

Chapter 2:

Access to Healthcare



Source: Alexis Abbott, Nashua High School Photography Project

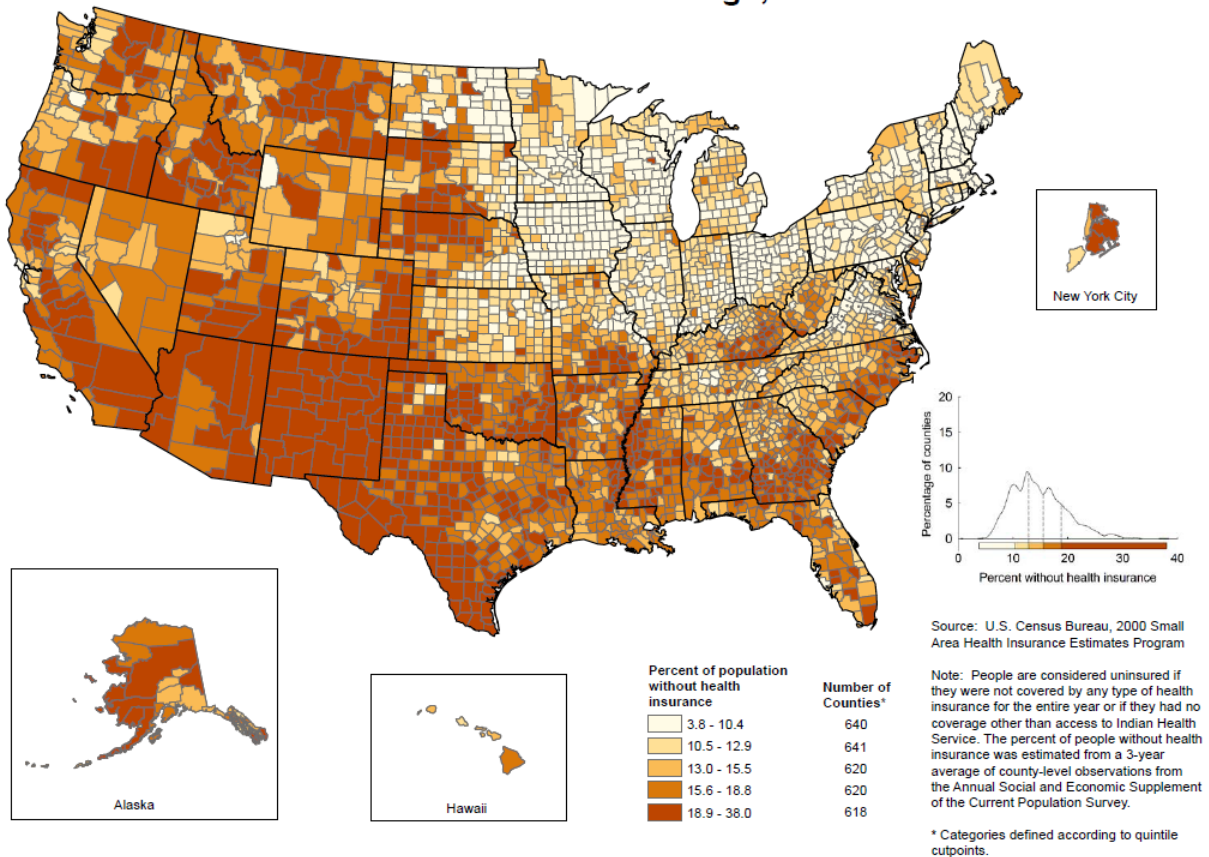
Access is a broad term referring to the ability of individuals or groups to obtain needed medical services.¹ Access can center on individual concerns such as affordability, lack of health insurance and difficulty navigating a health care system or on system's issues such as limited health care facilities, lack of public transportation or insufficient interpreter services. This chapter focuses on access concerns in Nashua.

Medical Care & Health Insurance Coverage

The overarching goal for "Access to Services" for Healthy People 2020 is to improve access to comprehensive, quality health care services. Within access to healthcare, the objective is to increase the proportion of persons with health insurance with a target of total health care coverage.² Nationally, 17% of adults and 6% of children lack a health care plan compared to 11% of adults and 4% of children in New Hampshire.⁴ As a State, New Hampshire has more residents that are covered by health insurance than most the states in the southern and western parts of the country but New Hampshire residents with less education, lower incomes and younger ages are more likely to lack a health care plan (Figure 2.1)^{3,4}. About 7.3% of adults in the Greater Nashua Public Health Region lack health insurance, which is significantly lower than the statewide estimate but does not meet the Healthy People 2020 objective of total health care coverage.⁴

