Decreasing ED Utilization for Patients in Your Practice

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Objectives

• Define the CHIPRA measure
• Discuss current ED use in pediatrics
• Provide suggestions to reduce ED Visits among patients in your practices
• Give evidence-based examples to support these methods
• Outline several PDSA cycles for your practice
Pediatric ED Visits in the U.S.

- 20 million children each year seek medical care in the pediatric emergency department

- Multiple studies indicate that approximately $\frac{1}{2}$ of these visits are for “nonurgent” complaints
South Carolina Medicaid ED Visits
(Ages Birth – 19 Years)

Note: In 2010, the CHIP participants averaged 2.8 visits per child.
Concerns of ED utilization

- More expensive
- Poor continuity
- Lack of coordination of care
- Missed opportunities for preventive care
The CHIPRA Measure

• Emergency Department (ED) Utilization
  – Average number of ED visits per member per reporting period

• Emergency departments are a critical feature of the U.S. health care delivery system. Sometimes, however, their availability relative to other settings of care means that they may be used when traditional ambulatory settings would be more appropriate and less costly (AHRQ)
The CHIPRA Measure

• The intent of using this measure is to reduce unnecessary ED visits

• Data from this measure are probably best used to raise potential red flags about the quality and accessibility of ambulatory care, with in-depth studies being conducted when plans or providers vary from the average rate.

(AHRQ)
Medicaid and ED Utilization

- The measure is potentially important given the proportion of ED visits paid for by Medicaid
  - 61.65 percent of all ED visits of children <1
  - 41.87 percent of all ED visits of children 1-17 yrs in 2006

Agency for Healthcare Research and Quality. 2006 National statistics All ED visits (those that resulted in admission to the hospital and those that did not) by patient age and payer - Information on encounters that start in the ED from the HCUP Nationwide Emergency Department Sample (NEDS). Author 2009
Why do Patients Go to the Emergency Room?

• Emergencies
• Access
• One stop shopping – labs, x-ray
• Concern over common illnesses
• Child health status (medically fragile)
• Transition of care issues
• Mental health issues
Interesting Findings from the MaineCare Study

• Among infants <1, top volume diagnoses do not vary among privately insured, MaineCare, and uninsured children
  – otitis media, URI, fever, and unspecified viral infection
• Infants covered by MaineCare and uninsured infants made frequent visits for diagnoses including diaper rash, teething problems, and “fussy infant.” These diagnoses were far less frequently seen among privately insured infants
• The top diagnostic reason for an emergency department visit among both MaineCare and uninsured young adults aged 15 through 24 and adults aged 25 through 44 was dental disease

Areas considered for policy intervention in the MaineCare study

- Reimbursement: current reimbursement systems reward high utilization and provide no incentives for providers to work to reduce ED use.

- Lack of sufficient service availability for same day, urgent care needs.

- Lack of sufficient service availability for medical advice and consultation in evenings and on weekends.
Areas considered for policy intervention in the MaineCare study

• Poor patient understanding of the importance of a functional provider/patient relationship and preventive health.

• Poor access for both preventive and acute dental care needs

• Medication management: insufficient access to medical records and insufficient use of central drug use data banks hinder the ability of providers to assure patient safety and detect patient substance abuse.
Impacting ED Utilization by Your Patients

• Access to Care (Medical Home)
  – Extended hours (nights and weekends)
  – Availability to Answer Questions
    • Nurse Triage
    • Websites
  – Open scheduling for sick visits
  – Acceptance of walk-ins for sick visits

• Case Management / Care Coordination
  – Children with chronic diseases
  – Special needs children
  – Mental illness
  – Newborns
Practice Characteristics that Influence Nonurgent ED Utilization

- Study looked at 33 primary care practices in the Atlanta area
- Examined practice characteristics and ED visits in the prior year for patients of those practices
- Used a discrimination analysis classification model to predict nonurgent ED visits

Practice Characteristics that Influence Nonurgent ED Utilization

• Percentage of patients with Medicaid
• Total available sick slots per physician per week
• Distance from the pediatric practice to the ED
• Whether practices required the telephone triage nurses to inform the on-call physician prior to dispositions to the ED
• Whether or not the practice policy was to accept walk-ins until the office closed
• Availability of on-site CBC with same day results

Evaluation of the Medical Home

• 43 Primary Care practices, 7 Health Plans, 5 States
• Medical Home Index (MHI) measured each practices implementation of concepts
• Utilization data for children with 6 chronic conditions

Evaluation of the Medical Home

• Higher MHI scores and higher subdomain scores for organizational capacity, care coordination, and chronic-condition management were associated with significantly fewer hospitalizations
• Higher chronic-condition management scores were associated with lower ED use

What We Know about Medical Home Care...

