WORKGROUP 3: COMMUNICATION BETWEEN EMERGENCY DEPARTMENTS AND OTHER PROVIDERS

Issue
Gaps in provider information exchange about patients can be dangerous, resulting in unnecessary readmissions, and making care management difficult.

Evidence
PCPs and other community providers often lack important information about patients' ED visits. Hospitals only provide information to physicians in 100% cases if the physician is employed by the hospital or if that patient was admitted to inpatient care. Communication between EDs and PCPs is limited in other instances.

Workgroup Goal
Develop a set of guidelines that can be used by ED staff regarding what information and under what circumstances patient information should be proactively provided to community providers, such as primary care providers (PCPs), federally qualified health centers (FQHCs), skilled nursing facilities (SNFs), home care providers, or other community-based providers.

Potential Collaborative Initiatives
- Work with HIXNY workgroup to develop communication protocols for ED visit notification to primary care providers so that primary care physicians can follow up with patients
- Work with HIXNY workgroup to develop communication protocols for primary care provider referrals to EDs so that EDs are receiving consistent and critical information about patients in a timely manner
- Assist with regional implementation and diffusion of best practices for referrals from PCPs to EDs so that EDs are receiving truly emergent cases
- Expand these initiatives to other types of providers so that there is consistency and utility in what information providers give to EDs