

The Association of Medical Education with Primary Care Physicians' Medicaid Participation: Exploring the 2016 Medicaid Claims

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ISSUE: Evidence suggests that healthcare providers are less likely to accept patients with Medicaid coverage compared to those with private insurance or Medicare. Medical schools can influence their graduates' outcomes, including specialty choice and practice patterns. Not much is known about the impact of medical schools on their graduates' Medicaid participation. Using Medicaid claims, we estimate Medicaid participation and the intensity of service (number of Medicaid patients) of primary care graduates by medical school.

METHODS: We performed a cross-sectional analysis of the 2016 national-level Medicaid claims from the Transformed Medicaid Statistical Information (T-MSIS) data to identify Medicaid service, the American Medical Association (AMA) Masterfile to identify each providers' medical school, and the National Plan & Provider Enumeration System (NPPES) data for classifying provider specialties. Our primary measure for each school was Medicaid participation by its graduates defined in three ways: 1) the proportion of primary care graduates that served any Medicaid patients, 2) proportion of primary care graduates that served at least 11 patients, and 3) proportion of primary care graduates that served 100 or more patients. To account for the clustered data, we are conducting multi-level models that examine the role of provider, medical school and the state-policy level factors and their association with Medicaid participation. We anticipate completing the analysis prior to the ARM.

FINDINGS: We estimated Medicaid participation of primary care graduates for 155 medical schools. Between 2009 to 2012 about 75,058 physicians graduated from 155 U.S. allopathic and osteopathic medical schools, of which about 32% practiced primary care (23,875). Proportion of graduates practicing primary care and serving any Medicaid beneficiaries was 93% overall and ranged between 81-100% across schools. The overall proportion of primary care providers that served at least 11 Medicaid beneficiaries in the year 2016 dropped to 82.26% and varied significantly by school from 67% to 96%. Only 53.6% of primary care physicians served at least 100 Medicaid beneficiaries, which ranged from 27.2% to 83.2% across schools

DISCUSSION: Medicaid participation and intensity of Medicaid service varies significantly across US medical schools. Our study is relevant to the broader inquiry into understanding the "social mission" of health professionals' education. Social mission is the idea that medical schools impact practice patterns of their graduates and are responsible for educating physicians to care for the health needs of the population. Fulfilling this goal includes the number, composition, and distribution of a school's graduates. However, number and distribution does not necessarily mean that providers care for populations that are vulnerable. Medical school graduates must also provide care for underserved populations, including the Medicaid population. Medical schools are recipients of significant public support, directly through state funding of public schools, through federal student loans, research and training grants, and through clinical services (e.g. Medicare and Medicaid payments). We provide a potential tool to track graduate outcomes for medical schools and provide policy makers important markers for medical education reforms to hold schools accountable for their social mission towards the communities they serve.

Key Words: Primary care, Medicaid participation