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Addressing Disparities: Reducing Unnecessary Emergency Department Use

September 20, 2023

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Introduction

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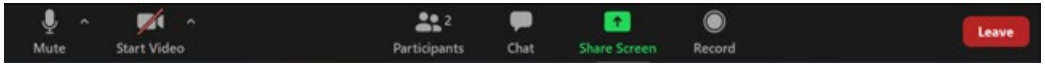


a. To ask questions, click on the **Chat** icon. At the end of the presentation, you will also be able to unmute to ask a question verbally.

b. You may adjust your audio by clicking the caret next to the **Mute** icon.

c. Resources from today's session will be shared after the call.

Objectives

1. **Understand the current state of disparities in high ED utilization**

2. **Examine the impact of disparities on various drivers of high ED utilization: transition processes, social needs, medication management and chronic conditions**

3. **Identify and apply methods of addressing the root causes of high ED utilization disparities**

Overview

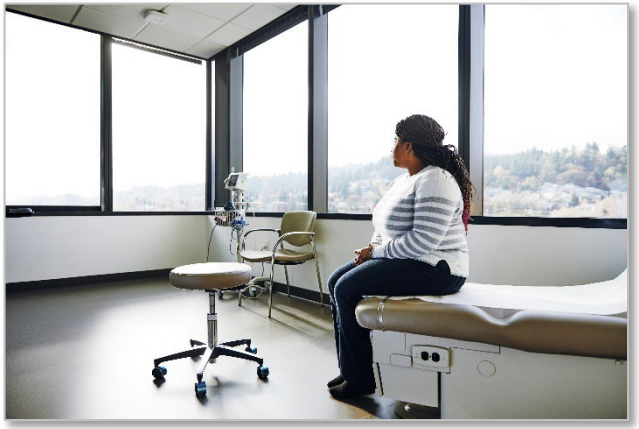
Disparities in ED Utilization

- Black individuals are twice as likely to visit an ED as White or Hispanics
- Living in a more disadvantaged neighborhood is significantly associated with ED utilization
- ED visits increase with age; 7% of ED visits among elderly patients were from nursing home residents

Overview

Factors Affecting ED Utilization

- Lack of a relationship with a primary care provider
- Barriers to access (i.e., after-hours care, transportation)
- Inadequate chronic care management or gaps in care coordination
- Education, health literacy, learned behaviors



Overview

Most Common Drivers

- Poor discharge/transition process
- Unmet needs
- Medication mismanagement
- Unmanaged chronic conditions

Disparities in ED Utilization

Poll Question

What is the primary driver of high ED visits at your organization?

A. Unmet needs
B. Poor transition process
C. Medication mismanagement
D. Unmanaged chronic conditions

Disparities in ED Utilization

Activating a Team

- Success requires a multidisciplinary team with clear leadership and roles
- Focus on understanding the current state of utilization and creating an initiative based on primary drivers
- Teams may include those familiar with patients returning to the hospital and ED use
  - Quality and safety leaders, providers, CHWs, navigators, patient representatives, nursing home staff, home health professionals, community-based organizations (i.e., area agencies on aging)

Disparities in ED Utilization

Collecting Critical Data

Data analysis types:

- Utilization analysis
- Predictive modeling
- Risk stratification
- Benchmarking

Questions to ask:

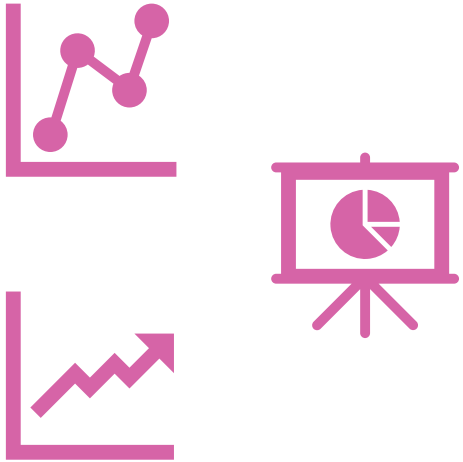
- What does our current ED utilization look like?
- Which patients or groups are affecting ED utilization? (i.e., race/ethnicity, age, disability)

Disparities in ED Utilization

Collecting Critical Data

Information can be gathered through:

- EHR analytics
- Hospital ED reports
- Cost and utilization reports
- Chart review
- ED visit data
- Program participation



Disparities in ED Utilization

Examine the Data

- Aim to understand current utilization patterns and pathways for action
- What demographic groups are visiting the most?
- What are the top discharge diagnoses?
- Which ED? What day of the week?
- Which patients are high risk?

