The ED Appeal

Why Do Medicaid Enrollees Use Emergency Room Services?

Safety Net Advisory Committee (SNAC) Lab

November 17, 2016

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CHI SNAC LABS 2016

Objectives

- Leverage our collective focus on vulnerable populations
- Provide a forum for opportunities and lessons learned
- Share the latest strategies for using data to measure effectiveness
- Synthesize input from the group and develop a shared body of knowledge

Introductions and Agenda

Election Debriefing and Looking Ahead

What Are Your Most Pressing Questions?

New Insights into Emergency Room Use Among Medicaid Enrollees in Colorado

Anne Libby, PhD, University of CO School of Medicine

Jennifer Reich, PhD, University of CO-Denver

Facilitated Discussion and Adjourn

Election Reflection

Rules We Are Living By at CHI

- Do not prognosticate – it's not worth it.
- Continue with keen observation.
- Hold a steady course until we know more.
- Plan for a different future.
- Have patience above all else.

What's On Your Mind?

What are your biggest questions as you look ahead to 2017?

How can CHI help?

ED Use in Colorado 101

ED Use 101:

Colorado: Where We Stand

Tenth Best in 2013

356 visits

per 1,000 people

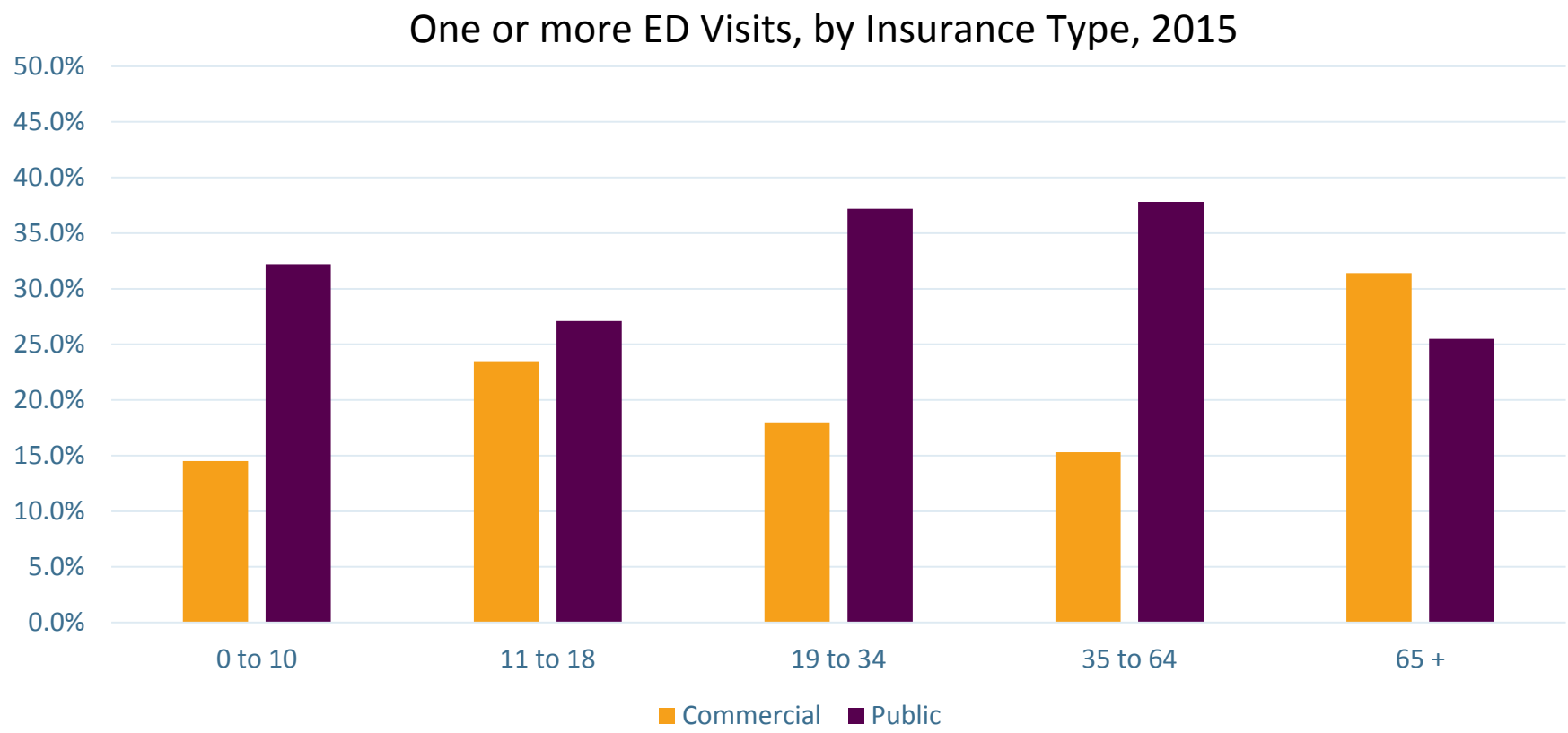
423 visits

per 1,000 people

Source: American Hospital Association, 2013

ED Use 101:

