

# Commonwealth of Massachusetts

Executive Office of Health and  
Human Services



## Massachusetts Model for Health Care Reform: Lessons Learned

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Health Resources and Services Administration

The Healthcare Workforce Crisis:

A Summit on the Future of Primary Care in Rural and Urban America

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# Elements of the Massachusetts Experience



- Government supports for low-income individuals
  - Medicaid expansion
  - Subsidized insurance for non-Medicaid eligible with incomes up to 300% of FPL
- Insurance reform
  - Merger of individual and small group market
  - Expand options for young adults
- Fair employer contributions
- Individual mandate to purchase insurance for those who can afford it



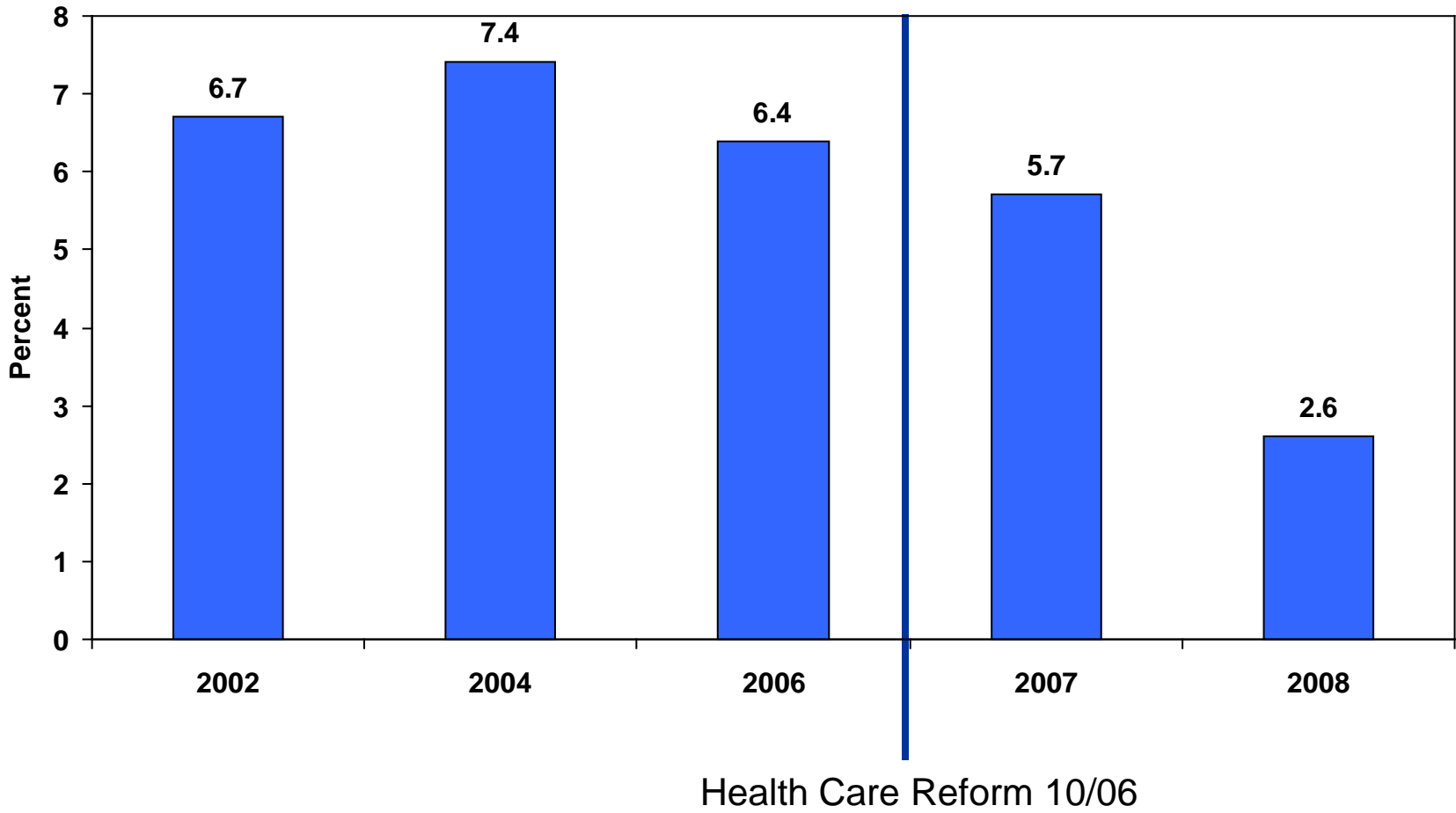
# Elements of Reform



- Connector Authority
- Sets floor for coverage
  - Defines Minimum Creditable Coverage (MCC) for individual mandate
  - Seal of Approval for health plans
- Sets standard for affordability
- State subsidized product NOT available from the exchange

