



University of Michigan  
Hospitals and Health Centers

# Emergency Department High Utilizers Symposium

November 12, 2013

Timothy A. Peterson, MD, MBA

Executive Medical Director, POM ACO  
Medical Director, Population Health, UM  
Chair, ED Complex Care Program  
Assistant Professor of Emergency Medicine



# Overview

- Program Overview
  - Participants
  - Philosophy
  - Process
- Example Cases
- Program Outcomes



# Program Participation

- 5 EM Physicians
- Several EM Nurses
- EM Social Work
- Monthly review with FGP Complex Care Managers
- Risk Management
- Hospitalist ad hoc



# Program Philosophy

- To facilitate more efficient and effective care for complex patients presenting to the Emergency Department.
- To improve and enhance communication between the Emergency Department and UMHS primary care and specialist physicians as well as physicians outside UMHS who refer patients to the UMHS ED.



# Program Process

- Patients identified via 2 means
  - Referral or ED Billing Data (visit frequency)
- Case reviewed by ED Complex Care Committee
- EM Physician coordinates plan development with responsible PCP and/or Specialist
- Plan vetted by Risk then EM Physician group
- Plan presented to patient at PCP/ Specialist appointment by Complex Care Committee physician



# Example Cases

- KW – 35 y/o M; presumed painful rheumatologic condition
  - 90+ ED visits in 12 months prior to plan implementation
  - Plan created access for him at UM PCP, Rheumatology and Pain Management while outlining specific ED care
  - ED visits fell to 18 in subsequent 12 months



# Example Cases

- BP – 42 y/o M with cardiomyopathy, COPD, DVT/PE
  - Frequent ED presentations for CP, SOB, Hyper/Hypo-kalemia
  - Generally admitted and often behavior problem on inpatient floors
  - Initial attempts to curtail utilization involved more frequent contact by care manager
  - ED Management and Behavior Management plans implemented



