

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

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# **Iowa's Medicaid Expansion**

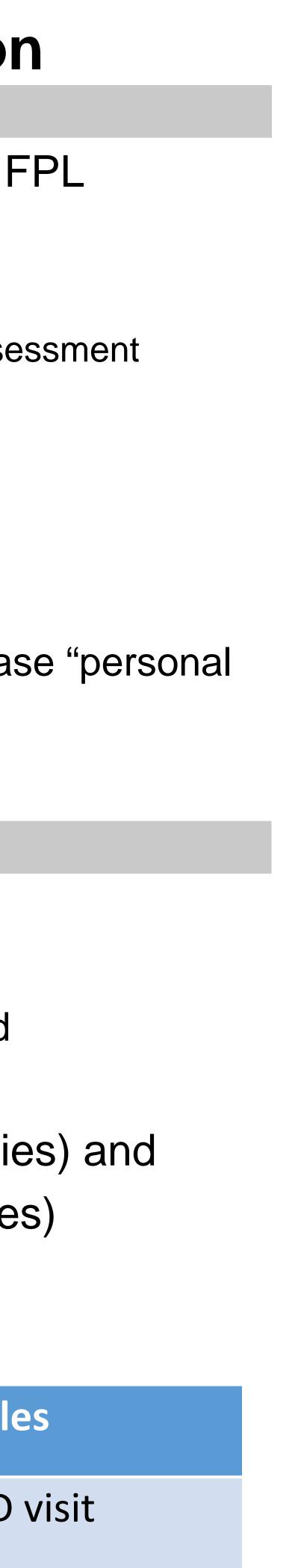
- Pre-2014, IowaCare Waiver for those < 200% FPL
- 1115 waiver expanded Medicaid < 138% FPL
  - Included Healthy Behaviors Program (HBP)
  - Complete annual wellness exam and health risk assessment -OR-
  - Pay premiums
  - -OR-
  - Get disenrolled
  - Enrollees below 51% FPL exempt
  - HBP aimed to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

## Data & Methods

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

### Variables of Interest

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



-emergent

ne 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	<b>30-Day</b> <b>Return to ED</b>
Post-period in 2014 <sup>1</sup>	0.107***	0.018	0.044*
Post-period 2015-2018 <sup>2</sup>	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

<sup>1</sup>This period is considered a transitional implementation period <sup>2</sup>This is the full implementation period studied.

# What Did We Find?

- who didn't complete any HBP activity
- More so for partial treatment group
- visited the ED
- returns during transition period
- transition

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

- Is care being foregone?
- Is care no longer needed?

### References

- DC: Duke-Margolis Center for Health Policy. 2018

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This work was done pursuant to a contract with the lowa Department of Human Services, and does not necessarily reflect the opinions, findings, and conclusions of the department.





Less likely to visit ED in either treatment group compared to those

• Implementation of program increased chances of an ED visit

No change on having a non-emergent ED among those who had

Full treatment group saw a noticeable decrease in 30-day ED

• Partial group saw a noticeable **increase** in 30-day ED returns during

• Is care occurring in more appropriate primary care setting?

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