

Changes in Outpatient Visits in a Medicaid Population in the Face of Physician Shortages

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Study Summary

Study Question: Have alterations in healthcare accessibility, such as physician shortages and expansion of physician assistants and nurse practitioners, changed healthcare utilization patterns in a Medicaid population?

Study Design:

Define of annual cohorts of Medicaid patients

2016 2017 2018 2019 2020 2021 2022

Examine trends in the proportions of adult and pediatric patients with a visit in various outpatient sites of care over time

Study Results:

Any Outpatient Visit

Adult Pediatric

Year	Adult (%)	Pediatric (%)
2016	51%	67%
2017	50%	67%
2018	49%	65%
2019	50%	68%
2020	48%	62%
2021	55%	61%
2022	52%	60%

Conclusion: This study identified alterations in outpatient visit utilization from 2016 to 2022. Adults tended to increase utilization of healthcare services over time, indicating expanding access to care. Conversely, pediatric populations saw declines in outpatient care.

Background

- Access to healthcare services, notably non-acute, preventative care, is critical for maintaining and improving the health of populations.¹
- Physician shortages in the United States threaten access to healthcare for millions of Americans.
 - Estimates indicate that the US could have a shortage of 13,500 to 86,000 physicians by 2036.¹
 - Increasing rates of physician burnout, fueled in part by the COVID-19 pandemic, are not improving the situation.^{1,2-3}
- Projected shortages are even greater if current barriers to healthcare access in underserved populations (e.g., minorities, rural inhabitants, and the uninsured) are eliminated.¹
- In contrast to growing physician shortages, there have been increases in populations of other healthcare professionals, such as physician’s assistants and nurses with advanced practice degrees.⁴
 - These providers may be able to help increase care access and attenuate the impact of physician shortages in multiple care settings.^{1,4-5}

Objective

- To investigate trends in outpatient healthcare resource utilization among patients covered by Medicaid.

