

Is the Affordable Care Act Helping Consumers Get Health Care?

Findings from the Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017

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With the Affordable Care Act (ACA)'s open enrollment period for marketplace plans under way, most attention has focused on the cost of this coverage. But what about consumers' views about the doctors covered by their insurance and their ability to get timely care from primary care physicians and specialists?

The Commonwealth Fund's Affordable Care Act Tracking Survey provides some answers. Between March and June 2017, the survey research firm SSRS contacted a random, nationally representative sample of 4,813 U.S. adults ages 19 to 64, including 1,204 adults ages 19 to 64 who had either marketplace or Medicaid coverage. The survey's overall margin of error is +/- 1.8 percentage points at the 95 percent confidence level. Learn more about the [survey methods](#).

HIGHLIGHTS


Adults enrolled in an Affordable Care Act marketplace plan or in Medicaid were asked about:

- ▶ **ACCESS TO CARE** 65 percent who used their coverage to get health care reported they would not have been able to access or afford this care prior to enrolling.
- ▶ **NETWORK SATISFACTION** 87 percent were satisfied with the doctors covered by their current insurance.
- ▶ **FINDING A NEW PHYSICIAN** 64 percent who tried to find a new primary care doctor since getting their insurance said it was somewhat or very easy to do so.
- ▶ **GETTING APPOINTMENTS** 74 percent who tried to get a primary care doctor appointment and 59 percent who tried to get a specialist appointment found one within two weeks.

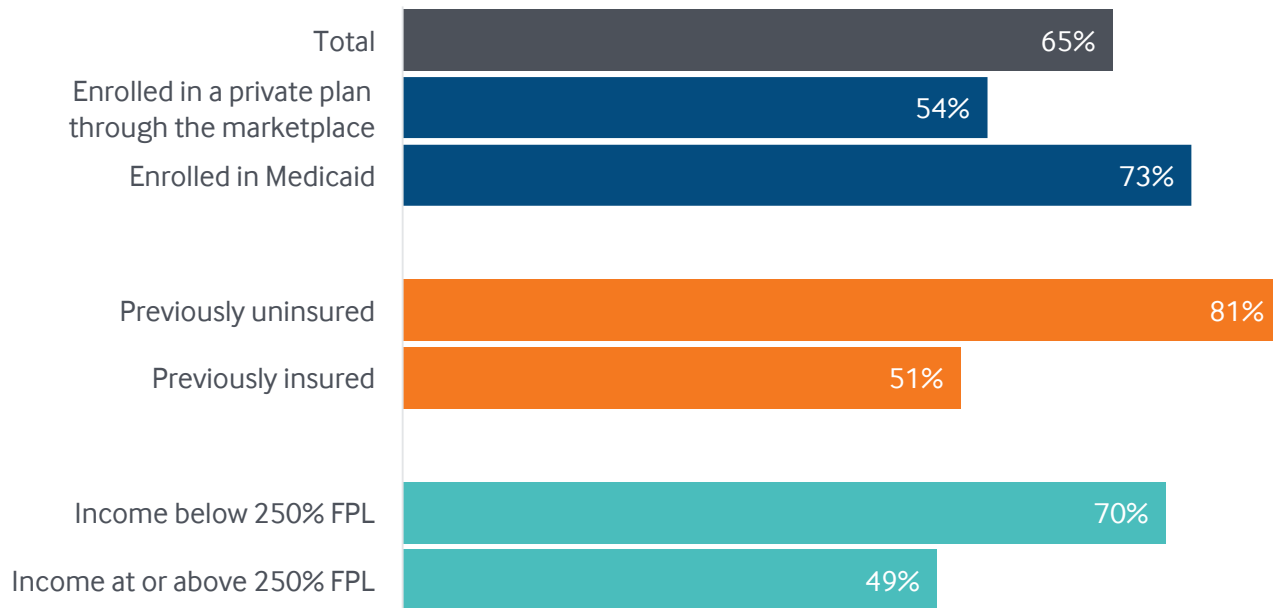
Visit the Commonwealth Fund's [Affordable Care Act Tracking Survey interactive dashboard](#) for more survey findings.



A majority of marketplace and Medicaid enrollees report getting health care they could not have afforded prior to having their coverage.

 Prior to getting your Medicaid or health coverage through the marketplace, would you have been able to access and/or afford this care?

Percent who said “no”



Adults ages 19–64 who are currently enrolled in marketplace coverage or Medicaid and have used their new health insurance plan*

Eight of 10 adults (79%) enrolled in a marketplace plan or in Medicaid said they had used their coverage to go to a doctor, hospital, or other health care provider or to fill a prescription (data not shown). Of this group, 65 percent said they would not have been able to access or afford this care prior to getting this coverage. People enrolled in Medicaid, those previously uninsured, and those with low incomes were significantly more likely than comparison groups to say they could not have accessed or afforded this care before.

Note: FPL = federal poverty level.

