

EXPANSION OF HEALTH COVERAGE INCREASES ACCESS TO INCONTINENCE PROCEDURES FOR ADULT MALES

Hypothesis / aims of study

The expansion of Medicaid in America will increase access to incontinence care and services for low-income persons. This will result in increased surgical procedures for urinary incontinence.

Study design, materials and methods

Unlike most other countries in the Organisation for Economic Co-operation and Development (OECD), the United States does not have universal healthcare coverage. Medicaid is the social health care coverage programme for low-income individuals and families in the United States. In 2010, the Patient Protection and Affordable Care Act was passed, which sought to increase healthcare coverage. Our state underwent expansion of this federal and state funded healthcare programme beginning January 1, 2014. Adults without disability with family income within 133% of the federal poverty level were now eligible for coverage, but were required to formally enrol. We sought to understand the effect of Medicaid expansion on access to incontinence care. Using the state's publically available data portal, numbers of persons enrolled prior to Medicaid expansion (December 31, 2013) and one year after expansion (December 31, 2014) were obtained [1,2]. This data was extracted to Microsoft Excel (Redmond, Washington, USA) and then queried to analyze the county area surrounding our hospital. Descriptive statistics were used to evaluate adults by age and stated gender. Data regarding surgical procedures was then obtained from our state hospital's surgical schedule. Surgeries in the one-year prior to healthcare coverage expansion (January 1, 2013 to December 31, 2013) were then compared to the one-year after expansion (January 1, 2015 to December 31, 2015). Cases were extracted from the surgical schedule based on listed procedure. Patient gender and age was also taken from the surgical schedule. No further patient information was obtained. Procedures included were all types of urethral slings, urethral bulking, intravesical injection of onabotulinumtoxin A, sacral neuromodulation, urethroplasties, artificial urinary sphincters and prolapse surgeries. Only surgeries performed by the urology service were included. Two-tailed Student's T-test was performed for statistical analysis.

Results

In our surrounding county, the area in which the majority of our patients live, pre-expansion there were 1,371,358 persons enrolled in Medicaid; post-expansion there were 1,588,828 persons enrolled. The greatest increase in enrolment was seen in adult males aged 19 – 64 without disability. Prior to Medicaid expansion 25.6% of adults aged 19 – 64 without disability were male, one year after Medicaid expansion, 37.9% of this adult cohort were male. No obvious change was seen in enrolment in men aged 65 and older. Prior to expansion 34.3% of enrolled adults aged 65 and older were male and one year after expansion 34.8% were male. From 2013 (pre-expansion) to 2015 (post-expansion), there was an overall increase in incontinence procedures at our institution from 56 to 100 per year. The number of male incontinence procedures increased from 13 to 38, while female incontinence procedures increased from 41 to 51. There was a significant increase in average procedures per month for males (3.33 from 1.17, $p < 0.01$) but no change in average procedures per month for females (5 from 3.33, $p = 0.13$). There was no significant difference in the types of procedures done for either males or females. There was no significant change in mean age of patients undergoing anti-incontinence procedures. In 2013, average male patient age was 51 years, standard deviation 17 and in 2015, average male patient age was 57 years, standard deviation 17 ($p = 0.25$). Similarly, in 2013, average female patient age was 52 years, standard deviation 17 and in 2015, average female patient age was 56, standard deviation 14 ($p = 0.28$).

Interpretation of results

The expansion of healthcare coverage to low-income families and individuals in our area resulted in more adult men without disability having access to healthcare services than before. Concurrently, our hospital has seen a significant increase in the number of incontinence procedures being performed for adult males. Medicaid expansion has had a positive effect on access to incontinence services for men, as seen by the number of increased surgeries in this population.

Concluding message

Urinary incontinence has significant social and economic impact for both men and women. Though men experience lower rates of urinary incontinence they have been shown to suffer higher rates of shame, frustration and emotional distress as a result of their incontinence [3]. There are multiple reasons for which men do not seek or do not receive evaluation and treatment for their urinary incontinence. Our institution saw a significant increase in incontinence surgeries in men after the expansion of Medicaid in our state. Expansion of healthcare coverage may decrease barriers to care and improve the lives of men suffering from incontinence and related disorders. Further research is needed at the national level to evaluate trends in healthcare utilization and rates of treatment for urinary incontinence in men in light of the newly increased access to care afforded by Medicaid expansion in multiple states.

References

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3. Lagro-Janssen, T.A., Hilken, C.J., Klaasen, R.I., & Tenunissen, D. (2008). Greater emotional and social effect of urinary incontinence in men than women. *J Am Geriatr Soc*, 56(9), 1779 – 81.

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