

Developing Effective Strategies to Reduce Non-Emergent Emergency Department Use

LAURA GREENE: This is Laura Greene from the Healthcare Intelligence Network. Today I am speaking with Dr. Jim Glauber, who is the Medical Director for Neighborhood Health Plan of Massachusetts. Thanks for joining me today doctor.

DR. JIM GLAUBER, MEDICAL DIRECTOR FOR NEIGHBORHOOD HEALTH PLAN OF MASSACHUSETTS: It's my pleasure. Thank you.

LAURA GREENE: Dr. Glauber is presenting at HIN's audio conference, on "Developing Effective Strategies to Reduce Non-Emergent Emergency Department Use". 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 utilization, high cost individuals?

DR. JIM GLAUBER: Well I think the term overuse is entirely subjective and could only be fully understood in the context that the particular individual to whom that term is being directed, I don't think there is an industry standard cut off of the term overuse. And we internally prefer to use the term frequent ER utilizers. And that can be defined by various thresholds. Internally we use both members with 3 or more ER visits a year or members with 5 or more visits per year. But I certainly understand that other health plans may define overuse with a higher cut off. I would recommend that plans develop their own definitions or thresholds based on an internal analysis of their own data. Specifically as we did looking at a frequency distribution of their members and the number of ER visits per year and defining a cut off of overuse or frequent ER use that may identify a total of 10% of ER visits being made by frequent ER utilizers.

LAURA GREENE: Okay, thank you doctor. How can health care professional drive home the differences between urgent care and emergent care facilities and when to use each?

DR. JIM GLAUBER: That's an excellent question. I think there's various ways. The first and most important thing, and I'm certainly only reiterating what others have stressed previously, is that health care professionals and more specifically primary care physicians should strive to create a medical home for their patients and that's probably the single most important strategy towards reducing an appropriate ER use. So when a member is or a patient is established in a high quality relationship with a primary care physician and practice then they are more likely to seek care and or advice when they have an urgent medical problem arise. To that point, I think physicians can or their staff or practice literature can make clear to patients how to seek care or medical advice during times when the practice is not available or open to see patients, and specifically in the evenings, weekends and holidays. To the extent that practices can be quickly available to give people advice on emerging medical problems I think that's an important strategy towards reducing and appropriate use of the emergency room. And obviously practices that have expanded hours of operation or adequate coverage arrangements so that they can see patients for urgent medical problems in the evening and weekends will enable their patients to seek care that is timely, appropriate and less expensive than going to the emergency room.

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. JIM GLAUBER: Yes we do. I would step back for a minute and broaden that to say that our health plan has broadened in making an investment on making available to our members information about self care. And specifically information to better enable

them to understand what may be going on when they have an emerging symptom or condition and when to seek care. So that is being more proactive than reactive. We make available to our members, both new and established members, several free self-care books, both oriented towards children and pediatric illnesses, the teen population as well as the adult population. And these books are in English and Spanish and we will market them to new members and new member kits as well in various ways to establish members. And we very much want our members to take advantage of this information.

We also place on our website, or host the Health Wise Knowledge Base, which has far more comprehensive than any of these books in terms of the range of information about health conditions, medications, medical tests, and resources within the health wise knowledge base, and again we try to effectively market this to our members. And I think that to the extent that members have access to materials and use these materials in a timely and appropriate way that they'll display better judgment when to seek care and from where to seek care when they or a family member is sick. In terms of ED literature there's obviously a reactive approach, what do you do with members who you identify are overusing, to use that term, emergency room or may have used the emergency room for a non-emergent diagnosis or primary care sensitive condition. And we also do some outreach, mailed outreach, to members in these situations to again, make them aware that they can get advice, medical advice from their primary care practice 24 hours a day. Urgent care is a type of care available through our network of primary care practices. Care with appointments that should be made within 23 to 48 hours reminding them that is an expectation that they should have of their practice and moreover reminding them of these various sources of self care information are available to them as Neighborhood Health Plan Members for free.

LAURA GREENE: Okay, thank you doctor. Those are all the questions that I have today. Thanks for being with us and we're looking forward to hearing from you during the audio conference.

DR. JIM GLAUBER: Thank you, I look forward to it too.

LAURA GREENE: To register or get more information about this conference, please call 1-888-446-3530. This is Laura Greene for the Healthcare Intelligence Network.