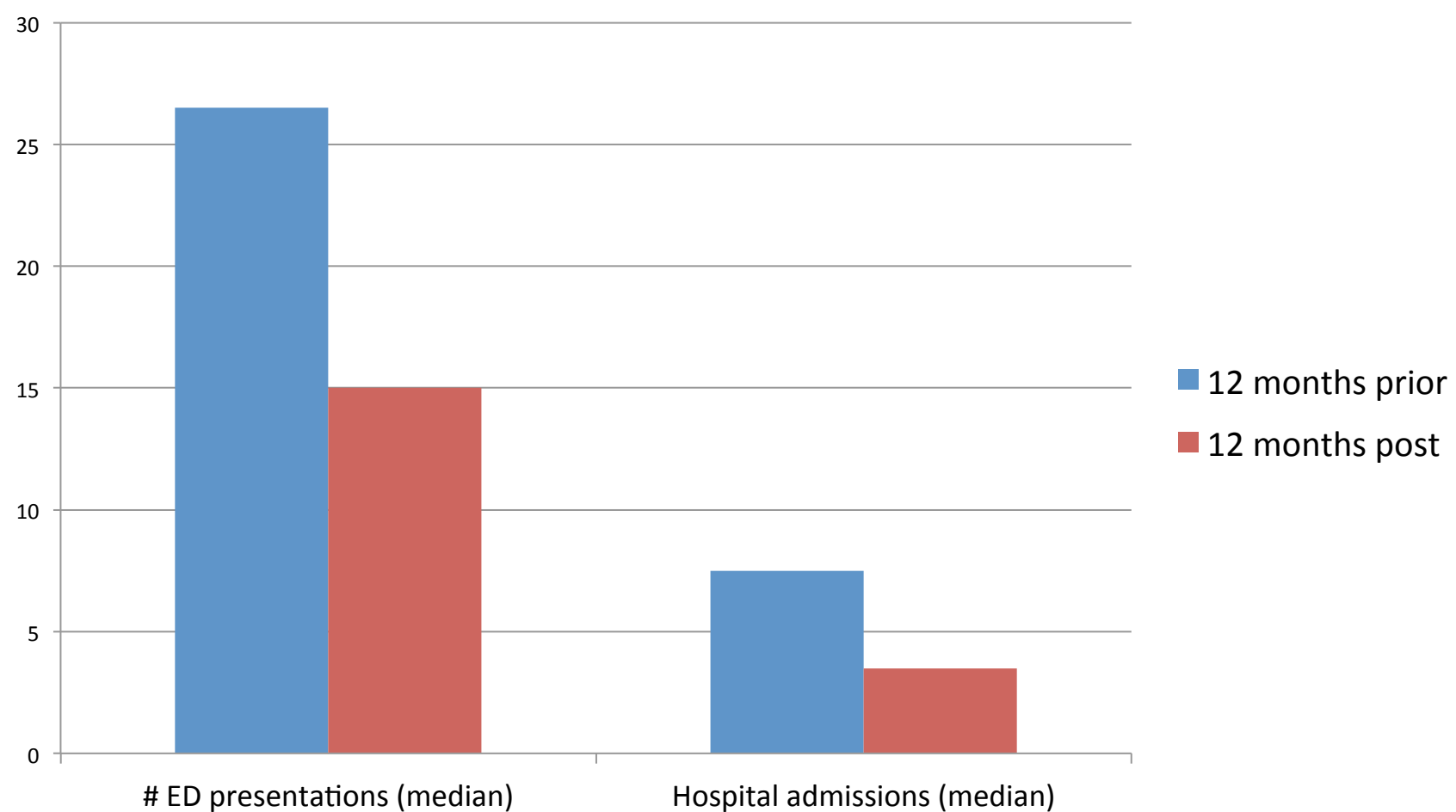
# Program Outcomes

- > 75 patients screened since program founded (2009)
- 14 Patients with care plans

<b>Average Age (range)</b>	45 (31-67)
<b>GENDER</b>	
Male	42.9%
Female	57.1%
<b>ETHNICITY</b>	
White	57.1%
Black	42.9%
Hispanic/Other	0.0%
<b>PAYER MIX</b>	
Public insurance	100.0%
Private insurance	0.0%
Uninsured	0.0%
<b>PRIMARY PHYSICIAN</b>	
Present	100.0%
None	0.0%

