Emergency Department Care Coordination Program

CHOICE Regional Health Network

A small program generating larger interest

- Currently at 3 hospitals, soon a 4th
- CHOICE involvement is a logical evolution of our original outreach, enrollment and system navigation services
- Is one of many inter-related strategies to increase the capacity and integration of the safety net
- Is one of the identified eight critical activities of community collaboratives

Three goals for success:

- Reduce inappropriate use of the ED
- Increase capacity and integration of safety net services
- Improve enrolled clients' health status

Program results to date

Utilization at PSPH:

- 270 referred, 170 enrolled, 135 POC's since January 2004
- 20% voluntary program, 80% involuntary
- 52% Medicaid and dual eligible, 20% self pay, 28% all other
- Latest large sample study results 12 months pre-post intervention:
  - 50% reduction in visits (18 to 9)
  - 40% reduction in charges ($22K to $13K)

Program results to date

Safety Net Capacity, Integration

- Within the ED
  - Decreased staff frustration
  - Common approach to inappropriate ED use, provider compliance with care plans
- Shared care plans on common patients with other participating EDs
- ED physicians and 30 PCP's working together
- Coordinated with MAA ED diversion efforts (PRC)
- Participated in local prescription drug abuse prevention efforts
- Encouraged wider replication among hospitals, ED physicians

The players

- Physician Coordinator (Emergency Dept.)
  - Provides clinical perspective
  - Provides leadership to peer physicians, PCPs, specialists, and other practitioners
  - Provides passion and vision critical to increasing medical community buy-in
- Administrative Coordinator (CHOICE)
  - Programs glue and guide
  - Data manager and interpreter
  - Keeps team on same page, right place, and on topic
  - Provides passion and vision critical to increasing medical community buy-in

The players

- RN Care Coordinator (Emergency Dept.)
  - Not a classic clinical RN position
  - Collects clinical and utilization data key to decision-making
  - Provides written communications, documents and records to clients and providers
  - Provides passion and vision critical to increasing emergency department staff buy-in
- Health Resource Coordinator (CHOICE)
  - Primary, direct access point of/to patient other than PCP
  - Maintains records of patient contact and progress
  - Source of all access to non-medical support resources
  - Provides passion and vision critical to creating patient buy-in and insights to providers

Patient characteristics

- Frequently, prescription pain medication addicted, “seeking”
  - High incidence of rebound pain suspected
- Mental & behavioral health issues
  - Somatization, anxiety, anger, depression, denial
- Often co-occurring with chronic health issues
  - Severely and persistently mentally die 20-25 years younger from their co-occurring chronic illnesses
- Some “frequent flyers” come to us looking more like business commuters
  - Average of 18 visits to ED per year
  - Multiple EDs in multiple counties
  - “Playing” the EDs, PCPs, specialists, pain clinics, walk-in clinics
    - ***Commerce is frequently evident***

Enrollment and participation

- Referrals to EDCCP
  - ED physicians and nurses screen patients for referral to EDCCP as they present based on criteria
  - DSHS Patient Review & Coordination (PRC)
  - Data system flagging increasingly valuable
- Program team discusses referrals, their needs & priority
- Letter to patients encourages their voluntary participation – very effective!

