Low Acuity Emergency Department Visits

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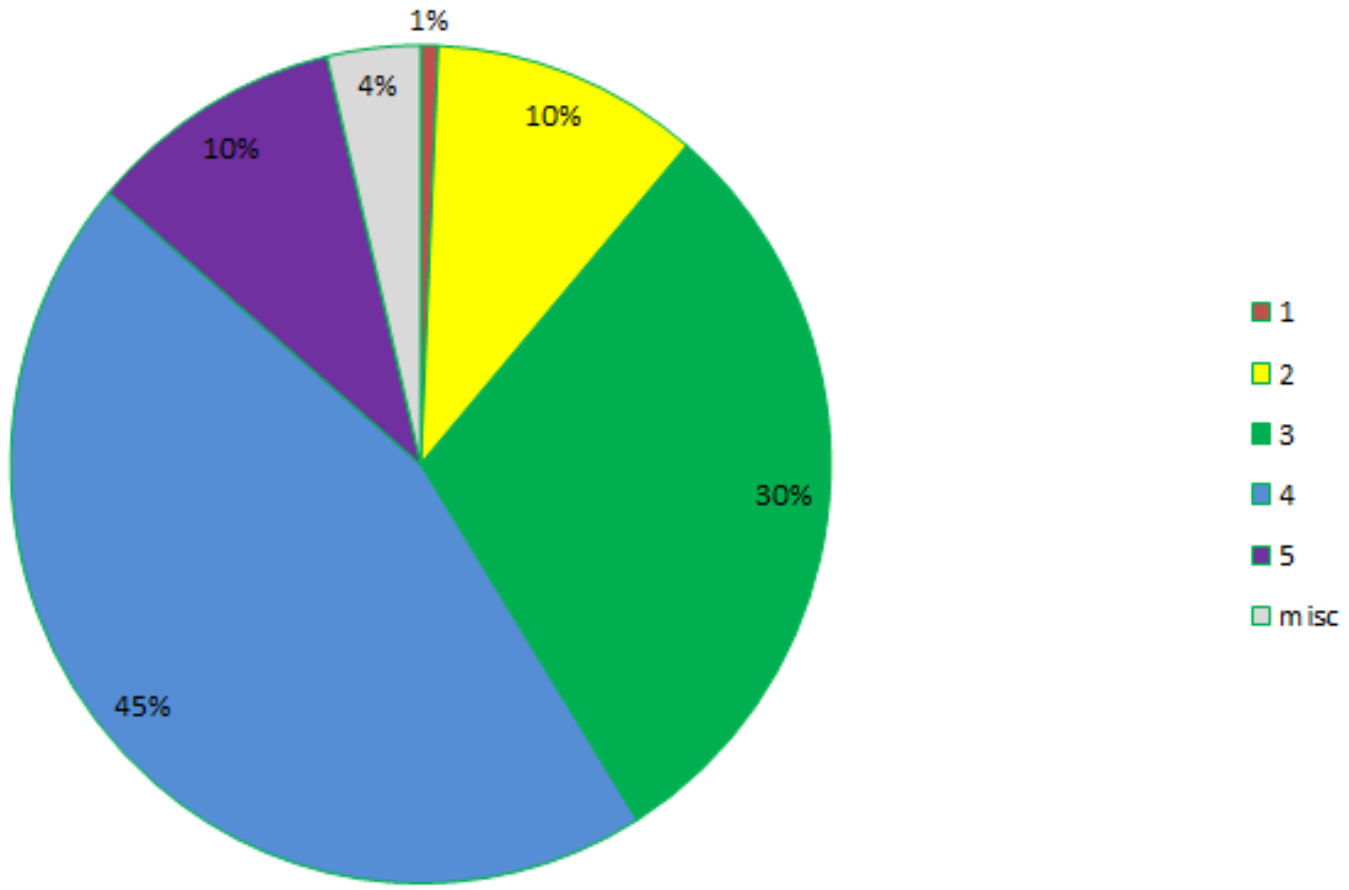
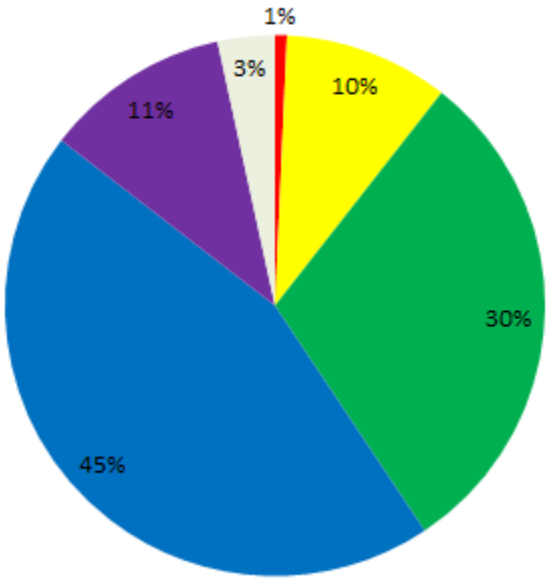
Goals and Objectives

- Identify and quantify low acuity ED visits
- Analyze challenges associated with low acuity ED visits
- Assess the impact of these visits on the health care system
- Strategize a plan for managing low acuity health care visits

ESI at SZ *90,391 FY17



FY16



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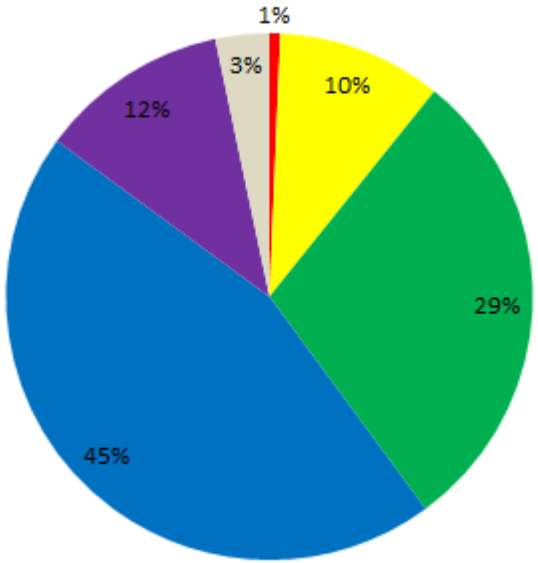

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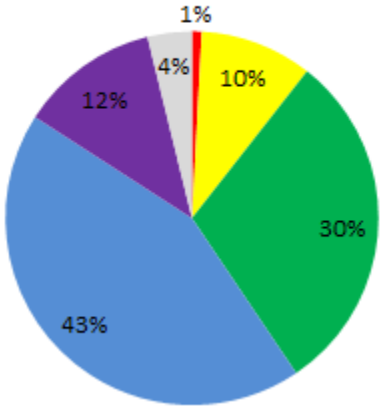

