

# The Impact of SCHIP: New York State's Child Health Plus as an Example



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**Peter G. Szilagyi, MD, MPH**

Professor

Department of Pediatrics

University of Rochester School of Medicine

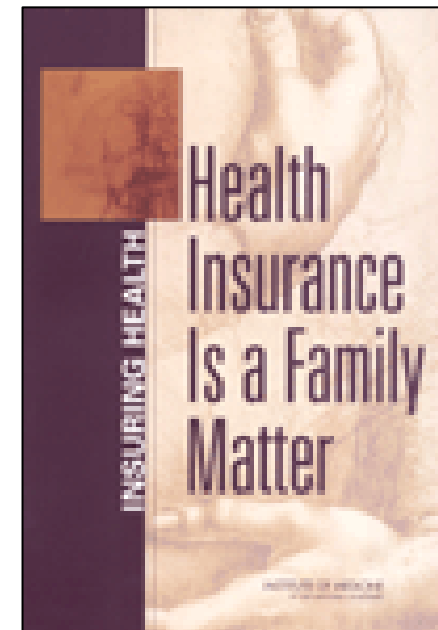
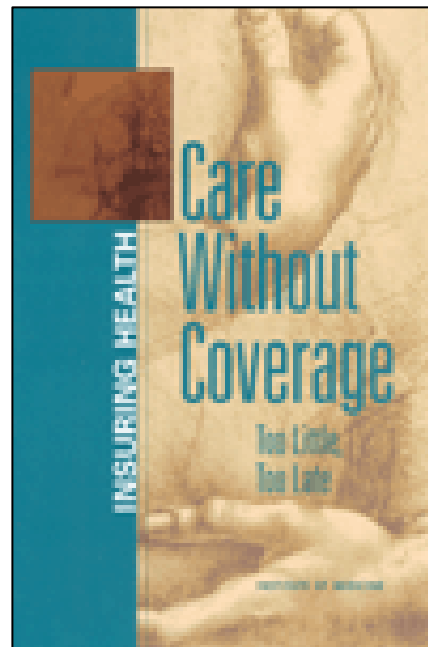
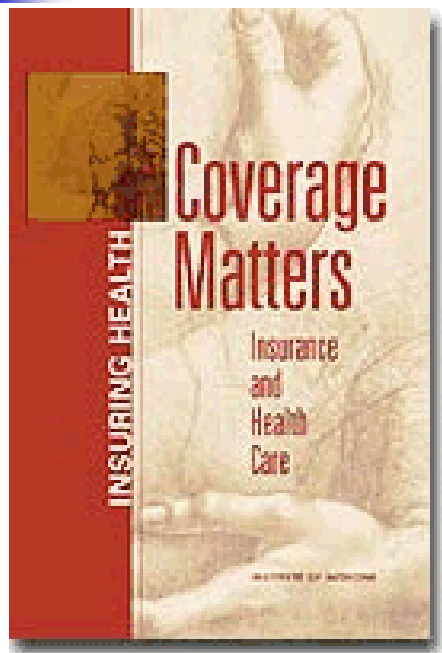


# Outline

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- Uninsured Children
  - Importance of health insurance
  
- The State Children's Health Insurance Program-SCHIP
  - Impact of NY's SCHIP (Child Health Plus) on children's health

# IOM Committee On The Consequences of Uninsurance (5 Reports)



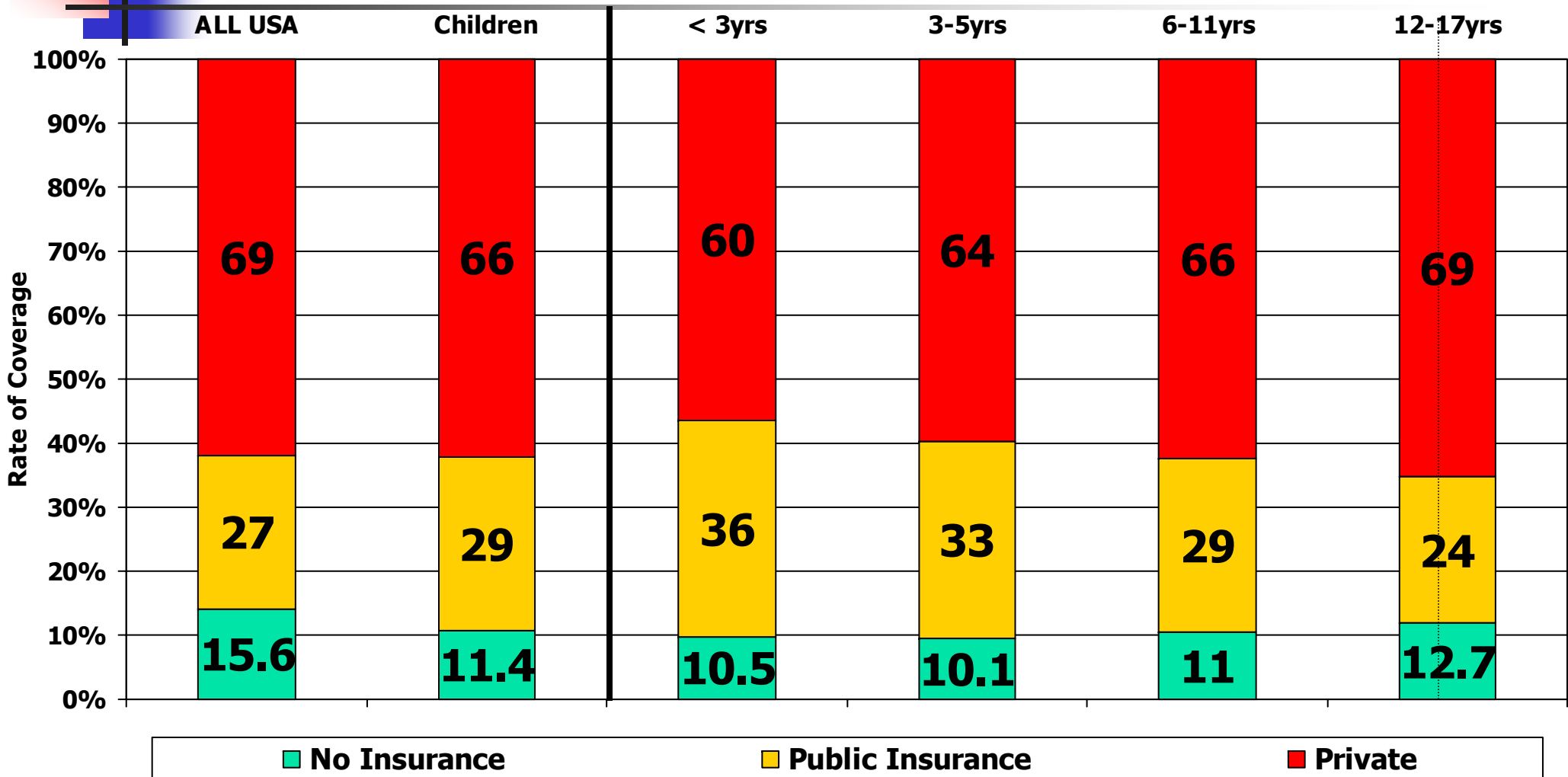
Report 4: Community-wide effects

Report 5: Economic Costs of Uninsured

Report 6: Strategies and Models for Providing Health Insurance

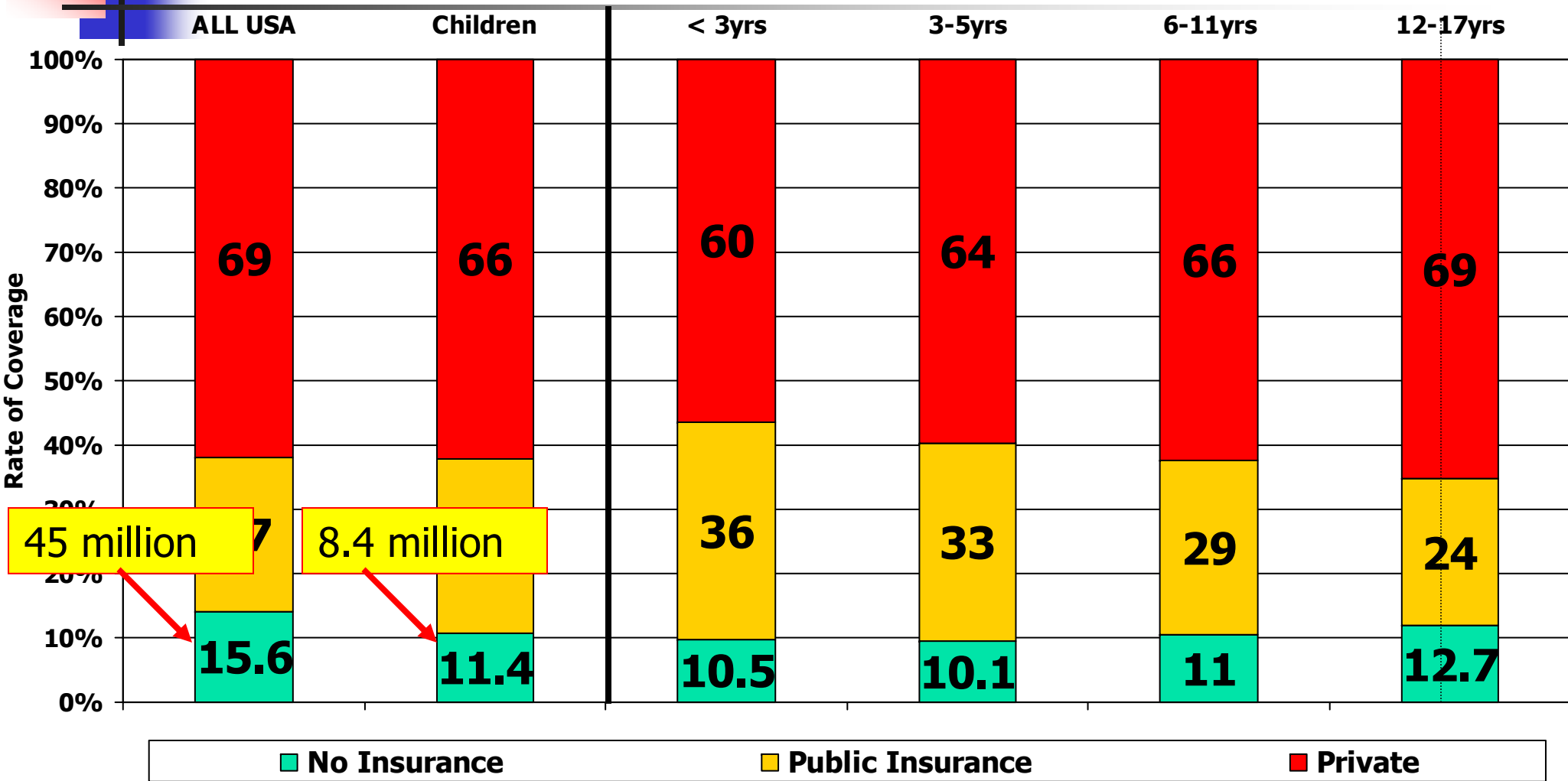
# Sources of Health Insurance -2003

Source: US Census 2003



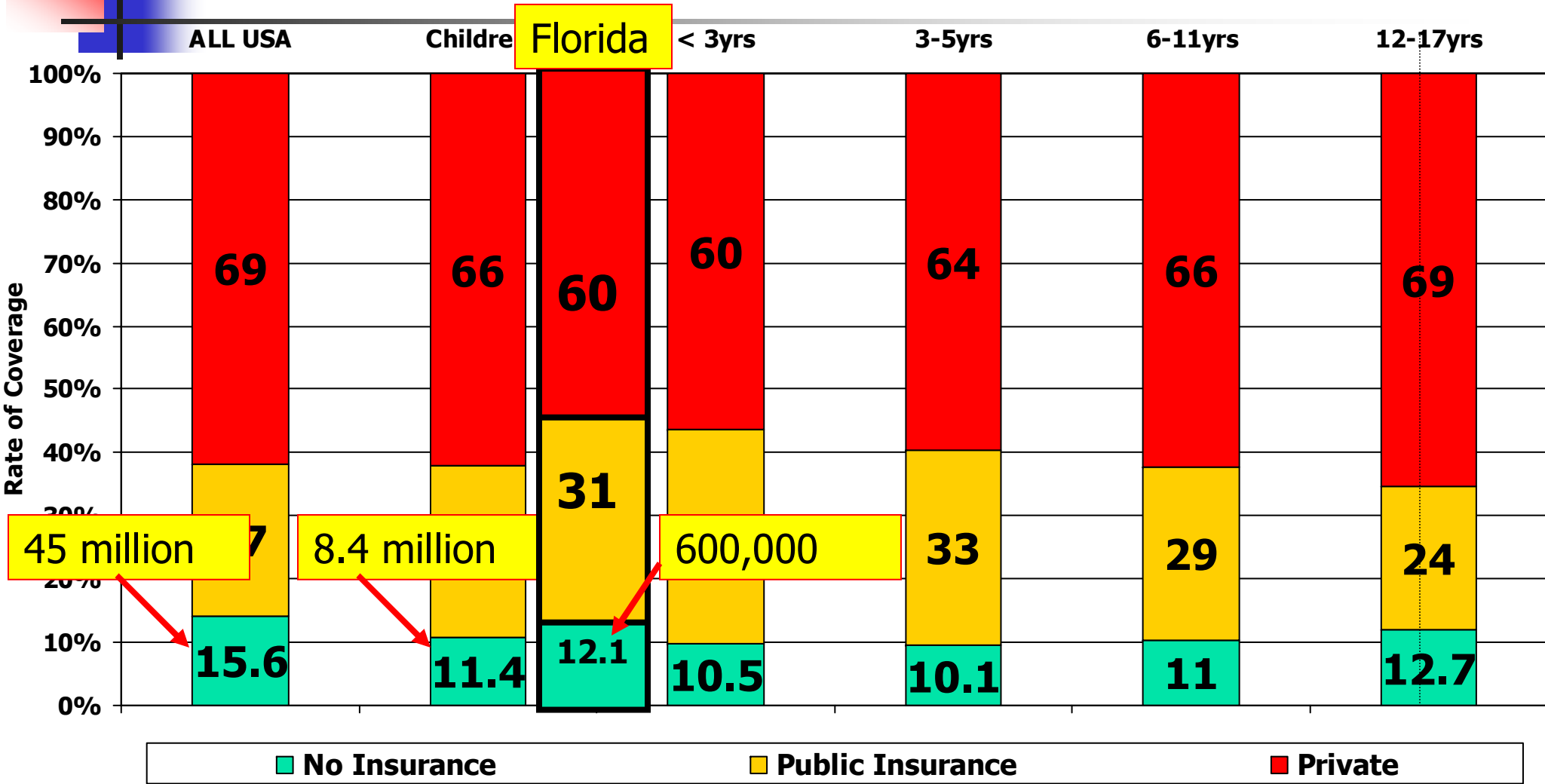
# Sources of Health Insurance -2003

Source: US Census 2003



# Sources of Health Insurance -2003

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# Lack of Insurance: Summary

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- Who is Most Likely to be Uninsured?
  - Young adults
  - Low income or education
  - Families without wage earners, or blue-collar workers
  - Immigrants (non-citizens)
  - Black and Hispanic
  - Children of parents who are uninsured

