

Community Project: Reducing Non Urgent Emergency Department Visits

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Introduction:

In the United States, there is a disproportionate number of individuals with a lack of access to quality primary care. People who have limited access tend to suffer from illnesses that are a result of progression of preventable issues. These individuals are usually located in communities that are socioeconomically disadvantaged and are often uninsured or underinsured. Studies show that Federally Qualified Healthcare Centers, or FQHC's, can help bridge the gap to help provide quality care to those who are underserved. According to the Health Resources and Services Administration, these centers are located in or serve high need communities. They are governed by a community board that is comprised of at least 51% of the health center's patients. These centers must provide comprehensive primary health care services and supportive services that promote access to health care. Services must be provided to all with fees adjusted based on ability to pay. Lastly, requirements regarding administrative, clinical and financial operations must be met (Health Resources and Services Administration). These types of community health centers are vital in offering primary care services to individuals who are usually unable to be seen by private physicians who use a fee for service model and are reimbursed by private insurance companies.

Because of the lack of availability of providers in these areas, a large number of patients in underserved communities receive primary care services in the emergency room. Even though the well being of all is the goal for the healthcare system, cost effectiveness is also a factor. Financially, it is not beneficial for low income or no income patients to utilize emergency rooms for non-urgent care because of the cost associated with hospital use. In a study completed by Rothkopf et al it was shown that individuals who are insured by Medicaid, and frequent community health care centers, are one-third less likely to use emergency departments, inpatient

hospitalizations, or preventable hospital admissions than those who receive care from private fee-for-service providers. The reason to support such findings may be due to the fact that FQHC's tend to provide comprehensive care to patients. As previously mentioned, the patient population served by these types of centers may be subjected to food deserts, unsafe areas to lounge or exercise and educational systems that are subpar compared to standard. Because of the multi-faceted issues that plague underserved communities, it is imperative for services to be provided that address these barriers to health. Models prove that Community Health Care centers do provide holistic care to patients leading to better health outcomes. One such model is AltaMed, located in Southern California. According to the Southern California Association of Governments, there are approximately 16.5 million populating this area (Southern California Association of Governments). In Southern California, the Hispanic population represents the largest ethnic group (40.57%) followed by White (38.85%), Asian (10.19%) and African American (7.30%). AltaMed Corporation was founded more than forty years ago with the mission to 'provide quality care regardless'. What started as a clinic in the basement of a church has grown to a multi-million dollar corporation with over 43 clinical sites and over 2,000 employees. AltaMed provides comprehensive care throughout all stages of life. Beyond care in clinic is the availability of health education, social support and classes that address preventive measures, provide safe area for exercise and outlets for teenage years through elderly ages. There are other models that offer comprehensive care, such as Christ Community Health Services in Memphis. The FQHCs that are the most successful in providing care to underserved patients are those that are most comprehensive in addressing patient needs. For this reason, it is intuitive that patients who use these clinics for primary care and whole person care services would frequent emergency rooms and hospitals less.

This paper will highlight the need for health centers in underserved communities and address the impact that they have in reducing emergency room use. The objective of the qualitative study completed was to: learn if the reasons why mothers use the Emergency Department are for urgent or non-urgent reasons and to provide educational information regarding children's health and hours of operation for non urgent care clinics. Patient surveys, key informant interviews and focus groups were used to complete the study.

Key Informant Interviews:

Key Informants were identified in order to gain insight on AltaMed Corporation and the services offered that encourage primary care clinic use. Three individuals were chosen to be interviewed. The first, Dr. Martin Serota, is Chief Medical Officer of AltaMed. The second key informant is Wendy Parsons, RN with AltaMed Medical Clinic at Children's Hospital Los Angeles. The third is Dr. Ana Pantoja, a family physician at AltaMed Medical and Dental Clinic in Boyle Heights. Each of the key informants highlighted the focus that is put on encouraging patients to use the after hours clinics.

