CENTER FOR HEALTH INFORMATION AND ANALYSIS

FINDINGS FROM THE 2017

MASSACHUSETTS

HEALTH INSURANCE SURVEY

DECEMBER 2017

CHIA.

Findings from the 2017 Massachusetts Health Insurance Survey

CENTER FOR HEALTH INFORMATION AND ANALYSIS

Prepared by:

Laura Skopec and Sharon K. Long, Urban Institute

Susan Sherr, David Dutwin, and Kathy Langdale, SSRS

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Table of Contents

Executive Summary

As part of the Center for Health Information and Analysis's (CHIA's) Continuing Program of Study on Insurance Coverage, Underinsurance and Uninsurance, the Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use, and health care affordability for Massachusetts residents.[1] The MHIS is a tool used by CHIA, legislators, policymakers, employers, insurers and other stakeholders to track and monitor the experiences of Massachusetts residents in obtaining timely and affordable health care.

There were several key additions made to the survey content in 2017. The 2017 MHIS includes new questions on medical errors, sources of medical debt and insurance status at the time the debt was incurred, and reasons for unmet needs for care due to cost. The 2017 MHIS also includes questions to measure underinsurance by relating out-of-pocket health care spending to family income.

Beginning in 2015, the MHIS is conducted biennially. The 2017 MHIS was based on the same methodology as the 2014 and 2015 MHIS, which was modified from earlier years to provide a better understanding of health insurance coverage in the Commonwealth.[2] Therefore, 2014-2017 MHIS estimates should not be used to calculate changes from earlier years of the survey.[3] The 2017 MHIS was fielded between April and July 2017.

Health Insurance Coverage and Uninsurance

Massachusetts continued to have a much lower uninsurance rate than the nation in 2017, with 3.7 percent of Massachusetts respondents uninsured at the time of the survey as compared to 8.8 percent nationally, based on early release of estimates from the National Health Interview Survey (NHIS) for January through March 2017.[4] The uninsured in Massachusetts were more likely than the general Massachusetts population to be male, single individuals without children, Hispanic, and low income. Employer-sponsored coverage remained the dominant source of coverage in Massachusetts, accounting for over 53 percent of all insured persons in 2017. Continuity of coverage has become the norm in Massachusetts, with fewer than one in 10 respondents reporting any period of uninsurance over the past 12 months in 2017.

Health Care Access and Use

Massachusetts respondents continued to have strong access to and use of health care in 2017. Most Massachusetts respondents[5] reported a usual source of health care (88.6%) and a visit to a general doctor over the past 12 months (82.4%). Nonetheless, some Massachusetts respondents had difficulty getting care. Nearly one in five respondents reported difficulties getting an appointment with a provider as soon as needed over the past 12 months, and over one in eight reported being told that a doctor or other provider was not accepting new patients in 2017.

About one-third of respondents visited an emergency department over the past 12 months in 2017. Among those with an emergency department visit, over one-third (35.3%) reported seeking care in the emergency department for a non-emergency condition in 2017.

Health Care Affordability

Health care costs remained a concern for many Massachusetts respondents in 2017, with more than one in four (25.6%) reporting an unmet need for medical or dental care in the past 12 months due to cost.

Almost one in 10 Massachusetts respondents with insurance coverage all year spent more than 10 percent of family income on out-of-pocket health care costs not including health insurance premiums (8.8%), suggesting that those respondents were underinsured in 2017.

More than one in six Massachusetts respondents reported having medical debt (family medical bills that were being paid off over time), with almost half of those paying off medical bills of $2,000 or more. Of those with medical debt, more than three in four incurred all of those medical bills while they and their family members were insured.

Experience with Medical Errors

The 2017 MHIS included new questions on medical errors that were asked of the adult completing the survey, who was either the individual targeted for the survey (referred to as the respondent above) or the proxy respondent.

Nearly one in five (19.4%) of the Massachusetts adults who answered these questions reported that a medical error occurred in the past five years in their care or in the care of a household member or a member of their extended family living outside of the household. These medical errors generally had health consequences, with over half of those who reported an error saying the most recent medical error had caused serious health consequences for the affected individual.

3.7%

uninsurance rate in Massachusetts

9%

people were underinsured

KEY FINDINGS

92%

people had insurance coverage for the full year

89%

people with a usual source of care

18%

people with difficulties getting an appointment as soon as needed

35%

people visiting the emergency department who sought care for a non-emergency condition

78%

people with medical debt who incurred all medical bills while they and their family were insured

26%

people with an unmet need for medical or dental care due to cost

Notes

1 The MHIS includes non-institutionalized residents of the state. Persons living in group quarters, such as dorms, nursing homes, prisons, and shelters, are excluded from this study.

2 Specifically, the 2014, 2015, and 2017 MHIS used a dual-frame random digit dialing (RDD) landline and cell phone sample, with the survey completed entirely over the phone. The 2008-2011 surveys used a dual-frame landline RDD and address-based sample, with surveys completed by phone, via the Internet, and in hard copy. In 2014, 2015, and 2017 the MHIS also oversampled landlines in areas with higher concentrations of low income residents and oversampled respondents with prepaid cell phones not attached to a permanent account. Both oversampling strategies were designed to increase the number of interviews completed with low income and uninsured respondents.

3 Due to the change in methodology between the 2008-2011 period and the 2014-2017 period, it is not possible to determine whether any changes between those periods are due to the survey design change or due to underlying changes in health insurance coverage, health care access, and health care affordability in Massachusetts.

4 Cohen, RA, Martinez, ME, and Zammitti, EP. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-March 2017." National Center for Health Statistics. August 2017. Available at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201708.pdf.

5 Respondents are defined as the individual selected for the survey, regardless of whether they provided the data or the data was provided by a proxy respondent.

Health Insurance Coverage and Uninsurance

One of the primary goals of the Massachusetts Health Insurance Survey (MHIS) is to track health insurance coverage for Massachusetts residents. The MHIS collects information on insurance status for multiple reference periods, including at the time of the survey and during the past 12 months. The MHIS also has specific questions about coverage transitions and periods of uninsurance that capture respondents' churn—when individuals move between periods of coverage and uninsurance.

The MHIS collects information on types of health insurance coverage. Respondents who reported more than one type of health insurance were assigned to a single coverage type according to the following hierarchy: employer-sponsored insurance, Medicare, private non-group coverage such as individual purchases of Health Connector, MassHealth or other public insurance such as ConnectorCare, and other coverage.[1]

In addition to health insurance coverage, the MHIS also includes survey questions to determine the share of Massachusetts residents aged 50 and older with private long-term care insurance; and for those without such coverage, the reasons for not carrying such insurance.

KEY FINDINGS

3.7% of Massachusetts respondents were uninsured at the time of the survey in 2017, compared to 8.8% nationally.

The uninsured were more likely than the general population to be male, single individuals without children, Hispanic, and low income.

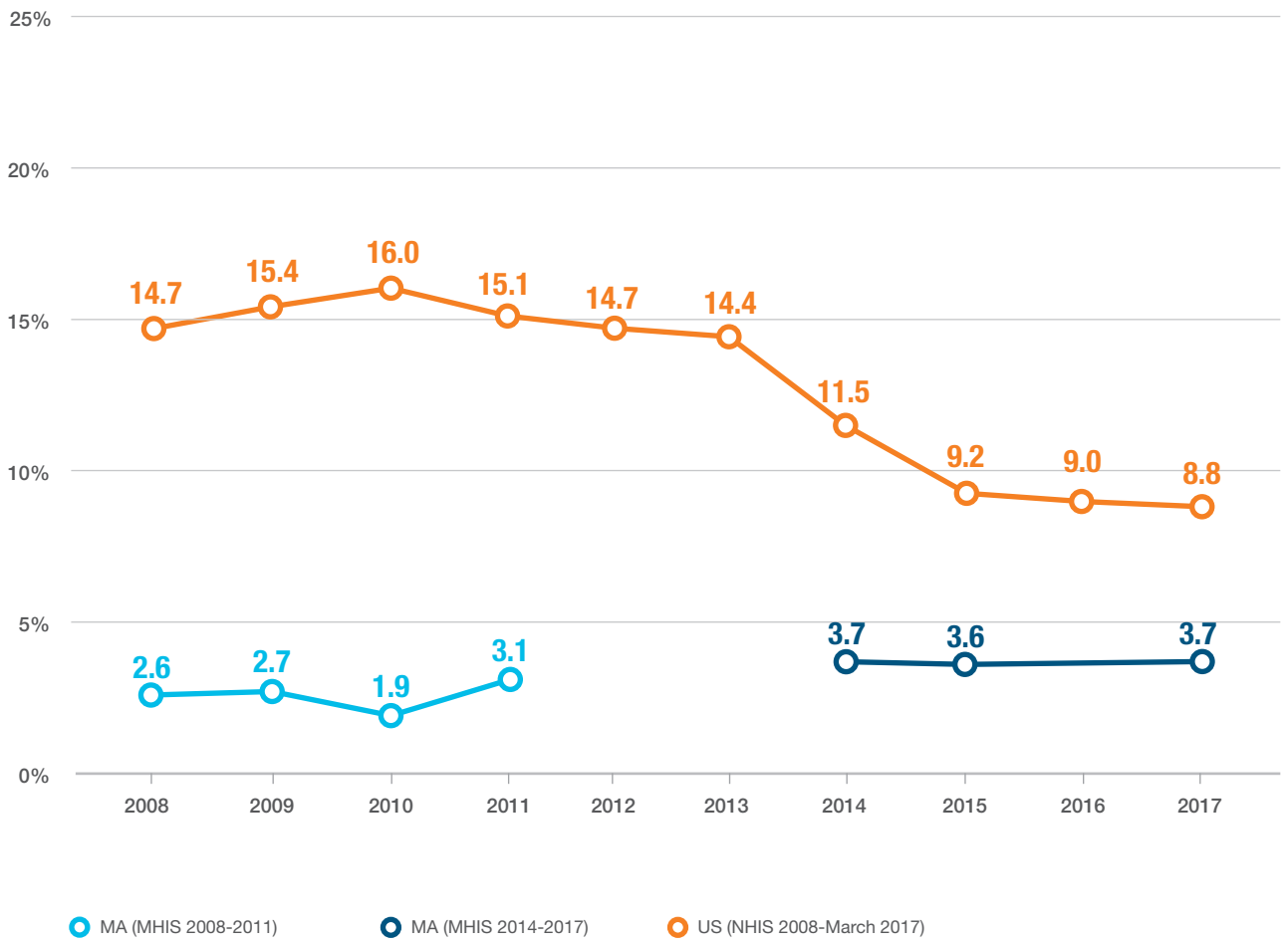
Over nine in 10 respondents had insurance coverage for the full year.

About one in six respondents aged 50 and older reported having private long-term care insurance in 2017.

HEALTH INSURANCE COVERAGE AND UNINSURANCE

Uninsurance at the Time of the Survey for Massachusetts and the Nation, 2008-2017

Uninsurance in Massachusetts remained low based on the MHIS, with only 3.7 percent of respondents uninsured at the time of the survey in 2017, as compared to 3.6 percent in 2015.[2] The change in uninsurance in Massachusetts between 2015 and 2017 was not statistically significant. The Massachusetts uninsurance rate continues to be well below the national rate based on early release of national estimates for 2017 from the National Health Interview Survey (NHIS).[3] According to the NHIS, the national uninsurance rate was 8.8 percent between January and March 2017, down from 9.2 percent in 2015.[4] The decline in the uninsurance rate nationally over time reflects in part the implementation of key components of the Affordable Care Act, the national reform legislation that builds on the 2006 health care reforms in Massachusetts.[5]



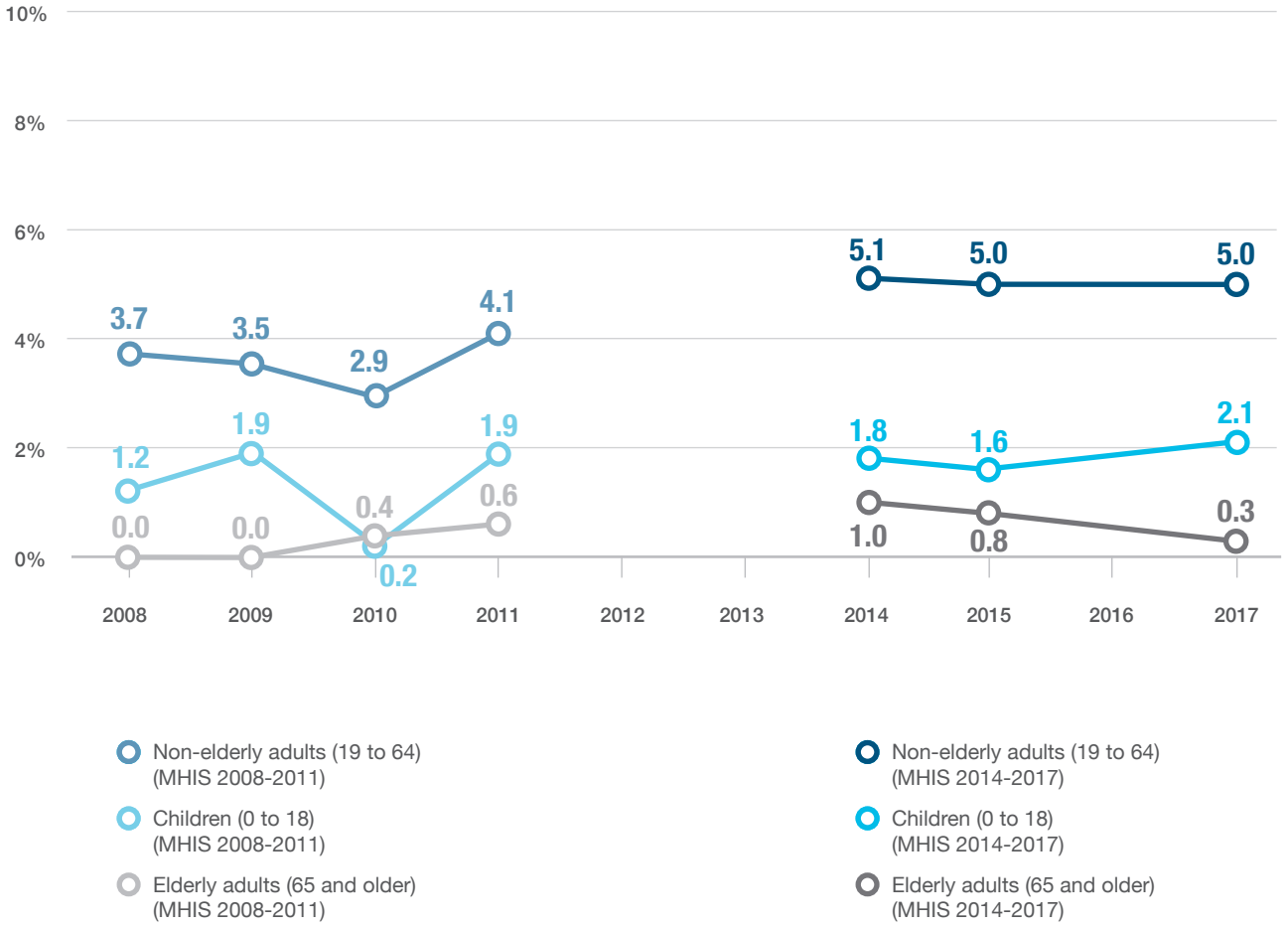
Notes: Due to a change in survey design for the MHIS in 2014, Massachusetts estimates for 2014 and beyond are not directly comparable to estimates for 2008-2011. The MHIS was not conducted in 2012, 2013 and 2016. The 2017 national estimate from the NHIS is for the first quarter of 2017.

Sources: 2008-2011, 2014, 2015, and 2017 Massachusetts Health Insurance Survey (MHIS) for Massachusetts estimates. 2008-2017 National Health Interview Survey (NHIS) for national estimates.

HEALTH INSURANCE COVERAGE AND UNINSURANCE

The 2017 uninsurance rates in Massachusetts for children (2.1 percent), non-elderly adults (5.0 percent), and elderly adults (0.3 percent) were below the national uninsurance rates for these age groups (5.3 percent, 12.1 percent, and 0.7 percent, respectively), based on early release of national estimates from the NHIS for January through March 2017 (data not shown).[6]

Uninsurance at the Time of the Survey by Age Group, 2008-2017



Notes: Due to a change in survey design for the MHIS in 2014, estimates for 2014 and beyond are not directly comparable to estimates from 2008-2011. The MHIS was not conducted in 2012, 2013 and 2016.

Source: 2008-2011, 2014, 2015, and 2017 Massachusetts Health Insurance Survey

Characteristics of the Uninsured, 2017

Most of the uninsured in Massachusetts in 2017 were non-elderly adults (aged 19 to 64), and they were disproportionately male, single individuals without children living with them, Hispanic, and had family incomes below 400 percent of the Federal Poverty Level (FPL). The family incomes of the uninsured suggest that many may be eligible for public health insurance coverage or subsidized coverage through the Massachusetts Health Connector.

Characteristic	Among the uninsured respondents, percent with the characteristic	Among all respondents, percent with the characteristic
Aged 19-64	86.2%	62.5%
Male	64.7%	48.4%
Single individuals without children	63.2%	39.7%
Hispanic	24.2%	11.9%
Family income below 400% of the FPL	78.4%	58.6%

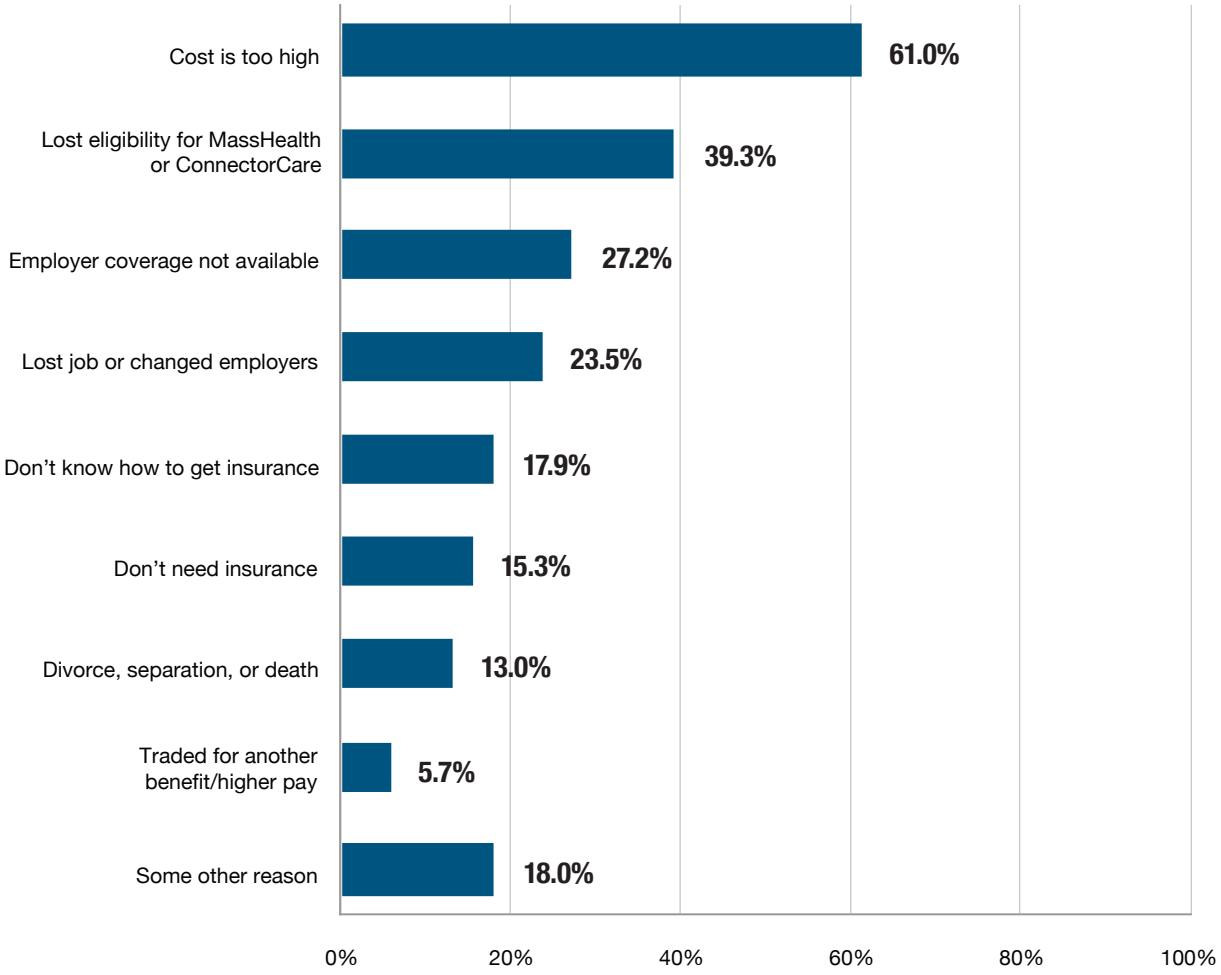
Notes: Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 137 individuals.

FPL = Federal Poverty Level

Source: 2017 Massachusetts Health Insurance Survey

Reasons for Being Uninsured, 2017

When asked the most important reasons for being uninsured in 2017, 61.0 percent of the uninsured respondents in Massachusetts reported the cost of coverage as a key factor. Other factors that were reported by uninsured respondents included loss of eligibility for MassHealth or ConnectorCare (39.3 percent) and lack of availability of employer-sponsored coverage (27.2 percent). Nearly one in four indicated that they lost their jobs or changed employers as reasons for being uninsured. Over one in six uninsured respondents reported that they did not know how to get insurance (17.9 percent) and over one in seven reported that they did not need insurance (15.3 percent).



Notes: The categories listed above are not mutually exclusive. Respondents were asked to select all applicable options.

Given the low uninsurance rate in Massachusetts, the sample size for this analysis is small, at 137 individuals.

Source: 2017 Massachusetts Health Insurance Survey

HEALTH INSURANCE COVERAGE AND UNINSURANCE

Employer-sponsored insurance was the most common type of health insurance for respondents with coverage in Massachusetts in 2017, covering 53.3 percent of insured respondents. In addition, 18.5 percent of insured respondents reported coverage through Medicare, 16.0 percent reported coverage through MassHealth or other public coverage such as ConnectorCare, and 10.7 percent reported coverage through private non-group insurance.

Respondents who reported having more than one type of health insurance were assigned to a single coverage type. Because the hierarchy places employer-sponsored coverage above Medicare and MassHealth, a non-elderly adult who reports coverage through a former employer and MassHealth will be classified as having employer-sponsored insurance.

Type of Health Insurance Coverage Overall and by Age Group, 2017

	All respondents	Children (0-18)	Non-elderly adults (19-64)	Elderly adults (65 and older)
Employer-sponsored insurance	53.3%	59.8%	56.5%	31.9%*
Medicare	18.5%	4.5%	11.7%*	63.9%*
MassHealth or other public coverage	16.0%	23.6%	17.0%*	1.6%*
Private non-group coverage, including Health Connector Plans	10.7%	11.9%	12.6%	1.6%*
Other coverage or coverage type not reported	1.6%	0.3%	2.2%*	1.0%

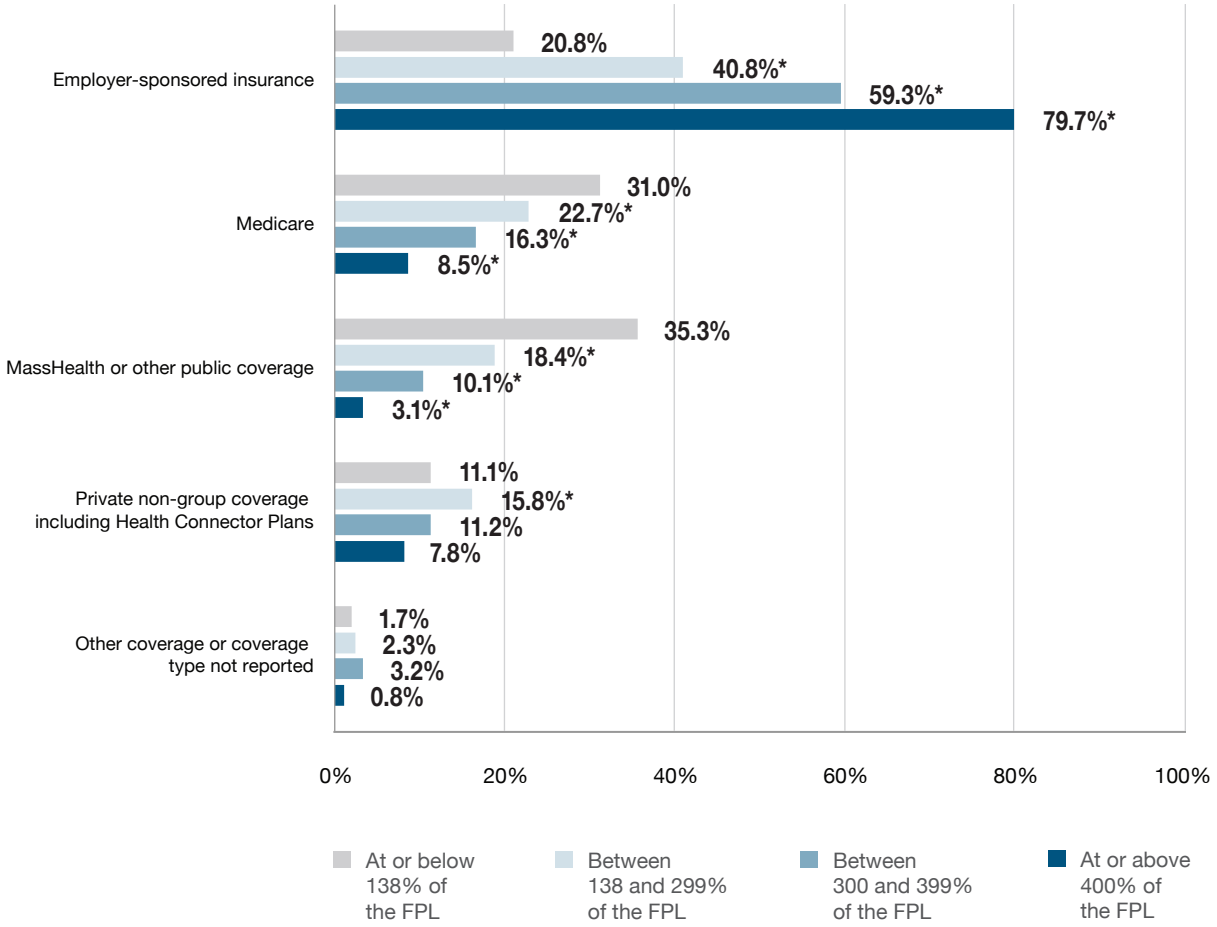
*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Notes: Respondents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; private non-group coverage including Health Connector Plans; MassHealth or other public coverage; and other coverage. Medicare coverage estimates include Railroad Retirement board coverage. MassHealth and other public coverage estimates include temporary coverage while the respondent's application for coverage from the Health Connector or MassHealth is being processed. Estimates may not sum to 100% due to rounding.