Who Uses the ED: Age

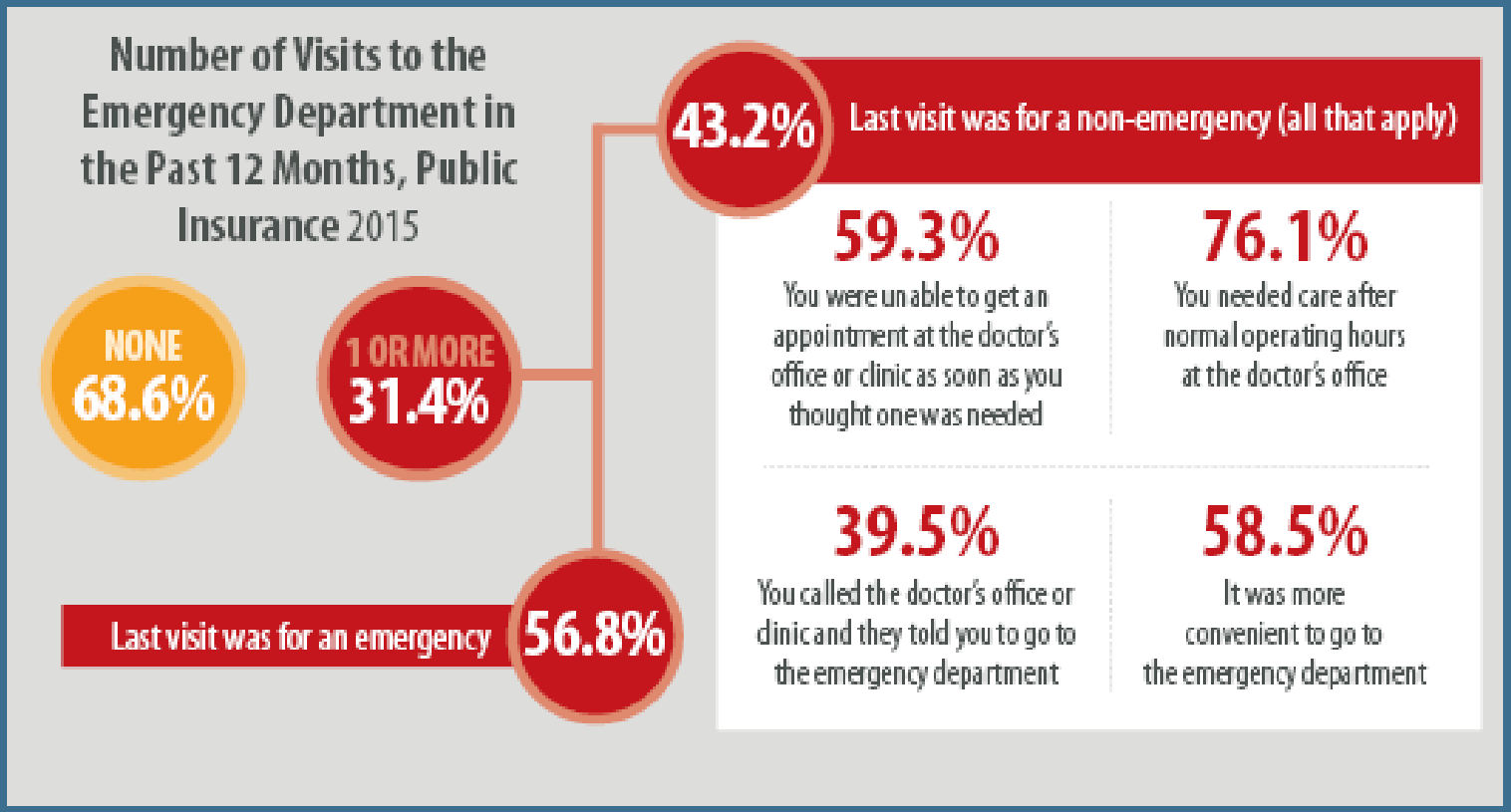


Source: 2015 Colorado Health Access Survey

ED Use 101:

Why Coloradans Use the ED

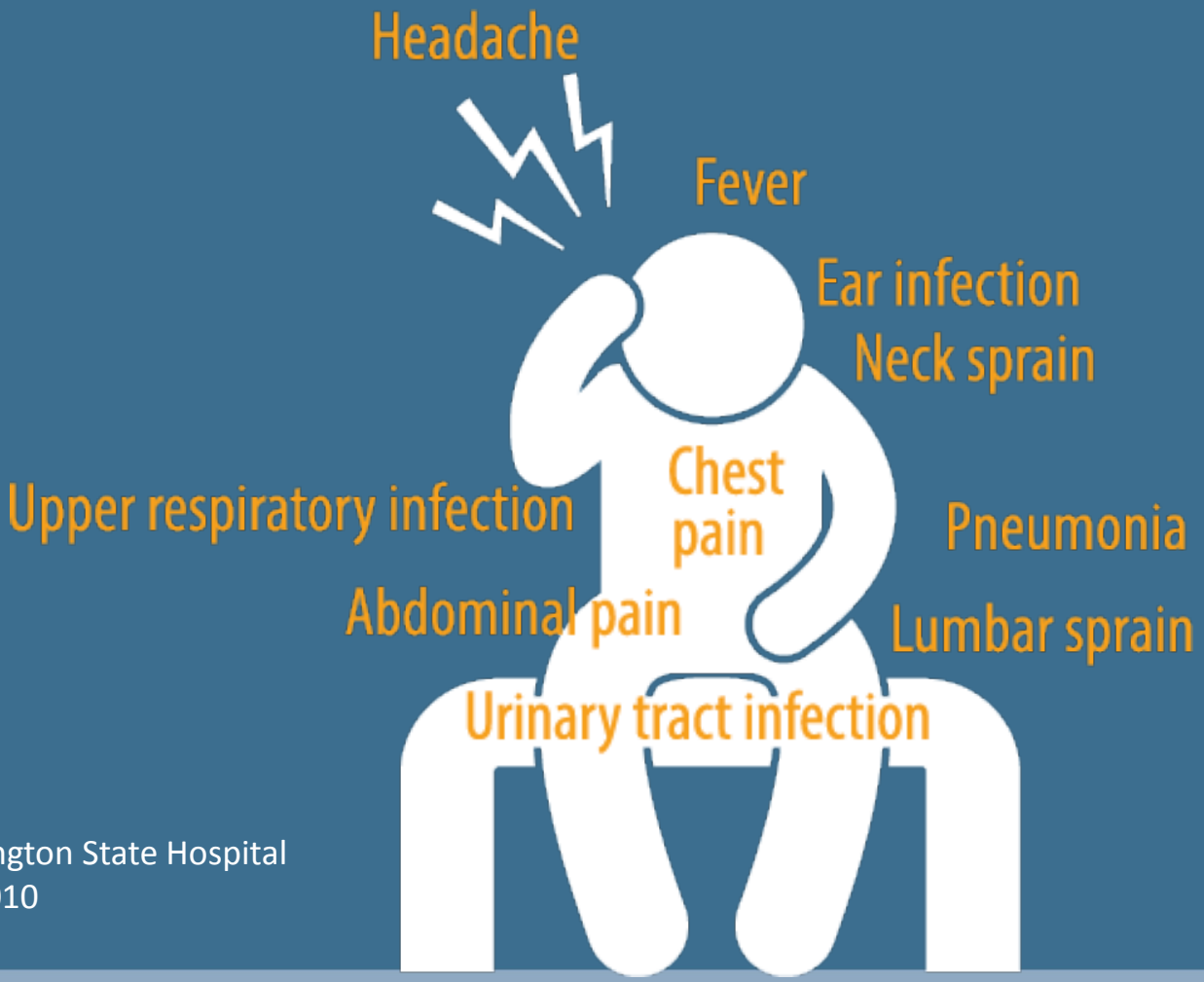
Public Insurance



Source: 2015 Colorado Health Access Survey

ED Use 101:

Most Common Conditions



Source: Washington State Hospital Association, 2010

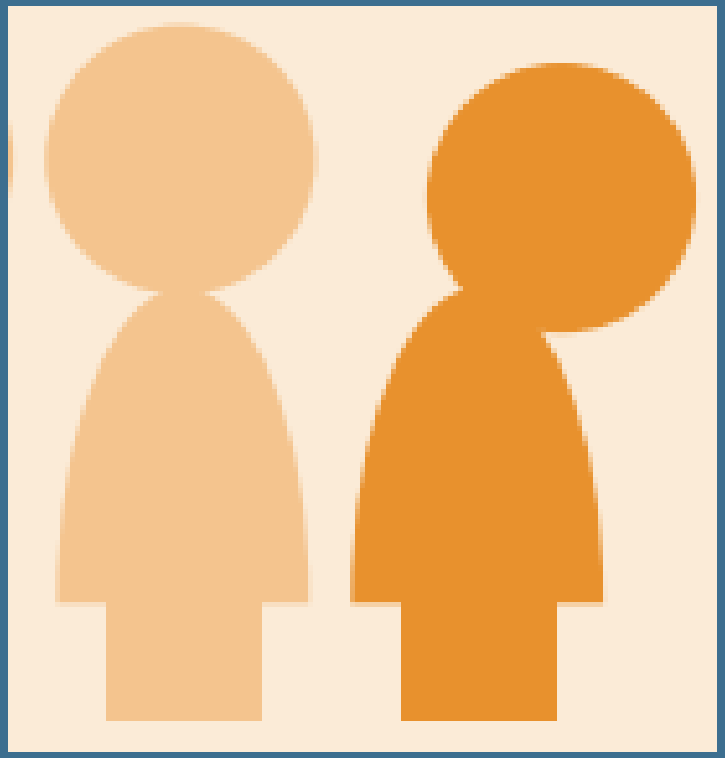
ED Use 101:

Mental Health

Good Mental Health

18.7%

Visited the ED



Poor Mental Health

41.6%

Visited the ED

Source: 2015 Colorado Health Access Survey

New Insights into ED Use among Medicaid Enrollees in CO

Optimizing Patient Value:
Consumer Focused Trends from the Field Program

Rationally Choosing the Emergency Department over Primary Care for Non-Urgent Conditions: Valuing Consumer Benefits

Anne Libby, PhD
Jennifer Reich, PhD
Roberta Capp, MD

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Study Advisory Team

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This project is funded as part of the Robert Wood Johnson Foundation's solicitation "Optimizing Value in Health Care: Consumer-focused Trends from the Field," which supports studies that address consumer perceptions of value in the new and emerging health care landscape.

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Paradigm Shift: Consumer Perceptions of Value?

