Medical Care* 49(2).

Gulley, S., Rasch, E., Chan, L. (2011) Ongoing coverage for ongoing care: access, utilization, and out-of-pocket spending among uninsured working-aged adults with chronic health care needs. *American Journal of Public Health* 101(2).