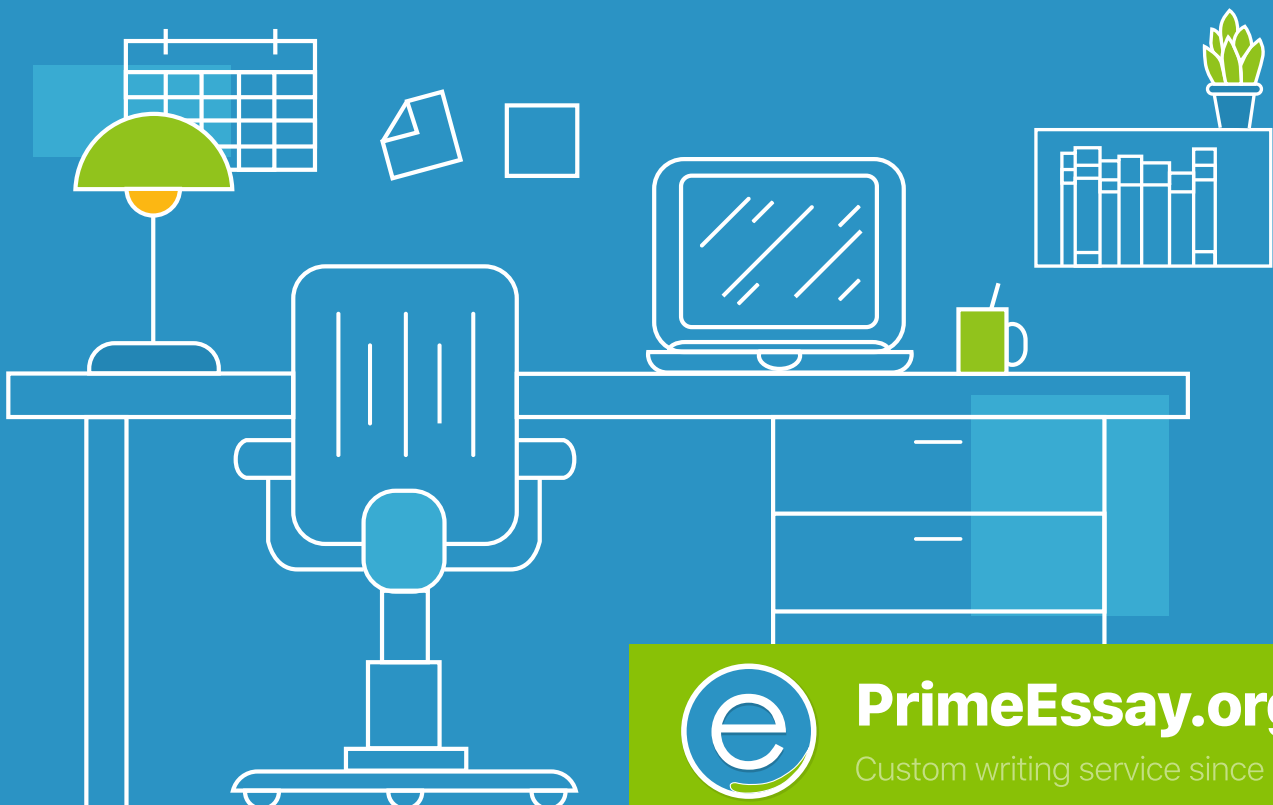


Critical Article Review

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Topic Description -- - — — -- +

Emergency management (and planning) is an exceedingly important area in the field of paramedicine. In order to provide the best possible service (both in and out of the hospital setting), it is important to acknowledge possible hazard risks that may threaten patients, paramedics, and medical organizations. Once acknowledged, these risks must be addressed in an organized manner; strategic management and planning is instrumental in protecting all stakeholders involved in the field of paramedicine. Furthermore, it is important to point out that through emergency management and planning, paramedicine thrives as organizations engage in a continuous process of growth and development.

