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NEW STATE-BY-STATE REPORT: AFFORDABLE CARE ACT WILL HAVE MODEST IMPACT ON DEMAND FOR PRIMARY CARE DOCTORS AND HOSPITALS

*Newly Insured Americans Expected to Account for 3.8% Increase in Primary Care Visits;
Existing Provider Capacity Should Be Sufficient*

New York, NY, February 25, 2015—The expansion of health insurance coverage achieved through the Affordable Care Act (ACA) will increase demand for health care services only slightly once the law is fully implemented, according to a new Commonwealth Fund analysis, and the health system will be able to accommodate this increased demand. Findings from the report align with those of the recent Commonwealth Fund ACA Tracking Survey, which found that 75 percent of people with new Medicaid or ACA marketplace coverage who had tried to find a new primary care doctor since enrolling in their new plan found it was very easy or somewhat easy to do so. Of those who found a doctor, 67 percent were able to get an appointment within two weeks.

In *How Will the Affordable Care Act Affect the Use of Health Care Services?*, Sherry Glied and Stephanie Ma of New York University analyze trends in expected health care use among the newly insured in every state, looking at primary and specialty care, emergency room care, outpatient and inpatient services, and prescription drugs. They estimate that the number of annual primary care visits will increase by 3.8 percent nationally, with 17 states seeing primary care visit increases of more than 4 percent and seven seeing increases greater than 5 percent. The 3.8 percent average increase represents about 70 additional visits per year per primary care physician across the U.S, or 1.3 visits per week. The authors' estimates assume that all states will ultimately expand Medicaid.

“Millions of people have gained health insurance through the Affordable Care Act, and early indicators are that these people are satisfied with their coverage and able to get the health care they need,” said Sherry Glied, dean and professor of public service at New York University’s Robert F. Wagner School of Public Service. “These study findings suggest that pattern should continue after the law’s full implementation.”

According to the report, the increases in primary care visits will have only a modest impact on people’s access to care, which is more likely to be influenced by local patterns of health service use and whether medical practices use physician assistants or health information technology to provide care to more patients.

Researchers Glied and Ma also estimate, assuming full implementation of the ACA, including Medicaid expansion in states, that:

- **Emergency room visits** will rise 2.2 percent nationally.
- **Outpatient hospital visits** will increase 2.6 percent nationally.
- **Inpatient hospital visits** will increase 3.1 percent nationally.
- **Prescription drug use/refill** increases will be under 2.5 percent in nearly every state.

“This research eases concerns that primary care practices will be unable to accommodate people who gain new coverage through the Affordable Care Act,” said Commonwealth Fund President David Blumenthal, M.D. “However, continual monitoring of the capacity of our health system to meet increased demand will be necessary.”

Moving Forward

While the health care system appears likely to be able to absorb the increased use of health services by the newly insured, the authors note that health care use varies substantially across the country. In areas where people use more health care services, it will likely be important to expand access by making greater use of health information technologies like telemedicine, by relying more on nonphysician health professionals such as nurses and physician assistants, and by pooling physicians into group practices.

The report will be available after the embargo lifts at:

<http://www.commonwealthfund.org/publications/issue-briefs/2015/feb/how-will-aca-affect-use-health-services>.

The Commonwealth Fund is a private foundation supporting independent research on health policy reform and a high performance health system.