Primary Care Sensitive - Emergency Department Utilization
Practice Initiative: Commitment and Evidence

Michigan HealthLink (MHL) is embarking on an initiative to curb primary care sensitive visits to local emergency departments. While Emergency Departments (EDs) treat individuals requiring immediate and necessary medical care, EDs also see preventable and non-emergent visits that may be managed by primary care providers. In an effort to improve care quality and value, it is important to reduce ED use when possible. Certainly not all ED preventable visits are completely avoidable; in some instances, even the best care cannot prevent every patient progression case or exacerbation. Michigan HealthLink (MHL), therefore, has combined research and experience to include an offering of established interventions to reduce patient use of emergency services for non-urgent conditions.

Please select one or more options to implement.

Option #1 Building schedule access
Increasing the ability of patients to schedule urgent appointments reduce reliance on emergency departments.

Description:
- Decompress schedule over time to gradually introduce open model; targeting a minimum of 30% daily open access or reserved.
- Expanding access to offer some evening, morning, and/or weekend coverage.

Evidence:
Overall, open access, as part of Patient-Centered Medical Home (PCMH) programs, reduced ED use by 37 percent. Practices that offered advanced access scheduling that reserved 30% of same-day appointments for acute and routine care had 14% fewer visits (<0.0001) than practices without this capability. In family practice offices, increased same-day access reduced low-acuity ED use by 28% compared to traditional scheduling, while also improving patient satisfaction.

Patients receiving care from a primary care practice offering weekend hours use the ED 20 percent less than patients from practices that do not. Adjustments to hours matter as well. After controlling for age and gender, practices that offered 8 weekend hours were as effective as those that offered 12 hours.

Option #2 Improving patient-perceived access

Even when access exists, patients may not be aware of availability. Further, patients may not be able to reach services through phone systems and staff.

Description
- Improving after-hours messages to avoid indirect encouragement of ED use
- Implement the Call Me First campaign
- Keeping telephones on during lunch hours; increasing scheduling accessibility
- Coaching practice phone team to support patient access to scheduling

Evidence
After controlling for age and gender, practices offering 24-hour telephone access had a 14% lower PCS (NYU algorithm defined) visit rate (<0.0001).1 In the pediatric population, 24-hour access to a physician telephone service reduced avoidable ED use from 41 percent of visits to 8 percent of visits (reduction of 33%).2 Dr. Mark Sawka in Woodhaven, MI implemented Call Me First messaging strategy on business cards and actively explaining access with new, as well as, existing patients during routine office visits.

Practice changes to enhance patient perception involve the team. While the majority of patients who contact the primary care office do receive input from a physician (direct or indirect), when questioned, over half of those that contacted their PCP’s office felt directed to the ED by non-health care staff.3 Training of patient-centered access can build patient awareness of existing services. One large survey found that the majority of parents did not know if there was access to care after regular office hours.4

3. Hill et al. (2016), Are patients who call a primary care office referred to the emergency department by non-healthcare personnel without the input of a physician? PeerJ 4:e1507; DOI 10.7717/peerj.1507
Option #3 Optimize schedule balancing

Description
- Review practice patterns to optimize appointment length
- Increase standardization of scheduling practices across the practice

Evidence
Smoothing patient flow through simplified scheduling has been used to create additional patient access, thereby reducing Emergency Department use. Although Simplified Patient Scheduling (SPS) is branded by Coleman Associates, this is also an IHI recommended practice that borrows from Lean and Quality Improvement methods to streamline scheduling and create greater access by not limiting by appointment type, as well as by decreased scheduling complexity for staff and patients.\(^1\)\(^2\)\(^3\)\(^4\)\(^5\)\(^6\) One health center was able to improve appointment scheduling and increased access by 35%, while also increasing patient and staff satisfaction.\(^5\)

Additional, local experience confirms the success of this implementation. After altering the scheduling process to 20-minute appointment blocks (with built-in contingency breaks), Dr. James Martin and team in Southeastern Michigan experienced reduced emergency room use, as well as increased staff satisfaction.

