Measures of Underinsurance: Kansas as an Example of State-Level Estimates

APHA, Philadelphia, PA
November 10, 2009

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Kansas Health Institute (KHI)

www.khi.org
The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No Relationships to Disclose
1. Having Health Insurance is Not Enough
2. Being Underinsured
3. Underinsured versus Uninsured
4. Health Insurance Dynamics
5. The Need for State-Level Data
6. Common State-level Data Sources
7. Kansas Data from 2001
8. The KHI Underinsured Project
9. Conclusions/Recommendations
In the United States, the principal entry point for health care is through health insurance.

While nearly 65% of Americans have some sort of private health insurance, according to a September 2009 AARP report, “lost amid the rhetoric about health care reform” is the fact that tens of millions of people in this country are “insured but not really protected”.

What is needed is ADEQUATE health insurance.
What Lack of Adequate Health Insurance Can Lead To

**SLOWPOKE**

DID YOU KNOW 3/4 OF PEOPLE WHO GO BANKRUPT FROM MEDICAL BILLS HAD HEALTH INSURANCE?

DON'T LET YOUR PLAN STIFF YOU...

...GET HEALTH INSURANCE!

ATTRACTIVE SALESLADIES ARE STANDING BY!

BLUE CROSS BLUE SHIELD SHIELD™!

HOW CAN I HELP YOU?

ACTUAL CUSTOMER TESTIMONIAL:

I USED TO GET PANIC ATTACKS WORRYING ABOUT LOSING MY COVERAGE. NOW THAT MY INSURANCE IS INSURED, I CAN RELAX!

ACTUALLY, WE EXCLUDE PANIC ATTACKS.

YOU DO?

...BUT WE CAN OFFER YOU HEALTH INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE INSURANCE.

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www.slowpokecomics.com
Being Underinsured

People who **have** health insurance but are **NOT** “adequately covered” by that insurance are **Underinsured**.

There are 4 dimensions of underinsurance

1. The benefits are inadequate. (**Structural Dimension**)  
2. The financial burden is excessive. (**Economic Dimension**)  
3. There is something about the health insurance the person does **not** like. (**Attitudinal Dimension**)  
4. While available, the benefits are not accessible. (**Access Dimension**)
Underinsured *versus* Uninsured: The Uninsured

Being uninsured is **different from** being underinsured. To be uninsured means:

1. No health insurance at one or more given **points** in time, or
2. No health insurance for one or more **periods** of time.

Two Caveats

1. Being uninsured means having NO health insurance of **ANY** kind (or having **only** a single service plan or covered by **only** Indian Health Service).
2. Regarding issues of justice and equity, being uninsured is typically “not voluntary.”
The worry is two-fold:

- Ensuring movement from the ranks of the uninsured to the ranks of the insured may leave people underinsured.
- People may in fact be, or believe that they are adequately insured, but may become or truly be underinsured.
To craft policies aimed at helping people who are underinsured, we need to understand (a) who the underinsured are and (b) the scope of the problem.

Although current health reform measures may create national-level policies aimed at helping the underinsured, currently many of the policies are state policies.

This means that state-level data about underinsurance is required. As noted by Blewett and Davern, “States need good state-level data to inform policymakers interested in access, coverage, and trends in health insurance coverage.”

Unfortunately, such data is very limited.
The Behavioral Risk Factor Surveillance System (BRFSS) is a state-based phone survey conducted by state health departments and coordinated by the CDC.

Respondents are age 18+. Only 1 adult per household is interviewed.

Very few questions relate specifically to underinsurance. The most relevant fixed core component question (2008 wording) is:

“Was there a time in the past 12 months when you needed to see a doctor but could not because of cost?”

For underinsurance, this needs to be limited to people who are insured.
The BRFSS question focuses on the Economic Dimension of underinsurance.

