



Reduce Emergency Room Utilization

**A report to the Legislature
Chapter 518, Laws of 2005, Section 507(16)
October 2005**

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Executive Summary

This report addresses the Budget Proviso, Chapter 518, Laws of 05, section 507 (16) directing the department to identify two pilot projects to reduce avoidable emergency room utilization. The DSHS Health and Recovery Services Administration, (HRSA), convened a workgroup in August 2005 to analyze and identify behaviors, characteristics, and best practices dealing with inappropriate emergency room (ER) utilization, with recommendations to be submitted to the Governor and Legislature by Oct 1, 2005.

A recent DSHS study reveals:

- While the overwhelming majority (79%) of ER users received between one and two ER visits in Fiscal Year 04, a small portion (1.8% or 2,337 ER users) had twelve or more ER visits which represented 16% of total ER visits.
- A comparison of expenditures and utilizations of ER services showed a connection to narcotics prescriptions, mental health, and substance abuse issues.

The work group found:

- Many communities have implemented interventions to handle the avoidable ER visits.
- Some hospitals have implemented interventions and alternative care sites.
- Provider practices are willing to participate.

Although the work group found no known best practices or proven programs that reduce excessive ER utilization, they did invite community providers to share their practices, experience and programs. However, most community activities are in the start-up phase or have not analyzed their data.

It is recommended that the following pilot projects be implemented to reduce ER utilization.

They include:

Pilot 1

Client specific ER utilization data used to provide communication concerning potential narcotic misuse, and sharing aggregate client utilization data with up to four community based ER projects.

Pilot 2

To host an annual statewide ER summit to share best practices, client outcome client data, and opportunities for integration.

Introduction

Chapter 518, Laws of 05, Section 507(16) states that by October 1, 2005, the department shall recommend to the Governor and Legislature at least two pilot project designs which seem likely to reduce avoidable emergency room utilization at no net cost to the state within the projects' first eighteen months of operation.

High emergency room utilization is a long-standing problem among both Medicaid fee-for-service (FFS) and managed care clients. The problem is complicated by the multiple reasons Medical Assistance Administration clients may inappropriately seek ER care.

Background Information

The January 2005 MAA report entitled *ER Visits by Washington State Medicaid Fee-for-Service Clients* found that while the overwhelming majority (79%) of ER users had between 1 and 2 ER visits in Fiscal Year 04, a small portion (1.8% or 2,337 ER users) had 12 or more ER visits and incurred 16% of total ER visits.

- A comparison of expenditures and utilizations of narcotics and ER was conducted from April 2004 to March 2005 that showed clients with over 10 prescriptions had seemingly similar behaviors that lead to identifying emergency room patterns.
- An ER Workgroup analyzed the ER issue for a one-year period and found:
 - √ Many communities have implemented interventions to handle the avoidable ER visits.
 - √ Some hospitals have implemented interventions and alternative care sites.
 - √ Provider practices are willing to participate in efforts to reduce ER visits.
 - √ DSHS continues to implement programs that can coordinate with hospital and community efforts.

The group found no known best practices or proven programs that reduce excessive ER utilization. The group did invite community providers to share their experiences and program. However, most are in the start up phase or have not analyzed their data.

Key Business Requirements and Scope of Project

The two pilot projects to reduce emergency room utilization must operate within available resources. The ER group recommends using the existing Narcotic Review Project within the HRSA. The Narcotics Review Project is aimed at improving quality of life for Medicaid clients, reducing the misuse of narcotics, assisting providers in complex clinical decision-making, and informing providers of ER visits that result in narcotic scripts. The key to the project is keeping providers informed about potential misuse of Schedule II and III narcotics by targeting multiple narcotic prescribing. The data for these projects are generated by the Medicaid Management Information System, which will identify clients linked to these conditions:

- Greater than 10 narcotic prescription in any one month, or
- Greater than seven prescriptions/month for a period of at least six months, and

No cancer diagnoses

DSHS began contacting Washington State doctors and other health-care providers in June to ask for their assistance in tightening the controls on the narcotic painkillers used to treat patients with complex clinical issues. DSHS further asked for input on how to address the unavoidable ER use. Health care providers report the communication of client specific information, including prescriptions they may be obtaining from other doctors or hospital emergency rooms.

In addition, the work group was informed that many community programs are already in place. Frequently, these programs lack data that outside a hospital's system. Broad based clinical and prescription information is a key feature lacking in many community based programs.

Recommended Projects for Avoidable ER Utilization

Two pilot projects recommended to reduce emergency room utilization:

Pilot Project #1 - Provide data and information on ER utilization for up to four community-based programs and expand the narcotic notification program to include ER utilization. The information will be shared with ER doctors, the client's primary care provider, pharmacist, and case managers in targeted communities who are willing to participate in the pilots. The expectation is to share this data in an effort to learn about these clients and test whether the program successfully reduced inappropriate ER utilization, or caused a shift to another ER in the area. The goal is to provide essential information to primary care providers so they can link their high utilizing clients with existing systems and resources that will make a difference in the use of the ER.

Pilot Project # 2 - Hold an annual summit to dialogue with and inform participants, including emergency room doctors and other stakeholder provider groups, about activities conducted by HRSA and local communities that affect appropriate use of the ER. The goal is to provide a venue that allows an exchange of information and ideas on strategies to manage the problem of clients' inappropriate use of ER services. This strategy is supported by the Washington Chapter of the American College of Emergency Room Physicians. The annual summit will take place around March 2006 Legislative session.

External Stakeholders

The following external stakeholders have been identified:

- Washington Chapter of the American College of ER Physicians
- Washington State Medical Association
- Washington State Hospital Association
- Regional Support Networks
- Medicaid Managed Care Organizations
- Disease Management vendors

Internal Stakeholders

The following internal stakeholders have been identified:

- Jeff Thompson, MD, Division of Medical Management
- MaryAnne Lindeblad, Division of Program Support
- Bob Covington, Division of Audit and Information Services
- DSHS Research, Data and Analysis Division
- Steven Wish, Division of Customer Support
- Roger Gantz, Division of Policy and Analysis
- Susan Lucas, Division of Business and Finance
- Doug Porter, Assistant Secretary, Health and Recovery Services Administration