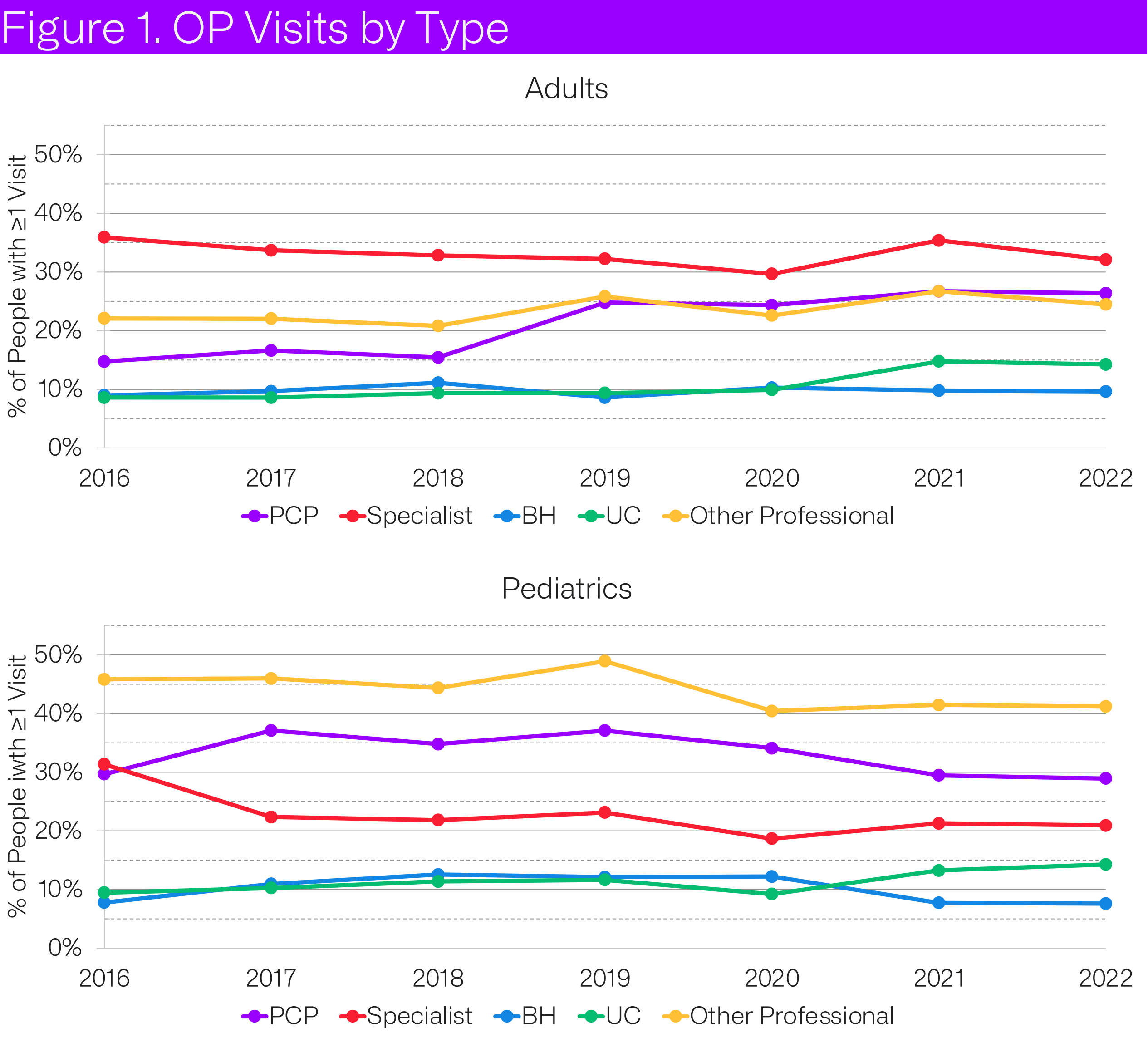
Methods

Data Source and Study Design

- The Merative™ MarketScan® Multi-state Medicaid Database
 - This MarketScan administrative claims database contains data on the full healthcare experience (inpatient, outpatient, and outpatient pharmacy) and associated costs for individuals with Medicaid insurance in the United States.
- Calendar year cohorts composed of individuals with continuous eligibility during the year were established for 2016 through 2022.
- Outpatient (OP) healthcare utilization was reported by visit type:
 - Primary care provider (PCP)
 - Specialist
 - Behavioral health (BH)
 - Urgent care (UC)
 - Other professional
- Utilization of in person, office-based visits versus telehealth visits were also reported.
- PCP visits were classified based on the provider type: medical doctor (MD) versus nurse practitioner/physician assistant (NP/PA).
- Results for annual calendar year cohorts were reported separately for adult and pediatric populations.

