

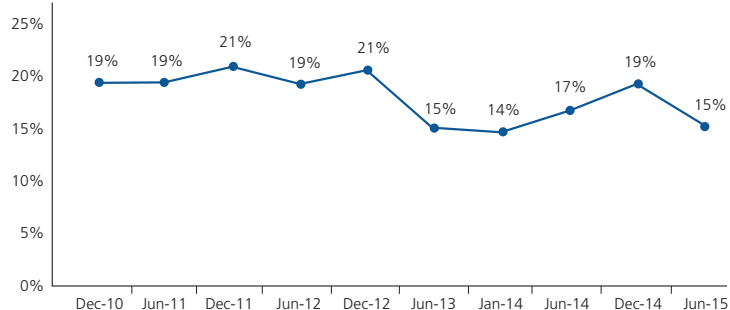
### The Consumer Perspective on Access to Health Care: Pre- and Post-Affordable Care Act

The Patient Protection and Affordable Care Act (ACA) has provided significant health insurance reforms and has the ultimate goal of near-universal health insurance coverage in the United States. In January 2014, health insurance exchanges were established, Medicaid coverage was officially expanded in most states, and, with few exceptions, individuals were required to obtain health insurance coverage or pay a penalty.<sup>1</sup> As of March 2015 compared with 2013, approximately 15 million adults gained health insurance coverage, which will likely increase the overall use of health care services.<sup>2</sup> While health insurance is a major driver of health care access, there are many additional factors that influence consumer access to care, including socioeconomic and demographic characteristics, geographic location, out-of-pocket patient costs, health status, and the availability of providers. This *Analysis in Brief* reports on how consumers' access to health care has changed in the period leading up to and following the implementation of Medicaid expansion and insurance exchanges in January 2014 and examines the variations in access to care that persist.

#### Methods

The AAMC Center for Workforce Studies launched its twice-a-year online Consumer Survey of Health Care Access in December 2010. This survey provides a data source to examine trends over time in consumers' access to health care. Respondents to the Consumer Survey are drawn from an online panel maintained by the survey company Toluna/Greenfield Online<sup>3</sup> that consists of 1.2 million people within the United States. Survey respondents were asked an initial filter question: "In the last 12 months, did you or a health care professional believe you needed any medical care?" Only those who answered "yes" continued with the rest of the survey and are included in our analytic sample. Each wave of the Consumer Survey consists of a sample of 2,000 respondents

Figure 1. Percentage of survey respondents who needed care but were not always able to receive care, December 2010-June 2015.



who needed care in the last 12 months, stratified by age and health insurance status. Oversamples of an additional 1,500 respondents from select subgroups (minority, rural, Medicaid recipients, and low-income individuals) are included in every other survey wave. The survey results are weighted by key demographics to represent the adult population as measured by the U.S. Census Bureau. Each sample consists of the first 2,000 respondents (3,500 with the oversample) who meet sample selection criteria, but we do not suspect that this nonrandom selection introduces systematic bias. Therefore, we provide confidence bands and statistical tests when appropriate to indicate how reliably the results might be extrapolated to the panel population.

Using the 10 waves of Consumer Survey data collected from December 2010 to June 2015, we calculated the percentage of individuals needing medical care who were not always able to obtain it. We also calculated the percentage of individuals who were not always able to obtain medical care by key variables (e.g., insurance coverage, race/ethnicity, income) to determine the extent to which certain subgroups continue to face barriers to receiving the care they need. Among individuals who were not always able to access medical care, their responses to an

additional question on the primary reasons for being unable to get needed care were examined.

#### Results

In every wave of the Consumer Survey, at least one in seven respondents reported an inability to obtain needed care in the last 12 months (Figure 1). Moreover, subgroups that faced consistent barriers to access before the ACA continued to struggle to obtain health care in the most recent Consumer Survey waves (Figure 2). These subgroups, which include the uninsured, non-white, Spanish-speaking, rural, urban, gay, lesbian, bisexual, and low-income respondents, as well as those with fair or poor health status, still have more difficulty getting care.

For the question "Thinking about your most recent experience with being unable to obtain medical care, which of the following statements best describes why you were unable to obtain care?" consumers reported "could not afford" and "could not find a provider" as the top two reasons for being unable to get care both pre- and post-implementation of Medicaid expansion and insurance exchanges. However, after expansion and exchange implementation, a smaller percentage of respondents were unable to get care because of cost and a greater percentage of

1. Rosenbaum S. 2011. The Patient Protection and Affordable Care Act: implications for public health policy and practice. *Public Health Rep* 126(1):130-135.  
2. Long et al. 2015. Taking stock: gains in health insurance coverage under the ACA as of March 2015. *Health Reform Monitoring Survey*. <http://hrms.urban.org/briefs/Gains-in-Health-Insurance-Coverage-under-the-ACA-as-of-March-2015.html>.  
3. Toluna Group Ltd. <http://us.toluna.com/About>. Accessed December 8, 2015.

respondents were unable to get care because of an inability to find a health care provider, reflecting a significant shift after these changes were introduced in January 2014 ( $\chi^2 = 19.2, p = .0007$ ).

