

Right

Care
Place
Time

Munson Family Practice Center
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Emergency Room Over Utilization

It has been estimated that ED care costs two to five times as much as the same treatment delivered by a primary care physician. Eliminating inappropriate ED use could reduce health care spending by as much as \$32 billion each year.

Hunt KA, Weber EJ, Showstack JA et al. Characteristics of frequent users of emergency departments. Ann Emerg Med. 2006;48(1):1-8.

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Who ? Results of ER Over- Utilization.

- Who are the drivers of ER over utilization?
- What problems can ER over utilization cause.

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Post ER calls

Munson Family Practice Care Coordination team made post-ER follow up calls to every Munson Family Practice patient seen in the Emergency Room for the month of November 2018. The post-ER call was made the day after the ER visit. There were a total of 84 Munson Family Practice patients that presented to the emergency room during that time. The reason for the call was to:

- Determine the reason for the ER visit in the patients own words
- Determine whether patient called clinic for triaging prior to going to ER
- Determine patient knowledge of same day appointment availability
- Determine patient knowledge of physicians on call after hours
- Schedule a clinic follow up appointment

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Chart Review

A Chart review was done on all 84 patients to determine:

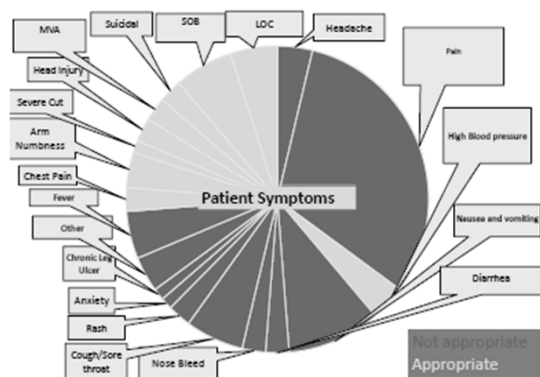
- Day of the week and time patient presented to the emergency room
- Whether the patient had health insurance
- Whether the patient followed up in the clinic post ER

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Symptom appropriate

Out of the 84 patients that presented to the ER 31 (36%) presented with appropriate symptoms, 53 (63%) presented with symptoms not appropriate for the ER.

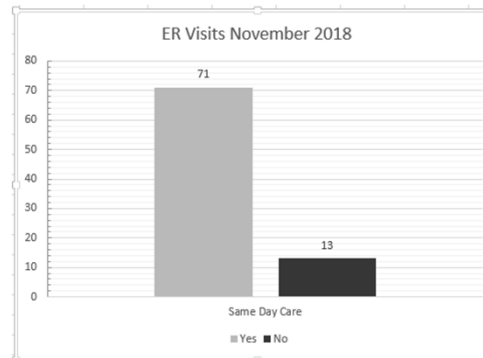
Non-appropriate: pain, nausea, diarrhea, nose bleed, cough, rash, headache, fever, anxiety



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Patient knowledge of clinic same day care

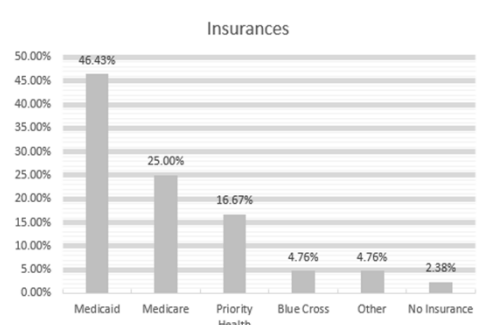
Of the 84 patients that presented to the ER, 13 (15%) did not know about same day care, and 71 (84%) knew about same day care.



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Health Insurance

Of the 84 patients that presented to the ER 46 % had Medicaid, 25% had Medicare, 16% had Priority Health, 4% had Blue Cross and 2% had no insurance.