Source: 2017 Massachusetts Health Insurance Survey

Type of Health Insurance Coverage by Family Income, 2017

Insured respondents with family incomes at or below 138 percent of the FPL were less likely to report employer-sponsored insurance coverage than all other income groups. As expected, public coverage was most commonly reported among respondents with family incomes at or below 138 percent of the FPL.



*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

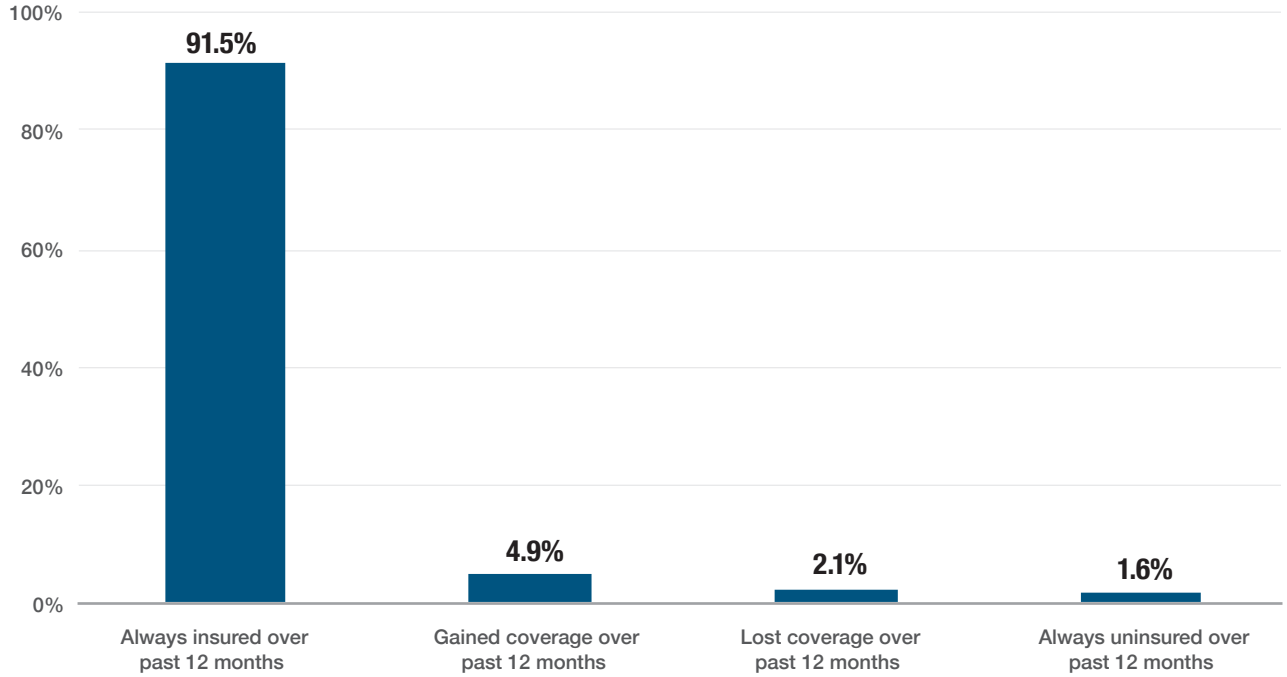
Notes: Respondents were assigned a single coverage type based on the following hierarchy: employer-sponsored insurance; Medicare; private non-group coverage including Health Connector Plans; MassHealth or other public coverage; and other coverage. Medicare coverage estimates include Railroad Retirement board coverage. MassHealth estimates include temporary coverage while the respondent's application for coverage from the Health Connector or MassHealth is being processed. Estimates may not sum to 100% due to rounding.

FPL = Federal Poverty Level

Source: 2017 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage, 2017

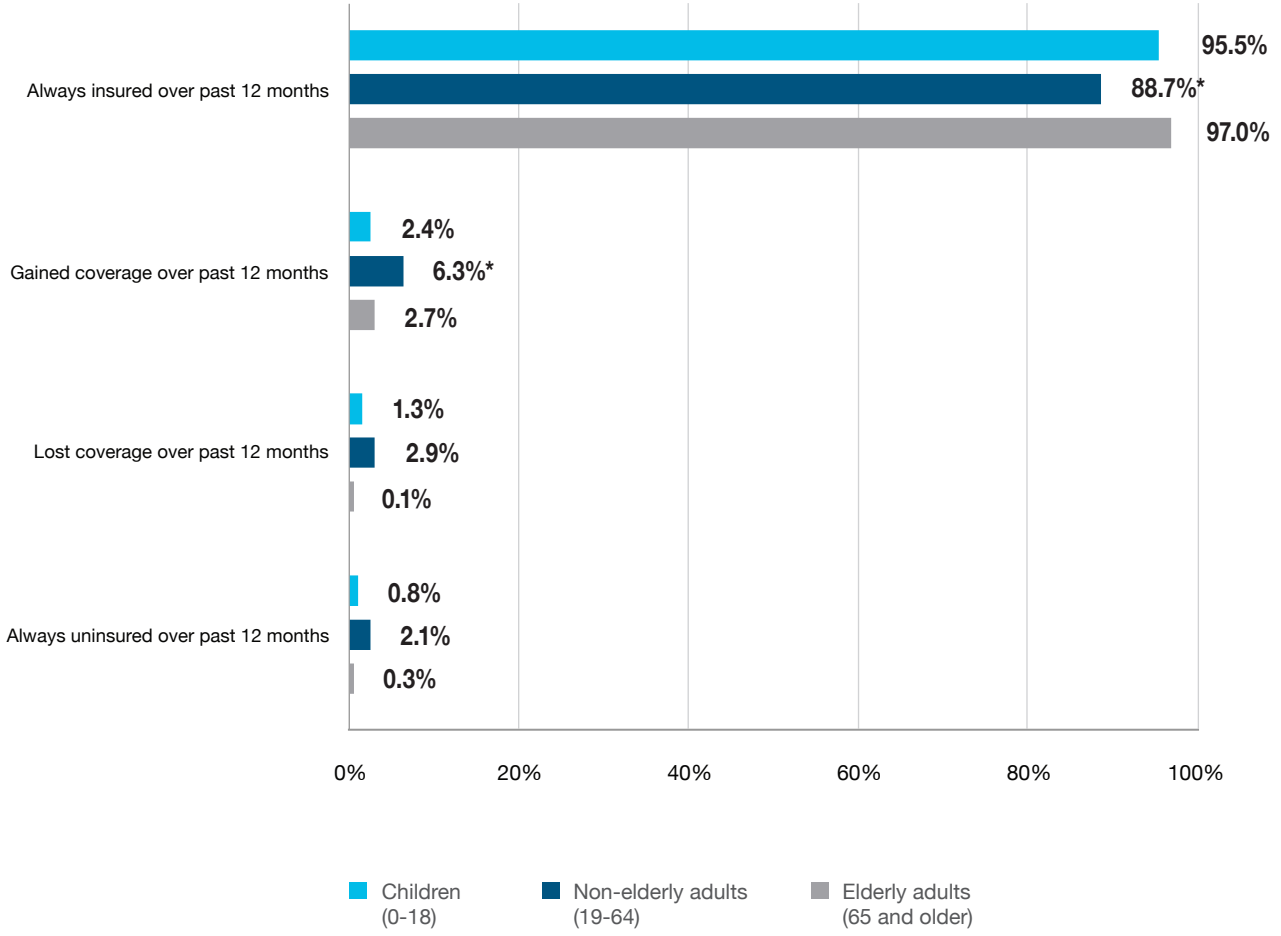
Transitions in health insurance coverage are defined as changes between being insured and uninsured during a year. In 2017, consistent with the low uninsurance rate in Massachusetts, relatively few respondents moved between insured and uninsured status during the prior 12 months. Overall, 91.5 percent of respondents were insured for the full year, and more respondents reported gaining coverage over the past 12 months (4.9 percent) than losing coverage during the past 12 months (2.1 percent).



Source: 2017 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage by Age Group, 2017

Transitions between insured and uninsured status during the year were rare for all age groups, highlighting the high levels of continuous insurance coverage in the state. Non-elderly adults in Massachusetts were more likely to transition between insured and uninsured status during the past 12 months than were children or elderly adults in 2017. For example, 6.3 percent of non-elderly adults reported gaining coverage over the past 12 months, compared to 2.4 percent of children and 2.7 percent of elderly adults. All age groups were more likely to report gaining coverage than losing coverage over the past 12 months.



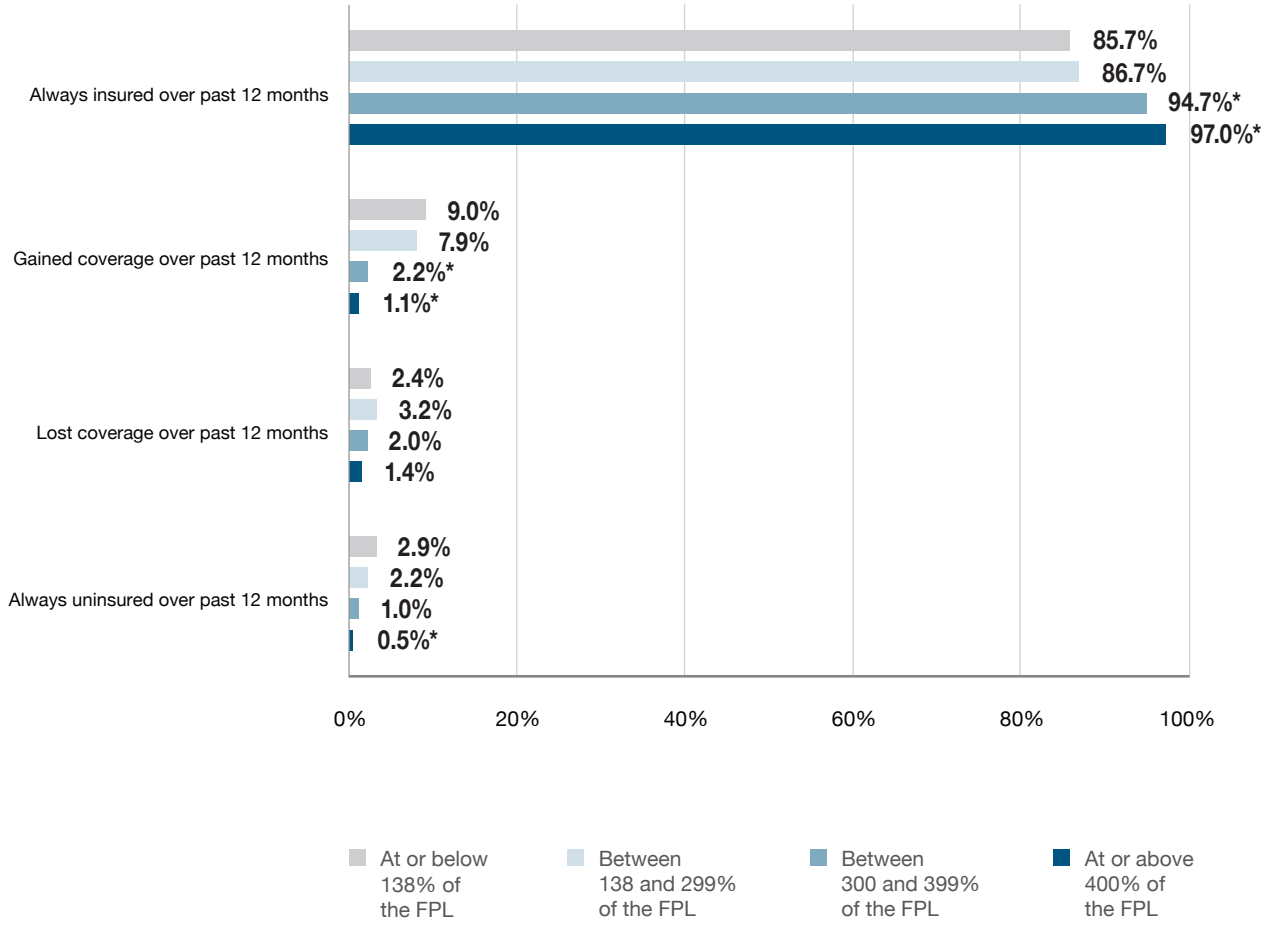
*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Notes: Estimates may not sum to 100% due to rounding.

Source: 2017 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage by Family Income, 2017

Transitions between insured and uninsured periods were also rare across all income groups, with continuous insurance coverage ranging from 85.7 percent of respondents with family incomes at or below 138 percent of the FPL to 97.0 percent of respondents with family incomes at or above 400 percent of the FPL. Respondents with family incomes at or below 138 percent of the FPL were more likely than higher-income respondents to report gaining coverage over the past 12 months. Respondents with family incomes at or above 400 percent of the FPL were less likely than lower-income respondents to report being uninsured for all of the past 12 months.



*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

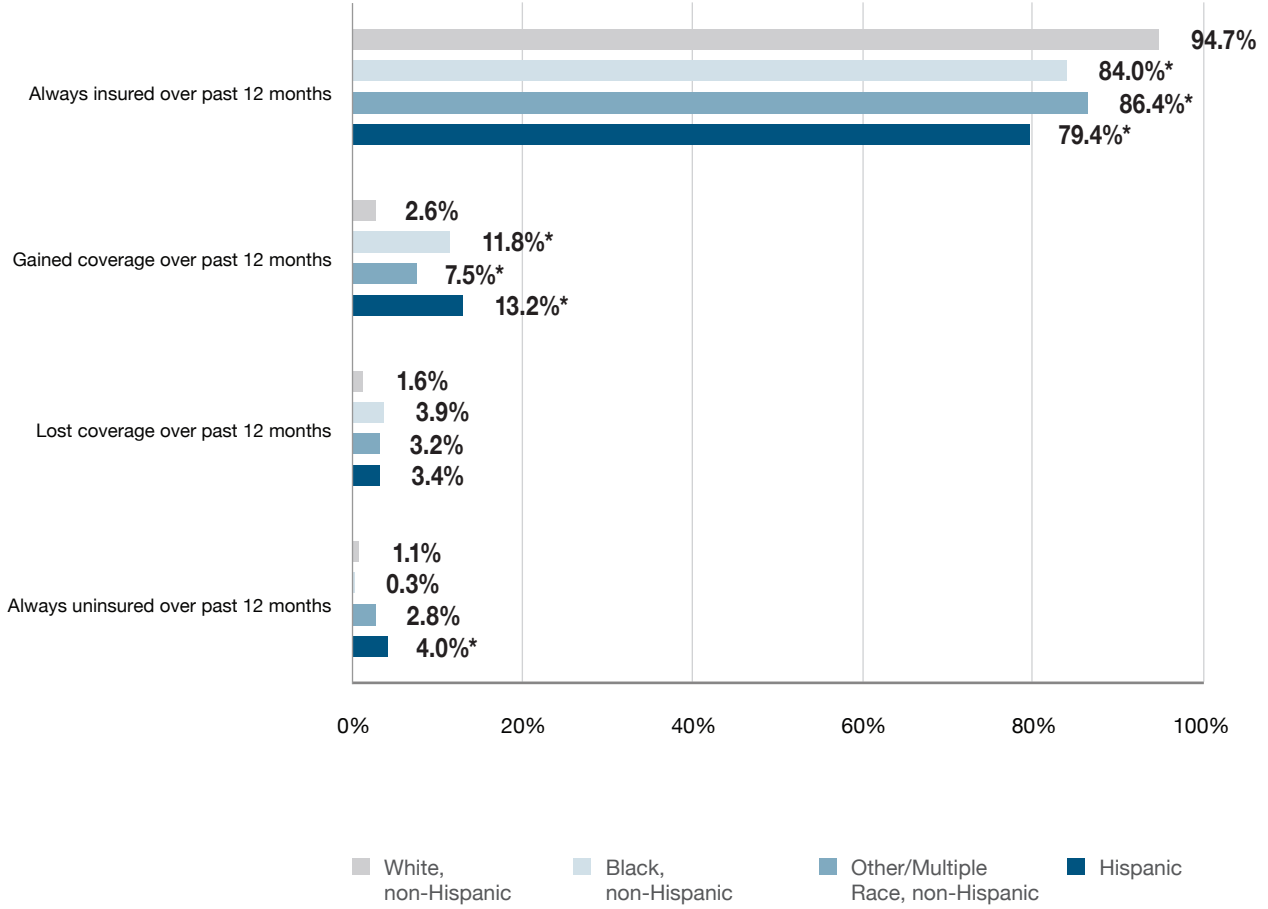
Notes: Estimates may not sum to 100% due to rounding.

FPL = Federal Poverty Level

Source: 2017 Massachusetts Health Insurance Survey

Transitions in Health Insurance Coverage by Race and Ethnicity, 2017

All racial and ethnic groups reported high rates of continuous coverage in 2017, though racial and ethnic minorities were generally less likely than non-Hispanic white respondents to report always being insured over past 12 months. All racial and ethnic minority groups were more likely than non-Hispanic white respondents to report gaining coverage over the past 12 months. Across all groups, gains in coverage over the past 12 months were reported more frequently than coverage losses over the past 12 months.



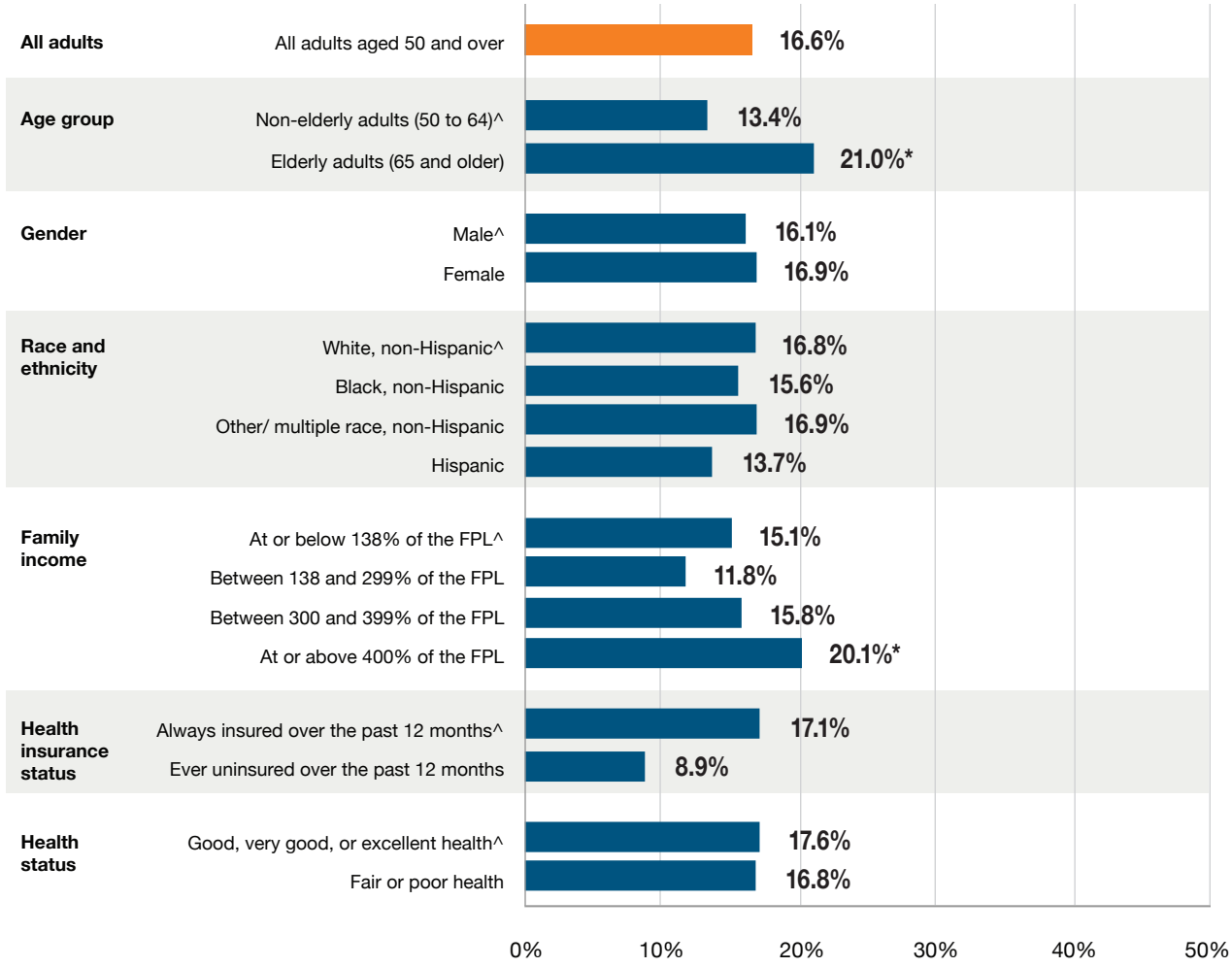
*Difference from estimate for "White, non-Hispanic" is statistically significant at the 5% level.

Notes: Estimates may not sum to 100% due to rounding.

Source: 2017 Massachusetts Health Insurance Survey

Private Long-Term Care Insurance Coverage for Adults Aged 50 and Over by Individual Characteristics, 2017

In 2017, 16.6 percent of Massachusetts respondents aged 50 and over reported having private long-term care insurance. In general, there were not statistically significant differences in the share of adults aged 50 and over reporting that they had private long-term care insurance in 2017 by gender, race and ethnicity, health insurance coverage status, or health status, though sample sizes were small. Adults 65 and older were more likely than those aged 50 to 64 to have private long-term care insurance (21.0 percent and 13.4 percent, respectively) and adults with family incomes at or above 400 percent of the FPL were more likely than adults with family incomes at or below 138 percent of the FPL to report having private long-term care insurance (20.1 percent and 15.1 percent, respectively).



^Reference group

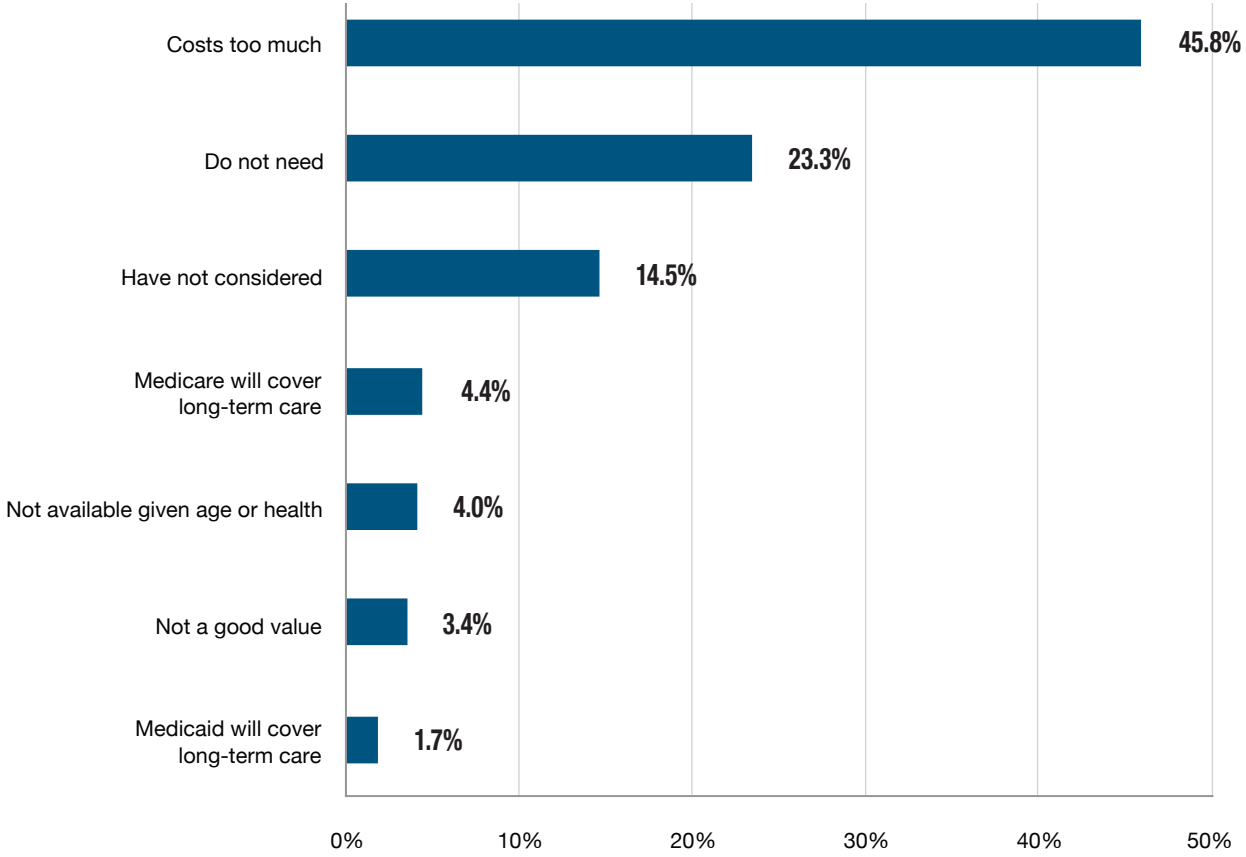
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Reasons for Not Having Private Long-Term Care Insurance, 2017

When asked about their reasons for not having long-term care insurance, respondents aged 50 and over most frequently cited cost (45.8 percent). In addition, nearly four in ten respondents reported that they either did not need long-term care insurance (23.3 percent) or had not considered long-term care insurance (14.5 percent). These responses indicate potential policy considerations such as addressing the costs of the coverage and educating people on the importance of preparing for future long-term care needs.



