Manatee County Rural Healthcare Services ER Diversion Program

Recognition of the problem

- **Data from HMOs and Medipass (Phytrust/Access) showed increased ER utilization by our patients during reduced hours of staffing.**
- **Emergency room data showed significant number of non-emergent ER visits.**
- **Hospital wanted to reduce the number of indigent non-emergent visits.**
- **Some of the patients did not have a medical home, others were patients of MCRHS or other local physicians but the need for care arrived at a time when office access was not available.**
- **The issue is ACCESS!**

The Cost of Avoidable ER Visits

- At least a third of ER visits are “Avoidable”, meaning non urgent and therefore treatable in a primary care setting
- ER charges for minor, non-urgent problems may be 2 to 5 times higher than typical private physician visits
- At least $18 billion dollars are wasted annually for avoidable ER visits nationally
- It is estimated that $ 1.1 billion dollars are wasted on avoidable ER visits in Florida

Figures are based on relevant literature, which assumes 35% of ER visits are “Avoidable”. The formula calculates the average expenditure for ER visits by region subtracted by the average cost of a CHC medical visit for each state.

ER Wait Times and Visits on the Rise

- 44.9% of U.S. hospitals experienced ER crowding sometime between 2003-2004
- ER wait times are rising and much higher than in primary care settings such as health centers
- Between 1999 and 2005 Florida had an average of 380 ER visits per 1,000 population compared with 376 nationally

Florida ER Visits Per 1,000

	1999	2000	2001	2002	2003	2004	2005
Florida	363	376	359	397	392	390	388

Factors Contributing to Rise in ER Use

- Increase in elderly and chronically ill
- Overworked primary care physicians
- Lack of primary care beyond “normal” business hours
- Patient preferences

Who Accounts for the Rise in ER Visits?

- Privately insured are major driver in increased ER visits
- Medicaid beneficiaries have twice the ER visit rates as uninsured and four times the rate of the privately insured
- Though the uninsured are not driving increased ER use, those who rely on the ER may do so because they lack a primary care provider
- Medicaid beneficiaries and the uninsured account for more "Avoidable" ER visits

Potential Savings to Medicaid

Creating programs that direct Medicaid patients to primary care sources would result in more efficient health care delivery system, and would produce greater cost savings than Medicaid enrollment reductions.

By providing primary care to Medicaid beneficiaries at health centers instead of ERs, it is estimated that health centers could save Medicaid

- Approximately $4 billion (annually) nationally
- Approximately $ 233.5 million (annually) in Florida

This is based on the fact that $18.4 billion is wasted annually on ER visits in the U.S. ($1.1 Billion in Florida) and Medicaid patients make up 22% of all ER visits.

Plan

- **The initial thoughts were to establish an FQHC site in the hospital and divert the non-emergent patients who came to the ER right there.**

- **The ER doctors realized that they would lose significant income if the non-emergency indigent and paying patients were both diverted from the ER.**

- **MCRHS then decided to extend the hours of service at two primary care sites, the Lawton Chiles Children's Healthcare Center and its' Acute Care location at the East Manatee Healthcare Center.**

Plan (continued)

- The Lawton Chiles Center was planned to be open from 8am to 9pm Monday through Friday extending access by 20 hours per week to see children.
- The East Manatee Acute care location was planned to be open 8am to 9pm Monday through Saturday and 12 noon to 9pm on Sunday extending hours 40 hours per week to see adults and children.
- Hospital emergency room unassigned non-emergent patients would be triaged and given the option to receive care at one of our ER diversion sites.

Plan (continued)

- **Hospital emergency room unassigned patients who were treated in the ER and released would be referred to an MCRHS primary care site for follow up care.**
- **MCRHS applied for a State LIP grant through the Invitation To Negotiate (ITN) Process.**

Key Partners and Funding

- Coordination and communication with the hospital emergency room managers and physicians is essential.
- The LIP grant funding was essential to cover start up and operational costs.
- Service is the key to attracting paying patients (you are competing for the paying patient).
- County indigent care safety net funding.

Facilities and Staffing

- Existing facilities were used and the hours of service were extended to improve access.
- For the extended hours Sunday through Friday the staffing consists of a primary care provider (physician or midlevel), 1 front desk clerk, 1 CNA, 1 LPN and a medical records person.
- On Saturday mornings an additional Provider and CNA are added.

Data and Information Management

- Patients are entered into the Medical Manager system and the EMR.
- A comma extension on the procedure code field and a specific location code are used for ER diversion visit identifiers.
- The 99050 and 99051 CPT codes for after hours care are paid by some providers.
- Clinical and demographic reports can be run from the EMR and Medical Manager.
- Patients can be tracked clinically through the EMR.

Obstacles and barriers and how they were overcome

- Start up funds, ITN grant.
- Acquiring local match funds for the ITN grant.
- Attracting insured and paying patients.
- Staffing.

