Adapting Your ED to Your Budget

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Objectives

• 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
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)

<table>
<thead>
<tr>
<th>Category</th>
<th>Sources</th>
<th>Estimate of Excess Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unnecessary Services</td>
<td>• Overuse—beyond evidence-established levels</td>
<td>$210 billion</td>
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<tr>
<td></td>
<td>• Discretionary use beyond benchmarks</td>
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<td></td>
<td>• Unnecessary choice of higher-cost services</td>
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<tr>
<td>Inefficiently Delivered Services</td>
<td>• Mistakes—errors, preventable complications</td>
<td>$130 billion</td>
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<td></td>
<td>• Care fragmentation</td>
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<td></td>
<td>• Unnecessary use of higher-cost providers</td>
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<tr>
<td></td>
<td>• Operational inefficiencies at care delivery sites</td>
<td></td>
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<tr>
<td>Excess Administrative Costs</td>
<td>• Insurance paperwork costs beyond benchmarks</td>
<td>$190 billion</td>
</tr>
<tr>
<td></td>
<td>• Insurers’ administrative inefficiencies</td>
<td></td>
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<tr>
<td></td>
<td>• Inefficiencies due to care documentation requirements</td>
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<tbody>
<tr>
<td>Prices That Are Too High</td>
<td>• Service prices beyond competitive benchmarks</td>
<td>$105 billion</td>
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<tr>
<td></td>
<td>• Product prices beyond competitive benchmarks</td>
<td></td>
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<tr>
<td>Missed Prevention Opportunities</td>
<td>• Primary prevention</td>
<td>$55 billion</td>
</tr>
<tr>
<td></td>
<td>• Secondary prevention</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Tertiary prevention</td>
<td></td>
</tr>
<tr>
<td>Fraud</td>
<td>• All sources—payers, clinicians, patients</td>
<td>$75 billion</td>
</tr>
</tbody>
</table>

SOURCE: Adapted with permission from IOM, 2010.
Growth of Medical Evidence

Year

Medical Journal Articles


0 200,000 400,000 600,000 800,000

IOM 2012
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

Best Care at Lowest Cost - IOM 2012
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)

Best Care at Lowest Cost - IOM 2012
• 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.
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…"
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

The 6 Domains of the Institute of Medicine:

- Safe
- Effective
- Efficiency
- Equity
- Timely
- Family Centered
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

Improving Outcomes with a Learning Health System

- Patients and Families
- Clinicians
  - Identify Uncertain Management Practices
  - Multi-stakeholder Informed Research
- EHRs
  - Patient-Reported Data
  - Biospecimens
  - New Knowledge
- Point of Care
  - Learning Engine
- Standardize Care Process
  - Reduce Variability in Care
  - Customize Care to Patient Needs
- Identify Gaps in Care
- Registry Database
- Registry Applications
- Patient Outcomes

Forrest
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

• 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

Act  Plan

Study  Do

Theory – What are the necessary parts that are required to accomplish the change?
In a learning health care system, research influences practice and practice influences research.

**EVALUATE**
Collect data and analyze results to show what works and what doesn’t.

**ADJUST**
Use evidence to influence continual improvement.

**IMPLEMENT**
Apply plan in pilot and control settings.

**DESIGN**
Design care and evaluation based on evidence generated here and elsewhere.

**DISSEMINATE**
Share results to improve care for everyone.

**INTERNAL AND EXTERNAL SCAN**
Identify problems and potentially innovative solutions.
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