

Simple Ambulatory Interventions That Reduce Hospital Utilization

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Introduction

UAB's Continuing Care Division has experienced exponential growth over the last 5 years. In doing so, we have found that simple, even one-time interventions, can have a significant impact on a patient's hospital utilization and receiving the right care at the right place at the right time. Our current structure includes a team of both centralized and dedicated Master's and Bachelor's prepared social workers and RN Care Managers. We also staff Lay Navigators, Community Health Workers, Paramedical Staff, and the utilization of an Automated Voice Response System (EMMI) for lower acuity patients.

Objectives

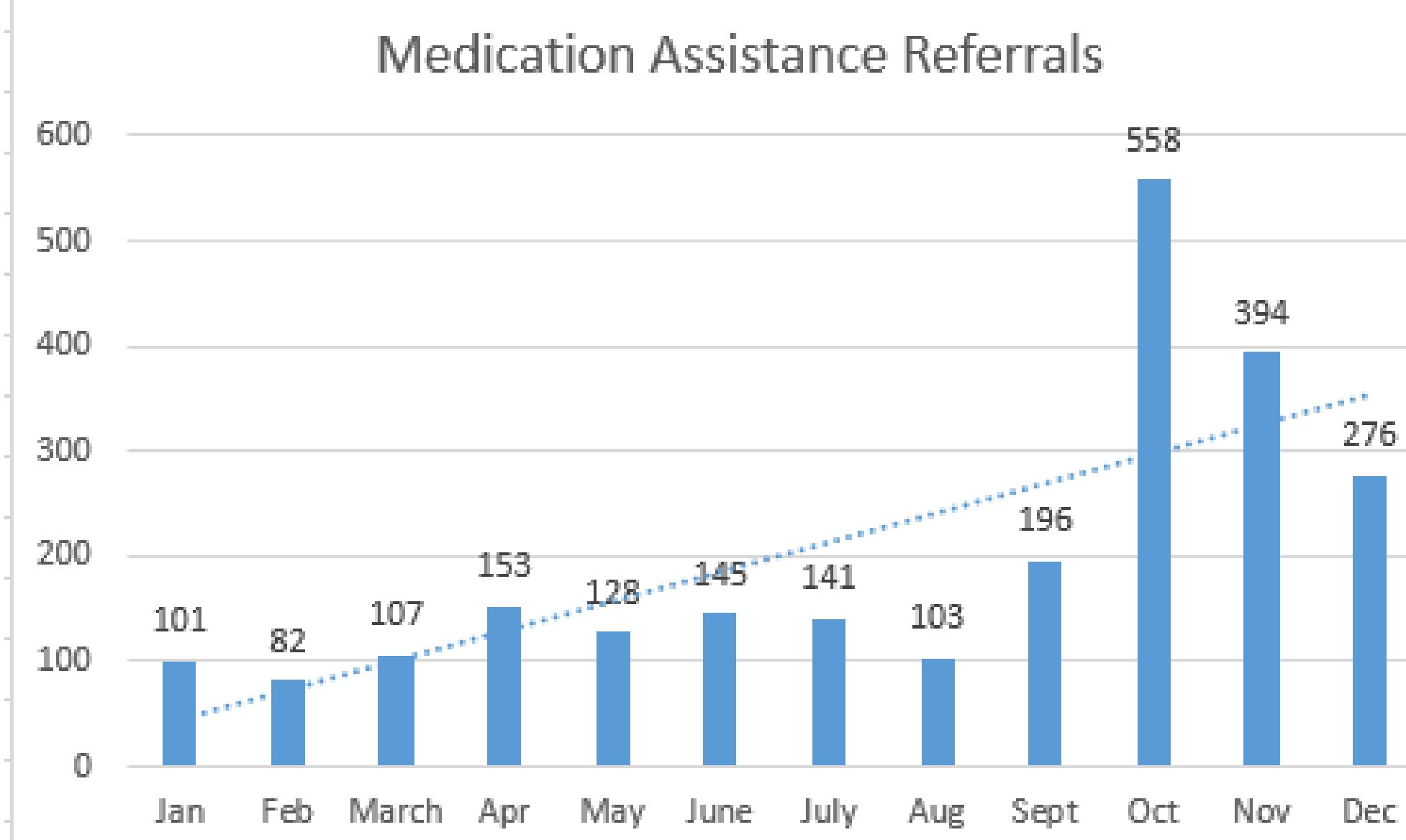
- Improve access to prescribed medications when patients are experiencing problems with medication affordability
- Reduce ED utilization in identified at risk patient populations
 - Women between the age of 35 – 64
 - Patients utilizing the Emergency Department \geq 3 times in a rolling 30 calendar days
- Improve patient arrivals to scheduled Oncology appointments