Disparities in ED Utilization

Share Data and Insights

Ensure that data is shared with leaders, clinicians, staff and stakeholders:

- Executive team
- Quality department
- Hospital medicine/internal medicine
- Emergency medicine
- Psychiatry
- Nursing
- Case management
- Social work
- Patient and family advisory committee

Disparities in ED Utilization

Inventory Current Efforts

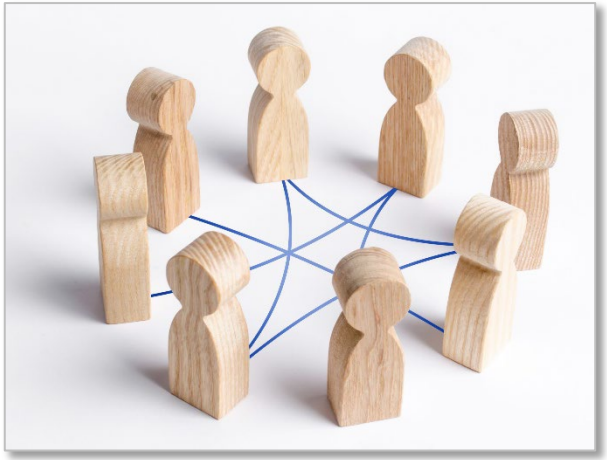
- Determine what ED utilization efforts currently happen within the organization
- Inventory disparities-specific services
- Analyze current transitional care processes
- Assess leadership commitment to reducing disparities in ED utilization

Disparities in ED Utilization

Inventory Community-Based Efforts

Consider current partners that may be relevant to your populations:

- Community-based care management
- Support services
- Transitional housing



Disparities in ED Utilization

Analyze Current Discharge Processes

- Is there uniformity in the discharge process?
- Does the electronic health record (EHR) include "care transitions" for tracking and analysis?
- Is a system in place for performance feedback and continual improvement?
- Are systems in place to follow up with patients post-ED visit?

Disparities in ED Utilization

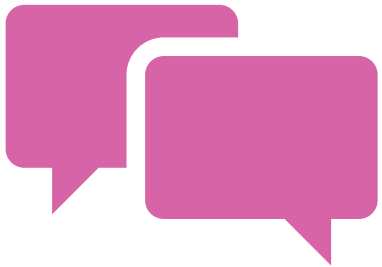
Analyze with an Equity Lens

- Are any populations being left out?
- What's the process for ensuring patients have access to interpreters during care?
- How do you engage the patient and family in the discharge and planning processes?
- Are individuals receiving appropriate care?

Disparities in ED Utilization

Understanding the Return to the ED

- Identify multi-visit patients (MVPs)
- Ask the patient if they are willing to have a 5- to 10-minute discussion about their returns to the ED
- Capture responses
- Analyze responses for new insight regarding "why" patients returned to the ED



ED Visit Interview

- Why were you previously in the ED?
- The last time you left the ED:
  - How did you feel? Where did you go?
  - Were you able to get your medications?
  - Did you need help taking care of yourself?
- Tell me about the time between the day you left the ED and the day you returned:
  - When did you start not feeling well?
  - Did you call anyone?
  - Did you try and manage symptoms yourself?
- Is there anything we could have done to help you after your first ED visit?

Adapted from the ASPIRE Readmission Review Tool

Disparities in ED Utilization

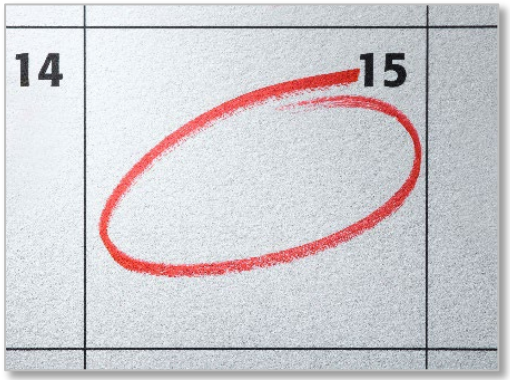
Interview Example

Patient Description	Readmission Interview Findings
24-year-old, dual-eligible female with HIV/AIDS, hospitalized 8 times and visited the ER twice in the last year. First hospitalized for pneumonia; readmitted 8 days later for pneumonia.	When asked how the hospital can help her and others prepare to leave the hospital, she said, "Make all appointments before I leave the hospital." **Key finding: Needed assistance navigating the health care system.**
46-year-old Spanish-speaking-only female on Medicaid with breast cancer. Hospitalized 6 times and visited the ER 3 times in the past year.	Patient received instruction in English, and her 12-year-old daughter was asked to translate. Patient had poor understanding of prescription instructions. **Key finding: No use of interpreter services; lack of teach-back to confirm understanding and clarify.**

