Understanding Affordability of Healthcare in Vermont

Understanding Affordability and Transition to Medicare in Vermont

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Background

According to a 2021 Vermont Department of Health survey, 35% of uninsured patients and 17% of insured patients reported owing medical debt in Vermont.

In Vermont, Medicaid provides near universal coverage health insurance for low-income individuals.

In contrast, Medicare has gaps that can leave beneficiaries with substantial out-of-pocket costs, especially for those who do not qualify for Medicare Savings Programs (MSPs).

The Consolidated Appropriations Act of 2023 ended continuous Medicaid enrollment beginning March 2023, which will increase the number of Vermonters losing Medicaid coverage.

Purpose

The purpose of this project is to understand healthcare affordability for Vermonters transitioning to Medicare by gaining perspectives from patients and healthcare stakeholders.

Methods

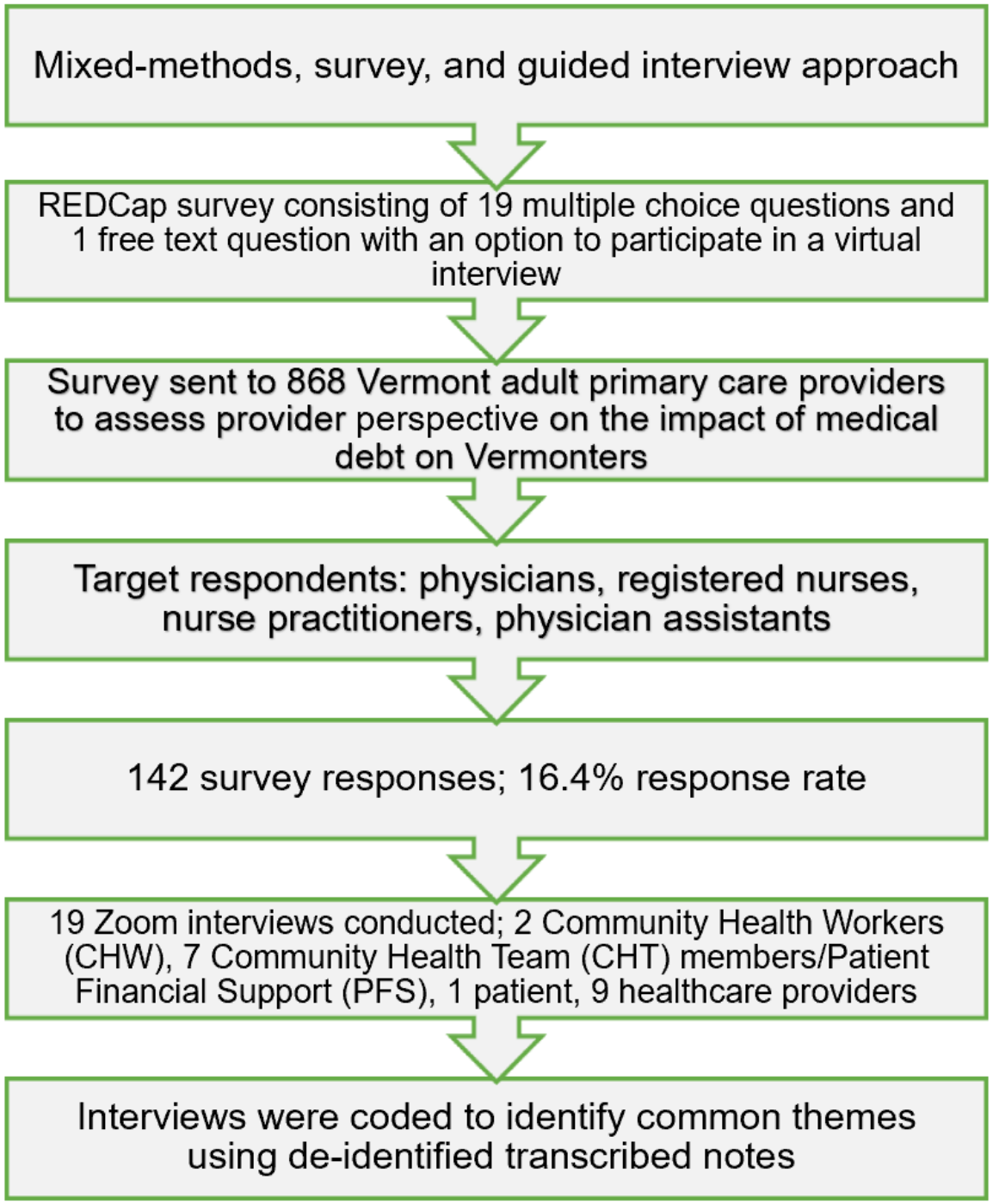
Mixed-methods, survey, and guided interview approach
REDCap survey consisting of 19 multiple choice questions and 1 free text question with an option to participate in a virtual interview
Survey sent to 868 Vermont adult primary care providers to assess provider perspective on the impact of medical debt on Vermonters
Target respondents: physicians, registered nurses, nurse practitioners, physician assistants
142 survey responses; 16.4% response rate
19 Zoom interviews conducted; 2 Community Health Workers (CHW), 7 Community Health Team (CHT) members/Patient Financial Support (PFS), 1 patient, 9 healthcare providers
Interviews were coded to identify common themes using de-identified transcribed notes

