Emergency Department Over-Utilization

A New Paradigm?

May 27, 2009
Agenda

- CHIP Health Center Controlled Network Overview
- Map Identifying Health Center Delivery Site Locations
- Emergency Department Over-Utilization
  - What We Know………
  - What We Need to Consider To Effect Change
- Contact Information
Community Health Integrated Partnership

- Founded in 1996 by eight (8) federally qualified health centers (FQHC)
  - To develop programs to improve patient care & contain costs through shared resources
  - Current 9 members represent 16 rural & suburban Maryland counties & urban Baltimore City
- Provide FQHCs with management, financial, quality improvement, & technology services
  - Management services – managed care contracting, practice management system, electronic patient record system, credentialing, management consulting
  - Financial – revenue cycle management, Medicare & Medicaid billing compliance, monthly operational & financial benchmark reporting
  - Quality improvement - patient satisfaction surveys & community health quality center (quality improvement & outcome reporting)
## Community Health Integrated Partnership
### Health Centers & EPRS Participants

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Emergency Department Over-Utilization

What We Know…….

- Emergency Department (ED) use continues to grow regardless of insured status, however, largest volume is uninsured population
  - Perspective – decades old issue that has eluded a solution
  - EDs already challenged by staffing issues, insufficient specialty consult resources, insufficient bed capacity for admissions & inadequate primary care referral capacity
- Self-pay (includes uninsured) account for largest percentage of “treat & release” patients from ED
- ED use for non-emergent care is costly & diverts resources from meeting demand for appropriate emergency services
- Previous “diversion” efforts have not yielded ED usage paradigm shifts
  - Need to encourage more hospitals to develop electronic interfaces to community health centers
- Patient “disincentives” such as increased co-pays ($100+) have marginal impact in deterring ED usage
Emergency Department Over-Utilization

What We Need to Consider to Effect Change (one person’s opinion)

- Reduce hospitals “investment” in ED use
  - ED visits represent significant source of revenue to hospitals
    - ED visits represent approximately 50% of all hospital visits
    - Significant number of inpatient admits originate from ED visits
  - Restructure hospital financing to reduce dependency on ED visits as a source of revenue
- Payors do not compensate for “after hours care”
  - Support of & investment in “patient centered medical homes” could be a vehicle for shifting system focus from “acute” care to preventive/primary care
- Physicians lack tools to keep patients out of ED
  - Best ED diversion program is to “avert” the need for ED use for non-emergent care
  - FQHC adoption of electronic health record systems enable providers to manage after hours patient calls more effectively
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- Previous “diversion” efforts have not yielded ED usage paradigm shifts
  - Changing “historical” behavior requires education, behavior modification & affordable access to primary care services which current health system reimbursement does not recognize - need to go beyond “demonstration grant” funding
  - Need to “capacity build” primary care & specialty care services
    - EDs are portals to specialty care, diagnostic & ancillary services

- Need to encourage & finance adoption of health information technology
  - Health system lacks technology tools to monitor & manage patients
  - Electronic health records give provider 24/7 access to patient data & ability to make more informed decisions about patient directing
  - Health information exchanges give providers the ability to access data critical to treating patient & referring back to primary care
Emergency Department Over-Utilization

- Need to encourage & finance adoption of health information technology
  - Health system lacks technology tools to monitor & manage patients
  - Electronic health records give provider 24/7 access to patient data & ability to make more informed decisions about patient directing
  - Health information exchanges (HIE) give providers the ability to access data critical to treating patient & referring back to primary care
CHIP Contact Information

If you have any questions, please call:

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