

编号: YY003-20190930001

**标题: Penalty system for free prescription claims must be “more humane,” say MPs**

简介: Penalty system for free prescription claims must be “more humane,” say MPs

全文链接: <https://www.bmj.com/content/366/bmj.l5660>

编号: YY003-20190930002

**标题: The Effect of Public Insurance Expansions on Substance Use Disorder Treatment: Evidence from the Affordable Care Act**

简介: Abstract We examine the effect of Medicaid expansion under the Affordable Care Act (ACA) on substance use disorder (SUD) treatment utilization and financing. We combine data on admissions to specialty facilities and Medicaid-reimbursed prescriptions for medications commonly used to treat SUDs in nonspecialty outpatient settings with an event-study design. Several findings emerge from our study. First, among patients receiving specialty care, Medicaid coverage and payments increased. Second, the share of patients who were uninsured and who had treatment paid for by state and local government payments declined. Third, private insurance coverage and payments increased. Fourth, expansion also increased prescriptions for SUD medications reimbursed by Medicaid. Fifth, we find suggestive evidence that admissions to specialty treatment may have increased one or more years post-expansion. However, this finding is sensitive to specification and we observe differential pretrends between the treatment and comparison groups. Thus, our finding for admissions should be interpreted with caution.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=44844](http://pan.ckcest.cn/rcservice//doc?doc_id=44844)

编号: YY003-20190930003

**标题: Association of Federal Mental Health Parity Legislation With Health Care Use and Spending Among High Utilizers of Services**

简介: Background: Decades-long efforts to require parity between behavioral and physical health insurance coverage culminated in the comprehensive federal Mental Health Parity and Addiction Equity Act.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=44842](http://pan.ckcest.cn/rcservice//doc?doc_id=44842)

编号: YY003-20190930004

**标题: Impact of Medicaid Policy on the Oral Health of Publicly Insured Children**

简介: Objective Fluoride varnish (FV) applications among non-dentist primary care providers has increased due to state Medicaid policies. In this study we examine the impact of FV policies on the oral health of publicly insured children aged 2-6years old. Methods Using three waves of the National Survey of Children's Health (2003, 2007, 2011/12), we used a logistic regression model with state and year fixed effects, adjusting for relevant child characteristics, to examine the association between years since a state implemented a FV policy and the odds of a publicly insured child having very good or excellent teeth. We compared children with public insurance in states with FV policies to children with public insurance in states without FV policies, controlling for the same difference among

children with private insurance who were unlikely to be affected by Medicaid FV policies. Results Among 68,890 children aged 2–6 years, 38% had public insurance. Compared to privately insured children, publicly insured children had significantly lower odds of having very good or excellent teeth [odds ratio (OR) 0.70, 95% CI 0.62–0.81]. Publicly insured children in states with FV policies implemented for four or more years had significantly greater odds of having very good or excellent teeth (OR 1.28, 95% CI 1.03–1.60) compared to publicly insured children in states without FV policies. Conclusions for Practice State policies supporting non-dental primary care providers application of FV were associated with improvements in oral health for young children with public insurance.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=44846](http://pan.ckcest.cn/rcservice//doc?doc_id=44846)

编号: **YY003-201909305**

**标题: Association between patient attachment to a regular doctor and self-perceived unmet health care needs in Canada: A population-based analysis of the 2013 to 2014 Canadian community health surveys**

**简介:** Summary Background Although Canada operates a universal health care insurance system, equitable access to required health care services when needed still poses a challenge for some. The aim of this study was to examine the relationship between patient attachment to a family physician and self-perceived unmet health care needs (UHN) in Canada, after adjusting for predisposing, enabling, and need factors of the behavioral model of health services use. Methods This cross-sectional study used data from the Canadian Community Health Surveys, cycle 2013 to 2014. A sample of 58,462 individuals aged 12 years and over was analyzed. Logistic regression models were used to examine the relationship between patient attachment and self-perceived UHN. Results An estimated 10.41% of the Canadian population 12 years and older reported having UHN in the previous year. Among people with self-perceived UHN, there was significantly greater likelihood of unattachment to a family physician—no regular doctor or having a regular site of care, being younger, being female, being divorced, separated or widowed, having higher education, having lower income, having poorer perceived physical or mental health, having a weak sense of community belonging, having at least one chronic condition, and having greater activity limitations. Conclusion Ongoing public discourses on improving primary health care performance and reducing the burden of UHN in Canada should prioritize efforts that promote and facilitate the use of a regular family physician.

全文链接: [http://pan.ckcest.cn/rcservice//doc?doc\\_id=44843](http://pan.ckcest.cn/rcservice//doc?doc_id=44843)