* 79% of adults ages 19–64 who are currently enrolled in marketplace coverage or Medicaid reported they had used their coverage to visit a doctor, hospital, or other health care provider, or to pay for prescription drugs.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

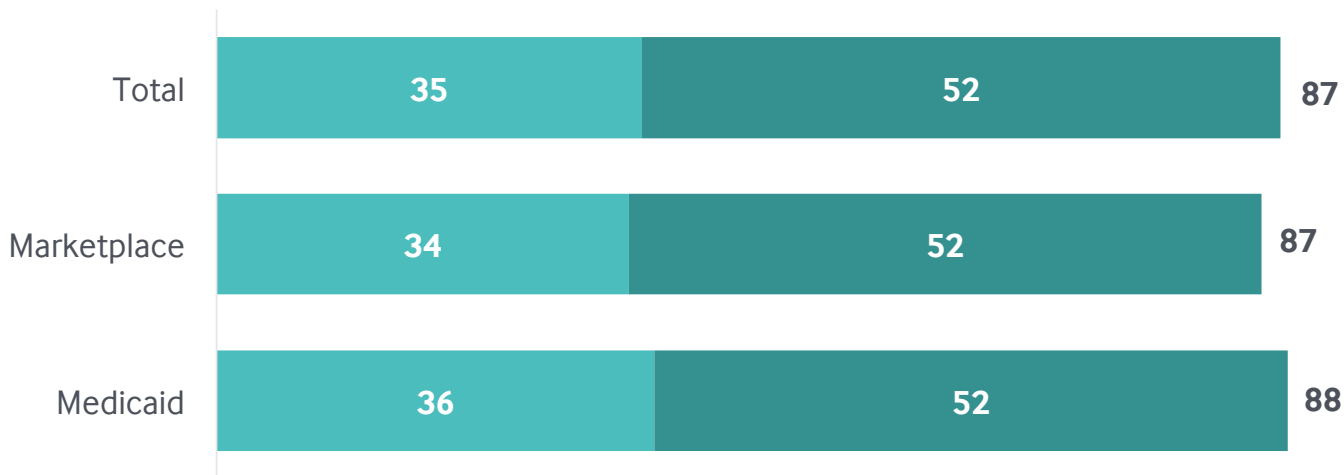
Nearly all marketplace and Medicaid enrollees are satisfied with their doctors.



How satisfied are you with the doctors covered by your current insurance?

Percent who said “somewhat satisfied” or “very satisfied”

■ Somewhat satisfied ■ Very satisfied



Adults ages 19–64 who have marketplace or Medicaid coverage

Most enrollees (87%) with marketplace or Medicaid coverage reported being very or somewhat satisfied with the doctors covered by their insurance. There was no difference in satisfaction between marketplace and Medicaid enrollees.

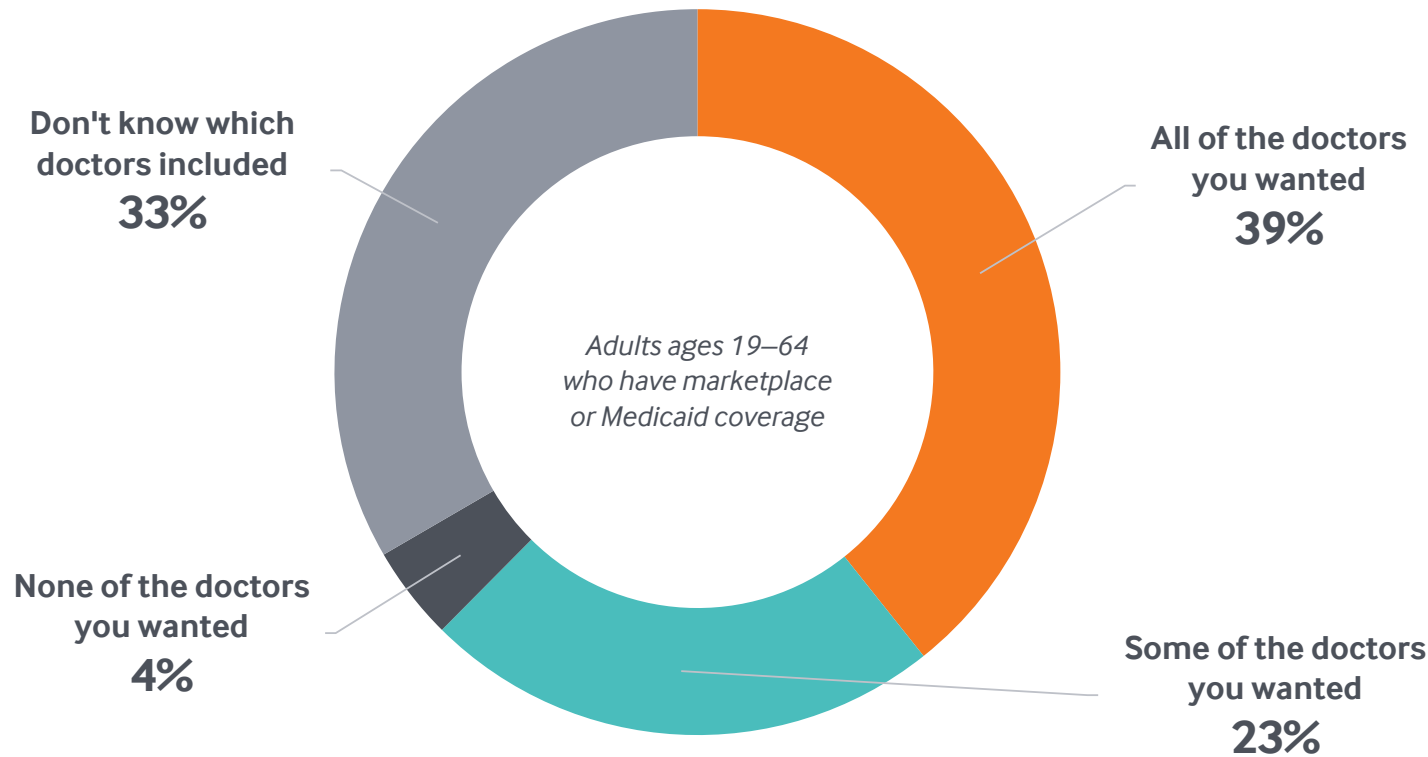
Note: Segments may not sum to subtotals because of rounding.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

