



# High Utilizer Patients:

Using Case Management in  
Primary Care to Reduce  
Unnecessary Emergency  
Department Visits: Update

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# Case Management In Primary Care

- **Why it is a good idea for high utilizer patients**
  - Primary Care is holistic and focuses on caring for the patient in his/her environment.
  - ED care is intended to be focused and episodic but is often fragmented and expensive.
  - Unfortunately, many patients use a variety of emergency services when primary care services would have been more appropriate.

# High Utilizers in the ED

- **Some reasons why patients select Emergency Service rather Primary Care**
  - Perceived emergency or illness
  - Unreliable transportation
  - Financial barriers
  - Non-compliance with medications or discharge instructions
  - Not established with a medical home or primary care provider
  - Non-clinical health issues (Psycho-social /SDOH)

# High Utilizers in the ED

- **Who are our high utilizer patients?**
  - Patients across the age span
  - Those not established with PCP
  - Vulnerable, high-risk patients with multiple, complex chronic illnesses *plus*
    - alcohol and substance abuse
    - mental health problems
    - chronic pain
    - Underinsured/uninsured/unemployed
    - transient life style or homeless

# Intent of the project

- ***Shift the care of high-utilizer patients from crisis care in the emergency department to holistic primary care.***
- Benefits to the patient:
  - Improved health outcomes through care coordination.
  - Social determinants of health are assessed and managed.
  - Complex chronic illnesses are consistently managed.
  - Preventive health services are consistently available.
  - Understand when it is appropriate to access ED services.

# Study participants

- **The study sample will come from two sources.**
  - Each site will identify 10 clients in their practice with greater than 6 ED visits in past 6 months
  - Also, those who have been identified by Medicaid MCO (**Aetna Better Health WV**) as high utilizer patients.
  - Medicaid MCO claims data will be provided to the PIHN researchers of each patient for cost comparisons - pre and post intervention.

# Inclusion Criteria

- **WV resident insured by WV Medicaid or Medicaid MCO**
- Age 21 to 64 years
- Agrees to participate in the project
- Can read English or is able to comprehend the consent process
- Willing to be a patient at one of 8 participating sites \*
- Agrees to provide reliable contact information to the clinical site and keep that information up to date during the project period. \*\*

# Exclusion Criteria

- **Patient is unable to meet the inclusion criteria by:**
  - Receiving case management services outside of this project
  - Loss of Medicaid benefits
  - Unable to participate in primary care visits for any reason
    - Homebound, long term care resident, other

# Proposed Intervention

## **Comprehensive needs assessment**

- Demographic information and health history
- Medical/physiological needs
- Psychosocial needs
- Support/community resources
  - SDOH (Reliable transportation, housing, food, utilities)
- Informational needs
  - Address knowledge gaps related to health, well-being and appropriate ED use

# Proposed Intervention

## **Individualized care plan development**

- Development of short and long term goals for primary care services
- Track health care visits to PCP, ED and other health care providers and facilities
- Review and compare identified WV Medicaid cost pre and post intervention.

# Intervention tracking

## **Review of pre and post claims data:**

- PIHN staff will obtain charge data from Medicaid MCO for the following charges for 6 months pre and post intervention.
  - ED charges
  - Primary Care charges
  - Hospitalization charges
  - Less than 30 day readmission charges

# Barriers to initial enrollment

- Enrollment in the study has been slow
  - 25% of the participants have been enrolled during the first 3 months of the study
  - Three additional sites have been invited to participate
    - Monroe Community Health Center (Union)
    - Coalfield Health System (Chapmanville)
    - Process Strategies - Primary Care Clinic

# Reasons why some patients have declined

- “Don’t want to be tracked”.
- Don’t want to share personal information.
  - WV Medicaid number
- Don’t really understand the informed consent.
- Prefer using ED services as PCP for convenience
- Believe use of the ED is justified for complex illness
- Moved /changed contact information without notice.
- Prefer financial incentives to participate
  - Gift cards, gas cards, food cards, bus and taxi tickets

# The Good News

- Types of services the study participants have received:
  - Clinical and Medical management
  - Behavioral Health
  - Health Education
  - SDOH: Housing, utilities, food, transportation
  - Referral of legal and judicial counseling
  - Nutrition counseling
  - Pharmacy services

# The Good News

- Care Coordination Services
  - Making appointments and referrals
  - Ordering healthcare supplies and Rx
  - Coordination of ancillary services
  - Follow up referrals for lab and radiology

# The Good News

- Care Management Interventions
  - Office visits
  - Referrals to physician specialists
  - Counseling on home care needs
  - Ordering supplies and Rx
  - Advocacy for individuals and families
  - Follow up on missed appointments or visits
  - Referrals to specialized therapies
  - Referrals to community agencies

## We are...

- Continuing to enroll patients as they reach eligibility requirements.
- Developing a weekly email among the case managers to share ideas, concerns and best practices.
- Amending the IRB Proposal to allow limited gift cards to patients as an incentive to participate.

# Questions and Thoughts

