



Reducing ER Visits

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Learning Objectives



Upon completion of this event, participants should be able to:

- Understand what the problems are with use of Emergency Room (ER) visits for primary care services
- Understand the definitions of Ambulatory Care Sensitive Conditions (ACSC) and Potentially Preventable Events (PPE) and how they are costly
- Learn why Upper Respiratory Tract Infections (URTIs) was the #1 diagnosis group for ER visits in 2014
- Understand the Top 5 Asthma CRG: Texas
- Learn what to do in reducing ER visits

Content



- Causes and solutions for ER visits as primary care service
- Cost for overuse of ER visits as ambulatory care
- No continuity of care with ER visits
- Patient education for proper utilization of ER visits
- Ease of access and timely follow up office visits
- ASCS - good outpatient care to potentially prevent the need for hospitalization or early intervention to help prevent complications or more severe disease.
- PPE - harmful—health services that could be avoided through more effective care and care coordination.

What is the Problem?



- Use of ER for primary care services is problematic from both a cost and value standpoint.
- \$38 billion in spending each year on overuse of ER for ambulatory care (typical outpatient) services.
- Use of the ER does not allow for continuity of care and often results in duplication of services.

Source: Matter of Urgency: Reducing Emergency Department Overuse. Cambridge, Mass.: New England Healthcare Institute, 2010.

Definitions



- **Ambulatory Care Sensitive Conditions (ACSC)** are “conditions for which good outpatient care can potentially prevent the need for hospitalization, or for which early intervention can prevent complications or more severe disease.”¹
- **Potentially Preventable Events (PPE)** are “unnecessary, costly—and often harmful—health services that could be avoided through more effective care and care coordination. They run the gamut from potentially unnecessary hospital admissions and readmissions, trips to the emergency department (ED), laboratory tests, imaging and even medications.”²

Sources:

¹Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions; AHRQ (2001) Accessed 11/29/17 at : <http://www.ahaphysicianforum.org/resources/appropriate-use/ACSC/content/AHRQ-pqiguide.pdf>

²Population Health and Potentially Preventable Events; 3M (2014).

Upper Respiratory Tract Infections (URTIs) on a National Level

Please note: URTI and Upper Respiratory Infection (URI) are considered to be the same diagnosis.

URTIs on a National Level



Of the top 20 leading primary diagnosis groups for ER visits in 2014, URTI was the #1 PPE for both females and males under the age of 15 years.

Source:

National Hospital Ambulatory Medical Care Survey: 2014 Emergency Department Summary Tables. Atlanta: Centers for Disease Control and Prevention, 2014

URTIs in the State of Texas

Prevalence and Cost



- **Superior Cost:** In 2014, the sum of all TX costs with 00562 was \$2,377,753 with an average cost of \$135/visit.
- **Scott & White Cost:** In 2014, the sum of all costs with 00562 was \$516,215 with an average cost of \$121/visit.

Potentially Preventable Emergency Department Visits (Top 5)	Superior Frequency	Percent
Infections Of Upper Respiratory Tract	7,547	20.59%
Signs, Symptoms & Other Factors Influencing Health	2,772	7.56%
Non-Bacterial Gastroenteritis, Nausea & Vomiting	2,630	7.18%
Other Skin, Subcutaneous Tissue & Breast Disorders	2,431	6.63%
Level II Other Musculoskeletal System & Connective Tissue Diagnoses	2,244	6.12%

Potentially Preventable Emergency Department Visits (Top 5)	Scott & White Frequency	Percent
Infections Of Upper Respiratory Tract	4,263	20.58%
Non-Bacterial Gastroenteritis, Nausea & Vomiting	1,584	7.65%
Signs, Symptoms & Other Factors Influencing Health Status	1,332	6.43%
Level II Other Musculoskeletal System & Connective Tissue Diagnoses	1,190	5.74%
Abdominal Pain	1,129	5.45%

Source:

State of Texas Health and Human Services Commission (2014)



Top 5 Dx for Asthma CRG: Texas



State of Texas

Rank	Primary Diagnosis	Percent of Total
1	Acute upper respiratory infection, unspecified	8.13%
2	Unspecified asthma with (acute) exacerbation	5.64%
3	Viral infection, unspecified	3.03%
4	Acute pharyngitis, unspecified	2.89%
5	Unspecified asthma, uncomplicated	2.89%

Source:

3M Health Information Systems (HIS)

Data reflect paid claims Aug 16 – Jul 17

Members with CRG=Asthma

So, Why the ER?



