

Innovations in Accessing Appropriate Levels of Care

Care Support

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Background

Patient education provided by case managers has been shown to reduce ED usage among high risk patients who are frequent utilizers of the emergency department.

Inappropriate ED usage can be attributed in part to lack of information about health care options available should patients have an urgent medical need. Many patients are unaware of 24 hour access to their primary care office or that after hours or weekend urgent care facilities exist.

Studies suggest that an array of patient messaging strategies meant to reduce avoidable ED visits were shown to have potential impact on reducing inappropriate ED usage. Messages emphasizing wait time and stress inherent in ED visits were particularly effective.

Project Goals

- To reduce Emergency Department utilization by 5% in the following patient population: all patients 65 and over who were enrolled in the Care Support program between 7/1/17 and 12/31/17, who live in SF, have a PCP at UCSF, and had at least 1 ED visit in 6 months prior to enrollment.
- To test strategies educating patients regarding early symptom recognition and Accessing Appropriate Levels of Care.
- To better understand patients' experience of the ED and how this influenced their decision of where to access care.

Primary Intervention

- Care Support piloted a messaging strategy focused on Accessing Appropriate Levels of Care.
- Care Support NPs provided patients with a brochure and employed teach back about early symptom recognition and when and how to access care.

Pilot Project Plan Activities

- The brochure reinforces that medical advice is available 24/7 and provides contact information for the patient's Primary Care clinic and UCSF Screening and Acute Care clinic.
- Patients were also provided with a personalized list of urgent care centers that accept their insurance.
- Both documents were provided to patients during the initial Care Support home visit. Patients received these documents in a plastic sleeve with a magnetic clip to allow the information to be displayed on their home refrigerators for easy access.

The collage includes several patient education materials:

- Primary Care Clinic:** A brochure titled 'Where to go for care' with sections for Primary Care Clinic, Urgent Care, and Emergency Department. It lists symptoms like increasing swelling, weight gain, chest tightness, and provides contact information for the Screening and Acute Care Clinic (415) 353-2662.
- Urgent Care:** A brochure titled 'Always call your primary care clinic first for advice. In an emergency dial 911'. It states 'Advice available 24/7' and 'Same day clinic appointments may be available.' It includes a phone number 415-353-7900 and a UCSF Health logo.
- Emergency Department:** A brochure titled 'Go to the Hospital Emergency Department (ED) or call 911 with the following:'. It lists symptoms like significant shortness of breath, severe chest pain, and bleeding that won't stop.
- When to call the doctor:** A flyer with a cartoon character and text: 'When to call the doctor. Advice is available 24 hours a day, 7 days a week. Primary Care Provider: Dr. Smith. Clinic Phone number: 415-353-7900'.

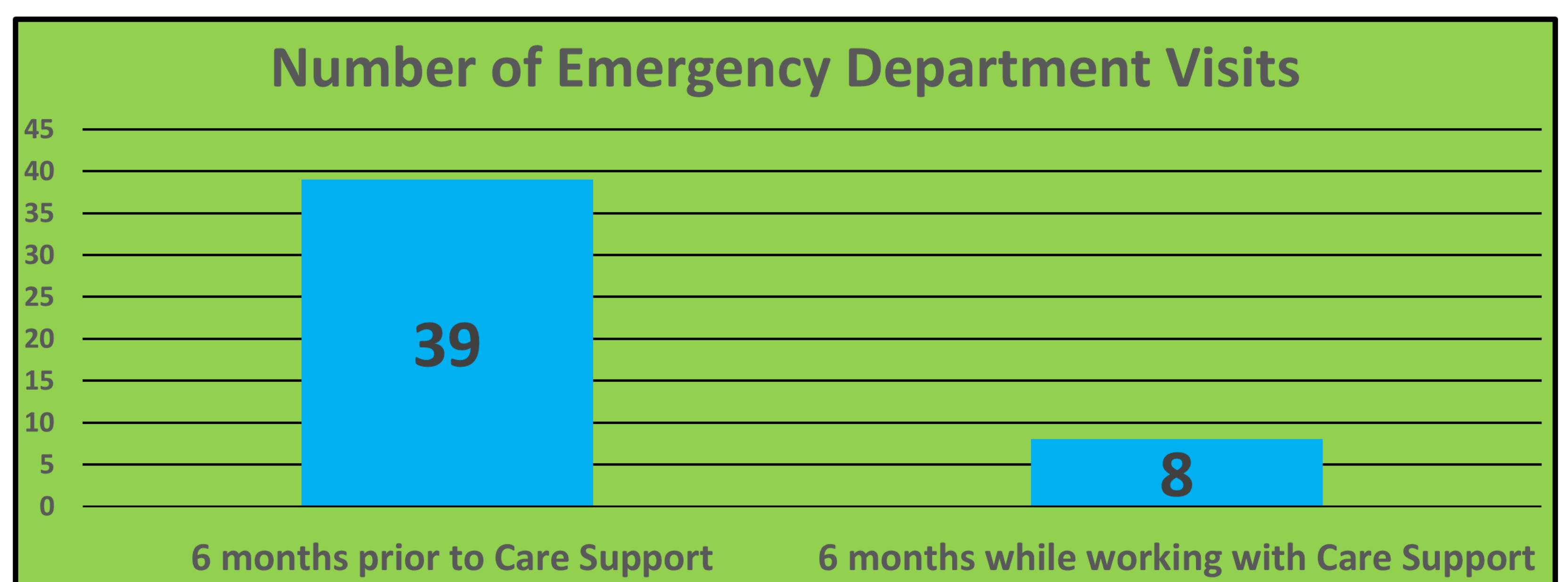
- Patients were asked to reflect on their experience in the ED in the initial Care Support NP Assessment and in subsequent Transitions of Care calls made by Health Care Navigators after ED visits.

Project Evaluation & Impact

Of the 17 patients in the pilot project, there was an 80% reduction in ED use in the 6 months subsequent to the intervention compared to the 6 months prior.*

Most patients were not aware of:

- Available telephone medical advice 24/7
- Primary care clinics have on-call doctors working after hours
- Same day clinic appointments
- Available urgent care center options



* as of April 30, 2018

Next Steps, Dissemination & Lessons Learned

Next Steps:

- Expand the process to all patients being enrolled in the Care Support Program.

Dissemination:

- Clear reduction in utilization was shown with verbal education on early symptom recognition, accessing appropriate levels of care with teach-back, and local urgent care facilities; and provision of "When to Call the Doctor" flyer and refrigerator magnet. This strategy has the potential for further dissemination and testing in other OPHAC clinical programs who also care for these high risk patients.

Lessons Learned:

- In general, patients reported feeling well cared-for and having a good experience in the ED/hospital, so they did not perceive it as a place to avoid.
- Education on "early symptom recognition" and "accessing appropriate levels of care" was new information for most of the patients in our pilot population and likely reflects the patient population at large.