

Access to Health Care in Michigan

FEB 2019

The Center for Health and Research Transformation's (CHRT) 2018 Cover Michigan Survey asked Michigan residents about their experiences in accessing health care, specifically how easy or difficult it was to get appointments with different providers. The survey found that two factors—the presence of primary care providers (PCP), and whether or not people had a Medical Home—figured prominently in reported ease of access to care.

Additionally, ease of access to health care can vary and is not uniform for all populations. Over time, the percentage of respondents reporting ease of access or access challenges has been relatively consistent, but uninsured people continue to face challenges in accessing care, and access to some critical services like specialty and mental health care continues to be a problem for key groups. This survey report examines important indicators of access: self-reported ease of accessing primary, specialty, mental health, and dental care, and forgoing necessary medical and mental health care.¹

Executive Summary

People in Michigan have varying experiences in accessing care. The Cover Michigan Survey examined those variations by a number of factors and found important disparities. Key findings include:

- **Variations in access to care exist:** Primary and dental care were the least difficult services to access while specialty and mental health care were reported to be the most difficult. One in five people reported not seeking necessary medical care in the last six months and one in ten reported not seeking necessary mental health care in the last year.
- **Connection to primary care matters:** In comparison to Michiganders who had a PCP, people without a PCP were more likely to forgo medical and mental health care, and report difficulty accessing all types of care. Nearly half of those without a PCP had difficulty accessing specialty care and mental health care.
- **Having a medical home matters:** People who relied on hospital ER/urgent care and clinic settings² as their routine location of care reported more difficulty accessing care, and were more likely to report forgoing medical and mental health care, in comparison to those whose usual source of care was at a doctor's office. The largest gaps were seen in mental health care, with hospital ER/urgent care and clinic users being twice as likely to report difficulty accessing care compared to people who typically access care through a doctor's office.
- **Differences in access by type of insurance are evident:** People with Medicaid and individually purchased plans were more likely to report difficulty accessing specialty and dental care, in comparison to those with Medicare or employer-sponsored plans. However, Medicaid beneficiaries were least likely to report difficulty in accessing mental health care. People who remain uninsured reported the greatest difficulty accessing all types of care, and were also most likely to report forgoing medical and mental health care they believed they needed.

Editor's Note 1: For additional detail on Cover Michigan Survey [analysis](#) and [methodology](#), visit www.chrt.org.

Editor's Note 2: Public health clinics, community health centers, hospital outpatient departments, retail clinics, and walk-in clinics were all defined as clinic settings.



Key Findings

Overall Access to Care

On average, Cover Michigan Survey respondents found specialty and mental health care more difficult to access than primary and dental care. Around one-quarter of people who sought³ specialty and mental health care reported difficulties with access, while only about one in ten seeking primary and dental care reported access challenges (Figures 1, 2). Approximately one in five Michiganders reported not seeking needed medical care in the past six months, and one in twelve reported not seeking mental health or substance-use care they needed in the past year (Figure 3).

Figure 1: Most Michiganders do not find primary and dental care difficult to access

