

May 3rd, 12:00 AM - 12:00 AM

Emergency Room Overuse and Medicaid Population: Creating a Toolkit to Decrease ER Misuse by Family Resources Clients

Nicole Johanne Morrissey Ms.
Augustana College, Rock Island Illinois

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Nicole Morrissey
BA in Public Health and Biology, May 2017
Family Resources, Davenport, IA
2800 Eastern Ave
Davenport, IA 52803
Joan McGovern, Integrated Health Home Director
(563) 468-2299, jmccgovern@famres.org

Toolkit to Decrease ER Use

Problem Statement

One of the biggest issues in the Healthcare field is emergency room overuse for situations where a visit might not be necessary. This is a prominent issue because it is costing billions of dollars to supply and treat patients who do not actually need urgent care, and it is also taking away beds and time from patients in critical condition. One of the biggest populations abusing the ER is the Medicaid population, more so than privately insured or uninsured counterparts. This is applicable to Family Resources because the clientele they serve are very heavily Medicaid insured and ER visits are a big issue faced by Family Resources. To try to combat this issue, I will create a toolkit to inform and educate the staff and the population of Family Resources to explain when is an appropriate time to visit your primary care physician, when to treat an issue at home, and when to actually go to the emergency room.

Agency Overview

Family Resources. The site I did my internship at is a non-profit healthcare program out of Davenport, IA. They work to connect patients with the healthcare they need, like a psychologist, dentist, surgeon, or just a primary care doctor. Family Resources' mission is to better the community of children with behavioral issues by providing a service to get them the help they need in order to succeed. They are pediatric focused, and the main age they serve is children ages 7-17 who suffer from some sort of behavioral issue that makes it difficult for a parent to raise the child on their own. A large chunk of the population is from a lower socioeconomic background and many of them rely on Medicaid to fund insurance needs, which might make it difficult to find the help their child needs. This is where Family Resources will step in and show a family their options. During my internship I was able to observe what they do on a daily basis with the participants, how they deal with insurance companies, and the conversations with healthcare facilities for the participants. One of the most beneficial things I got to learn during my ten weeks was their risk stratification system. This program is used by the entire company and is beneficial in classifying different children by their risk in order to help the most at risk children first. Working with the insurance agencies to see their side of everything was also very beneficial because this is actually where I got to see that not only is it harmful to Family Resources to have so many participants in the ER, the insurance companies are actually the ones most upset about the overuse. This sparked my interest because it made me realize that attempting to solve this issue will benefit everyone involved, even the insurance companies.

Stakeholders. There are many stakeholders that would benefit from a reduction in hospital use, especially from the Medicaid and behavioral issue population that Family Resources works so closely

with. The predominant stakeholder in this project is Family Resources; by lowering their ER use, they will not only save money but it will cause the staff less paperwork, fewer phone calls from the insurance companies, and most of all will benefit the people they work so hard to serve. Family Resources would benefit the most because they have the most ties to the issue being the middleman for insurance companies, participants, and healthcare professionals. The next stakeholder that will benefit heavily from a reduction in ER use is the insurance companies that are required to pay for these visits. When I was able to sit down and talk to these representatives they shared with me that this ER overuse issue is costing them a lot of money, and that is why they have to constantly bring it up to Family Resources staff, because the insurance companies want to save as much money as they possibly can as well. The last big stakeholder would be the hospitals and hospital staff needing to take care of these patients. By reducing the number of unnecessary hospital visits, this will save time, resources, money, and beds that could all be used for critical condition patients. Overall, a solution to this issue will benefit just about all parties in the healthcare field in some way or another.

Needs of the Agency. Family Resources' focus is giving their clients the best possible healthcare they can. In order to do this they must know what that top option is, and how they can attain it so they can then spread that information to their clients. I am creating a toolkit that will provide Family Resources with the tools they need to share this information on with their participants because the only way to fix a problem is to get everyone on the same page with information. This toolkit will hopefully help Family Resources help their participants, in turn accomplishing their goal to give the children the best possible healthcare they can.

