



Prevalence of preexisting conditions among community health center patients with COVID-19: implications for the Patient Protection and Affordable Care Act

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Abstract

Background: Short- and long-term effects of COVID-19 will likely be designated preexisting conditions. We describe the prevalence of preexisting conditions among CHC patients overall, and those with COVID-19 by race/ethnicity.

Materials and methods: This cross-sectional study used electronic health record (EHR) data from OCHIN, a network of 396 community health centers across 14 states.

Results: Among all patients with COVID-19, 33% did not have a preexisting condition prior to the pandemic. Up to half of COVID-19-positive non-Hispanic Asians (51%), Hispanic (36%), and non-Hispanic Black (28%) patients did not have a preexisting condition prior to the pandemic.

Conclusions: The future of the ACA is uncertain and the long-term health effects of COVID-19 are largely unknown, therefore ensuring people with preexisting conditions can acquire health insurance is essential to achieving health equity.



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Introduction

Preexisting conditions are health conditions an individual has prior to health insurance enrollment.¹ The Patient and Protection and Affordable Care Act (ACA) prohibits health insurance companies from denying coverage or charging higher premiums to patients with preexisting conditions.² It is unclear if this provision will be upheld² as the ACA continues to face the possibility of being dismantled. In March 2020, severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), which cause COVID-19 started spreading across the United States (US). As of November 2020, the US reported >12 million cases.³ COVID-19 is associated with short- and long-term effects, therefore it will likely fit the definition of a preexisting condition.⁴ Some populations, such as medically underserved and racial/ethnic minorities, are at increased risk for COVID-19.⁵ Many of the populations at increased risk receive care in community health centers (CHCs), which serve 29 million US patients.⁶ We describe the prevalence of preexisting conditions among CHC patients overall and among those with COVID-19 by race/ethnicity.

Methods

This cross-sectional study used electronic health record (EHR) data from OCHIN, a



network of 396 CHCs across 14 states. We assessed active patients aged 19-64 with ≥ 1 in-person visit between 1/1/2019-2/29/2020 (termed overall), and those with COVID-19 defined as patients with ≥ 1 positive test result or diagnosis code between 3/1/2020-10/10/2020. The outcome of interest was any preexisting condition as of 02/29/2020. Preexisting conditions¹ were based on a modified version of the Kaiser Family Foundation (KFF) list of common “declinable medical conditions” maintained by more than half of insurers (see Table 1) and were identified by International Classification of Diseases, Ninth or Tenth Revision (ICD-9/10) codes. We conducted descriptive statistics to estimate the prevalence of preexisting conditions overall, and among those with COVID-19 by race/ethnicity (Hispanic, non-Hispanic white, non-Hispanic black, non-Hispanic Asian, non-Hispanic other, and unknown). This study was approved by our Institutional Review Board.

Results

Among 784,332 adult CHC patients, 61% had at least one preexisting condition as of 02/29/2020. A greater percentage of non-Hispanic white patients had a preexisting condition compared to patients of other racial/ethnic categories (Table 1). Among patients with COVID-19 (N=7,532), 33% did not have a preexisting condition at the time of infection and we observed variability between race/ethnicity groups. Specifically, among patients with COVID-19, 51% non-Hispanic Asian, 36% Hispanic, and 28% non-Hispanic black did not have a preexisting condition.



Discussion

One in three CHC patients with COVID-19 did not have a preexisting condition prior to March 2020. We found a greater percentage of non-Hispanic Asian, Hispanic, and non-Hispanic black patients with COVID-19 had no prior preexisting conditions. Non-Hispanic Asian, Hispanic, and non-Hispanic black adults are facing the largest increases in unemployment,⁷ which also puts them at increased risk for losing employer-sponsored health insurance. Our findings highlight that minority patients would be most impacted if the ACA mandate differentiating coverage on the basis of preexisting conditions was altered or revoked and COVID-19 was designated a preexisting condition. Dismantling other provisions of the ACA (such as Medicaid expansion) could also lead to reduced access to health insurance and chronic disease management. These reductions will likely be worse for minority patients, especially those suffering from long-term COVID-19 effects. While 55% of all CHC patients had at least one preexisting condition prior to March 2020, nearly 65% of patients with COVID-19 had prior preexisting conditions supporting reports that patients with existing health problems are at increased risk for COVID-19.⁸ Our numbers could be underestimated as some patients may have undocumented chronic conditions or may have received a positive result for COVID-19 outside the OCHIN network. Although the future of the ACA is uncertain,² it is clear that ensuring protection for patients with preexisting conditions is essential to achieving health equity.



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Table 1. Prevalence of one or more preexisting conditions among community health center patients aged 19-64 and among those positive for COVID-19 by race/ethnicity.

	Patients with a visit between 1/1/2019-2/29/2020		Patients with COVID-19 (03/01/2020- 10/10/2020) ^b		
	No. patients	% patients <i>with</i> preexisting conditions ^a by 2/29/2020	No. patients	% patients <i>with</i> preexisting conditions ^a by 10/10/2020	% patients <i>without</i> preexisting conditions ^a by 10/10/2020
All patients	784,332	61%	7,532	67%	33%
Hispanic	248,942	55%	4,391	64%	36%
Non-Hispanic Asian	30,684	44%	244	49%	51%
Non-Hispanic Black	138,875	60%	1,474	72%	28%
Non-Hispanic Other	13,466	68%	72	79%	21%
Non-Hispanic White	285,175	71%	1,004	78%	22%
Unknown	67,190	55%	347	63%	37%

^aPreexisting conditions include HIV/AIDS; lupus; alcohol and drug abuse (excludes tobacco use); mental disorders (eg, depression, bipolar disorder); Alzheimer's/dementia; multiple sclerosis; rheumatoid arthritis, fibromyalgia, and other inflammatory joint disease; muscular dystrophy; cancer other than skin; severe obesity; cerebral palsy; congestive heart failure; paraplegia and paralysis; coronary artery disease; Crohn's disease and ulcerative colitis; Parkinson's disease; chronic obstructive pulmonary disease, emphysema, and asthma; diabetes mellitus; pneumocystic pneumonia; epilepsy; hemophilia; sleep apnea; hepatitis; stroke; and kidney disease/renal failure. Preexisting conditions identified among patient with an in-person office visit between 1/1/2019-2/29/2020.

^bPatients with COVID-19 are those with a positive laboratory result in their EHR record or a COVID-19 diagnosis code.



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