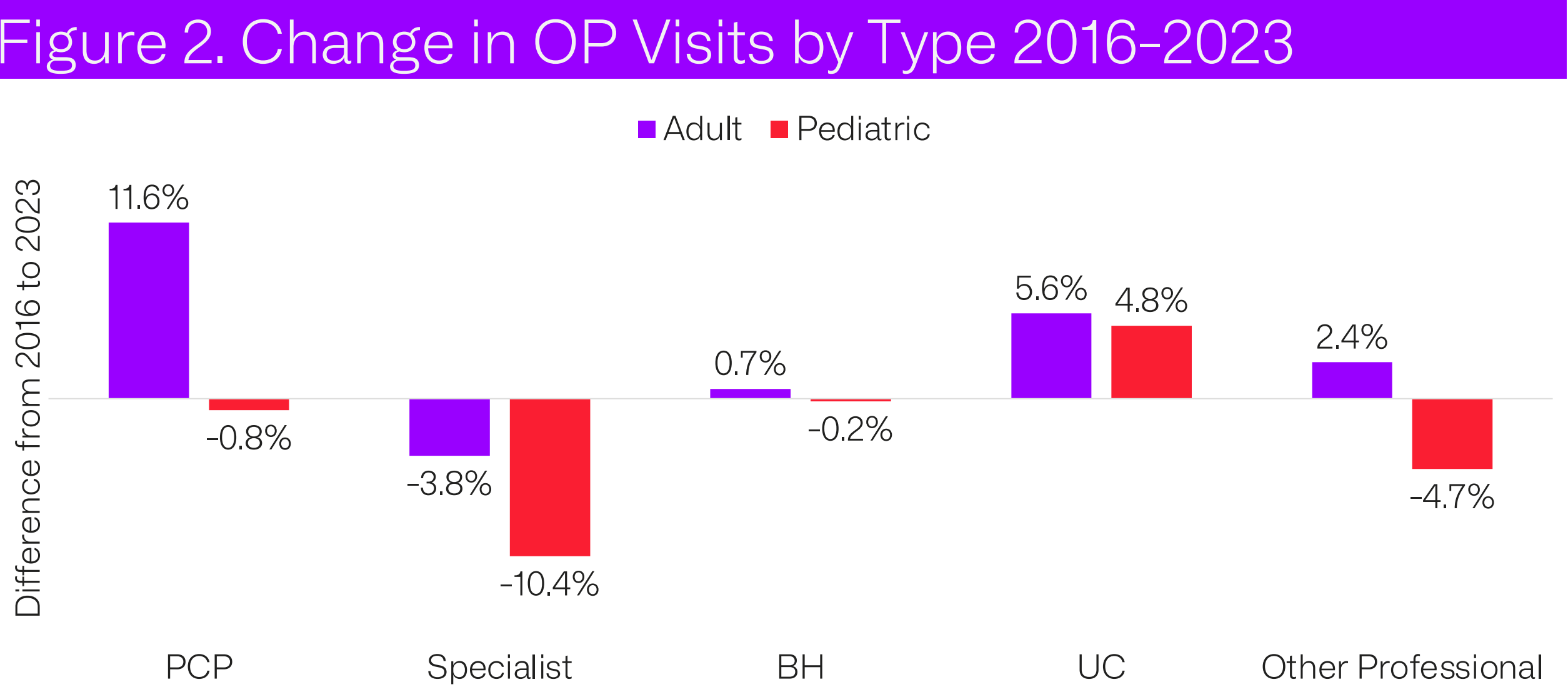
Results

- Annual cohorts included approximately 3 million adults and 4-5 million pediatrics per year.
- A greater proportion of pediatrics had one ≥1 OP visit compared to adults (Summary Figure).
- The proportion of adults with ≥1 OP visit increased over the study period; a decrease was observed for pediatrics (Summary Figure).
 - The inflection point for both cohorts appeared to be 2020, coinciding with the COVID-19 pandemic.

