

# ED Utilization Quality Guide



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# Overview

- This toolkit is intended to be a reference guide to those who are looking to reduce avoidable emergency department (ED) utilization.
- Avoidable ED use is a challenge that physicians, hospitals, and health plans continually face.
- Identifying patterns of use and guiding members to appropriate sites of care can help reduce costs and improve care.
- The intent of this guide is to aid in driving appropriate emergency department utilization through the application of evidenced based materials and clinical experiences.

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# Practice Checklist

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# Practice Checklist

## Assessing patient access

Question	Response	
The entity has an after-hours protocol.	Y	N
The entity has extended hours (evenings/weekends).	Y	N
A percentage of each day's schedule is open for same day appointments.	Y	N
The entity has daily walk-in hours.	Y	N
The entity utilizes various methods to communicate its patient access.	Y	N
The entity utilizes after-hours nurse advise/triage.	Y	N
The entity has a protocol to follow up after emergency visits.	Y	N
The entity utilizes scripting/documents post-ED call.	Y	N
The entity has resources to receive ED visit notifications.	Y	N
Tools are used to address non-emergent ED utilization.	Y	N
Patient self-management care plans guide patients to appropriate sites of care.	Y	N
Patients have various methods to communicate with the entity.	Y	N
The entity provides virtual visits.	Y	N
The entity continuously assesses if access meets the needs of the patients.	Y	N
Patient knows who to contact during and after business hours for appointments.	Y	N

**Assessment  
can be completed  
at entity level to review  
potential opportunities**



# PCP Assessment on ED Utilization

**Primary Care Practice Assessment on ED Utilization**

*The following assessment can be completed at any time to assess how your practice is working towards addressing ED visits.*

Practice Name: \_\_\_\_\_ Date Completed: \_\_\_\_\_

- On average, how quickly can a patient be seen for a sick or urgent visit?
  - Same day     Next day     2-4 days     3-5 days     1 week or more
- How does your practice handle external calls during office hours?
  - Caller utilizes phone tree, such as interactive voice response system or push-button system     Calls are answered directly by staff
  - Messages are collected and given to RN/MD     Triage process – calls answered by on-call staff
  - Decision tree     Practice has no standard process in place
- How does your practice handle after-hours emergency calls?
  - Patient calls are screened by an answering service prior to speaking with provider     Patient contacts provider directly
  - Practice directs patients to ED via recorded message     Practice has no standard process in place
  - Nurse provides advice to patient on provider's behalf

	No process	Being planned	Works poorly	Works somewhat	Works well	What makes it work?	What causes it not to work?
<b>Processes</b>							
4. Knowing when patients have visited the ED?	1	2	3	4	5		
5. Recognizing high ED utilizers?	1	2	3	4	5		
6. Provide information and/or educate patients on appropriate use of ED?	1	2	3	4	5		
7. Provide follow-up (visits, communication) with patients who have recently visited the ED?	1	2	3	4	5		

- Do you have a sense of why patients are using the ED instead of PCP? If yes, what are they and how do you know? \_\_\_\_\_
- Does your practice share ED visit information with any of the following other care team members?
  - Other Specialists (BH, Endocrinologist, Cardiologist, Pain Specialist, etc.)
  - Care/Case Manager
  - No process in place
- On a scale of 1 to 10 (1 – no process and 10 – works efficiently) how would you rate your practice as a whole in addressing ED visits? \_\_\_\_\_

**Assessment can be completed at practice level to review current options and potential opportunities for improved access or workflow.**

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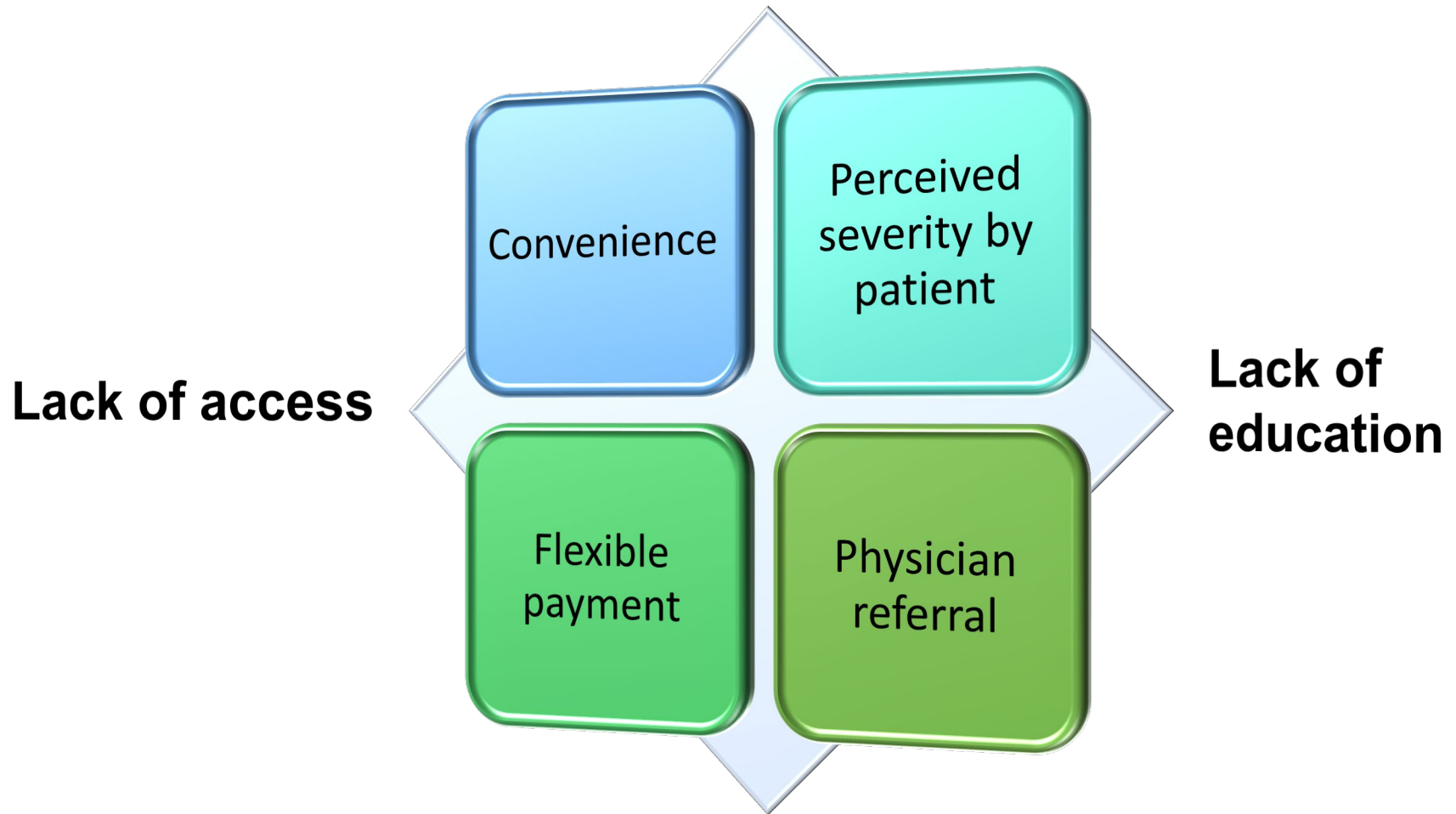
# Drivers of ED Utilization