Figure 2.1 Population without Health Insurance, 2000

Percent of Total Population without Health Insurance Coverage, 2000

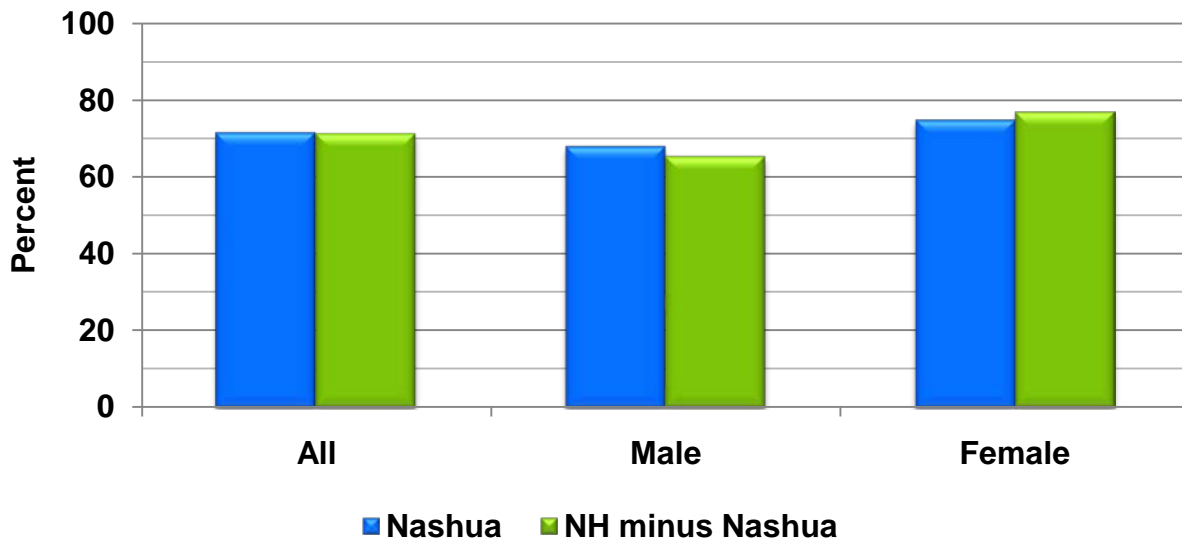


Source: U.S. Census Bureau, 2000 Small Area Health Insurance Estimates Program, CDC³

In 2007, 76% of the US population had a usual primary care provider.⁵ Per the 2010 Nashua Community Health Survey (2010 NCHS), 88% of Nashua residents have a personal physician or health care provider.⁶ This is similar to the 2008-2009 NH Behavioral Risk Factor Surveillance System numbers for Nashua where 86% of males and 92% of females had a personal health care provider (Figure 2.2).⁷ For NH excluding Nashua, these numbers were similar at 85% and 92%, respectively. Thus, the Healthy People 2020 goal of 83.9% of the population having a personal health care provider has been exceeded in both Nashua and NH.²

The 2010 NCHS shows 90% of Nashua adults having had a routine physical within the last two years, whereas the combined 2008 and 2009 NH BRFSS shows 71% of Nashua adults having had a physical within the previous year.^{6,7}

