A Division of Salient Management Company

Managing Inappropriate Emergency Room Utilization

June 30, 2020

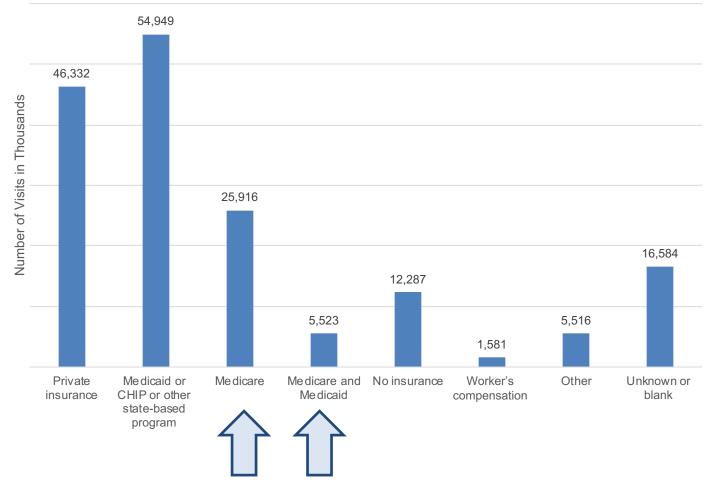
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COVID-19 and ER Utilization



Numbers to Consider

Medicare ACO Patients account for over 18% of ER Visits

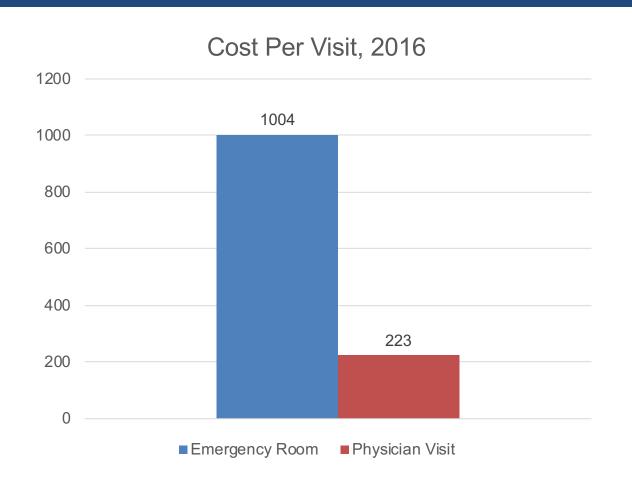


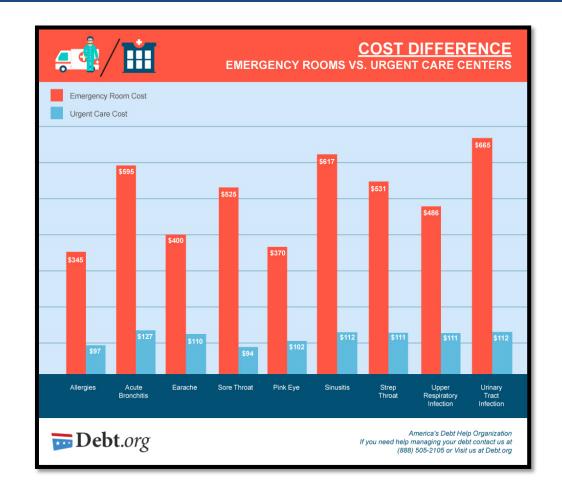


https://www.cdc.gov/nchs/data/nhamcs/web_tables/2016_ed_web_tables.pdf

Total exceeds "All visits" and percentage exceeds 100% because more than one source of payment may be reported per visit.

Numbers to Consider







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The Four Most Common Excuses

"Because the doctor's office wasn't open"

"They didn't have another place to go"

"The ER was the closest provider"

"The ER is their usual place of care"



Benefits of Reducing ER Utilization

Patients

- Keep patients out of the hospital
- Enhance provider/patient relationship
- Increasing office access i.e. Telehealth

Practice

- Strengthen the provider/patient partnership
- Increase in E/M billing
- Telehealth

ACO

- Reduces costly emergency room visits
- Prevents hospital admissions
- Increase shared savings





Benefits of Reducing ER Utilization



\$580 - \$162 = \$418

10% of 3624 = 362 visits

\$418 * 362 = \$151,483 savings



Identify the Problem

Do you have a high ER visit rate?

