



Changes in Primary Care Physicians' Patient Characteristics Under the Affordable Care Act

MICHIGAN PHYSICIAN SURVEY

Introduction

When the Affordable Care Act (ACA) passed in 2010, health analysts expressed concerns that the expansion in coverage, predominantly through Medicaid and the Health Insurance Marketplace would overload the health system and cause problems with access to care.^{1,2,3} An estimated 20 million people have gained insurance coverage nationally since the ACA's major coverage provisions went into effect in 2014, including more than 14 million in Medicaid and CHIP, as of March 2016.⁴ In Michigan, insurance coverage increased from 89.0 percent in 2013 to 94.6 percent in 2016.^{5,6} A survey of Michigan primary care doctors shows that the fears of overwhelming the health system have largely not come true. This brief looks at what Michigan primary care physicians (PCP) say about the impact of the coverage expansion on their practices.

The Center for Healthcare Research and Transformation's (CHRT) **Michigan Physician Survey** is a mail survey of PCPs, including internal and family medicine specialists. The 2016 survey assessed changes in primary care practice after the ACA implementation and Medicaid expansion. The survey asked PCPs to report how their practices had changed since January 2014.

Key Findings

- The majority of PCPs reported an increase in the number of newly insured patients since healthcare coverage was expanded under the ACA. Many of the newly insured are Medicaid patients.
- PCPs are now seeing more patients and sicker patients compared to before the ACA. However, most say their individual patients are not making more frequent office visits since the ACA took effect.
- Most PCPs said their ability to deliver quality care had either stayed the same or improved since the advent of the ACA's coverage expansion.

¹ Hofer, A. N., Abraham, J. M., & Moscovice, I. (2011). Expansion of coverage under the Patient Protection and Affordable Care Act and primary care utilization. *The Milbank Quarterly*, 89(1), 69–89. <http://doi.org/10.1111/j.1468-0009.2011.00620.x>

² Huang, E. S. & Finegold, K. (2013). Seven million Americans live in areas where demand for primary care may exceed supply by more than 10 percent. *Health Affairs*, published online. doi: 10.1377/hlthaff.2012.0913

³ Heisler, E. (2013). Physician supply and the Affordable Care Act. Congressional Research Service, <https://healthcarereform.procon.org/sourcefiles/crs-physician-supply-and-affordable-care-act.pdf>

⁴ Uberoi, N., Finegold, K., & Gee, E. (2016). Health insurance coverage and the Affordable Care Act, 2010–2016. Office of Assistant Secretary for Planning and Evaluation, Department of Health and Human Services, <https://aspe.hhs.gov/system/files/pdf/187551/ACA2010-2016.pdf>

⁵ United States Census Bureau, American Fact Finder. "S2701: Health Insurance Coverage Status." 2013 American Community Survey 1-Year Estimates, https://factfinder.census.gov/bkmk/table/1.0/en/ACS/13_1YR/S2701/0400000US26

⁶ United States Census Bureau, American Fact Finder. "S2701: Selected Characteristics of Health Insurance Coverage in the United States." 2016 American Community Survey 1-Year Estimates, https://factfinder.census.gov/bkmk/table/1.0/en/ACS/16_1YR/S2701/0400000US26

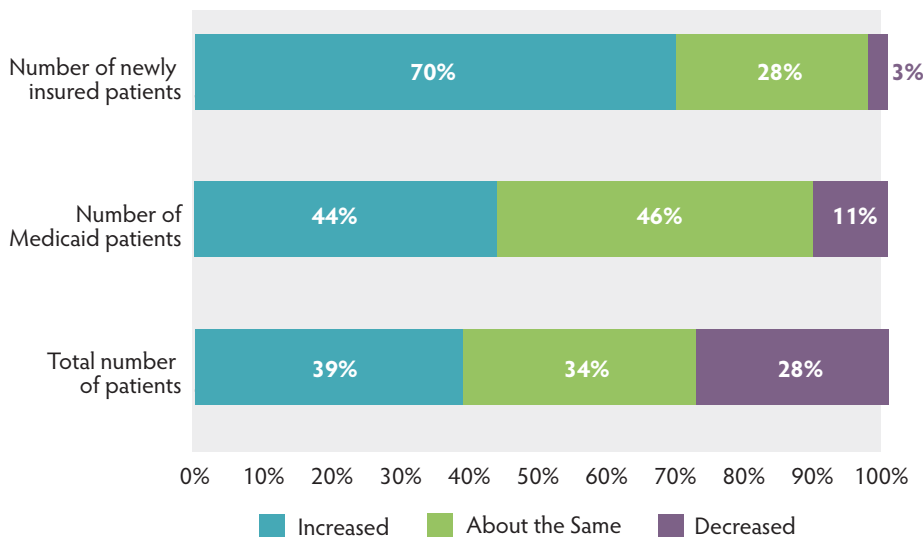
Perceptions on Changes in Patients, Patient Characteristics and Practice

