XX ANNUAL MEETING OF
SPANISH SOCIETY OF PEDIATRIC EMERGENCY MEDICINE

Adapting Your ED to Your Budget

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Objectives

ANNUAL MEETING OF
SPANISH SOCIETY OF PEDIATRIC EMERGENCY MEDICINE

- Discuss where the two issues – budget & providing safe, effective care intersect
- Discuss options for how to best manage the potential conflict
- Build internally & find partnerships to take your emergency services where it needs to go


INTEGRATING RESEARCH
AND PRACTICE


BEST CARE AT LOWER COST


CCHMC
Division of
Emergency
Medicine
8th Floor

Big Picture-
US Health Care Expenses

- 3.6% growth in 2013 to 2.9 Trillion (17.4% of economy)
- ED Costs @ 4% of the total
- Estimated waste $750 Billion dollars in 2009 (IOM 2012)

Sources of excessive cost (2009)

Category	Sources	Estimate of Excess Costs
Unnecessary Services	• Overuse—beyond evidence-established levels • Discretionary use beyond benchmarks • Unnecessary choice of higher-cost services	$210 billion
Inefficiently Delivered Services	• Mistakes—errors, preventable complications • Care fragmentation • Unnecessary use of higher-cost providers • Operational inefficiencies at care delivery sites	$130 billion
Excess Administrative Costs	• Insurance paperwork costs beyond benchmarks • Insurers' administrative inefficiencies • Inefficiencies due to care documentation requirements	$190 billion

IOM 2012

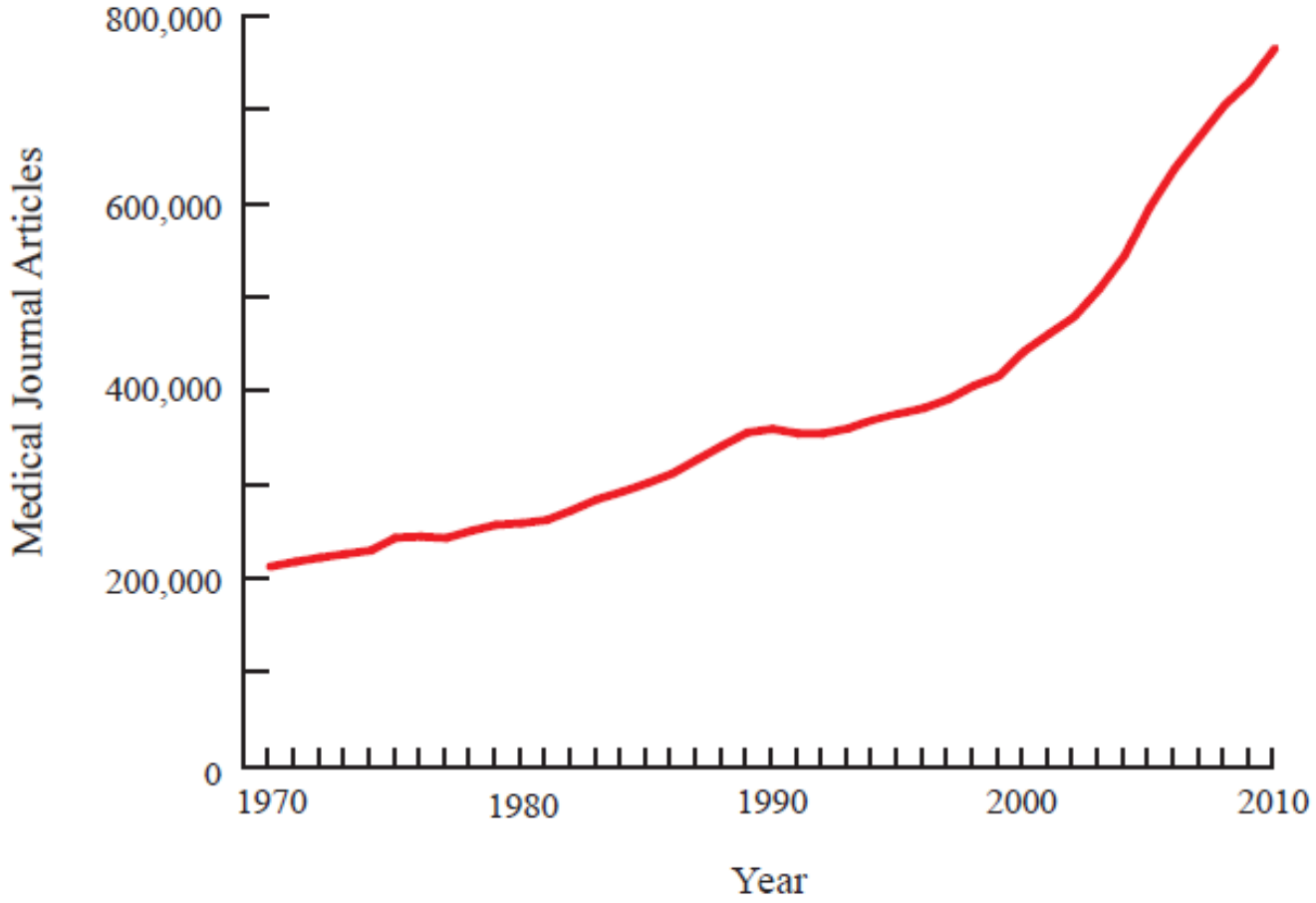
Sources of excessive cost (2009)

