Introduction: What you will Find in This Module

Reducing unnecessary emergency department (ED) visits should be a goal of all primary care and specialty practices. Although the definition of what we consider "unnecessary" may be subject to interpretation, we generally include visits that could have been handled in a different setting as well as visits that could have been avoided through more appropriate preventive or chronic care. Unnecessary ED visits burden the health care system as they are costly and consume resources that other individuals with more acute needs may need.

To proactively address the issue of unnecessary ED utilization, a practice can take steps to better understand their patient population and anticipate and address reasons patients may go to the emergency room. For non-emergent issues, the most common reasons relate to access: lack of a relationship with a primary care provider or care team, lack of after-hours or timely access to a provider, or barriers to access such as transportation. For other ED visits deemed avoidable, the reasons may be more complex, including inadequate chronic care management or gaps in care coordination among multiple locations of care.

Identifying patients who are already, or potentially high utilizers of the ED may be a good place to start. This is often a small group, and understanding why they use or may use the ED will have the biggest and fastest impact on unnecessary ED utilization. In addition to looking at actual utilization, use of risk stratification tools helps identify patients at risk for unnecessary ED use. The process does not have to be complex; the goal is to assess risk factors, such as poorly controlled chronic medical or behavioral health issues, or social determinants such as unemployment, housing insecurity, or others.

This module addresses techniques both primary care and specialty practices can adopt to improve access, provide appropriate triaging, inform and educate patients, and provide post ED follow-up. Cost and effort will vary depending on the techniques your practice decides to implement. Every practice is different and must decide which techniques can practically be implemented.

Reducing Emergency Department Visits

Improve Access and Appropriate Triage

From the TCPI Change Package:
1.7.1 Provide 24/7 access: Provide 24/7 access to the care team
1.7.2 Meet patient scheduling needs: Provide scheduling options that are patient and family centered.
1.7.4 Mitigate access barriers: Assess and mitigate barriers to access
1.4.3 Identify social determinants: Partner with the community to assess and address social determinants of health and health disparities
2.4.1 Innovate for access: Improve patient access to care through innovative use of technology

Enhancing patient access to appropriate care is a driver for patient-centered care design as well as ensuring sustainable business operations. Its importance is highlighted in the multiple change concepts dedicated to aspects of improving access. Within these change concepts, there are many strategies and tactics your practice can implement to improve access for your patients. These include providing expanded hours in evenings and weekends and providing 24/7 access to advice about urgent and emergent care, either directly with a member of the care team or through a protocol-driven nurse call line.

It is also important to ensure adequate access during regular hours. This means providing same-day or next-day access to a consistent provider or care team when needed for urgent care or transition management. It also means offering alternatives to regular face to face visits with physicians, such as nurse, care coordinator, pharmacist, group, telehealth, and/or home visits. Sometimes transportation, lack of childcare, or other social determinants can create a barrier to access, and practices should understand and address these issues to the extent possible, which may mean working collaboratively with community partners.

Inform and Educate

Learning why patients use the ED will assist your practice in implementing the best strategies to address the problem of unnecessary ED utilization, especially when access to alternative care provides a barrier. Often patients simply do not know what options are available to them after-hours and on the weekend. For this reason, it is important to communicate to patients any changes the practice makes to improve access to the care team. It is also a good idea to continually reinforce the ways they can interact with care team members, providing information about when and how to contact them during regular clinic hours and after regular hours.

Another TCPI Change Package module, Population Management for Primary Care focuses on the need to identify and decrease care gaps for all patients, a necessary component to reduce unnecessary ED and hospital stays.

Preventing unnecessary ED utilization is not limited to primary care; specialists also play a role. Behavioral Health providers can encourage collaboration with primary care clinicians to integrate and improve care and communications. Sometimes care management is necessary to connect patients and families to alternative resources. Through participation in TCPI, many optometrists found that they could address the issue of unnecessary ED utilization by expanding access and providing education to their patients on the appropriate use of the ED related to eye care. Many other specialty groups can implement these same strategies.

Post Emergency Department Follow-up and Local Collaboration

From the TCPI Change Package
1.5.1 Manage care transitions: Manage care transitions collaboratively with patients and families

It is often difficult to determine which patients have utilized the ED, especially in larger communities with multiple, disconnected facilities. The best approach is to collaborate and communicate directly with area EDs and hospitals when possible, then follow up with patients or family members within a few days of an ED visit. Contacting patients after an ED visit is important to understand the reason for the visit, identify questions/issues, and review medications. Using a checklist for ED follow-up helps to ensure consistency among patients and to guarantee that all information is gathered and addressed.

If your practice has not yet developed partnerships with local EDs to assist with gathering utilization information, the next best option is to ask patients directly during their next visit to gather data and evaluate needs.

Managing care transitions involves assigning responsibility for care management of individuals at high risk, assuring patients get access to their care team when they need it and following up after every ED visit with a phone call, home or office visit.

Resources

The following resources provide additional detail regarding the reduction in ED visits, included in these resources are many valuable assessment tools that may help your practice:

- [Avoiding Low Acuity Emergency Room Visits: A Toolkit for Practices (MidSouth PTN)](#)
- [Reducing Preventable Emergency Room (ER) Utilization (MidSouth PTN)](#)

BayCare, a health care system in the Tampa Bay area and West Central Florida created easy to understand ads to help inform people of the difference between urgent and emergency care.