Community Health Needs Survey: Holding the Conversations, Gathering the Data, and Taking It to the Streets

Maine Quality Counts – Breakout Session C10 – Wednesday April 6, 2016

1. Do you have health insurance?  [ ] Yes  [ ] No

2. What type of health insurance do you have? (Check all that apply)
   [ ] Through Employer
   [ ] Spouse/partner/parent’s policy
   [ ] Individual policy through ACA marketplace
   [ ] Individual policy NOT through the ACA marketplace
   [ ] Medicare
   [ ] Medicaid/Mainecare
   [ ] Veterans Admin./TriCare
   Other _______________________

3. In the past few years, have you seen your out-of-pocket healthcare costs (including health insurance) rise?  [ ] Yes  [ ] No
   If yes, how much?  [ ] Large increase  [ ] Moderate increase  [ ] Small increase

4. Have you ever experienced discrimination when trying to get health care (on the basis of insurance status, race, immigration status, gender, sexual orientation, age, disability)?  [ ] Yes  [ ] No
   If yes:  [ ] Insurance status  [ ] Race  [ ] Immigration status  [ ] Gender
   [ ] Sexual orientation  [ ] Age  [ ] Disability

5. Have you ever had problems getting or paying for the healthcare you need?  [ ] Yes  [ ] No
   If yes, what were/are the reasons? ______________________________
   _____________________________________________________________________

6. In the past 12 months, have you or a family member put off any sort of medical treatment because of the cost you would have to pay?  [ ] Yes  [ ] No
   If yes, what type of care? (check all that apply)
   [ ] Check Up  [ ] Surgery  [ ] Prescription Drugs  [ ] Vision  [ ] Dental  [ ] Mental Health
   [ ] Other __________________________

7. Have you or a family member ever had to forego health care due to cost?  [ ] Yes  [ ] No
   If yes, what type of care? (check all that apply)
   [ ] Check Up  [ ] Surgery  [ ] Prescription Drugs  [ ] Vision  [ ] Dental  [ ] Mental Health
   [ ] Other __________________________

8. Have you ever had problems paying medical bills?  [ ] Yes  [ ] No
   If yes, how often?  [ ] Often  [ ] Sometimes  [ ] Rarely
9. Have you ever applied for Free Care or charity care? [ ] Yes [ ] No
   What was that experience like for you? _____________________________________________

10. Do you think we should make sure that everyone in Maine can get the health care they need?
    [ ] Yes [ ] No [ ] Not Sure

11. Do you believe that health care is a human right?
    [ ] Yes [ ] No [ ] Not Sure

   a) Do you believe our government has an obligation to protect the human right to healthcare?
      [ ] Yes [ ] No [ ] Not Sure

   b) Would you say that the human right to health care is protected here in Maine?
      [ ] Yes [ ] No [ ] Not Sure

12. When considering the topic of health care reform, would you prefer:

    [ ] to make improvements to the current public/private system;
      OR
    [ ] a publicly-funded universal health care system such as a “Medicare for all”
      approach in Maine?

******************************************************************************

Would you like to receive more information about our activities to bring quality, affordable
healthcare to EVERYONE in Maine?

   Southern Maine Workers Center [ ] Yes [ ] No
   Maine AllCare [ ] Yes [ ] No

Would you like to receive Maine AllCare’s monthly newsletter? [ ] Yes [ ] No

Name__________________________________________ Phone:______________________

Email:________________________________________________________________________

City/Town:______________________________ County:_____________________________
Community Health Needs Survey: What are Our Patients Unmet Health Needs?

**WHO?** Patients visiting a hospital-owned family medicine clinic in Maine

**WHY?** We wanted to understand the unmet health needs of our community and the reasons why our clinic was chosen as primary care medical home

**HOW?** Front desk staff/Patient Service Representatives offered survey to each patient; Medical Assistant asked patients if any questions about the Survey; Patients dropped off surveys at checkout; results tabulated by quality group

**RESULTS:**

199 surveys received over 3.5 weeks

2.5% Uninsured (5/199)

32% Mainecare/Medicare (60/187)

42% Out of pocket costs rose (81/191)

66% Moderate or Large increase in out of pocket costs (42/64)

20% Often or Sometimes have problems getting the care they need (39/196)

23% Had to forgo health care due to cost (45/198)

31% had to forgo dental care (26/85)

