



# Oregon Health Insurance Survey

## Health Status & Utilization Fact Sheet

# 2015

The Oregon Health Insurance Survey (OHIS) is an important source of information about health care coverage in the state. The survey provides detailed information about the impacts of health system reform efforts on health care coverage, access to care, and utilization. Data from the 2015 survey provides an early look at how changes due to the Affordable Care Act are impacting coverage. This fact sheet is part of a series exploring health insurance coverage using data from this survey, and presents several measures of health status and health care utilization broken out by coverage type. Health status, routine medical care, specialist care, emergency department use, and prescriptions are each discussed.

### HEALTH STATUS

We asked people to rank their overall health on a scale of poor, fair, good, very good, or excellent. Health status is a good foundation for understanding health care utilization because those with poorer health status are usually more likely to seek out health care.

Overall, 63% of respondents told us their health status was very good or excellent.

People with public coverage or that were uninsured were less likely to have excellent or very good health status, each around 50%.

By age group, kids 18 years old and under had the highest rates of very good or excellent health. The lowest rates of very good or excellent health care were among adults ages 35-64.

We also looked at characteristics of people who said they had fair or poor health status. Overall, 13% of respondents reported that their health status was fair or poor.

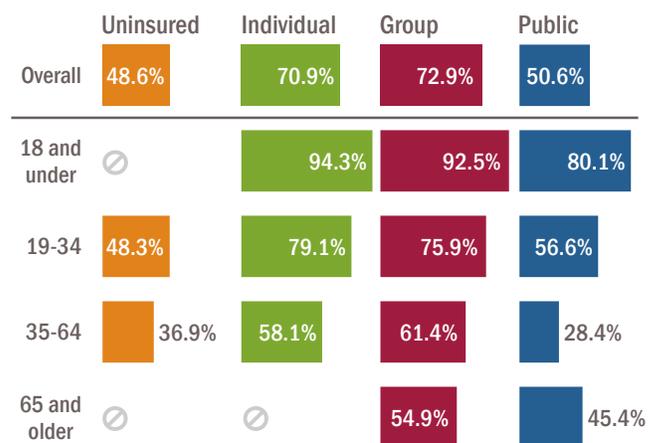
Respondents ages 35-64 with public coverage had the largest proportion with poor health, at over 40%.

People with public coverage as a whole reported the highest rate of poor or fair health. One reason for this is that public insurance includes many older adults, who tend to be sicker. Public coverage also includes younger adults with disabilities.

⊖ There were not enough responses in this group to report findings.

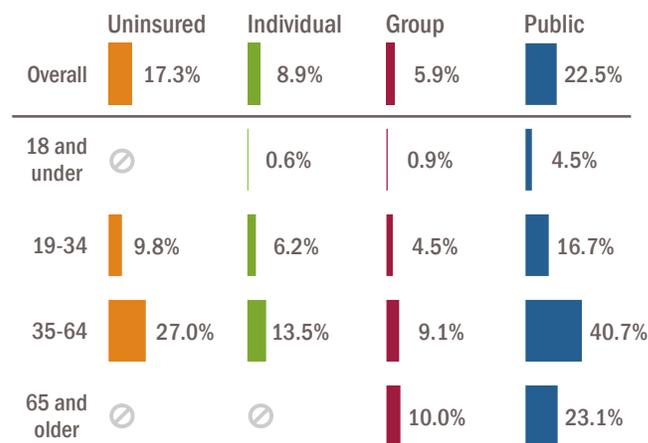
People with **individual** or **group** coverage were the most likely to have very good or excellent health status.

*Insurance coverage by very good or excellent health status.*



People with **public** coverage were most likely to report fair or poor health status.

*Insurance coverage by poor or fair health status.*



## TIME SINCE LAST CHECK-UP

Routine medical check-ups are an important part of preventative health care where patients are screened for diseases and given an overall health check. Most health plans fully cover annual physicals as well as routine check-ups more frequently for people with chronic conditions.

