



# **Reducing Avoidable Emergency Department Visits in Rural Communities: An Alternative Approach to Physician and Patient Health Collaboration**

**A Summary of Key Findings and Best Practices**

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## **Executive Summary**

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In 2021, Medicare issued benefit payments totaling \$829 billion to 65 million people aged 65 years or older and beneficiaries with long-term disabilities (Cubanksi & Neuman, 2023). Medicare payments during 2021 accounted for 21% of National Health Spending in the United States and 10% of the Federal Budget (Cubanksi & Neuman, 2023). The largest share of Medicare spending in Part B coverage areas includes physician services, outpatient services (i.e. emergency department, surgical procedures, etc.), and physician-administered drugs, which accounted for 48% of Medicare's total benefit spending in 2021 (Cubanksi & Neuman, 2023). Emergency Department (ED) outpatient services are one key focus area to reduce Medicare costs.

An analysis of one MSSP ACO (Medicare Shared Savings Program Accountable Care Organization) participating physician's implementation of a strategy to reduce potentially avoidable (ED) visits within a rural community is presented in this report. In collaboration with Imperium Health, the practice implemented a strategy to shift non-emergency conditions away from high-cost hospital outpatient centers. As part of this report, we will examine utilization data from the MSSP performance years 2020 through 2022 and detail the implementation initiative executed within the practice.

## **LIST OF ACRONYMS**

ACO	Accountable care organization
MSSP	Medicare Shared Savings Program
ED	Emergency Department

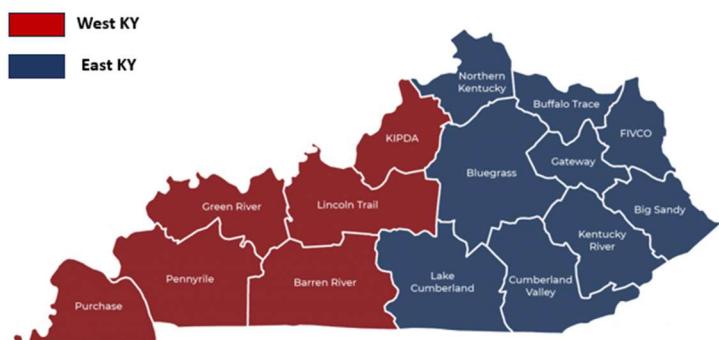
## **Introduction**

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In 2020, adults aged 75 and over were the second-highest group to utilize ED services, with a rate of 66 per 100 people, more significant than the national average of 43 visits per 100 (Cairns et al., 2023). Participating Accountable Care Organizations (ACOs) in the MSSP implement multiple strategies to improve care quality and reduce health spending by eliminating medical waste. As of 2022, 23% of ED utilization in Kentucky derived from primary Medicare patients, according to Kentucky's Annual Administrative Claims Data Report (CHFS-KY, 2023). Aside from high-cost claims from acute EDs, Kentucky reported that most discharges from the ED discontinued care or left against medical advice. Additionally, Beckner's Hospital Review reported wait times for the state in 2022 to be two hours and 23 minutes on average, placing Kentucky 19th of 51 states/districts to report ED wait times (Rudy, 2023 Consistency

with measured period). Working with ACO-participating physicians, Imperium Health aims to create community-specific strategies to avoid higher care costs, lack of care coordination and treatment, and long wait times in local EDs.

**Figure 1: Kentucky Health Districts**



Imperium Health has served as the ACO Management partner for Southern Kentucky Healthcare Alliance (SKHCA), an MSSP ACO established in 2012. The majority of the ACO-participating clinicians cover the Barren River District in the state and provide medical services to over 15,000 primary Medicare beneficiaries with at least one year of coverage as of 2022.

## Approach

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Avoidable emergency room utilization stems from a combination of beneficiary level challenges:

- access to primary care physicians
- comprehending out-of-pocket costs
- lack of transportation
- lack of resource education
- patient behaviors

In 2019, a participating SKHCA ACO primary care physician implemented new strategies for Medicare beneficiaries to increase access to health services within his internal medicine practice and reduce potentially avoidable ED visits to the local hospital. To address challenges with lack of resource education, the physician provided Medicare beneficiaries with materials highlighting appropriate medical reasons that require an ED visit, compared to an Urgent Care or Walk-in Clinic, and conditions their physician can treat. Educational materials were presented in person to identifiable high ED utilizers and in the form of posters placed strategically within his medical practice. In addition to medical diagnosis, the educational materials provided cost comparison between the different facilities (ED, Urgent Care, Office visit). Educational resources and conversations with high ED utilizers and with all Medicare beneficiaries during their Annual Wellness Visit attempted to address the unique difficulty of altering patient behavior and the challenge of out-of-pocket costs for beneficiaries.

Education was the first step to completely transforming the practice's internal behaviors to reduce potentially avoidable ED visits for their Medicare population. The physician evaluated the medical practice's voicemail to ascertain what details were provided to patients after hours.

The evaluation led to rearrangement and additions to the messaging being provided to patients. The hours of operation were placed at the beginning of the message, followed by any after-hours contact information for a physician or triage nurse on call, and information regarding life-threatening emergencies being directed to the local emergency room was placed at the end of the voicemail message.

Using patient-identifiable data from Medicare's monthly CCLF files, Imperium Health partners provided patient action reports on a routine basis to providers that identified high ED utilizers (ED visits > 2 claims in the past 12 months). Report metrics separated avoidable from non-avoidable patient visits for easy identification of areas of opportunity as it pertained to Medicare spending for unnecessary services. The SKHCA ACO physician then proactively approached patients who historically would overuse the ED. Using the patient action reports from Imperium Health, the medical practice created tasks within the electronic medical record to call the identified patients bi-weekly. The purpose of the bi-weekly touchpoint was to proactively inquire about the patients' health status and offer an appointment with the physician if any issue presented may result in an unnecessary ED visit. Patients could be removed from the call list if their number of avoidable ED visits had not increased in the past six months.

