The Affordable Care Act, a Financially Viable Model for Emergency Surgery: Acute Appendicitis Model

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Introduction

- On March 10, 2010, former president Barack Obama signed the Affordable Care Act (ACA) into law. A comprehensive reform bill, the Affordable Care Act (ACA) was designed to assist millions of Americans in gaining access to health insurance coverage, ultimately saving lives, improving access to care, and strengthening the health care system. ***(1)***
- Patients with pre-existing diseases, low incomes, or other health inequities who would have gone without insurance before the Affordable Care Act (ACA) have already emphasized that the law has improved care and saved lives. ***(2)***
- We hypothesize that the ACA increased access to health insurance, which resulted in a larger proportion of patients presenting in the early stages of acute appendicitis, thus decreasing the overall cost of care for these patients.

Background

The Affordable care act has three components:

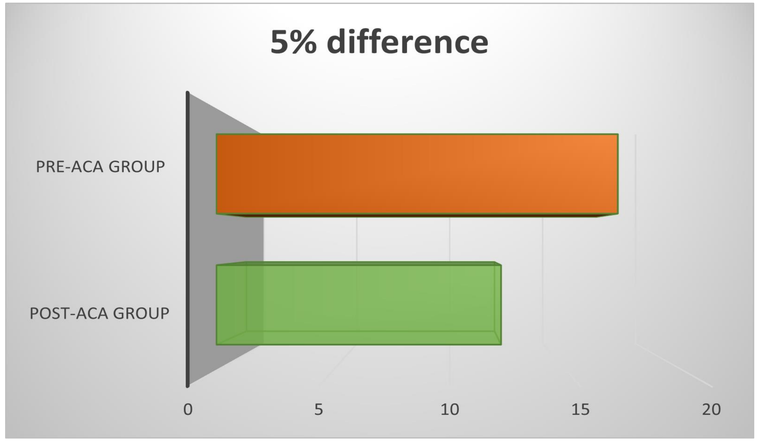
1. Make affordable health insurance available to more people. The law provides consumers with subsidies (“premium tax credits”) that lower costs for households with incomes between 100% and 400% of the federal poverty level (FPL).
2. Expand the Medicaid program to provide coverage to all adults with an income below 138% of the FPL.
3. Support innovative medical care delivery methods designed to lower the costs of health care.

Methods

- In order to better understand the transformative effects of the Affordable Care Act, we studied acute appendicitis as a model to determine access to healthcare.
- A retrospective analysis of 1,724 individuals who presented with acute appendicitis between June 20, 2010, and November 17, 2016 was performed.
- Patients were divided into "pre-ACA" and "post-ACA" groups based upon the date of the ACA's adoption, December 1, 2013.
- Data collected on each patient included age, gender, time between onset of symptoms and presentation, comorbidities, intervention performed, pathology results, and insurance status.

Results

- Of 1,724 patients, only 748 met our inclusion criteria. In the post-ACA group, 12.2% of patients presented 4 days after onset of symptoms, compared to 17.2% in the pre-ACA group (5% difference). ***(Figure)***
- This difference would result in a significant financial impact on the healthcare system due to costs associated with overall decreased lengths of stay and complication rates.



Conclusion

At this time, our data is still in its preliminary stages of analysis. However, we noted a 5% decrease in the rate of patients who presented at 4 days after onset of symptoms post-ACA, which would result in a significant financial impact on the healthcare system.

References

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