Capsule Commentary on Capp et al., National Study of Health Insurance Type and Reasons for Emergency Department Use

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This study by Capp et al.¹ uses National Health Interview Survey data to examine the association between insurance status and reasons for using the emergency department (ED) related to acuity and access. It is one of the first to examine patient-reported reasons for ED visits and is an important contribution in that regard. The analysis was restricted to individuals who were discharged from the ED. Many efforts to reduce or divert ED visits target patients who are discharged, based on the idea that their visits are “avoidable.” However, to date there is no proven method to distinguish, at the time of the ED visit, who will be admitted and who can be safely discharged.² Previous research has shown that most Medicaid patients present to the ED with high acuity complaints,³ in line with the results of this study.

The investigators found that Medicaid beneficiaries discharged from the ED report more access barriers than those with other forms of insurance. Access barriers for Medicaid beneficiaries have been well documented.⁴ As a result, many policy makers and providers hypothesize that increased access to primary care will curtail the trend of increasing ED visit rates, which are relatively high among Medicaid beneficiaries compared to those with private or Medicare coverage. However, while some research would support this notion,⁵ no interventions to date have effectively demonstrated that increasing primary care access will reduce ED visits among Medicaid beneficiaries. And—for visits that can in theory be safely treated in non-ED settings—whether the existing primary care workforce would be willing or able to provide the level of access that may be required at low cost is an open question.

Medicaid expansion under the Affordable Care Act will provide fertile ground for testing interventions and delivery system changes to improve outcomes and reduce expenditures. It is unlikely that access barriers will be significantly affected unless the large proportion of ambulatory providers who are not currently accepting new patients with Medicaid change their ways, as the authors allude to. Regardless, the ED will be open 24–7. Strategies to increase access should be informed not only by policy makers and providers, but by patients themselves. This study is a start.

Conflict of Interest: The author declares no conflict of interest.

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