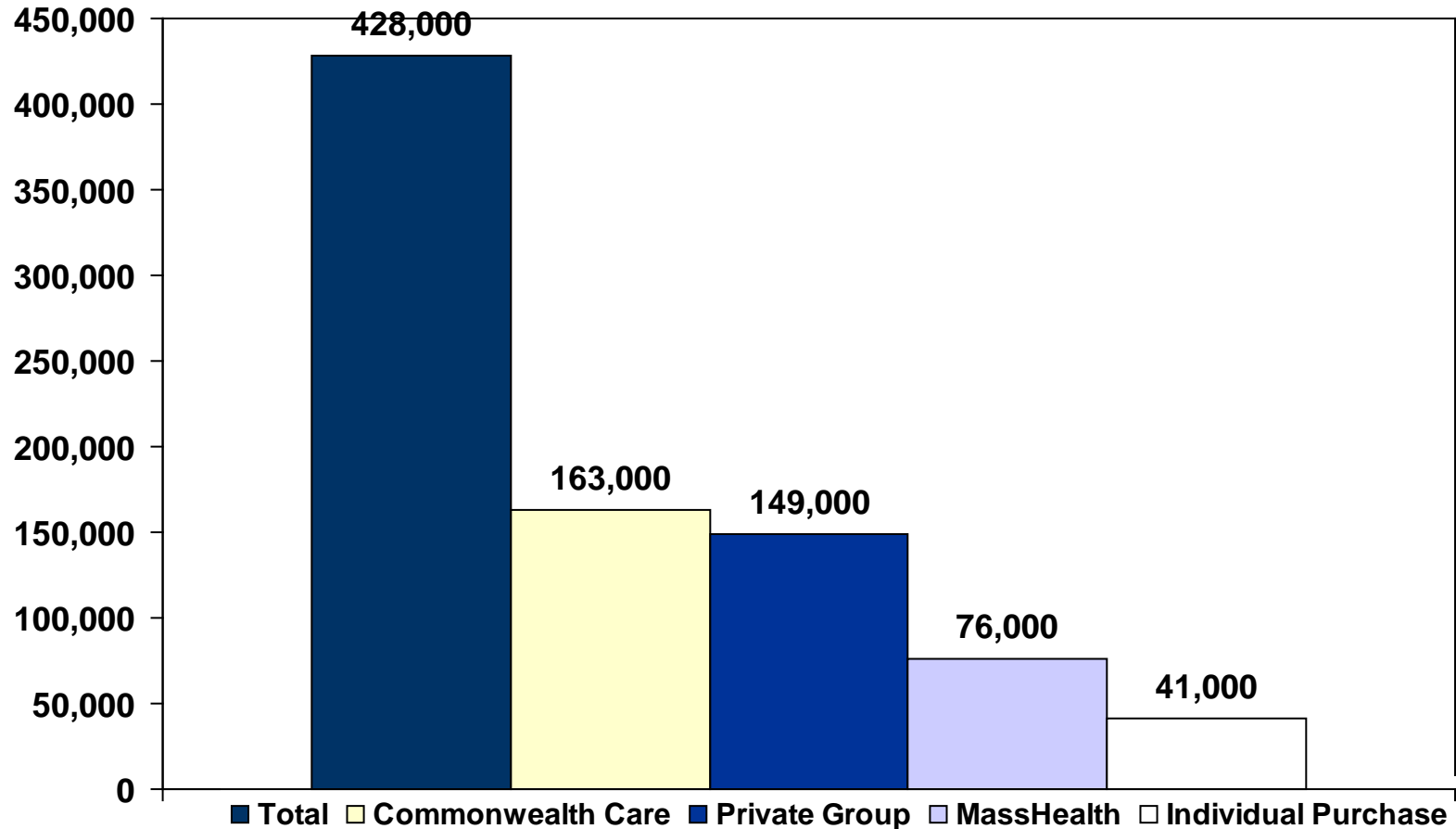


# Uninsured Adults in Massachusetts





# Massachusetts Newly Insured July 2006 – December 2008

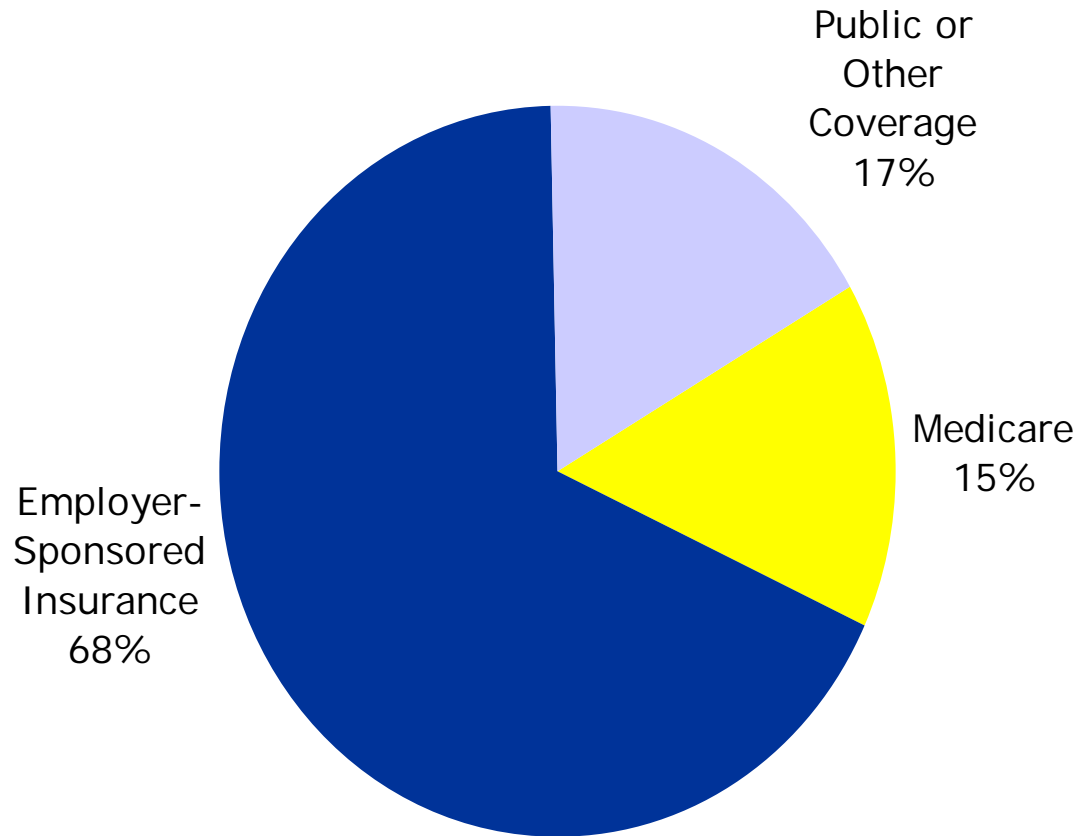


