



Access to Health Care in Massachusetts: Results from the 2008-2010 Massachusetts Health Insurance Surveys for Elderly Adults (Ages 65 and Older)

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Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care for Elderly Adults Highlights

Usual Source of Care and Doctor Visits

- Massachusetts elderly adults reported very good access to health care in 2010, as in past years . Nearly all elderly adults (95%) had a usual source of care – a place they went to when they were sick or needed advice about their health. White, non-Hispanic adults were more likely to have had a usual source of care (96%) than adults in other racial/ethnic groups (89%).
- Most elderly adults (93%) had a doctor visit and 85% had a preventive care visit in the 12 months prior to the 2010 survey. The share of elderly adults who had a doctor visit and a preventive care visit in the last year fell between 2009 and 2010 for those with family income less than 150% of FPL, those reporting fair or poor health, and those who were non-white or Hispanic.

Emergency Care

- About one in three (30%) elderly adults had at least one visit to the emergency room (ER) in the 12 months prior to the 2010 survey. A small share of elderly adults (7%) reported that their most recent ER visit was for a non-emergency condition, that is, a condition that could have been treated by a regular doctor if one had been available.



Access to Health Care in Massachusetts: Key Findings

2010 Access to Health Care for Elderly Adults Highlights

Unmet Need

- In 2010, 16% of elderly adults reported not getting care they needed due to cost in the last 12 months, with the level higher for the disabled (23%), those in fair or poor health (25%), and those in racial/ethnic groups other than white, non-Hispanic (26%).

Barriers to Care

- In 2010, 15% of elderly adults reported having problems obtaining health care in the past 12 months.
- Nearly one-tenth (9%) of elderly adults lived in families reporting difficulties paying medical bills in 2010.
- The share of elderly adults who reported problems paying medical bills rose between 2009 and 2010 among those without a disability and those with family income between 300% and 499% of the FPL.



Table of Contents

Introductory Information

Executive Summary	1
Methodology Summary	4

Access to Health Care: Elderly Adults

Usual Source of Care	5
Doctor Visits	9
Preventive Care Visits	13
Emergency Room (ER) Visits	17
Non-Emergency ER Visits	21
Forgoing Needed Care Due to Cost	25
Difficulties Obtaining Care	29
Problems with Medical Bills	33



Massachusetts Health Insurance Survey: Methodology Summary

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage and access to and use of health care for the non-institutionalized population in Massachusetts. In the survey, an adult member of the household is asked to respond to questions about the health insurance coverage and demographic information for all members of the household. More detailed socioeconomic characteristics and health care information are collected for one randomly selected household member (referred to as the target person in the household) and other members of his or her family who are residing in the household. Information on this target person is provided by the adult respondent for the household. The data reported here are for the household target person.

In order to ensure that the survey covers nearly all residents of Massachusetts, a dual sample frame was employed, combining a random-digit-dial (RDD) landline telephone sample with an address-based sample. The decision to rely on the dual-frame sample for the MHIS reflects the changing telephone environment as more and more households are relying on cell phones, which are not called in RDD surveys. We believe this dual-frame sampling approach combined with an improved survey instrument designed to better collect information on health insurance coverage leads to greater confidence in the estimates of the uninsured contained in this report. This design was first used for the 2008 HIS.

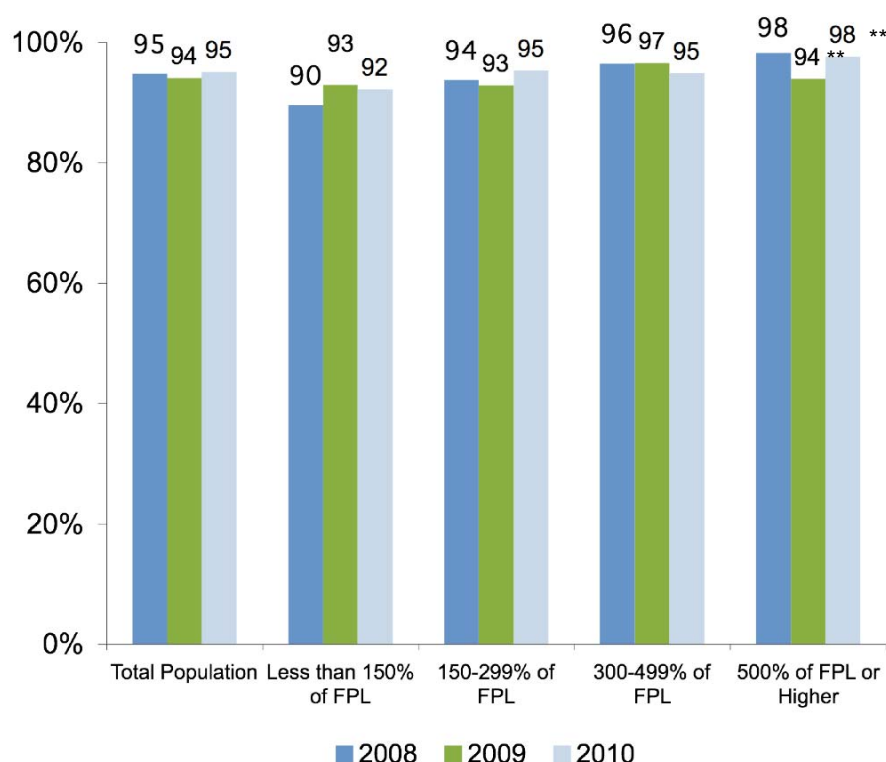
The MHIS is conducted via telephone, web, and mail by Social Science Research Solutions (formerly International Communications Research). The survey is available in English, Spanish, and Portuguese and takes, on average, about 19 minutes to complete. The 2008 MHIS was fielded between June and August 2008. The 2009 and 2010 MHIS were fielded between March and June of those years.

In 2010, surveys were completed with 4,478 Massachusetts households. The margin of error due to sampling at the 95% confidence interval for estimates that use the full sample is +/-1.71 percentage points. Estimates based on subsets of the full sample will have larger margins of error. All estimates reported here are based on sample sizes of at least 50 observations. The response rate for the 2010 MHIS was 49% for the RDD-sample and 37% for the address-based sample, for a combined response rate of 40%. While address-based samples typically yield lower response rates than RDD samples, the address-based sample, by capturing cell phone-only households and non-telephone households, improves the extent to which the survey covers the entire Massachusetts population. Additional information on the MHIS is available at www.mass.gov/dhcfp

Throughout this report, elderly adults refers to adults ages 65 and older.



Elderly Adults with a Usual Source of Care by Income



Nearly all elderly adults, regardless of family income relative to the federal poverty level (FPL), had a usual source of care. The share of elderly adults with a usual source of care rose between 2009 and 2010 for those with family income at or above 500% of the FPL.

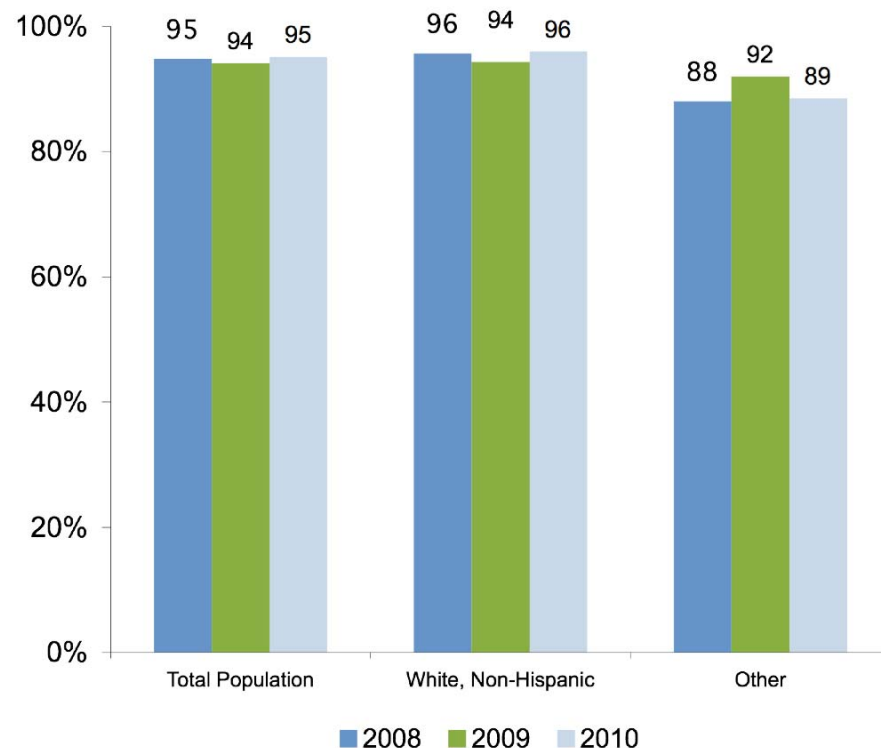
Source: Urban Institute tabulations on the Massachusetts HIS.

* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults with a Usual Source of Care by Race/Ethnicity



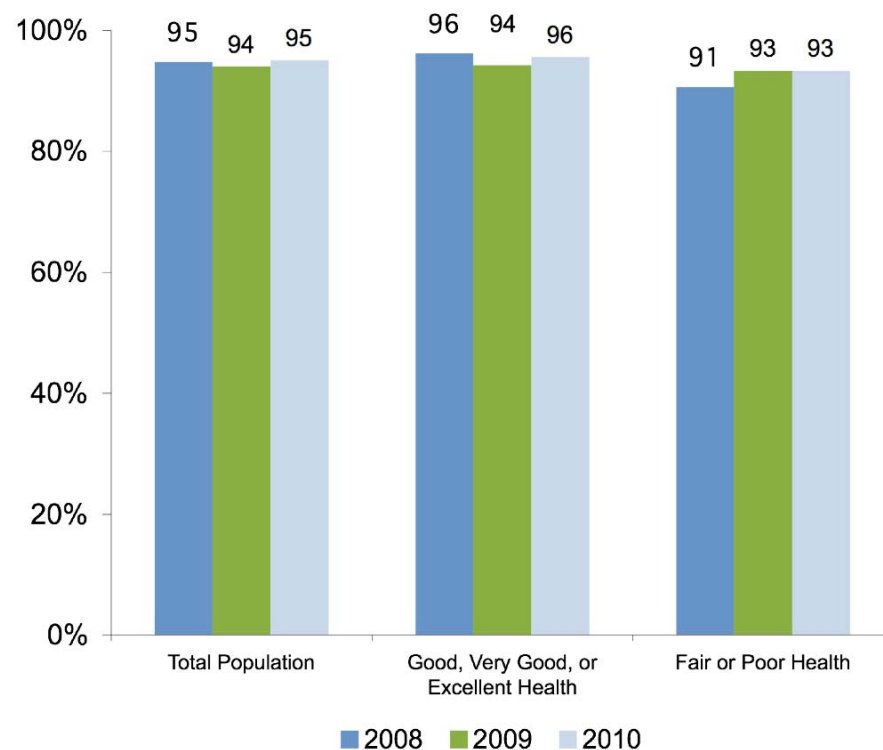
Nearly all elderly adults, regardless of disability status, had a usual source of care. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with a Usual Source of Care by Health Status



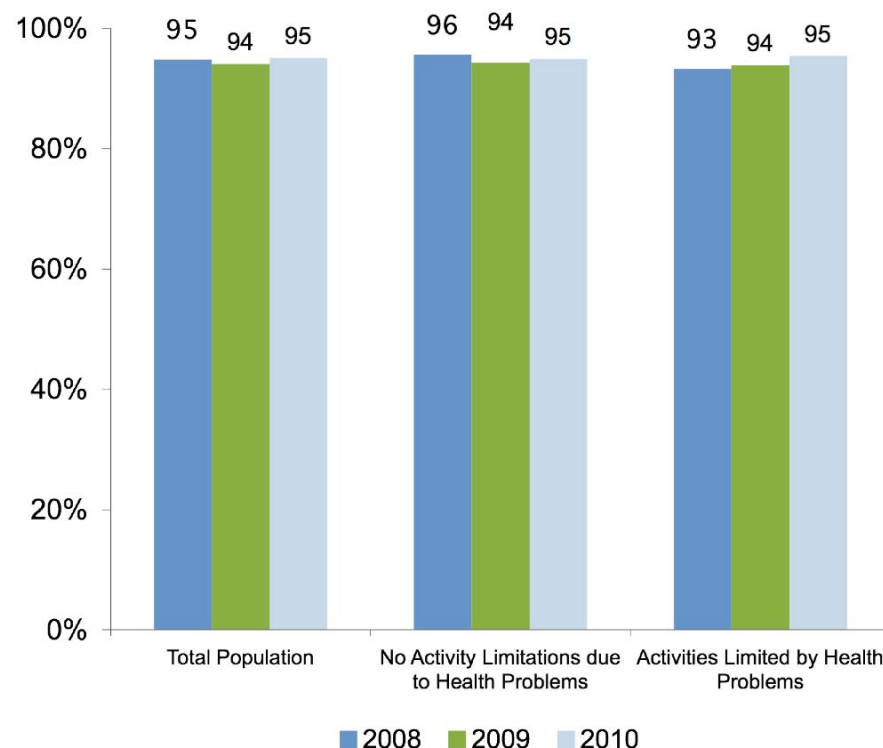
Nearly all elderly adults, regardless of health status, had a usual source of care. The 2010 estimates are not significantly different from the estimates for 2009.

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Elderly Adults with a Usual Source of Care by Disability Status



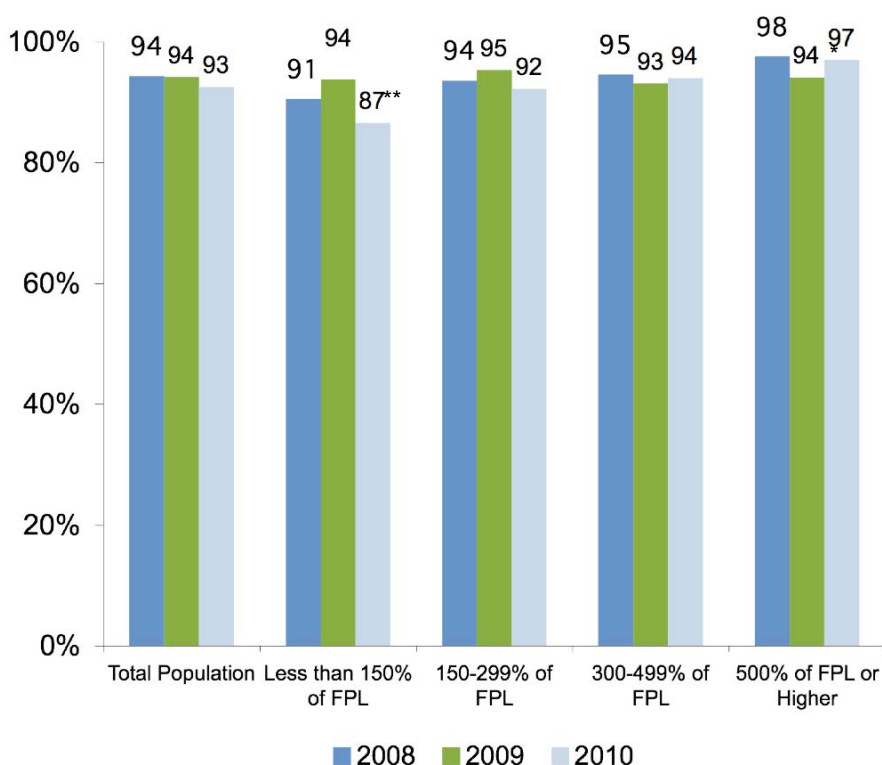
Nearly all elderly adults, regardless of disability status, had a usual source of care. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with a Doctor Visit in Past 12 Months by Income



Nearly all elderly adults, regardless of family income relative to the federal poverty level (FPL), had a doctor visit in the past 12 months. The share of elderly adults with a doctor visit dropped between 2009 and 2010 for those with family income below 150% of FPL.

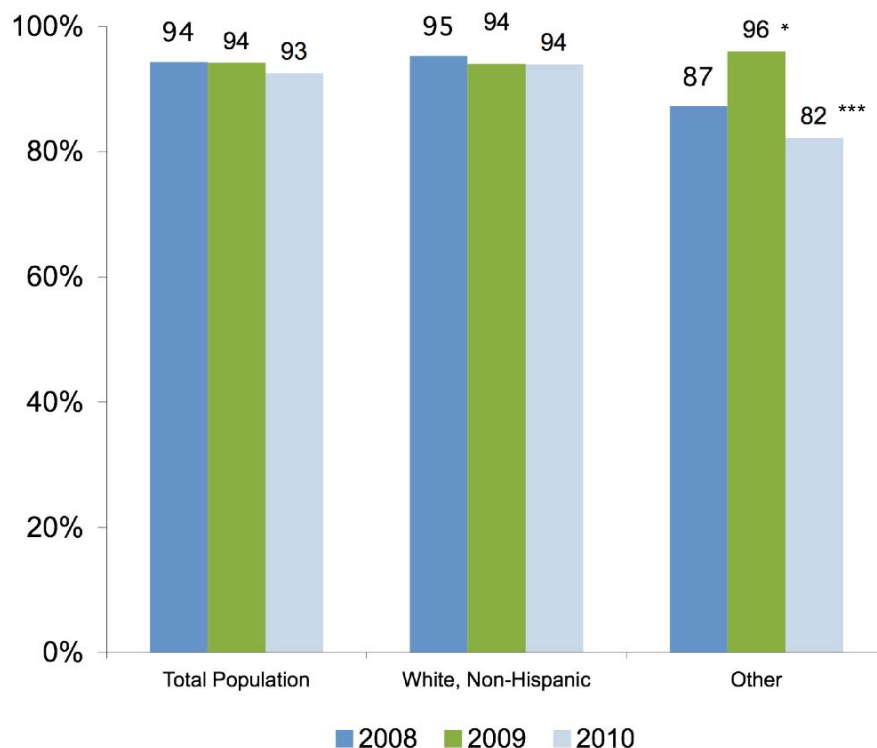
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Elderly Adults with a Doctor Visit in Past 12 Months by Race/Ethnicity



White, non-Hispanic elderly adults were more likely to have had a doctor visit in the past 12 months than were other elderly adults. The share of elderly adults with a doctor visit dropped between 2009 and 2010 for non-white and Hispanic elderly adults.

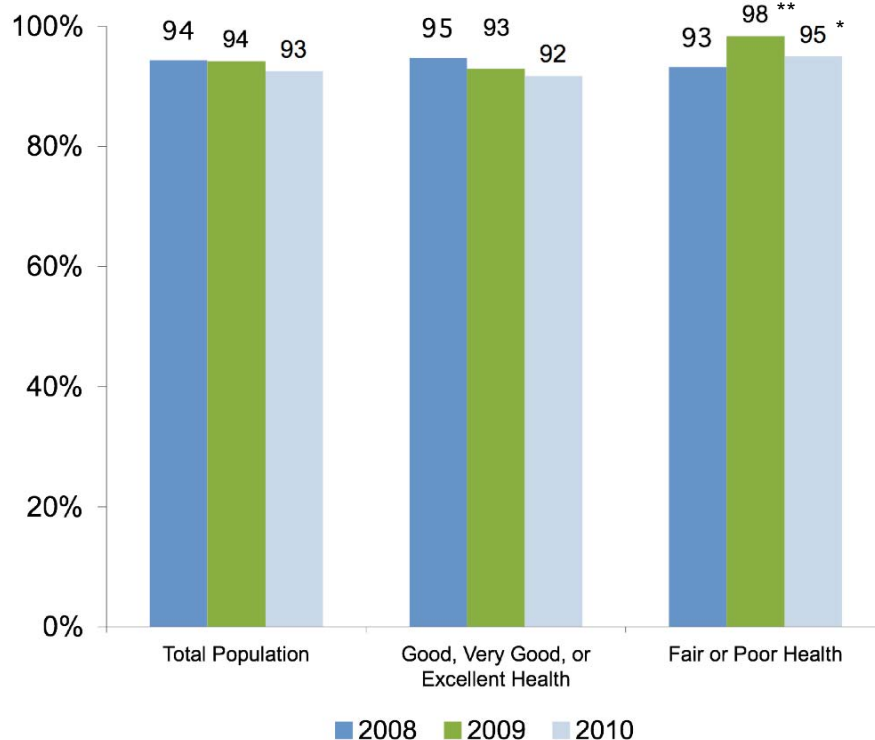
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Elderly Adults with a Doctor Visit in Past 12 Months by Health Status



Nearly all elderly adults, regardless of health status, had a doctor visit in the past 12 months. The share of elderly adults with a doctor visit dropped between 2009 and 2010 for those who reported fair or poor health.