All of these are independently associated with being uninsured

# Consequences of Being Uninsured



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## Access

- Uninsured children are more likely to:
  - Lack a medical home
  - Lack well child care (WCC)

# Consequences of Being Uninsured



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## Access

- Uninsured children are more likely to:
  - Lack a medical home
  - Lack well child care (WCC)

*Holl 1995*

## Unmet Needs

- Uninsured children have more unmet health care needs
  - Go without care
  - Delay care

*Newacheck 1999*

# Consequences of Being Uninsured



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## Utilization

- Uninsured children have lower use of health care
  - Primary care
  - Specialty care
  - ER

# Consequences of Being Uninsured



## Utilization

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*McCormick, 2001*

## Outcomes

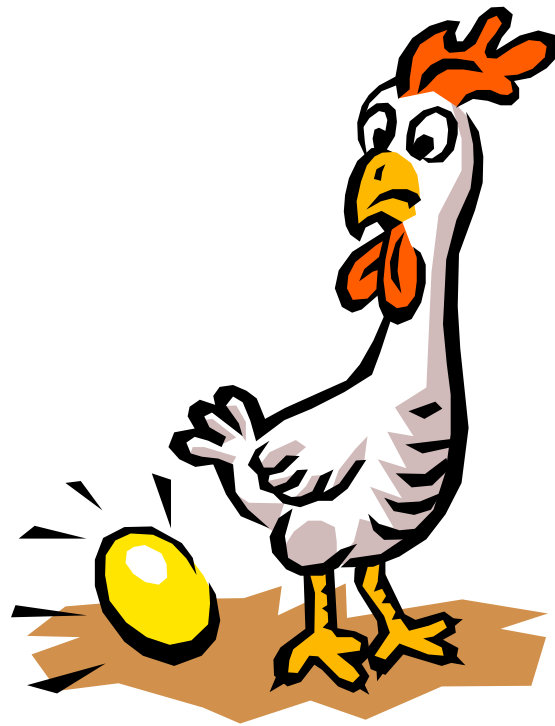
- Uninsured children have poorer health outcomes on some measures
  - Receipt of immunizations
  - Late care for injuries
  - Birth outcomes
    - Receipt of prenatal services
    - Low birth weight and death
- ...But not others

*Multiple sources*

# Consequences of Being Uninsured

*Is it BECAUSE Children are Uninsured?*

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*So is the culprit lack of insurance, or do factors which cause people to be uninsured also cause poorer health outcomes?*

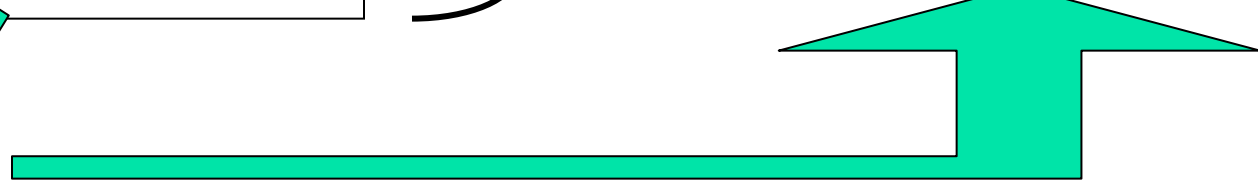
# Consequences of Being Uninsured

## *High-risk Groups of Children*

- Low-income
- Immigrants
- Adolescents
- Racial/ethnic groups

*Poorer Health Outcomes*

*Uninsured*



# Consequences of Being Uninsured

## *High-risk Groups of Children*

- Low-income
- Immigrants
- Adolescents
- Racial/ethnic groups

*Poorer Health Outcomes*

*Uninsured*

*So is the culprit lack of insurance, patient factors, or both?*

One strategy is to study what happens when uninsured children receive health insurance

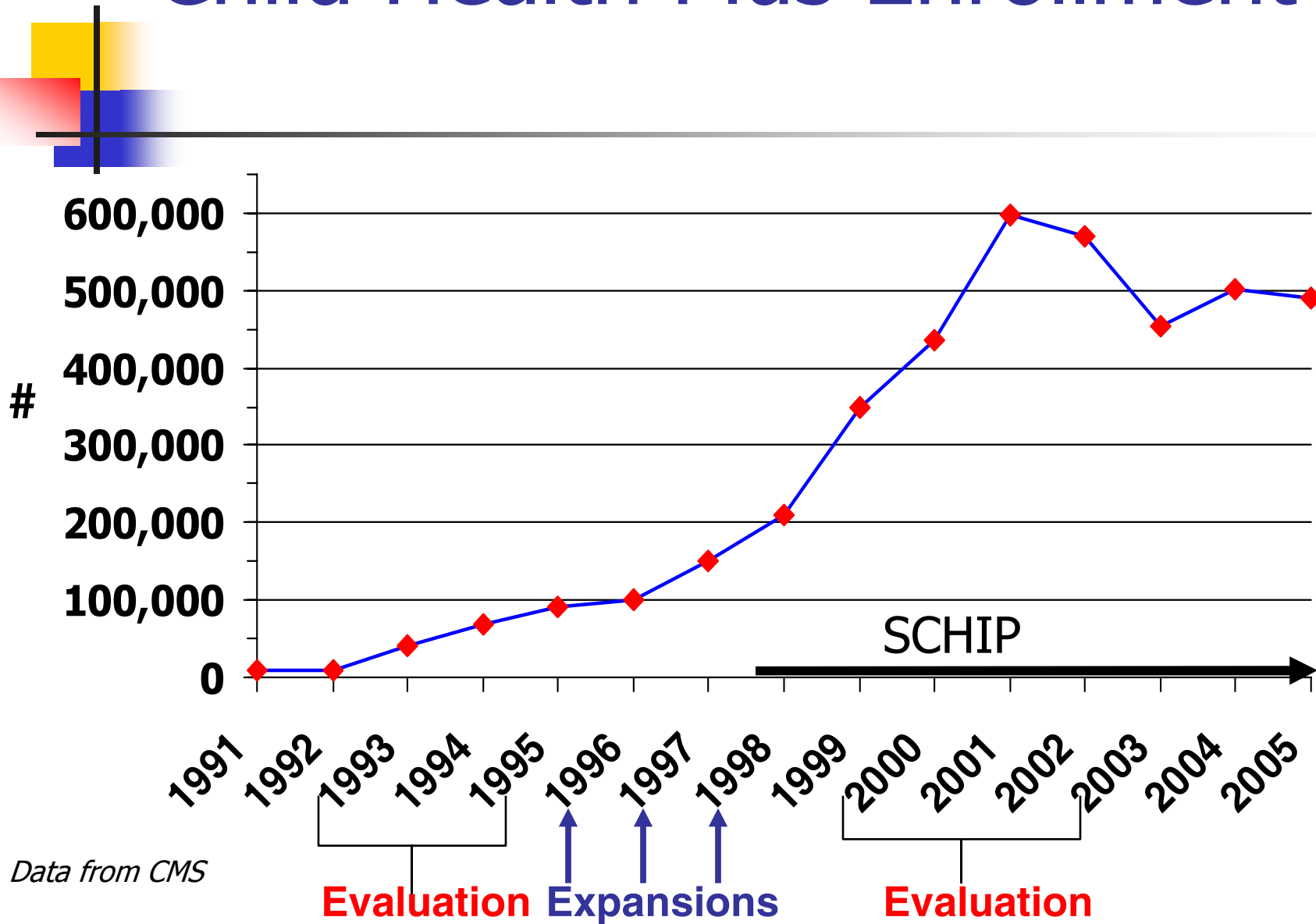


# Child Health Plus – New York

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- Introduced: New York State in 1990
- Goals: Provide primary care coverage
- Eligible: NYS resident, income <222% FPL  
Not Medicaid or equivalent coverage
- 1998: Converted to an SCHIP Program
- Evaluations: 1993-97 by Rochester team
  - Showed significant benefits
  - Findings used in creating the SCHIP program2000-05 by Rochester team

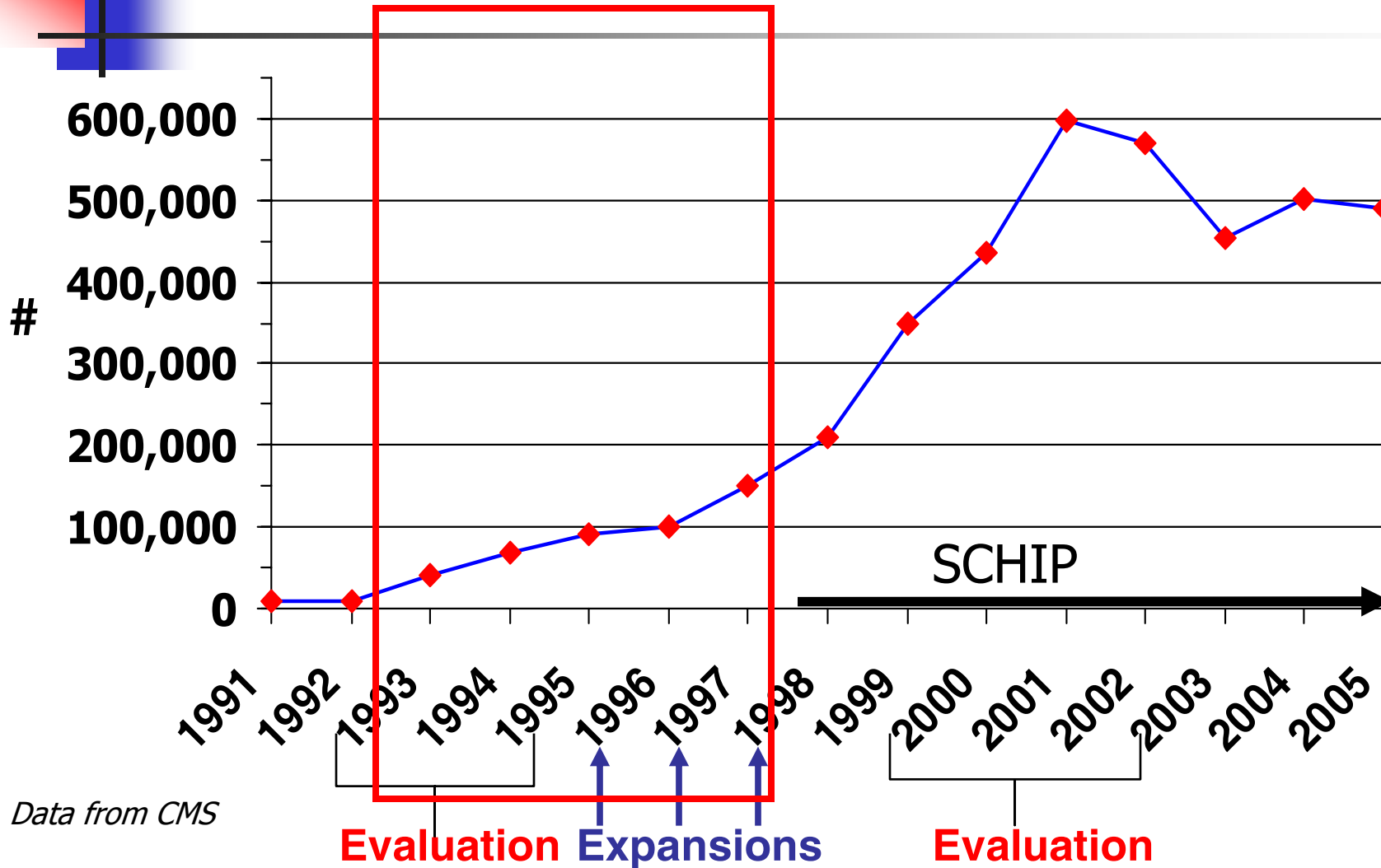
# Child Health Plus Enrollment



Data from CMS

# Child Health Plus Enrollment

Findings used to create SCHIP

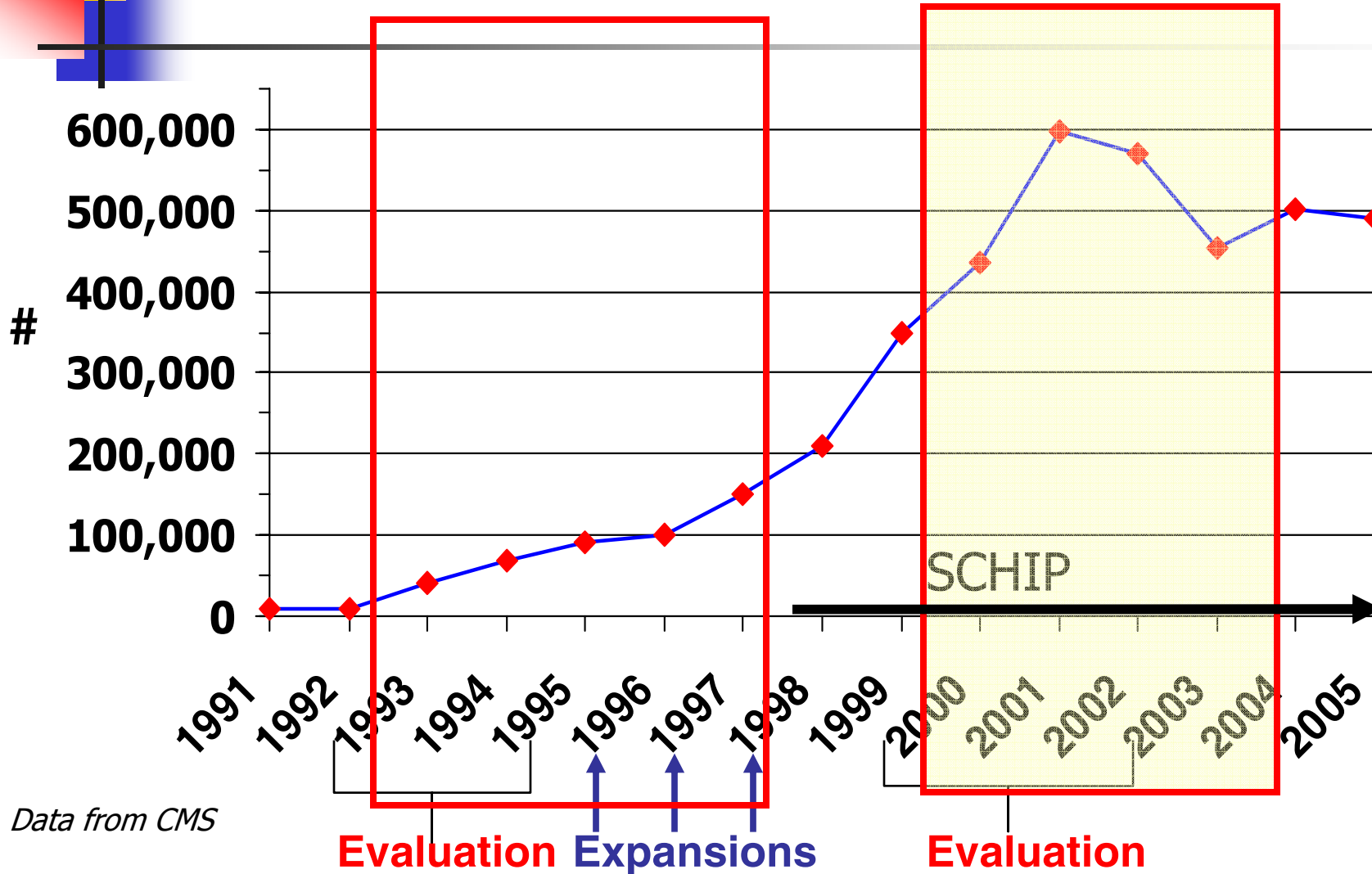


Data from CMS

# Child Health Plus Enrollment

Findings used to create SCHIP

Recent Evaluation of SCHIP



Data from CMS



# State Children's Health Insurance Program (SCHIP)

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- Started in 1998, \$40 billion for 10 years (Title XXI)
- Families with incomes <200% FPL, not on Medicaid
- Largest expansion of health insurance in 30 years
- State models:
  - Separate, Medicaid expansion, combination
- Enrollment in US (2003): 3.9 million (Medicaid > 40m)
- NYS– Child Health Plus (CHPlus)



# Does SCHIP Work?

## *Why do we want to know?*

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- For US and State Policy
  - SCHIP is not an entitlement
    - Subject to reauthorization in 2007
  - Current budget crisis threatens public insurance
- To Improve the Program
- To address the broader question of the impact of health insurance on children



# Evaluations of SCHIP

## *Some Unanswered Questions*

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Enrollment  
Process

Outreach

Those not enrolled

What works

Performance  
of SCHIP

Access

Utilization

Quality

Outcomes

Costs



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Is SCHIP effective?

