

WASHINGTON STATE HEALTH SERVICES RESEARCH PROJECT

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Availability of Primary Care Physicians to Serve the Affordable Care Act's Medicaid Expansion Population

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Introduction

One provision of the Affordable Care Act (ACA) calls for the expansion of Medicaid to all persons with household incomes below 133¹ percent of the federal poverty level (FPL) who meet citizenship requirements. This expansion of Medicaid is intended to reduce the number of persons without healthcare coverage - the uninsured. By one estimate based on 2010 data, approximately 357,000 uninsured Washington residents would become eligible under the Medicaid expansion.² Most of the persons newly eligible under the expansion are expected to enroll in the Medicaid program³ and will need to find primary care physicians (PCPs) who accept Medicaid. But, will there be enough PCPs in Washington to meet their healthcare needs?

To answer this question, we analyzed the data from a recently completed survey of Washington's primary care physicians.⁴ The survey included a number of questions related to Medicaid, including:

- a. Whether the PCP currently sees Medicaid patients and, if so, how many;
- b. Whether the PCP is accepting new Medicaid patients and, if so, how many.

This information allows the calculation of Washington's PCP capacity for the estimated number of people who will become eligible for the Medicaid expansion under ACA.

Findings

The answer to the question whether Washington has sufficient PCP capacity to absorb the Medicaid expansion population is not a clear-cut yes or no. When assessed at the state level, the results indicate that Washington has more than enough PCP capacity to absorb the estimated number of people who will become eligible under the expansion. Among the PCPs accepting new Medicaid patients, there is capacity for 128 new Medicaid patients per accepting PCP, while there are only 118 such potential new Medicaid patients per accepting PCP. Thus, the state appears to have sufficient PCP capacity the Medicaid expansion.

Highlights

- All urban regions in Washington are expected to absorb the Medicaid expansion with current primary care physician capacity.
- Six of the seven non-urban regions will face challenges to meet the increased need for PCP capacity.
- Two non-urban regions, located west of the Puget Sound and at the southwest corner of the state, are expected to have the greatest challenges with only about one-fifth of the needed capacity for the expansion.

¹ With an additional 5-percent disregard, the income level is effectively raised to 138 percent FPL.

² This estimate is derived from the OFM Forecasting Division's County Population Estimation Model (CPEM). The CPEM is a synthetic data system that contains projected population estimates by various characteristics (e.g., poverty, type of insurance coverage, age, sex, and race/ethnicity) using internal data from OFM as well as the American Community Survey. This estimate is based on all uninsured, regardless of citizenship status.

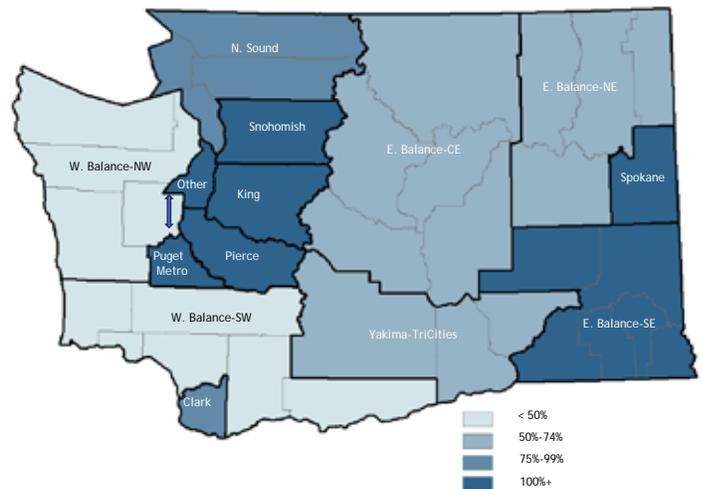
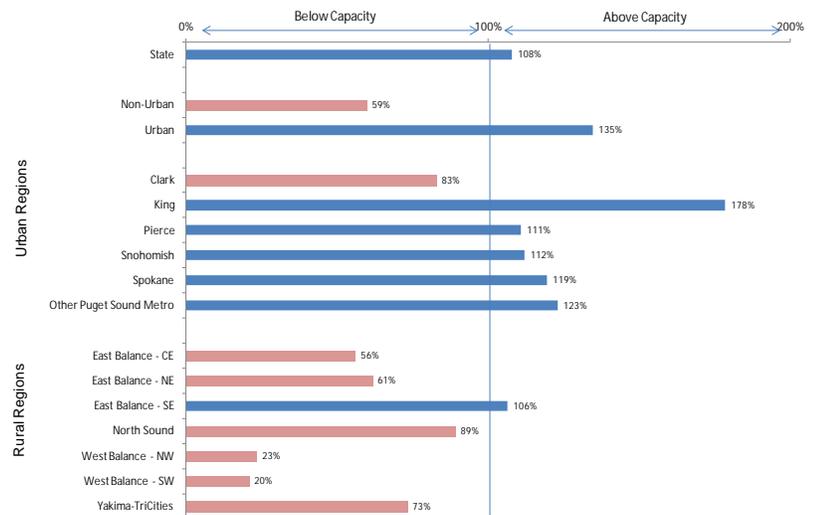
³ See <http://aspe.hhs.gov/health/reports/2012/MedicaidTakeup/ib.pdf>.

