Exploring the Impact of Medicaid Expansion on West Virginia’s Primary Care System

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Acknowledgements  
The authors would like to thank Paula Fitzgerald, PhD, Emily Vasile, MPH, Parul Agarwal, PhD, and Louise Moore, RN for assistance in designing the interview questions and guides. Additionally, Louise Moore was responsible for conducting the interviews. Finally, we would like to thank all the primary care administrators and providers who were willing to participate in the interviews.
Abstract

Studies exploring the impact of Medicaid expansion on the primary care system have been limited to date. Using key informant interviews of administrators and providers within primary care centers, this manuscript explores the impact on patient care and practice, patient load, and other potential impacts of Medicaid expansion in West Virginia. Key findings include the lack of major increases in patient load and few changes in perceptions of patient care and practice. Providers and administrators expressed some increases in the ease and ability to refer to specialist care and lab testing. Further, the expansion was seen in an overwhelmingly positive light as creating the potential for better health outcomes for West Virginians in the long term. The manuscript concludes with thoughts about how sliding scale fees and the West Virginia Connect pilot project may have eased transition into the Medicaid expansion for our state and the importance of robust planning in future health care reform efforts.
Introduction

The Patient Protection and Affordable Care Act (PPACA) resulted in substantial changes to the existing payment structure of primary care in the United States. States were left to choose whether or not to expand Medicaid and predictions were made to estimate the impact these expansions might have on patient care and load. One study estimated a 7.9% increase in primary care utilization by 2019 due to the role of primary care centers (PCCs) as a “point of entry” for health maintenance and chronic care, both expected needs of the expanded patient population.\(^1\) Prior to the PPACA, most of the uninsured who sought out general health and chronic care maintenance received this type of care from Community Health Centers (CHCs).

In states such as West Virginia, CHCs function as safety nets for the uninsured and often implement sliding scale fees which charge patients for services based on income.\(^2\) Recent research showed that the presence of a sliding scale fee was a valued aspect of health care to the underserved population. Examinations of a patient population in Kentucky, for example, found that utilizing a sliding scale fee was one of the most valued and utilized offerings of CHCs.\(^3\) States who have chosen to expand Medicaid show increases in utilization and quality of care as well as decreases in emergency room visits compared to states who have chosen not to expand.\(^4\)

This paper aims to investigate the impact of the newly insured from Medicaid expansion in WV on PCCs. Specifically, we examined the potential changes in patient load, patient care and administrative processes, and the impressions of providers regarding the newly insured
population. We hope to add to the literature examining the impact on PCC’s through examining direct perceptions providers and administrators of the impact of Medicaid expansion in the state.

Methods

In order to understand how West Virginia’s primary care system responded to the challenges and opportunities related to Medicaid expansion within the state, we utilized a qualitative methodology involving a series of structured telephone interviews which were conducted with administrators and providers. Interviewers asked a series of questions related to primary care operations, administration, and patient load, including how centers dealt with an influx of Medicaid expansion patients. The interview guides also included questions around patient health literacy, behavior, and clinical practice. Questions asked providers to estimate these issues pre- and post-Medicaid expansion, which provided coverage beginning January 1, 2014. A complete list of questions can be found in Appendix I. The methodology was most similar to a case-study design although there were multiple CHCs participating in interviews.

Interviews were conducted in Spring 2015 to allow time for Medicaid expansion patients to filter through the healthcare system and establish patterns of care. A total of eight interviews were conducted and took approximately twenty minutes each. In order to best utilize time and resources, some interviews included more than one respondent. Overall, eight administrators and three providers were interviewed across the state. Geographically, primary care respondents were spread across the state, but with no representation from the two panhandles. In order to avoid identifying information, this manuscript reports on findings in the aggregate form and without many specifics of the primary care centers and systems interviewed. The eight CHCs interviewed represent 25.8% of the 31 total CHCs in West Virginia (CHCs may operate in more than one location, and there are a total of 180 sites in the state divided amongst the 31 CHCs).
The administrators who were interviewed had knowledge of the entire systems they represented while provider knowledge of clinics outside where they practice was limited. Exempt status of this study is on file with the West Virginia University Institutional Review Board.

**Results**

Results are broken down below based on the topic of interview questions.

*Patient Load*

Several primary care centers (PCCs) indicated they were at or near maximum patient capacity based on their providers and other resources (n=3). This did not seem to be a direct result of Medicaid expansion, however, as most interviewees reported no increase in patient load (n=5). Of the other three PCCs, two reported an increase in patient load, but believed this was a result of opening new clinic sites rather than changes in healthcare coverage. Only one interviewee reported an increase in patient load as a result of Medicaid expansion specifically.

