

EMS dispatches for asthma greatly reduced after expanded access to health insurance

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The expansion of health insurance in New York City under the Affordable Care Act (ACA) resulted in a significant reduction in the dispatch of ambulances for asthma emergencies, a study by

Massachusetts General Hospital (MGH) has found. In a paper published in *JAMA Network Open*, researchers suggested that the likely reason for this decline is improved access to outpatient management of the chronic condition. The finding has major implications for the broader public health system as it seeks to control costs and better utilize fixed resources like emergency medical services (EMS).

"Our research suggests that giving access to affordable health insurance to people with [asthma](#) can rapidly reduce the frequency and severity of asthma exacerbations and lead to significantly fewer 911 calls," says Gregory Peters, MD, an investigator in the Department of Emergency Medicine at MGH and lead author of the study. "Our analysis of the effects of a major health policy change like the Affordable Care Act on a high-volume EMS system like the one in New York City provides valuable insights for public health officials."

Emergency [medical services](#) respond to millions of calls per year nationwide, despite constraints on ambulances and personnel. Additional pressure on these systems through increased utilization, as often occurs in cities and larger communities, can result in delayed care and even increased mortality, particularly in vulnerable neighborhoods. Asthma, because it is an "ambulatory care-sensitive" condition—meaning it can typically be controlled with the help of a primary care clinician and a treatment plan—has been the subject of prior studies on the impact of disease management on emergency services use under expanded [insurance coverage](#). Those studies, however, yielded conflicting results.

MGH investigated more than 217,000 EMS dispatches for asthma-related emergencies in New York City, one of the nation's busiest EMS systems, between 2008 and 2018. The study showed that national implementation of the Affordable Care Act in January 2014 resulted in a significant decline in asthma-related EMS calls, from 261 dispatches per 100,000 people per year before enactment to 211 dispatches afterwards,

a reduction of 20 percent.

"Expanded insurance has enormous potential to reduce 911 calls by providing individuals with chronic diseases, like asthma, with a way to better control their disease and thereby lower the risk of requiring emergency care," explains Alexander Ordoobadi, MD, a resident with the Department of Surgery at Brigham and Women's Hospital and co-lead author on the study. "Improved coverage gives patients access to long-term controller therapies to prevent exacerbations, and to rescue therapies to improve breathing. More than just medications, though, expanded insurance gives them access to clinicians who can counsel them on how to avoid asthma triggers and provide an asthma action plan."

The public health impact of expanded insurance for individuals who often go without any health coverage could extend well beyond asthma, the MGH research team indicated. "Epilepsy is another ambulatory care-sensitive condition where we might be able to significantly reduce seizures—and emergency calls—by ensuring that people have access to effective medicines and neurologists," stresses Peters. "Preventing 911 calls to already hard-pressed EMS systems through improved outpatient management of a host of conditions is a discussion that public policy makers need to revisit. The upcoming challenge to the Affordable Care Act before the U.S. Supreme Court makes this issue more timely than ever."

More information: *JAMA Network Open* (2020). [DOI: 10.1001/jamanetworkopen.2020.25586](https://doi.org/10.1001/jamanetworkopen.2020.25586)

Provided by Massachusetts General Hospital

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