

Avoidable Emergency Department Utilization: Quality Improvement Toolkit

We're committed to supporting your practice in developing clinical programs and practice standards that improve quality and value of care for your patients.

While timely access to emergency medical services is a vital component of our health care system, far too often emergency facilities are utilized for services that could be provided in a primary care or other lower cost setting.

This toolkit assists your practice in reducing avoidable emergency department visits. Identifying opportunities and implementing targeted changes can make a meaningful difference in improving continuity and quality of care and managing medical costs for your patients.

Consequences of Avoidable Emergency Department Utilization

- Gaps in care coordination
- Inadequate provision of preventive care
- Ineffective follow up for individuals who utilize ED services for mental health, alcohol and substance use issues
- ED overcrowding and diversion of resources needed to address life-threatening illness or injury

The Path Forward

Communication	Actionable data	Collaboration	Engagement
Information that guides patients to the appropriate level of care and strengthens the doctor-patient relationship	Clear, actionable data on utilization of health services to identify issues and opportunities*	Coordination between ED and primary care/behavioral care for follow up, treatment adherence	Involvement of key stakeholders to leverage opportunities to create efficient, effective health systems

* We provide data and reporting — such as our Cost and Utilization Reporting or Clinical Care Reporting — to health systems and provider organizations to aid in identifying opportunities for improvement and support strategic change. For more on this, see the LCU Reporting section of our website at harvardpilgrim.org/providers.

Process Improvement Goals and Resources to Support Your Practice

For All Patient Populations

- Identify data-driven opportunities specific to your practice or organization
- Implement evidence-based interventions including:
 - **Expanded** hours of operation and same day appointments including after-hours/urgent care (e.g. local urgent care centers with affiliation for integrated communication and continuity of care)
 - **Processes** for timely notification of patient ED visits to provider practices
 - **Follow-up** for patients with recent ED visit
 - **Care management** outreach to high utilizers of the ED to anticipate patient needs, redirect care, and identify medical management opportunities

Resources:

- [Best Practice — Proven Strategies](#)
- [Patient Welcome Letter](#)
- [Patient ED Education Letter](#)

For Members with a Behavioral Health Diagnosis

- **Outreach** to patients to schedule a follow-up office visit within 7 days of ED discharge
- **Utilize** Our Behavioral Health Express Access Network and Virtual Visits to obtain patient appointments within 5 days of request
- **Screen** for behavioral health issues in PCP practice (PHQ-9, SBIRT)
- **Build** referral relationships and leverage partnerships with behavioral health community-based services
- **Coordinate** with ED and other healthcare and community-based services
- **Engage** and equip patients, family members, and caregivers to support self-management

Resource:

- [Behavioral Health Express Care Network for Visits Within 5 days of Referral](#)

Important Metrics to Evaluate ED Use

- Metrics can help your provider organization assess ED use and measure the results of efforts to reduce avoidable ED utilization. In addition to looking at overall ED visits to determine whether there was a reduction, practices can evaluate based on the following HEDIS measures:
 - Follow-up after ED Visit for Mental Illness: Assess the number of follow up visits (within 7 and 30 days of being seen in ED) for members 6 years of age and older with a principal diagnosis of mental illness.
 - Follow-up after ED Visit for Alcohol and Other Drug Abuse or Dependence: Assess follow up visits (within 7 and 30 days of being seen in the ED for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) dependence

Working Together: Harvard Pilgrim Supports You and Your Patient



For you

- Documents ED visits diagnoses
- Aids in identifying high ER users or others who would benefit from outreach/care management
- Conducts outreach to patients who use the ED frequently for non-emergent conditions



For your patient

- Extensive urgent care network
- Provides patient education on alternatives to ED and [urgent care options](#)
 - ED alternatives [magnet](#) and [postcard](#)
 - [Urgent care flyer](#)
- Coverage of telehealth services, including our [Doctor on Demand](#) program
- Online [symptom checker](#) guidance

“Lengthy waits in the ER for relatively minor ailments adds stress for individuals and families and comes with a higher cost to members.

As part of our focus on reducing avoidable ER visits, Harvard Pilgrim is educating our members on the many non-emergent care options available to them, whether it’s a visit to their Primary Care Provider, urgent care facility, or telehealth.”

Patricia Toro, MD

Additional Resources: Links to Clinical Articles and Resources

- [Reducing Preventable Emergency Department Utilization and Costs by Using Community Health Workers as Patient Navigators](#)
- [Small Tests of Change Grow to Big Results in Reduction of ED Overuse](#)
- [Right Care, Right Setting: A Report on Potentially Avoidable Emergency Room Visits in Washington State](#)
- [Characteristics of Emergency Department Visits for Super-Utilizers by Payer](#)
- [Tackling the Mental Health Crisis In Emergency Departments: Look Upstream For Solutions](#)
- [Trends in Emergency Department Visits Involving Mental and Substance Abuse Disorders](#)
- [Well Being Trust](#)

Quality Improvement Tools

- [PDSA Quality Improvement Model](#)
- [Fishbone- Potential Causes Diagram](#)
- [IHI - Changes for Improvement](#)
- [How to Create a Pareto Chart 80/20 Rule](#)