Note: 2.9 percent of respondents said they did not have private long-term care insurance for another reason not listed.

Source: 2017 Massachusetts Health Insurance Survey

Health Care Access and Use

The MHIS explores respondents' health care access and use through questions about usual source of care, visits to health care providers, emergency department (ED) utilization, and difficulties accessing care.

A usual source of care is the place that respondents reported they usually go when they are sick or need advice about their health, excluding the emergency department. Health care visits included those to a general doctor; nurse practitioner, midwife, or physician's assistant; specialist; mental health professional; and dentist or dental hygienist over the past 12 months. Respondents were also asked if they took any prescription drugs in the past 12 months.

All respondents were asked about ED use in the past 12 months. Multiple ED visits were measured among those reporting at least one visit to the ED in the past 12 months. Further, respondents with an ED visit were asked if their most recent ED visit was for a non-emergency condition, which is defined as a condition that could have been treated by a general doctor if one had been available. Respondents were then asked their reasons for their most recent non-emergency visit to the ED.

Additionally, respondents were asked about the difficulties they have encountered when trying to access health care in the past 12 months. Respondents were asked whether they were told by a doctor's office or clinic that their health insurance type was not accepted or a doctor's office or clinic was not accepting new patients. Respondents were also asked if they were unable to get an appointment at a doctor's office or clinic as soon as they thought one was needed. Inability to get an appointment "as soon as needed" is a reflection of respondents' perception that care was needed, rather than a clinical assessment of needed care.

KEY FINDINGS

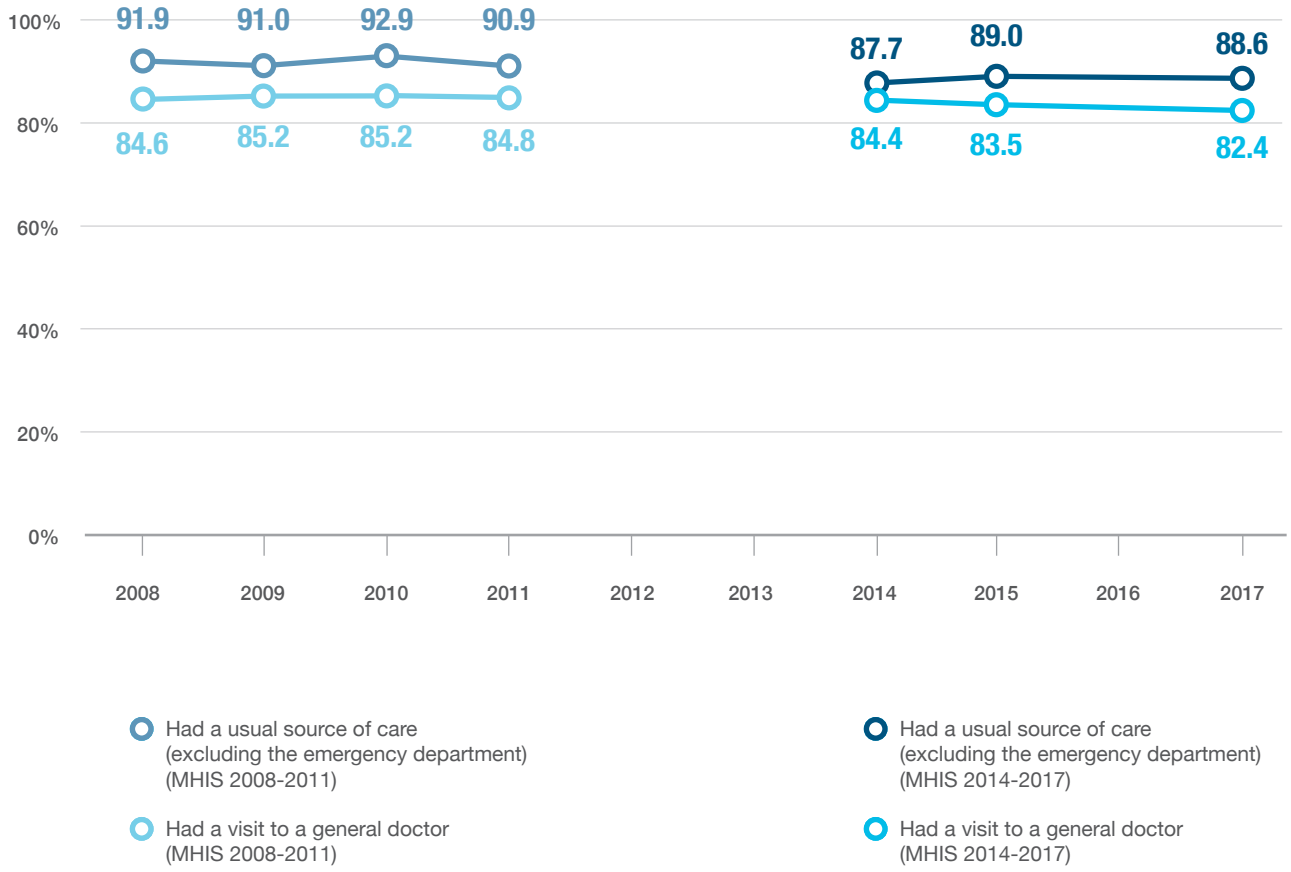
89% of Massachusetts respondents reported a usual source of health care at the time of the survey in 2017.

One-third of respondents visited the emergency department (ED) in the past 12 months. Among the respondents visiting the ED, over 35% sought care for a non-emergency condition in their most recent ED visit.

From 2015-2017, the percent of respondents with difficulties getting an appointment as soon as needed over the past 12 months decreased slightly to 18%.

Health Care Access and Use Over the Past 12 Months, 2008-2017

Many respondents reported having a usual source of care (88.6 percent) and a visit to a general doctor over the past 12 months (82.4 percent). Nationally, 88.8 percent of respondents reported a usual place to go for medical care based on early release estimates for January to March 2017 from the NHIS (data not shown).[7]

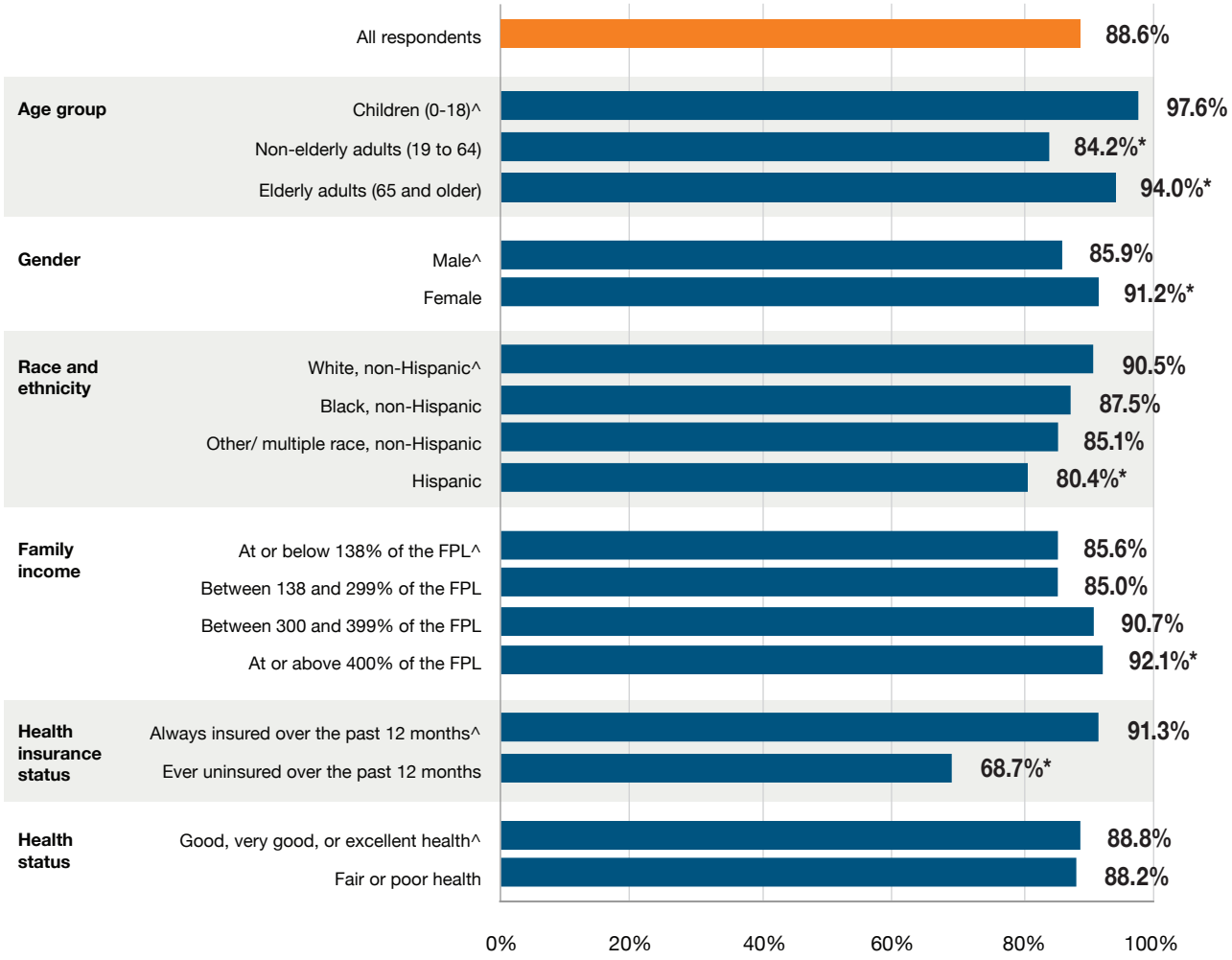


Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 and beyond are not directly comparable to estimates from 2008-2011. The MHIS was not conducted in 2012, 2013, and 2016.

Source: 2008-2011, 2014, 2015, 2017 Massachusetts Health Insurance Survey

Usual Source of Care by Individual Characteristics, 2017

Most Massachusetts respondents reported having a usual source of care in 2017 (88.6 percent), including more than nine in 10 children (97.6 percent) and elderly adults (94.0 percent). Across all groups studied, the share of respondents with a usual source of care was 85 percent or higher, except for non-elderly adults (84.2 percent), Hispanic respondents (80.4 percent), and respondents ever uninsured over the past 12 months (68.7 percent).



^Reference group

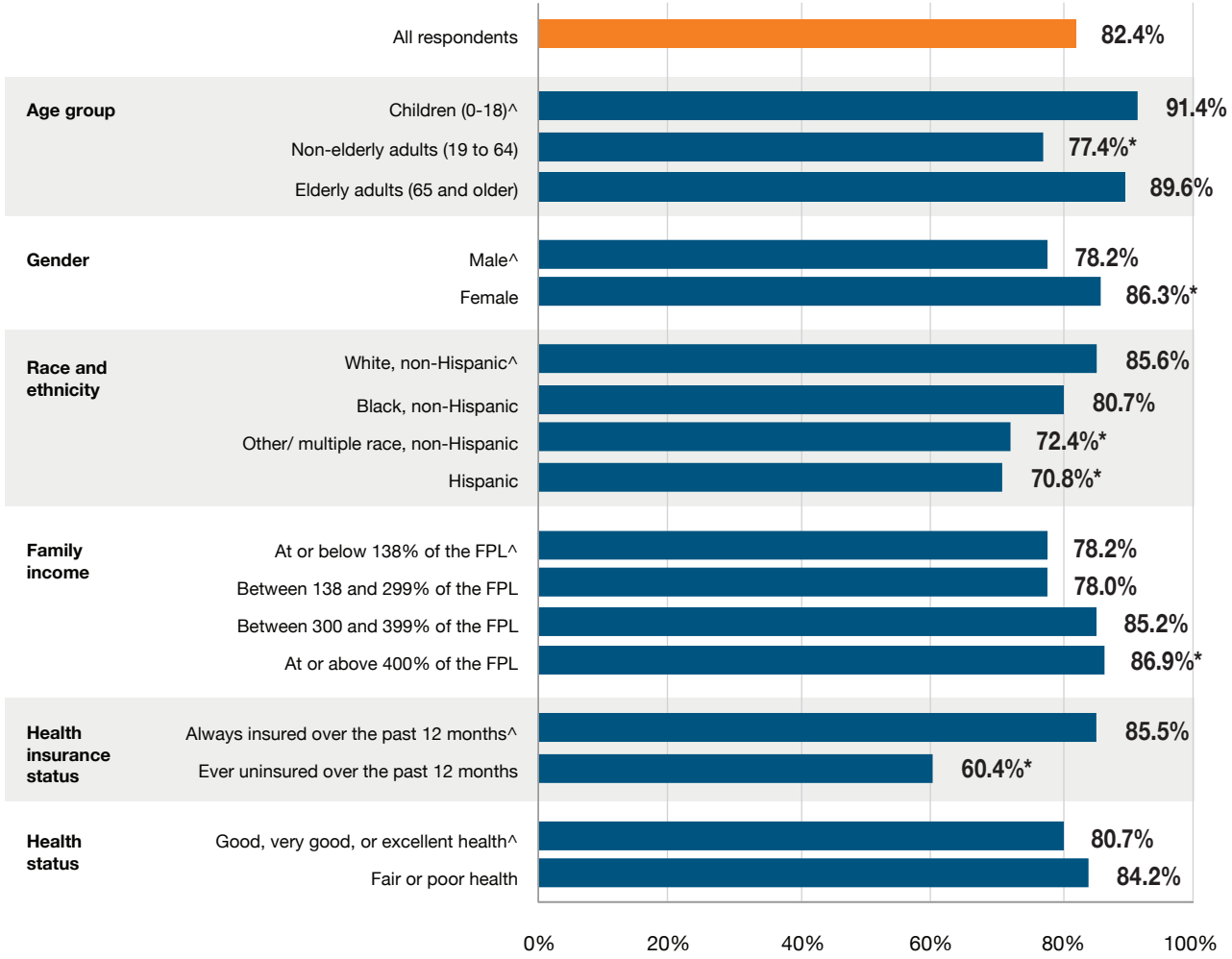
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Visit to a General Doctor by Individual Characteristics, 2017

Most respondents reported a visit to a general doctor over the past 12 months in 2017 (82.4 percent), including about nine in 10 children and elderly adults (91.4 percent and 89.6 percent, respectively). However, non-elderly adults (77.4 percent), Hispanic respondents (70.8 percent), low-income respondents (78.2 percent), and those ever uninsured in the past 12 months (60.4 percent) were less likely to have a visit to a general doctor over the past 12 months.



^Reference group

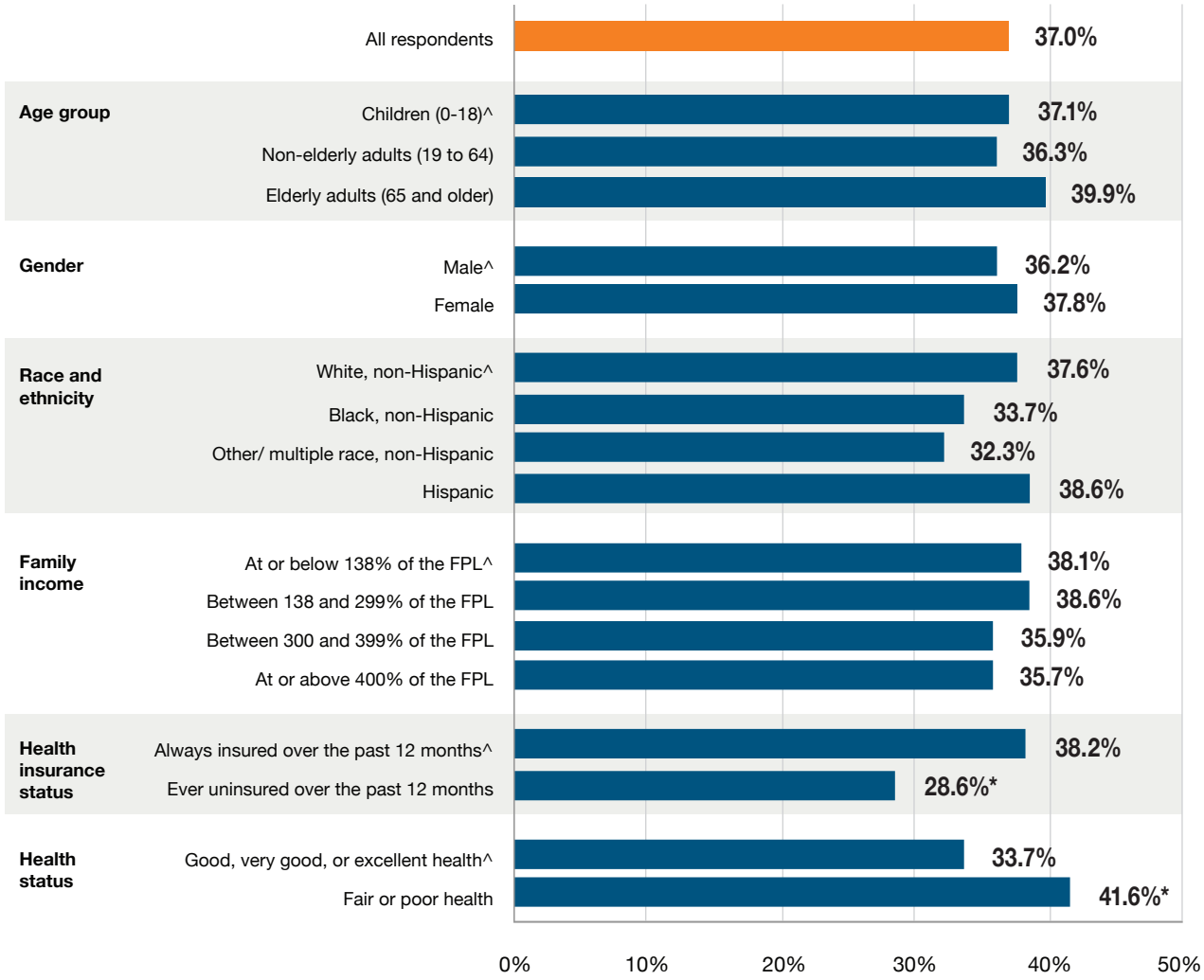
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Visit to a Nurse Practitioner, Physician's Assistant, or Midwife by Individual Characteristics, 2017

In 2017, 37.0 percent of Massachusetts respondents reported a visit to a nurse practitioner, physician's assistant, or midwife over the past 12 months. Use of these providers was quite consistent across age, gender, race/ethnicity, and income groups.



^Reference group

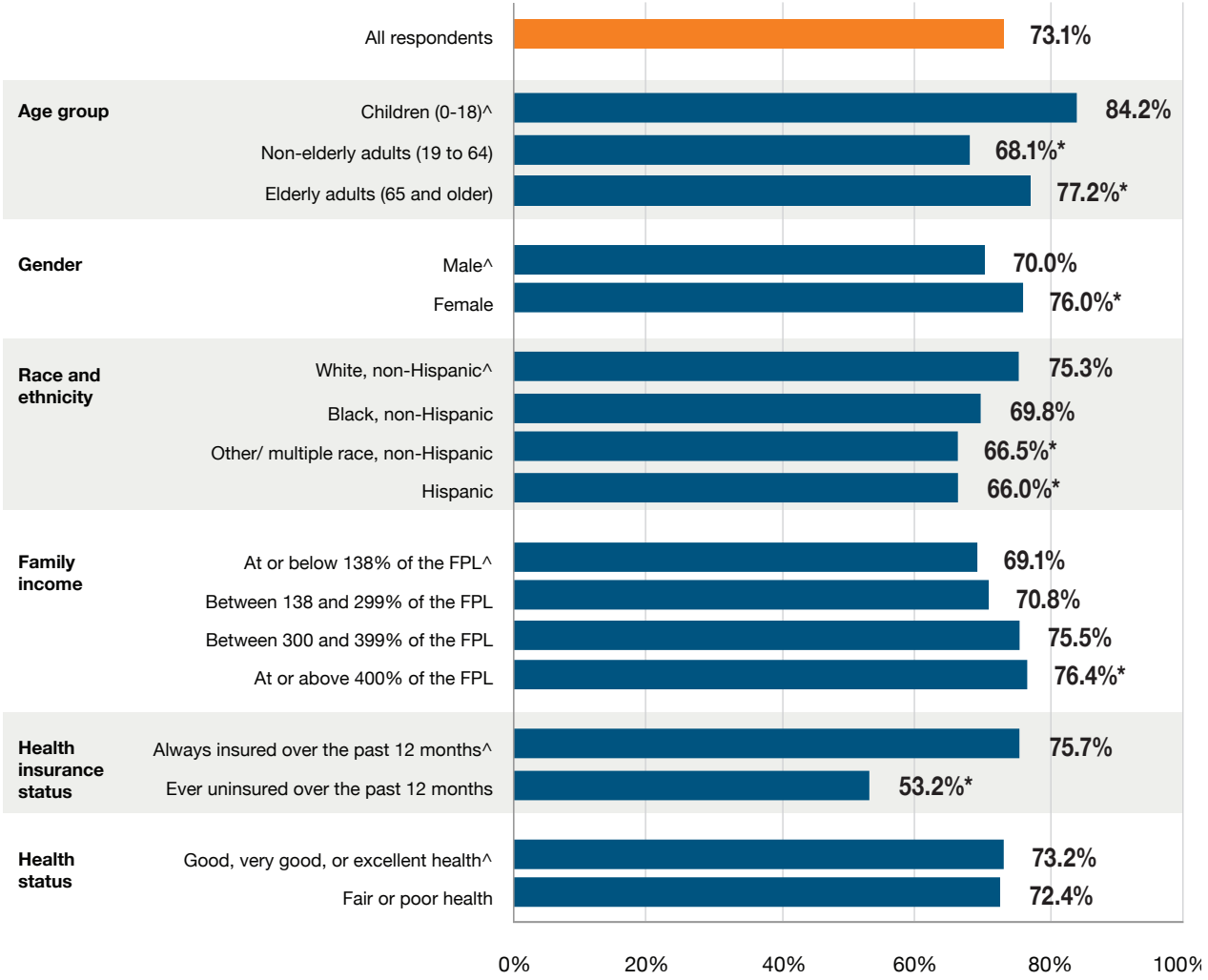
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Visit for Preventive Care by Individual Characteristics, 2017

In 2017, 73.1 percent of Massachusetts respondents reported a visit to a general doctor, nurse practitioner, physician's assistant, or midwife for preventive care over the past 12 months. Children were more likely than non-elderly or elderly adults to report a visit for preventive care. In contrast, Hispanic respondents and respondents ever uninsured in the past 12 months were less likely to report a visit for preventive care (66.0 percent and 53.2 percent, respectively).



^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

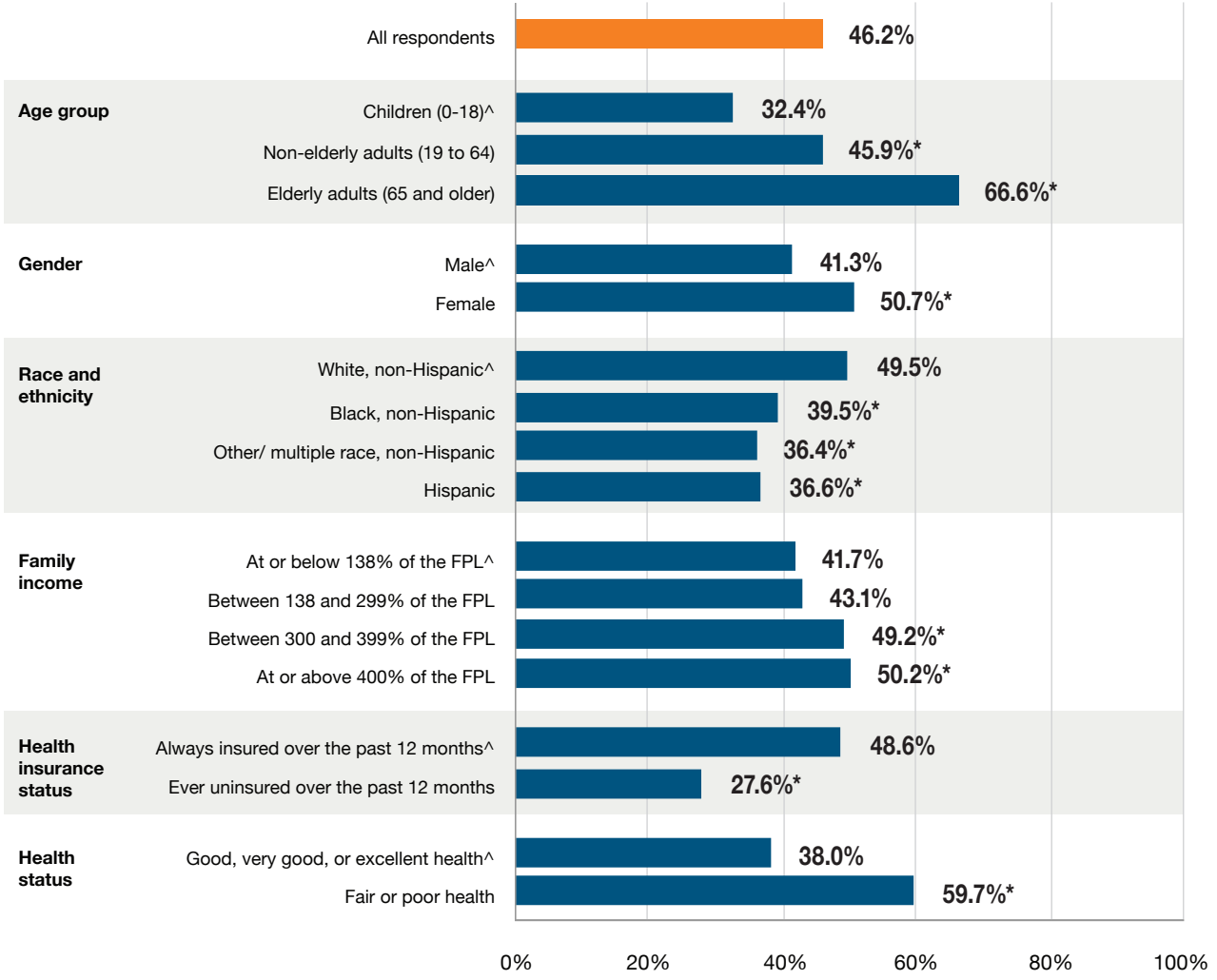
Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Visit to a Specialist by Individual Characteristics, 2017

Less than half of Massachusetts respondents reported a visit to a specialist over the past 12 months in 2017 (46.2 percent). Racial and ethnic minorities and respondents with family incomes at or below 138 percent of the FPL were less likely to report a visit to a specialist over the past 12 months.

