



Patterns of High Utilization of Emergency Services: National Patterns and Initiatives Relevant for Michigan

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Utilization of Emergency Services



Utilization of Emergency Services

GROWING QUESTIONS:

What happens to/for the patients in the ED?

How is ED utilization related to care in other sites of healthcare?

What causes overutilization of the ED?

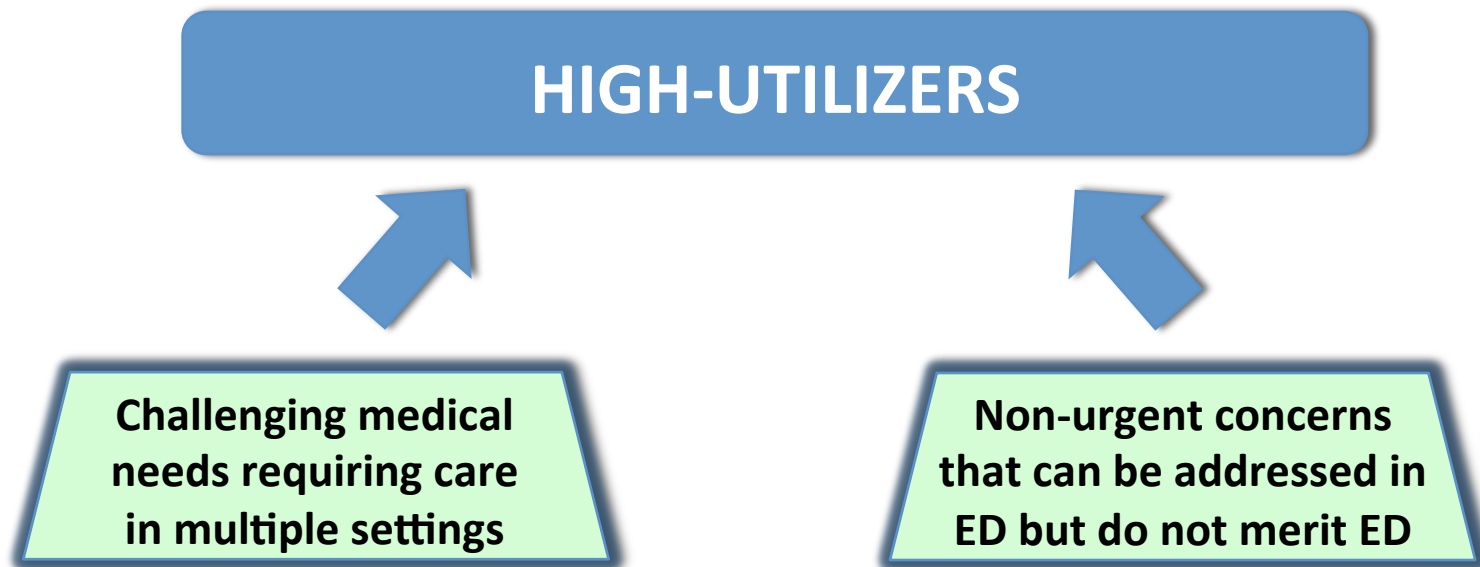
How can overutilization of the ED be addressed?

Today's Symposium: High-Utilizers of ED Services

Centered on 2 fundamental questions:

What causes overutilization of the ED?