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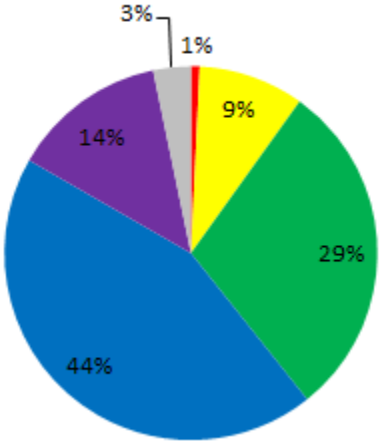

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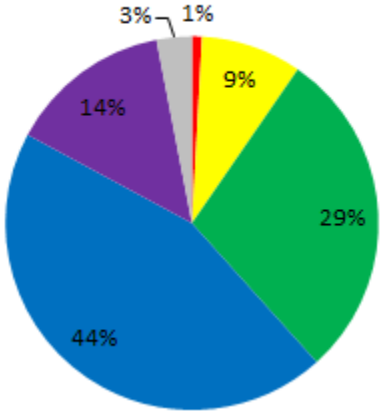
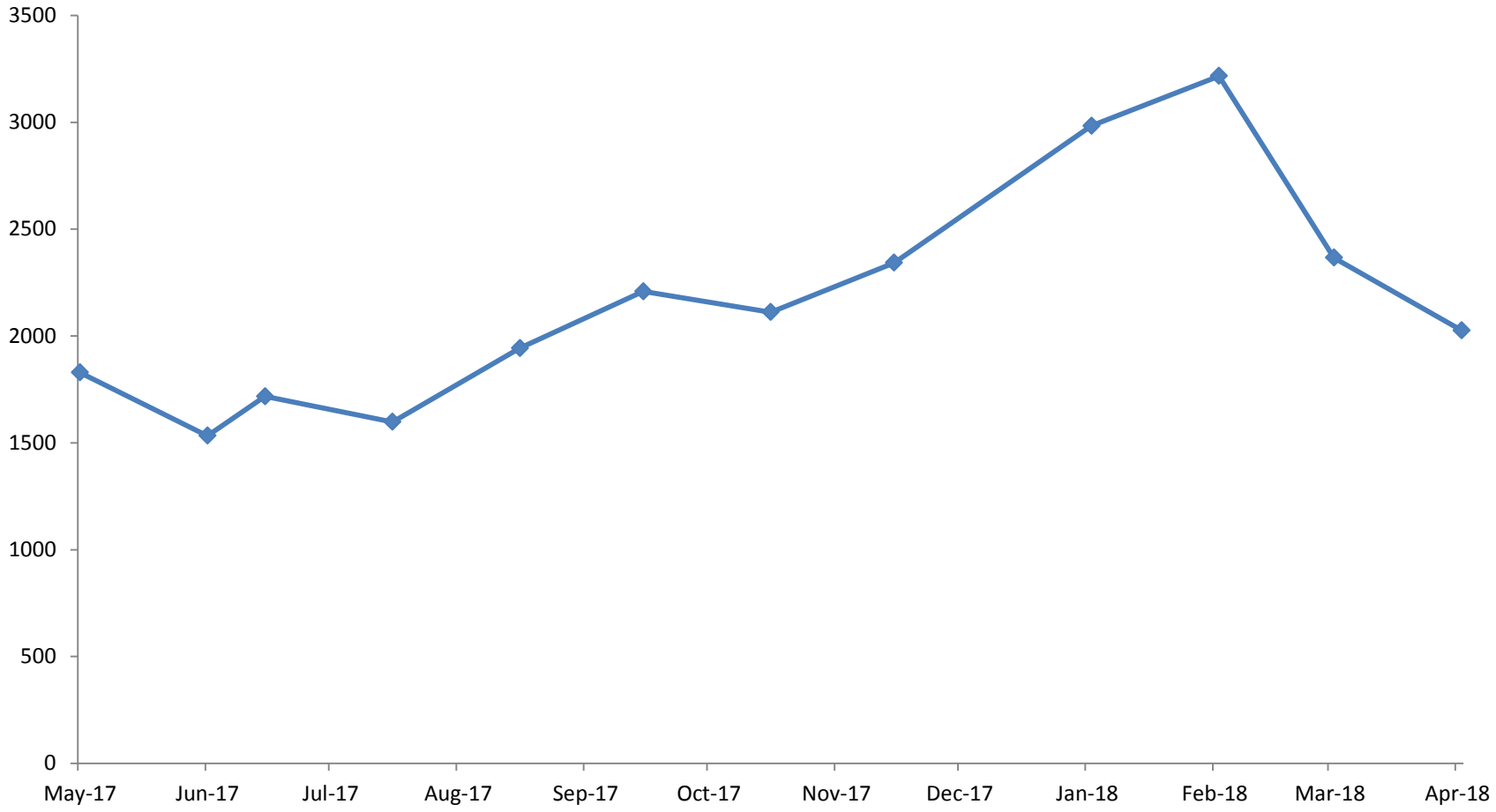
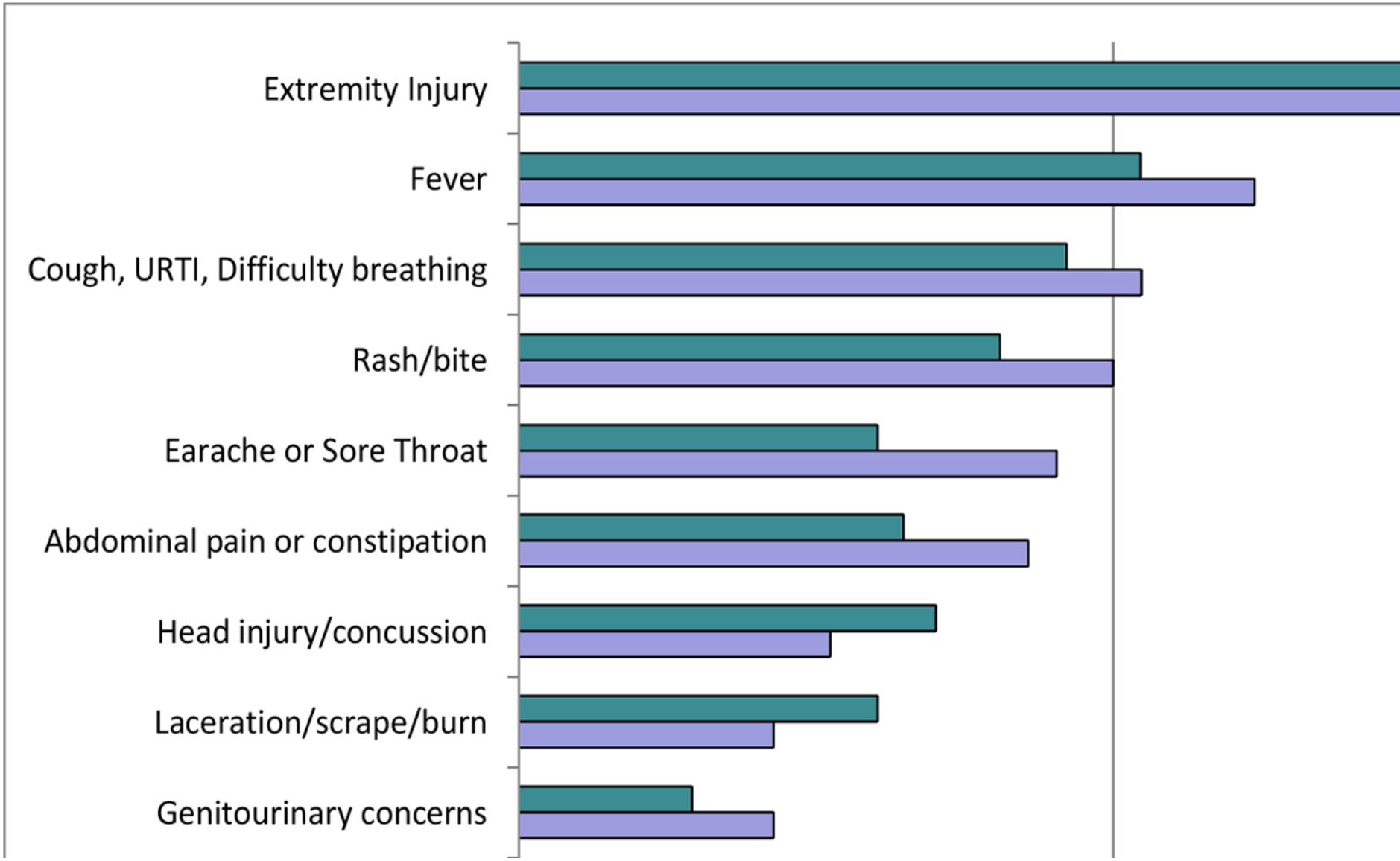


