



## Did People with Disabilities Increase their Use of Annual Wellness Visits After the Implementation of the ACA?

In 2010, the Patient Protection and Affordable Care Act (ACA) was passed. The law established that individuals with health insurance could access an **annual wellness visit (AWV)** at no cost to them. Researchers from the **Investigating Disability factors and promoting Environmental Access for healthy Living Rehabilitation Research and Training Center (IDEAL RRTC)** analyzed the utilization of AWV by **individuals with disabilities**.

This population is significant because individuals with disabilities tend to have an **increased need for preventive care** compared to the general population. The study focused on individuals with a diagnosis of **cerebral palsy, spina bifida, multiple sclerosis, spinal cord injury, quadriplegia, hemiplegia, or paraplegia**.

### Challenges

Before the ACA was enacted, **use of AWVs was in decline**. According to the study data, ACA implementation did coincide with an **increase in wellness visits**. Visits increased to similar rates if the data are grouped in some ways, such as **for all acquired and congenital disabilities**. However, **health disparities** in the use of annual wellness visits remain.

Use of AWV for White women with congenital disabilities and commercial insurance was **more than twice that of Black/Hispanic males** with commercial insurance and acquired disabilities. Furthermore, even the disabled population with the highest use of AWVs still **utilized them 15% less often than the general population**.

### Why?

The authors were not able to determine the exact reason behind the disparities highlighted by the data. They theorized that the use of wellness visits could be affected by the local **social determinants of health** experienced by each population. Social determinants of health are conditions, such as **economic stability** and **health care access and quality**, in a person's environment that affect a wide range of health outcomes and risk factors for disease.

Adults with disabilities are

**3x**  
**MORE LIKELY**

to have **unmet health care needs** compared to people without disabilities

### *What is an Annual Wellness Visit (AWV)?*

AWVs examine a person's overall health. Some reports have shown that the use of AWVs increases the likelihood of having more thorough preventive screenings or tests, such as cancer tests, depression tests, and cardiovascular tests.





## Call To Action

- National medical organizations should consider formulating specific preventive care and screening recommendations for individuals with disabilities
- Additional research should be conducted to verify whether these results are verifiable across the United States

## SNAPSHOT INTO THE RESEARCH

Annual Wellness Visits for Persons With Physical Disabilities Before and After ACA Implementation. *The Annals of Family Medicine*. (2021). DOI: 10.1370/afm.2712 PMID: 34518196 PMCID: PMC8575518. Tanima Basu, Neil Kamdar, et al.



### Goal of the Study

To measure changes in the use of Annual Wellness Visits (AWV) throughout the ACA implementation time frame (2008-2016) for adults with congenital or acquired physical disabilities who have either Medicare Advantage (MA) or commercial (COM) insurance.

### Findings

The study found significant differences in the use of wellness visits both before and after ACA implementation.

- **By Insurance:** in 2008, before the ACA, AWV use among MA members was 11.4%. For COM members, it was 31.3%. After full ACA implementation in 2016, AWV use among MA

members increased to 31.0%, but still remained significantly less than that for COM members, which, eventually, reached 38.0%.

- **By Sex:** before the ACA, initial AWV use among men stood at 11.4%, which was approximately one-third that among women (33.0%). By 2016, even though men significantly increased their use AWV (28.5%), it was still significantly less than women's (36.8%).
- **By Race:** Black and Hispanic patients had the lowest AWV use prior to the ACA, which was calculated as 19.6% and 21.7%, respectively. White patients' use of AWV was 26.1%. In 2016, use of AWV increased for all groups (Black: 30.1%, Hispanic: 30.1%, White 34.3%).

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