

Project Access Case Management Program
Executive Summary
February - August 2003

1

The following document describes Community Case Management (CCM) client demographics for the fourth reporting period, March 2003 through August 2003, and overall demographic and utilization patterns and comparisons for all clients enrolled since December 2001.

- CCM clients are predominantly low-income, white, single females. Less than 50% of CCM clients represent racial minorities, however within the past year the percentage of minority children has increased to nearly 45% of those enrolled.
- The majority of CCM clients have been uninsured for greater than 1 year, 17.0% reported being uninsured less than 1 year, 22.7% for one to five years, 8.8% for more than five years, 7.2% reported never being insured. Changing the health care seeking behaviors of long-term uninsured will likely require greater time and resources than those more recently uninsured.
- The number of enrolled clients has increased with each six month evaluation period, 111, 117, 215 and 227, respectively. Overall enrollment rate is 21.1%. Uninsured adults are invited to participate after three ED visits whereas uninsured children are now approached after their first ED visit.
- The Case Management program appears to be effective in reducing ED visits for non-urgent health problems, and in achieving cost savings for the medical centers. The difference between total numbers of visits pre versus post intervention was 2,040, multiplied by the estimated charge per patient for ED services of \$760. The charge avoidance achieved from December 2001 through February 2003 was \$1,550,400.
- There was an inverse relationship between perceived social support and emergency department use. Emergency department use was highest in those with the lowest perceived support and lowest in those with higher perceived social support. Although there was reduced ED use by all three groups, the greatest reduction occurred among those with lowest perceived social support. The case management teams appear to be most effective in helping extremely high users of the ED, who may have complex social and/or health problems. CCM clients appear to have poorer social support networks to rely upon, which may result in increased consumption of community and case management resources.
- The short-term goal of reducing ED visits was achieved, and current analyses of medical referrals suggests that the majority of participating clients were connected to their medical referral. Clients with the lowest perceived social support receive approximately one additional medical referral (4.1) than do those clients with moderate (3.4) or high (3.3) social support.
- Results suggest that CCM clients' perceived physical health improves significantly, but mental health gains were smaller.
- CCM clients perceive less control over their health than healthy adults. Small, positive changes were identified in CCM clients' health locus of control, however the changes were nonsignificant, and should be reassessed as sample size increases.