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Health Equity and the ACA: Achieving the Goal of Realized Access?

Summary

- When the Affordable Care Act (ACA) is fully implemented in 2014, over 30 million Americans will become insured through private health insurance and another estimated 12 million people will become insured through Medicaid. This research project explicates issues of access coincident with over 42 million Americans newly insured. Will the

Project Narrative

- The ACA represents the first time in U.S. history where every citizen will be given access to insurance. However, the type of insurance or payer determines the amount reimbursed to physicians; Medicaid has the lowest reimbursement rates of all forms of insurance, private insurance generally has the highest reimbursement rates. An influx of new patients with differing reimbursement rates may create unforeseen changes in the willingness of Medicaid-enrolled PCPs to see new Medicaid patients.

Research Question

- How will the increased number of patients with private pay reimbursement rates affect the willingness of Medicaid-enrolled primary care physicians to accept new Medicaid patients?

Research Strategy

- Significance
  - Importance
  - Relevant literature
  - Existing gaps in knowledge
  - Implications
- Innovation
- Approach
  - Conceptual model
  - Analytical strategy

Significance - Importance

- Overview
  - Patients affected
  - Reimbursement sources
  - Existing Medicaid-enrolled PCP supply
- Need for analysis
  - Confluence of factors with unknown impact
- The ACA as Exogenous Policy Shock
  - Policy levers: reimbursement rates, NMHCs
  - Other ways supply is affected: administrative burden

Significance - Relevant Literature

- Cunningham, P.J., & Hadley, J. (2008). Effects of changes in incomes and practice circumstances on physicians' decisions to treat charity and Medicaid patients. *The Milbank Quarterly, 86*(1), 91-123.
  - "Dual-market" economic model
  - Community Tracking Study
- Decker, S.L. (2012). In 2011 nearly one-third of physicians said they would not accept new Medicaid patients, but rising fees may help. *Health Affairs, 31*(8), 1673-1679.
  - Atheoretical
  - Medicaid-to-Medicare fee ratio
  - 2011 NAMCS-EMR Supplement
- Zuckerman et al. (2009). Trends in Medicaid physician fees, 2003-2008. *Health Affairs, 28*(3), w510-w519.
  - Primary data collection

Significance – Knowledge Gaps

- No surveys of Medicaid-enrolled PCPs
- Surveys ask physicians to categorize the types of patients they will see
  - All, Most, Some, or none
  - Information is lost
- Medicaid-enrolled physicians may be unwilling to self-report that they will not see new Medicaid patients
- Supply may be over-stated
- Medicaid to Medicare ratio leaves out information

Significance - Implications

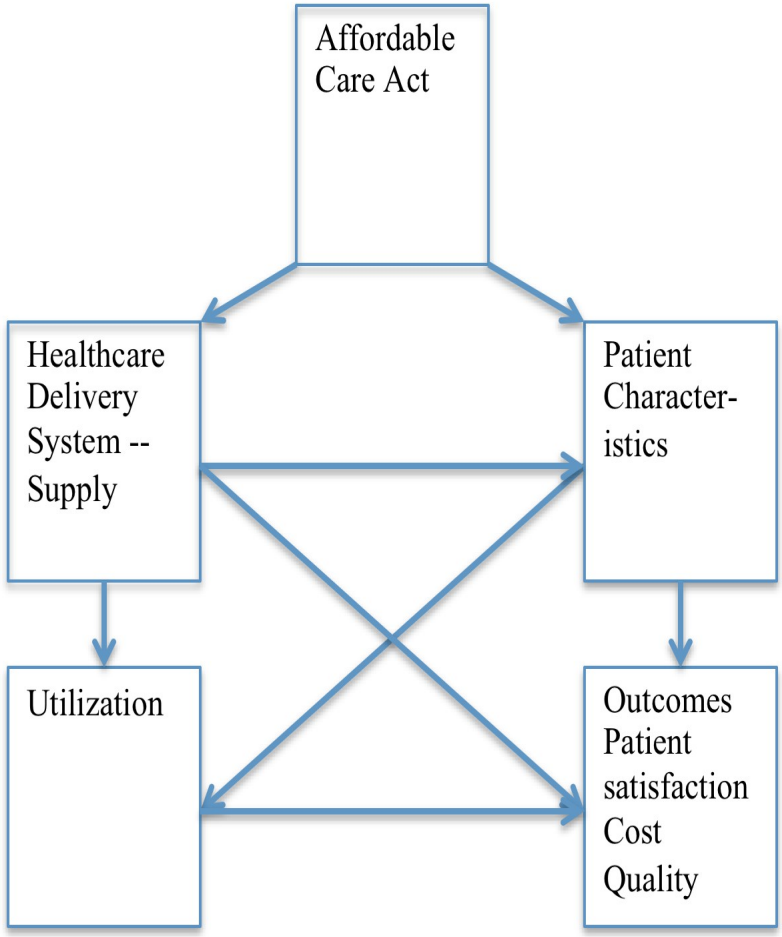
- Provides much needed information to policymakers regarding changes in Medicaid physician supply in their state
- Proposed data triangulation strategy increases confidence in results
- Identify factors that will signal impending changes in Medicaid PCP supply

