

Medicaid patients need support to use primary care rather than emergency rooms

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More than half of all Medicaid enrollees prefer the "one-stop shop" of a hospital emergency department to receive care for conditions that could be treated effectively at a primary care clinic, according to an article by a researcher at the University of Colorado School of Medicine on the Anschutz Medical Campus.

The finding exposes a gap in the services provided to Medicaid enrollees. From a patient's perspective, going to the hospital [emergency department](#) may be less expensive because patients can avoid costs of travel and time away from work. At the same time, reliance on the emergency department can add costs to the overall health care system because those patients do not get the ongoing [chronic disease management](#) and preventive care they would get at a primary care clinic.

"From a patient's perspective, having all imaging and laboratory studies done in one place is likely more cost effective than going to a [primary care provider] clinic and having gone elsewhere to get further testing," writes Roberta Capp, assistant professor of emergency medicine at the CU School of Medicine in the journal *Medical Care*.

Capp and her co-authors surveyed 150 Medicaid enrollees, asking them if they preferred to go to their primary care provider's office if an immediate appointment was available or to stay in the emergency department to receive care. More than 50 percent opted to receive care in the [hospital emergency department](#) because of convenience, access to technology and specialty care.

Capp and her co-authors find that the health care system is not patient-centered and in many ways the emergency department is the logical place for Medicaid enrollees to seek health care. The authors suggest health care transformation must happen alongside providing services like community health workers and case managers, based in emergency departments, to help the patients navigate the health care system. "This type of work brings great value to Medicaid," they write, "and potentially the [health care](#) system, as it will likely improve [primary care](#) utilization for chronic disease management and preventive services."

Provided by University of Colorado Denver

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