

Public Health Outcomes of Healthcare Access



A Resource for Improving Measurable Impact
August 27, 2021

Healthcare Access

What is the problem?

Access to and affordability of healthcare are significantly worse for low-income adults in Texas than in other southern states (including Arkansas, Kentucky, and Louisiana).¹

54% of low-income adults in Texas do not have a primary care physician.¹ This leads to increased ER visits, impacting subsidized taxpayer dollars and health insurance buyers.²

Improved access to healthcare is associated with:

- Increased care utilization, and decreased uncompensated care costs, such as emergency room visits³
- Greater provider capacity³
- Improved self-reported health and health outcomes²
- Increased likelihood of having a personal physician and having at least one outpatient physician visit^{4,5}
- Increased awareness and control of hypertension among low-income adults⁴
- Increased probability of getting an HIV test⁵
- Greater ability to afford follow-up care and pay medical bills⁶

Improved access to healthcare can be accomplished by:

- Enabling services – care coordination, health education, transportation, and assistance with obtaining food, shelter, and benefits⁷
- State Medicaid expansion^{8,9}
- Access to telehealth services¹⁰⁻¹³
- Incentives to enhance workplace insurance provision

Health Outcomes

Medicaid expansion has provided public health researchers the opportunity to study the impact of increased healthcare access. Research shows that state Medicaid expansion has significant associations with:

Improved access to healthcare among low-income adults [14]

Higher rates of diabetes management [15] and mental health management [16,17]

Slower rates of health decline, especially among low-income adults, in southern states [18]

Delays in seeking care due to appointment availability or wait times [6]



¹ Increased healthcare utilization and improved self-reported health may not be sustained in the long term¹⁴

² Despite increased access to care, researchers did not find significantly different rates of ICU admissions or in-hospital mortality among patients with COPD, asthma or heart failure¹⁹

Additional notes on health outcomes of state Medicaid expansion:

- Compared to states without Medicaid expansion, adults in states that expanded Medicaid report significantly fewer mental health days and reduction in depression diagnoses.²⁰
- Research suggests provision of healthcare to existing patients was not reduced to accommodate newly insured patients.¹⁴
- Healthcare providers and agencies implement strategies, such as increasing the supply of primary care physicians, that may help alleviate delays in care experienced due to appointment availability or wait times.⁶
- Physicians report significantly more newly insured patients with type 2 diabetes in Medicaid expansion states, a precursor to improving long-term outcomes for these patients.²¹
- Substance Use Disorder facilities and residential treatment settings report a 10% and 34% respective increase in psychiatric medication prescriptions following Medicaid expansion, which facilitates integrated treatment.¹⁷

Economic Outcomes

Medicaid expansion has provided public health researchers the opportunity to study the economic impact of increased healthcare access:

RURAL AREAS	State Medicaid expansion has been associated with a 1.2% increase in average operating margins for health systems. This benefit is even greater among rural hospitals (2.5% increase in operating margins). [22]
HEALTH SYSTEMS	State Medicaid expansion has been associated with a 36% decrease in uncompensated care expenditures in both rural and nonrural areas. [22]
CASE STUDY FROM MICHIGAN	Costs of Medicaid Expansion have been found to be offset by decreases in non-Medicaid health program expenses and increased revenue from provider taxes. [23]
STATE BUDGETS	State Medicaid Expansion leads to significant budget savings and revenue increases, providing states with additional resources to fund other priorities or cut taxes. Virginia's Expanded Medicaid Program implemented in 2019 doubled its projected Medicaid savings. [24]

Summary

Medicaid expansion serves as a lesson for the effectiveness and impact of increasing healthcare access on health and quality of life outcomes. Similarly, policy solutions such as increased workforce participation, telehealth, rural health care center care, and enabling services, can increase access and utilization of healthcare services.

TX RPC Network Member Content Expert

Katelyn Jetelina, PhD

The University of Texas Health Science Center at Houston (UTHealth) School of Public Health in Dallas

References:

