Managing ED Utilization Post-Covid

Christine Foster, MD
Internal Medicine
Chief Medical Officer of Population Health, Revere Health

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Christine Foster, MD, is a highly experienced board-certified Internist and Senior Leader. In her career, she has led physicians, advanced practice providers (APPs), nurses, case managers, and operators in value-based care workflows and clinical documentation integrity. She has experience building teams to support enterprise goals in an integrated healthcare system.

Dr. Foster has extensive experience in healthcare, including supervising cross-functional business entities in the strategic development and execution of value-based care workflows across the provider network. She has developed a patient-centric, total joint perioperative surgical home, which was recognized by Becker's Hospital Review as a "best practice" example. Dr. Foster is also the founder of the Dixie Regional Medical Center Hospitalist program.

Dr. Foster received her Doctor of Medicine at the University of Utah School of Medicine. She completed her internal medicine residency at the California Pacific Medical Center in San Francisco, CA. Dr. Foster is board certified by the American Board of Quality Assurance and Utilization Review Physicians, and the American Academy of Integrative Medicine.

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Our Journey

2020

- Designated Area of Focus for 2021
- Baseline established - 248/1000
- Analytics developed true north dashboard and departments made aware

2021

- Goal 5% Reduction
- Department education, best practice toolkit, quarterly report cards, marketing campaign
- ER/1000 Increased 248/1000 to 312/1000

2022

- Reset baseline to 305/1000
- IM and FP focus on high utilizer and changed specialty attribution for participation
- RCA - Voice of customer survey, call center protocols, internal audits, direct admit

2023

- 1st Qtr. 334/1000
- Central support services
- 90-day kick off and sprint

ER Visit Insights

- 65% of visits occur during clinic/urgent care hours.
- 35% of the visits occur Monday – Friday 8 am to 5 pm.
- Top diagnosis of ER visits during clinic hours
  - Chest Pain – (94% not admitted)
  - Abdominal Pain
  - Nausea and Vomiting
  - Headache
  - Syncope and Weakness
  - UTI
- 47% of patients going to the ER during clinic hours are between ages of 19 and 64 - 78% of this population is relatively healthy with low-risk score or no chronic conditions
- 32% of the patients that went to the ER were by an ER high utilizer accounting for 30% of the ER visits.