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# Drivers of ED Utilization

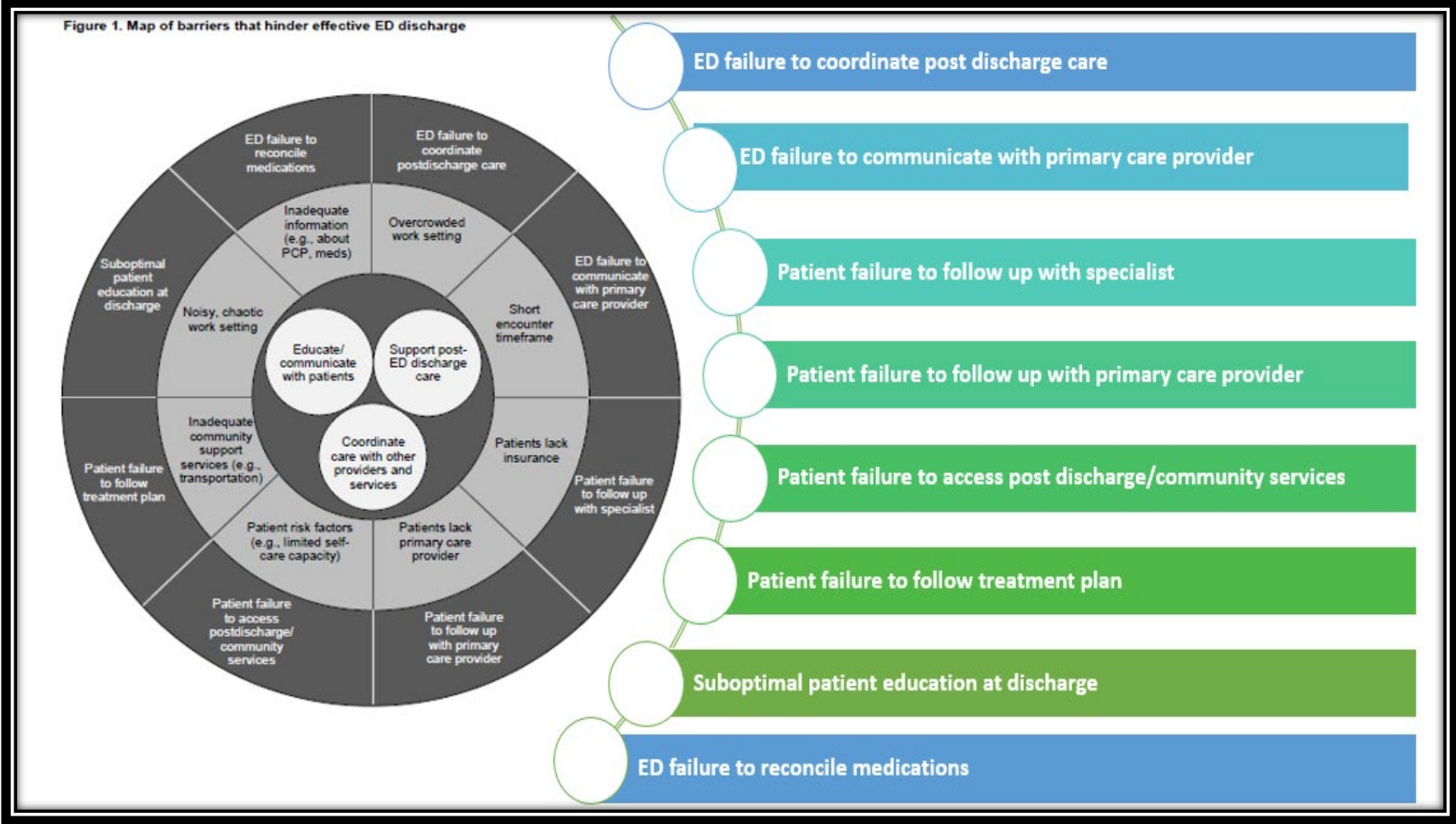
## Most Commonly Cited Reasons of Avoidable ED Use



Source: The Advisory Board, Population Health Advisor. ED Avoidance 101 webinar. May 2019.

# Drivers of ED Utilization

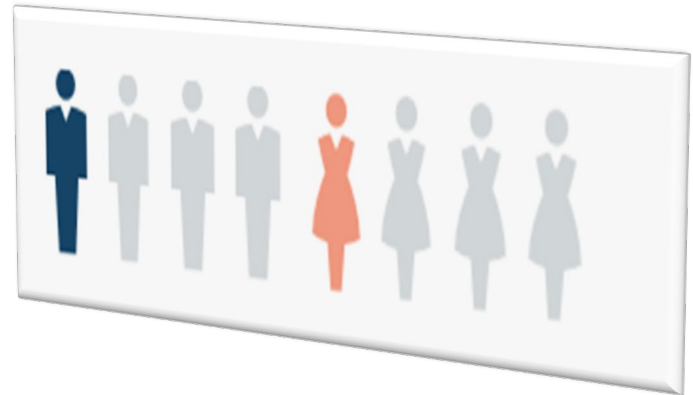
## Barriers that hinder effective ED discharge



Source: AHRQ.gov 2014 Improving the Emergency Department Discharge Process: Environmental Scan Report.

