

Expanding Medicaid under ACA helped to identify 23 percent more people with undiagnosed diabetes

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States that have expanded their Medicaid programs under the Affordable Care Act (ACA) are capturing an increased number of people with previously undiagnosed diabetes, allowing them to begin treatment earlier, potentially reducing complications and other negative outcomes, according to a study being published online today and in the May issue of *Diabetes Care*.

The release of the study coincides with the 5th anniversary of the ACA, which expanded Medicaid eligibility to reach nearly all non-elderly adults with incomes at or below 138 percent of the federal poverty level (about \$16,105 for individuals), while giving [states](#) the option of offering this expanded coverage. Twenty-six states chose to do so, while 24 states did not. The study compared increases in patients with newly diagnosed [diabetes](#) in both groups, finding a 23 percent increase in newly diagnosed diabetes patients in states that expanded their Medicaid programs, compared to a 0.4 percent increase in states that did not.

"The division of states created an opportunity to examine the impact of Medicaid expansion on specific health metrics, such as detection of disease," wrote the authors of the study, who relied upon the Quest Diagnostics database to identify newly diagnosed patients with both type 1 and type 2 diabetes. Diabetes was chosen, the authors noted, because it has such a large at-risk population and because "aggressive prevention and treatment programs have been shown to improve outcomes."

"Clearly, expanding Medicaid has allowed those 26 states that did so to identify a large number of people who previously did not know they were living with diabetes," said Vivian Fonseca, MD, Professor of Medicine and Pharmacology, Tullis Tulane Alumni Chair in Diabetes Chief, Section of Endocrinology at the Tulane University Health Sciences Center, Tulane University School of Medicine. "Early identification can be potentially life-saving for people with diabetes, and can at the very least greatly increase the chances of preventing or delaying complications. Data on prevention of complications comes from several trials funded by the National Institutes of Health, American Diabetes Association and others. In the long term, such prevention of complications has been shown to be cost saving, since the complications—including blindness, amputations and kidney failure requiring dialysis or transplant—are extremely expensive."

"Access to affordable, adequate health coverage is critically important for all people with, and at risk for, diabetes," said Robert E. Ratner, MD, FACP, FACE, Chief Scientific and Medical Officer for the American Diabetes Association. "The study demonstrated the benefit of new Medicaid coverage in identifying people with diabetes and initiating therapy in those historically not having health insurance. The state-by-state expansion of Medicaid benefits under the Affordable Care Act provides a natural experiment to elucidate case finding in diabetes and the initiation of therapy to minimize costly complications. By increasing access to health care, Medicaid expansion allows people to know their status and receive life-preserving treatments to help improve their quality of life and to prevent serious and costly complications. We hope that those states that have not yet expanded their Medicaid coverage will see the potential advantages of improved health and productivity for their citizens and initiate their own Medicaid expansion."

A commentary accompanying the study, written by *Diabetes Care* Editor in Chief William T. Cefalu, MD, and William H. Herman, MD, MPH,

Professor of Internal Medicine and Epidemiology, University of Michigan, notes that diabetes consumed one in every 10 health care dollars spent in the United States in 2012. "The current trajectory for economic costs for the U.S. is not sustainable ... perhaps the time is right to reevaluate our health policies," they wrote.

"The data demonstrate the benefits of Medicaid expansion, yet nearly half of our states have chosen not to expand this benefit to their citizens," Herman and Cefalu wrote. "The real-world benefits and costs of Medicaid expansion merit additional research and civil debate. And perhaps most important, their results should be used to guide [health policy](#) to address the growing burden of chronic diseases."

The rise in newly identified [diabetes patients](#) was higher for men (25 percent in expansion states, v. 4.6 percent in non-expansion states) than for women (22 percent in expansion states, with a decline of 1.4 percent in non-expansion states). When broken down by age, younger patients (ages 19 to 49 years) saw an increase of 15 percent in the expansion, with no change in non-expansion states, whereas older patients (ages 50 to 64 years) saw an increase of 31 percent in the expansion states, compared to 0.5 percent in the non-expansion states.

Provided by American Diabetes Association

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