

In California, adults with Medicaid coverage have highest increase in emergency department visits

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"Emergency department (ED) use has been affected by insurance patterns over time and will likely be further affected by expansions of coverage from health care reform." Uninsured patients are often thought of as high and frequently inappropriate ED users, but insured patients, particularly those with Medicaid coverage, may have difficulties accessing primary care and may rely on EDs more frequently than uninsured patients, write Renee Y. Hsia, M.D., M.Sc., of the University of California, San Francisco, and colleagues in *JAMA* today.

In a Research Letter appearing in the September 18 issue of *JAMA*, the authors investigated recent trends in the association between insurance coverage and ED use. The study was a retrospective analysis of California ED visits by adults 19 to 64 years of age from 2005-2010 that used the nonpublic versions of data from the California Office of Statewide Health Planning and Development's Emergency Discharge Data and Patient Discharge Data. To study variations by insurance coverage, ED visits were grouped into 4 categories based on expected source of payment: Medicaid, private insurance, self-pay or uninsured, and other. The authors also looked at ED visits for ambulatory care sensitive conditions (ACSCs)

The researchers found that between 2005 and 2010, the number of visits to California EDs by adults overall increased by 13.2 percent from 5.4 to 6.1 million per year. The largest increase in visits occurred in 2009. The

share of total visits increased among adults with Medicaid coverage and [uninsured adults](#), whereas the share decreased among adults with private insurance. Visit rates to the ED among adult Medicaid beneficiaries were higher than uninsured and privately insured patients.

"Increasing ED use by Medicaid beneficiaries could reflect decreasing access to primary care, which is supported by our findings of high and increasing rates of ED use for ambulatory care sensitive conditions by Medicaid patients. The increase in ED visits was highest in 2009, likely due to the H1N1 pandemic and the influence of the economic downturn on coverage transitions and access to care," the authors write.

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