Seasonal Variation in Low Acuity ED visits





Farion, Ken J (2015). "Understanding Low-Acuity Visits to the Pediatric Emergency Department.". *PloS one* (1932-6203), 10 (6), e0128927.

Why?

- Lack of appropriate alternatives
- Parental over-estimations of disease severity
- Convenience

Kubicek K, Liu D, Beaudin C et al. A profile of nonurgent emergency department use in an urban pediatric hospital. Pediatr Emerg Care 2012;28:977-84

Salami O, Salvador J, Vega R. Reasons for nonurgent pediatric emergency department visits: perceptions of health care providers and caregivers. Pediatr Emerg Care 2012; 43-6.

Hospital's Role in Encouraging Low Acuity ED Visits

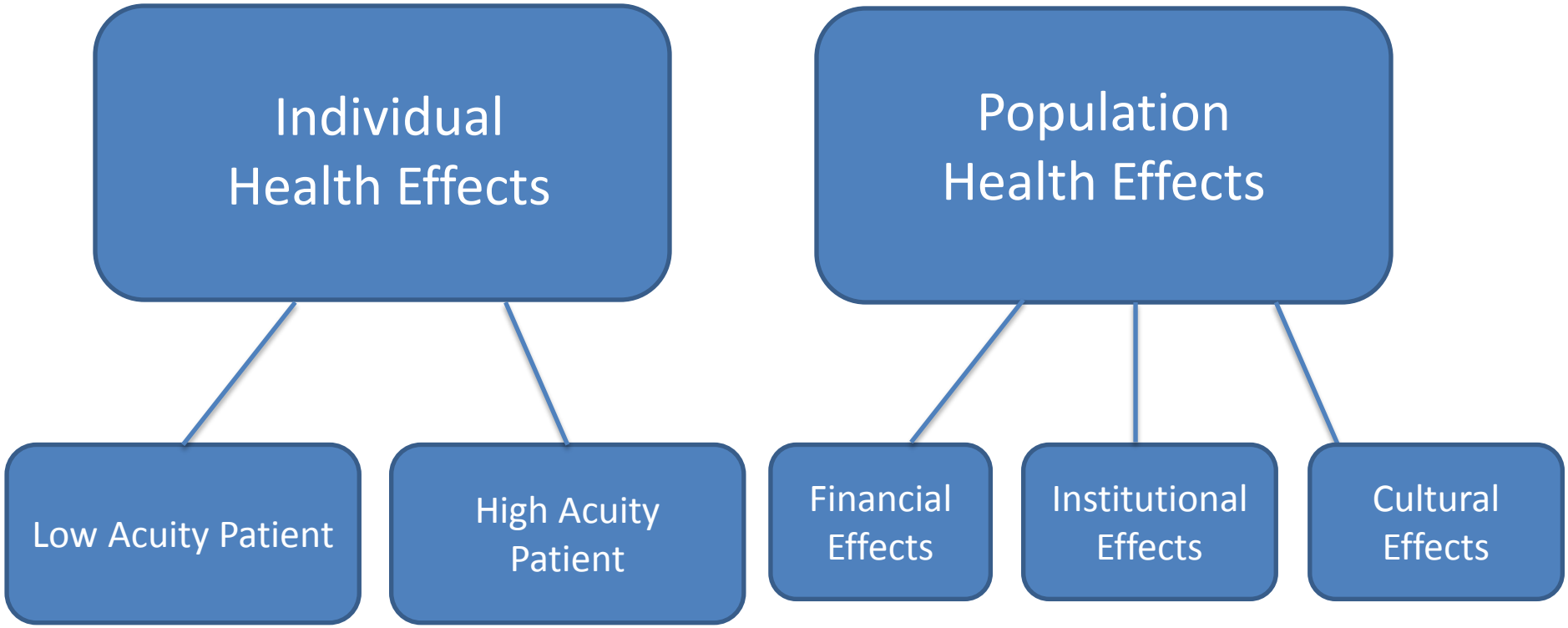
App Store Preview

MyBearGuide 4+

Children's National Medical Center

Free

Implications of ED overuse for Low Acuity Visits