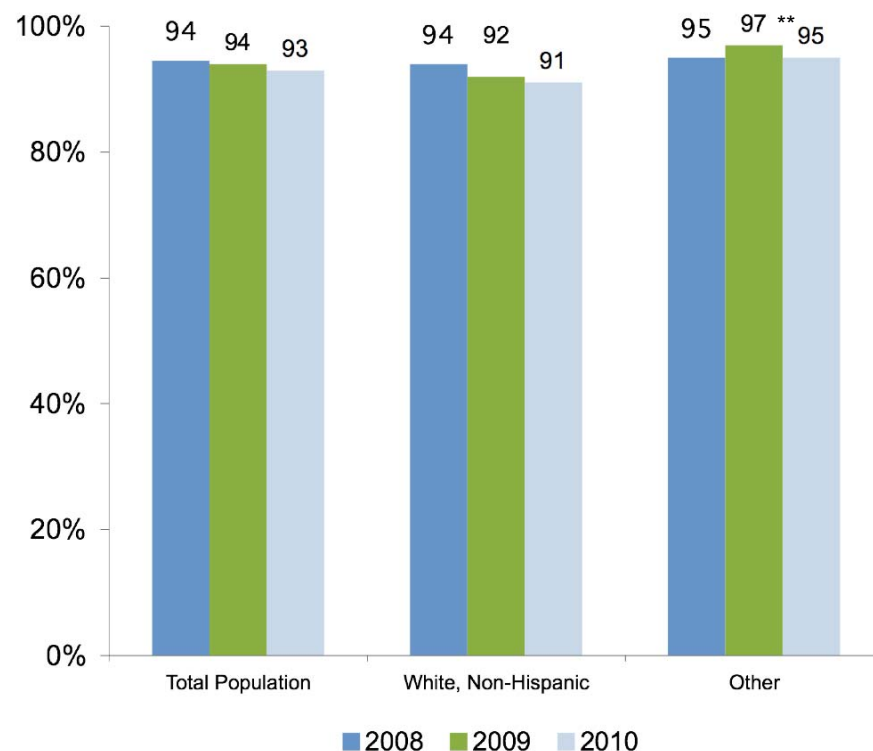
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Elderly Adults with a Doctor Visit in Past 12 Months by Disability Status



Nearly all elderly adults, regardless of disability status, had a doctor visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

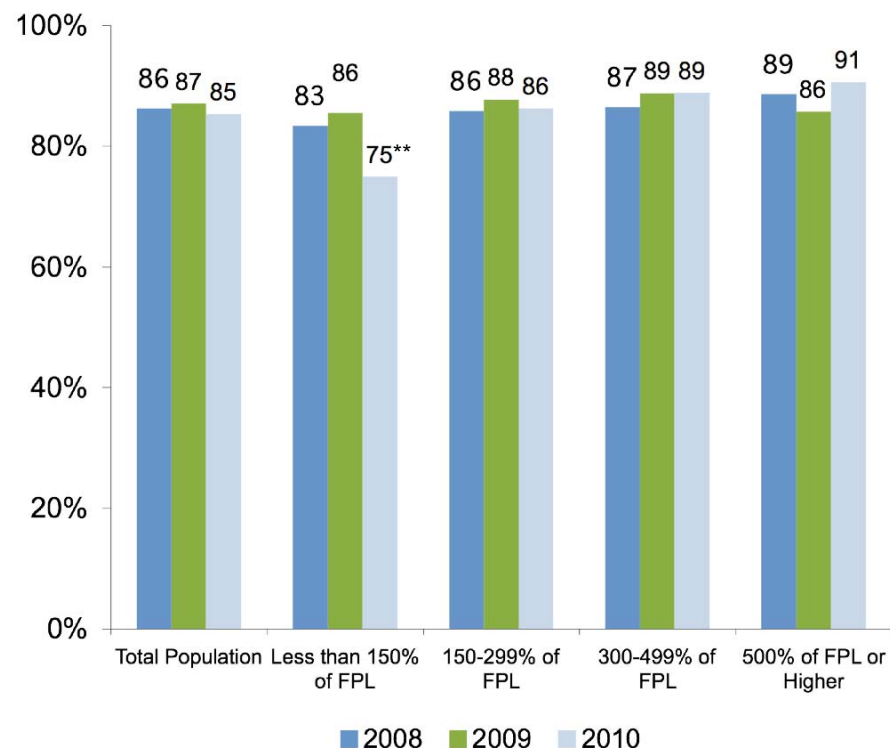
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Elderly Adults with a Preventive Care Visit in Past 12 Months by Income



Most elderly adults have had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The share of elderly adults with a preventive care visit dropped between 2009 and 2010 for those with family income less than 150% of the federal poverty level (FPL).

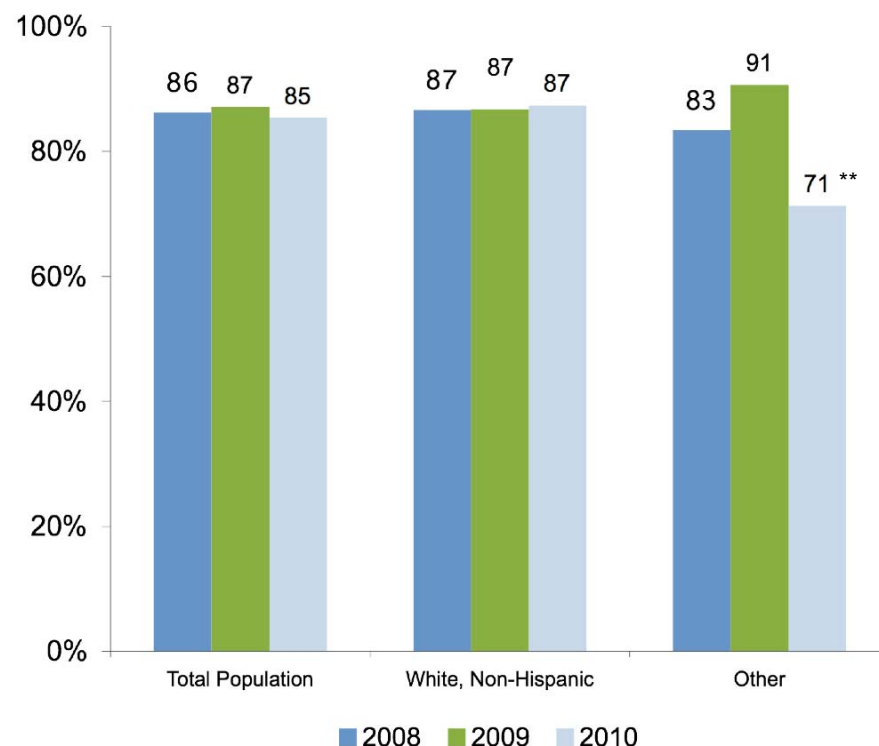
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Elderly Adults with a Preventive Care Visit in Past 12 Months by Race/Ethnicity



White, non-Hispanic elderly adults were more likely to have had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months than were other adults. The share of elderly adults with a preventive care visit dropped between 2009 and 2010 for non-white and Hispanic elderly adults.

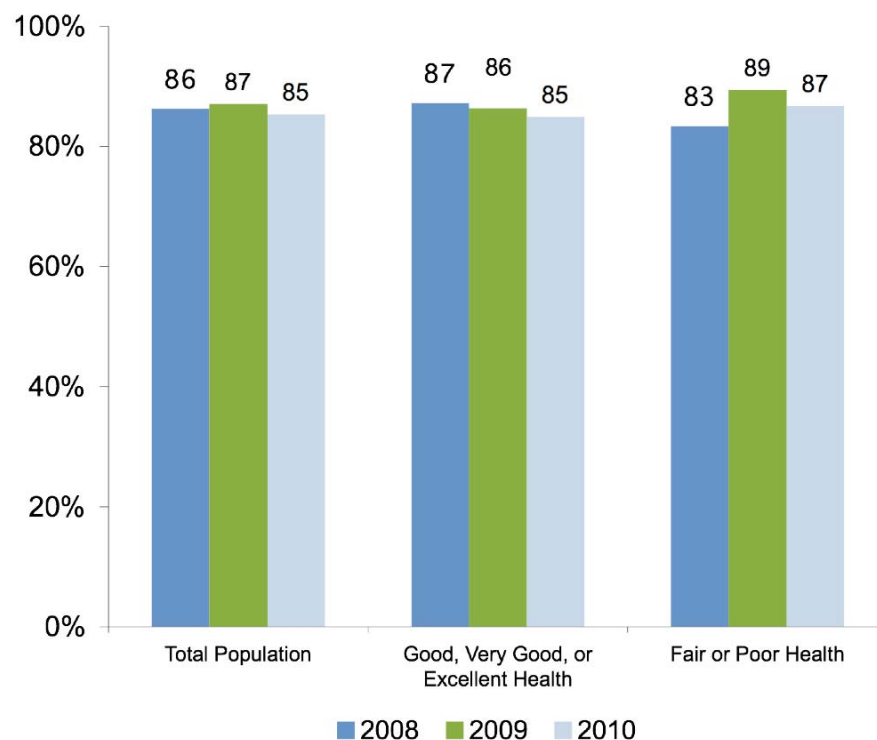
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Elderly Adults with a Preventive Care Visit in Past 12 Months by Health Status



