R⁵ Initiative

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

Project Overview for the Capital District Medical Decision-Making Interest Group from Courtney Burke

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Issues

- Emergency room (ER) use has been increasing both locally and nationally.
- Many ER visits are considered “non-urgent” or primary care treatable resulting in unnecessary costs to health system.
- Sub-optimal ER use can result in poor quality care and potentially create patient safety issues in the ER.
Examples of Why Patients Use ER Sub-optimally

- Patients don’t have medical home
- PCPs refer patients to ER after-hours
- Medicaid enrollees must wait to choose PCP
- Insured wait too long for PCP appointment
- Patients believe ambulance ride will result in quicker care
- PCP doesn’t receive emergency room record
Examples of Causes of The Problem

- Disparate system
- Breakdown in communication re: patient flow
- Inadequate level and use of primary care
- Sub-optimal patient engagement
What the Literature Says

- ED users not always what you expect: Insured, non-Hispanic, citizens (Cunningham, Health Affairs, 2006)
- Privately insured account for largest share of ED visits and for recent growth in use (Goodell, et al, Robert Wood Johnson Foundation Synthesis Project, 2009)
- After adjustment for health and other factors, ED use by uninsured is no different from that of the privately insured (Goodell, et al, RWJF, 2009)
R⁵ Project Goals

- Identify causes of sub-optimal ER use
- Identify promising practices and facilitate wider adoption in the capital region
- Improve patient & provider engagement with primary, preventive and managed care through collaborative interventions resulting in better health outcomes
- Collaboratively develop protocols to improve patient flow through the health system
Examples of Promising Interventions

- CHF coach management (NE Health)
- Diabetes management program (Seton)
- Asthma coaches (CDPHP)
- Patient navigators (Ellis)
- Physician incentive program to see new Medicaid enrollees (Fidelis)
- CHOICES program (St. Peter’s)
- Medical Homes (Capital Care Medical Group)
- Etc.
Target Population: Sub-optimal ER

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

Health System Forces
- Primary care availability
- Referral policies
- Support services
- Intake/discharge policies
- Inter-org communication

Suboptimal ED Use
- Non-emergent
- Frequent flyers
- Preventable and chronic illness

Individual Forces
- Knowledge of health resources
- Work conflicts
- Transportation
- Social support
Methods of Analysis

- Non-emergent, preventable ED Utilization Analysis
  - By payer mix, disease category, geography, age, time of admission, etc. using SPARCS data

- Consumer Service Selection Study
  - Patient surveys, ER case studies, provider contacts

- System Analysis
  - Patient communication and care coordination policies
Project Structure

- HCDI Board of Directors
  - Advisory Committee
  - Staff
    - Data Analysis Workgroup
    - Health Services Workgroup
    - CON Workgroup
Project Products

- Community health assessment
  - Non-urgent emergency department (ED) utilization analysis
  - Root cause analyses of target populations
  - System gap analysis
  - Menu of recommended best practices
- Patient-level care utilization initiative
- Provider & payer ED utilization initiative
- Policy paper on the CON process
Questions for Discussion

- What are the biggest gaps in system communication, and policies and procedures surrounding patient care?
- What other factors, such as system capacity, may cause sub-optimal ER use?
- What policy or procedure changes would have the biggest impact at reducing sub-optimal ER use?