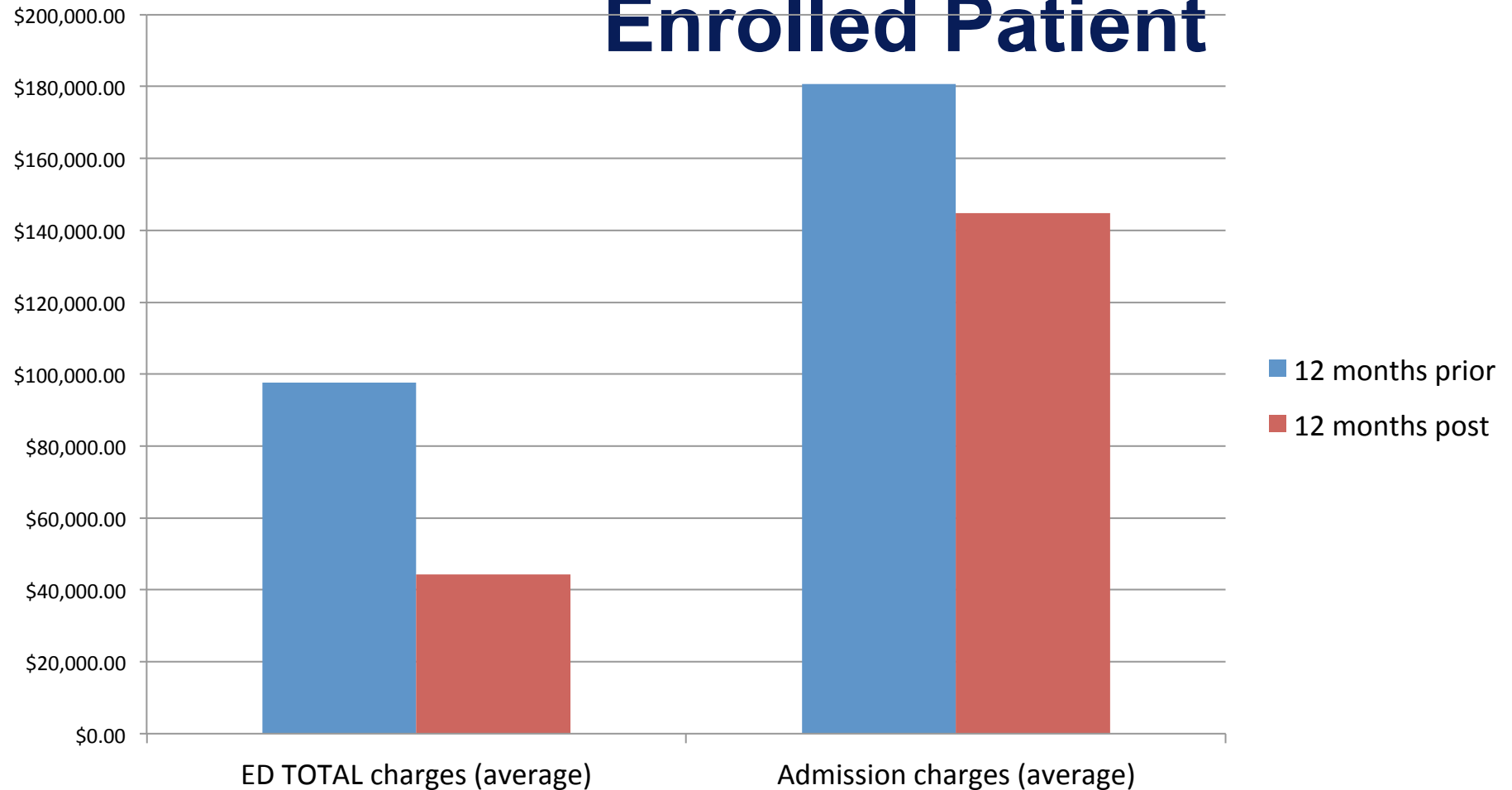


# Program Outcomes – Visits & Admissions



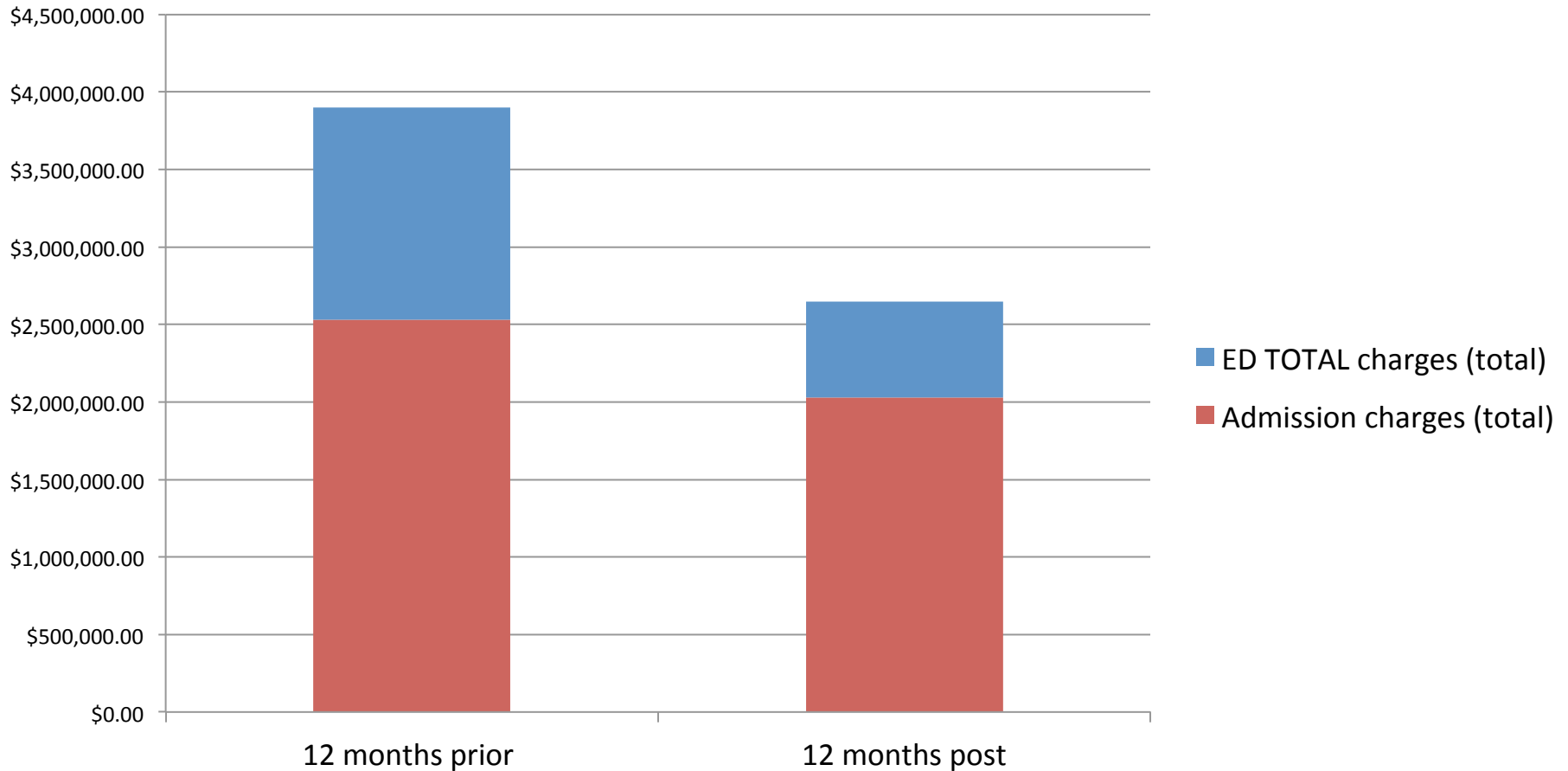
# Program Outcomes

## Average Annual Charges/ Enrolled Patient



# Program Outcomes

## Total Annual Charges for All Enrolled Patients





# ED Complex Patient Program Conclusions

- Patient Centered
- Collaborative effort between Emergency Medicine and all others across Health System
- Improves costs of care
- Improves coordination
- Major impact in staff satisfaction
  - Nurses
  - ED Physicians
  - PCP/Specialist/Admitting Physicians



# Keys to Program Success

- Holistic approach to solving patient need
- Collaboration between ED doctors, nurses, social workers and community based providers of patient services (doctors, nurses, care managers, etc)



# Generalizability?

- Barriers
  - Resource intensive model
  - No supporting financial model
- Enablers
  - ED physicians know these patients
  - Clinical decision-making addressed