The R⁵ Initiative
— Improving Access to the Right Care in the Right Place at the Right Time for the Right Reason at the Right Cost

Gap Analysis, Consumer Survey, Best Practices Findings: Presentation to HCDI Board and Advisory Committee

September 17, 2010
Healthy Capital District Initiative
2008 Emergency Department Primary Care-Related Visits

Treated & Released (T&R), Annual Avg. 2008
N = 195,804

Classified by ED Algorithm
57%
N = 111,514

Primary Care-Related – Potentially Preventable
48%
(N = 92,191)

Emergent – Not Preventable/Avoidable
10%
(N = 19,323)

Non-Emergent
21%
(N = 40,195)

Emergent/PC Treatable
21%
(N = 40,507)

Emergent – Preventable/Avoidable
6%
(N = 11,489)

Total Classified Potentially Preventable T&R in 2008: 92,191
## Top 10 Primary Care-Related Diagnoses

<table>
<thead>
<tr>
<th>ICD9 Diagnosis</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute URI NOS (#1 PCR Diagnosis for All &amp; Children)</td>
<td>4,148</td>
</tr>
<tr>
<td>Urinary Tract INF NOS (#1 PCR Diagnosis for Women &amp; Seniors)</td>
<td>3,205</td>
</tr>
<tr>
<td>Acute Bronchitis</td>
<td>3,040</td>
</tr>
<tr>
<td>Abdominal Pain-Site NOS</td>
<td>3,035</td>
</tr>
<tr>
<td>Dental Disorder NOS (#1 Non-Emergent Diagnosis)</td>
<td>2,983</td>
</tr>
<tr>
<td>Asthma NOS W Exacer</td>
<td>2,956</td>
</tr>
<tr>
<td>Otitis Media NOS</td>
<td>2,835</td>
</tr>
<tr>
<td>NonINF Gastroent NEC&amp;NOS</td>
<td>2,719</td>
</tr>
<tr>
<td>Viral Infection NOS</td>
<td>2,691</td>
</tr>
<tr>
<td>Acute Pharyngitis</td>
<td>2,686</td>
</tr>
<tr>
<td><strong>Grand Total</strong></td>
<td><strong>30,298</strong></td>
</tr>
</tbody>
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Rates of Primary Care Related Emergency Department Visits

2008 Emergency Department Visits in Albany, Rensselaer, and Schenectady Counties
## Non-Emergent ED Use and Insurance Coverage

<table>
<thead>
<tr>
<th>Patient Area</th>
<th>Population</th>
<th>Patient ED Visits</th>
<th>Primary Care Related Visits</th>
<th>PCR Visits Rate per 1,000</th>
<th>% ED Visits Medicaid or Self Pay</th>
<th>% ED Visits Self Pay</th>
<th>% ED Visits Medicaid</th>
</tr>
</thead>
<tbody>
<tr>
<td>City of Albany</td>
<td>74,601</td>
<td>39,966</td>
<td>21,211</td>
<td>284.3</td>
<td>55%</td>
<td>11%</td>
<td>38%</td>
</tr>
<tr>
<td>Troy &amp; Rensselaer</td>
<td>84,952</td>
<td>41,585</td>
<td>20,111</td>
<td>236.7</td>
<td>47%</td>
<td>14%</td>
<td>33%</td>
</tr>
<tr>
<td>City of Schenectady</td>
<td>75,079</td>
<td>34,773</td>
<td>16,959</td>
<td>225.9</td>
<td>41%</td>
<td>26%</td>
<td>15%</td>
</tr>
</tbody>
</table>
Methods of Gap Analysis

● Discussion/Meetings
  - 35 different providers (e.g., primary care physicians, emergency department (ED) nurses, patient navigators, case managers, urgent care clinic nurses, medical directors, discharge planners, long-term care providers, and others)

● Surveys
  - 13 primary care doctors
  - 3 hospitals
  - 4 nursing facilities
  - 3 urgent care centers
Major Gaps

- Care management
- Patient handoff
- Capacity
- Protection from liability
- Alternatives to the ED
Primary Care Providers (PCP)

- Capacity and support for timely preventive care is lacking
  - Same day appointments at primary care offices limited
- Payment systems do not support robust primary care
  - No reimbursement for extra time managing care
- There are extra challenges for the publicly insured
  - Some PCPs don’t accept MA; wait before seeing PCP
- PCP shortages are acute for certain health conditions
  - Dental, mental health, and substance abuse were cited often
Hospitals

- EDs are not geared to manage care
  - Focus is emergent care, not chronic care

- There are barriers to effective follow-up
  - No time to educate patient; no record exchange
Hospital / PCP Survey Findings

