

Access to Health Care, Preventive Services, and Health Status, New Mexico, 2012-2015

The Patient Protection and Affordable Care Act (ACA), also called *ObamaCare*, was fully implemented on January 1, 2014. The health insurance exchange in New Mexico, *BeWellNM*, provides the opportunity for enrollment in a health insurance plan. Medicaid, a joint federal and state program, helps with medical costs for those with limited income and resources. The Medical Assistance Division of the New Mexico Human Services Department expanded eligibility for Medicaid enrollment to adult legal residents with household income up to 138% of the federal poverty level on January 1, 2014, along with 31 other states (including the District of Columbia). The federal government provides 100% funding for the newly eligible adults in 2014 through 2016, which steps down to 90% funding by the year 2020.¹ The New Mexico Medicaid program, named *Centennial Care* in 2014, more than doubled enrollment from 227,000 adults in 2013² to 465,000 by December 2015,³ which is approximately one-third of adults in New Mexico.

Private health plans and insurance policies are required under ACA to offer ten essential health benefits, one of which is preventive and wellness services and chronic disease management. Preventive services recommended by U.S. Preventive Services Task Force (USPSTF) and vaccinations recommended by the Advisory Committee on Immunization Practices must be covered. State Medicaid plans received federal incentives to provide similar preventive coverage. Covered services include screening for breast cancer, cervical cancer, and colorectal cancer; screening for human immunodeficiency virus (HIV) for persons at high risk, immunizations, counseling for alcohol abuse, and depression screening.⁴

This report examines changes in self-reported health care access, use of preventive health services, health status, health-related quality of life among young and middle-aged adult residents of New Mexico before and after full implementation of ACA.

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Methods

The Behavioral Risk Factor Surveillance System (BRFSS) is a random digit dialing telephone survey of adults sponsored by the Centers for Disease Control and Prevention (CDC). The annual survey includes questions on general health status, health-related quality of life, health care access, and detailed information on chronic diseases and risk behaviors.

Data on the health insurance coverage, use of health services, and health status of adults aged 18 to 64 years from the NM BRFSS were analyzed for the two years prior to full implementation of ACA (2012-2013) compared to the first two years after implementation (2014-2015). The analysis was stratified by demographic factors, including age, gender, race/ethnicity, household income, region of residence, as well as by underlying health status, such as the number of chronic diseases reported. Data on cholesterol screening and cardiovascular health were only collected in odd-numbered years (2013 & 2015), and data on cancer screening were only collected in even-numbered years (2012 & 2014). The type of health insurance coverage was not included in the 2012 survey. Any differences reported as changes were statistically significant at an alpha level of 0.05.

Results

Health Care Coverage and Access

The percent of the New Mexico adult population covered by health insurance increased 10 percentage points to 83.4% of those 18-64 years of age after implementation of ACA, compared to 73.5% in 2013-14. Annual percentages are 73.2% in 2012, 73.8% in 2013, 81.2% in 2014, 86.4% in 2015 (Figure 1). The increase was universal across all population subgroups by race/ethnicity, age, gender, household income, educational

level, and geographic region, with the largest increases among those with the lowest incomes, the least education, and the youngest age groups, thus resulting in greater equity in coverage.

Type of Coverage. Medicaid as the primary health coverage increased from 10.6% in 2013 to 14.3% in 2014 and 21.7% in 2015. Statistically significant increases were observed among all subgroups except those with household incomes of \$50,000 and above, and among American Indian, Asian, and African American adults. The greatest increase in Medicaid coverage was among residents with the lowest household incomes; from 29.3% to 43.0% of those earning less than \$15,000 per year, and from 18.0% to 29.3% among those earning \$15,000-\$24,999. Among Hispanic adults Medicaid coverage increased from 12.2% in 2013 to 21.4% in 2014-2015, and among White adults from 6.5% to 11.5%.

Self-paid coverage increased from 6.5% in 2013 to 8.6% in 2014 and 10.5% in 2015. The youngest adults (18-24 years) had the largest increase in self-paid coverage from 5.8% in 2013 to 13.6% in 2014-2015. The lowest income groups had statistically significant increases from 2.8% of those making less than \$15,000 to 5.6%, and from 3.3% to 8.5% of those making \$15,000-\$24,999.