Should it be continued?

What should be changed?



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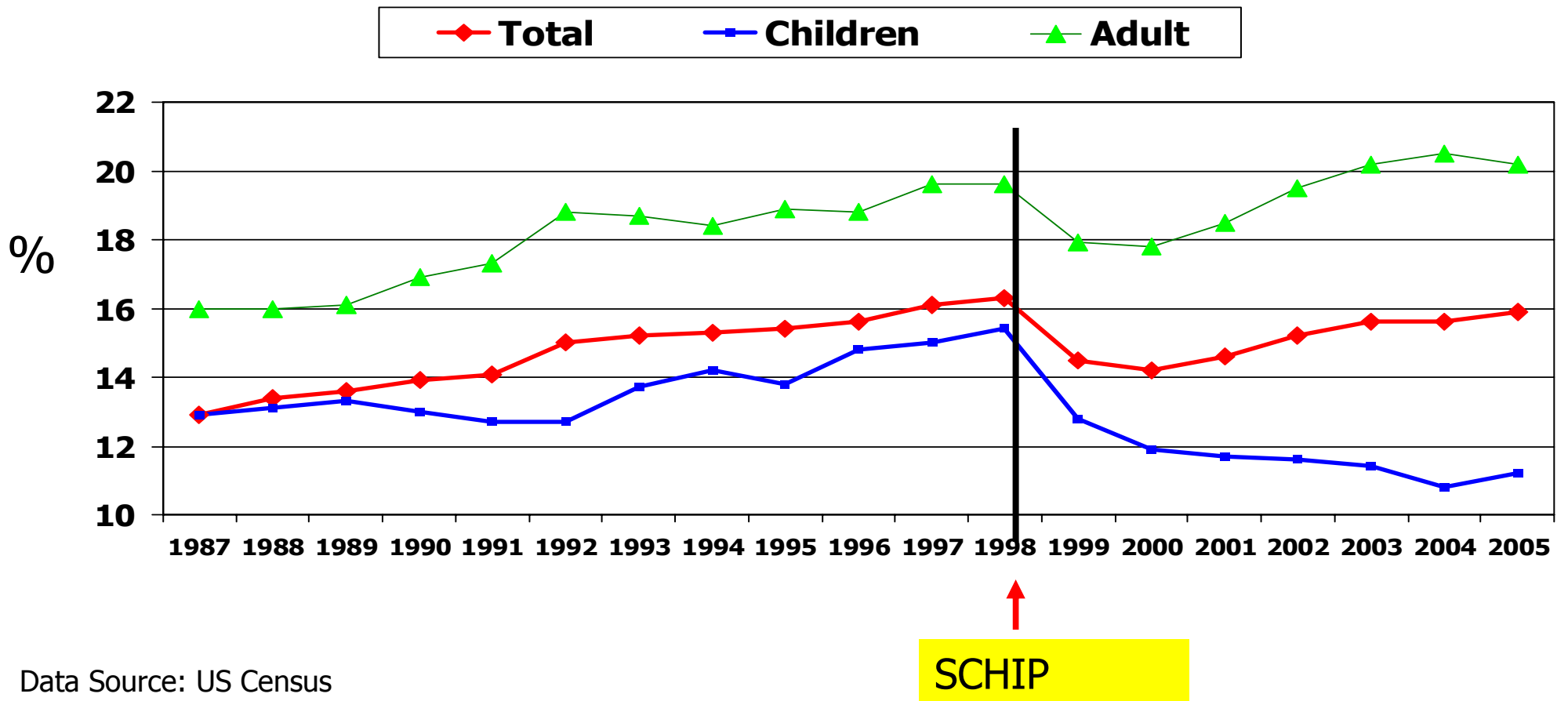
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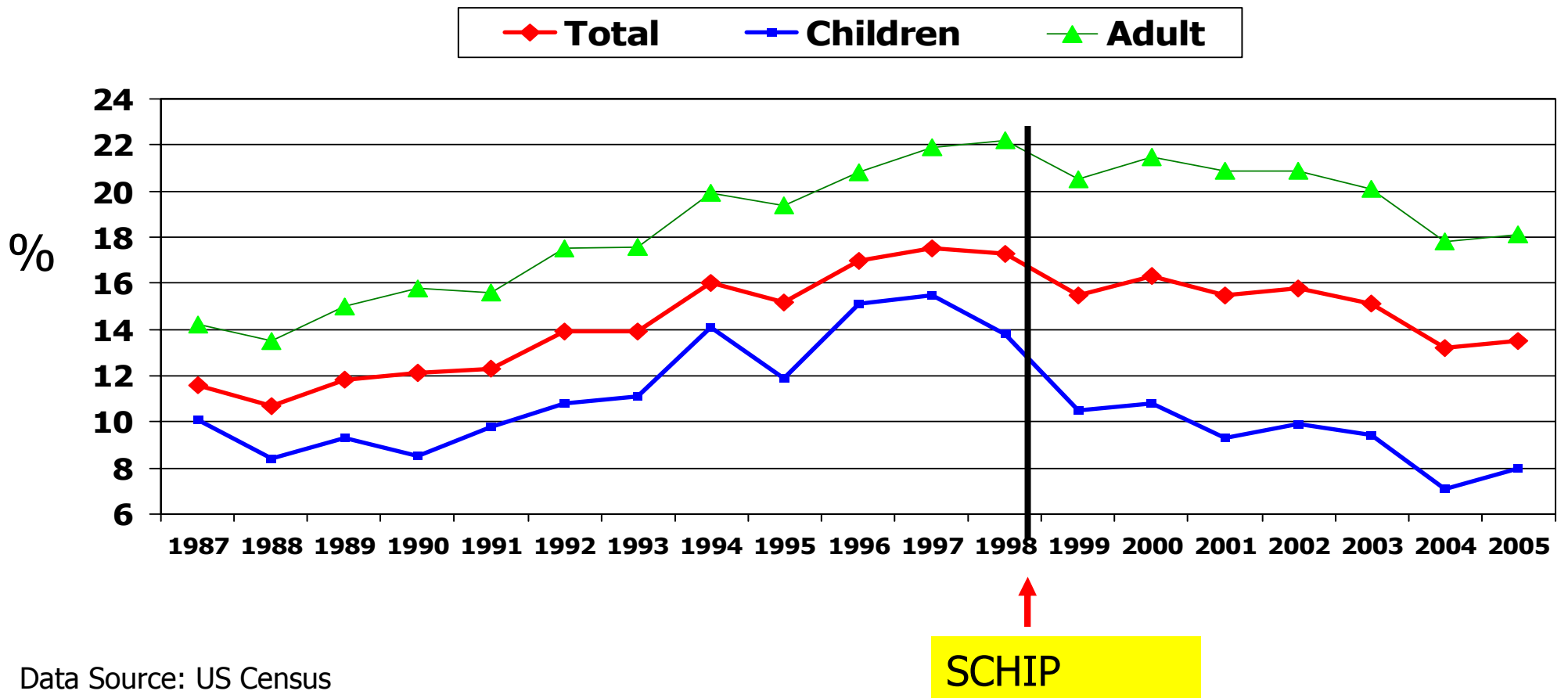
# Has SCHIP Reduced # Uninsured?

## Percent Uninsured - USA



Data Source: US Census

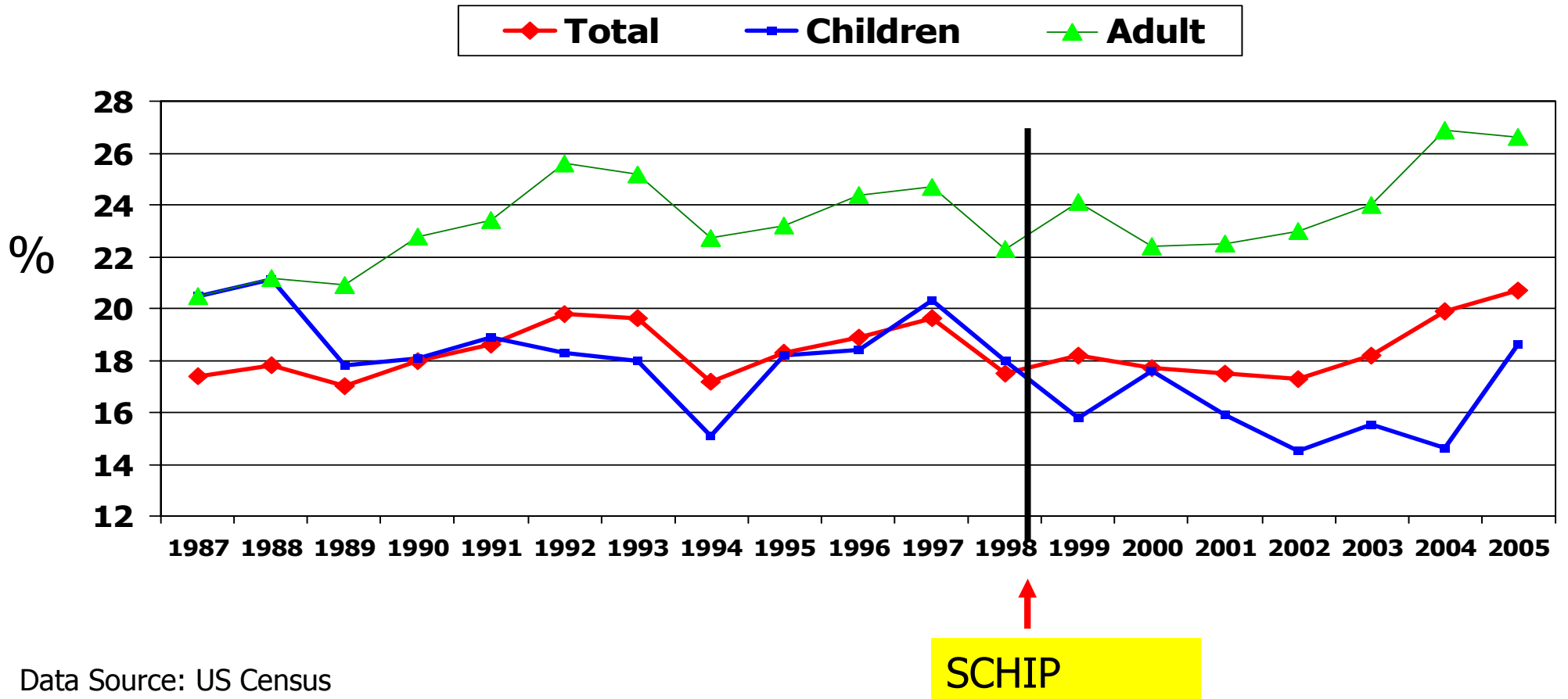
# Has SCHIP Reduced # Uninsured? Percent Uninsured - NY



Data Source: US Census

# Has SCHIP Reduced # Uninsured?

## Percent Uninsured - FL



Data Source: US Census

# Enrollment in SCHIP

## *Studies in NYC (Gerry Fairbrother et al)*

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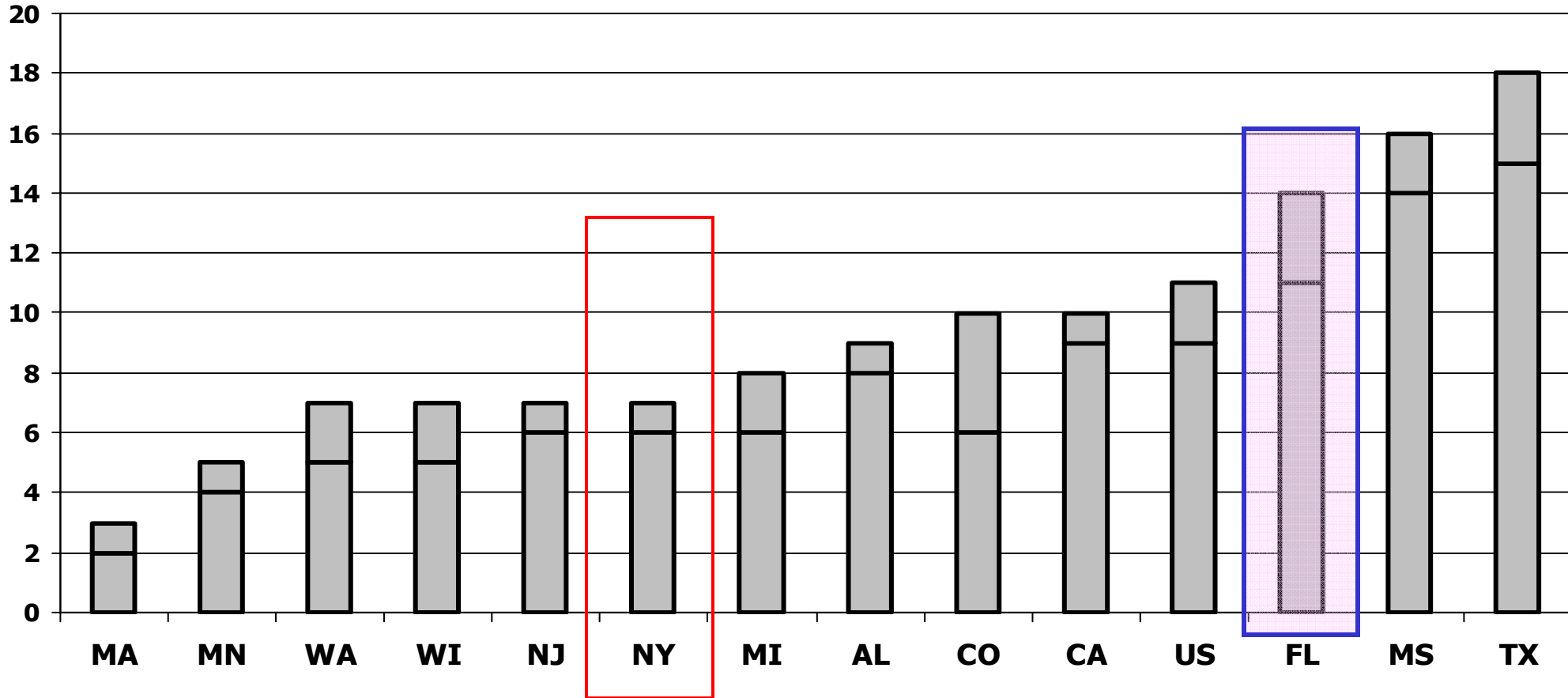
- Followed cohort of families through enrollment in Medicaid and SCHIP in NYC (n=426)
- 80% successfully enrolled
- 76% had assistance from community-based group
- Time to attain CHPlus:
  - Average: 63 days
  - 25-75 percentiles: 1.7 – 6m
- Cost to enroll (SCHIP or Medicaid)-- \$280
  - Cost could be reduced if policies were simplified

# Enrollment in SCHIP

## *Eligible But Not Enrolled*

Source: 1999 National Survey of America's Families, using July 2000 SCHIP eligibility rules.