Literature Review

Family Resources is a non-profit organization located in Davenport, IA, whose mission is to strengthen children and their families by providing services that engage the resources from the community to provide the best healthcare options. They work with the pediatric behavioral health community to improve their wellbeing through connections to the healthcare resources they need.

One of the biggest issues faced by staff at Family Resources is the high number of unnecessary Emergency Room visits by the clients. After an interview with Family Resources' nurse, Julie Debusschere, I gained some insight into the reasons for these high ER visit numbers. Julie explained that there are a few reasons for the high number one of which being convenience. When the children get very out of control, and a parent doesn't know what to do they will take the child to the ER for help controlling the child. The other, more popular reason according to Julie is a lack of information by the parents on when is the appropriate time to take a child to the ER (Personal Interview, February 15,

2017). With this in mind, I have decided to take on this problem to hopefully improve the knowledge and understanding of ER visits to these parents. To do this I will make a flow chart regarding all the times your child really does need an ER visit, and when he/she does not. I also think it is important to include a toolkit Family Resources can then use to educate the parents they are working with. This toolbox will include things like a PowerPoint, list of guest speakers, outline for the presentation, training booklet for staff, and/or a few other things that might tie in.

The first steps. The first step in this process is to gain knowledge about emergency room visits and how prevalent they are among the entire United States population. Is this a National issue or is it just part of the population Family Resources works with? Research from the CDC shows that the number of hospital ER visits in a year total to be about 130.4 million people. Of those 130.4 million, only 9.3%, about 121,272, of those people are actually admitted to the hospital after the visit (Gindi, Jones, 2014). As of 2012, 24.8% of children between the ages of 0-17 visited the ER at least once in the year. Children and the elderly population are the highest users of the ER, and the most common reason was because the primary care physician's office was closed. Another driving force for overuse of the ER is the financial and legal obligations hospitals have to help anyone who comes in (Gindi, Jones, 2014). The CDC also states that children with Medicaid were more likely to visit the ER than their privately insured counterpart (2014), and Family Resources does work primarily with families insured by Medicaid. This connection between Medicaid and ER visits is something to take a look at in order to decrease spending and wasted money on issues that do not need to be looked at immediately.

In a study conducted by the New England Healthcare Institute, they found that the overuse of the Emergency Room accounts for \$38 billion in wasteful spending each year. This number is about 30% of the healthcare spending, and can be eliminated without altering or worsening patient care in any way. They also found that ER visits are increasing from 96.5 million in 2005, to 130.4 million in 2012 and this increase is affecting budget and quality of care (NEHI, 2010). In a national survey done in emergency rooms across the country they found that 56% of all visits were avoidable and could have been taken care of at home, or at a primary care physician at another time. The fact that these could have been treated with a primary care physician might show a shortcoming in primary care offices. They have found that the number of patients needing care is growing to be disproportional to the amount of caregivers we have so many times they are unable to schedule an appointment for a patient the same day, or even the same month sometimes (NEHI, 2010).

The purpose of an emergency room is meant for patients with traumatic injuries or serious signs and symptoms. When there is overcrowding in an ER it makes it extremely difficult for doctors and

nurses to focus on the patients who need the immediate care, so this is an issue needing serious attention. While the number of people needing care has spiked greatly, the number of hospitals, beds, and emergency departments have greatly declined, making it that much more difficult to treat everyone (O'Shea, 2007). Another study conducted by Trust for America's Health found that 25 of the 50 states do not have the resources or capacity to deal with a "moderately severe flu pandemic, terrorist attack, or natural disaster (2007). This is because many supplies a hospital has will be used by people who might not actually need it (O'Shea, 2007). One point to bring to attention is that emergency care can be divided into two types; preinstitutional care, which is transportation to a hospital in an ambulance from the 911 calling system, whereas institutional care includes the walk-ins in the Emergency Room. The largest overuse of ER staff would be from the institutional care, so this is the primary area that should be focused on (O'Shea, 2007).

