

# Findings from the 2023 Massachusetts Health Insurance Survey

Health Care Access and  
Utilization for Residents

June 2024



# Health Care Access and Utilization for Residents

As part of its efforts to monitor residents' experiences and barriers to accessing and using care, the 2023 MHIS collected information on usual source of care, primary care provider access, health care visits, emergency department (ED) utilization, and difficulties accessing care.

A usual source of care was defined as a place the resident goes when they are sick or need advice about their health, excluding the emergency department (ED). New to the 2023 MHIS is a question about whether residents had a primary care provider. Health care visits over the past 12 months included those to a general doctor; nurse practitioner, midwife, or physician assistant; specialist; mental health or substance use disorder treatment provider; and dentist or dental hygienist. Additionally, residents were asked whether any of their visits in the past 12 months were for preventive care and whether they took any prescription drugs in the past 12 months. All visits to

health care providers reported in this section include those conducted via telehealth. Telehealth is defined as any health care provided by video, phone, email, text, or chat.

Consistent with the changing landscape of how health care services are delivered, the 2023 MHIS includes several new questions about telehealth use, including any telehealth visits in the past 12 months and type of care received through telehealth in the past 12 months. To better understand residents' telehealth experiences, questions were added about reasons residents received in-person care instead of telehealth and the type of care received among residents who reported only in-person visits.

All residents were asked about ED utilization in the past 12 months. Residents who reported at least one ED visit were asked if their most recent ED visit was for a non-emergency condition, which was defined as a condition

To read the full report, please visit:

<https://www.chiamass.gov/assets/docs/r/survey/mhis-2023/2023-MHIS-Report.pdf>

that they felt could have been treated by a “regular doctor” if one had been available. Those who indicated that their most recent visit was for a non-emergency condition were asked their reasons for that visit.

Residents were also asked about any difficulties in accessing health care in the past 12 months, such as being told that the provider or clinic was not accepting new patients, being told the provider was not accepting patients with their health insurance type, being unable to schedule an appointment as soon as needed or having transportation-related issues. Inability to get an appointment “as soon as needed” reflects residents’ perception that care was needed, rather than a clinical assessment of needed care

### Key Findings

- Most (95.6%) of Massachusetts residents reported a visit to at least one health care provider in the past 12 months.
- While over three quarters of residents reported dental visits, non-Hispanic White residents were more likely

to report dental visits (79.8%) than Hispanic residents (66.6%) or non-Hispanic residents who are multiracial or self-identified as a racial group not listed (67.2%).

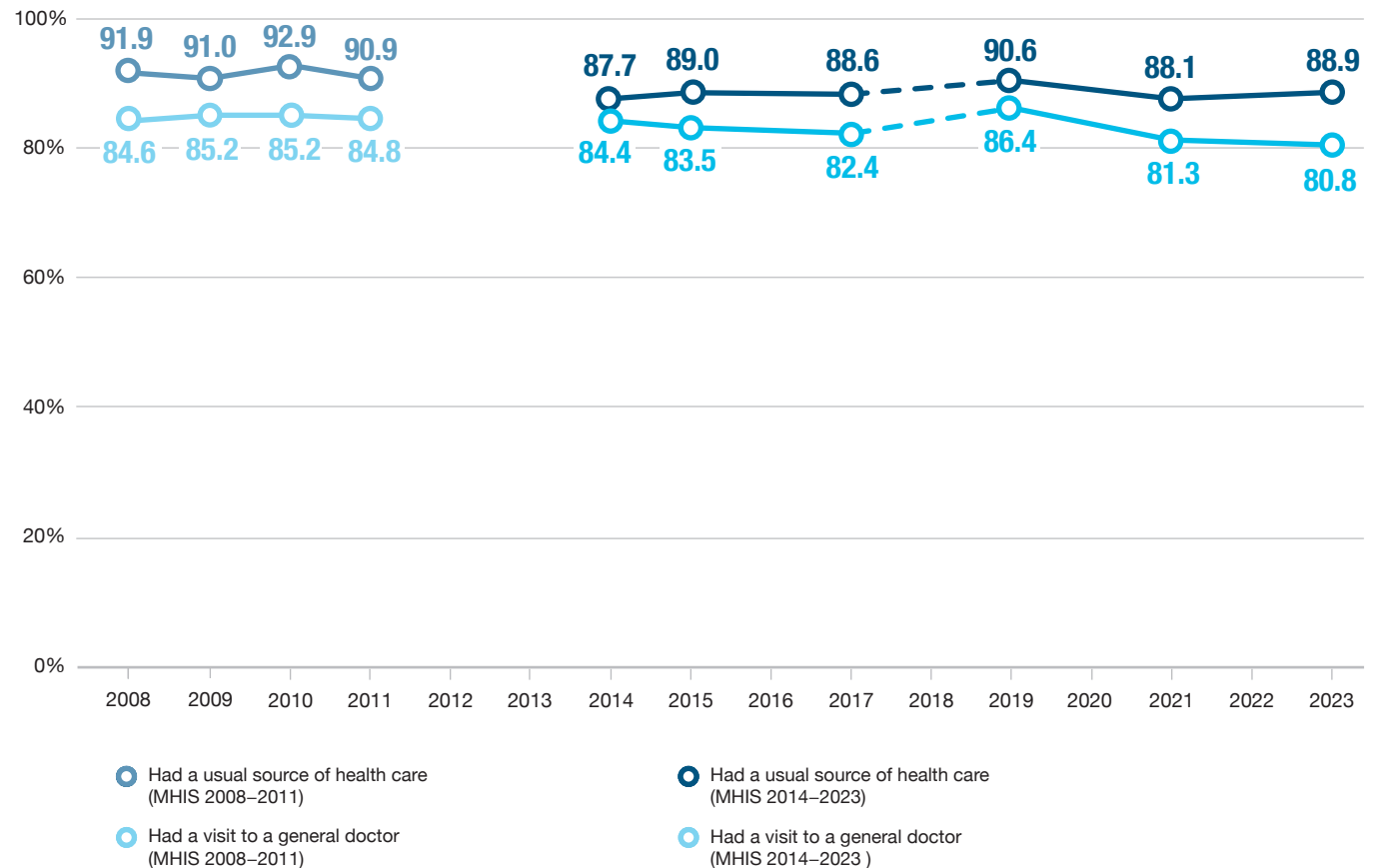
- Eight in 10 (81.3%) residents reported a preventive care visit in the past 12 months. Hispanic and non-Hispanic Black residents were less likely than non-Hispanic White residents to report preventive care visits (68.4% and 71.1%, respectively, vs. 84.7%).
- Among the 22.4% of residents visiting the ED in the past 12 months, over a third (36.2%) sought care for a non-emergency condition in their most recent ED visit, and Hispanic residents and non-Hispanic Black residents were almost twice as likely to have a non-emergent ED visit than non-Hispanic White residents (51.3%, 47.9%, respectively, vs. 26.5%).
- Two in five residents (41.2%) reported difficulties accessing care, with nearly one in five (25.6%) residents reporting difficulties getting an appointment with a doctor’s office or clinic as soon as needed. ■

## Health Care Access and Utilization for Residents

In 2023, the majority (88.9%) of Massachusetts residents reported having a usual source of care other than the ED.

Most (80.8%) residents reported having at least one visit to a general doctor who treats a variety of illnesses, such as a doctor or pediatrician in general practice, family medicine or internal medicine in the past 12 months in 2023.

## Health Care Access and Utilization Over the Past 12 Months, 2008-2023



Notes: Visits to a general doctor includes visits provided via telehealth. Due to changes in the MHIS survey design in 2014, the estimates for 2008–2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017, and the 2021–2023 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014–2017 and 2019–2023 (denoted by the dotted line).<sup>5</sup>

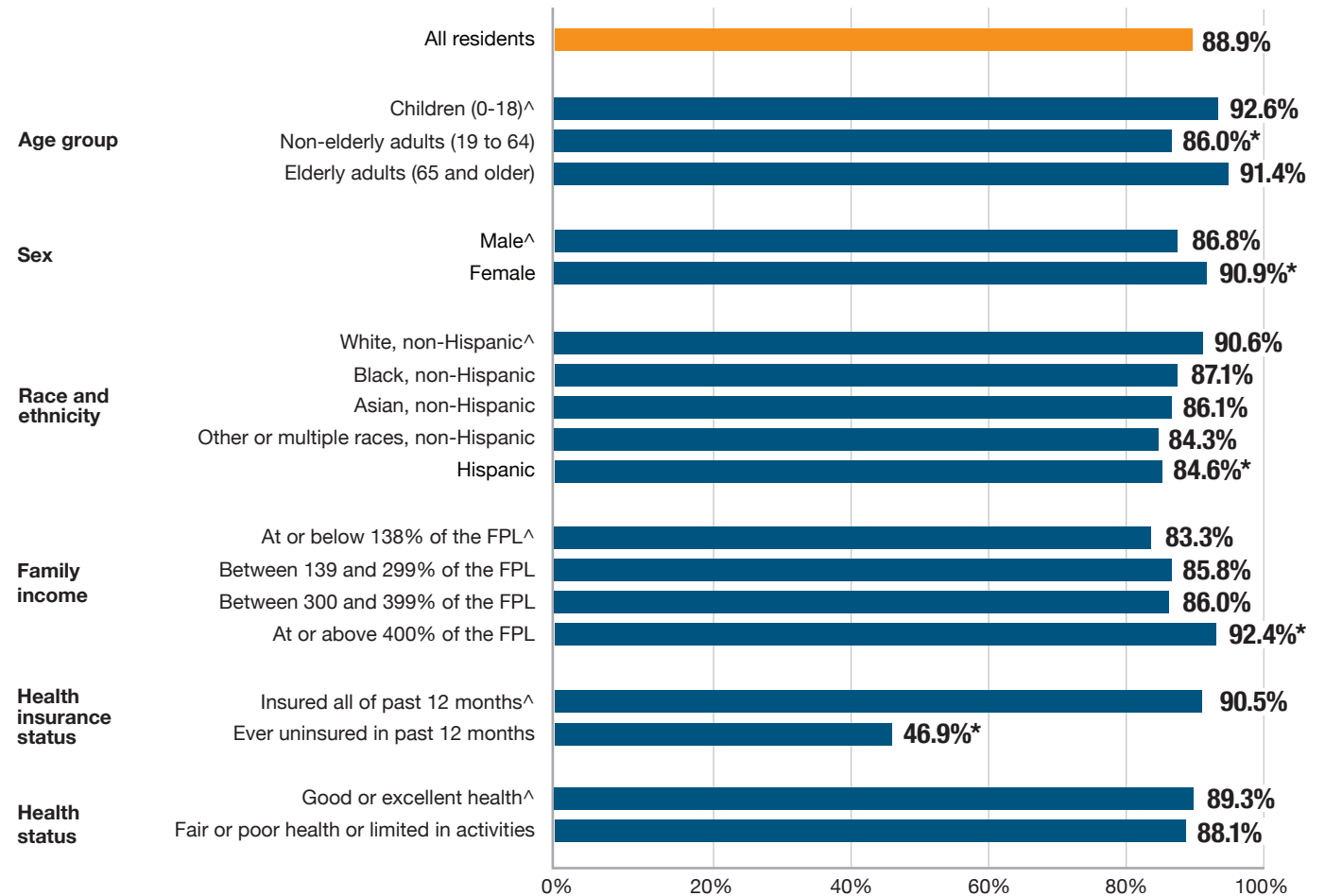
Please see the [Methodology Report](#) for more information on design changes.

Data Source: 2008–2011, 2014, 2015, 2017, 2019, 2021, and 2023 Massachusetts Health Insurance Survey

## Health Care Access and Utilization for Residents

While most (88.9%) Massachusetts residents had a usual source of care in 2023, there were lower rates for several population subgroups, particularly among those with a gap in insurance coverage in the past 12 months. Only 46.9% of those who were uninsured at any time in the past 12 months had a usual source of care, compared to 90.5% of those continuously insured for the past 12 months.

## Usual Source of Care Over the Past 12 Months by Resident Characteristics, 2023



Note: Usual source of care excludes the emergency department but may include telehealth providers. FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

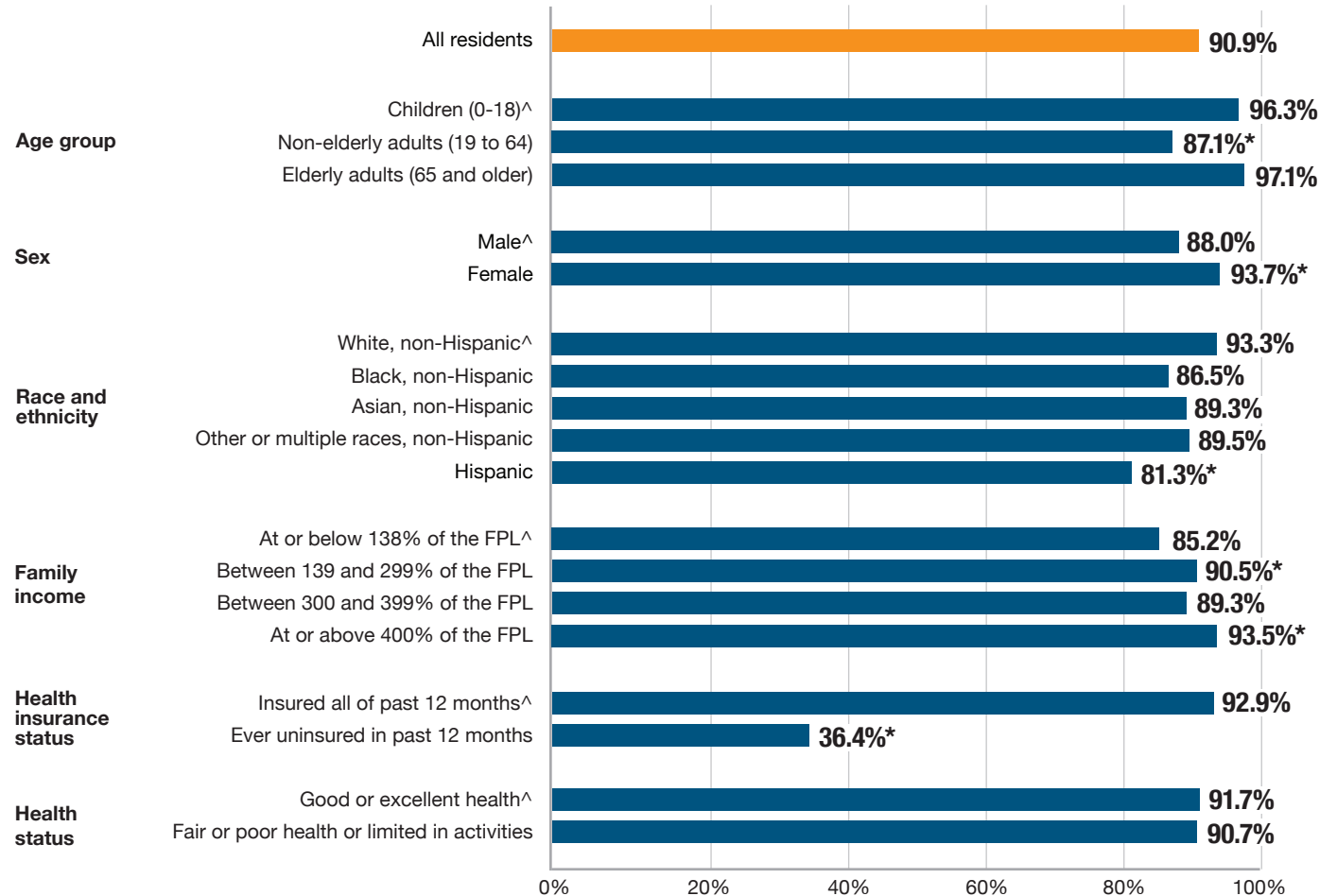
\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

## Had a Primary Care Provider at the Time of the Survey by Resident Characteristics, 2023

Most Massachusetts residents had a primary care provider in 2023 (90.9%). However, only 36.4% of those who were uninsured at any time in the past 12 months had a primary care provider. In contrast, 92.9% of those who were continuously insured for the past 12 months had a primary care provider.

Compared with non-Hispanic White residents, Hispanic residents were less likely to have a primary care provider (93.3% vs. 81.3%).