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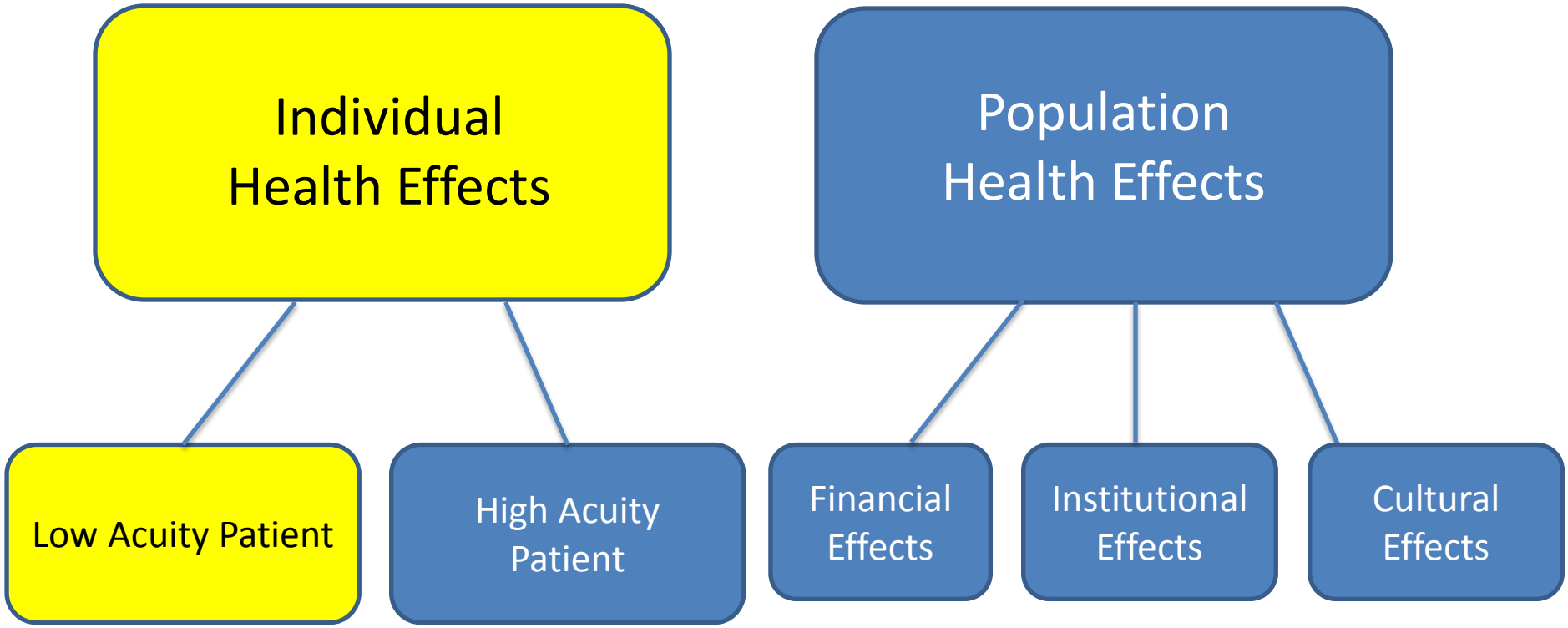
What are the implications for ED overuse on low acuity patients?



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Individual Health Effects of Low Acuity ED Visits

- Lack of connection to a primary care provider
- Poor communication and trust with health care providers
    - All leading to poor chronic care management
- Lack of exposure to resources of primary care
    - Screening tools for development, mental health, ACEs, SDH
    - Preventive care lab screenings: anemia, lead, etc.
    - Reach Out and Read
- Missed opportunities for vaccination

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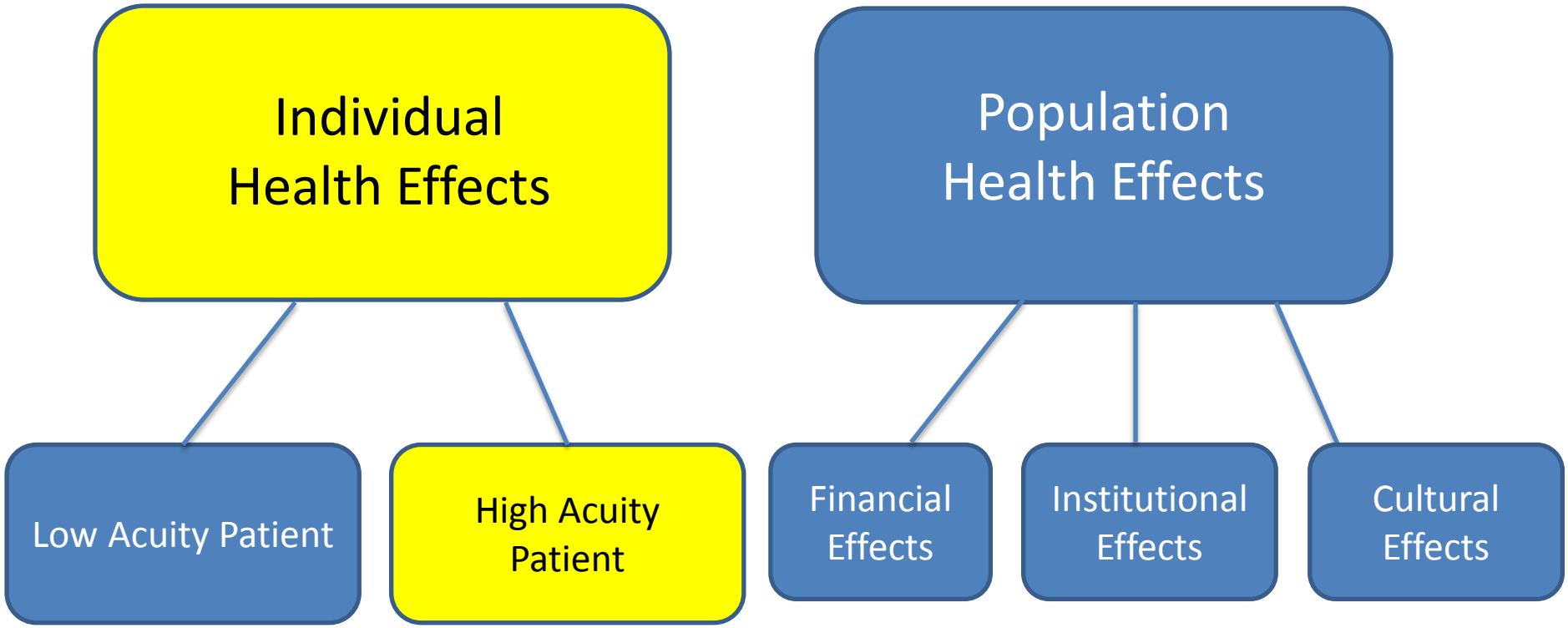
What are the implications for ED overuse on high acuity patients?



