

What We're Learning: **Reducing Inappropriate Emergency Department Use Requires Coordination with Primary Care**

The Challenge

Johnny has a sore throat and his mom is worried that it could be strep. But she can't get off work until 5 p.m., when the doctor's office closes. So when she picks him up they head for the one place she knows will see him – the emergency department.

Hospital emergency departments (EDs) are indispensable to the acute health care system. Yet, 70 percent of ED visits are not emergencies, or could be prevented with effective and timely outpatient care.¹ EDs offer convenient access to care after-hours and for people without a regular primary care physician, and until recently, most insurance plans did not discourage their use. Patient demand for EDs is increasing, even as the number of hospitals with EDs is decreasing, leaving patients concentrated in more crowded EDs. Looking ahead, the aging population and growing burden of chronic disease will continue to put a strain on both primary care providers and EDs.²

When patients receive care in the ED unnecessarily, we all pay the price. Going to the ED when a visit to a primary care doctor would suffice costs \$580 more per visit and accounts for \$38 billion in wasteful spending each year.³ And the lack of coordination, communication, and continuity between EDs and other providers often leads to redundant testing, complicates follow-up care, and increases the risk of medical errors.

The Facts

More patients, fewer emergency departments, higher costs.

 20%

ED visits rose 20 percent from 2000 to 2010, increasing from 108 million⁴ to 129.8 million.⁵

 8%

However, the number of hospitals with operating EDs has declined 8 percent, from 4,019 in 1991⁶ to 3,700 in 2010.⁷

\$580 

We're paying the price. In 2007, the average cost of a visit to the ED was \$767, while the average cost of an office-based visit was \$187—a cost difference of \$580.⁸

What's Working

Lessons from AF4Q demonstrate how:



Simple, gradual and targeted efforts to improve **collaboration** and communication with providers and patients can make all the difference in reducing ED use.



Data **transparency** on the use of health services can help identify avoidable ED use and the reasons behind it.



Initiatives to **engage** stakeholders to take action should involve working with them, not just talking to them.

Aligning Forces for Quality

AF4Q is the Robert Wood Johnson Foundation's signature effort to lift the overall quality of health care in 16 targeted communities across America. These briefs distill some of the key lessons learned by these regional alliances of providers, patients, and payers as they work to transform their local health care and provide models for national reform.



Collaboration

Simple, gradual, and targeted efforts to improve collaboration and communication can help providers and patients address ED overuse.

Improving communication between doctors and patients can help keep patients out of the ED. An initiative run by the [Greater Detroit Area Health Council](#), which leads the local AF4Q effort, saw drastic reductions in avoidable ED visits after primary care practices began implementing simple changes to better communicate with patients to assure them that providers are accessible after hours. The alliance continues to work closely with an independent practice association to make inexpensive, “low-tech” changes, such as setting same-day appointments, including evenings and weekends, and changing after-hours telephone recordings to direct patients to an on-call doctor or answering service.

Offering resources in a primary care setting to patients who are most likely to use the ED can also reduce the likelihood of an unnecessary ED visit. The [Wisconsin Collaborative for Healthcare Quality](#), which leads the AF4Q effort in Wisconsin, supports an ED Care Coordination Initiative that refers patients in a defined population—those with Medicaid or without health insurance and who are pregnant, are frequent ED users, or have at least one common chronic condition—to a medical home. Case managers at local EDs identify patients in the target population, provide them with educational materials and schedule primary care appointments. Although the program defines clear processes, it allows flexibility across hospitals and provider groups based on internal strategies and cultures. By starting with small interventions targeted to a well-defined population and expanding and adapting as the program progresses, unnecessary visits to local EDs are declining.

FAST FACT: Through the pilot program in **Detroit**, rates of ED use for PCP-treatable conditions decreased from 49 visits per 1,000 practice-affiliated Blue Care Network members to 7.3 visits per 1,000 during the same four-month period a year later.



Transparency

Measuring and reporting on ED use can help reveal how and why patients are using emergency departments unnecessarily.