Note: Primary care was defined as having a regular primary care provider at the time of the survey. FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

^Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

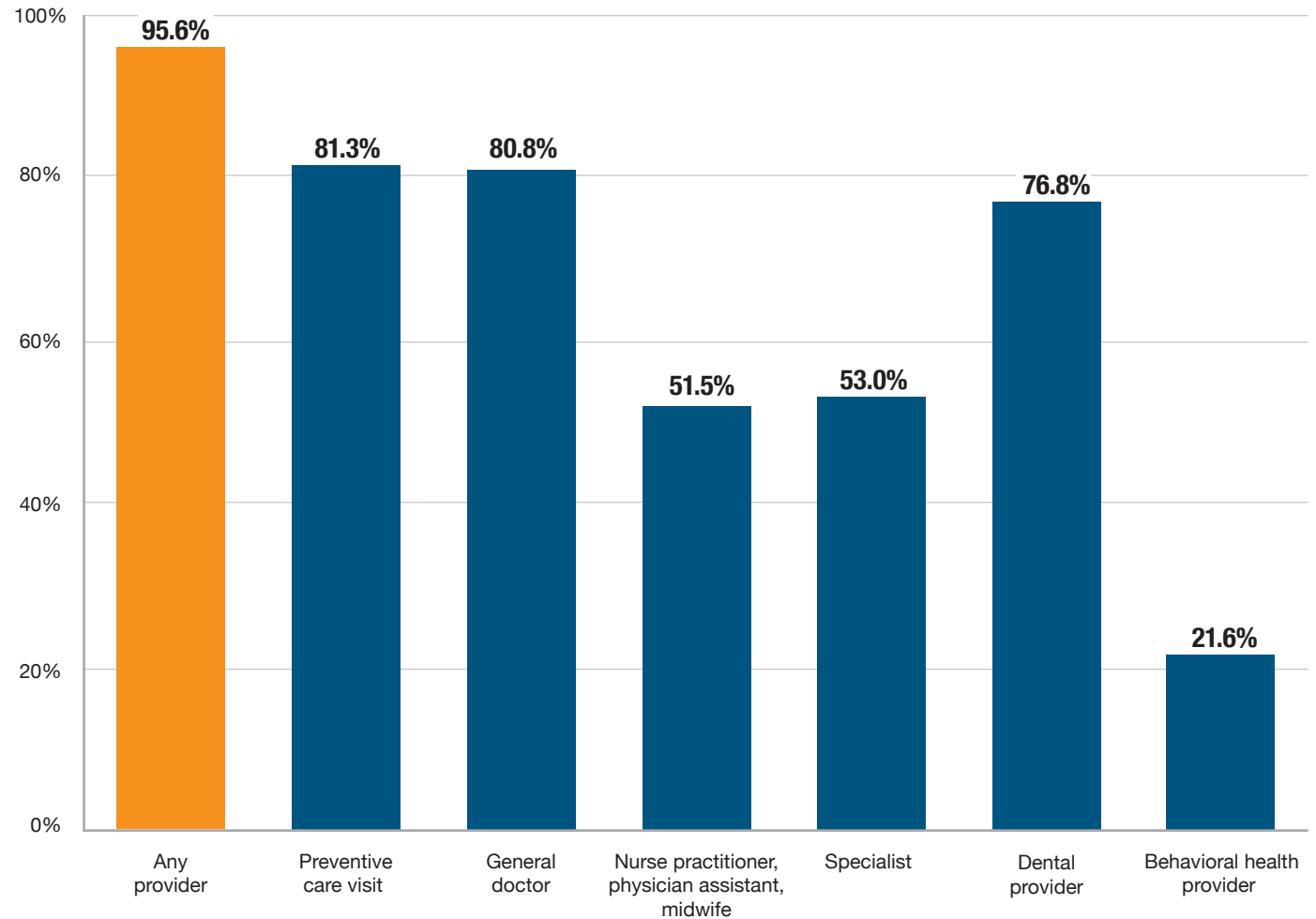
## Health Care Access and Utilization for Residents

In 2023, most (95.6%) Massachusetts residents reported having at least one visit with a health care provider in the past 12 months. Four-fifths of residents reported a preventive care visit (81.3%).

The most reported visit was to a general doctor such as a doctor or pediatrician in general practice, family medicine or internal medicine (80.8%). Half of residents (53.0%) reported a visit to a specialist and half (51.5%) reported a visit to a nurse practitioner, physician assistant, or midwife.

One in five residents (21.6%) reported having seen a behavioral health care provider in the past 12 months. Three-quarters of residents (76.8%) had a visit with a dental care provider in the past 12 months.

## Health Care Use Over the Past 12 Months by Type of Provider, 2023



Note: Any visit to a provider includes the following visit types: general doctor; nurse practitioner; physician's assistant; midwife; specialist; dental provider; and behavioral health provider. Behavioral health provider includes mental health professionals and providers of alcohol or substance use care or treatment. Preventive care visit is defined as a visit to a general doctor, nurse practitioner, physician assistant, or midwife for a "check-up, physical examination, or for other preventive care." Visits to a general doctor include visits to receive a vaccine if the resident saw a general doctor. All visit types reported on this page include those provided via telehealth.

Data Source: 2023 Massachusetts Health Insurance Survey

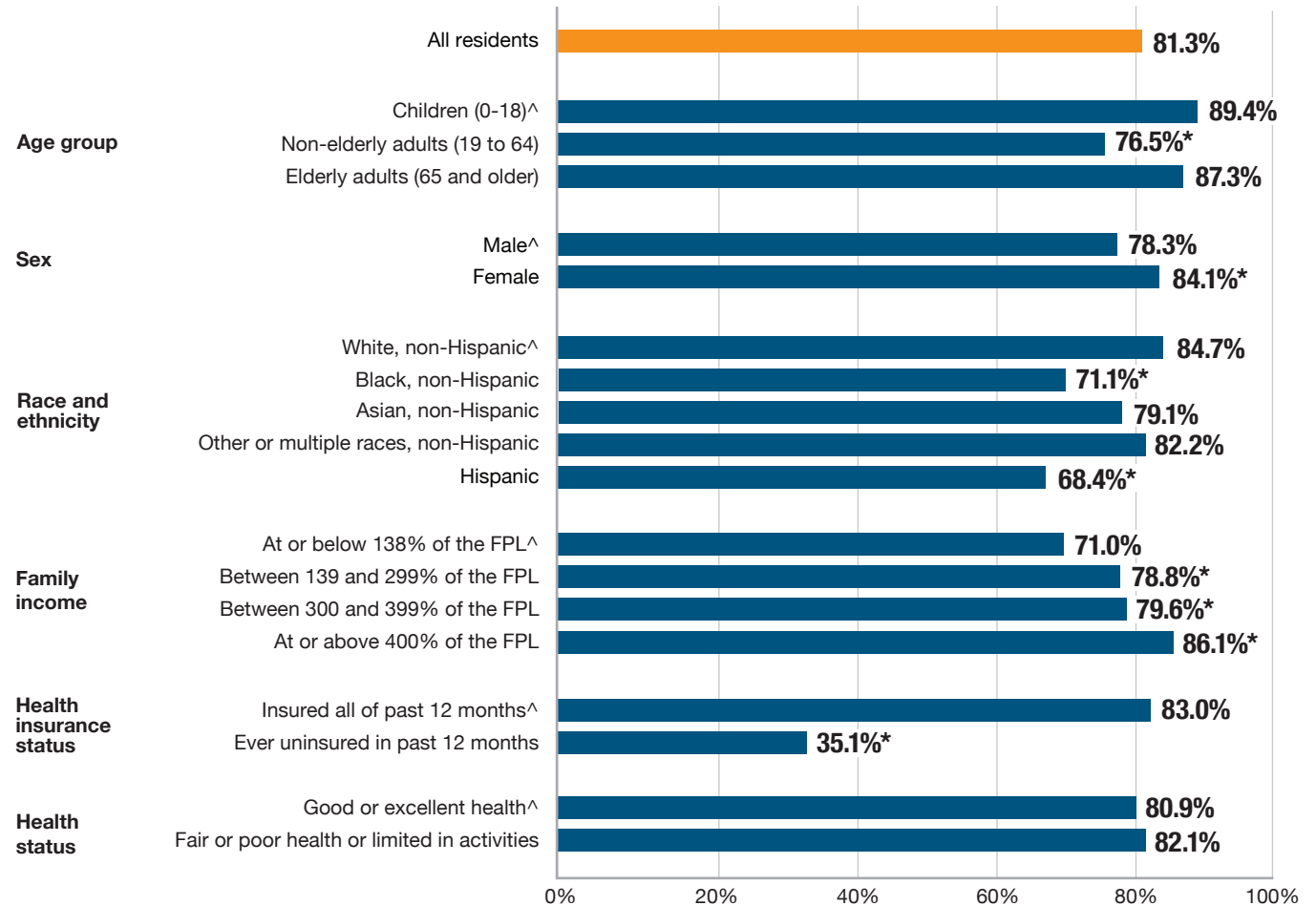
## Health Care Access and Utilization for Residents

Most Massachusetts residents reported a visit for preventive care in the past 12 months (81.3%). Children aged 18 and under (89.4%) were more likely than adults aged 19 to 64 to report a preventive care visit over this period (76.5%).

Hispanic and non-Hispanic Black residents were less likely than non-Hispanic White residents to report preventive care visits (68.4% and 71.1%, respectively, vs. 84.7%). Relative to residents with continuous health insurance coverage, residents who were uninsured at any time in the past 12 months were less likely to report a preventive care visit (35.1% vs. 83.0%).

Not all residents would be expected to need a preventive care visit over the course of a year; these estimates do not necessarily reflect unmet need for preventive care.

## Visit for Preventive Care in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Preventive care is defined as a visit to a general doctor, nurse practitioner, physician assistant, or midwife for a "check-up, physical examination, or for other preventive care." Visits for preventive care include those provided via telehealth. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey



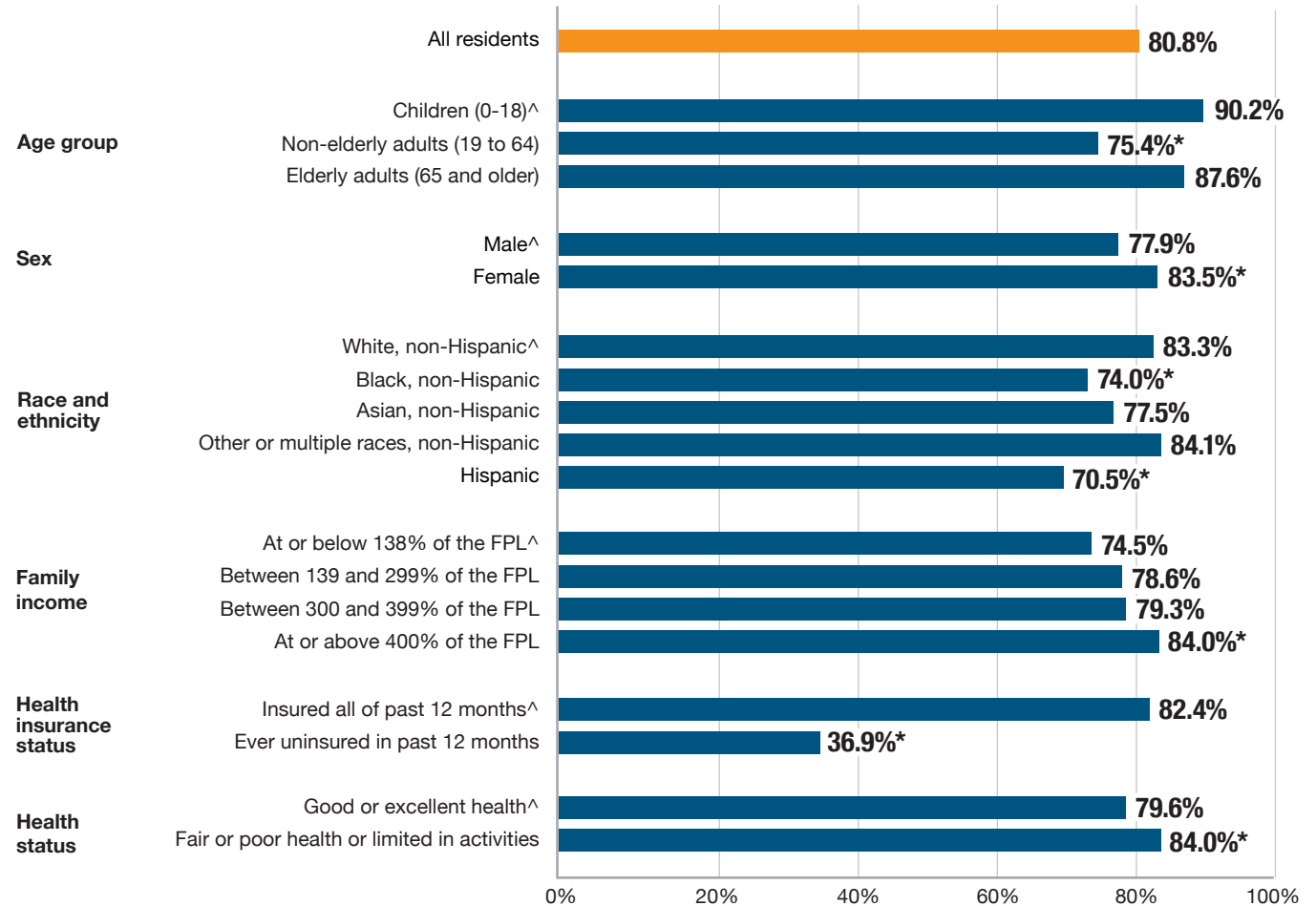
## Health Care Access and Utilization for Residents

Although most Massachusetts residents (80.8%) reported a visit to a general doctor over the past 12 months in 2023, there were some groups who were less likely to report a visit.

Compared to non-Hispanic White residents, Hispanic and non-Hispanic Black residents were less likely to report a visit a general doctor in the past 12 months (83.3% vs. 70.5%).

Residents who were uninsured at any time in the past 12 months were substantially less likely to report a visit to a general doctor than residents continuously insured for the past 12 months (36.9% vs. 82.4%).

## Visit to a General Doctor in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Visits to a general doctor include those provided via telehealth, as well as visits to receive a vaccine if the resident saw a general doctor. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

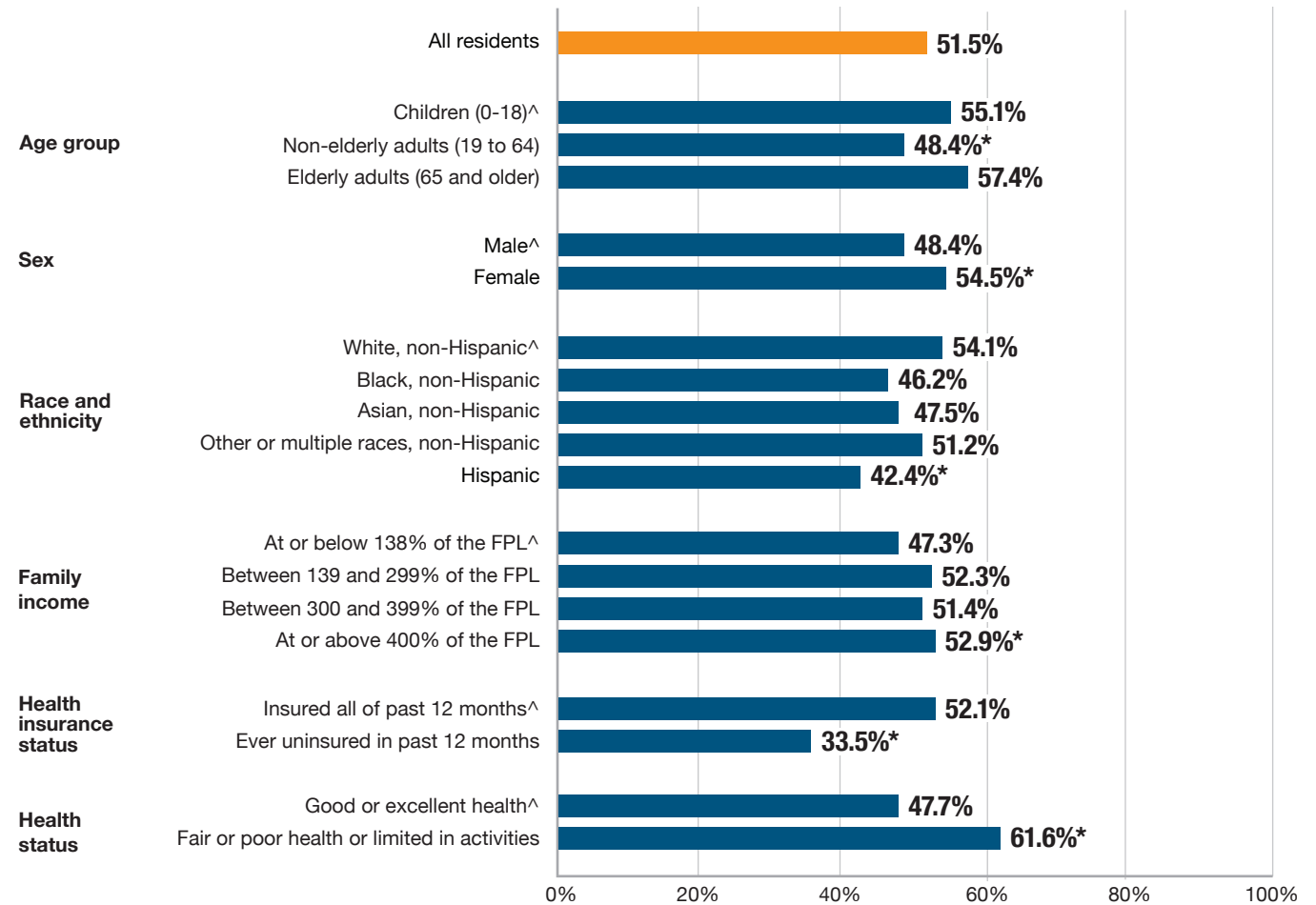
## Health Care Access and Utilization for Residents

In 2023, more than half (51.5%) of Massachusetts residents reported a visit to a nurse practitioner, physician assistant, or midwife in the past 12 months.

