

# NCI-AD and Health Care

## A Closer Look at Health Care Access and Preventive Services\*

### NCI-AD DATA SPOTLIGHT

Access to health care can impact a person's physical, social, and mental health status and quality of life.<sup>1</sup> Older adults and people with physical disabilities should have access to health care and preventive services to avert health crises, improve health outcomes, and live healthy lives. However, information collected by NCI-AD in 2018–19 reveals that nearly 1 out of every 5 respondents *did not* have a regular physical exam in the past year. Moreover, fewer than half had a dental exam in the past year, and only a quarter of respondents had a hearing exam. This is concerning given the impact hearing and oral health can have on quality of life.

#### Preventive Health Care Services:



**82%**

of respondents reported they had a physical exam in the last year.



**59%**

reported having a vision exam in the last year.



**40%**

of respondents reported having a dental exam in the last year.



**28%**

of respondents reported having a hearing exam in the last year.

*\*Information in this document comes from the more than 14,000 older adults and people with disabilities across 16 states who took part in the 2018–19 NCI-AD™ Adult Consumer Survey.*

NCI-AD DATA SPOTLIGHT

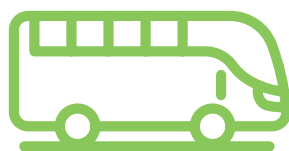
Data from the 2018–19 NCI-AD year showed people with reliable transportation to medical appointments were significantly more likely to make appointments with their primary care physician than those who did not. NCI-AD data also showed nearly 1 in 10 respondents went to the ER because they could not see their primary care doctor when they needed to. Greater access to preventive services may curb ER usage, an important consideration as ER services are typically more expensive than routine health services.<sup>2</sup> However, this can present challenges for states as over two-thirds of all Medicaid LTSS recipients are dually eligible for Medicare and Medicaid, where Medicare—not Medicaid—pays for preventive services.<sup>3</sup> Medicare also covers healthcare costs such as emergency room visits and hospitalizations. Any cost savings associated with these services due to preventive care returns to Medicare, not state Medicaid budgets.

Access to Health Care:



**85%**

reported being able to make an appointment with their primary care doctor.



**76% vs. 57%**

People who reported they have transportation to get to medical appointments were more likely than those who did not have transportation to report being able to make an appointment with their primary care doctor when they needed.



**8%**

reported they went to the ER in the past year because they could not see their primary care doctor when they needed to.

References

1. Healthy People 2030. Washington, DC: U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. Available from: <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care>
2. <https://www.pewtrusts.org/en/research-and-analysis/blogs/stateline/2015/2/24/states-strive-to-keep-medicaid-patients-out-of-the-emergency-department>
3. <https://www.medicaid.gov/medicaid/downloads/final-eval-dsgn-mltss.pdf>

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