

Care plans reduce preventable emergency room visits, admissions

The Triple Aim

HealthPartners is driving change that helps our members and patients live healthier lives and lower their medical costs. In 2007, we became one of 15 organizations in the U.S., England and Sweden to begin working with the Institute for Healthcare Improvement (IHI) to develop models of care that simultaneously accomplish three critical objectives, or what is called the “Triple Aim”: improve health, deliver excellent patient experience of care, and reduce the cost of care. Achieving the Triple Aim is both a destination and a journey. This report details one of our Triple Aim initiatives. More information is available at healthpartners.com.

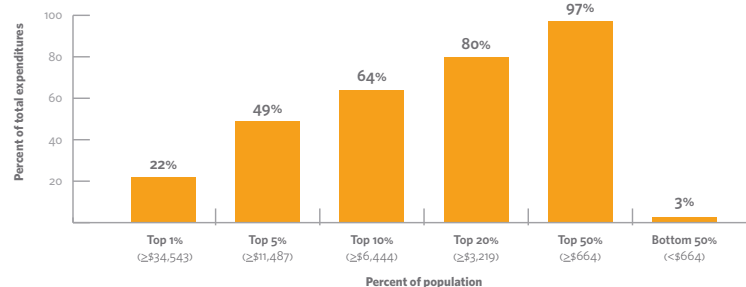
About this report

One of HealthPartners Triple Aim initiatives is to develop a new model of care to address a challenge that faces hospitals nationwide: how to prevent unnecessary visits to the emergency room. At many hospitals, these visits include a small sub-group of patients who frequently seek emergency room care that could more appropriately be provided in primary care or specialty clinics. This summary report highlights HealthPartners’ program to provide customized care plans for these vulnerable patients.

The challenge

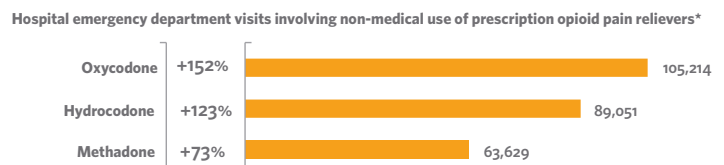
Fewer than 1 percent of patients in the U.S. account for nearly 22 percent of health care spending,¹ with an average expenditure of \$90,000 per patient. A large percentage of these costs can be attributed to frequent, but often preventable visits to the emergency room and hospital admissions by a relatively small number of patients.

Requests for narcotic pain medication are one of the most common reasons for repetitive visits to ER’s. The scope of this problem is reflected in the increase in the number of prescriptions for narcotics over the past decade: sales of oxycodone and methadone nearly quadrupled between 1997 and 2002 and visits to emergency departments for opioid abuse more than doubled between 2004 and 2008.



Source: Conwell LJ, Cohen JW. Characteristics of people with high medical expenses in the U.S. civilian noninstitutionalized population, 2002. Statistical Brief #73. March 2005. Agency for Healthcare Research and Quality, Rockville, MD

In addition to patients seeking narcotics, HealthPartners Clinics and Regions Hospital (which is part of the HealthPartners system) identified two other types of patients who are more likely to visit the ER frequently: patients with borderline personality disorder and patients who have a history of noncompliance with recommendations on medical treatment.



Source: Substance Abuse and Mental Health Services Administration (SAMHSA) and the Centers for Disease Control and Prevention June 17, 2010

The solution

Research shows that preventive care and delivery of more timely care can prevent unnecessary ER visits and admissions for patients who are most at risk. To improve quality and provide safer, more coordinated care, HealthPartners and Regions Hospital developed a program in August 2011 to create care plans that are tailored to the particular needs of individual at-risk patients. Each patient's care plan includes:

- **Team approach.** A care team engages patients who have an extensive history of potentially preventable ER visits. The care team includes nurses, social workers, physicians, physician assistants, case managers, and other staff who work with the patient to create a plan customized for the individual and includes more frequent clinic visits with a consistent team of providers.
- **Use electronic medical records.** Each time a patient receives care at any of HealthPartners four hospitals, 25 medical clinics or other facilities, nurses and social workers get automatic access to the patient's care plan. Using the system-wide electronic medical record system, the care plan is included in the list of a patient's medical problems. The plan is flagged as a high priority to ensure that it is visible to all providers and ancillary staff.
- **Facilitate follow-up care.** To ensure that the patient receives needed follow-up care, the care team not only refers patients, but facilitates the referrals to primary care doctors and specialists.
- **Prevent inappropriate use of narcotics.** Narcotic medications are restricted in the ER to prevent inappropriate use. Exceptions are made to treat medical conditions that are not related to complaints about chronic pain. In addition, narcotic prescribing is limited to the patient's primary care physician.

- **Treat addiction.** Patients with suspected or probable narcotic addiction are referred to chemical dependency treatment programs.

The individualized care plan program is based on proven models that have been implemented in the past few years in hospitals in England³, Scotland⁴ and at the Henry Ford Health System in Detroit⁵. Individualized care plans using electronic medical records in these facilities decreased unnecessary hospital visits by as much as 31 percent.

As of March 1, 2012, 33 HealthPartners/Regions patients had active care plans in effect.

Results

Twenty seven high-risk patients had care plans developed and implemented by a multidisciplinary team of physicians, physician assistants, nurses, social workers, case managers and other staff.

Data from two months before the care plan implementation were compared to data two months after care plan implementation for each partner. Review of the records showed a 65 percent reduction in ER visits and admissions. Based on average cost of ER visits and hospitalizations, this led to a potential cost savings of \$511,000.

	ER visits	Admissions
Before	121	57
After	53	9

Generation and dissemination of care plans led to a decrease in emergency room visits and hospital admissions. Based on this pilot study, devoting hospital resources to care plans could lead to higher quality and more cost-effective care for this vulnerable subgroup of patients.

Sources:

1. *The High Concentration of U.S. Health Care Expenditures*, Research in Action, Issue 19 Agency for Healthcare Research and Quality
2. *A Flood of Opioids, a Rising Tide of Deaths*, Susan Okie, M.D., N Engl J Med 2010; 363:1981-1985
3. *Individual care plans can reduce hospital admission rate for patients who frequently attend the emergency department*; Emergency Medicine Journal June 1, 2010, Vol. 28, Issue 8
4. *Case management of patients who frequently present to a Scottish emergency department*; Emergency Medicine Journal 2009, Vol. 26, Issue 2
5. *Use of Health Information Technology to Manage Frequently Presenting Emergency Department Patients*, The Western Journal of Emergency Medicine; Sept. 11, 2010