Adults aged 19 to 64 (48.4%) were less likely to have visits with these providers than children (55.1%).

Hispanic residents (42.4%) and residents uninsured at any time in the past 12 months (35.5%) were each less likely than non-Hispanic White residents (54.1%), and those insured continuously in the past 12 months (52.1%), respectively, to have a health care visit with these provider types.

## Visit to a Nurse Practitioner, Physician Assistant, or Midwife in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Visits to a nurse practitioner, physician assistant or midwife include those provided via telehealth, as well as visits to receive a vaccine if the resident saw a nurse practitioner, physician assistant or midwife. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

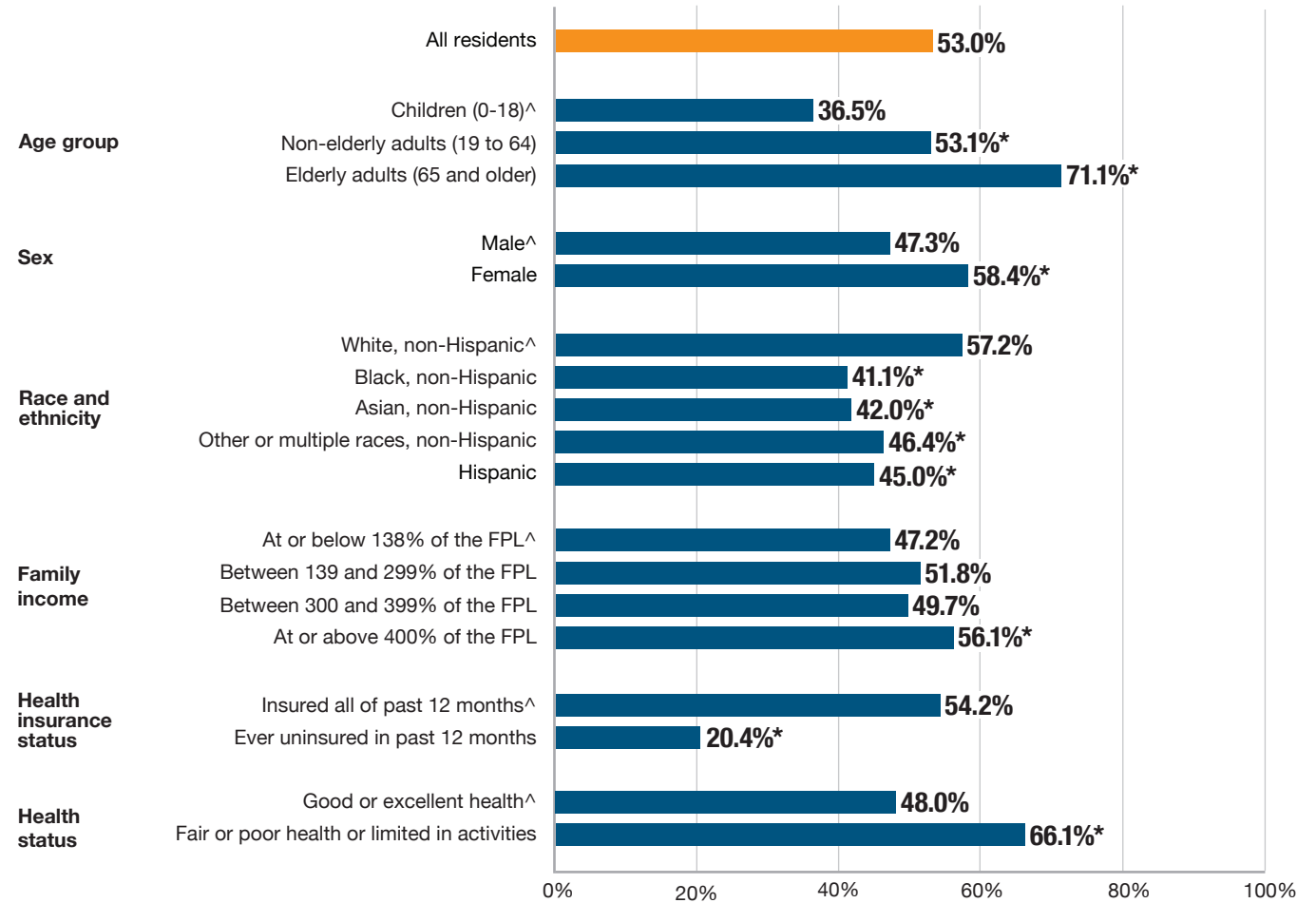
Data Source: 2023 Massachusetts Health Insurance Survey

## Health Care Access and Utilization for Residents

More than half (53.0%) of Massachusetts residents reported a specialist visit in the past 12 months. Specialist visits were more common among elderly adults (71.1%) relative to children (36.5%) and for residents with fair or poor health or activity limitations (66.1%) relative to those in good or excellent health without limitations (48.0%).

Those who were uninsured at any time in the past 12 months were substantially less likely to report a visit to a specialist (20.4%) than residents who were insured continuously in the past 12 months (54.2%).

## Visit to a Specialist in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Specialist visits include those provided via telehealth. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

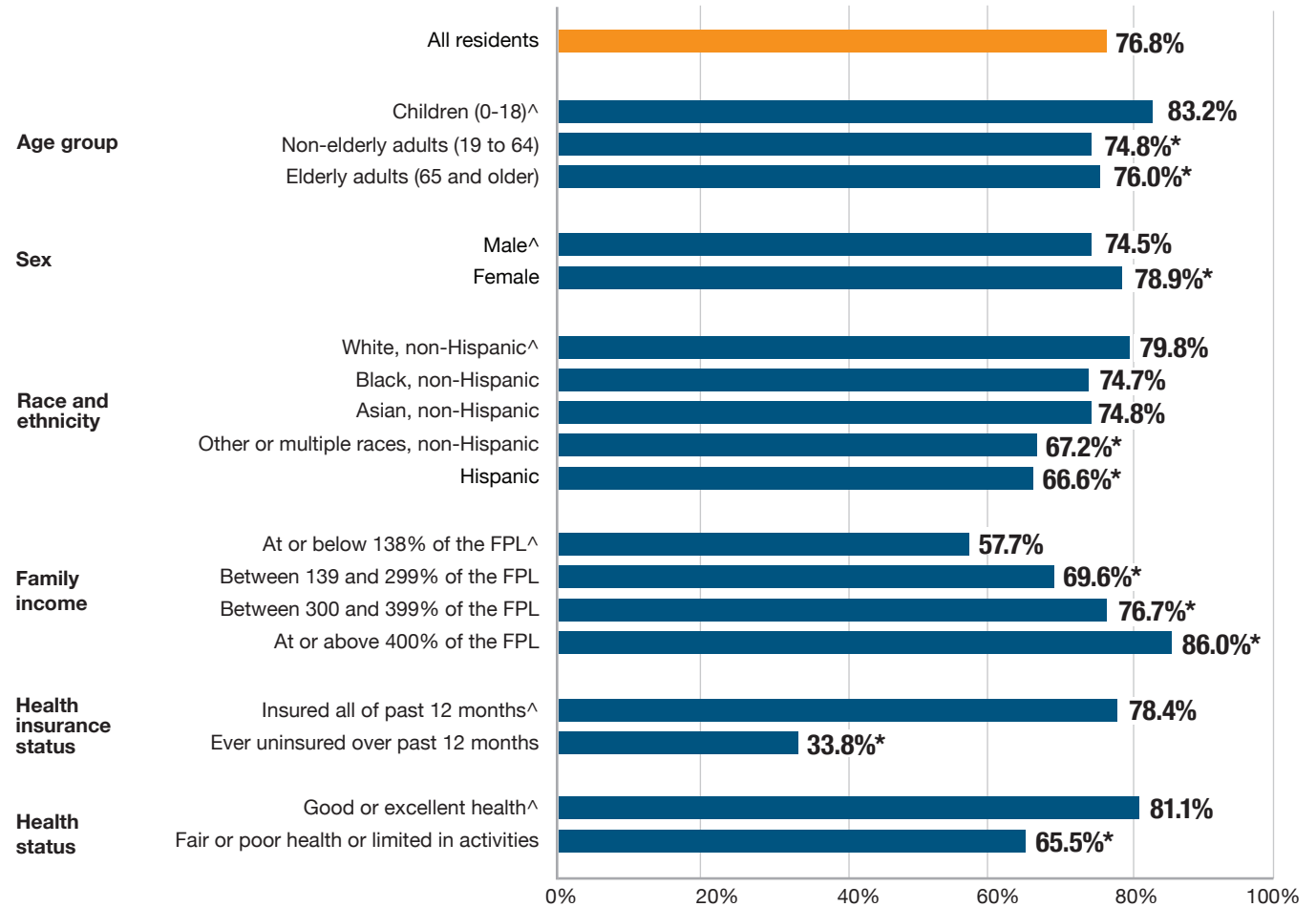
Data Source: 2023 Massachusetts Health Insurance Survey

## Health Care Access and Utilization for Residents

In 2023, almost one in four Massachusetts residents did not have a visit for dental care in the past 12 months. While we do not have information on dental insurance, residents with gaps in health insurance are less likely to have continuous dental insurance.

Non-Hispanic White residents were more likely to report dental visits (79.8%) than Hispanic residents (66.6%) or non-Hispanic residents who are multiracial or self-identified a racial group not listed (67.2%). Dental care visits were higher among those with higher family incomes: only 57.7% of residents at or below 138% of the FPL had a visit compared with 86.0% of residents at or above 400% of the FPL. Those uninsured at any time in the past 12 months were substantially less likely to have had a dental visit than those insured continuously in the past 12 months (33.8% vs. 78.4%).

## Visit for Dental Care in the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Dental care visits include those provided via telehealth. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

## Health Care Access and Utilization for Residents

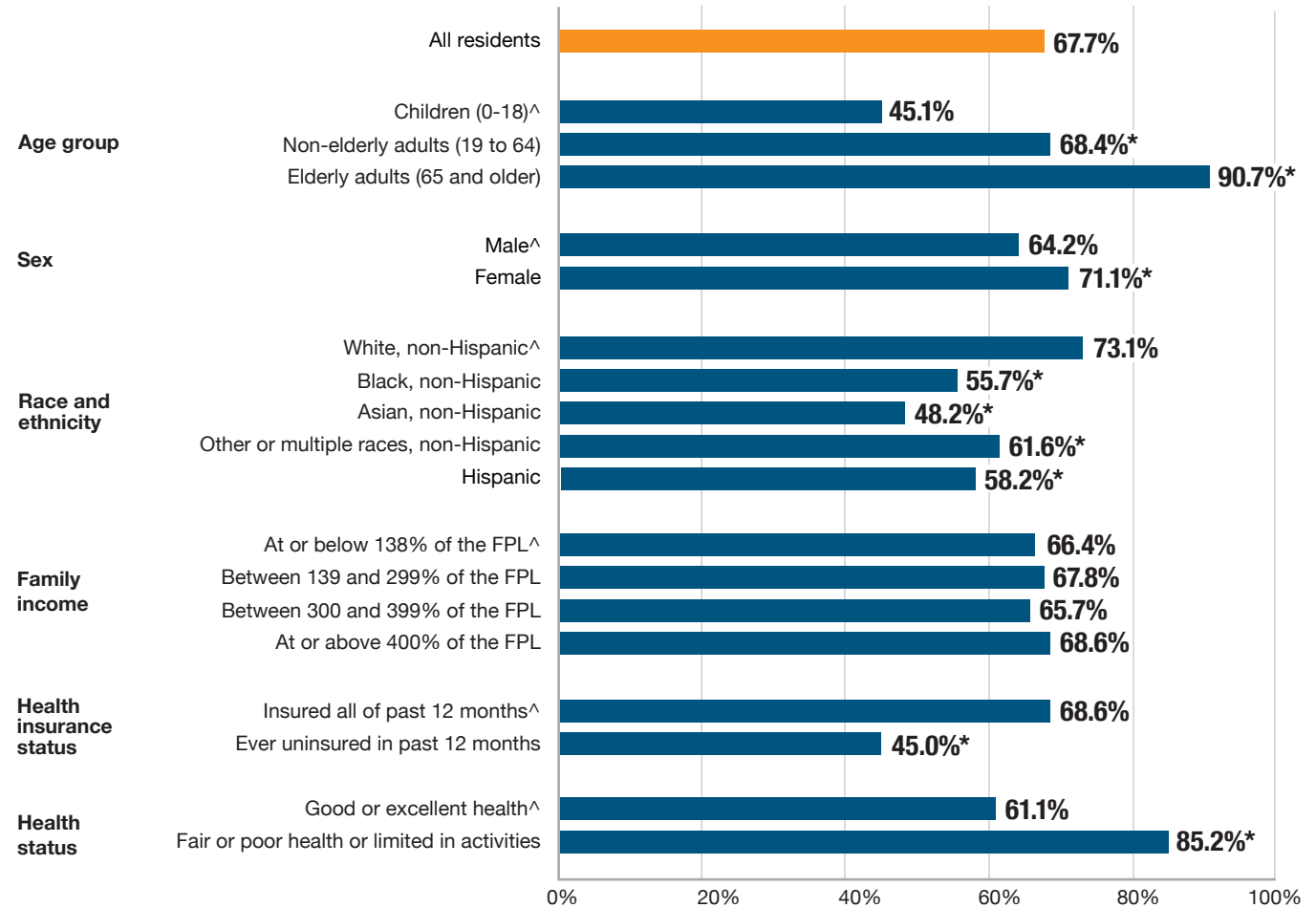
In 2023, approximately two-thirds (67.7%) of Massachusetts residents reported taking one or more prescription drugs in the past 12 months.

Adults, especially elderly adults, were more likely than children to report prescription drug use (90.7% vs. 45.1%).

Non-Hispanic Asian residents were less likely to report prescription drug use in the past 12 months (48.2%) compared with non-Hispanic White residents (73.1%).

In addition, 85.2% of residents in fair or poor health or with activity limitations reported taking prescription drugs in the past 12 months compared to 61.1% of those who reported being in good or excellent health without activity limitations.

## Prescription Drug Utilization Over the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

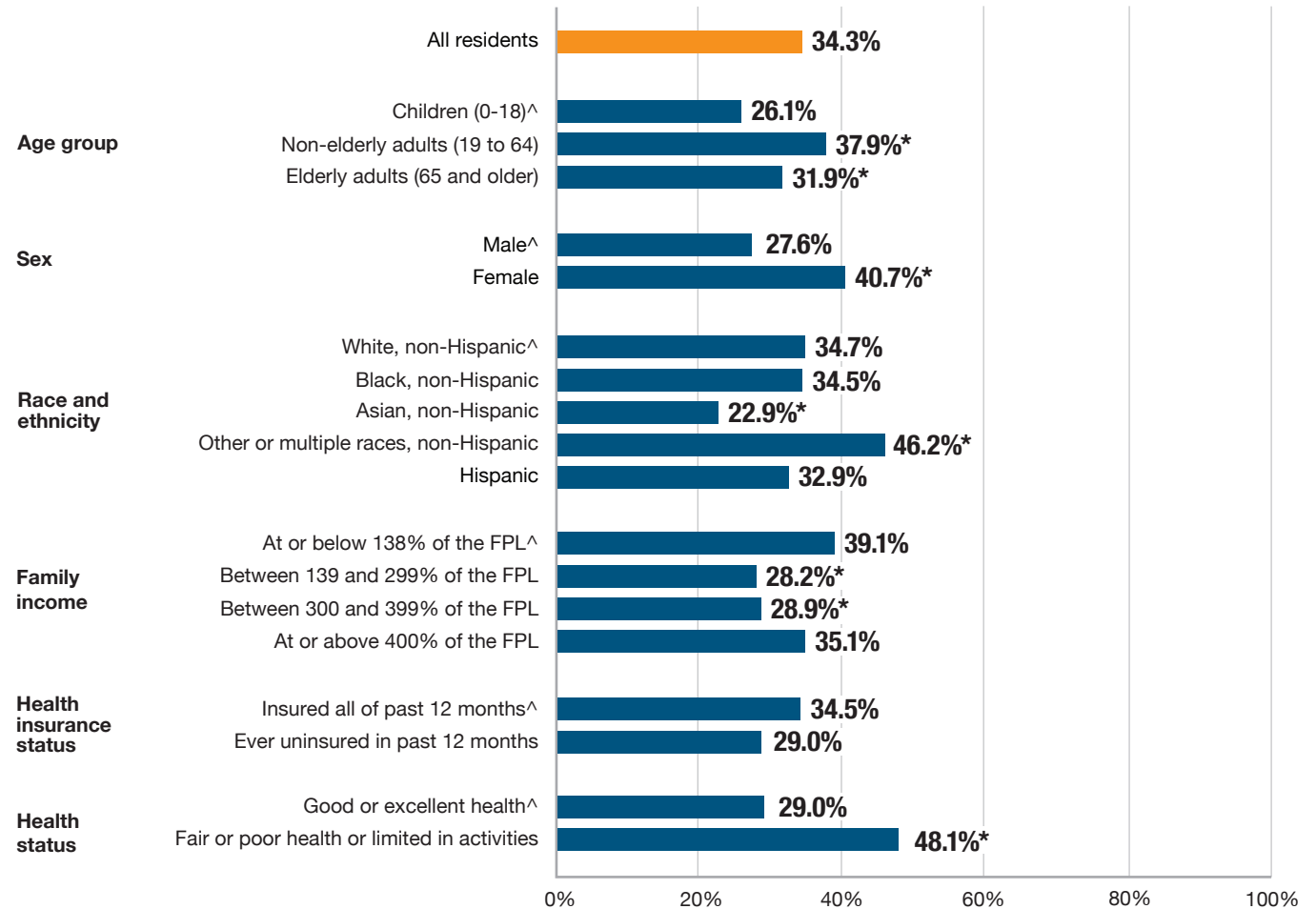
## Health Care Access and Utilization for Residents

More than one in three (34.3%) residents indicated they had a telehealth visit in the past 12 months.