Figure 2.2 Routine Physical in Past Year, 2008 and 2009



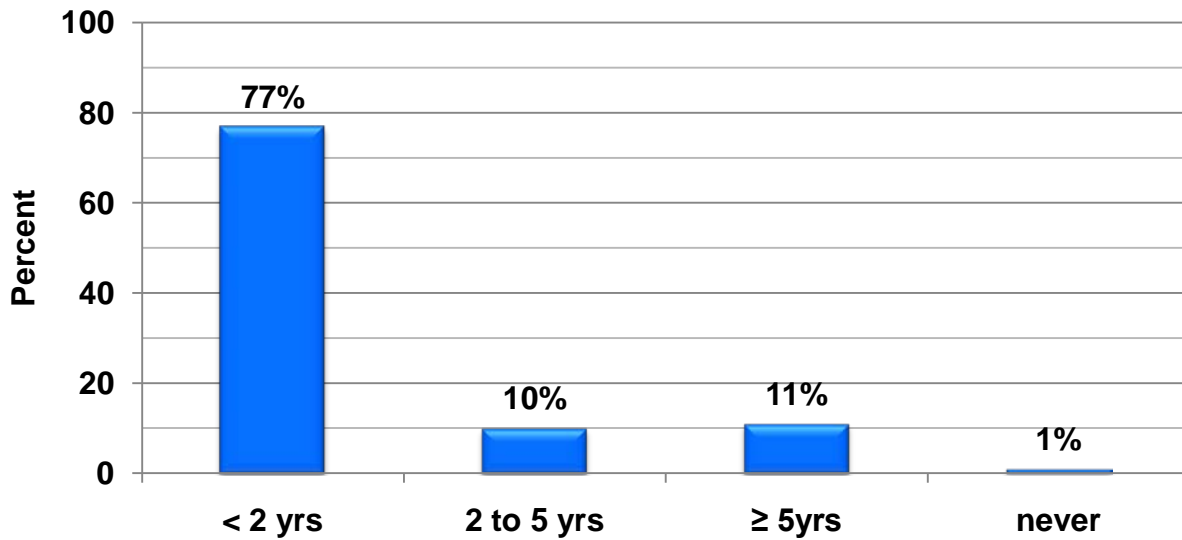
Source: NH DHHS

According to the 2010 NCHS, when medical and surgical care was needed, 95% of Nashua adults did not have difficulty obtaining this care. The 4% who had difficulty obtaining care cited lack of insurance and cost as the two most prohibitive factors. For emergency care, 75% of respondents did not visit an ER for their own health in the past 12 months, 18% visited only once and 7% visited two or more times.⁶

Dental Care

National Institutes of Health recommends a yearly dental exam for adults.⁸ In the 2010 NCHS, 77% of Nashua's adults had a dental cleaning within the past two years as seen in Figure 2.3. Eighty-eight percent of these respondents did not have trouble accessing dental care when needed. Of the 12% of respondents who had difficulty accessing needed dental care, several issues were cited, including having only a minor dental problem, lack of insurance, difficulty getting an appointment, insurance that was not accepted and affordability.⁶

Figure 2.3 Last Dental Cleaning in Nashua Adults, 2010



Source: 2010 NCHS

77% of Nashua's adults have had a dental cleaning within the past two years.
 -2010 Nashua Community Health Survey

Lamprey Health Care – Nashua Center

Since 2000, Lamprey Health Care's (LHC) Nashua Center has provided primary health care to pediatric, adult and obstetric populations in the Greater Nashua Region regardless of insurance status or ability to pay.⁹ The following tables include data on LHC's patient race and ethnicity, primary insurance payor and top three ICD-9 codes. In 2010, 54% (n=3,711) of the patients served were minority and/or non-English speaking (Table 2.1, 2.2).

Table 2.1 LHC – Nashua Center Race & Ethnicity for GNR Patients

	2005 ¹ (No.)	2010 (No.)	2010 (%)	Increase 2005 to 2010 (%)
White/Caucasian	2027	4209	61	108
Hispanic / Latino	1446	1457	21	< 1
Black / African American	141	243	4	72
Asian /Pacific Islander	72	135	2	88
Other, multiracial, none	527	829	12	57
TOTAL	4213	6873	100	NA

Source: LHC – Nashua Center

¹Limitations in 2005 data include patient relocation and reporting system restrictions.

Table 2.2 LHC – Nashua Center Primary Payor by Age for Nashua Patients¹

Payor	2005 ²			2010		
	0 to 17 Years	18 Years and Older	% of Total	0 to 17 Years	18 Years and Older	% of Total
Medicaid	1,685	2,776	34.2	2,401	3,634	32.1
Sliding scale	686	4,117	36.8	806	6,696	39.9
Self pay	671	1,544	17.0	762	1,922	14.8
Private	204	632	6.4	200	1,118	7.0
Medicare	0	719	5.5	0	1,258	6.7

¹Source: LHC – Nashua Center
²Limitations in 2005 data include patient relocation and reporting system restrictions.

Table 2.3 Top Three LHC – Nashua Center ICD-9 Codes

2005 ¹	2010
0 to 17 Years	
Well child visit	Well child visit
Immunization	Immunization
Otitis Media	Otitis Media
18 to 100 Years	
Prenatal visit	Diabetes Mellitus
Routine medical visit	Prenatal visit
Routine GYN visit	Routine Medical visit

Source: LHC – Nashua Center
¹Limitations in 2005 data include patient relocation and reporting system restrictions.

Harbor Care Clinic

Since 2009, Harbor Care Clinic (HCC), a program of Harbor Homes, Inc., has provided primary and preventive health care to homeless adults in the Greater Nashua Region. Ninety-four percent of these patients are Nashua residents. In 2010, HCC had 1,175 medical visits with 386 unique adult patient visits. In 2010, 93% of HCC patients were uninsured with 4% on Medicaid and 3% on Medicare. In the same year, HCC had 91% non-Hispanic and 9% Hispanic patients. Racially, 80% of HCC patients are White/Caucasian, 5% Black/African American and 5% multiracial with the remaining 10% classified as other or refused.¹⁰

Cross-Border Hospitalization

Often residents in one state utilize health care facilities in another; NH and MA are no exception. In 2005, 1,987 MA residents utilized NH hospitals which slightly increased to 2,074 by 2010. During the same time period, 17,610 NH residents utilized MA hospitals which decreased to 17,196 by 2010. Table 2.4 demonstrates cross-border hospitalizations by year, sex and age.

