Reduction in Emergency Room Visits, Hospital Admissions, and Clinical Outcomes After Enrollment in a Medication Access Program

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To determine change in emergency room visits, hospital admissions, and clinical outcomes for participants in the Cenla Medication Access Program (CMAP) in rural central Louisiana.

**Study Design / Methods**

- Participants are enrolled in the CMAP at LSUHSC-HCSD Huey P. Long Medical Center and begin receiving chronic care prescription medications at greatly reduced costs ($3 per prescription)
- Pre-post longitudinal cohort where outcomes for participants are assessed before and after enrollment to look for change
- Through February 2005, there have been 7615 participants enrolled, with mean age (SD) 49.72 (12.11), 70.27% female, and 44.57% African-American
- Data presented are on subsets of the total population

**Outcomes:**

1. Emergency Room (ER) Visits and Hospital Admissions
2. Chart Abstraction Data: Blood Pressure (Systolic and Diastolic), Blood Glucose, Hemoglobin A1c, and Total Cholesterol

**Analysis:**

- Generalized Estimating Equations (GEE) were used to analyze change in each of the 5 chart abstraction outcomes from 6 months prior to enrollment compared to the time period after enrollment (adjusting for age, race/gender and disease condition)

**Principal Findings**

**Emergency Room Visits and Hospital Admissions**

- Unadjusted analysis shows reductions in ER Visits and Hospital Admissions of 31.85% and 46.03%, respectively

**Chart Abstraction Data**

- Race-gender/time interactions were significant for all 5 outcomes (p<.05)
- Figure 2 shows the adjusted means pre and post enrollment for each outcome by appropriate disease condition

**Conclusions**

In the CMAP there have been significant reductions in emergency room visits and hospital admissions, as well as Blood Pressure, Blood Glucose, Hemoglobin A1c, and Total Cholesterol.