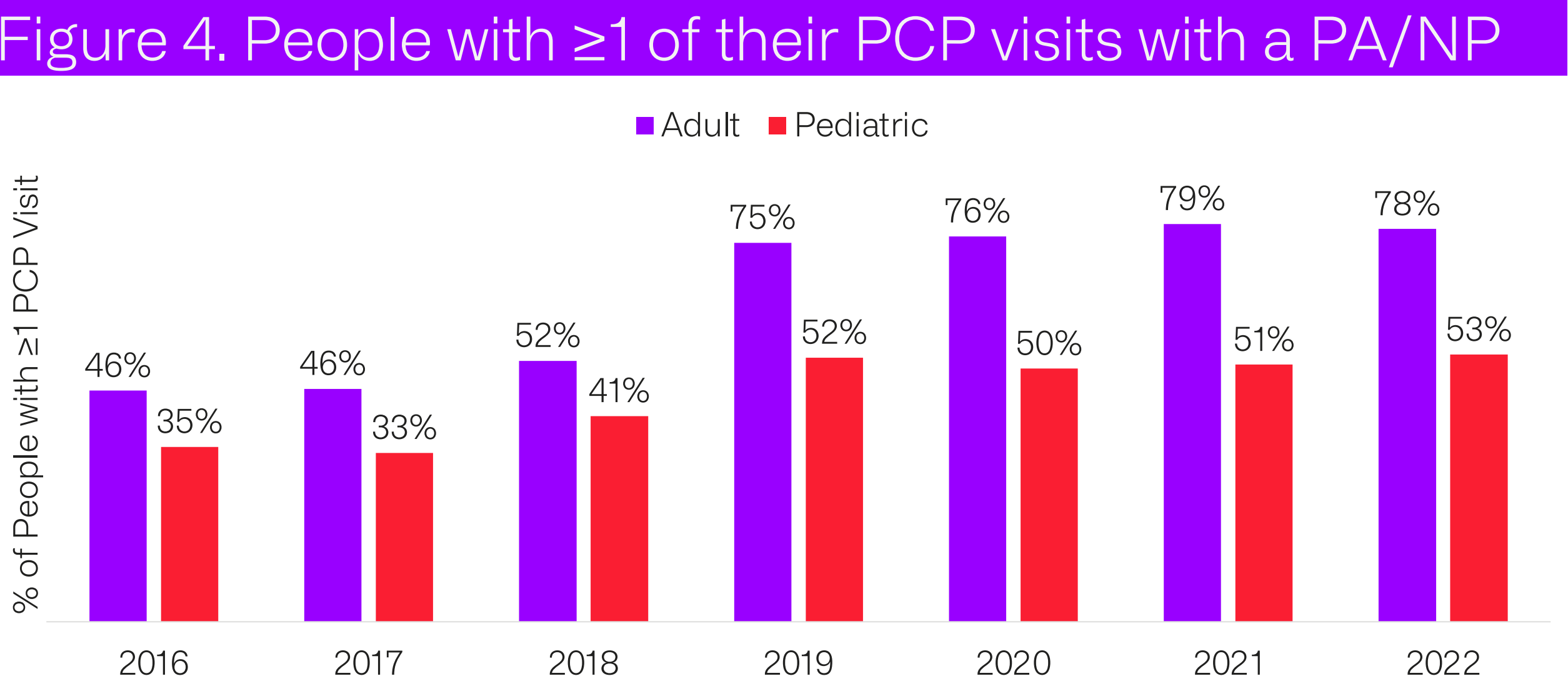
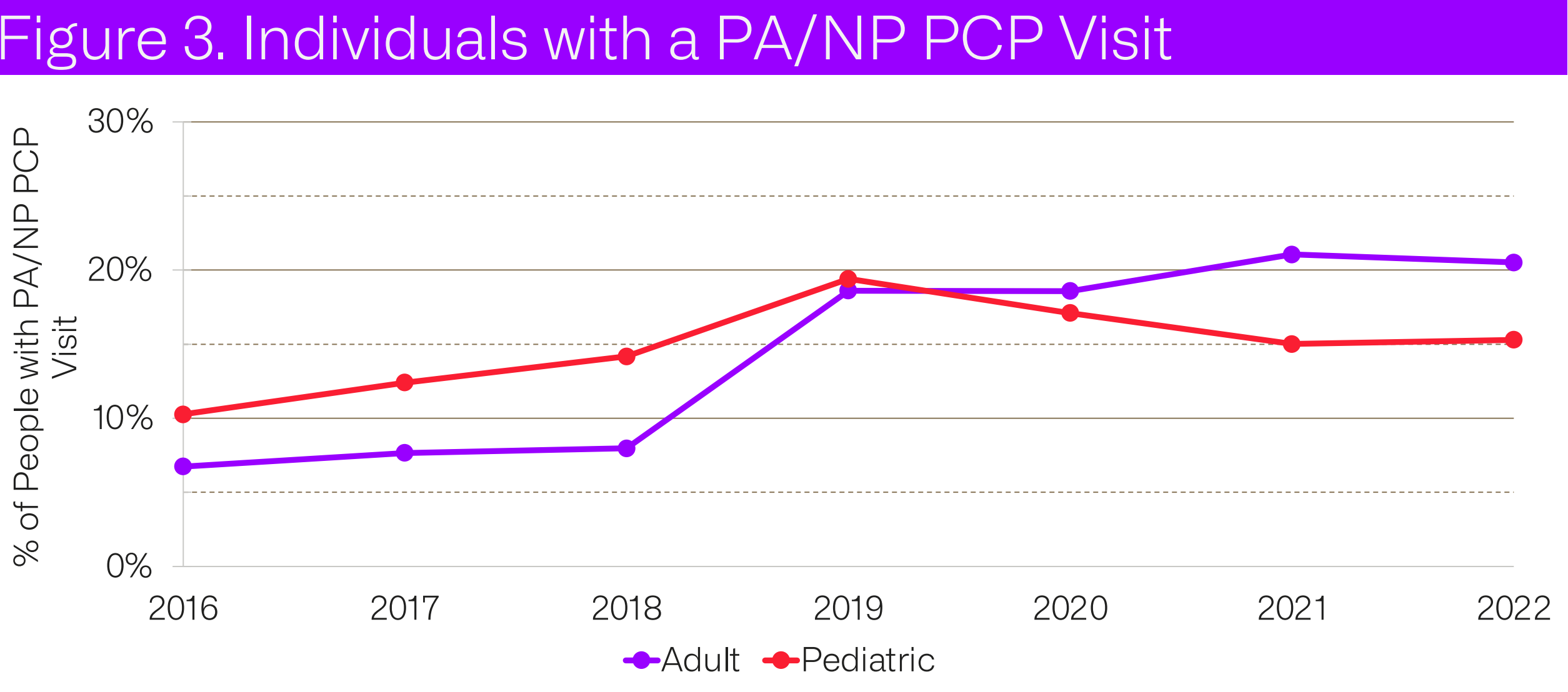