Disparities in ED Utilization

Discharge & Care Transitions

- Provide early discharge planning and follow-up for patients at risk for high utilization
- Define procedures for patients discharged from the ED
  - Workflow guidelines
  - Utilizing scripts
- Support scheduling appointments and address potential barriers to follow-up
  - Patient education on access to care

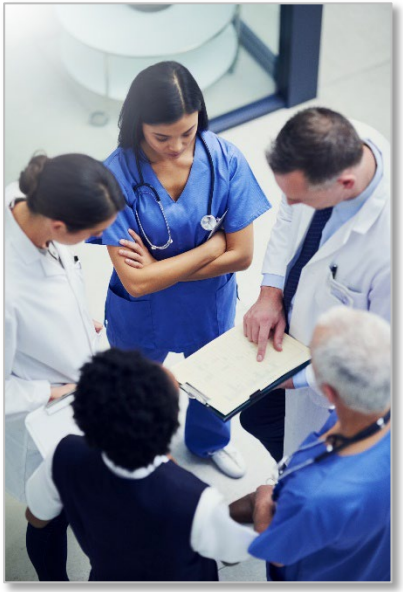


Disparities in ED Utilization

Discharge & Care Transitions

Involve community-based professionals:

- Health plan care managers
- Social workers
- Behavioral health specialists
- Group home staff
- Nursing home staff
- Community-based case workers
- Home health navigators
- Area agencies on aging



Disparities in ED Utilization

Components of Successful ED Discharge

- Informs and educates patients on their diagnosis, prognosis, treatment plan and expected course of illness
- Supports patients in receiving post-ED discharge care
- Coordinates ED care within the context of the health care system

Disparities in ED Utilization

Culturally Competent ED Discharge

- Determine if the patient has language access needs or other SDOH needs
- Identify caregivers and involve the patient and family in every step
- Use teach back and review the reconciled medication list
- Write down the follow-up appointment times and provide contact information

Disparities in ED Utilization

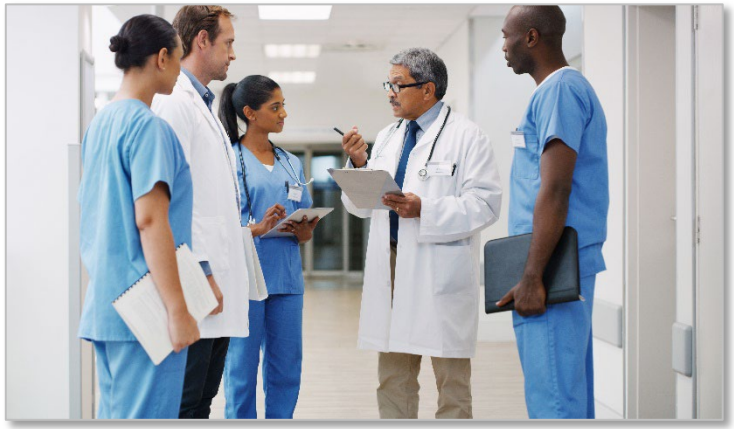
Transitioning to Skilled Nursing Care and Home Health

- Assign a transitional care liaison to assist patients and their families/caregivers
- Create cross-continuum teams that consist of skilled nursing facilities, home health, hospital agencies and area agencies on aging

Disparities in ED Utilization

Linkage to Primary Care

- Determine whether the patient is linked to a primary care provider or has a usual source of care
- If no linkage exists, attempt to provide a referral to a primary care provider