Female residents were more likely than male residents to report a telehealth visit in the past 12 months (40.7% vs. 27.6%).

Almost half (46.2%) of non-Hispanic residents who indicated multiracial or self-identified a racial group not listed reported a telehealth visit during the same period, which was higher than non-Hispanic White residents (34.7%). Residents who reported being in fair or poor health or had an activity limitation were more likely to report a telehealth visit in the past 12 months compared with those in good or excellent health with no activity limitations (48.1% vs. 29.0%).

## Any Telehealth Visit in the Past 12 Months by Resident Characteristics, 2023



Note: Telehealth visits were defined as health care visits provided by "video, phone, email, text, or chat." FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

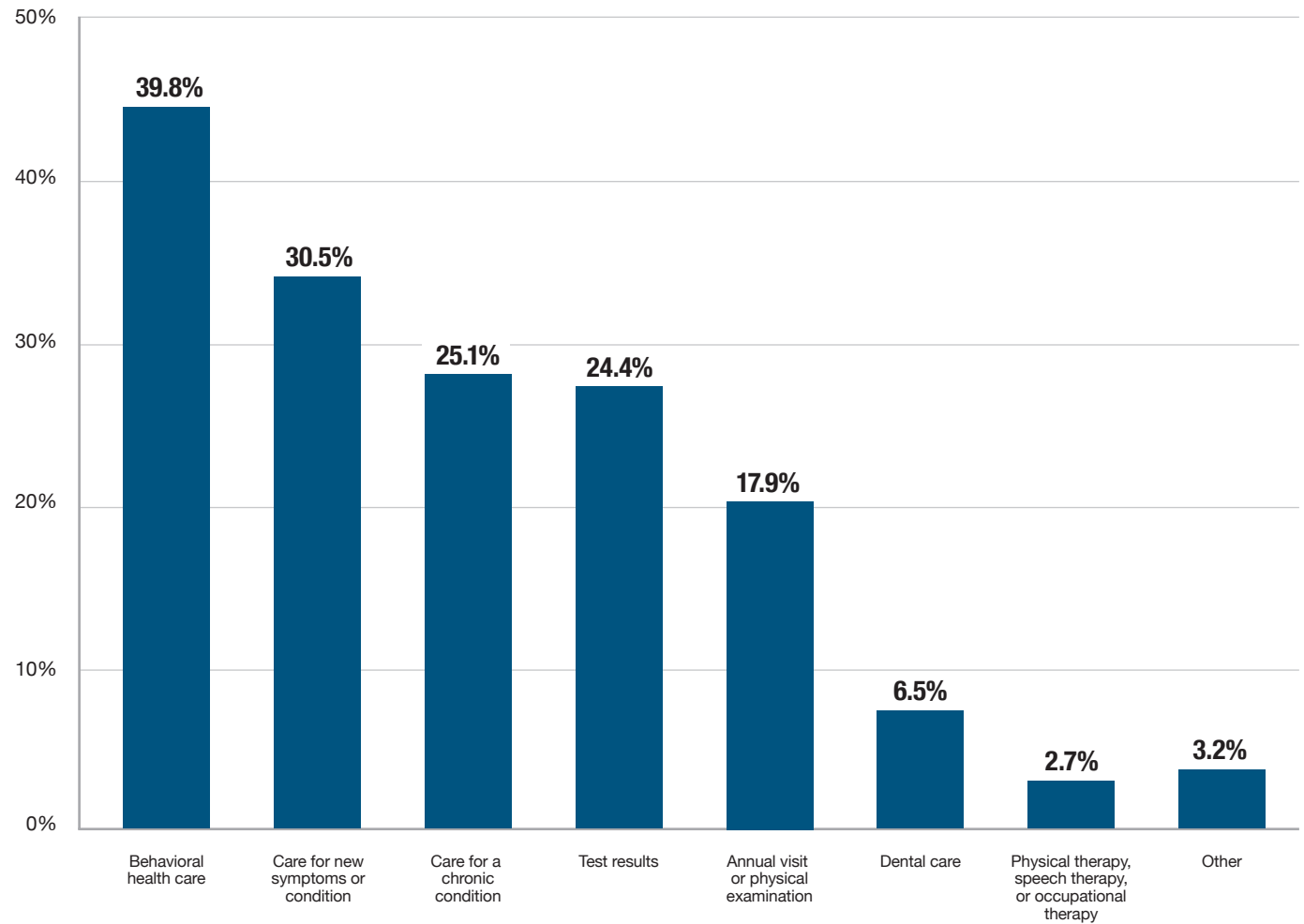
<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

## Type of Care Received Through Telehealth in Past 12 Months, 2023

Among Massachusetts residents who reported a telehealth visit in the past 12 months, the most common types of care were for behavioral health (39.8%), new symptoms or conditions (30.5%), or a chronic condition (25.1%). Telehealth was less common for visits that typically require physical contact, including annual visits (17.9%), dental care (6.5%), or physical therapy, speech therapy, or occupational therapy (2.7%).



Note: Telehealth visits were defined as health care visits provided "by video, phone, email, text, or chat."

Other include telehealth visits for pregnancy care or something else in the last 12 months. Behavioral health visits include visits for mental health or alcohol or substance use disorders. Residents were asked to select all applicable options.

Data Source: 2023 Massachusetts Health Insurance Survey

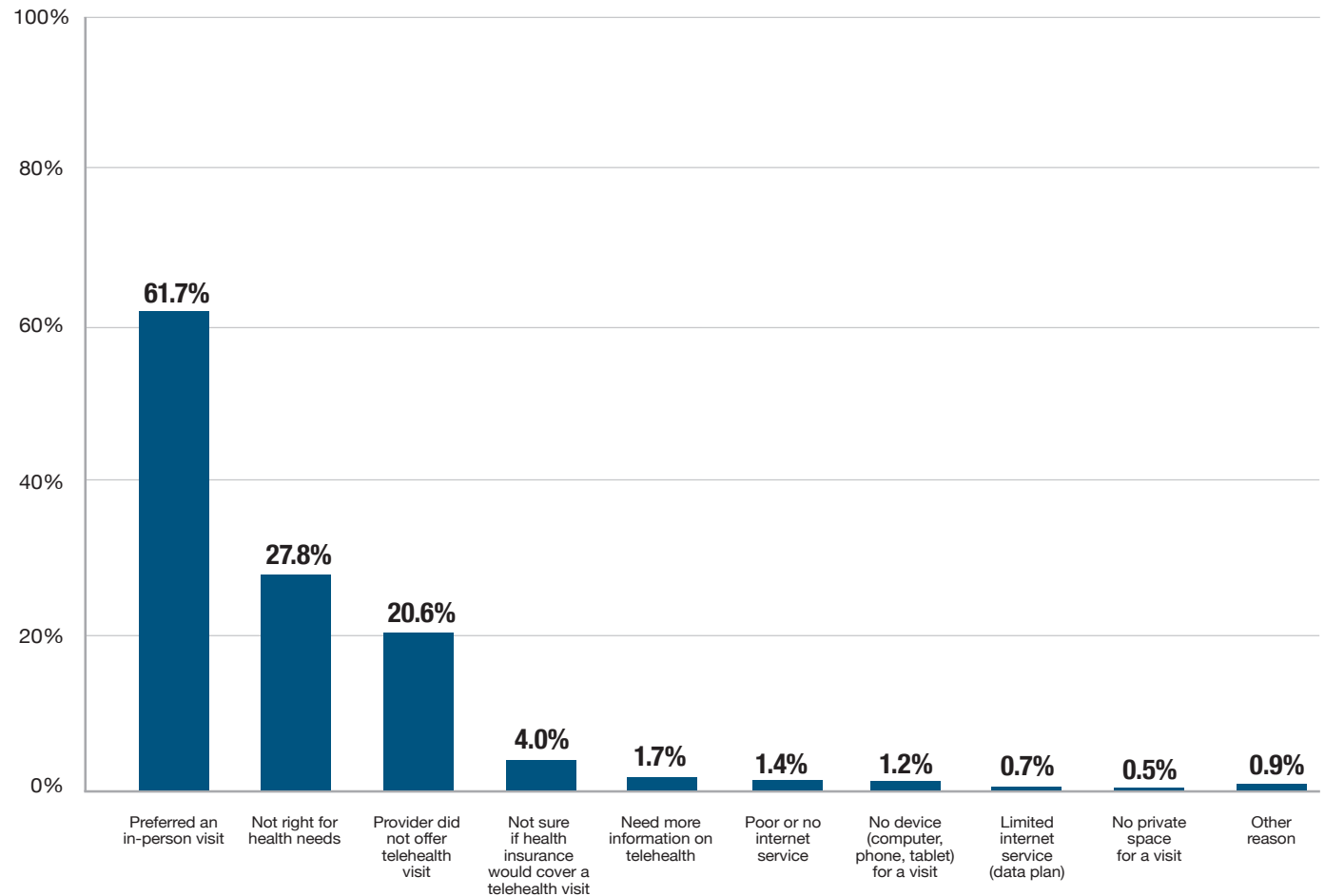
## Health Care Access and Utilization for Residents

In 2023, 65.7% of residents reported no telehealth visits in the past 12 months. Among these residents, the most common reason reported for in-person care for their most recent appointment was that they preferred an in-person visit (61.7%).

One in four residents (27.8%) with no telehealth in the past 12 months reported telehealth was not right for their health needs at their most recent appointment and 20.6% reported that telehealth was not offered by that provider.

Residents were substantially less likely to report going for in-person care because they were not sure if insurance would cover telehealth (4.0%), they needed more information on telehealth (1.7%), or issues related to internet service (1.4%), devices (1.2%), internet service/data plans (0.7%), or lacking a private space for the visit (0.5%).

## Among Those With No Telehealth in the Past 12 Months, Reasons for In-Person Care Instead of Telehealth, 2023



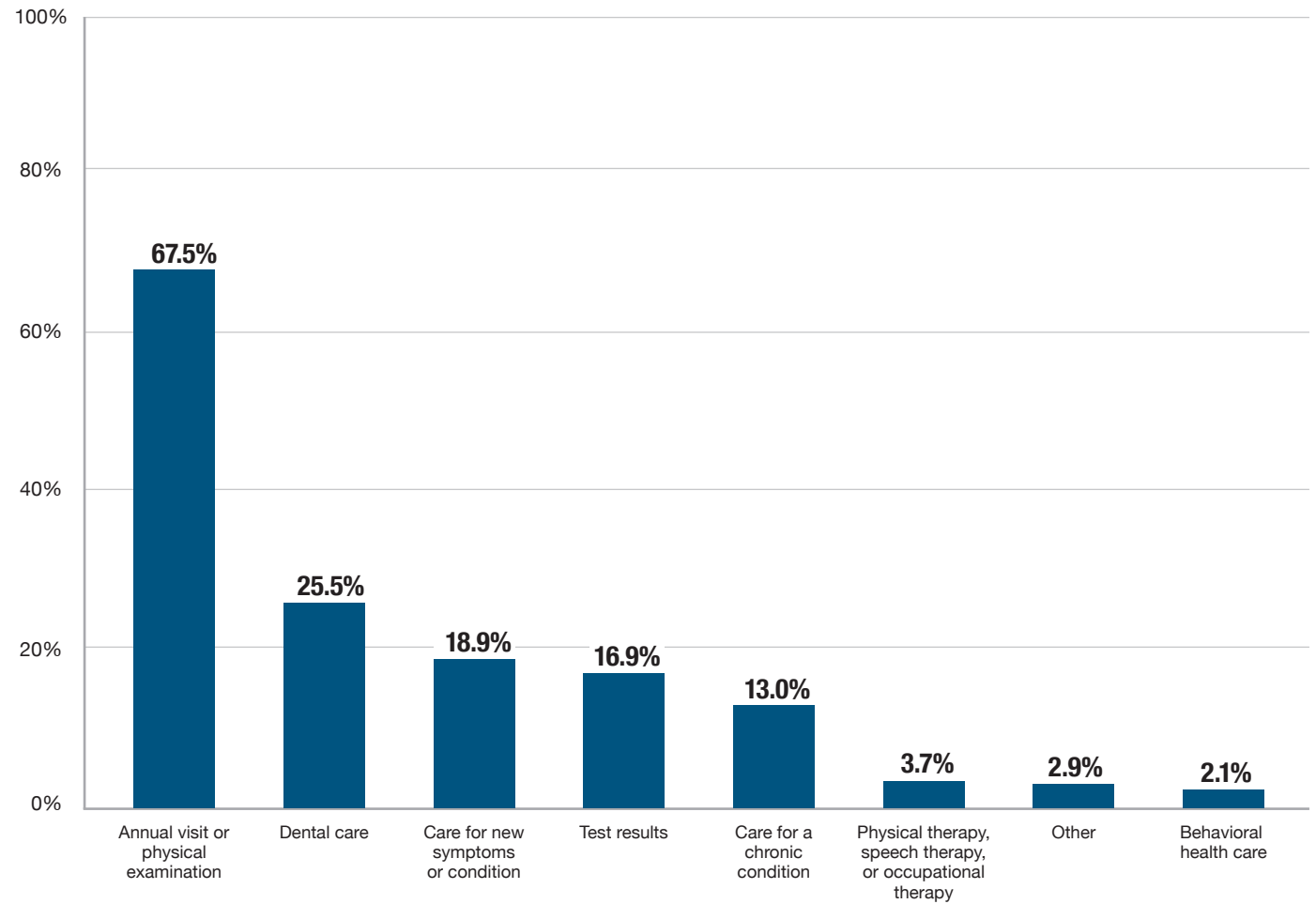
Note: Telehealth visits were defined as health care visits provided "by video, phone, email, text, or chat." Residents were asked to select all applicable options.

Data Source: 2023 Massachusetts Health Insurance Survey



Among Massachusetts residents who reported no telehealth visits in the past 12 months, the most common types of care for their most recent in-person visit were annual visits or physical examinations (67.5%), followed by dental care (25.5%).

