

Research Paper

Financial burdens and barriers to care among nonelderly adults: The role of functional limitations and chronic conditions

Didem Bernard, Ph.D.^{a,*}, Thomas Selden, Ph.D.^a, and Susan Yeh, M.A.^b^aAgency for Healthcare Research and Quality (AHRQ), USA^bJohns Hopkins School of Public Health, USA

Abstract

Background: People with functional limitations and chronic conditions account for the greatest resource use within the health care system.

Objective: To examine financial burdens and barriers to care among nonelderly adults, focusing on the role of functional limitations and chronic conditions.

Methods: High financial burden is defined as medical spending exceeding 20 percent of family income. Financial barriers are defined as delaying care/being unable to get care for financial reasons, and reporting that delaying care/going without was a big problem. Data are from the Medical Expenditure Panel Survey (2008–2012).

Results: Functional limitations are associated with increased prevalence of financial burdens. Among single adults, the frequency of high burdens is 20.3% for those with functional limitations, versus 7.8% for those without. Among those with functional limitations, those with 3 or more chronic conditions are twice as likely to have high burdens compared to those without chronic conditions (22.2% versus 11.1%, respectively). Similar patterns occur among persons in multi-person families whose members have functional limitations and chronic conditions. Having functional limitations and chronic conditions is also strongly associated with financial barriers to care: 40.2% among the uninsured, 21.9% among those with public coverage, and 13.6% among those with private group insurance were unable to get care.

Conclusions: Functional limitations and chronic conditions are associated with increased prevalence of burdens and financial barriers in all insurance categories, with the exception that an association between functional limitations and the prevalence of burdens was not observed for public coverage. Published by Elsevier Inc.

Keywords: Financial burdens; Chronic conditions; Functional limitations; Financial barriers to care

In 2010 the U.S. Department of Health and Human Services (HHS) launched the Strategic Framework on Multiple Chronic Conditions¹ (MCC): a public and private sector initiative to improve the health status and quality of life of individuals with MCC. The overall goals are to foster system changes in health care and improve patient-centered care coordination, maximize proven self-care management services, provide better tools regarding MCC to providers, and promote research. People with chronic conditions have higher health care expenditures than those without chronic conditions. A key finding of MCC research, however, is that the number of chronic

conditions alone does not discriminate fully between those who have high expenditures and those who account for the greatest resource use within the health care system. Rather, a much stronger predictor of health care utilization is the combination of chronic conditions and functional limitations. Whereas nonelderly adults with chronic conditions and functional limitations represent nine percent of the non-elderly population, they account for over one-third (35%) of nonelderly health care expenditures (excluding those persons residing in institutions).²

Given the far-above-average health care needs of persons with chronic conditions and functional limitations, our paper uses data from the Medical Expenditure Panel Survey (MEPS) to examine out-of-pocket spending burdens and financial barriers to needed care within this subpopulation. Our study updates several prior studies that have examined burdens among those with chronic conditions³ or functional limitations^{4,5} and is the first study to examine burdens among the critical subpopulation with both functional limitations and chronic conditions. Our paper also

There are no conflicts-of-interest to report.

Disclaimer: The views expressed in this article are those of the authors, and no official endorsement by the U.S. Department of Health and Human Services or the AHRQ is intended or should be inferred.

* Corresponding author. Division of Modeling and Simulation, Center for Financing, Access, and Cost Trends, Agency for Healthcare Research and Quality, USA. Tel.: +1 301 427 1682.

E-mail address: Didem.Bernard@ahrq.hhs.gov (D. Bernard).

contributes to the literature by examining financial barriers to care among those with functional limitations and multiple chronic conditions. In addition, pooling several years of MEPS enables us to present estimates by insurance coverage groups, highlighting the different implications of public versus private coverage regarding the burdens and barriers of having functional limitations and multiple chronic conditions. Finally, this is the first study that examines the extent to which public health insurance protects those with functional limitations and chronic conditions against financial burdens and barriers to care.

