The Rural ED as a Flagship Service for the Hospital, Hospital System, and Community

Rural Emergency Care: Stepping Up to the Challenge
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Agenda

- Health care value
- Transfer of risk
- ED performance improvement
- ED role in new care paradigms
Today’s Health Care Themes

- Insurance coverage expansion
- Primary care emphasis
- Value-based purchasing
- New delivery systems
- Risk transfer to providers
- Reform is not just the Affordable Care Act!

Value – IOM Six Aims

Health care should be:
- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

The Triple Aim

Value = Quality + Experience

- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable

“Triple Aim”
- Better care
- Better health
- Lower cost
You can always count on Americans to do the right thing – after they’ve tried everything else.

- Fee-for-service
- Capitation
- Market
- Single payer
- Self-police
- Value-based Purchasing (VBP)?
- Accountable Care Organizations (ACOs)?
- Patient-Centered Medical Homes?

Current measure of “success” is to maximize:

- Office visits per day
- Average daily inpatient census
- Admissions from the ER

Is this how you would identify a great physician or a world-class hospital?

Can we design measures that reward industriousness, yet reflect why we went to medical school?
Form Follows Finance

- How we deliver care depends on how we get paid for care
- Health care reform is changing both
- Fundamentally, reform involves a transfer of risk from payers to providers

Risk Assessment is Ubiquitous

- Risk is present when an outcome is uncertain or unpredictable
- Types of health care risk
  - Random
  - Insurance
  - Political
  - Medical Care
- Where/how can hospitals
  - Influence or control risk
  - Reduce risk of harm
  - Optimize risk of benefit
Rural Risk?

Random Risk

- Normal variation
- Rolling the dice
- Roulette v. poker
- No control, but important to recognize
Insurance Risk

- Insurance risks
  - Demographic change
  - Technological innovations
  - Prior health status
  - Cost inflation
- Cost is the actuarial metric
- Minimal control, but predictable

Political Risk

- Rules, regulations, and legislation
- Profound impact on health care delivery and finance
- Modest control, often via advocacy avenues
Medical Care Risk

- Medical care variation
  - Diagnostic accuracy
  - Care plan implementation
  - Guideline use compliance
  - Pharmaceutical choice
  - Procedural skill
  - Efficient resource use
- How our choices influence health care value
- Greatest control, how we deliver care

The Risk of Inertia

Because we’ve ALWAYS done it that way!
The Risk of Doing Nothing

“We've considered every potential risk, except the risks of avoiding all risks.”

Rural ED as the Flagship

- Always “open” – 24/7
  - Life saving care
  - Public health surveillance
  - Safety net provider
- Most valued rural hospital service
- Provides a sense of safety and security for the community
- As important as we are, let’s get our house in order
  - Let’s look internal first, then external
  - A SWOT analysis!

Critical to the hospital
Critical to the community
Front Door – Front Window

- 1st and lasting impressions of the hospital experience are made in the ED
- Patient experience is a critical ED performance measure
- Employee satisfaction often equals patient satisfaction

ED Deserves Leader Attention

- Southwest Airlines makes employees a priority
- Employee/patient link
- Attention is the currency of leadership
- To do list
  - Dedicated clinical time for managers
  - Push decision-making down
  - Leadership rounds
  - Follow-up all explicit and implied commitments
Serving the “Customer”

- Customer service can move market share
- A potential customer service nightmare
- We see 10x the number of inpatients
- To do list
  - Behavioral standards
  - Patient call back and satisfaction survey
  - Focus on improvement, not just benchmarks

Not Necessarily the Money Pit

- High fixed costs impact revenue calculations
- Revenue, plus
  - Admissions
  - Ancillaries
- To do list
  - Document optimally
  - Reduce barriers for appropriate admissions
  - Treat the ED as a customer
  - Collect co-pays
Driving the Liability Nitro Truck

- Perfect opportunity for disaster
  - The Law
  - Hospital policies
  - Medical liability
- To do list
  - Register, see, and treat all
  - Transfer policies
  - Contract to stipulate care in ED only
  - Admission protocols, not hand written orders
  - Bedside handoffs

Making the Perfect Handoff

- Most error-prone process in health care
- Flash points
  - Waiting to see private MD
  - Between ED shifts
  - Admissions
  - Transfers
- To do list
  - All patients seen by ED doc
  - Bedside handoffs
  - Consistent communication (eg, SBAR)
  - Document the handoff
Quality is Job One

- Quality is our mission
- Assess performance relative to Mission
- Quality not always self-evident
- To do list
  - Communicate results
  - Review every high risk, low frequency event
  - Measure variation
  - Don’t assume a non-punitive environment

Performance Counts

- Above average?
- Without measurement, we’re managing by hunch
- Need to demonstrate performance
- Remember, reporting precedes P4P
- To do list
  - Measure performance: quality, service, and financials
  - Report to individual providers, board and staff

See Appendix for ED performance measures
Variation = Risk = Opportunity

Variation suggests a risk for underperformance, but also an opportunity to excel

Variation – DC by Day of Week

Discharges by Day of the Week

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Best evidence is only the way we practice medicine.

Care should vary by unique patient needs, not by
- Doctor or nurse
- Day of week, or time of day

Not cookbook medicine, many opportunities for
- Clinical judgment
- Thoughtful interactions
- The "art" of medicine
Our Own Demons

Nutting et al – small primary care practices are:
- Physician-centric
- A hindrance to meaningful communication between physicians
- Dominated by authoritarian leadership behavior
- Underserved by PAs/NPs cast into unimaginative roles

"Characteristics so ingrained in the primary care practice culture that they have become virtually invisible, along with their implications."