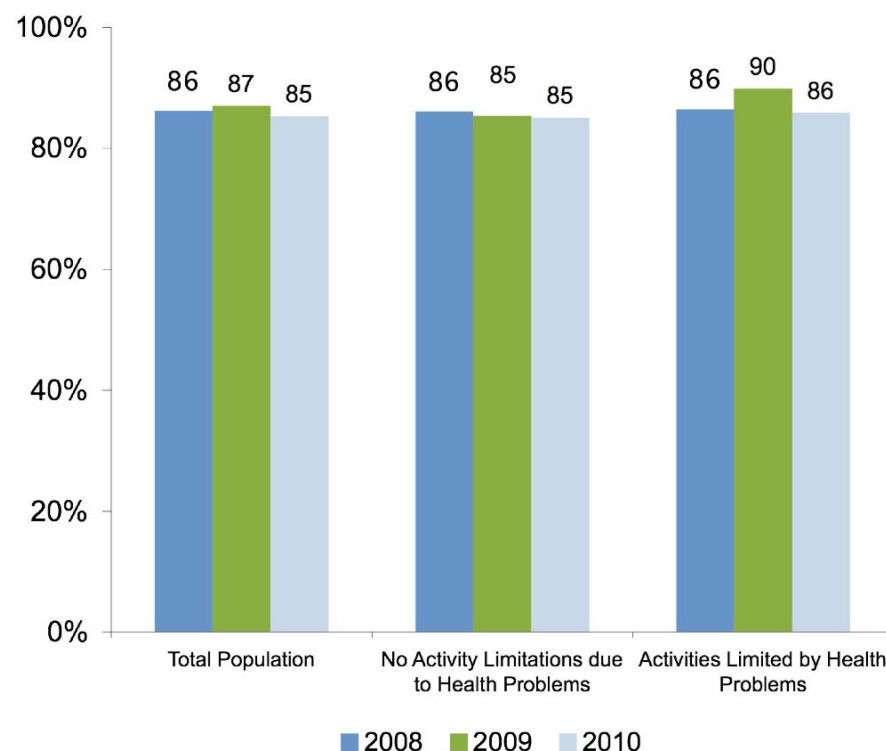
Most elderly adults, regardless of health status, had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with a Preventive Care Visit in Past 12 Months by Disability Status



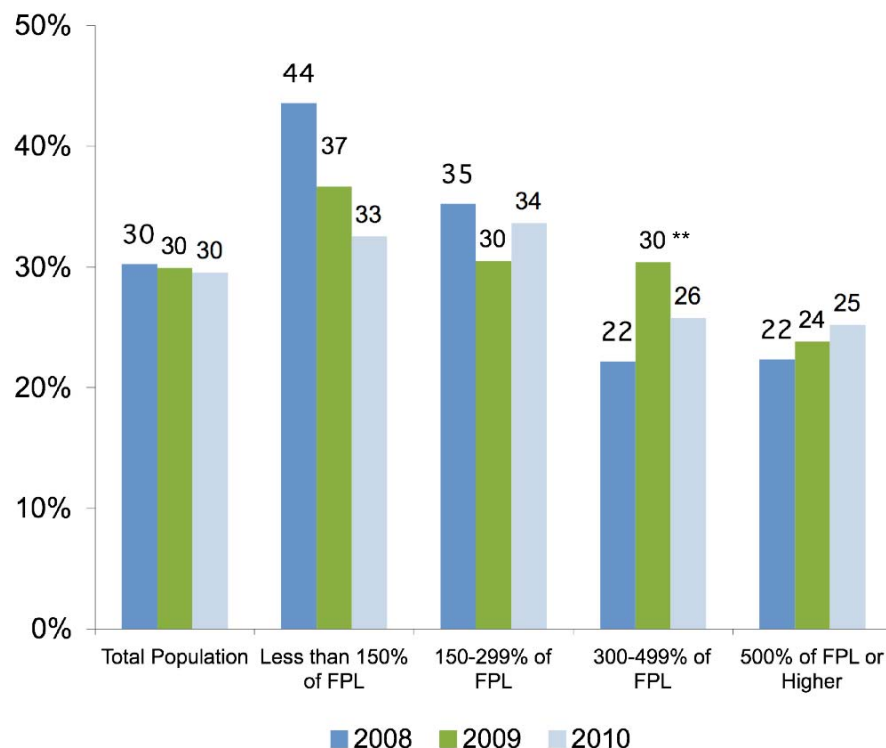
Most elderly adults, regardless of disability status, had a preventive care visit (including a check-up, physical exam or other preventive care) in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

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Elderly Adults with an ER Visit in Past 12 Months by Income



Elderly adults with family incomes below 300% of the federal poverty level (FPL) were more likely to have had an ER visit in the past 12 months than were higher-income adults. The 2010 estimates are not significantly different from the estimates for 2009.

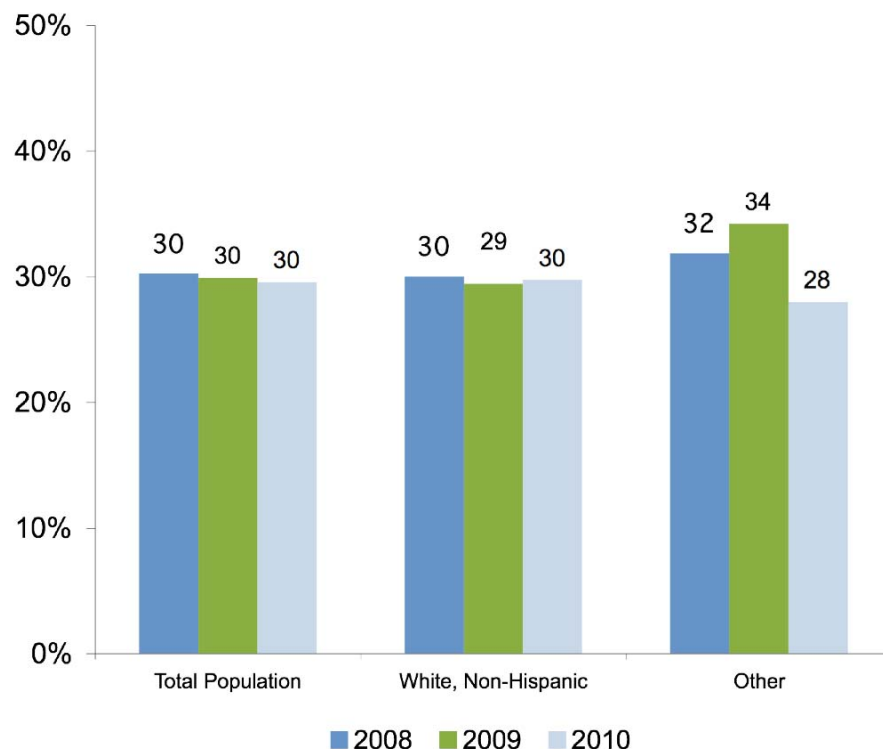
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Elderly Adults with an ER Visit in Past 12 Months by Race/Ethnicity



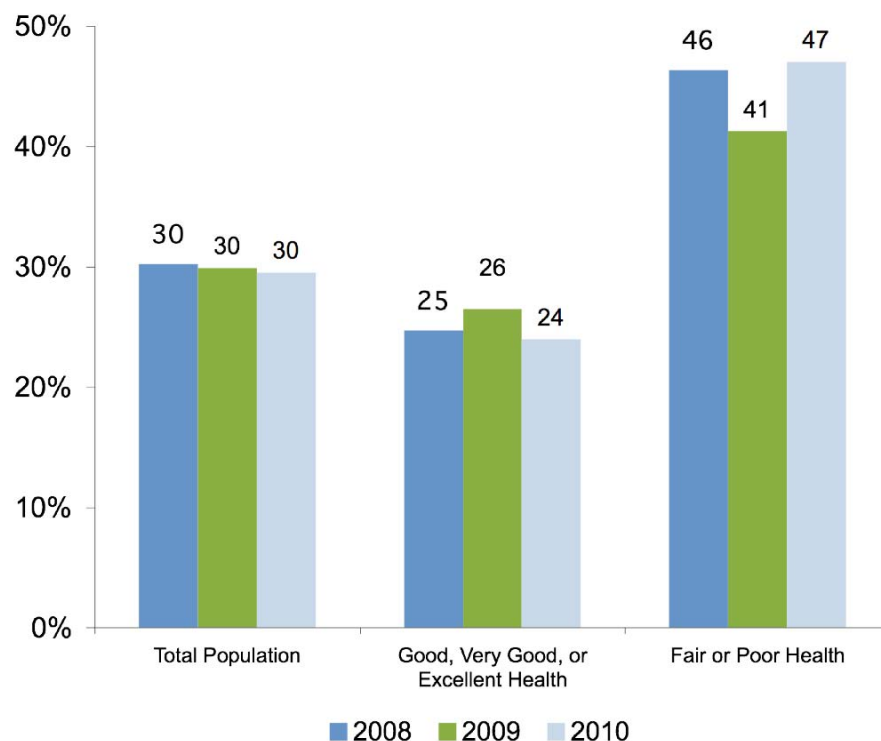
There was little difference in the share of elderly adults with an ER visit in the past 12 months by race/ethnicity. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with an ER Visit in Past 12 Months by Health Status



