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Review

Access to Gynecologic Oncologists in Ohio: The Role of Insurance Marketplaces and the Patient Protection and Affordable Care Act

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ABSTRACT

Background

The Affordable Care Act was passed in 2010, which provided a platform for states to develop insurance marketplaces. The goal of this legislation was to improve insurance coverage by providing more affordable options to patients. One metric of the Affordable Care Act was to improve access to comprehensive cancer care.

Objective

To identify to the effect of the Affordable Care Act on access to Gynecologic Oncologists in Ohio.

Study design

The Patient Protection and Affordable Health Care Act increased access to health insurance in Ohio, through Medicaid expansion and creation of a healthcare marketplace. We accessed information on access and usage of the healthcare marketplace in Ohio through Healthinsurance.org. We identified Gynecologic Oncology practices in Ohio through the Society of Gynecologic Oncology, and confirmed these practices by telephone. We communicated with each practice and identified which practices took marketplace health insurance. We also gathered information on changes in usage from 2014-2018. We then used descriptive statistics to identify access to a Gynecologic Oncologist though these exchanges.

Results

In 2017, there were 238,843 people enrolled in marketplace insurance (2% of the Ohio population). We identified 11 practices in Ohio with 39 Gynecologic Oncologists, and 11 marketplace insurance providers. Of these insurers, 7 could be clearly identified as providing access to 5 different Gynecologic Oncology practices. Of the 11 practices, 5 were confirmed to accept marketplace insurance (46%). Interestingly, 3 practices were unsure whether they took patients on marketplace insurance (27%), and 3 definitively did not take patients on marketplace insurance (27%). Each practice varied with how many exchanges they accepted, with 4 out of 5 accepting insurance through more than one insurer.

Conclusions

About half of the Gynecologic Oncology practices in Ohio accepted insurance through the insurance marketplace, which may limit patient access to a Gynecologic Oncologist.

Keywords: *ACA, access to care, Affordable Care Act, gynecologic oncology, healthcare exchange, insurance marketplace, Patient Protection and Affordable Care Act.*

HIGHLIGHTS

- The Patient Protection and Affordable Care Act (ACA) increased access to health insurance and created a marketplace for patients to find insurance providers
- Only about half of Gynecology Oncology practices in the State of Ohio accept marketplace insurance
- A patient's insurance provider affects accessibility to healthcare providers
- There are still significant gaps in patient access to Gynecologic Oncologists

INTRODUCTION

The passage of the Patient Protection and Affordable Care Act (ACA) by President Obama in 2010 provoked several changes to the way health insurance was made available to the public. In addition to the goals of improved quality and controlled cost of healthcare, the ACA sought to expand insurance coverage by expanding Medicaid and developing subsidized insurance "*marketplaces*" or "*exchanges*", thus diversifying insurance products available.

Since the implementation of the ACA major expansions in 2013, we have seen a decline in the uninsured rate among women aged 19-64 in the US, from 19% in 2013 to 11% in 2017; in Ohio, the uninsured rate in this group declined from 14% to 7%.[1] These are notable improvements in a short period of time.

The ACA targets many needs for reproductive age women, including coverage for contraceptive services, maternity care, abortion care, and cervical cancer screening.[2] Expanded coverage for cancer screening could increase early detection, and improve outcomes.[3] Another critical goal includes more accessible, affordable, and comprehensive cancer care across the country.[4]

With the establishment of these new exchanges and diversity of providers available, as well as with the objectives of improved women's health care, we were interested to see how this new avenue for acquiring insurance would affect patient access to Gynecologic Oncologist in the state of Ohio. The objectives of this study were to evaluate the current state of the marketplace in Ohio and to also try to evaluate the use of marketplace insurance by Gynecologic Oncology practices in Ohio.