Not all respondents would be expected to need a visit to a specialist over the course of a year, so these estimates do not necessarily reflect unmet need for specialist care. Differences in reported use of specialist care by age, gender, and health status are likely related to higher health care needs.



^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

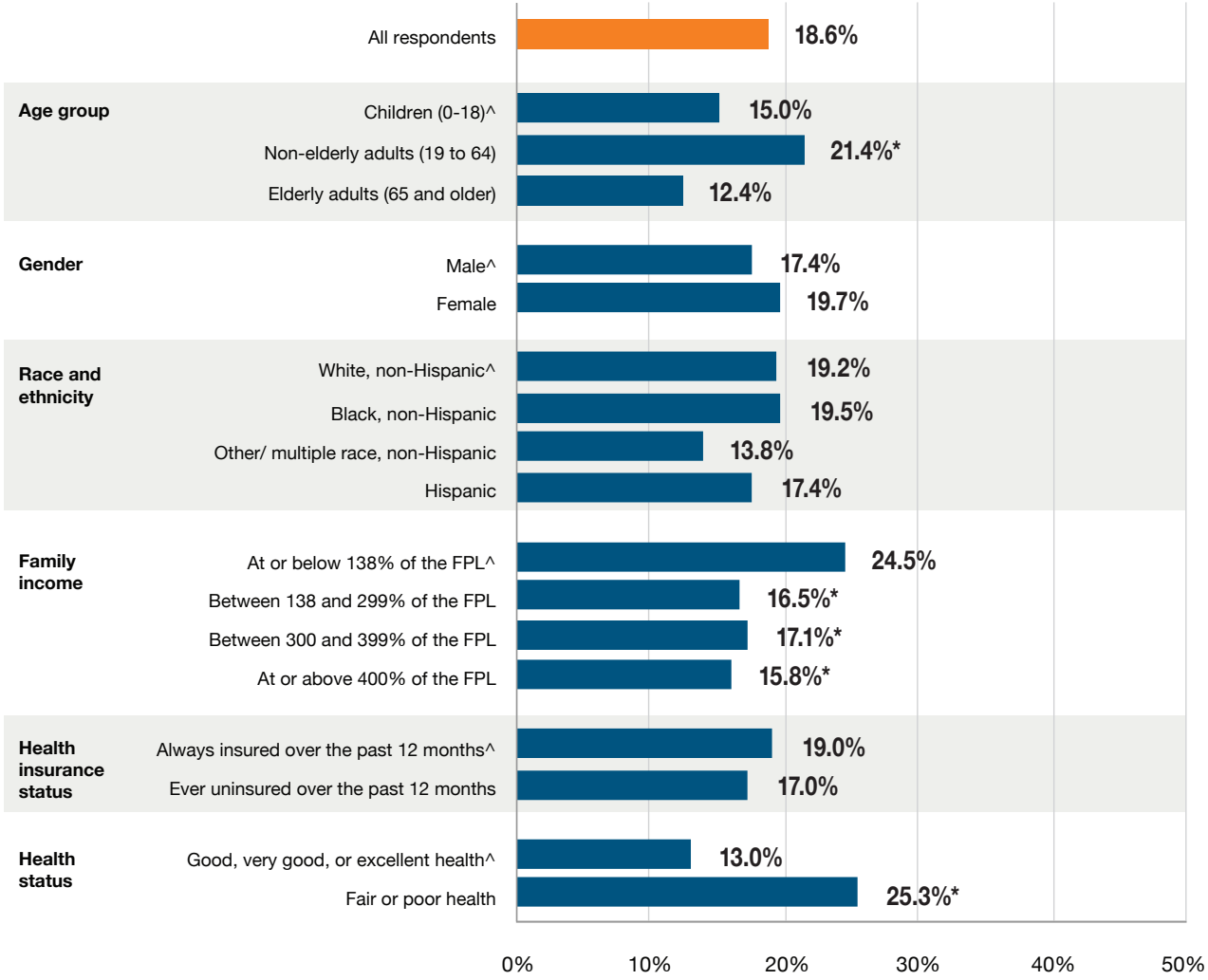
Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Visit to a Mental Health Professional by Individual Characteristics, 2017

In 2017, 18.6 percent of Massachusetts respondents reported a visit to a mental health professional over the past 12 months. Respondents with family incomes at or below 138 percent of the FPL were more likely than those with higher family incomes to report a visit to a mental health professional (24.5 percent), perhaps related to MassHealth eligibility pathways. In addition, non-elderly adult respondents were more likely to report a visit to a mental health professional over the past 12 months (21.4 percent), as were respondents with a health problem (25.3 percent).

Not all respondents would be expected to need a visit to a mental health professional over the course of a year, so these estimates do not necessarily reflect unmet need.



^Reference group

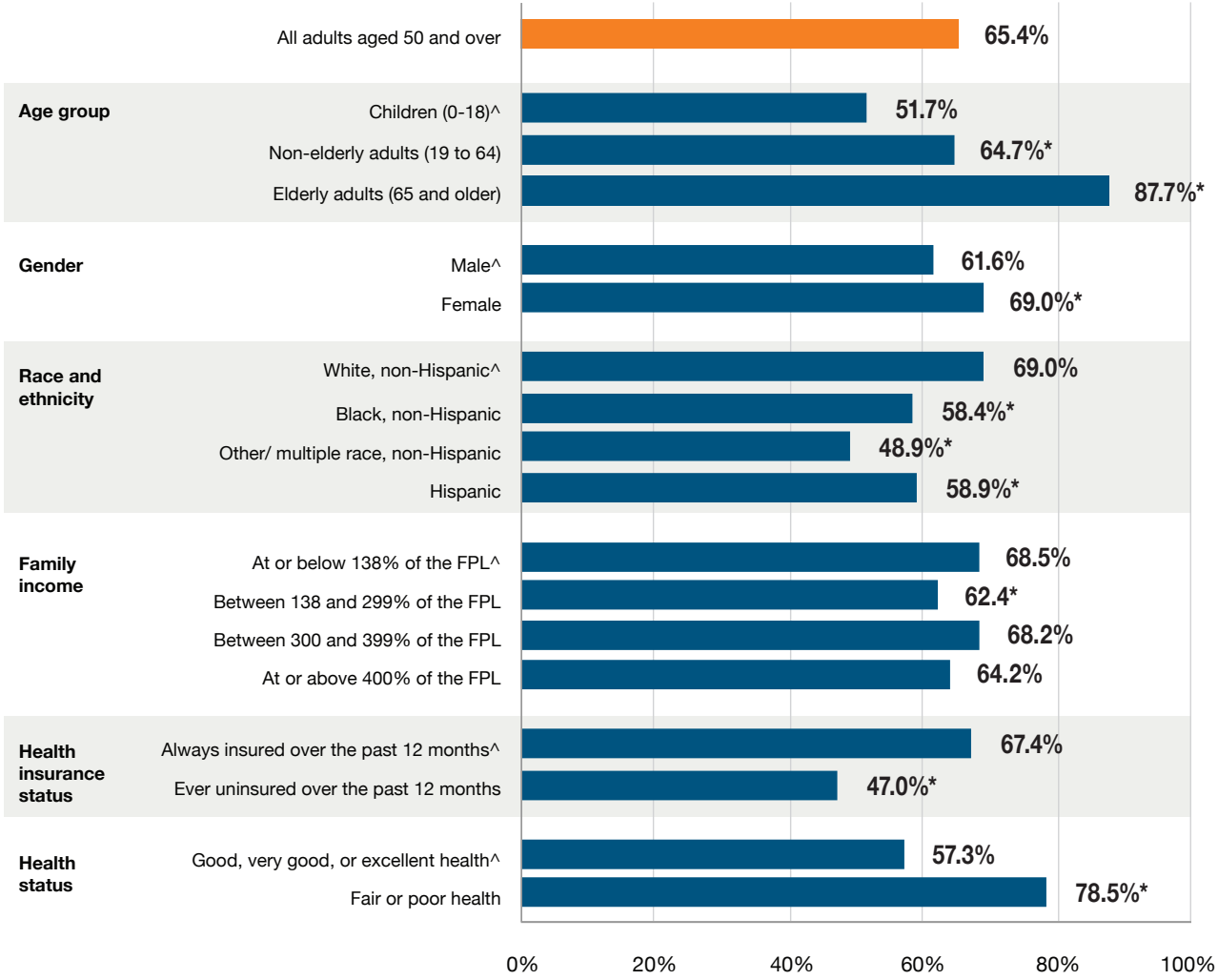
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Prescription Drug Use by Individual Characteristics, 2017

Nearly two-thirds of Massachusetts respondents reported taking one or more prescription drugs over the past 12 months in 2017. Adults, especially elderly adults, were more likely than children, and women were more likely than men to take one or more prescription drugs. In addition, 78.5 percent of those with a health problem reported taking prescription drugs over the past 12 months.



^Reference group

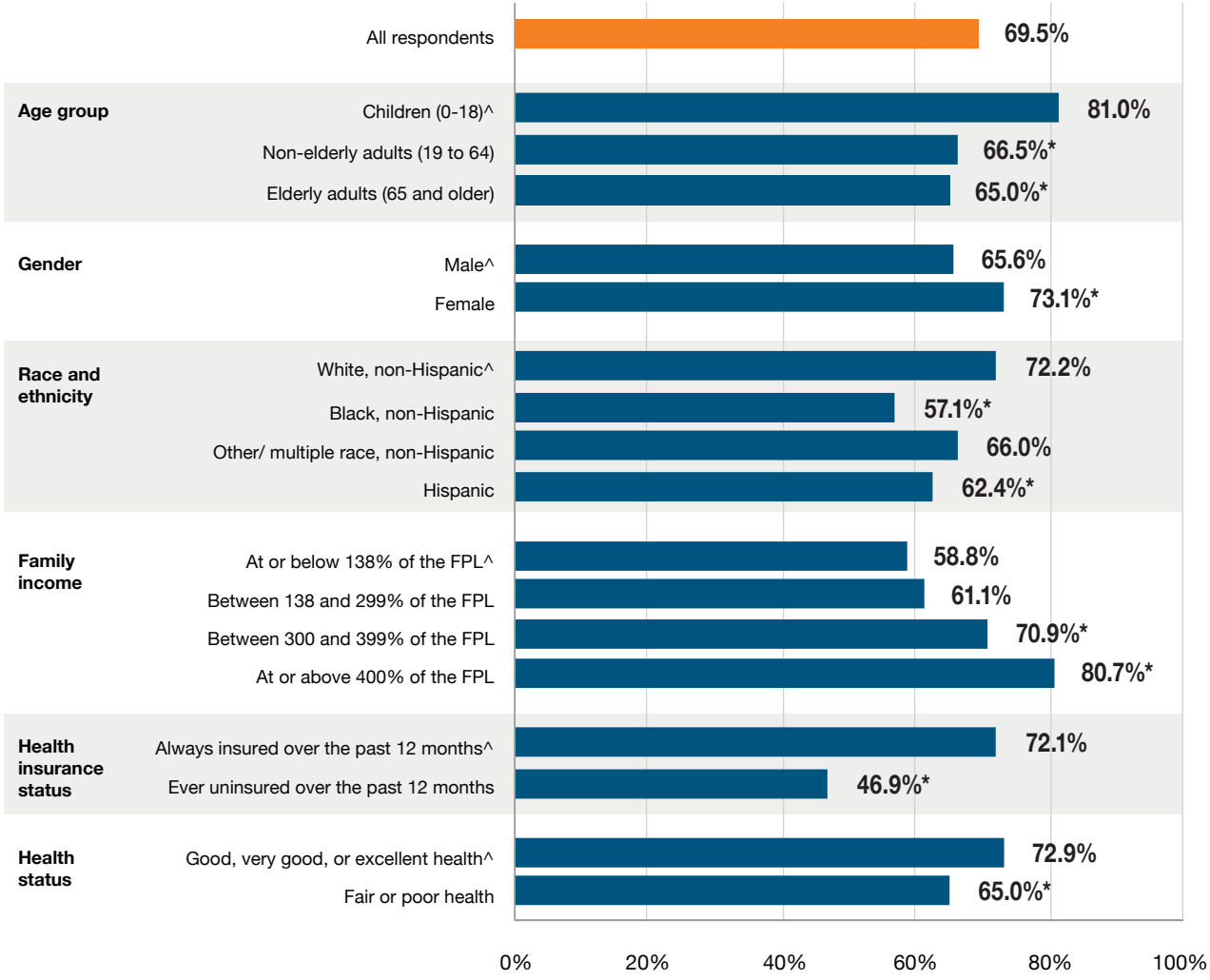
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Visit for Dental Care by Individual Characteristics, 2017

Most Massachusetts respondents reported a dental care visit over the past 12 months in 2017 (69.5 percent). However, this means that more than three in 10 Massachusetts respondents did not meet the recommendation for an annual dental visit.[8] Dental care visits varied significantly by income, with 80.7 percent of respondents with family incomes at or above 400 percent of the FPL reporting a dental care visit in the past 12 months compared to 58.8 percent of those with family incomes at or below 138 percent of the FPL, perhaps reflecting the costs for such care. In addition, less than half of respondents ever uninsured in the past year reported a dental care visit (46.9 percent).



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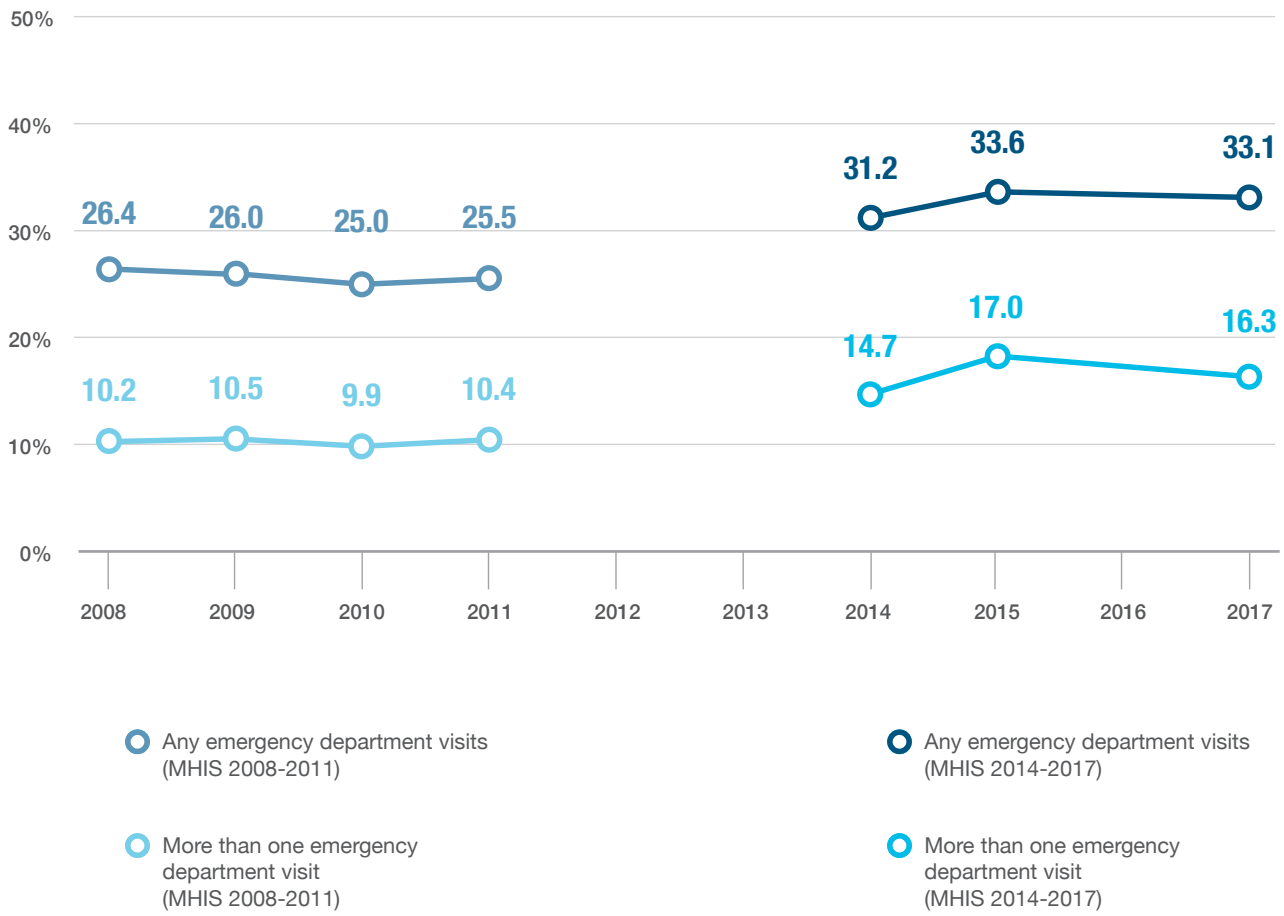
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

ED Visits Over the Past 12 Months, 2008-2017

Nearly one-third of Massachusetts respondents reported visiting an emergency department over the past 12 months in 2017 (33.1 percent), with 16.3 percent of respondents reporting multiple emergency department visits. These estimates are very similar to those in 2015.

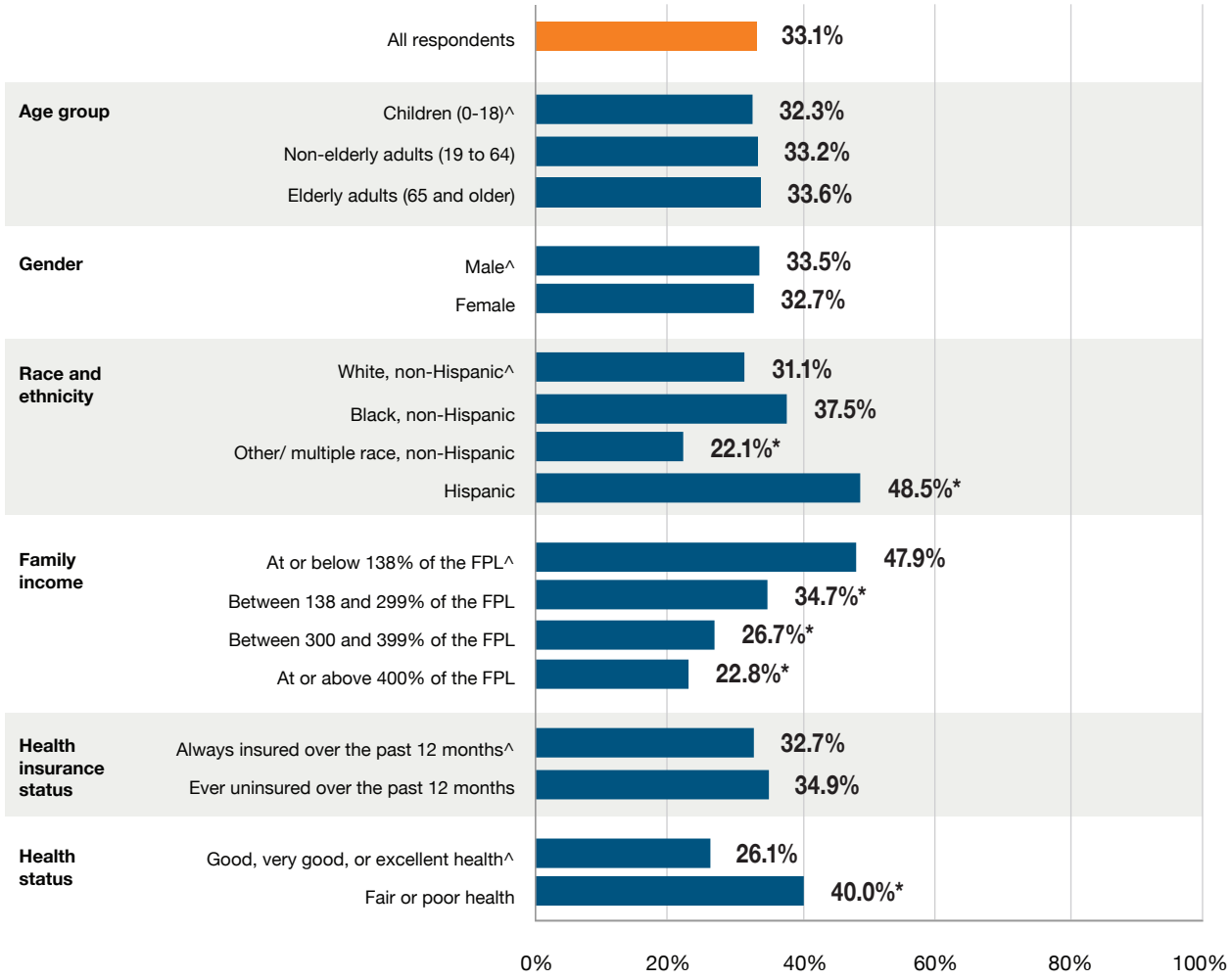


Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 and beyond are not directly comparable to estimates from 2008-2011. The MHIS was not conducted in 2012, 2013, and 2016.

Source: 2008-2011, 2014, 2015, and 2017 Massachusetts Health Insurance Survey

ED Visits by Individual Characteristics, 2017

The share of respondents reporting an emergency department visit did not vary significantly by age, with 32.3 percent of children, 33.2 percent of non-elderly adults, and 33.6 percent of elderly adults reporting an emergency department visit over the past 12 months. Hispanic respondents were more likely to report an emergency department visit than non-Hispanic white respondents (48.5 percent and 31.1 percent, respectively). In addition, respondents with family incomes at or below 138 percent of the FPL were more likely to report an emergency department visit over the past 12 months than respondents with family incomes at or above 400 percent of the FPL (47.9 percent and 22.8 percent, respectively).



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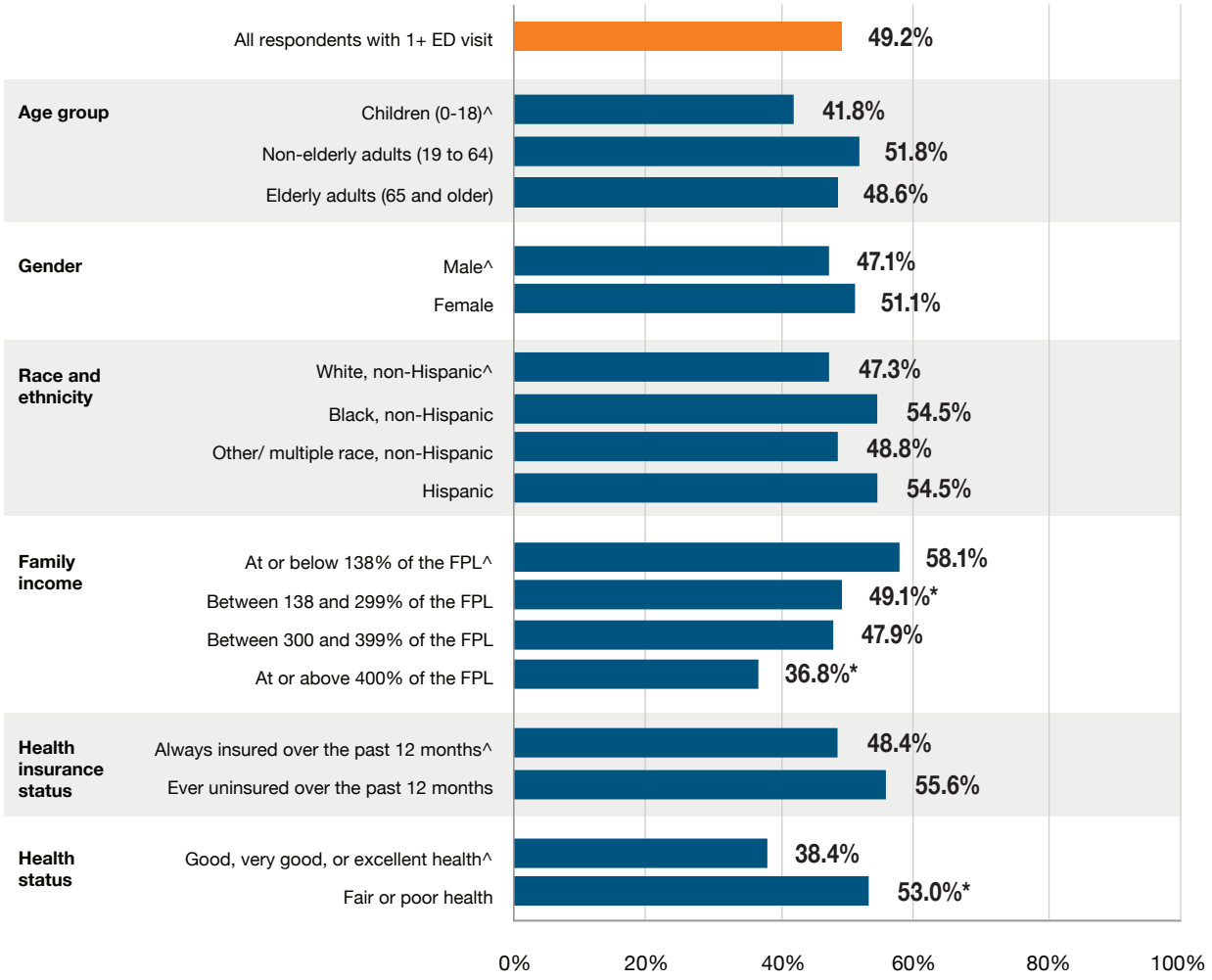
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Multiple ED Visits Among ED Users by Individual Characteristics, 2017

Among those with an emergency department visit over the past 12 months, nearly half reported having more than one emergency department visit (49.2 percent). Respondents with family incomes at or below 138 percent of the FPL and respondents in fair or poor health or with an activity limitation were particularly likely to report multiple emergency department visits (58.1 percent and 53.0 percent, respectively).