Does Your Organization Have High ER Use?



ER Analysis at the TIN Level

TINs Identified as Needing ER Initiative

| | | Attributed Bene | eficiaries | ER Visit Benefi | ciary Count | | ER Visit Cour | nt per 1000 | 96 |
|----------|----------------------------------|-----------------|------------|-----------------|-------------|-------|---------------|-------------|----------|
| ayer | | This | Last | This | Last | This | Last | Diff | Change 🗸 |
| ∃ □ A | со | 5,707 | 7,825 | 973 | 1,357 | 588 | 637 | -49 | -7.65 |
| + | PALM TREE MEDICAL GROUP | 37 | 56 | 8 | 5 | 663 | 261 | 402 | 154.14 🛑 |
| + | ARCHIE ESPARZA D.O. P.A. | 96 | 0 | 25 | 0 | 900 | 0 | 900 | 100.00 |
| ± | ALAINA HOPKINS PHYSICIAN GROUP | 34 | 36 | 8 | 6 | 1,200 | 600 | 600 | 100.00 |
| | LEAH FLETCHER M.D. P.A. | 219 | 0 | 29 | 0 | 397 | 0 | 397 | 100.00 |
| + | ALLIE MCINTOSH M.D. P.A. | 112 | 0 | 11 | 0 | 279 | 0 | 279 | 100.00 |
| ± | BILL IALLO M.D. P.A. | 183 | 0 | 39 | 0 | 686 | 0 | 686 | 100.00 |
| - | BAUER MEDICAL GROUP | 25 | 24 | 6 | 5 | 864 | 600 | 264 | 44.00 |
| + | ARTIE AVILA M.D. P.A. | 82 | 93 | 15 | 17 | 763 | 575 | 187 | 32.59 🛑 |
| - | SAUNDERSON FAMILY MEDICINE P.A. | 265 | 345 | 46 | 50 | 645 | 499 | 147 | 29.47 🛑 |
| + | VICTORIA STERNERSON M.D. P.A. | 94 | 117 | 17 | 21 | 723 | 579 | 144 | 24.89 🛑 |
| - | DANIELLE DANIELSON D.O. P.A. | 87 | 96 | 20 | 22 | 877 | 724 | 153 | 21.16 🛑 |
| | COROLLA PHYSICIAN GROUP | 332 | 348 | 62 | 47 | 661 | 550 | 112 | 20.28 |
| + | ADA WHITAKER PHYSICIAN GROUP | 125 | 176 | 27 | 31 | 772 | 655 | 117 | 17.81 🛑 |
| + | DAISY VRETTOSON M.D. P.A. | 402 | 458 | 54 | 70 | 556 | 526 | 30 | 5.64 🛑 |
| | GOLD PHYSICIANS GROUP | 261 | 287 | 47 | 45 | 686 | 663 | 23 | 3.44 🛑 |
| + | ISABEL VINCENT M.D. | 60 | 61 | 8 | 6 | 400 | 393 | 7 | 1.67 🛑 |
| + | KEYDENCE PEDERSON M.D. P.A. | 65 | 73 | 17 | 14 | 775 | 765 | 11 | 1.42 🛑 |
| | ADDY MCCLURE | 105 | 116 | 18 | 20 | 713 | 742 | -29 | -3.93 🔵 |
| + | SARAH HOLDEN M.D. P.A. | 17 | 20 | 2 | 3 | 565 | 600 | -35 | -5.88 🔵 |
| - | CATALEYA SEVERAL M.D. P.A. | 82 | 90 | 13 | 17 | 587 | 653 | -66 | -10.15 |
| _ | KYLEE FERRELL D.O. P.A. | 138 | 181 | 37 | 38 | 837 | 938 | -100 | -10.70 |
| + | ELIOT LEVY D.O. P.A. | 260 | 300 | 50 | 62 | 731 | 839 | -108 | -12.84 |
| + | DRAMA MEDICAL GROUP | 483 | 526 | 78 | 82 | 485 | 569 | -84 | -14.77 |
| + | SHEPHERD MEDICAL PHYSICIAN GROUP | 562 | 558 | 89 | 105 | 546 | 646 | -100 | -15.48 |
| | MANGO MEDICAL GROUP | 160 | 148 | 32 | 29 | 684 | 818 | -134 | -16.42 |
| + | TURTLE PHYSICIAN GROUP | 93 | 120 | 14 | 24 | 516 | 620 | -104 | -16.75 |
| + | LION PHYSICIAN GROUP | 155 | 175 | 23 | 33 | 511 | 615 | -104 | -16.87 🔵 |
| + | ALIYAH REDINDON D.O. P.A. | 60 | 51 | 8 | 8 | 520 | 659 | -139 | -21.07 |
| \Box | GREAT PHYSICIANS OF FL | 318 | 384 | 63 | 98 | 662 | 923 | -261 | -28.29 |

