

State standards do little to improve access to specialists in Medicaid

August 15 2017



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More needs to be done to eliminate the gap in access to specialty care for Medicaid patients, a new Yale School of Public Health study in *JAMA Internal Medicine* concludes.

Medicaid patients nationwide have consistently reported less [access](#) to specialist medical care than patients with other types of coverage. While

some federal regulations have been aimed at improving access to primary care, ensuring access to specialty care has largely been left to state and local agencies with national efforts lagging far behind.

As a result, many low-income patients find themselves without adequate access to specialty care. This is particularly concerning because, as more adults have joined Medicaid in recent years through the Affordable Care Act, many have chronic conditions that require coordinated specialty care.

"As millions of individuals have gained [health insurance coverage](#) through Medicaid, it is increasingly important that we facilitate access to the full spectrum of services that may be needed by this population. Our study demonstrates that aspirational policies without appropriate monitoring or enforcement are limited in their capacity to ensure access," said Assistant Professor Chima Ndumele, Ph.D., the study's lead author.

To attempt to remedy this, new federal regulations are set to take effect in 2018 that will require Medicaid managed care plans in every state to set standards for specialty care access. These planned standards will include limits on wait time to see a specialist, as well as on distance a patient have to travel to a specialist appointment.

Ndumele said the multistate study is the first to compare access to specialty care for Medicaid enrollees before and after the implementation of the types of regulation that are set to take effect next year. Using data from the Consumer Assessment of Healthcare Providers and Systems survey, covering the years 2005-2011, the research team compared responses from Medicaid enrollees regarding access to specialty care in five [states](#) that had previously adopted standards with the responses of both commercial beneficiaries in the same states, as well as Medicaid enrollees in matched control states

where standards already existed.

The results revealed little evidence that these standards narrowed the gap in access to [specialty care](#) for Medicaid enrollees: overall, 69 percent of Medicaid enrollees and 75 percent of commercial beneficiaries in states without access standards reported that it was easy to get an appointment with a specialist prior to the implementation of access standards, and this gap between Medicaid and commercially insured enrollees persisted after the adoption of standards.

The findings suggest that the upcoming new regulations alone may do little to improve access, and additional interventions will likely be needed.

Provided by Yale University

Citation: State standards do little to improve access to specialists in Medicaid (2017, August 15) retrieved 5 May 2023 from

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