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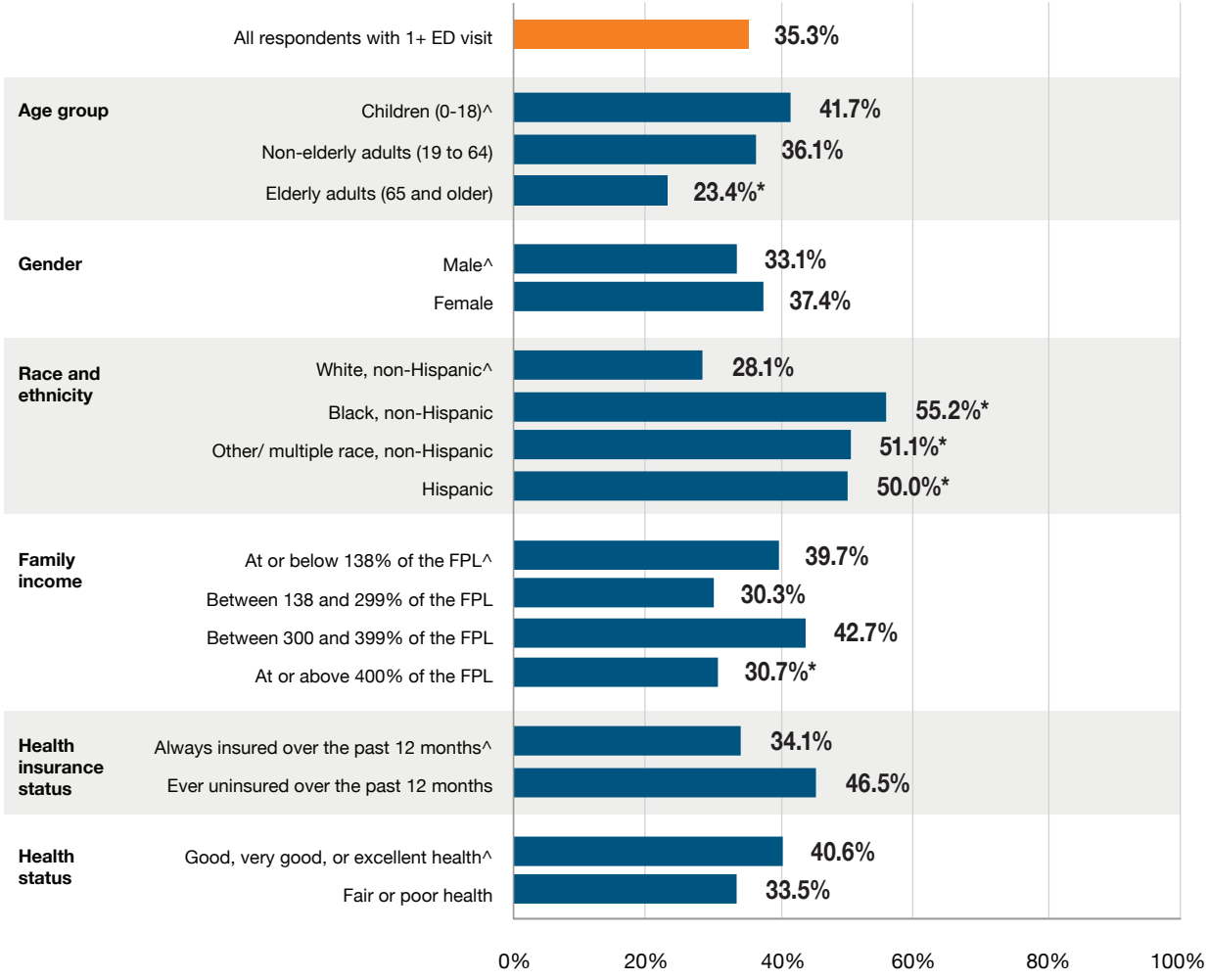
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Most Recent ED Visit Was for a Non-Emergency Condition by Individual Characteristics, 2017

In 2017, over one-third of respondents with an emergency department visit over the past 12 months said that their most recent visit to the emergency department was for a non-emergency condition (35.3 percent). There were few differences in most recent use of the emergency department for non-emergency conditions by gender, insurance status, or health status. However, the most recent emergency department visits for children were more likely than those for elderly adults to be for a non-emergency condition, and all racial and ethnic minorities were more likely than non-Hispanic white respondents to have their most recent visit to the emergency department for a non-emergency condition.



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*Difference from estimate for reference group is statistically significant at the 5% level.

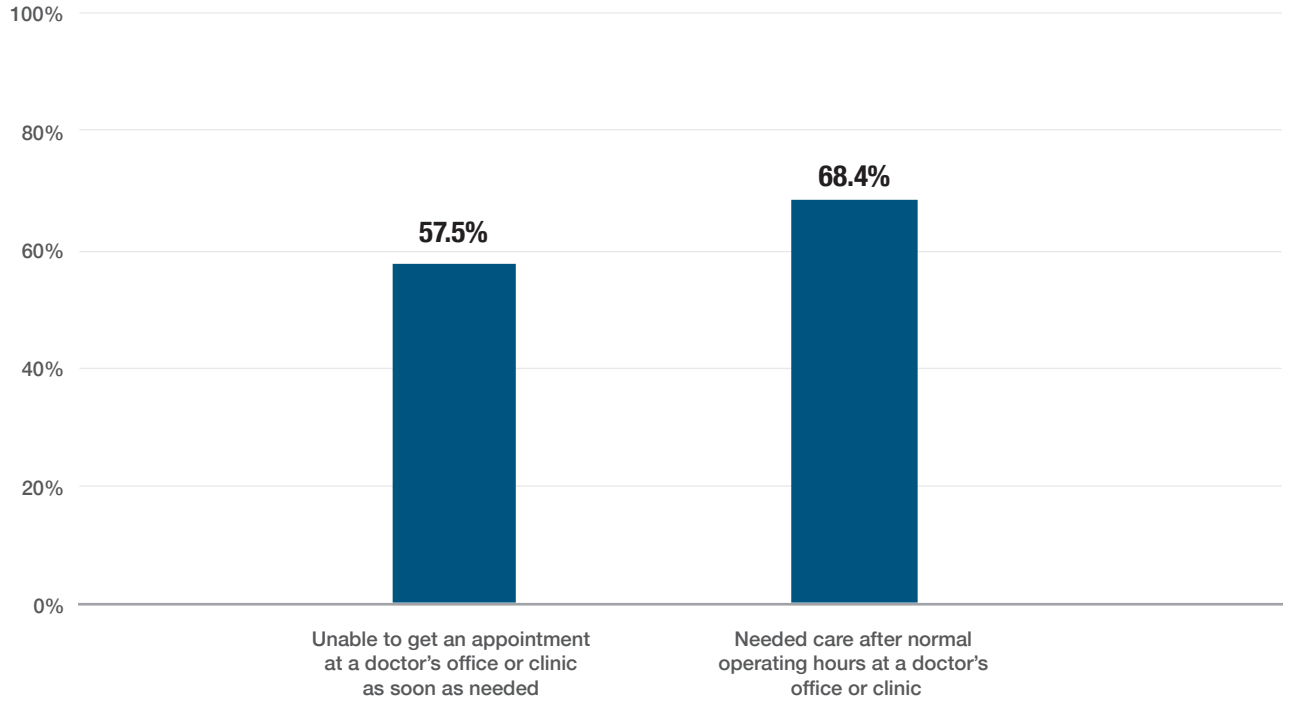
Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Reasons for Most Recent Non-Emergency ED Visit, 2017

In 2017, most Massachusetts respondents whose most recent emergency department visit was for a non-emergency condition reported that their most recent visit was because they were unable to get an appointment at a doctor's office or clinic as soon as needed (57.5 percent) or that they needed care after normal operating hours at the doctor's office or clinic (68.4 percent).

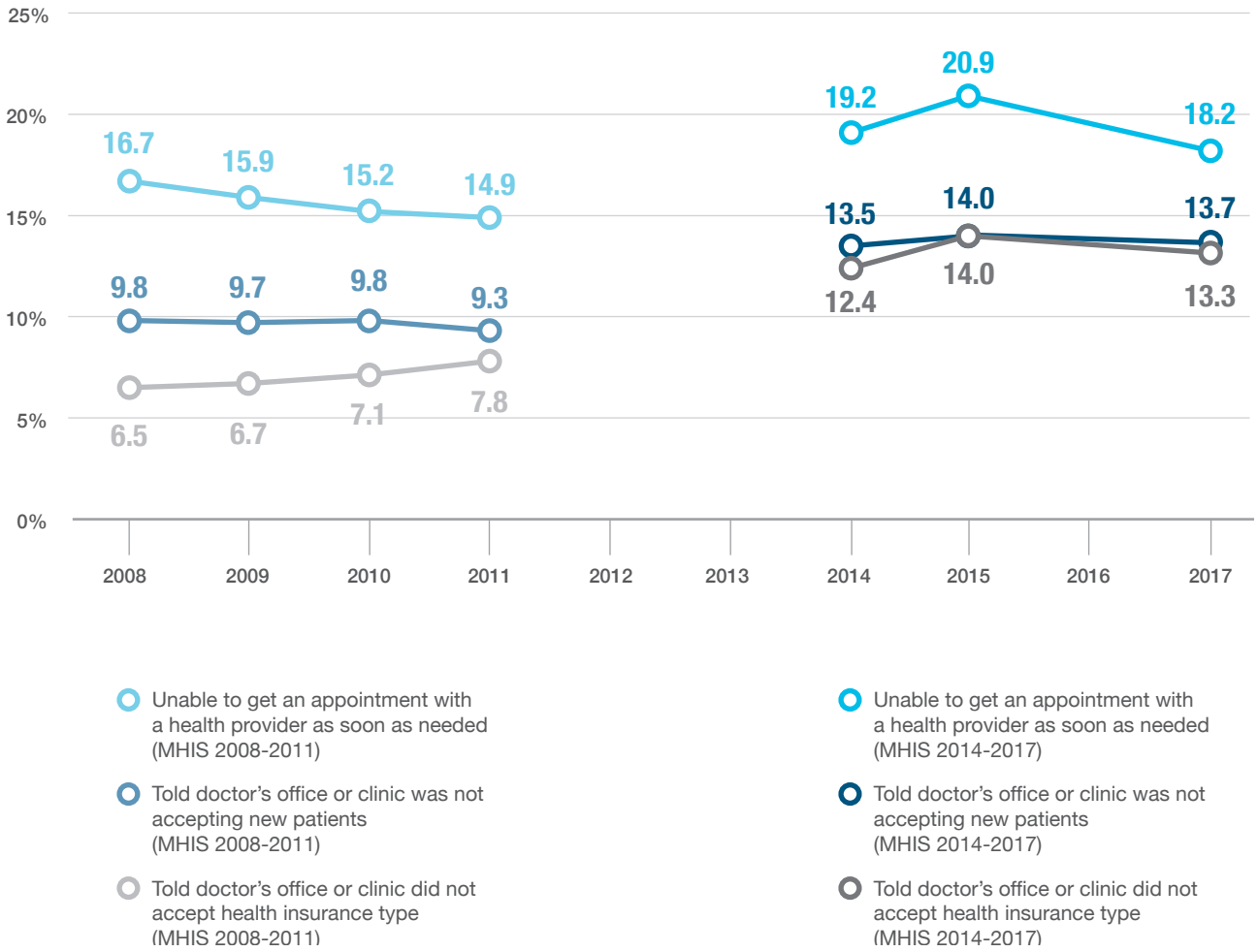
The share of respondents who reported that their most recent visit was because they were unable to get an appointment at the doctor's office or clinic as soon as needed or that they needed care after normal operating hours at the doctor's office or clinic did not vary significantly across individual and family characteristics (data not shown). This is in contrast to overall rates of emergency department use, which were significantly higher among Hispanic respondents, lower-income populations, and respondents in fair or poor health or with an activity limitation.



Source: 2017 Massachusetts Health Insurance Survey

Difficulties Accessing Care Over the Past 12 Months, 2008-2017

While most Massachusetts respondents reported good access to care in 2017, some faced difficulties in trying to access care. Over one in eight respondents reported being told that a doctor's office or clinic was not accepting their insurance type (13.3 percent), and a similar share reported being told that a doctor's office or clinic was not accepting new patients (13.7 percent). These estimates are similar to 2015, when 14.0 percent of respondents reported being told that a doctor's office of clinic was not accepting their insurance type and 14.0 percent reported being told a doctor's office or clinic was not accepting new patients. In addition, nearly one in five Massachusetts respondents reported being unable to get an appointment with a provider as soon as they thought they needed one over the past 12 months in 2017 (18.2 percent), compared to 20.9 percent in 2015, a statistically significant change.

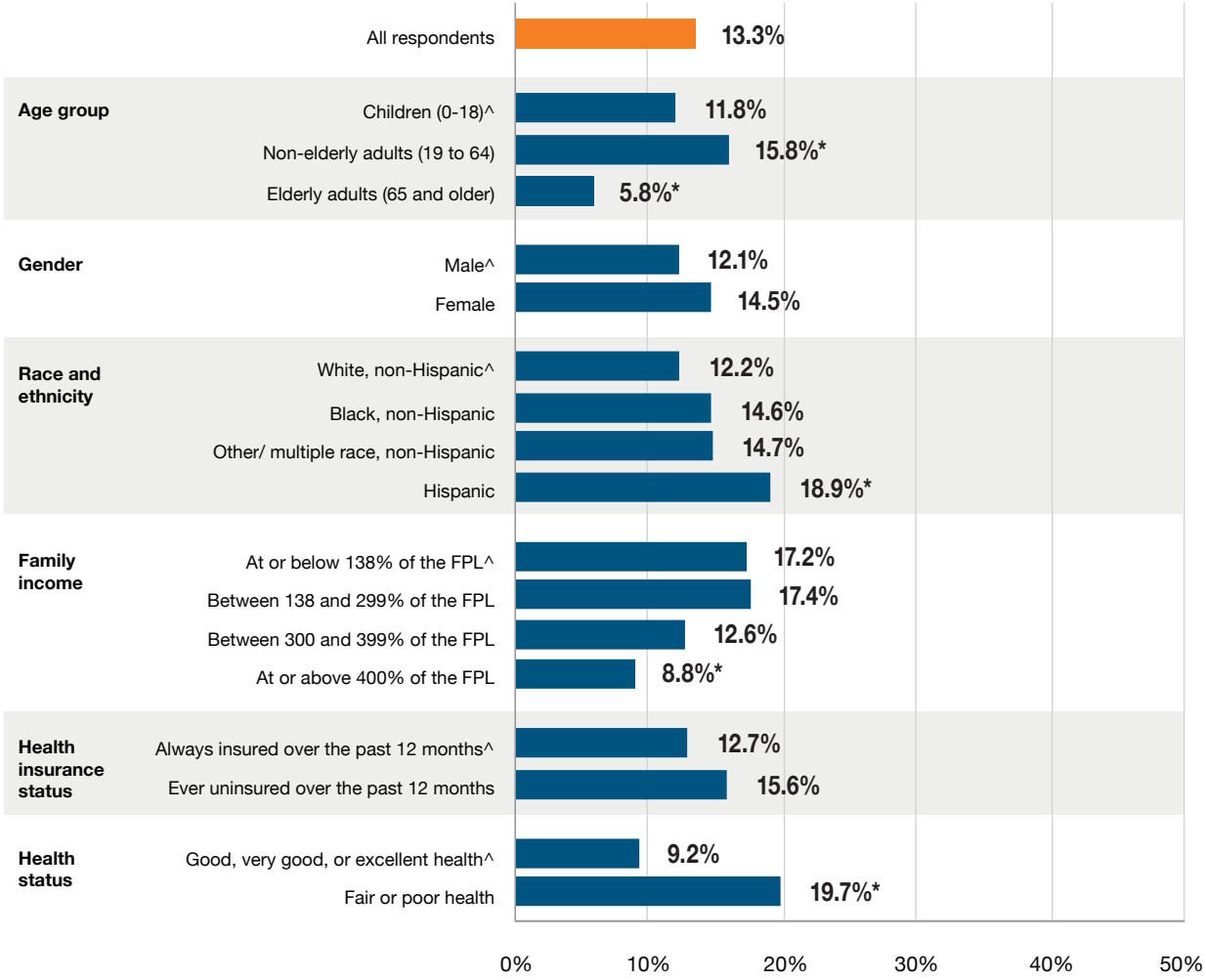


Note: Due to a change in survey design for the MHIS in 2014, estimates for 2014 and beyond are not directly comparable to estimates from 2008-2011. The MHIS was not conducted in 2012, 2013, and 2016.

Source: 2008-2011, 2014, 2015, and 2017 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Provider Not Accepting Insurance Type by Individual Characteristics, 2017

In 2017, over one in eight Massachusetts respondents reported being told that a doctor's office or clinic was not accepting their insurance type (13.3 percent). Elderly adults were particularly unlikely to report being told a doctor's office or clinic was not accepting their health insurance (5.8 percent) compared to children and non-elderly adults, perhaps due to widespread acceptance of Medicare. Respondents with family incomes at or above 400 percent of the FPL were also less likely than lower-income respondents to report being told a doctor's office or clinic was not accepting their health insurance (8.8 percent and 17.2 percent, respectively). In addition, nearly one in five Hispanic respondents (18.9 percent) and respondents in fair or poor health or with an activity limitation (19.7 percent) reported being told that a doctor's office or clinic was not accepting their health insurance in the past 12 months in 2017.



^Reference group

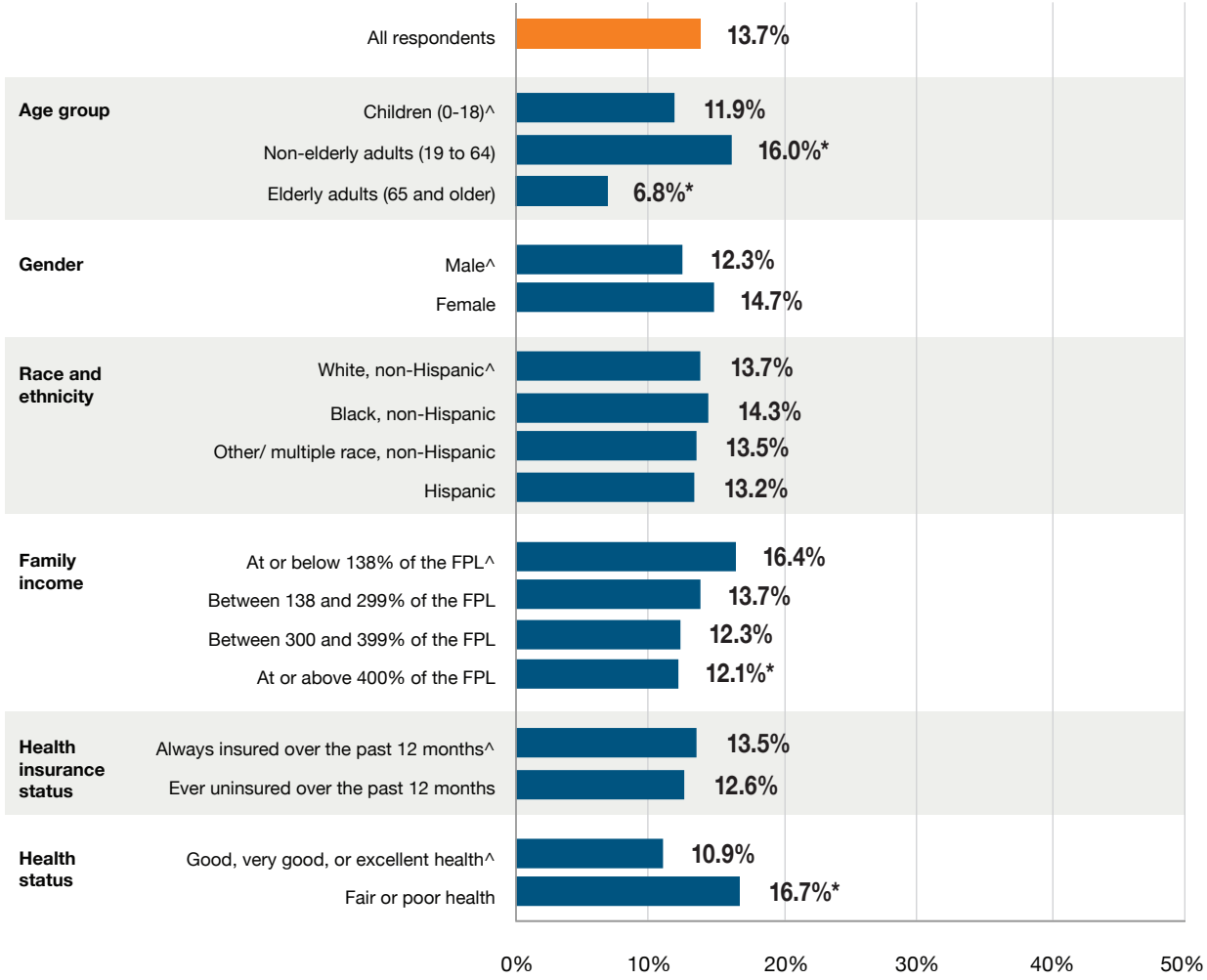
*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Provider Not Accepting New Patients by Individual Characteristics, 2017

There were few differences by individual characteristics in the share of respondents reporting being told a doctor's office or clinic was not accepting new patients over the past 12 months in Massachusetts in 2017. Elderly adults were less likely to report being told that a doctor's office or clinic was not accepting new patients over the past 12 months than non-elderly adults or children. This could be because the elderly are more likely to be established with their doctors, and therefore less likely to experience being a new patient. In addition, respondents with family incomes at or above 400 percent of the FPL were less likely than those with family incomes at or below 138 percent of the FPL to report being told a doctor's office or clinic was not accepting new patients (12.1 percent and 16.4 percent, respectively). Finally, respondents in fair or poor health or with an activity limitation were more likely than respondents in better health to report being told a doctor's office or clinic was not accepting new patients, perhaps due to a higher number of interactions with the health care system and higher likelihood of needing specialist care.



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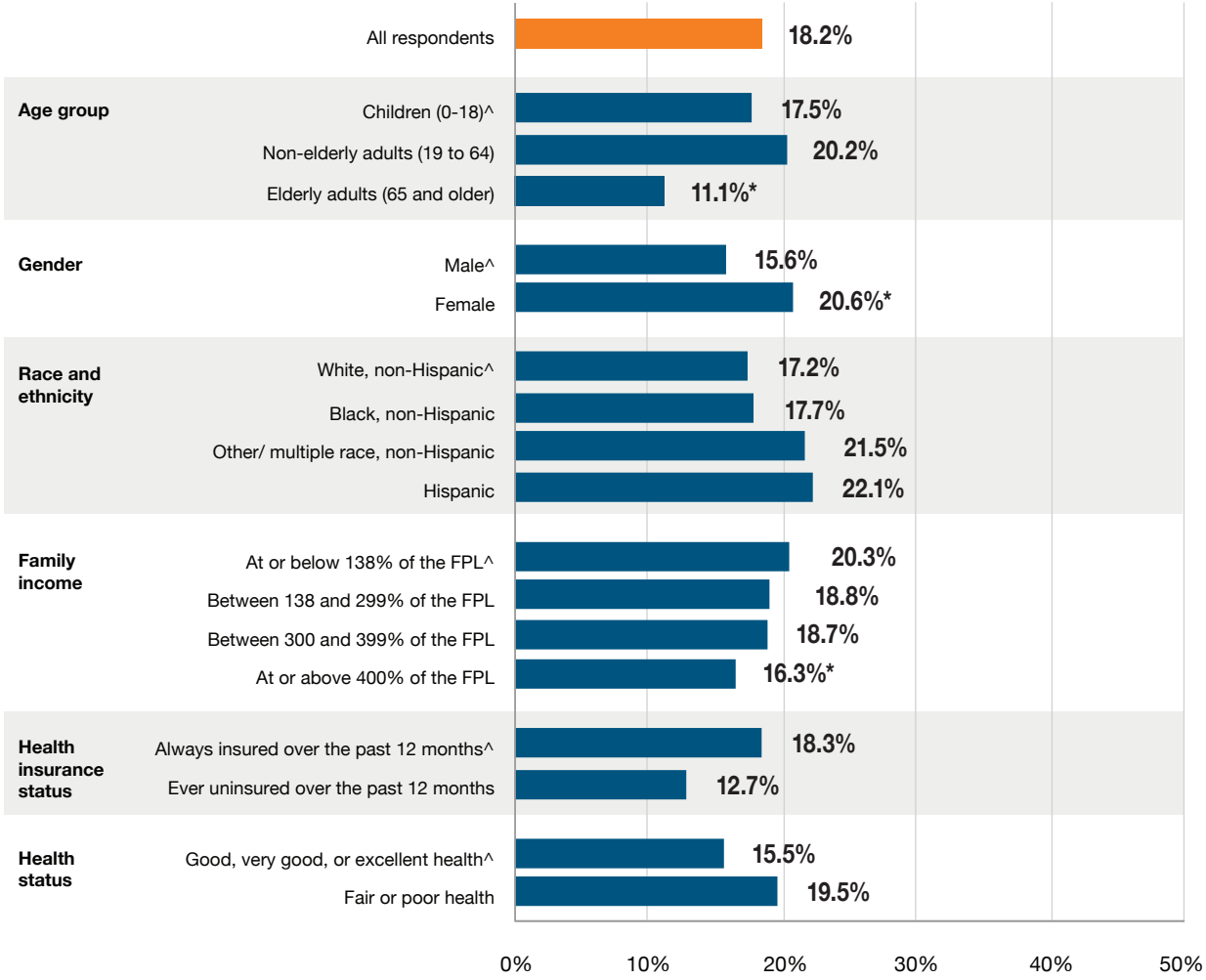
Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Difficulties Accessing Care: Unable to Get an Appointment As Soon As Needed by Individual Characteristics, 2017

In 2017, nearly one in five Massachusetts respondents reported difficulty getting an appointment with a health care provider as soon as they felt one was needed in the past 12 months (18.2 percent). There were few differences in this measure by individual characteristics. However, women were more likely than men to report being unable to get an appointment with a health care provider as soon as needed (20.6 percent and 15.6 percent, respectively). Elderly adults were less likely than non-elderly adults and children to report being unable to get an appointment as soon as needed. In addition, respondents with family incomes at or above 400 percent of the FPL were less likely than those with family incomes at or below 138 percent of the FPL to report being unable to get an appointment as soon as needed.