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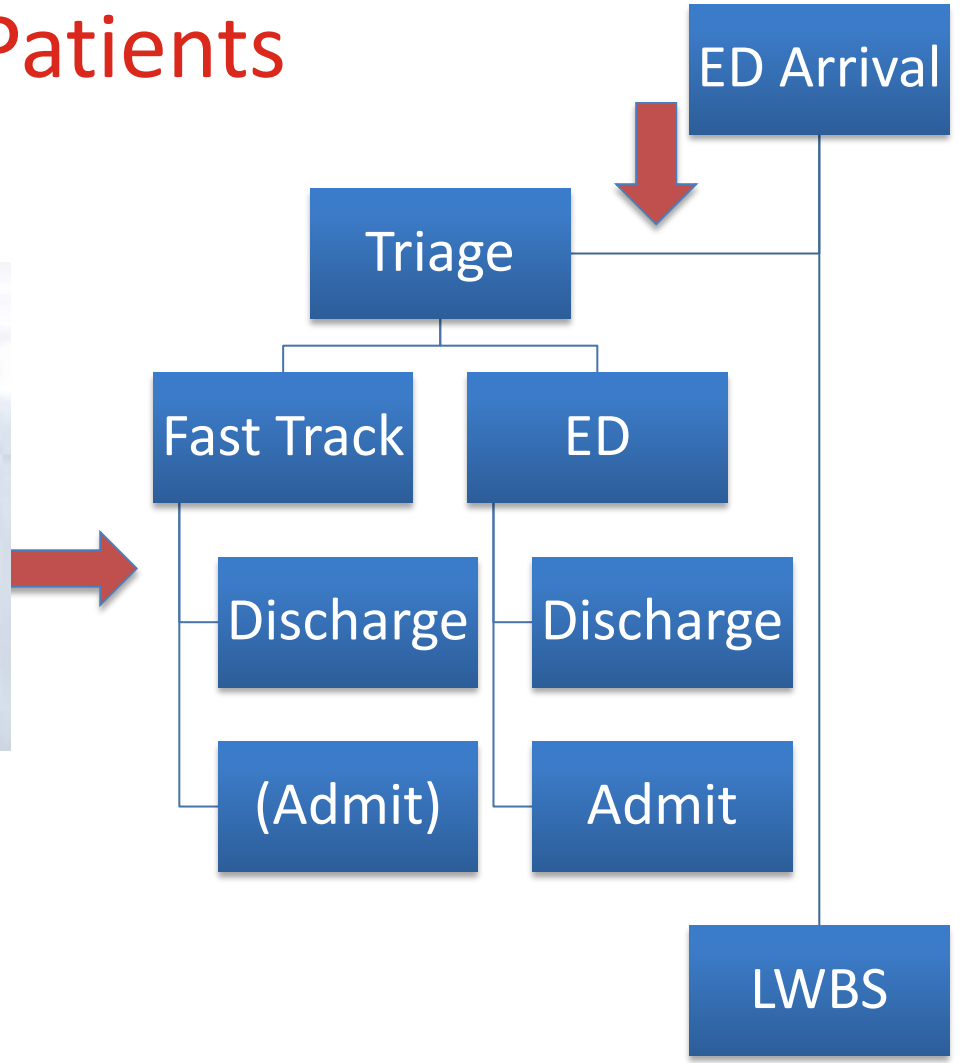
Mechanisms for Delay of High Acuity Patient Care in the Setting of High Volume of Low Acuity ED Patients

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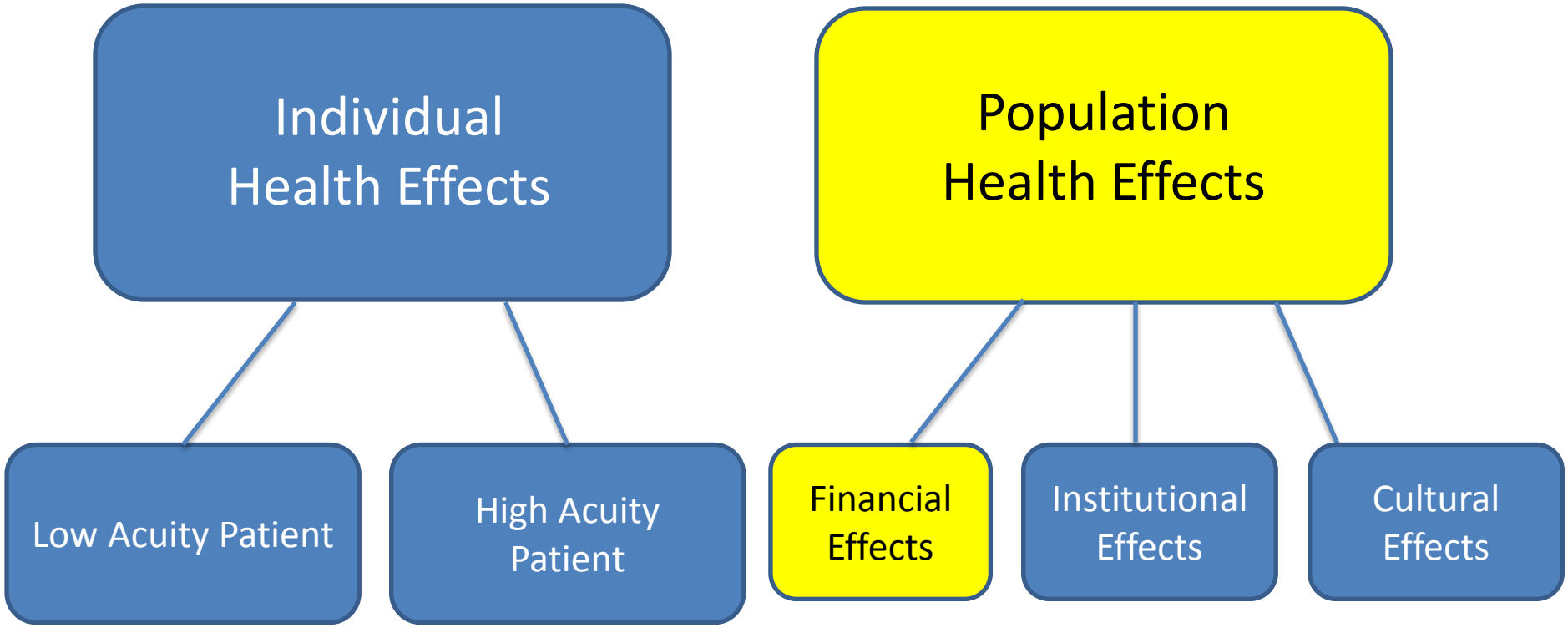
Implications of ED overuse for Low Acuity Visits



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Health Finance Effects of ED overuse

- Costs to system of ED visits that receive lower or no reimbursement
- Costs to system of care rendered in a more expensive setting
  - Urgent Care median payment $76.90
  - ED median payment $186.20
- Potential duplication of care with fragmented health care delivery

