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Massachusetts As Model: Does Health Insurance Ensure Access To Care?

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The person elected to fill the U.S. Senate seat left empty by the late Edward M. Kennedy could end up voting on the national health care reform bill being debated in Congress -- legislation that Kennedy championed for much of his decades-long career. Here, Kennedy makes a plea for national health insurance in 1978. (AP)

When Massachusetts elects a new U.S. senator in January, that person could end up voting on the national health care reform bill being debated in Congress. The proposal is being modeled in part after the health reform law passed here in 2006 — and three years later, the state is still grappling with some of the details.

This is the second in a two-part series on the key political lessons of Massachusetts' health care reform law, as WBUR's Sacha Pfeiffer and Karen Brown of member station WFCR in western Massachusetts team up to look at the importance of health care access.

Does Insurance Ensure Access To Care?

Even though most people in Massachusetts now have health insurance, critics like Mark Rukavina say that definitely doesn't mean they all have access to health care.

“As the cost of health care has continued to climb, employers that are trying to maintain coverage for their workers have often been left with little choice but to increase the cost-sharing for their employees,” says Rukavina, who heads the Boston non-profit The Access Project.

In this case, cost-sharing refers to how much you pay for your health insurance versus how much your employer pays. One thing people may not realize: If you can't afford your employer's health plan, you're stuck. You are automatically disqualified from the state's subsidized plan.

Part 1: Can The Nation Afford Health Reform?

Rukavina's non-profit hears from many people in Massachusetts who now have health coverage but who say they can barely afford the coverage on top of their credit-card bills and mortgages and other expenses.

“What we're seeing is increasing co-payments that in the past had been anywhere from \$5 to \$25 or \$35,” Rukavina says. “We're now seeing co-payments of \$50, \$100, even \$250 in some cases.”

Co-pays like that can sting. But people like Brian Rosman at the organization Health Care for All argue it is better to pay now for preventative care than to pay later.

“Catching a problem early is so much cheaper than letting medical problems linger and turn into big medical crises,” Rosman says. “If we can do that for more people, we will save costs for the system — it's been shown again and again.”

Why Aren't Insurance Premiums Going Down?

At least in theory, getting everyone insured — the sick and the healthy — should drive down insurance premiums. When healthy people pay into the system, they use fewer services, and the cost burden is shared more widely. But so far, premiums have not gone down; they are still going up.

Rosman agrees that is a problem. He is actually proposing legislation on a national level that would eliminate co-pays for preventative care.

That might improve access to care as far as paying for visits. But while that might be enough in the Boston area, there is still a shortage of providers in places like western Massachusetts.

Many doctors and hospital administrators in that region of the state think Massachusetts ramped up demand for medical care by helping people get insurance without making sure there was enough supply of doctors.

More than 400,000 people in Massachusetts now have health insurance because of state health reform — and many of those people understandably expect to get in to see a doctor,

especially if they are now paying premiums they did not before. For a lot of those people, this is their chance to finally get some basic health care they may have been putting off due to high cost.

But the number of primary care doctors is actually going down. This seems to be a bigger problem in western Massachusetts, which is more rural and has fewer primary care doctors per capita.

Dr. Kate Atkinson of Amherst says her practice was already stretched thin before health care reform. Ever since the reform law took effect, she has been overwhelmed. She has even had to close her practice to new patients.

“There was really just a flood of patients who needed doctors and these are people that take a lot of time,” Atkinson says. “And the reimbursement is less. But that’s not why we closed. It was really just that we didn’t have enough people here to see all the patients who needed to be seen.”

That is a problem in the Boston area also, with primary care doctors refusing to take new patients, and very long wait times for an appointment. Of course, a lot of that existed before health reform.

Is Reform Just Making Things Worse?

So, should health reform try to fix those problems, or has it actually exacerbated them?

Dr. Jaqueline Spain is medical director at the Holyoke Health Center, which has a four-month waiting list for new patients — much longer than it was before the health law.

“I think what we really need to do is increase the pool of primary care providers and let us spend more time with our patients,” Spain says. “I worry a lot that people are taking their precious family dollars, of which there are never enough, using it to purchase health care, and then not able to really access good health care.”

Reven Schendler is an example of this. She is a Northampton writer and someone you would think would be delighted by health reform. Her income is \$15,000 a year, which qualifies her for subsidized insurance from the state.

But while Schendler appreciates knowing she’s covered for catastrophic events, she’s barely used her new insurance card, even though she has a long-time primary care doctor.

“When I first went to my doctor, I was able to have an hour appointment with him and it really made sense,” Schendler said. “Now I have to wait four months to see him 15 minutes. I’d rather not see him.”

Basically, even if this sort of provider crunch is not a result of health care reform, it is a reminder that access to insurance is not the same as access to care.

That’s a dilemma they will have to deal with in Washington, as well.