Source: Massachusetts Division of Health Care Finance and Policy

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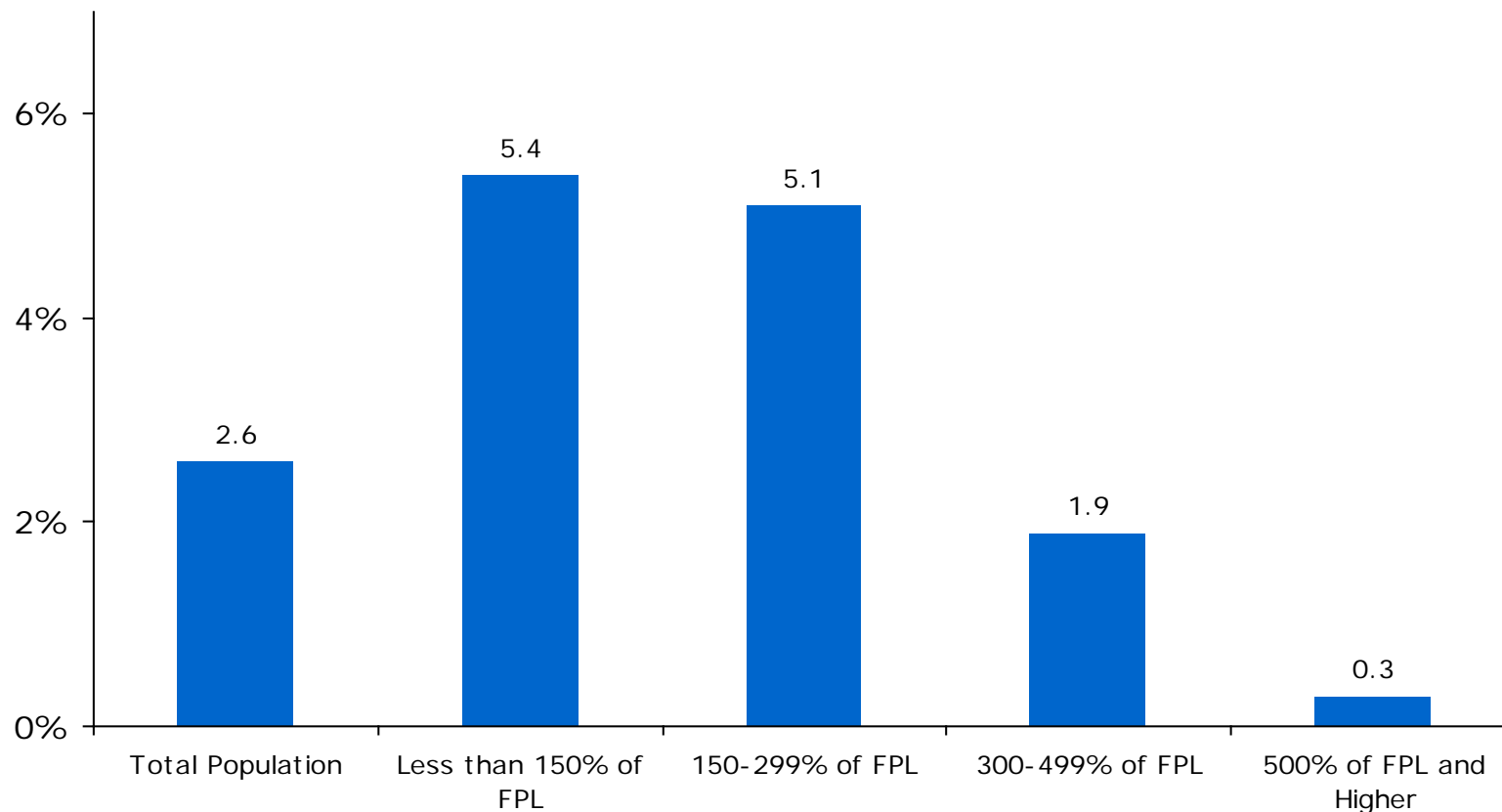
# Type of Health Insurance Coverage, 2008



Source: Urban Institute tabulations on the 2008 Massachusetts HIS  
Massachusetts Division of Health Care Finance and Policy



