

The Affordable Care Act and Pediatric Emergency Department Utilization

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One of the goals of Affordable Care Act (ACA) was to decrease emergency department (ED) utilization by improving primary care access. Drs. Lee and Monuteaux ([10.1542/peds.2018-3542](#)) looked at ED visits rates pre- (2009-2013) and post- (2014-2016) the ACA taking effect in a large national sampling from pediatric EDs with population estimates for the communities in which those EDs were located. The results from this cross-sectional retrospective study showed no change

in the overall utilization rate between these study years. However, ED visit rates trended upward by 1.1% a year from 2009-2013 but increased by 9.8% a year from 2014-2016.

What do we make of this lack of immediate significant change in rate after the ACA took effect but an increase in the rate of change year to year from 2014-2016, with this latter change being independent of the type of insurance a child might have had? To answer this, we asked Drs. Rustin Morse, Evan Fieldston, and Mark Del Beccaro to share their thoughts in an accompanying commentary ([10.1542/peds.2019-0838](#)).

They point out why families choose to seek care in an ED rather than another setting such as their medical home—e.g. convenience, ease of access, and comprehensive service—although costs may be much higher as a result for some with private insurance and yet more cost-effective to someone on Medicaid. Time however will tell whether referrals to the ED should decrease—and they will have to if reimbursements are fixed at a per member per month rate which is how value-based care of the very near future will work and in many markets is already working. Check out this study and commentary and learn more.

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