Fig. 1: Provider Survey Responses

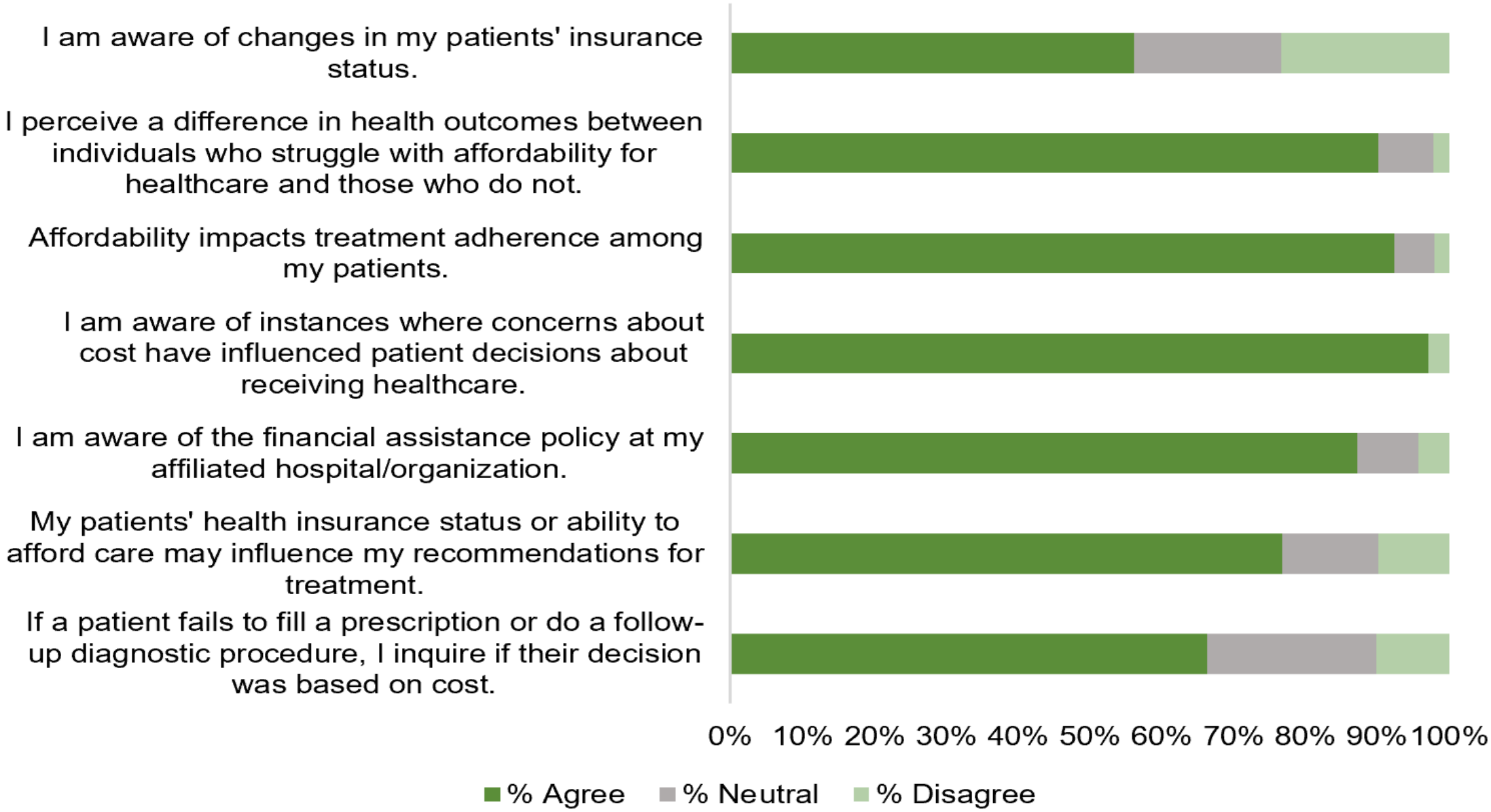

Fig. 2: Survey Responses by Role

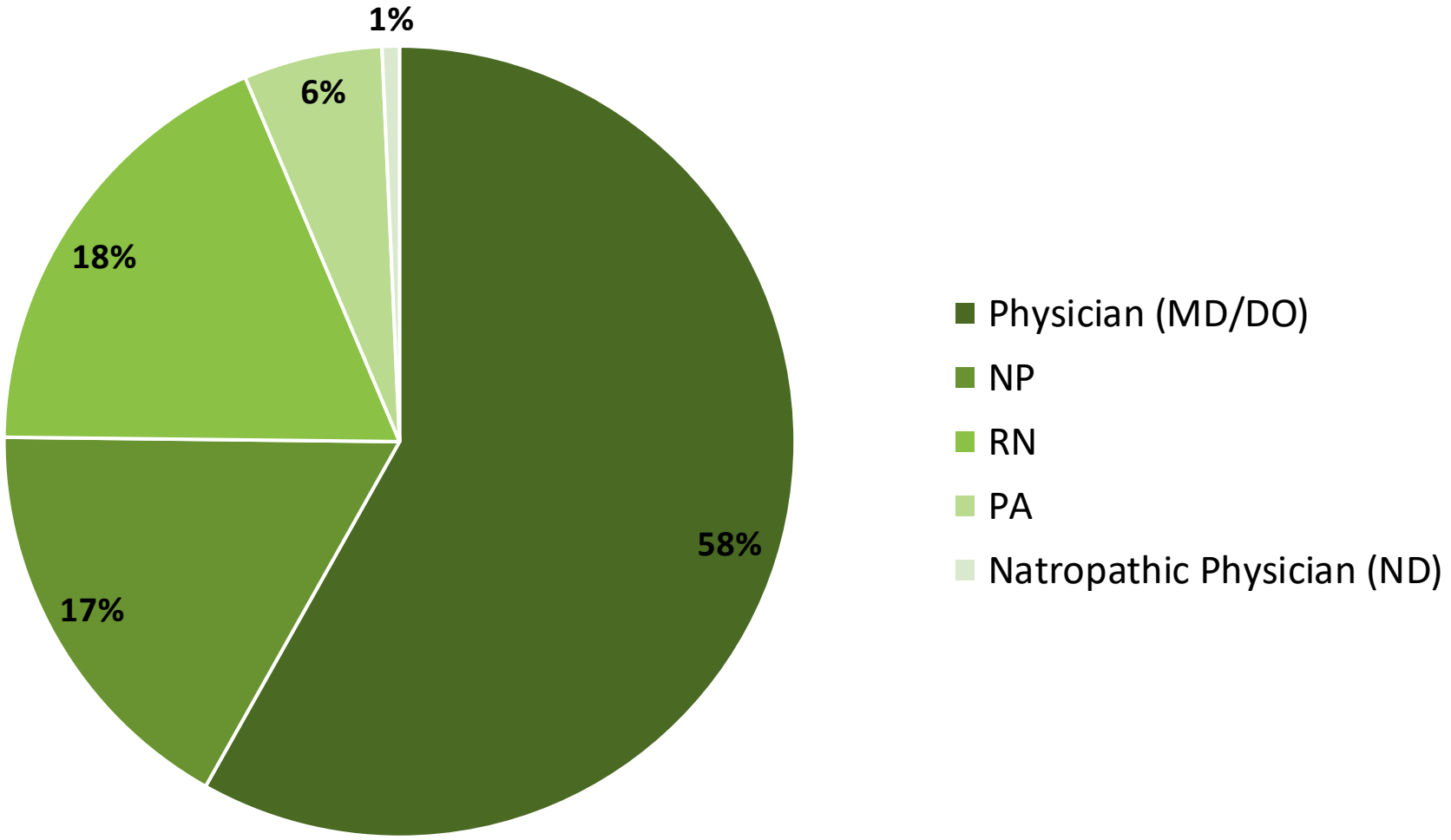

Fig. 3: Provider Survey Responses by County

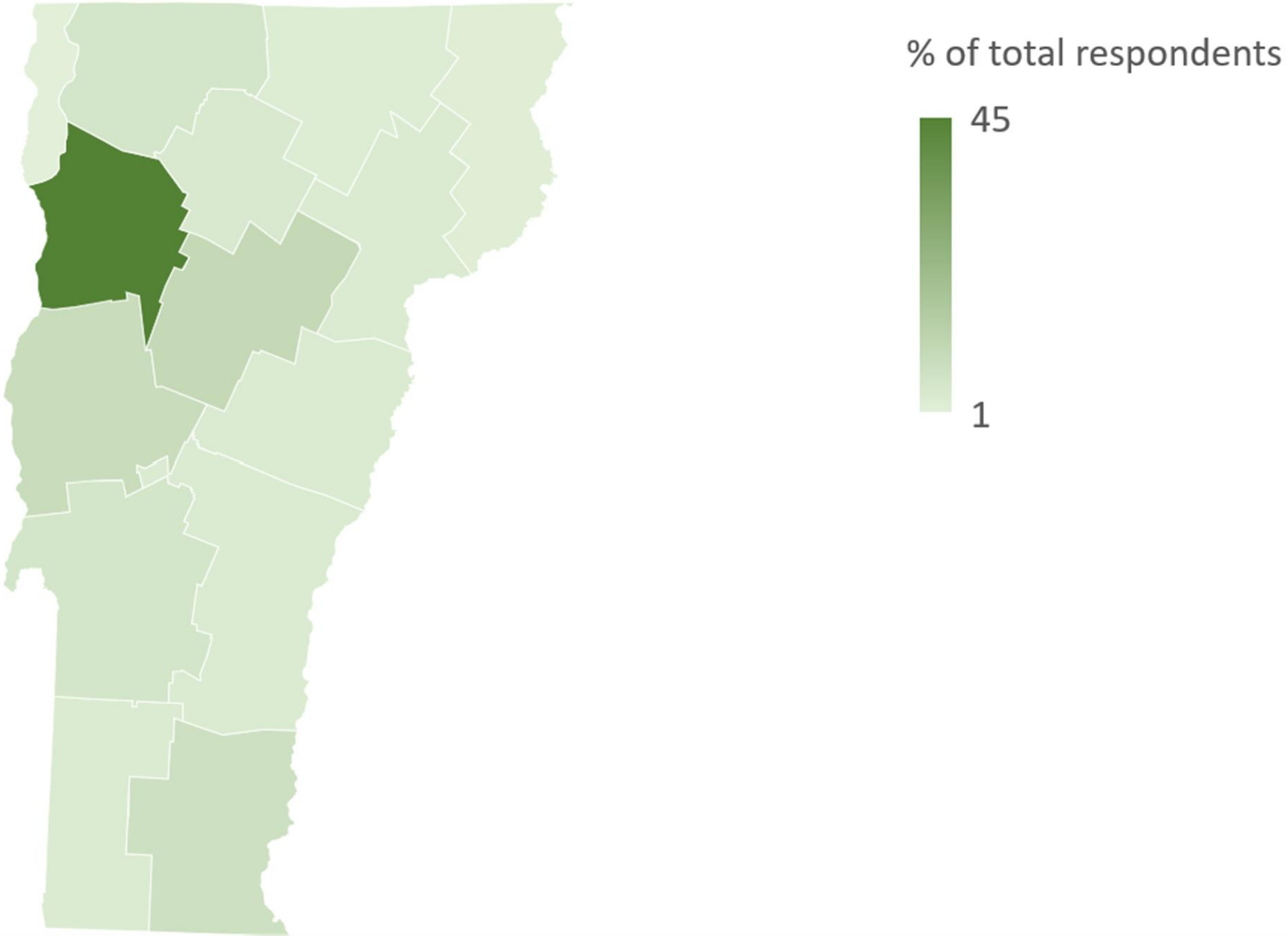

Fig. 4: Thematic Analysis of Interview Comments

Theme	Shared by	Quote
Complex and confusing interactions with healthcare insurance system	• CHW • CHT/PFS • Provider • Patient	*"It [application process] is too complicated for people and they give up. "* – CHT/PFS
Inconsistency between Medicare coverage and all other insurance	• CHW • CHT/PFS • Patient	*"I've seen multiple patients kicked off their Medicaid since the renewal, who suddenly cannot access dental care."* – CHW