Table 2.4 Cross Border Hospitalizations^{1,2}

Trend in Cross Border Hospitalizations				
	MA resident in Nashua hospital	MA resident in NH³ hospital	Nashua resident in MA hospital	NH resident in MA hospital
2005	663	1324	1490	16120
2007	625	1344	1424	16067
2009	643	1431	1458	15738
2009 Cross Border Hospitalizations				
	MA resident Nashua hospital	MA resident NH hospital	Nashua resident MA hospital	NH resident MA hospital
Male	286	728	661	7480
Female	357	703	797	8257
0 to 17 years	107	135	267	2286
18 to 64 years	312	700	824	8356
65 years and older	224	596	367	5096
¹ Source: MA hospitalization data from MA Health Data Consortium				
² Source: NH hospitalization data from NH Hospital Discharge Data, NH DHHS				
³ NH = NH minus Nashua throughout table				

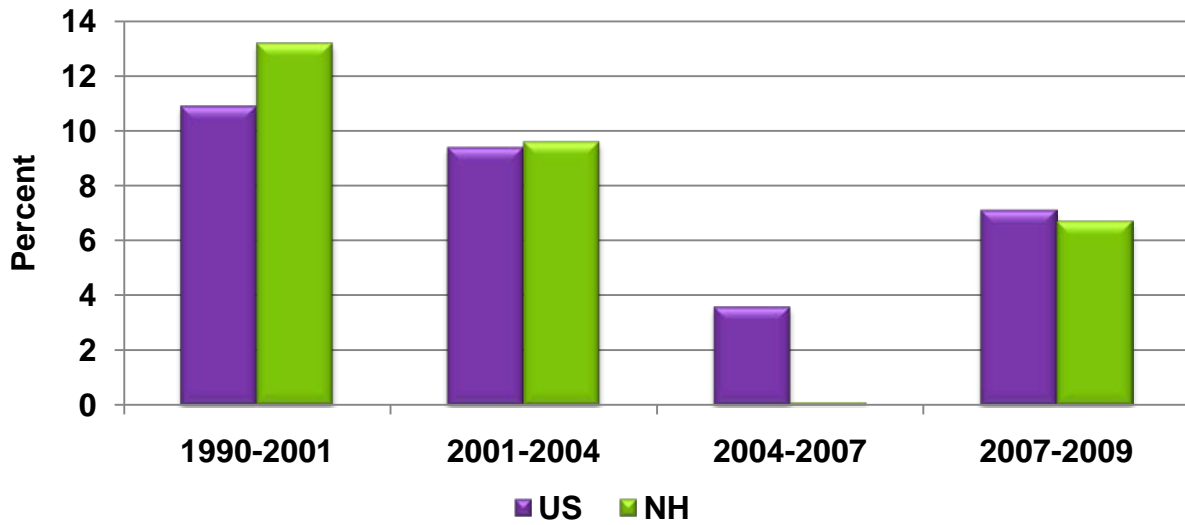
Medicaid

In 1965, through Title XIX of the Social Security Act, Medicaid was founded as a jointly funded federal and state entitlement program that pays for health care for low income and disabled individuals and families.¹¹ States operate their Medicaid programs under broad federal guidelines through customized State Plans that are approved by the federal Centers for Medicare and Medicaid Services.¹² States have differing Medicaid programs with some optional benefits and eligibility criteria being tailored to states' priorities.¹² In 2009, the US spent \$366.5 billion on Medicaid with NH ranking as the 10th lowest state with \$1.3 billion in spending which accounts for approximately 0.4% of the national cost.⁷ Between 2007 and 2009, NH ranked 18th lowest in the nation for growth in Medicaid spending with an annual growth rate of 6.7%.¹³ In State Fiscal Year 2010 (SFY 2010: July 1, 2009 to June 30 2010), the NH Medicaid Program covered in whole or in part the health care costs of over 165,000 individuals, including low income children, pregnant women, families, elderly persons and the disabled.¹²