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Cost

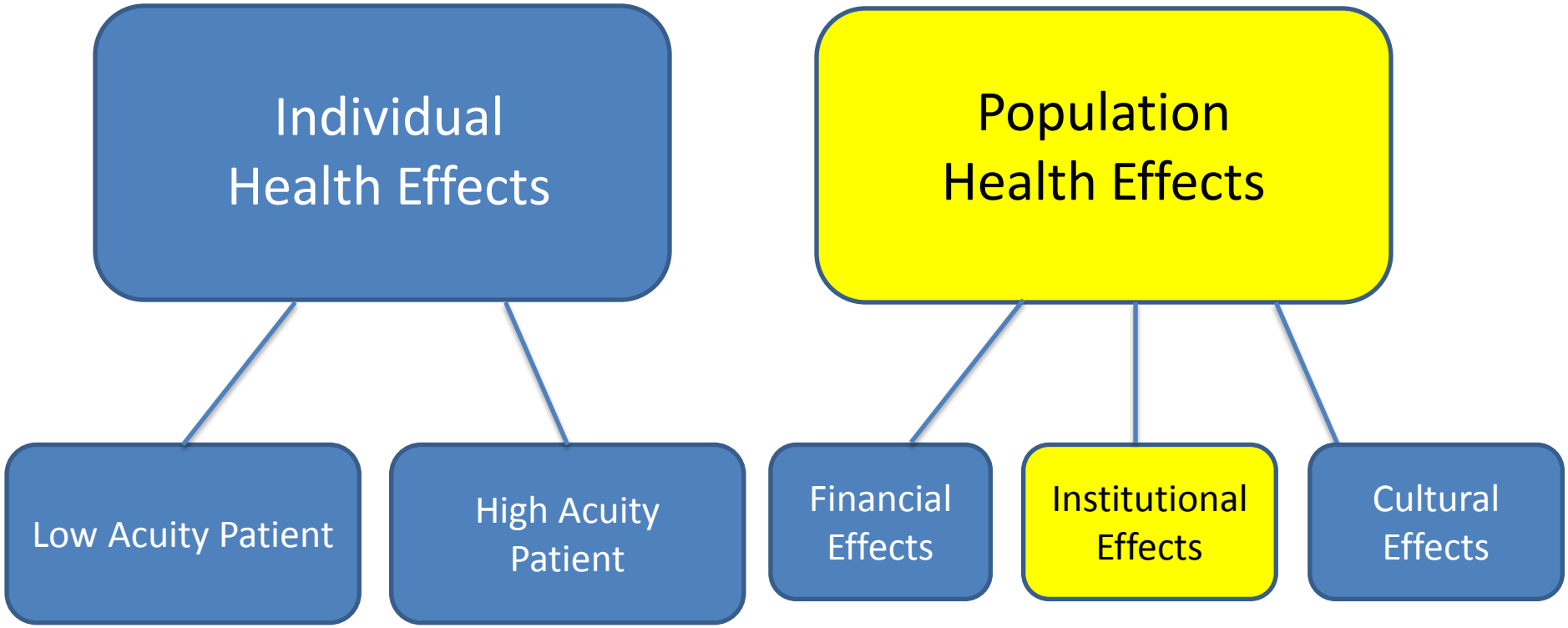
- Transitioning lowest severity of illness patients to Urgent Care could save Medicaid $50 million a year.

- Transitioning all non-emergent care away from the ED saves $4 billion annually

Weinick RM, Burns RM, Mehrotra A. Many emergency department visits could be managed at urgent care centers and retail clinics. Health Aff (Millwood). 2010;29(9):1630–6.

Montalbano, A, Rodean J, Kangas J et al. Urgent Care and Emergency Department Visits in the the pediatric Medicaid Populaiton. Pediatrics 2016; 137

Implications of ED overuse for Low Acuity Visits



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Measures Reported to CMS

- LOS
- LWBS
- Median time from admission to patient arrival in inpatient bed

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How CMS Improves Quality Measures

- Medicare cuts payments by 1 percent for hospitals that fall in the worst-performing quartile.
- In 2018, 751 hospitals will have their Medicare payments reduced
- Academic medical centers and hospitals that serve poorer and sicker patient populations are disproportionally penalized

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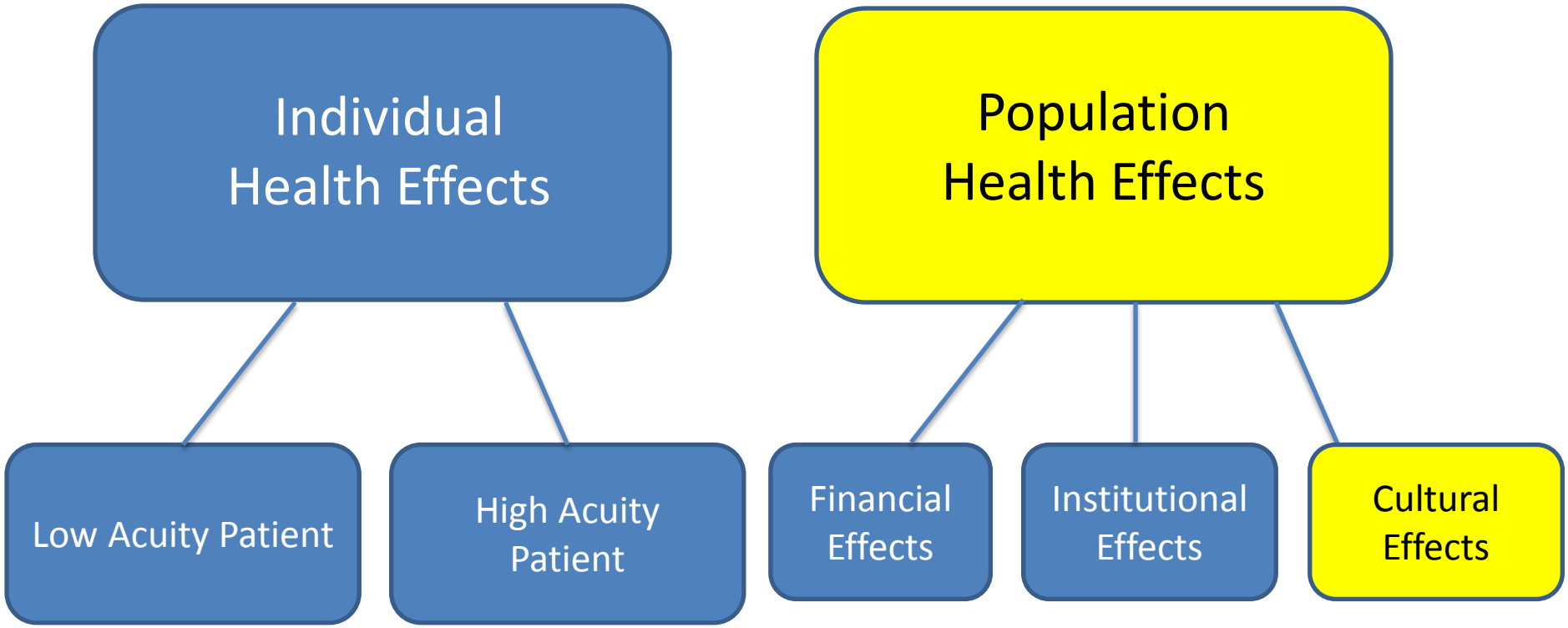
Implications of ED overuse for Low Acuity Visits



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Population Cultural Effects of ED overuse

- Culture of care that is disconnected from primary care
- Disproportionate decrease in access to preventive services for vulnerable pediatric populations
- Leads to increased disparities in care and outcomes