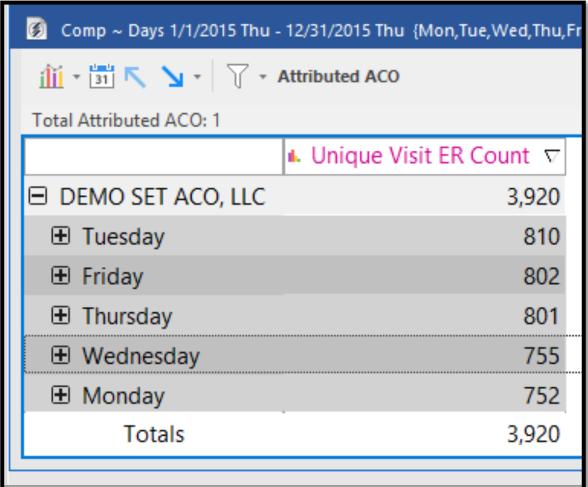


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Identify When the Problem Occurs

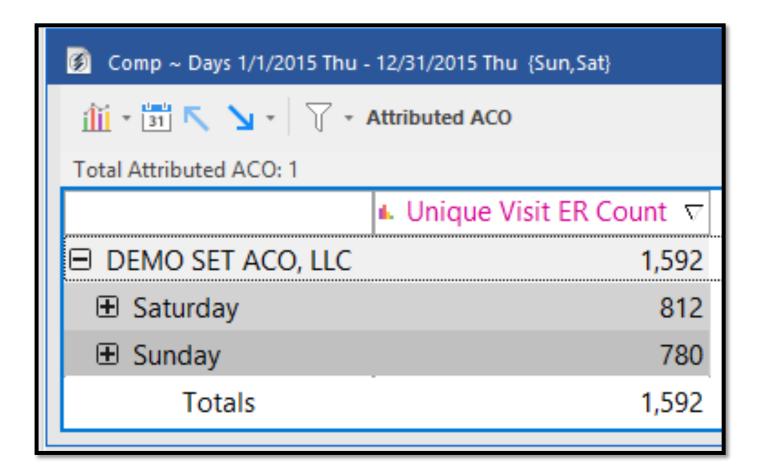
Do you have a high ER visit rate?

Do Your Patients Visit the ER When Their PCP's Office is Open?