# Uninsurance Rates by Income, 2008



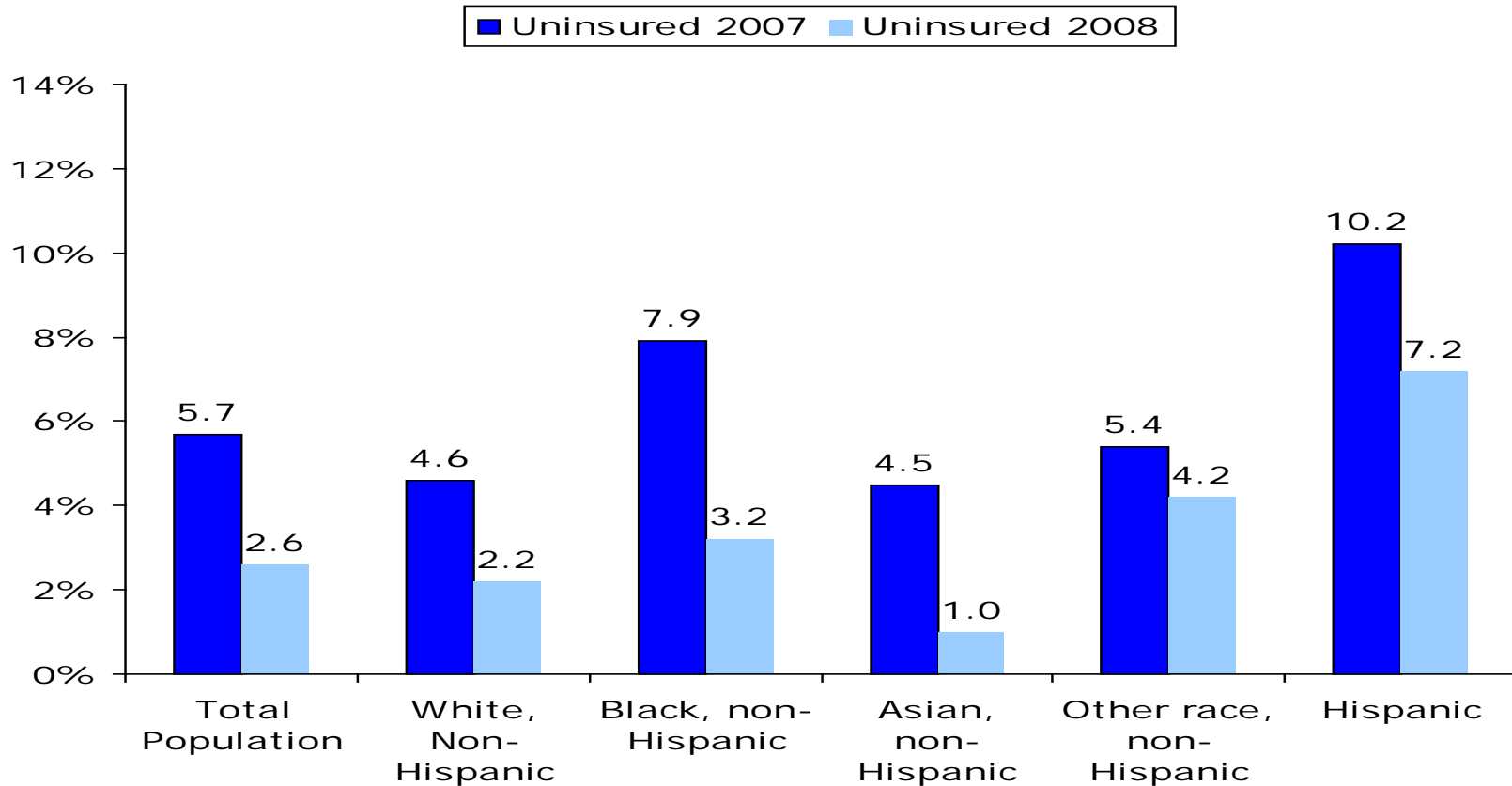
Source: Urban Institute tabulations on the 2008 Massachusetts HIS

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# Uninsurance Rates by Race/Ethnicity



Sources: UMass CSR 2007; Urban Inst 2008; Note: Differences in methodology may be responsible for larger, or smaller, true difference.

Massachusetts Division of Health Care Finance and Policy

Source: Urban Institute tabulations on the 2008 Massachusetts HIS



# Impact on Access



	2006	2007	2008
<b>Did Not Get Health Care</b>	25%	21%	21%
<b>Usual Source of Care</b>	86%	89%	91%
<b>Doctor Visit for Preventive Care</b>	70%	74%	76%
<b>Dental Visit</b>	68%	72%	75%

Source: On the Road to Universal Coverage: Early Impacts of Health Reform in Massachusetts (Sharon Long, Urban Institute June 2008); Long S. et.al. Access and Affordability: An Update on Health Reform in Massachusetts, Fall 2008. Health Affairs May 2009