# At-Risk Populations for ED Failures

- Physical or cognitive impairment
- Psychiatric illness
- Alcohol/Drug abuse
- Poor Health Literacy
- Social Determinants
- Medical conditions such as: asthma, heart disease, depression, hypertension
- Recent ED Visits



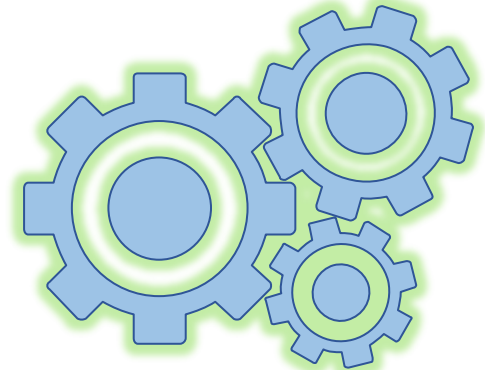
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# Establishing ED Utilization Objectives

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# Establishing ED Utilization Objectives

- ❑ Identification of ED high utilizers
- ❑ Health information exchange with ED admission/ discharge notifications
- ❑ Pharmacy reports to include controlled substances and multiple prescribers
- ❑ Benefits of post-ED outreach
  - Decreased ED return (as defined by....)
  - Increased financial gains in VBR programs
  - Increased patient satisfaction
  - Better patient outcomes (as defined by.....)



Harvard Pilgrim Health Care. (2020, October). *Avoidable Emergency Department Utilization: Quality Improvement Toolkit*. [www.Harvardpilgrim.Org](http://www.Harvardpilgrim.Org).  
<https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/10/Avoidable-Emergency-Dept.-Utilization-Toolkit-v9.pdf>

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# Proactive Initiatives

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# Proactive Initiatives - Patient Access

## Patient Access

### Access to Care Policy

Needs to be in writing and approved by the physician

Hold staff meeting to review it together and make sure all staff are on the same page

Be sure it includes:

—How quickly will the phone be answered

—Handling clinical advice for patients

—Handling post-emergency department/urgent care visit notifications

—If there are too many to follow up on all, pick a disease and focus on those



## Consider Utilizing:

- Group Visits for chronic disease management (i.e., Diabetes, weight loss)
- Mid-levels (PA or CRNPs) to see walk-ins or same day appointments as appropriate
- Virtual visits
- Various forms to communicate with patients - Patient portal, email, phone, social media, handouts, etc.
- Efficiency protocols- Standard Orders and Common Conditions protocols

Source: AJMC May 2013, Emergency Department Use Associated with Primary Care Office Management.

# Proactive Initiatives - Patient Access

## Virtual Visits

Family practices can use telehealth to care for:

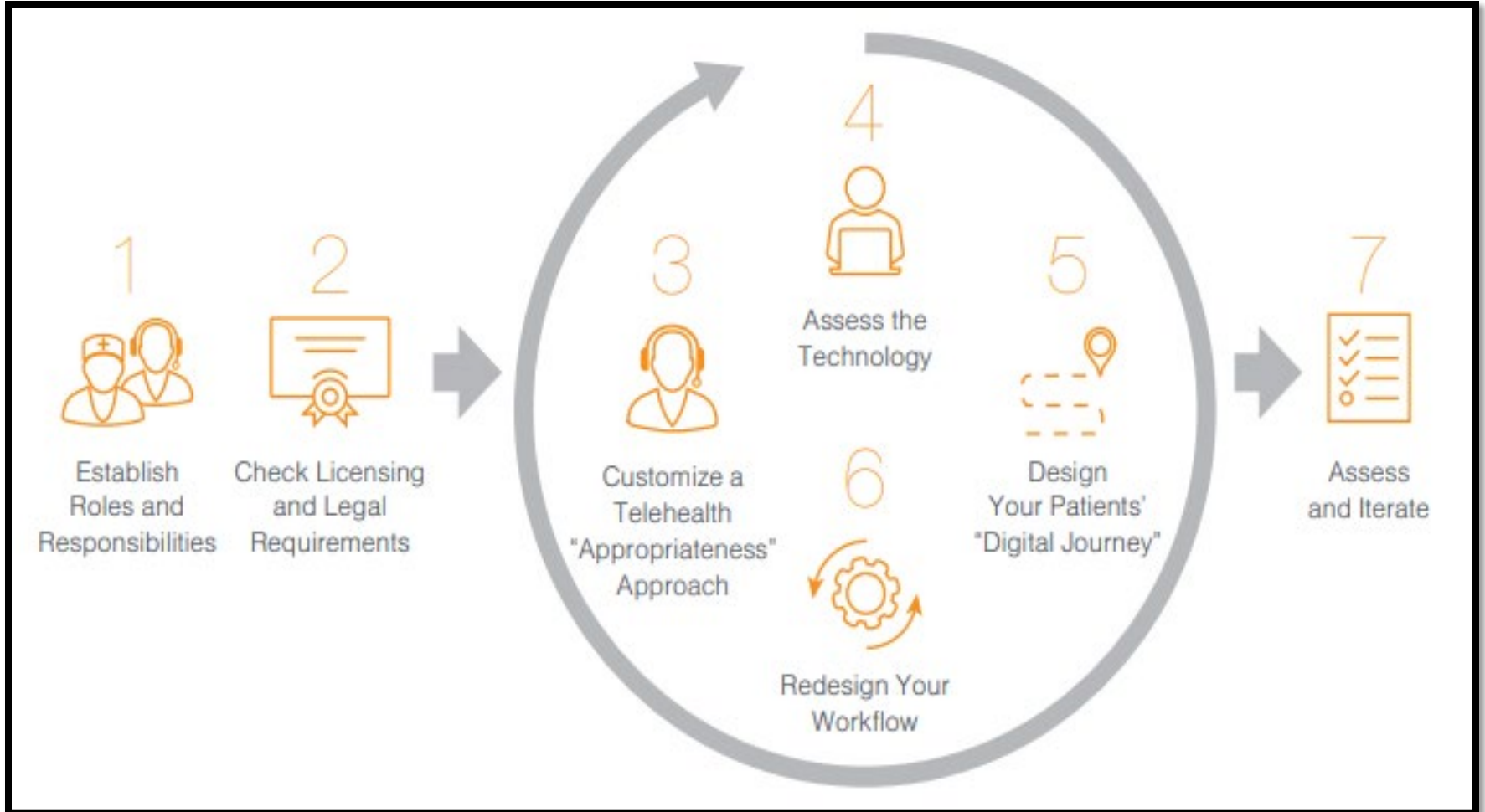
Generally Healthy Patients	Patients With Chronic Conditions	Children	Pregnant Women	Geriatric Patients	Behavioral Health
<ul style="list-style-type: none"><li>Infectious diseases to reduce transmission</li><li>Ad hoc, low-risk concerns</li><li>Pre- and post-operative checks</li></ul>	<ul style="list-style-type: none"><li>Quick check-ins between visits for continuity</li><li>Rapid follow-ups after tests and labs</li><li>Medication management</li><li>Remote patient monitoring</li><li>Self management groups and other supports</li></ul>	<ul style="list-style-type: none"><li>Common low-risk conditions that can easily be evaluated remotely (e.g., rashes, pinkeye)</li><li>Improve care environment for children with special needs</li><li>Limit time away from school</li></ul>	<ul style="list-style-type: none"><li>Routine checks for uncomplicated pregnancies</li><li>Remote patient monitoring for blood pressure and blood sugar</li></ul>	<ul style="list-style-type: none"><li>Avoid travel for frail patients</li><li>Improve care for patients with dementia</li></ul>	<ul style="list-style-type: none"><li>Routine monitoring of common medications for anxiety, depression, and ADHD</li><li>Conduct psychotherapy online</li><li>Improve integration between behavioral health and family practitioners</li></ul>