Results

- Adults were most likely to have a specialist visit, while pediatrics were most likely to have an other professional visit (Figure 1).
- There were increases in PCP and other professional visits in adults but decreases in pediatrics (Figure 2).
 - Both populations had decreases in specialist visits and increased use of UC visits.

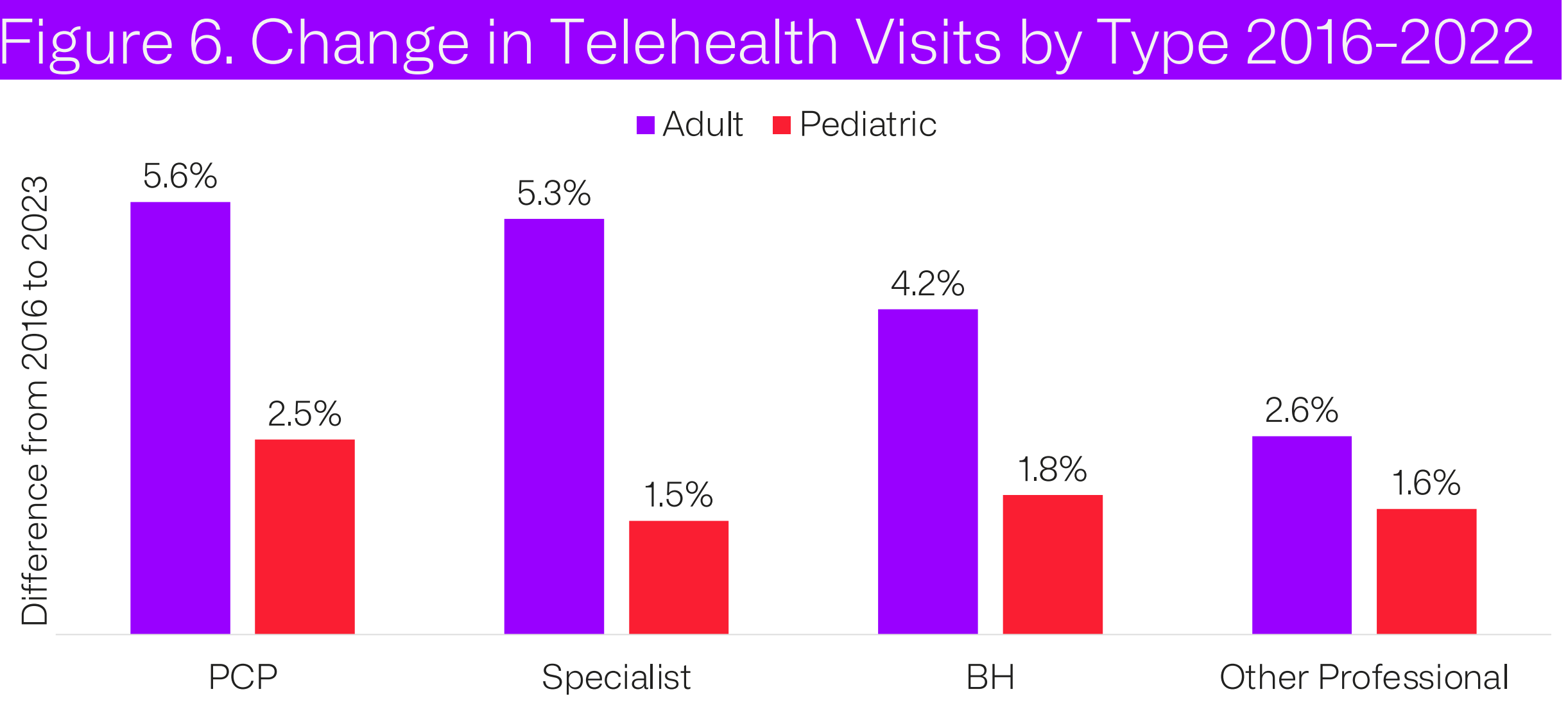
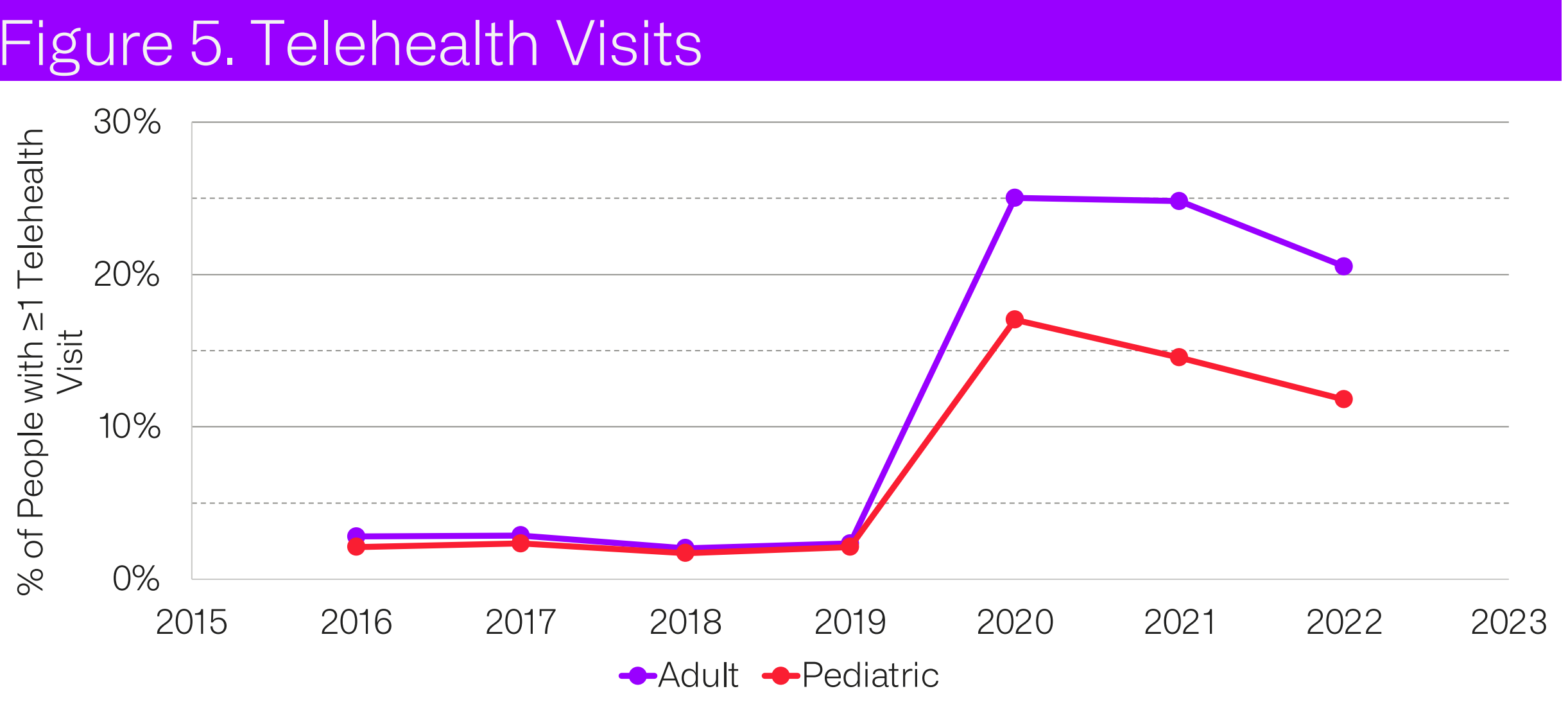