The Medicaid population and their ER use. As discussed earlier, the major population abusing the emergency room is the Medicaid population. With this in mind, I have found an informational bulletin from the Center for Medicare and Medicaid Services. Cindy Mann, the director, talks about reducing the non-urgent Medicare and Medicaid population's use of the ER when not needed. Mann discussed the possible ways to decrease the use of the ER. Her three possibilities were to broaden access to primary care services, focus on heavy ER users, and to target the needs of people with behavioral health problems (Mann, 2014). Broadening the access to primary care seems to be reoccurring being brought up by many different texts as a way to decrease ER visits. Focusing on heavy ER users will also decrease visits because frequent visitors, four times/year, make up about 4.8% to 8% of all ER visits. One example is in Oregon where about 50% of their budget and costs go to 3% of the Medicaid population (Mann, 2014). According to Mann, about 12% of ER visits are due to patients with mental health needs and substance abusers. This is very relevant to my internship because the population at Family Resources is part of a behavioral health outreach program.

In a public PowerPoint published by the CDC, they give the ways they are able to monitor pediatric emergency room and this data was presented at a National Conference on Health Statistics in 2012. The interviewing process consisted of 40,300 families all given a questionnaire regarding ER and hospital use. The questions included things like "Number of ER visits for the Child in the last 12 months" and ranged from things like age, poverty, and insurance coverage status. The study found that families living in poverty had about a quarter of the children between 0-17 visit the ER at least once during the year, while children not living in poverty were about 15% (Gindi, 2012). The study also found that participants with Medicare and or no insurance were more likely to visit the ER than those privately

insured. Eighty-one percent of the participants said the reason they went to the ER was because of lack of access to other providers, and 64.4% said it was because the primary care facility was closed. As of 2011, the second highest age group sent to the ER is children between the ages of 12-17 (Gindi, 2012), which also happens to be the most common age Family Resources serves.

Solutions to the crisis. In an article by Debra Wood (2014), she brings up the idea that while it is not the best option for the hospital or for other patients, it is also not the best care for the patient. She says that with the overcrowded and fast pace ER setting, the scared patient might not get the care they really need. When doctors are trying to shuffle people out and prioritize patients, a specific patient might not get all of their questions really answered (Wood, 2014). This might be one of the other causes for an increase in repeat visitors; they don't feel they have their ideas answered from the first time they came in. Wood also brings up the idea of technology decreasing the ER visits; patients can become more involved with their health care through different things like telemedicine consults. While this is a fairly new technique, in the future it might strongly impact the way patients can interact with physicians and possibly decrease the need to visit the Emergency Room (Wood, 2014).

The issue of Emergency Room abuse seems to be very widespread; an article in The Philadelphia Inquirer (2015) wrote about when is the right time to take your child to the ER and when they can stay home. One of the more interesting aspects of the article was the blue side bar that gives the reader a very simple guide to where you should take your child, and when. For example, a fever does not constitute as an ER visit, unless it is above 101° for children over the age of 8 weeks, or over 100.4° for younger (Jablow, 2015). The main focus of the article was to inform readers of the seminar they put on to inform parents when to go to the ER. The idea of forming a bond with a primary care physician is an important part of decreasing hospital visits when unnecessary because the parent would be able to get a hold of the physician before rushing a child to the ER (Jablow, 2015). This article is helpful because the seminars are a good stepping-stone for the seminar I want to bring to Family Resources.

As shown above, the overuse of the Emergency Room is a national issue and is eating up a budget that could be used for other things. Unnecessary ER visits are detrimental to the hospital staff, the insurance companies, other patients, as well as the ER abuser and is an issue that should be put to the forefront of our list. Decreasing Emergency Room overuse can increase the functions and growth of hospitals around the country, making the country a better place for everyone. The first step in combating this problem is through knowledge; that is why it is important to spread the information about when a child or a parent really does need immediate medical assistance. I plan to make a step in

the right direction for this cause by doing what I can to spread the knowledge I have, to hopefully make a difference in the healthcare field.