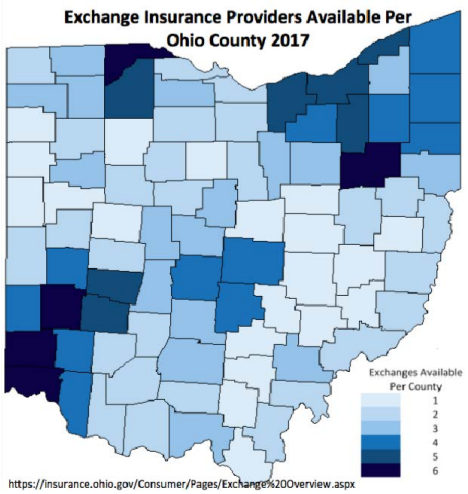
METHODS

Information was collected from HealthInsurance.org and the Ohio Department of Insurance on the usage of marketplace insurance in Ohio. Then, through the Society of Gynecologic Oncology (SGO), we identified Gynecology Oncology practices in the state of Ohio. These were confirmed via telephone. We communicated with each practice in the summer of 2017 and collected information via telephone interview on each practice's insurance acceptance for patients on a marketplace insurance. Descriptive statistics were then performed to assess access to Gynecologic Oncologists. As this study was based on non-human subject research, and data was collected from publicly available information, it was designated as International Review Board (IRB) exempt.

RESULTS

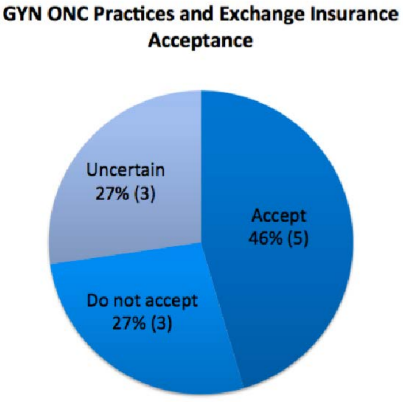
In 2017, there were 238,843 people enrolled in marketplace insurance, approximately 2% of the Ohio population. There were 11 insurance providers on the healthcare exchange for the state. Figure 1 shows marketplace insurance providers by Ohio country in 2017, with 88 counties in total. 77% (68 counties) had more than one insurer.[5,6]

Figure 1. Map showing distribution of insurers available per Ohio country in 2017.



There were 11 Gynecology Oncology practices identified, with 39 physicians. Geographically, practices were located in or near 4 major Ohio cities (Cleveland/Akron, Columbus, Toledo, and Cincinnati). When surveyed,[5] (46%) practices indicated they did accept marketplace insurance;[3] (27%) were uncertain if they did or did not accept it; and[3] (27%) did not accept marketplace insurance, as shown in Figure 2. The 5 practices that did accept marketplace insurance encompassed 22 of 39 Gynecologic Oncologists in Ohio (56%). Each practice varied with how many insurance providers they accepted, with 4 out of 5 accepting insurance through more than one provider. Through an online review of the insurers' referral centers, only 7 of the 11 marketplace insurers could be clearly identified as providing access to 5 different Gynecology Oncology practices in 2017, though these did not align with the results of our telephone survey of the practices.

Figure 2. Chart showing acceptance of marketplace insurance among Gynecologic Oncology practices in Ohio.



COMMENTARY

Principal Findings

Out of 11 Gynecology Oncology practices in Ohio in 2017, only about half accepted insurance through the insurance marketplace. Furthermore, only 7 of the 11 marketplace insurers were identified as provid-

ing access to Gynecologic Oncology specialists. This may severely limit patient access to a Gynecologic Oncologist.

Results

One of the major goals in establishing the ACA was to increase the insured population by establishing a variety of affordable, subsidized providers. Though the uninsured rate among women ages 19-64 declined from 14% to 7%, overall enrollment in marketplace insurance from 2016 to 2018 has been decreasing, as has the number of insurers available through the marketplace (Table 1). In 2016 100% of Ohio counties had at least two insurance providers available per county, while in 2018 that decreased to only about half (52%).[5] As fewer insurers become available both per state and per county, this calls into question the true accessibility of these marketplace products. Ohio is an ACA Medicaid expansion state, which may account for the overall decreased uninsured rate, but with fewer competitors on the market, there is less incentive for the insurers to maintain affordability for consumers.

Table 1. Marketplace insurance providers available by county, 2014-2018.[5]

Year	Counties with 2 or More Insurers (% of Counties)	Insurers	Enrollment
2014	(unavailable)	12	154668
2015	(unavailable)	16	234341
2016	88 (100%)	15	243715
2017	68 (77%)	11	238843
2018	46 (52%)	8	230127

Clinical Implications

It is a challenge to truly assess the nature of accessibility to Gynecologic Oncologists in Ohio, when only half of practices surveyed accepted marketplace insurance, and multiple practices were unsure whether or not they accepted marketplace insurance. As a patient seeking care in a healthcare system that is increasingly difficult to navigate, this could be a hurdle for patients in determining whether they are able to seek care from a particular physician. As referenced above, only 7 insurers were clearly identified as providing coverage for Gynecologic Oncologists. Where does that leave the remaining patients? An interesting study by Moss et al. found that women diagnosed with a gynecologic malignancy were actually more likely to be insured following the implementation of the ACA, but we are still failing patients that are insured and unable to navigate the system to connect with a Gynecologic Oncologist.[7] It may also be that patients are seeking care from medical oncology or gynecology.