- Access to timely primary care services
 - Patients can go to the ER without calling or scheduling an appointment.
 - The cost to the member is no different whether he/she went to the ER or to the PCP.
 - ER hours may be more convenient for the member.
 - Patients may not have to miss work or school.
 - Patients believe they will get the issue resolved with one-stop shopping.
 - Patients may not be able to get in to see the PCP.
- Referral to ER by the PCP
 - After-hours messaging often refers patient to ER.
 - Afternoon referral to ER because the PCP is booked.
- Financial incentives and perceived legal obligations of ER to treat
 - Emergency Medical Treatment & Labor Act (EMTALA) requires triage and assessment (but NOT treatment) <https://www.cms.gov/Regulations-and-Guidance/Legislation/EMTALA/Downloads/CMS-1063-F.pdf>.

Source:

Matter of Urgency: Reducing Emergency Department Overuse. Cambridge, Mass.: New England Healthcare Institute, 2010.

Reducing ER Visits – What to Do?



- Educate member via mailed brochure, member portals, text messaging and PRN phone contacts regarding:
 - Proper and appropriate ER utilization.
 - Alternative after-hours options.
 - Assistance with travel.
- Online information and tools for providers include:
 - Impact of URIs overall and positive impact to practice.
 - Provider profile comparison of the impact of URIs.
 - Cost of ER compared to an office visit.
 - After-hours requirements (access and messaging).
 - Tools and resources for patient education.
 - Timely notification to PCP of member ER visit.

Superior Member Mailers



24/7 Nurse Help Line

STAR, CHIP	1-800-783-5386
STAR MRSA	1-877-644-4494
CHIP RSA	1-800-820-5685
STAR-PLUS	1-866-516-4501
STAR Health	1-866-912-6283

Call NurseWise

If you can't reach your doctor or want to talk to someone about a health problem that you're having, you can call NurseWise at 1-800-783-5386.

NurseWise has nurses ready to talk to you when you can't reach your doctor. All of our nurses speak English and Spanish. They can answer your questions and help you. For example, if your child has a fever, cough or cold symptoms, you can call NurseWise for help deciding what to do.

Llame a NurseWise

Si no puede comunicarse con su doctor o si desea hablar con alguien acerca de un problema de salud, puede llamar a NurseWise al 1-800-783-5386.

NurseWise cuenta con enfermeras dispuestas a hablar con usted cuando no pueda comunicarse con su doctor. Todas nuestras enfermeras hablan inglés y español. Pueden contestar sus preguntas y ayudarlo. Por ejemplo, si su hijo tiene fiebre, tos o síntomas de resfriado, usted puede llamar a NurseWise para que le ayuden a decidir qué hacer.



Emergency Services

SERVICIOS DE EMERGENCIA

Need transportation?

If your problem is very serious, call 911 and an ambulance will take you to the nearest emergency room.

¿Necesita transportation?

Si su problema es muy grave, llame al 911 y una ambulancia lo llevará a la sala de emergencia más cercana.



