



DOES A HEALTHY BEHAVIORS PROGRAM REDUCE EMERGENCY DEPARTMENT UTILIZATION? FINDINGS FROM IOWA'S MEDICAID EXPANSION



BRAD WRIGHT, PHD, NATOSHIA ASKELSON, MPH, PHD, MONICA AHRENS PHD(C), ELIZABETH MOMANY PHD, PETER C. DAMIANO, DDS, MPH

Iowa's Medicaid Expansion

- Pre-2014, IowaCare Waiver for those < 200% FPL
- 1115 waiver expanded Medicaid ≤ 138% FPL
- Included Healthy Behaviors Program (HBP)
 - Complete annual wellness exam and health risk assessment
 - OR–
 - Pay premiums
 - OR–
 - Get disenrolled
 - Enrollees below 51% FPL exempt
- HBP aimed to improve health, lower costs, increase “personal responsibility”

Data & Methods

- 2012 – 2018 Medicaid claims data
- N = 24,162 person-years
- Enrolled ≥1 year in IowaCare, ≥1 year in Medicaid
- Linear probability model with DID framework
- Tested full treatment (completed all HBP activities) and partial treatment (completed some HBP activities)

Variables of Interest

Independent variables	Dependent variables
Completion of annual wellness exam	Likelihood of an ED visit
Completion of a health risk assessment	Likelihood of a non-emergent ED visit
	30-day return to the ED

Iowa Medicaid enrollees who completed both an annual wellness exam and/or a health risk assessment were less likely to have an ED visit. However, this was not specific to non-emergent ED visits.

Results

Variable	Had ED Visit	Had Non-emergent ED	30-Day Return to ED
Post-period in 2014 ¹	0.107***	0.018	0.044*
Post-period 2015-2018 ²	0.109***	0.018	0.011
Full treatment group	-0.013	0.001	-0.010
Partial treatment group	-0.029**	-0.002	-0.042*
Post-period 2014 x Full Treatment	-0.048*	-0.006	-0.085*
Post-period 2015-2018 x Full Tx	-0.048*	0.008	-0.018
Post-period 2014 x Partial Tx	-0.044*	0.002	0.001
Post-period 2015-2018 x Partial Tx	-0.047**	0.031	0.027

* p<0.05, ** p<0.01, *** p<0.001

¹This period is considered a transitional implementation period

²This is the full implementation period studied.

What Did We Find?

- Less likely to visit ED in either treatment group compared to those who didn't complete any HBP activity
 - More so for partial treatment group
- Implementation of program increased chances of an ED visit
- No change on having a non-emergent ED among those who had visited the ED
- Full treatment group saw a noticeable decrease in 30-day ED returns during transition period
- Partial group saw a noticeable **increase** in 30-day ED returns during transition

More research is needed to understand why the reduction in ED visits is occurring.

- **Is care being foregone?**
- **Is care no longer needed?**
- **Is care occurring in more appropriate primary care setting?**

References

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@bradwrightphd

brad_wright@med.unc.edu

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