## Most Recent Type of Care Received In-Person Among Those With No Telehealth Visits in the Past 12 Months, 2023



Note: Behavioral health visits include visits for mental health or alcohol or substance use disorders.  
Data Source: 2023 Massachusetts Health Insurance Survey

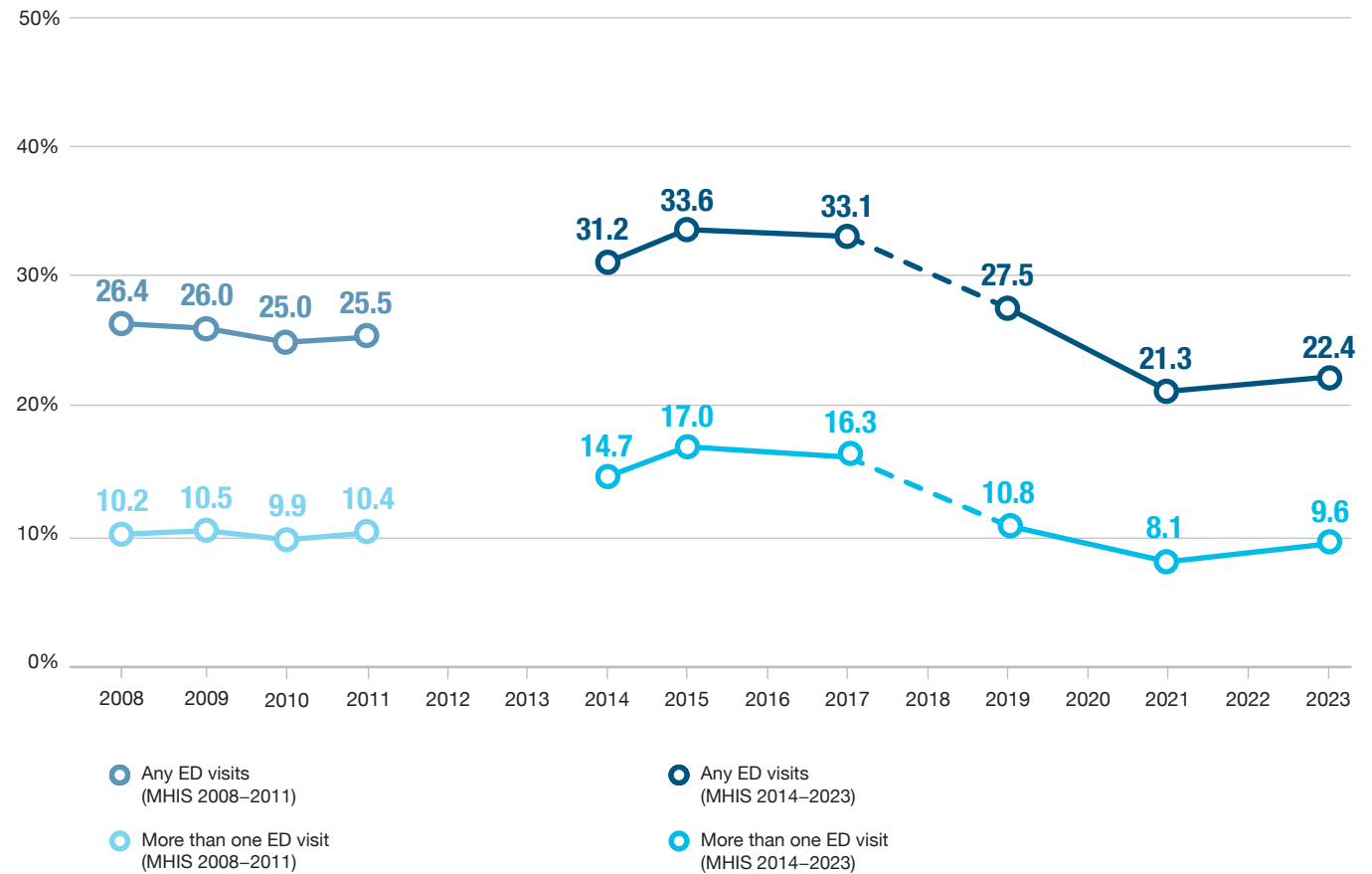
# Health Care Access and Utilization for Residents

Just over one fifth of residents reported a visit to the ED in 2023 (22.4%).

Nearly one in 10 residents reported multiple ED visits in the past 12 months (9.6%).

There were no statistically significant differences between the 2021 rates and the 2023 rates of ED visits.

## ED Visits Over the Past 12 Months, 2008-2023



Note: ED = Emergency Department. Due to changes in the MHIS survey design in 2014, the estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014-2017, and the 2021-2023 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2023 (denoted by the dotted line).<sup>5</sup>

Please see the [Methodology Report](#) for more information on design changes.

Data Source: 2008-2011, 2014, 2015, 2017, 2019, 2021, and 2023 Massachusetts Health Insurance Survey

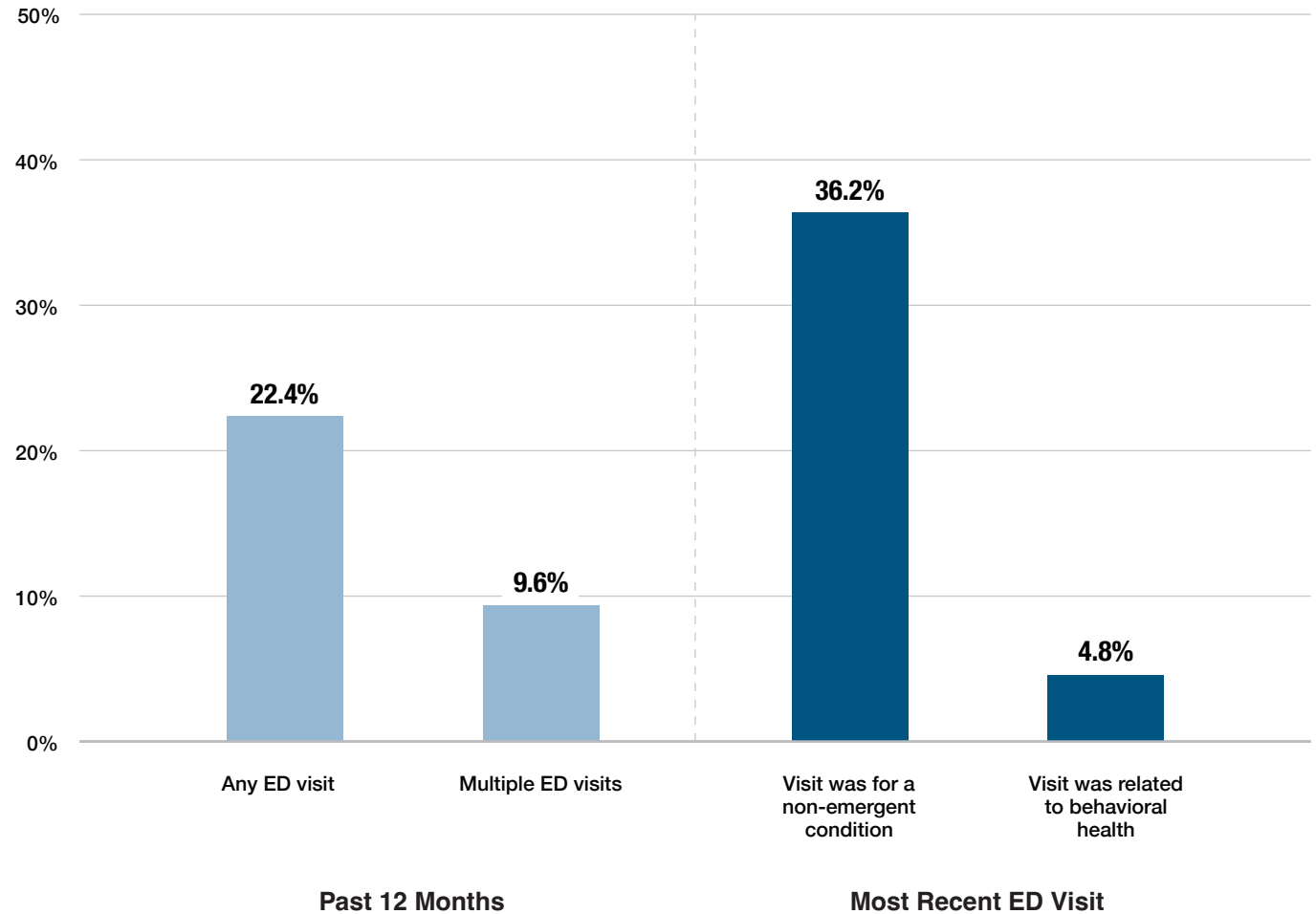
# Health Care Access and Utilization for Residents

In 2023, 22.4% of Massachusetts residents reported an ED visit and 9.6% reported multiple ED visits.

Among Massachusetts residents with an ED visit in the past 12 months, one-third (36.2%) reported that their most recent visit was for a non-emergency condition, defined as a condition that could have been treated by a general doctor if one had been available.

Among residents with an ED visit in the past 12 months, 4.8% of residents reported that their most recent visit was related to behavioral health.

## ED Visits Over the Past 12 Months by Type, 2023



Note: ED = Emergency department. The categories of reasons for the most recent ED visit listed above are not mutually exclusive. Residents were asked to select all applicable options. Visits related to behavioral health include visits related to mental health (4.5%) and visits related to alcohol or substance use disorders (0.7%). Non-emergent conditions are defined as conditions that residents thought could have been treated by a regular doctor if one had been available.

Data Source: 2023 Massachusetts Health Insurance Survey

## Health Care Access and Utilization for Residents

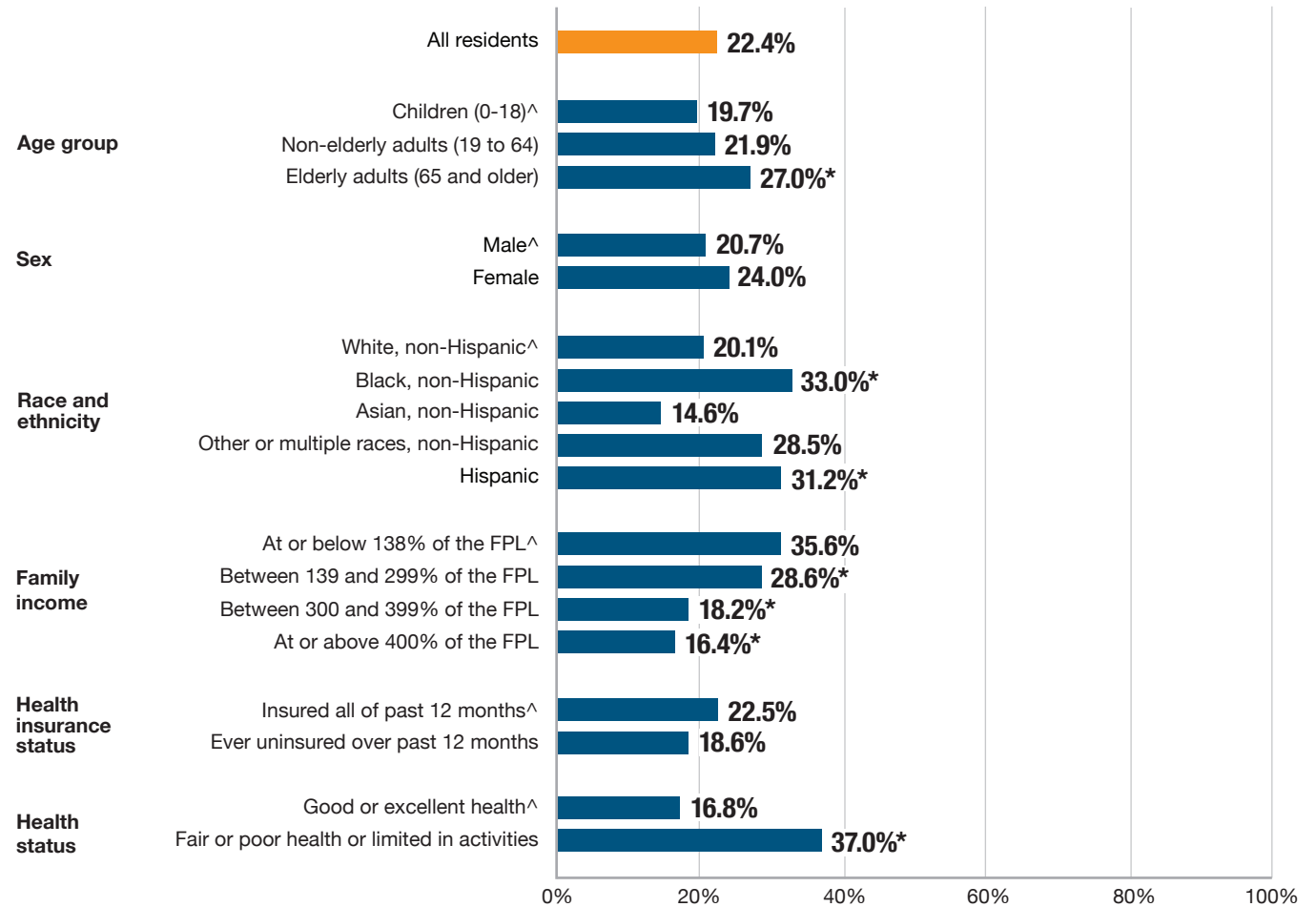
In 2023, one in five Massachusetts residents reported at least one ED visit in the past 12 months.

Compared to non-Hispanic White residents, non-Hispanic Black and Hispanic residents were more likely to have at least one ED visit in the past 12 months (20.1% vs. 33.0% and 31.2%, respectively).

Residents with a family income at or below 138% of the FPL were substantially more likely than those at or above 400% of the FPL to have at least one ED visit in the past 12 months (35.6% vs. 16.4%).

Residents reporting fair or poor health or an activity limitation were more than twice as likely as those in good or excellent health to have had at least one visit to the ED over this period (37.0% vs. 16.8%).

## ED Visit in the Past 12 Months by Resident Characteristics, 2023



Note: ED = Emergency Department; FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

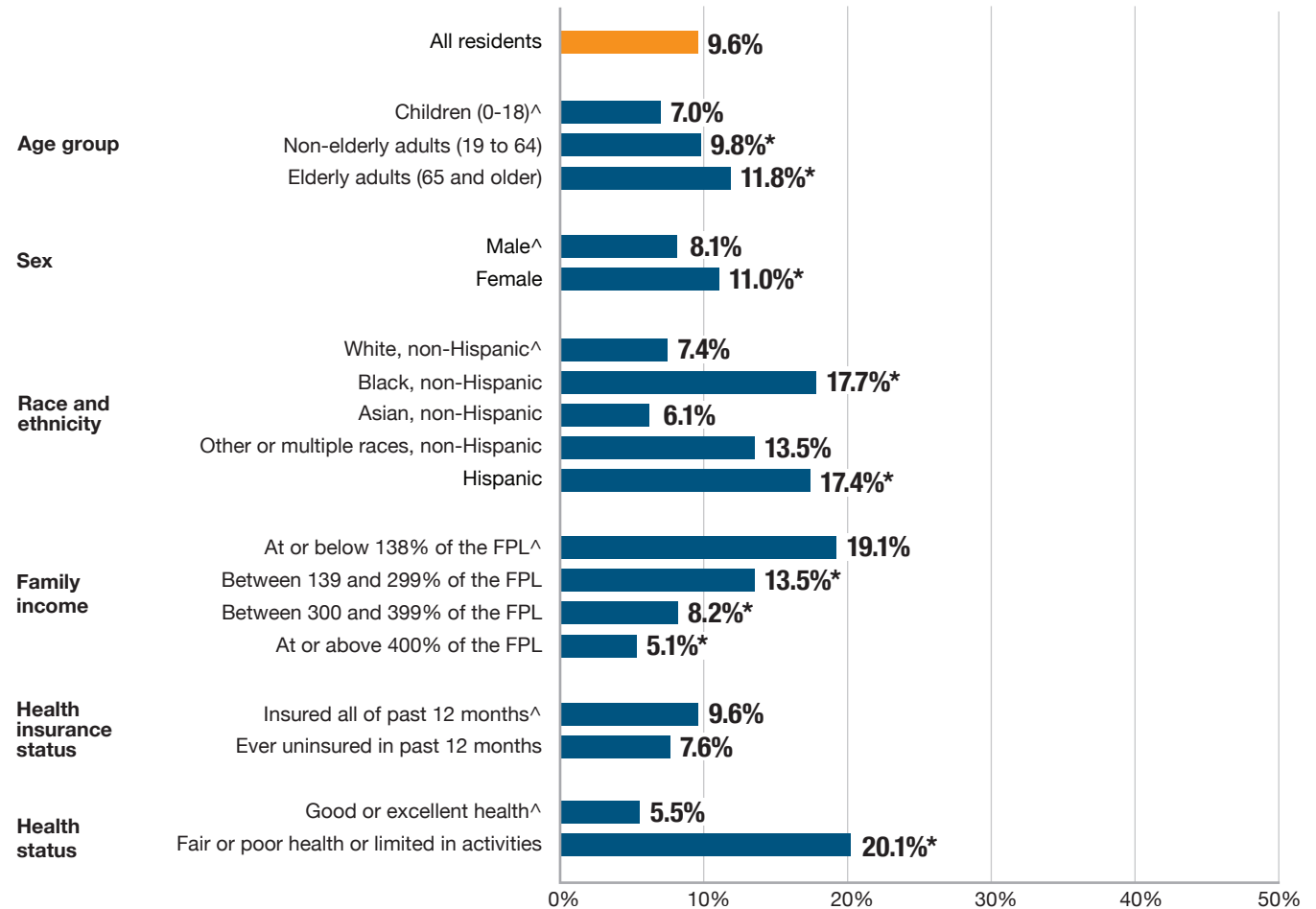
## Health Care Access and Utilization for Residents

In 2023, 9.6% of Massachusetts residents reported multiple visits to the ED in the past 12 months. Non-Hispanic Black and Hispanic residents were more than twice as likely as non-Hispanic White residents to report multiple ED visits.