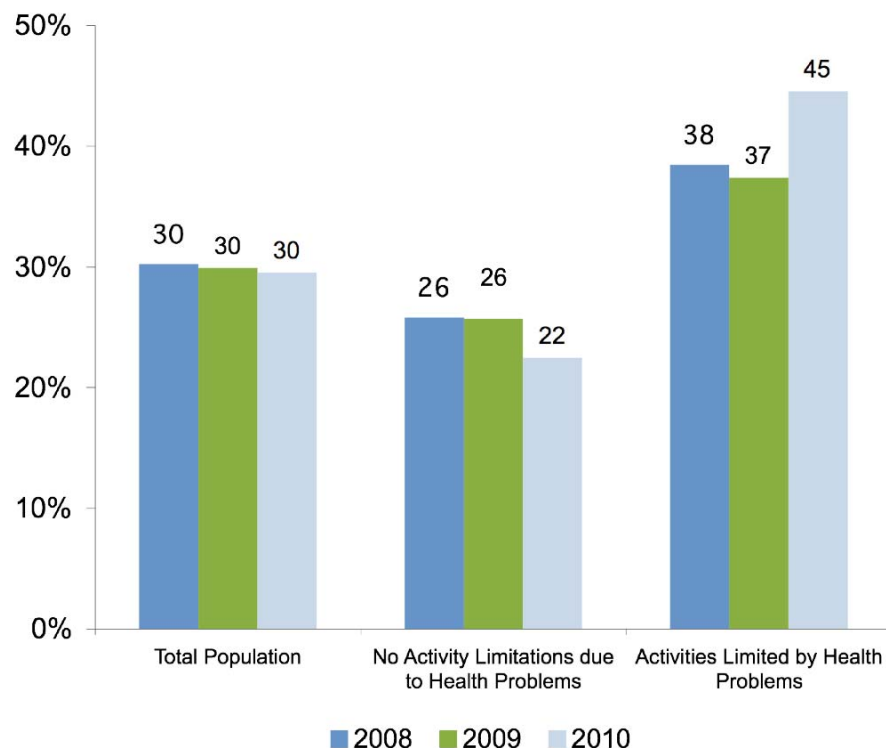
Elderly adults in fair or poor health were more likely than those in better health to have had an ER visit in the past 12 months. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with an ER Visit in Past 12 Months by Disability Status



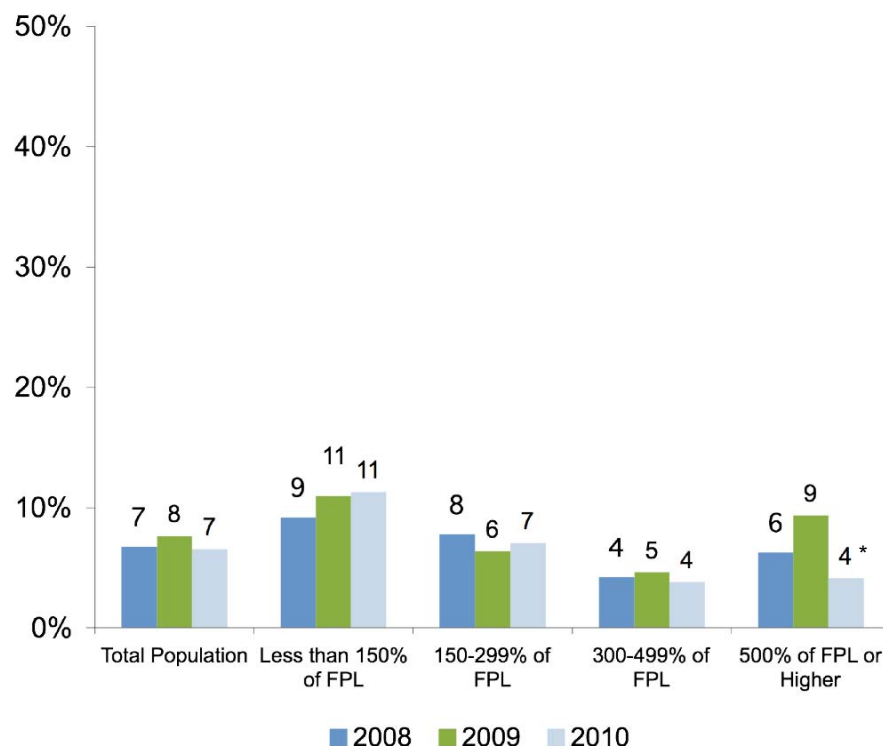
Elderly adults with a disability were more likely to have had an ER visit in the past 12 months than were those without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Income



Relatively few elderly adults had a non-emergency visit as their most recent ER visit in the past 12 months, regardless of family income relative to the federal poverty level (FPL). The share of elderly adults with a non-emergency ER visit dropped between 2009 and 2010 for those with family income at 500% of FPL or higher.

A non-emergency ER visit is one that the adult respondent for the household says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

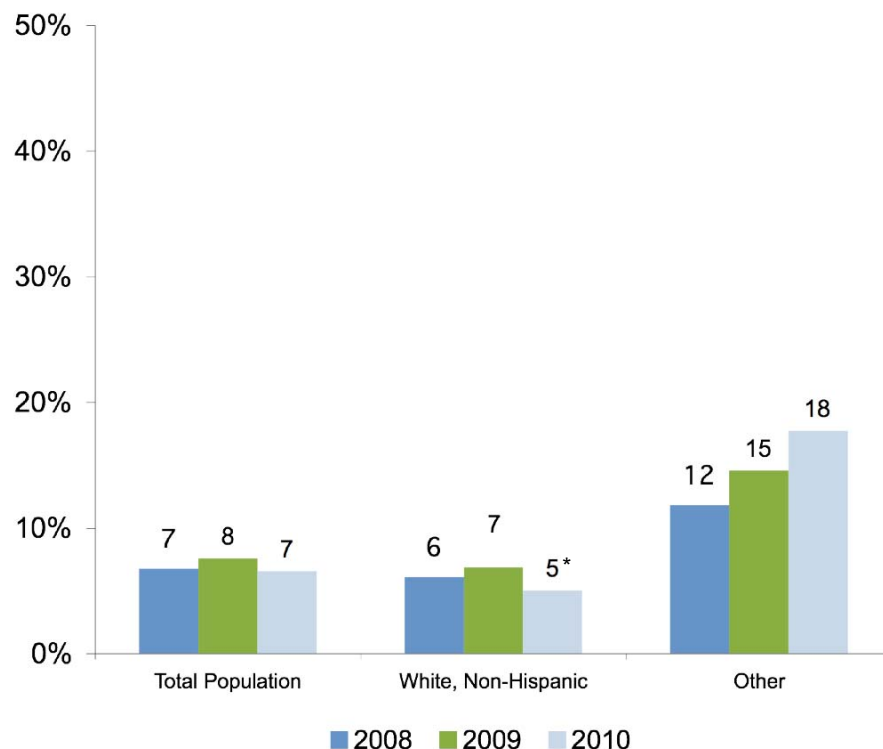
Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Race/Ethnicity



White, non-Hispanic elderly adults were less likely than others to have had a non-emergency visit as their most recent ER visit in the past 12 months. The share of white, non-Hispanic elderly adults with a non-emergency as their most recent ER visit dropped between 2009 and 2010.

A non-emergency ER visit is one that the adult respondent for the household says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

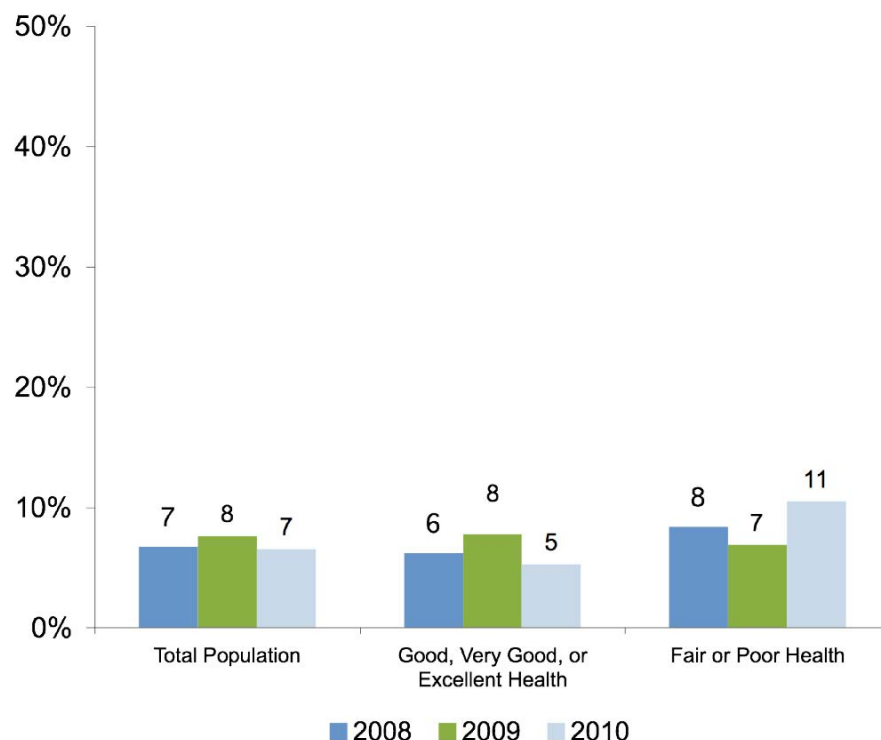
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Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Health Status



Relatively few elderly adults had a non-emergency visit as their most recent ER visit in the past 12 months, regardless of health status. The 2010 estimates are not significantly different from the estimates for 2009.

