



COMMUNITY HEALTH
INTEGRATED PARTNERSHIP
Community • Clients • Caring

Emergency Department Over-Utilization
A New Paradigm?

May 27, 2009

Agenda

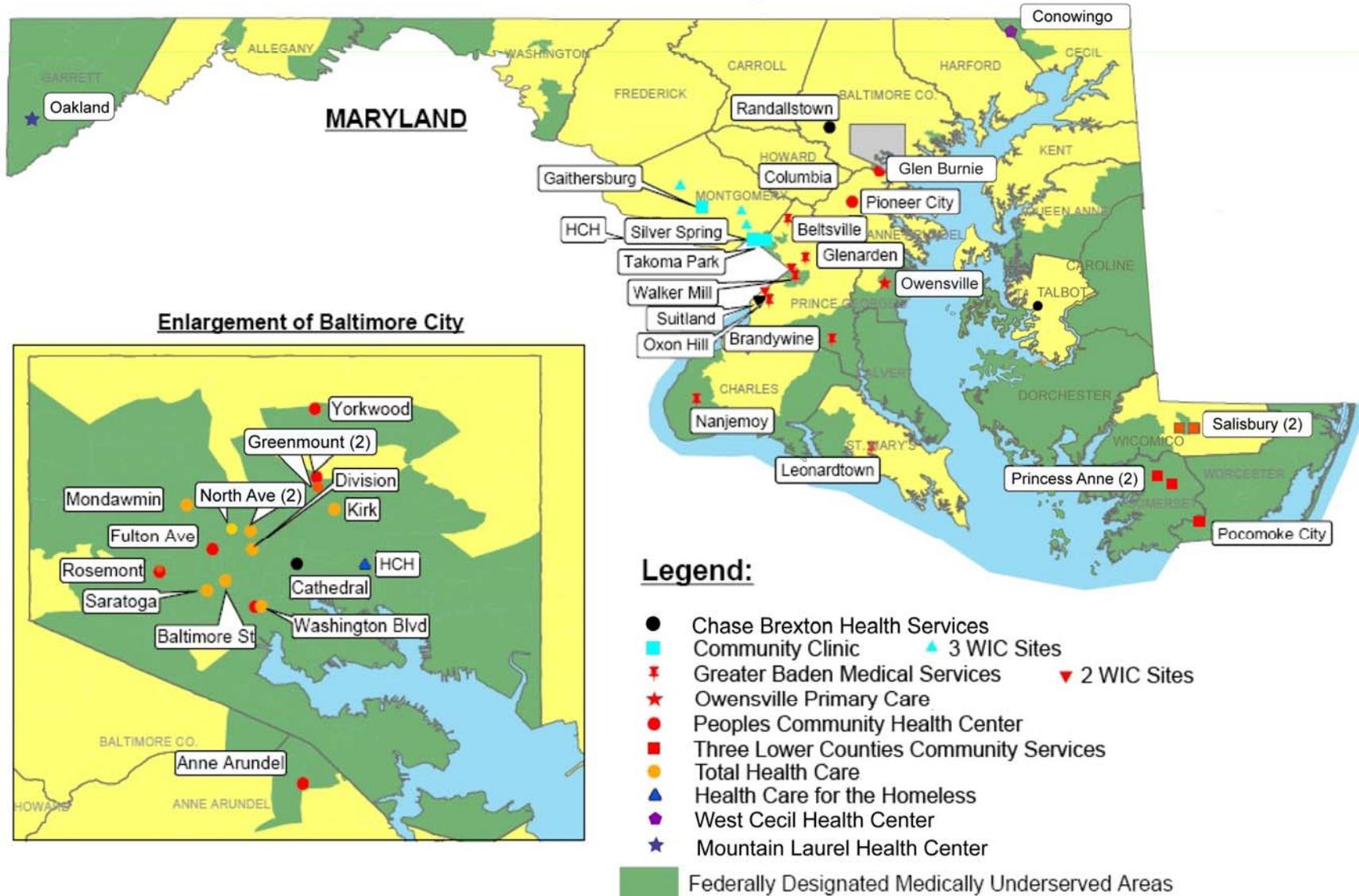
- CHIP Health Center Controlled Network Overview
- Map Identifying Health Center Delivery Site Locations
- Emergency Department Over-Utilization
 - What We Know.....
 - What We Need to Consider To Effect Change
- Contact Information

