How Data Can Inform a Path to Better Health for Safety Net Care in 2020

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Healthy Safety Net Symposium
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Key issues affecting Michigan safety net care in 2020

- Changes in the uninsured population
- Changes to the Healthy Michigan Plan
- Impacts on FQHCs and safety net hospital care
Key issues affecting Michigan safety net care in 2020

Changes in the uninsured population
Number of uninsured poor, near poor has decreased

Figure 4. Percentage of adults aged 18–64 who were uninsured at the time of interview, by poverty status: United States, 2010–2018

NOTE: Data are based on household interviews of a sample of the civilian noninstitutionalized population. SOURCE: NCHS, National Health Interview Survey, 2010–2018, Family Core component.
Uninsurance in Michigan has declined since the ACA

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
<th>2017</th>
<th>2018</th>
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</thead>
<tbody>
<tr>
<td>Percent uninsured</td>
<td>11.0%</td>
<td>7%</td>
<td>6%</td>
<td>5.4%</td>
<td>5.2%</td>
<td>5.4%</td>
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Marketplace enrollment in Michigan has declined

<table>
<thead>
<tr>
<th>Year</th>
<th>Enrollment</th>
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<tbody>
<tr>
<td>2014</td>
<td>272,539</td>
</tr>
<tr>
<td>2015</td>
<td>341,183</td>
</tr>
<tr>
<td>2016</td>
<td>345,813</td>
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<tr>
<td>2017</td>
<td>321,451</td>
</tr>
<tr>
<td>2018</td>
<td>293,940</td>
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<tr>
<td>2019</td>
<td>274,058</td>
</tr>
</tbody>
</table>
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- Changes in the uninsured population
- Changes to the Healthy Michigan Plan
Impact of HMP on health

How did HMP impact enrollees’ health in the first 5-year demonstration?
Poor health days decreased, 2016 to 2017
Percent reporting fair/poor health decreased, 2016 to 2017

Mixed effects logistic regression models. **p<.01
Healthy behavior requirement

• Enrollees with >100% FPL income who have been enrolled in HMP ≥48 months will have to:
  – Pay a monthly premium, and
  – Complete a Health Risk Assessment or a healthy behavior
Community engagement requirement

• Enrollees age 19-62 will have to:
  – Complete and report 80 hours/month of community engagement activities such as employment, education, or job training
How did HMP impact enrollees’ employment and student status in the first demonstration?
Employment Status and Health Characteristics of Adults With Expanded Medicaid Coverage in Michigan

Renuka Tipimeni, MD, MSc1,2; Susan D. Goold, MD, MHSA, MA1,2,3; John Z. Ayanian, MD, MPP1,2,3,4

- 48.8% Employed/self-employed
- 27.6% Out of work
- 4.5% Homemakers
- 5.2% Students
- 2.5% Retired
- 11.3% Unable to work
Employment or student status increased among HMP enrollees

Changes in HMP enrollee employment and/or student status from 2016 to 2017, among all respondents and selected sub-groups
Impact of HMP on health and employment: Summary

- HMP was associated with improvements in self-reported health and fewer days of poor physical health
- HMP was associated with increases in employment or student status
Key issues affecting Michigan safety net care in 2020

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- Impacts on FQHCs and safety net hospital care
FQHCs nationally: Increased patients, decreased uninsured

Cole et al, Health Aff, 2017
Fewer access barriers for FQHC patients

Lewis et al, The Commonwealth Fund, 2019
Fewer access barriers for FQHC patients with Medicaid

Seo et al, BMC Health Serv Res, 2019
FQHCs in Michigan: Increased patients, revenue, and staff


Figure 5: Total FQHC Revenue by Source and Year

Figure 6: Number of Full-Time Equivalent FQHC Personnel in Michigan, by Major Service Category and Year
Free clinics continue to see many uninsured patients

• Many free clinic patients would be eligible for Medicaid or subsidized Marketplace plan

• Barriers to enrolling in coverage included:
  – Perceived expense of premiums and plans
  – Lack of knowledge about eligibility
  – Immigration status
Hospital uncompensated care decreased nationally

• Hospitals in Medicaid expansion states had a greater \( \downarrow \) in uncompensated care costs than hospitals in non-expansion states
  – Majority of reduction among hospitals that provided the most uncompensated care in 2013 (\( \rightarrow \) safety net hospitals)
No change in inpatient volume, but payer shift toward Medicaid in both safety net hospitals (SNH) and non-SNHs

*Wu et al, Health Serv Res, 2018*
Hospital closure rates declined in Medicaid expansion states, 2008–2016

Lindrooth et al, Health Aff, 2018
Recap

Key issues affecting Michigan safety net care in 2020

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Path forward

What is the path forward for safety net care?

→ Addressing social and behavioral determinants of health
Understanding landscapes and practices of safety net clinics
## Types of SDOH screened at Michigan Health Centers

<table>
<thead>
<tr>
<th>Types of SDOH</th>
<th>NAM</th>
<th>HP2020</th>
<th>WHO</th>
<th>UDS</th>
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<tr>
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<td></td>
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<tr>
<td>Employment Status</td>
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<td>Family/Living Arrangements</td>
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<td>Trauma/Violence</td>
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<td>Veteran Status</td>
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<td>X</td>
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</tbody>
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Byhoff, Cohen, Hamati, Tatko, Davis, and Tipirneni, J Am Board Fam Med, 2017
• Broad consensus among health centers regarding core SDOH domains screened
• Overall alignment of health center practices with expert guidelines for SDOH screening
• Substantial variation across health centers with regard to details of screening
• Screening process varied, but screening tools standardized
  – PRAPARE (NACHC)
  – Accountable Health Communities (CMS)
  – The EveryONE Project (AAFP)

• Community health workers played important role

• State support and connections critical (LINKAGES, SIM)