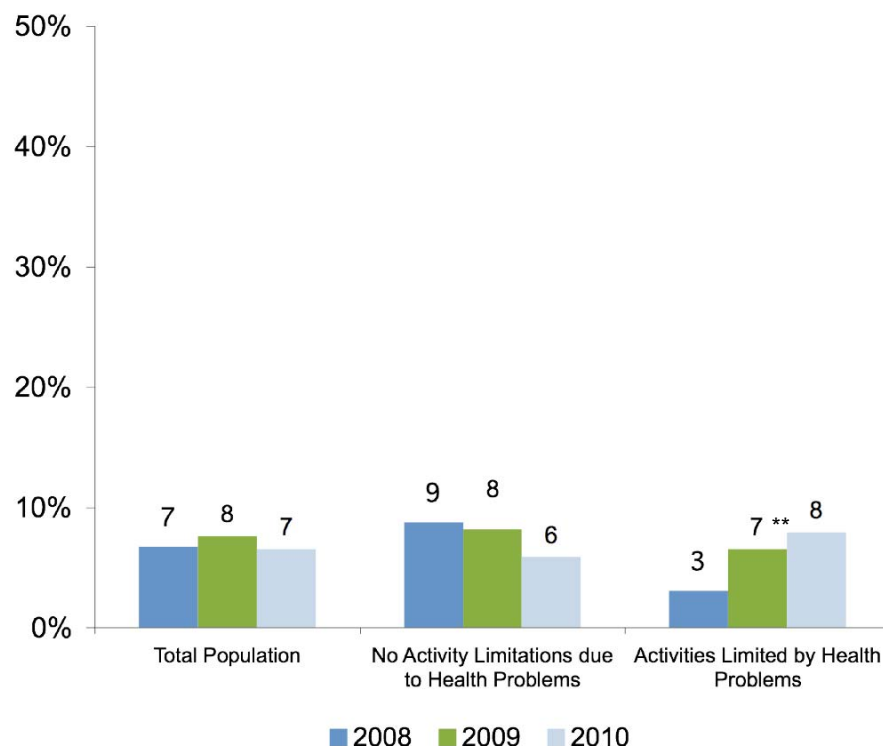
A non-emergency ER visit is one that the adult respondent for the household says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with a Non-Emergency ER Visit in Past 12 Months by Disability Status



Relatively few elderly adults had a non-emergency visit as their most recent ER visit in the past 12 months, regardless of disability status. The 2010 estimates are not significantly different from the estimates for 2009.

A non-emergency ER visit is one that the adult respondent for the household says could have been treated by a regular doctor if one had been available. This measure refers to the most recent ER visit in the past 12 months.

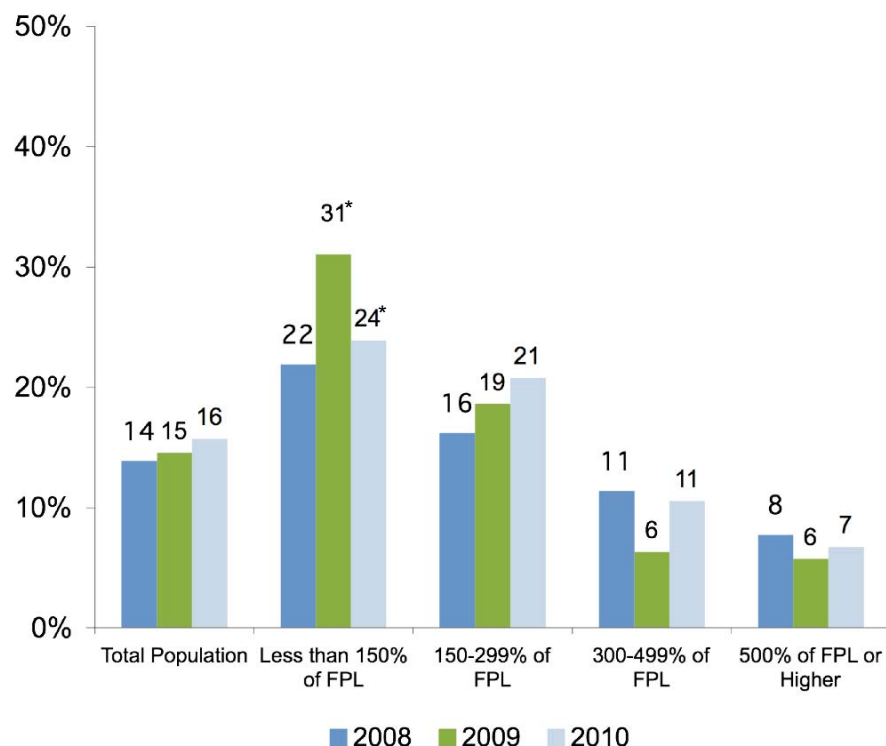
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Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Income



Unmet need for health care because of cost in the past 12 months was highest among elderly adults with family income below 150% of the federal poverty level (FPL). The share of adults reporting unmet need dropped between 2009 and 2010 for those with family income below 150% of FPL.

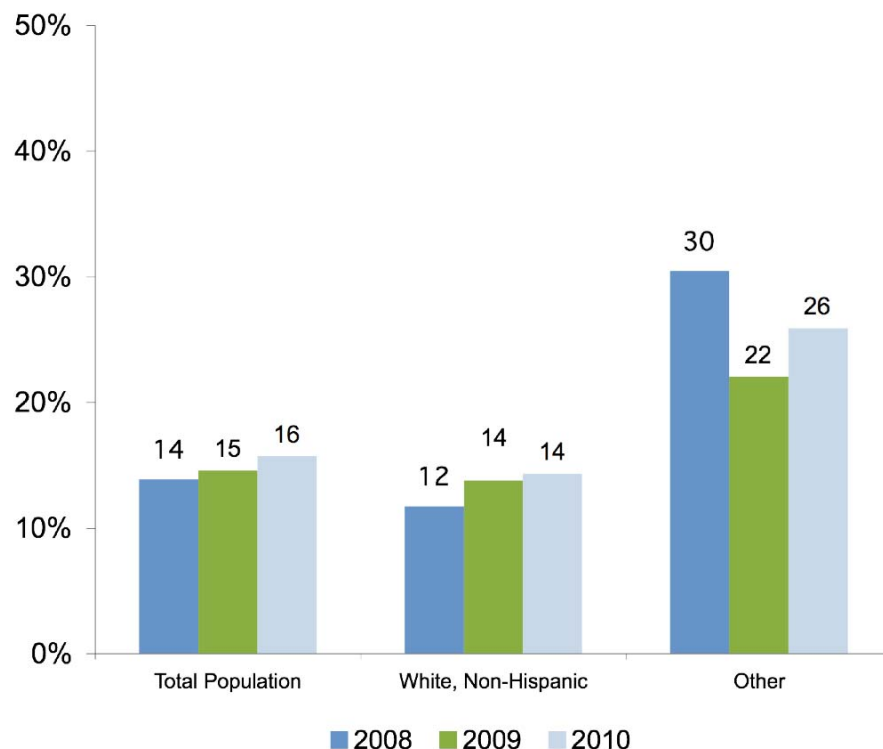
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Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Race/Ethnicity



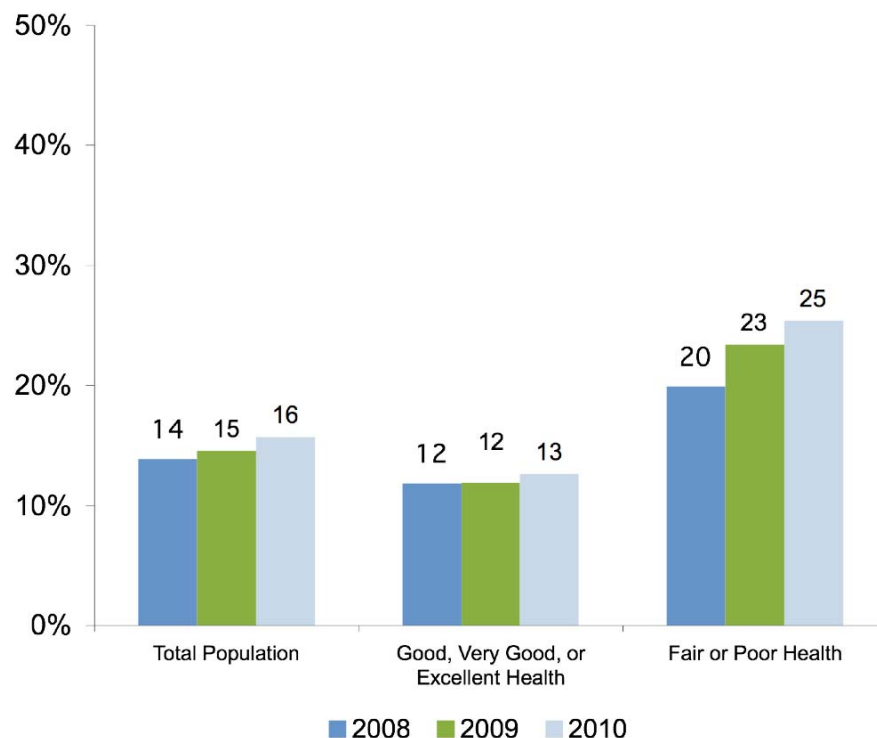
White, non-Hispanic elderly adults were less likely to have had unmet need for health care because of cost in the past 12 months than were other elderly adults. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Health Status



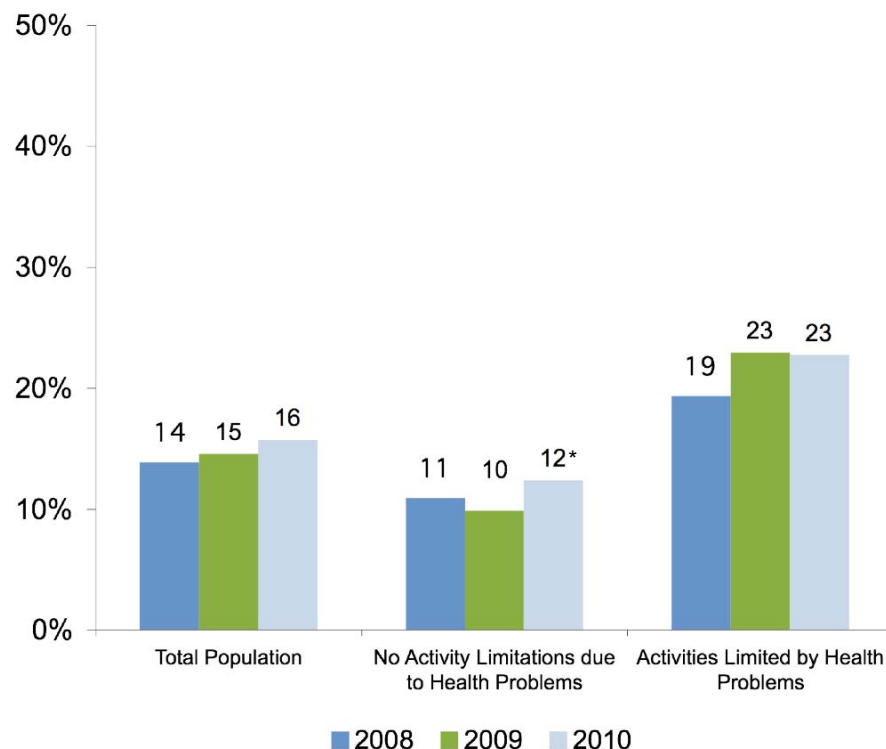
Among elderly adults, those in fair or poor health were more likely to have had unmet need for health care because of cost in the past 12 months than were those reporting good or excellent health. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults Not Getting Needed Care Due to Cost in Past 12 Months by Disability Status



Among elderly adults, those who were disabled were more likely to have had unmet need for health care because of cost in the past 12 months than were those without a disability. The share of elderly adults with unmet need rose between 2009 and 2010 for those without disability.