Routine medical care is a marker for access to health care services as well as a person's attitude toward use of health care. Routine care and check-ups can be important in the prevention of disease and maintenance of good health.

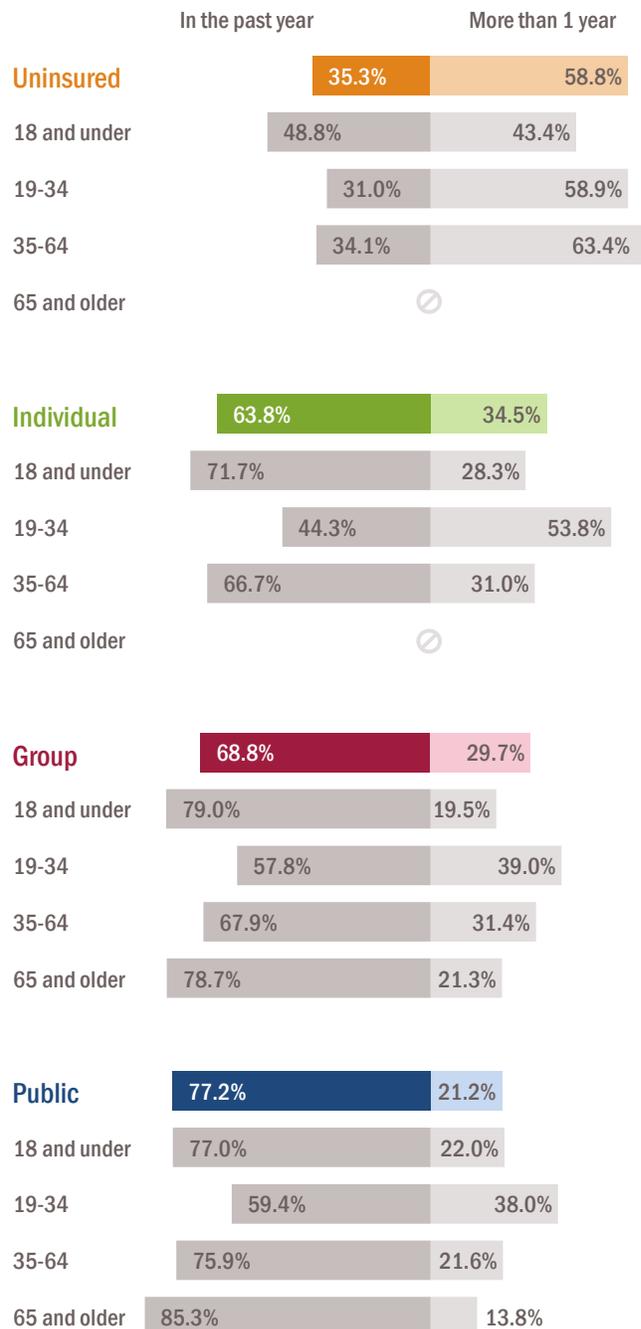
Overall, 70% of respondents had a routine check-up in the past year and people with public coverage were the group most likely to have a routine-check up in the past year. As shown on page 1 of this fact sheet, respondents with public coverage had poorer health status as a group. People with poorer health are likely to have conditions that require regular check-ups and, if they have access to health care, are likely to visit doctors on a regular basis.

Regardless of coverage type, adults aged 65 and older had the high rates of seeing a doctor for routine care in the past year. As an aging population, these adults are likely to have health problems that require maintenance and check-ups.

As a group, 19-34 year olds were the age group that were most likely to go longer than a year since their last routine check-up.

**Uninsured** respondents were more likely to have gone more than a year since their last routine medical care.

*Last time person had a routine check-up or medical care by coverage type.*



⊘ There were not enough responses in this group to report findings.

## TIME SINCE LAST SPECIALIST CARE

We asked respondents how long it had been since they went to a specialist for medical care. Specialists are doctors like surgeons, heart doctors, allergy doctors, skin doctors and others who specialize in one area of health care.

