

Utah Health Status Update:

Evaluating Utah's Section 1115 Waiver

February 2007

Utah Department of Health

In 1993, Governor Leavitt introduced Health-Print, a step-by-step plan for reducing the uninsured rates in the State of Utah. As part of this, the administration sought a way to provide health care access for low-income working adults who lacked health care coverage. Utah's Section 1115 waiver was introduced in 2002 as a way to provide access to primary care, pharmacy, and emergency coverage for this group.

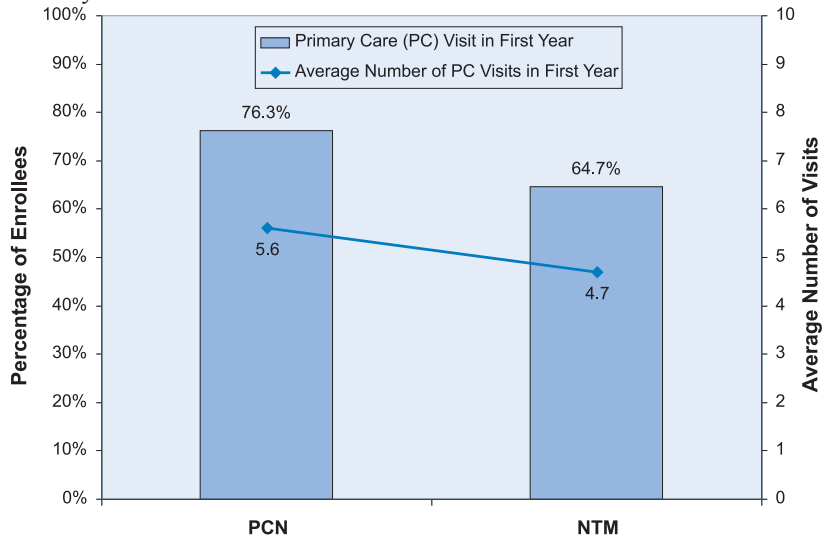
The waiver represented the first time that the federal government permitted a state to offer a limited benefit plan under Medicaid that did not include hospitalization or specialty care. Two new groups within Medicaid were created, the Primary Care Network (PCN) and the Non-Traditional Medicaid (NTM) program. PCN is a limited benefit expansion program for uninsured low-income adults and is funded by reducing the benefit and increasing the cost sharing provided to NTM clients as well as from previous state funding targeted for this population. Non-Traditional Medicaid is a program for low-income parents of Medicaid children

The main goal of the waiver was to demonstrate that by slightly reducing benefits to some Medicaid clients, the State could provide a significant benefit to low-income adults who would otherwise have no access to health care coverage. The State also expected to show that the benefits provided to PCN clients would allow them to receive quality primary care services, reducing costs in the system by reducing emergency room visits and other inefficient means of getting health care. In a recent research study, the Utah Department of Health evaluated the effectiveness of this waiver in accomplishing its stated goals.

The study used a mix of survey and administrative data to evaluate the waiver's impact on access, quality, and cost. The survey data came from a three-year longitudinal survey of clients that enrolled at the beginning of the program. The administrative data come from the Medicaid Data Warehouse. The full report

Access

Figure 1. Percentage of enrollees who received a primary care visit and average number of primary care visits in the first year of enrollment, Primary Care Network and Non-Traditional Medicaid enrollees



will be released in early 2007. This update contains a selection of the major findings.

Over 50,000 people have been enrolled in the Primary Care Network since it began operations in July 2002. The data show that participation in the Primary Care Network has a positive impact on access to health care in several ways. First, the administrative data show that on average enrollees stay enrolled in the Primary Care Network for 16.7 months after initial enrollment. 76.3% of enrollees receive a primary care visit within one year of enrolling and for those that are getting primary care visits, the average number of visits in the first year is 5.6 (Figure 1).

The longitudinal surveys allow us to compare the experience of those that re-enrolled after their first year of enrollment (R) with those that left the program after the first year (D). About two thirds of both groups report having received "needed" medical care during the year before they started on PCN (R: 65%, D: 68%). At the end of the first year of enrollment, the surveys show an increase in the percent of both groups that report receiving needed medical care (R: 81%, D: 83%). At the end of the second year, 84% of the re-enrollees (who are still on PCN) report getting needed medical care compared to 67% of the disenrollees (who are no longer on PCN).