Coverage through an employer or a family member's employer increased from 30.3% in 2013, 41.8% in 2014, and 48.4% in 2015. This increase was observed in all of the demographic subgroups except American Indians and those who completed the survey in Spanish.

The percentage of adults with Indian Health Services coverage did not change from 2013 to 2014-2015 (4.2% to 4.5%). Tricare military coverage also did not change over that time period (4.5% to 4.3%).

Cost Barrier to Care. Survey respondents were asked if there was a time in the past 12 months when they needed to see a doctor but could not because of cost. In 2012-13 21.5% responded affirmatively, with a statistically significant decrease to 18.0% in 2014-15. The subgroups with the largest decreases were those with the lowest income levels, those in the 25-34 year old age group, those residing in the southeastern region of the state and rural residents (Figure 2).

Clinical Preventive Services

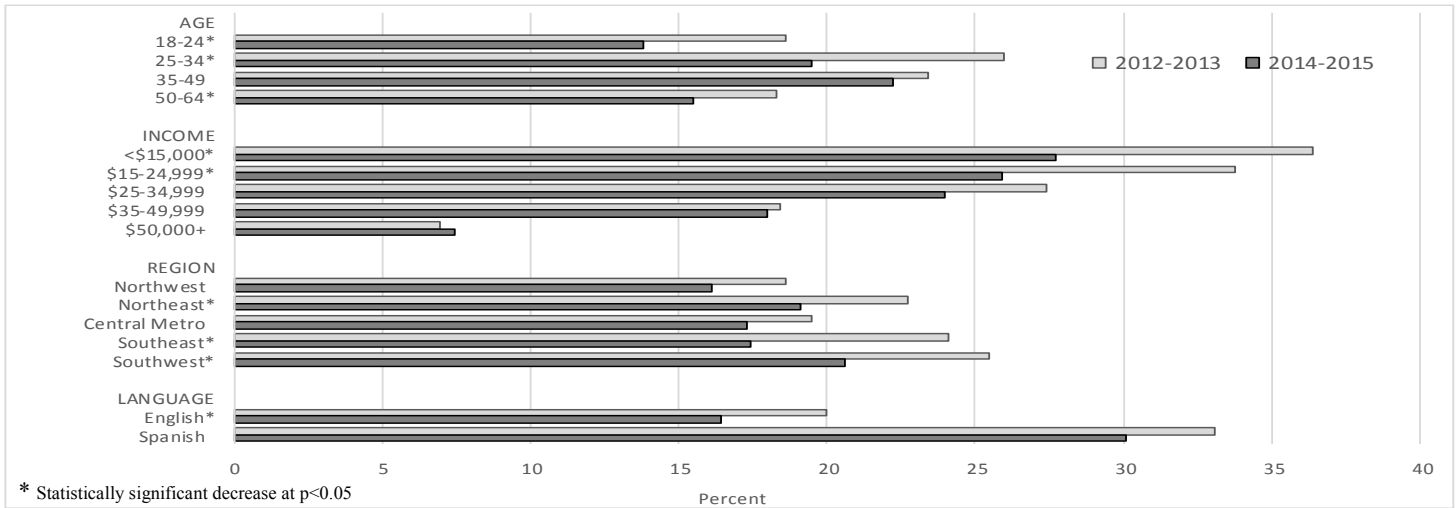
The percentage of 18-64 year-olds who received a routine checkup in the past year increased from 55.2% in 2012-2013 to 58.3% in 2014-2015. Increases were found among Hispanics (53.4% to 57.7%), Whites (56.1% to 59.7%), adults aged 18-24 years (47.8% to 54.2%), men (49.5% to 53.3%), residents of the central metropolitan region of the state (53.8% to 57.7%), and those with no chronic conditions (49.5% to 53.7%).

