Emergency Department Use in Medicaid: Implications for the Affordable Care Act Medicaid Expansion

Stacey McMorrow and Sharon K. Long
MACPAC
February 20, 2014
Background

• Proponents of health reform sometimes claim that expanding insurance coverage will improve access to care in the community and reduce unnecessary ED use.

• Recent findings from the Oregon Health Insurance Experiment show increased ED use by the population that gained Medicaid coverage.

• What can this and other research evidence tell us about what to expect for states expanding Medicaid under the ACA?
Mixed Results on the Effects of Insurance Expansion on ED Use

• 2008 Oregon Medicaid Expansion
  – No significant effect of expansion on any ED use or number of ED visits (Finkelstein et al. 2012)
  – Expanding Medicaid coverage increased ED use across a wide range of conditions (Taubman et al. 2014)

• 2006 Massachusetts Health Reform
  – Early evidence found no effect of health reform on ED use, but by 2010 declines in ED use emerged (Long and colleagues 2008-2013)
  – Other evidence of reduced admissions out of ED (Kolstad and Kowalski 2012), reduced reliance on ED as usual source of care and reduced non-urgent ED use (Miller 2012)
Drivers of Mixed Results on the Effects of Insurance Expansion on ED Use

• Differences in study design
  – Data sources and unit of observation
    • Administrative/discharge vs. survey data
    • Mode of survey administration and look-back period for ED use
    • Geographic representativeness
    • Number of visits vs. number of people with a visit
  – Length of post-intervention period
  – Identification strategy/comparison groups
    • Effects of eligibility expansion vs. effects of coverage
Drivers of Mixed Results on the Effects of Insurance Expansion on ED Use

• Differences in policy setting
  – Population targeted by the expansion
    • MA: Comprehensive reforms aimed at universal coverage affecting nearly all adults with low and moderate incomes
    • OR: Medicaid eligibility expansion to previously uninsured adults with incomes below poverty who applied to a lottery
  – Health system context
    • Safety net availability
      – MA: Uncompensated care pool covered hospital expenses for low-income uninsured prior to reform
    • Primary care capacity and community care patterns
Implications for ED Use by the Medicaid Expansion Population Across States

• Drivers of high rates of ED use for the Medicaid population
  – Significant health problems (Sommers et al. 2012)
  – Limited access to primary care providers and after-hours care (Cheung et al. 2012, O’Malley 2013)
  – Preferences for ED care (Kangovi et al. 2013)

• We would expect higher ED use under reform in states:
  – With a sicker expansion population
  – With limited access to care in the community
  – With few care options for the uninsured prior to reform
  – Where preference for ED is high, e.g., ED provides a convenient, high quality primary care option
Evidence on the Composition of the Potential Expansion Population

- Age, race/ethnicity, sex, and family status (Kenney et al. 2012)
  - Over half are under age 35 and more than half are male
  - More than half are white, but racial/ethnic composition varies substantially across states
  - Four out of five are childless adults

- Health status
  - Less likely to report fair/poor physical or mental health than existing Medicaid enrollees (Holahan et al. 2010)
  - Less likely to be obese and report several chronic conditions than existing Medicaid enrollees (Decker et al. 2013)
References
Sommers AS, Boukus ER, Carrier E. “Dispelling Myths About Emergency Department Use: Majority of Medicaid Visits are for Urgent or More Serious Symptoms.” Research Brief No. 23, Center for Studying Health System Change, July 2012.