

Objective

Implement and evaluate a Chronic Care Management (CCM) program to decrease Emergency Department (ED) utilization.

Implement operational changes within the walk-in clinic to decrease ED utilization.

Background

Chronic disease remains a major challenge for health care systems. The Institute of Medicine (IOM) reports that the health needs of patients with chronic illness are large, urgent, and growing (Harris & Wallace, 2012; Reynolds et al., 2018; Edwards and Landon, 2014).

In January 2015, the Centers for Medicare and Medicaid Services (CMS) made a strong commitment to supporting primary care and recognized chronic care management as an important component primary care.

Chronic care management represents an entrenched problem in healthcare. A significant problem is the low rate of diffusion into primary care settings, even with the new reimbursement structure made available by CMS (Schurrer et al., 2017).

A review of the literature revealed the following: 1) multifactorial challenges to be associated with implementation of chronic care management into primary care and 2) Successful implementation of chronic care management led to improved patient care quality and provider and patient satisfaction (O'Malley, et al., 2017).

Connecting Care in a Rural Community

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Actions Taken

Development and implementation of a CCM program. Actions included 1) electronic health record build, 2) staff training, 3) workflow redesign, 4) policy and procedure development, 5) form development, and 6) marketing material design.

Operational changes within walk-in clinic. Actions included 1) staff training, 2) workflow redesign, 3) policy and procedure development, and 4) marketing material design.

Metrics

Formative and summative evaluation of CCM program include 1) number of enrollees and billable CCM services, 2) changes in selected biophysical metrics (e.g., HbA1c; blood pressure), 3) changes in Edmonton Symptom Assessment Scale (ESAS), 4) changes in selected functional status, 5) attainment of personal health goals, and 6) healthcare utilization of hospital services (undertaken as a quality improvement project, University of Kansas School of Nursing, 2019).

Formative evaluation of operational changes within walk-in clinic include 1) % of emergency department visits with minor conditions and 2) number of walk-in clinic visits.

Analysis

Newman Regional Health Medical Partners began enrolling patients into the CCM program beginning May 14, 2019. No preliminary data is available at this time. Descriptive statistics will be used for data analysis to describe the pre- and post-intervention comparisons across time periods.

Operational changes within the walk-in clinic were phased in beginning January of 2019. Outcome of action steps resulted in a 10% reduction in emergency department visits with minor conditions and a 20% increase in the total number of walk-in clinic visits.

Next Steps

Evaluate CCM program using a single group interrupted time series that will provide a process of collecting, analyzing and using data to measure both formative and summative outcomes of the CCM program.

Multiple baseline observations will be captured using quantitative and qualitative data throughout the implementation phases of the program.

Formative evaluation will be conducted throughout the early stages of program implementation, and results of each evaluation will be used to revise or modify the program.