The rate of influenza vaccination in the past year increased from 33.0% to 35.0% of the under 65 population. Statistically significant increases were found among Hispanic adults (31.2 to 34.2%), those age 35-49 years (31.9 to 35.9%), those residing in the northeast region of the state (31.7 to 37.8%), and those residing in small metropolitan (31.8 to 35.5%) and in rural areas (30.0 to 37.5%).

Cholesterol screening in the past year increased from 44.8% of adults 18-64 years old in 2013 to 47.5% in 2015. The greatest increases were found among those without a high school diploma (33.6 to 42.4%), Hispanic adults (40.3 to 45.9%), Spanish speakers (31.0 to 39.8%) those living in small metropolitan areas (43.5 to 49.8%), and those living in rural areas (46.0 to 49.7%). The USPSTF strongly recommends screening of all men 35+ years of age. Among this subgroup, the percentage screened for high cholesterol increased from 52.3% in 2013 to 57.0% in 2015 ($p=0.055$).

Mammogram screening for breast cancer in the past two years among women 50-64 years of age did not change between 2012 and 2014 (71.3% to 71.5%). Pap test screening for cervical cancer in the past 3 years among women aged 21-64 years declined from 83.1% in 2012 to 79.1% in 2014. The greatest decreases were found among American Indian women (85.6% to 74.6%), among those with income of less than \$15,000/year (79.9% to 66.3%), and among those residing in the northwestern region (81.3% in 2012 to 71.5% in 2014). Colorectal cancer screening rates among respondents 50-64 years of age did not change between 2012 and 2014. Fecal occult blood test in the past year was reported by 7.5% of respondents in 2012 and 7.5% in 2014. Similarly for sigmoidoscopy or colonoscopy, 25.9% reported having the test in the past year in 2012, and 24.1% in 2014.

Figure 2. Could Not See a Doctor in Past Year Because of Cost Among Adults 18-64 Years Old, New Mexico, 2012-2015



Diabetes testing in the past three years among those 40-64 years old who are overweight or obese did not change over time. In 2012-2013, 64.0% were screened and in 2014-2015, 65.7% were screened for high blood glucose. Screening among those with high blood pressure also did not change: 70.6% to 71.5%.

Chronic Disease Management

Among adults with asthma, those receiving a routine checkup in the past year did not change significantly from 2012-2013 to 2014-2015 (64.8% to 60.8%). The percentage of diabetics with one or more visits to a health care provider for diabetes in the past year did not change (88.3% in 2012-2013 to 89.6% in 2014-2015). Among those with multiple chronic conditions, there was a trend toward an increase for one or more visits from 86.2% to 90.7% (p=0.076). The percentage of diabetics with an A1C test in the past year also did not change significantly: 88.4% to 90.9%. Similarly, the percentage with a retinal exam in the past year did not change: 58.8% to 57.6%.

The percentage of respondents with high blood pressure who were taking blood pressure medication did not change significantly from 2013 to 2015 (63.6% to 65.7%).

Health Status

The percentage reporting that their health was fair or poor did not change over time (19.1% in 2012-13 and 18.7% in 2014-15). Similarly there was no change within each of the population demographic subgroups. The percentage reporting that their physical health was

not good for 14+ days out of the past 30 days was unchanged at 12.5% for 2012-2013 and 12.6% for 2014-2015. The only subgroup with a decrease in days of poor physical health were Medicaid enrollees: 27.5% to 20.8%. Medicaid enrollees were generally healthier after the expansion of Medicaid. The percentage of Medicaid enrollees with no reported chronic conditions increased from 38.8% in 2012-2013 to 43.5% in 2014-2015, and the percentage with three or more chronic conditions decreased from 19.7% to 13.1%.

Discussion

The health insurance reforms implemented under ACA were intended to expand coverage, lower health care costs, and enhance the quality of care in order to improve population health. The early evidence for New Mexico presented in this report reflects the expansion in coverage, decreased cost barriers to access health care, and small but statistically significant increases in some preventive health practices. For these improved practices to result in improved general health status of the population will take time and will require maintained focus on incentivizing preventive care, continued improvement in universal access to health care and medications.

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Figure 1. Health Care Access Among Adults 18-64 Years Old by Year, New Mexico, 2012-2015