Using BRFSS microdata, the Kansas results for 2004 and 2008, limited to people who have insurance, are:

2004: 5.3% of insured Kansans (aged 18+) are “underinsured”
2008: 5.4% of insured Kansans (aged 18+) are “underinsured”

The change is not statistically different. The BRFSS question focuses on only 1 dimension of underinsurance. The information does not tell us what kinds of costs lead to people not seeing doctors. The information is only about adults.
Common State-Level Data Sources: NSCH

National Survey of Children’s Health (NSCH) is a national phone survey that collects sufficient data for state-level estimations.

The survey was first conducted in 2003-2004, and then again in 2007-2008, with 1,725 - 1,932 surveys per state collected.

The relevant questions from the survey (target population children) captured various dimensions of underinsurance.
Common State-Level Data Sources: NSCH - continued

Relevant NSCH questions:

1. During the past 12 months, was there any time when [child name] needed health care but it was delayed or not received? (This could either be a question about the Structural or the Economic Dimension)

2. How many children had problems accessing specialist care when needed? (This is probably a question about the Access Dimension)

3. Is [child name]'s current insurance coverage adequate to meet [child name]'s needs? (This could either be a question about the Structural or the Attitudinal Dimension)
Using the Child and Adolescent Health Measurement Initiative. 2007 NSCH, Data Resource Center for Child and Adolescent Health website (www.nschdata.org) for the question “Is [child name]'s current insurance coverage adequate to meet [child name]'s needs?”, we find for Kansas:

<table>
<thead>
<tr>
<th>Public insurance such as Medicaid or SCHIP</th>
<th>Current insurance is adequate</th>
<th>Current insurance NOT adequate</th>
<th>Total %</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>C.I.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>n 252</td>
<td>(85.3 - 93.0)</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Est. 142,941</td>
<td>10.8 (7.0 - 14.7)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Est. 252</td>
<td>17,332</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Est. 142,941</td>
<td>10.8 (7.0 - 14.7)</td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Private health insurance</th>
<th>%</th>
<th>C.I.</th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>n 1,012</td>
<td>(72.5 - 78.4)</td>
<td>100.0</td>
</tr>
<tr>
<td></td>
<td>Est. 349,604</td>
<td>24.5 (21.6 - 27.5)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Est. 1,012</td>
<td>113,689</td>
<td></td>
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</table>
There are two relevant (for purposes of assessing underinsurance) Kansas data sources:

1. **Kansas Health Insurance Study - KHIS (2001)**
   Phone survey to provide estimates of percentage of nonelderly Kansas residents under 65 who are uninsured, based on various geographic and demographic characteristics.

   A survey to evaluate SCHIP’s impact on the number of uninsured low-income children, children’s health status and health care, and vulnerable populations. Families (approx. 1300) of new enrollees interviewed near time of entry into SCHIP and Medicaid, and 12 months later.

Both surveys are limited by the population sampled and survey intent.
KHIS questions focused on the Economic Dimension of underinsurance:

In the past 12 months, was there any time when you needed medical care, but delayed or did not get it because you couldn’t afford it?

In the past 12 months, was there any time when [CHILD] needed medical care, but you delayed or did not get it because you couldn’t afford it?

In both cases, the results need to be conditioned to those having insurance.
Percent of Respondents Delaying or Not Obtaining Needed Medical Care within the Last 12 Months Because they Could Not Afford It (by insurance status):

According to 2006 NHIS (national-level) data, approximately 5% of all persons with insurance delayed needed care within past 12 months because of cost.

From the Kansas Health Insurance Study, 2001: [www.ksinsurance.org](http://www.ksinsurance.org)
Percent of Children for Whom Medical Care is Delayed or Not Obtained Within the Last 12 Months Because the Family Could Not Afford it (By Insurance Status):

From the *Kansas Health Insurance Study*, 2001: [www.ksinsurance.org](http://www.ksinsurance.org)
Several KHWS questions permit examinations of multiple dimensions of underinsurance. For example:

In the 12 months before enrolling in HealthWave/Medicaid, did [CHILD] not get or postpone getting medical care or surgery when (he/she) needed it?