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Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Health Care Affordability

The MHIS examines health care affordability by asking respondents about their difficulty paying medical bills, medical debt, out-of-pocket costs, underinsurance, unmet health care needs due to cost of care, and their strategies for lowering health care costs.

Respondents were asked both about their difficulty paying family medical bills and medical debt. Medical debt is different from difficulty paying family medical bills. Respondents with difficulty paying family medical bills may have paid the bills in full at the time they were due by cutting back on savings or other expenses, while respondents with medical debt are paying family medical bills off over time.

To better understand the medical debt faced by Massachusetts residents, the 2017 MHIS included new questions about family medical bills being paid off over time. These include insurance status of the respondent and his or her family at the time the bill was incurred and the types of costs that resulted in the bill among those who had insurance at the time the bill was incurred.[9]

In the MHIS, out-of-pocket costs include respondents' direct spending on deductibles, copays, and coinsurance for benefits covered by insurance, and their spending on non-covered medical, dental, and vision services. In 2017, respondents were also asked to include any out-of-pocket costs they owed for care received over the past 12 months but had not yet paid, a change from the 2015 survey. Out-of-pocket spending does not include premiums for health insurance.

In 2017, the MHIS also included new questions to assess underinsurance by asking respondents about their out-of-pocket health care spending relative to family income.[10] While there is no precise definition of "underinsurance," respondents with health insurance coverage all year who spent 10 percent or more of their incomes on family out-of-pocket health care expenses, not including premiums, are often considered "underinsured."[11]

In addition to financial problems due to health care costs, some respondents went without needed medical or dental care because of the cost of care in 2017. Any unmet need

for care due to cost is defined as going without one or more of the following types of care: primary doctor care, specialist care, mental health care or counseling, substance use treatment or care, dental care, or prescription drugs.[12] The 2017 MHIS included a new follow-up question about the reasons for unmet needs for care due to cost.

KEY FINDINGS

Between 2014 and 2017, there was a decrease in the share of respondents reporting difficulty paying medical bills.

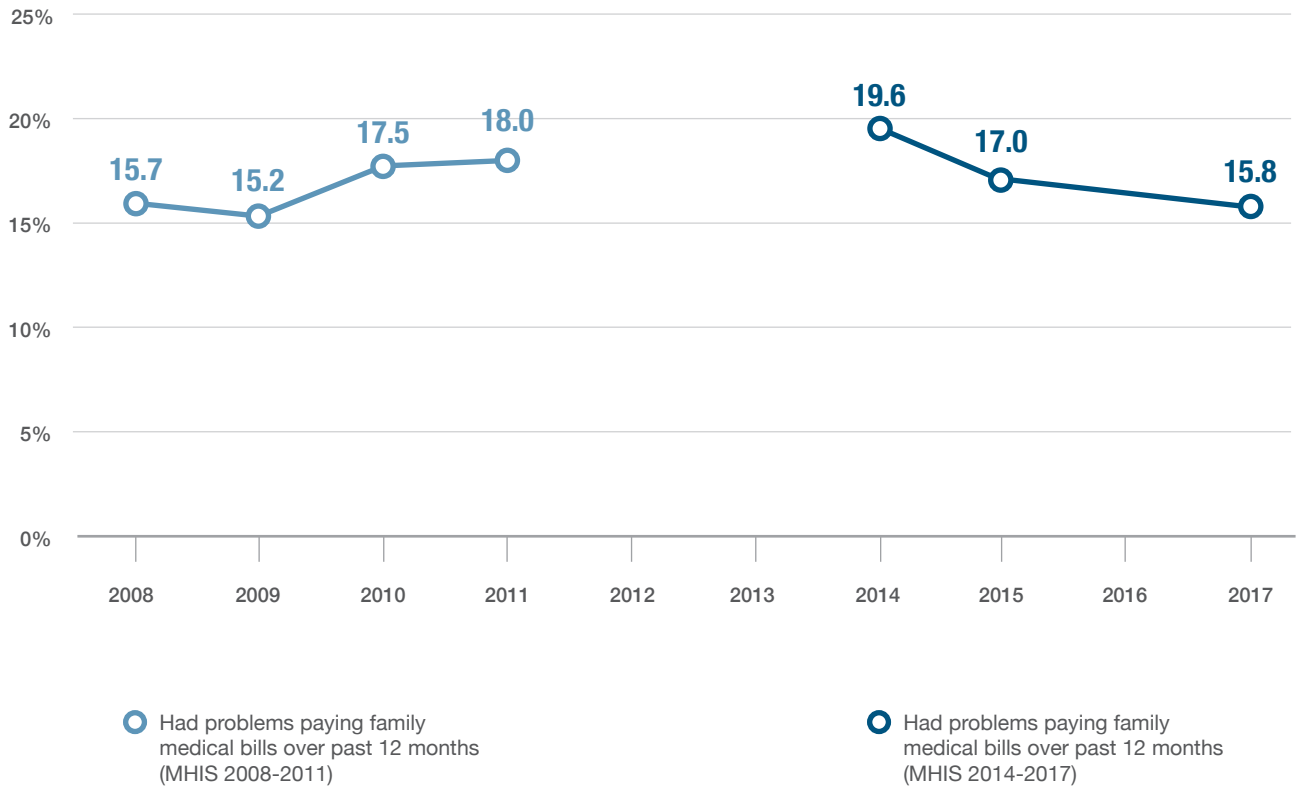
Nearly one in 10 Massachusetts respondents with health insurance coverage all year was underinsured, defined as spending 10 percent or more of their family income on family out-of-pocket health care expenses in the past 12 months.

17% of respondents reported family medical debt. Of those with family medical debt, more than three in four incurred all of those medical bills while they and their family members had health insurance.

Over a quarter of respondents reported an unmet need for medical or dental care in the past 12 months due to cost. Approximately two-thirds of those with an unmet need reported they had that unmet need while they had health insurance coverage.

Problems Paying Family Medical Bills, 2008-2017

Massachusetts has long had health care costs that exceed those of the nation as a whole, creating a challenge for some residents of the state.[13] In 2017, 15.8 percent of respondents reported problems paying medical bills, compared to 17.0 percent in 2015 and 19.6 percent in 2014. This reflects a statistically significant decrease in the share of respondents reporting difficulty paying medical bills between 2014 and 2017, perhaps in part due to continued recovery from the 2007-2009 recession and implementation of the Affordable Care Act.



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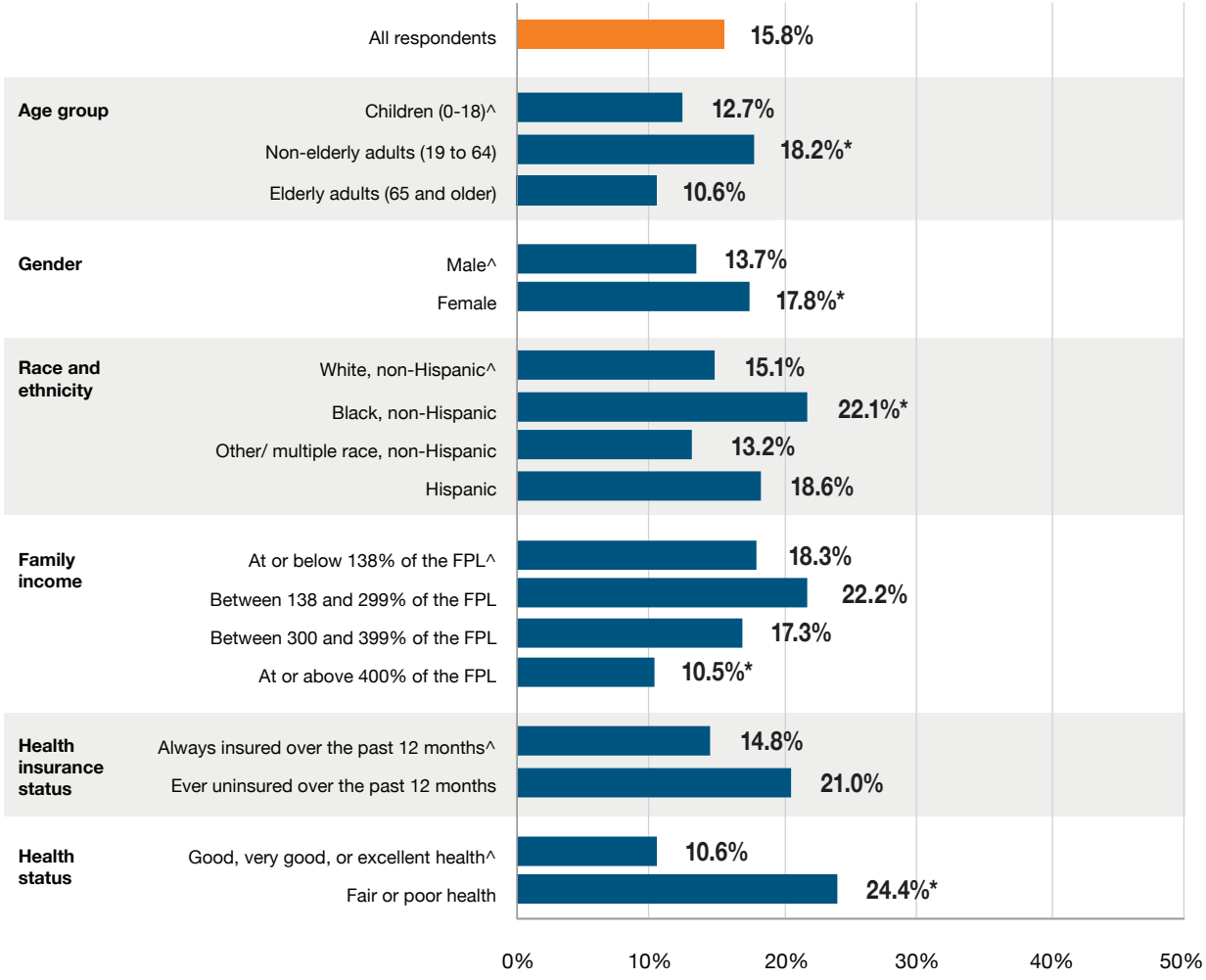
Source: 2008-2011, 2014, 2015, and 2017 Massachusetts Health Insurance Survey

Problems Paying Family Medical Bills by Individual Characteristics, 2017

In 2017, over one in seven Massachusetts respondents reported problems paying family medical bills in the past 12 months (15.8 percent). Women were more likely to report problems paying family medical bills than men (17.8 percent and 13.7 percent, respectively), and respondents in fair or poor health or with an activity limitation were more likely than those in better health to report problems paying family medical bills (24.4 percent and 10.6 percent, respectively).

In addition, respondents with family incomes at or above 400 percent of the FPL were less likely than those with the lowest incomes to report problems paying family medical bills (10.5 percent vs 18.3 percent).



^Reference group

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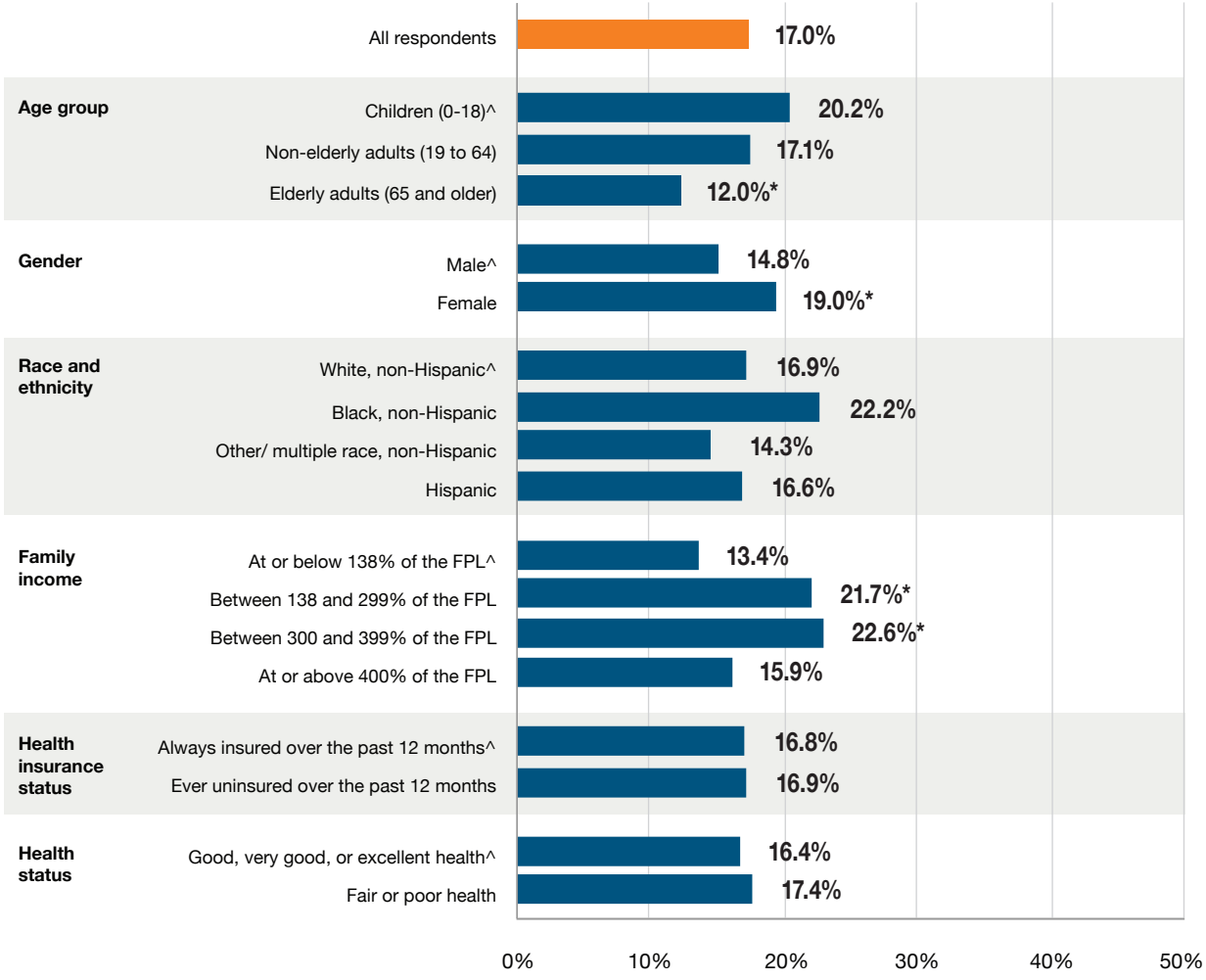
Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Medical Debt by Individual Characteristics, 2017

Medical debt is different from difficulty paying medical bills. Respondents with medical debt are paying off family medical bills over time. In 2017, 17.0 percent of respondents reported family medical bills being paid off over time, and elderly adults were less likely to have family medical bills being paid off over time than children or non-elderly adults. In addition, respondents with incomes between 138 and 399 percent of the FPL were more likely to report family medical bills that were being paid off over time than those with lower or higher incomes. This relationship between income and medical bills being paid off over time may reflect the low cost-sharing of MassHealth that can protect low-income families from high out-of-pocket expenses, and the greater resources of higher-income families to pay bills on time.



^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

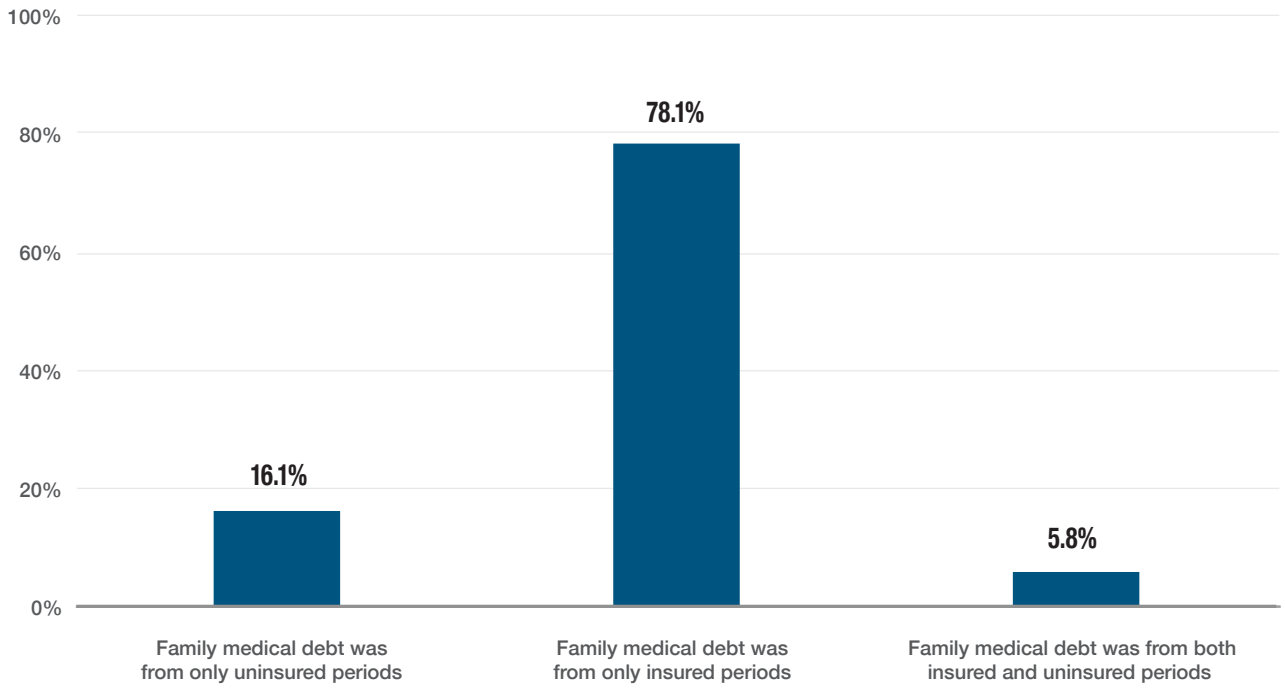
Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Medical Debt: Family Insurance Status at the Time All Family Medical Bills were Incurred, 2017

To better understand the medical debt faced by Massachusetts residents, the 2017 MHIS asked respondents about the insurance status of the respondent and his or her family at the time the bill was incurred.

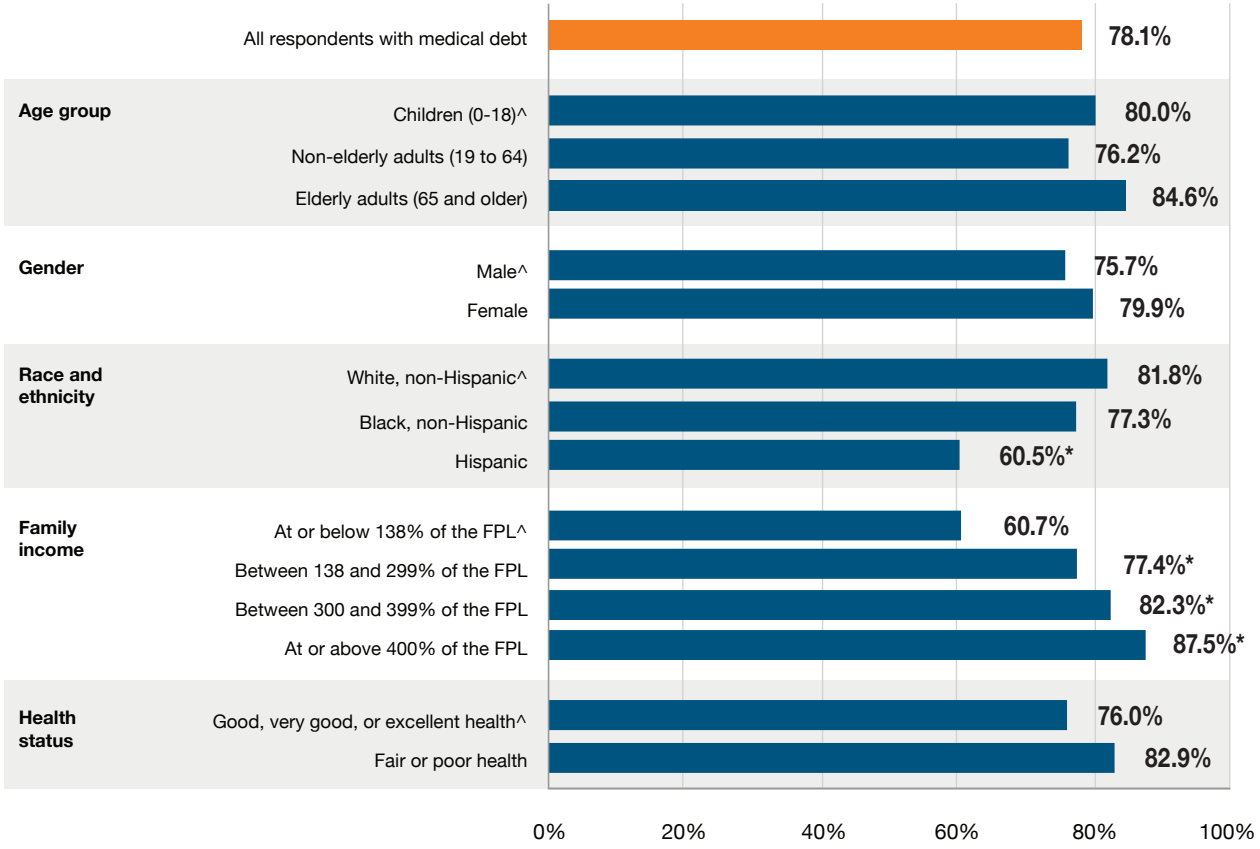
Among those with medical debt, more than three in four reported that all medical bills were incurred for care obtained when the respondent and all of his or her family had insurance coverage.



Source: 2017 Massachusetts Health Insurance Survey

Medical Debt: Respondents Whose Family Was Insured at the Time All Family Medical Bills Were Incurred by Individual Characteristics, 2017

Among those respondents with medical debt, Hispanic respondents with family medical bills being paid off over time were less likely to report that their medical bills being paid off over time were only from periods when their family had insurance coverage, as were low-income adults (60.5 percent and 60.7 percent, respectively).



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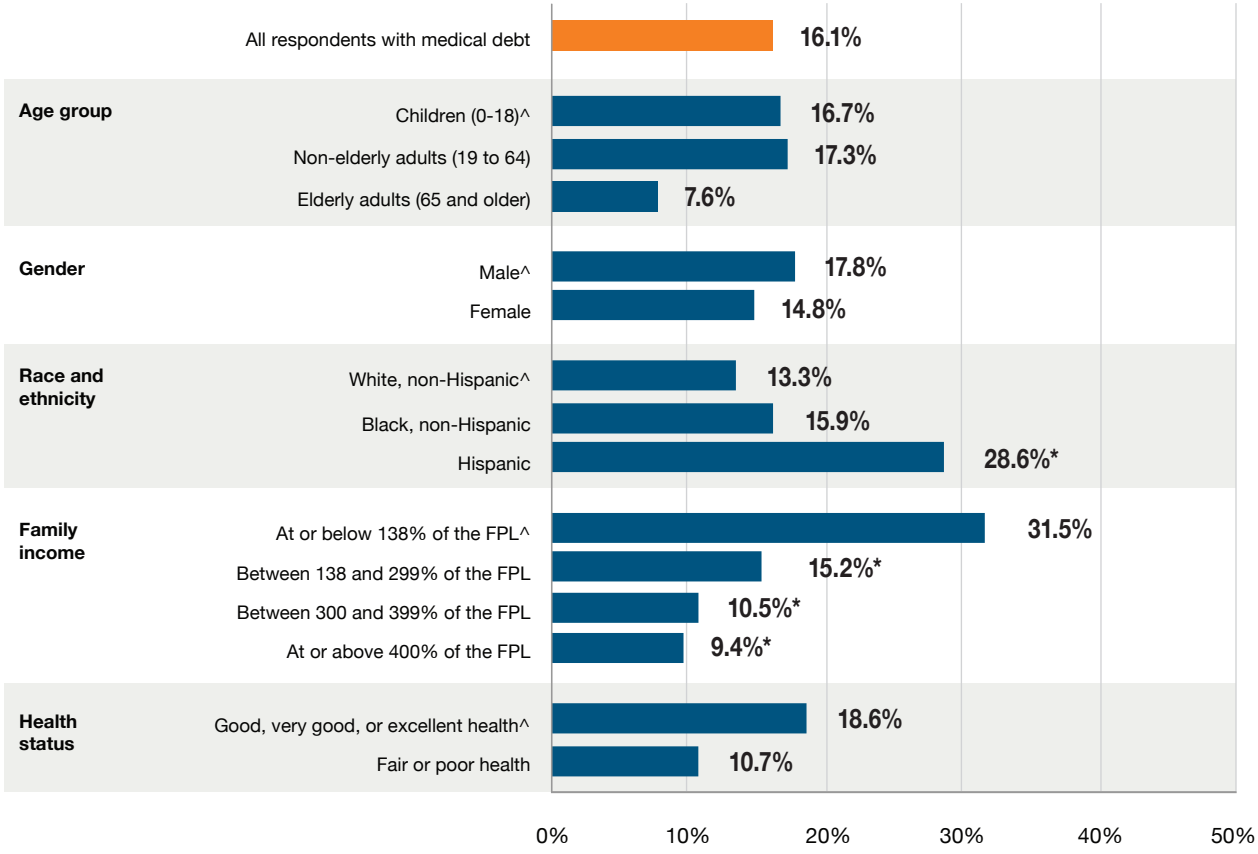
Notes: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem." Other, non-Hispanic adults and insurance status not shown due to small sample size.