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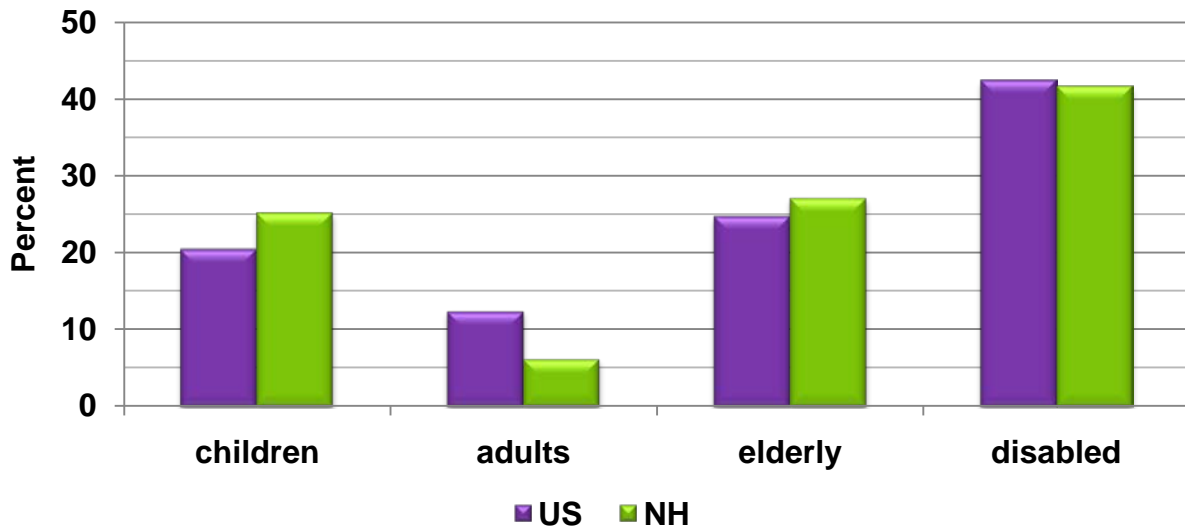
- NH Medicaid Annual Report