Source: American Academy of Family Physicians & Manatt Health. (2020, September). *A Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice*. AAFP. [https://www.aafp.org/dam/AAFP/documents/practice\\_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf](https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf)



# Proactive Initiatives - Patient Access

## Virtual Visits



Source: American Academy of Family Physicians & Manatt Health. (2020, September). *A Toolkit for Building and Growing a Sustainable Telehealth Program in Your Practice*. AAFP. [https://www.aafp.org/dam/AAFP/documents/practice\\_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf](https://www.aafp.org/dam/AAFP/documents/practice_management/telehealth/2020-AAFP-Telehealth-Toolkit.pdf)

# Proactive Initiatives – Patient Access

## Survey

	STRONGLY DISAGREE	DISAGREE	AGREE	STRONGLY AGREE
It is easy to schedule an appointment in a timely manner				
When I call Insert Practice Name, my needs are met in a timely manner				
When I have an urgent medical issue, I am offered a same-day or next-day appointment				
When scheduling a routine follow-up appointment, I am offered an appointment that meets my needs				
I know how to get in touch with someone from my doctor's office after normal business hours				
If Insert Practice Name offered appointments during evening hours, I would use them				
If Insert Practice Name offered appointments during weekend hours, I would use them				

**Things to consider:**

- Are your patients satisfied with the current ease of access to providers?
- Is there a need to offer evening hours? If yes, is there a way to test out evening hours to determine value?
- Is there a need to offer weekend hours? If yes, is there a way to test out weekend hours to determine value?
- Are your patients aware of how to contact their provider after hours?

Source:

Vanderbilt Health. (2018). *Avoiding Unnecessary Emergency Room Visits: Resources for Practices*. Network Emergency Room Utilization Toolkit. Retrieved from: <http://select.vanderbilthealth.com/rs/995AMQ354/images/Network%20Emergency%20Room%20Utilization%20Toolkit.pdf>.

# Proactive Initiatives – Patient Access

## Triage



When patients or patient families call, what they hear can influence where they'll go to address their health concern

### Things to consider:

- What is the protocol for patients who call with an urgent care need?
- Is there an escalation process for which a patient would be transferred to a nurse/ physician?
- Are there clear guidelines for when to tell a patient to go to the Emergency Department and what can be cared for by the practice?

### Tips for after hours:

The tone of voice matters. Use a calm, relaxed, and inviting tone when recording the message.

- Start out by explaining that a physician or advice nurse is always available (if the patient cannot wait until the office opens).
- If the message must instruct patients to call 911 or go to the nearest Emergency Department, consider putting this at the end of the message, instead of the beginning.
- Know your patient population. The message may need to be recorded in another language.

#### Source:

MidSouth Practice Transformation Network. Reducing Preventable Emergency Room (ER) Utilization Toolkit (2017). Retrieved from [https://midsouthptn.com/wp-content/uploads/2017/07/ED-Toolkit\\_7.19.17\\_final-1.pdf](https://midsouthptn.com/wp-content/uploads/2017/07/ED-Toolkit_7.19.17_final-1.pdf)

# Proactive Initiatives – Patient Access

## Triage

CONSIDERATION	SPECIFIC
Availability	Is the service available 24/7, 365 days a year?
Cost of Service	Is this service included in any health plans your practice currently collaborates with? Are there cost-effective options?
Timeline	What is the start-up time and preparation needed to go-live?
Impact on ED utilization	What are the estimated savings in unnecessary ER visits?
Population Scope	Is the service available to all practice patients? Is there a buy-up option for patients who aren't covered?
Scope of Services	Does this service cover both adult and pediatric concerns? Is the service willing to share protocols for level of care needed? Does the service provide a direct call to the practice when appropriate?
Quality & Value	Are decision support tools used by staff? What are the qualifications of the staff triaging patients? Are internal resources needed? Is there a need for internal IT support?
Data & Measurement	Can the service provide reports on utilization? Can the service measure and report on recommendations made? <ul style="list-style-type: none"> <li>• How many patients were referred to the ER?</li> <li>• How many patients were transferred to schedule an appointment?</li> </ul>

**Consider using a medical answering service for continuous 24/7 coverage 365 days a year. Answering services can provide attentive receptionist services, schedule patient appointments, manage messages, and forward calls as appropriate.**

A nurse advice line is an option to consider as a means for guiding patients in making informed decisions on when and how to seek care. For example, this service may provide instructions ranging from self-care at home or calling 911 in the event of a true emergency. Triage call lines are often staffed by trained nurses guided by vetted standard protocols.

Source: Vanderbilt Health. (2018). *Avoiding Unnecessary Emergency Room Visits: Resources for Practices*. Network Emergency Room Utilization Toolkit. Retrieved from: <http://select.vanderbilthealth.com/rs/995AMQ354/images/Network%20Emergency%20Room%20Utilization%20Toolkit.pdf>.

# Proactive Initiatives – Patient Access



## After-Hours Scripts

### **If your practice has a voicemail system and a doctor or nurse on call:**

Thank you for calling [Practice Name]. We are currently closed, but if you have an urgent medical need that can't wait until we open, there is a [doctor or nurse] available.

Please call XXX-XXX-XXXX to reach the [doctor or nurse] on call. If you would like to come in when our 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

### **If your practice has an answering service:**

Thank you for calling [Practice Name]. We are currently closed, but if you have an urgent medical need, please stay on the line to reach the [doctor or nurse] on call.

If your concern is less urgent and could be addressed when our clinic opens, please call back during normal office hours. Our office is open from XX:XX to XX:XX.

If you are calling about a life-threatening emergency, please call 911 or go to the nearest Emergency Department.

### **If your practice does not have someone on call after hours:**

Thank you for calling [Practice Name]. We are currently closed. If you are calling about a medical problem that is not an emergency, please call back during normal office hours, and we will do our very best to address your needs. Our office is open from XX:XX to XX:XX.

