Reducing Unnecessary Utilization

Improving Access to Specialty Care to Reduce Unnecessary ED Visits

Lisa Tuttle, Maine Quality Counts
Sue Butts-Dion, Improvement Advisor
Carol Greenlee, MD, TCPI National Faculty
Sunil Kripalani, MD, MSC, Vanderbilt University Medical Center

February 22, 2018
Ready, Set, Engage

Chat Box:
• Chat questions to “All panelists and attendees” so participants can view and panelists can respond
• Panelists will respond to your questions during the Q and A discussion

Follow-up:
• Following the presentation, participants will receive a follow-up email with the slide deck, recording, and a link to access additional resources
NRHI SAN Faculty and Topic Areas

<table>
<thead>
<tr>
<th>NRHI High-Value Care SAN Learning Program Topics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Measuring and Understanding Total Cost of Care</td>
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<tr>
<td>Behavioral Health Integration</td>
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<tr>
<td>Reducing Unnecessary Utilization</td>
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<tr>
<td>Navigating Payment Reform</td>
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<tr>
<td>Designing and Evaluating Quality Improvement Programs</td>
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<tr>
<td>Advancing Care Management</td>
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<tr>
<td>Improving Person and Family Engagement</td>
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</table>

Resources can be accessed here: https://nrhisan.healthdoers.org/home
# Reducing Unnecessary Utilization

<table>
<thead>
<tr>
<th>Topic</th>
<th>Faculty</th>
<th>Date</th>
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<tbody>
<tr>
<td>Strategies for Clinics to Address Imaging for Low Back Pain and Cost of Care</td>
<td><img src="image" alt="Quality Counts Logo" /></td>
<td>1/25/2018</td>
</tr>
<tr>
<td>Improving Access to Specialty Care to Reduce Unnecessary ED Visits</td>
<td><img src="image" alt="Quality Counts Logo" /></td>
<td>2/22/2018</td>
</tr>
</tbody>
</table>
## TCPI Change Package and PAT

### TCPI Change Package

1.2 Team-based relationships
   - 1.2.4 Define specialty-primary care roles
1.4 Practice as a community partner
1.5 Coordinated care delivery
1.7 Enhanced access
3.4 Efficiency of operation

### PAT Milestones

- **Milestone 3:** Practice has reduced unnecessary tests, as defined by the practice
- **Milestone 12:** Provide 24/7 access: Provide 24/7 access to the care team
Meet the presenters

Lisa Tuttle
Program Director, Maine Quality Counts

Sue Butts-Dion,
Improvement Advisor

Sunil Kripalani, MD, MSC,
Vanderbilt University Medical Center

Carol Greenlee, MD
TCPi National Faculty
Voices from the Field

Lisa Lewis, D.O., FA.C.O.G., M.P.H
Sustaina Center for Women

Beth Neuhalfen, BS-CHC
Denver Health Hospital Authority,
Colorado PTN

Wendy Gosse,
Population Health Associate
MidSouth PTN
Who we are: Maine Quality Counts is a catalyst to achieve better health for Mainers and through collaboration, our neighboring states New Hampshire and Vermont. We introduce innovative models for health care and build clinical and community connections to promote health care transformation.

Our Mission: Maine Quality Counts is transforming health and health care by leading, collaborating and aligning improvement efforts.

Our Vision: Through the active engagement and alignment of people, communities and health care partners, every person will enjoy the best of health and have access to patient centered care that is uniformly high quality, equitable and efficient.
Today you will learn about:

• Why improving access is an important driver of reducing potentially avoidable emergency department use
• Strategies for how PCPs and specialists/subspecialists can work together to improve access
• Processes that specialists and subspecialists need to consider when addressing ED use
• Practical examples of how practice facilitators can support this work
• Tools and resources to support PCPs, specialists and subspecialists to succeed in this work
Key Elements Required for Improvement

- **Will**: to do what it takes to change to a new system
- **Ideas**: on which to base the design of the new system
- **Execution**: of those ideas to get results on a project or portfolio of projects

Source: Institute for Healthcare Improvement (IHI)
Ideas/Promising Practices to Reduce Unnecessary ED Use in Primary Care

There are many!