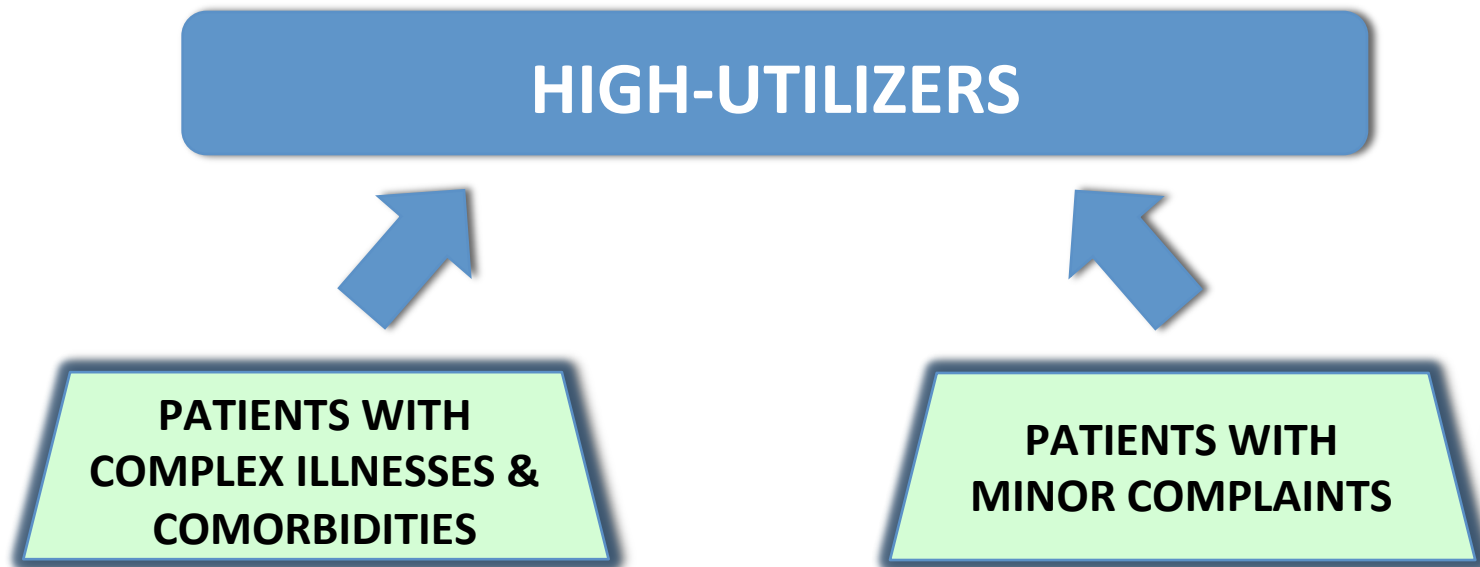
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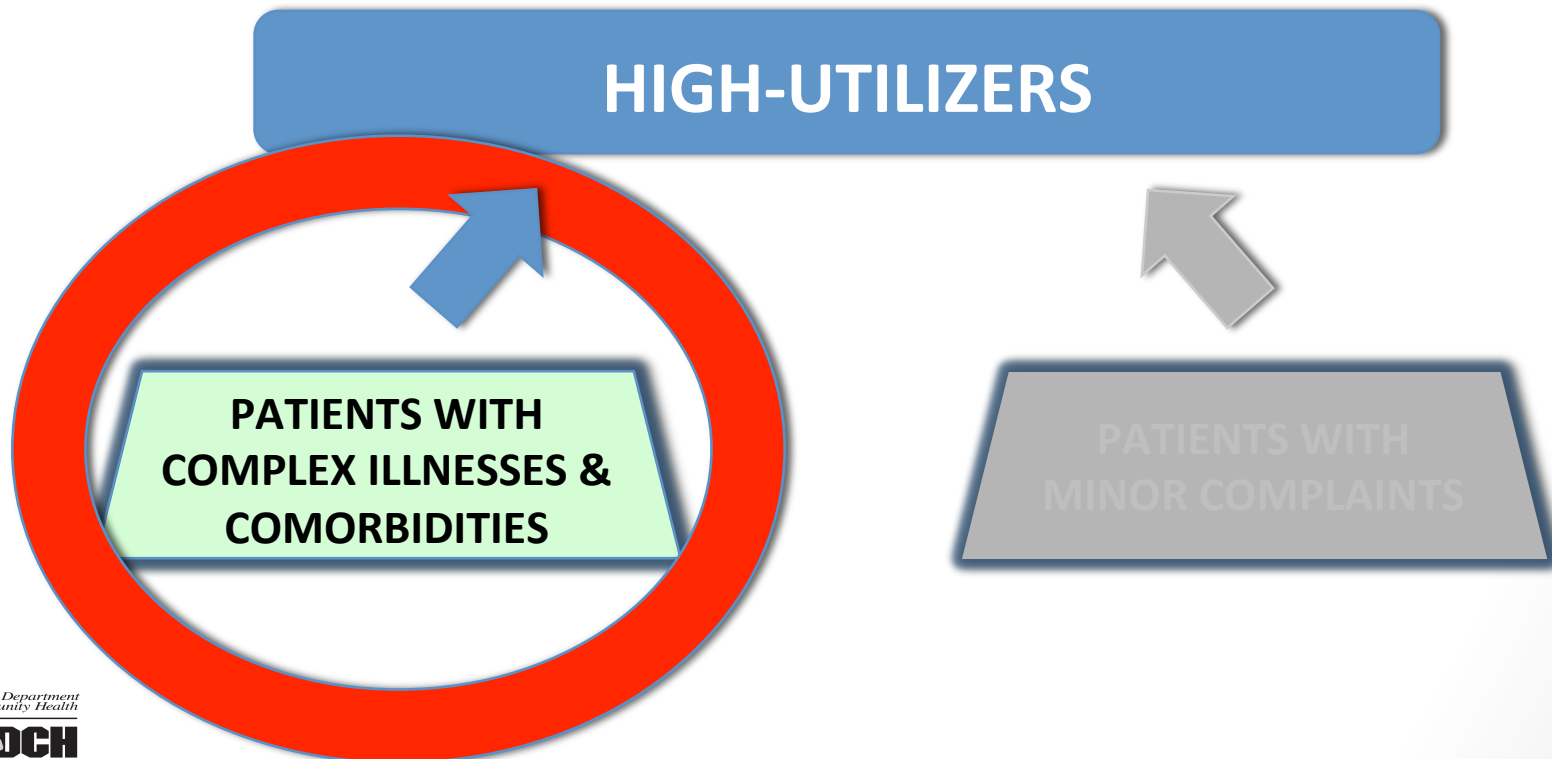
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HIGH-UTILIZERS