- EDs communicate with affiliated physicians
- EDs communicate with PCP re: admissions
- FQHCs typically must actively seek info
- Other instances, follow-up left to patient
Long Term Care / EMS

- Senior housing can’t manage residents’ health or provide services
- Insufficient home care supply
- Many home and community-based providers fear liability if they don’t send patients to the ED
- If called, EMS must take patients to the ED
- Some patients lack transportation for health care and rely on EMS
Urgent Care Centers (UCCs) and Federally Qualified Health Centers (FQHCs)

- There is not widespread awareness about UCCs or FQHCs as an alternative to the ED
- UCCs not located in urban areas
- Certain diagnostics only available at ED
- Service hours are limited
Consumer Survey

- HCDI developed a voluntary, anonymous consumer survey to be distributed in local EDs to determine the key factors that affect a person's decision to choose an ED for health care
- 460 surveys have been collected so far from Albany Memorial, Ellis, Samaritan, and St. Peter’s; surveys in process at Seton and Albany Medical Center
- Surveys contain a combination of open-ended and multiple choice questions on Likert scale
Why Emergency Services? Convenient Pain Relief

- 34% of respondents self-identified pain as a top 3 reason for choosing emergency care
- 76% of respondents agreed or strongly agreed that pain was a primary reason for choosing emergency care
- 63% of visits in the top 10 non-emergent ICD9 diagnoses were specific to pain

Provider Related Factors in Top 3 ED Use Reasons

<table>
<thead>
<tr>
<th>Factor</th>
<th>% Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quality of Care</td>
<td>39.4%</td>
</tr>
<tr>
<td>Proximity</td>
<td>22.6%</td>
</tr>
<tr>
<td>Quickness</td>
<td>20.6%</td>
</tr>
<tr>
<td>Hours of Operation</td>
<td>14.8%</td>
</tr>
</tbody>
</table>
## The Convenience of Accessing Emergency Care

<table>
<thead>
<tr>
<th>Service Qualities as Motivation for ED Visit</th>
<th>Strongly Agree or Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialists, lab tests, and x-rays all at one place</td>
<td>80%</td>
</tr>
<tr>
<td>Do not need an appointment at ED – timely service</td>
<td>73%</td>
</tr>
<tr>
<td>ED accepts all patients regardless of insurance coverage</td>
<td>68%</td>
</tr>
<tr>
<td>Hospital is easier to get to than doctor's office</td>
<td>57%</td>
</tr>
<tr>
<td>Considered urgent care centers</td>
<td>28%</td>
</tr>
</tbody>
</table>
# The Inconvenience of Accessing Primary Care

<table>
<thead>
<tr>
<th>Availability of Primary Care Provider</th>
<th>Strongly Agree or Agree</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do not have a primary care provider</td>
<td>33%</td>
</tr>
<tr>
<td>Without prior well doctor visit, doctor wouldn't allow sick visit</td>
<td>14%</td>
</tr>
<tr>
<td>No doctor appointment available within 2 days</td>
<td>35%</td>
</tr>
<tr>
<td>Doctor's office was closed</td>
<td>34%</td>
</tr>
<tr>
<td>Unsure of doctor's office extended hours</td>
<td>24%</td>
</tr>
</tbody>
</table>
Conclusions: Half of all ED Visits are Avoidable

- Colds
  - 1/2 of top 10 primary care related diagnoses
- Pain
  - 3/4 of ED users have severe pain
- Convenience
  - 3/5 cite convenience as factor for using ED
- Dental
  - Top non-emergent diagnoses
Conclusions:
Some Populations Have More Barriers

- Urban rates of avoidable ED use are higher
- Schenectady ED users disproportionately lack insurance coverage
Conclusions:
There are Obstacles to Primary Care

- 1/3 of ED users have no PCP
- 1/3 of patients can’t get appointment in 48 hours
- 1/3 say PCP’s office was closed
- 1/7 can’t see PCP because well visit not done
- 3/4 don’t consult their PCP prior to ED visit
- 3/4 don’t consider urgent care as alternative
- Many PCPs and specialists don’t accept Medicaid
Conclusions: There are Health Systems Gaps

- Liability concerns drive ED referrals
- Incentives lacking for care management
- Gaps in sharing patient health records
Criteria for Selecting $R^5$ Priorities

- Priority is supported by the research;
- Fits HCDI’s mission of mobilizing all segments of the community to make measurable and sustainable improvements in prioritized public health conditions;
- Supportable by our partners and outside funders;
- Strategy improves health outcomes;
- Fulfills grant requirements – At least one regional education initiative to improve patient selection of health services, and at least one regional initiative to improve access to primary care.
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