Continuity of care (seeing the same provider over time) is an important aspect of the quality of care a patient receives. On average, PCN clients receiving three or more primary care visits received 67% of

those visits from the same doctor or clinic with 23% of these clients receiving 100% from the same doctor or clinic (Figure 2).

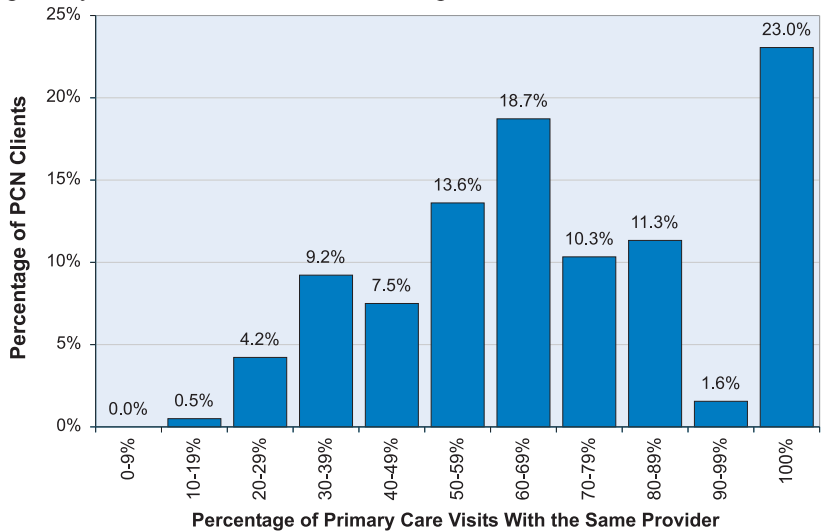
Another goal of PCN is to reduce the cost to the system of inefficient care. While we would ideally like to compare the utilization patterns of PCN clients to the uninsured, the best comparison group that we have data for is NTM adults. The administrative data show that only 27% of PCN clients received an emergency room visit during their first year compared to 42% of NTM clients. While it is understood that emergencies will still happen, the program encourages patients to establish a relationship with a primary care provider instead of relying on the emergency room for care. Only 5% of PCN clients that received an emergency room visit had not established a primary care relationship. This compares with 23% of NTM adults.

When PCN clients do go to the emergency room for treatment, it is more likely to be due to appropriate need than when NTM clients go to the emergency room. For example, 33% of PCN emergency room visits were due to injury, compared to 19% for NTM (Figure 3). Of the non-injury visits, only 23% of PCN visits were categorized as “non-emergent” compared to 40% of NTM visits.

In summary, the data show that the Primary Care Network has been successful in increasing access to quality care and reducing the overall cost to the system for adults that would otherwise have no access to health insurance showing that some coverage is indeed better than no coverage.

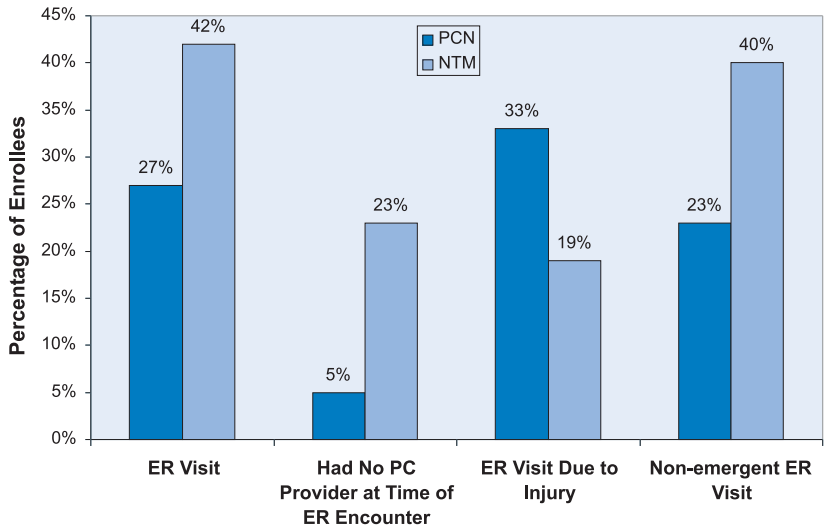
Quality

Figure 2. Distribution of a measure of continuity of care: the percentage of primary care visits received at the same provider or clinic



