Reducing Avoidable Emergency Department Use

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The 10,000 ft View

- Centers for Medicare and Medicaid Services

Triple AIM:

1) Better care for individuals
2) Better health for populations
3) Reduce per capita costs
Avoidable ED Visits: What are they?

• An ED visit is considered preventable/avoidable if either of these three conditions are true:
  
  1. The visit is non-urgent, i.e., care not needed within a 12 hour time frame
  2. The visit was urgent but could have been treated in a physician’s office
  3. The urgency of the condition that lead to the ED visit could have been prevented with proper primary care access
Avoidable ED Visits: Why are they important?

- The volume of avoidable ED visits provides insight into the accessibility of the primary care system
- Approximately one half of outpatient ED visits in MA were considered preventable in 2008 and accounted for $514 million in health care costs
- Frequent users account for a significant proportion of avoidable ED use
  - Those that frequently use the ED (5+ visits/yr) make up 4% of ED users but account for 20% of total ED visits
- Outpatient ED visits increased 9% between 2004 and 2008, which was due entirely to preventable visits
Avoidable ED visits and associated patient populations

- Areas with a higher % of medically underserved in MA, have higher avoidable ED visit rates
- Blacks and Hispanics accounted for the highest percentage of avoidable ED visit rates per capita compared with other ethnicities (2.5x higher than whites)
- Rates are highest amongst infants and young children, as well as, young adults
Key Factors Associated with Avoidable ED Visits

- **Practice factors**
  - No extended hours
  - No after-hours advice line
  - Schedule is full

- **Patient factors**
  - Uneducated about after hours care options
  - Convenience
  - Perceived lack of access

- **Avoidable ED visits**
The Quality Improvement Process

1. Form a team
2. Set Aims
3. Establish Measures
4. Select Change
5. Test the change
Potential Improvement Strategies

• Determine the contributing factors for your patient population: Identify patients who have had an avoidable ED visit and interview them about the reason.
  
  • Lack of extended hours
  • Unaware of scheduling policies
  • Lack of patient education materials
  • Other?
Potential Improvement Strategies

• Implement strategies to improve access:
  • Improve Work Flow and Remove Waste
  • Decrease Demand for Appointments
  • Optimize the Care Team
  • Reduce Scheduling Complexity
  • Predict and Anticipate Patient Needs
Potential Improvement Strategies

• Enhance:
  • Off-hours access to care
  • Same-day or next-day access
  • Ability to have clinical questions answered by telephone
  • Electronic access to providers and service
#1: Improve Work Flow and Remove Waste

- Conduct a Walkthrough of Your Practice
  - Start by calling for an appointment
  - Review information on website
  - Conduct a walkthrough of the visit process to identify wasted steps
    - Stoeckle Center Homepage → Quick Links, “Patient Experience of Care: Programs and Resources” → “Tools and Resources” → “Resources by Composite” → “Office Staff” → “Practice Walk-Through Form”
  - Have patients complete cycle time tool
    - Stoeckle Center Homepage → Quick Links, “Patient Experience of Care: Programs and Resources” → “Tools and Resources” → “Resources by Composite” → “Organizational Access” → “Patient Cycle Tool”
  - Standardize room set-up and supplies
#1: Improve Work Flow and Remove Waste

- Same-day or next-day access
  - Eliminate triage process for patient’s requesting same day appt.
- Eliminate need to have clinical questions answered by telephone
  - MDs and RNs/techs reminds patient about results letter
- Electronic access to providers and service
  - Patient Gateway for medication refills, referral requests, and lab results
#1: Improve Work Flow and Remove Waste

- Welcome to Our Practice Guide (paper or web-based)
  - Location and Directions
  - Regular Office Hours
  - After Hours Services
  - Appointments
    - Scheduling Routine Appointments
    - Urgent/Sick Child Appointments
    - Appointment Policies
  - Telephone Calls During Office Hours
    - Prescription Refills, Referrals & Health Forms
  - Laboratory Test Results
  - Insurance and Billing
#1: Improve Work Flow and Remove Waste

- Welcome to Our Practice Guide
  - Staff
    - Doctors
    - Residents
    - Nurses
    - Medical Assistants
    - Patient Service Coordinators/Front Desk Staff
    - Lactation Consultant
    - Social Worker
    - Health Educator
    - Nutritionist
    - Administrative Staff
    - Billing Staff
Improving Access and Reducing Avoidable ED Utilization: Case Study from the IMA

• The IMA at MGH is comprised of:
  • 48 MDs, 67 residents, 6 NPs, and 20 RNs
  • serves 37,000 patient
  • Pilot Team included: 5 MDs, 2 RNs, 2 MAs, 1 NP, and 4 patient coordinators
The IMA’s Improvement Approach

1. Identified the challenges and opportunities
2. Started out small: easy-to-implement, inexpensive “experiments”
3. Shared what worked and what did not with others
Baseline Assessment and Identifying Root Causes

• The ED was seeing 19 IMA patients/day; 185 ED visits/1,000 patients per year in FY 2008
• Team conducted a chart review of IMA patients seen in ED
  • The findings: low acuity ED visits, 50% seen between 9am-5pm; majority did not call PCP or practice first
  • 90% of patients had been seen by PCP in prior 6 months
• Conducted a telephone survey of patients seen in the ED:
  • Patients felt they could not get an appt when they needed it, they knew their PCP was not in on that particular day and they did not want to have to speak with a nurse first
First small test of change

• For one day, the IMA offered an appointment, as opposed to nurse triage
  • Results: 50% of sick patients said they wanted to be seen
  • Of these, 90% were determined to be medically appropriate by MDs (10% could have waited)
Improvements made

• Held appts for urgent care in each MDs schedule
• Created back-up urgent care capacity within IMA
• Educated patients via brochures, as well as, staff about ED versus Urgent Care use
• Eliminated most RN triage for patients who want to be seen
• Advanced office capabilities – IVFs/IV/IM Abx to help eliminate unnecessary ED use
The Results

• The average # of ED visits across all MGH practices increased by 0.4% from FY08 to FY09
• # of ED visits for the IMA pilot group decreased by 6.5% and for the IMA as a whole, # of ED visits decreased by 4.4%
Summary

• Reduction of avoidable ED visits is often a result of improvements in access
• Overuse of the ED accounts for wasteful health care spending, and is a proxy for how accessible the associated primary care system is
• There are important patient and practice factors that contribute to excessive avoidable ED visits (no extended office hours, convenience, etc)
• The IMA implemented a successful process improvement strategy that significantly decreased ED visits and improved access to the primary care practice
Resources

- http://www.massgeneral.org/stoecklecenter/programs/patient_exper/about.resources.aspx
- http://www.ihi.org
- http://www.clinicalmicrosystems.org