Dr. Serota discussed the concept of a patient centered medical home. He stated, "In the past there were doctors, nurses and patients within the healthcare model. Primary care physicians were busy and there were long waits. The new model is patient centered and focuses on ease of use and access. There are same day appointments, access to physicians after hours and team based care. [Within AltmaMed] there are different levels of employees including health educators, physicians, nurses and promotoras. Comprehensive care is important...continuing quality improvement." There is a model at the AltaMed clinic within Children's Hospital Los Angeles that shows a decrease in emergency room use when the urgent

care was opened. He has coined the term ‘payer agnostic’ which means that everyone is treated the same regardless of their ability to pay.

Wendy elaborated on her role in the patient centered medical home. Her role is to help the parents of special needs patients learn how to take care of their children to the best of their abilities. She guides parents who do not know how to navigate the healthcare system and helps them obtain the correct paperwork regarding things related to their child’s care. Wendy also gives parents her direct number in office and encourages them to call, or visit the after-hours clinic, before taking their child to the Emergency Department. Since she works with patients one on one she is able to more closely monitor the frequency of clinic and emergency department visits. Since making herself available, by giving patients her direct phone number, she has seen a decrease in emergency room use by these parents.

When deciding on where to carry out the proposed intervention, Boyle Heights was recommended. Dr. Pantoja, a family physician at Boyle Heights clinic, is well versed in patient issues and is familiar with the lack of compliance in underserved communities, due to various reasons. She stated that patients need to be contacted multiple times before an information session to ensure follow through. She encouraged the intervention to be carried out in one segment, with the pre-survey to be immediately followed by the information session and post-survey. Her knowledge regarding patient relations and compliance were vital to the project.

Intervention:

The decision to focus on Emergency Department (ED) use was due to the fact that literature supports a high volume of Emergency Room visits for primary care reasons, especially in areas with unmet needs. Because the intervention specifically focused on reducing visits to the pediatric emergency room, mothers were targeted. When a parent accompanies a child to the

ED the sex of that parent is more often than not, female. Mothers under the age of 25 were targeted because they presumably have had less exposure to the healthcare system and may have less education regarding care for their children. Since AltaMed is a large corporation, with over 40 clinics, one clinic was targeted based on patient population. The targeted clinic is located in the Boyle Heights community within Los Angeles county. Estimates from the Los Angeles Department of City Planning in 2008, showed that there were 99,243 people in a 6.5 square miles in East Los Angeles, where Boyle Heights is located (Los Angeles Department of City Planning). This makes this one of the most densely packed areas in Los Angeles County. Boyle Heights has a high population of Spanish speaking individuals as well as a high number of young adult and teenage women with multiple children. Unique programs offered by the clinic's AmeriCore volunteers target teenagers to prevent pregnancy and to provide educational as well as social support resources to women who already have children. Even though these programs are in place, there remains a large number of parents who take their children to the ED instead of after-hour clinics for non urgent reasons.

A survey was used to determine the reasons why mothers take their children to the ED and if they are aware of the after hour care that is available in certain clinics around the area. The pre-survey questions can be found in Appendix A. There were a total of 24 mothers who completed the pre-survey. The mothers ranged in age from 17-40. This survey focused on mothers' emergency room use and their knowledge of after hours clinics and the nurse advice line. Six out of 24 mothers were knowledgeable about the after hours care clinics located in nearby areas. Eleven out of the 24 mothers currently use the nurse advice line. After completing the pre-survey, mothers were asked to sit in on an information session regarding what to do in the event that their child presented with varying symptoms that could result in an emergency. An

incentive of complimentary breakfast was offered. A post-survey was scheduled to be administered when the parents completed the information session.