Users by Payer

Payer Source	Self Pay	Medicaid	Medicare	Private	Public	Total
Feb 05 - June 05	2,004	1,363	106	269	7	3,749
July 05 - June 06	5,833	3,482	234	799	10	10,358
July 06 - June 07	6,190	3,352	266	942	6	10,756
July 07 - June 08	8,156	3,847	506	1,573	14	14,099
TOTALS	22,183	12,044	1,112	3,583	37	38,962

Encounters per User

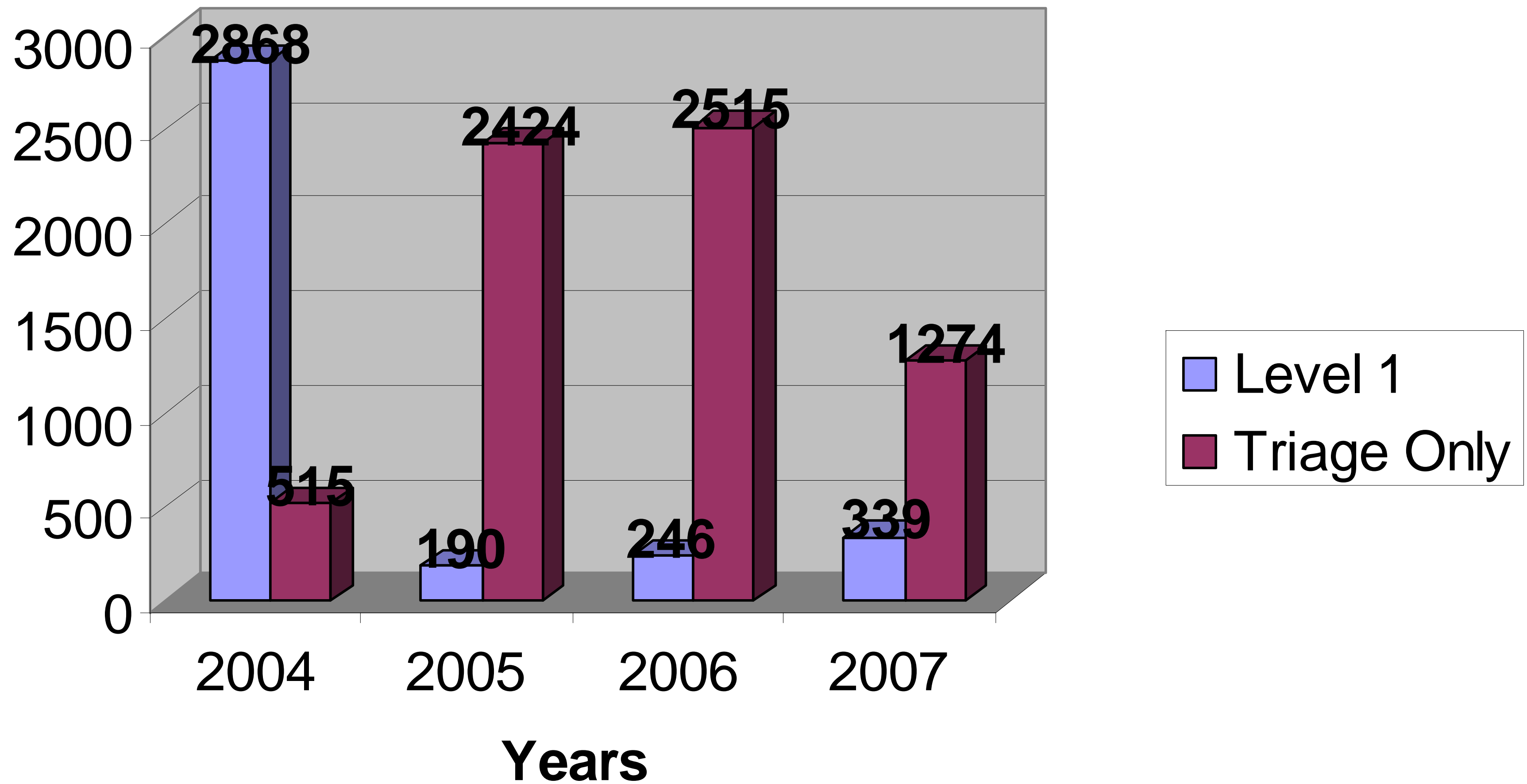
	Encounters	Users	Encounters Per User
Feb 05 - June 05	4,565	3,749	1.2
July 05 - June 06	15,251	10,358	1.5
July 06 - June 07	15,664	10,756	1.5
July 07 - June 08	20,589	14,099	1.5
TOTALS	56,074	38,962	1.4

