

## “The Sky is Falling” Articles

### [“Are There Enough Doctors for the Newly Insured?” \(Stateline/Pew Charitable Trusts, 12/30/13\)](#) –Michael Ollove

- Shortfall of 45,000 PCPs and 46,000 specialists by 2020
  - Shortfall is even worse than those numbers because most PCPs do not accept Medicaid, which many new enrollees are covered by
- Exacerbated by aging baby boomers, new enrollees, retirement of aging docs, PCP pay difference, lifestyle choices among med students
- Concerns noted:
  - Long wait times
  - Longer travel times to appointments

### [“It’s Not Just Healthcare.gov, Obamacare Will Soon Create a Severe Doctor Shortage” \(Forbes, 12/11/13\)](#) –John Goodman

- ACA substantially increases demand without increasing supply
- Technology/nurses/PAs won’t be able to offset the increased number of insured, at least in the short term
- Newly insured will double their health care system use, newly mandated benefits will further strain the system
- Concerns noted:
  - Longer wait times – specifically cites longer wait times in Boston after health reform
  - Rationing/two+-tiered system/rush to concierge medicine
  - Increased ED use

### [“The Impact of the Affordable Care Act on the Health care Workforce” \(Heritage Foundation, 3/18/2014\)](#) – Amy Anderson

- ACA places stress on already fragile system, imposes 190 million extra hours of paperwork
- Concerns noted:
  - Added burden on health professionals will lead to increased dissatisfaction, burnout, and loss of providers
  - ACA’s approach to the shortfall is “unproven and limited in scope, and will not produce results for years”
  - Increased wait times
  - Limited access to provides
  - Shortened time with providers
  - Decreased satisfaction
  - Geographic distribution shortfall - “The danger is that these shortages will result in increased morbidity and mortality for rural Americans”

## Insurance and Delayed Care

### [Pande, Degnan, Zaslavsky and Salomon, 2011 \(American Journal of Preventive Medicine\)](#)

- Assessed effect of MA health reform on healthcare access and affordability using BRFSS longitudinal data from MA and other northeastern states
- After adjusting for socioeconomic factors, MA residency in 2009 was associated with a **4.8%** lower probability of forgoing care because of cost, compared to expected levels without health reform (determined by trends in “control” states)

### [Weissman, Stern, Fielding, and Epstein, 1991 \(Annals of Internal Medicine\)](#)

- Oldie but goodie – cited 350+ times
- Personal interviews 12,000 adults from five MA hospitals assessing characteristics of patients reporting delays in care, and reasons for those delays
- Uninsured patients were **1.78X** more likely to have delayed care; poor uninsured individuals were **2.58X** more likely
  - Poor uninsured patients were **12X** more likely to have delayed because of cost

### [Gallup Poll, December 9, 2013](#)

- Question: “Within the last 12 months, have you or a member of your family put off any sort of medical treatment because of the cost you would have to pay?”
- **59%** of uninsured replied “yes”, compared to **22%** of Medicaid and **25%** of privately insured

### [Kumar et al., 2014 \(Critical Care Medicine\)](#)

- Study of patients with severe sepsis (high mortality condition improved by timely treatment) to see if uninsured patients had higher mortality rate
- Found that uninsured patients were **1.43X** more likely to die from sepsis than privately insured patients, after adjusting for potential hospital/demographic/clinical confounders
- Similar finding as [Haider et al., 2008](#) for uninsured mortality after trauma