If you need care today, you can find a walk-in or urgent care clinic near you at [quickcare.vhan.com](http://quickcare.vhan.com), a tool provided by the Vanderbilt Health Affiliated Network. Our practice is a member of this network.

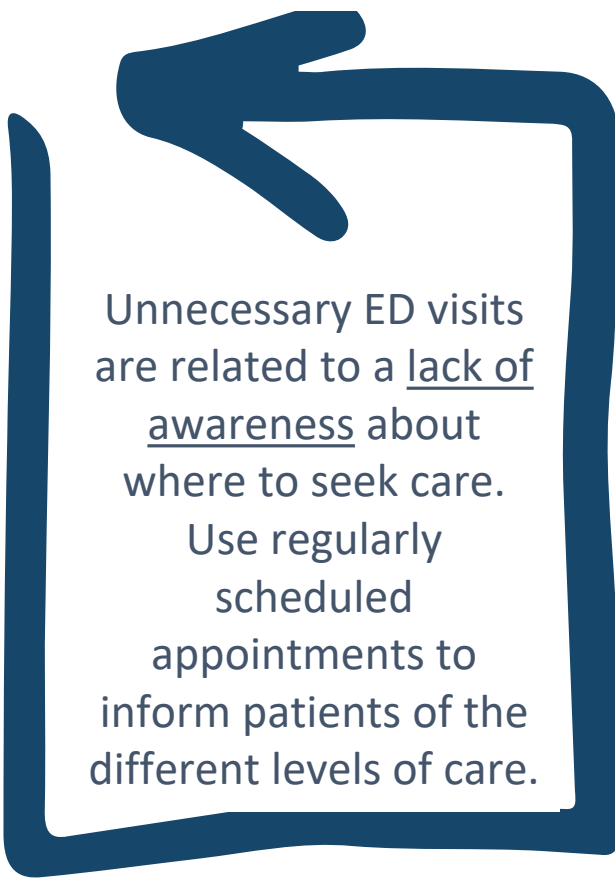
If you are calling about a life-threatening emergency, please call 911 or go to the nearest Emergency Room.

Source: Vanderbilt Health. (2018). *Avoiding Unnecessary Emergency Room Visits: Resources for Practices*. Network Emergency Room Utilization Toolkit. Retrieved from: <http://select.vanderbilthealth.com/rs/995AMQ354/images/Network%20Emergency%20Room%20Utilization%20Toolkit.pdf>.

# Proactive Initiatives – Education

## Things to consider:

- ❖ How to best communicate same day and next day appointment availability to new and existing patients, in addition to, any changes in office hours.
  - Website, social media, handouts, etc.
- ❖ Send flyers (like the ones on the next slide) to current patients and include after hours informational packet to new patients. Be sure to include contact information for any additional questions.
- ❖ Check patient level of comfort with decision making on when to seek emergent/ urgent care.
- ❖ Do patients consider your practice their primary care provider?
- ❖ What ED are your patients likely to use?
- ❖ Automated reminders of appointment or due for appointment via text message, phone call or email.



Unnecessary ED visits are related to a lack of awareness about where to seek care. Use regularly scheduled appointments to inform patients of the different levels of care.

Source: MidSouth Practice Transformation Network. Reducing Preventable Emergency Room (ER) Utilization Toolkit (2017). Retrieved from [https://midsouthptn.com/wp-content/uploads/2017/07/ED-Toolkit\\_7.19.17\\_final-1.pdf](https://midsouthptn.com/wp-content/uploads/2017/07/ED-Toolkit_7.19.17_final-1.pdf)



# Proactive Initiatives – Education

## Sample Patient Letters – Welcome and ED Follow-up

Practice Welcome Letter (Sample)

PRACTICE NAME

YOUR PARTNER IN EXCELLENT HEALTH CARE

When you choose one of our primary care physicians, your health care becomes our responsibility and we work as hard for your health as you do. We all share that commitment, setting high standards for ourselves and the quality of our care and we deliver on that promise through caring, convenience and qualifications.

We will attempt to have you see your personal physician at each of your appointments. However, if he or she is not available, our physicians work as a team and use our electronic medical system to provide coordinated care. Combining services and programs is a growing trend for our practice to help our patients find multiple services at a single site.

### Scheduling Appointments

When you call the office, be sure to tell the receptionist the reason for your appointment so we can plan on a date and time that is most convenient for you. Appointments for physical exams and routine visits are always available and can be scheduled as needed. We know that illnesses are unexpected and we will gladly work around your schedule to bring you in for immediate care and attention.

Regular Office Hours...

Extended Office Hours...

### After Hours Care and Emergencies

Health care emergencies can happen anytime. If you have an urgent problem and the office is closed, call us anyway (XXX) XXX-XXXX. We're on call 24 hours a day. If you feel that you have a life-threatening emergency, call 911 or go straight to the nearest hospital emergency room. **It is your responsibility to inform the practice regarding care with any other health care facilities and providers.**



Sample letter for new patients  
An informed patient can make  
all the difference in appropriate  
ED Utilization.  
Know what number to call  
and when.



Harvard Pilgrim Health Care. (2020, October). *Avoidable Emergency Department Utilization: Quality Improvement Toolkit*. www.Harvardpilgrim.Org. <https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/10/Avoidable-Emergency-Dept.-Utilization-Toolkit-v9.pdf>

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# Proactive Initiatives – Education

**Need care right now? If it's not an emergency\*, you have options!**





- 1 Call your PCP**  
See if you can get a same-day appointment.  
Don't have a PCP? Visit [harvardpilgrim.org](http://harvardpilgrim.org) and click "Find a provider" to search for PCPs near you.
- 2 Have a virtual visit wherever you are**  
  - With Doctor On Demand, you see a board-certified doctor for a visit within minutes—using any device. Visit [doctorondemand.com](http://doctorondemand.com) or download the free app.
  - Some provider offices offer virtual visits. Ask your PCP about any offerings they may have.
- 3 Find a clinic near you**  
Visit [harvardpilgrim.org](http://harvardpilgrim.org) and click "Find a provider" to search for:
  - URGENT CARE CENTERS:** Select your plan, click "Other care providers" and then "Urgent Care Centers" under "Specialty."
  - CONVENIENCE CARE CLINICS:** Select your plan, click "Other care providers" and then "Convenience Care Clinic" under "Specialty."

**Harvard Pilgrim Health Care**


\*For life-threatening emergencies such as choking, severe head trauma, loss of consciousness, heart attack or stroke, call 911 or go to the nearest ER immediately.