For a patient to receive specialist care they often need a referral from a primary care doctor. If a person does not have a regular doctor, they may have a more difficult time getting a referral to see a specialist.

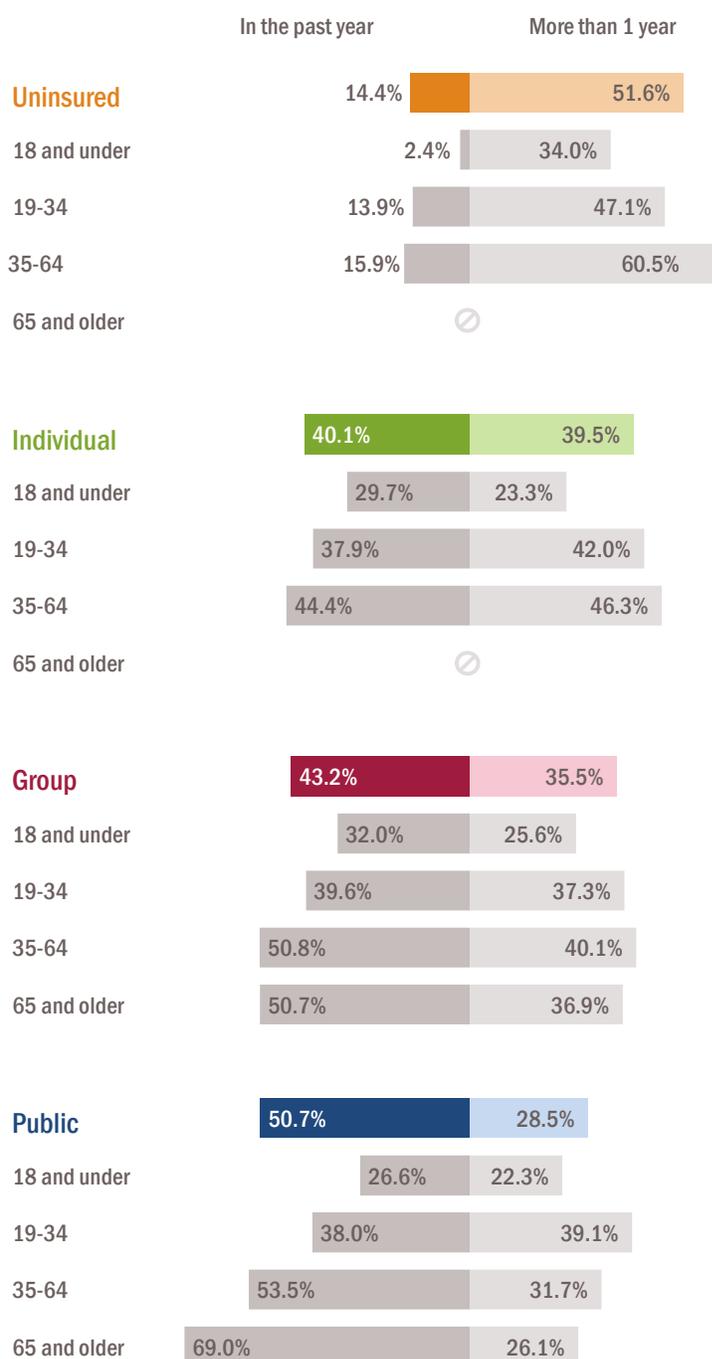
Specialist care is utilized more often by people with health concerns that require special treatment or management. If a person is in poorer overall health, they may require specialist care more frequently.

Overall, 45% of respondents told us they had seen a specialist for care in the past year. Uninsured Oregonians as a group were by far the least likely to see a specialist in the past year. Older adults ages 65 and older were the exception, with over 77% seeing a specialist in the last year. This was a relatively small sample, but the results are valid.

Across the three different types of health insurance coverage, people had fairly similar rates of going to a specialist in the past year. Recent use of specialist care increased with age.