18% had to forgo vision care (15/85)

18% had to forgo drug purchases (15/85)

12% had to forgo routine check-up (10/85)

8% had to forego mental health care (7/85)

6.8% developed a more serious health problem because of cost/coverage problems (13/191)

32% had trouble paying medical bills (63/197)

6.3% applied for free care through the hospital (12/191)

**Top concerns** for patients when choosing an office? Relationship with office; Proximity to home; Office hours/days open; gender of physician/ AP; on-site lab; cost/ insurance coverage

**Most desired services**? ACCESS; LABS; WALK-IN HOURS; MASSAGE THERAPY; MENTAL HEALTH; NUTRITION SERVICES; PT/OT; PAIN MGT; CARDIOLOGY;MENTAL HEALTH; OB/GYN
Southern Maine Workers’ Center
Health Care is a Human Right
Mini Report
A snapshot of how far we’ve come, what Maine people are saying about healthcare and the work that still needs to be done

Tanya from Cumberland: "My health is at its best when I don’t have to worry about it."

48% of Maine people have problems getting the care they need.

People Are Ready for a Change
Percentage of Maine people who like the idea of a publicly-funded, universal health care system: 83%

Only 2% of Maine people we surveyed did not support a publicly-funded health care system.

Every day, people are suffering to live within a health care system that does not meet their needs.

Maine People We Surveyed & Health Care

90% of Mainers believe it is the government’s obligation to protect the human right to health care

Is Health Care a Human Right?

Yes (93%)
No (2%)
Not Sure (%)
No Answer (5%)

Many people who have access to health insurance still are not covered for dental needs. This is affecting the health of Maine people and was a common concern amongst those we surveyed.

maineworkers.org
68 Washington Ave. Portland, ME 04101
207-200-7692
SO FAR WE'VE BEEN TO
8 out of 16 COUNTIES
and surveyed people in every age
group from 18 to 80 years old.

A CLOSER LOOK AT THE
DEMOGRAPHICS

**RACE**
- White: 71%
- African or African American: 7.4%
- Latino: 2%
- Asian: 1%
- Native American: 1%
- Other: 3.3%

**GENDER**
- Female: 54%
- Male: 32%
- Transgender: 8%
- Genderqueer: 1%
- Other: 3%

1 in 5 Mainers surveyed
are living without health
insurance.

Join the Movement

It's going to take a mass movement of Mainers from all over the state to transform our thinking and our health care system.

This is an issue that touches all of our lives as well as a potential point of unity for people of all backgrounds.

We need all of our stories and leadership in order to fight for a system that works for people and not for profit.

**Here are some ways to get involved:**

**Collect Surveys:** Our goal is to collect 1,000 surveys before we finalize this report, which will be used to demonstrate the widespread support of a universal, publicly funded health care system in Maine. Share your story by filling out the survey online.


**Potluck Story-Shares:** Bring your friends into the movement by breaking bread together and sharing conversation about our personal encounters with the for-profit health care system. Watch our video about how to set one up:

[https://vimeo.com/129979309](https://vimeo.com/129979309)
Summary data from Behavioral Risk Factor Surveillance System (BRFSS)*
(Maine’s longest running and largest survey used to monitor population health statistics; a rolling monthly telephone survey, 8-9000 respondents /yr., by Maine Health Access Foundation)

• Between 2013 and implementation of ACA in 2014, no statistical difference in uninsured adults aged 18-64, ~15.5%
  o ~ 60,000 Mainers!! (.155 x 386,803 persons aged 18-64 (386,803 is from “Suburban Stats; Population data and stats from every city, state and county in the US”))

• But, from 2013 to 2014, distribution of coverage across categories changed.
  o **Private:** 60.0% 2013 to 63.2% 2014 (not statistically significant).
  o **MaineCare:** 12.6% to 8.9% (statistically significant)
    --decline in MaineCare coverage corresponds to eligibility changes implemented during December 31, 2013 for low-income parents and for childless adults. (Eligibility for parents rolled back from 200% to 138% FPL, and for childless adults, eliminated.)

  o While about 27% of all Maine adults had incomes less than $25,000 in both years, 49% of the uninsured fell into this income group in 2013 and 57% in 2014.
    In 2014 the proportion of uninsured adults ages 18 – 64 in households earning $15,000- $24,999 grew (26.3% 2013 versus 39.0% 2014). Many of these could be eligible for coverage under Medicaid expansion or qualify for ACA subsidies.