- Emergency Department Flow
- Patient Centered Medical Home
- Open Access (Mark Murray & others)
- Agency for Healthcare Research and Quality (AHRQ)
- Robert Wood Johnson
- CMS focus on “super-utilizers”
- Many efforts aimed at engaging consumers about health care choices (e.g., Choosing Wisely)
- And the list goes on...
It gets more complex when we step outside the doors of primary care and into specialty care.
# The Three Faces of Performance Measurement

<table>
<thead>
<tr>
<th>Aspect</th>
<th>Improvement</th>
<th>Accountability</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Improvement of care (efficiency &amp; effectiveness)</td>
<td>Comparison, choice, reassurance, motivation for change</td>
<td>New knowledge (efficacy)</td>
</tr>
<tr>
<td><strong>Methods:</strong></td>
<td><strong>Test Observability</strong></td>
<td><strong>Bias</strong></td>
<td><strong>Sample Size</strong></td>
</tr>
<tr>
<td>• Test Observable</td>
<td>Test observable</td>
<td>No test, evaluate current performance</td>
<td>“Just enough” data, small sequential samples</td>
</tr>
<tr>
<td>• Bias</td>
<td>Accept consistent bias</td>
<td>Measure and adjust to reduce bias</td>
<td>“Just in case” data</td>
</tr>
<tr>
<td>• Sample Size</td>
<td>“Just enough” data, small sequential samples</td>
<td>Obtain 100% of available, relevant data</td>
<td>“Just in case” data</td>
</tr>
<tr>
<td>• Flexibility of Hypothesis</td>
<td>Flexible hypotheses, changes as learning takes place</td>
<td>No hypothesis</td>
<td>Fixed hypothesis (null hypothesis)</td>
</tr>
<tr>
<td>• Testing Strategy</td>
<td>Sequential tests</td>
<td>No tests</td>
<td>One large test</td>
</tr>
<tr>
<td>• Determining if a change is an improvement</td>
<td>Run charts or Shewhart control charts (statistical process control)</td>
<td>No change focus (maybe compute a percent change or rank order the results)</td>
<td>Hypothesis, statistical tests (t-test, F-test, chi square), p-values</td>
</tr>
<tr>
<td>• Confidentiality of the data</td>
<td>Data used only by those involved with improvement</td>
<td>Data available for public consumption and review</td>
<td>Research subjects’ identities protected</td>
</tr>
</tbody>
</table>

Lief Solberg, Gordon Mosser and Sharon McDonald: *Journal on Quality Improvement* vol. 23, no. 3, (March 1997), 135-147
Today’s Presenters will:

Share **Ideas** on which to base the re-design of specialty care systems

Share how they **Executed** those ideas to get results

Throughout their presentation, weave in stories of things that helped them strengthen **Will** and get people on board with changing the system

Source: Institute for Healthcare Improvement (IHI)
MidSouth PTN

Sunil Kripalani, MD, MSc
Associate Professor of Medicine
Director, Center for Clinical Quality and Implementation Research
Co-Director, Center for Effective Health Communication
Vanderbilt University Medical Center
Reducing Unnecessary Emergency Room Visits

Sunil Kripalani, MD, MSc
Associate Professor of Medicine
Director, Center for Clinical Quality and Implementation Research
Co-Director, Center for Effective Health Communication
Vanderbilt University Medical Center
Excess Use of Emergency Rooms

- The problem: Using the ER for non-emergent needs
- Focus on: **Low-Acuity Non-Emergent (LANE) visits**
  - Several hour delay would not cause harm
  - Most common reasons: musculoskeletal pain, cough, rash, sore throat, UTI, vomiting