More than three of five marketplace and Medicaid enrollees have insurance that includes all or some of the doctors they want.




Does your current insurance include all, some, or none of the doctors that you wanted or do you not know which doctors are included on your plan?

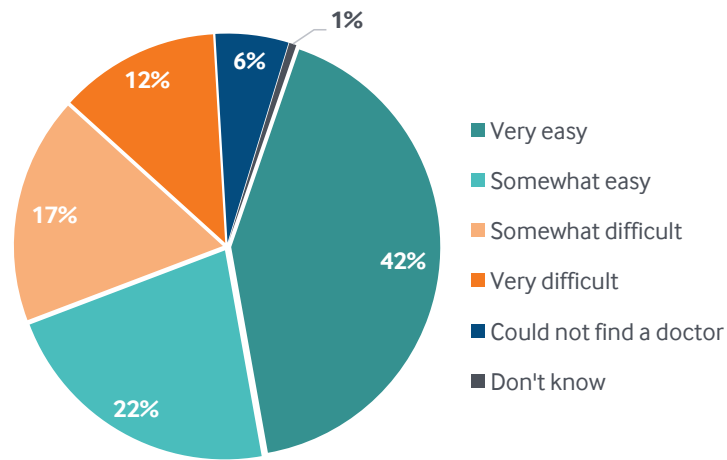


Most marketplace and Medicaid enrollees say that their health plan networks include all or some of the doctors they want.


Note: Segments may not sum to 100 percent because of rounding.
Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

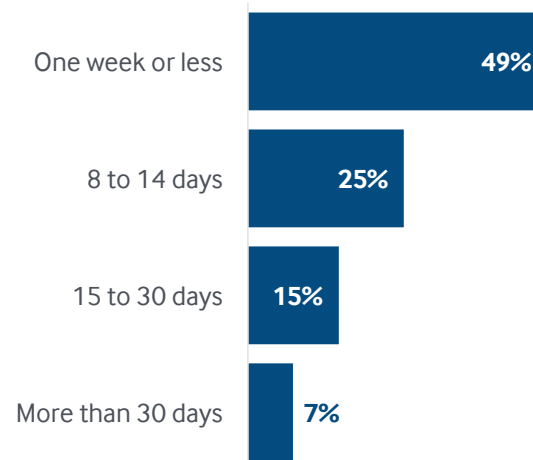
Two-thirds of adults with Medicaid or marketplace coverage who tried to find a new primary care doctor found it very or somewhat easy to do so — similar to the experience of all insured Americans.

 How easy or difficult was it for you to find a new primary care doctor or general doctor?



Adults ages 19–64 who are currently enrolled in marketplace coverage or Medicaid and tried to find a primary care doctor or general doctor since getting coverage*

 How long did you have to wait to get your last appointment to see this doctor?^



One-quarter of marketplace and Medicaid enrollees have tried to find a new primary care or general doctor since getting their insurance (data not shown). Of this group, 64 percent said it was somewhat or very easy to find one. That is similar to rates seen in other studies for insured adults overall who had coverage for the full year.¹


About three-quarters of marketplace and Medicaid enrollees who found a new primary care doctor could get an appointment with that doctor within two weeks the last time they tried. Again, this is similar to wait times reported by continuously insured adults in other surveys.²

