

CPC+PracticeSpotlight8

Comprehensive Primary Care Plus is an initiative of the Center for Medicare and Medicaid Innovation

Using Data to Reduce Emergency Department Visits

Family Practice Associates, P.C.; Broomfield, CO

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Practice Snapshot

Small, physician-owned practice; 1 physician, 2 NPs, 1 PA; 5,500 patients; Track 1; CPC Classic participant, NCQA-recognized Level 3 Patient-Centered Medical Home, and Colorado States Innovation Model participant; EHR: NextGen

Population Snapshot

Suburban Colorado population; 2% of patients have Medicaid and 11% have Medicare

Practice Resources

- [Family Practice Associates – Care Management Brief](#)
- [Family Practice Associates – 24/7 Access Flyer](#)
- [Family Practice Associates – ED Education Letter](#)
- [Family Practice Associates – ACTion Plan](#)

CPC+ Change Concept

3.1.A. Internal Measurement and Review

Measure and improve quality at the practice and panel level

For more information about CPC+, visit: <https://innovation.cms.gov/initiatives/comprehensive-primary-care-plus>

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Situation: Family Practice Associates, P.C., has a long tradition of conducting transition of care calls to patients who have visited the emergency department (ED). Now, in CPC+, the practice is using newly available data—such as aggregated, multi-payer claims data—to improve this process and further reduce ED visits. Family Practice Associates has taken a multi-pronged approach to successfully decrease unnecessary ED utilization, including: 1) identifying and establishing relationships with its most-used hospitals and EDs, 2) tracking total ED visits for each patient, 3) providing education for all patients who have visited the ED, and 4) care managing patients who have visited the ED three or more times in one month.

Use of Data: Family Practice Associates leverages a variety of data, such as payer feedback reports and multi-payer claims data, to support its ED interventions. The practice uses these data to:

- **Identify ED Visits:** Information about patient ED visits comes primarily from discharge summaries the practice receives by fax from hospitals with which it has developed relationships. Family Practice Associates also accesses hospital data from the Colorado Regional Health Information Organization (CORHIO), its local Health Information Exchange (HIE). To identify ED visits not detected through these mechanisms, Rich Cheng, the practice's care coordinator, reviews payer feedback reports and aggregated claims data on a quarterly basis. Mr. Cheng also uses this information from payers to identify the hospitals patients visit most frequently. If this process reveals a frequently used hospital that the practice does not yet have a relationship with, Mr. Cheng reaches out to request that the hospital provide discharge summaries.
- **Track Patients' Cumulative ED Visits:** Mr. Cheng maintains and updates a Microsoft Excel® spreadsheet listing each patient who has had an ED visit. This process enables the practice to determine if a patient has visited the ED and, if so, how frequently. Mr. Cheng also documents the patient's total number of ED visits in the electronic health record (EHR) call template, so this information is readily available for his transition of care calls with patients.
- **Monitor Success:** Family Practice Associates also uses data to monitor the success of interventions and track performance over time. Aggregated claims data and payer feedback reports give the practice a sense of its patients' overall ED utilization, which it graphs quarterly to monitor progress. In addition, the practice utilizes Quality and Resource Use Reports (QRURs) to monitor its utilization performance relative to other practices around the country. Its most recent report revealed that in 2016, the practice had a hospitalization rate of 0.92 per 1,000 for patients with ambulatory care-sensitive acute conditions and of 21.58 per 1,000 for patients with ambulatory care-sensitive chronic conditions. These rates compare to national mean rates of 7.17 per 1,000 and 48.42 per 1,000, respectively.

"Integrating both the review and tracking of various metrics has significantly improved our patient care delivery as a medical team. Our entire practice truly cares for our patients, and this data helps us be attentive to their needs."
— Dr. Pamela Abrams, Family Practice Associates physician

Education: Mr. Cheng conducts transition of care calls with all patients who have had an ED visit, during which he discusses when to use the ED and when to wait to see a primary care practitioner. He also explains the drawbacks of using the ED, such as higher cost and diminished continuity of care, and makes sure patients know that Family Practice Associates offers same- and next-day appointments and provides 24/7 on-call access to a provider who can give advice about visiting the ED. These calls typically take place within one week of a patient's ED visit. Similar information is also mailed to patients, made available through the patient portal, and distributed at the front desk. Family Practice Associates has found that patients are often both surprised and thankful to learn that they have alternatives to the ED.

Care Management: For all patients who have had an ED visit, Family Practice Associates conducts medication reconciliation, provides and coordinates specialist referrals as necessary, and works to bring the patient into the office for a follow-up visit. In addition, if patients reach three total ED visits within one month, Mr. Cheng marks them as candidates for additional care management on the ED tracking spreadsheet and begins documenting their ED visit count in the EHR's care management template. Nurses then conduct care management with these patients, including assessing their health needs and providing them self-management support. (See the [Care Management Brief](#) for more information.)

Impact: Using these processes, Family Practice Associates achieved a 24 percent decrease in its ED utilization rate between January and September 2017, and its average quarterly ED utilization rate fell from 3.1 visits per 100 patients in 2016 to 2.5 visits per 100 patients in the first three quarters of 2017.