**PATIENTS WITH
COMPLEX ILLNESSES &
COMORBIDITIES**

GOALS of this presentation:

- 1 – What are national patterns of high-utilizers in ED setting?
- 2 – What are existing examples of efforts to address high-utilizers in ED setting in the US?

High-Utilizers of the ED – Confusing Terminology

Frequent fliers

Frequent utilizers

High-utilizers

Super-utilizers

Hot-spotters

High-Utilizers of the ED – Growing Attention

Reforming Camden's Health Care System – One Patient at a Time

By Jeffrey Brenner, MD

SPECIAL CONTRIBUTION

Frequent Users of Emergency Department Services: Gaps in Knowledge and Research Agenda

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Jesse M. Pines, MD, MBA, MSCE, Brent R. A. MD, MPH, David J. Magid, MD, Maria Raver

Abstract

Frequent use of emergency department (ED) services is a common form of health care misuse of resources. The underlying assumptions about the role of the ED are often based on a model of care that is based on a

police department, and 1 are under varying levels of care due to a history of

patients (1035 residents) went to the ER and hospital between 24 and 324 times. The \$46 million that

ORIGINAL ARTICLE

Defining frequent use of an urban emergency department

Thomas E Locker, Simon Baston, Suzanne M Mason, Jon Nicholl

Emerg Med J 2007;24:398-401. doi: 10.1136/emj.2006.043844

HEALTH POLICY/REVIEW ARTICLE

Effectiveness of Interventions Targeting Frequent Users of Emergency Departments: A Systematic Review

Fabrice Althaus, MD, Sophie Paroz, MA, Olivier Hugli, MD, MPH, William A. Ghali, MD, MPH, Jean-Bernard Daeppen, MD, Isabelle Peytremann-Bridevaux, MD, MPH, DSc, Patrick Bodenmann, MD, MSc

From the Vulnerable Population Unit, Department of Ambulatory Care and Community Medicine, University of Lausanne, Lausanne, Switzerland, (Althaus, Bodenmann); the Department of Community Medicine and Health (Paroz), and Emergency Department (Hugli), Lausanne University Hospital, Lausanne, Switzerland (Daeppen); the Institute of Social and Preventive Medicine, Lausanne University Hospital and University of Lausanne, Lausanne, Switzerland (Peytremann-Bridevaux); and the Departments of Medicine and Community Health Sciences, University of Calgary, Calgary, Canada (Ghali).

partment (ED) by frequency distribution. In one city over a 12-month period, 1035 residents were identified as frequent users based upon a

ethical frequency to non-randomly selected frequent users (mean number of ED visits presented with a diagnosis related to hospital

Study objective: Frequent users of emergency departments (EDs) are a relatively small group of vulnerable patients accounting for a disproportionately high number of ED visits. Our objective is to perform a systematic review of the type and effectiveness of interventions to reduce the number of ED visits by frequent users.