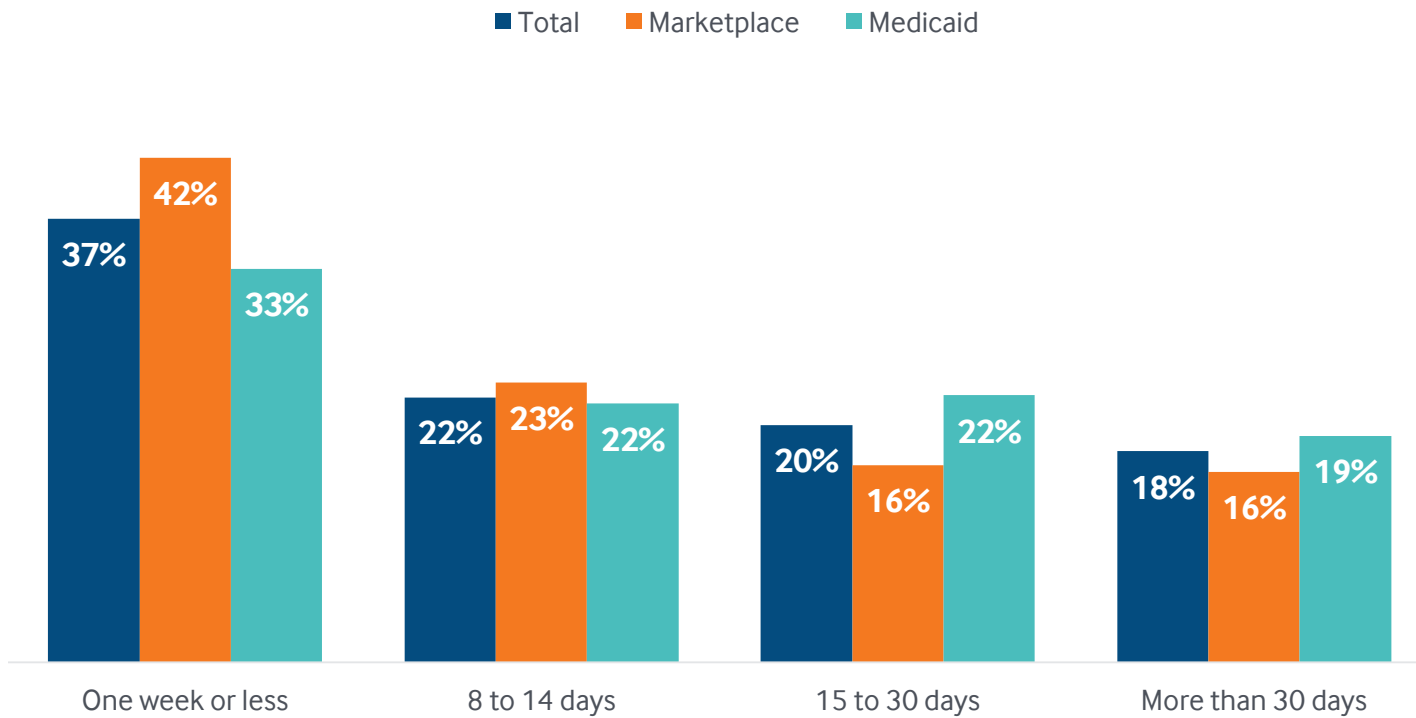
^ Among those who found a primary care doctor.

* 25% of adults ages 19–64 who are currently enrolled in marketplace coverage or Medicaid tried to find a primary care or general doctor.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Three of five adults with marketplace or Medicaid coverage who needed to see a specialist waited two weeks or less.

 How long did you have to wait to get your last appointment to see the specialist?