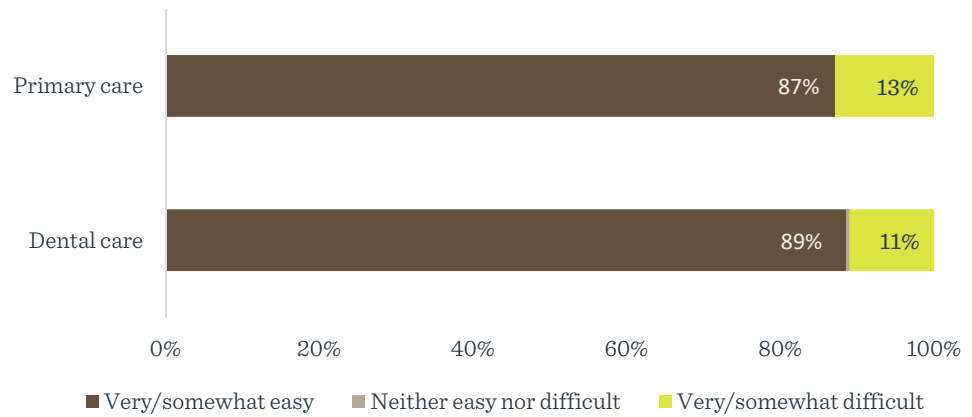
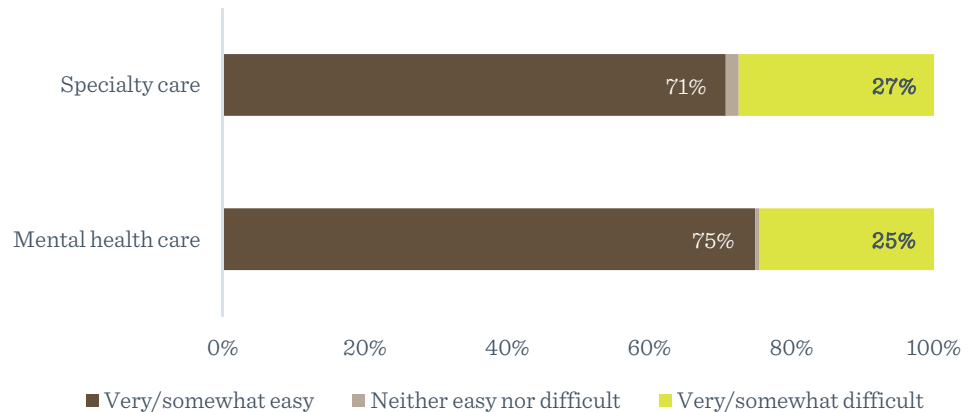


Figure 2: One in four Michiganders find specialty and mental health care difficult to access



Editor’s Note 3: Proportions presented do not include respondents who indicated they did not have to arrange that type of care. This is 1 percent of the sample for primary care, 6 percent for specialty care, 42 percent for mental health care, and 2 percent for dental care.

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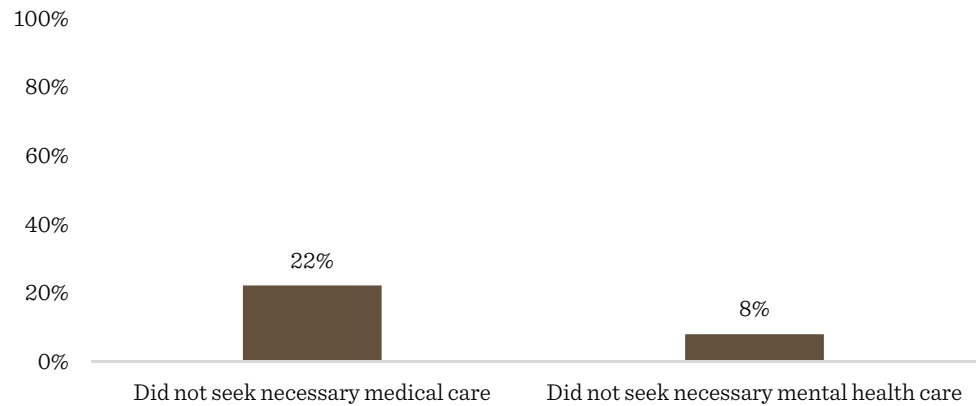
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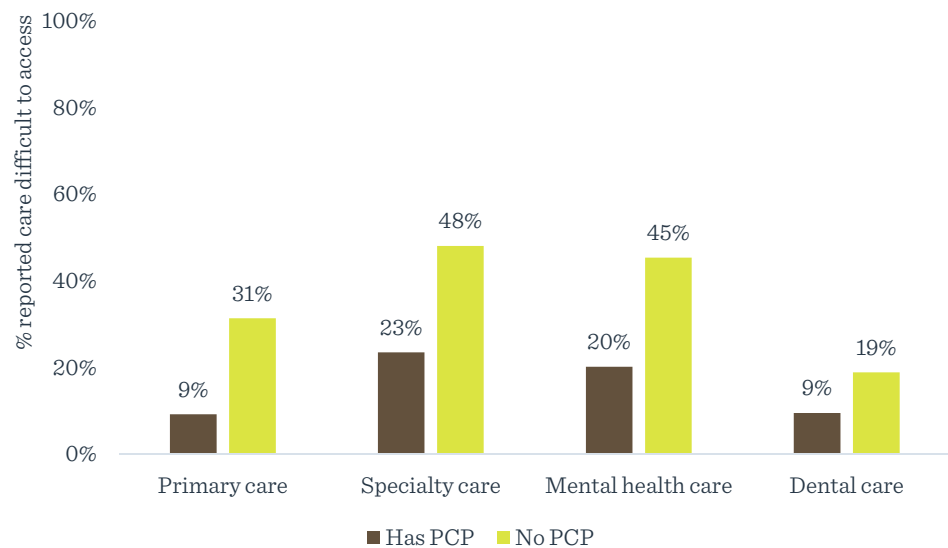
Figure 3: One in five Michiganders reported foregoing necessary medical care



