

Providence St. Peter brings 'frequent flyers' down to earth

The woman had undergone several surgeries after an auto accident. Lacking a regular physician, she showed up often in the emergency room, asking for strong pain pills.

The man, a diabetic, made 42 emergency room visits in one year, each time seeking intravenous narcotic medication for intense leg, back and gastrointestinal pain. Unknown to hospital personnel, he had taken his tale to 52 emergency rooms in two states.

They were classic examples of "frequent flyers," people who regularly visit emergency rooms over issues related to drug addiction, mental illness or untreated chronic illness. Almost invariably, they don't have contact with primary care physicians or clinics. It's not uncommon for the regulars to have suspicious stories of pain symptoms that are hard to verify. They may be addicted to pain medications. Some sell some of the drugs they are prescribed. Their presence diverts emergency care from other cases, and they cost hospitals and public insurance programs a lot of money.

The woman and the man used to be regulars at the emergency department of Providence St. Peter Hospital, the largest medical center in Olympia, Wash. But that was before a special community program linked them to regular medical care. Over time, their conditions improved dramatically.

They aren't flyers anymore.

Instead, they are success stories for the Emergency Department Consistent Care Program in Olympia, which began in 2003 with Providence St. Peter and a local organization called the CHOICE Regional Health Network. CHOICE, a nonprofit regional coalition of health care providers, manages it along with the hospital, with help from participating local medical groups and clinics. Over the past seven years, four other area hospitals have joined in.

Linking providers

Dr. Timothy Zola, the physician coordinator at Providence St. Peter, credits the unified approach with reducing emergency department visits among the target population by about 50 percent. Program leaders meet twice a month to establish and monitor care plans for the patients they have chosen to follow.

"The coordinated approach is what makes it a great idea," said Zola, an emergency department doctor at Providence St. Peter. "In the past, care would vary by individual visit to the ED. Now we have plans of care for the patients. I believe it will become the standard for all emergency departments."

Medrice Coluccio, chief executive of Providence St. Peter and of the southwest service area of Providence Health & Services, said the program is "an innovative solution to a growing problem" that offers frequent flyers "the right setting with the right resources to help them help themselves." Coluccio called the program "one example of many that show our mission in action."

In April, CHOICE published a study of 97 frequent flyers who entered the program in 2006 and 2007. The report says their emergency visits fell by 55 percent in the second years, from 10 to 4.5 per year, for a reduction in charges per patient of \$9,731.

Over two years, the study says, the program reduced emergency department and inpatient charges at Providence St. Peter by \$2.2 million. CHOICE estimated that Providence St. Peter's reduction in charges for just the male diabetic, who had made 42 visits in one year, was \$72,000 in the first year of treatment.

Sober compassion

Program administrative coordinator Doug Busch said the consistent care program began with a discussion about frequent flyers among CHOICE board members, including representatives from Providence St. Peter. The hospital had noted a 40 percent increase in emergency department visits in just five years. Busch said among the reasons were the hospital's size and its mission to help the less fortunate.

"It had become the hospital of choice" for repeater emergency room patients, Busch said.

CHOICE and Providence St. Peter established guidelines and went to work. The hospital flags patients who visit the emergency department at least twice in one month or four times in six months, and then it examines their cases for narcotic dependency, mental health issues and other factors. Busch, Zola and others on the program team identify appropriate patients; develop individual care plans; and offer the assistance of primary care physicians, clinics and specialists skilled in the patients' particular needs.

Busch said the program has identified 588 patients since its inception, the great majority of them from Providence St. Peter. If that's a small number, he said, "It's the 1 percent that is consuming 10 to 20 percent of the emergency department resources."

Only about 11 percent of the patients chosen willingly accept the help, but the program tracks all of them who have been flagged. Busch said the tracking seems to be enough to keep down visits from narcotics seekers who have no intention of seeking help.

"They figure they'll get hassled, so they stay away," Busch said. "That's why it's so important to develop coordination among hospitals, so people get a consistent message wherever they go - 'no, you cannot get what you seek (narcotics) but you can get the care that you need.'"