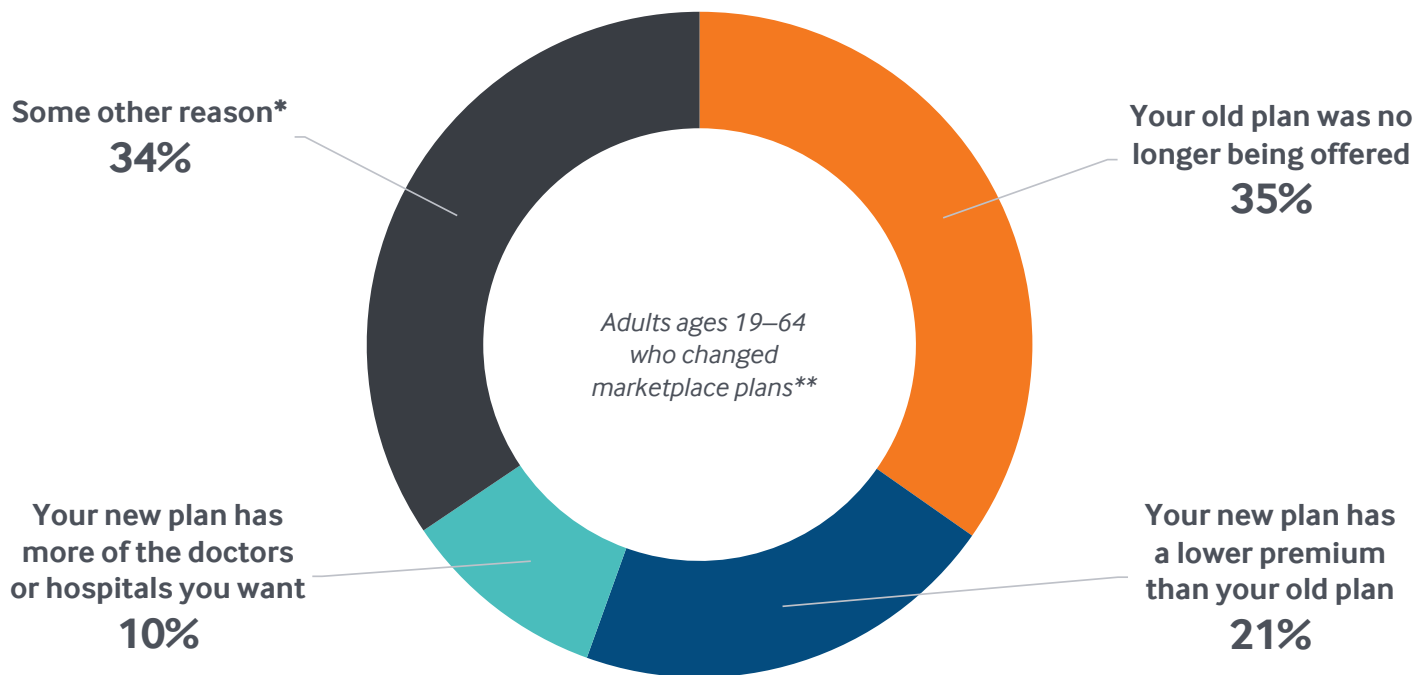
*Adults ages 19–64 who are currently enrolled in marketplace coverage or Medicaid and needed to see a specialist**

Wait times for specialists also largely mirrored rates found for other insured adults.³ Half of marketplace and Medicaid enrollees needed to see a specialist during the time they had their coverage (data not shown). Of those, 59 percent could secure an appointment within two weeks.

* 50% of adults ages 19–64 who are currently enrolled in marketplace coverage Medicaid needed to see a specialist doctor.
Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Relatively few marketplace enrollees who changed plans did so to get more of the doctors they wanted.

 What is the **main** reason you changed plans?



Among adults who had changed their marketplace plans, only 10 percent did so to get more of the doctors or hospitals they wanted. But more than one-third (35%) switched plans because their old plan was no longer being offered, while 21 percent switched to get a lower premium. Another third (34%) said they switched for some other reason.⁴

* "Some other reason" includes those who responded "Don't know/refused."

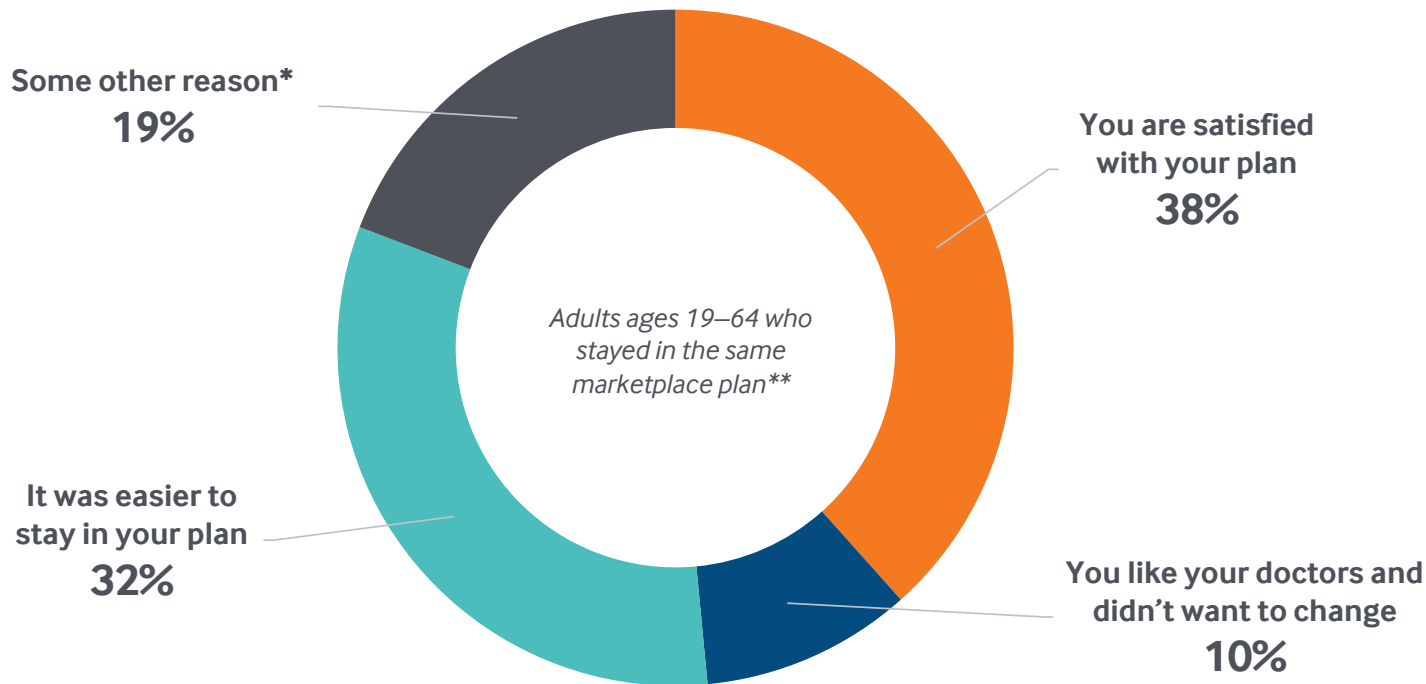
** 42 percent of adults ages 19–64 who have had marketplace coverage since before January 2017 switched plans since enrolling.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Just 10 percent of marketplace enrollees who stayed in the same plan did so because they didn't want to change doctors.



