

Client-Provider Interactions about Screening and Referral to Primary Care Services and Health Insurance Programs

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BACKGROUND

With the implementation of the Patient Protection and the Affordable Care Act (ACA), an estimated 1.4 million Californians will be newly eligible for Medi-Cal¹ and another 1.9 million Californians will be eligible for premium tax credits.² The Family Planning, Access, Care, and Treatment (Family PACT) program provides family planning and reproductive health services to 1.8 million low-income California residents who are at risk of pregnancy or causing pregnancy, and have no other source of health care coverage that can be used for family planning services. Although it is unclear as to how many Family PACT clients will enroll in insurance options provided by the ACA, nearly two-thirds of adult Family PACT clients are estimated to be eligible for full scope Medi-Cal and other forms of coverage starting January 2014.³ During the implementation of the ACA, Family PACT providers will play an important role in referring newly eligible clients to enroll in full scope Medi-Cal or private insurance through the health benefits exchange, Covered California.

This report provides the perspective of Family PACT clients on utilization of health care, provider interactions related to primary care referrals, and insurance eligibility. Based on in-depth analyses of the 2012 Client Exit Interviews (CEI), this report aims to answer the following questions:

- How do Family PACT clients access general health care and pay for primary care services?
- What do clients report about Family PACT providers assessing their primary care needs or referring them to primary care services?
- To what extent do clients report that Family PACT providers discussed Medi-Cal eligibility or helped them enroll in public insurance programs?

Understanding clients' access to primary care services, as well as payment options used for general health concerns, will highlight the existing need of Family PACT clients for full scope coverage options that are available under the ACA. Similarly, client perspectives on provider screening and referral practices will reveal factors associated with improved access to primary care services. Findings will highlight providers who may be early adopters of the ACA by assessing client access to primary care services and opportunities to discuss public insurance eligibility.

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METHODOLOGY

In the 2012 Family PACT CEI Study, 1,498 Family PACT clients receiving care in one of 78 high-volume provider sites in 13 California counties, were asked about their experiences accessing Family PACT services and whether Family PACT services are in adherence to program and national standards of care. The majority of these clients were ages 20 and older (82 percent), female (88 percent), and Hispanic (59 percent). Clients were asked the following questions related to access and referral to primary care services and public insurance programs:

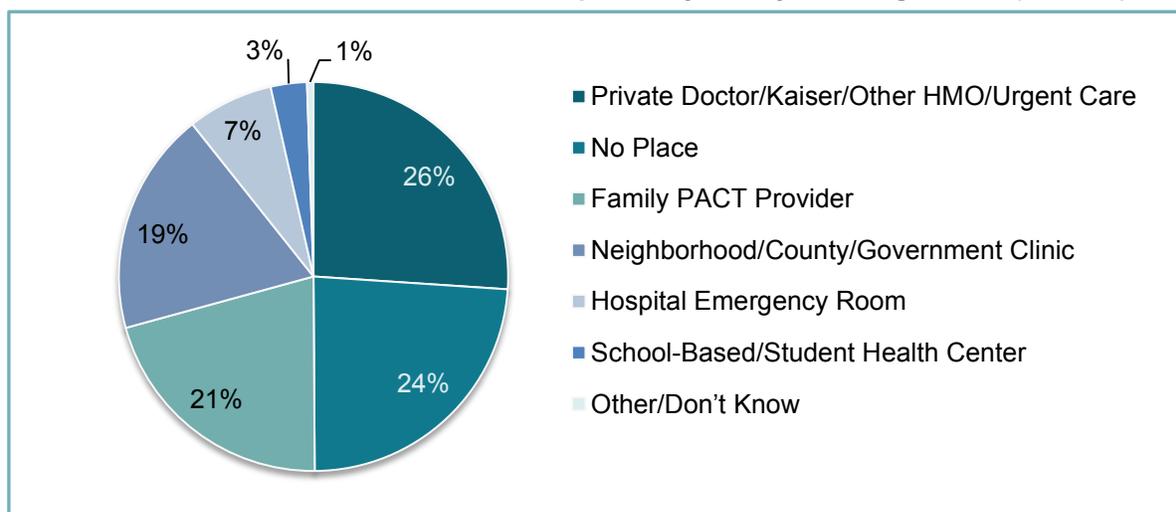
- Where do you usually go for general health care, such as when you need a check-up, want advice about a health problem, or get sick or hurt?
- When you do go, who usually pays for your general health care services?
- (Within the past 12 months,) did someone here ask you whether you have a place to go to for general health concerns?
- (Within the past 12 months,) did someone here refer you to another clinic or doctor for general health concerns?
- Did the staff here tell you that you might be eligible for Medi-Cal or Healthy Families?
- Did they tell you how to apply for Medi-Cal or Healthy Families?

