



## Four Key Steps for Reducing Avoidable ED Visits in the Primary Care Setting

Dunbar Medical Associates, an independent primary care provider in West Virginia, shares its step-by-step plan for proactively managing patients and reducing avoidable ED visits.

Dunbar Medical Associates  
Dunbar, West Virginia

**The emergency department (ED) plays a vital role in connecting patients with immediate help when a sudden illness or serious injury strikes.**

However, not all health concerns warrant this intensive and costly level of care. Emergency departments are chronically overused for conditions that could be addressed in the primary care setting, driving up unnecessary spending and diverting resources from true emergency needs.

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—Dr. Jonathan Lilly



Avoidable ED visits cost the health system billions of dollars every year. In 2015, approximately 20 percent of ED visits among Medicare patients could be classified as "avoidable," the Commonwealth Fund states. Many of these patients could have been treated safely and effectively by a primary care provider instead.

"There are many reasons why a patient might turn to the ED first instead of contacting their primary care provider," explained Dr. Jonathan Lilly of Dunbar Medical Associates in Dunbar, West Virginia.

"Socioeconomic challenges are a huge risk factor. So are health anxiety, isolation, and a lack of education about the available options. If you are a patient who has health and wellbeing anxiety and you don't feel like you have someone to reach out to when you need support, you're likely going to go to the emergency room."

For independent primary care providers participating in accountable care organizations (ACOs), like Dr. Lilly, high rates of unnecessary ED utilization are a significant challenge.

First, the fragmentation of care may make it more difficult to appropriately manage attributed patients, especially those with complex conditions. The increased spending from avoidable ED use can also make it more challenging to reach quality and spending targets associated with earning shared savings in the value-based care environment.

Tackling these challenges requires a mix of practice transformation initiatives, increased reliance on data, and enhanced patient engagement techniques to ensure that every individual receives timely and cost-effective care in the most convenient and appropriate setting.

"It's our job as the primary care provider to support our patients as they make decisions and navigate the healthcare system," said Lilly. "That starts with identifying high-risk patients, connecting with them in a meaningful way, and using our resources wisely to stay ahead of issues that might otherwise result in an avoidable trip to the ED."

At Dunbar Medical Associates (DMA), these efforts have resulted in improved patient satisfaction and contributed to a 7 percent reduction in ED visits for the Aledade West Virginia ACO in 2018.

# 20%

**Percent of ED visits in 2015 among Medicare patients that could be classified as "avoidable," according to the Commonwealth Fund.**

## IDENTIFYING THE CHALLENGE

DMA is a family-owned practice with 7 physicians, 6 mid-levels (3 Nurse Practitioners and 3 Physician Assistants) serving patients in two locations. During the process of examining opportunities for improvement, the practice discovered that 60 percent of their patients' ED visits were occurring during open office hours.

The analysis of 161 ED visits revealed that many of the complaints could have been addressed in the primary care setting, thereby reducing disruption for patients and trimming avoidable spending.

## A FOUR STEP SOLUTION

Working with Aledade's proprietary technology tools for population health management, Lilly and his colleagues have implemented a series of new workflows and services to make sure patients understand their care options and are able to choose the most appropriate provider for their needs.

### 1 Establishing a practice champion and patient management team

DMA appointed a medical assistant as a Quality Coordinator for ED utilization tracking and associated quality improvement activities.

The Quality Coordinator works closely with the physicians and other practitioners to triage and escalate patients appropriately and also coordinates with front desk staff to reach out to patients for appointments and follow-up.

**Having a strong, coordinated operational team in place is crucial for maximizing the value and contribution of every member of staff.**

"The right employees for these roles need to be adaptable, enthusiastic, and empathetic," said Nancee Barnette, HBS-C, Practice Administrator at

DMA. "They need to possess strong critical thinking and communication skills, because it's really a problem-solving role. You also need your team to understand the philosophy and the evidence base behind your initiatives so they can truly use their training and skills to the fullest."

Lilly agrees that having a strong, coordinated operational team in place is crucial for maximizing the value and contribution of every member of staff.

"If your operations and administration are working correctly, you are creating more time for your providers to be with patients," he explained. "If I know that everything surrounding a visit is being administered properly, it makes all the difference in the world for how well I can do my job as a physician."

### 2 Leveraging the Aledade App to identify high-risk individuals

The Quality Coordinator uses the Aledade App's ED worklist daily to view patients with ED utilization alerts and retrieve their discharge documentation. DMA also tracks the drivers of ED visits and common chief complaints in order to develop a more detailed picture of patient behaviors and clinical patterns over time.