Source: 2017 Massachusetts Health Insurance Survey

Medical Debt: Respondents Whose Family Was Uninsured at the Time All Family Medical Bills Were Incurred by Individual Characteristics, 2017

While most respondents who reported family medical bills being paid off over time reported that their family had insurance when the bills were incurred, over one in seven respondents reported medical bills being paid off over time only from periods when some members of their family did not have health insurance (16.1 percent). Hispanic respondents were more likely than non-Hispanic white respondents to report that medical bills being paid off over time were from periods when someone in the respondent's family was uninsured (28.6 percent vs 13.3 percent).



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Notes: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem." Other, non-Hispanic adults and insurance status not shown due to small sample size.

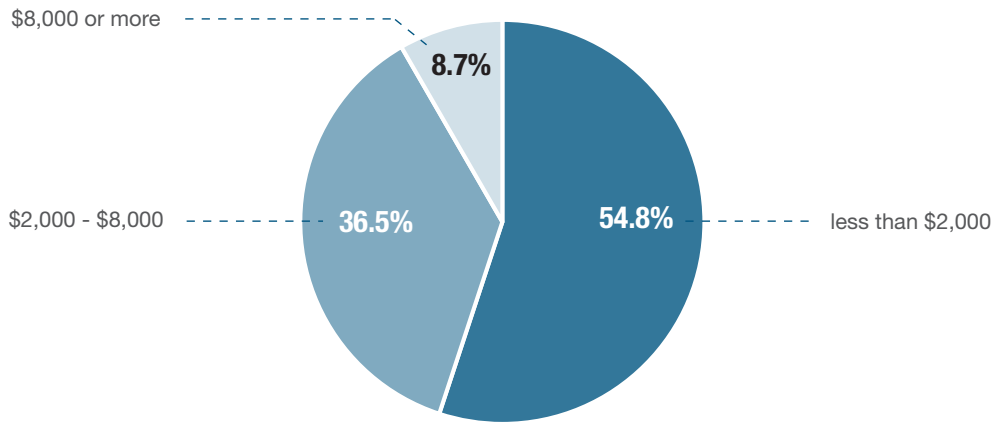
Source: 2017 Massachusetts Health Insurance Survey

Medical Debt: Amount and Age of Family Medical Bills, 2017

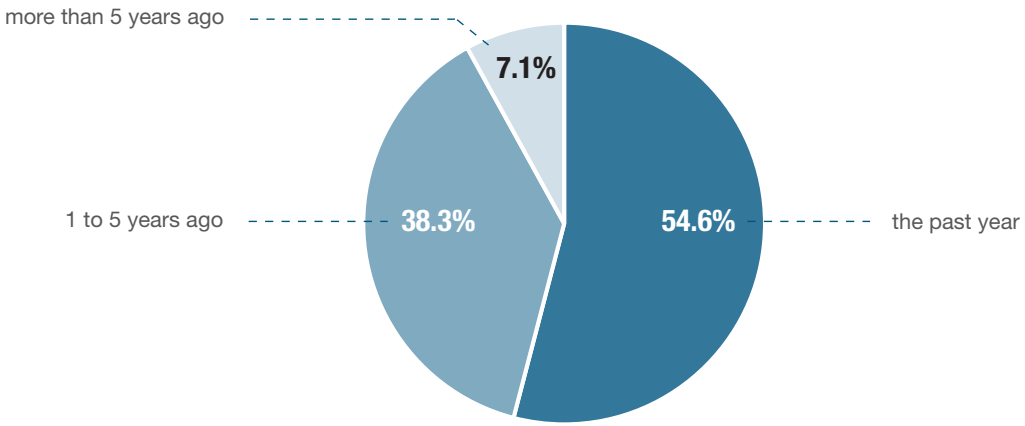
Among the 17.0 percent of respondents with family medical bills being paid off over time in 2017, 54.8 percent owed less than $2,000, 36.5 percent owed between $2,000 and $8,000, and 8.7 percent owed more than $8,000.

In addition, more than half of family medical bills being paid off over time were from the past year (54.6 percent).

Amount of Family Medical Bills Being Paid Over Time



Age of Family Medical Bills Being Paid Over Time

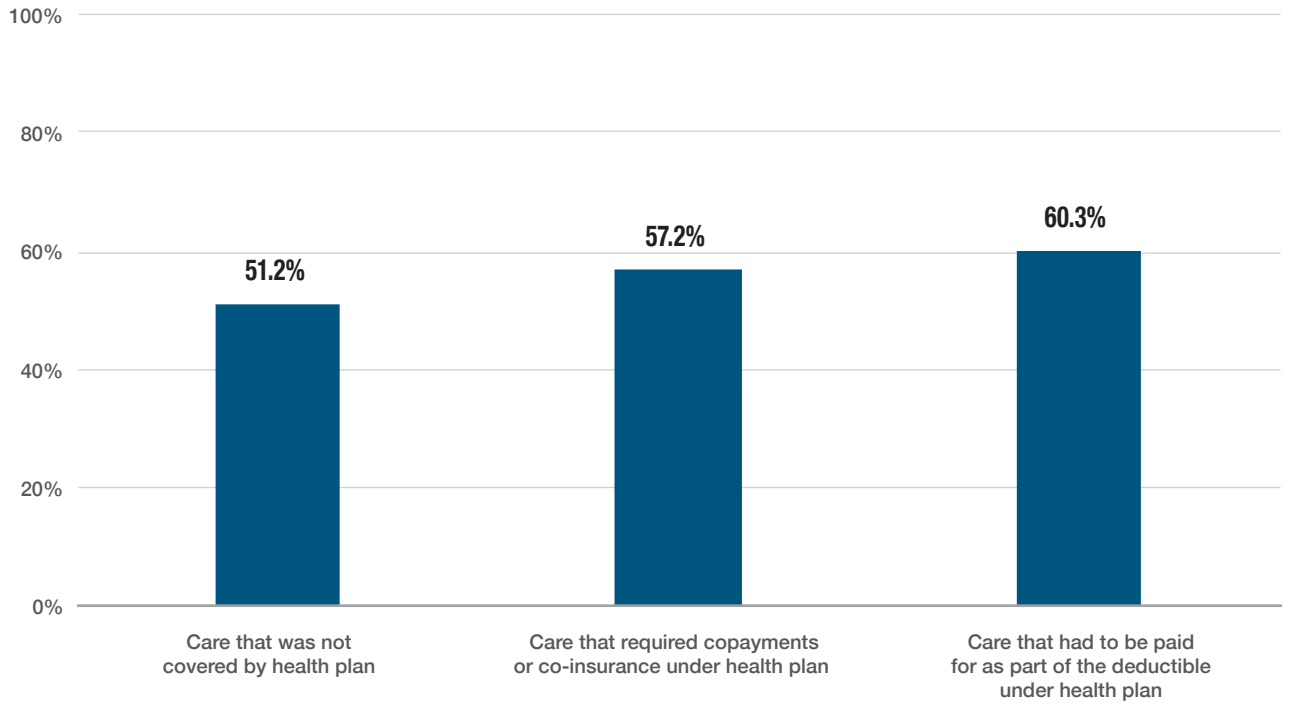


Source for Figures: 2017 Massachusetts Health Insurance Survey

Medical Debt: Reasons for Most Recent Family Medical Bills Being Paid Off Over Time, 2017

For respondents who had family medical bills being paid off over time and whose family had health insurance when at least one of the family medical bills was incurred, over half reported that the most recent family medical bill was for care not covered by the health plan (51.2 percent).

For those reporting that the care was covered under the health plan, more than half reported the family medical bill was for care that required copays or co-insurance (57.2 percent). Additionally, nearly two-thirds reported that the family medical bill was for care that had to be paid for as part of the health plan's deductible (60.3 percent). These categories are not mutually exclusive, as respondents were asked to select all reasons that applied to their most recent family medical bill being paid off over time.

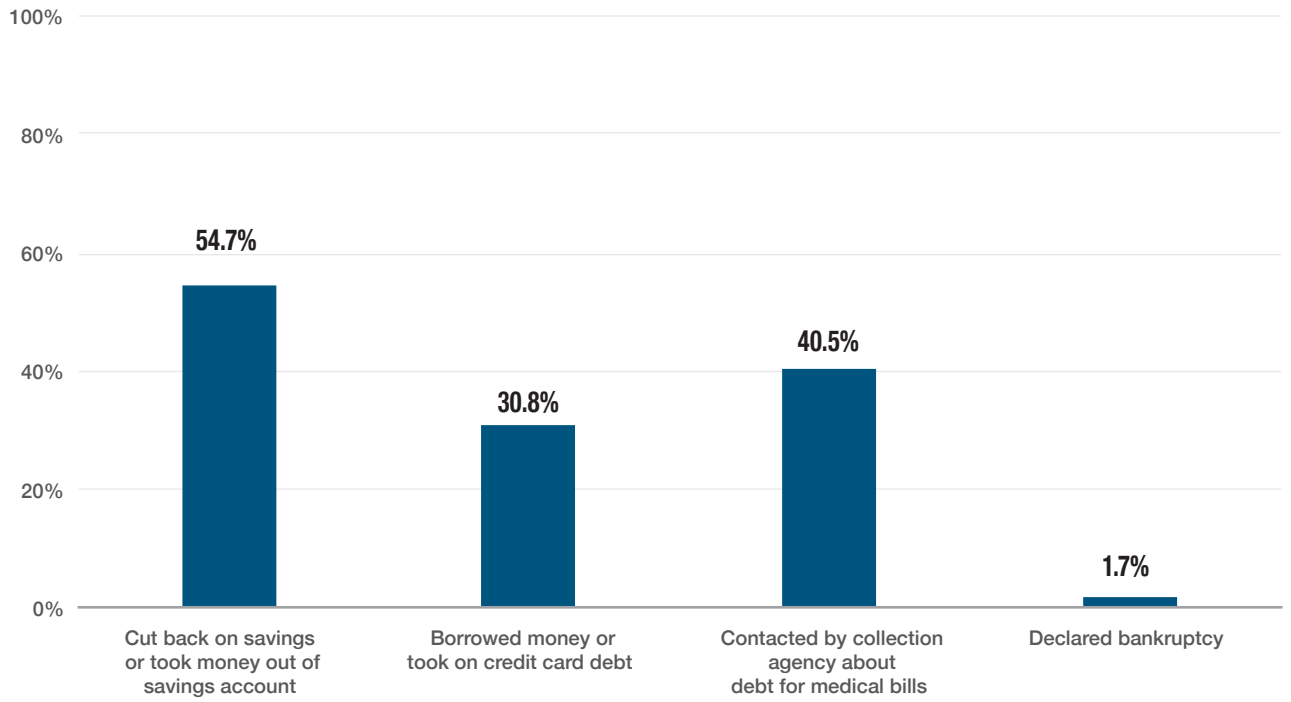


Note: Estimates add to more than 100 percent because respondents could choose multiple categories.
Source: 2017 Massachusetts Health Insurance Survey

Implications of Problems Paying Family Medical Bills and Medical Debt, 2017

In 2017, several serious consequences were reported by Massachusetts respondents who had problems paying family medical bills or had medical debt. Respondents tried to mitigate the effects of problems paying family medical bills or medical debt by cutting back on savings or taking money out of a savings account (54.7 percent) and by borrowing money or taking on credit card debt (30.8 percent). In addition, respondents with difficulty paying family medical bills or medical debt reported being contacted by a collection agency (40.5 percent) or declaring bankruptcy (1.7 percent).

There were not statistically significant differences in the share of respondents borrowing money or taking on credit card debt by age, gender, race and ethnicity, income, health status, or health insurance status (data not shown). There were also not statistically significant differences in the share of respondents contacted by a collection agency by age, gender, race and ethnicity, income, health status, or health insurance status (data not shown).



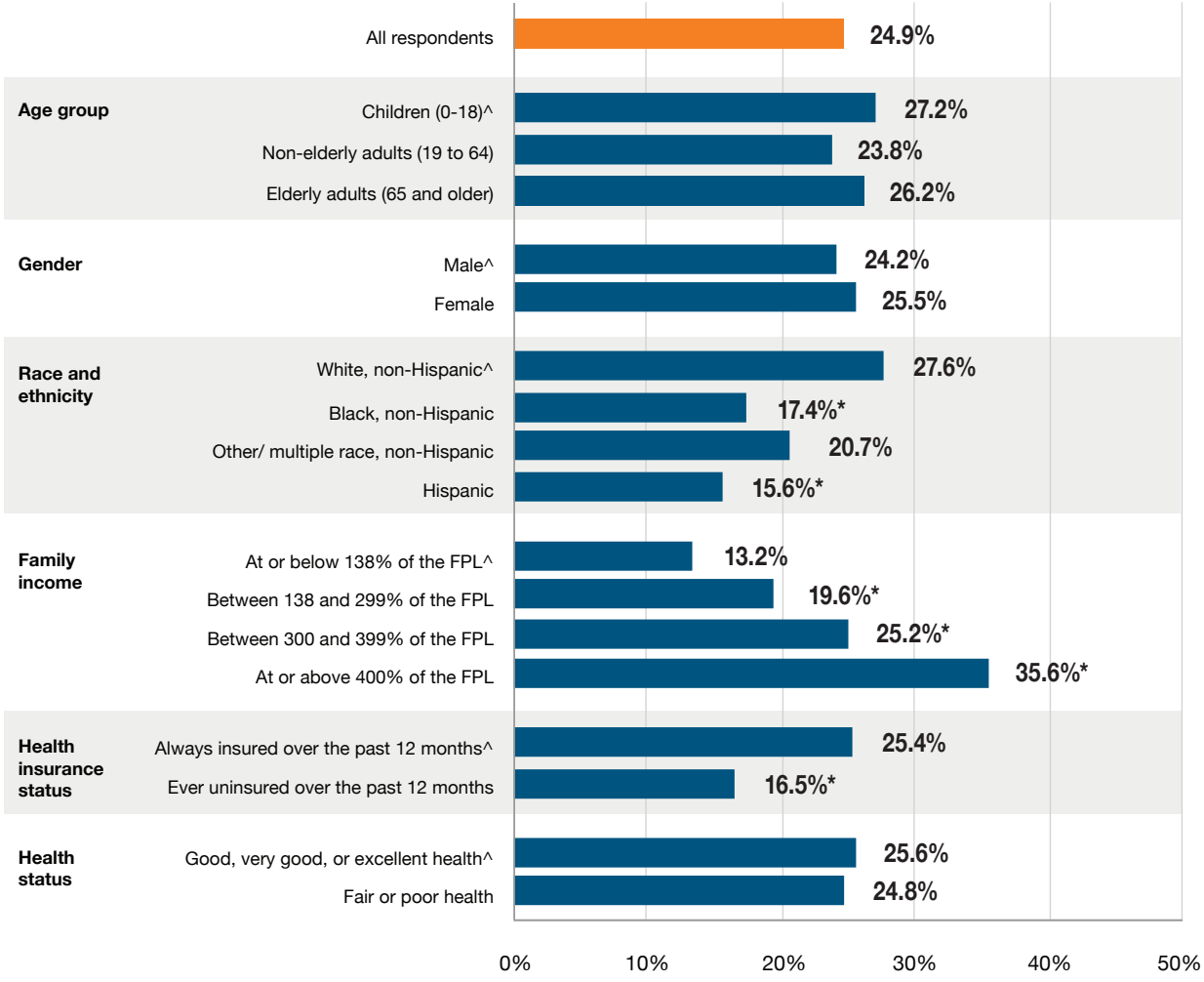
Note: Estimates add to more than 100 percent because respondents could choose multiple categories.

Source: 2017 Massachusetts Health Insurance Survey

High Out-of-Pocket Spending by Individual Characteristics, 2017

In 2017, nearly one in four Massachusetts respondents reported spending $3,000 or more out-of-pocket over the past 12 months for health care for their family (24.9 percent). Out-of-pocket costs include spending on deductibles, copays, and coinsurance for benefits covered by insurance, and all spending on non-covered medical, dental, and vision services that the respondent pays for directly. Out-of-pocket spending does not include premiums for health insurance.

Based on total amount spent, high out-of-pocket spending was more likely among respondents with family incomes at or above 400 percent of the FPL (35.6 percent) and non-Hispanic white respondents (27.6 percent).



^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

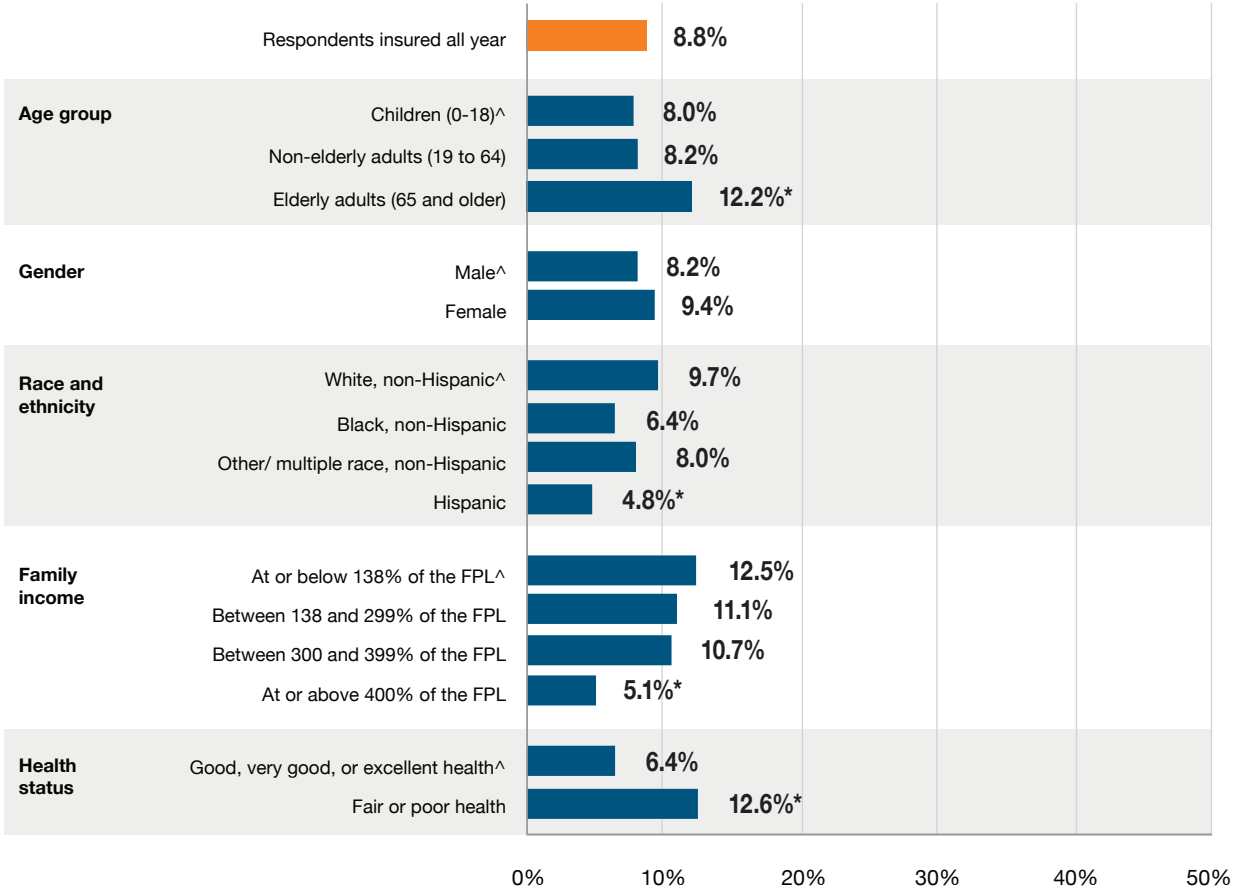
Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Underinsurance by Individual Characteristics, 2017

In 2017, the MHIS included new questions to examine underinsurance by asking respondents about their out-of-pocket health care spending relative to family income. Nearly one in 10 (8.8 percent) Massachusetts respondents were considered underinsured; these respondents had health insurance coverage all year and reported spending 10 percent or more of their family income on out-of-pocket health care expenses.[14]

Low income respondents were more likely than high income respondents to be underinsured. Additionally, over one in eight respondents in fair or poor health or with an activity limitation were underinsured, as were nearly one in eight elderly respondents, likely reflecting in part their higher use of the health care system.



^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Notes: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem." Underinsurance is defined as spending 10 percent or more of family income on out-of-pocket expenses over the past 12 months.

Source: 2017 Massachusetts Health Insurance Survey

Unmet Need for Medical or Dental Care Due to Cost Overall and by Age Group, 2017

Overall, 25.6 percent of respondents reported an unmet need for medical or dental care because of the cost of care over the past 12 months. The most common types of unmet need for care due to cost were dental care (15.6 percent) and prescription drugs (9.8 percent). Dental care is not commonly covered by health insurance, particularly private insurance, and specific prescription drugs that respondents are prescribed may not be covered by their health plan or may have significant copays or coinsurance.

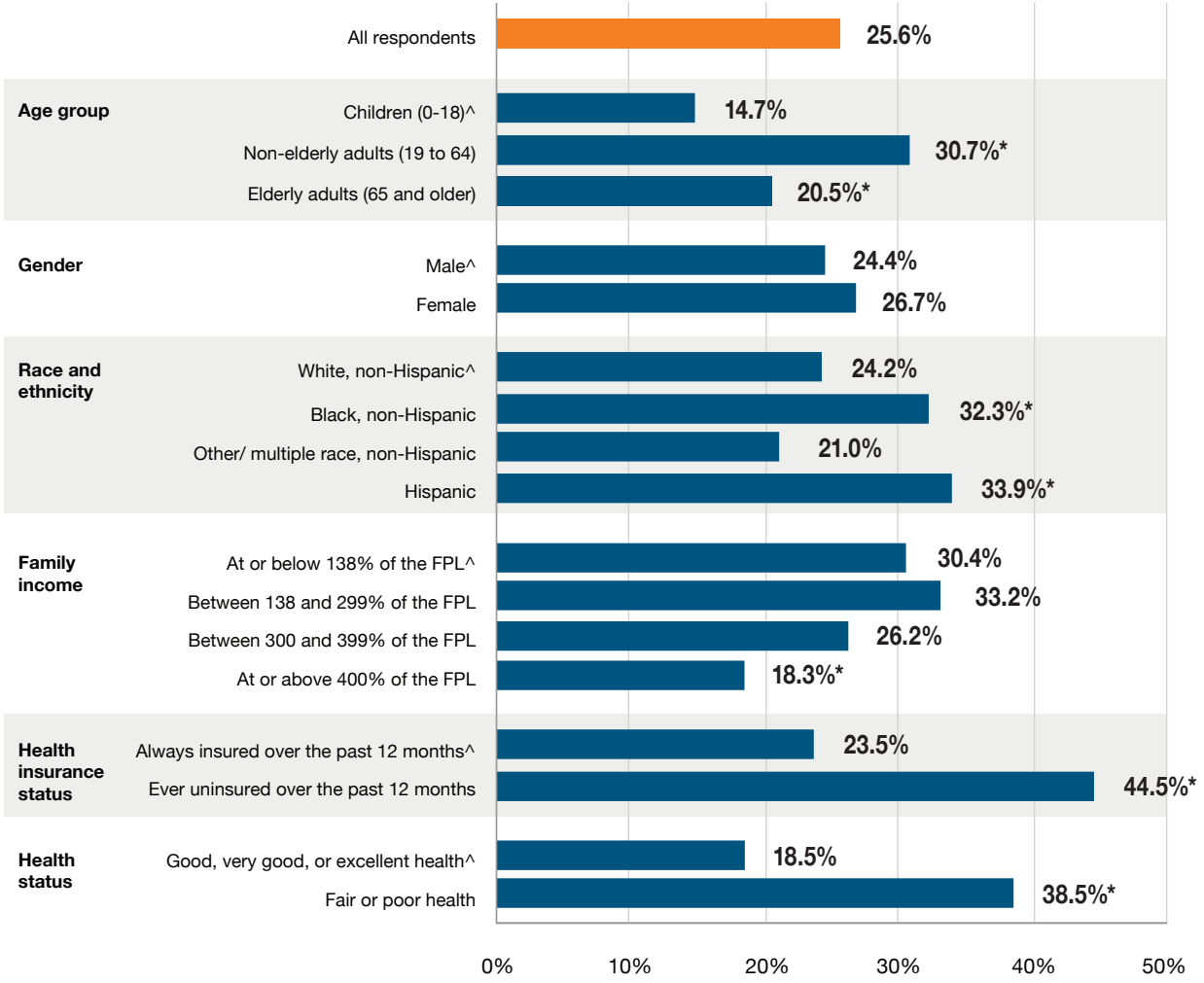
	All respondents	Children (0-18)	Non-elderly adults (19-64)	Elderly adults (65 and older)
Any unmet need for medical or dental care over the past 12 months because of cost of care	**25.6%**	**14.7%**	**30.7%***	**20.5%***
• Unmet need for doctor care	7.8%	4.2%	9.9%*	3.9%
• Unmet need for specialist care	7.6%	2.8%	10.2%*	3.9%
• Unmet need for mental health care or counseling	4.2%	1.8%	5.8%*	1.5%
• Unmet need for substance use treatment or care	2.4%	1.7%	2.9%	1.4%
• Ever went without prescription drugs	9.8%	5.6%	11.5%*	8.6%
• Unmet need for dental care	15.6%	5.5%	19.9%*	12.5%*

*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Source: 2017 Massachusetts Health Insurance Survey

Unmet Need for Medical or Dental Care Due to Cost by Individual Characteristics, 2017

Unmet needs for medical or dental care due to cost were more likely among non-elderly, non-Hispanic black, Hispanic, lower-income, and those in fair or poor health or with an activity limitation. In addition, respondents who were ever uninsured in the past 12 months were more likely than those insured all year to report an unmet need for medical or dental care over the past 12 months due to cost (44.5 percent and 23.5 percent, respectively), reflecting the challenges associated with a lack of insurance coverage.