Often, physicians aren’t notified when their patients go to the ED, which prevents them from working with those patients after they go home. Even when a large health system has electronic health records to monitor ED visits, visits to out-of-network hospitals are often not tracked. To address this problem, the [Oregon Health Care Quality Corporation](#), which leads the AF4Q effort in Oregon, supported a local demonstration to produce timely reports using claims data to show how 3,600 patients were using health care services, regardless of their health plan. Notable findings across providers included a disproportionate number of ED visits at certain times of the day, and a high number of patient visits to EDs at hospitals not affiliated with their doctor’s office. Although tracking patients’ use of care is a substantial task for clinic staff, the program’s commitment to providing actionable, user-friendly online reports within four to six weeks of obtaining claims data, along with providing training, contributed to its success.

The ED Care Coordination Initiative in Wisconsin also relies on data from the local health information exchange to monitor the care patients receive across health systems, and to identify patients who frequently use EDs so that case managers can provide coaching on the benefits of a medical home. The health technology used in the program also includes appointment scheduling capabilities, so case managers can schedule a primary care appointment before the patient leaves the ED.

FAST FACT: Of the 47 percent of patients who kept their appointment scheduled with a medical home through the ED Care Coordination Initiative in **Wisconsin**, there was a 44 percent decrease in ED use when comparing the six months post-appointment to the six months pre-appointment.



Engagement

Educating patients and providers on ED overuse can be as easy as customizing effective tools with the community's input.

Efforts to inform patients on when it is appropriate to go to the emergency room and when to seek other options have been challenging. The [New Mexico Coalition for Healthcare Quality \(NMC4HQ\)](#), which leads the local AF4Q effort, adapted the “Emergency vs. Urgency” campaign previously implemented by a hospital in New Mexico to illustrate which conditions require ED care and which do not. The effort featured radio ads, posters, and customizable materials for local health systems to print or put on their websites. Similarly, an effort in Detroit provides a toolkit of materials for individual practices, including a script for telephone messages and sample patient follow-up notices. The alliance also offers a poster to practices and hospitals that [illustrates circumstances](#) necessitating an ED visit.

In awareness efforts, it's important to involve stakeholders to ensure you're reaching the right audiences in the right way. NMC4HQ engaged three hospitals and used their brands in promotional materials, but felt they could have created a more well-rounded campaign message if they had involved primary care practices. Also, working closely with data analysts, providers, and health plans could have helped to identify data sources early on to track the effectiveness of the campaign. The ED Care Coordination effort in Wisconsin engages patients at different stages to get their feedback, such as whether they found the tools easy to understand. The program organizers also work closely with leaders of hospitals and provider groups to ensure their support, and rely on a steering committee of all stakeholders to share best practices and keep efforts aligned.

FAST FACT: After the campaign in **New Mexico**, four local hospitals reported that non-emergency ED visits had decreased by an average of 1,573 non-emergency ED visits per hospital, compared with the same time frame the previous year.

- 1 *Avoidable Emergency Department Usage Analysis*. Ann Arbor, Mich.: Truven Health Analytics, 2013, img.en25.com/Web/TruvenHealthAnalytics/EMP_12260_0113_AvoidableERAdmissionsRB_WEB_2868.pdf (accessed June 2013).
- 2 *A Matter of Urgency: Reducing Emergency Department Overuse*. Cambridge, Mass.: New England Healthcare Institute, 2010, www.nehi.net/publications/55/a_matter_of_urgency_reducing_emergency_department_overuse (accessed June 2013).
- 3 New England Healthcare Institute.
- 4 *Nonurgent Use of Hospital Emergency Departments*. Washington: Center for Studying Health System Change, 2011, hschange.org/CONTENT/1204/1204.pdf (accessed June 2013).
- 5 National Hospital Ambulatory Medical Care Survey: 2010 Emergency Department Summary Tables. Atlanta: Centers for Disease Control and Prevention, 2013, www.cdc.gov/nchs/data/ahcd/nhamcs_emergency/2010_ed_web_tables.pdf (accessed June 2013).
- 6 Urgent Matters Learning Network. *Improving Patient Flow & Reducing Emergency Department (ED) Crowding*. Washington: Urgent Matters, 2010, www.rwjf.org/content/dam/web-assets/2010/02/improving-patient-flow-and-reducing-emergency-department-ed-cr (accessed June 2013).
- 7 *Health, United States, 2012: With Special Feature on Emergency Care*. Hyattsville, Md.: National Center for Health Statistics, 2013, www.cdc.gov/nchs/data/hus/hus12.pdf (accessed June 2013).
- 8 New England Healthcare Institute.

Resource Guide:

Review a compendium of tools and techniques that AF4Q alliances use to address avoidable ED use.