Category	Sources	Estimate of Excess Costs
Prices That Are Too High	• Service prices beyond competitive benchmarks • Product prices beyond competitive benchmarks	$105 billion
Missed Prevention Opportunities	• Primary prevention • Secondary prevention • Tertiary prevention	$55 billion
Fraud	• All sources—payers, clinicians, patients	$75 billion

SOURCE: Adapted with permission from IOM, 2010.

IOM 2012

Growth of Medical Evidence



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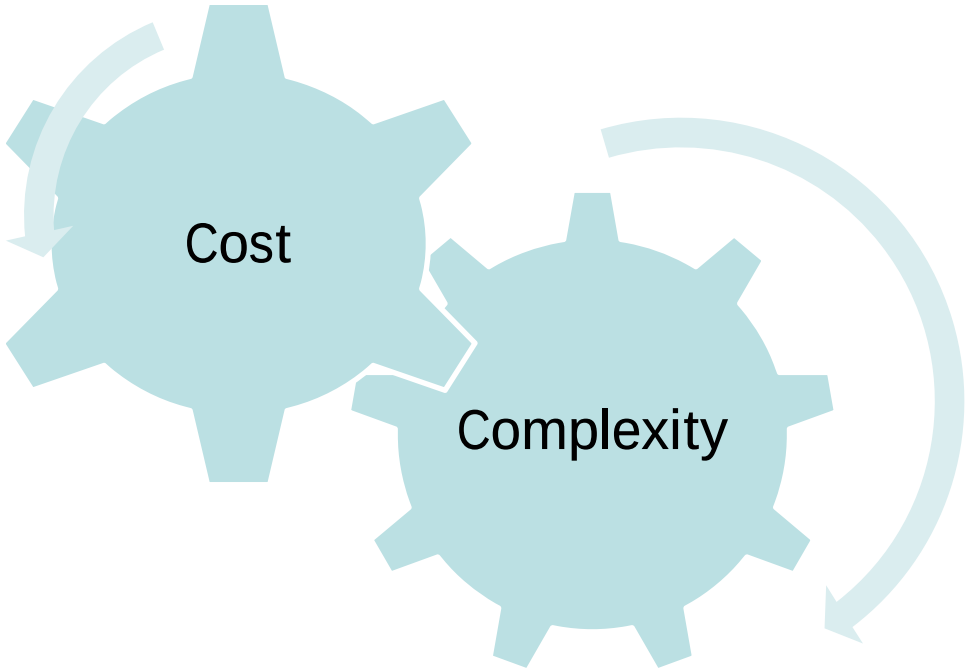
The path to continuously learning health care



