Healthy Memphis COMMON TABLE
Take Charge for Better Health

Aligning Forces for Quality | Improving Health & Health Care in Communities Across Greater Memphis
An initiative of the Healthy Memphis Common Table and the Robert Wood Johnson Foundation.

Non-Urgent and Primary-Care-Sensitive Hospital Emergency Department Visits in Memphis and Shelby County, Tennessee

More than half of the total emergency department (ED) visits, 57.3 percent, in 2009 were primary-care-sensitive and therefore potentially avoidable, according to Healthy Memphis Common Table's (HMCT) TAKE CHARGE® report, "Status Report on Efforts to Advance Understanding and Awareness of Non-Urgent and Primary-Care-Sensitive Hospital Emergency Department Visits in Memphis and Shelby County, Tennessee." Hospitals that provided ED services in Shelby County billed patients and their third-party payers more than $434.7 million for non-urgent ED visits.

What is a Non-Urgent ED Visit?
Researchers have long recognized the difficulty in determining the "urgency" of hospital ED visits. In the clinical setting, the level of urgency of ED visits is usually determined by the level of immediacy in minutes or hours assigned by the triage staff upon a patient's arrival at the hospital ED. To create this report, HMCT applied the NYU ED Algorithm software program, the most commonly used program to assess ED visits.

The NYU ED Algorithm places ED visits that did not result in an admission into the following categories:
1. Non-emergent
2. Emergent/Primary Care Treatable
3. Emergent, ED Care Needed, Preventable/Avoidable
4. Emergent, ED Care Needed, Not Preventable/Avoidable
5. Injury
6. Mental Health

Findings
In 2009, more than 2.3 million ED visits were made by Tennessee residents. Close to 340,000 of these visits (or 14.4 percent of the state total) were made by residents of Shelby County.

- In Shelby County, more than half of the total ED visits (52.1% of total) were non-urgent, and 57.3% of the total ED visits were primary-care-sensitive and therefore potentially avoidable.
- Most Shelby County residents who had at least one ED visit used ED care for medical problems that could have been treated effectively and safely in the primary care setting.
- Tennessee and Shelby County had 9.8% and 9%, respectively, of ED visits that were emergent, required ED services, and were not preventable by primary care.
- Significant racial and ethnic variations in non-urgent and primary-care-sensitive ED visits exist with black Tennessee residents having the highest non-urgent and primary-care-sensitive ED visits and Asian residents the lowest (per 1,000 population).
- Greater racial and ethnic variations exist in Shelby County, with black Shelby County residents having rates of non-urgent and primary-care-sensitive ED visits more than three times those of white Shelby County residents (per 1,000 population).
- It is a myth that only uninsured patients use hospital EDs for non-urgent and primary-care-sensitive medical problems. In Shelby County insured patients were responsible for close to 80% of all of the non-urgent and primary-care-sensitive ED visits. Uninsured patients, while

representing about 15% of the total county population, were responsible for about 20% of the total non-urgent and primary-care-sensitive ED visits.

What Can We Do as a Community to Reduce Non-Urgent ED Use?
Non-urgent ED visits is a complex issue driven by many contributing factors. Some can be traced back to the primary care system's capacity constraints that have caused a shift in demand from physician offices to hospital EDs. Another factor is a lack of provider incentives under the current fee-for-service payment system to reduce hospital ED use. On the demand side, many patients lack the means to pay for routine, preventive services, and others may prefer EDs to a doctor's office when immediate medical attention is needed. What can we do as a community to address this health system issue that affects us all?

Medical researchers and practitioners across the country have found the following intervention strategies and community initiatives effective in reducing non-urgent, potentially avoidable ED visits:

1. Improve clinical communication and care coordination between hospital EDs, primary care offices, and community health care offices by using an electronic medical record system and care coordinators to facilitate real-time communication.
2. Establish medical homes where primary care physicians coordinate patient care and follow-up with patients after they have been discharged from a hospital ED.
3. Provide funding support to primary care clinics to operate extended business hours. Studies have shown that many patients, especially those with Medicaid insurance or no insurance, use hospital ED because the doctor's office is not open or because there is no other place to go.
4. Develop ED diversion programs to educate patients about alternative non-emergency care options and offer real-time referrals to alternative non-emergency care.
5. Expand community health centers to reduce the workload of primary care physicians, making it easier for patients to get an appointment at their regular places of care.
6. Initiate a payment reform program that shifts from the fee-for-service style of payment model that rewards providers by the volume of services delivered to payment systems, such as bundled payments and shared savings plans that reward value of services delivered.
7. Expand insurance coverage that emphasizes preventive services and care coordination.
8. Educate patients on appropriate ED visits.
9. Create case management programs to help people manage chronic diseases.
10. Start workplace wellness programs to bolster workers' health and reduce the need to use hospital emergency services.

The results in this report were based on the hospital discharge data for 2009. The results are not only relevant to the current situation in Memphis and Shelby County, but also useful in guiding health care planning and public health decision-making. HMCT produced this report with the support of the Robert Wood Johnson Foundation's *Aligning Forces for Quality* (AF4Q) program to make health equity a priority in our community. AF4Q's goal is to improve the quality of health and health care in 16 communities across the country through interventions at the local level. AF4Q addresses four main areas of health care improvement: quality improvement, performance measurement and public reporting, consumer engagement, and payment reform. Embedded within each of these categories is health equity.