Use of Preventive Health Services among Female Medicaid Beneficiaries with and without Physical Disability

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Background

- 1 in 5 Americans have some disability.
- Women are more likely to be disabled than men at older ages.
- Women with disabilities face many barriers to care.
- Screening tests (e.g., pelvic exams, mammograms) can be especially difficult to obtain.
Barriers to Care Facing Women with Disability

- Shortened appointment time, physically inaccessible care sites, inadequate equipment (Iezzoni et al., 2000)
- Biases in clinical practice, barriers at health plan level (Kroll & Neri, 2004)
- Attitudinal, environmental, economic, and informational barriers (Schopp et al., 2002)
Women w/ disability were overall less likely to receive screening for breast and cervical cancer and more likely to receive flu vaccination.

Findings were mixed re- disability and receipt of colorectal screening.

Level of disability affected service use.

Regular check-ups received little attention.

One study found Medicaid beneficiaries w/ disability <= likely to receive adequate prenatal care than women w/o disability.

No other studies of the Medicaid population.
Study Objective

- Examine use of a range of clinical preventive health services among female Medicaid beneficiaries in Florida while adjusting for chronic (co-morbid) conditions
Study Design

- Retrospective analysis of Medicaid eligibility and claims data for past 5 years
- Created person-level analytic file for women who met inclusion criteria
- Defined “physical disability” as 1) having a health condition associated with physical mobility and 2) using a mobility-assistive device
Inclusion and Exclusion Criteria

**Inclusion Criteria**
- Female
- 18 – 64 years of age
- Had at least one outpatient visit during study period

**Exclusion Criteria**
- Not continuously enrolled in Medicaid during study period
- Dually eligible for Medicare and Medicaid
- Beneficiary of Medicaid programs with limited benefits (e.g. Medically Needy, Family Planning Waiver, PBMO)
Independent Variables

- Physical disability
- Age at beginning of study
- Race/ethnicity
- State Assistance Category
- Chronic conditions (asthma, breast cancer, ESRD, diabetes, COPD, HIV/AIDS, hypertension, depression, congestive heart failure)
## Outcome Measures

<table>
<thead>
<tr>
<th>Service</th>
<th>Population</th>
<th>Outcome Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical exam</td>
<td>18 – 64 yrs</td>
<td>Comprehensive visit in last 1 yr</td>
</tr>
<tr>
<td>Cervical ca screening</td>
<td>18 – 64 yrs</td>
<td>Pap test in last 3 yrs</td>
</tr>
<tr>
<td>Breast ca screening</td>
<td>40 – 64 yrs</td>
<td>Mammogram in last 2 yrs</td>
</tr>
<tr>
<td>Colorectal ca screening</td>
<td>50 – 64 yrs</td>
<td>Blood stool test in last 1 yr and/or sigmoidoscopy/colonoscopy in last 5 yrs</td>
</tr>
</tbody>
</table>
Study Sample by Disability
(N=74,851)

3943 (5.3%)

70908 (94.7%)

Physical Disability was defined as having a condition associated with physical mobility and using a mobility-assistive device.
Distribution of Women by Race/Ethnicity

<table>
<thead>
<tr>
<th></th>
<th>With Disability (n=3,943)</th>
<th>Without Disability (n=70,908)</th>
<th>Total (n=74,851)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td>43.2%</td>
<td>35.2%</td>
<td>35.7%</td>
</tr>
<tr>
<td>Black</td>
<td>27.4%</td>
<td>39.4%</td>
<td>38.8%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>14.4%</td>
<td>15.5%</td>
<td>15.5%</td>
</tr>
<tr>
<td>Other</td>
<td>15.0%</td>
<td>9.8%</td>
<td>10.1%</td>
</tr>
</tbody>
</table>
### Prevalence of Chronic Conditions by Disability*

<table>
<thead>
<tr>
<th>Condition</th>
<th>W/ Disability</th>
<th>W/O Disability</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hypertension</td>
<td>71.6%</td>
<td>30.6%</td>
<td>32.8%</td>
</tr>
<tr>
<td>Depression</td>
<td>34.8</td>
<td>18.6</td>
<td>19.5</td>
</tr>
<tr>
<td>Diabetes</td>
<td>40.2</td>
<td>14.4</td>
<td>15.7</td>
</tr>
<tr>
<td>COPD</td>
<td>39.8</td>
<td>11.7</td>
<td>13.2</td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td>15.8</td>
<td>8.6</td>
<td>9.0</td>
</tr>
<tr>
<td>Heart Failure</td>
<td>25.3</td>
<td>5.6</td>
<td>6.7</td>
</tr>
<tr>
<td>Asthma</td>
<td>8.8</td>
<td>2.6</td>
<td>2.9</td>
</tr>
<tr>
<td>ESRD</td>
<td>9.6</td>
<td>2.2</td>
<td>2.6</td>
</tr>
<tr>
<td>Breast Ca</td>
<td>1.9</td>
<td>0.8</td>
<td>0.9</td>
</tr>
</tbody>
</table>
Overall Utilization of Preventive Services

- Comprehensive Visit last 1 yr: 52.4%
- Pap Test last 3 yrs: 33%
- Mammogram last 2 yrs: 29.4%
- Colon Ca Screen last 5 yrs: 19.9%
% Women Receiving Preventive Services by Disability

- Colorectal Screen last 5 yrs
  - Without Disability: 18.6
  - With Disability: 32
- Pap Test last 3 yrs
  - Without Disability: 28.5
  - With Disability: 40.7
- Mammogram last 2 yrs
  - Without Disability: 28.5
  - With Disability: 39.8
- Comprehensive Visit last 1 yr
  - Without Disability: 50.3
  - With Disability: 91.6

Legend:
- Yellow: Without Disability
- Red: With Disability
# Odds Ratios of Receiving Preventive Services by Disability

<table>
<thead>
<tr>
<th>Service</th>
<th>OR (Disabled versus Not)</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comp. Visit</td>
<td>4.5</td>
<td>3.96 – 5.08</td>
</tr>
<tr>
<td>Pap Test</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>Mammogram</td>
<td>1.1</td>
<td>1.02 – 1.20</td>
</tr>
<tr>
<td>Colorectal Screen</td>
<td>1.5</td>
<td>1.31 – 1.64</td>
</tr>
</tbody>
</table>
Other Findings

- Receipt of a comprehensive visit was most strongly associated with receipt of all cancer screening services.
- Compared to White women, Black women were overall less likely and Hispanic women more likely to receive preventive care.
- Having 1+ chronic conditions increased use of preventive services.
- Age affected preventive service use.
Conclusions

- Medicaid beneficiaries with physical disability were equally or more likely to receive preventive services than beneficiaries without disability. BUT..

- Rates of preventive services were low overall.

- Missed opportunities for delivering screening services to women who had a check-up, and particularly among women with disability
Implications

- Research to identify non-financial barriers to care among Medicaid beneficiaries
- Interventions to address identified barriers - at individual, community/subgroup, or health plan level
- Health education and promotion programs to increase community awareness of the value of primary care and early detection
- Interventions at provider level to better take advantage of outpatient visits to deliver screening services