Emergency Department High Utilizers Symposium

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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

<table>
<thead>
<tr>
<th>Average Age (range)</th>
<th>45 (31-67)</th>
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<tbody>
<tr>
<td>GENDER</td>
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<tr>
<td>Male</td>
<td>42.9%</td>
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<tr>
<td>Female</td>
<td>57.1%</td>
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<table>
<thead>
<tr>
<th>ETHNICITY</th>
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<tr>
<td>White</td>
<td>57.1%</td>
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<tr>
<td>Black</td>
<td>42.9%</td>
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<tr>
<td>Hispanic/Other</td>
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<table>
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<th>PAYER MIX</th>
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<tbody>
<tr>
<td>Public insurance</td>
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<tr>
<td>Private insurance</td>
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<tr>
<td>Uninsured</td>
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<tr>
<th>PRIMARY PHYSICIAN</th>
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<td>Present</td>
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<tr>
<td>None</td>
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Program Outcomes – Visits & Admissions

- # ED presentations (median)
- Hospital admissions (median)

- 12 months prior
- 12 months post
Program Outcomes
Average Annual Charges/Enrolled Patient

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<thead>
<tr>
<th></th>
<th>12 months prior</th>
<th>12 months post</th>
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<tr>
<td>ED TOTAL</td>
<td>$100,000.00</td>
<td>$140,000.00</td>
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<tr>
<td>Admission</td>
<td>$180,000.00</td>
<td>$200,000.00</td>
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Program Outcomes
Total Annual Charges for All Enrolled Patients

$0.00
$500,000.00
$1,000,000.00
$1,500,000.00
$2,000,000.00
$2,500,000.00
$3,000,000.00
$3,500,000.00
$4,000,000.00
$4,500,000.00

12 months prior
12 months post

ED TOTAL charges (total)
Admission charges (total)
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