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POSTER PRESENTATION

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A Feasibility and Acceptability Study: Enrollment of Medicaid Frequent ED Users in a Navigation Program to Decrease Barriers to Outpatient Care

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Background: Patients with Medicaid are at high risk for frequent Emergency Department (ED) use due to poor access for outpatient care. A Patient Navigation Program (PNP) aimed at decreasing barriers may improve access to outpatient care and decrease ED visits.

Objective: To assess the feasibility and acceptability of implementing a PNP for frequent ED users.

Methods: A RCT, developed through a community-academic partnership, comparing PNP versus standard of care for frequent ED users. Patients with 4-18 visits/year to two local EDs; ages 21-62 years; Medicaid insurance; residence in a greater urban area; and <50% of visits related to mental health or substance abuse were eligible. Study staff screened patients in the ED ~20 hours/week from 3/13-11/13 and ED providers were able to submit referrals. Patients randomized to PNP were established with a primary care provider (PCP) if they did not have one. Once enrolled, a Navigator scheduled and attended an ED follow up appointment with the patient's PCP and performed routine follow up to meet the patient's needs for 12 months (e.g., housing applications, insurance renewal, transportation, appointment reminders). A multidisciplinary team met on a weekly basis to review every patient enrolled and provide guidance to the Navigators. Logistic regression analysis was done to determine the association of key variables with program enrollment.

Results: A total of 190 patients were eligible for the study and two (1.1%) were referred by ED providers. A total of 180 (94.8%) were approached: the mean age was 40 years; mean number of ED visits in the past year was 7, and 157 (82.6%) identified a PCP. A total of 83 (46.1%) patients agreed to enroll in the program; these patients were more likely to identify a PCP (OR 3.37; 95% CI 1.37-8.34) compared with those who declined. The number of ED visits in the previous year was not associated with agreeing to enroll (OR 1.02; 95% CI 0.93-1.11; ref group=declined to enroll). Of those who declined, 55 (56.7%) were "not interested" or "refused", while others provided reasons for refusal (i.e., "We will still be coming to the ED a lot anyways," "I don't need help with my medical care," and "I don't want people in my business").

Conclusion: Medicaid enrolled frequent ED users are more likely to agree to participate in a PNP if they identify a primary care provider. Further investigation to understand patient choices and how to better engage patients that report having no PCP relationship is needed.