Here are examples of handouts/postcards which would be useful for your patients as a guide when illness arises.  
Be sure to include your office numbers for easy access

## Understanding your options

	Typical out-of-pocket costs	Common symptoms
 <b>Telemedicine services</b> Real-time virtual visit with Doctor On Demand providers via smartphone, tablet or computer	<b>\$</b> You'll pay your PCP-level cost sharing for telemedicine services*	<ul style="list-style-type: none"> <li>Coughs, colds</li> <li>Sore/Strrep throat</li> <li>Flu</li> <li>Pediatric issues</li> <li>Sinus and allergies</li> <li>Nausea/diarrhea</li> <li>Rashes and skin issues</li> <li>Women's health: UTIs, yeast infections</li> <li>Sports injuries</li> <li>Eye issues</li> </ul>
 <b>Convenience care/retail clinic</b> Walk-in, convenience care or retail clinic (e.g., MinuteClinic inside of CVS pharmacy)	<b>\$\$</b> You'll typically pay a copayment for going to a participating clinic*	<ul style="list-style-type: none"> <li>Bronchitis</li> <li>Ear infections</li> <li>Eye infections</li> <li>Skin conditions like poison ivy and ringworm</li> <li>Strep throat</li> </ul>
 <b>Urgent care clinic</b> Walk-in clinic for urgent care	<b>\$\$\$</b> You'll typically pay a copayment for urgent care, sometimes a higher one than for an office visit or convenience care clinic visit*	<ul style="list-style-type: none"> <li>Burns, rashes, bites, cuts and bruises</li> <li>Infections</li> <li>Coughs, cold and flu</li> <li>Minor injuries</li> <li>Respiratory infections</li> <li>Sprains and strains</li> </ul>
 <b>Emergency room (ER)</b> Part of a local hospital If you think you're having a medical emergency, call 911 or go to the nearest ER.	<b>\$\$\$\$</b> You'll typically pay a higher copayment than an office visit, plus ER services are often subject to a deductible*	<ul style="list-style-type: none"> <li>Choking</li> <li>Convulsions</li> <li>Heart attack</li> <li>Loss of consciousness</li> <li>Major blood loss</li> <li>Seizures</li> <li>Severe head trauma</li> <li>Shock</li> <li>Stroke</li> </ul>

\*What you pay out-of-pocket depends on your specific Harvard Pilgrim plan. If you have an HSA plan, your deductible and any additional cost-sharing applies. Please refer to your plan documents for your specific benefit information.



Harvard Pilgrim Health Care. (2020, October). *Avoidable Emergency Department Utilization: Quality Improvement Toolkit*. [www.harvardpilgrim.org](http://www.harvardpilgrim.org).  
<https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/10/Avoidable-Emergency-Dept.-Utilization-Toolkit-v9.pdf>




# Proactive Initiatives – Education




Highmark also has handouts available to help guide patients to the right site of care.

Please see Provider Resource Center for handouts

## Where to go for care when you need help.




The symptoms/condition you have determine your best setting for care.

	Doctor's Office/ Clinic	Urgent/Express Care	Emergency Dept
Symptoms/ Conditions	Cold & sinus symptoms Stomach problems High blood pressure Behavioral health issues Other chronic conditions	Headaches/migraines Asthma/breathing conditions Flu Urinary tract infections	Difficulty breathing Chest pain Uncontrolled bleeding Severe injury Stroke symptoms*
Estimated cost by comparison	Lowest	Low or Moderate	Highest
Hours of operation	Business hours, but please check with your provider for after hours and weekend availability.	Mornings, evenings, and weekends, when your PCP is not available	24/7

If you believe you are having a medical emergency and you need immediate treatment, go directly to any hospital emergency room or call 911.



\* Numbness or weakness in your face, arm, or leg, especially on one side. Confusion or trouble understanding other people. Difficulty speaking. Trouble seeing with one or both eyes.  
The information provided is intended to provide general information only and does not attempt to give you advice that relates to your specific circumstances. This information is not intended to be a substitute for professional medical advice, diagnosis, or treatment. Always seek the advice of your physician or other qualified health provider with any questions or concerns regarding a medical condition.  
Source: Varick, L. J. Sieve, D.B. Conaway, B. (2016). When to use the emergency room-adult.  
Retrieved from: <https://medlineplus.gov/ency/patientinstructions/000933.htm>.

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# Reactive Initiatives

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# Reactive Initiatives - Data Analysis

Data analysis aids in making care management decisions leading to a stronger more motivational relationship between providers and their patients. It also aids in identification of potential lapses in processes that have impact on providing high-quality cost-effective care.

**Data analysis** is a valuable tool in managing ED utilization and implementing process improvements. A few examples of data analysis that can aid in this initiative are:

- Utilization analysis
- Predictive modeling
- Risk stratification
- Benchmarking

**Health data analytics** is one of the important elements that distinguishes population health management from other disciplines. Identification of the need for improvement and why it is important to make changes is the first step for process improvement.

**To do this you may ask:**

- What does our current ED utilization look like?
- What are the consequences of not solving the problem?
- Which patients or groups are affecting our ED utilization?

Source: American Institute for Research ® (2020). Client Services: Data Analytics at AIR. Retrieved from <https://www.air.org>

# Reactive Initiatives - Data Analysis

## What does our current ED utilization look like?

There are several different data sets that can be utilized in looking at current ED utilization. A few examples of these are:

- Electronic Health Record analytics
- Hospital ED reports
- Cost and Utilization Reports
- Payer reports

Highmark provides several data sets that can help identify utilization trends such as:

- Which ED is being utilized.
- What day of the week is most prevalent.
- What diagnosis is being seen the most.
- What patients are going to the ED the most.
- Identification of patients most likely to go to the ED in the next 6 months.
- Risk stratification with rising risk.

All of this information will assist in identification of opportunities and implementation of strategies to improve ED utilization.

# Reactive Initiatives - Data Analysis

Johns Hopkins expanded and updated the NYU ED methodology by:

- Classifying each ED visit into 1 of 11 categories.
- Classified injuries into 3 severity levels: non-severe injuries, severe injuries, and severe injuries that are likely to require inpatient admission.
- Significantly expanded the classification of ICD codes.
- Since implementing the Johns Hopkins methodology 99% of the ED visits are classified.

Our revision—"was designed as a tool for health services researchers to make inferences about access to primary care by studying patterns of [ED] use."