Methods: We searched MEDLINE, EMBASE, CINAHL, PsychINFO, the Cochrane Library, and ISI Web of Science for randomized controlled trials, nonrandomized controlled trials, interrupted time series, and controlled and

Who Are High-Utilizers of the ED?

Compared with lower utilizers of the ED, high-utilizers ...

- Are generally older
- Are less likely to have adequate financial resources
- Are more likely to be insured with a public program
- Have higher severity of illness
- Are more likely to have chronic illness
- Are more likely to have a pain-related visit to the ED
- Have higher healthcare costs

What Are National Patterns for High-Utilizers of the ED?

Of 39 million ED visits in 2010 for patients in the US ...

- 77% of patients visited the ED 1 time
- 16% of patients visited the ED 2 times
- 5% of patients visited the ED 3 times
- 1% of patients visited the ED 4 times
- 1% of patients visited the ED 5 times or more

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MEDICAID

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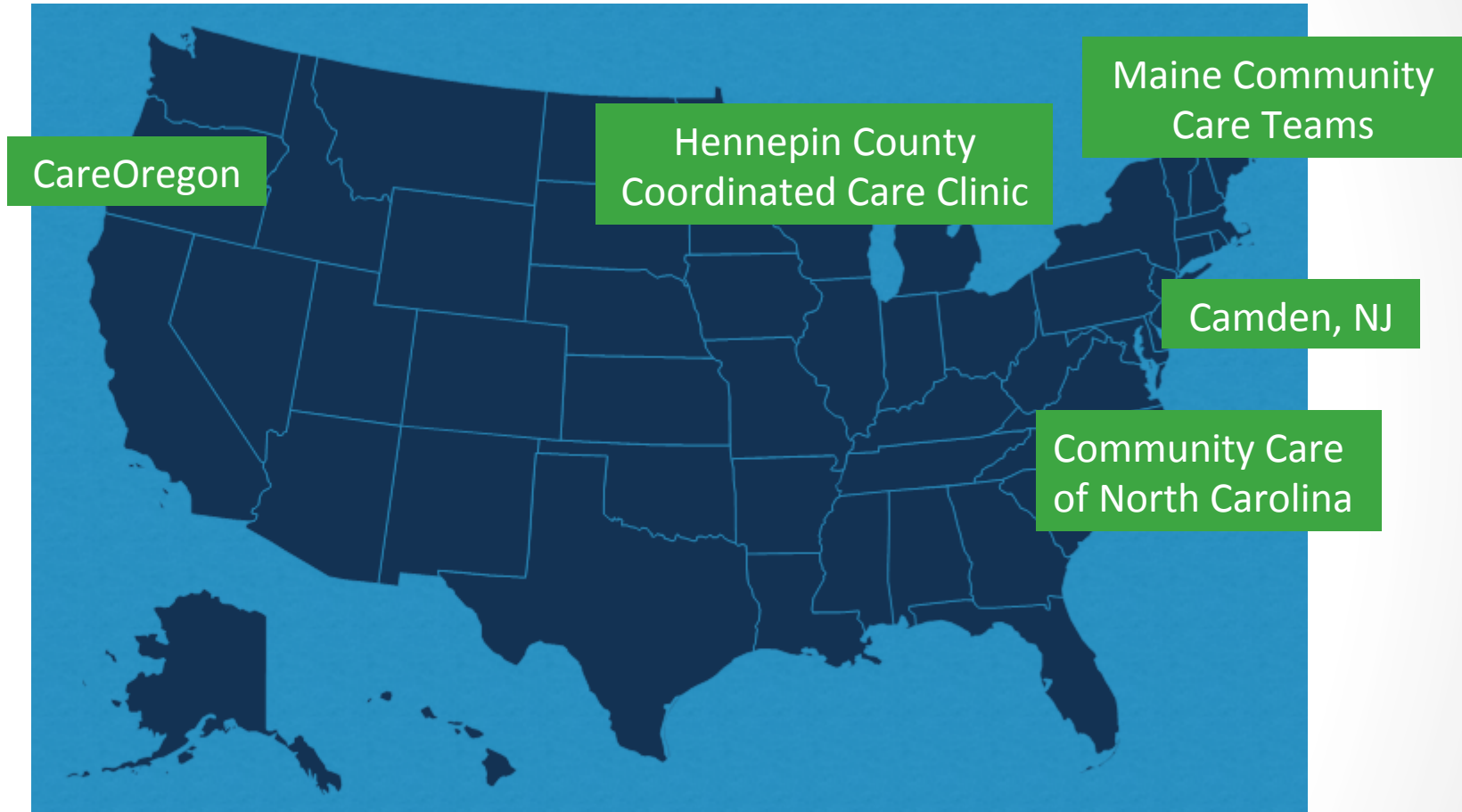
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Residents of nursing homes: Account for 2% of ED visits annually, much higher rates of hospital admission than avg