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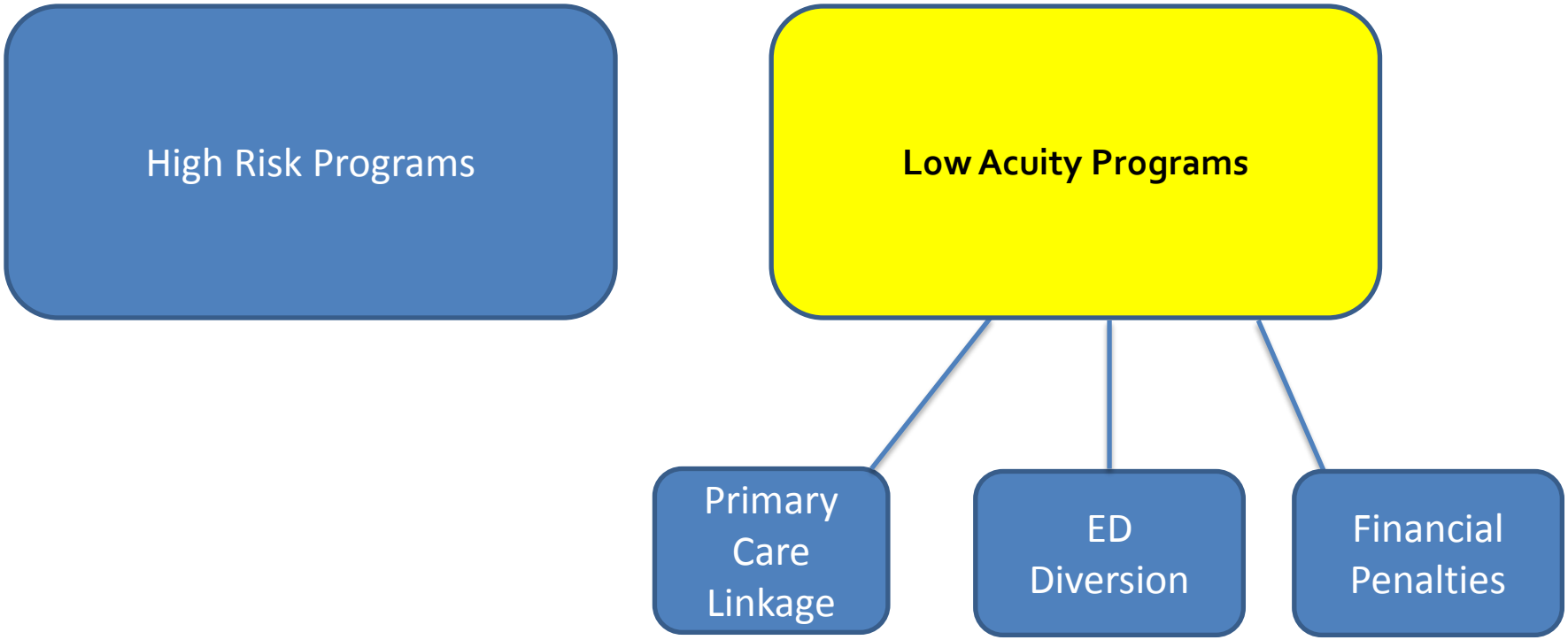
Strategies to Reduce ED Visits



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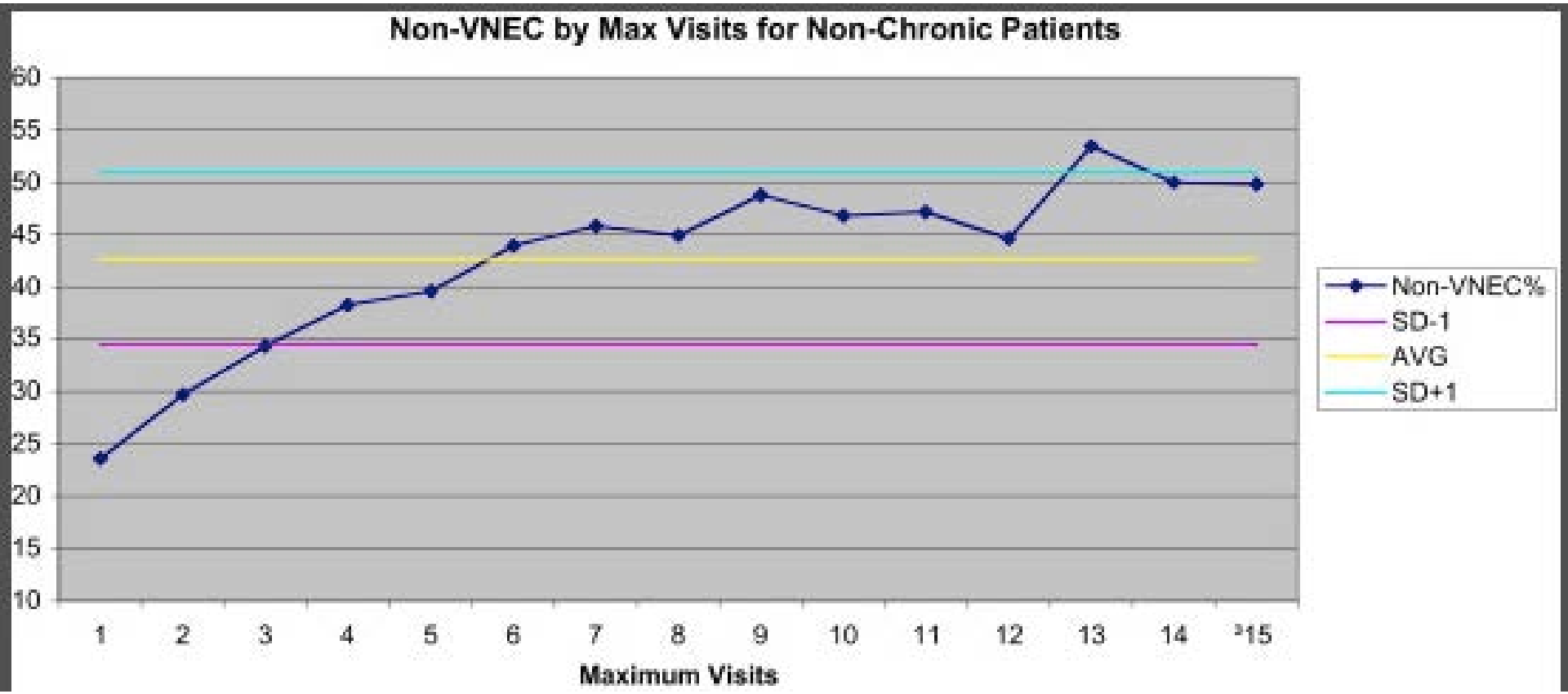
Identifying the Superusers



Simon, Harold K. (04/2009). "Pediatric Emergency Department Overcrowding: Electronic Medical Record for Identification of Frequent, Lower Acuity Visitors. Can We Effectively Identify Patients for Enhanced Resource Utilization?". *The Journal of emergency medicine* (0736-4679), 36 (3), 311.