![Pie chart and bar graph showing daily ER discharges for LANE visits](chart.png)
Drivers of ER Use

- Individuals unsure where to seek care
- Limited office hours (evenings & weekends)
- Lack of advice or triage options
- Provider referrals to ER
- Lack of access to appropriate care
- ER access is “easy”—one stop shopping
- Proximity to ER
- Poor care coordination
- Social or behavioral health factors
Consequences of Excess ER Use

- High volume of potentially avoidable visits
- Uncoordinated care (PCP unaware of visit)
- Risk for medication errors
- Increased unnecessary testing
- Wasteful spending
- ER overcrowding

- 7x cost of PCP visit
- Potential to save $4.4 billion per year
Toolkit: Reduce ER Utilization

• Help practices implement solutions that have proven beneficial in reducing ER visits
• “SWAT Team”
  • Sunil Kripalani, Heather Limper, Adrianna Mansolino, Wendy Gosse, Cindy Powell, Allison Bosse, Thomas Spain, Tyler Barrett, Stephan Russ, Stacy Gourley, Emily Smith, Erin Acord

Improve access: right place @ right time
Appropriate triage
Inform & educate
Collaborate with local institutions
Post-ER follow-up: care & learn
Improving Access to Care: Overview

- Survey patients about ease of clinic access
- Assess timeslot utilization
- Align appointment length with need
- Create protocols for working in urgent issues
- Ensure same-day and next-day appointment availability
### Patient Survey on Clinic Access

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree</th>
<th>Disagree</th>
<th>Agree</th>
<th>Strongly Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>It is easy to schedule an appointment in a timely manner</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>When I call [Practice Name], my needs are met in a timely manner</td>
<td></td>
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</tr>
<tr>
<td>When I have an urgent medical issue, I am offered a same-day or next-day appointment</td>
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</tr>
<tr>
<td>When scheduling a routine follow-up appointment, I am offered an appointment that meets my needs</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>I know how to get in touch with someone from my doctor’s office after normal business hours</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If [Practice Name] offered appointments during evening hours, I would use them</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If [Practice Name] offered appointments during weekend hours, I would use them</td>
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<td></td>
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<td></td>
</tr>
</tbody>
</table>
Appropriate Triage: Overview

- Evaluate triage process for same-day appointment requests
- Evaluate nursing triage protocols
- Update after-hours messaging
- Consider after-hours call service or nurse advice line
- Ensure physician or nurse is on call for urgent needs
Example: If your practice has a voice mail system and a doctor or nurse on call:

Thank you for calling [Practice Name]. We are currently closed. If you are calling about an urgent medical problem that cannot wait until regular office hours, there is a [doctor or nurse] available. Please call XXX-XXX-XXXX to reach the [doctor or nurse] on call. If your concern is less urgent and could be addressed when the office opens, please leave a message after the tone, or call back during normal office hours. Our office is open from XX:XX to XX:XX, and we will do our very best to address your needs. If you are calling about a life-threatening emergency, please call 911 or go to the nearest Emergency Room.
Inform & Educate: Overview

• Provide info on office hours, services, after-hours call number, website

• Educate patients on where to seek care
  • Ask about ER use (when? where?)
  • Educate about appropriate ER use
  • Provide alternatives (same/next day appt)

• Post educational materials
Opportunities to Inform about After-hours Access to Care

• Website
• New patient packet
• Postcards or flyers given at check-in
• Refrigerator magnet
• Add a footer to all patient documents
## Where Should You Go?

**How to Choose Between:**

### Primary Care

- Check-ups or physicals
- Common illnesses
- Flu shots and other vaccines
- Health advice
- Medication refills or changes
- Referral to a specialist
- Routine tests
- Your regular medical problems
  - and most things on the urgent care list!