Wider access to healthcare coverage led to expanded patient volume for many PCPs. More than two-thirds of surveyed physicians reported that the number of newly insured patients increased after January 2014, and nearly half reported an increase in Medicaid patients. **FIGURE 1**

More than half of physicians reported increases in the complexity and severity of their patients' conditions, the number of chronically ill patients, and the number of patients with long care gaps since January 2014. However, physicians reported the frequency of visits from individual patients mostly remained the same. Before the ACA was implemented, there was concern that an influx of potentially sicker patients would overwhelm primary care physicians because of the presumed higher need of these patients.^{7,8} The data here show that while physicians reported that they did see sicker and more complex patients, those patients may not have required more intensive attention from PCPs.

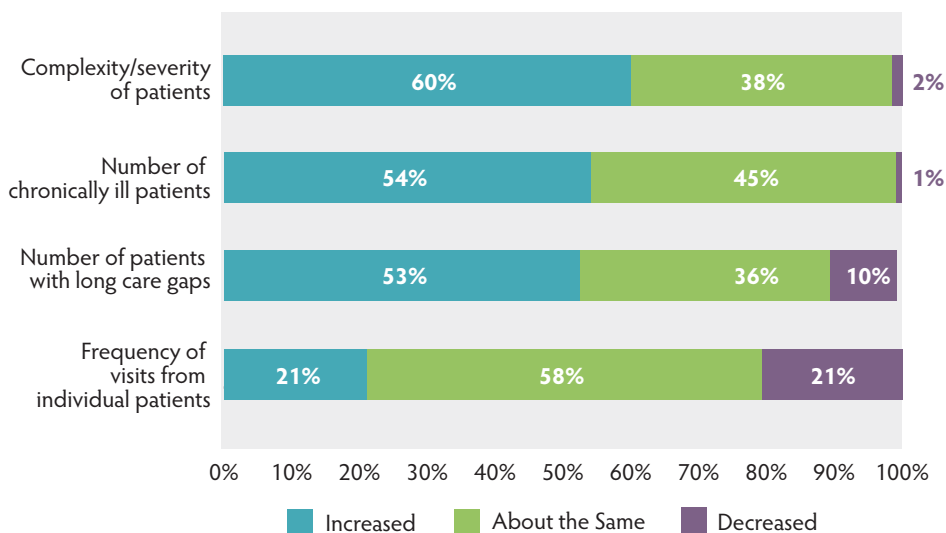
FIGURE 2

FIGURE 1
PCP Perceptions on Changes in Patient Volume since January 2014



Source: CHRT Michigan Physician Survey, 2016
Due to rounding, percentages may not add to 100.