- Emergency Department (ED) use higher than desired
  - ↑ health care costs, ↓ quality (ED crowding)
  - Known: Primary care barriers increase ED use
  - Unknown: Primary care barriers reduced by *medical homes?*
- Consumer calculus: ED choice and constraints
  - Perspective of Health plan: continuum of distinct, defined services for prevention, chronic care, acute care
  - GAP: Perspective of Medicaid consumer on health care value

Consumer Perceptions of Value

(1) Costs to the patient
- Direct medical, direct non-medical, indirect, intangible

(2) Value of health services
- Opportunity cost of time

(3) Quality of care
- Trust, adherence/compliance to treatment plan

(4) Socio-cultural perceptions of care
- Autonomy, government and hospital role, illness/wellness, medical model

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Def. Discharge from UCH ED intake = "Primary care treatable"

Mixed Qualitative, Quantitative Methods

- In-depth interviews: Advisory Team input (Reich)
  - 4 pre-doctoral students, 30-60 minutes, $30 incentive, transcribed, age/race/gender recruitment blocks, ***n=103***
- Point-of-care survey: Student Hotspotters (Capp)
  - June-September, 7 days/7am-1am, 2 tablets, entry into drawing for $100 gift card, 9-17 minutes (avg. 12 min.)
  - Consented n=3694 ***(98%)***
  - ***Medicaid enrolled in last year n=1801***

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Myth: Patients Don't Engage in Primary Care

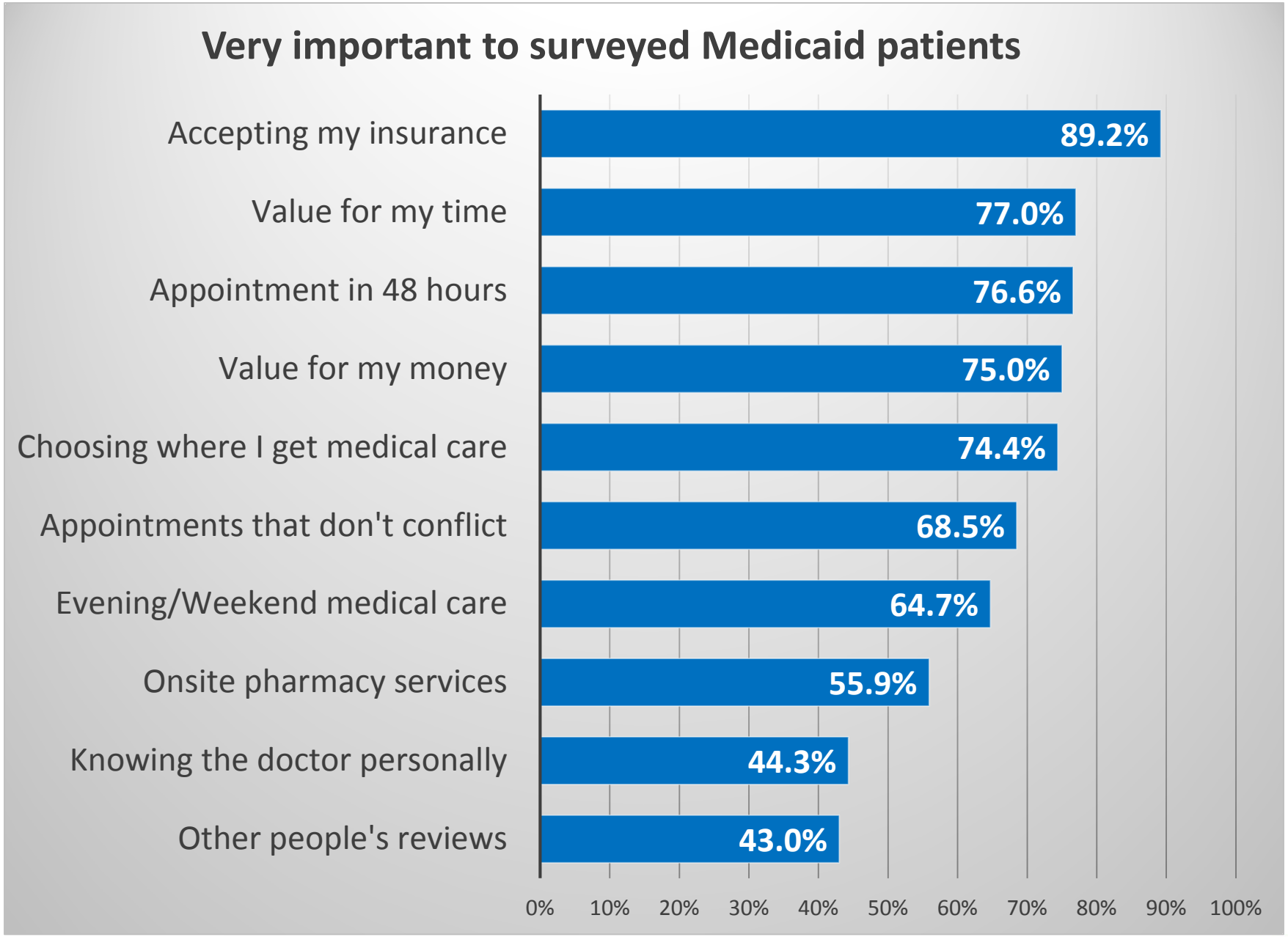
- Access: Primary care engagement
  - 60% 1+ regular sources of care
  - 73% saw regular doctor in past 6 months
- If given an appointment today at regular doctor instead of ED would accept: 66%
- Came to ED for Rx refill: 8%