1. Chen L, Pecos-Duarte C, Sommers B. Medicaid Expansion in Texas: Potential Economic and Employment Implications. Commonwealth Fund website. September 3, 2019. https://collections.nlm.nih.gov/master/borndig/101755580/Chen_Texas_Medicaid_expansion_ib.pdf.
2. Pourat N, Davis AC, Chen X, Vrungos S, Kominski GF. In California, Primary Care Continuity Was Associated With Reduced Emergency Department Use And Fewer Hospitalizations. *Health Aff (Millwood)*. 2015;34(7):1113-1120. PMID: 26153305
3. Guth, M., Garfield, R., & Rudowitz, R. The Effects of Medicaid Expansion under the ACA: Studies from January 2014 to January 2020. Kaiser Family Foundation website. March 17, 2020. <https://www.kff.org/medicaid/report/the-effects-of-medicaid-expansion-under-the-aca-updated-findings-from-a-literature-review/>. Published March 17, 2020.
4. Christopher AS, McCormick D, Woolhandler S, Himmelstein DU, Bor DH, Wilper AP. Access to Care and Chronic Disease Outcomes Among Medicaid-Insured Persons Versus the Uninsured. *Am J Public Health*. 2016;106(1):63-69. PMID: 26562119
5. Simon K, Soni A, Cawley J. The Impact of Health Insurance on Preventive Care and Health Behaviors: Evidence from the First Two Years of the ACA Medicaid Expansions. *J Policy Anal Manage*. 2017;36(2):390-417. PMID: 28378959
6. Miller S, Wherry LR. Health and Access to Care during the First 2 Years of the ACA Medicaid Expansions. *N Engl J Med*. 2017;376(10):947-956. PMID: 28273021
7. Yue D, Pourat N, Chen X, et al. Enabling Services Improve Access To Care, Preventive Services, And Satisfaction Among Health Center Patients. *Health Aff (Millwood)*. 2019;38(9):1468-1474. PMID: 31479374
8. Sommers BD, Blendon RJ, Orav EJ. Both The 'Private Option' And Traditional Medicaid Expansions Improved Access To Care For Low-Income Adults. *Health Aff (Millwood)*. 2016;35(1):96-105. PMID: 26733706
9. Sommers BD, Blendon RJ, Orav EJ, Epstein AM. Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance. *JAMA Intern Med*. 2016;176(10):1501-1509. PMID: 27532694
10. Ashwood JS, Mehrotra A, Cowling D, Uscher-Pines L. Direct-To-Consumer Telehealth May Increase Access To Care But Does Not Decrease Spending. *Health Aff (Millwood)*. 2017;36(3):485-491. PMID: 28264950
11. Shigekawa E, Fix M, Corbett G, Roby DH, Coffman J. The Current State Of Telehealth Evidence: A Rapid Review. *Health Aff (Millwood)*. 2018;37(12):1975-1982. PMID: 30633674

12. Anderson J, Ganguli I. Unpacking the Potential for Virtual Care. *J Gen Intern Med.* 2019;34(12):2906-2907. PMID: 31342331
13. Meyer BC, Clarke CA, Troke TM, Friedman LS. Essential telemedicine elements (tele-ments) for connecting the academic health center and remote community providers to enhance patient care. *Acad Med.* 2012;87(8):1032-1040. PMID: 22722348
14. Miller S, Wherry LR. Four years later: Insurance coverage and access to care continue to diverge between ACA medicaid expansion and non-expansion states. *AEA Papers and Proceedings.* 2019;109:327-33. DOI: 10.1257/pandp.20191046
15. Lee J, Callaghan T, Ory M, Zhao H, Bolin JN. The Impact of Medicaid Expansion on Diabetes Management. *Diabetes Care.* 2020;43(5):1094-1101. PMID: 31649097
16. Cher BAY, Morden NE, Meara E. Medicaid Expansion and Prescription Trends: Opioids, Addiction Therapies, and Other Drugs. *Med Care.* 2019;57(3):208-212. PMID: 30629018
17. Shover CL, Abraham A, D'Aunno T, Friedmann PD, Humphreys K. The relationship of Medicaid expansion to psychiatric comorbidity care within substance use disorder treatment programs. *J Subst Abuse Treat.* 2019;105:44-50. PMID: 31443890
18. Graves JA, Hatfield LA, Blot W, Keating NL, McWilliams JM. Medicaid Expansion Slowed Rates Of Health Decline For Low-Income Adults In Southern States. *Health Aff (Millwood).* 2020;39(1):67-76/ . PMID: 31905074
19. Admon AJ, Sjoding MW, Lyon SM, Ayanian JZ, Iwashyna TJ, Cooke CR. Medicaid Expansion and Mechanical Ventilation in Asthma, Chronic Obstructive Pulmonary Disease, and Heart Failure. *Ann Am Thorac Soc.* 2019;16(7):886-893. PMID: 30811951
20. Winkelman TNA, Chang VW. Medicaid Expansion, Mental Health, and Access to Care among Childless Adults with and without Chronic Conditions. *J Gen Intern Med.* 2018;33(3):376-383. PMID: 29181792
21. Present MA, Nathan AG, Ham SA, et al. The Impact of the Affordable Care Act Medicaid Expansion on Type 2 Diabetes Diagnosis and Treatment: A National Survey of Physicians. *J Community Health.* 2019;44(3):463-472. PMID: 30838493
22. Rhodes JH, Buchmueller TC, Levy HG, Nikpay SS. Heterogeneous effects of the aca medicaid expansion on hospital financial outcomes. *Contemp Econ Policy.* 2020;38(1):81-93. <https://doi.org/10.1111/coep.12428>
23. Levy H, Ayanian JZ, Buchmueller TC, Grimes DR, Ehrlich G. Macroeconomic Feedback Effects of Medicaid Expansion: Evidence from Michigan. *J Health Polit Policy Law.* 2020;45(1):5-48. PMID: 31675091
24. Ward B. The Impact of Medicaid Expansion on States' Budgets. The Commonwealth Fund website. May 5, 2020. <https://www.commonwealthfund.org/publications/issue-briefs/2020/may/impact-medicaid-expansion-states-budgets>