May 16th, 1:45 PM

Emergency Department Super-utilizer Program Involvement: Pilot Data and Methods Challenges

Colette Houssan
University of Massachusetts Medical School

Et al.

EMERGENCY DEPARTMENT SUPER-UTILIZER PROGRAM INVOLVEMENT: PILOT DATA AND METHODS CHALLENGES

Colette Houssan, BA, Arlene Ash, PhD, Rachel Davis-Martin, PhD, Laurel Banach, BA, Eric Dickson, MD, Edwin Boudreaux, PhD
Department of Emergency Medicine, University of Massachusetts Medical School

Super-utilizers are patients who use extreme amounts of medical services, often due to comorbid medical, social, and mental health issues. The MyLink Evaluation Project (MEP) studies MyLink, a program that connects super-utilizers with community support workers (CSWs) to improve the patient experience and reduce costs. The MEP-eligible population is ≥18 years old with at least 5 Emergency Department (ED) visits within 12 months and no other exclusions (e.g., language barriers, living out-of-region). During MEP's pilot, among 58 eligible patients, 28 consented to being referred to MyLink and followed up. Of these, 7 could not be located for follow-up, 8 refused enrollment, and the remaining 13 enrolled and "engaged" (had at least 3 face-to-face contacts and developed an initial plan). All 13 enrollees were followed at 6 months vs. 4 of the 8 not enrolled. Consequently, we expect about 50% of eligible patients to consent to the main randomized study, with the vast majority of the MyLink-assigned group becoming engaged and completing follow-up. Achieving this requires identifying patients in real-time at the ED, frequent communications between researchers and CSWs, cultivating rapport during patient referral, enrollment, and follow-up, coordinating with other care management programs serving our patients, and adhering to MEP protocols that are rapidly evolving to address and overcome barriers. Challenges include: increasingly heavy CSW case-loads that decrease "warm" handoffs during the ED visit; problematic patient contact information; and incomplete program and follow-up assessments due to patient withdrawal, relocation, or death. These challenges lead to missing quality-of-life and healthcare utilization data needed for program evaluation. To reduce incomplete assessments, we lengthened time windows and expanded outreach methods (e.g., in-person upon ED revisit, web and medical record searches for updated contact information). We hypothesize that MyLink will improve patient quality-of-life and reduce ED utilization and total costs of care for super-utilizers.

Contact:
Colette Houssan
University of Massachusetts Medical School
Colette.Houssan@umassmed.edu