

### Introduction

- Globally, people utilize the emergency department (ED) for non-urgent and primary care needs
- Leads to overcrowding of EDs, long wait times, delays in care, and increase in healthcare costs (Perrault et al., 2019)
- Increasing public knowledge about ED utilization and the importance of primary care adherence can lead to decrease in non-urgent ED visits (Morgan et al., 2013)
- Health care providers in the primary care setting can explore reasons for ED choice and find ways to enhance utilization of care in the outpatient setting (Morgan et al., 2013)

#### Who is affected?

Patients and providers in healthcare centers including emergency departments, inpatient settings and primary care settings.

#### What is happening?

Patients are visiting emergency departments for non-urgent and primary care needs (CDC, 2017)

#### Why should we care?

The total number of ED visits in 2016 was **145.6 million with only 12.6 million resulting in hospital admission (8.7% rate)** (CDC, 2017)

#### Leads to:

- ED Overcrowding
- Delays in critical care
- Increased length of stay
- Increase of acute on chronic events

#### What we need to know:

Does provider counseling in the primary care setting impact ED utilization? **What is the current practice for providers counseling patients on appropriate emergency department use in the primary care setting?**

### Should I go to my Primary Care Provider or the Emergency Department?

Your Primary Care Provider should be the first person you should contact when accessing health care. The Emergency Department should be used for serious medical conditions that can threaten life or

- Emergency Department**
- broken bones
  - shortness of breath
  - fainting
  - ingestion of objects or poison
  - major trauma
  - seizures
  - severe chest pain/palpitations
  - uncontrollable bleeding or vomiting
  - animal bites



When in Doubt call your PCP

- Primary Care Provider**
- allergic reaction
  - cough, fever, colds, flu
  - sore throat
  - minor cuts
  - abdominal pain
  - urinary tract infections
  - STD testing and exposure
  - dizziness
  - rash
  - joint pain
  - back pain or strains

### Relevant Themes

#### Primary Care, Health Promotion and the Affordable Care Act (ACA):

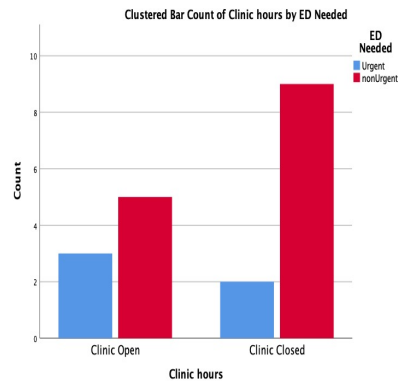
- ACA led to over 20 million people have become insured (CBPP, 2019)
- Increase in ED visits as well since inception with Medicaid patients being highest utilizers in the increase (Walker et al., 2015)
- Physicians engaging in value-based plan (VBP) model receive bonuses for reimbursement, delivering high-quality cost-effective care (AAFP, 2016)

#### Healthcare cost and preventative medicine

- Estimated yearly cost of **unnecessary ED visits is \$8.3 billion**, nearly double the amount spent yearly since 2010. (Daly, 2019)
- Preventable hospital visits account for \$30.8 billion yearly** (Perrault et al., 2019)
- Patients who take advantage of **no-cost preventative services** (i.e. diabetes and cardiac prevention) available to them, **between 50,000 and 100,000 lives can be saved each year** (Perrault et al., 2019)

#### Overcrowding of emergency departments

- Linked to **increased morbidity and mortality**, lengthy door to evaluation and treatment times (McKenna et al., 2019).
- Efforts to decrease crowding can benefit patients suffering from acute illness, requiring timely interventions to reduce mortality.



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### Methods

#### Setting

A nurse practitioner-led FQHC in central New Jersey. This clinic is a medical home to 2,000 patients and 400 families living and working in the surrounding neighborhoods. A full range of primary care and mental health services are available.

#### Design

A three-month retrospective chart review of visits that have been identified to use the ED.

#### Sample

43 charts met the inclusion criteria of:

- All adult patients ages 18-90 presenting to the clinic
- answered "yes" to the question "have you been to the emergency department in the last 3 months?" over the three-month collection period.
- Exclusion criteria were patients coming for a mental health visit as well as patients that speak other language beside English or Spanish.

#### Measures and Analysis

Descriptive and inferential statistics were used with SPSSv27 including frequencies. A chi square was used but significance was not found, likely due to the small sample size.

#### Limitations

- Small sample size: Out of 533 office visits over 3-month period, 397 were asked the question and **136 were not asked**. 43 answered yes.
- ER records were not obtained for all office visits

#### 43 Total Charts Reviewed

- 28 nonurgent, 13 urgent, 2 unknown
- There were more nonurgent ER visits outside of office hours
- Highest users' young adults ages 19-30 with 12/20 visits nonurgent
- Most common use of ED was for GI/GU problems
- More nonurgent than urgent visits regardless of when the clinic was open or closed
- Clinic open: 3 urgent 5 nonurgent
- Clinic closed: 2 urgent 9 nonurgent
- Documentation of counseling on 3/43 charts
- No counseling billing codes used for any of the charts

### Discussion

- While none of this data was statistically significant, this is likely due to small sample size and the data that was found is useful to develop a better workflow for providers when counseling patients on ED use.

#### Economic Cost and Benefits of the Project

- Increase profit to the clinic with increased patient compliance with primary care after appropriate tailored counseling of ED use.
- Using z-code **z71.89** for counseling yields increased reimbursement

#### Healthcare Quality and Safety

- Standardized processes leads to great potential for **improved patient outcomes** with established care and screening with maintenance of chronic conditions.
- Patients will make better choices for care visits with proper counseling.
- Patients will come to the clinic regularly to maintain their health as key stakeholders in their care.

#### Health Policy and Practice

- Potential for future use of recommendations in other FQHCs with similar care models as a standard of care to promote compliance with primary care and reduce ED utilization for non-urgent needs.

#### References:

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#### Workflow Recommendations:

- Ask the patient "Have you been the the ED in the last 3 months?"
- If yes, ask why and discuss factors involved in the decision
- Develop handout with common complaints that can be taken care of in the clinic
- Document counseling in the chart and use **z71.89 Other specified counseling**
- Develop on-call system with nurse or NP for after hours with telehealth.