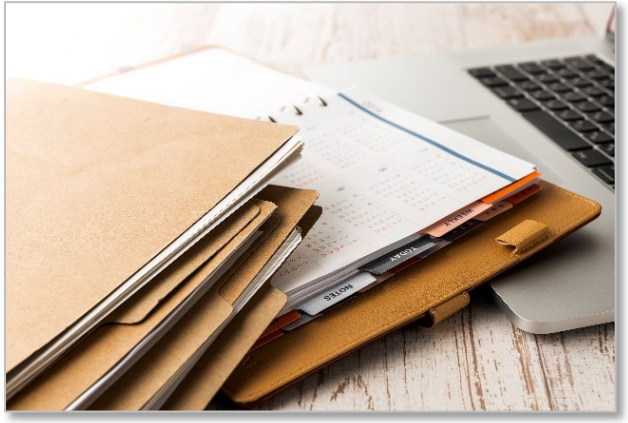


Disparities in ED Utilization

Linkage to Primary Care

When making a referral:

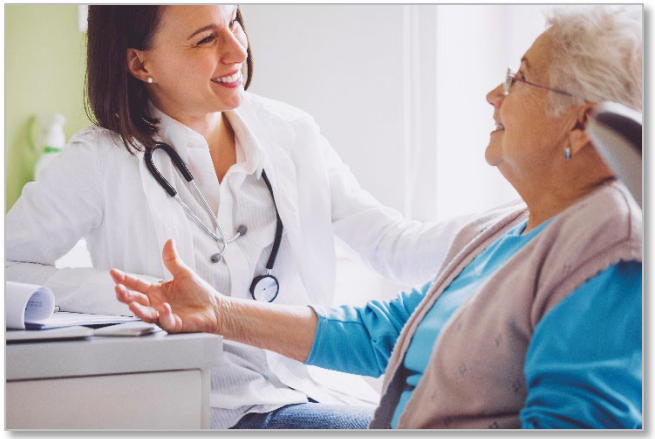
- Document reason in the patient's medical record
- Share provider contact information with patients
- Schedule appointment before patient leaves
- Contact provider directly to share any important information



Disparities in ED Utilization

Language Barriers

- Limited English Proficiency (LEP) is associated with lower rates of:
  - Outpatient follow-up
  - Use of preventive services
  - Medication adherence
  - Understanding discharge and diagnosis instructions



Disparities in ED Utilization

Common Challenges with Language Access

- Difficulty translating uncommon languages
- Mismatched discharge and translation time frames
- Inconsistent clinical staff use of translation services

Disparities in ED Utilization

Strategies for Language Access

- Create and maintain document libraries
- Design pre-translated electronic health record templates
- Ensure access to medical interpreter services during visit, discharge and post-ED care
- Include family and extended care team (e.g., CHWs)

Disparities in ED Utilization

Strategies for Language Access

- Coordinate with language access/interpreter services to understand most common languages spoken at your facility
- Have a subset of documents translated, including the discharge checklist
- Ensure there are policies for written translation and language access

Disparities in ED Utilization

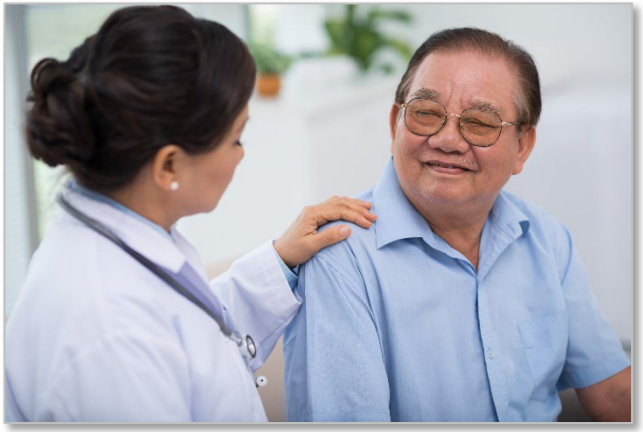
Unmet Needs: Behavioral Health

- 30% of patients who visit a hospital ED have at least one behavioral health diagnosis
- Increased severity of the initial behavioral health diagnosis leads to increased frequency of ED visits