A 2013 survey of women's knowledge and attitudes about the ACA and the associated reforms to women's healthcare found that 76% of women surveyed had negative or uncertain views of how the ACA would affect their care. Less educated, poor, and uninsured women were more likely to share these beliefs. The same demographic describes women with higher rates of unintended pregnancy, adverse birth outcomes, cancer-related mortality, and inequities in access to care. In other words, "*women who might benefit the greatest from the ACA were particularly uninformed*" of potential benefits.[8] With so many women lacking knowledge of the ACA, coupled with the preexisting challenges of navigating the complex healthcare system, it is unsettling how this problem may be amplified by medical providers' lack of knowledge of their own practices' policies in regards to utilizing ACA marketplace insurance.

The ACA is increasing healthcare coverage for women of reproductive age across the US, leaving fewer women uninsured, with younger women aged 18-24 less likely to be uninsured than older women.[2] As marketplace insurance enrollment is declining in Ohio, we may wonder whether this is potentially leaving older women-who account for a significant proportion of gynecology oncology patients-in an uncovered gap.

Strengths and Limitations

Our study has several strengths. It examines data that is publically available and begins to investigate the relationship between changes to insurance and patient access to care, since the introduction of the ACA. It also illustrates potential for improvement and the continued need for closure in gaps in insurance coverage. Limitations of our study are its by-design somewhat superficial nature; in performing this study via direct contact with practices by phone interview, the information available to us mimics what would be available to patients seeking care. This left room for recall bias, as it allowed practices to respond "*unsure*" if they did or did not accept marketplace insurance, whereas in reality this should be yes or no.

Research Implications

We were not able to assess the true effects of some practices not accepting marketplace insurance. However, our concern would be that patients may be getting treatment in practices which do not have physicians trained in gynecologic oncology, which we know has a negative effect on prognosis. Multiple studies have previously shown that factors such as high hospital and surgeon volume, and surgeon specialty in gynecologic oncology, improve outcomes for patients undergoing gynecologic cancer care.[9,10] For patients receiving insurance from a marketplace provider that does not provide access to gynecologic oncology, it would be interesting to investigate referral practices to determine where these patients are being evaluated and receiving treatment.

Another aspect, which we did not explore in this paper, is Medicaid acceptance by practices. We specifically were interested in the Marketplace insurance. Medicaid covers yet another subgroup of the insured population. With the Medicaid expansion provided for in the ACA, these effects could be profound in improving access to care, and should be further explored.

CONCLUSIONS

In our brief survey, 5 out of 11 Gynecologic oncology practices were identified as being accessible to patients with Marketplace insurance. These 5 practices translated to most of the Gynecologic oncology providers in the state. However, a significant number of practices either did not take Marketplace insurance or were not sure whether they accepted Marketplace insurance. This may affect a newly diagnosed patient's ability to access care either close to home or with a Gynecologic Oncologist.

Implementation of the ACA alone is not sufficient in delivering improved access to Gynecologic Oncologists and other women's healthcare. Barriers include continued gaps in coverage; limited product availability; and lack of knowledge on the side of medical provider, insurer, and patient. Improvements must be made on the part of medical practices to be better informed of their availability for specific insurance providers. Insurers must simplify access of information for patients, streamline accessibility, and clarify coverage. The marketplace must continue to provide options for patients to choose what is best for them. And as physicians, we must educate and advocate for our patients

by influencing the broader national discussion surrounding women's healthcare reform.

AUTHOR CONTRIBUTIONS

Bogna N. Brzezinska, MD: primary author; completed a review of the literature, assisted with data collection and analysis, presents paper for submission in the attached manuscript.

Kellie S. Rath, MD: Gynecologic Oncologist at our institution, helped to review and edit manuscript.

Aine E. Clements, MD: Gynecologic Oncologist overseeing this study, assisted with data collection and analysis, edited manuscript.

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