The Implications of the COVID-19 Pandemic for Health Care Use and Outcomes for Disabled Medicaid Enrollees in North Carolina

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The objective of our project is to determine the extent to which non-COVID-related care changed during the COVID-19 pandemic for community-based, low-income adults with Medicaid in North Carolina and the implications for health outcomes. We will focus on community-based, disabled adults aged 45-64 enrolled in Medicaid but not Medicare (i.e. those who qualify for Medicaid through SSI eligibility). The pandemic has created serious challenges for these patients who often have many contacts with health care providers, including those providing care in the home, and are also at high risk for poor outcomes from COVID-19. At the same time, the potential for care disruptions to have a negative impact on health is also quite high. These patients and their providers faced difficult trade-offs in arranging for safe and effective care during the pandemic. We hypothesize that these patients experiences: a) Reductions in the types of care these patients typically used to manage their chronic conditions, such as in-person office visits and home-based services; b) Increases in the use of telehealth services which served as a substitute for in-person primary care; c) Reductions in the use of preventive services; d) Reductions in nursing home admissions as patients become more reluctant to access institutional care; and e) Increases in complications arising from inadequate access to primary care as measured by hospitalizations for ambulatory care sensitive conditions and increases in admissions or visits for fractures, infections, and inadequate nutrition.

Our will be based on detailed Medicaid claims data from January 2018 through December 2020. This will allow us to create a pre-pandemic cohort by identifying patients enrolled in the program in 2018 and then tracking their service use in 2019. The COVID-19 cohort will include patients enrolled in 2019 whom we follow through the end of 2020. These data are already available through the Department of Population Health Sciences and the Margolis Center for Health Policy at Duke University due to a relationship with the North Carolina Department of Health and Human Services. This proposed project is part of a broader research agenda examining how the transition toward mandatory Medicaid managed care in North Carolina in July 2021 will affect low-income, disabled, middle-aged adults (45-64) who qualify for Medicaid based on SSI eligibility. In this project, we will examine the period just prior to the transition.