Examples of Programs Focused on High-Utilizers



Examples of Programs Focused on High-Utilizers

Camden, NJ

Focuses on urban disadvantaged and poor by connecting claims data from local hospitals to identify high utilizers; top 1% visited ED 24-324 times per year

Staffed by family physician, nurse practitioner, community health worker, social worker; they monitor and help patients through multiple settings (ED, nursing home, street corner, homeless shelter)

Decline in ED visits: 33% in month

Examples of Programs Focused on High-Utilizers

CareOregon

160,000 members (incl. children, pregnant women, aged/blind/disabled, dual-eligibles); invited to join if >1 hosp admission and/or 6+ ED visits in past year

Global budget from state to provide integrated physical, mental, and dental care across 3-county region

Embeds community outreach workers (“engagement specialists”) into high-performing primary care and clinically relevant specialty practices

Examples of Programs Focused on High-Utilizers

Community Care of North Carolina

Approx 50,000 Medicaid beneficiaries, served thru 14 community networks – each with care managers, pharmacist, psychiatrist, social worker; hospitals provide data care manager coordination while inpatient

Provides a fixed PMPM fee to primary care to serve as medical homes (24/7 availability and coordination with network staff)

Focuses on patients with spending > expected, unmet chronic pain, recent hospitalizations transitioning to primary care; 15% decrease in ED visits for those enrolled

Examples of Programs Focused on High-Utilizers

Hennepin County Coordinated Care Clinic

Focuses on 5 percent of Medicaid managed care beneficiaries with highest spending, in 3 tiers:

Tier 1 – no admissions or ED visits; but have social risks

Tier 2 – 1-2 admissions in past yr, any chronic disease, >3 meds

Tier 3 – 3 or more admissions, or 5+ ED/detox visits

Tiers 2 and 3 are assigned care coordinators

Aligned with Hennepin County Medical Center to operate 'ambulatory ICU' to provide comprehensive care for >300 pts

Achieved 35% decrease in ED visits over first 10 months

Examples of Programs Focused on High-Utilizers

Maine Community Care Teams

Builds on prior multi-payer 'advanced primary care practice' demonstration project; utilizes Web portal to provide practices and community care teams with patient data re: hospitalizations, ED visits, & costs; focus on patients with chronic medical disease, serious mental illness

Community care teams (CCTs) are fielded by organizations of multiple different types (FQHCs, large hospital systems, home health agencies, mental health organizations, phys practices)

PMPM payment split between CCTs and primary care

Comparison of High-Utilizer Programs

HIGH-UTILIZER PROGRAM	ED Emphasis	Mental Health	Hospital Care	Primary Care	Community Programs
Camden	+	+	+	+	+
CareOregon	+	+	+	+	+
Community Care NC	+	+	+	+	+
Hennepin County	+	+	+	+	+
Maine Community	+	+	+	+	+

High-Utilizers in the ED - SUMMARY

- **A multifaceted phenomenon – with many terms**
 - **Defining high-utilizers as those with 5+ ED visits in 1 year**
 - **Will address preventable ED visits in future efforts**
- **At national level, high-utilization of the ED associated with:**
 - **Older age, public insurance, multiple chronic conditions, mental health comorbidities**
 - **Link to nursing home residence**
- **Examples of existing programs in states outside Michigan highlight benefits of different approaches**
 - **Common themes: patient selection, care management**
 - **Key variables: local program strengths, system preferences, innovative financing models**

Acknowledgments

U-M Institute for Healthcare Policy and Innovation

Allison Marlatt