Community Health Integrated Partnership

- Founded in 1996 by eight (8) federally qualified health centers (FQHC)
 - To develop programs to improve patient care & contain costs through shared resources
 - Current 9 members represent 16 rural & suburban Maryland counties & urban Baltimore City
- Provide FQHCs with management, financial, quality improvement, & technology services
 - Management services – managed care contracting, practice management system, electronic patient record system, credentialing, management consulting
 - Financial – revenue cycle management, Medicare & Medicaid billing compliance, monthly operational & financial benchmark reporting
 - Quality improvement - patient satisfaction surveys & community health quality center (quality improvement & outcome reporting)

Community Health Integrated Partnership

Health Center Delivery Sites



Map revised on April 13, 2009 by BNIA-JFI

Community Health Integrated Partnership Health Centers & EPRS Participants

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Emergency Department Over-Utilization

- What We Know.....
 - Emergency Department (ED) use continues to grow regardless of insured status, however, largest volume is uninsured population
 - Perspective – decades old issue that has eluded a solution
 - EDs already challenged by staffing issues, insufficient specialty consult resources, insufficient bed capacity for admissions & inadequate primary care referral capacity
 - Self-pay (includes uninsured) account for largest percentage of “treat & release” patients from ED
 - ED use for non-emergent care is costly & diverts resources from meeting demand for appropriate emergency services
 - Previous “diversion” efforts have not yielded ED usage paradigm shifts
 - Need to encourage more hospitals to develop electronic interfaces to community health centers
 - Patient “disincentives” such as increased co-pays (\$100+) have marginal impact in deterring ED usage

Emergency Department Over-Utilization

- What We Need to Consider to Effect Change (one person's opinion)
 - Reduce hospitals "investment" in ED use
 - ED visits represent significant source of revenue to hospitals
 - ED visits represent approximately 50% of all hospital visits
 - Significant number of inpatient admits originate from ED visits
 - Restructure hospital financing to reduce dependency on ED visits as a source of revenue
 - Payors do not compensate for "after hours care"
 - Support of & investment in "patient centered medical homes" could be a vehicle for shifting system focus from "acute" care to preventive/primary care
 - Physicians lack tools to keep patients out of ED
 - Best ED diversion program is to "avert" the need for ED use for non-emergent care
 - FQHC adoption of electronic health record systems enable providers to manage after hours patient calls more effectively

Emergency Department Over-Utilization

- Previous “diversion” efforts have not yielded ED usage paradigm shifts
 - Changing “historical” behavior requires education, behavior modification & affordable access to primary care services which current health system reimbursement does not recognize - need to go beyond “demonstration grant” funding
 - Need to “capacity build” primary care & specialty care services
 - EDs are portals to specialty care, diagnostic & ancillary services
- Need to encourage & finance adoption of health information technology
 - Health system lacks technology tools to monitor & manage patients
 - Electronic health records give provider 24/7 access to patient data & ability to make more informed decisions about patient directing
 - Health information exchanges give providers the ability to access data critical to treating patient & referring back to primary care

Emergency Department Over-Utilization

- Need to encourage & finance adoption of health information technology
 - Health system lacks technology tools to monitor & manage patients
 - Electronic health records give provider 24/7 access to patient data & ability to make more informed decisions about patient directing
 - Health information exchanges (HIE) give providers the ability to access data critical to treating patient & referring back to primary care

CHIP Contact Information

If you have any questions, please call:

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