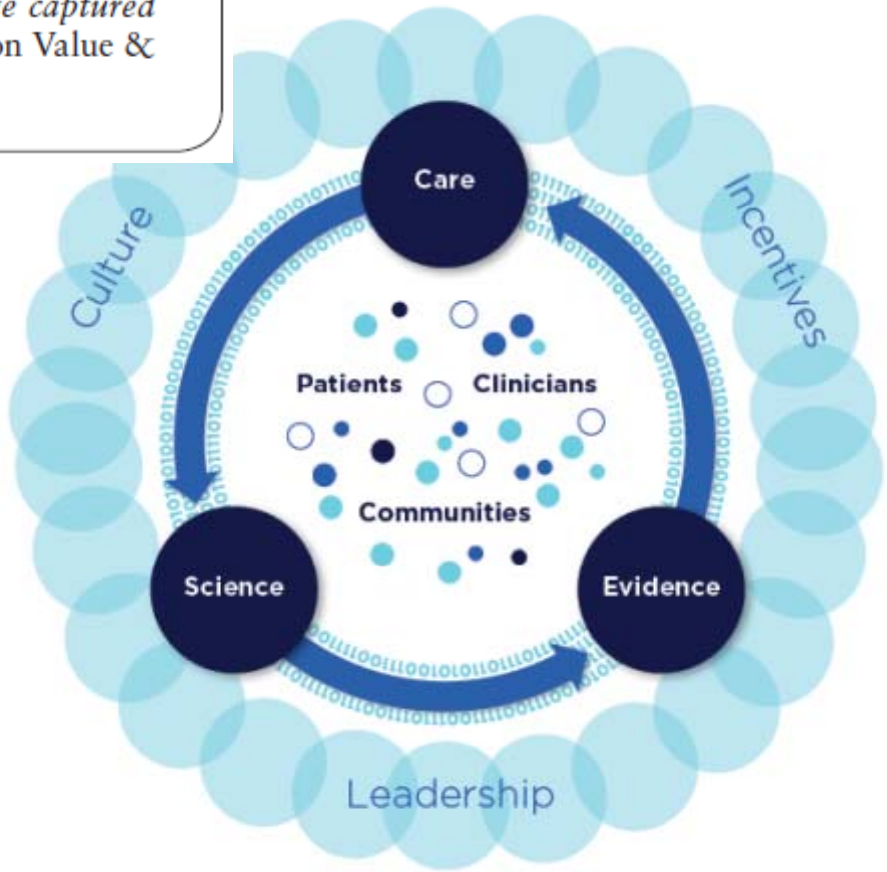
Four tools available - - -

- Vast computational powers
- Connectivity that allows immediate connection with the evidence
- Organizational capabilities management science
- Empowerment of patients

Learning Health Care System

A Learning Health Care System

A learning health care system is one in which science, informatics, incentives, and culture are aligned for continuous improvement and innovation, with best practices seamlessly embedded in the care process, patients and families active participants in all elements, and new knowledge captured as an integral by-product of the care experience. (Roundtable on Value & Science-Driven Health Care, 2012)



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Best Care at Lowest Cost - IOM 2012

www.CHQPR.org, "How To Create A.C.O.'s"

- **According to** CHQPR.org
  - Organizations will succeed on their ability to deliver the right services to patients in the right way at the right time.
  - **Reductions in Preventable Emergency Room Visits and Hospitalizations is a key primary care strategy**.

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Emergency Department Overuse
Perceptions and Solutions

- Medicaid offices are considering denying reimbursement for non urgent visits to the ED
- 4.5% of users generate 21-28% of visits & high acuity complaints. Adams states it is high acuity visits contributing the most!
- “Coordination of the medical treatments, social supports, housing and mental health services needed...”

Adams JAMA, March 20, 2013—Vol 309, No. 11

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Unscheduled Care Strategy

How Does it Work in the ED?

