

CHANGE PACKAGE: REDUCING INAPPROPRIATE USE OF THE EMERGENCY DEPARTMENT



GET READY

Build will and infrastructure for improvement

- Secure senior management buy-in
- Form an interdisciplinary improvement team



GET SET

Use data to identify key drivers of ED use

- Identify variation, opportunities for improvement, and establish goals
- Validate sources for variation by soliciting input from physicians and patients
- Identify key changes to reduce inappropriate use of the ED



GO!

Test and adapt improvements to fit your environment

- Offer financial incentives to physicians who see patients after business hours and on weekends
- Open urgent care clinics after business hours and on weekends
- Educate patients on alternatives to the ED for non-emergent conditions
- Educate providers and patients on scope of services provided by urgent care clinics
- Use case managers to follow up with patients with persistent ED use
- Provide variation data to physicians quarterly, including peer comparisons
- Provide monthly reports to physicians, including patient lists with diagnoses and frequency of ED use
- Conduct coaching visits with high utilizing physicians to review data and specific tactics
- Increase outpatient access to radiology services
- Prepare education materials to guide patients on self/outpatient care for avoidable conditions (anticipatory guidance)

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Build will and set goals for improvement

| Action | How to Implement | Tips/Tools/Resources |
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| <p>Secure Senior-Management buy-in evidenced by commitment to:</p> <ul style="list-style-type: none"> • Quality and the QI process • Personnel/resources for project • Project is explicitly part of strategic goals • Embraces a culture around “appropriate care”- misuse, overuse, under-use rather than solely on “reducing cost” • Establish and/or align meaningful incentives for project | <ul style="list-style-type: none"> • Agree on values, goals and measures for the project • Conduct regular briefings/communications on the project, preferably monthly across all levels of organization • Share project successes in newsletters, emails, at scheduled meetings, often • Incorporate projects as a standing agenda item at senior-level meetings • Ensure that practitioner level incentives align with senior management goals | <ul style="list-style-type: none"> • Create a dashboard that tracks performance in the agreed upon measures, sharing information at least quarterly |
| <p>Form an interdisciplinary Improvement Team that meets often and includes:</p> <ul style="list-style-type: none"> • Medical Director to lead the process • Experienced project manager • Community Based Physician champion • IT/Analyst • Physician outreach manager (i.e. network mgmt staff) | <ul style="list-style-type: none"> • Team meets at least monthly (suggestion to meet bi-weekly) • ALL team members attend meetings • Develop agendas and summarize action items at the end of the meeting • Establish values for the project and hold team accountable to these – suggest respect, transparency, honesty • Encourage a culture that admits and raises problems, concerns and disagreements; encourage those individuals to identify potential solutions • Regularly ask, “How is this team working? What could we do to be more successful? How can I help you be more successful (leader would ask)?” | <ul style="list-style-type: none"> • Physician champion should be a thought leader and practicing doctor, preferably in the specialty being studied and an early adopter/enthusiast • Pay physician champions for their time (\$150/hour) • Leader and project manager meet weekly to review project progress • Tool for running effective team meetings http://www.calquality.org/programs/cos/tefficiency/resources/documents/ProcessforEffectiveMeetings1.pdf • Video on how to run effective team meetings: http://www.chcf.org/topics/chronicdisease/index.cfm?itemID=133956 |

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Use data to identify drivers of ED use