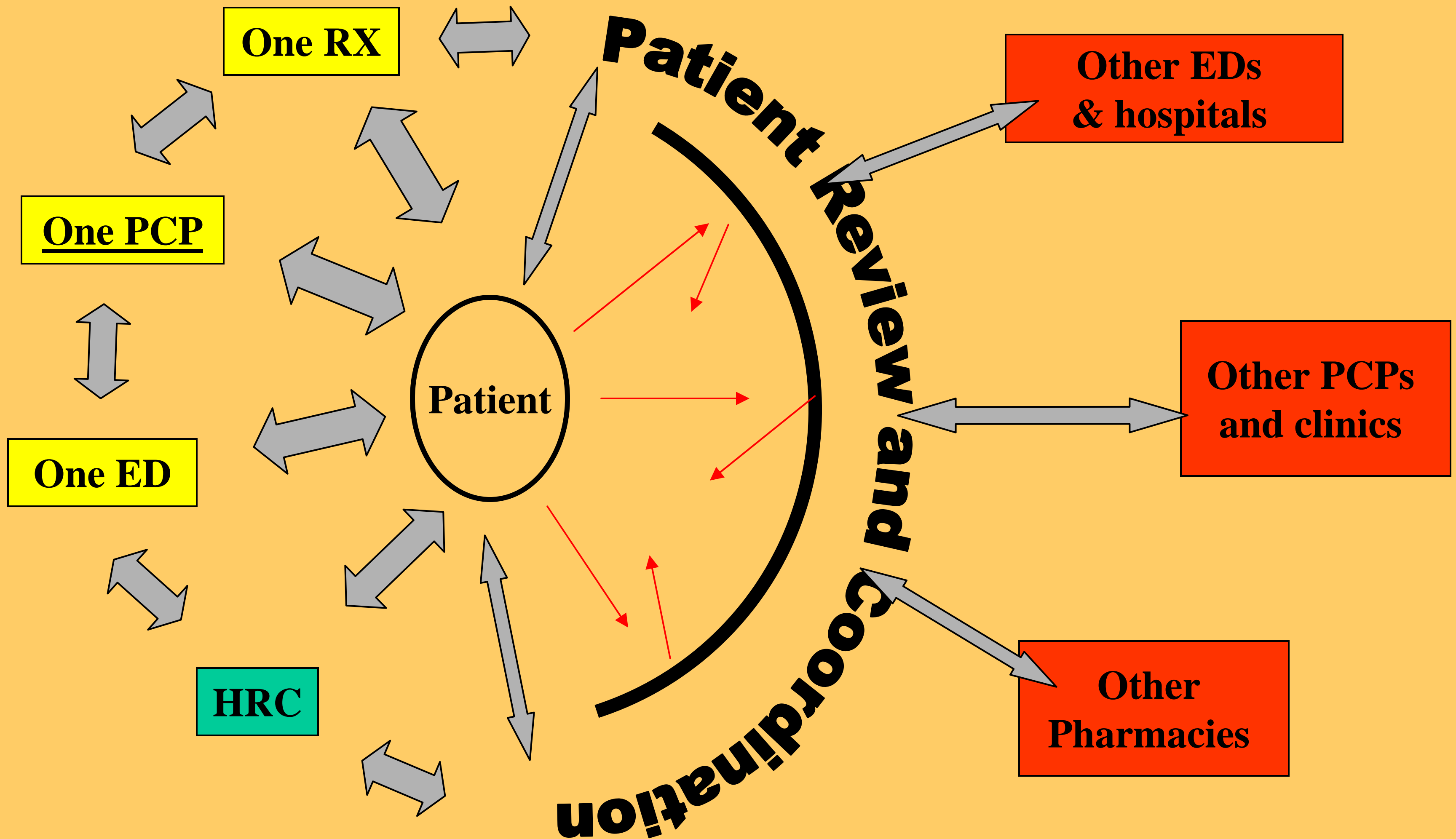
The voluntary element

- **Voluntary:**
  - Team coordinates closely with patients and providers to create/use a *negotiated* plan of care
  - Patient is on the team!
  - PCP and HRC keep close contact, support, encourage
- **Involuntary:**
  - Patients who refuse are enrolled also, plan of care placed in ED, shared w/ participating providers
  - In select cases, team tracks care received & where, prescriptions obtained, ED visits, and health status

Overcoming resistance

- EDCCP invitation letter is "businesslike" – perceived by some patients as hostile
- Patient Review and Coordination restricts access to one PCP, hospital, and pharmacy
- All other similar providers ideally say "no" - refer patient back to those 3 resources (caveat: ED's)
- Patient Plan of Care in ED is strict and purposeful
- Health Resource Coordinator follows up
  - Warm greeting, helpful, concerned, full of ideas, on the patient's team
  - Goal: create an "acceptance shift"

It takes a community…



…for the acceptance shift

Patient behavior change?

- The "Give a damn" phenomenon
  - HRC provides warm reception, trained and caring ear, and on-going positive attention
  - No fear, no judgment, no ultimatums
  - Provides context to allay patient misconceptions
- *Realizing* that others care about them can create permission for patients to care about themselves

The patient we enrolled

- No PCP or poor relations
- ED is primary care source, multiple & frequent visits, mostly unnecessary & ineffective
- Narcotic pain meds – uncontrolled & excessive use, multiple sources, dangerous
- Chronic conditions are uncontrolled and severely threatening
- Emotionally volatile, feels vulnerability & abused by an uncaring and hostile health care system
- Denial of true core issues, in survival mode, consigned to misery
- Often hostile and / or manipulative

The person who succeeds

- In partnership with PCP
- Presents to ED appropirately and infrequently, if at all
- Narcotic medications no longer necessary or greatly reduced, managed and appropriate
- Chronic medical issues are self-managed, controlled, no longer the patient's "life story"
- Emotionally stable, self-controlled, and system savvy
- Self aware, goal oriented, active in their own progress, and committed to increasingly better health
- A person with the right tools and knowledge, and a new history of success

ER work is tough enough as it is. We all know it can be a burnout environment. But when I review the status reports of the patients we've seen through our EDCCP work, I see clues to what we might be accomplishing. And when I talk to the successful patients, it becomes clear. And it energizes me.

Dr. Jeff Walker - EDCCP Physician Coordinator

Providence St. Peter Hospital Emergency Dept.

Funding? What funding?

- Program started inexpensively
- No source of funding specific to the program
- CHOICE has used member dues to pay for its staff time (~.35 FTE)
- Hospital provides 8 hr/week light duty RN time, periodic data analyst time and meeting space
- ER physician group supports 4-6 hr/month administrative time for physician coordinator

We've generated a larger interest

- Federal earmark to expand program to other hospitals in the CHOICE region.
- Providence funding to expand its program in three ways
- Will seek to participate in MAA ER diversion grant program to evaluate program outcomes and savings.
- Continue to encourage statewide stakeholder discussions to initiate programs in most EDs in the state.
- Committed to using any shared savings to provide better care to more people at less cost.

“A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has.”

--Margaret Mead

For more information about the Emergency Department Care Coordination Program, contact

Doug Busch at 360-493-5763, buschd@crhn.org

Douglas Burt at 360-493-5712, burtd@crhn.org