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When to go to the emergency room

Emergency rooms are open 24 hours a day. You need to go to the emergency room if you think your life is in danger. If you believe you need immediate medical care to prevent you from being hurt permanently, you need to get medical help quickly. Go to an emergency room or call 911 right away if you have any of these problems:

- Bleeding that won't stop
- A broken bone
- Chest pain or other severe pain
- A bad burn
- Poisoning
- Seizures
- Fainting/unconsciousness
- Shock (you may sweat, feel thirsty or dizzy or have pale skin)
- You are in labor
- Gun or knife wounds
- Drug overdose
- Suddenly unable to see, move or speak

When not to go to the emergency room

- A sprain or strain
- Diarrhea
- Throwing up
- A cut or scrape
- An earache
- A sore throat
- A cough or cold
- Diaper rash
- Refills for medicine
- Mild headache
- Lice, scabies or ringworm

Call your doctor

If your problem is not serious, you may wait a long time in the ER. You may also get billed for the services if those services were not considered an emergency.

If you are not sure whether you should go to the emergency room, you can call your doctor or NurseWise* and they can tell you what to do.

If your life is in danger, go to the emergency room right away or call 911 for an ambulance to take you to the ER. Call your doctor when you get to the ER or when you are able to do so.

24/7 Nurse Help Line

STAR, CHIP	1-800-783-5386
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Cuándo ir a la sala de emergencia

La sala de emergencia está abierta las 24 horas del día. Usted debe ir a la sala de emergencia si cree que su vida está en peligro. Si cree que necesita atención médica inmediata para prevenir un daño permanente, debe buscar asistencia médica cuanto antes. Vaya a la sala de emergencia o llame al 911 de inmediato si sufre alguno de estos problemas:

- Hemorragia que no se detiene
- Hueso roto
- Dolor en el pecho u otro dolor fuerte
- Quemadura grave
- Envenenamiento
- Desmayo/pérdida del conocimiento
- Shock (es posible que sude, tenga sed, se sienta mareado o esté pálido)
- Dolores de parto
- Herida de bala o de cuchillo
- Sobredosis de drogas
- Pérdida repentina de la visión, habla o movilidad

Cuándo no ir a la sala de emergencia

- Torcedura o esguince muscular
- Diarrea
- Vómitos
- Cortes o rasguños
- Dolor de oído
- Dolor de garganta
- Tos o resfriado
- Rozadura del pañal
- Necesidad de surtir recetas médicas
- Dolor de cabeza leve
- Piojos, sarna, tiña

Llame a su doctor

Si su problema no es grave, es posible que lo hagan esperar mucho tiempo en la sala de emergencia. También es posible que le cobren por los servicios si no se consideran de emergencia.

Si no está seguro si debe ir a la sala de emergencia, usted puede llamar a su doctor o NurseWise y ellos pueden decirle lo que debe hacer.

Si su salud está en peligro, vaya a la sala de emergencia de inmediato o llame al 911 para que una ambulancia lo lleve a la sala de emergencia. Llame a su doctor cuando llegue a la sala de emergencia y pueda hacerlo.

Scott and White Member Mailers



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THE COLD STOPS HERE

Use your Regular Doctor for a Cold

A cold is one of the most common illnesses. Colds lead to more doctor visits and absences from school than any other illness every year. We want to get you better as soon as possible.

The emergency room is not the proper place to treat your cold. A regular doctor visit is the best option for your illness.

If you suspect you have a cold:

1. Call your regular doctor's office.
2. Same day appointment; you should be able to see your doctor within 24 hours.
3. It is best to see your doctor, who knows you and your medical/health history.
4. Most common illnesses are caused by viruses, and antibiotics DON'T fight viral infections.

Your care team will help you stay healthy. Contact your care team to:

- find a doctor
- make appointments
- locate urgent care
- get a ride
- care management

Visit www.RightCare.SWHP.org or call us at 1-855-897-4448 to learn more.

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Your Health Plan • Your Choice

RIGHTCARE

 Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

LA TOS TERMINA AQUÍ

En caso de resfriado, consulte a su médico habitual.