% Uninsured

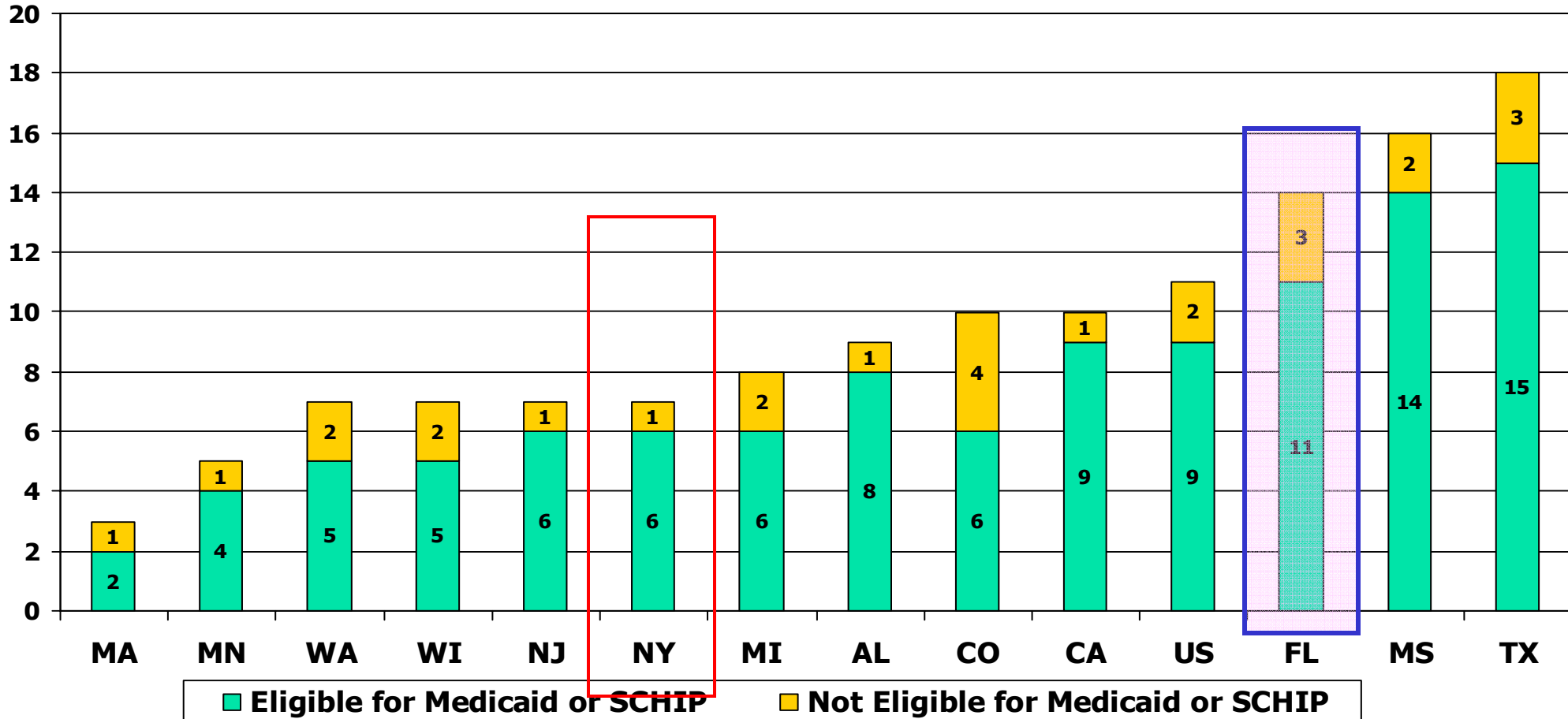


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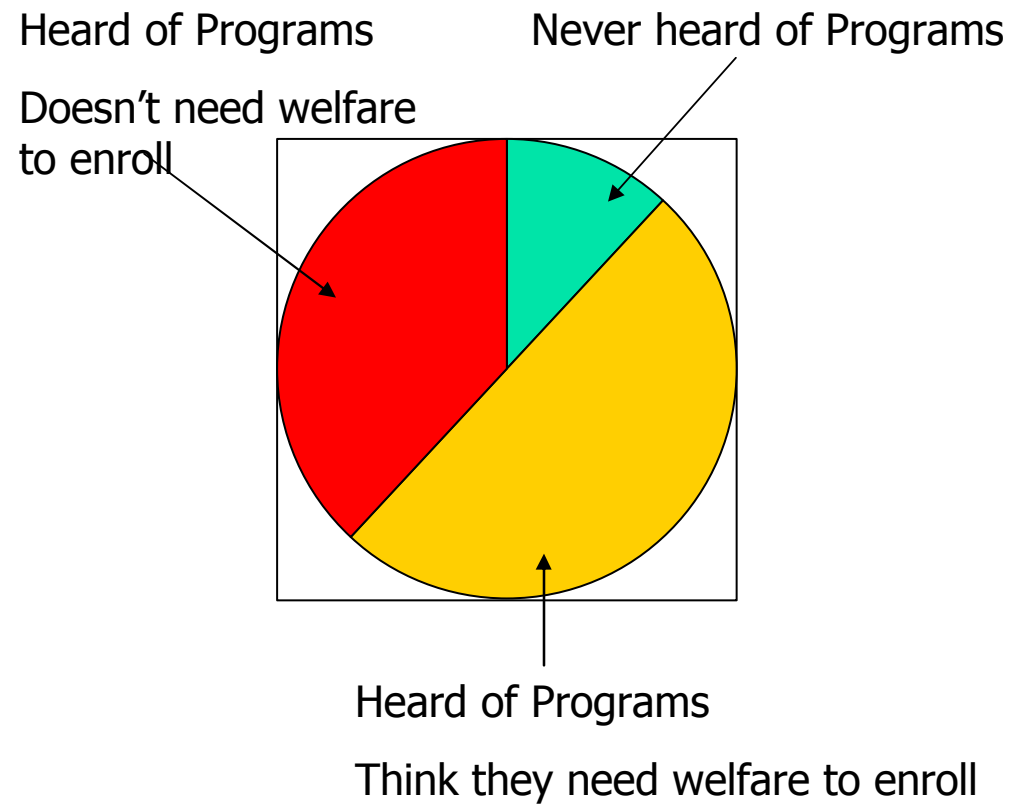
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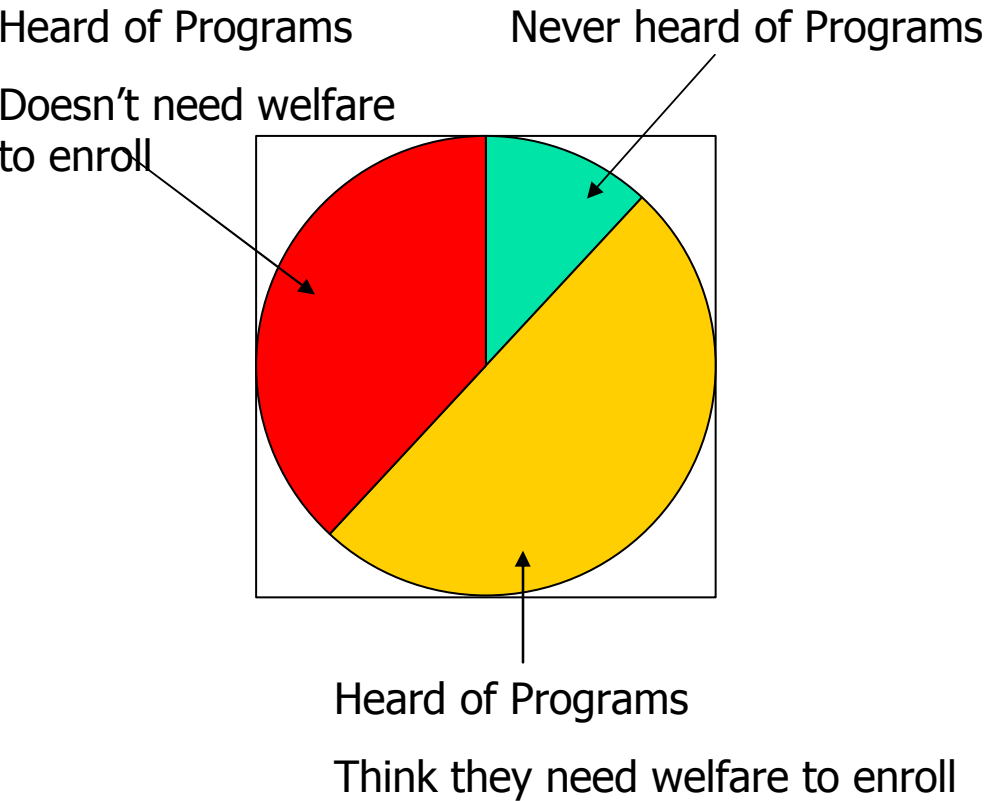
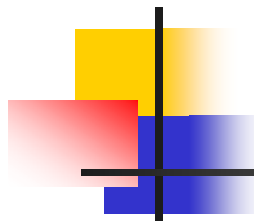
# Enrollment in SCHIP

## Eligible But Not Enrolled—Why?



# Enrollment in SCHIP

## Eligible But Not Enrolled—Why?



### Reasons for Non-Participation are Complex

(Low-Income Uninsured Children, Age 0 to 17)

Recent or pending coverage	33%
Knowledge barriers	32%
Administrative barriers	10%
Not needing or wanting program	22%
Other main reason	7%

Source: 1999 National Survey of America's Families.



# Children's Health Insurance Status NYS—2004

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■ <b>Total # Children</b>	<b>4,847,528</b>
■ <b>Privately Insured</b>	<b>2,873,729 (59.3%)</b>
■ <b>Medicaid-SCHIP Eligible</b>	<b>2,045,897 (42.2%)</b>
■ <b>Medicaid-SCHIP Enrolled</b>	<b>1,548,370 (31.9%)</b>
■ <b>Medicaid-SCHIP Eligible but not enrolled</b>	<b>497,527 (10.3%) (24% of eligible)</b>
■ <b>Uninsured</b>	<b>425,499 (8.8%)</b>

# Evaluations of SCHIP

## *Key Questions*

Enrollment  
Process

Outreach

Those not enrolled

What works

### Summary

- The uninsured rate dropped
- Many kids are enrolled
- So far, outreach not enough
- Barriers: knowledge, practical ones
- Costs of enrollment high
- State policies matter– (stay tuned)

Is SCHIP effective?

Should it be continued?

What should be changed?



# Evaluations of SCHIP

## *Some Unanswered Questions*

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Performance  
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# The Rochester SCHIP Study Objectives



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- Assess who enrolls in SCHIP
  - Did high-risk children enroll, or did the program “skim”?
- Measure impact of NY’s SCHIP on children’s
  - Access, utilization, quality of care
- Assess disparities in care, before/after enrollment (White, Black, and Hispanic children)
- Estimate impact of state SCHIP policies on care





# Setting, Subjects, and Design

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- New York State's SCHIP (Child Health Plus)
- Random sample of children stratified by:
  - Region: NYC, NYC-environs, upstate urban, rural
  - Age Group: 0-5 yr, 6-11 yr, 12-18 yr
  - Race/ethnicity: White NH, Black NH, Hispanic
- Pre-Post design with two interviews:
  - Baseline: shortly after SCHIP enrollment (n=2,644)
  - Follow-up: 13 months after SCHIP enrollment (n=2,290, 87%)
- Comparison group enrolled one year later (N=500)
  - Control for secular trends



# Measures

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- Socioeconomic and demographic
- Health insurance and health care
  - Insurance before SCHIP (Medicaid, private, none)
  - Had usual source of care (USC)
  - Service use
  - Unmet need



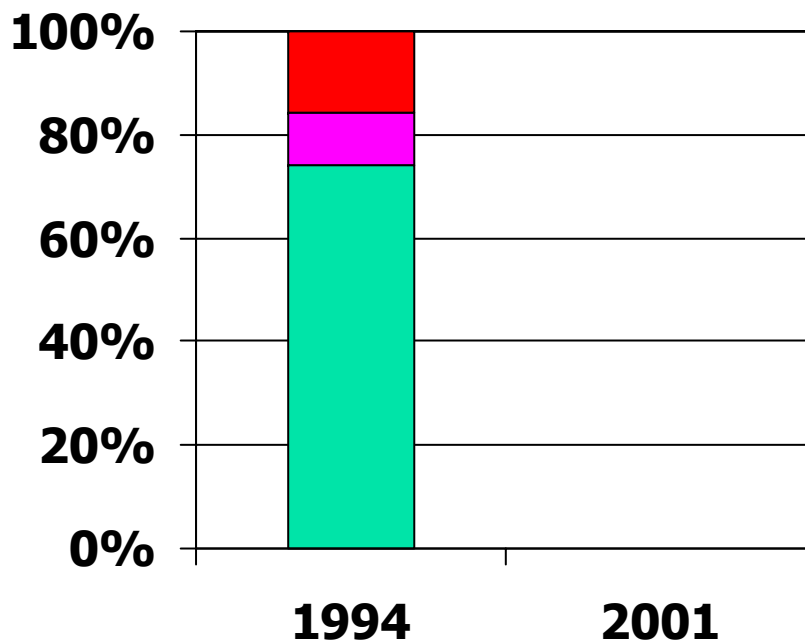
## Question #1

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**How Have SCHIP Enrollees  
Changed Over Time?**

# Racial Distribution of CHPlus Study Samples: 1994 vs. 2001

White Black Hispanic

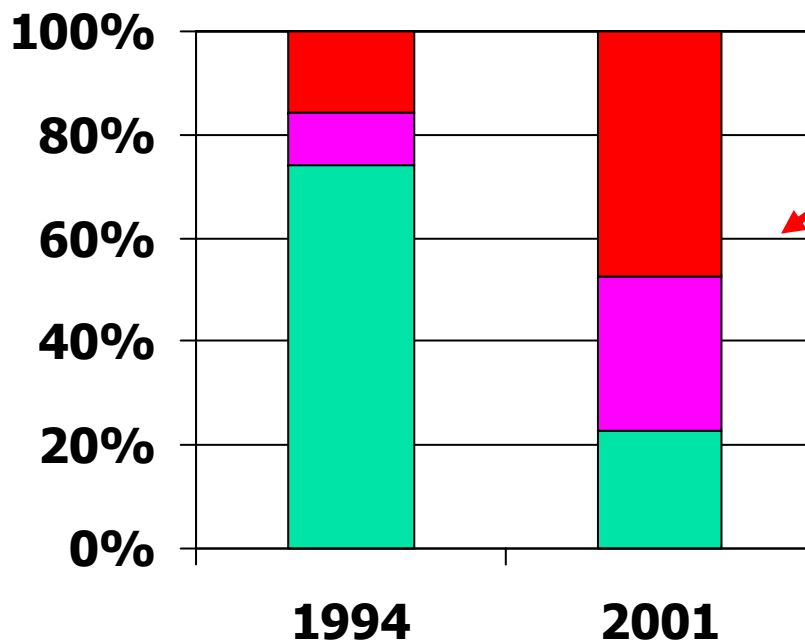


*\*Note that other racial groups (e.g. Asians) are enrolled in SCHIP, but were not in our study, so they're not represented here.*