Research Strategy - Innovation

- New contribution
  - Construction of Medicaid-to-Private pay ratio
  - Data triangulation strategy: **physician survey**, **claims data** for audit study, claims data to describe changes in physician supply over time, and Medicaid **eligibility data**
  - Research strategy can be replicated in other states

Research Strategy - Approach

- Conceptual model
- Specific aims
- Analytical approach


Affordable Care Act
Healthcare Delivery System -- Supply
Patient Character-istics
Utilization
Outcomes
Patient satisfaction
Cost
Quality

Research Strategy – Conceptual Model

- A Health Policy, the ACA, enables access to insurance – a process indicator
- Theoretically, this results in utilization
- PCPs are overwhelmed so they become selective in choosing patients – creating a disparity in care
- This affects utilization and ultimate outcomes
- Ultimate outcomes are patient satisfaction, cost, and quality of care
- The ACA therefore affects the healthcare delivery system, which in turn affects outcomes

Research Strategy – Conceptual Model

- This causal link between Medicaid-enrolled PCP supply and outcomes is established by controlling for differences in
  - Patient characteristics
  - Physician characteristics
- Patient characteristics: health status, age, race/ethnicity
- Physician characteristics: FFS or Managed Care

Research Strategy – Specific Aims

- Aim 1: Measure the difference between Medicaid PCPs' self-reported willingness and actual willingness to see new Medicaid patients.
- Aim 2: Examine changes in the number of PCPs who will see new Medicaid patients before and after ACA implementation.
- Aim 3: Describe factors affecting existing Medicaid-enrolled PCPs' decision to accept new Medicaid patients.

Research Strategy – Specific Aims

- H1: More Medicaid PCPs report being willing to see new Medicaid patients than will actually see new Medicaid patients
- H2: The number of Medicaid PCPs willing to see new Medicaid patients will change as a result of ACA implementation.
- H3: When reimbursement amount of Medicaid patients is the same as privately insured patients, Medicaid-enrolled PCPs remain unwilling to see new Medicaid patients.

Research Strategy – Specific Aims

- H4: After implementation of the ACA, nonemergency ED use by newly enrolled Medicaid members is higher in states that expand Medicaid compared with the Medicaid-eligible population in states that do not expand Medicaid
- H5: After implementation of the ACA, emergency ED use by newly enrolled Medicaid members is higher in states that expand Medicaid compared with the Medicaid-eligible population in states that do not expand Medicaid

Research Strategy – Analytical Approach

- Natural experiment
- Comparison of two similar states: treatment and comparison
- Dependent variables: emergency department utilization for emergency and nonemergency use
- Independent variables: market factors, administrative burden

Research Strategy – Analytical Approach

- Control variables:
  - Predisposing factors: patient-level demographic characteristics such as age, race/ethnicity, sex, rurality
  - Enabling factors: Medicaid physician supply in the area where the patient lives, number of EDs in the area
  - Need: Patient's health status

Summary

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  - Conceptual model
  - Analytical strategy