Residents with a family income at or below 138% of the FPL were almost four times as likely as residents at or above 400% of the FPL to report multiple ED visits (19.1% vs. 5.1%).

Similarly, the percent of multiple ED visits was almost four times higher among residents who reported fair or poor health or with activity limitations (20.1%) than those who reported good or excellent health and no limitations (5.5%).

## Multiple ED Visits in the Past 12 Months by Resident Characteristics, 2023



Note: ED = Emergency Department; FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

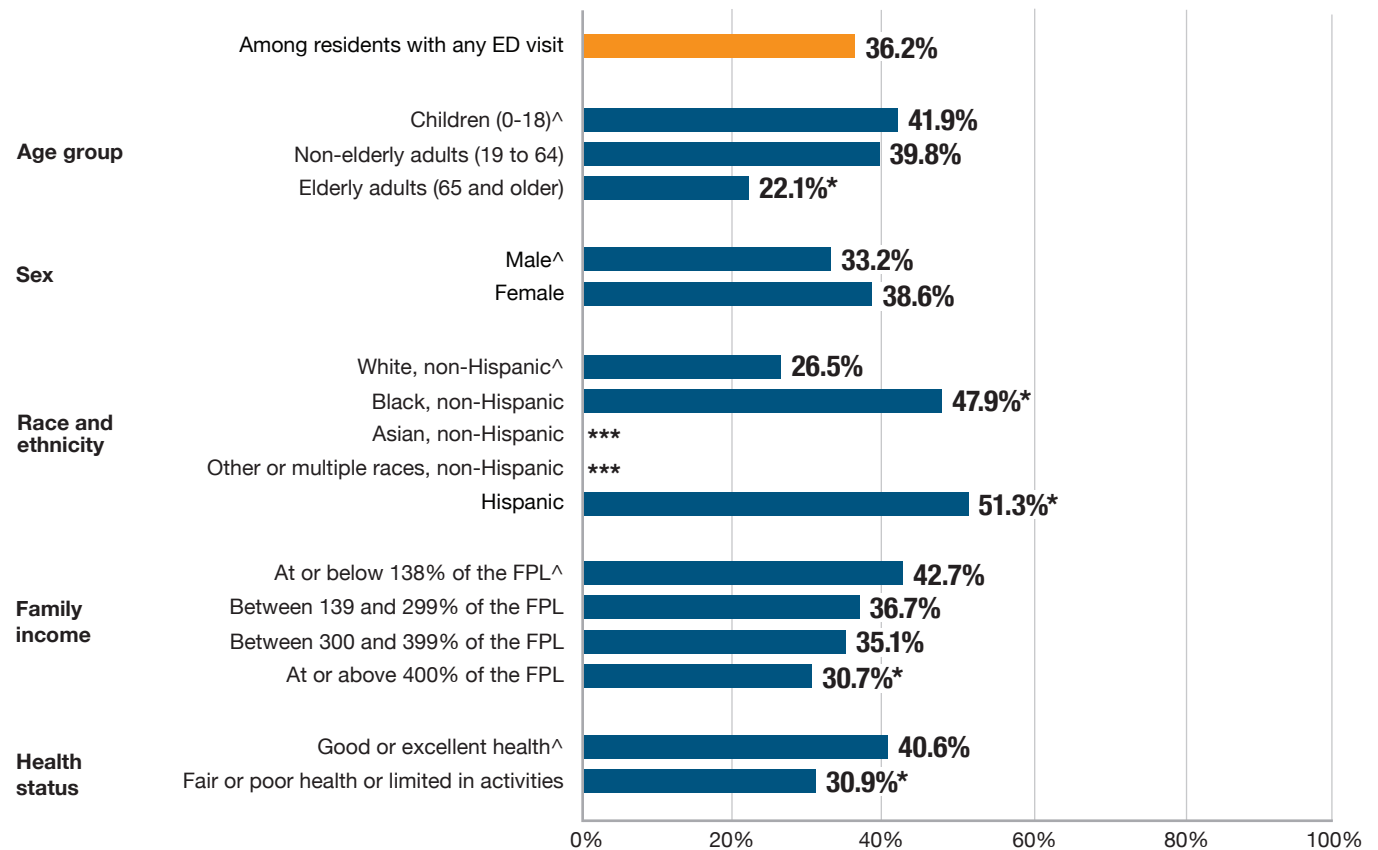
## Among Residents With an ED Visit in Past 12 Months, Most Recent ED Visit Was for a Non-Emergency Condition by Resident Characteristics, 2023

In 2023, 36.2% of residents with an ED visit in the previous 12 months reported that their most recent ED visit was for a non-emergency condition.

Elderly adults reported much lower rates of their last ED visit having been for non-emergency condition (22.1%) than children (41.9%).

Among residents reporting at least one ED visit, Hispanic residents (51.3%) and non-Hispanic Black residents (47.9%) were substantially more likely to report that their last ED visit was for a non-emergency condition than non-Hispanic White residents (26.5%).

Those who reported a lower family income were more likely to report that their last ED visit was for a non-emergency condition than residents who reported a higher family income (42.7% vs. 30.7%).



Note: ED = Emergency Department; FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." To ensure reliability, estimates for subgroups with fewer than 50 survey respondents are not reported.

<sup>^</sup>Reference group

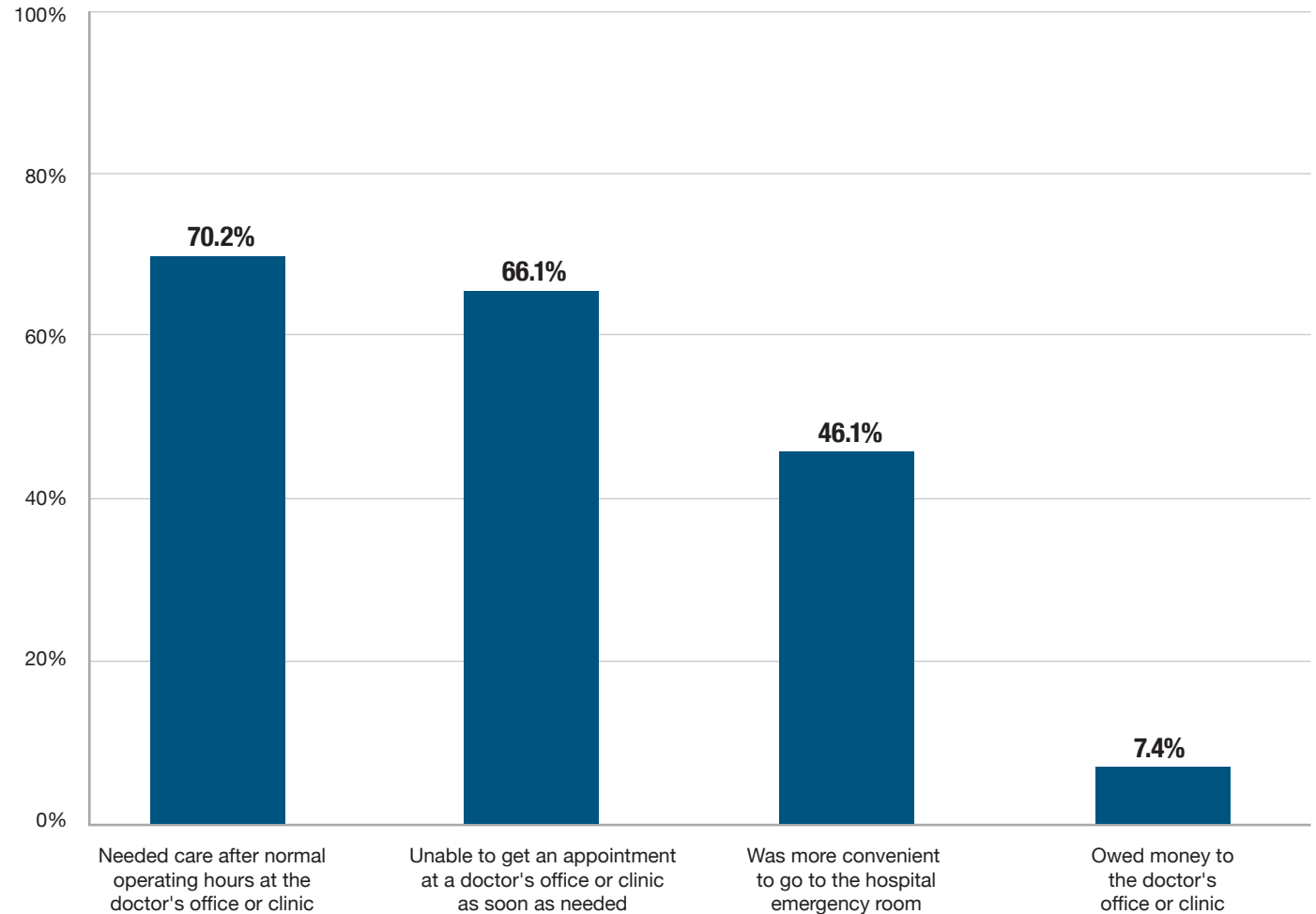
\*Difference from estimate for reference group is statistically significant at the 5% level.

\*\*\* Estimates for non-Hispanic Asian and non-Hispanic other or multiple races (multiracial or self-identified a racial group not listed) are suppressed due to small sample sizes.

Data Source: 2023 Massachusetts Health Insurance Survey

## Among Residents With an ED Visit for a Non-Emergency Condition in the Past 12 Months, Reasons for Most Recent Non-Emergency ED Visit, 2023

In 2023, the most common reasons reported by Massachusetts residents for visiting the ED for a non-emergency condition were related to the timing of when care was available at a doctor's office or clinic. Most residents reported that their most recent non-emergency ED visit was due to needing care after normal operating hours at the doctor's office or clinic (70.2%), followed by being unable to get an appointment at a doctor's office or clinic as soon as needed (66.1%).



Note: ED = Emergency Department. The categories listed above are not mutually exclusive. Residents were asked to select all applicable options.  
Data Source: 2023 Massachusetts Health Insurance Survey

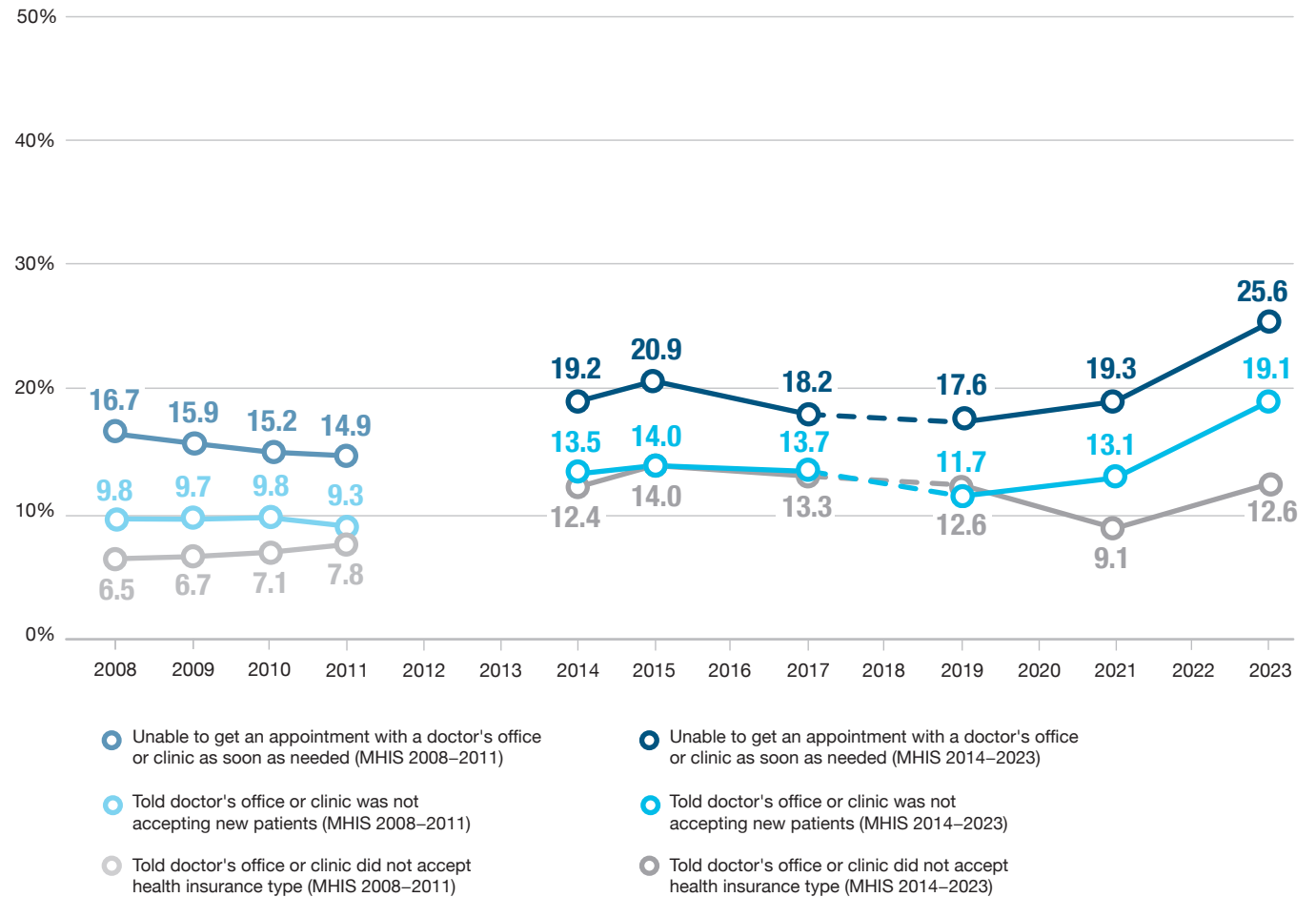
## Health Care Access and Utilization for Residents

Despite the high percentage of Massachusetts residents reporting a usual source of care, some residents still faced difficulties obtaining health care in the past 12 months in 2023.

One in four residents (25.6%) reported being unable to get an appointment with a doctor's office or clinic as soon as they felt was needed, and 19.1% reported being told the doctor's office or clinic was not accepting new patients. One in eight residents (12.6%) reported being told that their doctor's office or clinic did not accept patients with their insurance.

The percentage of residents reporting difficulties accessing care has increased from 2021 to 2023 on each of these three dimensions of obtaining health care.

## Difficulties Accessing Care Over the Past 12 Months, 2008-2023



Notes: Visits to a general doctor include visits provided via telehealth. Due to changes in the MHIS survey design in 2014, the estimates for 2008-2011 are not directly comparable to later years. In 2019, the survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014-2017, and the 2021-2023 design repeated the 2019 design with the RDD telephone sample limited to prepaid cell phones only. Though estimates from the 2019 RDD sample and ABS are similar, caution should be used when interpreting changes between 2014-2017 and 2019-2023 (denoted by the dotted line).<sup>5</sup>

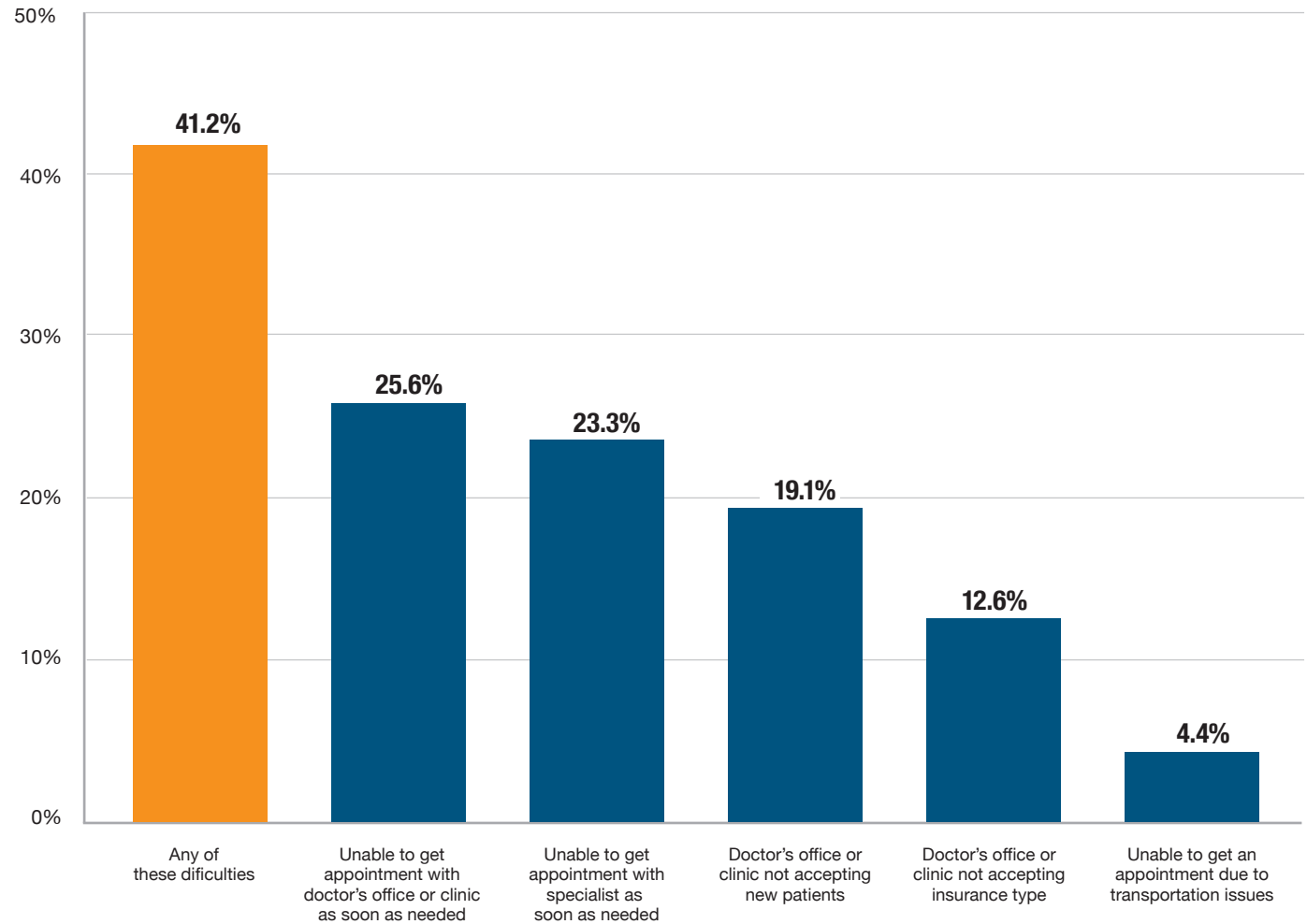
Please see the [Methodology Report](#) for more information on design changes.