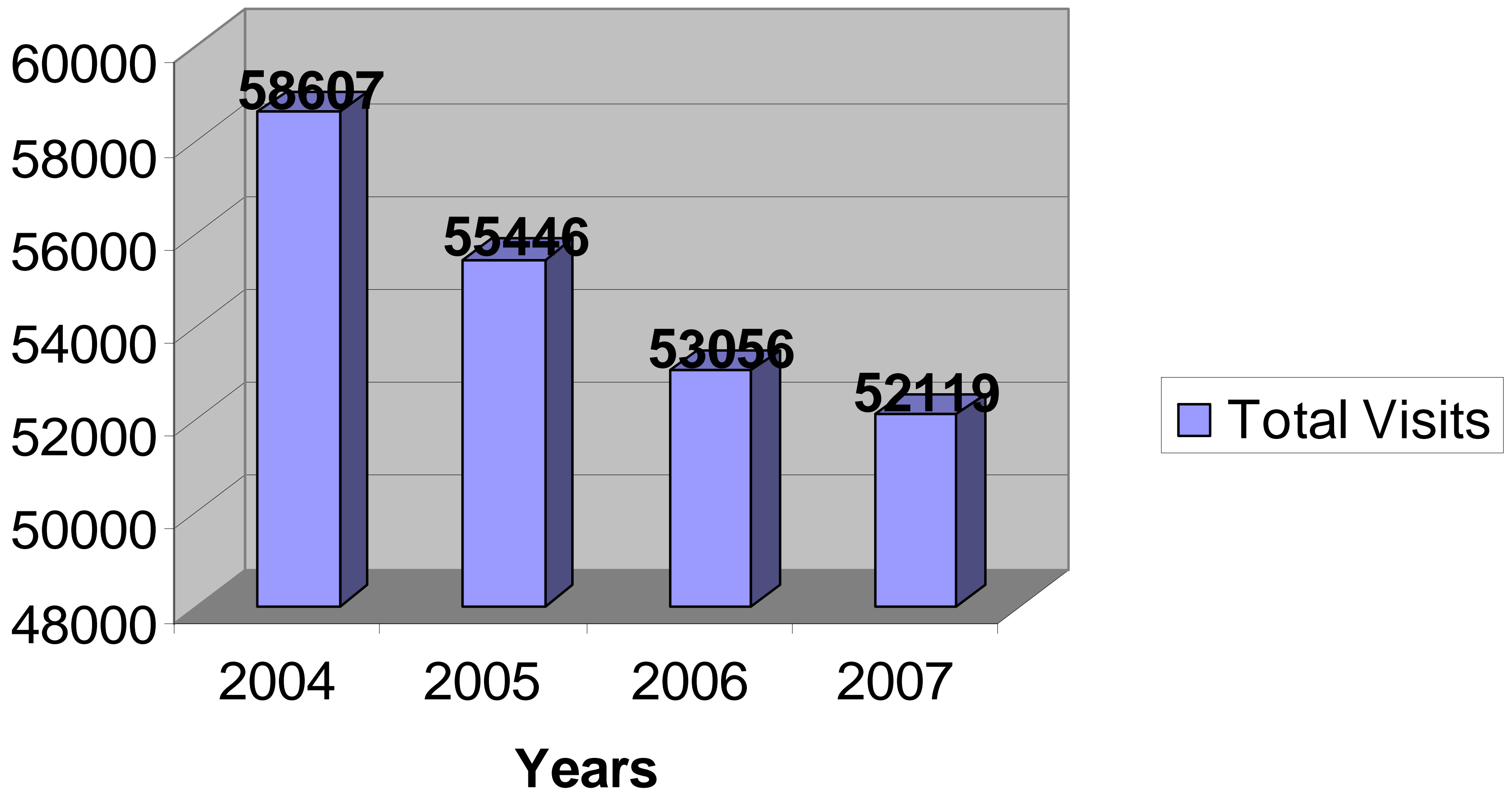
Impact on ER

Manatee Memorial Hospital				
ER Levels by Payor				
Sum of Qty	Visits			
CPT4 Desc	2004	2005	2006	2007
Level 1 Total	2,868	190	246	339
Level 2 Total	8,680	6,911	6,803	6,967
Level 3 Total	15,660	14,269	12,411	13,333
Level 4 Total	24,600	22,431	19,889	18,937
Level 5 Total	5,799	8,568	10,841	10,981
Level 6 Total	485	653	351	288
Triage Only Total	515	2,424	2,515	1,274
Grand Total	58,607	55,446	53,056	52,119

Medicaid Savings

	ER Medicaid	MCRHS Medicaid	
Users	12,044	12,044	
Encts. Per User	1.4	1.4	
Encounters	16,862	16,862	
Cost Per Enct.	$452	$114	
			Medicaid Savings
Total Cost	$7,621,443	$1,922,222	$5,699,221


Level 1 Vs Triage Only
3000
2500
2000
1500
1000
500
0
2868
515
190
2424
246
2515
339
1274
2004
2005
2006
2007
Years
Level 1
Triage Only


Total Visits
60000
58000
56000
54000
52000
50000
48000
58607
55446
53056
52119
2004
2005
2006
2007
Years
Total Visits

07 – 08 Enhancements

- 1. Central referral and scheduling directly from the ER.
- 2. Addition of Sarasota and Arcadia sites.

For more information contact:

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