**Uninsured** respondents were more likely to have more than a year since their last specialist care.

*Last time person had specialist care by coverage type.*



⊘ There were not enough responses in this group to report findings.

## EMERGENCY DEPARTMENT UTILIZATION

We examined emergency department (ED) use to understand if patients are getting the right care at the right time in the right setting. Emergency departments are sometimes used for problems that could have been better treated at a doctor's office or urgent care clinic. Reducing inappropriate ED use can help save costs and improve the health care experience for patients.

Of the people who told us they got health care in the past year, we asked how many times they went to the ED. Overall, 4% of respondents told us they had 3+ ED visits in the past year.

People without insurance and those with public coverage had higher rates of ED use in a year. Young adults had the highest rate of ED use in these coverage groups. People with Group coverage had the lowest rates of ED use.

We asked people who had at least one ED visit in the last year if their visit could have been treated by their regular doctor if one was available. This question helps to identify potentially avoidable ED use.

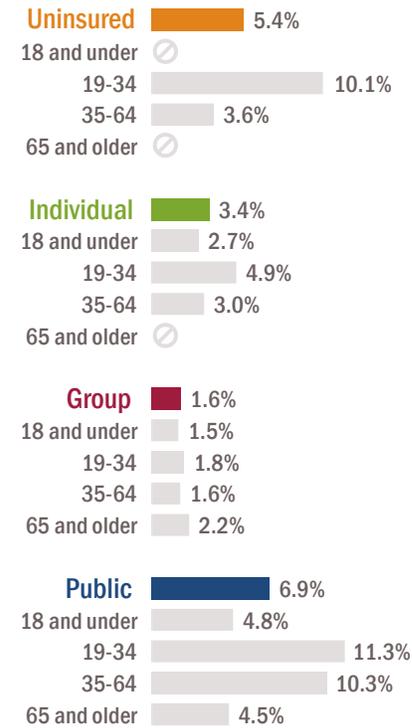
Overall, 41% of respondents said they could have seen their regular doctor if one was available. Unsurprisingly, respondents without health insurance were the most likely to say that they could have been treated by a regular doctor if one was available. By not having insurance coverage, these people would most likely not have a regular doctor.

Of people with some type of insurance coverage, about a third of those with either individual or group insurance went to the ED because a regular doctor was not available. People with public coverage had a little higher rate at over 40%.

⊘ There were not enough responses in this group to report findings.

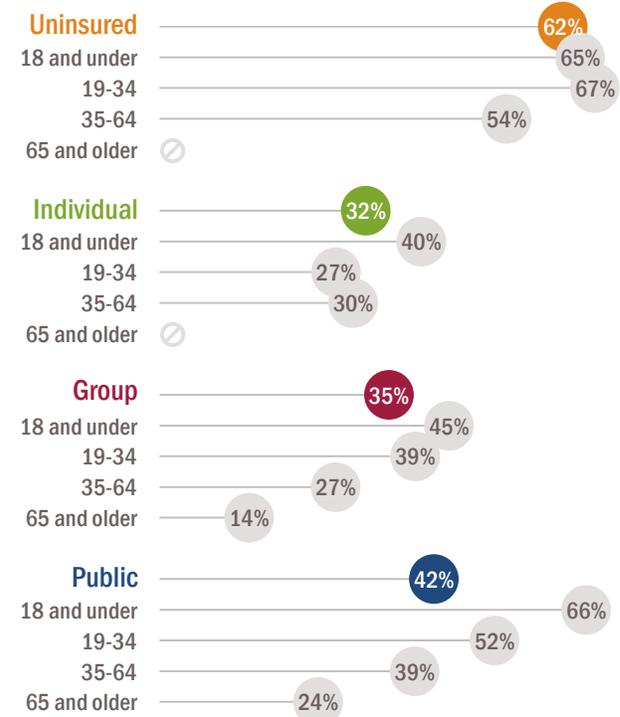
## People with public insurance were most likely to have had 3 or more ED visits in the past year.