FIGURE 2
PCP Perceptions on Changes in Patient Acuity since January 2014



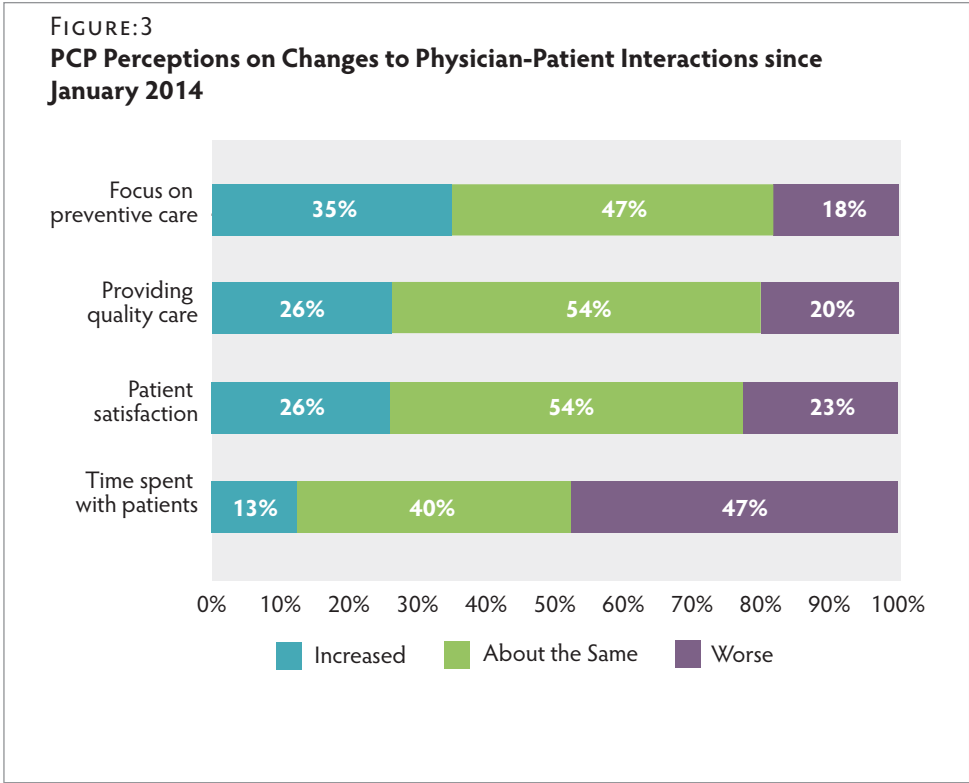
Source: CHRT Michigan Physician Survey, 2016
Due to rounding, percentages may not add to 100.

⁷ Somers, S. A. & Hamblin, A. (2010). Covering low-income childless adults in Medicaid: Experiences from selected states. Center for Health Care Strategies, Inc. James M. Verdier and Vivian L.H. Byrd, Mathematica Policy Research, Inc. http://www.chcs.org/media/Medicaid_Expansion_Brief.pdf

⁸ Kaiser Family Foundation (2010). Expanding Medicaid: Coverage for low-income adults under health reform. Kaiser Family Foundation, <https://kaiserfamilyfoundation.files.wordpress.com/2013/01/8052.pdf>

Perceptions on Changes in Patients, Patient Characteristics and Practice (continued)

Prior to the ACA's coverage expansion, analysts were concerned that an influx of the newly insured could strain PCP capacity to care for patients and impede physicians' ability to do their best work.^{9,10,11} In contrast, approximately 80 percent of surveyed physicians reported that their ability to focus on preventive care and to provide quality care had stayed the same or improved since the ACA coverage expansions, and more than three-quarters reported that patient satisfaction had stayed the same or improved since January 2014. The notable exception to this positive trend was that nearly half of PCPs said amount of time they had available to spend with patients had gotten worse. This may be due to other changes in the health system that might be constricting the time physicians can spend with patients, such as greater use of electronic health records and other administrative changes. **FIGURE 3**



Source: CHRT Michigan Physician Survey, 2016
Due to rounding, percentages may not add to 100.

⁹ Jacobson, P. D., & Jazowski, S. A. (2011). Physicians, the Affordable Care Act, and primary care: Disruptive change or business as usual? *Journal of General Internal Medicine*, 26(8), 934–937. <http://doi.org/10.1007/s11606-011-1695-8>

¹⁰ Association of American Medical Colleges (2010). Physician shortages to worsen without increases in residency training. AAMC. https://www.aamc.org/download/150584/data/physician_shortages_factsheet.pdf

¹¹ Kaissi, A. (2012). Primary care physician shortage, healthcare reform, and convenient care: Challenge meets opportunity? *Southern Medical Journal*, 105(11), 576–580. doi: 10.1097/SMJ.0b013e31826f5bc5



Conclusion

PCPs have experienced many changes in their practices since January 2014. They saw greater volumes of Medicaid and newly insured patients and had more complex and chronically ill patients. But with the exception of less time to spend with patients, they reported few negative impacts on their practices. Physicians were relatively more positive about their ability to provide preventive care and keep their patients satisfied. In order to accommodate greater patient volume, providers may have hired more staff, increased their use of advanced practice clinicians, expanded their health care sites, and extended their office hours.¹² Overall, our analysis indicates that the expansion of healthcare coverage does seem to have allowed more patients who need care to receive that care without compromising quality.

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¹² Wishner, J. B. & Burton, R. A. (2017). How Have Providers Responded to the Increased Demand for Health Care Under the Affordable Care Act? *Urban Institute*, https://www.urban.org/research/publication/how-have-providers-responded-increased-demand-health-care-under-affordable-care-act/view/full_report



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