- There were shifts towards increased delivery of primary care by PAs and NPs from 2016 to 2022 (Figure 3).
 - The proportion of adults with ≥1 PCP visit with a PA/NP increased 13.8% over from 2016 to 2022.
 - Within the pediatric population, the proportion of patients with ≥1 PCP visit with a PA/NP peaked in 2019; however, rates of PA/NP PCP visits were still 5.0% higher in 2022 compared to 2016.
- There was a notable shift in PA/NP PCP visits between the 2018 and 2019 calendar years (Figure 4).
 - From 2016 to 2018 approximately 48% of adults and 36% of pediatrics who had ≥1 PCP visit saw a PA/NP for at ≥1 of their PCP visits; proportions of patients with ≥1 of their PCP visits with a PA/NP increased to approximately 77% and 52% respectively from 2019 to 2022.



Results

- Adults were more likely to use telehealth compared to pediatrics and demonstrated a smaller decrease in telehealth from 2020-2022 (Figure 5).
- The greatest increases in telehealth from 2016 to 2023 were observed for PCP visits (Figure 6).



Limitations

- This study was conducted in the MarketScan Multi-state Medicaid Database; thus, results may not generalize to individuals with other forms of insurance or individual state Medicaid programs.
- Analyses assessed healthcare utilization in a general population and did not adjust for underlying comorbidity or health status.

Conclusions

- Although increased utilization of primary care visits in adult populations is promising, several trends, including reduced visits to specialists and increased reliance on urgent care, as well as reduced PCP and other professional visits in pediatrics, potentially point to reduced healthcare access/engagement in this Medicaid sample.
- Findings of increased healthcare delivery through PA/NPs and increased utilization of telehealth services represent positive changes that may help to increase healthcare access, especially in underserved populations.

References

1. American Association of Medical Colleges. The Complexities of Physician Supply and Demand: Projections from 2021 to 2036. March 2024; 2. Shanafelt TD, et al. *Mayo Clinic Proc.* 2022;97(12):2248-2258; 3. Linzer M, et al. *JAMA Health Forum.* 2022;3(11); 4. Patel SY, et al. *BMJ.* 2023;382; 5. Wu F, et al. *West J Emerg Med.* 2021;22(5):1150-1155.

Disclosure

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