

Community Project: Reducing Non Urgent Emergency Department Visits

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Introduction

The current state of expenditure on emergency department usage in the United States is so great that funds are disproportionately spent in ways that negatively affect the healthcare system. This trend of emergency room use has moved upward in the past decade and continues to rise. Care that is provided in the emergency department (ED) is all inclusive because of standards of care that emergency medicine physicians must adhere to. However, the tests and work up that is provided in the ED does not always yield best use of resources. Traditionally, patients relied on the availability of general practitioners to treat illnesses. With the increased development of staff privileges at hospitals in the 1960's, house calls made by these practitioners significantly decreased (ACOEP). Emergency Rooms slowly developed and were mostly staffed by medical students and residents. As more specialties in medicine became available the role of general practitioners began to change.

The dynamics that evolved in this country between 1876-1965 play a large role in the change in current ED use. When Jim Crow Laws were ended in 1965 and the Civil Rights Movement peaked in the 1960's the culture of medicine began to transform (Orleck et al). Health disparities were heightened and minorities lacked quality access to care. The Lyndon Johnson administration created a War on Poverty with the Economic Opportunity Act in 1964. This act focused on reaching poverty stricken communities to provide access to health care and job opportunities (Orleck et al). It was very clear that the country's economics were affected by the end of segregation down to the grassroots. Neighborhood Health Centers were created to help address the need and were the beginnings of Federally Qualified Healthcare Centers (FQHC's). These centers were to be the bridge between the gaps of enlarging disparities.

The need for FQHC's still exists in 2013 because health disparities have not been eradicated. In a study conducted by Orsi et al health status indicators were examined to reflect their statuses in Chicago and other major cities in the United States. Data was collected from the National Center for Health Statistics and published reports to show the trend in health disparities (Orsi et al). Out of the 15 health indicators that were evaluated 6 widened in non-Hispanic Black and White populations. In Chicago alone, 11 of the 15 health disparities widened (Orsi et al). The results of this study show how there is still room for improvement nearly 50 years after the implementation of the first Neighborhood Health Center.

Federally Qualified Healthcare Centers were created for the purpose of addressing the health disparities that have partly developed due to the history of this country. These centers are located in areas where there is physician shortage and individuals do not have access to healthcare. Because these communities do not have good access some patients use the emergency room for primary care reasons which are avoidable and non-emergent. There is still work to be done to equalize care among socioeconomic classes. Quality care given by FQHCs helps to alleviate this problem. However, even with over 1,000 centers located across the United States there is still a shortage of physicians in underserved communities. There is a need for primary care physicians in communities such as these to help combat lack of accessibility to care and overuse of emergency departments.

Some FQHCs, such as AltaMed, exist to help bridge the gap and provide extended hours to reduce emergency room use. AltaMed is a corporation dedicated to meeting the needs of underserved communities in southern Los Angeles. Over 40 clinic sites comprise the network and thousands of individuals are given quality care in areas where most physicians do not want to serve. Due to the national overuse of the ED AltaMed began after hours care several years

ago. After patients were encouraged to take advantage of this access, utilization greatly increased. There are still a large number of patients who are unaware of this service. The goal of the intervention that will be discussed in this paper will address how use of after-hours care and urgent care centers, as well as knowledge of what constitutes a true emergency, can help to alleviate ED overuse.

Support for Intervention:

The objective of the intervention to be discussed is to reduce emergency department utilization through a telephonic intervention. All patients who will be called through this outreach are a part of AltaMed's network. An intervention via telephone was chosen because it provides patients with the convenience of not leaving home or coming to a clinic outside of a scheduled visit. The goals are to hold a conversation with patients about emergency department use, provide health education that is engaging and easy to understand, assess patients' knowledge of AltaMed after hours care as well as their use of the nurse advice line.

The telephonic approach is one that is supported by research. In a study conducted by Constantino et al it was shown that patients contacted by qualified associates near their discharge date had a decreased 30 day readmission rate compared to control subjects. Over 48,000 controls and patients were used in this trial. In this study, patients were asked about post discharge instructions, awareness of alarming signs and symptoms, whether or not a follow-up appointment was previously scheduled before discharge, current medications and if assistance was needed for activities of daily living. Questions about their current state of health and other concerns were voiced to the associates (Constantino et al, 2013).

