

Developing Effective Strategies to Reduce Non-Emergent Emergency Department Use

LAURA GREENE: This is Laura Greene for the Healthcare Intelligence Network. Today I am speaking with Dr. Karen Amstutz, regional vice president and medical director at WellPoint State Sponsored Business and her colleague Dr. Lakshmi Dhanvanthari, staff vice president and medical director at WellPoint. Dr. Amstutz and Dr. Dhanvanthari are presenting at HIN's audio conference on, "Developing Effective Strategies to Reduce Non-Emergent Emergency Department Use." Welcome and thanks for joining me today Dr. Amstutz and Dr. Dhanvanthari.

DR. KAREN AMSTUTZ AND DR. LAKSHMI DHANVANTHARI: Thanks Laura.

LAURA GREENE: To begin with how often does a patient need to use the ED for it to be considered overuse? What are some ways to target these high utilizations, high cost individuals? Dr. Amstutz, would you like to begin?

DR. KAREN AMSTUTZ, REGIONAL VICE PRESIDENT AND MEDICAL DIRECTOR AT WELLPOINT STATE SPONSORED BUSINESS: Sure. I want to preface my answer by making sure that the audience recognizes that ED overuse can have a lot of ideologies and so as we think about what the definition is we also have to think about what the cause is because that really helps with the solution. We originally started with the definition that when on the third visit without looking at diagnosis we would consider that overuse. We've since become more aggressive in our definition in an attempt to counsel individuals after the first visit to understand that they may have some additional options available to them. Lakshmi, do you want to comment on the ways that we target these high cost, high using individuals?

DR. LAKSHMI DHANVANTHARI, STAFF VICE PRESIDENT AND MEDICAL DIRECTOR AT WELLPOINT: Of course. We actually identify them through multiple ways. We look at the claims data. Sometimes we

partner with the emergency rooms so that they send the information to us soon after patients are seen in the emergency room and we try to contact these members. We send them mailings to educate them on the appropriate use of the ER and the need to connect with the primary care physician. And we also educate them on the phone connect them to a primary care physician if they do not have one. I think establishing the medical home and bringing them back to their primary care physician is one of our key interventions.

LAURA GREENE: Okay, thank you doctors. How can a healthcare professional drive home to patients the differences between emergent care and emergent care facilities and when to use each?

DR. KAREN AMSTUTZ: I think that's a difficult question and it really relates back to the health literacy of members. We're a state sponsored plan and the health literacy of our members in general is lower than that of an average commercial plan population. And that is one of the challenges that we try to address when we work with our members. In fact, we actually name our ER initiative the self-care initiative because one of our strategies is to try to teach patients about how to distinguish between conditions they could care for by themselves. Conditions that they might want to call our nurse line for versus conditions that they should be more worried about.

LAURA GREENE: Dr. Donvantry is there anything you would like to add?

DR. LAKSHMI DHANVANTHARI: No I think Karen pretty much captured the key points. And what I would like to perhaps add, is the same efforts that we use with the members, the physicians and the other providers when they see the members educate them about the difference between an emergent condition versus conditions for which they should be seen in the primary care physician's office. That would be helpful as well.

LAURA GREENE: Okay, thank you. And finally does your organization distribute any forms of ED literature to patients? If so, what kinds and where can they be found?

DR. LAKSHMI DHANVANTHARI: We actually send the patients a book that educates them about different common conditions for which they can seek home remedy. We also have a 24/7 nurse call line that they can call into in order to get information or to directly speak to a nurse. We also send mailers to members that have been seen in the ER for non-emergent conditions to educate them about common clinical symptomatology and how they can be treated at home. And we've done some pilot projects where we've distributed educational materials through the physician's office.

LAURA GREENE: Is there anything you would like to add Dr. Amstutz?

DR. KAREN AMSTUTZ: Well I think one of the strategies that we haven't talked about is that we create reports to inform our primary medical providers about the emergency use by their members. Often times these physicians get no notification or a copy of the medical record from the facility that saw these children, or adults. And they're unaware of the extent of use. And we get a lot of positive feedback from physicians who find it useful to be able to have, first of all, to know what the utilization has been, what conditions that family or member has been in the emergency room for. Also, we provide it in a format that can be included in a patient's chart so when the patient does come in the physician is able to go follow up on the ED visit as well as provide some face-to-face counseling.

LAURA GREENE: Those are all the questions I have today doctors. Thanks for being with us and we're looking forward to hearing more from both of you during the audio conference. To register or get more information about this conference, please call 1-888-

446-3530. This is Laura Greene for the Healthcare Intelligence Network.