### Urgent Care

- Allergic reaction
- Animal or insect bite
- Back pain
- Bad cold or flu
- Cuts requiring stitches
- Ear aches
- Eye infection or irritation
- Mild fever
- Minor burns
- Nausea, vomiting and diarrhea
- Skin conditions
- Sore throat
- Sprains or strains
- Suspected broken bone, not shifted out of place
- Urinary tract infection

### Emergency Room

- Broken bone, shifted out of place
- Coughing or vomiting blood
- Chest pain
- Difficulty speaking
- Head or eye injury
- Poisoning or overdose
- Severe abdominal pain
- Severe burns
- Signs of stroke such as numbness or weakness of limbs
- Shortness of breath
- Sudden loss of consciousness
- Uncontrolled bleeding
WHERE SHOULD YOU TAKE YOUR CHILD?

**PRIMARY CARE $**
Call or see your pediatrician for regular medical problems or most urgent needs.
- Check-ups or physicals
- Common illness
- Flu shots and other vaccines
- Health advice
- Medication refills or changes
- Referral to a specialist
- Routine tests
- Your child’s regular medical problems
... and most things on the urgent care list!

**URGENT CARE $$**
Go to the Urgent Care for common things that need to be treated soon, but your doctor is not available.
- Bladder infections
- Congestion
- Cuts requiring stitches
- Dehydration
- Ear aches
- Headache
- Mild Fever
- Minor burns
- Poor feeding
- Rash
- Sore throat
- Sports Injuries
- Stiff Neck
- Vomiting or diarrhea

**EMERGENCY ROOM $$$$**
Go to the Emergency Room for serious life or limb threatening conditions.
- Broken bone, shifted out of place
- Difficulty breathing or speaking
- Head or eye injury
- Lethargic or hard to wake
- Loss of consciousness
- Poisoning or overdose
- Severe abdominal pain
- Severe asthma or allergic reaction
- Severe burns or laceration
- Traumatic injury
- Turning blue or pale

Call your pediatrician about:
- High fevers
- Persistent vomiting
Local Collaboration: Overview

- Reach out to ERs used by your patients
- Build relationships with ER physicians and administrators
- Partner with urgent care clinics
Collaboration with ERs and Urgent Care Clinics

• Build relationships with clinicians and administrators
• Two-way referral relationship
• Timely information sharing
  • Medical history, medications
  • Discharge summary, new prescriptions, tests
• Notification: real-time? weekly? monthly?
• Discuss priority populations or patients
• Develop shared educational materials
• Opportunities to collaborate on quality of care
Post-ER Follow-up: Overview

- Call patients after ER visit to:
  - Understand reason for visit
  - Answer questions
  - Schedule follow-up
  - Educate on alternatives
  - Understand barriers to receiving care in clinic
Post-ER Phone Call

- Review reason for visit
- Discharge instructions, questions?
- Medications (new, changed, stopped), filled Rx?
- Follow-up appointment, tests
- Ask about attempts to call practice or come in for same-day visit
- Referred to ER?
- Educate about appropriate ER use, clinic access, urgent care alternatives
## Summary: Reducing Excess ER Use

<table>
<thead>
<tr>
<th>Good Place to Start</th>
<th>Intermediate Difficulty</th>
<th>Advanced</th>
</tr>
</thead>
<tbody>
<tr>
<td>Survey patients: ease of access, knowledge about where to get care</td>
<td>Offer same-day and next-day urgent care slots</td>
<td>Expand office hours for evening and/or weekend care</td>
</tr>
<tr>
<td>Educate patients about when to use clinic, urgent care, or ER</td>
<td>Use an after-hours call service</td>
<td>Partner with local urgent care centers</td>
</tr>
<tr>
<td>Update after-hours messaging</td>
<td>Call patients after ER visit</td>
<td>Collaborate with local ERs</td>
</tr>
<tr>
<td>Train staff to triage to the office or urgent care when appropriate</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Give patients phone numbers for practice and urgent care</td>
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</table>
Thank you for participating in this NRHI SAN Learning Program:

Improving Access to Specialty Care to Reduce Unnecessary ED Visits

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