A Comprehensive Care Coordination Program’s Impact on Decreasing ED Utilization

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Introduction

13 - 27% of all US ED encounters are primary care-related ED visits estimated burden of 4.4 billion USD

Potentially preventable/avoidable with timely primary care

Results

Total ED and Hospital Admission Rates

From 01/16 to 02/20 a 26.9% decrease (95% CI: 23-29%) in ED visits

Number of Visits per Month

Jan 2016
High Risk Patient Management Program initiated
Communication between NH and NCHC started
High ED utilizers discussed at monthly meetings
Patient’s called for flu
NCHC patient’s ED records kept and managed in NCHC EMR

April 2017
Complex Care Coordinator (CC) and Complex Care Manager (CCM) initiated
Care Coordinator incorporated as part of the provider, nurse and MA team
Patient’s risk stratified (High risk – CCM, Moderate – nurse, Low – care coordinator)
ED visit follow up phone calls within 24 hours by CC with provider feedback for follow up
calling on day prior to appointment for High Risk patients to reduce risk of no show
Referral follow up by CC after visit for loop closure
Team culture and Team Huddle Culture built

Conclusion

High risk patient management with a dedicated case manager and comprehensive care coordinator program can significantly decrease the total number of ED admission