Percentage with ED visit 3 or more times in the last year.



## Uninsured Oregonians were the most likely to use the ED for non-urgent health concerns.

Most recent ED visit could have been treated by a regular doctor if one was available.



## REASONS FOR EMERGENCY DEPARTMENT USE

We asked people who had at least one ED visit in the past year to tell us why they went to the ED. Respondents were given a list of reasons why some people go to the ED other than for emergency situations. They were able to select more than one response or none at all.

Overall, 48% of respondents stated that they went to the ED because they could not get an appointment with their regular doctor. 43% stated that they used the ED because they needed care after hours. A concern is that some people use the ED in place of primary care. Long wait times to schedule appointments and limited office hours impact how patients use hospital emergency departments.

## INPATIENT HOSPITAL UTILIZATION

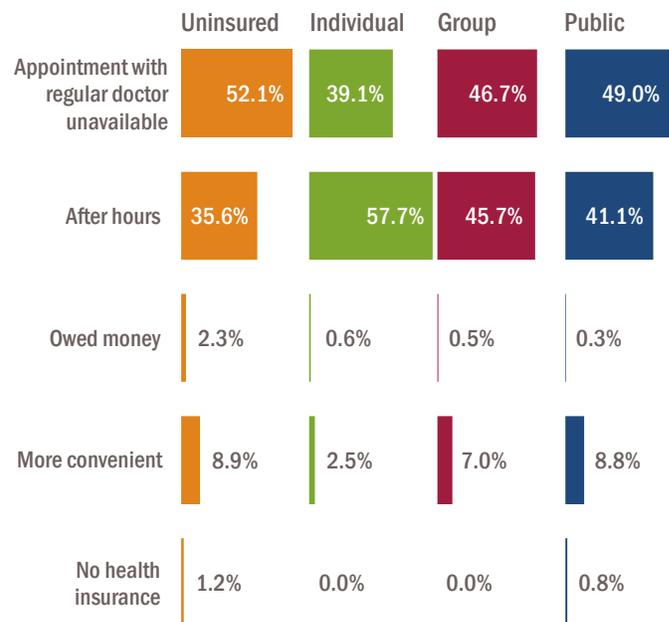
From the group of people that went to a doctor or a health care facility in the past year, we asked how many had an overnight hospital stay in the past year, other than to have a baby. Overnight care in the hospital is usually associated with severe injuries or illnesses that require a high level of care. The cost of inpatient hospital care can be very large to both insurers and patients.

Overall, 8.5% of respondents that went to a doctor or health care facility in the past year had an inpatient hospital stay in the past year. People with public insurance had the highest rate of hospital inpatient care, which aligns with patterns of health status described earlier in this report. Adults age 65 and older are almost entirely on Medicare and as an aging population, typically have more severe health conditions, which may lead to hospitalizations.

⊖ There were not enough responses in this group to report findings.

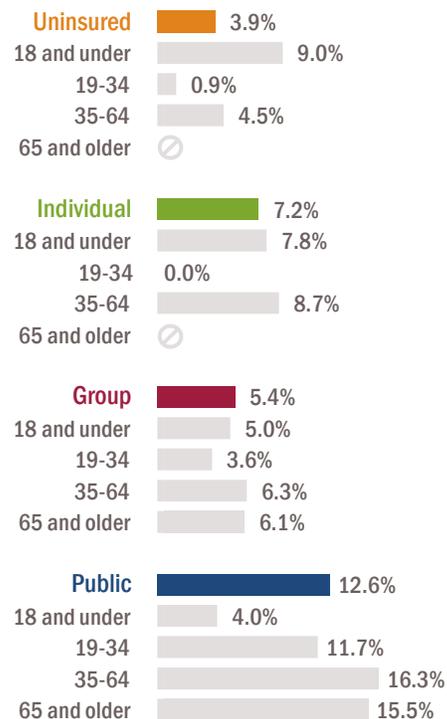
People reported that they were most likely to use the ED for non-emergency care if an appointment was not available with their regular doctor.