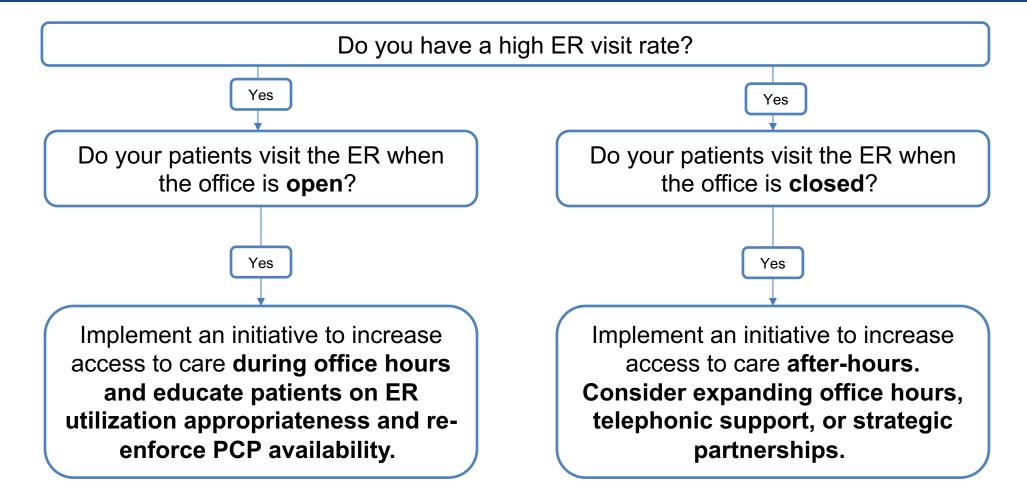


Do Your Patients Visit the ER When Their PCP's Office is Closed?





Successfully Address the Problem



Increasing Access to Care: During Office Hours



Obtain **provider buy-in** for increasing access to care during office hours



Implement an office policy around scheduling same-day or next-day appointments



Build in open appointment slots in the **scheduling system**



Educate staff about the importance of increasing access during office hours; ensure they understand the workflows and processes



Hire NPs & PAs (depending on state laws) so that if a physician is unavailable, another provider can treat patients



Extend office hours during the week and increase number of days open.



Provide patients with a direct phone line to providers



Increasing Access to Care: After Hours

Obtain

Obtain provider buyin for increasing access to care afterhours

Identify

Identify solution for after-hours access

- Give patients the provider's cell phone number
- Rotating call schedule within practice
- Outsourcing to a hotline or hiring on-call provider
- Urgent Care partnership (see advanced option)

Implement

Implement an office policy around scheduling same-day or next-day appointments

Educate

Educate staff about the importance of increasing access during office hours; ensure they understand the workflows and processes



Provide Patient Education



Update your practice voicemail to ensure it reflects the practice same-day access and afterhours access policies



Provide new patients office hours and afterhours instructions in the welcome packet



Provide existing patients "call me" cards



Hang office posters outlining same-day access and afterhours access policies



Ensure staff provide verbal patient education about sameday access and after-hours access (per policies)



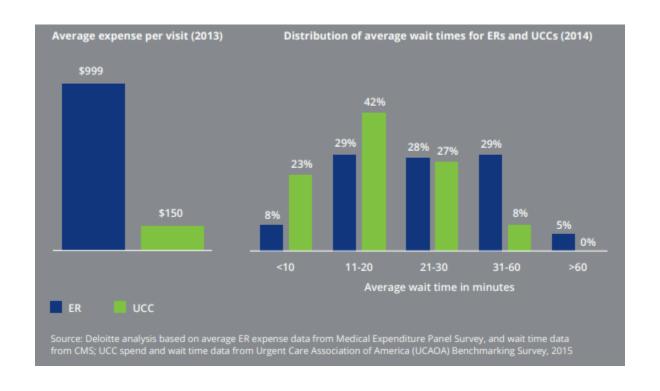
Tell patients that it is ok to call the office, it is not a bother, that you are there to help them

Advanced Concepts: Urgent Care Partnerships

Identify urgent care center(s) that provide high quality care and have extended hours/after-hours care

Create expectations between provider and urgent care centers (UCC)