Right Time

Preventative Care
Chronic Disease
Management

or Urgent Care

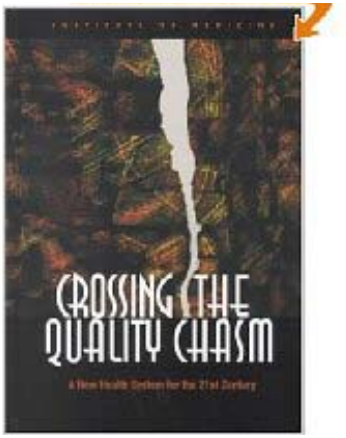
Right Care

Coordinated
Evidence Based
Appropriate Intensity

Right Setting

Patient Centered Medical Home
Convenient and Timely (home, school, technology enabled)
Acute & Specialty Care when Needed

Improving the Quality of Emergency Care



Safe

Effective

Family Centered

Efficiency

Equity

Timely

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The 6 Domains of the Institute of Medicine

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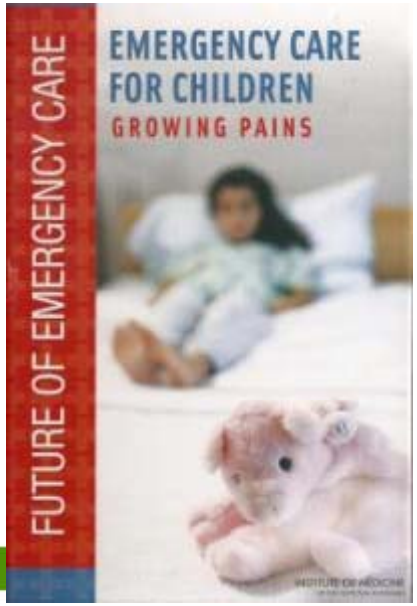
Quality Current State of PEC

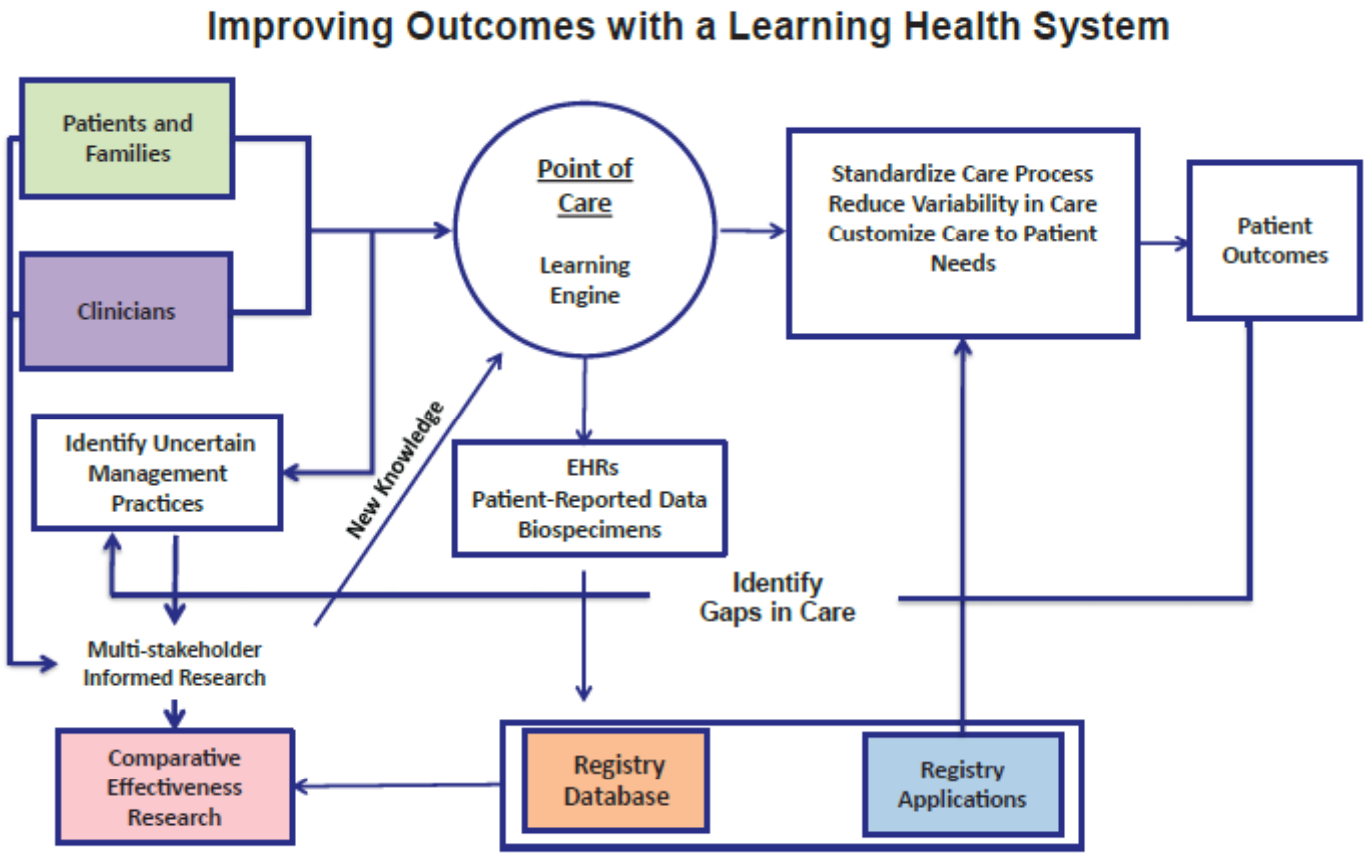
- Pre-Hospital
- Hospital EDs
- Urgent Care



