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3 Strategies to Reduce ED Use Among Medicaid Patients

By Norm Ryan

Care coordination, patient engagement, and mobile technologies can go a long way toward reducing inappropriate utilization.

Medicaid beneficiaries have an emergency department (ED) utilization rate almost double the rates of Medicare and uninsured populations and nearly quadruple the rate of people who are privately insured.[a] Yet only 20 percent of these ED visits are true emergencies, according to a national coalition of labor, healthcare, and government organizations known as the Partnership for Medicaid.[b]

With the addition in 2014 of approximately 9.7 million Medicaid enrollees across the 28 states that agreed to expand coverage, payers and providers are looking for solutions to reduce ED visits. Fortunately, several strategies can address the factors driving inappropriate ED utilization.

Factors Driving Increased Use of the ED

The average number of ED visits to hospitals in Medicaid expansion states increased 5.6 percent from the second quarter of 2013 to the second quarter of 2014, compared with a 1.8 percent increase during the same time frame in non-expansion states.[c] The fact that Medicaid ED use appears to have increased with the beginning of Medicaid expansion confirms what many experts have asserted—that unnecessary ED use is not driven only by lack of coverage. The following are some of the other factors driving inappropriate use.

A provider shortage. The nation is facing a dwindling supply of primary care physicians for all patients, from the privately insured to those covered by Medicare or Medicaid. Even prior to the Affordable Care Act, physicians who accepted Medicaid were reporting that they could not afford to take on more Medicaid patients.

Lack of education and support. Medicaid enrollees have become accustomed to

a. "Evaluating Emergency Department Utilization for Researchers using the Centers for Medicare & Medicaid Services Chronic Condition Data Warehouse," The Lewin Group, May 9, 2012.
b. "Reducing Inappropriate Emergency Room Use Among Medicaid Recipients by Linking Them to a Regular Source of Care," Partnership for Medicaid.
c. "National Report: States Expanding Medicaid Continue to Outpace Their Non-Expansion Neighbors in Medicaid Patient Volume and ED Visits," Colorado Hospital Association, Sept. 8, 2014.

relying on the ED for immediate care. Lack of education and counseling about primary care and alternative care options, combined with the low cost of ED care for Medicaid enrollees, provides little incentive to change that habit.

Personal barriers. A number of socioeconomic and psychosocial barriers prevent Medicaid patients from easily accessing health care. A patient might not have a car but live within walking distance of an ED, for example. Higher copayments for specialty care may drive patients to the ED. Some individuals may feel they cannot afford to take time off to visit a primary care physician during regular office hours.

Helping Patients Avoid the ED

The solution for these issues is to create programs that redirect Medicaid patients into primary care before they reach the ED, thereby reducing healthcare costs in two expensive areas of utilization—unnecessary ED visits and resulting hospitalizations.

Steering the Medicaid population away from improper ED use requires dissolving socioeconomic barriers and helping patients take charge of their health. Here are three methods that health plans and providers can implement.

Provide personalized, one-on-one support and guidance. The key to influencing Medicaid patients is to provide access to a care coordinator or primary point of contact. This person could be a nurse case manager if the individual has multiple chronic conditions, a telephonic nurse from a health management program, or a social services professional, depending on the patient's needs.

The care coordinator helps the patient access primary care or find alternative sources of care. This approach could include scheduling an appointment at a community clinic or with a community nurse in the patient's home, or encouraging the patient to visit a nearby urgent care clinic rather than the ED.

The care coordinator works with social services to tap community resources that can help overcome socioeconomic barriers, such as:

- Lack of transportation
- Inability to pay electricity, heating, and grocery bills
- Homelessness and joblessness
- Domestic violence
- Drug and alcohol addiction and mental health issues
- Illiteracy or inability to understand physician discharge or medication instructions
- Language and cultural barriers

To be effective, the care coordinator will need to establish a trusting relationship with the patient. The key is to build a therapeutic alliance with individuals to understand their care needs and coordinate complex logistics during their most vulnerable moments.

Identify and close care gaps. It is easier for health plans and providers to look for care gaps proactively and intervene before issues develop into the kind of high-risk or high-cost events that result in ED visits. Some organizations are implementing "feet on the street" approaches that involve training members of the community to meet at-risk individuals in their communities by visiting them in their homes or meeting with them in settings such as church or through social service organizations.

Programs that offer access to a 24/7 nurse line also can help steer patients toward better health management. By answering questions about prescriptions, symptoms, and health conditions, nurses can educate patients and alleviate concerns that motivate trips to the ED.

Other best practices for closing care gaps among the Medicaid population include:

- Incentives such as gift cards, cash, food stamps, or other sources of financial assistance to help motivate behavior change
- Tailored educational materials at the fourth-grade reading level to help individuals more easily understand relevant health topics and stick to their care plans

Effective messaging also engages physicians by keeping them informed about their patients' progress, medication adherence, and potential risk management issues, as well as care gaps.

Use mobile technologies to keep patients engaged. Even Medicaid patients who lack access to a broadband connection can easily get a smartphone or other mobile phone through national programs such as Safelink. Smartphones are less expensive than computers and can provide a gateway to the Internet and access to healthcare resources. A study by Pew Research Center revealed that 84 percent of adults with annual incomes below $30,000 and 87 percent of adults with no education beyond high school owned cell phones.[d]

Health coaching by phone, online behavior-change programs such as mobile apps, and text messaging can help reach and engage this population to be more accountable for their health care. Mobile engagement includes the following strategies:

- Text messages tailored to drive patients toward a desired action in a short time frame, including information, tips, advice, and preventive reminders

d. "Mobile Technology Fact Sheet," Pew Research Center.

- Mobile apps that are easy to use and that enhance engagement with the care plan
- Online health portals that deliver detailed health and wellness information and incentive program information (synched with a mobile app)
- Interactive voice response messaging to provide healthy tips and encourage compliance with specific health measures

As mobile technologies continue to become more accessible, mobile health coaching and nurse support likely will be vital to guide the behavior of this at-risk population.

Overcoming Barriers Together

Being able to steer the Medicaid population away from overutilization of ED services involves addressing and overcoming socioeconomic barriers that affect an entire population of patients. Health plans and providers that serve Medicaid patients should be able to serve as social workers, counselors, care coordinators, clinicians, health coaches, behavioral strategists, technologists, and innovative thinkers who do more than manage claims and benefits or treat acute illnesses or injuries. By taking on this larger role, payers and providers may help Medicaid patients get the most appropriate care when they need it most.

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