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| <p>Identify variation, select measures, and establish goals by collaboratively reviewing data with team</p> | <ul style="list-style-type: none"> • Create a variation chart showing ED use by physician, including a mean and any appropriate benchmarks (i.e. health plan network averages and internal benchmarks – peer group average) • Establish specific goals for ED project, clarifying measures tracked (utilization, process, and balancing measures) • Consider using internal and external benchmarks when determining goals | <ul style="list-style-type: none"> • 10-15% reduction in non-emergent visits is possible as cited in local experience and the literature • Sample variation charts http://www.calquality.org/programs/costefficiency/resources/documents/SampleVariationCharts_000.pdf • Sample measurement plan http://www.calquality.org/programs/costefficiency/resources/documents/SampleAimsGoalsMeasurementPlan_000.doc |
| <p>Validate sources for variation by soliciting input from physicians and patients</p> | <ul style="list-style-type: none"> • Bring variation chart and meet 1:1 with high and low utilizers of the ED and ask, “Why do you think that some physicians’ patients use the ED more than others?” • Conduct focus groups, including a range of utilizers, and ask them why some physicians have higher utilization to others • Call patients who recently visited the ED and ask them why • Review data on access by physician, time and day of ED visits, location of ED visit, and visits by patient and diagnosis • Use “secret shopper” strategies to learn about access after business hours • Conduct site visits from the patient’s perspective (walk through) to identify key issues and potential solutions for physician practices | <ul style="list-style-type: none"> • Variation chart should be blinded in initial discussion to minimize “judgment” • Less data at this meeting is better. You can always bring more at a subsequent meeting if requested. http://www.calquality.org/programs/costefficiency/resources/documents/erutilizationsamplevariationchart.pdf <p>Samples of patient questions about ED use http://www.calquality.org/programs/costefficiency/resources/documents/ERSurvey1.pdf http://www.calquality.org/programs/costefficiency/resources/documents/ERQuestionnaire.pdf</p> <p>Sample scripts and processes for conducting a focus group http://www.calquality.org/programs/costefficiency/resources/documents/SampleFocusGroupInvitation.pdf http://www.calquality.org/programs/costefficiency/resources/documents/ScriptforFocusGroupandQuestionsforDebrief.pdf http://www.calquality.org/programs/costefficiency/resources/documents/FocusGroupInviteMonarch.pdf http://www.calquality.org/programs/costefficiency/resources/documents/FocusGroupPowerpoint051308_000.ppt</p> |

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| <p>Identify key changes to reduce ED utilization by collecting and analyzing input from Team, physicians and patients.</p> | <ul style="list-style-type: none"> • Use a tree diagram to document “key drivers” for ED use • Visit your high performers and find out what they do and how they do it so that you can share that information/solution with other medical practices • Review information gathered from focus groups and patient feedback | <ul style="list-style-type: none"> • Sample driver diagram. http://www.calquality.org/programs/costefficiency/resources/AvoidableEDfishbone.vsd <p>Sample driver template, including instructions http://www.calquality.org/programs/costefficiency/resources/documents/TreeDiagramInstructions.doc http://www.calquality.org/programs/costefficiency/resources/documents/EDPCPVariationFocusGroupSummary.xls</p> |

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Test and adapt these improvements to fit your environment

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| <p>Offer financial incentives to physicians to stay open after business hours and on weekends</p> | <ul style="list-style-type: none"> • Physicians Medical Group of Santa Cruz (PMG-SC) paid PCPs an additional 2% of capitation for Saturday hours (3+ hours) and an additional 1% for each day of additional evening hours (2+ hours) for a maximum of 7% increased capitation. Physicians with extended hours reduced their ED rates for non-emergent conditions. PMG-SC organized a system to reimburse offices that are open to other PMG-SC patients (those not assigned to them) for urgent issues and this model started to spread to more practices beyond the initial two. • Monarch Healthcare bonuses specifically for ER utilization based on performance against network average taking into account, age & sex adjustments. | <ul style="list-style-type: none"> • Most improvement observed in practices open on Saturdays anytime during the day. Recommend urgent hours for Sat be 10AM -3PM. |
| <p>Open urgent care clinics after business hours and on weekends</p> | <ul style="list-style-type: none"> • Monarch Healthcare uses Kids Doc, a consortium of about 36 pediatricians in South Orange County, CA. A single, centrally located, pediatric after-hours clinic is open from 5 PM to 10 PM weekdays, 10AM to 9PM weekends and 10AM to 6 PM on holidays, staffed by board certified pediatricians and licensed nurse practitioners, available to see children with various common ailments including asthma, otitis, pneumonia, rashes, upper respiratory infections, urinary tract infections, etc. They do not have lab or x-ray on site, but the facility is across from the hospital and lab and x-ray can be completed and reviewed as an outpatient procedure without an ED visit. Kids Doc provides a phone triage system that is utilized by virtually all of the pediatricians in south Orange County. Patients call the PCP office and the call is answered by our LVN or RN nurse triage team. All calls are documented and faxed to the PCP the next morning, as are all visit notes. In south Orange County our ED use by pediatric patients is significantly lower than in the north where Kids Doc does not exist. | |

