

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

Amal J Khoury, Allyson Hall, and Jianyi Zang

College of Public Health & Health Professions
University of Florida

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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 (lezzoni 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)



#### Literature Review

- Women w/ disability were overall less likely to receive screening for breast and cervical ca 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





- 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)



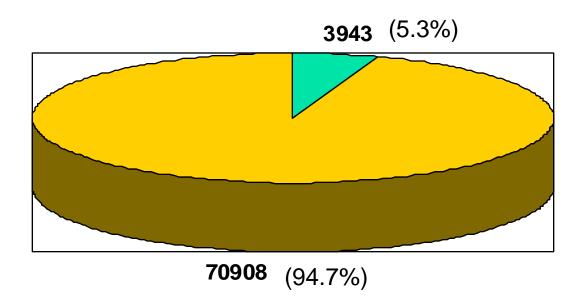
#### Independent Variables

- 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)



Service	Population	Outcome Measure
Physical exam	18 – 64 yrs	Comprehensive visit in last 1 yr
Cervical ca screening	18 – 64 yrs	Pap test in last 3 yrs
Breast ca screening	40 – 64 yrs	Mammogram in last 2 yrs
Colorectal ca screening	50 – 64 yrs	Blood stool test in last 1 yr and/or sigmoidoscopy/ colonoscopy in last 5 yrs



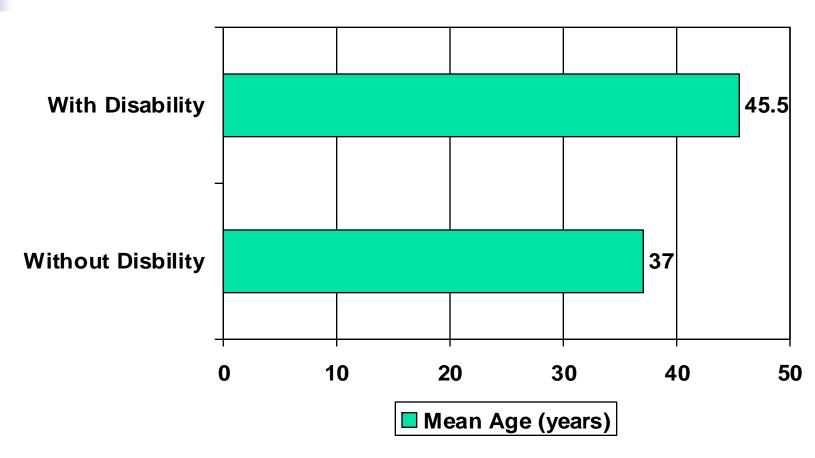


■ With Disabilty ■ Without Disability

Physical Disability was defined as having a condition associated with physical mobility and using a mobility-assistive device.



### Mean Age by Disability



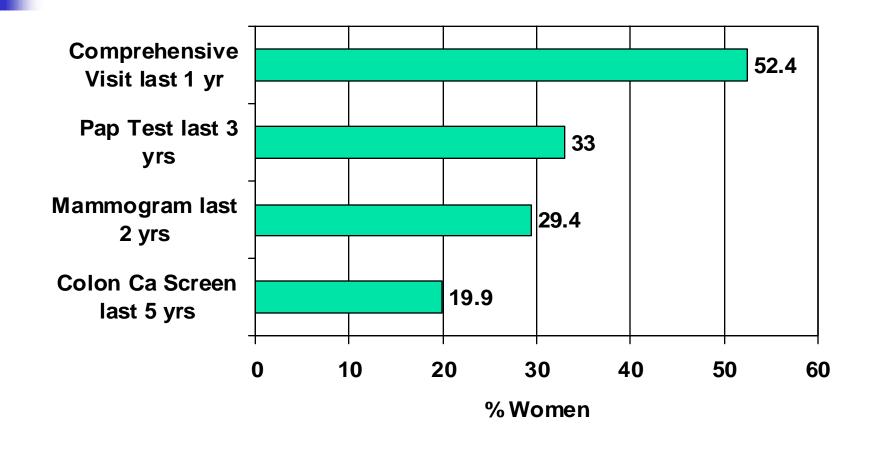


	With Disability (n=3,943)	Without Disability (n=70,908)	Total (n=74,851)
White, non- Hispanic	43.2%	35.2%	35.7%
Black	27.4%	39.4%	38.8%
Hispanic	14.4%	15.5%	15.5%
Other	15.0%	9.8%	10.1%

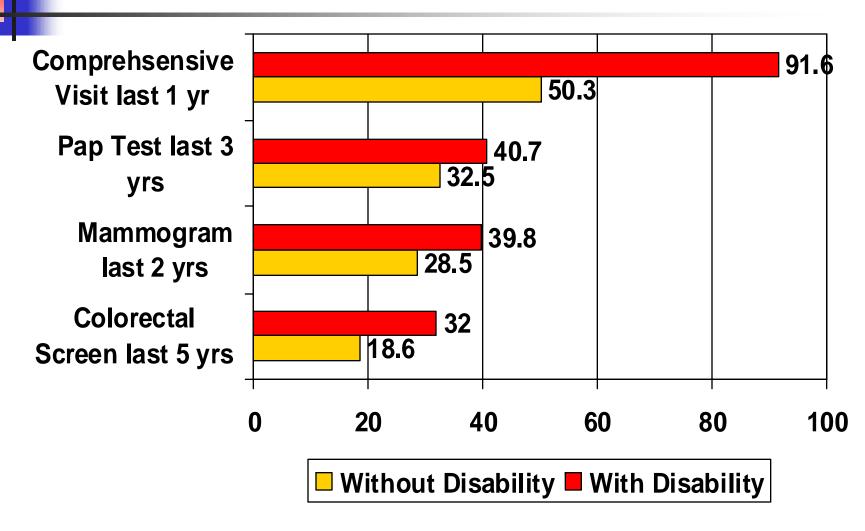
# Prevalence of Chronic Conditions by Disability\*

	W/ Disability	W/O Disability	Total
Hypertension	71.6%	30.6%	32.8%
Depression	34.8	18.6	19.5
Diabetes	40.2	14.4	15.7
COPD	39.8	11.7	13.2
HIV/AIDS	15.8	8.6	9.0
Heart Failure	25.3	5.6	6.7
Asthma	8.8	2.6	2.9
ESRD	9.6	2.2	2.6
Breast Ca	1.9	0.8	0.9





## % Women Receiving Preventive Services by Disability





### Odds Ratios of Receiving Preventive Services by Disability

	OR (Disabled versus Not)	95% CI
Comp. Visit	4.5	3.96 – 5.08
Pap Test	NS	NS
Mammogram	1.1	1.02 – 1.20
Colorectal Screen	1.5	1.31 – 1.64



## Other Major 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