What is the **main** reason you kept the same plan?



Only 10 percent of marketplace enrollees who have kept their same plan said they did so because they liked the doctors in their network.


Note: Segments may not sum to 100 percent because of rounding.

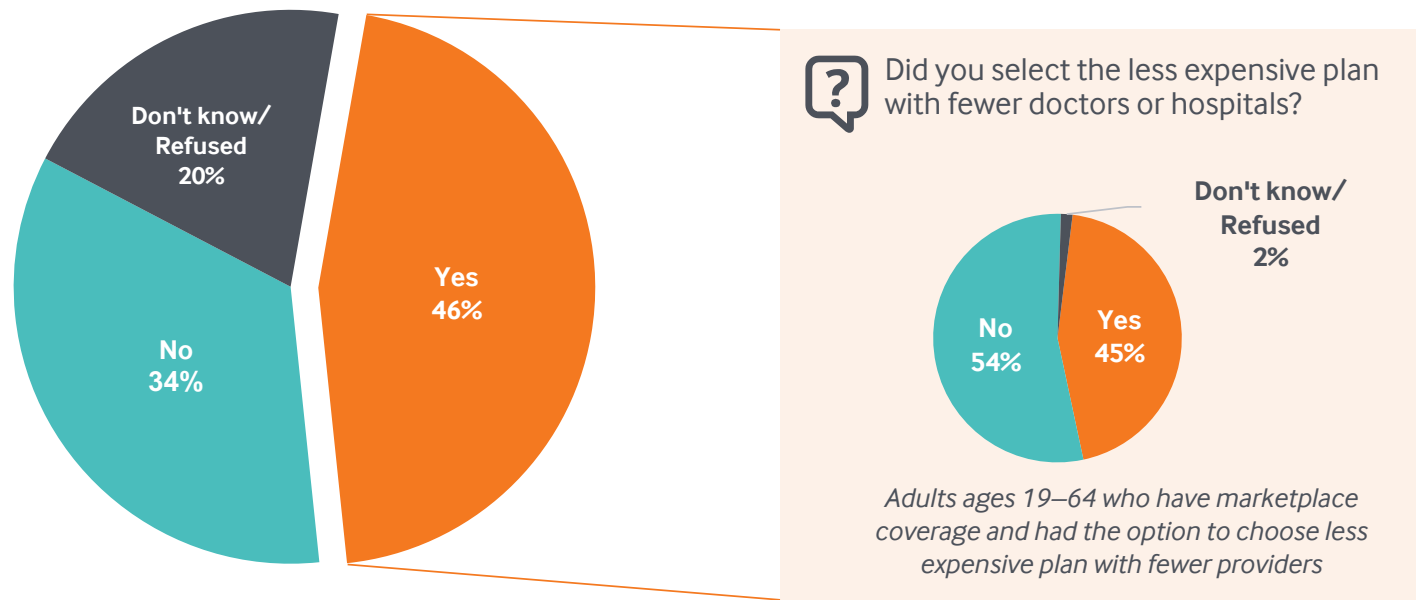
* "Some other reason" includes those who responded "Don't know/refused."

** 55 percent of adults ages 19–64 who have had marketplace coverage since before January 2017 stayed in the same plan since enrolling.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

Given the option, nearly half of adults chose a less expensive “narrow network” plan with fewer providers.

 When choosing your current plan, did you have the option of choosing a less expensive plan with fewer doctors or fewer hospitals?



Adults ages 19–64 who have marketplace coverage

Forty-six percent of people with marketplace coverage said they had the option of choosing a less expensive plan with a limited provider network of doctors and hospitals. Of those, 45 percent selected that plan.