Source: Dick et al. *Pediatrics*. 2003

# Racial Distribution of CHPlus Study Samples: 1994 vs. 2001

White Black Hispanic



More Black or Hispanic children enrolled as CHPlus matured

*\*Note that other racial groups (e.g. Asians) are enrolled in SCHIP, but were not in our study, so they're not represented here.*

Source: Dick et al. *Pediatrics*. 2003



## Question #2

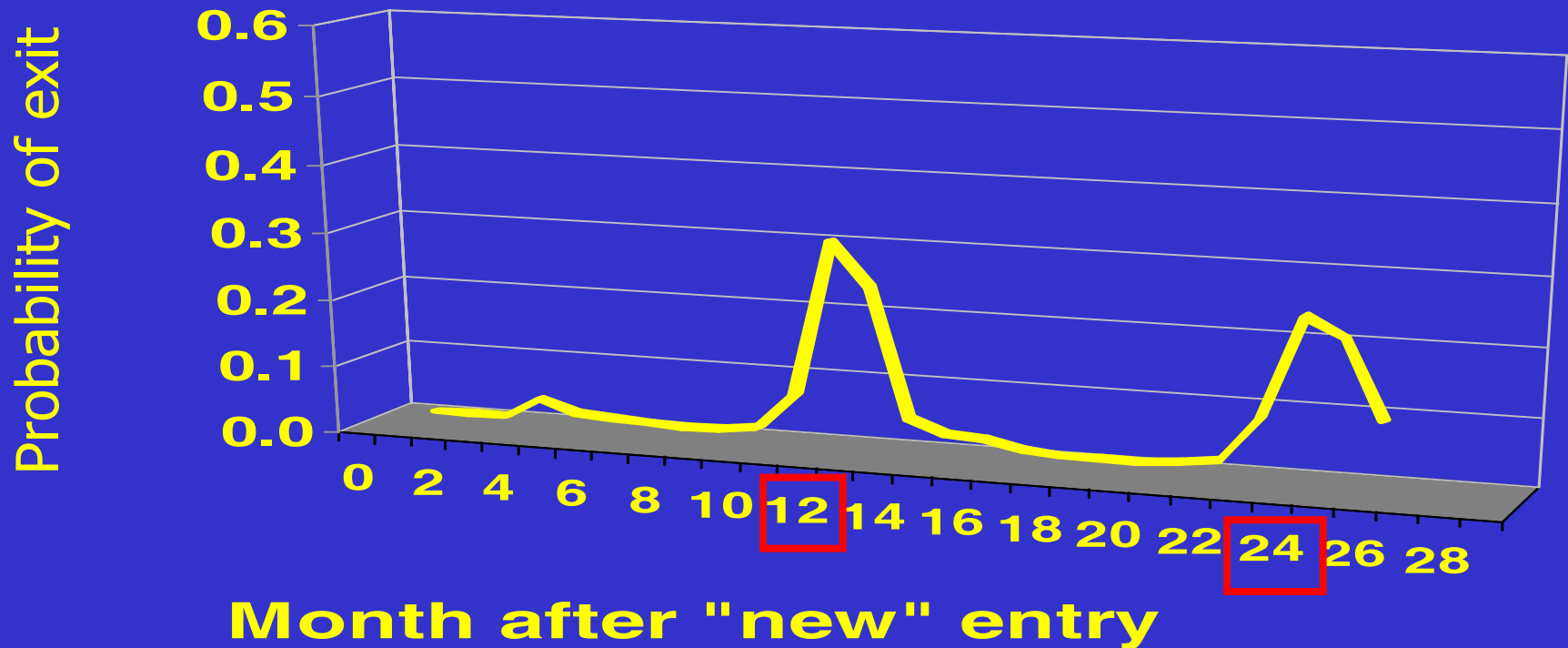
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**How Long Do Children Stay  
Enrolled in SCHIP?**

**Do state policies affect this?**

# State Policies Influence SCHIP Disenrollment

Probability of Exit By Month After New SCHIP Enrollment



Florida

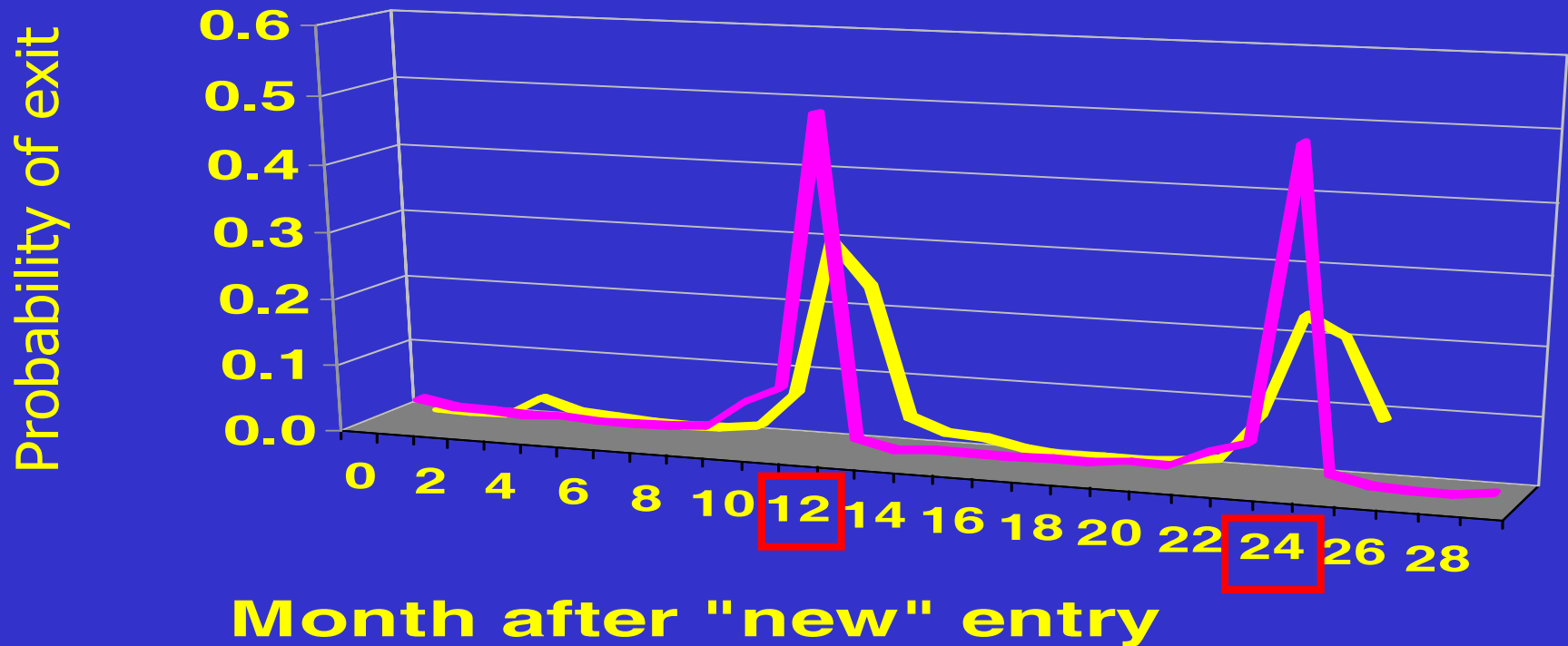
Kansas

New York

Oregon

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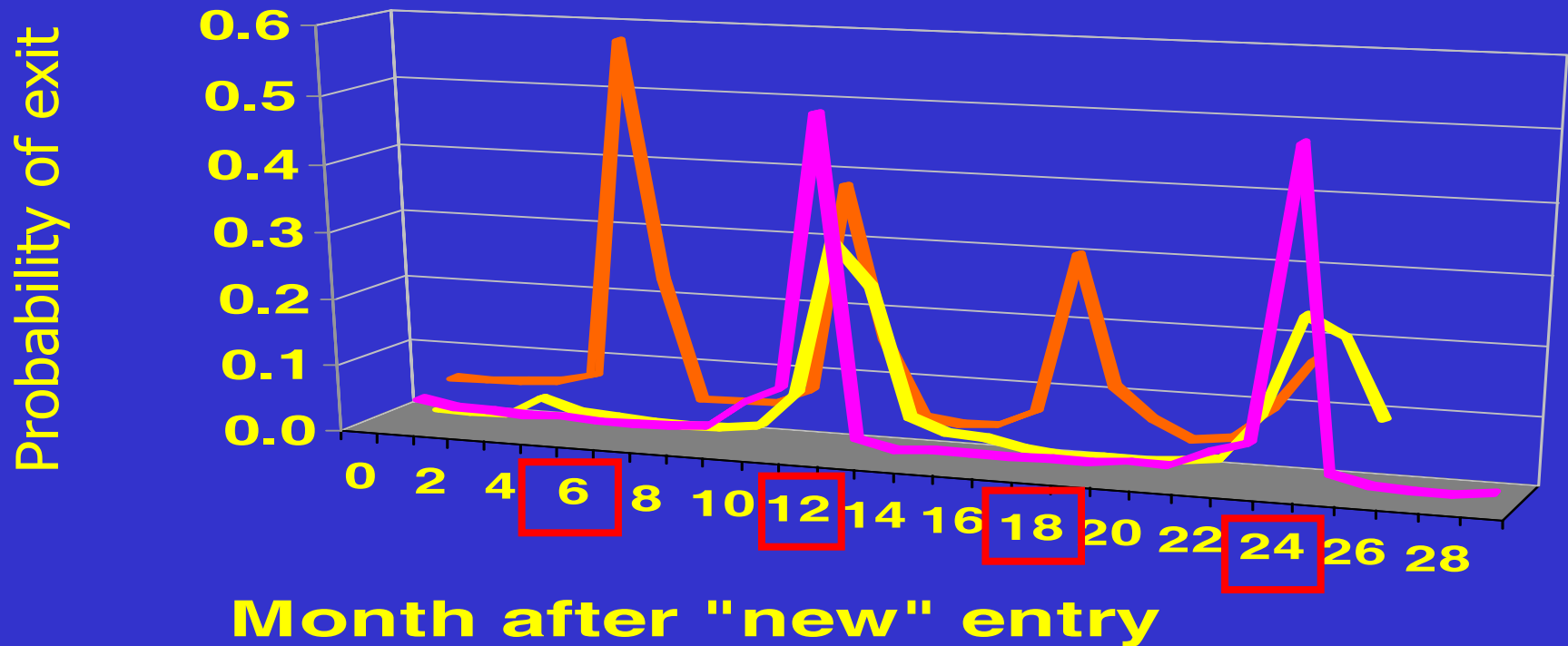
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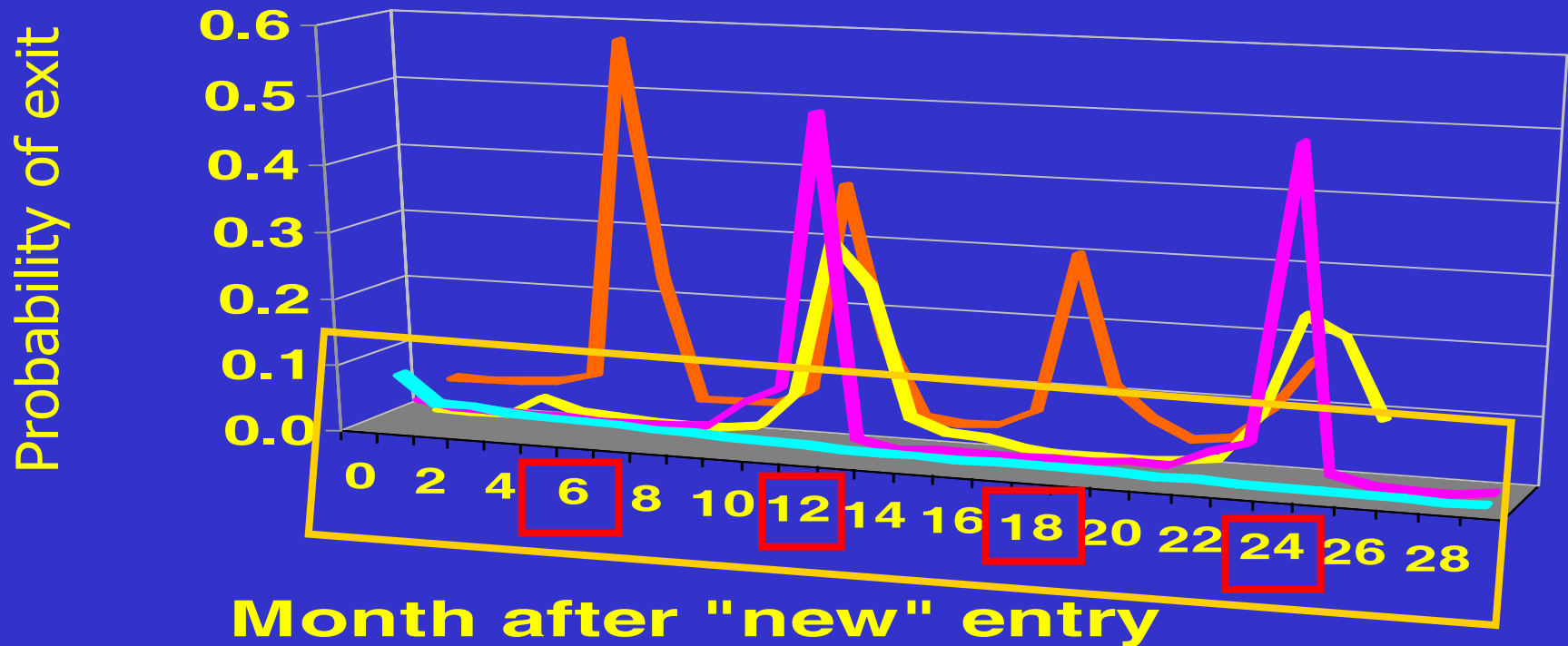
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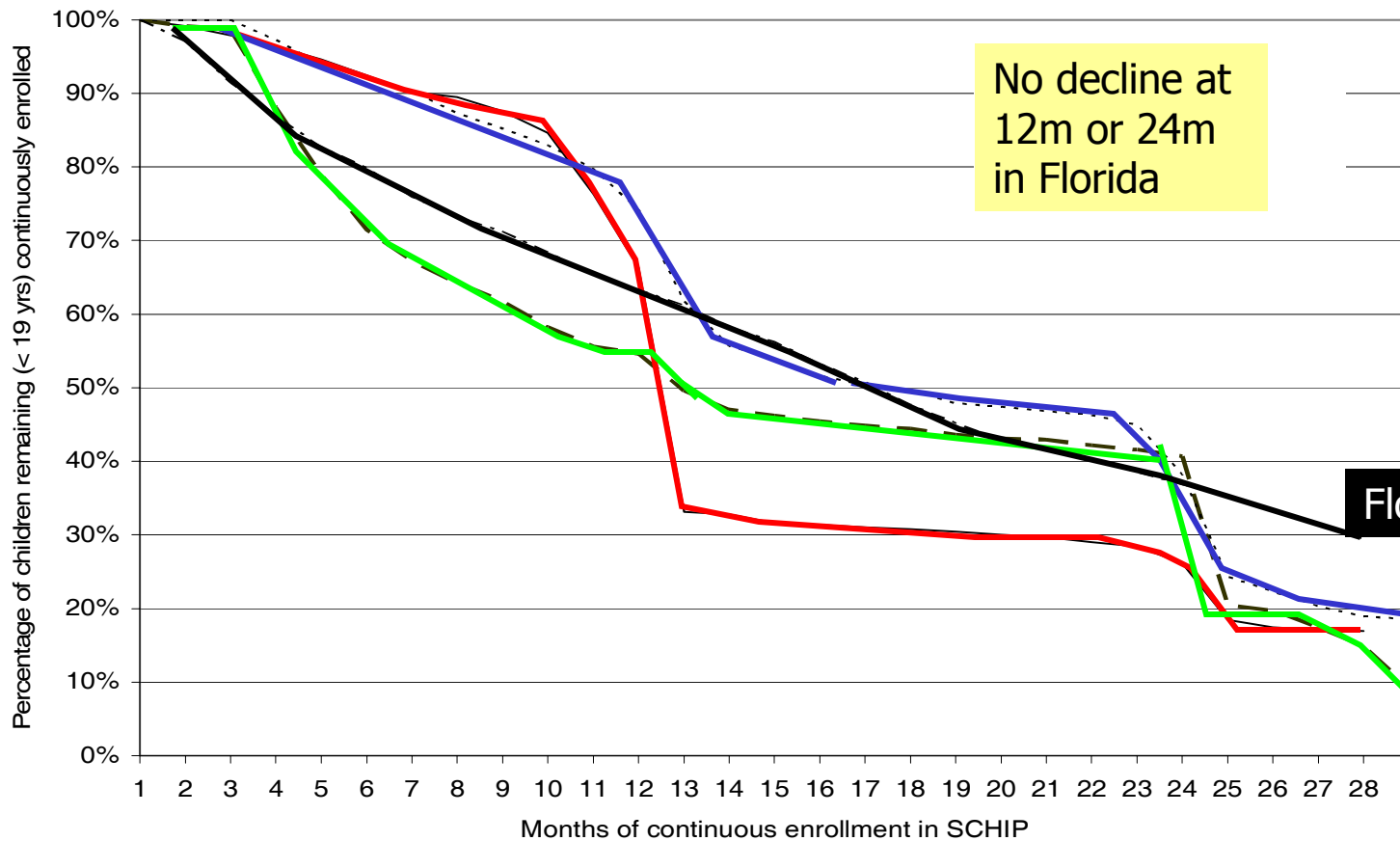
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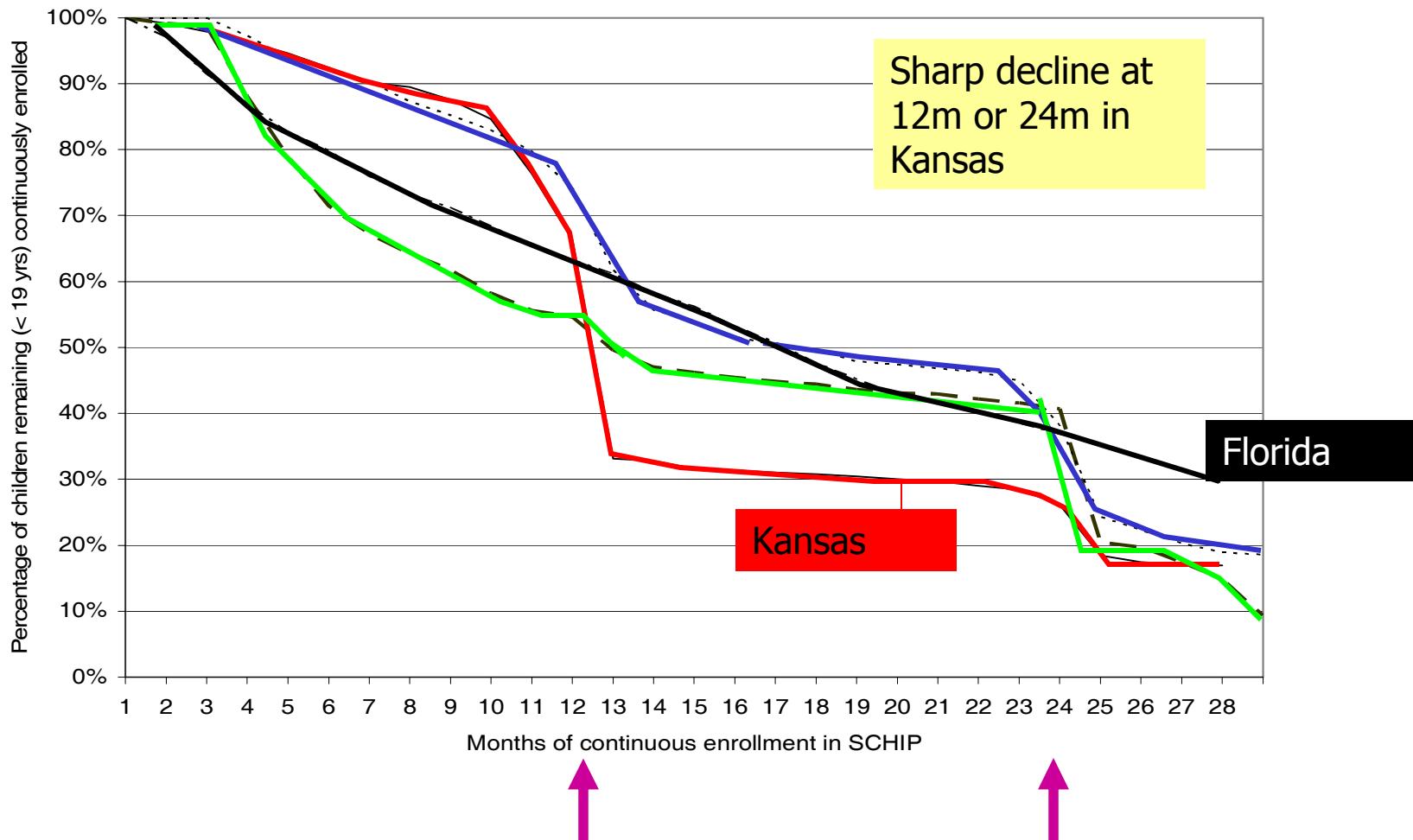
# State Policies Matter: The 9/11 Effect in New York State