Findings are presented below by demographic and provider characteristics.^a

USUAL SOURCE OF GENERAL HEALTH CARE

In order to understand access to primary care services, clients were asked where they usually go for general health care concerns. Twenty-six percent of clients said they go to a private doctor's office or an urgent care facility for primary care services, while nearly one-quarter (24 percent) of clients reported that they have no usual source of general health care (Figure 1). Twenty-one percent of clients said their Family PACT provider is their usual source of care.

Figure 1
Usual Source of General Health Care Reported by Family Planning Clients (n=1,497)



Source: 2012 Client Exit Interview.

^a Tests of statistical difference were conducted using the Chi-square test or *t*-test. In cases where means of more than two groups were compared a one-way Analysis of Variance was conducted. For nominal variables, simple logistic regression was conducted. Only significant differences at $p < .05$ are reported.

Differences by Provider Characteristics

Primary Care/Multi-Specialty and Private Sector clients (40 percent and 31 percent respectively) were more likely than Family Planning/Women's Health and Public Sector clients (13 percent and 16 percent respectively) to report that the Family PACT provider is their usual source of health care.

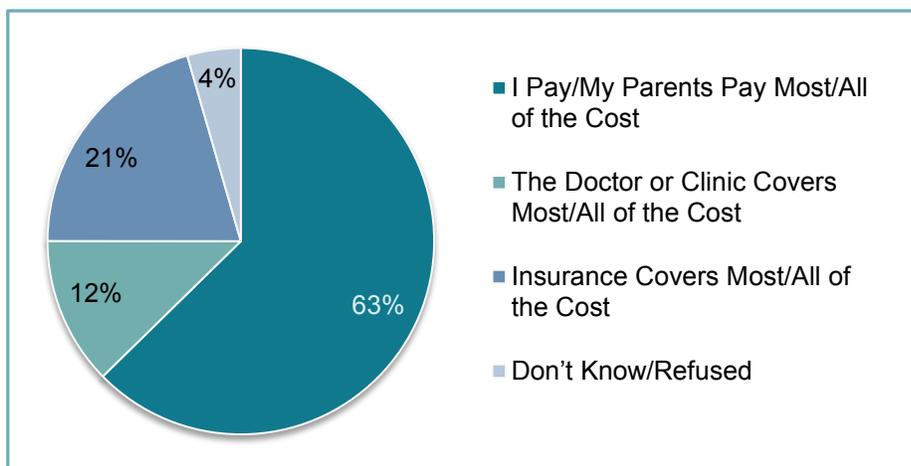
Differences by Client Characteristics

- Adults were more likely than adolescents to report that they had no usual source of care (26 percent versus 14 percent) and that their Family PACT provider was their usual source (22 percent versus 15 percent).
- Spanish speakers were more likely than English speakers to say they had no usual source of care (28 percent versus 23 percent) or to report that the Family PACT provider was their usual source of care (34 percent versus 18 percent). They were less likely to say a private provider was their usual source of care (9 percent versus 31 percent).
- Hispanic and African-American clients were more likely to report that the Family PACT provider (24 percent and 29 percent respectively) was their usual source of health care than Whites (13 percent).
- When compared to Whites (23 percent), African-American clients (14 percent) were less likely and clients who reported Native American or other race/ethnicity (33 percent) were more likely to report they had no place to go for their general health care needs.

WHO USUALLY PAYS FOR GENERAL HEALTH CARE SERVICES?