Variation by presence of a primary care provider

The presence of a PCP is notable in reported ease of access to care. People without a PCP were three times more likely to report difficulty accessing primary care, and twice as likely to report difficulty accessing specialty, mental health, and dental care, as compared to those with a PCP (Figure 6). Compared to those with a PCP, people without a PCP were also significantly more likely to report not seeking necessary medical and mental health care (Figure 7).

Figure 4: Having a primary care physician improves access to care



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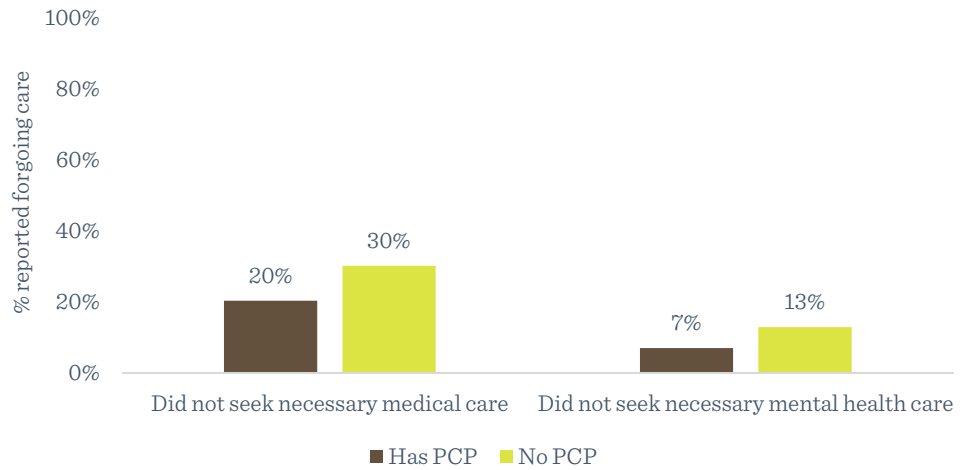
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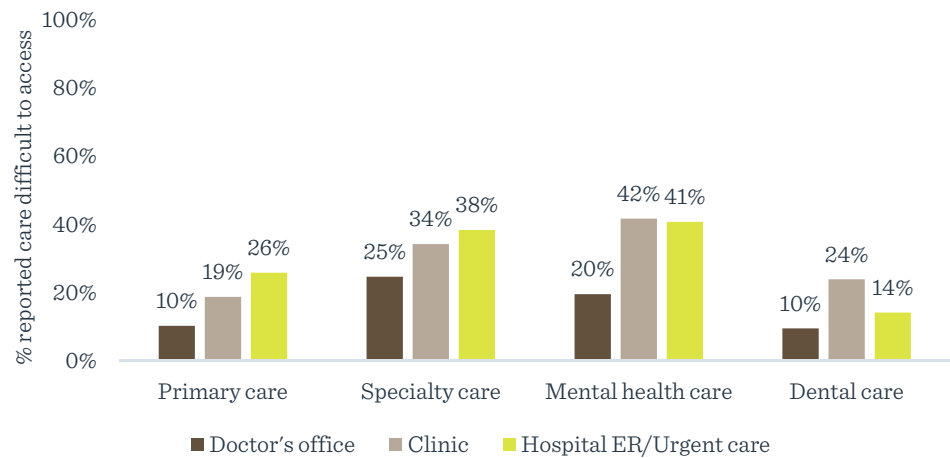
Figure 5: Michiganders with a PCP are less likely to forego care