Update materials that provide UCC location, hours, phone number



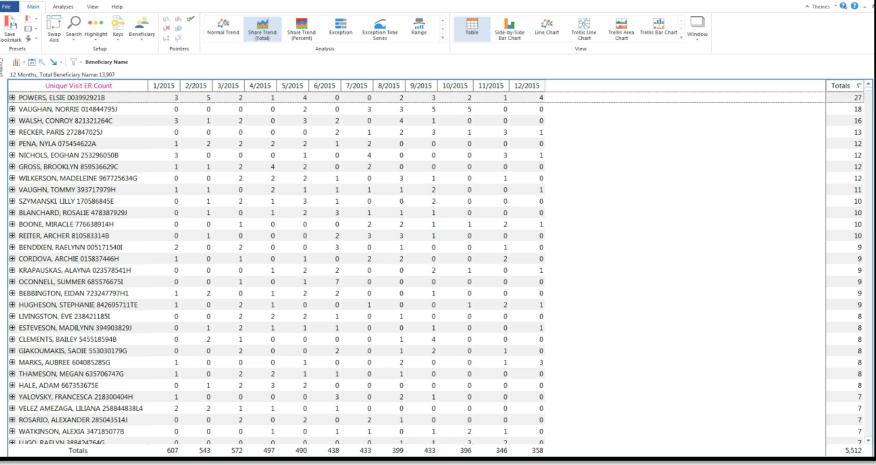


Advanced Concepts: Identifying and Working with Frequent Flyers

Identify patients with ER 4+ visits in the last 12 months

Complete patient outreach to schedule a visit with the provider

Advanced Concepts: Identifying and Working with Frequent Flyers



| ~ | | Beneficiary Name | Unique Visits | Avg Visit ER | Claim Count |
|---|----------|---------------------|------------------|-----------------|----------------|
| | | POWERS, ELSIE | Count → 19 | Cost 266,49 | 20 |
| | ± | • | | | |
| | ± | WADIA, FINLEY | 16 | 212.92 | 16 14 |
| | ± | HUGHESON, STEPHANIE | 15 | 596.97 | |
| | ± | TERRELL, AVA | 14 | 459.41 | 13 |
| | # | HODGE, GIA | 10 | 365.69 | 10 |
| | \oplus | LASZLO, ALVIN | 10 | 554.36 | 9 |
| | + | TEDFORD, DILLON | 9 | 457.52 | 12 |
| | ± | BRENNAN, JUNIPER | 9 | 307.23 | 7 |
| | # | ZARE, ALIVIA | 9 | 490.46 | 8 |
| | + | DURAN, KIMBERLY | 8 | 348.01 | 7 |
| | # | FLEMING, EMBER | 7 | 733.96 | 7 |
| Ш | + | MCCONNELL, ALEXA | 7 | 550.94 | 6 |
| | + | VANDERHYDE, DELANEY | 7 | 629.10 | 7 |
| Ш | + | VELASQUEZ, IRIS | 7 | 694.08 | 7 |
| | + | HINTON, FINLEY | 7 | 688.68 | 9 |
| | + | WHEELER, HENRY | 6 | 777.75 | 5 |
| | + | HAGENS, JUDSON | 6 | 220.75 | 7 |
| | + | KAHN, JOURNEE | 6 | 616.69 | 6 |
| | + | VALERIO, JUSTICE | 6 | 1,331.98 | 5 |
| | + | PAYNE, KHAN | 6 | 457.33 | 6 |
| | + | WATADA, FINLEY | 6 | 640.73 | 7 |
| | + | TRAVERSON, FINN | 6 | 448.70 | 4 |
| | + | SUMMERS, MALIA | 6 | 754.18 | 7 |
| | + | CRANE, ELSA | 6 | 345.26 | 6 |
| | + | FULLER, AMBER | 6 | 556.56 | 6 |
| | + | KINDON, MARLEY | 6 | 467.40 | 6 |
| | + | INGHRAM, BENNY | 6 | 350.04 | 6 |
| | + | MAY, JACOB | 6 | 830.97 | 6 |
| | + | FARINO, ISA | 6 | 180.45 | 5 |
| | + | KEMP, AUTUMN | 6 | 547.85 | 7 |

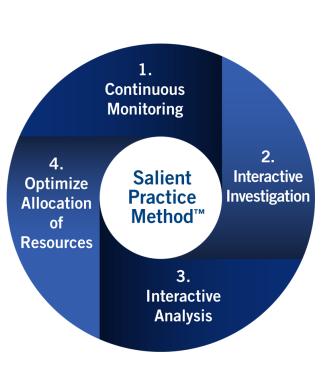
Advanced Concepts: Obtain ADT Data to Reach out to Patients After ER Visits

