Use of HIT to Increase Primary Care Access in Medicaid Patients

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Summary: Hospital emergency departments (EDs) are often used for non-urgent or routine health services, which can result in considerably higher health care expenditures than services provided in a primary care setting. For patients covered by Medicaid, ED visits as a proportion of all ambulatory care visits are more than double the proportion for those with private insurance. The Patient Protection and Affordable Care Act is projected to increase the number of patients receiving Medicaid coverage by 16 million. Because the biggest users of ED services are people covered by Medicaid, the project team is using education and programs to direct this population to appropriate health care services in an effort to bring their usage of the ED in line with other users.

This research project seeks to develop, implement, and evaluate an Emergency Department-Primary Care Provider (ED-PCP) Connector program to improve access to primary care for Medicaid patients and improve coordination of care across transitions in health care settings. The ED-PCP Connector program is innovative in its use of health information technology (IT) to facilitate and improve patient access to care by scheduling patient followup in real time and providing PCPs with access to patients' medical records through a functional electronic health record (EHR) system that can connect the hospital ED to PCP offices.

In a randomized controlled trial of this intervention, study staff will test whether the program makes a difference in quantitative and qualitative assessments, including measures of ED utilization, assessments of patient satisfaction, and evaluations of physicians' opinions about the program's ability to improve communication between the ED and PCP settings.

All subjects will be surveyed regarding satisfaction with the process. In addition, the team will follow all subjects for primary care and ED use during the study period. There will be three phases to this proposed research: 1) development; 2) implementation; and 3) evaluation.

Specific Aims:

- Develop, implement, and evaluate an ED-PCP Connector program using a health IT-based intervention to reduce ED utilization and increase primary care access for Medicaid patients who do not have a regular source of primary care. **(Ongoing)**
- Improve Medicaid patients' satisfaction with care and improve communications between the ED and PCPs through use of an ED-PCP Connector program. **(Ongoing)**

2011 Activities: The study began in the last quarter of 2011 and the research team focused on start-up activities. During this period, several key steps were developed, including material development and documentation for institutional review board; review of the EHR electronic scheduling system to develop a referral mechanism for patients; development of a study-specific database to track activities and data points of the study; processes to permit study-data collection at the baseline, 6-week, 6-, and 12-month periods; and the adaptation of both the client satisfaction questionnaire and multi-dimensional Health Locus of Control Scales Form A survey.

As last self-reported in the AHRQ Research Reporting System, project progress and activities are completely on track and the project budget is roughly on track.

Preliminary Impact and Findings: This project has no findings to date.

Target Population: Adults, Medicaid

Strategic Goal: Develop and disseminate health IT evidence and evidence-based tools to support patient-centered care, the coordination of care across transitions in care settings, and the use of electronic exchange of health information to improve quality of care.

Business Goal: Implementation and Use