Variation by routine location of care

Michiganders with a medical home (people receiving care from a doctor’s office as opposed to a clinic or hospital ER/urgent care setting) reported much less difficulty in accessing care than Michiganders without a medical home. Compared to people who seek care or advice at a doctor’s office, those using a clinic or hospital ER/urgent care were significantly more likely to report difficulty accessing primary, specialty, mental health, and dental care—with mental health care being the most difficult to access (Figure 6). Although there was not significant variation in forgoing necessary mental health care, those who seek care or advice at a clinic or hospital ER/urgent care were more likely to report forgoing necessary medical care, compared to those seeking access at their doctor’s office (Figure 7).

Figure 6: Difficulty in access varies by routine location of care



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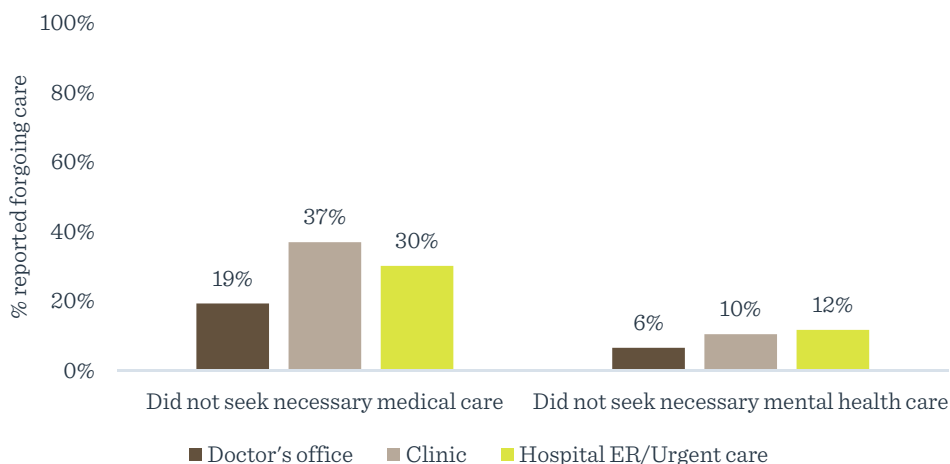
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Figure 7: Forgoing necessary care varies by routine location of care

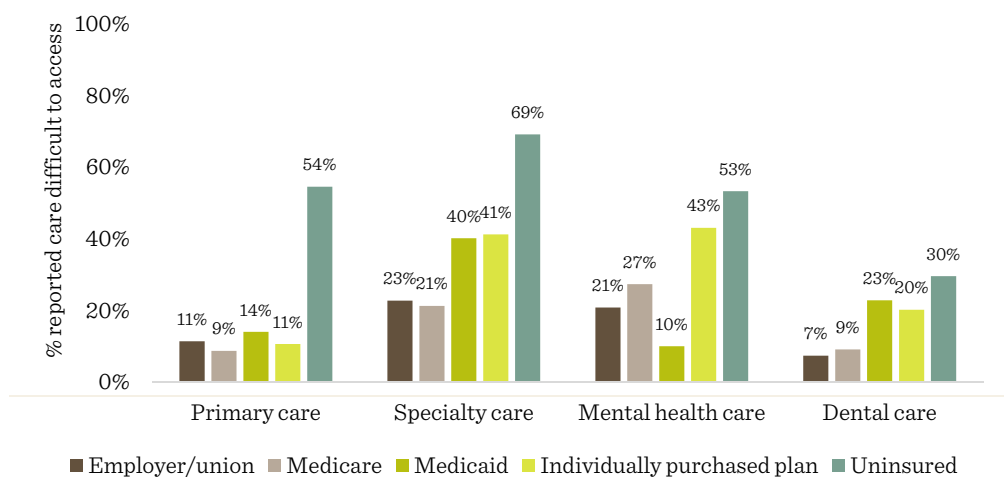


Variation by insurance type

Access to care varies substantially for Michiganders with different insurance types.⁴ Uninsured respondents reported the most difficulty accessing primary, specialty, mental health, and dental care. While primary care seems to be widely available for Michiganders with insurance, people with Medicaid and individually purchased plans were around twice as likely to report difficulty accessing both specialty and dental care, compared to those with employer-sponsored or Medicare plans. Medicaid beneficiaries were least likely to report difficulty accessing mental health care, while over 40 percent of people with individually purchased plans reported mental health care access challenges (Figure 8).

