



# HOW HEALTH CARE EXCHANGES CAN ENHANCE COVERAGE, AFFORDABILITY AND ACCESS FOR WOMEN:

#### **EXAMPLES FROM MASSACHUSETTS**

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## **Overview**

- Why Women's Health and Wellness Matter
- Women's Health Challenges
  - Solutions from the MA Health Care Exchange
- Policy Recommendations
  - Threshold Questions for States

# Why Women's Health?

Women's health is a major determinant of the health of communities and future generations.

#### Women:

- Have higher rates of chronic disease
- Utilize more medical services than men
- Have higher annual health care expenses
- Face more challenges affording care
- Are more likely to have inconsistent insurance coverage

## Why is Women's Wellness Important?

The direct cost of women's major chronic health conditions is estimated at \$466 billion dollars per year in the U.S.

#### **Chronic diseases:**

- Cause 7 of 10 deaths among Americans each year and account for 75% of the nation's health spending.
- More than one in three of all women and more than ½ of women age 50-64 have a chronic condition that requires ongoing medical attention.
- African American women have higher rates of several chronic conditions, compared to White and Latina women, including arthritis, hypertension, and heart disease.

#### **Preventive Services:**

 In 2011, 54% of women were not up-to-date on their recommended preventive services.

# Women's Health Challenges

- Transitions in coverage
- Affordability
- Access to primary care
- Data stratification

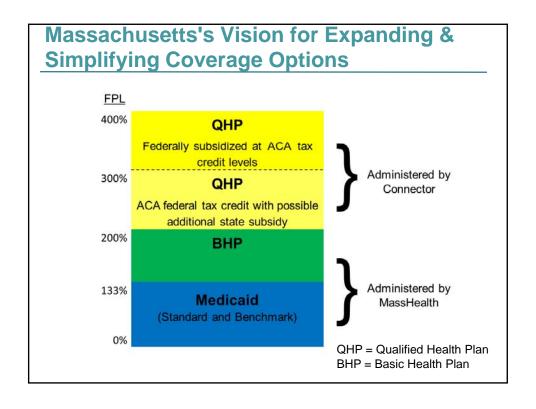
# **Transitions in Coverage**

#### THE CHALLENGE:

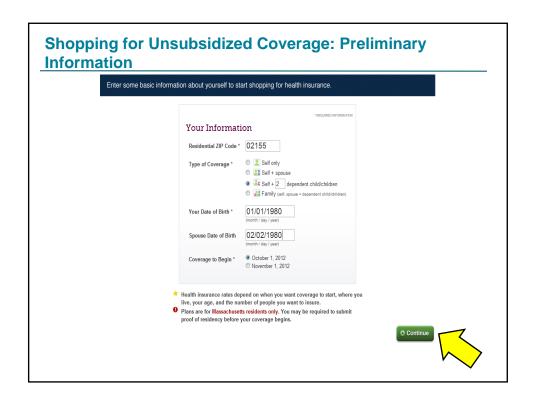
- A significant number of low-income residents transition between Medicaid and subsidized insurance plans over the course of the year due to changes in eligibility status.
  - Women are disproportionately impacted by this coverage volatility or "churning".
  - □ 17% of MA residents who transitioned experienced a gap in coverage.
  - ☐ In 2010, the administrative expenses associated with transitions cost Massachusetts over \$46 million dollars.