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| <p>Improve access to same day appointments</p> | <ul style="list-style-type: none"> Train physicians and their office staff in Advanced Access concepts. Get started by recommending physicians add same day appointments on Monday and Friday afternoons, when patients typically use the ED due to access care. | <ul style="list-style-type: none"> Advanced Access Tip Sheet http://www.calquality.org/programs/patientexp/resources/advaccess/Access_Quick_Tip_Sheet_for_Physicians_and_Office_Staff.doc |
| <p>Educate patients on alternatives to the ED for non-emergent conditions</p> | <ul style="list-style-type: none"> Mills Peninsula Medical Group (MPMG) educates patients on alternatives to the ED system-wide and at the practice. MPMG coaches practices on how to communicate about alternatives to the ED at the point of care. Before patients leave their visit, MPMG primary care doctors take 15 seconds to educate patients on who to call, where to go, and what to do when they are not available. MPMG data show that PCPs who took this extra step had substantially lower ED use for their panel. At system level, MPMG includes brochures about how to access care after hours in their new member packets. | <ul style="list-style-type: none"> Sample tool for physicians to use with their patients: http://www.calquality.org/programs/costefficiency/resources/documents/Updated_PS_AT_Flyer.doc |
| <p>Identify scope of services provided by urgent care clinics and educate patients and providers</p> | <ul style="list-style-type: none"> Monarch Healthcare met with all urgent care centers within their network to determine which services were provided. Services varied by clinic. They developed a listing of services by UC clinic and they send this to new members and include information in member and provider newsletters/emails. Case Managers share the information with patients who have accessed the ED. Case managers call them and if they are unsuccessful reaching them, they follow-up with a mailed letter. Monarch educated hospitalists to give urgent care information as part of discharge instructions. | <ul style="list-style-type: none"> http://www.calquality.org/programs/costefficiency/resources/documents/MonarchHealthCareUrgentAfterHoursFacilities031809_Monarch.pdf |
| <p>Use case managers to follow persistent users of the ED</p> | <ul style="list-style-type: none"> Hill Physicians Medical Group (HPMG) provides telephonic case management to their members with “persistent” use of the ED. They review 4 quarters of trended data showing # of ED visits by quarter. Then case managers prioritize patients with repeat, continued ED use and call these patients. The case managers partner with the patients and involve their PCPs in follow-up actions following the ED visits. | <ul style="list-style-type: none"> Program description Hill http://www.calquality.org/programs/costefficiency/resources/documents/EDreductionproject_summary.doc Key tasks for Case Manager http://www.calquality.org/programs/costefficiency/resources/documents/MemberContactsteps.doc |

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| | | <ul style="list-style-type: none"> • Member letter http://www.calquality.org/programs/costefficiency/resources/documents/CMscript.doc • PCP letter http://www.calquality.org/programs/costefficiency/resources/documents/PCPletter.doc |
| <p>Notify PCPs of patients to ED in previous 24 hours</p> | <ul style="list-style-type: none"> • Mills Peninsula Medical Group (MPMG) worked with their hospital to obtain daily reports indicating patients with a visit to the ED within the previous 24 hours. Then, MPMG sends a fax notifying PCPs of patients with visits to the ED within the previous 24 hours. | |
| <p>Provide actionable reports to physicians at least quarterly</p> | <ul style="list-style-type: none"> • Reports should include key items such as: comparisons to peer group; actionable measures and stated desirable behaviors; timely data (within 6 mos max, 2 mos is preferred); specifications stated clearly; desirable targets identified. | <ul style="list-style-type: none"> • http://www.calquality.org/programs/costefficiency/resources/documents/SampleReportforEDUtilizationPMGSantaCruz.pdf • http://www.calquality.org/programs/costefficiency/resources/documents/Sampleoverusereports_NonED_000.pdf • http://www.calquality.org/programs/costefficiency/resources/documents/SamplePhysicianLevelReports.pdf |