Myth: Primary Care Meets Consumer Needs

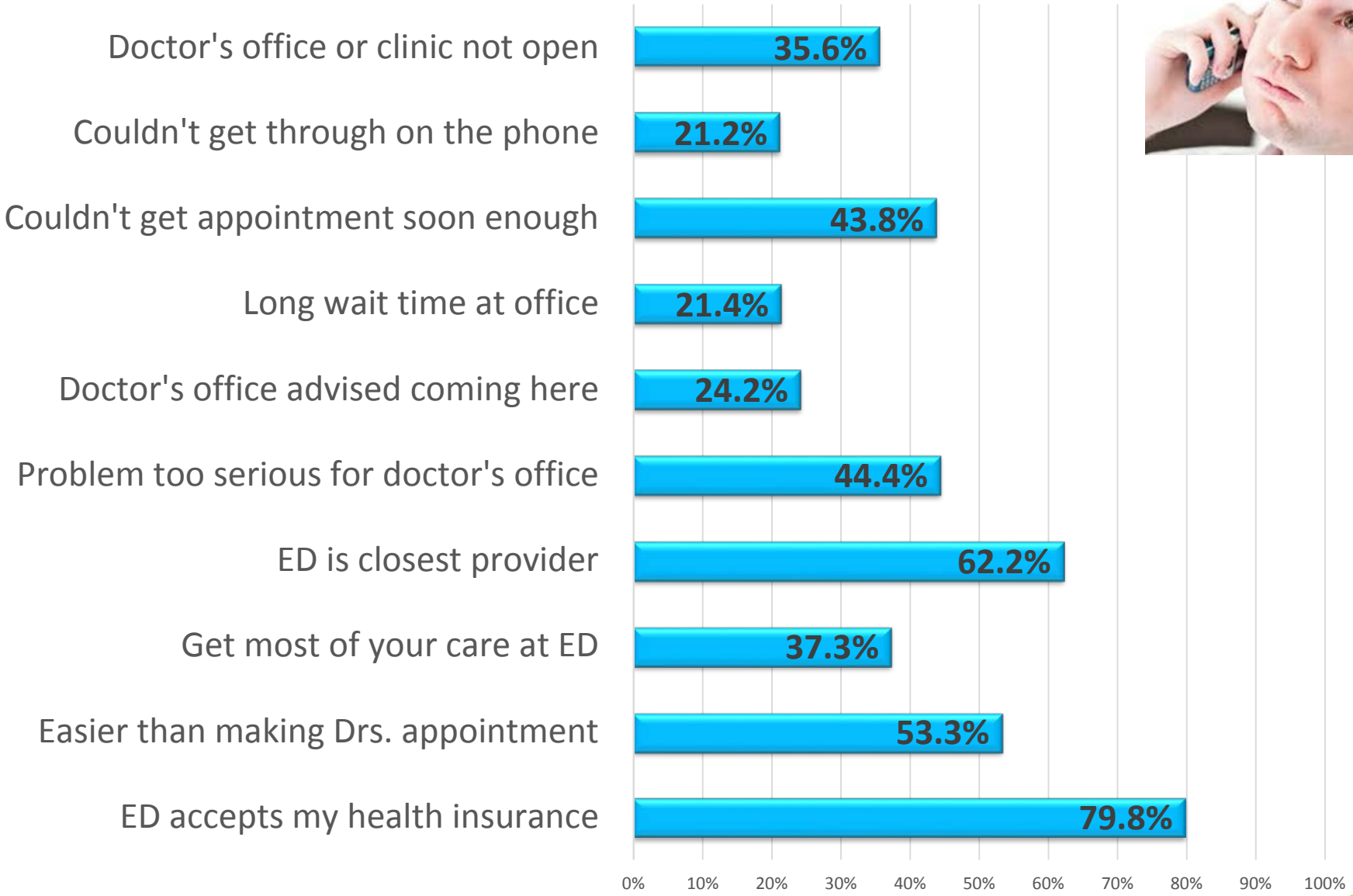
- Got ED care on evenings or weekends:
  - 39% M-F business hours
  - 17% M-F evenings
  - 44% weekend
  - Evening/weekend medical care very important: 65%
- ED travel time less than 30 minutes: 81%