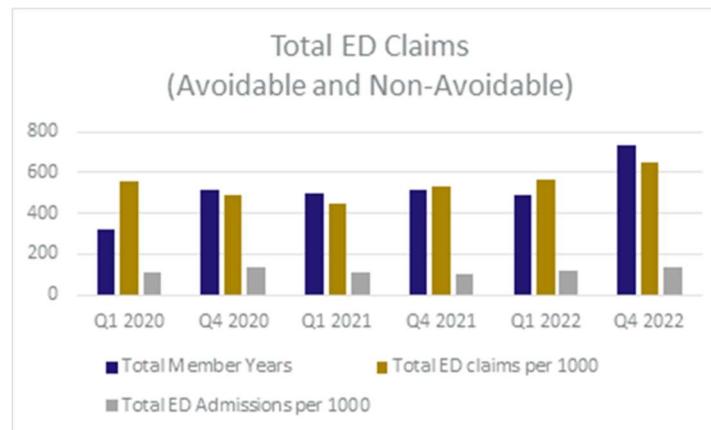
The final phase of the strategy implementation was to increase access to primary care physicians for patients with high rates of avoidable and non-avoidable ED visits. For the Medicare population, a Golden Pass was created for specific patients who over-utilized the ED. Using the patient action reports provided by Imperium Health, the provider established a quarterly list of patients who would be allowed same-day access to the provider due to their behavioral pattern of ED use. The physician ensured that the practice's schedule could accommodate at least one Golden Pass patient per day, and the staff was routinely informed of which patients would have this ability. Patients were told they had a Golden Pass. Medical staff created alerts in the patient's electronic medical record to increase internal communication of this initiative. The list of Medicare beneficiaries with the "Golden Pass" could be removed from this level of access if behavior patterns changed and no additional ED claims were reported for the patient.

## **Key Findings**

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Imperium Health utilizes standardized data sets for a more efficient view of MSSP performance metrics affecting the total cost of care in the SKHCA ACO. Data standardization allows for an equal utilization comparison between various sizes of assigned Medicare beneficiary provider panels. Imperium Health conducted a retrospective claims analysis to determine the effects of an Imperium Health ACO participant's ED-prevention strategy, implemented in the clinician's assigned beneficiary population.

**Table 1. SKHCA Emergency Department Claims**



At the start of the MSSP 2020 performance year, beneficiaries with at least one full year of Medicare coverage (n=325) amassed 560 ED visits (per 1,000) with 108 admissions (per 1,000) from the ED. Following the implementation of the Golden Pass Initiative by the SKHCA ACO physician, total ED visits decreased by 12% from 560 (per 1,000) to 490 (per 1,000) by the end of the year. According to the CDC's National Center for Health Statistics, national adult ED utilization experienced only a 2.8% decrease between 2019 and 2020 (CDC, n.d.). The SKHCA's reduction in ED utilization was achieved despite a 63% increase in total member years within the attribution panel (325 to 515). The success of the Golden Pass Initiative persisted throughout the 2021 MSSP performance year. By the conclusion of the first financial quarter of 2021, the physician further lowered ED utilization by an additional 9% (446 per 1,000). The performance year 2022 marked the conclusion of the evaluated performance data for this provider. Through the implementation of the Golden Pass ED avoidance strategy, the SKHCA physician witnessed a notable 34% increase in his Medicare attributed beneficiary panel.

For the ACO participating physician's Medicare population, the multi-step strategy aimed at enhancing access to primary care and educating patients on unnecessary ED expenditures proved advantageous to MSSP performance metrics. Significant reductions in both ED utilization and spending were observed, taking into account changes in total member years and total Medicare beneficiaries for this comprehensive analysis.

## Implications

This retrospective claim analysis may not be generalizable to a larger population of Medicare beneficiaries as the data was sourced from one physician in a medical practice participating in an MSSP ACO. Another implication for this analysis is the COVID-19 pandemic during 2020 and 2021, the performance years used for this analysis. The COVID-19 pandemic had significant various effects on health utilization. Some markets experienced increased avoidable and non-avoidable ED visits, while others experienced a significant drop in ED visits due to fear of contracting COVID-19.

Another performance implication otherwise evaluated was the re-benchmarking of the SKHCA ACO, which made a comparison of the financial impact of the ED avoidance strategy difficult to track year-over-year and was excluded from the analysis. This analysis's final implication is the attribution change to the physician's Medicare beneficiary population. The length of time for the multi-step strategy to change patient behavior is still being determined. Therefore, it is difficult to determine if increases in ED claims in years of considerable population growth come from the significant addition of beneficiaries or the ED avoidance strategy's lack of success.

## Conclusion

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Emergency Department utilization can be unique in the healthcare market, proving strategic initiatives need to be flexible based on the community's specific needs. For this SKHCA ACO physician, implementing a multi-step strategy to increase access to his primary care services and proactively outreach to high utilizers proved beneficial in reducing avoidable ED visits, decreasing the total amount of Medicare claims for this Medicare population. Imperium Health continues to create and collect impactful strategic initiatives for physicians in all ACOs. Imperium Health presents the Golden Pass ED initiative to other rural markets that may benefit from a change in patient behavior to decrease unnecessary Medicare spending on ED claims.

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