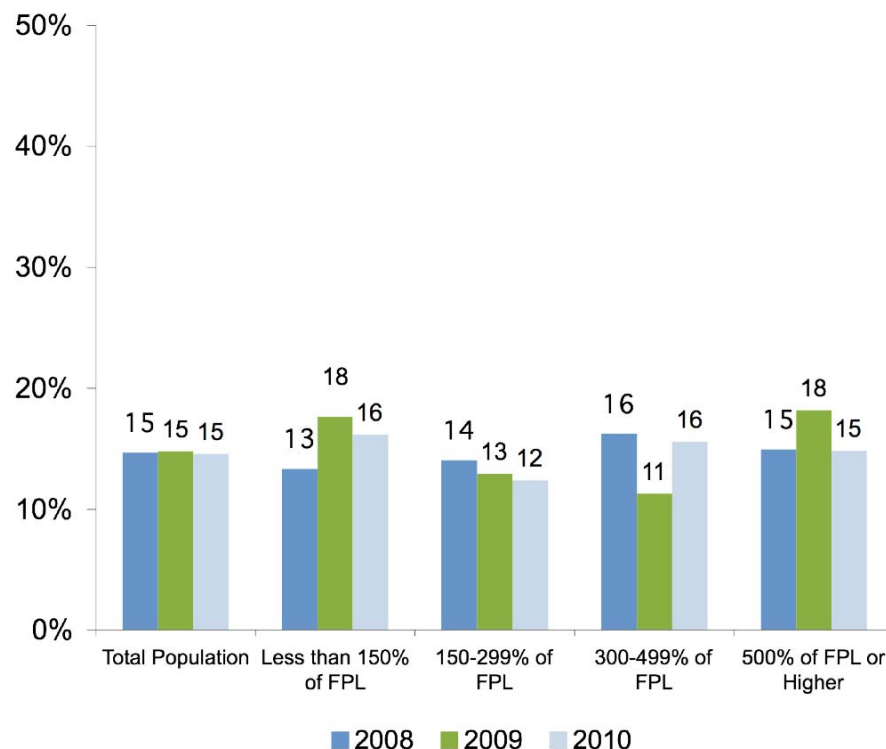
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Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Income



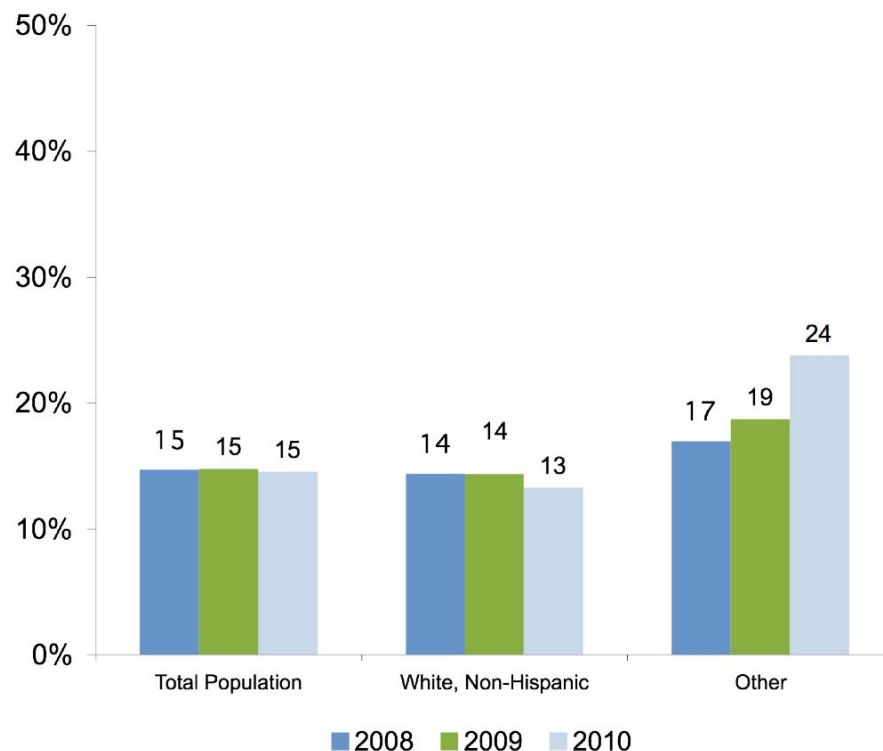
There was little difference in the share of elderly adults reporting difficulty obtaining health care in the past 12 months by family income relative to the federal poverty level (FPL). The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Race/Ethnicity



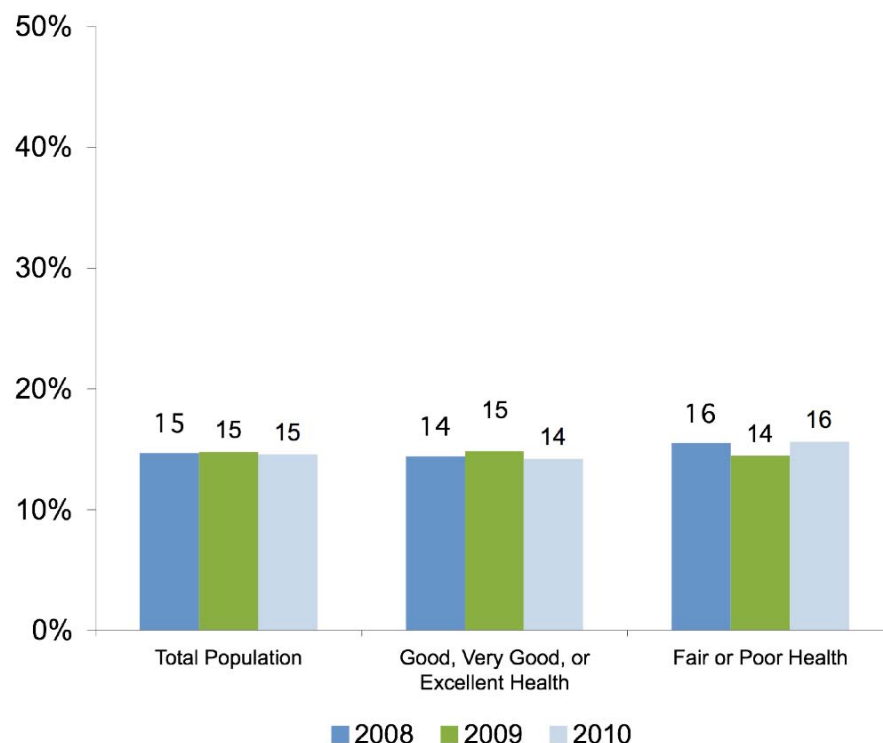
White, non-Hispanic elderly adults were less likely to have had problems obtaining health care in the past 12 months than were other elderly adults. The 2010 estimates are not significantly different from the estimates for 2009.

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Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Health Status



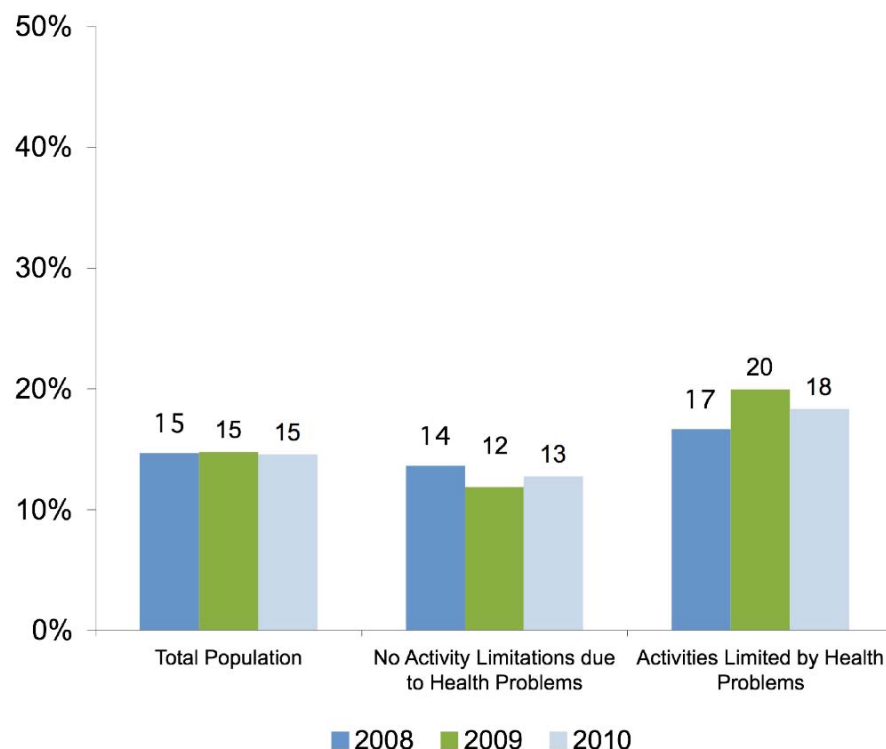
There was little difference in the share of elderly adults reporting problems obtaining health care in the past 12 months by health status. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

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Elderly Adults with Difficulty Obtaining Care in Past 12 Months by Disability Status