Figure 2.4 Average Annual Growth in Medicaid Spending, FY1990-FY2009



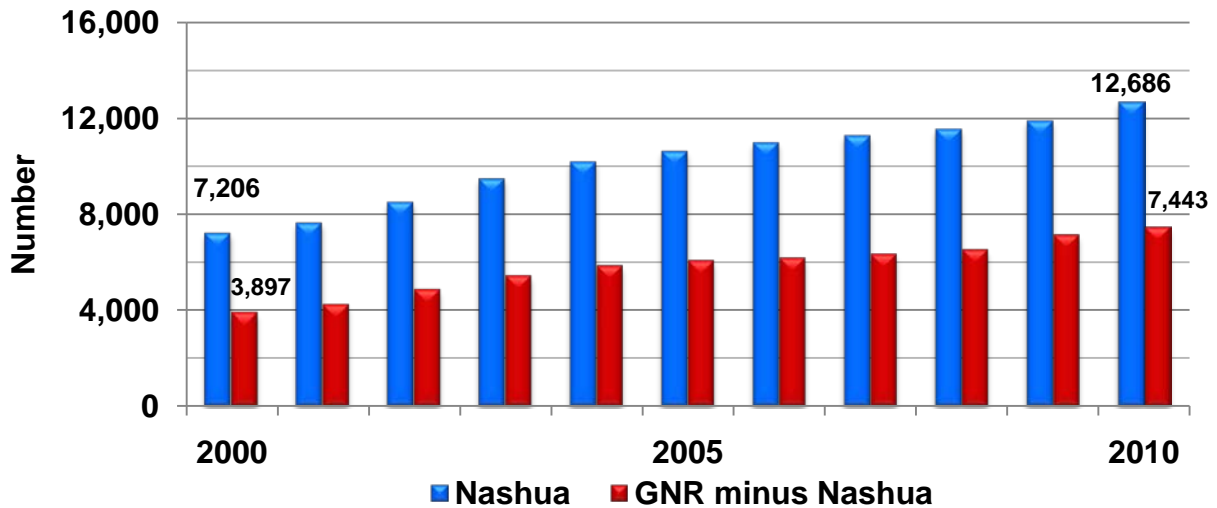
Source: Kaiser Family Foundation

Figure 2.5 Medicaid Payments by Enrollment Group, FY 2007



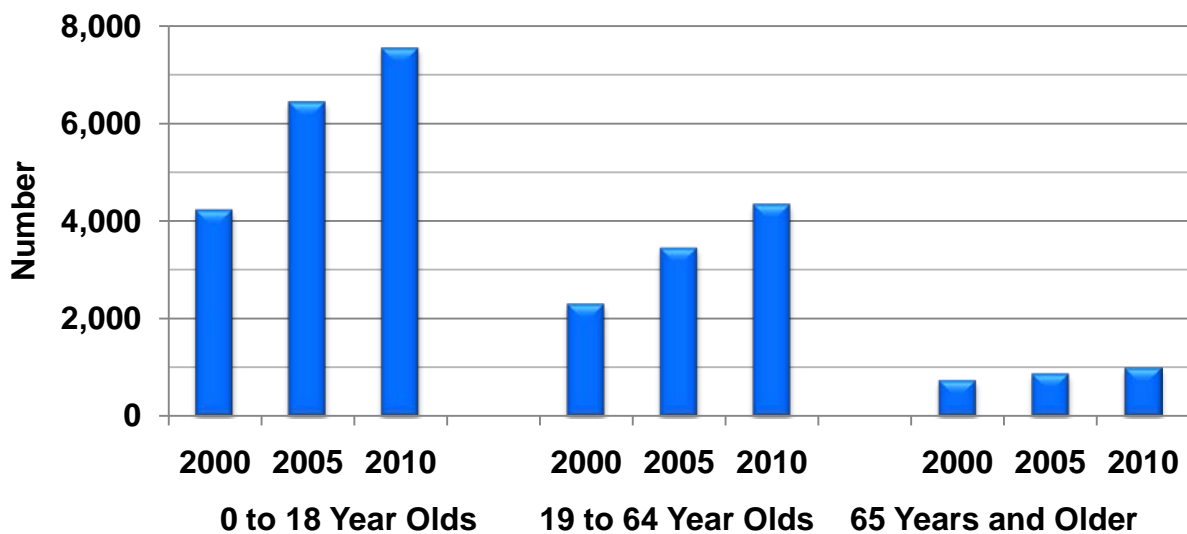
Source: Kaiser Family Foundation

Figure 2.6 Nashua & GNR Medicaid Enrollees, 2000 – 2010



Source: NH DHHS, Office of Medicaid Business and Policy

Figure 2.7 Nashua Medicaid Enrollees by Age, 2000 – 2010



Source: NH DHHS, Office of Medicaid Business and Policy

Nationally, in 2008 to 2009, 43% of non-elderly Medicaid enrollees were White/Caucasian with 21% being Black/African American, 28% Hispanic and 8% other. In NH, during the same time period, 84% of enrollees were White/Caucasian and 7% Hispanic with insufficient data for other racial groups.¹³

**Table 2.5 Increase in Medicaid Enrollees by Race and Ethnicity,
2000 – 2010**

Nashua				
Race/Ethnicity	2010 Enrollees (No.)	Population on Medicaid (%)	Increase 2000 to 2005 (%)	Increase 2005 to 2010 (%)
All	12,686	15	47	19
Non-Hispanic White	9,034	13	38	15
Non-Hispanic Black	504	26	34	13
Non-Hispanic Asian/PI	190	3	49	40
Hispanic	2,850	33	100	40
GNR minus Nashua				
Race/Ethnicity	2010 Enrollees (No.)	Population on Medicaid (%)	Increase 2000 to 2005 (%)	Increase 2005 to 2010 (%)
All	7,443	---	55	23
Non-Hispanic White	6,914	---	52	23
Non-Hispanic Black	114	---	22	46
Non Hispanic Asian/PI	77	---	67	28
Hispanic	281	---	151	64
New Hampshire				
Race/Ethnicity	2010 Enrollees (No.)	Population on Medicaid (%)	Increase 2000 to 2005 (%)	Increase 2005 to 2010 (%)
All	162,756	12	72	37
Non-Hispanic White	147,132	12	59	32
Non-Hispanic Black	4,035	30	120	39
Non Hispanic Asian/PI	2,059	7	101	144
Hispanic	8,051	22	227	87

Source: NH DHHS, Office of Medicaid Business and Policy

NH Healthy Kids

Beginning in 1997, the Children’s Health Insurance Program (CHIP), administered by the US Department of Health and Human Services, allowed modest income families with incomes too high for Medicaid to obtain state subsidized health insurance for their uninsured children. In NH, the State Children’s Health Insurance Program (NH SCHIP) is administered in part by a private, non-profit organization named NH Healthy Kids (NHHK). NHHK provides outreach, education and application assistance for children’s Medicaid and SCHIP programs. The children’s Medicaid program is called Healthy Kids Gold, and the SCHIP program is Healthy Kids Silver. Both programs offer assistance for medical and dental care and are funded jointly by federal and state dollars.¹⁴ In 2009, President Obama signed the Children’s Health Insurance Program Reauthorization Act which extends federal CHIP funding to 2013.¹⁵

ENROLLMENT

Compared to SFY 2008, in SFY 2009, NH witnessed a 6% increase in child enrollment in both the Medicaid and SCHIP programs while commercial insurance had a 5% decrease.¹⁶

Table 2.6 NH Child Health Insurance by Payor, 2007-2008^{1,2}

Employer	Individual	Medicaid	Other Public ³	Total Insured	Uninsured
72%	4%	18%	NSD	95%	5%

¹Source: NH DHHS/Onpoint Health Data from the Current Population Survey
²There is known underreporting in the Current Population Survey of Medicaid coverage and the percent of NH children enrolled because 1) areas close to the borders of NH may be less well represented than areas in the interior 2) companies that self-fund their health care and do not use a Third Party Administrator (TPA) to pay claims are not captured in the data set.
³NSD = Not sufficient data.

