

March 2023

## Is it really an Emergency? Access to Primary Care for Uninsured Patients

By **Christopher Luna**, *CHCI-AHIP Health Graduate Fellow*

### Executive Summary

Uninsured patients in the United States do not have access to a primary care doctor. Therefore, patients may seek care from the emergency department for non-emergent reasons. Misusage is a problem in the United States because emergency departments are overwhelmed with patients seeking care. Data from the last ten years will be analyzed to determine the gaps in care and what prevents patients from achieving positive health outcomes. One possible solution is implementing a care coordination team to improve health literacy, reduce emergency department visits, connect patients with community resources, and promote the health and well-being of every patient seen.

### Background

During the pandemic, there was an increase in the usage of the emergency department for non-emergency reasons due to the lack of primary care doctors available to see patients (Samra et al. 2019). These are bad practices for patients because the patient will return time and time for non-emergency reasons such as

a medication refill (Kiran et al. 2022). After spending two years in the emergency department during the pandemic, the researcher often wondered why they would repeatedly see the same patients. There is a massive problem in the United States with the misusage of the emergency department. Every day the emergency department sees and treats patients (underserved, undocumented, low-income, and Medicaid/Medicare) for non-emergent reasons (Uí Bhroin et al. 2019). These reasons include not managing chronic conditions, medication refills, minor sickness or injury, and not having a primary care doctor (Vivolo-Kantor et al. 2018). The problem is that many of these patients do not see a doctor frequently, so when they need something, the patient's first option is to go to the emergency department. Going to the emergency department for non-emergent reasons causes medical debt and takes away time from other patients that have an emergency (Uí Bhroin et al. 2019).

Many people in the United States need to learn how to navigate the health system and what is and is not covered by their insurance

(Kiran et al. 2022). Another problem the health system faces is a need for care coordination workers and other non-medical healthcare workers to assist patients with care plans and ensure they have a proper follow-up. Often, people will visit the emergency department and fall through the cracks of the healthcare system, or patients come to the emergency department so often that they are not getting the assistance patients regularly need like they would with a primary care doctor (Samra et al. 2019).

Many people in the United States do not regularly see a primary care doctor. Americans have unmanaged health conditions such as diabetes and high blood pressure (Uí Bhroin et al. 2019). Studies show that patients with chronic health conditions are prevalent in emergency departments across the country (Chiu et al. 2020). Patients will come to the emergency department for non-emergent reasons. One of the most common reasons people misuse the emergency department is for medication refills (Samra et al. 2019). Patients that go to the emergency department frequently

## *“The patient is not to be blamed for the misuse of the emergency department: the hospital plays a vital role in teaching patients health literacy.”*

experience barriers to care and thus do not get the help they need (Uí Bhroin et al. 2019). Going to the emergency department causes care gaps because patients focus on the immediate problem and not getting a long-term solution (Chiu et al. 2020). People can go to the emergency department for any reason and will never be turned away by the hospital (Kiran et al. 2022). According to Aetna, a medical emergency is “a sudden injury or serious illness, that if not treated right away, could cause death or serious harm.” The most common reasons to visit the emergency department in the United States include headaches, foreign objects in the body, skin infections, back pain, cuts, upper respiratory diseases, broken bones, toothaches, abdominal pain, and chest pain (Uí Bhroin et al. 2019).

Many of these conditions are treatable by a primary care doctor, but they are some of the most common reasons to visit the emergency department.

Many Americans, such as underserved communities, undocumented, people of color, and women, do not have a primary care doctor to go to manage their chronic conditions or get medication refills (Chiu et al. 2020). Rather than focusing on preventative measures, patients tend to wait till the last minute to seek medical advice or get an essential medication refill (Vivolo-Kantor et al. 2018). Waiting until the last minute is a contributing factor to the misuse of the emergency department and a reason why many patients have large amounts of medical debt from not being able

to see a doctor regularly. (Samra et al. 2019). The patient is not to be blamed for the misuse of the emergency department; the hospital plays a vital role in teaching patients health literacy. Patients cannot be blamed for seeking help when they have not been exposed to avenues to pursue care. The hospital needs to have a culture of educating patients on where to seek non-emergency medical services (Kiran et al. 2022).

### **Problem Analysis**

One of these barriers is locating a primary care doctor that is in-network with your insurance and accepting patients (Samra et al. 2019). Many patients need timely care, resort to the emergency department, and acquire a large medical bill from their visit. Patients who go to the emergency department are mainly Medicaid patients and have more barriers to care access than private insurance (Chiu et al. 2020). Patients with government-sponsored insurance need help to find a primary care doctor who accepts their insurance and has available appointments (Vivolo-Kantor et al. 2018). The problem is that there need to be more primary care doctors that accept government insurance because the reimbursement is very low (Chiu et al. 2020). Suppose patients need help finding a primary care doctor who accepts their insurance and has no appointments to be seen promptly. In that case, they often seek medical attention from the nearest emergency department (Samra et al. 2019).

The emergency department alone has the highest usage among Americans with Medicaid to access healthcare when faced with a medical issue (Vivolo-Kantor et al. 2018). With high emergency department usage, many barriers are associated with access to primary care doctors by these patients (Samra et al. 2019). Most of these patients that visit the emergency department come for non-emergent reasons that could be handled by a primary care doctor (Kiran et al. 2022).