## Johns Hopkins University Emergency Department Algorithm (JHU-EDA)

### 11 ED visit categories:

- **4 Physical Health categories:**

1. **Non-emergent:** fever, headache, nausea with vomiting
2. **Emergent, primary care treatable:** bronchitis, non-specific abdominal pain, other chest pain
3. **Emergent, ED care needed, potentially preventable:** dehydration, acute asthma attack, tractable epilepsy
4. **Emergent, ED care needed, not preventable:** kidney stones, chest pain, syncope and collapse

- **3 Mental Health categories:**

1. **Psychosocial** – depressive episode
2. **Alcohol use** - inebriation
3. **Drug use** – heroin overdose

- **3 Injury categories:**

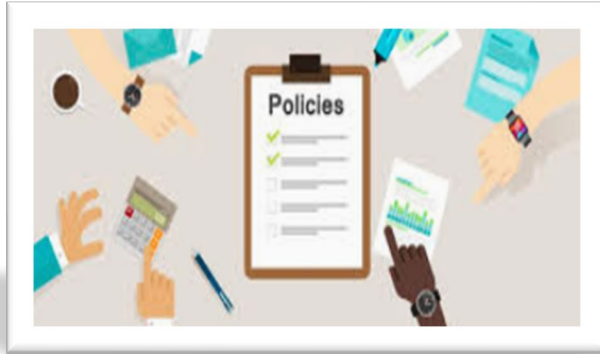
1. **Non-severe injuries:** lacerations, muscle strains, sprains
2. **Severe injuries:** closed fractures, concussions, post-procedure infection
3. **Very severe injuries, likely to require hospitalization:** multiple rib fractures, subdural hemorrhage following injury, traumatic pneumothorax

- **Unclassified**

Source: Lemke PHD,K.W.,Pham MD, K, Ravert MD, D.M,& Weiner DrPH, J.P. (2020) A Revised Classification Algorithm for Assessing Emergency Department Visit Severity of Populations. *The American Journal of Managed Care*,26(3)1-15.

# Reactive Initiatives - Policy

## Checklist



- **Involve front-line staff in policy creation**
- **Communicate thoroughly**
- **Provide opportunity for feedback**

- Define procedures for patients discharged from ED (includes responsible individuals, time frames, and documentation requirements/process)
- Pre-call guidelines to review/access documents prior to patient outreach (includes medical history, medication lists, discharge instructions, home situation/setting, caregiver assistance)
- Includes directives for utilization of phone scripting to ensure coverage of key post- ED call components
- Includes workflow guidelines for incorporating discharge instructions/notifications as part of the outpatient record
- Include patient education on alternative levels of care and access to doctor's office (if applicable)

### Sources:

IHI, 2013, "STAARHowtoGuide\_TransitionsOfficePracticeReduceRehospitalizations"; Provider ED Policy; Community Care of North Carolina, Methods to Help Tackle Emergency Department Visits; ARHQ, December 2014, Improving the Emergency Department Discharge Process: Environmental Scan Report MidSouth PTN ED toolkit; AHRQ.gov Re-Engineered Discharge RED Toolkit Follow up Phone Documentation Form & Post-discharge Follow up Phone Call Patient

# Reactive Initiatives - Policy

## Daily Processes and Responsibilities

- Protocol applies to all patients discharged from a hospital ED.
- **Monitor** ED visit notifications daily to identify patients' recent utilization
  - EHR notifications
  - Fax correspondence
  - Direct messaging
  - Assess ED data feeds
- Incorporate ED notifications/instructions as part of the outpatient record
- **Prepare** for Patient Outreach
  - All outreach should be completed within 24-48 hours from ED visit.
  - Prior to the phone call the case manager will review:
    - ED summaries and/or instructions
    - Health History
    - Medicine lists
    - Home situation/Caregiver assistance
    - Last office visit
    - Open care gaps



### Sources:

IHI, 2013, "STAARHowtoGuide\_TransitionsOfficePracticeReduceRehospitalizations" ; Provider ED Policy; Community Care of North Carolina, Methods to Help Tackle Emergency Department Visits; ARHQ, December 2014, Improving the Emergency Department Discharge Process: Environmental Scan Report MidSouth PTN ED toolkit; AHRQ.gov Re-Engineered Discharge RED Toolkit Follow up Phone Documentation Form & Post-discharge Follow up Phone Call Patient

# Reactive Initiatives - Policy

## Daily Processes and Responsibilities



- Attempts to reach the patient should be made daily for two consecutive days, calling at different times of the day. After three attempts, if the patient has not returned the call, a letter should be mailed to patient after a primary care treatable emergency visit.
  
- Call patient to **assess**:
  - patient's perception of condition that triggered the ED visit
  - patient's condition is better, worse, or stayed the same
  - caregiver support/ home care needs
  - understanding of emergency visit discharge medications/education
  - self-management needs, signs/symptoms
  - follow up appointments are made if applicable
    - patient with uncontrolled condition
    - member with compliance issues
    - worsening symptoms
    - additional testing/medication adjustments
    - suture removal
    - wound care check

Sources: IHI, 2013, "STAARHowtoGuide\_TransitionsOfficePracticeReduceRehospitalizations"; Provider ED Policy; Community Care of North Carolina, Methods to Help Tackle Emergency Department Visits; ARHQ, December 2014, Improving the Emergency Department Discharge Process: Environmental Scan Report MidSouth PTN ED toolkit; AHRQ.gov Re-Engineered Discharge RED Toolkit Follow up Phone Documentation Form & Post-discharge Follow up Phone Call Patient



# Reactive Initiatives - Policy

## Daily Processes and Responsibilities

- **Educate** on appropriate ED utilization (if applicable):
  - Clinical information
    - Signs and symptoms of worsening acute episode
    - Self-management of chronic condition
  - Reinforce practice and provider availability
    - Office hours
    - Telehealth
    - After-hours availability and determination of patient comfort level with calling the doctor on call if matter is urgent and cannot wait until normal business hours
    - Same day appointments
    - Urgent Care in area
  
- **Schedule** patients not recently seen or in need of wellness visit
  - take the opportunity to re-engage the member
  - manage open care gaps
  
- **Document** encounter in patient record/EHR



Sources : IHI, 2013, “STAARHowtoGuide\_TransitionsOfficePracticeReduceRehospitalizations” ; Provider ED Policy; Community Care of North Carolina, Methods to Help Tackle Emergency Department Visits; ARHQ, December 2014, Improving the Emergency Department Discharge Process: Environmental Scan Report MidSouth PTN ED toolkit; AHRQ.gov Re-Engineered Discharge RED Toolkit Follow up Phone Documentation Form & Post-discharge Follow up Phone Call Patient



