The Impact of Medicaid Expansion on Hospitalizations for Chronic Diseases: A Difference-in-Differences Analysis of Discharges for Diabetic Ketoacidosis, Chronic Kidney Disease, and Cardiovascular Disease

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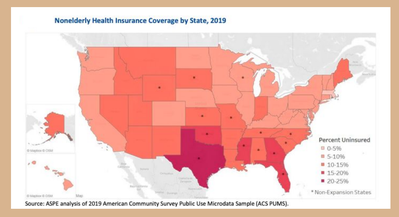
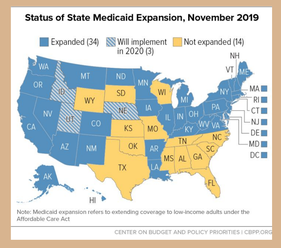
Overview





According to the CDC, 50-60% of American adults have at least one chronic disease. Some of the most common chronic diseases are…

Diabetes

Chronic kidney disease

Cardiovascular disease

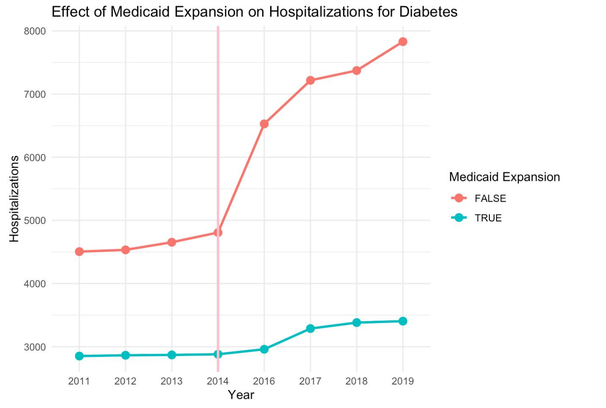
Aims

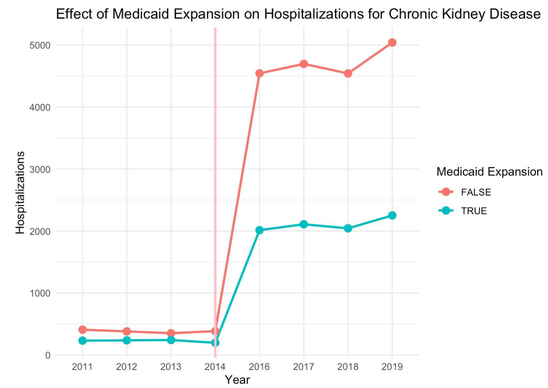
- This study evaluates the impact of the Medicaid Expansion Act on hospitalizations for diabetic ketoacidosis (DKA), chronic kidney disease (CKD), and cardiovascular disease CVD.

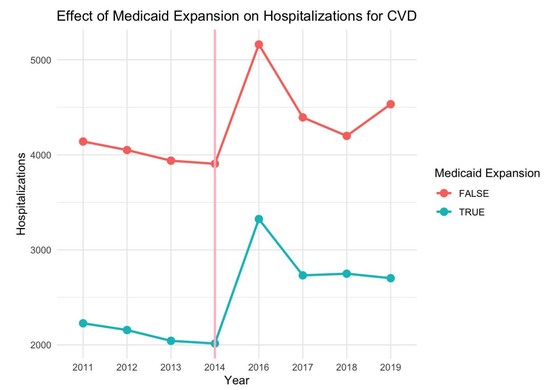
Methods

- Data from the State Inpatient Databases (SID), published under the Healthcare Cost and Utilization Project was used.
- The number of hospital discharges for diabetic ketoacidosis, CKD, and CVD between 2011 and 2019 were studied to allow for the assessment of pre and post-expansion outcomes.
- A difference-in-differences (DiD) approach was used for analysis

Results







Although states in the treatment and control groups both experienced an increase in hospitalizations for **CKD** and **DKA** post Medicaid expansion, the treatment group had **significantly fewer discharges** post-treatment compared to the control group.

In states that expanded Medicaid, the average number of discharges decreased by:

1856.6 ($p = 0.043$) for DKA

1970 ($p=0.007$) for CKD

There was **no significant difference** between the treatment and control groups for patients with **CVD** ($p = .698$)

Conclusions

Expanding Medicaid may improve chronic disease management in outpatient settings for diseases that are highly symptomatic and able to be managed systematically. However, for diseases that are less symptomatic, like heart disease, which is often termed the “silent killer”, simply improving access to medical insurance and healthcare is not sufficient.