• Men, young adults, those with lower education, and rural residents are at higher risk of being uninsured (statistically significant)

• Time since Uninsured Maine Adults Last Had Health Insurance (2014)
  Never, 12%. Less than 1 year, 28%. 1-3 years, 23%. More than 3 years, 37%.

• Substantial barriers in access exist, more so for the uninsured:
  o (% of insured vs % of uninsured)
    No personal physician 10 vs 41
    No checkup in past year* 27 vs 63
    Didn't see a doctor because of cost* 9 vs 38
    Did not take medication because of cost* 8 vs 23
    *statistically significant

*http://www.mehaf.org/content/uploaded/images/reports-research/uninsured%20adults%20in%20maine-dec%202015.pdf

Summarized and prepared for Quality Counts 2016, Breakout Session C10
Payment Reform Survey – MMA Resolution Question

This memo summarizes the Payment Reform Resolution responses contained in the 2014 Payment Reform Survey conducted by Crescendo Consulting Group on behalf of the Maine Medical Association (MMA). The data below includes response tables and observations regarding respondents’ preferences for the following question:

When considering the topic of health care reform, would you prefer to make improvements to the current public/private system or a single-payer system such as a ‘Medicare for all’ approach?

Methodology

In January 2014, the MMA created and disseminated a survey to its database of practicing and non-practicing members. The survey included several payment reform issues, but the focus of this memo is on the results of the question about respondents’ preferences regarding reimbursement structures – “Improvements to the current public/private system” and “Single-payer system such as a ‘Medicare for all.’” The survey and the hyperlink required to access it were developed using the Survey Monkey software tool and disseminated through two approaches: (1) notifying recipients of the survey availability through the MMA weekly update (an online and email resource), and, (2) sending email invitations to MMA members and including the survey hyperlink.

Email invitations were sent in two waves – first to practicing members and then to non-practicing members (e.g., retired physicians, medical students, others). In total, more than 450 respondents took part in the survey for an approximately 13% response rate. Only practicing members were asked to provide employment or practice profile information.

Respondent profile

The respondents to the survey represent a broad cross-section of MMA members based on age range, practice size, medical specialty, ownership and employment models, and geography.

- The survey had a total 462 respondents – most of whom are physicians (85%), with an additional 15% being medical students. Seven of eight (87%) are MMA members.
- The respondent pool includes a fairly even spread of age ranges, as 24% are under age 40, 17% 41 to 50 years, 24% 51 to 60 years, and 36% over 61 years of age.
- The respondents represent diverse practice sizes, physician specialties, practice ownership models, employment models, and geographic locations.

Maine Medical Association – Payment Reform Survey, MMA Resolution
o All practice sizes – solo practice, 2 to 4 FTE, 5 to 9 FTE, 10 to 19 FTE, and 20 or more FTE – are well represented thus far, as they comprise between 15.3% (solo practitioners) and 25.9% (2 to 4 FTE) of total respondents.

o A broad range of physician specialties are included in the research, as one in five (20.1%) practice family medicine; one in six (15.9%), internal medicine; more than one in eleven (9.3%), surgery; students comprise one in six (14.7%); and, the remaining 40% are distributed among several other specialties.

o The ownership models represented by respondents largely fall into two categories: “Wholly owned by a hospital” (44.0%) and “Wholly owned by physicians” (30.1%). About one of six (16.4%) are direct hospital employees, and the remaining respondents operate within some other ownership model.

o Regarding the employment model of respondents, more than half (58.3%) are employed by a hospital or health system, one of five (19.9%) are employed within an individual or group practice, and more than one of nine (13.3%) are self employed.

o Although the largest percentage of respondents are based in Cumberland County (21.0%), all 16 Maine counties are represented in the survey results.

**Opinions About the MMA “Single-payer” Resolution**

Respondents indicate that they strongly prefer (64.3%) the option “Single-payer system such as a ‘Medicare for all’” compared to the option, “Improvements to the current public/private system.” Although there are few differences based on membership status or demographic profile, variations are seen based on medical specialty and other areas.

- Nearly two of three (64.3%) survey respondents indicate that they prefer the single-payer system as opposed to improving the current public/private system.

