Medicaid Expansion, Chronic Disease, and the Next Chapter of Health Reform

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In this issue of *JGIM*, Tyler Winkelman and Virginia Chang provide new evidence about changes in self-rated health status among low-income adults affected by the expansion of Medicaid under the Affordable Care Act (ACA).[1] The authors use a large national survey to compare self-reported access to care and days of poor health in the last month before and after the Medicaid expansion among individuals residing in expansion versus non-expansion states, and stratifying by whether individuals reported ever being diagnosed with a chronic condition. The authors find that individuals with at least one chronic condition residing in expansion states experienced reductions in total days in poor health, and that the improvements were mainly driven by fewer reported days of poor mental health. Individuals with chronic conditions experienced improvements in access to general medical care measured by reduced cost-related barriers and more wellness visits. There were no significant changes among those without chronic conditions.

The study findings arrive at a crossroads moment for Medicaid expansion. Since the Supreme Court made Medicaid expansion optional in its 2012 ruling, states have taken diverging paths as to whether to use enhanced federal funding to cover low-income adults. The issue has become similarly divisive in national politics. In 2017, legislation to repeal core ACA provisions—including Medicaid expansion—passed the US House of Representatives but was narrowly defeated in the Senate. The Trump administration may continue to use its regulatory authority to weaken ACA provisions, including Medicaid expansion. At the same time, Medicaid expansion continues to gain a foothold in new states, with Maine voters recently approving an expansion plan and other states mulling expansion as well. How Medicaid expansion affects the health and well-being of low-income adults has thus become a major source of debate. To its fiercest critics, gaining Medicaid is no better than being uninsured, as Medicaid-enrolled populations have historically struggled to find providers willing to accept their insurance.[2] To its supporters, Medicaid is a lifeline to valuable treatment for the sickest and most vulnerable.

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The current study contributes valuable new evidence in this debate. It further supports the link between Medicaid and improved access to care and financial well-being that has been shown in other studies of the ACA. As a recent review of the effects of Medicaid expansion suggests, Medicaid expansion improves care-seeking behavior, increasing the use of both preventive care and chronic disease management.[3] The current study also contributes new knowledge about Medicaid expansion and changes in health status. In pre-ACA studies of health insurance expansions, gaining coverage had been linked to improved self-rated health.[3] Ecological studies also suggest that Medicaid expansion may reduce mortality risk over the long term, largely due to causes of death amenable to medical care. There is less conclusive evidence about how Medicaid may alter management of chronic illnesses. In the now-famous Oregon insurance experiment, subjects who were able to enroll in Medicaid did not experience improved control of diabetes and blood pressure compared to individuals who were not able to enroll, but did experience remission of depression symptoms.[4] More recent studies of the ACA Medicaid expansion have also been mixed in their findings on self-rated health.[5,6] Differences across studies likely reflect subtle methodological differences, including how health status is assessed, what time period is examined (e.g., some studies have only focused on 1 year after expansion, while others have examined up to 3 years), and how the population targeted by Medicaid expansion is identified.

The current study finds that changes in access and health status may be larger among those with diagnosed chronic illnesses. This is plausible, as uninsured adults with chronic diseases often lack the financial resources to purchase even relatively low-cost medications or to visit a doctor, leading to delayed care and poor outcomes. Enrolling in Medicaid provides these adults with the ability to be seen by a provider and to receive full coverage for most chronic disease treatments, which could lead to improvements in health status. Indeed, the authors may understate the true size of the chronically ill population affected by Medicaid expansion, because their sample in each study year comprises low-income individuals who have ever been told by a doctor that they have a chronic illness, but many individuals only learn of their chronic illnesses after they have established care with new providers. The ACA has undoubtedly made many low-income individuals aware for the first time that they are suffering from

asymptomatic conditions such as hypertension. Many of the individuals not defined as "chronically ill" pre-ACA were thus likely to have undiagnosed chronic conditions.

Intriguingly, the study suggests that overall health improvements may be driven by mental health gains. There are at least three potential pathways by which gaining health insurance might improve mental health. First, and most directly, newly insured individuals may increase their utilization of mental health services, which could lead to better management of existing mental health conditions. Recent work finds that the ACA has had a modest effect on utilization of specialty mental health services.[7] It is possible, however, that many are accessing treatments such as antidepressants through a primary care provider. Second, mental health may improve because of better management of existing physical health conditions such as asthma, diabetes, or arthritis that cause individuals to experience pain or reduced functioning. Third, mental health may improve because having health insurance reduces financial strain and causes individuals to worry less about the devastating consequences of unexpected medical bills. These three pathways likely overlap, particularly for the most vulnerable individuals who have a high burden of comorbid mental and physical health conditions and often substantial medical bills. It is notable that Winkelman and Chang found meaningful reductions in cost-related burdens of care, a finding that echoes the large decrease in financial distress found in Oregon and in more recent studies of the ACA.[3]

A clearer understanding of the tools through which Medicaid expansion can improve the health of individuals with chronic illness could inform current expansion efforts. States have undertaken steps to increase the workforce available to serve Medicaid enrollees. This includes targeted fee increases, such as the ACA funding that enabled states to increase primary care rates for Medicaid to the same levels as Medicare. These fee increases have increased provider willingness to accept Medicaid patients. Workforce needs have also been addressed through greater use of non-physician practitioners (such as nurse practitioners) and telemedicine. These steps may help to reduce wait times and increase access to specialists. Care coordination initiatives are also showing promise in many states for individuals with chronic illness. The Health Homes option provided under the ACA offers states enhanced funding to deliver an array of services including case management, supportive and family-centered care, and referral to community resources to individuals with either at least one behavioral health need or two other chronic conditions.[8] In states like Maryland, the Health Home option has been used to deliver more primary care in psychiatric rehabilitation facilities. Finally, states may also be able to drive more improvement in health outcomes among the chronically ill through incentive payments that target health status improvements. Accountable care organizations, where multidisciplinary provider networks share the savings from better disease management, have been an important payment model for Medicare populations, and could be more widely used among the Medicaid-enrolled population.[8]

The political debate around Medicaid expansion is likely to dominate national headlines in the near future. Yet, the important work of translating coverage into systems of care capable of improving the health and well-being of the most vulnerable will continue out of the spotlight. This work is likely to proceed through incremental changes that, taken together, help to remedy some of the common pitfalls that afflict populations with complex health needs, such as delayed diagnosis, incomplete handoffs across specialists, and failure to address patient psychosocial needs, that present an obstacle to improved self-management of disease.[9] Monitoring the changes in health among the chronically ill and vulnerable will be a key indicator of how this work progresses, suggesting the importance of further follow-up on the current study's results as additional years of data become available. Research efforts that can identify states where coverage expansions are closely linked to system innovations may be particularly valuable in yielding evidence that can guide future improvements to population health.

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Compliance with Ethical Standards:

Conflict of Interest: *All authors declare that they have no conflict of interest.*

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