# Impact on Affordability of Care

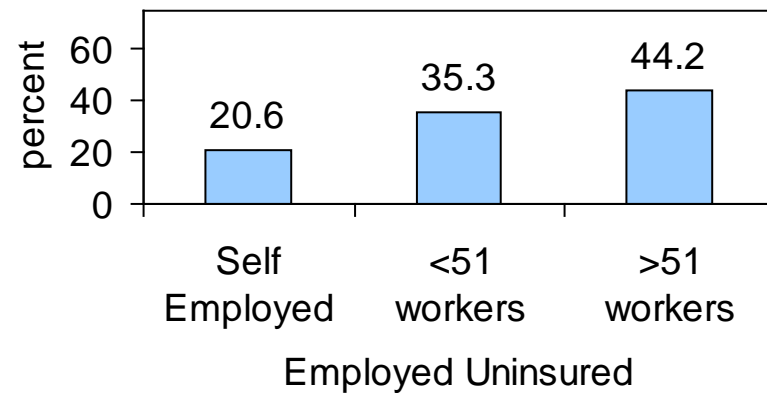
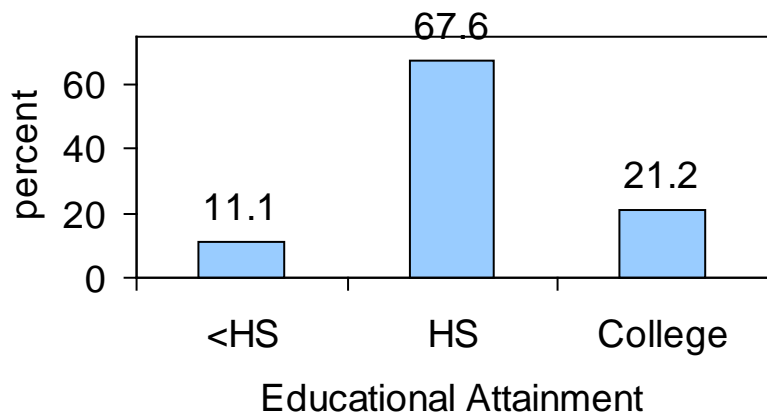
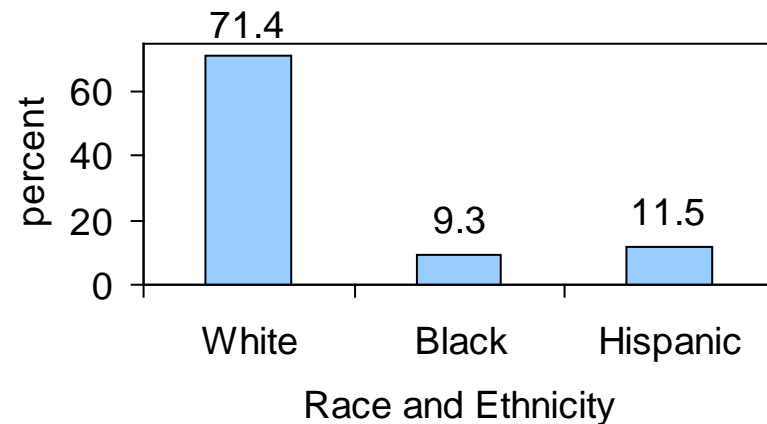
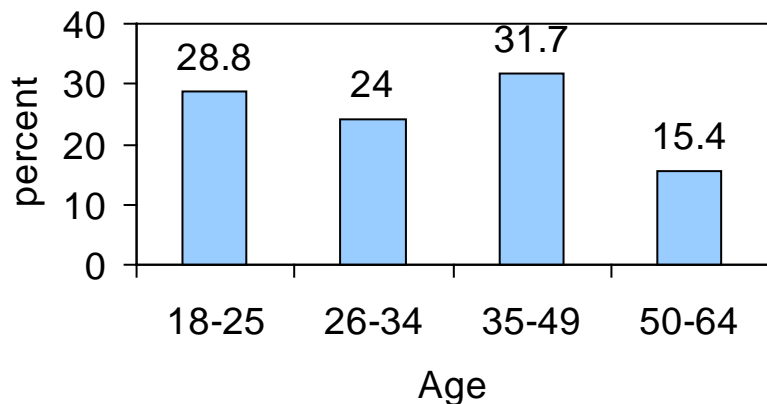


	2006	2007	2008
<b>Unmet Need for Health Care Due to Costs</b>	17%	11%	11%
<b>Had Problem Paying Medical Bills</b>	32%	24%	28%
<b>Paying Off Medical Bills Over Time</b>	27%	23%	26%

Source: Long S. et.al. Access and Affordability: An Update on Health Reform in Massachusetts, Fall 2008. Health Affairs May 2009