While many studies focus on expenditures for the treatment of a specific medical condition, going without or delaying treatment may be a result not only of costs due to the specific medical condition, but total health-related expenses both for the individual and the family. Therefore, following the growing literature on burdens,^{6–13} we focus on family-level out-of-pocket expenditures for all health care, examining health care burden relative to disposable income, including expenditures on health insurance premiums in the total burden measure to provide a more complete picture of health-related financial strain. Prior studies of burdens among people with disabilities^{4,5} did not include health insurance premiums in the burden measure. Furthermore, unlike previous studies we examine burdens separately for single persons and those living in multi-person families as differences in family income can affect the prevalence of high burdens. First, we examine the variation in burdens among the nonelderly population by presence of functional limitations. Second, we examine the variation in burdens among the nonelderly population by the number of chronic conditions separately for those with and without functional limitations. Third, we examine financial barriers to care among the nonelderly adult population by presence of functional limitation and chronic conditions.

Methods

The data are from the MEPS Household Component, sponsored by the Agency for Healthcare Research & Quality. Every year, a new MEPS panel is selected from a sample of households that participated in the prior year's National Health Interview Survey (NHIS) and followed for two years. MEPS annual estimates comprise two overlapping panels of households designed to yield nationally representative estimates of health care expenditures for the civilian, non-institutionalized population. Data are collected through 5 rounds of interviews and include medical expenditures, insurance coverage, premiums, and other socioeconomic characteristics.¹⁴

For the analysis we pool data from 2008 to 2012 to obtain a large enough sample to make reliable estimates for population subgroups. The unit of observation is a person aged 19 to 64. The pooled MEPS-HC sample includes 96,569 observations.

Financial burdens

Following previous literature,^{6–13} health care burdens are constructed as the share of family income spent on family health-related expenditures, reflecting the fact that family members share financial resources. Families are defined as “health insurance eligibility units (HIEUs), i.e., persons related by blood, marriage, or adoption who would typically be eligible for coverage under a private family policy.”

To construct the numerator of the *health care burden* measure, we combine all amounts the family pays out-of-pocket for health care. We also present a measure of *total burden*, which includes family out-of-pocket expenditures on health insurance premiums.

For the denominator of the burden ratio, we measure income on an after-tax basis. Household income sources include wage, business, interest, dividend, alimony, trust/rent, pension, IRA, social security, unemployment compensation, workers' compensation, veterans' income, cash, child support, sales, public assistance, Supplemental Security Income (SSI) for disability and other income. To construct disposable family income, we simulate state and federal income taxes as well as Social Security and Medicare taxes. State and federal income taxes are simulated using the National Bureau of Economic Research's TAXSIM model.¹⁵ We impose a \$1,000 floor for family income to deal with cases where families have very low or negative incomes. We present results for high burdens defined as health-related spending in excess of 20 percent of income. Although there is no consensus on what constitute affordable costs, similar patterns across subgroups result from using other thresholds such as 10% and 30%.

Results are presented at the person-level, enabling us to quantify the number of persons who live in families with high burdens. We present burden results separately for single persons and for persons in multi-person families, because of large income differences by family size. We exclude from the analysis persons in families with members aged 65 or over, because the elderly have higher health care needs and different insurance coverage options.

Financial barriers to needed care

We construct two measures of financial barriers: being unable to get care and delaying care for financial reasons. MEPS provides information on whether surveyed persons were unable to get care or delayed care and, if so, why. If the respondent reports that (1) they could not afford care, (2) insurance would not approve, cover or pay, or (3) the doctor refused the family's insurance plan, and if the respondent reports that going without or delaying care was a big problem, then we code that person as having a financial barrier to care.

Download English Version:

<https://daneshyari.com/en/article/6238771>

Download Persian Version:

<https://daneshyari.com/article/6238771>

[Daneshyari.com](https://daneshyari.com)