Method

- Developed a Standard of work document for the following participants in the care team
 - ED RN Case Manager and Social Workers
 - Centralized Social Workers
 - Paramedical Team
 - Lay Navigators
 - EMMI Nurses
- Create specific case types for documentation in the Electronic Health Record which would allow the evaluation of return on investment for each intervention
- Create the methodology for referrals into each program for intervention
- Create education and training documents for each intervention
- Develop the reports required to evaluate the outcomes of each intervention
- Develop a dashboard to display the effects of the intervention on utilization (currently in development)

Medication Affordability Results

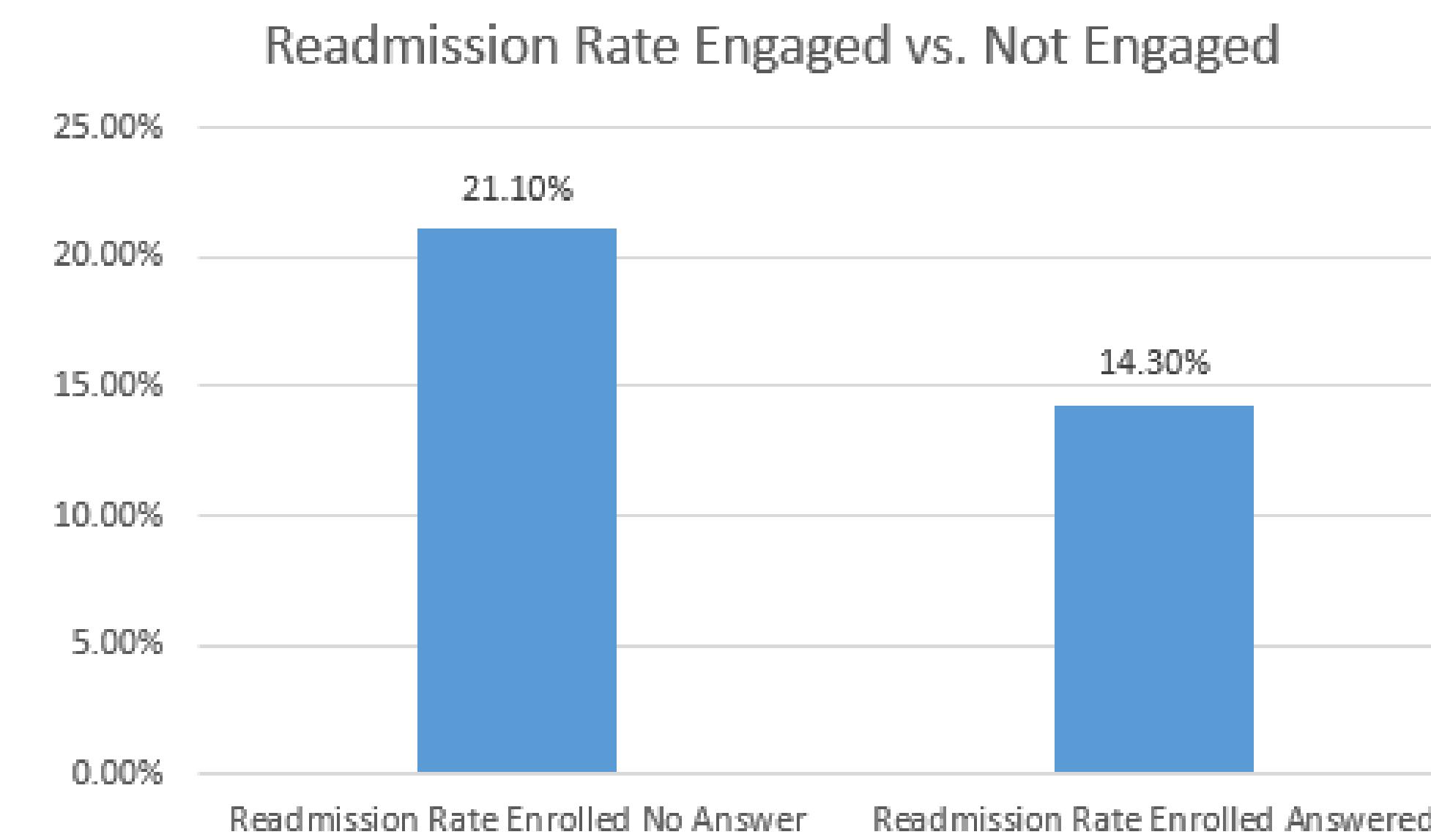
- Referrals received from Ambulatory clinics for patient's experiencing challenges paying for their medication.
- PAPs for Oncology patients need to be renewed annually thus a significant jump in referrals the last quarter of the year