Table 2.7 Regional Child Health Insurance by Payor, SFY 2009^{1,2}

Area	Total Population	0 to 18 years (No.)	0 to 18 years (%)	Average Child Membership			Total Child Membership
				Medicaid	SCHIP	Commercial ³	
NH	1,327,019	314,565	24%	71,876 (23%)	7,937 (3%)	117,149 (37%)	196,962 (63%)
GMR ⁴	220,596	56,108	25%	13,242 (24%)	1,128 (2%)	20,798 (37%)	35,168 (63%)
GNR	211,386	54,779	26%	9,010 (16%)	964 (2%)	17,493 (32%)	27,467 (50%)

¹Source: NH DHHS/Onpoint Health Data
²Note: Average members = member months / 12. Population estimates are from Claritas.
³The NH Comprehensive Health Care Information System (NH CHIS) Commercial represents membership contained in CHIS database and is not a complete count of the commercially insured. No data is available on counts of uninsured.
⁴GMR=Greater Manchester Region

ACCESS

Consistent with national trends, between FY2008 and FY2009, well child visits increased for all insurance types, including Medicaid. In 2009, 88.1% of children ages three to six on commercial health insurance had a well-child visit while 80.4% of SCHIP children obtained this care. This is in comparison to only 72.5% of Medicaid children which is a statistically significant difference from the former two payors. For all three types of health insurance, well child visits declined with the age of the child. For example, with Medicaid, 88.4% of children 16 to 35 months had a well child visit in comparison to only 52.1% of 12 to 18 year olds.¹⁶

The 3M Health Systems Clinical Risk Grouper (CRG) utilizes all diagnostic codes from health care administrative claims to assign a chronically ill individual to a health status group depending on severity of illness. A higher clinical risk grouper (CRG) score indicates poorer health. In SFY 2009, among continuously enrolled child members, Medicaid enrollees had the highest average CRG score at 0.62 with SCHIP at 0.50 and commercial insurance at 0.49. Thus, the Medicaid score was 24% higher than SCHIP and 27% higher than commercial insurance. Nonetheless, the Medicaid CRG has been decreasing over time, indicating a lower percentage of chronically ill children on Medicaid than in prior years.¹⁶

Table 2.8 demonstrates access to a primary care provider (PCP) by payor and age. Among Medicaid enrollees, statistically significant differences are seen between children under and over two years of age. In one year olds, both Medicaid and SCHIP enrollees have significantly higher access to their PCP than commercial insurance enrollees. Throughout age groups, SCHIP enrollees have the highest PCP access in comparison to the other two payors.

Table 2.8 Access to a Primary Care Provider by Payor, SFY 2009^{1,2}

Age Group	Medicaid	SCHIP	NH CHIS Commercial ³
0 to 11 months	98.7% (97.8-99.5)	NA ⁴	96.8% (95.0-98.5)
12 to 24 months	98.0% (97.5-98.4)	100.0% (98.5-100.0)	95.9% (95.2-96.6)
25 months to 6 years	90.0% (89.5-90.4)	94.4% (92.9-95.9)	91.3% (90.9-91.7)
7 to 11 years	87.2% (86.6-87.8)	92.3% (90.3-94.3)	88.6% (88.1-89.1)
12 to 18 years	92.0% (91.5-92.4)	94.2% (92.7-95.6)	91.1% (90.8-91.4)

¹Source: NH Administrative Claims Data

²Note: 95% confidence intervals (CI) in parentheses

³Indemnity/TPA plans were excluded from the Comprehensive Health Care Information System (NH CHIS) commercial rates

⁴NA: SCHIP does not cover children under the age of one.