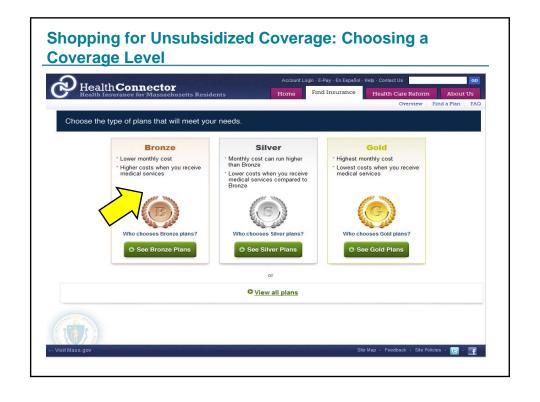
## **MA Examples:**

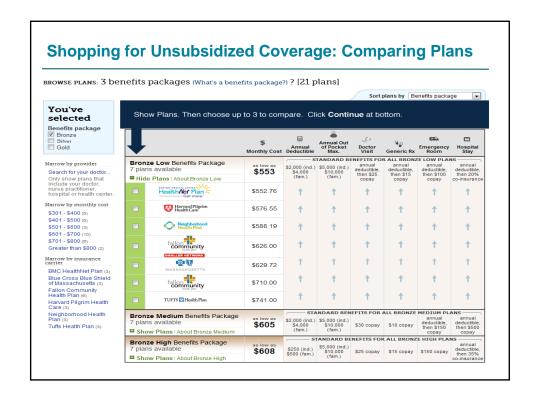
- Virtual Gateway
- Basic Health Plan

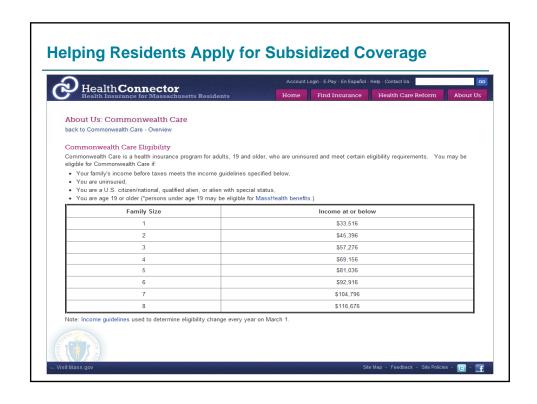


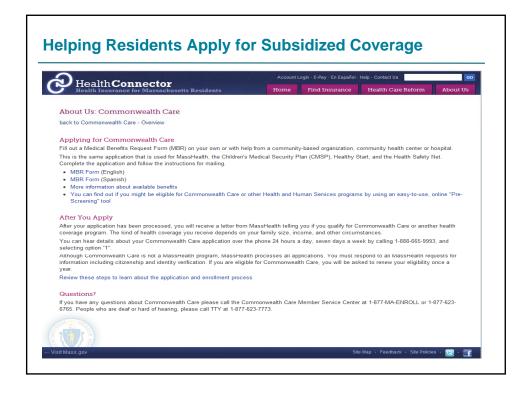












## **Access to Primary Care**

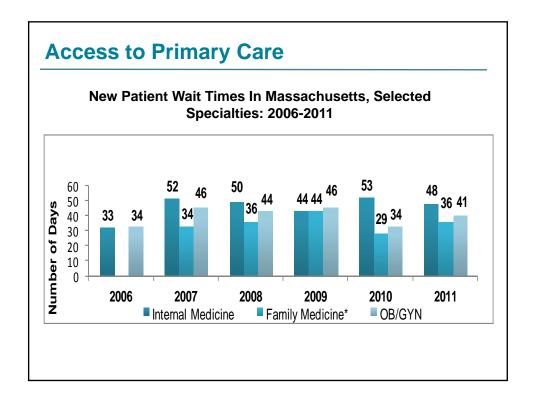
## THE CHALLENGE:

- Expanding health insurance coverage exacerbated existing shortages in key women's health specialties: Primary Care Internal Medicine, Family Medicine, Obstetrics and Gynecology, and Mental Health.
- > ACA Title V: Health Care Workforce:
  - □ Dedicates more than \$200 million to training primary care doctors, nurses, and physician assistants.
  - Expands the National Health Service Corps program by \$1.5 billion over five years.

## **Access to Primary Care**

## **MA Examples:**

- Public-private Partnership for Loan Forgiveness
  - ☐ Primary care providers agree to work for up to three years in a Massachusetts community health center in exchange for \$25k in loan repayment per year.
  - ☐ Through 7/1/12, **128** primary care providers have participated in the program creating capacity for more than **225,000** patients.
- Kraft Center for Leadership / Training
  - ☐ Kraft Fellowship Program
  - ☐ Kraft Practitioner Program
- Health Care Workforce Center
  - Established by MA health reform law, Chapter 305 of the Acts of 2008, Section 25L.



# **Access to Primary Care**

% of MA Physicians accepting new patients	Family Medicine	Internal Medicine	OB/GYN
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Rural (Franklin County)	17%	50%	0%
Urban (Suffolk County)	50%	35%	75%
Average wait times for new	Family	Internal	OB/GYN
patients in MA	Medicine	Medicine	
Rural (Franklin County)	205 days	52 days	N/A*
Urban (Suffolk County)	23 days	64 days	38 days

•Not accepting new patients + Data for psychiatry/mental health is unavailable

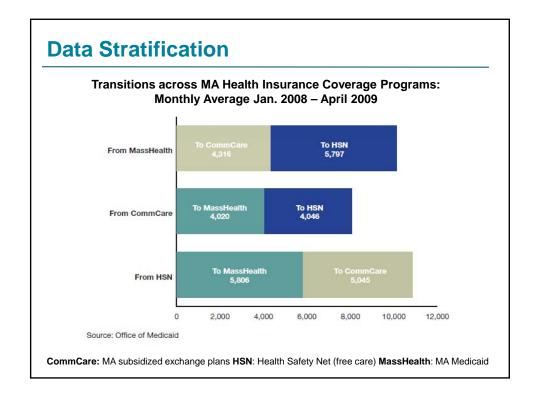
# **Data Stratification**

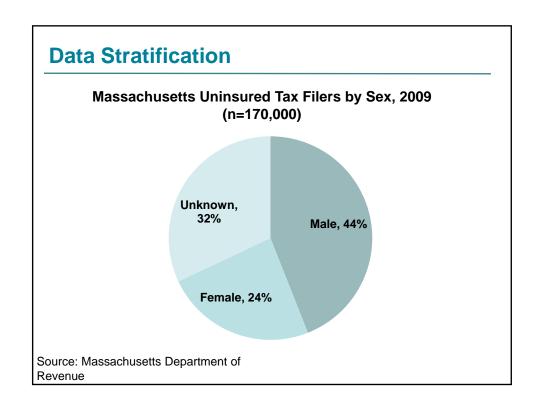
#### THE CHALLENGE:

- No specific commitment to stratifying critical health care reform indicators by sex and sex/race groups.
- ACA § 4302 Requires standards for collection of selfreported data including sex and race/ethnicity and publically reporting data on these indicators <u>to the extent</u> <u>practicable</u>.

# **MA Examples:**

- National and local coalitions of stakeholders
- Amendment language
- MA Health Disparities Report Card
- Institutional Review Board (IRB)
- All Payers Claims Database (APCD)





# **Policy Recommendations**

#### **Threshold Questions for States Health Exchanges:**

- 1. Comprehensive services for women across the lifespan
- 2. Ensuring affordable and continuous coverage for women
- 3. Educating women on exchange benefits
- 4. Broad range of providers to meet women's health needs
- 5. Assessing improvements in health care for women

#### **Contact Information**

# The Women's Health Policy and Advocacy Program

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