A patient centered pharmacy program intervention conducted by Moore et al proved effective. In this study, a select group of high risk patients were asked to participate in a

medication therapy management program in which three consultations with a clinical pharmacist were conducted. The results showed that members of this group had decreased inpatient readmissions, emergency department visits and health care plan related costs (Moore et al, 2013). Although this program focused on medication therapy, it is a model for targeted patient outreach and increased compliance.

Jones et al showed that emergency department use by semi-urgent patients decreased with the opening of an after-hours urgent care center in a suburban region in Canada. Twenty eight months of emergency department visits were recorded. There were fewer visits by semiurgent patients to the emergency department during the hours that the after- hours care was open (Jones et al, 2011).

The studies above support using a telephonic intervention targeting patients who are frequent utilizers of emergency departments. Each of the studies discussed show how targeted patient outreach can be effective. This type of outreach allows for one on one discussion and learning. Patients questions are addressed by qualified associates and are encouraged to participate in proper usage of medications as well as given health information.

Methods:

AltaMed has a large network of providers, patients, health informatics and administrators. The corporation has managed to provide quality care while providing a range of services to patients. Health education sessions are offered which empower patients to make healthy choices while engaging in physical activity. Resources acquired through insurance reimbursements and grants are used to better the large population that AltaMed serves. One way that cost is monitored is by automated reports that are generated weekly. Each week a list of avoidable emergency department visits from patients a part of the AltaMed network is generated. These

patients generally receive care from medical sites in Los Angeles and Orange County but are known frequent utilizers of the ED. Since the focus of the intervention is pediatrics, the data will be filtered so that parents of patients 17 and younger can be called.

Health promoters, who are vital to the success of AltaMed, will participate in the intervention. Most are employed by AmeriCorps. These individuals are people familiar with the communities that they work in and are dedicated to addressing community needs. Each of the health promoters has a goal of providing health education sessions to a set number of patients each day. The sessions are preferably conducted in person but for the purposes of this intervention some of their quota will be met via phone. The promoters will be calling patients that frequent the clinic where they work.

The list of avoidable visits is divided into those who frequent EDs in Los Angeles and Orange County. Patients of all ages are included so each list was filtered to only show patients 17 years of age and younger. After the appropriate filter was divided and lists from all sites were compiled it was found that there are 339 potential patients to be reached.

A script was created for the health promoters who will be making phone calls. Information about common symptoms that children present with is included in the script. The book *What To Do When My Child Gets Sick* was used to create the script and is currently used by AltaMed to engage parents in sessions. A pre-survey was created to assess whether parents are aware of after hours care offered through AltaMed, whether or not they use a nurse advice line and to find out why they currently take their child/children to the ED. Before each phone call is ended the health promoters will encourage patients to use after hours care located near them and to use the nurse advice line.

Key Informant Interviews:

Key Informants are individuals who were identified by their role in patient care and administration. They were interviewed to help gain insight on their role and on services that are provided by AltaMed. The individuals interviewed were Jessica Solares, health education director, Dr. Desmond Lew, medical director in Orange County Los Angeles and Dr. Martin Serota, Chief Medical Officer of AltaMed. Each person offered valuable insight into the functioning of the corporation and how resources are used to best assist patients.

Jessica Solares played a vital role in the development of the intervention because she has vast experience in health education. She leads teams of health promoters that work at AltaMed sites. Each health promoter has specific goals related to patient outreach and are a part of a team of individuals that help to provide comprehensive care. Health promoters assist with classes for patients such as information about diabetes, hypertension, making healthy choices and exercise. The book, *What To Do When My Child Gets Sick*, that was used to create the script for the intervention is also used to engage and teach patients. Because Jessica is aware of the barriers that can present when trying to conduct outreach she was able to offer suggestions that may yield the largest benefit. Last summer a similar intervention was conducted in waiting rooms in Whittier, California at an AltaMed clinic. Patient participation was low because of the inconvenience of having to return to clinic on a day where a regular visit was not scheduled. Jessica has seen similar occurrences of lack of patient compliance in outreach that is conducted by her and the team of health promoters. As such, she recommended that a telephonic intervention be conducted in order to maximize the number of patients that are reached. This type of intervention allows patients to participate from the comfort of their home. The group of

health promoters was recruited by Jessica so that each of the 339 eligible patients could be reached.