Disparities in ED Utilization

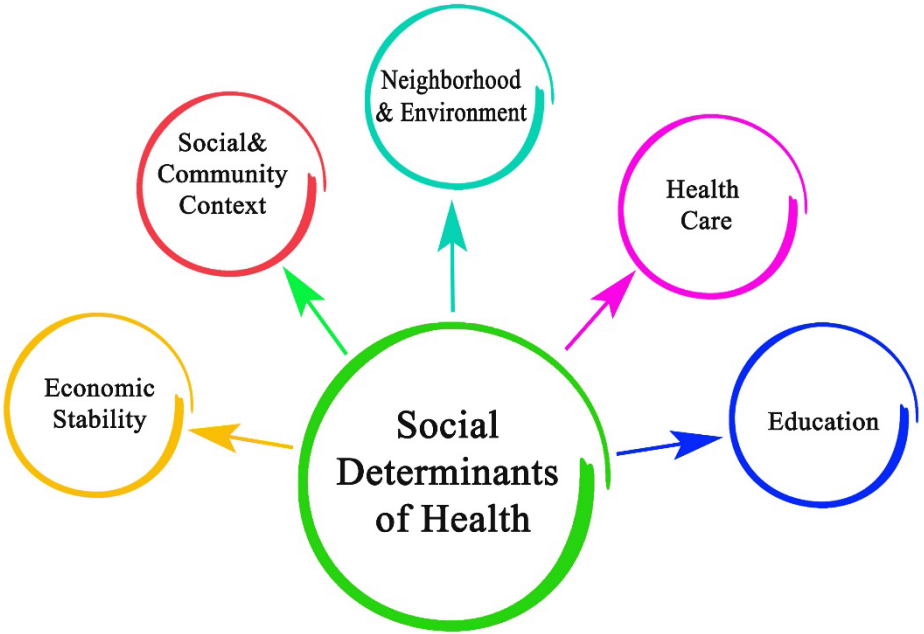
Addressing Behavioral Health Needs

- Manage patients using similar ED processes for care of other medical conditions
- Provide trauma-informed care
- Incorporate the patient perspective into improvements
- Seek opportunities to reduce stigma and inequities



Disparities in ED Utilization

Unmet Needs: Social Drivers of Health



Factors linked to social needs are associated with higher ED utilization rates for patients

Disparities in ED Utilization

Strategies to Address SDOH

- Connect uninsured and underinsured patients with supplemental health insurance
- Encourage social support through community connections, technology and community-based interventions
- Connect patients with community-based resources

Disparities in ED Utilization

Using Referrals to Connect Patients to Resources

Three approaches to making referrals:

- Direct referrals: when the hospital directly contacts a service agency on behalf of the patient
- Specific referrals: made to specific community-based organizations
- Tailored resource list

Close the referral loop by developing a bidirectional process

Disparities in ED Utilization

Social Care Coordination Platforms

- **Unite Us** (https://uniteus.com/) allows organizations to build a coordinated care network, track outcomes and identify service gaps
- **No Wrong Door** (https://nwd.acl.gov/resources.html) assists in connecting older adults, caregivers, and those with disabilities to community services and resources
- **CrossTX™** (https://crosstx.com/) is a closed-loop collaborative care and referral management platform
- **CharityTracker** (https://www.charitytracker.com/) ensures patients are connected to resources through its partner network and allows measurement of impact

Disparities in ED Utilization

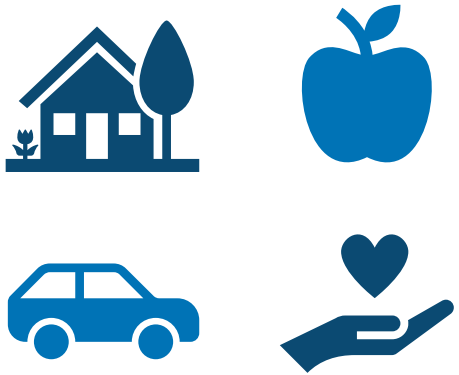
Case Study: Health Connections Initiative

- KentuckyOne utilized a "hot-spotting" map to identify where multi-visit patients live along with the LACE Index Scoring Tool
- Provided home visits over the course of 90 days that focused on:
  - Setting goals for health improvement
  - Identifying barriers to health and overcoming them (e.g., housing, transportation, food insecurity)
- Decreased patient admissions by 50%, length of stay by 66% and 30-day ED utilization by 25%

Disparities in ED Utilization

Systemically Respond to Unmet Needs

- Reducing disparities in ED utilization requires:
  - Systems responsive to the needs of diverse populations
  - Addressing the social drivers that put some at continued risk for ED utilization
- Navigators providing support in linking patients to community resources
- Ensuring patients have social support



