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PANEL PRESENTATION

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Patient navigation to improve care for Medicaid-insured, frequent Emergency Department users: A community-academic partnership between Yale-New Haven Hospital and Project Access-New Haven

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Research Objective: Medicaid-insured patients often experience barriers to timely primary care and frequent the emergency department (ED) for conditions that could be treated in a primary care setting. Increasing access to primary care may reduce ED overutilization, but more information is needed to inform development of interventions that reduce access barriers and improve primary care engagement. Project Access-New Haven (PA-NH), a community-based nonprofit that increases access to care for underserved patients, and the Yale-New Haven Hospital (YNHH) ED partnered to improve primary care utilization and reduce ED visits for this population through intensive patient navigation (PN). We report early findings describing the intervention, patient characteristics, barriers to care, and primary care engagement.

Study Design: Patients were recruited in the ED from March-December 2013 and randomized to one year of PN or standard of care. PA-NH provided PN services including: connection with a primary care provider (PCP) if needed, appointment scheduling/reminders, accompaniment to a PCP visit, development of a care plan with the PCP, and assistance overcoming access barriers (e.g., transportation coordination). A team of physicians, administrators, researchers, and Patient Navigators met bi-weekly to discuss new and challenging cases, and periodically with ED and Primary Care Center (PCC) leadership to review progress and troubleshoot patient/administrative issues.

Population Studied: Medicaid-insured Greater New Haven, CT residents with 4-18 local ED visits in the previous 12 months, chief complaint and >50% of prior ED visits for non-psychiatric/substance use issues, and no active drug/alcohol abuse/dependence.

Principal Findings: 200 patients were approached, 92 enrolled, and 45 received navigation. Navigated patients were 68% female, 43% Black, 39% Hispanic/Latino; mean age=40yrs. Most had a high school education or less (59%), low health literacy (mean REALM-SF score=5.2), and ≥1 chronic condition (86%) – e.g., hypertension (43%), asthma (43%), diabetes (30%). Social stressors included current/recent homelessness (11%) and food insecurity (57%), common access barriers were transportation (66%) and difficulty getting timely appointments (55%), and 74% endorsed using the ED for convenience. Although 86% had a PCP, 49% “sometimes/never” got appointments as soon as needed and 48% “sometimes/never” had calls returned the same day. With navigation, 93% engaged/re-engaged with a PCP, mean time from enrollment to first PCP visit was 34 days, and the show-rate was 81% (vs. 50% in the PCC). Navigators had an average of 11 patient/provider contacts/attempts from enrollment to first PCP visit and attended 30 PCP visits spending 1.75hrs/visit on average.

Conclusions: Participants had complex health and social needs and several barriers to care. PN improved primary care engagement/show-rates; however, it required numerous contacts and significant staff time. Frequent team meetings and collaboration between PA-NH, the ED, and PCC helped raise awareness of the project, identify solutions to difficult cases, and streamline administrative processes. Ongoing work will assess the impact of PN on ED utilization and patient-reported outcomes.

Implications for Policy or Practice: PN can reduce access barriers and facilitate engagement in primary care for Medicaid-insured, frequent ED users, thus reducing health disparities for this underserved group. Given this population’s complex needs, these services are resource-intensive. PN programs can benefit from collaboration among hospital EDs, PCPs, and community agencies serving underserved populations.