CPCPracticeSpotlight70

Comprehensive Primary Care is an initiative of the Center for Medicare & Medicaid Innovation

Practice 'Re-attacks' ED Visits Following Changes in the Medical Neighborhood

Harrison Family Practice Clinic, Harrison, Arkansas; independent with hospital affiliation; 1 physician, 2 APRNs; 2,800 patients

April 29, 2016

CPC Change Driver 1: Comprehensive Primary Care Functions

- 1.4: Patient and Caregiver Engagement
- 1.5: Coordination of Care Across the Medical Neighborhood

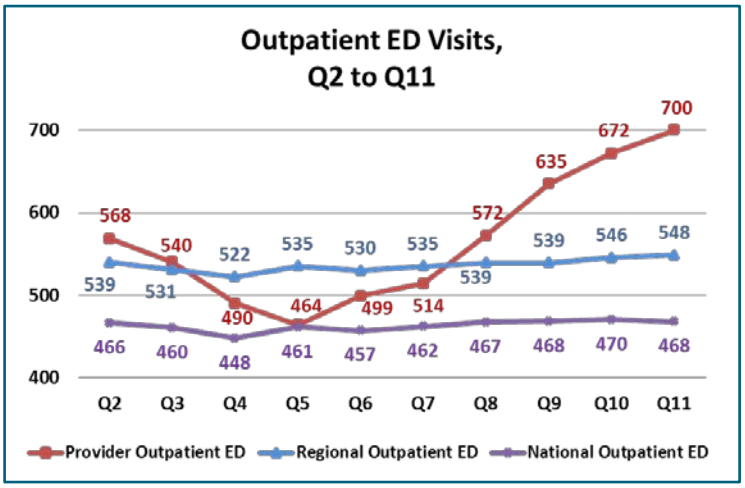
CPC Change Driver 3: Continuous Improvement Driven by Data

- 3.1: Internal Measurement and Review
- 3.2: Culture of Improvement

For more information about the CPC initiative, visit http://innovation.cms.gov/initiatives/Comprehensive-Primary-Care-Initiative/.

Situation: By March 2014 (quarter 6), **Harrison Family Practice** could see sustained improvement in several key Medicare outcomes, including all-cause admissions, expenditures, 30-day readmissions and admissions through the emergency department. However, their ED visits began to show a small increase, and then despite continued progress in the other metrics over the next quarters, the ED visits persistently increased.

Strategies: This practice has considerable QI experience, having engaged in PCMH before CPC, and they know how to dig deeper into complex problems to find multi-pronged solutions. Part of their digging in was to assess conditions both inside and outside the clinic's walls to identify factors that could affect the increased ED visits. The second part of their follow-up analysis was determining which factors they could effectively influence in the near term to slow this trend.



After strong performance in quarters 2 through quarter 5, Harrison began to see an uptick in ED visits starting in quarter 6. This shift prompted the practice to explore what factors had changed that could affect patient behaviors and which of those factors they could influence through education, information and outreach.

Community-based factors — Rural and small-town practices like Harrison frequently struggle with limited community resources. The local community hospital recently acquired the only urgent care center in Harrison. Unfortunately they did not expand its hours, leaving the ED as the sole late-night acute care option in town. Patients needing prescription-strength pain medications after hours are another concern. The only 24-hour pharmacy is a 40-minute drive, and patients frequently turn to the ED for immediate relief. While these situations offer the practice little opportunity to influence change, the practice found other possibilities to act on after it reviewed its in-house data.

Clinic-based opportunities — When Harrison broadened the types of information care managers were collecting on ED follow-up calls, this effort yielded a range of prospects the practice could explore for improvement. For example, they found a need to repeat and refresh their outreach to patients about the practice's expanded same-day appointment availability and 24-hour on-call service through portal messages, posters and newsletter blurbs. To ensure the information was shared during appointments, they surveyed patients at check-in and check-out and repeated details if needed.

When they looked at the diagnosis codes at time of treatment in the ED, they found fewer patients with higher risk conditions (e.g., COPD, CHF, CVD or depression) were being admitted through the ED, which indicated an improvement in their overall self-management of their conditions. However, some of these patients were still seeking care there for situations that were potentially preventable had they been seen at the practice first. A new process is to assign these patients to the APRN for more in-depth follow-up and outreach. As the former care manager, she was familiar with the patients and their specific situations, and her outreach was tailored to each patient's needs.

Some patients stated they used the ED for care because no payment was collected at the time of service or because they had an outstanding balance at the practice and didn't want to call there first. Through Harrison's hospital affiliation, a benevolent fund and other payment options are available to patients who need help with meeting their health care costs. The office manager works with patients to create workable payment plans to eliminate any stigma about seeking care at the practice due to financial reasons.

Focusing on the Big Picture: At this time, the uptick in ED visits appears to have flattened, yet the practice continues to see sustained improvement in expenditures, any cause and ASCS admissions, 30-day readmissions and ED to inpatient admissions. For the team at Harrison, this is evidence that all of the work is connected, and the improvements will eventually spill across all areas, resulting in improved health outcomes and lowered costs overall for all of their patients.

TMF Health Quality Institute

This material was prepared by TMF Health Quality Institute under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. Any statements expressed by the individual and resources cited in this publication are not an opinion of, nor endorsement by, TMF or CMS.