Primary Care Linkage

- In adult patient's identification of a PCP did not correspond to reduced low acuity ED visits
    - Most Low acuity ED patients can identify a PCP and do not attempt to reach them prior to coming to ED

- Primary Care linkage does improve Primary Care follow up in adult patients presenting for low acuity visits
    - Patients walked over from ED to PCP

- No Pediatric data, but most patients do identify PCPs and this doesn't seem to help

Enhancing Existing Primary Care Linkage

- Systems level supports
  - Empanelling patients to providers
  - Call center that directs patients to visit with their PCP
  - Renewed focus on hospitality
  - Utilizing technology to engage patients and provide quicker access to care
- Provider level supports
  - Flag providers when their patient is seen in ED
- Patient level supports
  - Transportation
  - Education

ED Diversion via EMS Non-transport

- Vulnerable patients groups (include children) are more represented in the non-conveyance population
- Within 24 h–48 h after non-conveyance, 2.5%–6.1% of the general patients represent to EMS, and 4.6–19.0% present themselves at the ED.
- A limited amount of non-conveyance guidelines or protocols
- Concerns about patient safety related to non-conveyance

Ebben R, Vloet L, Speijers R et al. A patient-safety and professional perspective on non-conveyance in ambulance care: a systematic review .Scandinavian Journal of Trauma, Resuscitation and Emergency Medicine201725:71

RIGHT CARE, RIGHT NOW

Right Care, Right Now is the District's program specifically focused on connecting you with the most appropriate health care. Managed by DC Fire and Emergency Medical Services (DC FEMS), our goal is to improve your health outcomes and preserve resources for patients with life threatening injuries and illnesses.

Callers to 911 with non-emergency injuries or illnesses will still receive treatment, but that may not involve an ambulance. Not sure when to call 911?

RIGHTCARE RIGHTNOW

WHEN TO CALL 911:

- Trouble breathing or unable to breathe
- Symptoms of a heart attack
- Fainting or dizziness
- Bleeding that will not stop
- Severe or persistent vomiting
- Sudden, severe pain anywhere in the body
- Serious medical emergencies that you believe are life threatening or may become life threatening

WHEN NOT TO CALL 911:

- You need transportation to a doctor's appointment
- Getting a scraped knee bandaged
- Needing a prescription to be filled
- For a sprained or twisted ankle
- For transportation to another area of the city
- Whenever the injury is not life threatening

For more information, visit **www.fems.dc.gov** or **text: DC RIGHTCARE to 468311**

Safety and Medical legal Concerns about EMS Non-Conveyance

The ten-year malpractice experience of a large urban EMS system

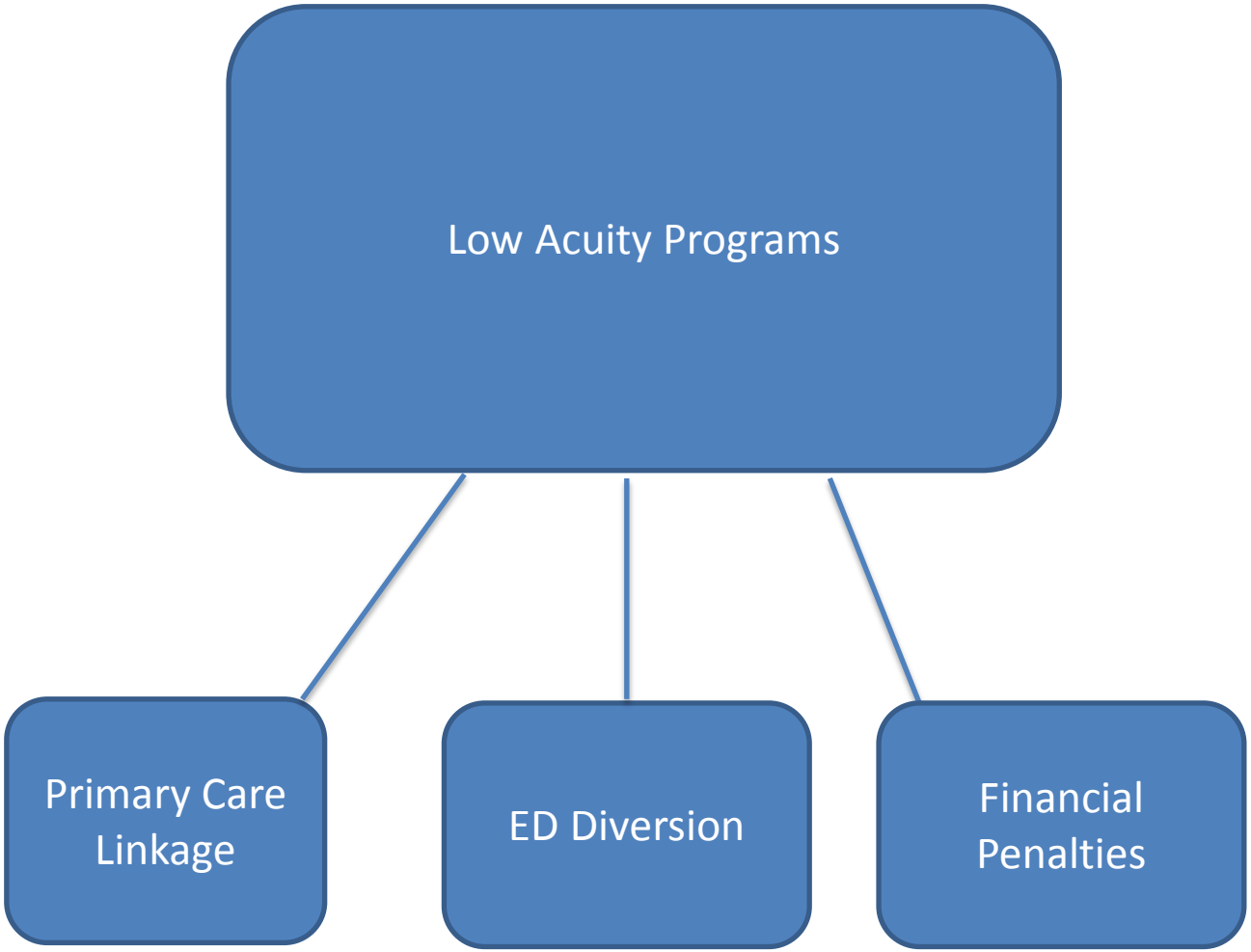
The “No-Patient” Run: 2,698 Patients Evaluated but Not Transported by Paramedics

Financial Penalties

- No pediatric data

- 5 studies implementing co-payment, all adult studies
    - Largest Kaiser study showed decrease low acuity visits with increasing co-payments (1$-100)
    - Medicare studies showed no difference in low acuity visits with co-pays of $2-$8
    - Oregon had a $50 co-pay and that did reduce visits

- Concern that imposing penalties could lead to delays in needed care, particularly for low-income populations


Low Acuity Programs
Primary Care Linkage
ED Diversion
Financial Penalties

Thank you!

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- Analyze challenges associated with low acuity ED visits
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- Strategize a plan for managing low acuity health care visits