HealthCare Access MARYLAND
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Access Health

Connecting Sinai Emergency Department Patients to Health-Promoting Resources

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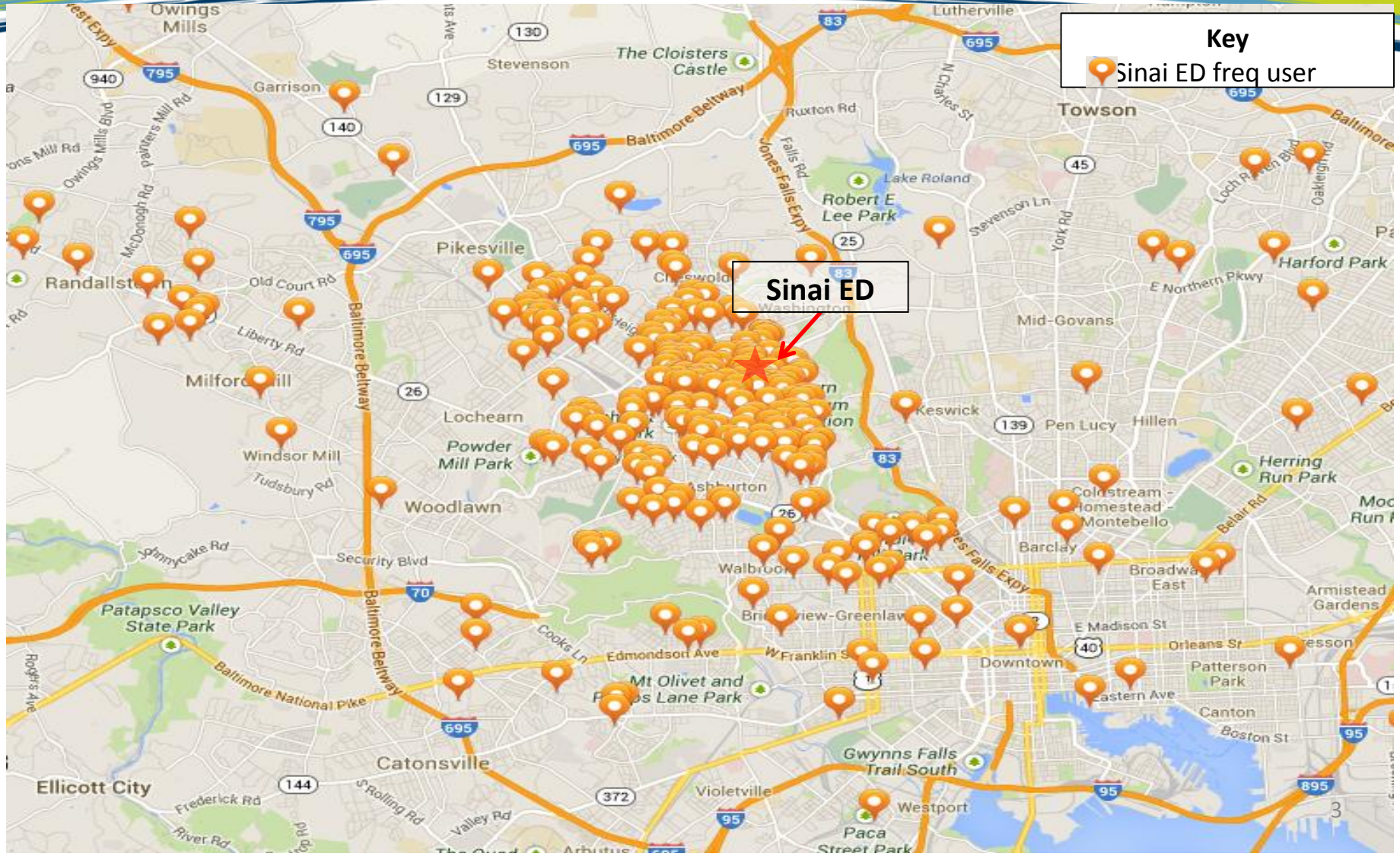
Identified Problem

- Frequent Emergency Department users
- Defined as a patient with 4+ ED visits in prior 4 months

Geocoding Frequent Users of Sinai ED

Addresses of October 2013 ED Visitors with 4+ Visits in Prior 3-4 Months



Hospital Expectations

1. Reduce avoidable ED usage:
   - Poorly controlled diabetes
   - Asthma
   - Heart failure
   - COPD
   - Sickle cell disease
   - SA & BH issues
2. Improve access to care providers for preventive care and chronic condition management
3. Increase proportion of persons with health insurance

Access Health Program

Initiative…

- Helps high utilizers access timely, appropriate care
- Facilitates coordination w/ health-promoting resources
- Minimizes avoidable ED/hospital utilization
- Includes weekend and evening staffing
- Continues for next 2.5 years

Coordinators assist high-risk ED patients…

- Obtain same-day/next-day appointments
- Connect to social support services, access insurance
- Through home visits, following them for up to 3 months

Metrics

- Increase access points to safety net primary care providers for preventive and chronic conditions
- Reduce ED re-visit rates
- Increase proportion of individuals with health insurance
- Increase number of women that access and engage in prenatal care

Measureable Outcomes

Enrollment Data

- 125 ED frequent user clients enrolled
- 49 home visits
- 32 clients have been signed up for health insurance
- 52 primary or specialty care appointments made
- Decrease in missed appointments for program enrollees from 28.6% in June to 16.7% in August

Preliminary ED Utilization Data 11/1/14

- 81% of clients enrolled in August and September have not had a repeat Sinai ED visit.
- For August enrollees: 80% reduction in visits, compared to their prior 4-month visit history.
- For September enrollees: 86% reduction in visits, compared to their prior 4-month visit history

Challenges 5 Months In….

- Staffing
- Increasing voluntary enrollment rate
- Behavioral health issues
- Balancing staff time
- Sick person engagement
- IT
- Timely PCP appointments
- Unmet / unrealistic goals

Elements of Success

- Close partnership
- Use of data
- Enrollment & care planning
- CRISP
- Hospital champions
- Training / education
- External partners
- Longer term client follow up

Next Steps

- Focused strategy for top users
- Cerner-based referral capability for ED physicians
- CRISP ENS analysis
- Enhanced communication with Parkwest PCPs
- Analysis of pre/post ED & hospital utilization for enrolled patients

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Thank you!

Questions?