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Net Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improvements to the current public/private system</td>
<td>159</td>
<td>35.7%</td>
</tr>
<tr>
<td>Single-payer system such as a ‘Medicare for all’</td>
<td>286</td>
<td>64.3%</td>
</tr>
<tr>
<td>Total</td>
<td>445</td>
<td>100.0%</td>
</tr>
<tr>
<td>No response</td>
<td>17</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>462</td>
<td></td>
</tr>
</tbody>
</table>

- There is little to no difference in responses to the resolution based on age, geographic location (i.e., county), or MMA membership status.

- Subgroups that are more likely to support the single-payer system selection include the following.

  o Respondents whose current practice panel size (all providers) is between 1,000 and 2,000 (74.1% indicate that they prefer the single-payer system alternative)

Maine Medical Association – Payment Reform Survey, MMA Resolution
The nearly two-thirds (64.3%) who indicate that they prefer the “single-payer system” represent an increase from the previous MMA resolution survey (2008) in which just over half (52.3%) said that they prefer the “single-payer” option and 47.7% prefer improvements to the current system.

Primary care providers and psychiatrists tend to more heavily prefer the single-payer option than do physicians in other medical specialties.

**Resolution Responses by Medical Specialty**

<table>
<thead>
<tr>
<th>Medical Specialty</th>
<th>Frequency</th>
<th>Improvements to the current public/private system</th>
<th>Single-payer system such as a ‘Medicare for all’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anesthesiology</td>
<td>10</td>
<td>60.0%</td>
<td>40.0%</td>
</tr>
<tr>
<td>Emergency Medicine</td>
<td>30</td>
<td>36.7%</td>
<td>63.3%</td>
</tr>
<tr>
<td>Family Medicine</td>
<td>91</td>
<td>23.1%</td>
<td>76.9%</td>
</tr>
<tr>
<td>Internal Medicine</td>
<td>68</td>
<td>20.6%</td>
<td>79.4%</td>
</tr>
<tr>
<td>OB / GYN</td>
<td>15</td>
<td>53.3%</td>
<td>46.7%</td>
</tr>
<tr>
<td>Other</td>
<td>104</td>
<td>42.3%</td>
<td>57.7%</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>27</td>
<td>33.3%</td>
<td>66.7%</td>
</tr>
<tr>
<td>Psychiatry</td>
<td>25</td>
<td>24.0%</td>
<td>76.0%</td>
</tr>
<tr>
<td>Radiology</td>
<td>12</td>
<td>66.7%</td>
<td>33.3%</td>
</tr>
<tr>
<td>Surgery</td>
<td>41</td>
<td>36.6%</td>
<td>63.4%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>423</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Respondents from practices that are wholly owned by physicians are less likely to prefer the single-payer option and more likely to prefer improving the current system.

**Resolution Responses by Ownership Model**

<table>
<thead>
<tr>
<th>Ownership Model</th>
<th>Frequency</th>
<th>Improvements to the current public/private system</th>
<th>Single-payer system such as a ‘Medicare for all’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wholly owned by physicians</td>
<td>81</td>
<td>59.3%</td>
<td>40.7%</td>
</tr>
<tr>
<td>At least some hospital ownership</td>
<td>4</td>
<td>100.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Jointly owned, physicians &amp; hospital</td>
<td>4</td>
<td>25.0%</td>
<td>75.0%</td>
</tr>
<tr>
<td>Wholly owned by hospital</td>
<td>117</td>
<td>27.4%</td>
<td>72.6%</td>
</tr>
<tr>
<td>Unknown whether wholly or jointly owned</td>
<td>2</td>
<td>50.0%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Direct hospital employee</td>
<td>44</td>
<td>34.1%</td>
<td>65.9%</td>
</tr>
<tr>
<td>Not-for-profit foundation</td>
<td>18</td>
<td>11.1%</td>
<td>88.9%</td>
</tr>
<tr>
<td>Unsure</td>
<td>1</td>
<td>0.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>Other</td>
<td>16</td>
<td>6.3%</td>
<td>93.8%</td>
</tr>
<tr>
<td>TOTAL</td>
<td>287</td>
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</tbody>
</table>

Maine Medical Association – Payment Reform Survey, MMA Resolution
MMA Membership Survey Shows Strong Support for a Medicare for All, Single Payer Approach to Health Reform

go graph by Joe Lendvai March 11, 2014

Support Single-payer
Prefer improving existing

2008
52.3%
47.7%
35.7%

2014
64.3%