Building right care in right setting

- Segmentation of patients AND providers in the ED and urgent care setting
  - Complex patients require PEM expertise or medical or surgical specialty
  - Staffing model requires expertise to fit the clinical needs of the patient (i.e. including arrival data, testing demands, admission capacity)

Improve Care Now



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Forrest

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Emergency Services

- Understand how your hospital gets direct assistance in management of revenue & expenses
- Use the institutional & our field of PEM across disciplines to build values, rapport, trust & understanding of the work & the revenue that comes from it.

Team staffing model & allocation of resources

- Disciplines (MD, RNs, RTs, others) have to each have a commitment to work together
  - Design schedules together
  - Give resources to do things well
  - Consider an “R & D time commitment” and resources for it to be successful. (if you don’t operationalize best practice you are not a learning health care system)

Best care for every patient

- Can the providers (MDs, RNs, others) work to the top of their license / skills a significant part of the time? (What should they be doing?)
- What can providers be measured in that helps them grow? (How well do they do it?) How do you use provider observation or simulation?.
- Does the team work together well often?

Summary

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- Children come first!
- Understanding options in a resource less-than-optimal environment is key
- Learn about your internal and large health care systems “values”
  - Eliminate waste if it is there
- Build partnerships with those who you have common ground with

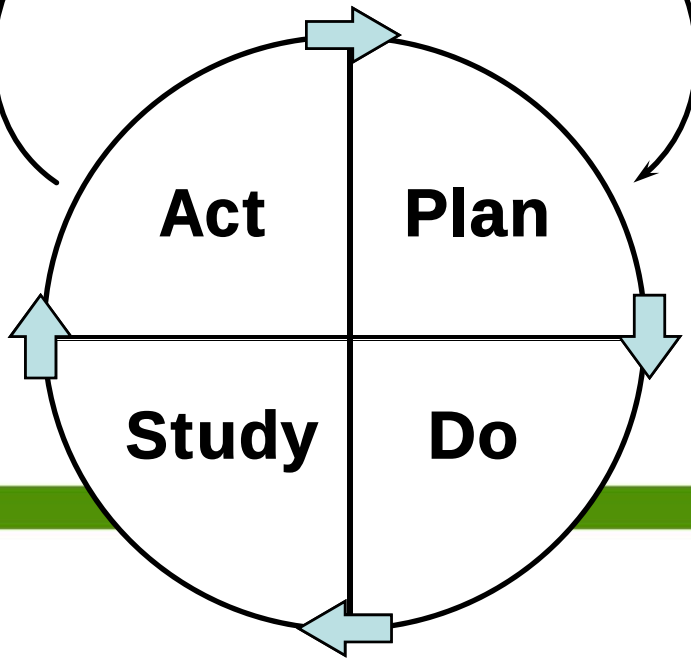
Questions?