- **Geisinger Health System**
  - 14% Reduction in total hospital admissions
  - 9% Reduction in total medical costs in 24 months
  - Estimated $3.7 million net savings

- **Johns Hopkins Guided Care PCMH Model**
  - 24% Reduction in total hospital days
  - 15% Fewer ED visits
What We Know About Medical Home Care...

- **Community Care of NC**
  - 40% decrease in hospitalizations for asthma
  - 16% lower ED visit rate
  - $400 million in cost savings for the “aged, blind and disabled population”
Common Illnesses

- Discussing with your patients when something can “wait until tomorrow” i.e. educating patient on urgent and nonurgent
- Alleviating fever phobia
- References or website for common illnesses such as URI, earache, sore throat, diaper rash, gastroenteritis
Case Management

• Consider for:
  – Medically Complex
  – Patients with Asthma
  – Patients with Diabetes
  – Patients with other chronic conditions
  – Infants
Case Management – Will It Work?

• Asthma
  – Decreased hospitalizations and ED visits through asthma education and case management
    • Asthma Network of West Michigan
    • Ah! Maine

• Medically Complex Patients
  – Decreased ED visits in a resident teaching clinic with extended visit time and family liaison
    • Pediatric Medical Home Project at UCLA
Which changes should you undertake in your practice?

- Determine what is feasible in terms of time, money, and resources

- Extended hours?
  - Pros: Additional revenue, improved patient satisfaction, increased patient base
  - Cons: Need for increased staff and additional cost to the practice (lights, wages, etc.)
Which changes should you undertake in your practice?

• Availability to Answer Questions
  – Nurse Triage
  – Websites
  – Do you want nurse triage to inform the physician when a patient is going to the ED?

• Increased slots for sick visits
• Acceptance of walk-ins for sick visits
• Same day availability of labs such as CBC
Which changes should you undertake in your practice?

- Improved Case Management and Coordination of Care
  - Who should do it?
  - How much time will it take?
  - Who will reap the benefits?
    - Your Patients
    - You as providers? PAY FOR PERFORMANCE
PDSA Cycle

Act
- What changes are to be made?
- Next cycle?

Plan
- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

Study
- Analyse data
- Compare results to predictions
- Summarise what was learned

Do
- Carry out the plan
- Document observations
- Record data
Sample PDSA Cycle #1

• Plan
  – Have the office manager review the patient schedule for the next two weeks and see how many slots are available at the beginning of each day for sick visits and see if all the slots are taken. Record if additional patients are added to the schedule. Are any patients denied appointment by phone or turned away at the office?

• Do
  – Carry out the above plan and record the data daily

• Study
  – Analyze the data and summarize
Sample PDSA Cycle #1

• Act
  – Determine the changes to be made
    • i.e more sick visit slots on Mondays and Fridays
    • more practitioners available to see patients on Friday afternoons
    • One practitioner who is “on call” each day to stay and make sure all walk-ins are seen

• Make a change and repeat the PDSA cycle to see if there is improvement
Sample PDSA Cycle #2

• Plan
  – Determine current ED Utilization Rate for your Practice
  – Make a plan to initiate evening and weekend hours for your practice

• Do
  – Expand hours as planned
  – Track ED Utilization Rates for this period of time

• Study
  – Compare ED Utilization Rates pre and post extended office hours

• Act
  – Continue expanded hours
Sample PDSA Cycle #3

• Plan
  – Survey a sample of patients in your practice to determine their satisfaction with your practice’s ability answer questions after hours (nurse triage, website, etc)

• Do
  – Complete the survey

• Study
  – Analyze the data

• Act
  – Work to improve identified areas of weakness such as “common questions” on website or other deficiencies identified
References

- American Academy of Pediatrics
- NCQA Medical Home Project
- AHRQ