Critical Review -- - — — -- +

TITLE

The title of the article chosen for critical review is the following: "Payment Source and Emergency Management of Deliberate Self-Harm."

ABSTRACT

The authors present an abstract in which they specifically delineate what the objectives of the research were; they also delineate the methods employed, the results obtained, and the conclusions they reached. In essence, the abstract informs the reader that the investigators were interested in finding if health insurance influences the delivery of mental health care to patients with deliberate self-harm. Using Medicaid files and research databases, the investigators



analysed more than 8,000 Medicaid patients and more than 2,000 privately insured patients. In the end it was found that Medicaid patients were more likely to be discharged, less likely to be psychologically assessed, and less likely to receive follow-up care (relative to privately insured patients).

INTRODUCTION

The article starts by pointing out the fact that medical insurance affects the quality of healthcare received (as well as the access to healthcare itself). Particularly, the investigators focus on the emergency department in medical institutions; it is argued that it is important to assess how Medicaid and privately insured patients with deliberate self-harm are psychologically evaluated (and cared for). In order to determine the differences existing in treatment offered to Medicaid and privately insured patients, the investigators set out to research and analyse the quality of care provided for both types of patients in the emergency room. Finally, the investigators hypothesize that Medicaid patients are more likely to be discharged, less likely to be mentally assessed, and less likely to benefit from follow-up outpatient healthcare (relative to privately insured patients).

METHODS

In conducting the proposed study, the investigators used data available from the Medicaid Analytic Extract files (2006) and from the MarketScan Research Databases (2005–2007). Out of all of the data obtained the investigators selected a sample consisting of patients between the ages of 21 and 64 “through claims histories for 60 days before and 30 days after each emergency department visit for deliberate self-harm” (Marcus, Bridge, & Olfson, 2012). In total, the sample was comprised of 9539 patients and 10578 treatment episodes. Once the sample was selected, three dependent variables were selected: inpatient admission; mental health assessment within the emergency department; follow-up outpatient mental health care



within 30 days of emergency department discharge. Furthermore, in terms of independent variables, these fell into two categories: patient level (age; gender; recent mental health treatment); local resource. Finally, the data was fit into logistic regressions and correlation analysis was also conducted.

RESULTS

The analysis showed that a greater proportion of Medicaid insured patients were released/discharged back into their respective communities (relative to privately insured patients). Specifically, the sample showed that while 46.9% of privately insured patients were discharged, the percentage of Medicaid patients discharged reached 62.7%. Secondly, in terms of psychological evaluations being conducted by or before the time of discharge, it was found that while 57.3% of privately insured patients were evaluated, only 47.8% of Medicaid insured patients were evaluated. These results are consistent with the investigator's initial hypothesis; it was possible for them to confirm that Medicaid patients have a more restricted access to high quality, comprehensive health care services (when compared to privately insured patients).

DISCUSSION

After completing the study the investigators found that there were significant differences in the health care services provided to Medicaid patients and the healthcare provided to privately insured patients. These differences are particularly evident in terms of access to healthcare and quality of the healthcare. Patients with deliberate self-harm may be positively associated with high suicide risks; it is important that healthcare services be more thorough when providing psychological treatment, especially in the emergency room. The results show Medicare patients get less attention and they are less likely to be mentally evaluated and less likely to be admitted for continued treatment. This places Medicaid insured patients at a higher risk



(relative to privately insured patients who also have deliberate self-harm).

OVERALL IMPRESSION

After having read and reviewed the article, I must say that I have a good overall impression. The article is clear; it is concise in the way that it presents the investigators' analyses and conclusions. Furthermore, I find it to be relevant to the issues of quality and access of healthcare services to the most vulnerable sectors of society (the poor and the elderly, who are the ones covered by Medicaid insurance). The article clearly evidences the shortcomings of current mental healthcare services and points out the need of improving them so as to protect all patients (regardless of their income and of the amounts they pay for health insurance).

