Wider Circle

Reducing Inappropriate ED Utilization for Medicaid Patients through Addressing Unmet Social Needs

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1.0 Introduction

With the shift to value-based care and other alternative payment models, payers, providers and regulators are paying more attention to the impact that social determinants of health (SDoH) can have on improving a person's wellbeing and lowering healthcare costs.[1] SDoH are defined as the behaviors and conditions in the places where people live, learn, work and play — such as housing, food insecurity, education, transportation and loneliness — that affect a wide range of health and quality of life risks and outcomes.[2]

SDoH are underlying drivers of up to 30–80% of variation in health outcomes,[3] disproportionately affecting the Medicaid population.[4] Working with plans and risk-bearing providers to address SDoH factors in a holistic, scalable fashion can drive better outcomes as well as improve health equity and access to care for lower-income communities.

This whitepaper demonstrates how an innovative vendor partnership model grounded in community-based intervention addresses SDoH for Medicaid patients and one of the fundamental drivers to poor care continuity and cost: Inappropriate and frequent emergency department utilization.

2.0 A Proven Community-Based Approach to Better Outcomes for Hard-to-Access Individuals

Inappropriate utilization of emergency departments is a cost driver equating to 8.3 billion dollars per year[5] and is associated with poorer health outcomes. Overuse of emergency departments is partly driven by unaddressed SDoH needs.[6] For example, patients may be admitted to the ED when their transport doesn't show up after an appointment. Or they may bounce back due to transient housing issues or confusion around current medication and adherence. Overuse is also a symptom of care access issues when an emergency department is the only place patients can go to manage their care due to a lack of engagement with primary care physicians or follow-up with specialists.[7]

$8.3 billion/year

for inappropriate ED utilization

Building and being part of communities structured around shared identity and purpose has been shown to significantly impact SDoH. Wider Circle deploys a live, community-based intervention called Connect for Life® (CFL) to vulnerable and underserved communities on behalf of managed care organizations and healthcare providers. In the CFL program, culturally competent Wider Circle community engagement specialists form and manage small groups of members within a given neighborhood and recruit volunteer ambassadors to motivate their fellow members to take better care of their health and wellbeing.

The goal is to create trusted peer-to-peer social connections to demonstrate the importance of preventative care, address SDoH and barriers to obtaining care and improve care navigation. The peer-to-peer engagement forum maximizes influence by allowing individuals to engage in comfortable ways with credible information sources while becoming more astute consumers of health services in their own local context.

Community Engagement Leads
Facilitate groups and galvanize ambassadors

SDoH
Address SDoH needs through community partnerships

Member Ambassadors
Inform neighbors and motivate them to take better care

3.0 Study Results: Distinct Decreases in Inappropriate ED Utilization for Wider Circle Members Compared to Non-Members

WIDER CIRCLE MEMBERS	CONTROL GROUP
45.7% reduction in inappropriate ED utilization*	**12%** increase in inappropriate ED utilization*

*Inappropriate ED utilization is defined as 3+ admissions before point of contact.

Through retrospective cohort studies, Wider Circle could demonstrably show how they can affect and tackle inappropriate ED utilization. The study evaluated 2,642 Medicaid individuals against criteria for two types of frequent ED utilization groups: Group 1 (N = 83) were those individuals who had more than 3 inappropriate ED admissions in the pre-study period. Group 2 (N = 291) were those individuals who had more than 5 total inappropriate ED admissions on file. To classify an inappropriate (or non-emergent) ED admission, they used the NYU guidelines and definition structure.[8] Cohorts were compared pre-post for 6 months before and 6 months after commencement of the intervention enrollment date. Through carefully matching controls to interventions using a 1:1 propensity match with a 0.25 caliper, the study was able to ensure like-to-like comparison.

A reduction in inappropriate ED use of 45.7% was observed among Group 1 members who were exposed to Wider Circle versus an increase of 12.1% in the control group. For Group 2 individuals, a slight decrease of 0.75% was seen in those who were exposed to Wider Circle versus an increase of 43% in the control group. The results indicate that the Wider Circle program is a promising intervention for decreasing recent patterns of high inappropriate ED utilization and preventing further increases in overall inappropriate ED utilization in the Medicaid population.

4.0 Conclusion

As organizations look to run their Medicaid programs via cohesive managed care models, a community first, tech-enabled care organization like Wider Circle is uniquely positioned to help tackle hard-to-reach Medicaid populations at scale, targeting members with complex social issues and addressing health access and inequity in a trusted, culturally competent setting.

The result? Happier, healthier patients are taking more control of their health and spending less time inappropriately in the ED.

Wider Circle works with health plans nationally to deliver unique hyper-local care programs that connect neighbors for better health. The company's trusted, peer-based delivery network is proven to drive resilience, improve member experience and engagement, and reduce hospitalizations.

Today, Wider Circle offers its innovative in-person and virtual programs to more than 320 communities nationwide.

To learn more, contact:

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