⁴ The Washington State Survey of Physicians in Family Medicine, General Medicine, Internal Medicine, Pediatrics, OB/GYN, and Geriatrics, also known as the Primary Care Physician Survey, was sponsored by OFM and conducted in 2011. Its purpose was to collect the data for assessment of the state's current primary care physician capacity. The survey was funded by the U.S. Department of Health and Human Services.

However, at the sub-state regional level, the results reveal a vast disparity of PCP capacity for the Medicaid expansion. Of the 13 regions used for this analysis, only six are expected to have the capacity to absorb the Medicaid expansion and five of the six regions are characterized as urban regions (see chart and map to the right). The King County Region leads these regions with 78 percent surplus capacity. The only non-urban region expected to have a sufficient PCP capacity is the group of counties forming the southeast corner of the state (East Balance-SE).

In contrast, the remaining seven regions, one urban and six non-urban, are expected to fall short of the needed capacity when counting on the state’s current PCP workforce. Two of these regions are estimated to have only about one-fifth of the needed capacity, 20 percent in West Balance-SW and 23 percent in West Balance-NW. These two regions are contiguous and include counties west of the Puget Sound and south of Thurston, Pierce, and Yakima Counties. Clark County is the only urban region among those with insufficient PCP capacity to absorb the Medicaid expansion population. However, Clark County borders on Oregon’s greater Portland metropolitan area and a certain share of the persons newly eligible in Clark County under the expansion may seek primary care across the border in Oregon.⁵ If this is the case, Clark’s PCP capacity may actually be sufficient to absorb those seeking care within Clark County.

PCP Capacity to Absorb New Medicaid Eligibles



In summary, while Washington state as a whole appears to have a sufficient capacity for the Medicaid expansion under the ACA, there is a vast disparity in the PCP capacity among the regions within the state. All urban regions are expected to cope well with the Medicaid expansion while, with one exception, all non-urban regions are expected to face challenges of varying degrees in meeting the new need for PCP capacity. The west and southwest non-urban areas of the state will face the greatest challenges with only about 20 percent of the needed capacity.

Study limitations: (1) Estimates for the level of PCP capacity for the Medicaid expansion may be different depending on how a region is selected or defined. (2) A certain fraction of the persons newly eligible for Medicaid may choose not to enroll in Medicaid. Therefore, the potential new Medicaid patient load per accepting PCP may be somewhat lower than estimated here. (3) This study assesses the PCP capacity for the Medicaid expansion using estimates of eligible persons in 2010. Understandably, things may change between 2010 and 2014 when the expansion is scheduled to take place, such as PCPs’ willingness to accept new Medicaid patients, the number of new Medicaid patients they would accept, and the number of people who would be eligible for the expansion.

⁵ While there is no data available for this analysis on primary care for Washington residents provided in Oregon, unpublished staff analyses of hospital discharge data show that in 2010, 19 percent of hospital stays by Clark residents occurred in Oregon hospitals.