Deliverable Design and Methodology

Methods. Creating this deliverable is going to take many steps and a lot of research. The research will branch from many different topics ranging from national ER overuse to the behavioral health population and what their biggest reasons for hospitalization might be. The research started with basic ER overuse information in order to determine if this is an issue solely faced by Family Resources, or if it was a national or even global issue. Research pointed to emergency room overuse being an almost unanimous issue in hospitals around the world (Tudela & Modol, 2014). The next steps were to figure out why this issue is directly related to Family Resources, and this was information obtained from interviews with the Family Resources staff. Through discussions with staff, I learned during my internship that the population Family Resources works with is heavily reliant on Medicaid and consist of families with children with behavioral issues. The research I had collected tied these two highly with ER overuse, so it was a great fit. My next step was to do a literature review and research proposal in order to get my sources and information compiled into one space that was easy to show someone else. From there I will then start to actually work on my deliverable. In order to do that, I need to know what the best things for my toolkit will be; this will give me a final idea of what I am going to create. After this I will actually create my deliverable, while also working on my final paper as well. These will both consist of many drafts and will include a heavy amount of research. The final step of this process will be to present my deliverable and get any last minute fixes from Family Resources and then it will be all theirs to use.

Measurable Objectives. My tasks will mainly consist of research and figuring out the best ways to put that research into a presentable deliverable that can be followed by Family Resources staff as well as the clients they help. People respond best to few words and bright colors so I think a big part of my job is going to be figuring out how to create something that will catch their attention and keep it long enough to read. I think the best way to do this will end up being a brochure of some kind for them to keep, as well as a short presentation they can sit through with pictures and not a lot of lecturing. I think creating a brochure, PowerPoint, and presentation outline are very achievable goals in ten weeks. This deliverable goal is specific enough because I am focusing solely on emergency room use in a certain population instead of trying to tackle an entire hospital issue at a global level. It is a measurable goal because hopefully in a few months or years I can check back with Family Resources and see if the numbers of ER use have decreased. This is a very relevant issue because it affects the entire population;

when non-urgent people take beds from those who need it, they will affect that person who does need to use the bed. Lastly my objectives are time-bound because I will be able to complete all of this in ten weeks.

Essential Services of Public Health

According the CDC, there are ten essential Public Health services expected of all communities in order to promote healthy living and to achieve the highest National Public Health Performance Standards rating possible (2014). Different organizations will focus on different aspects of the ten services, but the ones most applicable to my proposal at Family Resources are “inform, educate, and empower people about health issues”, “Evaluate effectiveness, accessibility, and quality of personal and population-based health services” and “research for new insights and innovative solutions to health problems”.

Inform, educate, and empower people about health issues. In order to promote the healthiest of communities, the population first must know what the issues are and how they can play their part to solve them. It is the obligation of the public health officials to inform the people so they can play their part in creating a well-rounded, healthy society. My proposal is directly tied to “informing and educating” the population, because the deliverable is a presentation for clients about ER use and when the right time is. Education is the most vital part of solving a problem because if we don’t know about an issue or how to fix it, we can’t solve this problem. That is why informing and educating the Family Resources cliental will play a large role in reducing ER visits and creating a healthier and happier community.

Evaluate effectiveness, accessibility, and quality of personal and population-based health services. In order to promote the healthiest community possible, it is important to evaluate effectiveness to know how well strategies are working. If these ideas are working then there’s no reason to change your strategies, but if research finds that the tactics are not working then it is important to modify the approach. The other important part of this essential public health service is the idea of quality of health services. To get the healthiest society it is important to know that tactics are working and that the population is getting the best quality possible. At Family Resources this is very important because for my deliverable to be successful, I have to give the highest quality toolkit possible.