Cost

Figure 3. Percentage of enrollees who had an ER visit, had no primary care visit before the ER encounter, had an ER visit due to an injury, and had an ER visit classified as non-emergent, Primary Care Network and Non-Traditional Medicaid enrollees



February 2007 Utah Health Status Update

For additional information about this topic, contact Norman K. Thurston, Ph.D., Research Consultant, Utah Department of Health, Box 143101, Salt Lake City, UT 84114-3101, (801) 538-7052, FAX, (801) 538-6099, e-mail: nthurston@utah.gov; or the Office of Public Health Assessment, Utah Department of Health, Box 142101, Salt Lake City, UT 84114-2101, (801) 538-6108, FAX (801) 538-9346, email: phdata@utah.gov

Breaking News, January 2007

Behavioral Risk Factor Data by Utah's Small Areas

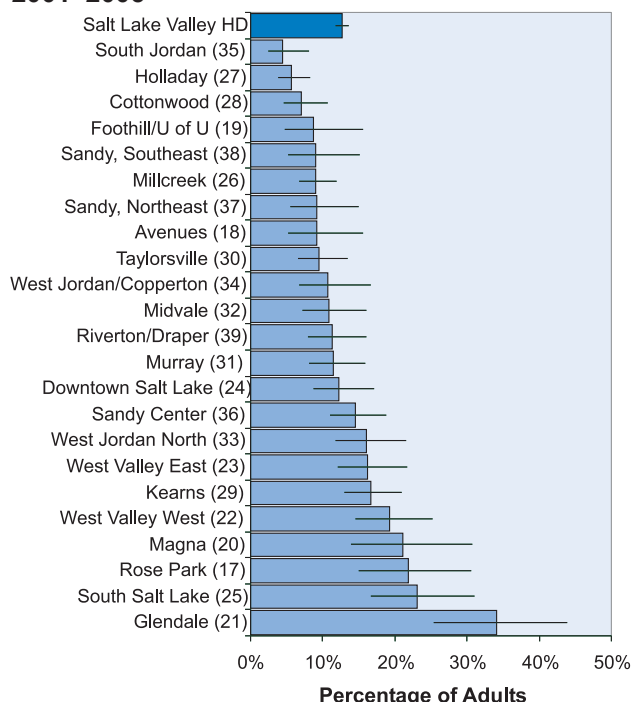
In an upcoming report, a subset of the Utah Behavioral Risk Factor Surveillance System data will be available by Utah's 61 small areas for the first time. By including a question about zip code since 2001, we were able to analyze some survey questions within zip code-designated neighborhoods in Utah's metropolitan areas particularly. Utah's small areas were designated in 1997 so as to make health data available at the community level. We had to combine five years of data in order to obtain large enough survey samples in all small areas for this analysis.

One of the questions asked for all years from 2001–2005 is about general health status, also referred to as self-rated health. It is measured by asking survey respondents the question, "Would you say that in general your health is excellent, very good, good, fair or poor?" For this analysis we included people who reported either fair or poor health. These estimated percentages by small area were age-adjusted in order to control for differences in the age distributions of the small areas. Age-adjustment was particularly important for this measure because the percentage of adults who report fair or poor health increases with age.

These data are depicted in the accompanying graph for the neighborhoods in the Salt Lake Valley Health District that encompasses Salt Lake County. Salt Lake County has 23 small areas. As can be seen in the graph, there was a large variation in the percentage of adults aged 18 and older who reported fair or poor health by neighborhood in Salt Lake County. This age-adjusted percentage ranged from a low of 4.4% in South Jordan to a high of 34% in Glendale. We hope this data will help in monitoring population health within Utah's communities.