- Referrals to SW for Prescription Assistance Programs per random sample chart review indicate a 54.5% reduction in in-patient admissions from 3 months prior to 3 months post medication affordability intervention
- Referrals to SW for Prescription Assistance Programs per random sample chart review indicate a 47.36% reduction in ED visits from 3 months prior to 3 months post medication affordability intervention
- Successful completion of prescription assistance programs was completed with an average of 2.5 touches per patient

Women between the age of 35-64 Results

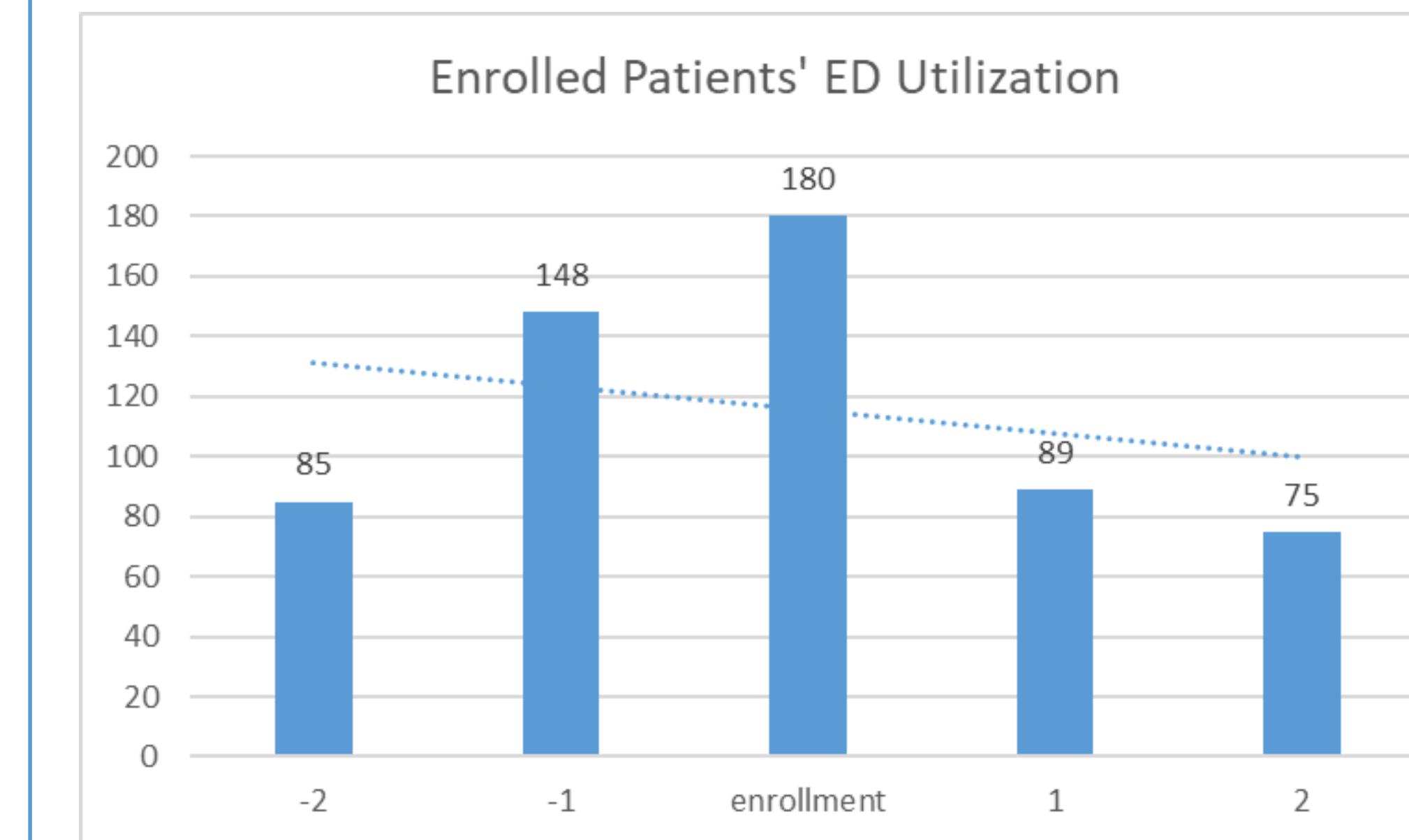
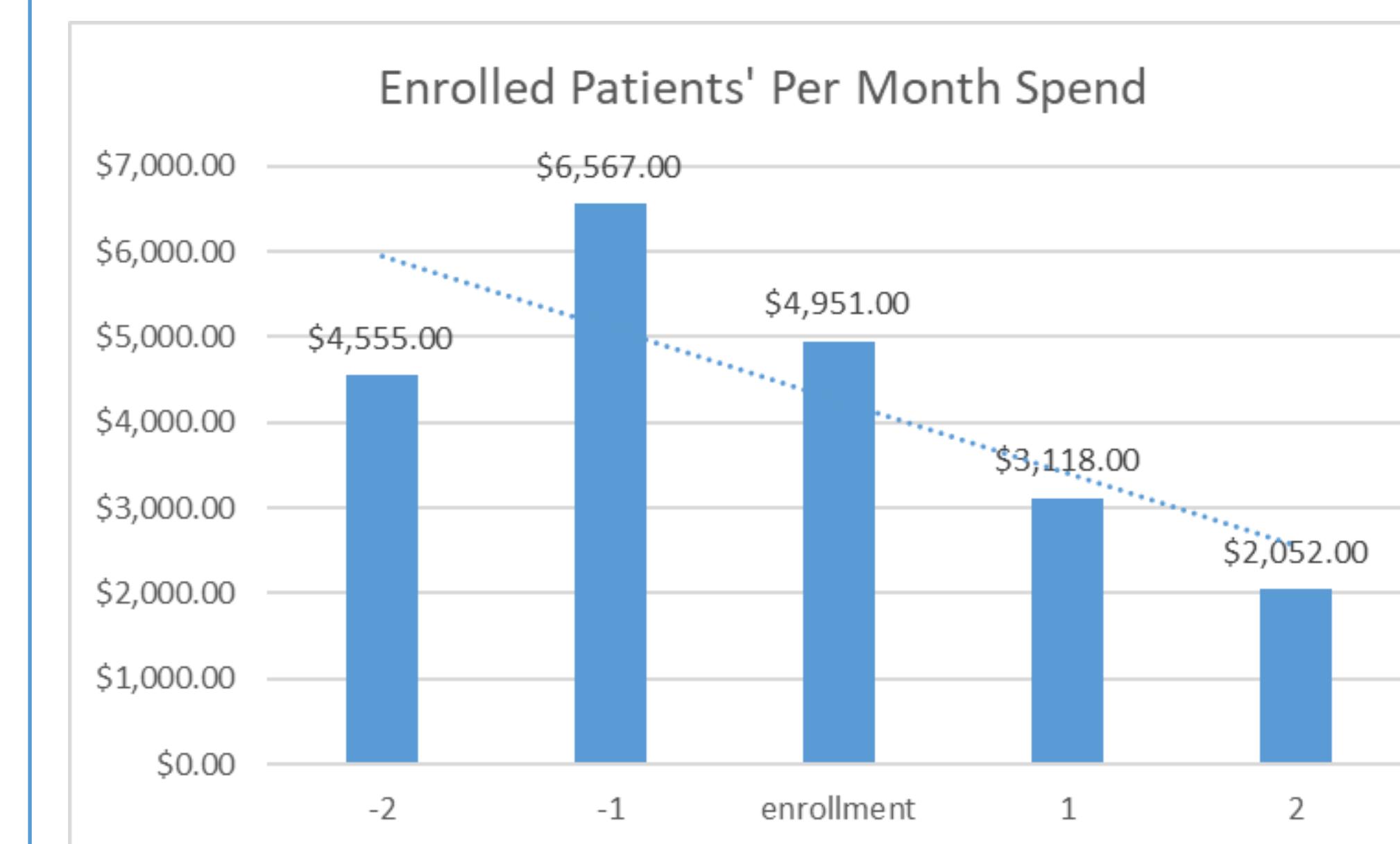
- Utilize the EMMI Automated Voice Response (AVR) system to outreach to women between 35-64 discharged to home from the Emergency Department
- Red Flags from the AVR are followed up on by a Care Transitions RN



