

Spotlight on Improvement:
Emergency Department Consistent Care Program
CHOICE Regional Health Network
March 2012

“Spotlight on Improvement” highlights real stories of current efforts, including: programs being initiated; practices being implemented; and outcomes being targeted and/or achieved. These are an opportunity for learning from others as well as a spark for further ideas on how we may work together to improve health care quality in the region.

Opportunity for Improvement

The Emergency Department Consistent Care Program (EDCCP) started in 2003 at Providence St. Peter Hospital in Olympia, Washington, in partnership with CHOICE Regional Health Network. It started after physicians and nurses identified a need to help patients who received frequent treatment at the emergency department (ED). They researched both why there were so many ED visits and best practices to address the issue. What they determined was that a large number of the ED visitors were patients suffering from chronic conditions, specifically chronic pain, and addiction to prescription pain medications. Often they were drug-seeking, needed mental or behavioral health assistance, or were unable to manage a chronic disease and found themselves overutilizing the ED.

The program focuses on achieving three primary goals:

- Reduce inappropriate use of the emergency department (ED) and associated hospital costs;
- Improve the health status of participating clients; and
- Increase the capacity and integration of safety net services.

The program developed solutions that involve multiple community partners and streamline a hospital ED system for overutilizers, while offering quality care that respects patients. An added benefit of addressing overutilization of the ED is potential cost savings.

A Challenge Addressed

The major challenge of the program was to create and coordinate a successful process for different individuals from multiple agencies to formulate a common plan for a patient that includes open communication and shared information. CHOICE Regional Health Network took the lead in coordinating the project. CHOICE Regional Health Network is a nonprofit coalition of rural and urban hospitals, practitioners, public health, clinics, community health centers, behavioral health providers and other partners dedicated to improving the health of our community. Their community includes the residents of Mason, Grays Harbor, Pacific, Lewis and Thurston Counties.

One technology advance that has assisted this process is the Emergency Department Information Exchange (EDIE). EDIE is being implemented in EDs around the state. ED patients are referred to EDCCP by ED physicians and nurses, primary care providers, health plans and EDIE. They are identified based on criteria related to an elevated ED visit rate (including preventable visits that would be better addressed in a primary care setting), unmanaged chronic health problems, and need for coordinated care and inappropriate behavior in the ED.

The program targets clients who overutilize the ED by developing individualized Plans of Care (POC) for the ED and coordinating care with a primary care physician (PCP). The POC provides guidelines for treatment in the emergency department most often around chronic complaints and the prescribing of narcotics. Individualized Plans of Care are posted in hospital-based software systems or in the EDIE to facilitate use by ED physicians and are shared with PCPs and other treating providers. When possible they are also shared with other providers including other EDs. PCP input is solicited and when received is incorporated into the POC. Clients are notified of their enrollment in the program either in person (while they are in the ED) or by mail.

There is a monthly interdisciplinary team meeting comprised of a hospital ED Physician Coordinator, RN Coordinator, CHOICE Administrative Coordinator, Medicaid Patient Review and Coordinator, mental health and substance abuse specialists, representatives from the local safety net clinic(s) and federally qualified health centers, and primary care providers. Once referred to the program, the team reviews each case to determine if the patient is appropriate for the program and then the team develops an individual plan of care.

High inappropriate users of the ED who are also Medicaid enrollees are referred to Medicaid's Patient Review and Coordination (PRC) program. PRC restricts clients meeting their criteria to one PCP, one pharmacy and one hospital. If appropriate, PRC clients also can be placed on prior authorization for scheduled drugs. These restrictions improve coordination of care for most clients.

Clients who do not have a PCP and/or have additional social needs are encouraged to sign a CHOICE release of information form. This allows a CHOICE Health Resource Coordinator to: contact clients and assist them in establishing care with a PCP and maintain this medical home; assist clients in meeting non-clinical needs impacting their health; educate clients regarding system navigation and self-management of medical needs; and assist clients in accessing free medication assistance programs for chronic medications.

Outcomes of the Program

Across the board, ED visits went down following even the more minimal EDCCP interventions. CHOICE Regional Health Network published a comprehensive evaluative report for the program at Providence St. Peter Hospital in April 2010. The program's impact is illustrated by the following:

- From its inception since 2003, 1,004 people have been referred into the program and 844 have been enrolled.
- Participants have become more emotionally stable and resilient, reconnecting with friends and family, improving life skills, and often reentering the workforce.
- Emergency department visits of enrolled participants have fallen by more than 50 percent, with an average annual savings of \$9,000 per patient, and an estimated \$5.6 million in cumulative combined charges saved at Providence St. Peter Hospital.
- 64 local primary care providers coordinate with Emergency Departments and share care plans.
- Other barriers to accessing care for these clients have been addressed, including financial instability, homelessness, literacy and transportation.
- The program has increased its capacity and can now serve approximately 150 new clients a year.
- Four other hospitals in the region adopted the program for use in their own communities: Mason General Hospital in Shelton; Grays Harbor Medical Center in Aberdeen; Providence Centralia Hospital in Centralia; and Mark Reed Hospital in McCleary.
- The Board of Directors of Providence Health & Services recognized Consistent Care with its 2010 Mission Leadership Award. The annual award honors one program (within Providence Health & Services five-state network) for outstanding mission innovation in response to unmet community needs.
- In 2011 the Providence St. Peter Hospital program received the American Hospital Association Nova Award.

The “a-ha” moment for staff was learning that all of these processes are valuable, but that the system needs tools to engage the patient. The patient has to be engaged for all the strategies to work. However, the program is giving a consistent message and staff members feel like they are not working alone. PCPs feel included in the loop and part of the process.

Top Take-Aways

Kara Elliot, Administrative Coordinator of EDCCP, offered the following advice to develop an effective program:

- Use a tool like EDIE if you have access to it. Embed it within the process in order to have the POC and other case management tools more accessible.
- Hospital leadership and support is essential, especially to modify ED processes to fit the program. Hospital Administration support can also be helpful in making staff time available for attendance at the monthly team meetings. There is also the cost and process of uploading EDIE and introducing new POC directives. There may also be HIPAA compliance concerns that require legal agreements to be put in place. Know your facility; if case management and social work staff are usually only available at discharge as opposed to admittance, acknowledge the need for resources and availability at different points of care.

- Make sure to get all the necessary community, social, behavioral, and clinical entities on board. It should be a community collaborative, regardless of which entity in the community (e.g., hospital, nonprofit, or PCP organization) initiates the process. Each local community needs to identify all of the parties in the community who should be present.
- Include all stakeholders (e.g., providers, purchasers, payers and patients) in the collaborative to identify payment options and identify areas for collaboration. Identify who benefits from the program and how.

For hospitals that are interested in developing a similar program, Consistent Care staff created a manual about the program including process steps, forms and programmatic information that other hospitals can tailor and use.

For more information about EDCCP, please contact:

Kara Elliott, RN, MPA
Administrative Coordinator, EDCCP
CHOICE Regional Health Network
360-493-5763
elliottk@crhn.org

The Puget Sound Health Alliance (www.pugetsoundhealthalliance.org), a Robert Wood Johnson Foundation Aligning Forces for Quality Community, is a nonprofit organization where the people who give, get and pay for health care work together to improve health care quality and value in a five-county region in Washington State: King, Kitsap, Pierce, Snohomish and Thurston Counties.