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

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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)

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