Team-Based Care

- Fewer Chuck Yeagers, more John Glens
- Fewer cowboys, more pit crews
- Independence is archaic
- ED Medicine is a team sport
- To do list
  - Make time and space for team building
  - Review, learn, improve together
Physician Recruitment

- Desirable physician traits for future-oriented health care organizations
  - Team-oriented
  - Motivated by quality incentives
  - Technologically savvy
  - Evidenced-based approach
  - Comfortable working with PAs and NPs

Source: Survey of 200 health care employers and hospital systems by the Medicus Firm, 2012.

New World Realities

- Risk transfer to providers
  - Higher quality at lower cost
  - Doing what's needed, not more

- New business models
  - More primary care, less inpatient
  - Rewarding value, not just volume

- ACOs are the current poster child for value-based care
Accountable Care Organizations

- A coordinated network of providers with shared responsibility for providing high quality and low cost care to their patients.*
- Couples risk-based provider payment with health care delivery system reform
- Payer shares savings with doctors and hospitals if high quality


ACO Expansion

- ACOs in 15% of rural counties (38% of metro)
- 25-31 million patients receive care through an ACO
- ~10% of the population
- Remarkably quick growth for a new and complex form of payment and care delivery

Source: RUPRI Center for Rural Health Policy Analysis, 2013
ACO Quality Measures

- 4 Domains
  - Patient/Caregiver Experience
  - Care Coordination and Safety
  - Preventive Health
  - At-Risk Population/Frail Elderly

- Commercial ACO Measures
  - Potentially avoidable ED visits
  - Generic dispensing rates
  - Ambulatory sensitive admissions

Source: Lynn Barr, CAReHIN

See Appendix for ED ACO measures

Cost Reduction Strategies

- Reduce ambulatory care sensitive admissions
- Reduce readmissions
- Reduce ED utilization
- **ED physicians will participate in the downside, so why not participate in the upside?**
- So... explore strategies to make the ED an integral part of a winning rural hospital!

Source: Lynn Barr, CAReHIN
ED Care Strategies

- Care coordination process between ED and care management
- SBIRT (Screening, Brief Intervention and Referral to Treatment)
- Processes for behavioral health professional, care manager, and/or PCP referrals
- Place a care coordinator in the ED for peak hours?
- Get ED reps on ACO board

Source: Lynn Barr, CAReHIN

ED Negotiation Options

- Payment for PCP appointment
- Payment for enrollment in care management program
- Payment for patient compliance
- Payment for PCP referral and beneficiary assignment
- Payments for preventive health activities

Source: Lynn Barr, CAReHIN
ED Transformation

- How do we move toward value when our practice is primarily fee-for-service?
- One foot on the dock and the boat!
- But we can test the waters
  - Use Paul Nutting’s insights to be introspective
  - Measure and share performance, then act on it
  - Make time and space for team building
  - Drive out variation; only the “best” evidence care
  - Actively engage in ACO planning – negotiate from strength

What We’re All About

- Community benefit
  - Essential service
  - Reduce government burden
  - Safety net provider
  - Safety and security

- To do list
  - Price transparency
  - Community education
  - Support local EMS
  - Human service needs
  - Document charity care
The Relationship

- Interaction and information sharing is care
- Blessed to be trusted and invited into the most intimate parts of people’s lives
- To do list
  - Every patient is the only patient
  - Nothing about me without me
  - Patient is the source of control
  - Transparency – “no secrets”

Collaboration and Value

- ACOs and other “programs” less important
- Collaboration that fosters health care value is key
- Future paradigm for success
- Good medicine and good business
The Risk of Something New

Healthy People and Places
Appendix

ED Performance Measures

- Median time ED arrival to discharge
- Median time ED arrival to diagnostic evaluation by provider
- Median time to fibrinolysis for STEMI patients
- % STEMI patients who receive fibrinolysis within 30’
- Median time to transfer for acute cardiac intervention
- % patients receiving ASA for suspected ACS
- Median time to ECG for chest pain patients
- % getting MRI for low back pain w/o conservative treatment
- % patients getting both contrast/no contrast abdominal CTs
- % patients getting both brain/sinus CTs
ED Performance Measures

- % patients getting CTs for non-traumatic headache
- % patients left without being seen
- Median time to pain management for long bone fracture
- % patients getting CT results back within 45’ with stroke
- Median time to PCI
- % patients receiving PCI within 90’ of ED arrival
- % getting blood cult. prior to ATB for ICU pneumonia admits
- % pneumonia patients given appropriate antibiotics
- % patients considered for TPA in stroke
- Variety of patient satisfaction measures (CAHPS)

ED and Population Health

- % of patients with flu vaccine
- % of patients with pneumococcal vaccine
- % of females with mammogram within 2 years
- % of patients with appropriate colorectal cancer screen

ED can improve performance on these measures

Source: Lynn Barr, CAReHIN
ED and Population Health

- % of patients queried for tobacco and % interventions
- % of patients screened for depression and % interventions
- % of pts with normal BMI or documented plan to address
- % of pts who have BP recorded within 2 years

ED can improve performance on these measures

Source: Lynn Barr, CAReHIN

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ED and Special Populations

- Hypertension (HTN): BP Control
- Ischemic Vascular Disease (IVD): LDL <100 mg/dl
- Ischemic Vascular Disease (IVD): Use of Aspirin
- Heart Failure: ACEI for LVSD

ED can improve performance on these measures

Source: Lynn Barr, CAReHIN

ED Care Coordination

- Readmissions
- Medication reconciliation
- Ambulatory Sensitive Conditions Admissions rate
- % of all physicians receiving EHR incentive payments
- % of patients screened for fall risk

ED can improve performance on these measures

Source: Lynn Barr, CAReHIN