“Flex Care”: An Integrated Care Delivery Approach for Low Acuity Patients Presenting to the ED

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Introduction

• Low acuity patients comprise a significant % of total visits for many EDs
• MedStar Harbor Hospital:
  – Primary source of urgent care for the local community:
    • >50K ED visits/year with a 12-15% admission rate
    • Up to 45% of ED volume is ESI 4/5
    • Increased annual ED denials
    • ED staffing and physical plant calibrated to overall volume not to acuity

• Need for a new care model
INTRODUCING ED FLEX CARE

A new non-emergent assessment and treatment program offered by MedStar Harbor Hospital

You now have multiple rapid treatment options that are tailored to the severity and type of illness or injury that challenges you.

WHAT CAN YOU EXPECT?
Medical screening exam by an Emergency Department (ED) Provider
Stabilizing treatment for an emergency medical condition, regardless of ability to pay
Direction to the most appropriate place for you to receive care
Rapid, specialized treatment without an appointment

MedStar Harbor Hospital

ED  ED Fast Track  MedStar Pediatrics  MedStar Primary Care  MedStar Orthopaedics  MedStar Women’s Care
Vertical Care

Knowledge and Compassion Focused on You
ED Flex Care: Key components

- “First look” registration and rapid triage
- Clear Program inclusion and exclusion criteria (see Appendix)
- Dedicated “Vertical Care” area in the ED
- APC-driven process: PAs in ED, NPs in clinics
- Scheduling template changes to ensure access
- EMTALA-compliant medical screening examination with standardized documentation
- Direct navigation of appropriate patients to on-campus* clinics (Internal Medicine, Pediatrics, Women’s Care) for rapid intake
- Enterprise EMR
- Negotiation with payers for reimbursement
- Communication, communication, communication!

* Alternative is navigation to PCP, off-campus clinic with pre-arranged protocol (in use at MedStar Franklin Square)
Results

7400 patients since program inception
~1000 seen at MFSMC

Average Wait times:
• Medicine: 10 min
• Peds: 8 min
• OB/GYN: 5 min
### PRIMARY CARE

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain (back, neck, joint)</td>
<td>30%</td>
</tr>
<tr>
<td>ENT Issues</td>
<td>21%</td>
</tr>
<tr>
<td>Respiratory Issues</td>
<td>8%</td>
</tr>
<tr>
<td>STD Related, UTI, etc Issues</td>
<td>8%</td>
</tr>
<tr>
<td>Skin Infection</td>
<td>7%</td>
</tr>
<tr>
<td>Dental Issues</td>
<td>7%</td>
</tr>
<tr>
<td>Other health status</td>
<td>4%</td>
</tr>
<tr>
<td>BP, Hypertension, Chest Pain</td>
<td>2%</td>
</tr>
<tr>
<td>Allergies/Allergic Reaction</td>
<td>2%</td>
</tr>
<tr>
<td>Cold</td>
<td></td>
</tr>
<tr>
<td>Symptoms/Nausea/Influenza</td>
<td>2%</td>
</tr>
<tr>
<td>Mental Health</td>
<td>2%</td>
</tr>
<tr>
<td>Abscess</td>
<td>2%</td>
</tr>
<tr>
<td>Fever</td>
<td>1%</td>
</tr>
<tr>
<td>Headache</td>
<td>1%</td>
</tr>
<tr>
<td>Gastro/Urology</td>
<td>1%</td>
</tr>
<tr>
<td>Foot Infection</td>
<td>1%</td>
</tr>
<tr>
<td>Tobacco/Cannabis</td>
<td>1%</td>
</tr>
<tr>
<td>MVA Injury</td>
<td>2%</td>
</tr>
</tbody>
</table>

### PEDIATRICS

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENT Issues</td>
<td>32%</td>
</tr>
<tr>
<td>Respiratory Issues</td>
<td>18%</td>
</tr>
<tr>
<td>Skin Infection</td>
<td>13%</td>
</tr>
<tr>
<td>Open Wounds</td>
<td>7%</td>
</tr>
<tr>
<td>Gastro/Urology</td>
<td>5%</td>
</tr>
<tr>
<td>Viral Infection</td>
<td>4%</td>
</tr>
<tr>
<td>Allergies</td>
<td>4%</td>
</tr>
<tr>
<td>Pain</td>
<td>4%</td>
</tr>
<tr>
<td>Dental Issues</td>
<td>2%</td>
</tr>
<tr>
<td>MVA Injury</td>
<td>2%</td>
</tr>
<tr>
<td>Other health status</td>
<td>7%</td>
</tr>
</tbody>
</table>

### WOMEN'S

<table>
<thead>
<tr>
<th>Category</th>
<th>% of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>GYN Infections</td>
<td>58%</td>
</tr>
<tr>
<td>Pregnancy</td>
<td>8%</td>
</tr>
<tr>
<td>STD Screening</td>
<td>8%</td>
</tr>
<tr>
<td>Threatened abortion</td>
<td>8%</td>
</tr>
<tr>
<td>Other health status</td>
<td>17%</td>
</tr>
</tbody>
</table>
Flex Care Payor Mix