One study in the state of Oregon found an increase of 50% in outpatient visits and a 40% increase in emergency department visits by new Medicaid patients (Uí Bhroin et al. 2019). Further investigation of how the expansion of Medicaid has affected the country found that the affordable care act made sure that patients were seen more by primary care providers during the first three years (Kiran et al. 2022). Due to the expansion of Medicaid, there was no change in emergency department usage, even with more people insured by Medicaid (Vivolo-Kantor et al. 2018). These numbers remained the same for the emergency department going forward and were not expected due to the increase in Medicaid patients (Chiu et al. 2020). The Affordable Care Act ensured that more patients were covered and could see their primary care doctors at least once a year with Medicaid. The expansion of Medicaid also saw that many of these newly insured patients were also going to the emergency department because they have coverage now. Most of these

*“Patients should have an active role in their health and have a say in what decisions are being made.”*

patients thought that with the coverage, they would also have lower costs at the emergency department.

After the expansion of Medicaid, there was an increase in emergency department visits that led to a decrease in knowledge of what Medicaid coverage earns for patients in every state (Chiu et al. 2020).

Lastly, one of the most important aspects of the quality of patient care is having proper follow-up and ensuring that patients and doctors have a good relationship moving forward with treatment (Samra et al. 2019). Care coordination in the inpatient and outpatient setting is essential for patients needing more assistance with their medical care. With the increase in emergency department visits, there is a need for more care coordinators and social workers to help navigate patients' care after they leave the hospital. It is essential to acknowledge that patients have different levels of trust in the healthcare system; this is where the care coordination team can help increase trust (Vivolo-Kantor et al. 2018). Many patients find that when they trust their doctors, they are more willing to listen to their instructions. After the expansion of Medicaid, there was an increase in hospital emergency department care coordinators to help assist the patients with community resources (Chiu et al. 2020). Many of these case managers play a huge role in setting patients up with primary care follow-ups and ensuring they can refill their medication (Vivolo-Kantor et al. 2018). Care coordination aims to help primary care

doctors with the quality of care, not just medically but trying to assist with other outside factors affecting the patients (Kiran et al. 2022).

### **Conclusion and Recommendations**

Firstly, one of the many solutions is using a care coordination team in the emergency department. The hospital needs to look at raw data to see how successful its services are to patients. Data such as patient readmission rates need to be adequately evaluated to see where the disconnect is. Next, there needs to be another evaluation of what social determinants of health the community might face when accessing care. Connections with barriers to care and emergency department usage can help determine the community's gaps in care (Chiu et al. 2020). Once the hospital study is complete, the next step is to see who might run the program in the emergency department. The ideal situation would be for social workers to take the lead on the role. They would be essential in training and implementing the care coordination team in the emergency department (Uí Bhroin et al. 2019). Social workers are generally well-connected in the community and know how to help patients outside medical services. In the United States, overall, there is a lack of social workers; thus, there is a need for more care coordinators to help fill the gaps (Chiu et al. 2020). They are essential because they can train the care coordinators in a way that social workers are trained. The care coordinators can then assist with the workload of patients the

social workers must see on a typical shift (Kiran et al. 2022). Implementing the care coordination team will lessen the workload of the social workers, and the team will be able to see more patients in the emergency department on any given day (Uí Bhroin et al. 2019).

Patients should have an active role in their health and have a say in what decisions are being made. The care coordination team can only positively affect the hospital and the patients. Health clinics should promote health literacy and learn by showing patients how to navigate our complex health system (Vivolo-Kantor et al. 2018). Patients with excellent health experiences may deliver their learning to other friends and patients. Investing in the health literacy aspect of our patient's experience (Chiu et al. 2020) is essential. When the patient leaves the clinic, the takeaway for the patients is to learn, save money and make the best healthcare decisions possible.

The United States must implement the patient-centered care model in all healthcare institutions (Samra et al. 2019). Change can be created by improving the emergency department's discharge process. Health literacy needs to be taught to patients to improve their health and ensure they seek the right places for care (Chiu et al. 2020). Implementing a care coordination team is essential in improving health literacy, non-emergent emergency department use, and assisting with follow-up (Uí Bhroin et al. 2019). The care coordination team serves as problem solvers

that look at social determinants of health to give patients enough resources to help improve their health. By implementing the care coordination team in the emergency department, delivering a higher quality of care should be the goal (Vivolo-Kantor et al. 2018). Patient-centered model of care will allow patients to have an active role in decision-making for their healthcare services (Uí Bhroin et al. 2019). The healthcare system in the United States can be very complicated and costly when there is no one to help you navigate (Samra et al. 2019). Care coordination is essential in the patient's experience to help patients achieve better positive health outcomes.

Vivolo-Kantor, Alana M, et al. "Vital Signs: Trends in Emergency Department Visits for Suspected Opioid Overdoses - United States, July 2016-September 2017." *MMWR. Morbidity and Mortality Weekly Report*, U.S. National Library of Medicine, 9 Mar. 2018, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5844282/>.

## References

Chiu, Yohann Moanahere, et al. "Persistent Frequent Emergency Department Users with Chronic Conditions: A Population-Based Cohort Study. 2020" *PLOS ONE*, Public Library of Science, <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0229022>.

Kiran, Tara, et al. "Impact of Team-Based Care on Emergency Department Use." *Annals of Family Medicine*, The Annals of Family Medicine, 1 Jan. 2022, <https://www.annfammed.org/content/20/1/24>.

Samra, Shamsheer, et al. "Undocumented Patients in the Emergency Department: Challenges and Opportunities." *The Western Journal of Emergency Medicine*, U.S. National Library of Medicine, 12 Aug. 2019, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6754205/>.

Uí Bhroin, Susan, et al. "Profiling Frequent Attenders at an Inner City Emergency Department - Irish Journal of Medical Science (1971 - )." *SpringerLink*, Springer London, 11 Jan. 2019, <https://link.springer.com/article/10.1007/s11845-019-01964-2>.