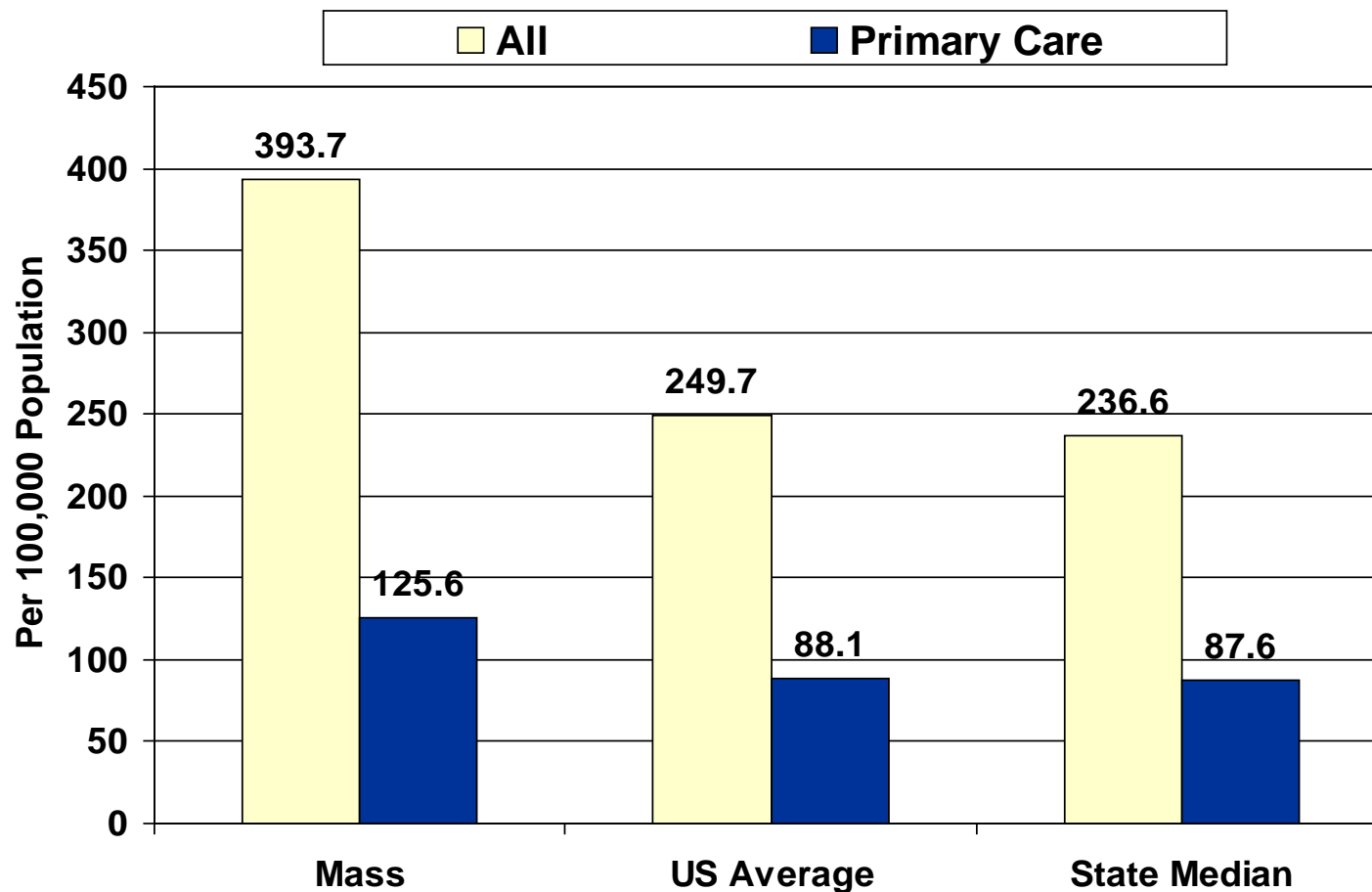
# Who are the uninsured?



Massachusetts HIS 2008, Division of Health Care Finance and Policy



# Active Massachusetts Physicians\* (MDs and DOs)



\*Residents, fellows, semi-retired, retired, temporarily not in practice, not active physicians excluded

2007 State Physician Workforce Data Book, Association of American Medical Colleges

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# Health Professionals Shortage in Massachusetts



- Primary Care
  - Physicians, nurse practitioners
- Dentists
- Mental health professionals
- Psychiatry
- Ob/Gyn