- Medicaid MCO: 66%
- Self-Pay: 17%
- Medicare: 9%
- Commercial: 6%
- Out of State: 2%
Results

• 16% annual reduction in ED denials
• 55% reduction in Fast Track ED visits
• Increase in acuity of remaining visits and significant reductions in ED diversions
• Positive negotiations with MCOs for ambulatory visit reimbursement (several models used)
Factors to consider for broader implementation

- ED Acuity Mix
- Primary Care Access and proximity to ED
- Relationships with Primary Care base
- Campus Geography
- Navigator availability
- Payor negotiation
- Involvement of ED, Nursing, Transport, Clinic Staff and Leadership
Flex Care Eligibility Criteria

Post-MSE Referral Criteria

EXCLUSION Criteria: Presence of any of these makes the patient ineligible for Post-MSE referral

- ESI 1, 2, or 3 or any patient who is toxic or ill-appearing
- Age less than 3 months (all other ages are eligible)
- Obviously intoxicated or otherwise altered patient
- Patient in police custody
- Significantly abnormal vital signs
  For adults: HR < 50 or > 110, RR < 10 or > 24, BP < 90 or > 180, Pox < 93% (unless chronically hypoxic and stable), Temp > 38.9 (102 F)
  For children: Refer to age-adjusted normal vital signs
- Patients requiring IV fluids/IV medications/or emergent lab studies
- Patients requiring imaging studies
- Patients arriving via EMS for acute injuries (MVC, fall, assault)
- Pregnant patients with any complaint that may be related to the pregnancy
- Laceration requiring repair
- Abscess requiring incision and drainage
INCLUSION Criteria
The list below is meant to represent the most common complaints that are eligible for Post-MSE referral but is NOT an exhaustive list of the complaints that may be eligible. This is intended to serve as a general guideline only:

URI/Flu symptoms (cough, ear pain, conjunctivitis, sore throat, etc)
Hay fever/Seasonal allergies
Pediatric fever in well-appearing child
Dental pain
Pediatric foreign bodies (nose, ear)
Back pain (assuming no risk factors or concern for AAA, cord compression, epidural abscess, etc)
Musculoskeletal Pain without need for Xray (non-acute trauma- including EMS pts, joint pain, nursemaid’s elbow)
Non-traumatic joint pain without septic joint signs/sx and without need for Xray
Minor acute trauma if no deformity present and without need for Xray
Mild asthma/Mild COPD
Rash/Infestations/Mild allergic reactions
Mild, uncomplicated cellulitis
Hemorrhoids/Varicose veins/Thrombophlebitis or other minor vascular issues
Minor gyn complaints (pregnancy test, vaginal DC, STD exposure)
Routine B-HCG follow-up
Breast pain
UTI symptoms
Minor male GU complaints (penile DC, STD exposure)
Asymptomatic hypertension
Medication refill
Return to work note/Other work-related paperwork
Wound check/Suture removal
Minor abrasions/Puncture wounds (excludes lacerations that require XR or repair)
A Medical Screening Exam (MSE) has been performed for this patient and the determination has been made by me that no emergency medical condition exists at this time. The patient has been advised of this. The patient has been offered the option to be transported by our staff to an alternative site on campus of MedStar Harbor Hospital where another qualified medical professional will assume care of the patient.

Signature

Printed Name/SMS #
Adult Emergency Department
Patient Flow Strategies
Medical Admitting Officer

Role
Partner with ED team and provide oversight to provider decision-making and plan provision for Medicine Admission/Observation patients.

- Facilitate admission discussion
- Expedite AED discharges to outpatient medicine clinics
- Collaborate with inpatient medicine team for Obs >24hr
ED RN Flow Coordinator

Role

Partner with ED team and provide oversight to the internal operations specific to patient flow.

- Collaborate with team to identify admission/discharges
- Expedite inflow/outflow of patients
- Collaborate with PPC
- Identify and real-time trouble-shooting of delays in admissions/transfers
Screening Provider

Role
Partner with ED team to evaluate and facilitate flow of appropriate patients to the Urgent Care

- Provide medical screening exam for ESI 4/5
- Expedite and streamline the outflow of patients to Urgent Care
- Collaborate with AED team and Ambulatory Services
Physician Administrator of the Day (PAD)

Role
Partner with clinical services lines to facilitate patient flow
- Evaluate census of ED, 3DS, ICUs, and OR listing/PACU
- Review any emergent, time-sensitive, or long-wait pts on ExpressCare list
- Review anticipated discharges, units with closed beds/staffing constraints, and issues needing escalation
- Evaluate and discuss any other concerns or delays which require assistance
- Attend IDR Rounds – compile and address issues impairing discharge
- Evaluate and facilitate transfer opportunities
- Round in ED and select inpatient units
• Decrease delays in discharge, admission, and transfers
• Decrease left without being seen
• Improve patient throughput
• Decrease arrival to disposition
• Improve patient experience
Lessons Learned

TRY → FAIL → SUCCESS

Diagram showing the cycle of trying, failing, and succeeding.