Insurance type also plays an influential role in forgoing care. The uninsured population was again the most likely to report forgoing both medical and mental health care they needed. Also, around a third of people with individually purchased plans and a quarter of those with Medicaid reported not seeking necessary medical care. Additionally, these two groups were also more likely to report not seeking necessary mental health care, as compared to people with Medicare or employer-sponsored plans (Figure 9).

Figure 8: Difficulty in access varies by insurance type



Editor's Note 4: The distribution of insurance type in the Cover Michigan Survey is 52 percent employer-sponsored/union, 18 percent Medicare, 11 percent Medicaid, 7 percent individually purchased plans, 4 percent uninsured, and 7 percent other.

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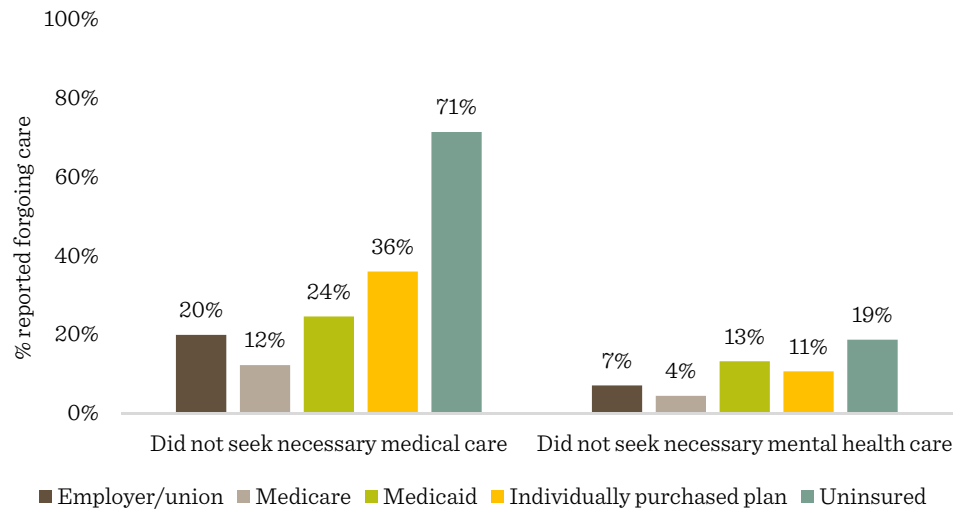
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Figure 9: Forgoing necessary care varies by insurance type



Other Findings

Disparities in the ability to access care were also seen in analysis of certain sociodemographic factors:

- African-Americans respondents were twice as likely as whites to report forgoing mental health care.
- Women were significantly more likely than men to report difficulty in accessing dental care.
- Younger people were more likely than their older counterparts to report forgoing both medical and mental health care.
- Compared to those with higher annual household incomes,⁵ Michiganders with incomes under \$50,000 per year were more likely to report difficulty accessing dental care, and to report forgoing both medical and mental health care.
- Specialty care was most difficult to access for working and unemployed populations, as opposed to those who are retired. The unemployed population was also most likely to report difficulty accessing dental care. People working/in school or unemployed were twice as likely to report not seeking medical care, in comparison to the retired population. The unemployed population was also most likely to report forgoing mental health care.
- Compared to those living in urban locations, Michiganders in rural locations were more likely to report difficulty in accessing specialty care.

Conclusion

When health care is difficult to access, health outcomes and subsequent quality of life are jeopardized. On average, the majority of Michiganders do not find primary or dental care difficult to access, but access to specialty and mental health care does vary significantly by population. In Michigan, access is tied closely to those who are un- and under-insured. These are often the people that frequently use the ER, do not have Medical Homes, and face non-medical issues that directly impact their ability to access the health care they need. Addressing the root causes and social determinants of these access challenges can result in policies that advance health equity for underserved people and communities.

Editor’s Note 5: Income variable indicates household total annual income in 2017. \$50,000 is used as a cutoff indicator for median household income:

www.census.gov/quickfacts/mi

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