

## Program Overview – Observation Admission Reduction

### Background:

According to CMS reports, the incidence of Observational Admissions has increased 69% since 2006. Observational admissions place significant financial burden on the patient and the healthcare system. Many observational admissions may be avoidable if the patient had a resource available for the time period between the emergency department (ED) visit and the follow-up care needed by the patient, typically at a primary care provider (PCP) or specialist appointment within 1 – 3 days.

MedStar Mobile Healthcare has been operating a Community Health Program (CHP) using Mobile Healthcare Practitioners (MHP) since July 2009. Patients who have graduated from the CHP have experienced an 84.3% reduction in emergency department use for the 12 months post-graduation compared to the 12 months pre-enrollment. Using the same model, MedStar works together with the ED staff to reduce the incidence of patients being admitted for “observation” hospital admissions.

### Program:

- When a patient is being considered for observational admission by the emergency department, the emergency department refers the patient to the MedStar.
- MedStar sends an on-duty MHP to the emergency department to meet briefly with the patient and the emergency department physician.
  - During this brief meeting, the emergency department physician, the patient and the MedStar MHP discuss the patient’s potential needs between the time of discharge and the time the patient can be seen by the follow-up care provider.
  - Typically, the appointment with the follow-up care provider is scheduled for the next business day.
- The MHP explains the service that will be provided to the patient and schedule an in-home visit at a convenient time for the patient, typically 4 – 6 hours after the patient is discharged from the emergency department.
- The MHP visits the patient at the pre-arranged time to assess the patient’s condition.
  - The patient will also be provided a non-emergency contact number for the MHP for any episodic needs for the duration of the enrollment in the monitoring program.
- Any change in the patient’s condition, or consultation regarding the patient’s condition or treatments necessary, will be communicated by the MHP to the emergency department physician, if still on-duty.
  - If the ED physician is off-duty, the consultation is with the MedStar Medical Director.
- Documentation regarding the assessment findings (either electronic or printed) is provided to the patient’s PCP as soon as the physician office opens.
- When the PCP office opens, MedStar’s CHP coordinator, or Triage Nurse, contacts the follow-up provider’s office to provide a verbal report on the patient’s assessment findings, any treatments provided, and assure the written documentation from the MHP has been received by the follow-up provider’s office.
  - The CHP Coordinator or the Triage Nurse also confirms the time for the patient’s appointment and reminds the patient of the appointment time.
  - The CHP Coordinator or Triage Nurse also assures the patient has transportation to the follow-up provider’s appointment.



## Program Evaluation:

The program is evaluated using the following criteria:

- *Patient Outcome* –
  - Was the patient admission avoided, or was the patient eventually admitted to the hospital for the primary complaint they were evaluated in the emergency department?
  
- *Patient Satisfaction* –
  - The patient will be interviewed to determine their overall satisfaction with their program enrollment.
  
- *Provider Satisfaction* –
  - The referring emergency department physician, the patient's primary physician and the CH/APP. assigned to the referral will be interviewed to assess their satisfaction with the referral.

