

Background

In the fall of 2008, GDAHC convened a multi-stakeholder Team to address Emergency Department Utilization (EDU), a top priority area identified by GDAHC's purchaser members. The Team's charge was to reduce unnecessary use of the Emergency Department. With facilitation from a University of Michigan Health System LEAN coach, the Team further refined its goal to the reduction of ED use for PCP (Primary Care Physician) treatable conditions and developed ten recommended actions that primary care physicians, hospitals and employers could implement to help achieve this goal. These recommendations are noted below. One of the recommendations is to improve PCP access. That recommendation was the subject of a more in-depth assessment (**ED Utilization Pilot**) described below as well.

Recommendations

IMPROVE PCP ACCESS

1. Phone triage processes and recorded messages
2. Strategy for acute minor episodic care when PCP is unavailable
3. Scheduling strategy to support same day appointments including evenings and weekends

COORDINATE PATIENT CARE

4. Feedback from ED and Urgent Care Centers to PCP
5. PCPs capability to receive feedback

HEALTH PLANS INFLUENCE CONSUMER CHOICES

6. Align patient education materials
7. Strategy to manage member use of the ED

EMERGENCY DEPARTMENTS ENHANCE PROCESSES

8. Co-pays upon discharge from the ED
9. Include Discharge Diagnosis on claims

EMPLOYERS ENCOURAGE APPROPRIATE ED USE

10. Workplace policies support appropriate use of PCP and ED services
 - Implement benefit design changes:
 - Appropriate differences in cost sharing between settings (Physician Office, Urgent Care and Emergency Department)
 - Align out of pocket costs to promote the right care, at the right time, in the right setting
 - Establish appropriate workplace practices/guidelines
 - Allow employees time off work to seek treatment from Primary Care Physician for urgent conditions
 - Flexible time-off policies to allow for absenteeism/sickness
 - Help educate employees using tools available on the GDAHC website (e.g. poster explaining appropriate ED use):
 - Appropriate use of Emergency Departments
 - Importance of having a Primary Care Physician

ED Utilization Pilot

Pilot Purpose:

The purpose of the EDU Pilot was to demonstrate the challenges, barriers and successes with PCP implementation of the EDU Team's recommendations concerning PCP access and to measure any short-term impact on ED use for PCP treatable conditions.

Pilot Partners: Oakland Southfield Physicians (OSP) and Blue Care Network (BCN)

Pilot Description:

Using ICD-9 diagnosis codes, a definition for PCP Treatable conditions was developed and applied to claims data from 2007—2009 to determine performance of PCP practices. A total of 26 PCPs were included in the pilot, 15 at 6 practice sites as controls and 11 at 5 practice sites for program interventions. The "Intervention Group" was selected based on their past performance, which had shown an annually increasing trend over the three-year period in their patients' use of the ED for PCP treatable conditions. The "Control Group" was selected based on their performance over the same 3-year period, with their patients' use of the ED for PCP Treatable conditions decreasing or there was no trend.

In addition, a toolkit of materials was developed for Pilot PCPs, including:

- Customized office patient brochure/welcome letter
- Sample script for after-hours telephone message
- Office template or procedure for:
 - Access to care, telephone triaging and appointment scheduling
 - Patient follow-up after office receives notice of ER visit
- Recommendations on how to use OSP Monthly ER visit reports

The toolkit was distributed to the six Intervention Group practices. During the Pilot Period (Sept—Dec 2010), OSP met regularly with the Intervention Group practices to monitor use of toolkit items and encourage focus on a variety of strategies to decrease patient ED use for PCP Treatable conditions. At the end of the Pilot Period, data was collected and analyzed.

Pilot Results

Collectively, ED visits for PCP treatable conditions in the Intervention Group was **reduced from the 2009 high of 49.2 to 7.3 visits per 1,000 members.**

Conclusions

The following points were deemed relevant in the success of the Pilot:

- Maintaining **ongoing, relationship-based interaction** with the Intervention practices
- Providing practices with **templates** to get them started (e.g. telephone script)
- **Measure rate of ED use** for PCP treatable conditions
- **Frequent and repetitive** contact with practices to keep attention focused on ED use

The complete published paper about this pilot is available at:

<http://www.ajmc.com/journals/issue/2013/2013-1-vol19-n5/emergency-department-use-associated-with-primary-care-office-management?p=1>