The percentage of persons who delayed necessary care in the last 12 months increased from 19.5 percent to 26.9 percent since January 2014. Whether the growing prevalence of delays in care can be attributed to pent-up demand among the newly insured remains unclear. Of the respondents who obtained

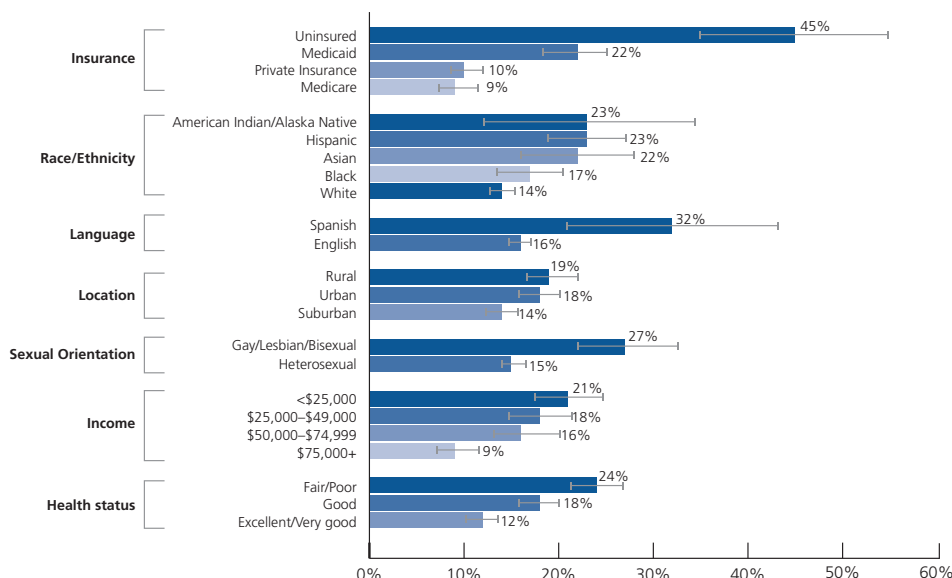
health insurance since January 2014, over 80 percent indicated they were seeking treatment for a condition that was left untreated when they were uninsured.

**Discussion**

Recent changes in U.S. health care policy were designed to increase consumers' access to health care services, especially among low- and middle-income individuals. Although there is evidence that more Americans are getting health insurance, our results suggest that no overall improvement in

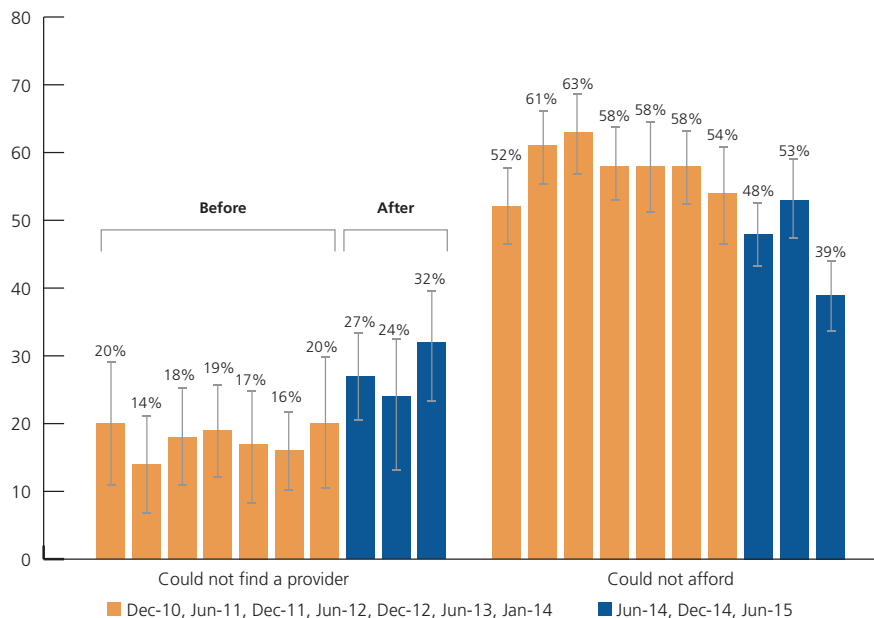
access to care has followed, at least in the short term. Unfortunately, a disproportionate share of individuals from traditionally underserved population groups continues to face barriers to care, yet these barriers may be shifting such that fewer cite cost of care as the primary reason they could not access care and more cite difficulty finding a provider. This may reflect the greater affordability of health care as more Americans obtain health insurance. However, the newly insured may be only slightly better able to get care—often delayed care—possibly because of the limited availability of providers to meet the surge in demand.

**Figure 2. Percentage of survey respondents not able to get care, by subgroup in most recent Consumer Survey study waves.**



Note: Data are from December 2014 and June 2015, pooled sample.

**Figure 3. Percentage of survey respondents reporting types of access barriers before and after Medicaid expansion and health insurance exchanges were implemented.**



The primary limitation of the AAMC Consumer Survey of Health Care Access is that the panel is not probability based and does not capture some of the most vulnerable Americans, including non-English speakers and individuals without Internet access. However, similar research based on a probability sample of nonelderly adults also found improved affordability of care and a comparable percentage of respondents reporting problems obtaining health care (16.4 percent in March 2015).<sup>4</sup> That study also supports our conclusion that access barriers continue to affect traditionally underserved subpopulations disproportionately.

Despite improvements in insurance coverage and affordability of care, millions of Americans continue to experience barriers to health care, and these barriers may be changing with time. In particular, more Americans are having trouble finding a provider. Health care coverage expansion is an important step toward improved access to care, but it does not ensure that all Americans have equal access to the care they need when they need it. Future research should account for the interplay of factors affecting health care access through multivariable models. Information obtained directly from the consumer provides a bellwether for physician shortages and a benchmark against which to measure changes in access over time, as well as the opportunity to identify variations in access to care that may be critical to improving population health.

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4. Shartzter A, Long SK, Anderson N. 2016. Access to care and affordability have improved following Affordable Care Act implementation; problems remain. *Health Aff* 35(1):161-168.