Data Source: 2008-2011, 2014, 2015, 2017, 2019, 2021, and 2023 Massachusetts Health Insurance Survey



## Difficulties Accessing Care Over the Past 12 Months by Type of Difficulty, 2023

Two-fifths (41.2%) of Massachusetts residents reported at least one type of difficulty accessing care at the doctor's office or clinic in 2023. The most commonly reported difficulties included being unable to get an appointment with a doctor's office or specialist as soon as needed (25.6% and 23.3%), or the doctor's office or clinic was not accepting new patients (19.1%), or the resident's insurance type (12.6%).



Note: The categories listed above are not mutually exclusive. Residents were asked to select all applicable options. Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting patients with their insurance type; and unable to get an appointment due to transportation issues.

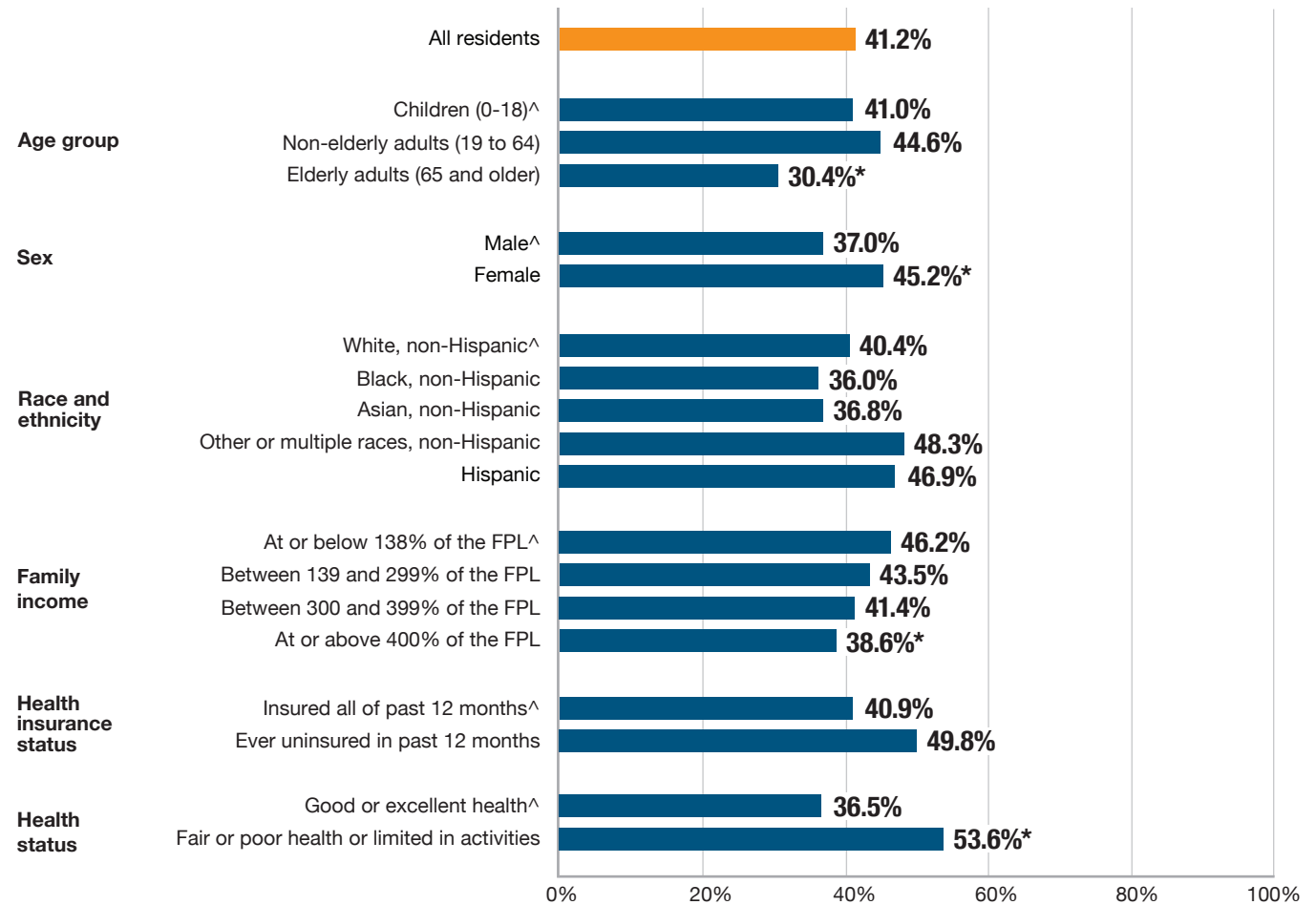
Data Source: 2023 Massachusetts Health Insurance Survey

## Health Care Access and Utilization for Residents

Children and non-elderly adults were more likely to report any difficulties accessing care relative to elderly adults (41.0%, 44.6%, respectively, vs. 30.4%). Residents who reported a family income at or below 138% of the FPL were more likely to report difficulties accessing care than those with a family income at or above 400% of the FPL (46.2% vs. 38.6%). Those in fair or poor health or with activity limitations were more likely to report difficulties relative to residents in good or excellent health without activity limitations (53.6% vs. 36.5%).

Variation among subgroups may reflect residents' different expectations about their ability to access care as well as exposures to barriers in accessing care such as structural racism, availability of scheduling and seeking care, and understanding of the health care system.

## Difficulties Accessing Care Over the Past 12 Months by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Any of these difficulties includes the following: unable to get an appointment with doctor's office or clinic as soon as needed; unable to get an appointment with a specialist as soon as needed; doctor's office or clinic not accepting new patients; doctor's office or clinic not accepting patients with their insurance type; and unable to get an appointment due to transportation issues. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

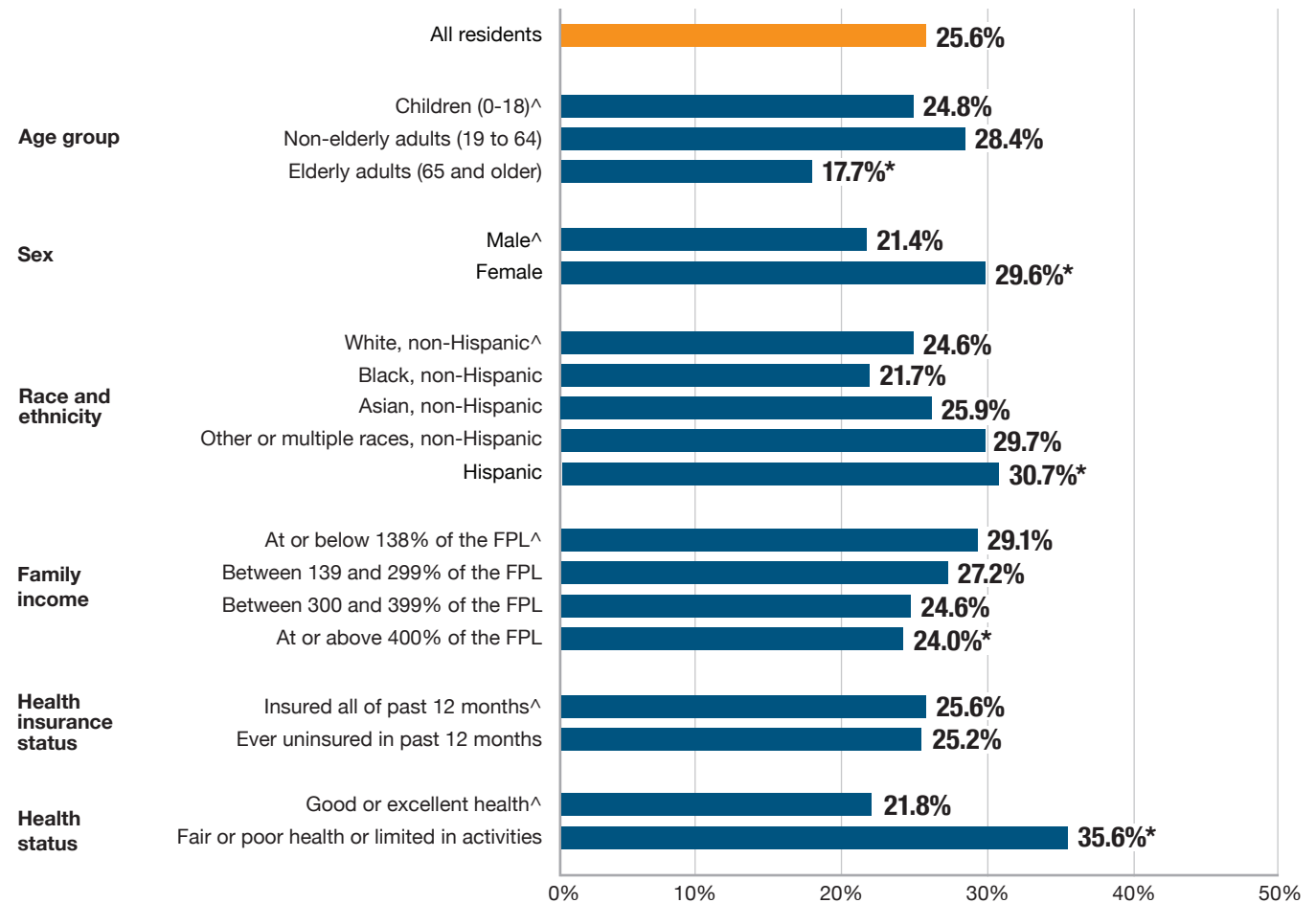
## Health Care Access and Utilization for Residents

In 2023, 25.6% of residents reported being unable to get an appointment with a doctor's office or clinic as soon as they thought one was needed in the past 12 months.

Female residents were more likely to report difficulties than males (29.6% vs. 21.4%); Hispanic residents were more likely to report difficulties than their non-Hispanic White counterparts (30.7% vs. 24.6%).

Residents in fair or poor health or with an activity limitation reported greater difficulties accessing care in the past 12 months than those in good or excellent health with no activity limitations (35.6% vs. 21.8%).

# Difficulties Accessing Care: Unable to Get an Appointment With a Doctor's Office or Clinic as Soon as Needed by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

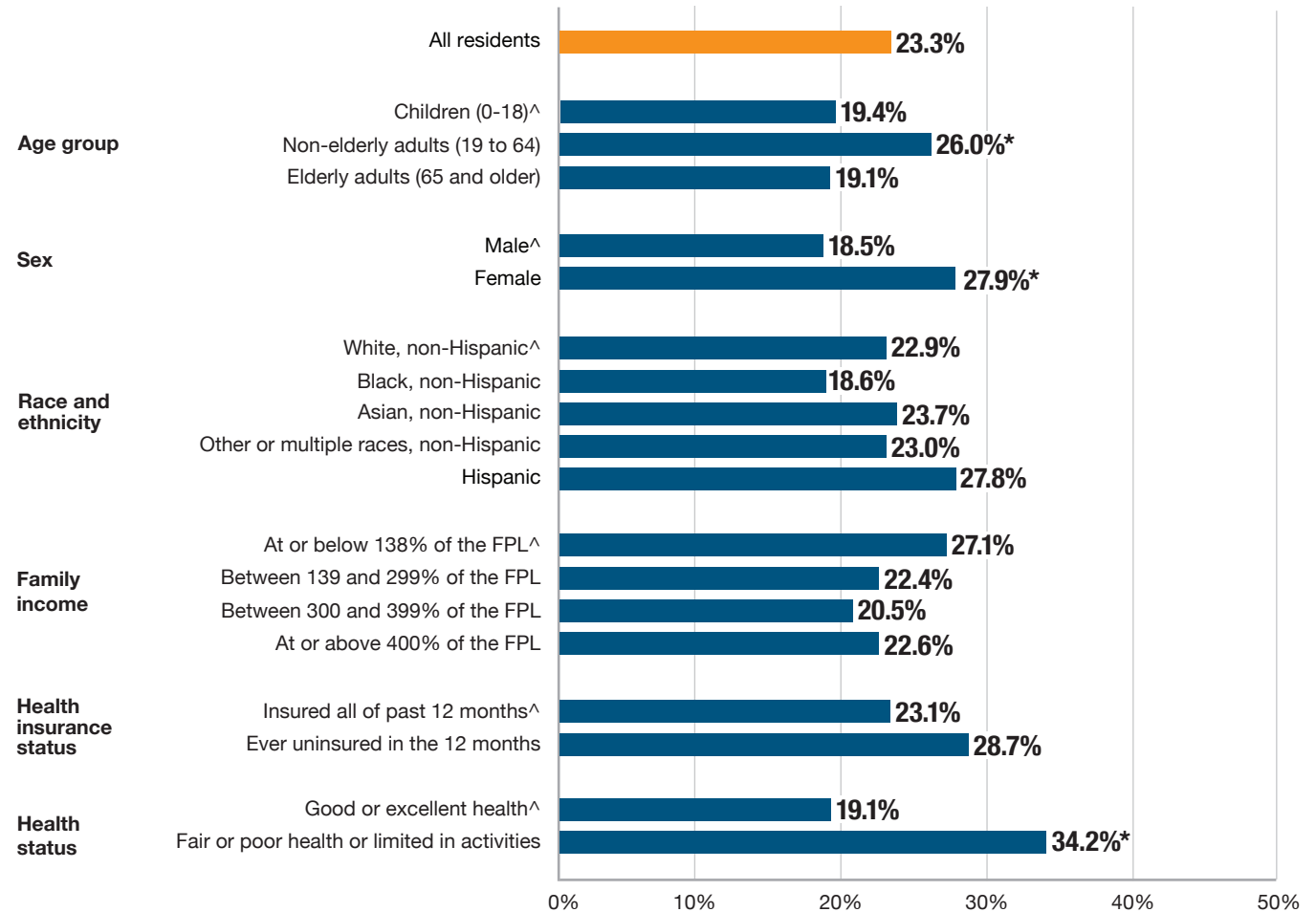
## Health Care Access and Utilization for Residents

One in four Massachusetts residents reported being unable to get an appointment with a specialist as soon as they thought one was needed (23.3%).

Female residents (27.9%) were more likely to report this difficulty than males (18.5%).

Those in fair or poor health or had activity limitations were more likely to report this difficulty (34.2%) compared with those in good or excellent health with no activity limitations (19.1%).