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After an ED visit occurs, DMA staff will make three attempts within seven days to contact the patient by telephone. If this method fails, the practice will send out a letter to the individual instead.

The Quality Coordinator will also alert providers to patients that have red-flag diagnoses that may indicate a higher likelihood of a repeat ED visit within a short period of time. In addition, patients with a history of ED utilization will get a call after an acute primary care visit in order to prevent an unnecessary visit to the ED while they are still feeling unwell.

"I can't emphasize enough the importance of an effective population health tool that enables our practice to perform at the highest level," said Barnette. "When you have that information in front of you, it allows you to have conversations with the patient that you might not otherwise have."

### 3 Performing consistent follow-up and care management

Proactive care management and regular contact with patients are also key factors for success. DMA routinely conducts ED follow-up calls and makes a particular effort to ensure patients receive their Medicare Annual Wellness Visits (AWVs) to assess rising risks and discuss personal health goals.

To further support these patient engagement efforts, the practice offers a robust chronic care management (CCM) program for individuals with chronic illnesses and complex needs.



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"If you use CCM to educate patients about their options and give chronically ill patients a pathway to get help when they need it, you can empower them to make more informed decisions," said Lilly.

"You need to use your time wisely on the highest risk, highest priority individuals who have a history of events that you can impact directly. We focus on preempting decompensation through early intervention. The structured support makes all the difference in the world."

Some patients enter the CCM program after they experience an ED visit and follow-up conversations indicate that their condition is becoming difficult to manage, Lilly said. Without intervention, these patients may otherwise continue to have trouble coping with their health concerns and could end up needing a much more intensive level of care.

"The real goal of CCM is to reduce ED utilization and prevent unnecessary admissions, tests, or specialist encounters," he added. "We want these patients to achieve a period of stability and make progress on their personal health goals. That's always a big win for us, as well."

#### **4 Engaging and educating patients about their best options for care**

Education and communication are the foundation for a successful ED reduction initiative, Lilly and Barnette stressed.

DMA offers symptom coaching for individuals who may be anxious about their conditions and uses wall posters to inform patients about common events that can be addressed in the clinic instead of the ED. The practice also provides brochures about alternatives to the ED, such as local urgent care clinics that are typically less expensive.

**Patients enrolled in the CCM program can also take advantage of walk-in appointments to address urgent concerns.**

Staff members remind patients about the clinic's extended operating hours, the 24-hour availability of an on-call physician, and opportunities for same-day appointments.

The Dunbar location is open from 7:00 AM to 5:00 PM on weekdays, while the Teays Valley clinic is available from 8:00 AM until 7:00 PM most weekdays and 8:00 AM to noon on Saturdays.

Patients enrolled in the CCM program can also take advantage of walk-in appointments to address urgent concerns.

"Knowing that patients can get in to see a provider early in the morning or on Saturday helps reduce that urgency of going to the ED in the middle of the night for issues that might not require that level of care," said Barnette.

"We also have a direct cell phone number that our CCM patients can call during office hours and the on-call physician takes patient calls after hours, so someone is always there to answer. Our CCM patients identify themselves to our answering service for extra special care and concern. When we introduce the program to patients, they really like the idea that they can call someone and get an answer immediately. It helps them manage that anxiety that so often leads to an avoidable ED event. It's been a huge success for us," she said.

## **CONCLUSION**

**Reducing avoidable ED visits requires a proactive approach and coordinated effort from primary care providers. By combining access to ED utilization data with innovative practice transformation strategies, Dunbar Medical Associates and its partners in the Aledade West Virginia ACO saved Medicare \$2.6 million in 2018 and achieved a quality score of 92 percent.**

"You have to constantly look at your programs and reassess your workflows with a critical eye," stated Lilly. "You will find yourself in a better place to advance in the right direction when you have good data available to you so you can focus on the priorities that are most impactful for your practice and your patients."

"It's an ongoing project and it really is about continuous improvement. When you start to address this systematically and have buy-in from your staff and your patients, you can truly see the positive impact of your efforts and start making measurable progress on one of the most important challenges in healthcare."

**To learn more about how Aledade can help your independent primary care practice see success with value-based care, please visit [www.aledade.com](http://www.aledade.com) or send an email to [outreach@aledade.com](mailto:outreach@aledade.com).**