% Children Remaining on SCHIP



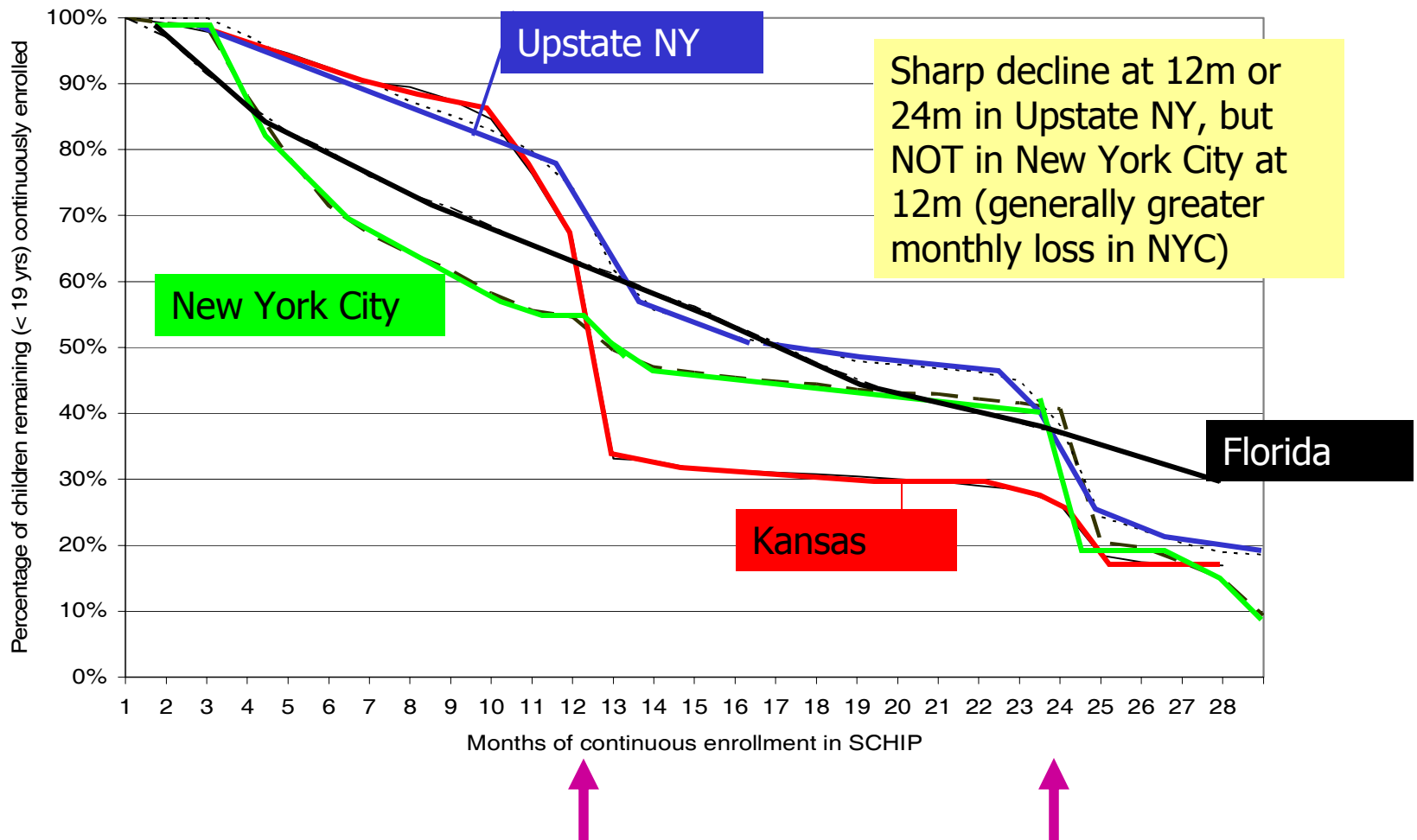
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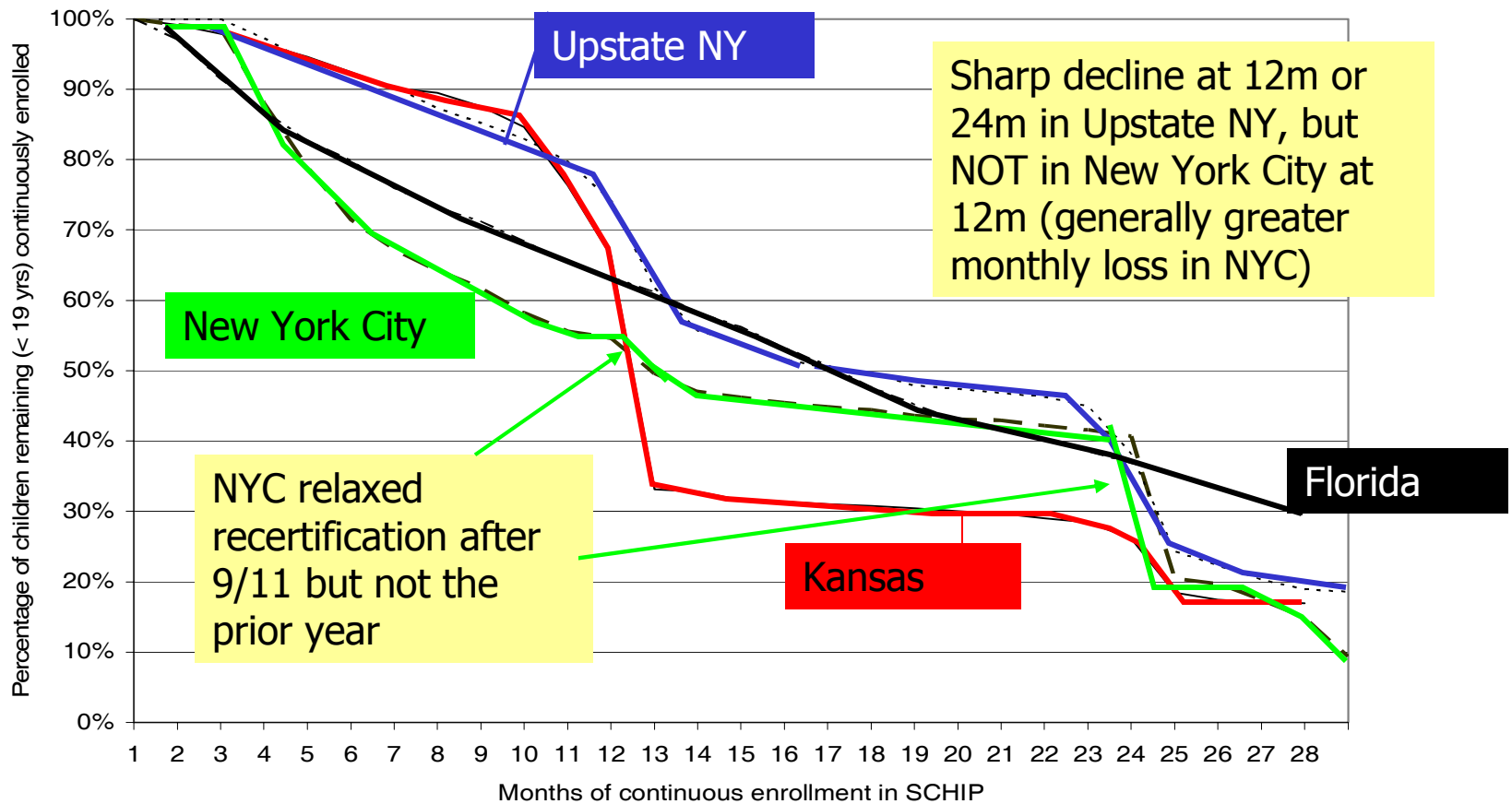
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# Coverage after SCHIP Exit in New York State

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- Most disenrollees became uninsured
- Most at-risk for return to uninsured:
  - Poor
  - Parents working part-time



## Question #3

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**So, What Did SCHIP  
Actually Do?**



## Question #3

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**So, What Did SCHIP  
Actually Do?**

