

**Project Name: ED Utilization and PCP Follow-up** **Date:** 1/7/16

**Prepared By:** Chris Camillo, Ralph Chartier, Michael Spoerri

|  |  |  |
| --- | --- | --- |
| **Objective** | **Measures of Success** | **Action Steps/Responsible Party** |
| 1. **Identify strategy to promote better understanding of open access and express clinic services** | Strategy will be identified by 1/31/16 | Express Clinic leadership and PCP care team |
| 1. **Identify strategy to establish more consistent follow-up especially for ED visits of high acuity** | Strategy will be identified by 1/31/16 | PCP Care Team |
| 1. **Implement above strategies** | Above strategies will be implemented by 2/2016 | Chafee Leadership and PCP Care Team |
| 1. **Monitor process** | Process will be followed from 2/16-5/16 | Michael |
| 1. **Perform evaluation of pilot** | Complete a comparison of same data analysis for pilot care team compared to non-pilot care team | Project team |

**Current Condition**

Anecdotally , we are confident that our patients utilize emergency departments for non-urgent health needs. Additionally, there is variation and inconsistency of primary care follow-up for our patients seeking care in emergency rooms. The intent of this project is to:

1. Establish a preliminary measurement of patients who seek care in the ED for non-urgent needs.
2. Determine rate of follow-up after ED visit for a subset of our patients
3. Pilot implementation of a strategy to promote more timely follow-up for patients going to the ED for high acuity reasons.
4. Pilot implementation of a strategy to reduce the number of patients utilizing the ED for non-urgent needs.

**Analysis**

Methods:

We evaluated a random sample of patient ED visits for one primary care physician between July 1 2015 and December 31 2015. We looked at the acuity of the reason for the visit, the patients prior engagement with their PCP, and the timeliness of a PCP follow-up visit after the ED visit.

**Background**

It has been well established, especially in low-income populations that emergency departments are utilized for non-urgent health needs (ambulatory sensitive conditions). This results in excessive cost and poorer quality care for these populations.

Additionally, it has been shown that primary care follow-up after an emergency room visit is essential for patient care and prevents subsequent emergency room visits and hospital admissions

**Action Plan**

**Follow – Up**

Will utilize the findings of this pilot to inform overall organizational strategy to address ED utilization and PCP follow-up.

**Target Condition Goals**

1. Reduce rate of ED utilization for ambulatory sensitive conditions
2. Improve consistency of primary care follow-up for patients utilizing the ED for high acuity care needs.

**Analysis (continued)**

Findings:

* 50% of visits were for ambulatory sensitive conditions
* 27% of visits were for high acuity reasons
* Significant variation in follow-up after an ED visit