El resfriado es una de las enfermedades más frecuentes. Cada año, los resfriados conducen a más consultas médicas y ausencias a la escuela que cualquier otra enfermedad. Queremos que usted se mejore lo antes posible. **La sala de emergencias no es el lugar adecuado para tratar su resfriado. Una visita a su médico habitual es la mejor opción para su enfermedad.**

Si sospecha que tiene un resfriado:

1. Llame al consultorio de su médico habitual.
2. Obtenga una cita para ese mismo día; debe ver a su médico en un plazo de 24 horas.
3. Es mejor que consulte a su médico, quien ya lo conoce a usted y conoce sus antecedentes médicos y de salud.
4. Las enfermedades más comunes son causadas por virus y los antibióticos NO combaten las infecciones víricas.

Su equipo de atención médica le ayudará a mantenerse sano. Comuníquese con su equipo de atención médica para:

- encontrar un médico
- hacer citas
- encontrar atención urgente
- conseguir transporte
- obtener atención personalizada para su salud

Para más información visite www.RightCare.SWHP.org o llámenos al 1-855-897-4448.

RCSWHP 1161



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Temple, Texas 76502



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RIGHTCARE

Reducing ER Visits – What to Do?



- Develop a Written Access-to-Care Policy
 - Ensure that office staff and partners understand policy.
 - Provide office staff with examples and templates.
- Policy should include:
 - Designated and trained office staff to answer the phone.
 - How quickly the phone should be answered.
 - Who can offer clinical advice telephonically.
 - What happens when the office is notified of ER or urgent care visits.
 - How quickly patients can be seen, allowing for same-day appointments, as appropriate.
 - How evening and weekend coverage will be provided to patients.

Source:

Quality Field Notes: Reducing Inappropriate Emergency Department Use. Robert Wood Johnson Foundation, 2013.

Reducing ER Visits – What to Do?



- Improve After-Hours Telephone Messaging
 - Message should not direct patients only to the ER (the provider contract says this cannot be done).
 - The MCO should explain who is available for consultation after-hours and how the patient can access this person.

Source: Quality Field Notes: Reducing Inappropriate Emergency Department Use. Robert Wood Johnson Foundation, 2013.

Reducing ER Visits – What to Do?



- Include Access-to-Care and After-Hours instructions in your new-patient materials (e.g., welcome letter)
 - Include office hours and telephone numbers.
 - Include how to schedule same-day appointments.
 - Include what to do for urgent medical problems when the office is closed and contact information for nearby “partnering” urgent care centers.
 - Post information around the office, including in the exam and waiting rooms.

Source: Quality Field Notes: Reducing Inappropriate Emergency Department Use. Robert Wood Johnson Foundation, 2013.

Reducing ER Visits – What to Do?



- Make After-Hours Care a Topic of Conversation
 - Follow-up with patients who recently visited the ER via letter and/or call at the next office visit.
 - Provide patients with education regarding appropriate ER use.
 - Suggest after-hours number(s) be added to patients' cell phone contacts.
 - Use “on hold” messages and posters to educate about appropriate use of the ER.

Source: Quality Field Notes: Reducing Inappropriate Emergency Department Use. Robert Wood Johnson Foundation, 2013.

How are You Doing?



- Provider Profile Comparison
 - A multi-dimensional assessment of performance.
 - Range of clinical and administrative measures.
 - Compares expected rates for the patient panel.
 - Utilization Data:
 - Superior – access through the Treo portal.

Provider Profiling



<Date>

<First_Name> <Last_Name>
<Address>
<City>, <State> <Zip>
<Barcode>

Respiratory Measures

Dear Dr. <Last_Name>,

In January, you received information on respiratory measures. The data displayed the quality opportunities available and specific rates that showed where your practice had room for improvement in each measure. These measures included the appropriate screening of children with pharyngitis, appropriate treatment for children with upper respiratory infection and avoidance of antibiotic treatment in adults with acute bronchitis.

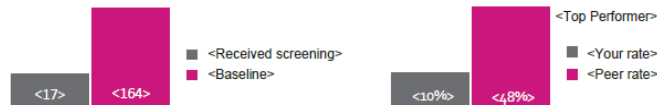
As a reminder, The Centers for Disease Control (CDC) encourages careful antibiotic use and avoiding antibiotic resistance. Most sore throats are caused by viral agents, with only about 15% of pharyngitis cases caused by group A strep.¹

To ensure continued quality of care is met, Superior has completed another analysis of your rates and has provided updated metrics below (identified through claims data). Please review each measure's baseline and your updated performance rate. Metric descriptions are also provided below each graph.