**SCHIP improved health care utilization  
for children in general**

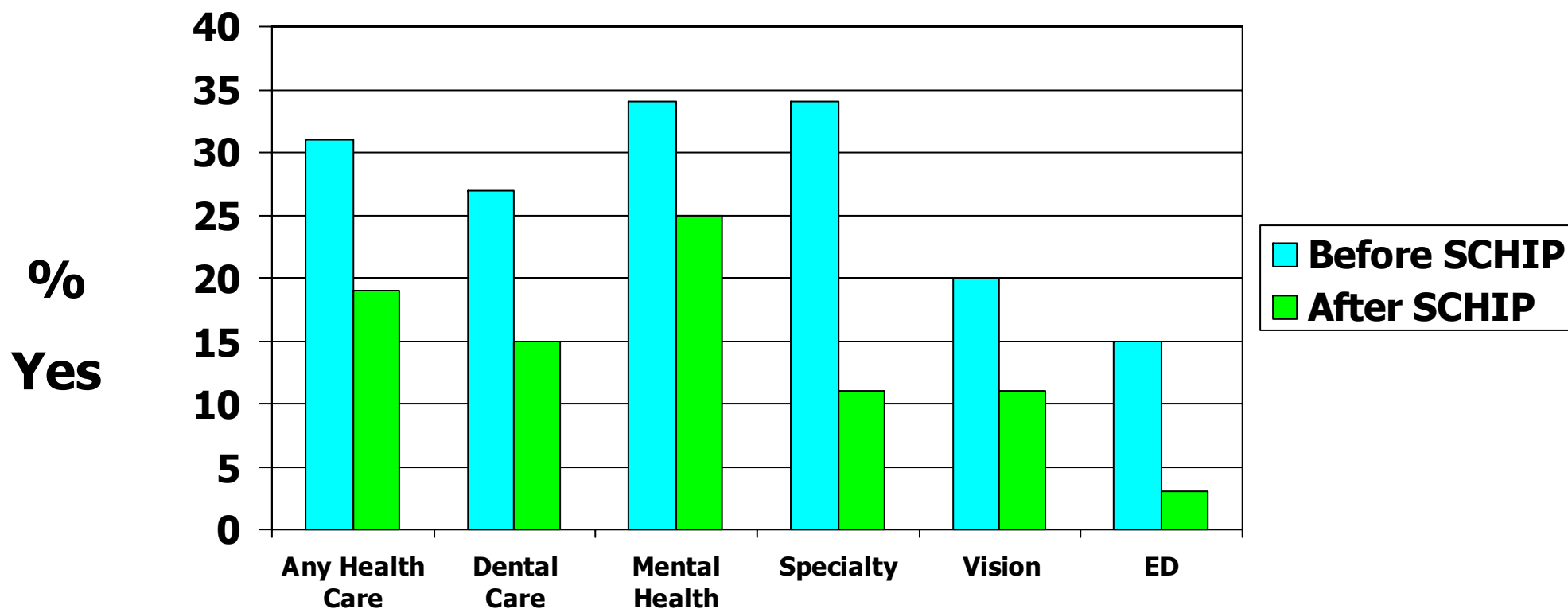


# **SCHIP in New York**

## **Improves Access and Continuity**

	<b>Year Before SCHIP</b>	<b>Year During SCHIP</b>
<b>Had Usual Source of Care (USC)</b>	<b>86%</b>	<b>97%</b>
<b>Used USC for All or Most Care</b>	<b>47%</b>	<b>89%</b>

# Unmet Needs for Health Services



*P < .05 for all- before vs after*



## Question #3

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**So, What Did SCHIP  
Actually Do?**

**SCHIP improved health care among  
children with asthma**



# SCHIP and Children with Asthma - Study Methods

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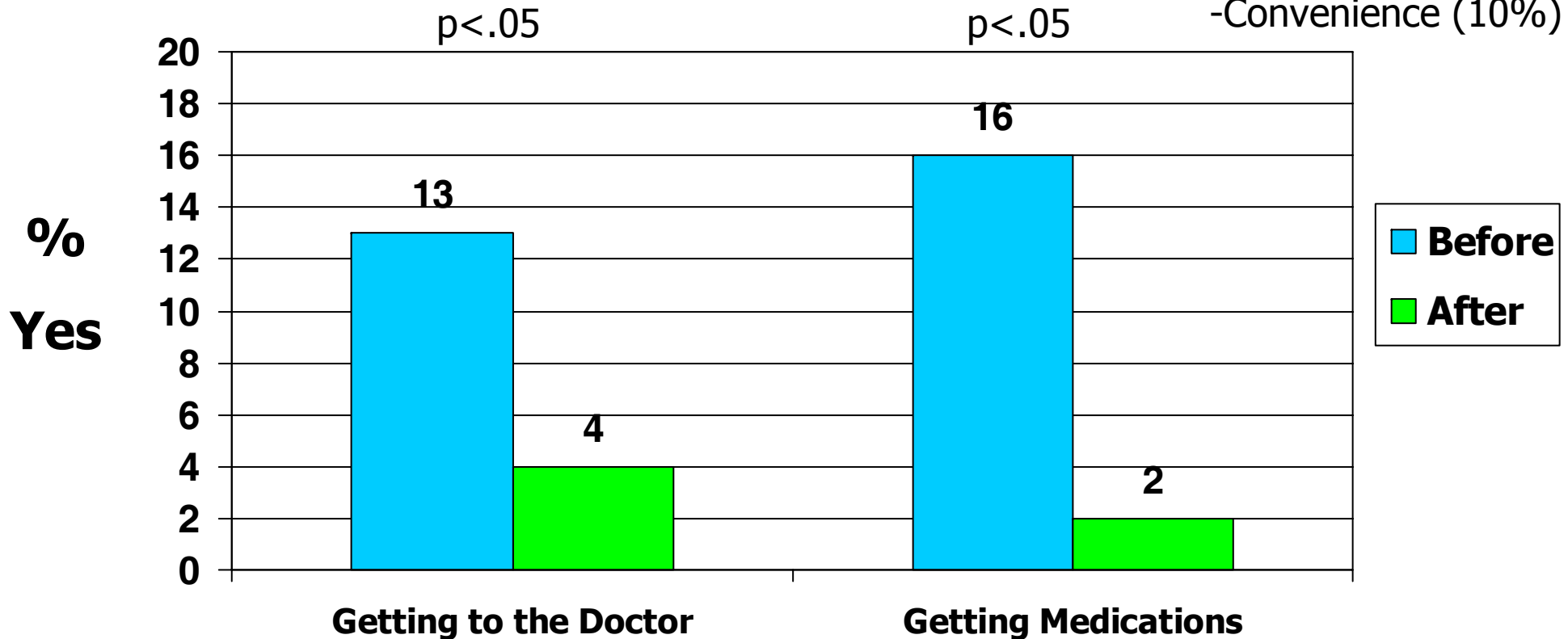
- Parent report of asthma and asthma severity
- Measured access, utilization, asthma severity
- At enrollment:           n=334 (13%)  
1 Year Later:           n=364 (16%)

# Problems Getting Care or Meds During Asthma Attack

Reasons for Problems

-Cost (60%)

-Convenience (10%)

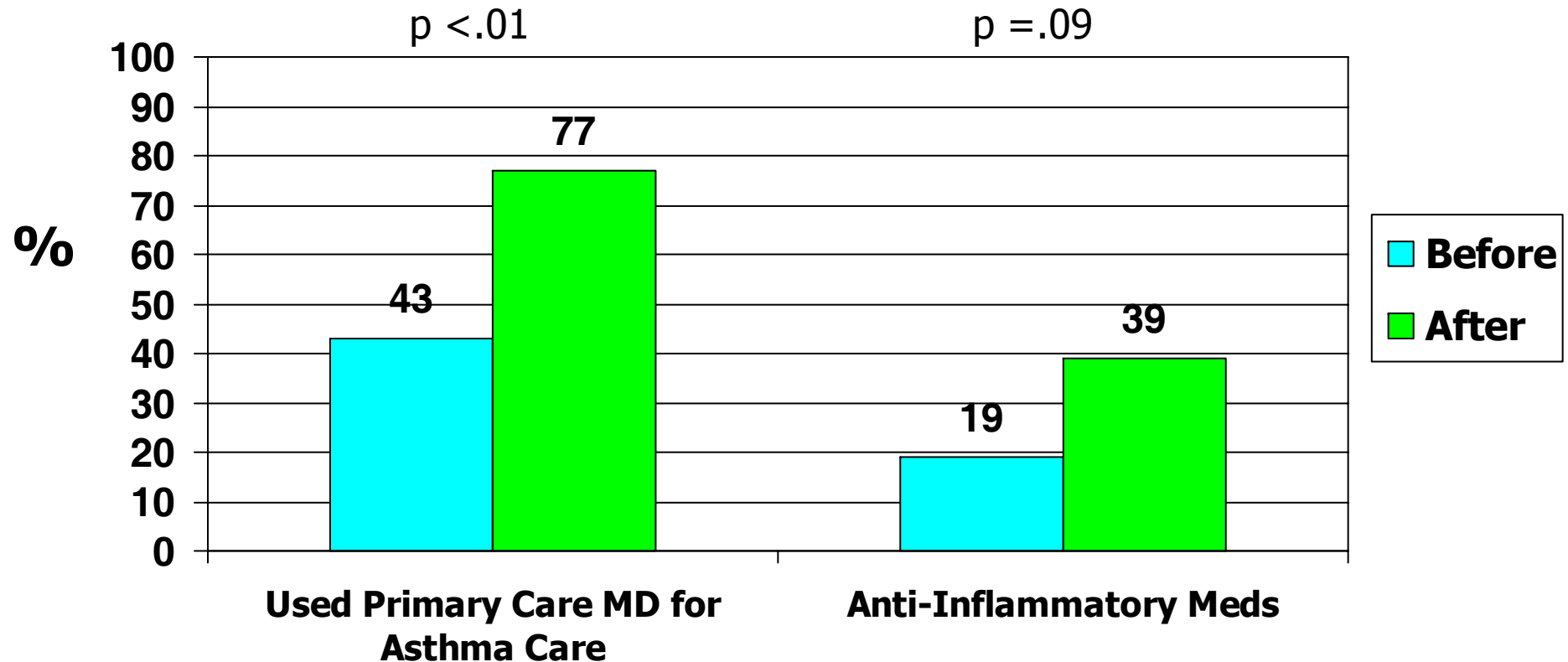




# Utilization for Asthma

	Before SCHIP	During SCHIP	P Value
<b>Hospitalized for Asthma</b>	11%	3%	.003
<b>Asthma Attacks (Mean #)</b>	9.5	3.8	.01

# Quality of Asthma Care Before and During SCHIP





## Question #3

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**So, What Did SCHIP  
Actually Do?**

**SCHIP improved health care among  
children with chronic diseases**



# Healthcare Among Children With Chronic Conditions

	Year Before SCHIP	Year During SCHIP
<b>Unmet Needs</b>		
<b>Overall</b>	<b>44%</b>	<b>32%</b>
<b>Specialty care</b>	<b>14%</b>	<b>5%</b>
<b>Most/all visits to USC</b>	<b>52%</b>	<b>80%</b>
<b>Parent Rating of quality (CAHPS, 1-10)</b>	<b>7.9</b>	<b>8.6</b>
<b>Parent worry about child</b>	<b>32%</b>	<b>15%</b>

*p<.05 for before vs after SCHIP*



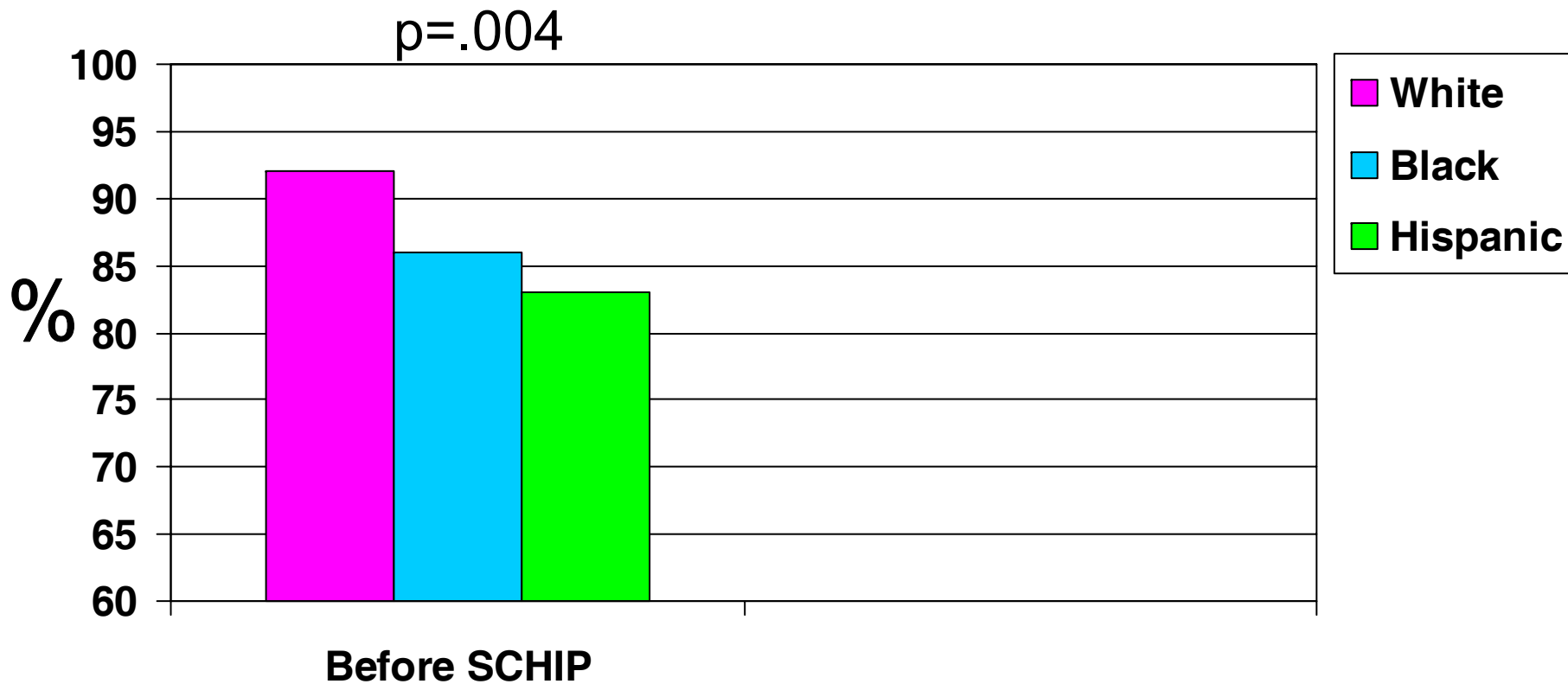
## Question #3

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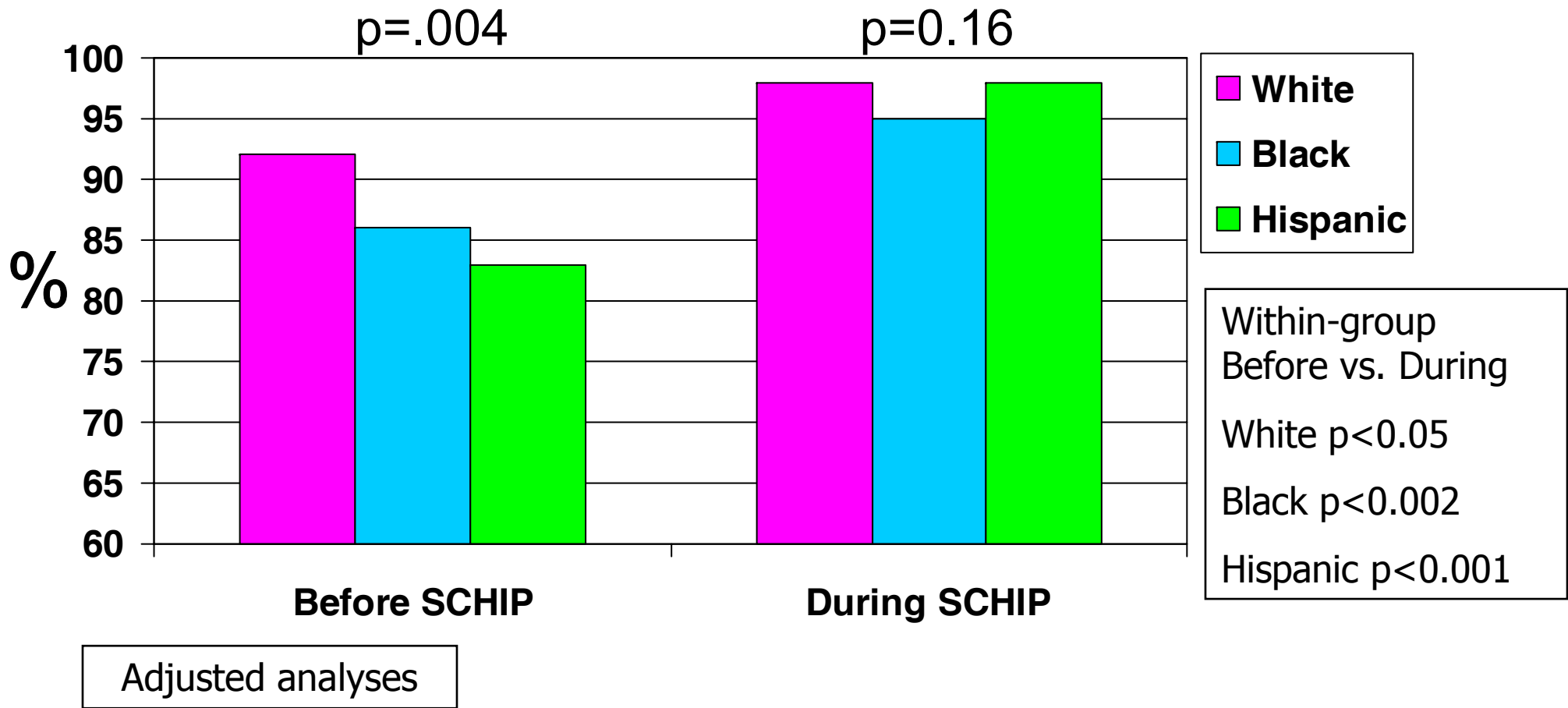
**SCHIP reduced pre-existing  
racial/ethnic disparities in care**

