

Spotlight: Avoidable Emergency Department Utilization

— Provided by HHP Analytics (July 2014)

The emergency department (ED) is a critical component of everyday health care operations as it provides 24/7 treatment for a variety of urgent and potentially life-threatening injuries and illnesses. Such characteristics, however, have led to overuse for ailments that could potentially be treated in primary care or other outpatient settings at a lower cost.

Hawai‘i Health Partners (HHP) has identified this issue as a way to improve the cost-effectiveness of care, and is moving forward to implement strategic initiatives to control preventable or avoidable ED visits. Some of these measures include patient education on when and where to seek care, and improving primary care availability. **By understanding these issues, you can help direct your patients to an appropriate level of care.**

AVOIDABLE ED DEFINED

Historically, 37 percent of ED visits amongst HHP’s commercial population have been deemed “avoidable.” This was determined by employing an algorithm developed by NYU researchers who did chart reviews of approximately 6,000 ED cases to assign each ICD-9 to one of four categories:

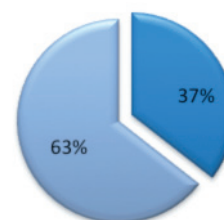
- 1. Non-emergent** - The patient’s initial complaint, presenting symptoms, vital signs, medical history and age indicated that immediate medical care was not required within 12 hours.
- 2. Emergent - Primary Care Treatable** - Based on information in the record, treatment was required within 12 hours, but care could have been provided effectively and safely in a primary care setting. The complaint did not require continuous observation, and no procedures were performed or resources used that are not available in a primary care setting (e.g., CAT scan or certain lab tests).
- 3. Emergent - ED Care Needed (Preventable/Avoidable)** - Emergency department care was required based on the complaint or procedures performed/resources used, but the emergent nature of the condition was potentially preventable/avoidable if timely and effective ambulatory care had been received during the episode of illness (e.g., the flare-ups of asthma, diabetes, congestive heart failure, etc.).
- 4. Emergent - ED Care Needed (Not Preventable/Avoidable)** - Emergency department care was required and ambulatory care treatment could not have prevented the condition (e.g., trauma, appendicitis, myocardial infarction, etc.).¹

In our case, we labeled all cases that fell into categories 1-3 as “avoidable.” The retrospective claims-based approach to determining avoidable visits was independently validated by a research team from Kaiser Permanente, UCSF and Harvard.²

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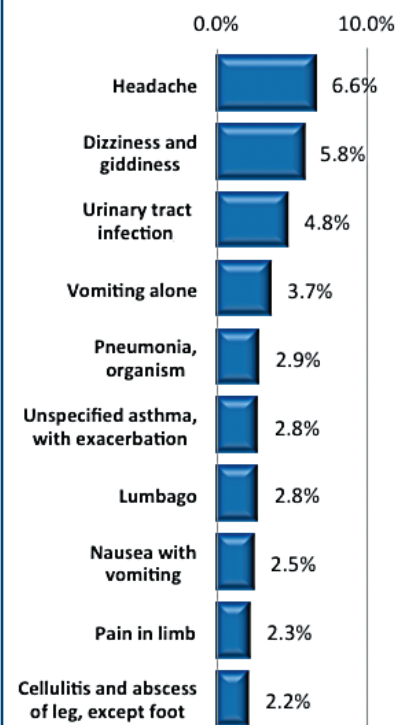
Avoidable vs. Non-Avoidable ED Visits

(Jan-Apr 2014, HMSA Commercial)



■ Avoidable Visits
■ Non-Avoidable Visits

Top 10 Avoidable ED Diagnoses (by % of Total ED Visits)



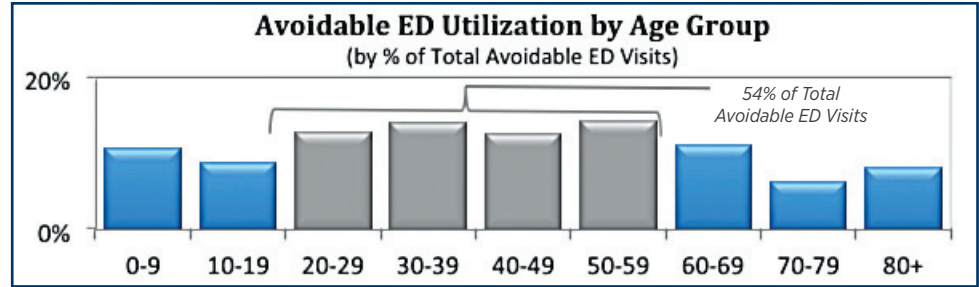
The diagnoses listed above accounted for over a third of all avoidable ED encounters.

NOTES: Based on a retrospective analysis of 12 months of medical claims utilizing NYU’s Avoidable ED algorithm.

SOURCE: HMSA claims for the commercial population thru April 2014.

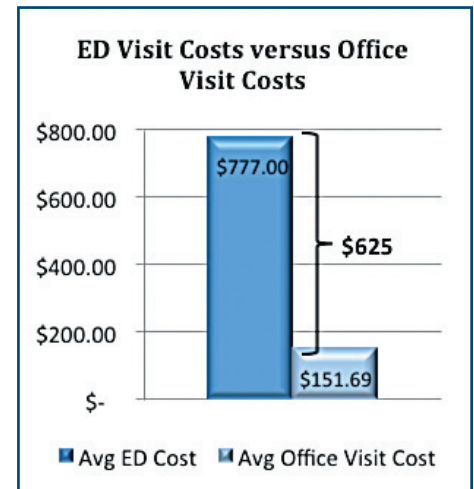
AVOIDABLE ED POPULATION

There is considerable variation in age amongst patients involved in avoidable ED visits. However, over 50 percent of such visits are concentrated in the 20-59 age range.



COST SAVINGS

On average, an ED visit costs \$777 whereas a primary care office visit costs \$152. Replacing an ED visit with an office visit would subsequently result in a net savings of \$625 per encounter. A 5 percent reduction of HHP's avoidable ED visits would result in over \$200,000 in cost savings across the population served by HHP.



TAKING ACTION

While it's difficult to distinguish emergent conditions from a broad chief complaint, there may still be complaints that are appropriate to recommend a visit to the patient's primary care physician or an urgent care location instead of the emergency department.

Clinical issues appropriate for primary care or urgent care include:

- o Common illnesses
- o Earaches
- o Fevers and flu
- o Minor injuries, lacerations and bruises
- o Skin rashes and infections
- o Sprains and strains
- o Urinary tract infections
- o Colds or flu
- o Eye infections
- o Headaches
- o Moderate back problems
- o Sinus infection
- o Sore throat and coughs
- o Stomach ailments

Please help direct patients to the most efficient, effective care for these types of conditions.

¹ Billings, J., Parikh, N., and Mijanovich, T. 2000. Emergency Room Use: The New York Story, New York, The Commonwealth Fund.
<http://wagner.nyu.edu/faculty/billings/nyued-background>

² Ballard D, Price M, Fung V, Brand R, Reed M, Fireman B, Newhouse J, Selby J, Hsu J. Validation of an algorithm for categorizing the severity of hospital emergency department visits. Medical Care.2010;48(1):58-63. doi: 10.1097/MLR.0b013e3181bd49ad.

Thank you for taking the time to consider this information. We hope it is useful to help point out ways to help our ACO. We are very eager to hear from you. We welcome your suggestions, feedback and especially your project ideas for improving quality and reducing costs for our ACO's patients. Please e-mail info@hawaiihealthpartners.org or send correspondence to Hawai'i Health Partners, 1100 Ward Ave. Ste 980, Honolulu, HI 96814.