Model for Improvement

What are we trying to accomplish?

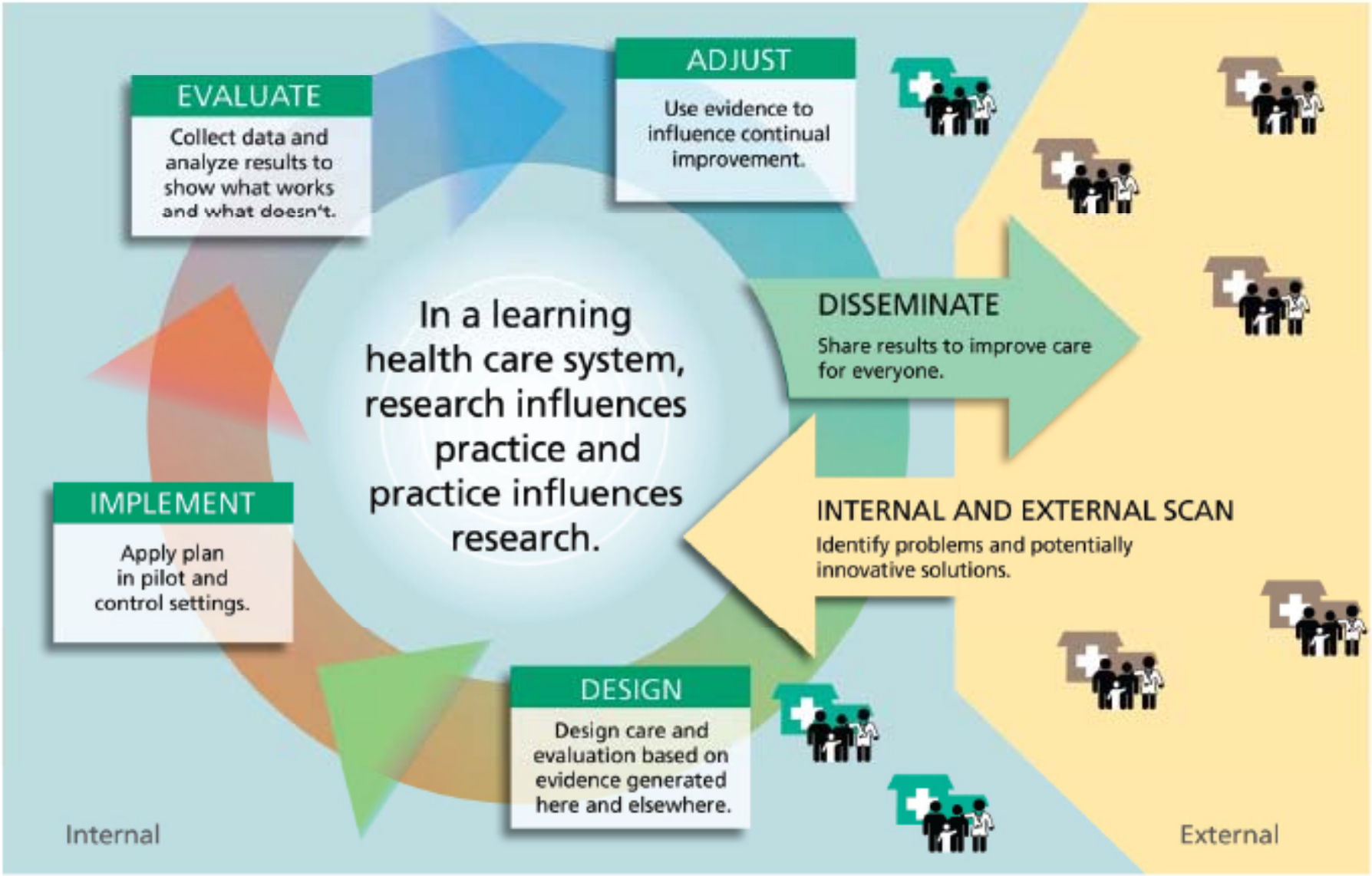
How will we know that a change is an improvement?