More information about Utah's small areas is available at <http://health.utah.gov/opha/IBIShelp/sarea/SmallAreaAnalysis.htm>

Percentage of Persons Who Reported Fair or Poor General Health Status by Small Area, Salt Lake Valley Health District, Adults Aged 18+, 2001–2005



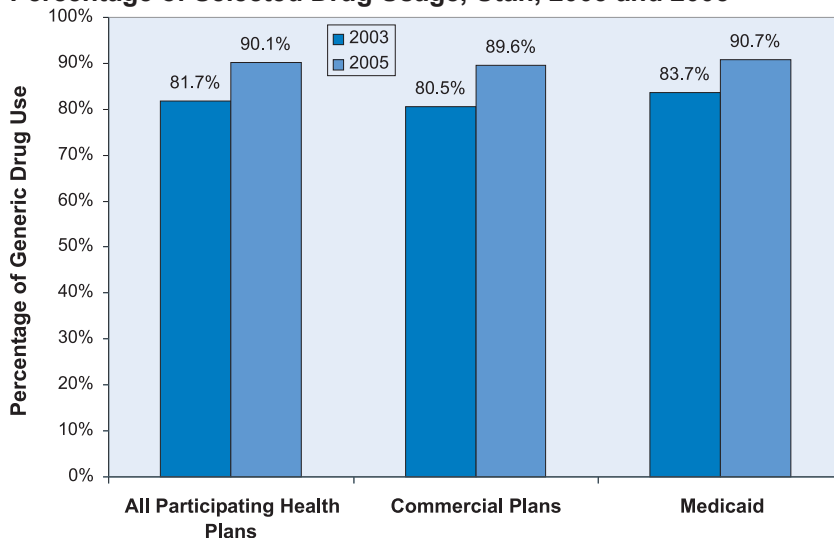
Community Health Indicators Spotlight, January 2007

Use of Selected Generic Drugs by Utah Commercial and Medicaid Health Plans

The increasing costs of prescription medications, along with the associated burden to patients and the healthcare system, have been well documented. Generic drugs have the same therapeutic properties as their brand name counterparts, but are significantly less expensive to produce. The use of generics can result in significant cost savings.

The 2005 Utah Pharmacy Database Report examined the percentage of generic vs. brand name prescriptions for a selected list of 24 medications available in generic form in Utah. The figure shows that the use of 24 types of generic drugs in Utah has been improved statewide from 82% in 2003 to 90% in 2005. Participating commercial health plans increased selected generic drug usage from 81% to 90%; while Utah Medicaid Program had kept a slightly higher level of effective use of generic drugs than the commercial plans in both years.

Percentage of Selected Drug Usage, Utah, 2003 and 2005



Monthly Health Indicators Report

(Data Through December 2006)

Monthly Report of Notifiable Diseases, December 2006	Current Month # Cases	Current Month # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
Campylobacteriosis (Campylobacter)	8	17	270	277	1.0
Enterotoxigenic Escherichia coli (E. coli)	4	4	148	82	1.8
Hepatitis A (infectious hepatitis)	0	2	14	44	0.3
Hepatitis B (serum hepatitis)	4	5	28	44	0.6
Influenza [†]	Weekly updates at http://health.utah.gov/epi/diseases/flu				
Measles (Rubeola, Hard Measles)	0	0	0	0	--
Meningococcal Diseases	0	1	7	8	0.9
Norovirus	1	0*	11	11*	1.0
Pertussis (Whooping Cough)	55	21	781	243	3.2
Salmonellosis (Salmonella)	26	14	280	258	1.1
Shigellosis (Shigella)	5	3	77	50	1.5
Varicella (Chickenpox)	180	50*	996	564*	1.8
Viral Meningitis	5	8	78	167	0.5
Notifiable Diseases Reported Quarterly, 4th Qtr 2006	Current Quarter # Cases	Current Quarter # Expected Cases (5-yr average)	# Cases YTD	# Expected YTD (5-yr average)	YTD Standard Morbidity Ratio (obs/exp)
HIV	32	19	162	72	2.3
AIDS	7	13	57	51	1.1
Chlamydia	1,322	1,201	5,057	3,777	1.3
Gonorrhea	243	151	871	467	1.9
Tuberculosis	9	7	34	34	1.0
Program Enrollment for the Month of December 2006	Current Month	Previous Month	% Change ^s From Previous Month	1 Year Ago	% Change ^s From 1 Year Ago
Medicaid	163,472	165,456	-1.2%	178,316	-8.3%
PCN (Primary Care Network)	17,074	17,028	+0.3%	14,552	+17.3%
CHIP (Children's Health Ins. Plan)	32,834	34,074	-3.6%	34,560	-5.0%