- The reduction in readmissions in the 11,002 patients that engaged in the program saved 197 in patient days allowing us to fill those beds with other patients in need.

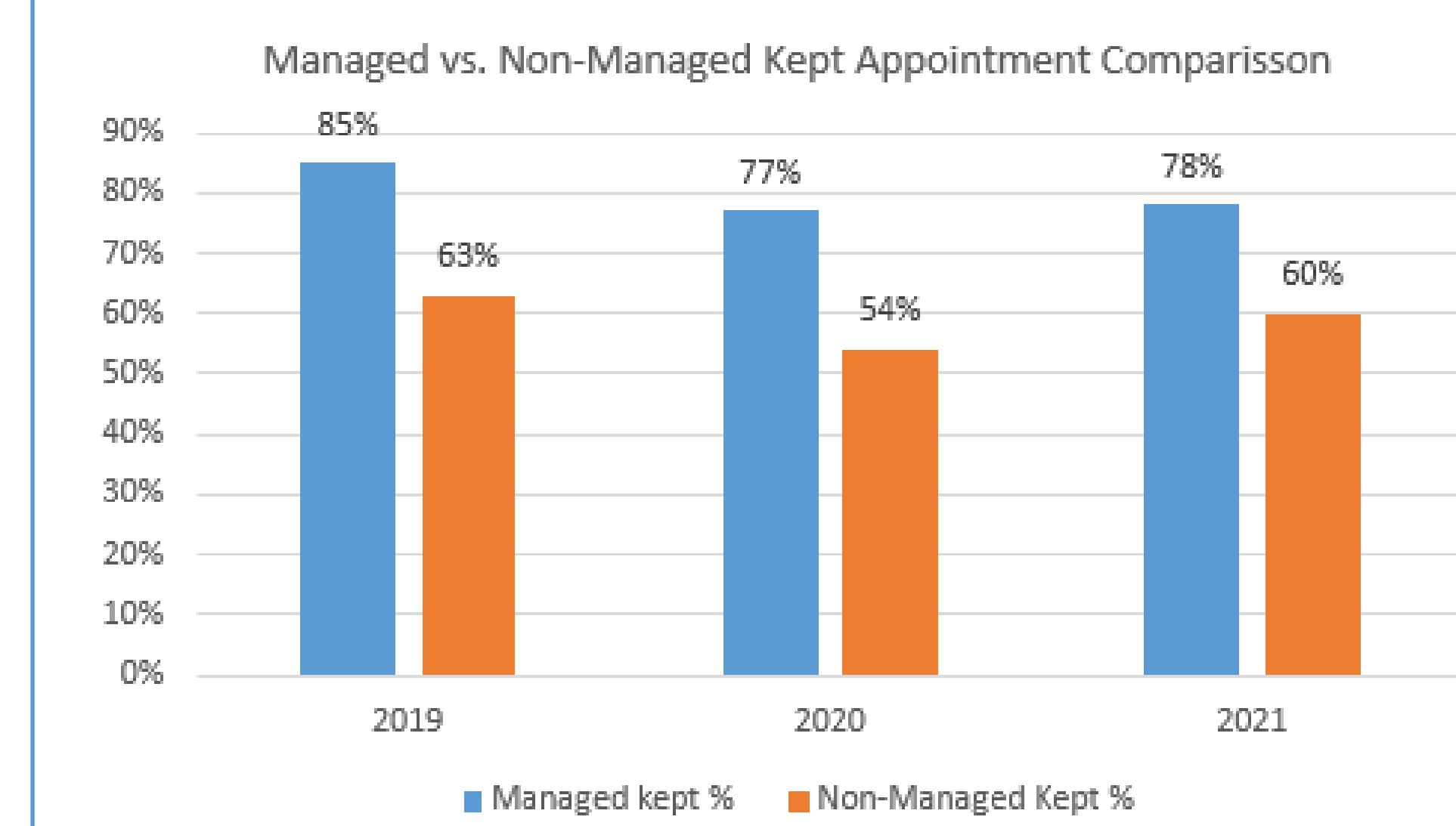
Frequent ED Utilizer Results

- Patients that arrive to the Emergency Department 3 times in a rolling calendar 30 days and live in the Birmingham Metro Area
- Paramedics make 4 weekly visits to the patient's home in the community
- Evaluate for Psychosocial needs that may be sending them to the hospital



Arrived Oncology Appointment Results

- All New Oncology Appointments are outreach to by a Lay Navigator 1-5 days prior to their new appointment
- Identify any barriers to the patient's arrival
- Prepare patient on what to bring and what to expect
- Arrange for any special services the patient needs upon arrival i.e. wheelchair



- Additional communication prior to a new patient's Oncology appointment increased new patient arrival by an average of 21 percentage points.

Conclusion

- Interventions can be scaled based upon the complexity of psychosocial needs and medical acuity
- Ensuring patients can obtain their medication significantly reduces a patient's utilization of the emergency department and decreases in patient admissions
- Even non human intervention (Automated Voice Response Systems) can have a significant impact in identifying problems that need to be clinically escalated which could lead to an additional Emergency Department Visit.
- Utilizing paramedics in the community that can evaluate a patient's living conditions for safety and psychosocial needs reduces the per patient per month spend as well as their propensity to return to the ED
- Additional outreach to new Oncology patients with the intent on identifying barriers and setting expectations on what to expect during their appointment increases the patients likelihood of arriving to their appointment.

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