Note: Segments may not sum to 100 percent because of rounding.
 Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

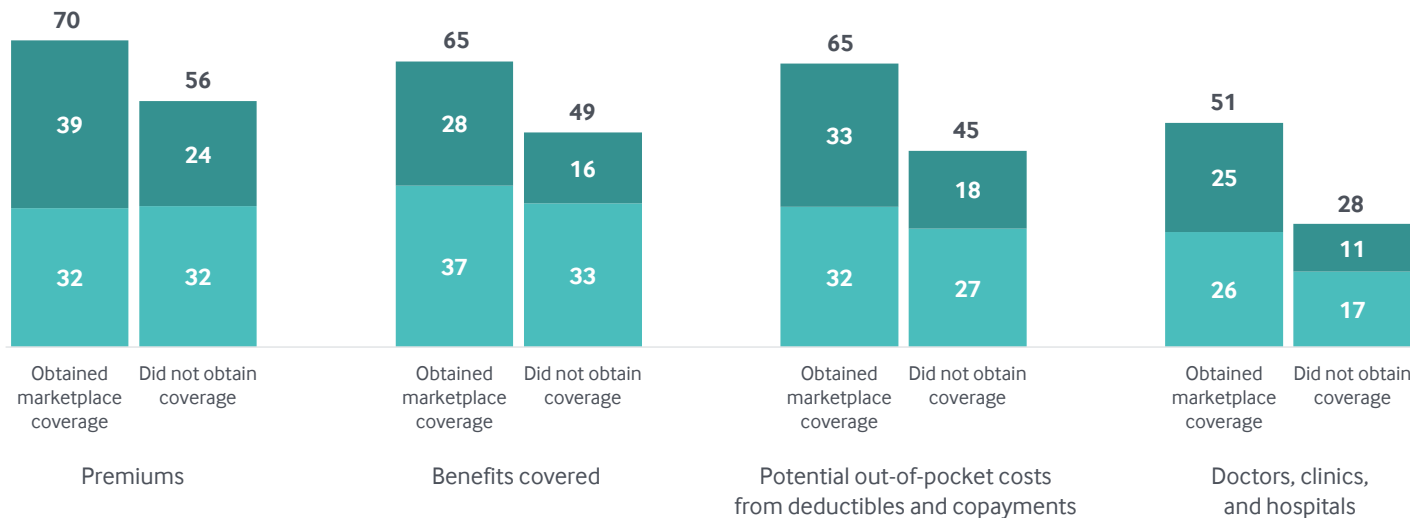
People shopping for marketplace plans find it harder to compare plans based on the network’s doctors and hospitals than on the plan’s cost and its covered benefits.



How easy or difficult was it to compare the ... of different insurance plans?

Percent who said “somewhat easy” or “very easy”

■ Somewhat easy ■ Very easy



Adults ages 19–64 who went to the marketplace and are marketplace-eligible*

While health plans sold in the marketplace must link to provider directories, consumers have the most difficulty comparing health plans on this dimension.

Notes: Segments may not sum to subtotals because of rounding. “Obtained marketplace coverage” includes those who visited the marketplace and have marketplace coverage. “Did not obtain coverage” includes those who visited the marketplace but did not select marketplace coverage or another source of coverage.

* Marketplace-eligible includes adults in expansion states who are above 138% of the federal poverty level (FPL) and adults in nonexpansion states who are above 100% of FPL.

Data: The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017.

HOW WE CONDUCTED THIS STUDY

The Commonwealth Fund Affordable Care Act Tracking Survey, March–June 2017, was conducted by SSRS from March 28 to June 20, 2017. The survey consisted of 15-minute telephone interviews in English or Spanish and was conducted among a random, nationally representative sample of 4,813 adults, ages 19 to 64, living in the United States. Overall, 1,198 interviews were conducted on landline telephones and 3,615 interviews on cellular phones.

This survey is the fifth in a series of Commonwealth Fund surveys to track the implementation and impact of the Affordable Care Act. The first was conducted by SSRS from July 15 to September 8, 2013, by telephone among a random, nationally representative U.S. sample of 6,132 adults ages 19 to 64. The survey had an overall margin of sampling error of ± 1.8 percentage points at the 95 percent confidence level.

The second survey in the series was conducted by SSRS from April 9 to June 2, 2014, by telephone among a random, nationally representative U.S. sample of 4,425 adults ages 19 to 64. The survey had an overall margin of sampling error of ± 2.1 percentage points at the 95 percent confidence level. The sample for the April–June 2014 survey was designed to increase the likelihood of surveying respondents who were most likely eligible for new coverage options under the ACA. As such, respondents in the July–September 2013 survey who said they were uninsured or had individual coverage were asked if they could be recontacted for the April–June 2014 survey. SSRS also recontacted households reached through its omnibus survey of adults who were uninsured or had individual coverage prior to the first open enrollment period for 2014 marketplace coverage.

