



Pediatric Academic Societies Meeting

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Kentucky Study Highlights Harms from Disruptions in Children’s Medicaid Coverage

Research at 2017 Pediatric Academic Societies Meeting shows children with gaps in coverage more likely to visit emergency departments or have unmet health care needs.

SAN FRANCISCO – New research being presented at the 2017 Pediatric Academic Societies Meeting suggest that when children lose state Medicaid coverage even for a short time, they are likely to go without needed health care, or to receive care in resource-intensive setting such as emergency departments rather than less expensive primary care offices.

The study abstract, “When the Prodigal Son Returns: Impact of Short-Term Coverage Loss for Low-Income Children,” will be presented Monday, May 8, at the Moscone West Convention Center in San Francisco.

“With the potential repeal of the Affordable Care Act, which expanded Medicaid coverage to many low-income Americans, it’s important to gauge the impact it might have on low-income children and on associated social costs,” said lead author John Myers, PhD, MSPH, a professor of pediatrics at the University of Louisville School of Medicine.

The research team examined Kentucky Medicaid records from 2014 to evaluate the impact on children’s healthcare when they lost coverage in the program for at least 45 days. Reasons for coverage loss weren’t identified, but may have been due to loss of eligibility, for example, or transitions between public and private coverage. They found that a total of 37,118 (24 percent) of children enrolled in Kentucky Medicaid lost coverage in 2014.

Adjusting for demographic factors such as socio-economic status, the researchers compared children who were continuously insured during the year with those who’d had disrupted coverage. They found that those with disruption in coverage were more than 3 times more

likely to have visited an emergency department and nearly 5 times more likely to have an unmet health care need.

“Gaps in health insurance coverage is a reality for many low-income children,” Dr. Myers said. “A better understanding of the downstream effects of these disruptions on the health of children who experience them is needed, especially since our results suggest they may lead to unmet health needs and sicker children, along with costlier care when it is provided.”

Reporters interested in an interview with Dr. Myers may contact University of Louisville media relations officer Jill Scoggins at jill.scoggins@louisville.edu or 502-852-7461.

Please note: only the abstract is being presented at the meeting. In some cases, the researcher may have more data available to share with media, or may be preparing a longer article for submission to a journal. Contact the researcher for more information.

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The Pediatric Academic Societies (PAS) Meeting brings together thousands of individuals united by a common mission: to improve child health and wellbeing worldwide. This international gathering includes pediatric researchers, leaders in academic pediatrics, experts in child health, and practitioners. The PAS Meeting is produced through a partnership of four organizations leading the advancement of pediatric research and child advocacy: Academic Pediatric Association, American Academy of Pediatrics, American Pediatric Society, and Society for Pediatric Research. For more information, visit the PAS Meeting online at www.pas-meeting.org, follow us on Twitter @PASMeeting and #pasm17, or like us on Facebook.

ABSTRACT

TITLE: When the Prodigal Son Returns: Impact of Short-Term Coverage Loss for Low-Income Children

Background: In an era when expanding publicly funded health insurance to low-income children has been a major strategy to increase access to health care, it is important to examine the result short-term loss of insurance coverage has for low-income children who experience gaps in coverage (e.g. 45 days or greater).

Objective: This study investigated the immediate impacts of disrupted Medicaid coverage on children enrolled in Kentucky Medicaid (KYM) in 2014.

Design/Methods: Kentucky Medicaid records, from 2014, were obtained to develop a detailed demographic, behavioral, clinical, and diagnostic data set (n=152,749). A retrospective, observational study design was used to assess the impact disruption of coverage had on children enrolled in KYM. We used bivariate and multivariable analyses to examine the effects of disrupted coverage on unmet health care needs (e.g., advocated follow-up visits, advocated lab-monitoring, etc.) as well as utilization – by comparing rates in outcomes during the last six months prior to disruption in coverage, with the first six months after coverage was restored.

Results: A total of 37,118 (24.3%) of children enrolled in KYM lost coverage, while 32,383 (21.2%) simply had a disruption in coverage (of at least 45 days). Controlling for demographic characteristics, those with disrupted coverage were more likely to have visited an ED (OR=1.63, 95% CI 1.31-1.89, p<0.001) and more likely to have an unmet health care need (OR = 1.78, 95%

CI 1.47-2.09, $p < 0.001$) in the six months following a disruption in coverage, when compared with the six-months prior to disruption in coverage. Similarly, when compared with those continuously insured, those with disruption in coverage were more likely to have visited an ED (OR=3.12, 95% CI 2.65-7.41, $p < 0.001$) and more likely to have an unmet health care need (OR = 4.82, 95% CI 3.91-8.64, $p < 0.001$).

Conclusion(s): This study suggests that disruption in Medicaid coverage may lead to more resource intensive care required and more unmet health care need; which could be viewed as more costly and lead to increases in cost sharing in an already constrained budget. The impact disruption in Medicaid coverage has on outcomes is understudied and may lead to better forecasting of the effects retracting of state-based health insurance programs may have on outcomes.