What change can we make that will result in improvement?



Team – Multi-disciplinary providers

Theory – What are the necessary parts that are required to accomplish the change?



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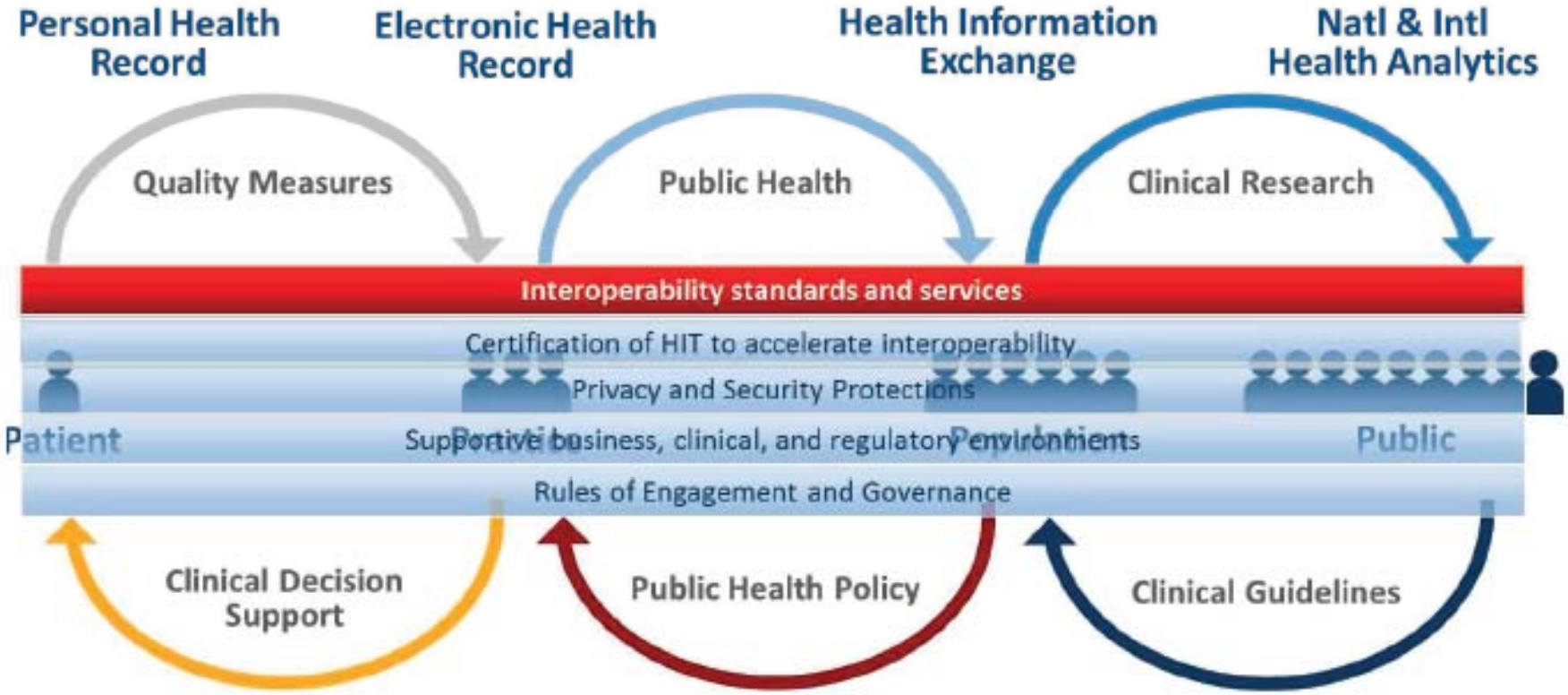
Organizational Conditions that Support Learning

- Time allotted to exploration, discovery & learning
- A physical & social environment that allows one to be a “student”
- Core values that appreciate learning in its own right and encourage curiosity, knowledge & discovery

The learning organization – in Healthcare



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