Out-of-Pocket Health Care Expenditure Burdens Among Nonelderly Adults With Heart Disease
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Research Goals
To examine:
• Prevalence of high burdens among the nonelderly population with heart disease
• Variation in burdens by socio-demographic variables
• Mean out-of-pocket expenditures by service type
• Financial barriers to care

Measure of Financial Burden
Burden = Total Family Spending/Family Income

Insurance Status and Premiums
Insurance status:
• Private group (employment-related) insurance
• Private non-group (individual) insurance
• Public insurance
• No coverage

Out-of-pocket premiums are collected from household respondents for private group coverage and private non-group coverage.
We simulate Medicare Part B premiums taking into account that Medicare pays the premiums for Part B for those enrolled in Medicaid.

Summary of Results
• Among nonelderly adults with treatment for heart disease, those with private non-group insurance were the most likely to have high burdens (48.9%), followed by the uninsured (26.4%), those with public insurance (19.8%), and those with private group insurance (11.4%)
• A significant proportion of those with high total burdens said they were unable to get care (18.5%) or said they had to delay care (15.5%) due to financial reasons. Among those with high total burdens, 27.8% among those with public coverage and 44.8% among the uninsured said they were unable to get care due to financial reasons.
• Prevalence of high burdens is significantly higher among those who had treatment for at least one other chronic condition in addition to heart disease treatment (9.9% versus 16.5%) (results not shown)
• In our sample, 87% of adults with heart disease treatment also had treatment for at least one other chronic condition
• Treatment for heart disease accounts for only 16% of total out-of-pocket expenditures on care among adults with treatment for heart disease
• These findings highlight the importance of taking into account all health related expenditures in examining out-of-pocket burdens rather than condition-specific treatment costs

Data
Medical Expenditure Panel Survey (MEPS) 2008-2011
• The MEPS sample is selected from households that participated in the prior year’s National Health Interview Survey
• MEPS is a 2-year rotating panel of households designed to yield nationally representative estimates of health care expenditures for the civilian, noninstitutionalized population

Sample
Nonelderly adults (ages 18-64)
• We classify persons into three mutually exclusive categories:
  • Heart disease (persons with one or more medical events associated with Clinical Classification Software (CCS) codes 96, 97, and 100-108) N=4,577
  • Other chronic conditions (persons with one or more medical events associated with heart disease, but have one or more medical events associated with other chronic conditions) N=40,236
  • No chronic condition (persons with no medical events associated with heart disease, but have one or more medical events associated with other chronic conditions) N=58,045

Medical Conditions
• Our main analysis is based on “treated prevalence,” i.e., persons who report medical treatment anytime during a year
• Medical conditions are collected from households verbally and coded by professional coders using the International Classification of Diseases, Ninth Revision (ICD-9)
• Condition categories are created using AHRQ’s CCS, which compiles ICD-9 codes into clinically meaningful categories

Discussion
• With the implementation of the Affordable Care Act, nonelderly adults with heart disease who are currently uninsured will gain access to affordable coverage through the exchanges
• Furthermore, the Affordable Care Act set limits on out-of-pocket spending for deductibles, coinsurance, and copayments. For the plan year beginning in 2014, the annual limitation on out-of-pocket maximums will be $6,350 for an individual and $12,700 for a family1
• Coverage through the exchanges and caps on out-of-pocket spending are likely to reduce the prevalence of high burdens among adults with heart disease
• This study provides a pre-Affordable Care Act baseline against which the effect of the health reform on financial burdens among adults with heart disease can be measured

1For employers with multiple benefit managers out-of-pocket spending limits have been propagated to 2013.