Myth: ED Use More Expensive than Primary Care to Patients

- ED direct costs low, similar to primary care
  - 88% Less than $5 out-of-pocket ED visit costs
  - 89% Less than $5 prescription costs
  - 85% Less than $5 transportation costs (90% car, bus)
  - 80% Less than $5 child care (24% patients)
- Missed work/school to go to ED: 30%
- If not in ED at work for pay: 36%, at home: 47%



Applied to ED Visit today (Yes)



ED Better:

- Costs less 24%
- Convenience 52%
- Provider trust 28%
- Staff friendliness 28%
- Treated with respect 30%
- Understand what to do 30%

Doctor Better:

- Costs less 30%
- Convenience 20%
- Provider trust 27%
- Staff friendliness 16%
- Treated with respect 15%
- Understand what to do 17%

When choosing where to get medical care, which is better?

30-58% ED & Doctor's office about the same

Medicaid Expansion

- Makes health care more affordable: 85%
- Very worried: ability to pay medical bills: 37%
- Times in ED in past year (not today)
  - 30% never, 56% 1-3 times, 15% 4+ times
- Past year, told by office/clinic they would not accept you as new patient: 17%
  - Of these, not accepting Medicaid patients: 78%

UCH ED High Value Care to Patients

- Value to "rational" consumers
  - Patient financial, time costs low
  - Patient convenience, choice, quality of care high
- Knowledge, attitudes, beliefs re: health care
  - Know primary care, experienced interactions with health system/Medicaid, follow recommendations, consider severity, empowered with Medicaid benefit

Study Limitations

- Medicaid Expansion state
- UCH ED Unique: “Front end split-flow model” pre-post (Q3-4 2012 vs. Q3-4 2013) *Wiler et al. JCJQPS 2016*
  - Walk-in ED Length of Stay 140 minutes (from 220)
  - Door-to-physician time 12 minutes (from 54)
  - Left without seen/before complete none (from 7%)
- Data collection from patients after single ED visit, queried on *hypothetical* primary care alternative visit

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Next Steps

- Patient subpopulations: Latent class analysis
- Research Next Steps?
  - Replicate from Primary Care Medical Home
- Policy Next Steps?
  - Increase network of Medicaid providers
  - Incentivize innovations for convenient care
- Your thoughts, ideas, insights…

Thank you!

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Facilitated Discussion

Discussion Questions

- What surprised you?
- Do these findings align with your experience?
- What other analyses are needed?

Stayed Tuned for the 2017 SNAC Lab Schedule

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