This third survey in the series was conducted by SSRS from March 9 to May 3, 2015, by telephone among a random, nationally representative U.S. sample of 4,881 adults, ages 19 to 64. The March–May 2015 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. SSRS recontacted households reached through their omnibus survey of adults between November 5, 2014, and February 1, 2015, who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. The survey has an overall margin of sampling error of ± 2.1 percentage points at the 95 percent confidence level.

The fourth survey in the series was conducted by SSRS from February 2 to April 5, 2016, by telephone among a random, nationally representative U.S. sample of 4,802 adults, ages 19 to 64. The February–April 2016 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. Interviews in wave 4 were obtained through two sources: 1) stratified RDD sample, using the same methodology as in waves 1, 2 and 3; and 2) households reached through the SSRS omnibus where interviews were previously completed with respondents ages 19 to 64 who were uninsured, had individual coverage, had a marketplace plan, or had public insurance. The survey has an overall margin of sampling error of ± 2.0 percentage points at the 95 percent confidence level.

The March–June 2017 sample was also designed to increase the likelihood of surveying respondents who had gained coverage under the ACA. Interviews in wave 5 were obtained through two sources: 1) stratified RDD sample, using the same methodology as in waves 1, 2, 3 and 4; and 2) households reached through the SSRS

omnibus where interviews were previously completed with respondents ages 19 to 64 who were uninsured, had individual coverage, had a marketplace plan, or had public insurance.

As in all waves of the survey, SSRS oversampled adults with incomes below 250 percent of poverty to further increase the likelihood of surveying respondents eligible for the coverage options as well as allow separate analyses of responses of low-income households.

The data are weighted to correct for oversampling uninsured and direct-purchase respondents, the stratified sample design, the overlapping landline and cellular phone sample frames, and disproportionate nonresponse that might bias results. The data are weighted to the U.S. 19-to-64 adult population by age, by state, gender by state, race/ethnicity by state, education by state, household size, geographic division, and population density using the U.S. Census Bureau's 2015 American Community Survey. Data are weighted to household telephone use parameters using the CDC's 2016 National Health Interview Survey.

The resulting weighted sample is representative of the approximately 190 million U.S. adults ages 19 to 64. Data for income, and subsequently for federal poverty level, were imputed for cases with missing data, utilizing a standard regression imputation procedure. The survey has an overall margin of sampling error of ± 2.1 percentage points at the 95 percent confidence level. The landline portion of the main sample survey achieved a 16.5 percent response rate and the cellular phone main-sample component achieved a 9.7 percent response rate. The overall response rate, including the prescreened sample, was 9.6 percent.

NOTES

- ¹ In the Commonwealth Fund Biennial Health Insurance Survey, 2016: among adults who were insured all year and had tried to find a primary care provider, 62 percent said it was somewhat or very easy to find one (unpublished data). Similarly in the Commonwealth Fund Biennial Health Insurance Survey, 2014, among adults who were insured all year and had tried to find a primary care provider, 57 percent said it was somewhat or very easy to find one.
- ² In the Commonwealth Fund Biennial Health Insurance Survey, 2016: among adults who were insured all year and had tried to find a primary care provider, 58 percent said they were able to book an appointment within two weeks (unpublished data). In the Commonwealth Fund Biennial Health Insurance Survey, 2014, among adults who were insured all year, 56 percent of those who found a new primary care doctor got an appointment within two weeks. Similarly, a 2011 Commonwealth Fund survey of adults ages 19–64 found that among those insured all year who had tried to find a primary care physician in the past three years (either respondent or spouse/partner), 57 percent got an appointment within two weeks, including 35 percent who got an appointment within 1 week and 22 percent within one to two weeks. See S. R. Collins, R. Robertson, T. Garber, and M. M. Doty, *The Income Divide in Health Care: How the Affordable Care Act Will Help Restore Fairness to the U.S. Health System* (The Commonwealth Fund, Feb. 2012).
- ³ In the Commonwealth Fund Biennial Health Insurance Survey, 2016: among adults who were insured all year and needed to see a specialist, 61 percent said they were able to book an appointment within two weeks (unpublished data). Similarly, in the 2013 Commonwealth Fund International Health Policy Survey, among continuously insured adults ages 18–64, 42 percent of U.S. adults who needed to see a specialist reported that they were able to get an appointment in one week or less.
- ⁴ “Other reasons” include, but are not limited to: the respondent’s new plan having a lower deductible; income changes for the respondent which would allow them to purchase a more or less expensive plan; employment changes for the respondent; or marital changes for the respondent.

ABOUT THE AUTHORS

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About the Commonwealth Fund

The mission of the Commonwealth Fund is to promote a high performance health care system. The Fund carries out this mandate by supporting independent research on health care issues and making grants to improve health care practice and policy. Support for this research was provided by the Commonwealth Fund. The views presented here are those of the authors and not necessarily those of the Commonwealth Fund or its directors, officers, or staff.



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