Ambulatory Connections

Systems Approaches to Improving Emergency Department Performance

Sept 14, 2010

SCHOOL OF MEDICINE
UT HEALTH SCIENCE CENTER™
SAN ANTONIO

University Health System

Acknowledgements:

- Dr. Gary McWilliams
- Dr. Liem Du
- Dr. Michael Johnson
- The staff at Nurselink

The context:

- University Health System
  - County hospital system
  - Inpatient, outpatient, “urgent care” services
  - Funds the Carelink system, a funding mechanism for county residents to receive “within system” care at UHS

The problem

- Uninsured patients who were admitted or remained in-hospital for outpatient work-ups
- Concern that these patients would “fall through the cracks” unless they were admitted

Ambulatory connections

- A program to facilitate rapid outpatient follow-up for uninsured patients
- Meet both medical and “social” needs

How it works:

- Actual clinic space in Express Med clinic
- Provider calls Nurselink to request appointment & summarizes scenario
- 2 appointments made: Medical & Social Work
- Timeframe for appointments at the discretion of the requesting provider
- At appointment, if further follow-up is needed, Red Flag process initiated

The rollout:

- Started with 2 providers
- Rolled out to Division of Hospital Medicine
- Rolled out to Emergency Medicine

Most common reasons referred

2008	2009
Hyperglycemia / diabetes (22%)	Chest pain (11%)
Asthma / COPD (6%)	Hyperglycemia / diabetes (8%)
Cirrhosis complications (6%)	Pyelonephritis (5%)
Pneumonia (5%)	Cirrhosis (5%)
Chest pain (5%)	Pneumonia (4%)
Cellulitis (4%)	Hypertension (4%)
Cancer-related (4%)	Cellulitis (4%)
Hypertension (4%)	Asthma / COPD (3%)
PVT / PE (3%)	Cancer-related (2%)
Pancreatitis (3%)	Anemia follow-up (2%)

Our experience to date:

	2008	2009
Number of patients referred	562	1795
Number (%) patients who arrived for initial appt	382 (68%)	1172 (65%)
Number of patients receiving follow-up care	308	574
Number (%) of patients who obtained funding	286 (51%)	589 (33%)
Days LOS saved	821	2820
EC admissions prevented	66	483

30 day readmission data:

Year	Readmissions – ambulatory connections	Readmissions – overall hospital
2008	8 of 563 (1.4%)	> 8%
2009	33 of 1680 (1.9%)	8%

- Patients referred from ED have higher readmission rates (3 and 2.5%)
- Most common readmission diagnoses:
  - Cellulitis
  - Cirrhosis

“Lessons learned”

- **C**omplicated & **C**omplex patients requiring **C**omprehensive **C**are
- **C**hampions & **C**ollaboration are necessary
- **C**are pathways helped the process
- **C**overage & **C**ontinuity
- **C**ustomer service – to patients and providers
- **C**ontinuous improvement

More “Lessons Learned”

- Ignoring non-medical issues that lead to utilization will not produce results
- “System-wide” solutions are required
  - Weak link currently is subspecialty access

Summary:

- Ambulatory connections has been successful in:
  - Reducing unnecessary length of stay
  - Helping patients obtain funding
  - Preventing readmissions
- Unfortunately, it is a band-aid on a larger problem

Thank you!

Questions?