Disparities in ED Utilization

Factors Affecting Medication Management & Adherence

- Medication cost
- Busy schedules
- Time needed to schedule and attend appointments
- Comfort level of communicating with the pharmacist or other providers
- Understanding when and how often to take medications
- Literacy and language barriers
- Processes don't include patients as a member of the healthcare team

Disparities in ED Utilization

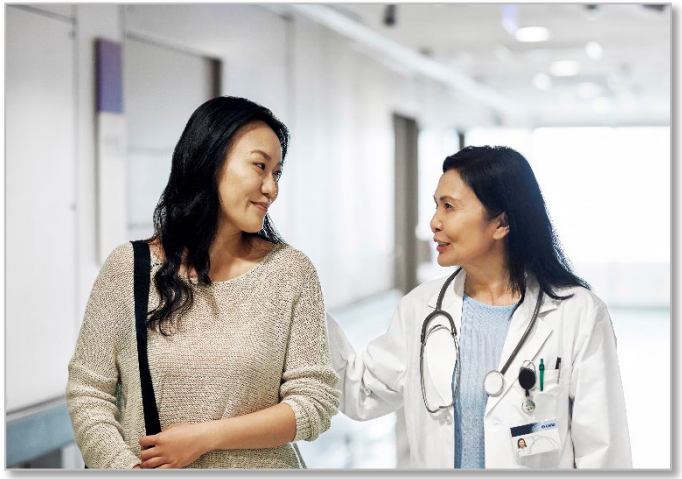
Improving Medication Management & Adherence

- Assess patients to identify adherence barriers
- Tailor medication reviews to increase patient engagement and empower them to be an active member of the healthcare team
- Through addressing patient needs, we provide:
  - Safer and more effective medications and dosages
  - Improved access to care
  - Increased health literacy
  - Culturally relevant providers and services

Disparities in ED Utilization

Managing Chronic Conditions

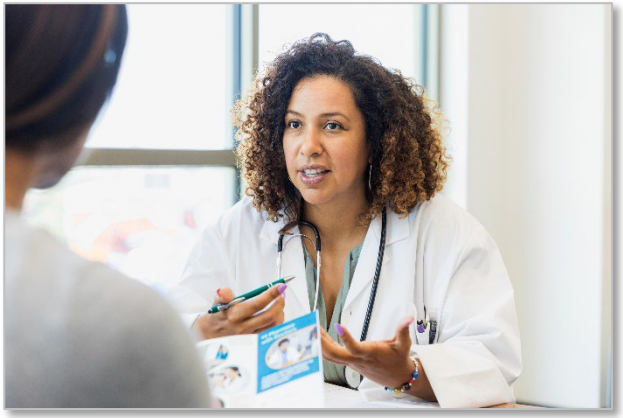
- Hypertension and diabetes are among the top diagnoses associated with multiple ED visits
- Higher comorbidity is associated with increased ED utilization
- Racial and ethnic minorities commonly have multiple co-morbidities



Disparities in ED Utilization

Address Chronic Conditions

- Take a holistic view of the patient's health
- Ensure appropriate referral to specialty care
  - Chronic care management programs
  - Condition-specific self-management education programs
  - Prevention programs
- Implement policies that foster the use of multi-disciplinary disease management teams



Disparities in ED Utilization

Building Interventions

- Develop preventative efforts that range from pre-ED visit to post-discharge
- Systems should aim to assess risk and address those factors during the visit
- Focus on:
  - Systemically addressing social drivers
  - Cultural competency
  - Building community partnerships

Disparities in ED Utilization

Poll Question

Based on the information you learned today, how will you take action on disparities in ED utilization? Please select all that apply.

A. Share this information with colleagues
B. Start or strengthen a committee
C. Collect disparities data
D. Design an initiative around top driver
E. Review a shared resource

Resources

- ASPIRE Readmissions Review Tool
- Improving the Emergency Department Discharge Process
- Improving Behavioral Health Care in the Emergency Department
- Chronic Care Management Toolkit
- The Blue Bag Initiative / Successful Comprehensive Medication Reviews Example
- MARQUIS Best Possible Medication History Quick Tips
- Medication Therapy Management - Medication Reconciliation Model
- Health Equity Learning Module Series
- Quick Start Guide: Screening for Social Determinants of Health
- CMS Guide to Reducing Disparities in Readmissions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FOR MORE INFORMATION

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