# Simple Tools Reduce Emergency Department Use

# Detroit

**A team convened by the Greater Detroit Area Health Council (GDAHC), an AF4Q Alliance, was able to devise a plan and conduct a pilot demonstrating substantially decreased emergency department (ED) use for primary care treatable conditions—all by using inexpensive, "low-tech" methods.**

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## Contact

Lisa Mason
Director, Cost Quality
GDAHC
lmason@gdahc.org

GDAHC's purchaser members had identified ED use as a top priority in reducing costs and improving access to care. In response, the team established a goal of reducing ED use for primary care physician (PCP) treatable conditions. To accomplish this, the group worked with PCPs to demonstrate actions they could take to achieve this goal.

Working hand in hand with Blue Care Network of Michigan (BCN), a nonprofit, statewide health maintenance organization, and Oakland Southfield Physicians (OSP), an independent practice association of approximately 300 family and general practitioners, pediatricians, and internal medicine physicians, the team developed and implemented a pilot program to test interventions and tools for use in PCP practices.

They collected metrics on ED use both before and after the launch of the pilot to assess whether these interventions made an impact on ED use for conditions that could be treated by PCPs instead. The interventions used in the pilot were straightforward and already in use in many practices.

- Use telephone triage and recorded messages to direct patients to the appropriate care provider.
- Establish a strategy for what patients should do when confronted with an acute, but minor, illness or injury and their PCP is not available, and communicate that strategy to patients.
- Ensure office scheduling allows same-day appointments, including evenings and weekends.

The pilot ran during a four-month period in 2010 and included six practice sites with 17 PCPs and hundreds of continuously enrolled health plan members with the same copay. It produced clear results. Chosen pilot sites had three years of increasing ED visits for PCP-treatable conditions (a worsening trend) before the interventions were implemented and demonstrated substantial improvement, with pilot sites performing better than control sites, which had a three-year trend of decreasing use (improving trend) before 2010.

"This outcome shows that just having the right tools is necessary, but not sufficient," said Lisa Mason, director of cost quality for GDAHC. "There must be motivation to use them effectively."

GDAHC asserts that the pilot's success was attributable to both the practice interventions and tools, but also to OSP's direct supportive efforts with each practice site. All sites involved in the pilot believed these tools made ED visits for PCP-treatable conditions less likely. Additionally, most believed a follow-up letter or call after an ED visit would help reduce future use.

## Lessons Learned

- Develop relationship-based interactions with PCP offices.
- Help PCP offices figure out how to answer the question, "How accessible are we to our patients?"
- Provide templates for office protocols and insight on how to use them.
- Commit to measuring and interacting with offices with high rates of ED visits for PCP treatable conditions.
- Establish frequent and repetitive contact with each spotlighted practice site.