# Massachusetts Community Health Centers' Role in Reform 2005-2007

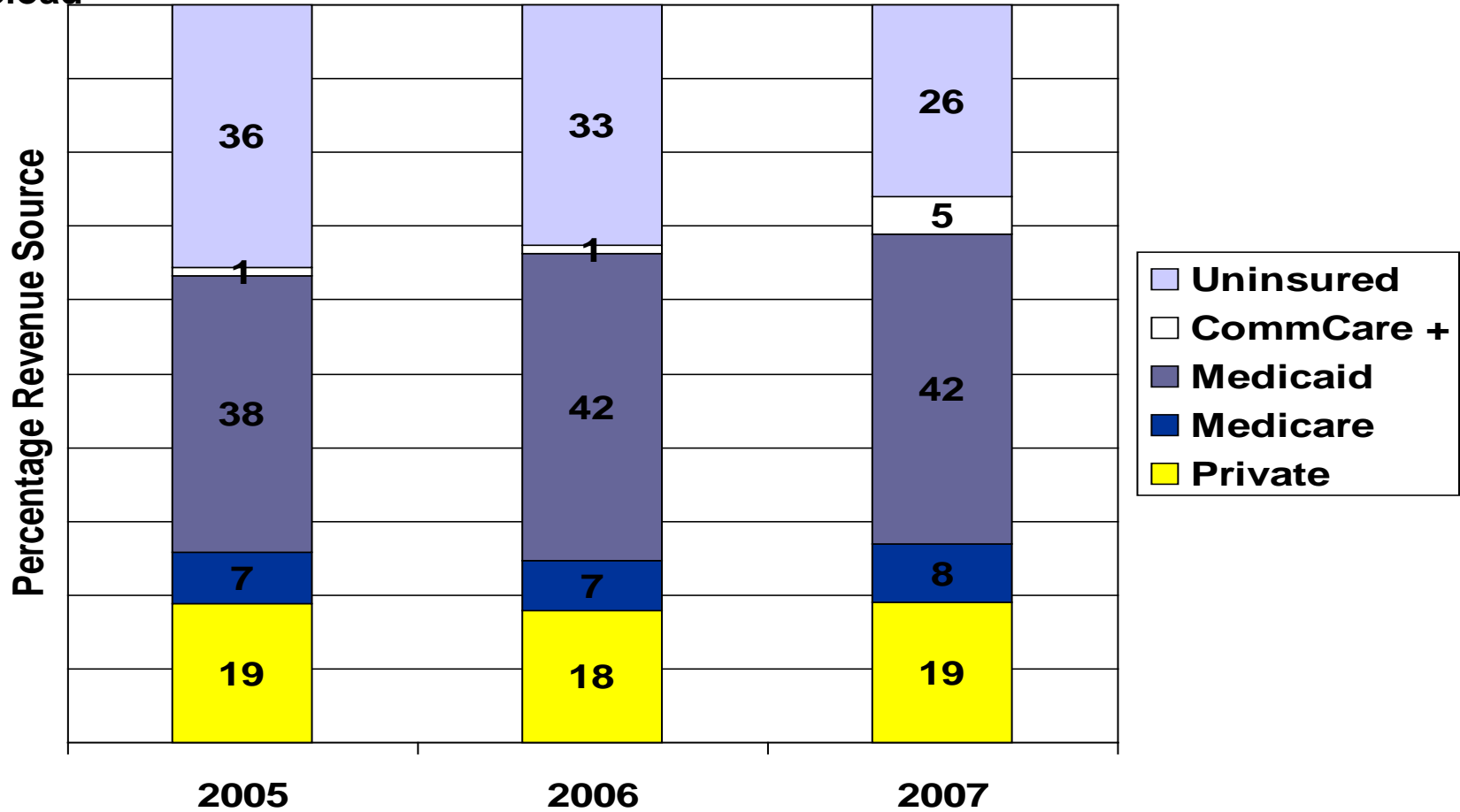


Patient Caseload

431,005

446,559

482,503



Source: Ku L, et al. How is Primary Care Safety Net Fairing in Massachusetts? Community Health Centers in the Midst of Health Reform. Kaiser Family Foundation, 2009



# Implications for Primary Care



- Demand for CHC services grew with reform
- Patient caseloads increased by 50,00 (11%) between 2005 and 2007
- CHCs required additional staffing to meet demand
- Many of the newly insured adults were previously uninsured CHC patients
- Among new patients without previous access there were reports of “pent up demand” for individuals with chronic conditions



# Chapter 305, Acts of 2008



- Health Care Workforce Center
- 16 member Advisory Council
- Comprehensive primary care workforce data
- Monitor trends in access to primary care
- Review regulations and laws for impact on recruitment and retention
- Create and implement new loan repayment program



# Patient Centered Medical Homes



- Patient-Centered Medical Home Initiative Coordinating Council
- Multi-payer stakeholder group
- Consensus on definition of medical homes
  - Core elements
  - Payment methodology
  - Practice transformation strategies
- Evaluation
  - Clinical outcomes
  - Practice outcomes/transformation
  - Provider and patient satisfaction



# Whole System Reform Requires Integrated Structures of Governance and Oversight



- Ensuring access to affordable care
  - Connector Authority
- Ensuring right care in the right place
  - DPH, DON process
  - Workforce planning
  - Health Planning Authority
  - Regional Comparative Effectiveness Center
- Advancing HIT
  - E-Health Institute and HIT Council
- Eliminating Disparities
  - Disparities Council
- Promoting Value and Efficiency
  - Health Care Quality and Cost Council
    - Transparency
    - Performance Measurement Alignment
- Oversight of Payment Reform
  - Government Role
  - Transition milestones and corrections
- Medical Malpractice
- Consumer Engagement
  - Choice
  - Benefit design
- Promoting health and wellness
  - DPH