An indicator of the percentage of Family PACT clients who may be eligible for new insurance options under the ACA is the number of clients who pay out-of-pocket for primary care services. When asked about who usually pays for general health care services, nearly two-thirds of clients (63 percent, n=938) said they or their parents pay out-of-pocket and 20 percent (n=307) reported that they have insurance that covers most or all of the cost of services (Figure 2). Compared to clients who had a usual source of care for primary care services, clients who had no usual place of care were more likely to report paying out-of-pocket for primary care services (60 percent versus 86 percent). When examining the trend in how Family PACT clients pay for primary care services, these findings support previous Family PACT client-level analyses³ and indicate that the majority of Family PACT clients do not have access to affordable primary care services and may be eligible for full scope Medi-Cal or improved primary care coverage under the ACA.

Figure 2
Who Usually Pays for General Health Care Services? (n=1,497)



Source: 2012 Client Exit Interview.

Differences by Provider Characteristics

- Public Sector clients were more likely to say their doctor covered the costs of their health care (14 percent versus 9 percent), while Private Sector clients were more likely to report they were covered by health insurance (27 percent versus 18 percent).
- Primary Care/Multi-Specialty clients were more likely to say their health insurance paid for their general health care services as compared to Family Planning/Women’s Health clients (25 percent versus 19 percent).

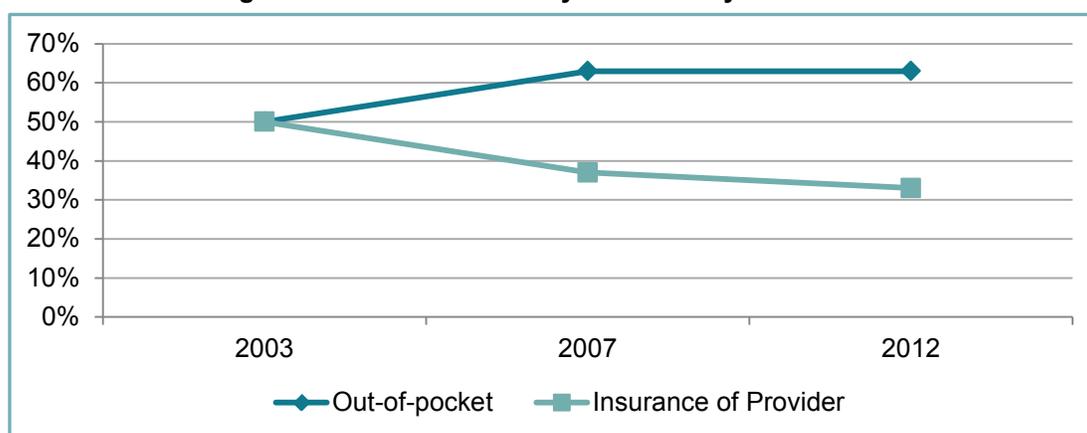
Differences by Client Characteristics

- Among all clients, regardless of whether they had a usual source of primary care, adolescents were more likely to report that they have insurance to cover their primary care needs (29 percent) compared to adults (19 percent).
- English speakers were more likely to say their health insurance paid for them as compared to Spanish speakers (22 percent versus 16 percent).
- African Americans and Asians were more likely to say they had insurance (37 percent and 27 percent, respectively, versus 18 percent of White clients).

Differences over Time

Trends comparing findings from 2003, 2007, and 2012 CEIs demonstrate that a greater percentage of Family PACT clients are paying for primary care services out-of-pocket (Figure 3). The percentage of respondents who said their insurance or their provider covers most of the costs for their care decreased only slightly from 37 percent in 2007 to 33 percent in 2012, but the overall reduction from 2003, when this proportion was 50 percent, is substantial. Furthermore, the percentage covered by insurance dropped from 30 percent in 2007 to 21 percent in 2012, alongside an increase (from 7 percent to 12 percent) in the percentage who reported that the doctor or clinic covered their costs. After an increase from 50 percent in 2003, the percentage of clients who said they or their family pay for general health care services out-of-pocket was the same (63 percent) in 2007 as in 2012.

Figure 3
Change from 2003-12: Who Pays for Primary Care Services?



Note: Changes across the three time periods may be due to the different sampling distributions of Public and Private Sector providers.

