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Local access to care programs increase trauma patient follow-up compliance

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Local access to care programs;
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Abstract

BACKGROUND: Inadequate follow-up of uninsured trauma patients after discharge remains a major challenge for trauma programs. Local access to care programs (LACPs) have been developed to improve access to health care to the uninsured. We hypothesized that enrollment in LACP would improve postdischarge follow-up of uninsured trauma patients.

METHODS: Study population consisted of 5,830 uninsured trauma patients from 2006 to 2011, treated at a large urban level-I trauma center. Patients with burn injuries, transfers to another acute-care facility, and those who died or who left against medical advice were excluded. Patients who enrolled in our LACP were compared with those who did not to determine the relationship between enrollment in LACP and postdischarge follow-up, while controlling for injury severity, demographics, and discharge disposition.

RESULTS: Patients in LACP were significantly more likely to schedule follow-up appointments after discharge (odds ratio = 1.78; 95% confidence interval, 1.51 to 2.10) and to comply with them (odds ratio = 2.44; 95% confidence interval, 1.98 to 2.99). However, 30-day readmission rates were similar in the 2 groups (1.1% vs 1.9%).

CONCLUSIONS: Enrollment in the LACP was associated with improved postdischarge follow-up but not readmissions.

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Background

Significant improvements have been made in trauma patient management with a focus on prehospital and hospital care. However, trauma patients' continued care after hospital discharge, an important component of comprehensive care, continues to lag behind.[1] The importance of adequate follow-up after discharge from hospital has been well documented; it ensures proper treatment and management of conditions,[2] reduces risk of readmission,[1] and improves short- and long-term outcomes,[3] whereas failure to follow-up contributes to worsening outcomes.[4] To improve posthospital care, the American College of Surgeons Committee on Trauma recommends that trauma centers monitor discharged patients' complications leading to hospital readmission.[5] Transitioning to primary care providers and integrating care between hospital discharge and follow-up has shown to increase

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outpatient follow-up rates.[6] Approaches such as patient-centered medical homes have also been shown to result in reduced emergency room visits,[7] fewer avoidable hospitalizations,[8] improved access to care, and higher patient satisfaction.[9]

This issue is of particular importance for the uninsured patients who experience more difficulty in obtaining outpatient care,[10] are more likely to return to an emergency department within 30 days of hospital discharge,[11] or forego follow-up care altogether.[10,12] Limited access to appropriate follow-up care may impede not only physical rehabilitation after traumatic injury but psychological and social components related to quality of life as well. To address the needs of the uninsured population, local access to care programs (LACPs) have been developed that provide low-cost access to medical care in lieu of insurance.[13] LACPs are not insurance providers but entities with enrollment mechanisms, eligibility requirements, and defined benefits and provider networks administered by local nonprofit agencies. LACPs are designed to facilitate access to health services to the uninsured and underinsured and are characterized by having a formal enrollment process, eligibility requirements, a network of providers, and offering free or reduced health-care services. In 2008, 27 states had existing LACPs, with a total of 47 separate programs.[13] An LACP implemented by Virginia Commonwealth University showed a reduction in emergency department and inpatient costs and use.[14]

The purpose of this study was to determine if our LACP improved follow-up after discharge in trauma patients. We hypothesize that uninsured patients enrolled in the LACP were more likely to follow-up after hospital discharge than uninsured patients who did not enroll in the program.

Methods

Our level-I trauma center is part of a publicly funded integrated network of a large urban hospital (a level-I trauma center) and multiple outpatient facilities (primary care and specialty clinics) that provide comprehensive inpatient and outpatient care to the entire county of 2 million people. The network also offers a local provider-based LACP to low-income uninsured patients treated at our level-I trauma center, including the assignment of a medical home within the network. To qualify, patients must be at or below 300% federal poverty line and either do not qualify for or are rejected by third party payers. Counselors screen all uninsured patients for eligibility and enroll eligible patients in the LACP during their inpatient stay. Patients' medical bills are covered under the LACP 90 days before the date of enrollment, and enrolled patients receive discounts on outpatient medical visits within the network and medications, and are not turned away if they are unable to afford copayments. Patients are required to re-enroll on a yearly basis but may stay in the program as long as they qualify.

We retrospectively reviewed data collected from the trauma registry maintained at an urban level-I trauma center for patients presenting between 2006 and 2011. Inclusion criterion was lack of health insurance. Patients with burns, those who transfer to an acute-care facility, and

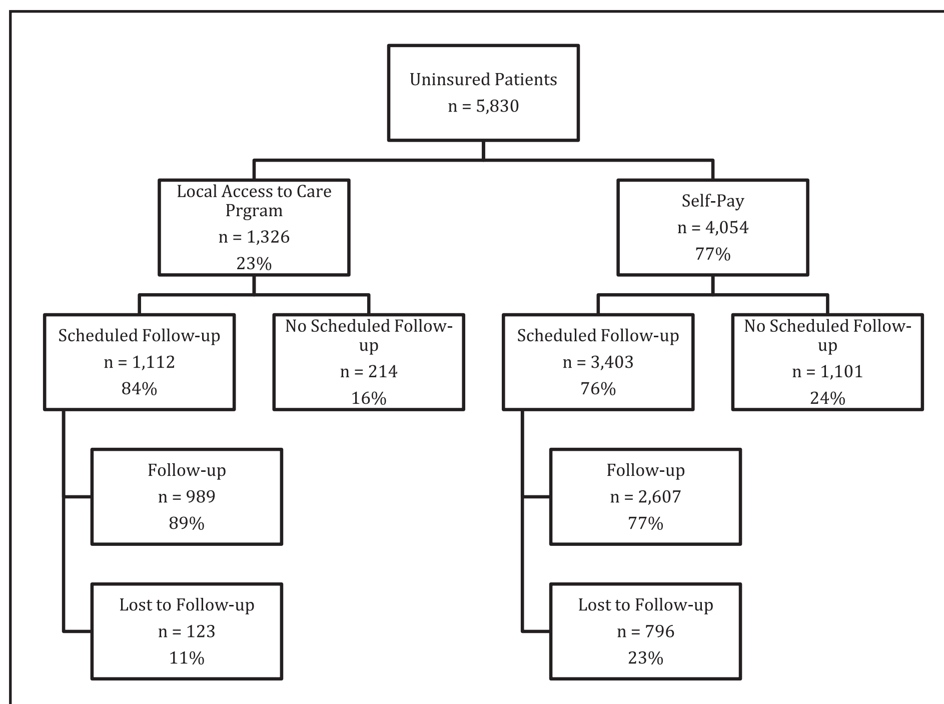

Figure 1 Uninsured patient flow diagram.

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