^Reference group

*Difference from estimate for reference group is statistically significant at the 5% level.

Note: Fair or poor health includes respondents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

Source: 2017 Massachusetts Health Insurance Survey

Reasons for Unmet Need Among Those Insured at the Time of the Unmet Need, 2017

Among those respondents who reported an unmet need for medical or dental care due to cost in 2017, 65.2 percent had health insurance at the time they experienced the unmet need for care due to cost (data not shown).

Among those who had an unmet need for care due to cost and had health insurance at the time of the unmet need, nearly half (49.6 percent) said they went without care because the care was not covered by their insurance plan. In addition, over one-third (36.7 percent) went without care because the copay was too high. Respondents with family incomes at or above 400 percent of the FPL were more likely to report an unmet need for care because the care was part of the deductible or because the copay was too high than those with family incomes at or below 138 percent of the FPL, perhaps reflecting the lack of a deductible and low cost-sharing in MassHealth.

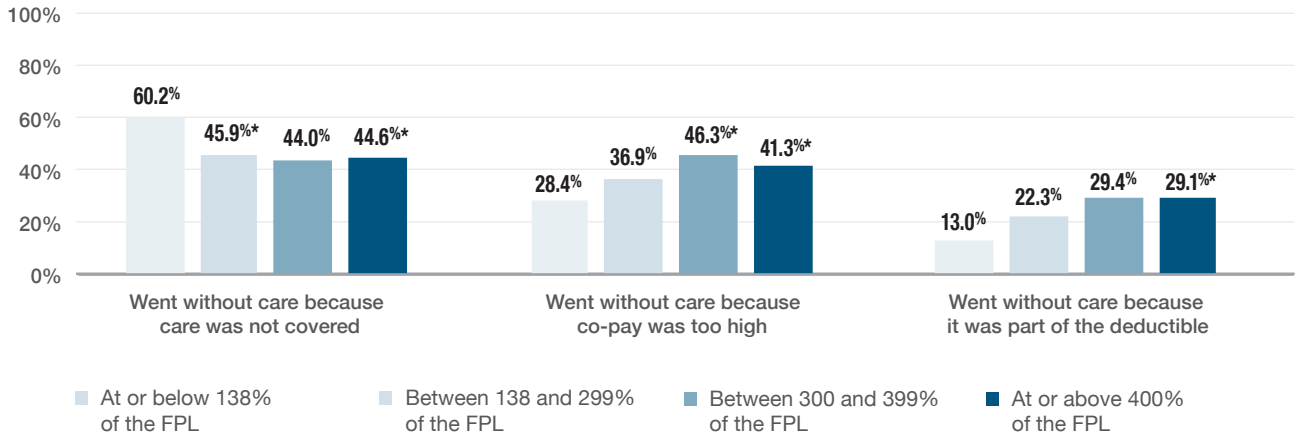
Overall and by Age Group

	All respondents with an unmet need for medical or dental care	Children (0 to 18)	Non-elderly adults (19 to 64)	Elderly adults (65 and older)
Went without care because care was not covered	49.6%	47.2%	49.9%	51.1%
Went without care because copay was too high	36.7%	20.6%	40.6%*	31.6%
Went without care because it was part of the deductible	22.4%	12.6%	25.2%	16.0%

*Difference from estimate for "Children (0-18)" is statistically significant at the 5% level.

Note: 4.4 percent of respondents reported another reason for the unmet need for care due to cost. Estimates add to more than 100 percent because respondents could choose multiple categories.

By Family Income



*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

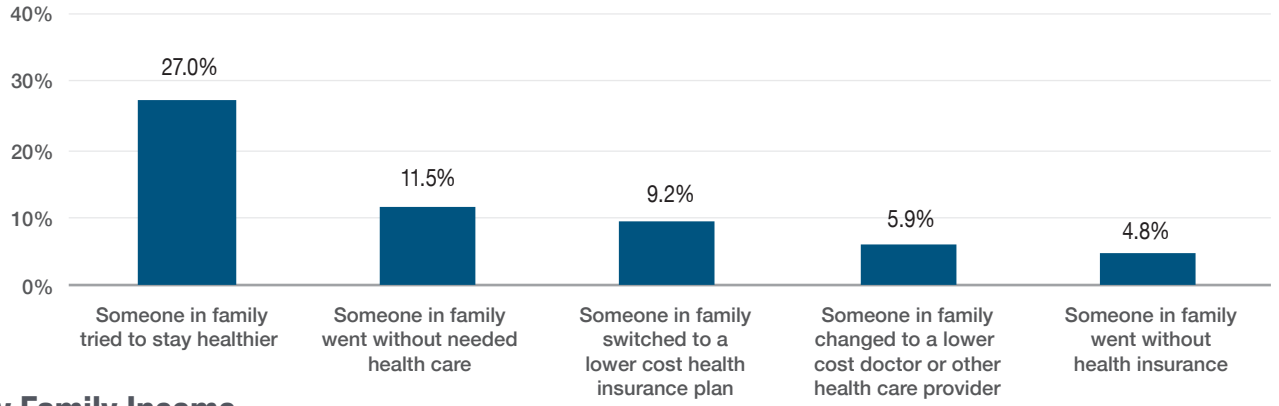
FPL = Federal Poverty Level

Source for Figures: 2017 Massachusetts Health Insurance Survey

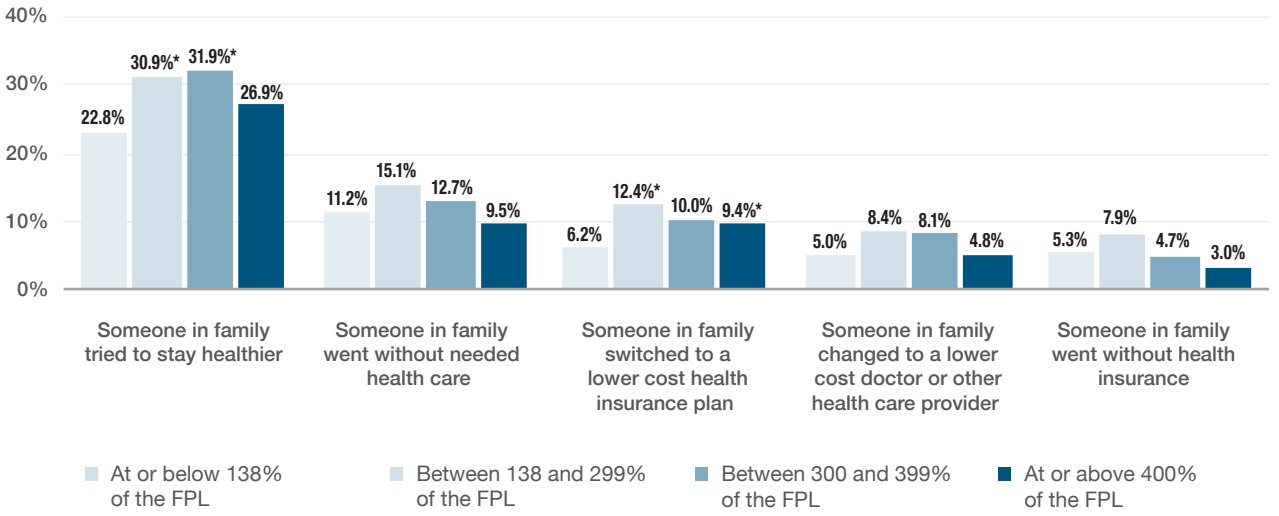
Approaches to Lowering Family Health Care Costs, 2017

In 2017, over one-quarter of Massachusetts respondents reported trying to lower their family's health care costs by trying to stay healthier (27.0 percent). In addition, 11.5 percent of respondents reported trying to lower their family's health care costs by having someone in the family go without needed care. These approaches were similar across income groups.

Overall and by Age Group



By Family Income



*Difference from estimate for "At or below 138% of the FPL" is statistically significant at the 5% level.

FPL = Federal Poverty Level

Source for Figures: 2017 Massachusetts Health Insurance Survey

Experiences with Medical Errors

The 2017 MHIS included new questions on medical errors. These questions were answered by the adult completing the survey, who was either the individual targeted for the survey or the proxy respondent. The adult answering these questions was asked to report on medical errors in their care, the care of members of their household, or the care of any members of their extended family who were living outside of their household over the past five years.[15]

Adults who reported a medical error were also asked to report on the severity of health consequences resulting from reported medical errors. These new questions were similar to those used in other studies describing the prevalence of medical errors in Massachusetts and nationally.[16]

KEY FINDINGS

Nearly 20% of adults answering the medical error questions reported a medical error in the past five years in their own care, the care of a household member, or the care of a member of their extended family living outside of the household.

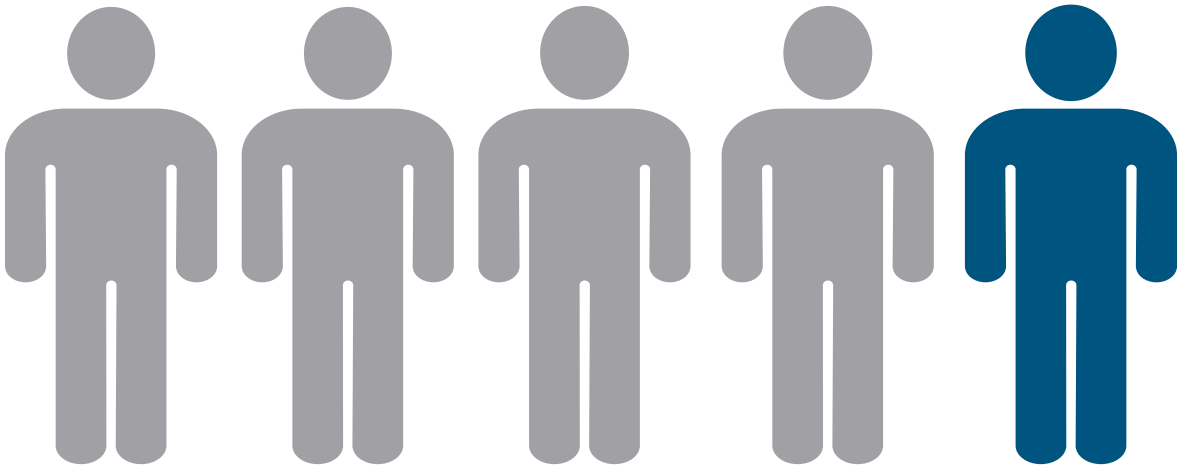
Among those reporting a medical error, 54% reported a medical error in the care of someone in their extended family living outside of the household.

Among those reporting a medical error, 58% reported that the most recent medical error resulted in serious health consequences.

Experiences with Medical Errors

In 2017, MHIS added new questions about medical error. Medical errors were defined as follows: "Sometimes when people receive medical care, mistakes are made. These mistakes sometimes result in no harm; sometimes, they may result in additional or prolonged treatment, disability, or death. These types of mistakes are called medical errors."

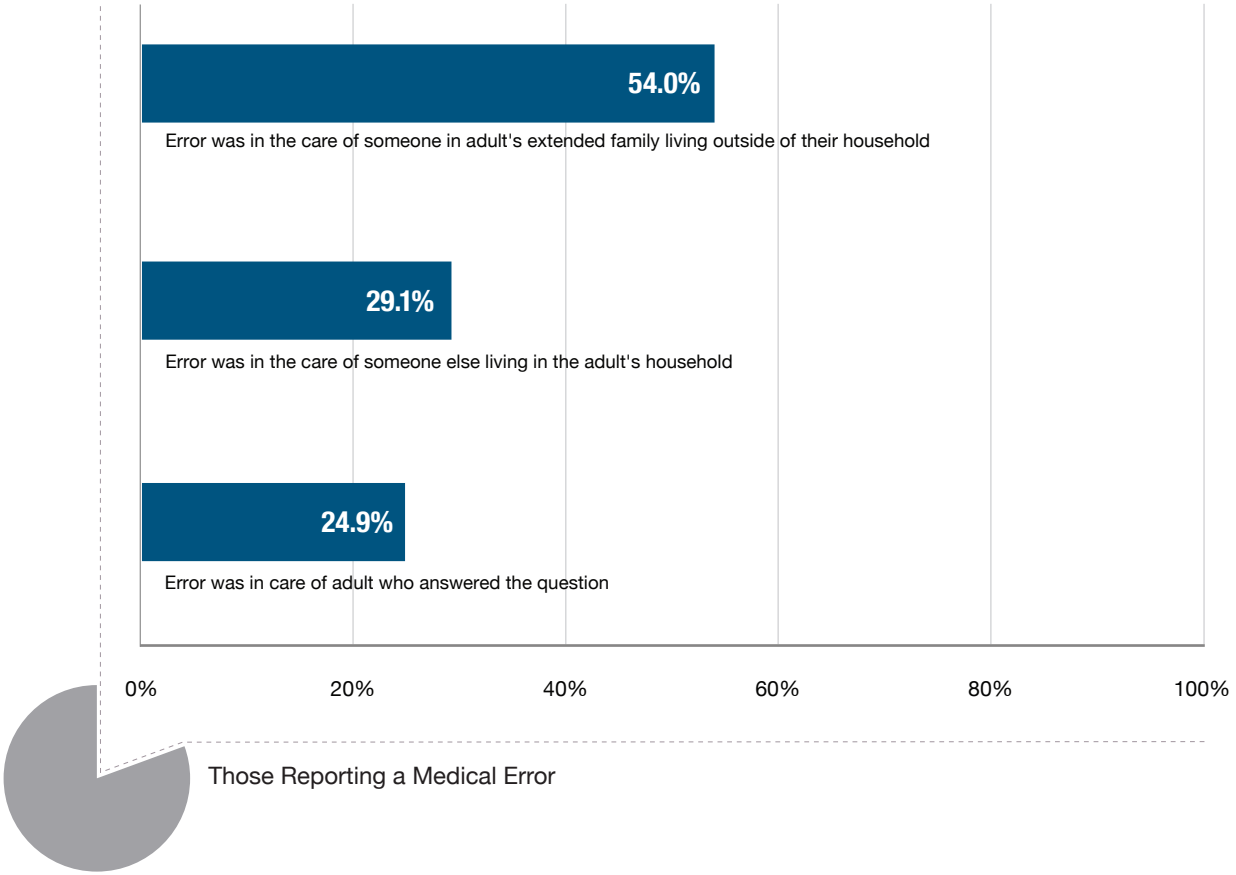
Nearly one-fifth (19.4 percent) of adults answering the medical error questions reported that a medical error occurred in their own care or that of a household member or an extended family member living outside the household over the past five years.



Nearly one in five reported that a medical error occurred in their families over the past five years.

Medical Errors by Relationship to Person Experiencing the Error, 2017

Among those who reported that a medical error occurred, 24.9 percent reported that an error occurred in their care, 29.1 percent reported that an error occurred in the care of someone else living in their household, and 54.0 percent reported that an error occurred in the care of someone in their extended family living outside of their household.

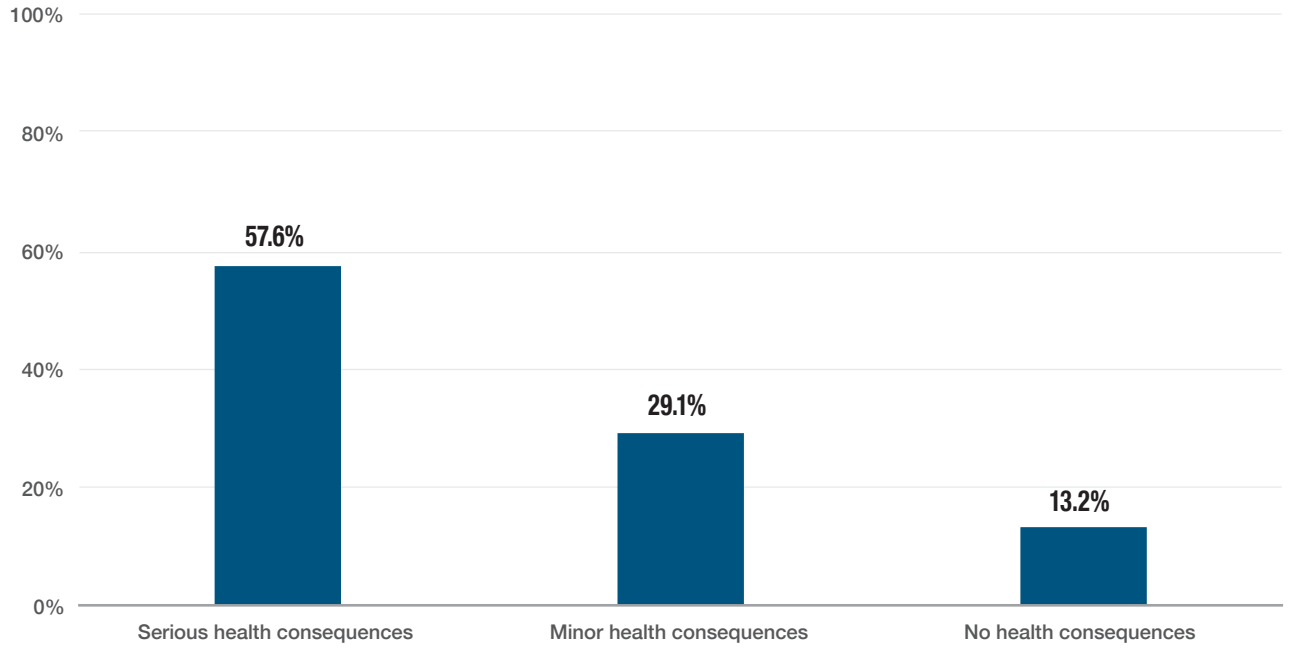


Note: Estimates are among those adults answering the medical error questions who reported that a medical error occurred in their care, the care of a household member, or the care of a member of their extended family not living in the household in the past 5 years. The total sample size for this analysis is 988.

Source: 2017 Massachusetts Health Insurance Survey

Health Consequences of Most Recent Medical Error Among Those Reporting a Medical Error, 2017

Among those reporting that a medical error occurred in their own care, that of a household member, or that of an extended family member living outside their household in the past five years, more than half said the most recent error resulted in serious health consequences (57.6 percent). Only 13.2 percent reported that the most recent medical error resulted in no health consequences.



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Source: 2017 Massachusetts Health Insurance Survey

About the MHIS

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use and perceived health care affordability for the non-institutionalized population in Massachusetts. The survey is conducted in English and Spanish and its average completion time was 23.7 minutes for the landline sample and 25.5 minutes for the cell phone sample in 2017. The 2017 MHIS was fielded between April 27, 2017 and July 2, 2017. Surveys were completed with 5,001 Massachusetts households, collecting data on 5,001 target persons, including 562 children aged 0 to 18, 2,937 non-elderly adults aged 19 to 64, and 1,502 elderly adults aged 65 and older.

The overall response rate for the 2017 MHIS was 18.8 percent, combining the response rate of 22.5 percent for the landline telephone sample and the 16.1 percent for the cell phone sample. The 2017 MHIS response rate was calculated by dividing the number of households in which an interview was completed by the estimated number of eligible households in the sample. Eligible households are those for which eligibility for inclusion in the MHIS was determined and the survey was completed, refused, or interrupted without completion. In addition, a portion of households for which eligibility could not be determined, such as those where the phone was not answered, are also included in the total number of eligible households. Ineligible sample records were not included in the response rate calculations, including business numbers, fax machine numbers, non-working phone numbers, and vacant or second homes.

The principal difference between the 2015 and 2017 MHIS is that, in 2015, answering machines were coded as not having a clear indication of whether the household was residential and therefore eligible for the MHIS. In 2017, answering machines were specifically coded as residential or unknown. This change reduces the calculated response rate but is consistent with industry standards and with general trends in nonresponse rates in telephone surveys.

All estimates based on the survey are prepared using weights that adjust for the complex survey design, for undercoverage, and for survey nonresponse.

Additional information about the MHIS is available in the MHIS Methodology Report.

Notes

1 Health insurance coverage type reporting based on survey data is subject to error. For example, research has shown that many respondents struggle to correctly report their coverage type and that surveys may result in a significant undercount of public coverage enrollment, particularly for Medicaid coverage. Results should be viewed accordingly.

Pascale, J. "Measurement Error in Health Insurance Reporting." Inquiry 45 (4): 422–37; and Pascale, J, J Rodean, J Leeman, C Cosenza, and A Schoua-Glusberg. "Preparing to Measure Health Coverage in Federal Surveys Post-Reform: Lessons from Massachusetts." Inquiry 50 (2): 106–23; and Call, KT, ME Davern, JA Klerman, and V Lynch. "Comparing Errors in Medicaid Reporting across Surveys: Evidence to Date." Health Serv Res 48 (2 Pt 1): 652-64.

2 The MHIS collects detailed information for one randomly selected household member (referred to as the target person). Target adults tend to respond to the survey for themselves, while a proxy, generally a parent, responds for a target child. The data reported here are for the household target person. For simplicity, we refer to the target person as the respondent in discussing survey findings.

3 Cohen, RA, ME Martinez, and EP Zammitt. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-March 2017." National Center for Health Statistics. August 2017. Available at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201708.pdf.

4 Ward, BW, TC Clarke, CN Nugent, and JS Schiller. "Early Release of Selected Estimated Based on Data from the 2015 National Health Interview Survey." National Center for Health Statistics. May 2016. Available at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201605.pdf.

5 Seifert, RW and AP Cohen. "Re-Forming Reform: What the Patient Protection and Affordable Care Act Means for Massachusetts." Blue Cross and Blue Shield Foundation of Massachusetts. June 2010. Available at: http://bluecrossmafoundation.org/sites/default/files/062110NHRReportFINAL.pdf.

6 Cohen, RA, ME Martinez, and EP Zammitti. "Health Insurance Coverage: Early Release of Estimates from the National Health Interview Survey, January-March 2017." National Center for Health Statistics. August 2017. Available at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/insur201708.pdf.

7 Norris, T, TC Clarke, and JS Schiller. "Early Release Estimates Based on Data from the January-March 2017 National Health Interview Survey." National Center for Health Statistics. September 2017. Available at: https://www.cdc.gov/nchs/data/nhis/earlyrelease/earlyrelease201709.pdf.

8 Giannobile, WV, BAK Caplis, L Doucette-Stamm, GW Duff and KS Kornman. "Patient Stratification for Preventive Care in Dentistry." J Dent Res 92(8): 694-701.

9 Families with mixed insurance status, in which some members had health insurance coverage and some did not, did not report on the specific coverage status for the family member who incurred the medical bill but rather reported an insurance status for the family as a whole at the time the medical bill was incurred.

10 In 2017, 20.4 percent of respondents with health insurance coverage all year said that they did not use any care in the past year, and our measure of underinsurance does not capture whether those with low or no health care use have health insurance plan designs that could put them at risk for high out-of-pocket spending.

11 Collins, SR, PW Rasmussen, S Buetel, MM Doty. "The Problem of Underinsurance and How Rising Deductibles Will Make it Worse – Findings from the Commonwealth Fund Biennial Health Insurance Survey." New York, NY: The Commonwealth Fund. May 2015. Available at: http://www.commonwealthfund.org/publications/issue-briefs/2015/may/problem-of-underinsurance.

12 Unmet needs for medical or dental care due to costs could reflect a period of being uninsured, costs for services that are not covered (like dental care for some people), or cost-sharing for covered services.

13 Massachusetts Health Policy Commission. "Annual Health Care Cost Trends Report: CTR 2016." Boston, MA: Massachusetts Health Policy Commission. February 2017. Available at: http://www.mass.gov/anf/budget-taxes-and-procurement/oversight-agencies/health-policy-commission/publications/2016-cost-trends-report.pdf.

14 While we are defining these individuals as "underinsured" it is important to note that we cannot attribute the high health care spending within the family to the respondent

15 This differs from the way respondents are defined in the rest of the survey, where respondent refers to the individual selected for the survey, regardless of whether they provided the data or the data was provided by a proxy respondent. The medical error questions were asked of the adult who completed the survey, regardless of whether that person was the survey target or a proxy.

16 Harvard Opinion Research Program. "The Public's Views on Medical Error in Massachusetts." Boston, MA: Harvard School of Public Health. December 2014. Available at: https://cdn1.sph.harvard.edu/wp-content/uploads/sites/94/2014/12/MA-Patient-Safety-Report-HORP.pdf.

For more information, please contact:

CENTER FOR HEALTH INFORMATION AND ANALYSIS

501 Boylston Street
Boston, MA 02116

(617) 701-8100

www.chiamass.gov
@Mass_CHIA

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