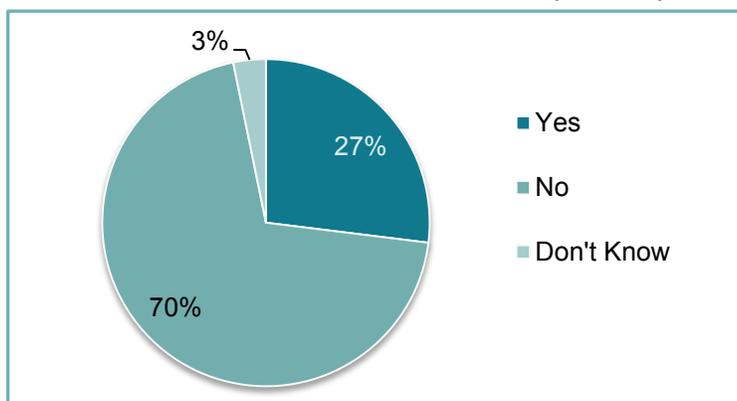
Source: 2003, 2007, and 2012 Family PACT Client Exit Interview.

CLIENT PERSPECTIVE ON SCREENING AND REFERRALS TO PRIMARY CARE SERVICES

A key element in linking clients with a regular source of primary health care is assessing whether clients have a usual source of health care and referring clients for their primary health care needs. Twenty-seven percent of respondents said they were asked during their current visit if they have a place to go for general health care (Figure 4).

In regards to referral to primary care services, only 13 percent (n=198) of all clients (n=1484) reported being referred to another provider for general health concerns within the past 12 months.^b Of the 353 clients who reported not having a usual source of general health care, 41 (12 percent) received a referral to primary care services. There were no differences in provider referral to primary care services based on clients' usual source of care.

Figure 4
Did Someone Here Ask You Whether You Have a Place to Go for General Health Concerns? (n=1,495)



Source: 2012 Client Exit Interview.

Differences by Client Characteristics

- Compared with clients who report having a usual source of care for general health concerns, clients without a usual place for primary care services were less likely to say they were asked during their visit if they have a place to go for general health care (30 percent versus 19 percent).
- Although Spanish speakers were more likely than English speakers to report not having a usual source of general health care. Spanish-speaking clients were less likely than English-speaking clients to report being asked whether they had access to primary care services by their provider (18 percent versus 30 percent).
- When compared to Whites (32 percent), Hispanic clients (24 percent) were less likely to be asked about access to primary care services.
- Adolescents were asked whether they had a primary care source more frequently than adults (35 percent versus 26 percent).
- Established clients were more likely to have received a referral for primary care services than new clients (14 percent versus 11 percent).

Differences by Provider Characteristics

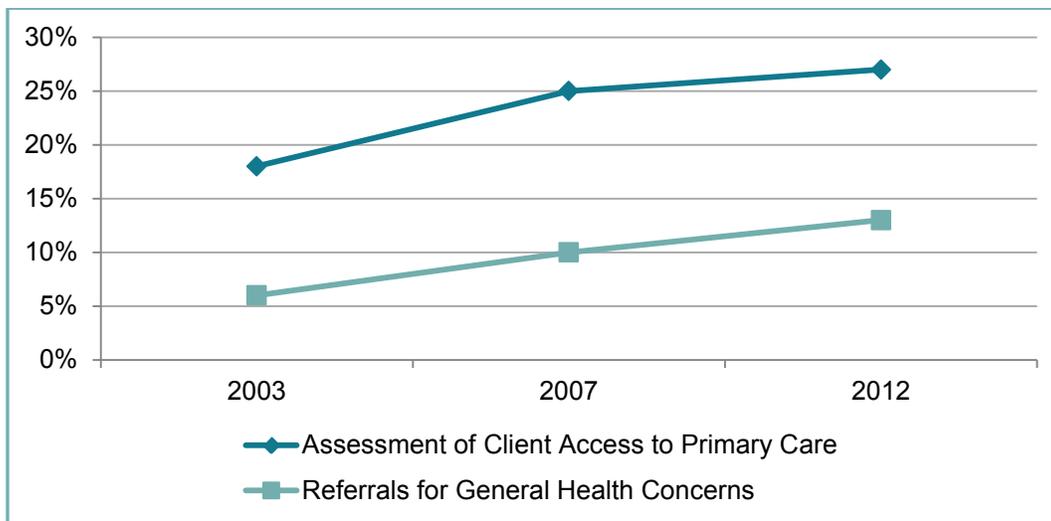
Compared to Family Planning providers, General Primary Care providers were less likely to refer Family PACT clients to primary care services as they likely could deliver many of the services themselves (9 percent versus 14 percent).