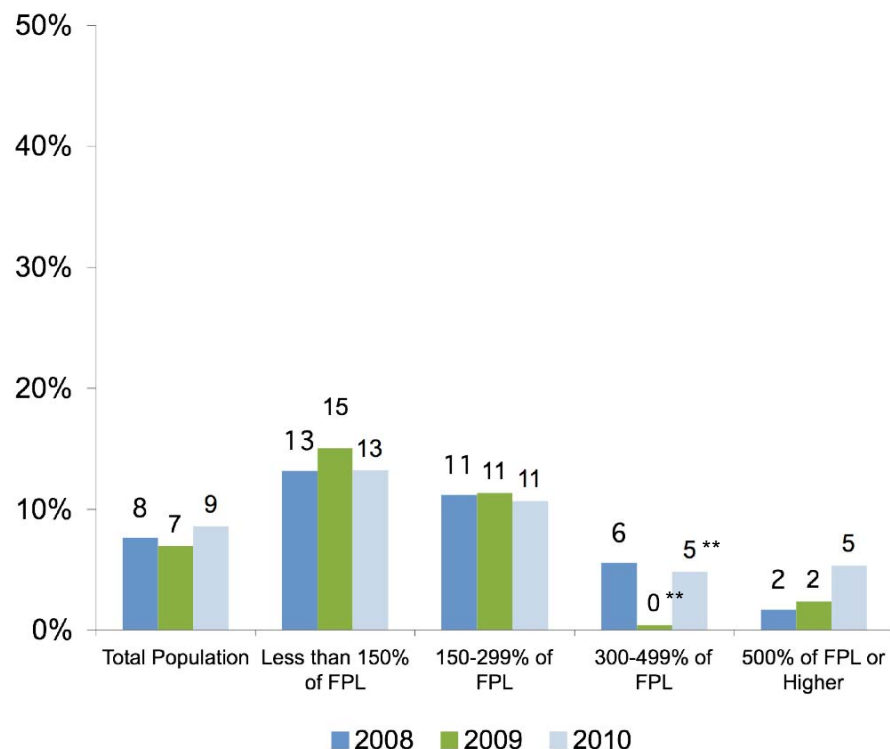
Elderly adults with a disability were more likely to have had problems obtaining health care in the past 12 months than were those without a disability. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Income



Elderly adults with family incomes below 300% of the federal poverty level (FPL) were most likely to live in families that had problems paying medical bills in the past 12 months. The share of elderly adults in families with problems paying medical bills rose between 2009 and 2010 for those with family income between 300% and 499% of FPL.

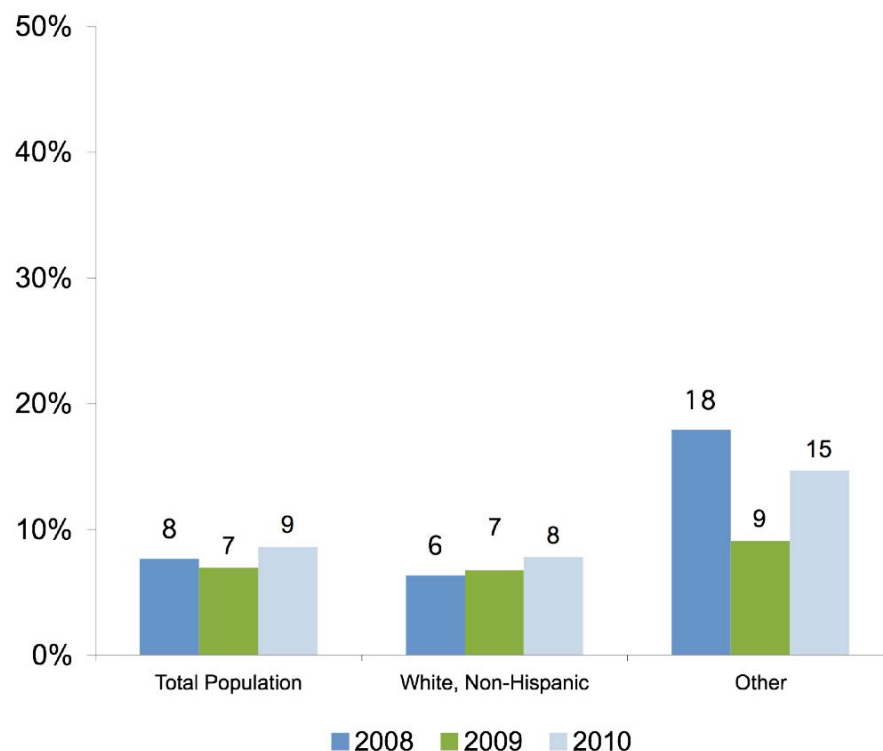
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Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Race/Ethnicity



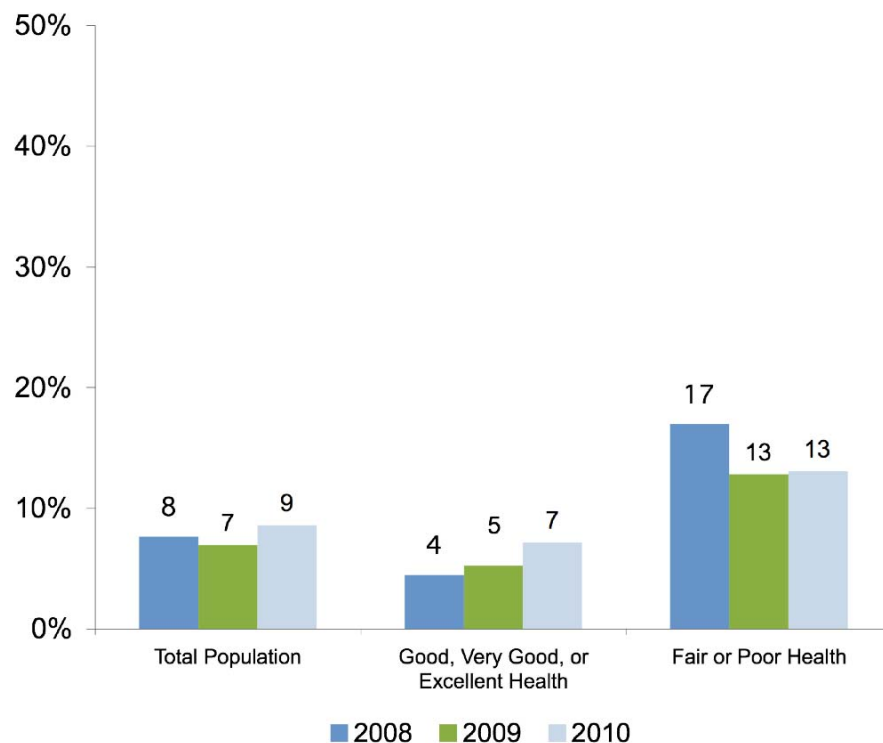
Compared with white, non-Hispanic elderly adults, other elderly adults were more likely to live in families that had problems paying medical bills in the past 12 months. Despite the apparent change over time, the 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Health Status



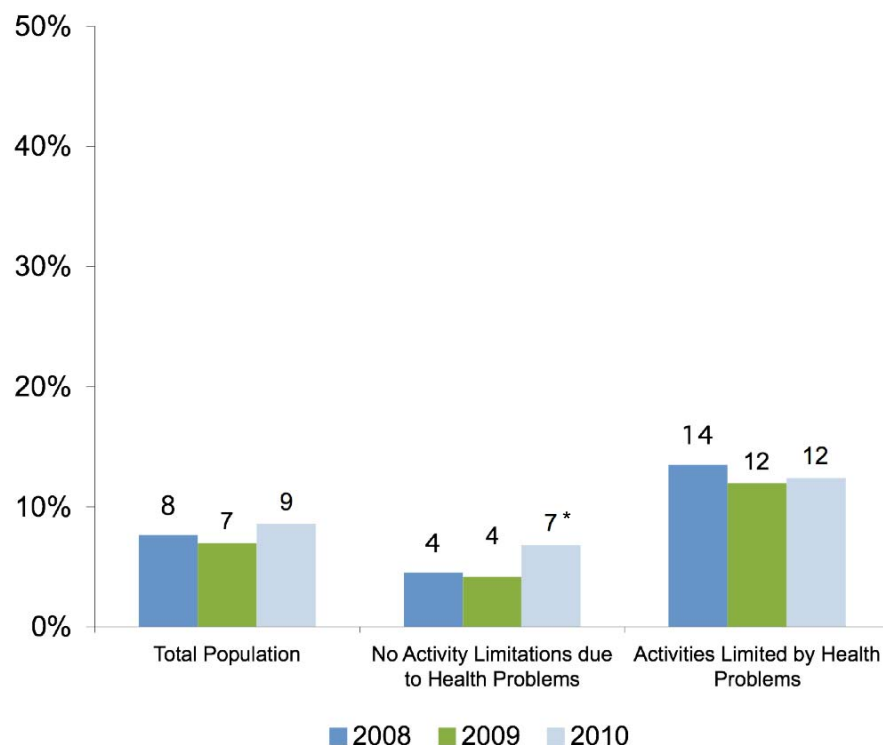
Elderly adults in fair or poor health were more likely to live in families that had problems paying medical bills in the past 12 months than were adults in better health. The 2010 estimates are not significantly different from the estimates for 2009.

Source: Urban Institute tabulations on the Massachusetts HIS.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.



Elderly Adults in Families with Problems Paying Medical Bills in Past 12 Months by Disability Status



Elderly adults with a disability were more likely than those without a disability to live in families that had problems paying medical bills in the past 12 months. The share of elderly adults in families with problems paying medical bills rose between 2009 and 2010 for those with no disability.

Source: Urban Institute tabulations on the Massachusetts HIS.

* (**) (***) Estimate is significantly different from the prior year at the 10% (5%) (1%) level, two-tailed test.

Note: In some cases, what appear to be relatively large differences in estimates between years are not statistically significant. This arises because estimates based on small subgroups of the overall population have larger variances, making point estimates less precise.





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