Note: If you are a top performer in any area, this will be indicated below by your current performance rate.

Increasing Appropriate Testing for Children with Pharyngitis

Superior reports the number of children between the ages 2-18 who were diagnosed with pharyngitis, dispensed an antibiotic and received a group A streptococcus test for the episode.



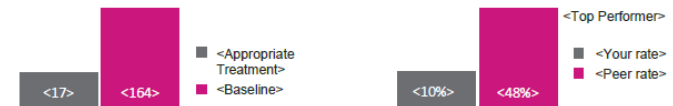
<Time Frame>
<Baseline Explanation>

<Time Frame>
<Current Performance Explanation>

*rating period is <Time Period>

Appropriate Treatment for Children with Upper Respiratory Infection

Superior reports the number of children 3 months – 18 years who were diagnosed with upper respiratory infection and were not dispensed an antibiotic prescription.

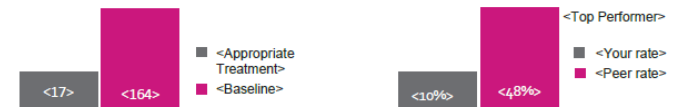


<Time Frame>
<Baseline Explanation>

<Time Frame>
<Current Performance Explanation>

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis

Superior reports the number of adults 18-64 who were diagnosed with acute bronchitis and were not dispensed an antibiotic prescription.



<Time Frame>
<Baseline Explanation>

What You Can Do

The CDC recommends promoting appropriate antibiotic use as part of your routine clinical practice.²

Some practice tips include:

- Explaining that unnecessary antibiotics can be harmful and viral infections cannot be cured by antibiotics.
- Encouraging active management of the illness and describing the expected normal time course of the illness.
- Creating an office environment to promote the reduction in antibiotic use.

If you have any questions or believe our records are incorrect, you can contact the Superior Quality Improvement department at SHIP.HEDIS@SuperiorHealthPlan.com.

Thank you for your continued efforts in increasing the quality of care to your patients.

Sincerely,

Dr. David Harmon
Chief Medical
Director

Conclusion



- Primary Care Physicians (PCPs) can have the greatest impact on potentially preventable events, including URIs.
- Managed Care Organizations (MCOs) can partner with you to help manage your patient panels.
- MCOs have additional resources including Care Management, Service Coordination and Disease Management.

Additional Information



- Contact your Account Management Representative or Provider Services at:
 - 1-877-391-5921

References



1. ***Matter of Urgency: Reducing Emergency Department Overuse.*** Cambridge, Mass.: New England Healthcare Institute, 2010, accessed November 2017 at:
http://www.nehi.net/writable/publication_files/file/nehi_ed_overuse_issue_brief_032610final edits.pdf
2. ***Guide to Prevention Quality Indicators: Hospital Admission for Ambulatory Care Sensitive Conditions;*** AHRQ, 2001, accessed November 2017 at :
<http://www.ahaphysicianforum.org/resources/appropriate-use/ACSC/content/AHRQ-pqiguide.pdf>
3. ***Population Health and Potentially Preventable Events;*** 3M HIS (2014).
4. ***National Hospital Ambulatory Medical Care Survey: 2014 Emergency Department Summary Tables.*** Atlanta: Centers for Disease Control and Prevention, 2014, accessed November 2017 at:
https://www.cdc.gov/nchs/data/nhamcs/web_tables/2014_ed_web_tables.pdf.
5. ***Quality Field Notes: Reducing Inappropriate Emergency Department Use;*** Robert Wood Johnson Foundation, 2013, accessed November 2017 at: <http://www.rwjf.org/en/library/research/2013/09/quality-field-notes--reducing-inappropriate-emergency-department.html>

Questions and Answers