Yes: 9.7%
No: 90.4%
KHWS Underinsurance Questions - continued

Why did [CHILD] not get or postpone getting medical care that (he/she) needed?

1. Worry about the cost: 82.8%
2. The doctor or hospital wouldn’t accept his/her health insurance: 4.7%
3. His/her insurance wouldn’t pay for the treatment: 10.7%
4. He/she couldn’t get an appointment soon enough: 5.0%
5. He/she couldn’t get there when the doctor’s office or clinic was open: 4.6%

All respondents were enrolled in either HealthWave or Medicaid.
The Kansas Underinsured Project

There is very little recent, general Kansas-specific data about people who are underinsured.

Kansas is not alone in this – No national surveys provide robust state-level estimates of the underinsured. Neither of the state-wide KS surveys since 2000 provide the data needed for a robust estimation.

The Kansas Health Institute (KHI) is undertaking the first steps needed to gather and analyze data (quantitative and qualitative) about the underinsured in Kansas.
The Kansas Underinsured Project - Continued

- 100 surveys, from 38 Kansas counties, were completed.
- The survey started on July 6, 2009 and was completed on September 3, 2009.
- The survey was conducted by the Survey Research Center of the Institute for Policy and Social Research of the University of Kansas.
Respondents were screened using the following criteria:

- Continuously insured throughout the first five months of 2009
- At least one of the following:
  1. Paid an excessive amount for health insurance or health/medical care
  2. Had some sort of problem with coverage (e.g., needed care not covered) or ability to access covered benefits
  3. Significant life changes (e.g., divorce) because of health insurance problems
### A “Snapshot” of the First 5 Months of 2009

<table>
<thead>
<tr>
<th>Amount Family Spent on Health Insurance Premiums During First 5 Months of 2009</th>
<th>Percent of 100 Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $249</td>
<td>16%</td>
</tr>
<tr>
<td>$250 - $499</td>
<td>11%</td>
</tr>
<tr>
<td>$500 - $999</td>
<td>13%</td>
</tr>
<tr>
<td>$1000 - $1999</td>
<td>14%</td>
</tr>
<tr>
<td>$2000 - $4999</td>
<td>19%</td>
</tr>
<tr>
<td>$5000 or more</td>
<td>6%</td>
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<tr>
<td>Unknown</td>
<td>13%</td>
</tr>
<tr>
<td>Refused or missing</td>
<td>8%</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Amount Family Spent on Health Insurance Deductibles During First 5 Months of 2009</th>
<th>Percent of 100 Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - $249</td>
<td>31%</td>
</tr>
<tr>
<td>$250 - $499</td>
<td>8%</td>
</tr>
<tr>
<td>$500 - $999</td>
<td>14%</td>
</tr>
<tr>
<td>$1000 - $1999</td>
<td>9%</td>
</tr>
<tr>
<td>$2000 - $4999</td>
<td>13%</td>
</tr>
<tr>
<td>$5000 or more</td>
<td>1%</td>
</tr>
<tr>
<td>Unknown</td>
<td>17%</td>
</tr>
<tr>
<td>Refused or missing</td>
<td>7%</td>
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</tbody>
</table>
Conclusions/Recommendations

1. Organizations like AARP acknowledge that underinsurance is a serious and growing problem.
2. Underinsurance has multiple dimensions; attempts to understand and measure it must acknowledge and account for these dimensions.
3. Although states need good state-level data to inform policy makers, there is very little state-level data about underinsurance. States must collect needed information.
4. Most state-level data comes from questions about only a few (usually economic) characteristics of underinsurance.
5. Kansas Health Institute (KHI) has begun gathering information about the characteristics of underinsurance in Kansas. This preliminary step should be used to inform the robust collection of state-level data in Kansas and other states.
Kansas Health Institute
www.khi.org

Information for policy makers. Health for Kansans.