An Emergency Department (ED) Care Coordination Initiative

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Case Studies
The Problem: Fragmented Medical Care

- **Fragmented Care:** “Medical care in which there is little to no interaction between providers caring for the same patient”*
  - Older patients; patients with disabilities/chronic conditions

- **Consequences**
  - Duplicate testing
  - Conflicting care plans
  - Higher costs

- **Significant attention in the ACA**
  - **Solution: Care Coordination**

*(Katz et al., 2012)*
What is Care Coordination?

“... the deliberate organization of patient care activities between 2/more participants (including the patient) involved in a patient’s care to facilitate the appropriate delivery of healthcare services.”

(McDonald et al., 2007)
The role of the ED has been neglected.

- ED used when care coordination fails
  - “Co-pays are the reason why I haven’t seen a specialist, so I come to the ED to get better.”
  - “I came to the ED with hypertension because I haven’t been taking my Lisinopril – my PCP forgets to call the pharmacy for refills.”
  - “I always seem to have complications during the weekends, when my regular doctors or transport team are not available.”
The Overarching Questions

• What would an ED-based care coordination intervention look like?

• Would an ED-based care coordination intervention:
  ▫ Reduce return ED visits and hospital admissions/readmissions (and ultimately cut costs)?
  ▫ Increase follow-up visits to PCPs?
  ▫ Improve patient experience with emergency care?
Overview of Presentation

» Study Goals
» Methods
» Results
» Conclusions
» Limitations
» Looking Ahead
» Lessons Learned
» Acknowledgements
Study Goals
Current Questions

- What care coordination needs do ED patients and providers identify?

- Do providers and patients agree on needs for care coordination?

- Which, if any, interventions may be more or less effective?
Methods
I am going to read you a list of services that some of our patients have said they need. Can you tell me which, if any, would be helpful to you?

☐ Help making follow up appointments
☐ Help getting prescribed medications
☐ Help managing your pain
☐ Transportation
☐ Stopping smoking
☐ Drug counseling
☐ Alcohol counseling
☐ Intervention for depression, anxiety or other mental health concerns
☐ Education about your medical condition
☐ Other, Please specify
Provider Assessment Survey

- Timeframe: 8 weeks (April 2013 – August 2013)
- Collected in EMTRAC (at discharge)
- N = 12,499 surveys
What care coordination needs do patients identify?

What care coordination needs do providers identify?

Do providers and patients agree on needs for care coordination?
Patient Demographics (N=476)

- Female (57%)
- African-American (62%)
- Childless (57%)
- Employed (48%)
- Single/never married (50%)
- Income < $30,000 (54%)
- High school or less (41%)
Patients *are* identifying needs

349 surveys (73%) identified at least 1 service

- Help making follow-up appointments: 38%
- Help getting medications: 31%
- Pain management: 39%
- Transportation: 40%
- Stop smoking: 16%
- Drug/Alcohol counseling: 3%
- Mental health intervention: 20%
- Health Education: 32%
Provider Demographics

N=12,499 surveys, 231 individual providers

- The majority of providers who answered the CC survey were residents (57%) and nurse practitioners (24%)

- 70% of all surveys indicated “Don’t Know” or “None”

- 26% of all surveys indicated 1-2 services

- 4% of all surveys indicated 3 or more services
Providers are not identifying needs

3721 surveys (30%) identified at least 1 service

- Help making follow-up appointments: 73%
- Help getting medications: 18%
- Pain management: 9%
- Transportation: 8%
- Stop smoking: 6%
- Drug/Alcohol counseling: 9%
- Mental health intervention: 8%
- Health Education: 20%
Do patients and providers agree?

- 386 pairs

- Is there agreement on...
  - what services are needed?
  - how many services are needed?
### Patient/Provider Comparison of Identified Needs (n=386 pairs)

<table>
<thead>
<tr>
<th>Care Coordination Services</th>
<th>Patient Identified Needs</th>
<th>Provider Identified Needs</th>
<th>Patient-Provider Service Needs Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Help making follow-up appointments</td>
<td>110</td>
<td>29%</td>
<td>84</td>
</tr>
<tr>
<td>Help getting medications</td>
<td>89</td>
<td>23%</td>
<td>25</td>
</tr>
<tr>
<td>Pain management</td>
<td>101</td>
<td>26%</td>
<td>14</td>
</tr>
<tr>
<td>Transportation</td>
<td>112</td>
<td>29%</td>
<td>14</td>
</tr>
<tr>
<td>Stopping smoking</td>
<td>45</td>
<td>12%</td>
<td>9</td>
</tr>
<tr>
<td>Drug and/or Alcohol counseling</td>
<td>9</td>
<td>2%</td>
<td>10</td>
</tr>
<tr>
<td>Mental health intervention</td>
<td>58</td>
<td>15%</td>
<td>3</td>
</tr>
<tr>
<td>Health Education</td>
<td>91</td>
<td>24%</td>
<td>28</td>
</tr>
</tbody>
</table>
Patient/Provider Comparison of Identified Needs

- Help making follow-up appointments: 18%
- Medications: 22%
- Pain management: 7%
- Transportation: 4%
- Stop smoking counseling: 4%
- Drug/Alcohol intervention: 2%
- Mental health intervention: 3%
- Health Education: 7%

Agreement:
- Patients: 29%
- Providers: 23%
- Agreement: 26%
Distribution of Indicated Services
(n=386 pairs)

- None/Don't Know: 28%
- 1-2 Services: 48%
- 3 or more Services: 24%

Bar chart showing the distribution of indicated services by patient and provider.
If we were to target a specific group...

• Target the majority – Patients who indicated 1-2 services

• Of these 187 patients, the top 4 choices are:
  ▫ Help making follow-up appointments (26%)
  ▫ Education about medical condition (26%)
  ▫ Help managing pain (24%)
  ▫ Transportation (24%)
Conclusions
We can see that...

- Patients identified a variety of service needs that are currently not being addressed.

- If we choose to pursue this:
  - Should not rely on provider identification
  - Service provision needs to be incorporated into system workflow

- Findings identify potential targets for care coordination that might improve the patients experience and health outcomes
Limitations
Limitations

• Convenience sample

• Single site; generalizability?

• Answers may vary in different situations:
  ▫ Hypothetical vs. Actual service provision
  ▫ Patient vs. Provider interpretation of what that service would look like
  ▫ Patient vs. Insurer vs. Hospital paying for services
Looking Ahead...
Possible Next Steps

• Future studies
  ▫ Willingness to pay?
  ▫ Specific Service to target?
  ▫ Role of providers in ED Care Coordination?
  ▫ Automatic email to PCP?

• Discharge Center
  ▫ Funding?
  ▫ ED vs. Hospital-wide?
  ▫ In-house vs. Outsource?
  ▫ Health outcomes to measure?
  ▫ Decrease admissions?
I learned...

• How to make a presentation in one hour (not this one).

• That my job as a research assistant in the ED is coveted.

• Most patients come to the ED because they are sick.

• Actively listening and asking the right questions can open doors.

• Networking is the key to life.
Thank you!!

- Dr. Karin Rhodes
- Melissa Rodgers
- Fran Shofer
- Emergency Medicine staff
- IPD 509
  - Sarah Rottenberg
  - Carolina Garzon
  - Engineering/MBA students
- Penn medical students
  - Albert Yu
  - Leticia Daconti
  - Charlotte Lawson
- SHIP Staff
- Joanne Levy and LDI
- SUMR scholars
Questions?