Less than ideal standard of care experienced by patients	• CHT/PFS • Provider	*"We have patients who are on warfarin, and in this day and age, they should not be. They should be on Eliquis or apixaban, but they are very expensive and not well covered."* - Provider
Patients experience emotional distress	• CHW • CHT/PFS • Provider • Patient	*"Um, I'm screwed. I would figure out how to get the money for it, how to get the procedure. It's just something that you can't really know what you'd do until you were in the situation."* - Patient
Patients balance medical treatment with other essential needs	• CHW • CHT/PFS • Provider	*"Some people are between paying rent and spending an extra $15 to get to clinic or pay for medications"* - Provider

Discussion

Navigating a transition to Medicare is daunting for patients, both in its complexity and cost.

Increases in out-of-pocket costs for patients impact their ability to receive optimal care.

Patients experience emotional distress when interacting with the health insurance system.

Majority of providers are aware of the importance of cost of care to patients, but not every provider engages in financially informed shared-decision making with their patients.

Importance

This project emphasizes the need for stakeholders such as advocates, lawmakers, and the medical community to focus their efforts on addressing and understanding how medical debt and affordability impact access to healthcare and health outcomes for low-income Vermonters.

Limitations

- Recruitment of interview subjects was challenging. We may not have achieved saturation of all important viewpoints.
- Survey response rate at 16% may have introduced bias, which limits generalizability.

Future Directions

Change requirements for state MSPs to minimize out-of-pocket costs for patients.

Expand coverage for standard of care medications for common diseases such as diabetes.

Enhance data collection and analysis of this project by increasing the sampling size of providers and gaining more access to patients

References

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2. Himmelstein, D., Dickman, S., McCormick, D., Bor, D., Gaffney, A., & Woolhandler, S. (2022). Prevalence and Risk Factors for Medical Debt and Subsequent Changes in Social Determinants of Health in the US. JAMA Network Open, 5(9), E2231898. 3.