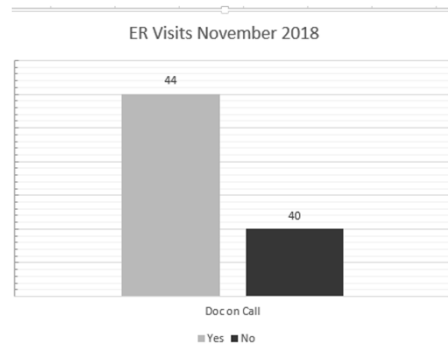


In 2011, there were over 131 million ED visits in the United States. Medicaid beneficiaries made up 27 %, Medicare made up 22%, and 16% of all ED visits had no insurance coverage Medicaid beneficiaries use the ED at an almost two-fold higher rate than the privately insured. *Sommer et al. 2012.*

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Patient knowledge of after hours physicians on call

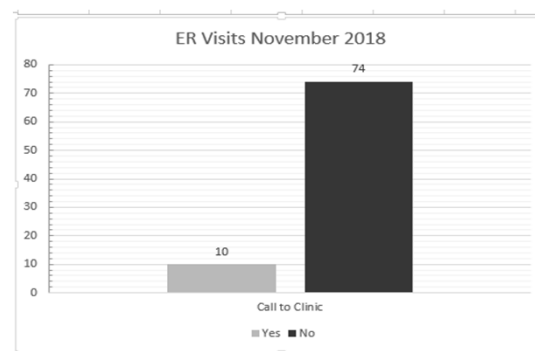
Of the 84 patients that presented to the ER, 40 patients (47%) did not know about the physician after hours line, 44 patients (52%) were aware of the on call line



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Patient call to clinic for triaging

Of the 84 patients that presented 74 (88%) patient did not call the clinic prior to going to the ER, 10 (8%) patients did call the clinic triage line.



An estimated 13% to 27% of emergency department (ED) visits in the United States could be managed in physician offices...at a savings of \$4.4 billion annually. *Weinick, Burns, & Mehrotra, 2010*.

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Patient ER Visit day and time

Monday 13 patients; 7 after clinic hours; 6 during clinic hours

Tuesday 11 patients; 3 presented after clinic hours; 8 during clinic hours

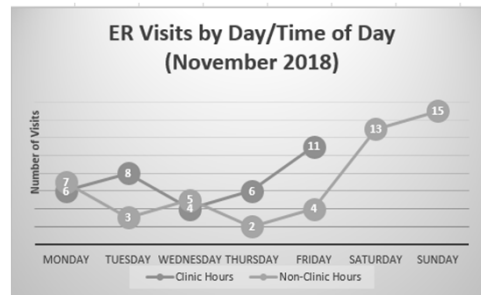
Wednesday 9 patients; 5 after clinic hours; 4 during clinic hours

Thursday 8 patients; 2 after clinic hours; 6 during clinic hours

Friday 15 patients; 4 after clinic hours; 11 during clinic hours

Saturday 13 patients

Sunday 15 patients



Two-thirds of emergency room visits occur after business hours (9am – 5pm).

Pitts et al, 2010.

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Clinic follow up

Out of the 84 patients that presented to the ER only 36 patients (42%) made and kept their follow up appointment in the clinic.

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Action

1. Development of an Interdisciplinary team that meets every third Tuesday and prn to discuss high utilizers of the ER
2. Developed rapport with MFP physicians, ER physicians, ER manager and representatives from Munson's Patient Care Management/Social Work department to develop ER individualized care plans for high ER utilizers
3. Enrollment in Care Management
4. Continue post ER calls educating patient on symptom appropriateness, clinic same day appointments and after hours on call physicians

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Future action

1. Review nursing triage symptom protocols followed by staff education
2. Review clinic same day care protocols followed by staff education
3. Evaluate after hours voice message
4. Evaluate need for a patient follow up letter for patients presenting to the ER with symptoms that were not appropriate for ER presentation
5. Continue to work as a team to assess patient barriers to healthcare to help address and eliminate in appropriate use of the ER

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