UTILIZATION

In SFY 2009, child Medicaid hospitalization rates were 24.1 per 1,000 members which was significantly higher than the SCHIP and commercial rates at 19.0 and 16.4, respectively.¹⁰ (These utilization rates exclude infants 0 to 11 months old and are standardized for differences in CRG group and age.) In the same year, the rate of ER visits for children on Medicaid at 552 per 1,000 was also significantly higher than SCHIP or commercial health insurance at 260 and 232 respectively. Between SFY 2008 and SFY 2009, Medicaid ER visits increased from 519 to 552 per 1000 and office visits from 3,060 to 3,320 per 1000 members.¹⁶

Hospitalization rates for five Ambulatory Care Sensitive Conditions (asthma, dehydration, bacterial pneumonia, urinary tract infections and gastroenteritis) were compared between the three types of health insurance with the Medicaid hospitalization rate at 4.5 per 1000 members and SCHIP and commercial insurance at 2.1 and 1.9 per 1000 members, respectively.¹⁰ Similarly, conditions that may have been managed in an outpatient clinic (e.g. bronchitis, ear infection and upper respiratory infection) resulted in ER visits in 249 per 1000 members for Medicaid and only 113 and 61 per 1000 members for SCHIP and commercial insurance, respectively.¹⁶

Medicare

Medicare is a federal health insurance program for people 65 years and older, those under 65 with certain disabilities and persons of any age with end stage renal disease. Medicare Part B covers outpatient and home health care, including some preventive services while Part A covers care in the hospital, at a skilled nursing facility, in hospice and some home health care. Medicare Part D is a prescription drug program, run by Medicare-approved private health insurance companies to help cover prescription drug costs.¹⁷

In 2009, 45.5 million people or 14.8% of the US population (includes all 50 states and Washington DC) were enrolled in Medicare while in NH, 217,378 people or 16.4% of the state's population were enrolled. In 2010, 58.7% of the 47.7 million US enrollees (includes all 50 states, Washington DC, territories and possessions) were also enrolled in Medicare Part D. In the same year, NH had 102,866 Medicare Part D enrollees which accounted for 47.2% of NH Medicare recipients.¹⁸

In 2004, the US spent 303.4 billion dollars on Medicare while NH spent 1.2 billion and ranked the 11th lowest state in Medicare spending. In the same year, per enrollee Medicare spending was \$7,439 nationally and \$6,302 in NH, ranking NH as the 15th lowest state in Medicare

spending. Between 1995 and 2004, Medicare spending grew 4.8% per enrollee in the US and 5.3% in NH, ranking NH as the 36th highest state in the growth of Medicare spending.¹⁹

From 2008 to 2009, 16% of US and NH Medicare enrollees were 19 to 64 years old, representing disabled persons and those with end stage renal disease. In 2009, 78% of US Medicare enrollees were White/Caucasian, 10% Black/African American and 8% Hispanic, while in NH, 97% of enrollees were White/Caucasian with insufficient data on other racial and ethnic groups. During the same time period, 56% of US Medicare enrollees were female with 55% female NH Medicare enrollees. From 2008 to 2009, 17% of US and 13% of NH Medicare enrollees were under the federal poverty level while 52% and 59%, respectively, were at or above 200% poverty.¹⁹

2-1-1 New Hampshire

One marker of access to health information and medical services is 2-1-1 NH, a hotline that provides referrals for a wide range of information and services. In 2009, 34,955 calls were received statewide to 2-1-1 NH. In 2010, this number increased to 39,393. In 2010, the GNR residents received 384 referrals for health-related information and services from 2-1-1 NH (Table 2.9).²⁰

Table 2.9 2-1-1 NH’s Health-Related Referrals for the GNR, 2010

Information or Service	Greater Nashua Region (No.)
Dental care	115
H1N1 influenza and vaccine	91
Health or dental insurance	52
Medical care	45
Diseases or disability	26
Medical and disability transport	19
Mental health	17
Alcohol & drug abuse	16
Prescription assistance	2
Other vaccines	1
TOTAL	384
<i>Source: 2010 2-1-1 NH Statistical Reports</i>	

“In 2010, the GNR residents received 384 referrals for health-related information and services from 2-1-1 NH.”

- 2-1-1 NH

- ¹Committee on Monitoring Access to Personal Health Care Services, Institute of Medicine. (1993). *Access to Health Care in America*. Washington, DC: National Academy Press.
- ²Healthy People 2020. (2010). *Access to Health Services*. Retrieved April 29, 2011, from <http://www.healthypeople.gov/2020/topicsobjectives2020/objectiveslist.aspx?topicId=1>.
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Data.

¹⁷Medicare.gov, US Department of Health and Human Services. (2011). *Medicare Benefits*. Retrieved June 2011, from <http://www.medicare.gov/navigation/medicare-basics/medicare-benefits/medicare-benefits-overview.aspx>.

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¹⁹The Kaiser Family Foundation. (2011). *Medicaid and CHIP*. Retrieved June 2011, from <http://www.statehealthfacts.org/comparecat.jsp?cat=6&rgn=6&rgn=1>.

²⁰Heather Aicholtz, 2-1-1 NH, personal communications, 2011.



Source: Zach Roberge, Nashua High School Photography Project