Option #4 Relationships with urgent care

Connecting patients with resources in the community extends the reach of care beyond the office, while still avoiding the use of emergency services for non-urgent care.

Description
- Heighten local awareness of appointment access at primary care practice
- Increase patient awareness of local urgent care facilities
- Provide patient education regarding selecting urgent care vs. emergency department for care

Evidence
Practices offering a systematic approach to fully inform patients about after-hours care availability and locations had 11% lower rates (<0.0001) of primary care sensitive (PCS) ED use. Those practices that provided additional arrangements for patients to have access to non-ED after-hours providers for urgent care needs during at least 8 after-hours per weekend had 9% lower PCS ED rates.\(^1\) Even without changing practice hours, urgent care availability has the potential to reduce ED use by nearly 48 percent.\(^2\)


Option #5 Relationships with ED

Effective communication with emergency departments (ED) can reduce ED staff pressure to retain patients and can also improve continuity of care back to the primary care practice.

Description
- Promote awareness of primary care next day appointment availability and contact method
- Improve communication with local emergency departments
- Provide patient education regarding selecting urgent care vs. emergency department for care

Evidence
Improving clinical communication and care coordination between hospital EDs and primary care offices, relies on real-time communication. Benefits from communication occur when are able to primary care physicians coordinate patient care and follow-up with patients after they have been discharged from a hospital Emergency Department (ED).\(^1\) One-third of ED visits are made during regular business hours when primary care offices are open. Improving communication and patient return can reduce further
patient reliance on ED services. Furthermore, continued changes to health care systems and practices have created new communication barriers over time. These barriers require local gaps analysis and coordination with local care providers.  

1. Non-Urgent and Primary-Care-Sensitive Hospital Emergency Department Visits in Memphis and Shelby County, Tennessee, Aligning Forces for Quality. 2013. Accessed at [http://commontablehealth.org/upload/media/ED_Briefing_3-12-13_FINAL.pdf](http://commontablehealth.org/upload/media/ED_Briefing_3-12-13_FINAL.pdf)


Option #6 Increase targeted patient contact

**Description**

- Phone follow up for patients with recent ED use (+/- mailing and/or follow up appointment)
- Proactive education of patients with common primary care sensitive-ED conditions regarding selecting urgent care vs. emergency department for care

**Evidence**

Patient follow up after ED use has significant potential to reduce future ED-use by the patient. One study found that 43.9% of older adults who visited an ED made at least one repeat visit in the following 6 months. Furthermore, timeliness matters, rates of return were highest in the first 30 days. Another 13% to 18% of older adults were found to be admitted to hospital within the 90 days of an index visit. With pediatric patients, proactive parent education regarding care for common conditions is effective at reducing non-urgent use of emergency departments. Targeted messages highlighting value or primary care can also reduce future ED use.


Clinical Champions

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Bibliography

http://www.cdc.gov/nchs/data/nhsr/nhsr090.pdf

This patient set included 28,000+ patients. This is one of the larger data sets looking at ER utilization. Note that perception of the seriousness of the medical condition was reason for the visit in 77% of the cases (access to care seems to be 19% of the issue). The charts are helpful and the discussion section is very useful in describing sub-populations. For example, it seems that if one is in a non-metropolitan area, more people use the ER due to access issues. I think this article will help to frame insights into how a practice’s payer mix (private, Medicaid, etc.), location (metropolitan versus non-metropolitan) and age of the practice (younger versus older) may lean toward one intervention versus another (case management/severe disease versus more access/call me first).

http://journals.plos.org/plosone/article/asset?id=10.1371%2Fjournal.pone.0157489.PDF

Recent article published on primary care and ED utilization focused on the communication and patient characteristics.

http://www.gdahc.org/sites/default/files/AJMC_13May185to196.pdf

The goal of this pilot study is to demonstrate whether revisiting and focusing on simple and generally known primary care office management practices has a meaningful impact on emergency department (ED) utilization for conditions that likely could have been treated in the primary care office setting (primary care physician [PCP] treatable).