^b Client Exit Interview questions did not assess how many clients were in need of primary care services.

Differences over Time

Since 2003, there have been significant increases in both the percentage of Family PACT clients reporting provider assessment of primary care need (18 percent in 2003 versus 27 percent in 2012) and referrals for general health concerns (6 percent in 2003 to 13 percent in 2012, Figure 5).

Figure 5
Change from 2003-12: Percentage of Clients Screened for or Referred to Primary Care Services



Note: Changes across the three time periods may be due to the different sampling distributions of Public and Private Sector providers.

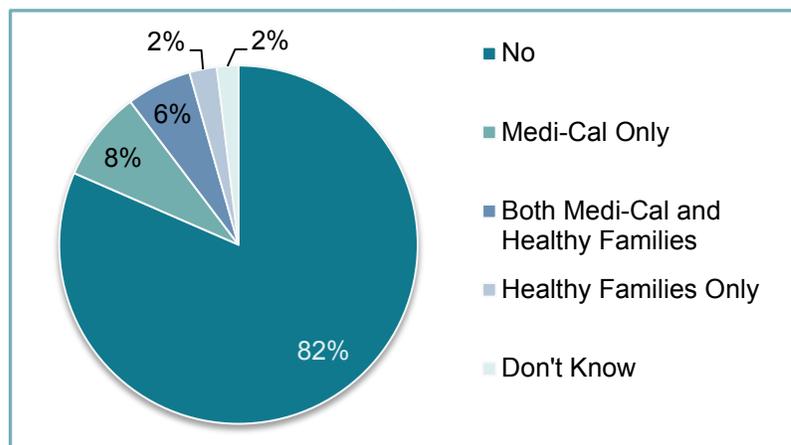
Source: 2003, 2007, and 2012 Family PACT Client Exit Interview.

CLIENT PERSPECTIVE ON MEDI-CAL AND HEALTHY FAMILIES ELIGIBILITY

Discussing eligibility options for public health insurance programs, such as Medi-Cal and Healthy Families, is an important means of ensuring that family planning clients have a regular source of primary health care.

Similarly, understanding the provider-level differences in discussing eligibility highlights providers who may need assistance in guiding family planning clients to newly available coverage options under the ACA. In 2012, 16 percent (n=247) of respondents reported that someone at the Family PACT provider's office told them they may be eligible for Medi-Cal, Healthy Families, or both (Figure 6), but the majority (82 percent) of clients did not discuss eligibility for Medi-Cal or Healthy Families.

Figure 6
Did the Staff Here Tell You That You Might be Eligible for Medi-Cal or Healthy Families? (n=1,495)



Source: 2012 Client Exit Interview.

Family PACT Client-Provider Interactions about Screening and Referral to Primary Care Services and Public Insurance Programs

Differences by Client Characteristics

- New clients were more likely to be told they may be eligible for these programs than established clients (20 percent versus 16 percent).
- Clients who usually pay for general health care services out-of-pocket were less likely to discuss eligibility with their provider than clients whose insurance or provider covered most or all of the costs (13 percent versus 24 percent).

Differences by Provider Characteristics

- Clients at Private Sector providers were more likely to report that someone told them they may be eligible for a public insurance program compared to those who saw Public Sector providers (22 percent for versus 15 percent).
- Compared to Family Planning providers (14 percent), General Primary Care providers (27 percent) as well as Obstetrics and Gynecology or Women's Health providers (28 percent) were more likely to discuss eligibility.
- Providers with multiple specialties were the least likely to discuss eligibility compared to Family Planning providers (12 percent versus 14 percent).
- Compared to Community Health Centers (19 percent), County or City Clinics (35 percent) and Group or Solo Medical Practice Clinics (26 percent) were more likely to discuss insurance eligibility.
- Conversely, Planned Parenthood Affiliate Clinics (13 percent) were less likely to discuss eligibility when compared to Community Health Centers (19 percent).