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| <p>Meet with high utilizing physicians to review variation data</p> | <ul style="list-style-type: none"> • Medical director, or physician champion attends first meeting with an outreach staff; outreach staff handle subsequent meetings • Conduct a non-judgmental conversation using data that identifies variation and comparative information to peers and network average focusing on medical appropriateness, not cost • Share minimal data- blinded variation chart showing peer comparisons, separated by product line • Continuously evaluate the stages of change and where physician stands relative to change – denial, anger, bargaining • Address physicians reasons for being different and be open to providing additional data if requested • Offer physician specific feedback of sharing actions for improvement and eliciting their thoughts on how to improve • Conclude visit with a summary letter restating purpose of visit, action items, and any follow-up items • Offer praise where physicians are improving or exceeding targets | <ul style="list-style-type: none"> • Tip Sheets http://www.calquality.org/programs/costefficiency/resources/documents/10EssentialStepsToEffectivelyEngagingPhysicians.pdf http://www.calquality.org/programs/costefficiency/resources/documents/EffectivelyEngagingPhysicians-DealingWithAnger.pdf http://www.calquality.org/programs/costefficiency/resources/documents/EffectivelyEngagingPhysicians-Thingsnottosay.pdf |
| <p>Increase access to outpatient radiology services</p> | <ul style="list-style-type: none"> • Review ER data to determine whether patients are seeking radiology services in the late afternoon. Meet with outpatient radiology services to set up a contract for providing outpatient radiology services late afternoon, early evening. Provide financial incentives to encourage radiology services to stay open late afternoon and outside business hours. PMG SC met with their main radiology group and they have increased their hours to 7-6 M-F. | |
| <p>Educate providers on conditions that can be handled in outpatient care</p> | <ul style="list-style-type: none"> • Physicians Medical Group on Santa Cruz (PMG-SC) provides their PCPs a monthly report showing rates of ED use for all patients and their diagnoses. The monthly report reflects data collected within the previous two months. The semi-annual report shows rates of ED use for “avoidable diagnoses” and lists each patient with an avoidable visit and the date, day of the week and the diagnoses for the visit. | <ul style="list-style-type: none"> • Sample report http://www.calquality.org/programs/costefficiency/resources/documents/AvoidableDiagnoses.ppt |

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| <p>Develop education materials for physicians to provide patients on anticipatory guidance</p> | <ul style="list-style-type: none"> • Develop education materials for patients for non-acute illnesses and chronic disease such as: <ul style="list-style-type: none"> ○ Action plans for asthma patients ○ Sick day plans for Diabetes patients ○ Sick days plans for CHF such as what to do when have early weight gain, when to go to the ER • Before patients leave their visit, primary care doctors and specialists for chronic disease members can take 15 seconds to educate patients on who to call, where to go, and what to do when they are not available as well as written action plan or sick day plan. | <ul style="list-style-type: none"> • Asthma: NHLBI Guidelines http://www.nlm.nih.gov/qa/asthma/ • COPD: Gold guidelines http://www.goldcopd.com/GuidelinesResources.asp?l1=2&l2=0 |
| <p>Assess patients for depression, substance abuse and other behavioral health issues and coordinate outpatient care</p> | <ul style="list-style-type: none"> • Use screening tools and triage patients to appropriate outpatient care. | <ul style="list-style-type: none"> • http://www.calquality.org/p/rograms/costefficiency/resources/documents/2-32-questionAlcoholDrugdepression Screener.doc • http://www.calquality.org/p/rograms/costefficiency/resources/documents/2-6AlcoholandOtherDrugPrese ntation82707.ppt |
| <p>Provide flu and pneumovax to high risk patients during flu season</p> | <ul style="list-style-type: none"> • Vaccinate hospitalized patients at discharge • Specialists as well as PCP give vaccines • Reminder call list for chronic disease, age appropriate groups | <ul style="list-style-type: none"> • Over 90% of ear infections are viral and in children can be influenza related so good flu vaccine rates are protective against ER visits for otitis |
| <p>Call patients with recent visits to schedule follow-up after ED visit and to learn about reasons for ED visit through patients' perspectives</p> | <ul style="list-style-type: none"> • Mills Peninsula Medical Group (MPMG) case managers call every patient who visited the ED to find out why they went to the ED and to coordinate follow-up as appropriate. Questions included – patient perception of their condition, why they went to the ED, and whether they contacted their PCP prior to the ED visit. MPMG learned from patients that some PCPs were not available (i.e. PCP does not work on Mondays and Fridays) and PCPs were unaware of urgent care clinics available to patients. In addition, questions asked why patients selected the ED, their perception of their illness, and whether they contacted their PCP prior to accessing care through the ED. | <ul style="list-style-type: none"> • Sample patient questions http://www.calquality.org/p/rograms/costefficiency/resources/documents/ERSurvey1.pdf • http://www.calquality.org/p/rograms/costefficiency/resources/documents/ERQuestionnaire.pdf |

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