Research for new insights and innovative solutions to health problems. The last essential public health service action important for my Family Resources deliverable is researching new solutions and ideas in order to continue progress in the healthcare field. In order to move forward in technology and health services, it is important to ask questions, search for answers and create new things to better the

lives of those around us. For my deliverable it is important to ask these questions and to try to find these new insights and innovative solutions to find a way to decrease the ER use. If the solution was this simple it would have been done already, so it's important for me to think outside the box to suggest these solutions.

Role of Mentor and Site during SI

Meeting. During the internship phase of my SI, my mentor and all the people I worked with at the site were very helpful in explaining the company and the things they do. Family Resources is a very complicated company that has a lot of moving parts and have to work heavily not only with the client, but with insurance companies, healthcare professionals, and client's families. This means that they fill out a lot of paperwork and have many necessary forms and phone calls to take care of and they spent many hours explaining this all to me.

Alternate Contact. I will meet with my site ideally, about once a week to discuss my progress. If I am not able to go into the office, I will make sure to contact Joan via email about once a week. This was agreed on because this way I can keep Joan and the rest of the staff up to date without taking away too much time from other work they need to be focused on.

Resources Used. The interim supervisor at Family Resources would be Julie DeBusschere, the Registered Nurse. I worked very closely with Julie as well because this was a health related program she was very helpful with getting my talks with some other staff as well as an interview about her thoughts. Her work cell phone number is (563) 949- 6964 and can be reached during the workday.

Funding Available. During my internship I was given a workspace to do research at. During this spring term while I am on Augustana's campus I will not be getting anything from Family Resources except possible information I might need during my SI project relating to their ER visit numbers or any sort of training Family Resource staff might have on ER visits and use. Because Family Resources is a nonprofit, I will not be receiving any funding from them in order to complete my SI. In order to create the flyers they need, I will use my printing fund, and the poster will come from my own bank account.

SI Timeline

The biggest SI goals needing to be accomplished are the proposal, the deliverable draft, final paper, presentation at Symposium Day, Deliverable presentation at site, and the final paper due.

- Finished Internship with Family Resources
- Met with Dr. Hann to finalize deliverable – March 14, 2017
- Email conversation with Joan about change in deliverable- March 19, 2017
- Finish and submit Proposal- March 20, 2017
- Meet with Dr. Hann- March 31, 2017

- Work on Deliverable
- Meeting with Family Resources Staff- week of April 5, 2017
- Meet with Dr. Hann – April 24, 2017
- Finish Deliverable, paper
- Present Deliverable at Symposium Day- May 3, 2017
- Present Deliverable at internship site- Week of May 15, 2017

Conclusion

Proposed Deliverable. My deliverable for Family Resources is a toolkit that can be used to lower the unnecessary use of the ER by the behavioral health population of the Medicaid community. It will include resources beneficial to inform not only staff but participants as well as to when an appropriate time to go to the ER is. This will include a brochure to hand out, an outline of the presentation, and possibly a PowerPoint to use as well. This will benefit Family Resources but the insurance companies, the hospital staff, as well as the participants sitting through the seminar.

Appropriate Site. Family Resources is the perfect site for this deliverable because they work primarily with the Medicaid population. Many of their clients are from lower socioeconomic status and they will have some sort of behavior issue. After some research, I came across the fact that those covered by Medicaid were the highest users of the ER, so that seemed to fit, and I also found that individuals with behavioral issues are also at a higher likelihood to overuse the ER. This seems very fitting for Family Resources, because this is the primary population they deal with.

Methods. In order to finish this deliverable I will have to complete a lot of research about not only ER overuse, but also the Medicaid population and the most common behavioral issues adolescents face today. The next step after that is to figure out the best parts of the toolkit to include in my deliverable; will people respond best to a PowerPoint, brochure, outline etc. That is what I need to figure out. Once I have that data I can actually start working on the toolkit, and I will probably need some help from the graphic design majors so I will have to be in contact with them. Once the deliverable is complete I will complete my final paper with all my findings and research and then in mid May I will have the opportunity to present my deliverable and findings twice to two different audiences and there I will give Family Resources my deliverable.

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