

Objective

- To increase the number of patients seen in the primary care clinic instead of the emergency department (ED); 10% reduction in ED visits
- To increase clinic revenue through increasing primary care provider (PCP) patient visits

Background

- The Northeast Iowa Family Practice Center (NEIFPC) is a Family Medicine residency clinic with 6 faculty and 18 resident physicians
- Previous work to address ED utilization has included:
 - Obtaining daily census reports from local EDs and tracking volume
 - Completing post-ED visit follow-up calls
 - Developing patient education materials on where to best seek care
 - Creating "same-day" appointment visit type with a dedicated same-day physician

Identifying ED Utilization Factors

- Identified sources of data that would inform reasons for over-utilization of ED and methods of assessing them:
 - Patient perspective about when and how to utilize clinic vs. ED
 - Developed and administered phone survey to patients
 - Physician perspective about confidence in fielding after-hours patient and nursing home calls
 - Developed and administered written provider survey
 - Clinic nurse perspective
 - Reviewed nursing triage protocols and frequency of nurse triage referral of patients to ED
 - System factors
 - Conducted a literature review to identify clinic-based interventions to reduce ED utilization
 - Identified scoping study of transitions between ED and primary care¹
 - Did not find citations that identified office-based interventions to reduce ED use
 - Repeated PubMed search employed in scoping study to find current articles (after 1 January 2015)
 - 2004 Titles → 124 Abstracts → 79 Articles → 29 relevant to inform clinic processes



Reducing Emergency Department Utilization

Adam Roise, MD, MPH, FAAFP; Emily O'Brien, PharmD, BCACP; Griffin Hickey, MPH; Elise Duwe, MD, PhD; Heather Stech, RN; Chris Haymaker, PhD; Dana Forrester; Anthony Day, MD, FAAFP
Northeast Iowa Medical Education Foundation, Waterloo, IA

Table 1. Summary of Patient ED Utilization Factor Survey

Interview Responses	n=22 (%)
Confidence in Care	
Confident that PCP could have addressed presenting problem in clinic	19 (86.4%)
Thought they would receive more comprehensive care in the ED	13 (59.1%)
Urgency	
Perceived presenting problem to be urgent/serious	21 (95.5%)
Symptoms of presenting problem present for ≤24 hours	9 (40.9%)
Financial	
Has concerns for higher copays at clinic (vs. ED)	3 (13.6%)
Decision Making	
Made own decision to go to ED (vs. consulting family, internet, PCP, etc.)	11 (50.0%)
Accessibility	
Believes PCP is accessible	21 (95.5%)
Called clinic when experiencing an urgent problem	13 (59.1%)

Table 2. Post-ED Phone Call Script

Phone Call Script
What did the ED diagnose you with?
How did they tell you to treat your symptoms? What medication changes did they make? Have you picked up the prescription and started taking it?
Did they schedule any follow-up appointments for you? Do you have a way to get to your follow-up appointment?
When did the ED tell you that you can expect your symptoms to get better? What did they tell you to look for in case you need to be seen again?

Figure 2. Summary of ED Utilization Literature Review

Clinic Factors that Decrease ED Utilization	Reasons Patients Return to ED	Risk Factors for ED Utilization
PCP continuity, PCP access to phone consultation with specialists, patient access to a PCP physician triage line, care management, increasing patient awareness of PCP access, increasing access to PCP, implementing telemedicine services	Incomplete discharge instructions, continued symptoms, need for reassurance, convenience/expertise of ED, inability to see PCP	Decreased functional status, mental illness, substance use, poor home support, self-rated health status poor or fair

Figure 1. Physician Post-ED Visit Template

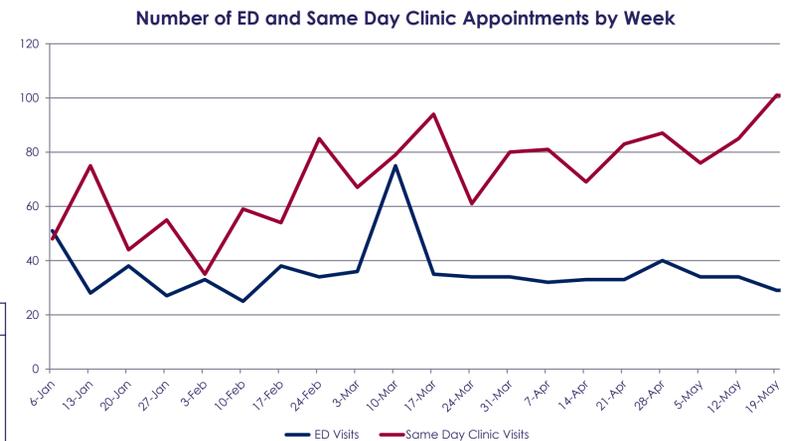
Emergency Department Follow-Up Record		
Discharge Information		
name of ED: Choose an item. ED records obtained/reviewed		
emergency department discharge date:		
date of follow-up phone call:		
Risk factors for ED utilization		
at baseline orientation/alertness	denies feeling weak	not at increased risk of falls
no mental health risk-factors/needs	no substance-use concerns	Understands plan of care
good family/caregiver support	self-reported health status good or excellent	

Addressing ED Utilization

Implementation of a three-pronged approach to reduce ED utilization

- Patients with no ED visits in calendar year
 - Implemented a "Call Us First" campaign (March 15, 2019)
 - Advertised ability to manage common ED complaints in clinic
 - Trained staff on appropriate triage and patient communication
- Patients with infrequent (≤3) ED visits in calendar year
 - Updated post-ED phone call scripting and post-ED visit follow-up template to address risk factors for return to ED (April 24, 2019)
 - Educated physicians about capabilities of nursing home testing
- Patients with frequent (≥4) ED visits in a calendar year
 - Implemented care team case conferences (May 16, 2019)
 - Developed standard protocols to address needs of patients with increased ED utilization

Graph 1. ED and Same-Day Clinic Appointments



Analysis

We have adapted clinic workflows based on information gathered from this project. Due to a limited timeline, we have seen an increase in the number of same-day appointments, and we have not yet observed a significant decline in ED utilization.

Next Steps

- Develop and implement orientation and training for new employees to reduce ED utilization
- Continue to expand and develop process and standardized interventions for care team case conference addressing patients with frequent (≥4) ED utilization

References: 1. Atzema CL, et al. "The transition of Care Between Emergency Department and Primary Care: A Scoping Study." *Academic Emergency Medicine*. 2017; 24: 201-215.