Dr. Desmond Lew is a director of quality management and a pediatrician at AltaMed. He has insight regarding how to address the issue of emergency department overuse. Dr. Lew worked on a project that encouraged use of the after-hours care clinics. Data that he collected over the course of approximately 3 years showed that after-hours care hours were not being utilized until staff was encouraged to share the hours with patients seen in clinic. The providers that were seeing patients did not routinely mention the availability of after-hours care before the development of Dr. Lew's project. It was not until clinic wide intervention was begun and all staff began passing out informational flyers and encouraging patients to use this resource that utilization of after-hours care increased. Communication seemed to be the barrier to the lack of use which will hopefully be addressed through this intervention.

Dr. Martin Serota who is Chief Medical Officer of AltaMed manages all of the medical directors and communicates with the operations team. He spoke on the strengths and weaknesses of AltaMed and how interventions such as the one to be discussed in this paper help to better patient care. With the implementation of the Affordable Healthcare Act it will be important for cost to be regulated because healthcare organizations such as Federally Qualified Healthcare Centers may be asked to provide more care using fewer resources. Projects that encourage patients visiting primary care providers regularly, using the emergency room sparingly and partnering with physicians to better health are key components of success.

Discussion and Conclusion

The telephonic intervention with the focus of reducing emergency room visits is one that is supported by research. The goal of the project is to reach approximately 339 patients. Each of

the patients' parents that will be phoned are under of the age of 17. This should minimize lack of patient compliance as it gives participants the option to discuss health education over the phone in a convenient manner.

A 6 month follow up will be completed which will assist in the evaluation of the intervention. The chart that will be completed by health promoters includes information about the level of engagement of the patient and if the patient was able to be reached within 3 attempts. Since 6 months will pass before any further contact is made with the patients, there may be some misinterpretation of results. Usual patient activity of frequently utilizing the emergency room may spontaneously decrease and may not be due to the effects of the intervention. However, a pattern of receptiveness and overall effectiveness will be gauged by the pre-survey as well as post-survey.

Each patient that is reached may not be receptive to the information provided for various reasons. Since phone calls will be made to patient homes, some patients may be busy at the time the call is placed. Other patients may be difficult to connect with due to the unavailable face to face interaction. The post-survey as well as the results of conversation with these patients will be evaluated to assess efficacy of the intervention. The post-survey will include questions about current emergency room use and will ask patients how the information gained from the telephonic intervention was beneficial.

It is unknown if patient outreach to these patients will prove effective. The results of the intervention will be dependent on how many patients are reached and how engaging conversations are between health promoters and parents of patients. As was shown earlier health disparities still exist. There are still individuals who use the emergency room for lack of knowledge of accessible quality care. Some patients who live in lower income communities

have less access to healthy foods and safe places for recreation. These factors play roles in why the emergency room is often used for illnesses that can be addressed by primary care physicians. There are still developments to be made despite the great strides accomplished by community development programs and the implementation of FQHCs. The goal of the intervention is to help bridge that gap is currently present. Although FQHCs are present in communities across the United States, there is still a deficit in patient education. Primary care physicians have large roles and often have patient loads that reach beyond what can be covered in one patient visit. Health education is a necessary component in providing comprehensive care. Teams of health promoters, such as what is located at AltaMed, are vital to help providing the missing link. Patient care has slowly progressed from the primary care physician caring for a town of individuals and making house calls to teams of people in health education. Teams consist of social workers, nurses, physicians, physician assistants and community workers. The telephonic intervention used in this project helps to connect physicians, community workers and staff through AltaMed. It is the goal of the project to expound on the care that is provided by FQHCs to help reduce overuse of emergency departments by providing health education and completing an assessment.

Works Cited

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