

Massachusetts' health care reform didn't raise hospital use, costs

May 16 2013

Massachusetts' healthcare reform didn't result in substantially more hospital use or higher costs, according to data presented at the American Heart Association's Quality of Care and Outcomes Research Scientific Sessions 2013.

The findings were true even among safety-net hospitals, which often have an open-door policy to accept patients regardless of the ability to pay. These hospitals are most likely to care for people who need free services, use Medicaid or must pay their own [hospital bills](#).

"In light of the Affordable Healthcare Act, we wanted to validate concerns that [insurance reform](#) would lead to dramatic increases in healthcare use and costs," said Amresh D. Hanchate, Ph.D., the study's lead author, an economist at the V.A. Boston [Healthcare System](#) and assistant professor at Boston University School of Medicine. "We were surprised to find little impact on healthcare use. Changes we saw in Massachusetts are very similar to those we saw in New Jersey, New York and Pennsylvania—states without reform."

Massachusetts reformed its healthcare system in 2006, increasing the number of people insured by 300,000.

The study analyzed information on more than 2.6 million patients ages 18-64 discharged from 66 short-term acute care hospitals in Massachusetts in 2004-2010.

Prior to reform, in 2004 -2006, the number of average quarterly admissions for each hospital was 1,502. After reform, in 2008 -2010, the average was 1,557—a 3.6 percent increase versus a 3.3 percent increase in the comparison states.

The researchers also found:

- The total days of inpatient care increased by 0.94 percent in Massachusetts, compared to 0.80 percent in the comparison states.
- [Hospital charges](#) per quarter increased by 1.1 percent more in Massachusetts than in the comparison states.
- Hospital use increased among previously high uninsured groups – the number of hospitalizations increased by 2.8 percent among blacks and by 4.5 percent among [Hispanics](#).

The results were similar to those of safety-net hospitals and Medicare patients.

"These results are more applicable for states similar to Massachusetts in terms of the current healthcare system and government policy," Hanchate said. "Because states vary a lot, it's hard to say how this would compare for the rest of the country."

Further study is needed to determine if the delivery of services changed, including whether inpatient services being moved to an outpatient setting, he said.

Provided by American Heart Association

Citation: Massachusetts' health care reform didn't raise hospital use, costs (2013, May 16)

retrieved 25 April 2024 from

<https://medicalxpress.com/news/2013-05-massachusetts-health-reform-didnt-hospital.html>

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