Reducing Preventable ER Visits Problem Overview

Revere Health VBC initiative 2021

VBC Population 98,402

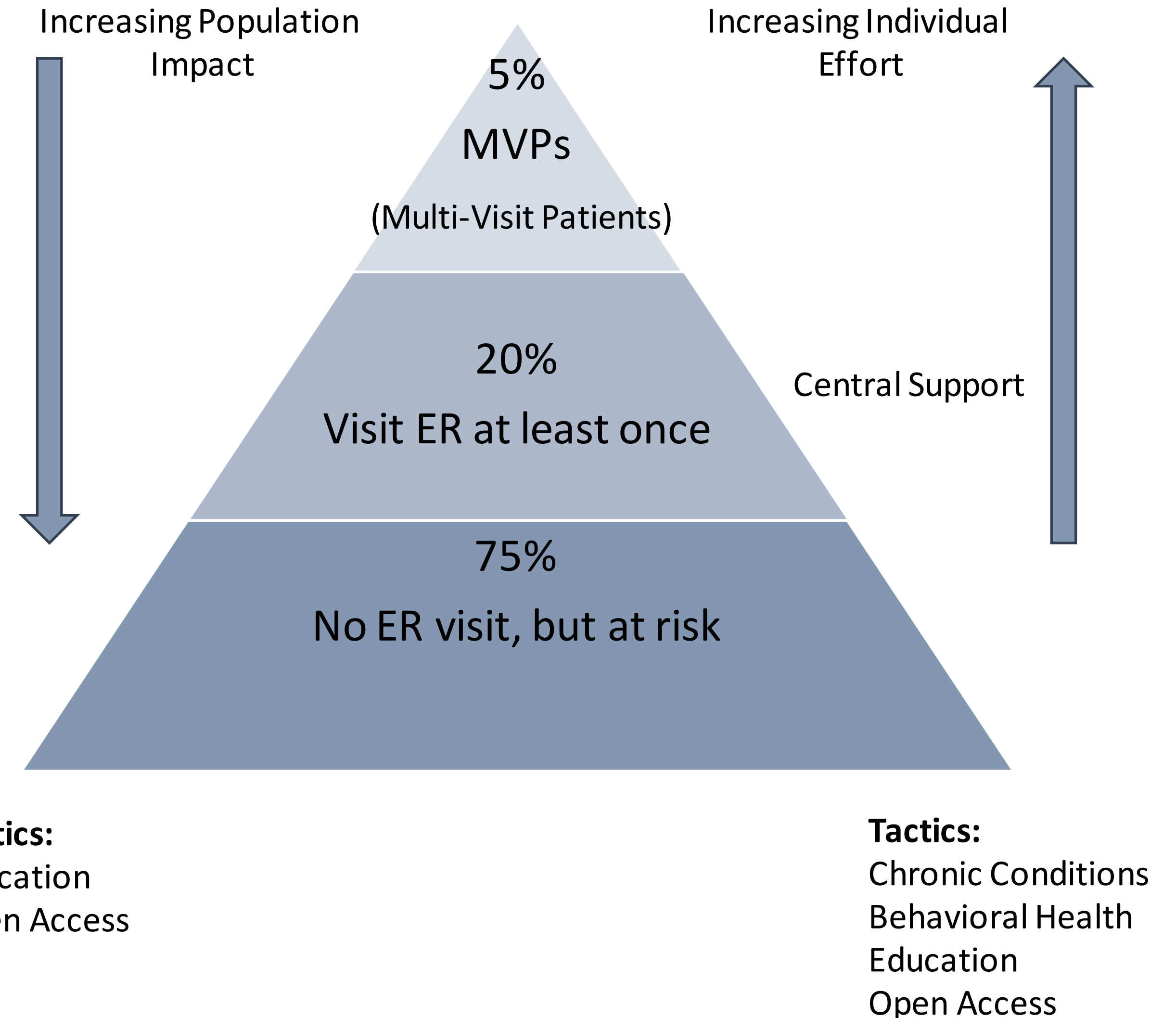
- 17,487 distinct patients 1+ ER Visit
- 4148 Multi-Visit Patients 3+ ER Visits

ER Visits 32,603

- Est. Cost $75 Million
- Est. 67% ER visits are avoidable
- Est. $50 Million Cost Savings

ER/1000 Increased from 2021 to Present

- 248/1000 to 334/1000



Reducing ER Visits

Reducing Preventable Emergency Room (ER) Utilization

GOAL: 5% REDUCTION

Problem: Emergency Room Over Utilization

Drivers of ER Use

- Lack of Access
- Advice & Triage
- Ease & Proximity
- After-hours
- Poorly Controlled
- Social or Behavioral

Results of ER Use

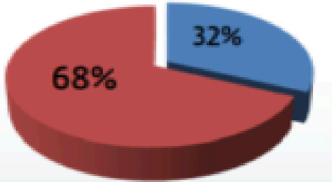
- Confusion
- Fragmented care
- Over testing
- Medication errors
- Cost

Focus: Low-acuity Non-urgent Visits

In general, patients who visit the ER fall into **3 groups**:

- High-Utilizers - 2 in 6 months or 3 in one year **2:6 or 3:1**
- Didn't know condition could be treated elsewhere
- Didn't know they had access options

On average an ER visit costs **7 times** more than an office visit for the same reason.



Nearly 7 in 10 of our patients who receive care in the ER could be safely cared for in our offices, Urgent Care, or via telehealth

Best Practice Guidelines

- Expecting patients to know better
- Internal referrals to ER
- Home Health bypass

- Know who goes and create a plan
- Educate
- Refer to Central Support Programs
- Open Access

PinPoint Workflow Tip:

Patient:
Sex: F **DOB:**
Phone:

Payor Program: REACH
Attributed Revere Provider:

7 ER Visit Rolling 12 Mth (Last ER: 4/1/2023)
3 Hospital Admit Rolling 12 Mth (Last Discharge: 12/27/2022)
0 Annual Wellness Visit Rolling 12 Mth (Last AW: 2/15/2022)

Due now		
__/__/____	Colorectal Cancer Screen	Screening Method: No Recent Data|Result: No Recent Data

Central Support Programs

Remote Patient Monitoring (RPM)

What:

- Real-time monitoring of complex patients with the intent of rapid intervention and management of uncontrolled conditions

Outcomes:

ER Reduction Rate 38%

Inpatient Reduction Rate 96%

Disease Improvement Rate:

HTN 56% to control

A1C 50% to Normal; 7% reduction

Extensivist Service

What:

- Specifically designed for high-risk medically complex patients who require daily to weekly care in their homes

Outcomes:

ER Reduction Rate 38%

Inpatient Reduction Rate 90%

Disease Improvement Rate:

HTN to Control 71%

A1C to Normal 38%; 18% Reduction

Behavioral Health LCSW

What:

- 4 therapist who can do virtual visits at any location and in person visits in Provo, Lehi/SF, or SG

*If you have patients with unmanaged DM, HTN, or CHF refer to RPM or Extensivist. How? Touch Works referral or task to Dr. Christine Foster or Debra Taylor

** For patients who have significant anxiety or behavioral health issues refer to BH LCSW. How? Touch Works Referral.

Internal Medicine Practice Overview

Multi-Visit Patient ER Care Plan

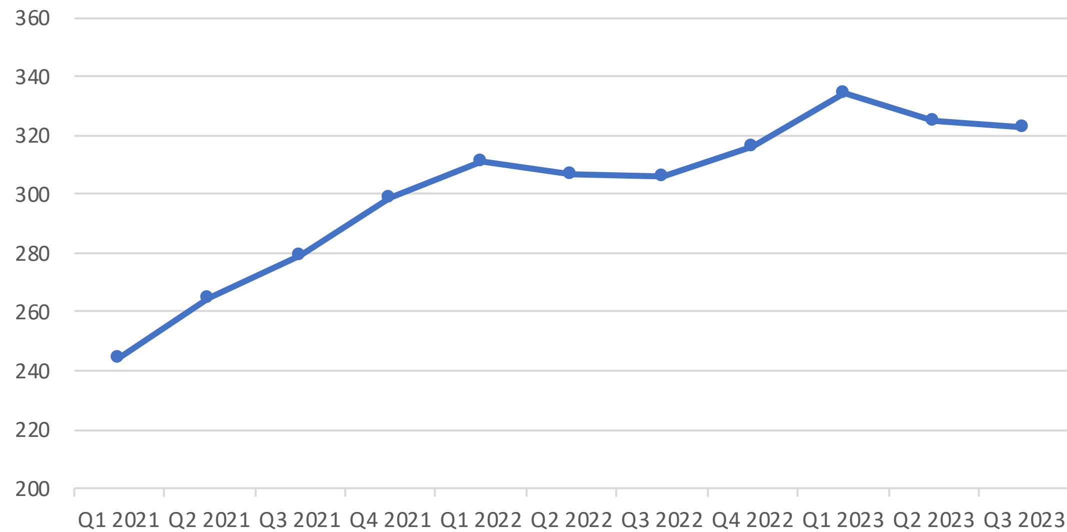
Approximate Value Based Care Department Costs from ER visits in last 12 months - $4.655 M						
	VBC Attributed Lives	**ER Visits last 12 months**	**ER Visit/ 1000**	**High Utilizers**	**MVPs**	**90-day goal reduce ER visits each month**
Payson Internal Medicine	**4540**	**2,024**	**457**	**262**	**13**	**8.5**
Dr. A	449	296	659	44	3	
Dr. B	820	451	550	62	3	
Dr. C	898	376	419	44	4	
Dr. D	953	382	401	43		
Dr. E	1360	517	380	67	3	
Dr. F	60	20	333	2		
Orem Internal Medicine	**3658**	**1841**	**503**	**248**		
Provo Internal Medicine	**7936**	**3045**	**384**	**398**		
Top 5 diagnosis of ER visits for patients attributed to Payson Internal Medicine (patient not admitted)						
Chest Pain	11%					
Abdominal Pain	8%					
Syncope and Collapse	3%					
Atrial Fibrillation	4%					
Low Back Pain	3%					
*** 13 High Utilizers with no HCC code on file indicating no chronic illness - recommend those with 3 or more visits are reviewed.						
Goal 1 - reduce ER visits by 5% in next 90 days thru best practice workflows (goal is to provide ongoing reduction). (2,024 ER visits * 5% = 101 visits - need to decrease approximately 8.5 ER visits per month)						
Goal 2 - For patients with 10 or more visits, we ask that you implement the Multi-Visit ER Care Plan - use the ER Summary page on Orange patients and fill in form						