## Difficulties Accessing Care: Unable to Get an Appointment With a Specialist as Soon as Needed by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

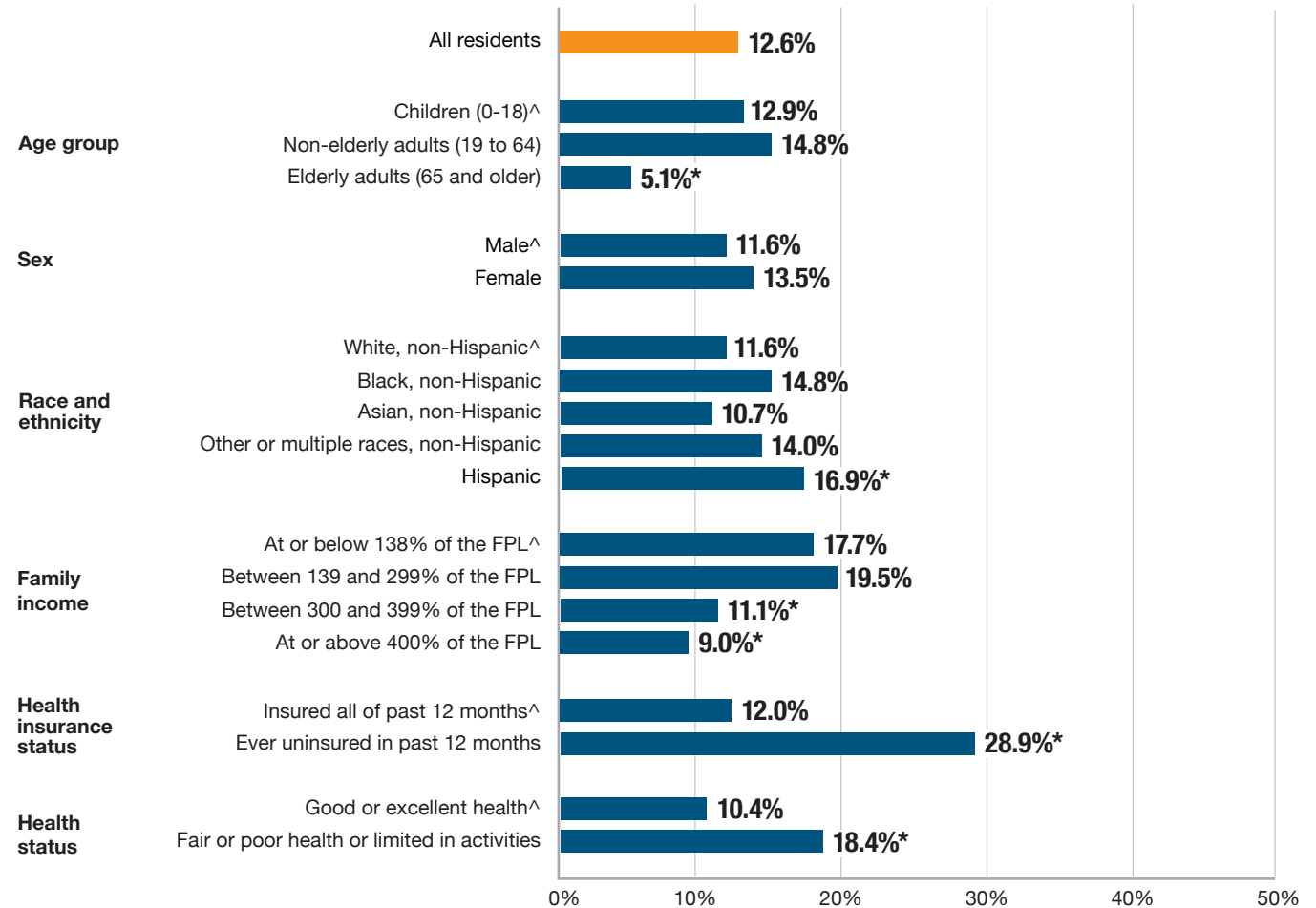
## Health Care Access and Utilization for Residents

In 2023, 12.6% of residents reported difficulties accessing care because a doctor's office or clinic did not accept their insurance type. Almost one in five (17.7%) Massachusetts residents with a family income at or below 138% of the FPL reported that a doctor's office or clinic did not accept their insurance, compared with 9.0% of residents with a family income at or above 400% of the FPL.

Those who reported gaps in their health insurance coverage were more likely to report this difficulty than residents insured continuously in the previous 12 months (28.9% vs. 12.0%).

Residents in fair or poor health or with activity limitations were almost twice as likely to report this difficulty as residents in good or excellent health with no activity limitations (18.4% vs. 10.4%).

## Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting Insurance Type by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem." Those uninsured at the time of the survey were asked if they were told that the office or clinic was not taking patients without insurance.

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

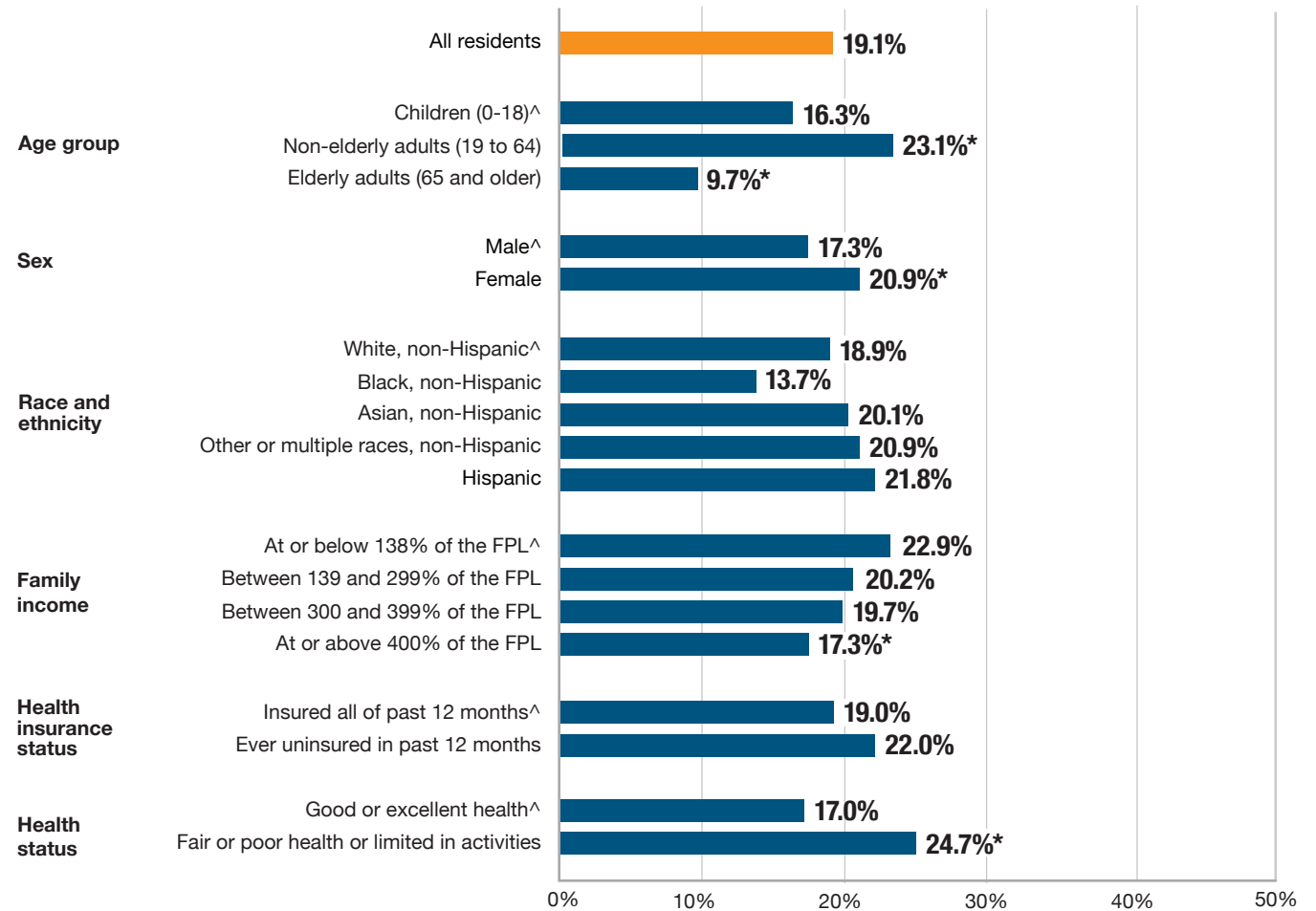
Data Source: 2023 Massachusetts Health Insurance Survey

## Health Care Access and Utilization for Residents

In 2023, 19.1% of residents were told that a doctor's office or clinic was not accepting new patients in the past 12 months. A greater percentage of Massachusetts residents who reported being in fair or poor health or had activity limitations reported being told a doctor's office or clinic was not accepting new patients in the past 12 months than residents in excellent or good health with no limitations (24.7% vs. 17.0%).

Non-elderly adults (23.1%) were more likely than children (16.3%) to report being told that a doctor's office or clinic was not accepting new patients.

## Difficulties Accessing Care: Doctor's Office or Clinic Not Accepting New Patients by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

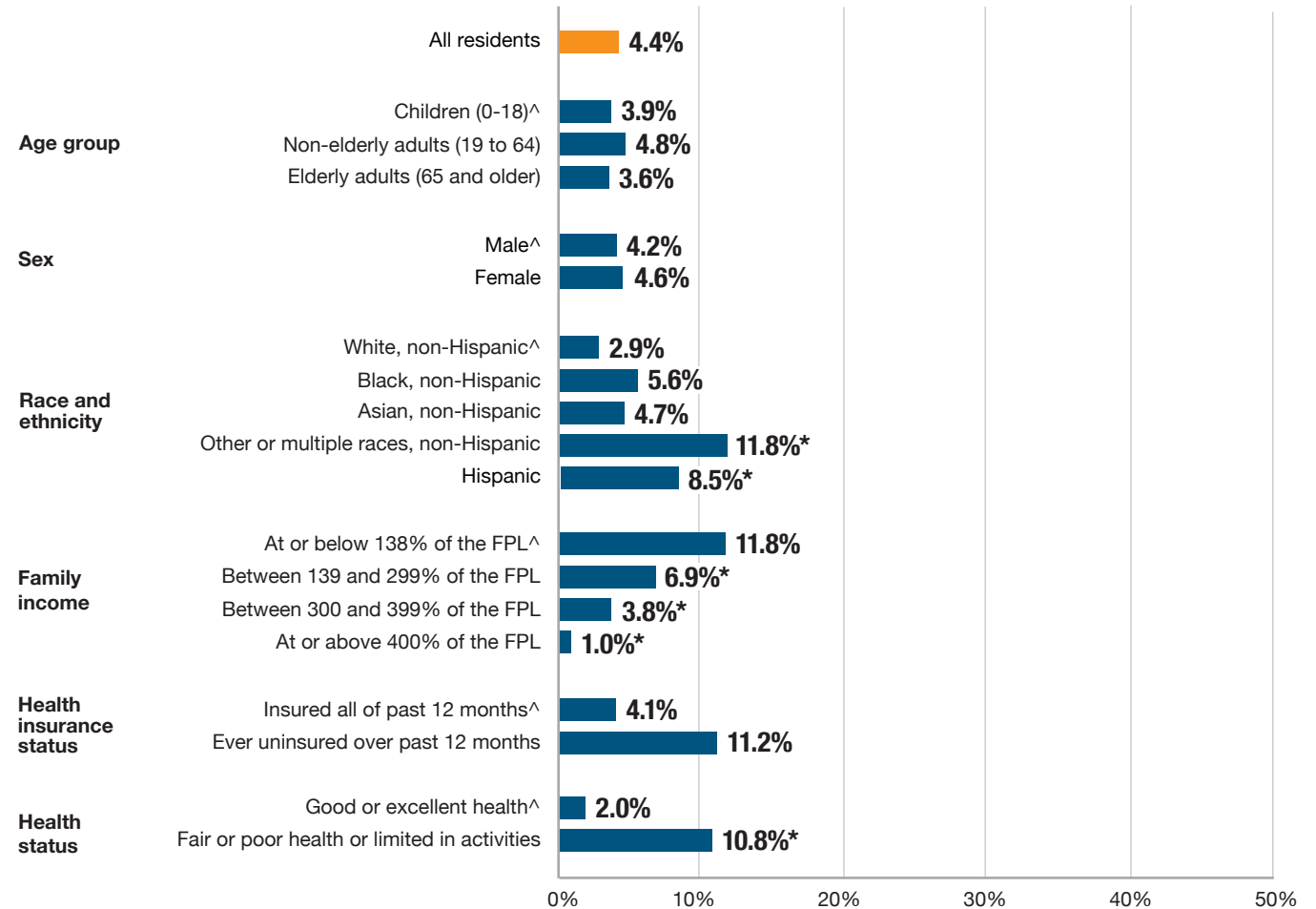
## Health Care Access and Utilization for Residents

Overall, 4.4% of Massachusetts residents reported being unable to get an appointment due to transportation issues in the past 12 months.

Compared to non-Hispanic White residents, Hispanic (8.5%) and non-Hispanic residents who are multiracial or self-identified as part of a racial group not listed (11.8%) were more likely to report transportation-related difficulties in accessing care.

More than one in 10 residents reported transportation-related difficulties if they had a family income at or below 138% of the FPL (11.8%), or if they reported being in fair or poor health or having activity limitations (10.8%).

# Difficulties Accessing Care: Unable to Get an Appointment Due to Transportation Issues by Resident Characteristics, 2023



Note: FPL = Federal Poverty Level. Limitation in activity includes residents who report that they are limited in their activities because of a "physical, mental, or emotional problem."

<sup>^</sup>Reference group

\*Difference from estimate for reference group is statistically significant at the 5% level.

Data Source: 2023 Massachusetts Health Insurance Survey

# About the MHIS

The Massachusetts Health Insurance Survey (MHIS) provides information on health insurance coverage, health care access and use, and health care affordability for the non-institutionalized population in Massachusetts. The MHIS has been fielded periodically since 1998 and biennially since 2015. The content and design of the survey have been modified over time to address the changing health care environment in Massachusetts and changes in state-of-the-art household survey strategies. Content changes to the MHIS in 2023 included adding more in-depth questions on telehealth use and paying out-of-pocket for behavioral health care. The 2023 MHIS was fielded between April and August of 2023.

Survey design changes include a shift in sampling frame for the survey in 2008 and 2014, an expansion of the sampling frame for the survey in 2019-2023. As a result of the shift in the sample frame in 2014, the data for

the 2008–2011 period are not directly comparable to later years. The 2019 survey design was expanded to include an address-based sample (ABS) in addition to the random-digit-dial (RDD) telephone sample used from 2014–2017. The 2021-2023 surveys expanded the use of the address-based sample and limited the random-digit-dial telephone sample to prepaid cell phone numbers only. Because of the similarity of the estimates from the RDD sample and ABS sample in 2019, the 2019-2023 estimates may still be used to evaluate trends for the period 2014–2021.<sup>5</sup> Please see the [MHIS Methodology Report](#) for more information.

The 2023 MHIS was conducted in English and Spanish, and its average completion time was 33 minutes for telephone-based surveys and 18.1 minutes for the web-based survey. Surveys were completed with 5,266 Massachusetts households, collecting data on 5,266



residents and their families, including 663 children aged 0 to 18, 3,139 non-elderly adults aged 19 to 64, and 1,451 elderly adults aged 65 and older. The overall response rate for the 2023 MHIS was 5.8%, combining the response rate of 1.4% for the prepaid cell phone sample of 629 completed interviews and 13.6% for the address-based sample of 4,637 interviews.

Additional information about the MHIS is available in the [MHIS Methodology Report](#). ■

# Notes

1. Keisler-Starkey, K., Bunch, L. N., & Lindstrom, R. A. (2023). Health Insurance Coverage in the United States: 2022. *US Census Bureau, Current Population Reports*, P60-281. U.S. Government Publishing Office. <https://www.census.gov/content/dam/Census/library/publications/2023/demo/p60-281.pdf>.
2. Caraballo, C., Ndumele, C. D., Roy, B., Lu, Y., Riley, C., Herrin, J., & Krumholz, H. M. (2022, October). Trends in racial and ethnic disparities in barriers to timely medical care among adults in the US, 1999 to 2018. In *JAMA Health Forum* (Vol. 3, No. 10, pp. e223856-e223856). American Medical Association. <https://jamanetwork.com/journals/jama-health-forum/article-abstract/2797732>.
3. Parast, L., Mathews, M., Martino, S., Lehrman, W. G., Stark, D., & Elliott, M. N. (2022). Racial/ethnic differences in emergency department utilization and experience. *Journal of General Internal Medicine*, 1-8. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8021298/>.
4. Rust, G., Ye, J., Baltrus, P., Daniels, E., Adesunloye, B., & Fryer, G. E. (2008). Practical barriers to timely primary care access: impact on adult use of emergency department services. *Archives of Internal Medicine*, 168(15), 1705-1710. <https://jamanetwork.com/journals/jamainternalmedicine/article-abstract/770345>.
5. By maintaining the RDD telephone sample between 2017 and 2019, we were able to assess the impacts of the 2019 modification and determined that the 2019 design did not have a significant impact on the estimates of trends over time based on the 2014-2017 data. The ABS and RDD estimates were similar, but caution should be used when interpreting trends. For more information about the 2019 design, please see the 2019 [MHIS Methodology Report](#).
6. Pascale, J, Fertig, AR, Call, KT. Assessing the accuracy of survey reports of health insurance coverage using enrollment data. *Health Serv Res*. 2019; 54: 1099-1109. <https://doi.org/10.1111/1475-6773.13191>.



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