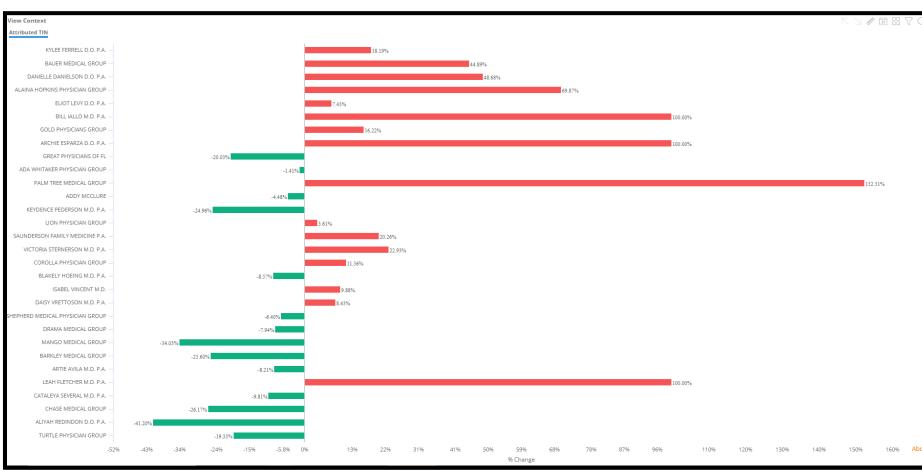
Set up an ADT Feed to identify patients that have visited the ER recently

Complete patient outreach to these patients to:

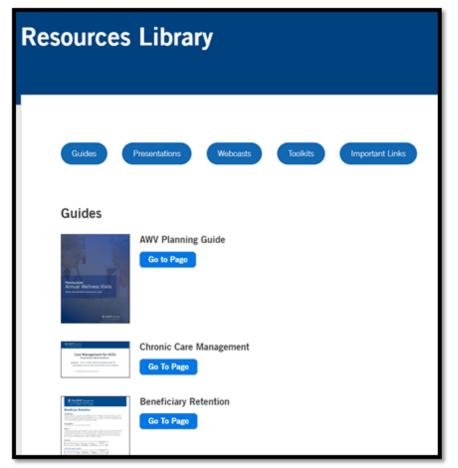
- Ensure their issues have been resolved to avoid additional ER visits
- Schedule patient visit with the practice to coordinate care
- Provide patient education around same-day access and after-hours access

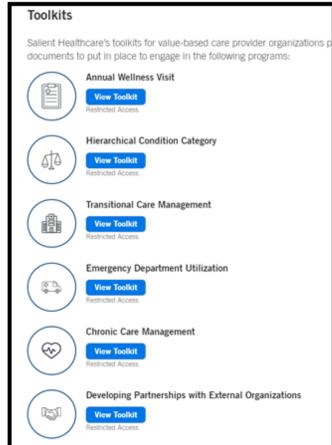
Using Data to Assess the Impact of Your Initiative

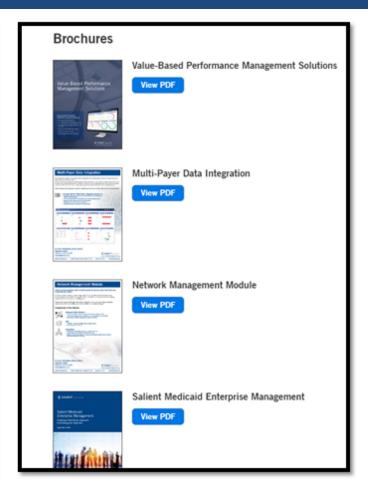


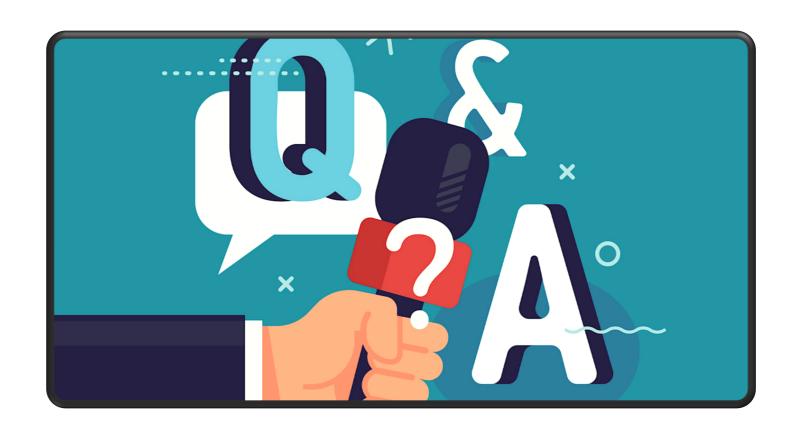


Salient Resource Library









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Thank You



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