Discussion:

Out of the 24 parents who completed the pre-surveys, zero mothers were present for the information session. The information session was held on a Thursday morning, which may have prevented some mothers from attending due to work schedules. Each mother who completed the survey received two follow up phone calls to help remind them of the date and time of the information session. One phone call was made two days before the information session and the other the evening before the session. Some of these phone numbers were disconnected which also contributed to the poor turn out. As seen from the results of the turn out on the day of the information session, it is clear that outreach is critical. Even though mothers were given two phone call reminders, with some committing to attend the session, none were present for the presentation. Incentives are a great source of motivation for patients but can't be the sole focus. Patients' schedules as well as desired outcome must be factored as well. In this case, participation may have been higher if the session were held when most parents were off of work and if high importance were stressed.

Modifications were made to the intervention because of the lack of participation during the information session. Per recommendation by one of the family medicine physicians at the Boyle Heights clinic, Dr. Pantoja, the pre-survey, information session and post-survey were completed in one sitting. In total, 9 mothers completed the combined sessions. All of the comments received from the mothers who participated were positive. Even though the intervention was modified with short notice, it was successful.

Overall the intervention was impactful, though on a smaller scale. A lesson learned when working with underserved populations is to remember the barriers that may be present. Some of these factors may not affect patients in other socioeconomic levels. For instance, a number of patients mentioned that they would not be present for the intervention because it was too far to travel by bus if they didn't have a medical appointment. Members of underserved communities may have financial barriers as well as others that may not affect other members of varying communities. Clear communication is also important. If patients do not understand the purpose or urgency of a matter then participation won't be gained.

AltaMed corporation already does a great job of working with communities and encouraging use of services offered such as the after hours clinic, educational classes regarding diabetes, healthy eating and exercise as well as support groups and other informational classes. Community outreach is important because patients will not know about services offered through a clinic until notified. A way to decrease overuse of emergency departments in other communities is to provide sessions hosted by health educators that inform patients about their health and common symptoms. Physicians are often too busy to provide this type of in depth comprehensive care with each patient visit. With the trend that community healthcare centers are taking it seems that the numbers will decrease. More patients are being informed about primary care outside of the emergency department that is affordable and comprehensive.

Conclusion:

The time spent in clinic interacting with patients in Boyle Heights was rewarding. The focus on reducing emergency department visits is one that is applicable and relevant to healthcare systems nationwide. It is difficult to reduce the many causes of emergency

department overuse to one main issue. However, it is possible to combat the known factors and work towards a better system.

Small scale interventions, such as what was presented in this paper, are useful in making personal interactions with patients and communicating the importance of reducing emergency department visits. One large barrier that is found in most studies is the access to primary care services. Federally Qualified Healthcare Centers, such as AltaMed, are aware of this issue plaguing underserved communities. As such, access to services have been increased. However, if patients are not aware of after hours care or other services they will not be used.

The overuse of emergency departments wastes billions of dollars each year and can be combated. Recognition of the magnitude of this issue must be acknowledged with plans to lessen the use. Models through community healthcare centers offer a great start.

Works Cited

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Appendix A

Edad/Patient's Age:

Edades de los hijos/Children's Age:

Número de niños/Number of Children:

Encuesta Previa para Grupo de Educación en Boyle Heights/Pre-Survey for Focus Group at Boyle Heights

1. ¿Cuáles son algunos problemas generales (que los niños tienen) que usted considera una emergencia?

What are some of the general problems (that children have) that you would consider to be an Emergency?

2. ¿Cuáles son las razones por las que usted lleva a su hijos al cuarto de emergencia?

What are the reasons you currently take your child/children to the Emergency Room?

3. ¿Cuántas veces al mes lleva usted a su hijo al cuarto de emergencia?

How many times a month do you take your child to the Emergency Room?

4. ¿Trata usted de hablar con un doctor o enfermera antes de llevar a su hijo al cuarto de emergencia?

Do you try to reach a doctor or nurse before you take your child to the Emergency Room?

5. ¿Usa usted la línea telefónica de asistencia de enfermera que está disponible las 24 horas?

Do you use the 24 hr nurse advice line?

6. ¿Usa usted el cuarto de urgencia localizado en Commerce o Pico Rivera?

Do you use the urgent care clinics located in Commerce or Pico Rivera?