# Reactive Initiatives - Post-ED Follow-up

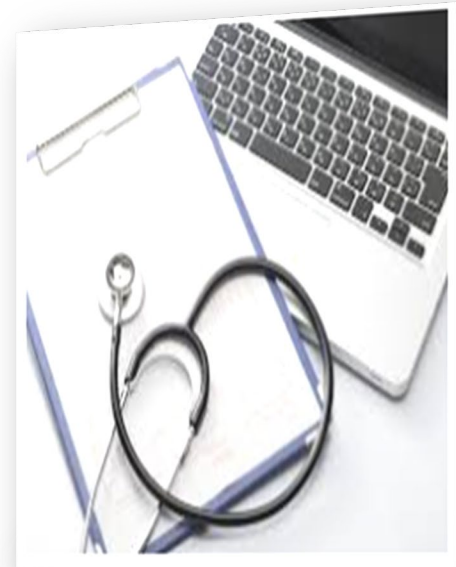
## Process Flow

By incorporating scripting into the EMR system as a form with point and click dropdown features it can:

- Save Time
- Ensure Documentation
- Accurately reflects patient engagement, education and interventions
- Allows for tracking and trending of results for process improvement as needed.

Prior to outreaching to a patient, it is helpful to have reviewed the following information:

- Last office visit date
- Need for preventive tests
- Health history
- Medicine Lists
- Discharge instructions
- Home situation / setting
- Caregiver assistance



Source: Enard, K. R., & Ganelin, D. M. (2013). Reducing preventable emergency department utilization and costs by using community health workers as patient navigators. *Journal of healthcare management / American College of Healthcare Executives*, 58(6), 412–428.  
Heath, S. (2019). Primary Care Access Key to Reduce Chronic Illness ED Utilization. *Patient Engagement HIT*. Retrieved from: pcpc.org.  
Centers for Medicare & Medicaid Services (2019). Transforming Clinical Practice Initiative. Reducing Unnecessary Emergency Department Visits. Retrieved from innovation.cms.gov

# Reactive Initiatives - Post-ED Follow-up

## Process Flow

ED Follow up letter – SAMPLE

Date: <<>>

Dear <<Patient>>

According to our records, you recently sought care at an emergency room for a condition that could have been successfully managed by your primary care physician. It is important that you work through your primary care physician for nonemergency medical care.

Please contact our office to schedule an appointment. Regular appointments are important to managing your medical needs and ensuring your continued health.

Please take a few minutes to review the following guidelines for care: Emergency Care:

- If you have an immediate and unforeseen injury or illness and the time needed to contact your physician may mean permanent damage to your health, you should seek treatment from the nearest emergency room or call 911 for assistance.
- Other Care: Please call our office << Physician number >> if your problems are urgent and cannot wait until regular office hours, a doctor is available to handle your urgent problem.

Sample letter to patient after an emergency department visit with reminder of when to seek emergency care and when to call the office



Source: Harvard Pilgrim Health Care. (2020, October). *Avoidable Emergency Department Utilization: Quality Improvement Toolkit*. [www.Harvardpilgrim.Org. https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/10/Avoidable-Emergency-Dept.-Utilization-Toolkit-v9.pdf](https://www.harvardpilgrim.org/provider/wp-content/uploads/sites/7/2020/10/Avoidable-Emergency-Dept.-Utilization-Toolkit-v9.pdf)

# Reactive Initiatives - Post-ED Follow-up

## Sample #1 Script for Follow-up call/visit

- “ I see that you have been in the Emergency Department recently. Would it be okay if we talked about this for a few minutes?”
- “Can you tell me a little more about this visit?”  
By asking this it helps them explain why they went to the ED. This will give information as to their thought processes and why they went to the ED rather contacting your practice.
- “The symptoms or condition that brought you into the ED have they gotten better, worse, or stayed the same?”  
Allows you to assess the status of the patient.
- “In review of the ED discharge instructions, I see that they reviewed test results with you. Can you tell me what tests were completed and the results?”  
By asking this question it allows you to assess their understanding of the care they received and outcomes.
- “ Did you receive any new medications during your visit to the ED or were there any changes to the current medications that you are currently taking?”  
By asking this question it allow you to assess medication adherence concerns.

Source: Provider ED Policy; Community Care of North Carolina, Methods to Help Tackle Emergency Department Visits

# Reactive Initiatives - Post-ED Follow-up

## Sample #1 Script for Follow-up call/visit (continued)

- Implementation and use of a SDOH assessment tool (such as Health-Related Social Needs [HRSN], PRAPARE, HealthBegins) to assess concerns with SDOH, such as transportation (identified as a high probability in contributing to ED Utilization). The use of Community Support (formerly Aunt Bertha through Highmark User Interface) to identify resources for the patient.  
Implementation of SDOH assessment can help identify non-medical but social issues that could be contributing to a patient's health status and usage pattern.
- “We would like to schedule a follow-up visit with you. Could I share information on how we can schedule an appointment in person or a Telehealth visit?  
By offering an appointment and various access points it can allow for assessment of patient condition and completion of chronic and preventive med needs.
- “Could I share some information about how we handle after-hours calls?  
Allows you to provide education of how your office handles after-hour needs and allows you to encourage the patient to call your practice first.
- “What are your thoughts about calling us next time before going to the Emergency Department  
Allows for patient relationship building.

Source: Provider ED Policy; Community Care of North Carolina, Methods to Help Tackle Emergency Department Visits

# Reactive Initiatives - Tracking

## Partnership with ED and Urgent Care Clinics

Establishing partnerships with local ED/ urgent care can provide:



- Timely sharing of patient information
  - Set protocols for PCP notification of patient visits to urgent/ emergent care
- Two-way referral relationship
- Collaboration with complex patients
- Sharing educational and informational materials
- Collaboration with quality of care
- Clinician to Clinician collaboration

Source: MidSouth Practice Transformation Network. Reducing Preventable Emergency Room (ER) Utilization Toolkit (2017). Retrieved from [https://midsouthptn.com/wp-content/uploads/2017/07/ED-Toolkit\\_7.19.17\\_final-1.pdf](https://midsouthptn.com/wp-content/uploads/2017/07/ED-Toolkit_7.19.17_final-1.pdf)

# Reactive Initiatives - Tracking

## Partnership with ED and Urgent Care Clinics

Consider tracking patients ED/ Urgent care utilization through alternative methods:

- Build an excel document
- Build a report within the EMR system
- Develop a protocol for scheduling a follow-up visit upon notification of non-primary care visit
- Create report back system for patients to self report visit



Source: Harvey, Beth MD (2019). *Impacting Use of the Emergency Department*. Retrieved from: <http://wcaap.org/wp-content/uploads/2019/06/Impacting-Use-of-the-Emergency-Department-final.pdf>



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**Thank You**

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