*Reason for most recent visit to the ED, other than for an emergency.*



People with public insurance coverage were most likely to have had an overnight hospital stay.

*Percentage with an inpatient hospital stay in the last year.*



## PRESCRIPTION DRUG UTILIZATION

Prescription drugs are covered in most insurance plans, but there are many differences in how much money people pay out-of-pocket for their prescriptions, which can affect people's access to needed medications.

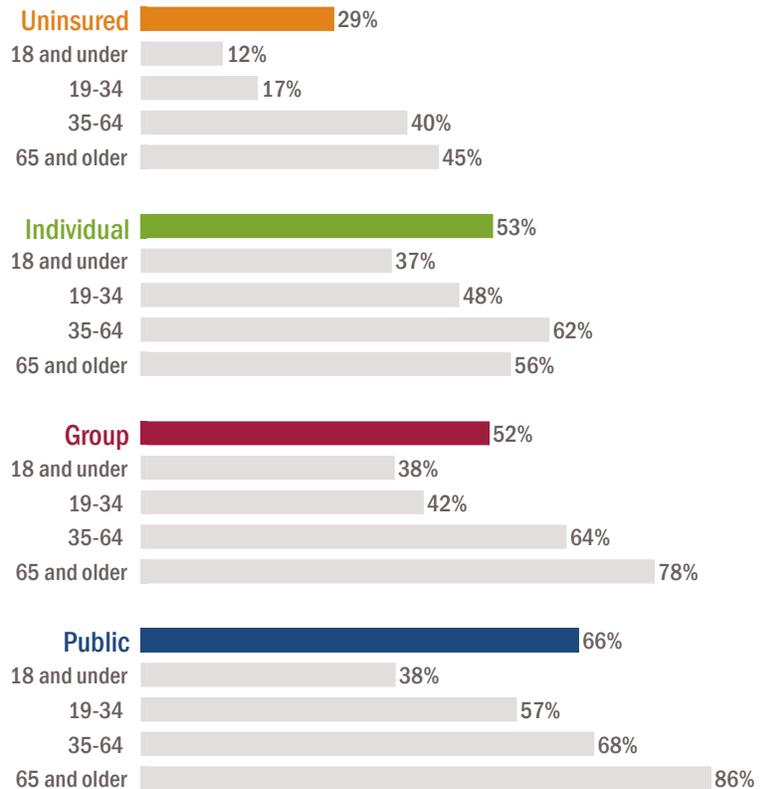
We asked respondents if they took any prescription drugs for an illness or chronic condition in the past year.

Two thirds of Oregonians with public insurance said they used a prescription drug in the past year. However, over 50% of people with individual or group coverage also used a prescription drug in the past year.

Across the coverage types, prescription use trended upward as age increased.

People with **public** insurance were most likely to have prescriptions.

*Percentage that used a prescription drug in the last year.*



The Oregon Health Insurance Survey (OHIS) collects information about health insurance coverage, access to care, and utilization in Oregon. The survey is fielded every two years, and data in this fact sheet is from the 2015 survey. More than 9,000 Oregonians completed the survey between April and September of 2015. The survey sample drew from a list of all residential addresses in Oregon, and respondents were given the opportunity to complete the survey via phone, online, or paper versions. For more information about OHIS methods and results, go to: [www.oregon.gov/oha/OHPR/RSCH/Pages/Insurance\\_Data.aspx](http://www.oregon.gov/oha/OHPR/RSCH/Pages/Insurance_Data.aspx)

This fact sheet was prepared by Rebekah Gould for the Oregon Health Authority's Office of Health Analytics. The Office of Health Analytics collects and analyzes data to inform policy, monitor progress toward transformation goals, and evaluate programs. The Office supports OHA efforts to further the triple aim goals of better health, better care, and lower costs.

For questions or comments about this fact sheet, please contact [ohis.admin@state.or.us](mailto:ohis.admin@state.or.us).

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