Zola said they have better medical success with the second general category of frequent flyers - people who have chronic illnesses but, because of poverty or issues of mental health, don't know how to obtain regular medical care in an appropriate setting.

The challenge for nurses and doctors is to tell members of this group apart from "the pure drug seekers, who have come to believe that the emergency department is a convenient place to get narcotics," Zola said. "We work from a position of compassion. We want to treat peoples' pain, but we have created a real problem here" by dispensing pain medications.

Busch said the consistent care program is equipped to offer drug treatment and mental health services, but its single biggest strength is in linking the patients with primary care doctors at participating family practice groups and local clinics.

Care continuity

"It can be hard to sort out addiction and legitimate pain, and the connection between mental health and drug abuse is huge," Busch said. "What's so important is being able to provide them with continuity of care. That is the linchpin of the program."

Zola said the program succeeds in two ways. "One is the objective data that show people aren't in the emergency department as often," he said. "The other is a little more difficult to measure, and that's quality of life for the patients. But I believe we do have a significant impact."

Zola said he'd like to see more hospitals participate, in part to widen the association of emergency departments that have information on the narcotics shoppers. And a bigger program, especially one with more linked electronic records of patient visits to hospitals and primary care providers, will make it easier to get help for people "who just don't have the skill sets to find it," he said.

Kristen West, executive director of CHOICE, said the program operates with financial help from Providence St. Peter and other participating hospitals, government grants and other short-term assistance. It began with a grant by the Providence St. Peter Foundation. West said CHOICE and Providence St. Peter are working to find a long-term solution to funding.

"This program would be easy to replicate in every hospital in the United States," West said.

In its favor is that most of the patients are insured, so providers get reimbursed for their services. Nearly half of the patients in the program qualify for Medicaid, and another 19 percent qualify for Medicare.

And the two success stories? CHOICE found a primary care physician for the woman who had been injured in an accident. She faithfully visited her doctor, attended drug treatment and is free of opiate addiction. CHOICE also found a doctor for the male diabetic, who eventually complied with medical recommendations. He is now using insulin properly and has admitted to his addiction. Busch said that since the intervention, the patient "has had almost no emergency department visits anywhere."

Privacy protection dictates information-sharing protocols

Hospitals can work together in monitoring and helping "frequent flyers" and still honor the patients' federally protected rights to privacy of medical information, said Doug Busch, administrative coordinator of the Emergency Department Consistent Care Program in Olympia, Wash.

Busch said emergency department staffers always ask patients invited into the care program to sign forms allowing health professionals to share information as needed to coordinate care. The care program selects candidates for participation based upon the frequency of visits to emergency departments and medical issues, such as mental illness, drug abuse or chronic illness.

Some sign the privacy release, but many don't, Busch said. When participants won't sign, the program has limited ability to involve other hospitals and health groups. But, Busch said, care providers can do some things and stay within the provisions of the federal Health Insurance Portability and Accountability Act. The patient privacy law allows communications

between two medical providers who have established care with the same patient because efforts to coordinate care fall within a "safe harbor" under HIPAA, Busch said.

Busch said he and other employees of the CHOICE Regional Health Network, the local health coalition that manages the "frequent flyer" program for Providence St. Peter Hospital and four other area hospitals, always attend meetings of each hospital's program team.

"When we see that a patient recommended for (the consistent care program) at one hospital has established care at another hospital's ED, we can let the second hospital team know that one of their patients has been seen at the other hospital," Busch said. "Then it is up to the second team to pursue that patient information from the first hospital ED."

Busch said CHOICE and the Washington State Department of Health's Prescription Drug Abuse Prevention Task Force are encouraging hospitals to subscribe to an internet system called the Emergency Department Information Exchange. Busch said it allows hospitals to share basic information on the emergency department visits of specific patients. For example, a participating hospital may set criteria within the software program to be notified when a tracked patient visits another participating emergency department. "We think this is a huge step forward in coordinating care of a high utilizing, often very ill population," Busch said.

"The process used in (the exchange) has been heavily studied and vetted by legal counsel specializing in health information privacy law," Busch said.