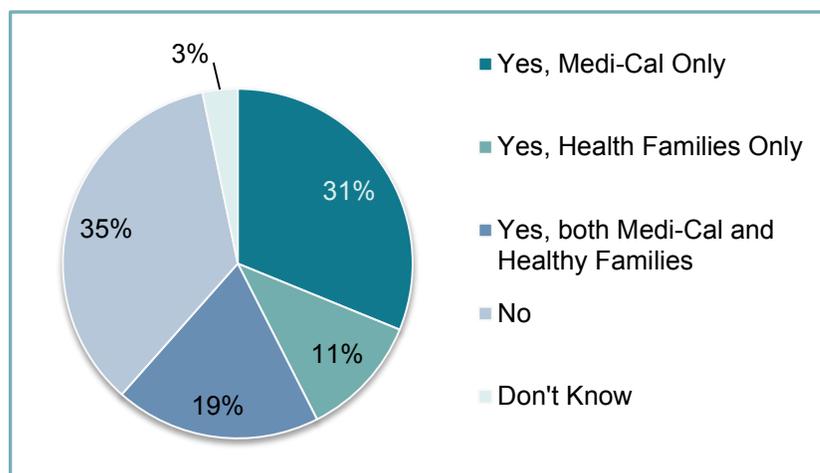
CLIENT PERSPECTIVE ON STAFF INSTRUCTION FOR MEDI-CAL AND/OR HEALTHY FAMILIES

To facilitate their access to other sources of public health insurance, some clients may benefit from receiving additional information about how to apply. Among clients who were told that they might be eligible (n=247), 62 percent were instructed on how to apply for Medi-Cal and/or Healthy Families (Figure 7).

Differences by Client Characteristics

Adults and established clients were more likely than adolescents and new clients, respectively, to say they were instructed in the application process (69 percent of adults versus 42 percent adolescents; 69 percent of established versus 50 percent of new clients).

Figure 7
Did the Staff Tell You How to Apply for Medi-Cal or Healthy Families? (n=247)



Source: 2012 Client Exit Interview.

CONCLUSION

The results from the 2012 CEI provide insight into the potential need for Family PACT clients to access coverage options through the ACA, as well as provider screening and referral practices that may improve access to primary care services. Nearly two-thirds of Family PACT clients pay out-of-pocket to access primary care services, and nearly one quarter did not have a usual source of care for general health concerns. These findings confirm the estimate that a large percentage of Family PACT clients are in need of insurance coverage options available through the ACA, and many may potentially qualify for expanded Medi-Cal coverage.⁴

These findings also suggest that Family PACT clients who are most likely to benefit from coverage options available through expanded Medi-Cal or Covered California may not be getting screened for primary health care needs. Clients who did not have a usual source for general health care concerns or who paid out-of-pocket for primary care services were less likely to be asked about their primary care needs than their counterparts. Similarly, Hispanic clients and Spanish-speaking clients were less likely to be assessed for primary health care needs than White clients or English speakers respectively.

Consequently, Family PACT providers can play a crucial role in facilitating clients' transitions into newly available coverage options under the ACA. However, in 2012, 27 percent of Family PACT clients were asked by their provider if they have a place to go for general health concerns and only 16 percent discussed eligibility for public insurance programs. Although few providers discussed eligibility options for public insurance, 62 percent of the 247 clients who discussed eligibility were instructed on how to enroll. These findings demonstrate that Family PACT providers, Family Planning Specialty providers in particular, should be encouraged to increase screening of clients' access to primary care services and eligibility for public insurance programs. Hispanic and Spanish-speaking clients in particular may benefit from targeted and concerted outreach efforts to help them enroll in expanded Medi-Cal or Covered California.

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1. Lucia L, Jacobs K, Watson G, Dietz M, Roby DH. *Medi-Cal Expansion under the Affordable Care Act: Significant Increase in Coverage with Minimal Cost to the State*. Center for Labor Research and Education, University of California, Berkeley; and Center for Health Policy Research, University of California, Los Angeles. January 2013.
 2. Claxton G, Levitt L, Damico A, Garfield R, Panchal N, Cox C, Rae M. *State-by-State Estimates of the Number of People Eligible for Premium Tax Credits Under the Affordable Care Act*. The Henry J. Kaiser Family Foundation. November 2013.
 3. Bixby Center for Global Reproductive Health. University of California, San Francisco. *Estimate of the Number of Family PACT Clients Served in FY 2010-11 Potentially Eligible for Medi-Cal under Health Care Reform*. Ad Hoc report to the State of California, Department of Health Care Services, Office of Family Planning. Sacramento, CA, November 7, 2012.
 4. Ibid.

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