# Usual Source of Care (USC) Before SCHIP

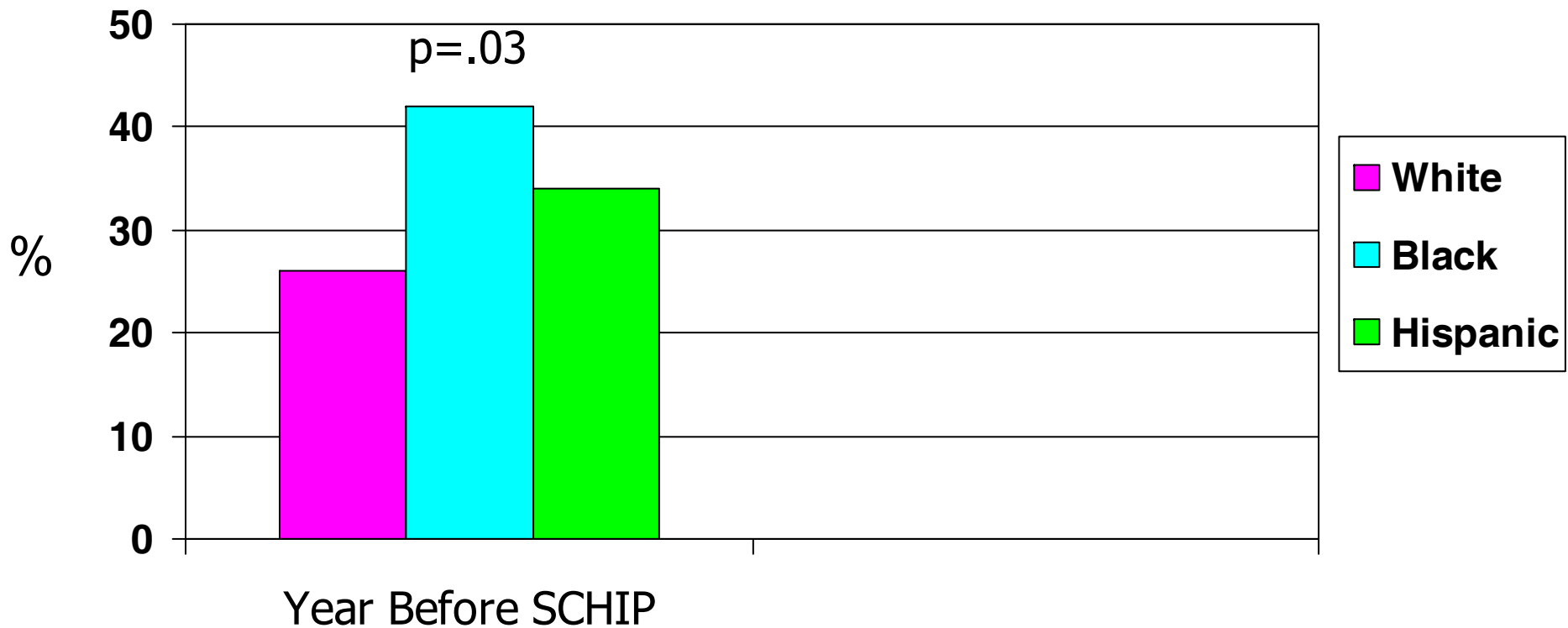


Adjusted analyses

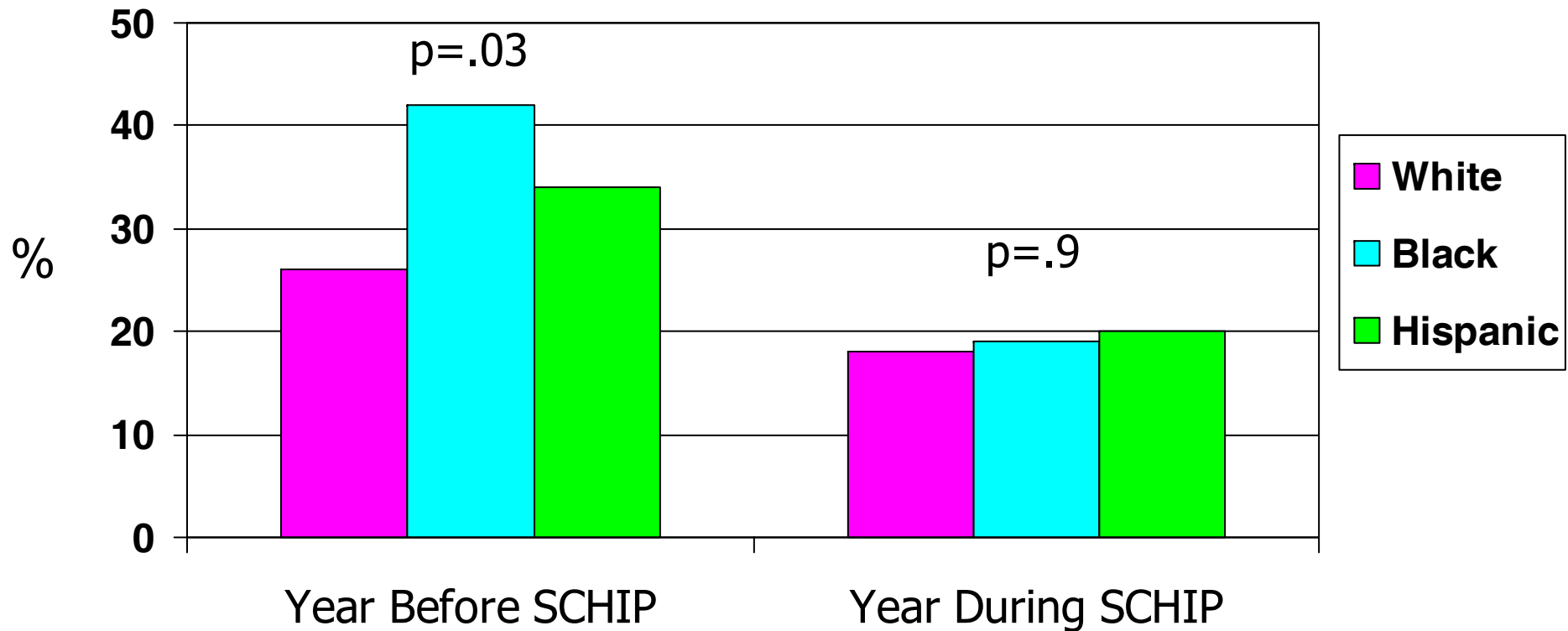
# Usual Source of Care (USC) SCHIP Impact



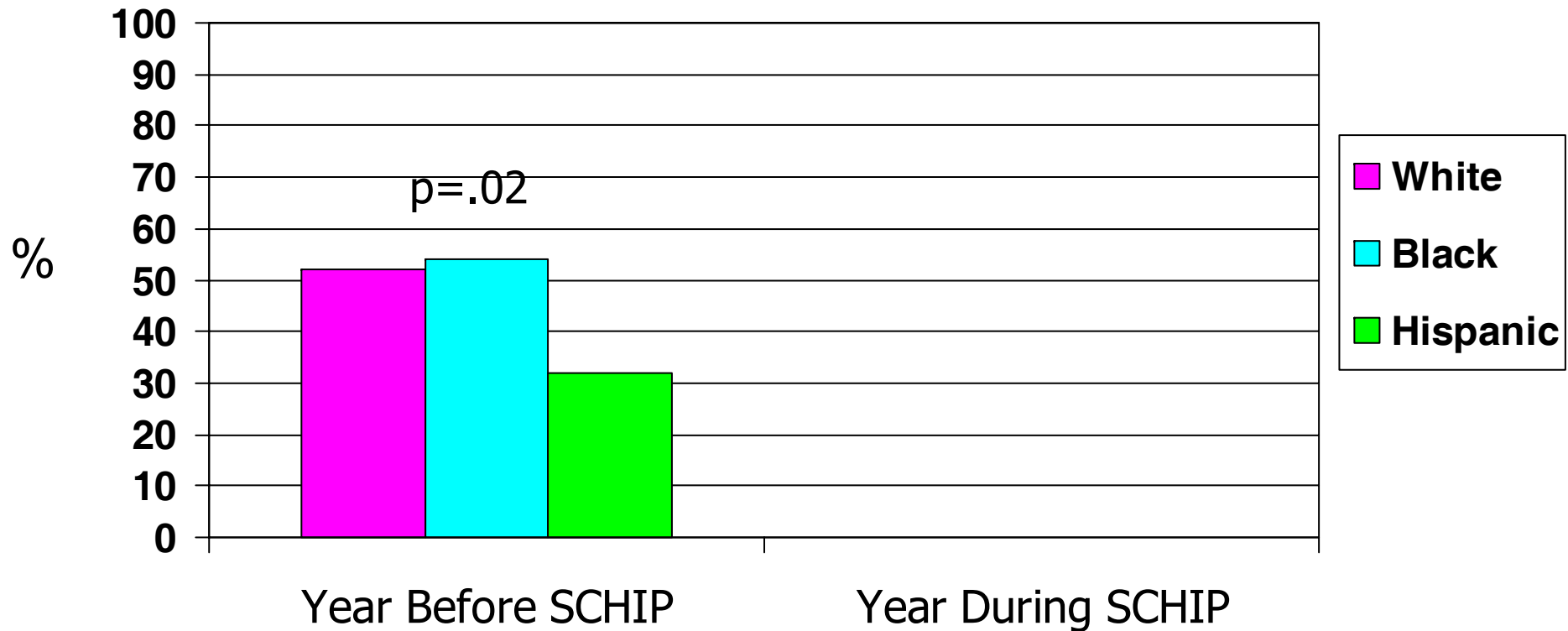
# Percent of Children with Unmet Needs for Care



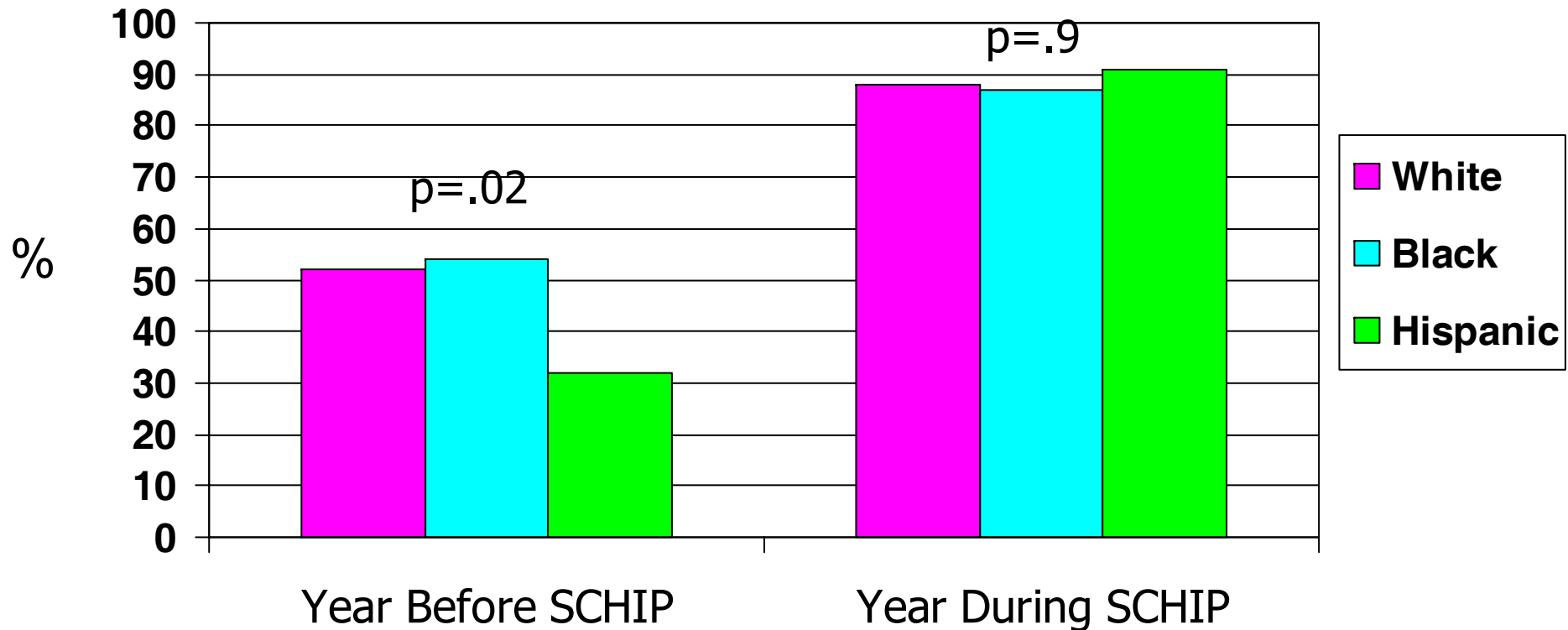
# Percent of Children with Unmet Needs for Care



# Percent of Children with Most/All Visits to USC



# Percent of Children with Most/All Visits to USC





# Uninsured Children and SCHIP

## Summary

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- Eligible children remain uninsured
- Uninsured children fare worse than insured children
- SCHIP (CHPlus) seems to be beneficial for children
  - Improved access to care
  - Improved quality of care
  - Reduced racial/ethnic disparities
- States CAN change this - Policy matters!
  - Within states (slow enrollment)
  - Across states (passive reenrollment)