Prior to expansion, PCCs served many individuals who were uninsured and were receiving care based on a sliding scale fee model. This seemed to be the reason why overall patient load was largely unaffected among interviewees. Six PCCs reported having a sliding scale fee system and indicated a substantial number of patients who utilized that system now received Medicaid benefits.

*Facilitators of Implementation*

West Virginia Connect was a program sponsored by the West Virginia Division of Health and Human Resources designed to pilot Medicaid expansion benefits among the eligible population in the years preceding expansion in the state. The program worked with local primary care centers to provide basic health coverage to the population. Five of the interviewed sites reported having worked with WV Connect in the years leading up to expansion.
Interviewees reported this experience also helped transition PCCs into seeing the Medicaid expansion population and potentially limited the impact on patient care and patient load when the full expansion went into effect.

*Patient Care and Practice*

PCCs did not report large changes to their ability to prescribe or treat patients based on the Medicaid expansion. Respondents (n=4) did report that referrals to testing and specialists were easier and more streamlined as patients transitioned from sliding scale fee systems to Medicaid as well as general benefits to patients not worrying as much about seeking treatment now that they have health insurance.

*Thoughts on the Newly Insured*

As reported above, many Medicaid expansion recipients were receiving some form of health care coverage through sliding scale fee systems or West Virginia Connect. Interviewees had mixed opinions about the number of patients who were previously unable to obtain care. One interviewee expressed that newly insured patients were now able to get more consistent and organized treatment for chronic disease (especially via specialty care and testing) than was available in the past, which is consistent with the four PCCs reporting better referral systems noted above. One interviewee expressed the idea that Medicaid expansion has allowed more preventive care for patients than was available prior to expansion. Despite reporting a lack of large changes to treatment and patient loads, all interviewees expressed they felt Medicaid expansion was a good thing for patients and would lead to better health outcomes in the long term.
Administrative Challenges

Two PCCs reported there were minor issues with new Medicaid patients having issues understanding and dealing with copays. One provider also specifically mentioned issues with health and health insurance literacy among patients, but did not know if the problem was more pronounced among Medicaid patients or a general issue within the whole patient population.

Discussion

Implementation of Medicaid expansion in the West Virginia primary care practices described in this manuscript appears to have been relatively smooth. We did not originally draft the questionnaire with the intention of describing the transition from sliding scale fees to Medicaid Expansion, but during the open ended interview process, both the sliding scale fees and WV Connect program came up multiple times by respondents. As we began data analysis, it became clear to us that both of these issues were important moderators of “new” enrollees after expansion took place. The transition to Medicaid expansion was aided by a robust and widespread sliding scale fee system implemented by primary care providers around the state, meaning individuals were not altogether without health care treatment options prior to the expansion. Additionally, West Virginia’s use of the West Virginia Connect pilot project for Medicaid Expansion was well utilized and likely eased implementation. As a result, large changes in population health or primary care practice were not noticed.

At the same time, Medicaid expansion patients are afforded consistent and easier access to specialty referrals and testing which may result in long term health gains. A major lesson learned from implementation in the state is that pilot programs, such as West Virginia Connect may be highly useful in future policy changes around healthcare and the state should be aware of and take advantage of such opportunities. Additionally, further research should be done to
examine the impact of Medicaid expansion on other sectors of healthcare provision such as hospital inpatient care, specialty care, and other types of treatment. It is unknown if patient load and treatment are different outside primary care as a result of Medicaid expansion in the state.

Limitations

Some limitations should be pointed out regarding our findings. We are unable to assess the impact of the cost of Medicaid expansion versus spending the additional funding on free clinics to provide care to the uninsured or to bolster sliding scale fee systems. The findings presented here are based on open ended interview questions using a qualitative methodology so they rely on accurate recall and in some cases subjectivity of interviewees. Additionally, the manuscript is limited by very little access to quantitative data to verify or cross-check information provided by the CHCs. It is possible some CHCs may have different experiences than the eight we interviewed. Because many respondents had prior experience with WV Connect it is possible respondents could have been better prepared for implementation than other CHCs who did not participate. Finally, it is possible that Spring 2015 is too early to see the bulk of changes in patient load, since research focusing on an increase predicted that change by 2019.

Conclusion

This qualitative research investigated the impact of Medicaid Expansion on CHCs in West Virginia. We found little change in patient load or treatment among these centers, with the possible exception of increased access to referrals and specialty care. Additionally, we did not find any evidence of substantial barriers to implementation that need to be addressed.
References