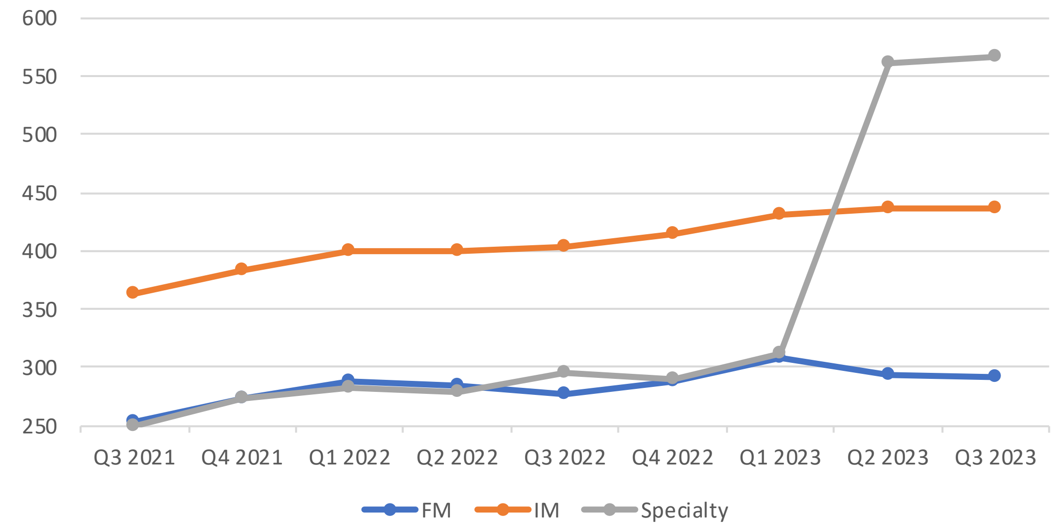
MVP ER Care Plan

Step	Details
Correct Attribution	Is this your patient? Y/N. https://reverehealth.workflowcloud.com/forms/23040396-c169-4e80-aa98-eecb13ef49ec
Schedule MVP Appointment	Discussed overall health issues leading to ER visits? Y/N Educated patient on office hours, access to provider, and Urgent Care hours/services? Y/N
Care Plan to Reduce ER Visits	Open Access Monthly to Weekly Visits Refer to central support programs (RPM, Extensivist, Behavioral Health LCSW)
Submit Plan to ER Committee	Fill out workbook Track progress – check in at 90 days

ER Utilization Trends

	Q1 2021	Q2 2021	Q3 2021	Q4 2021	Q1 2022	Q2 2022	Q3 2022	Q4 2022	Q1 2023	Q2 2023	Q3 2023
All	244	265	279	299	311	307	306	316	334	325	318
FM			253	274	288	284	277	288	308	294	291
IM			363	383	399	399	403	415	431	437	436
Specialty			250	274	283	278	296	290	311	561	566





Current Activities and Next Steps

- Marketing materials – Internal and External (PCP/Urgent Care Focus)
  - **P**rimary Care
  - **U**rgent Care
  - **R**eassess
  - **E**mergency Room
- Chest Protocol
- Easy Button
- On-line Scheduling
- Pre-recorded Message
- On-call provider/nurse line – available 24 hours per day
- Post ER Visit
- Payer

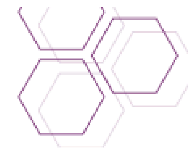
Takeaways

- Not Easy…..Start
- What works – much remains to be determined
  - Education
  - Seeing High Utilizers more frequently
  - Access
- Collaborate – peers, payers, preferred providers (home health)

Thank you!

Questions?

Marketing



FOR NON-LIFE-THREATENING URGENT ISSUES

START WITH **PURE** CARE

When you experience a health issue that needs immediate attention, your first inclination may be to rush to the Emergency Room. But before spending unnecessary time and money at the ER, we encourage following the PURE model outlined below. This will help you get the right care, in the right place, at the right time

Primary Care

Call us first for non-emergency issues; we have same-day appointments set aside to handle unexpected issues that may come up.

Urgent Care

If we can't get you in, make Urgent Care your next call. Urgent Care is for more serious issues that need immediate attention but are not life-threatening.

Reassess

If our office and Urgent Care are not open, reassess whether it is possible to wait until tomorrow.

Emergency Room

If your situation is getting worse or you are dealing with a life or limb-threatening emergency that cannot wait, go to the ER.

For information about our office and Urgent Care locations, visit **reverehealth.com**.