Medicaid Expenditures (in Millions) for the Month of December 2006	Current Month	Expected/Budgeted for Month	Fiscal YTD	Budgeted Fiscal YTD	Variance - over (under) budget
Capitated Mental Health	\$ 6.4	\$ 7.9	\$ 50.5	\$ 56.3	(\$ 5.9)
Inpatient Hospital	\$ 20.0	\$ 19.0	\$ 82.4	\$ 85.8	(\$ 3.3)
Outpatient Hospital	\$ 7.1	\$ 7.2	\$ 34.0	\$ 35.0	(\$ 1.0)
Long Term Care	\$ 16.2	\$ 14.5	\$ 86.6	\$ 85.9	\$ 0.7
Pharmacy	\$ 13.0	\$ 13.4	\$ 62.2	\$ 67.2	(\$ 5.0)
Physician/Osteo Services	\$ 6.8	\$ 6.1	\$ 36.2	\$ 32.8	\$ 3.4
TOTAL HCF MEDICAID	\$ 130.8	\$ 134.2	\$ 670.9	\$ 700.7	(\$ 29.7)
Health Care System Measures	Number of Events	Rate per 100 Population	% Change ^s From Previous Year	Total Charges in Millions	% Change ^s From Previous Year
Overall Hospitalizations (2005)	268,652	10.0%	-1.3%	\$ 3,501.7	+8.6%
Non-maternity Hospitalizations (2005)	161,474	5.8%	-1.6%	\$ 2,914.5	+8.2%
Emergency Department Encounters (2005)	664,523	25.0%	+3.5%	\$ 553.2	+21.2%
Outpatient Surgery (2005)	308,300	11.7%	-0.5%	\$ 947.7	+12.1%
Annual Community Health Measures	Current Data Year	Population at Risk	Number Affected	Percent/Rate	% Change ^s From Previous Year
Overweight and Obesity (Adults 18+)	2005	1,740,474	942,900	54.2%	-3.9%
Cigarette Smoking (Adults 18+)	2005	1,740,474	200,600	11.5%	+9.7%
Influenza Immunization (Adults 65+)	2005	212,582	148,300	69.7%	-7.6%
Health Insurance Coverage (Uninsured)	2005	2,528,926	292,800	11.6%	+13.5%
Motor Vehicle Crash Injury Deaths	2005	2,528,926	292	11.6 / 100,000	-4.5%
Suicide Deaths	2005	2,528,926	344	13.6 / 100,000	-11.1%
Diabetes Prevalence	2005	2,528,926	104,200	4.1%	+8.7%
Coronary Heart Disease Deaths	2005	2,528,926	1,567	62.0 / 100,000	-4.6%
All Cancer Deaths	2005	2,528,926	2,512	99.3 / 100,000	+0.4%
Births to Adolescents (Ages 15-17)	2005	58,374	917	15.7 / 1,000	+5.8%
Early Prenatal Care	2005	51,517	40,587	78.8%	+1.0%
Infant Mortality	2005	51,517	231	4.5 / 1,000	-13.3%
Childhood Immunization (4:3:1:3:3)	2005	50,043	37,100	74.1%	+3.9%

* Due to limited historical data, the average is based upon 3 years of data for norovirus, varicella, and West Nile virus infections.

† Influenza activity continues to be mild in Utah. Influenza-like illness measures are below baseline. As of January 19, 2007, 53 influenza-associated hospitalizations have been reported to the UDOH. Eight of these hospitalizations were reported during the last week. More information can be found at <http://health.utah.gov/epi/diseases/flu>

§ % Change could be due to random variation.

Note: Active surveillance has ended for West Nile Virus until the 2007 season.