Project 2.b.iii: ED Care Triage for at-risk Populations

Domain 2: System Transformation Projects

Problem Statement:
The emergency department (ED) is being used for the treatment of conditions which could be effectively treated in lower cost setting, such as primary care offices or urgent care centers. The FLPPS region has a higher rate of Potentially Preventable Visits (PPV) as compared to the rest of NYS.

Summary Statement:
The ED is often utilized for non-emergencies and minor medical concerns for many reasons, including real and perceived barriers to primary care for health management. The goal of this project is to link patients, who arrive at the ED with minor conditions, to primary care providers who can meet their immediate healthcare needs. The project also aims to increase patient awareness of alternative service options and address other barriers to primary care access, reserving ED utilization for true emergencies.

Objective:
Develop transitional care programs to link patients with primary care providers (PCP), thereby matching health care needs with healthcare resources more appropriately. Through education and the removal of barriers to access, a patient can more effectively engage with their primary care provider and become better equipped to manage their own health.

Core Components & Deliverables:
- Emergency Departments establish linkages to community based primary providers who have open access and will meet PCMH level 3 by end of 2017.
- Patient Navigators in Emergency Departments will work with patients who present to ED for minor medical issues to:
  - Link to PCP - schedule a timely appointment with PCP and ensure attendance through addressing any barriers
  - Transfer information to receiving outpatient provider and care manager in real time
  - Provide patient education about how, where, and when to access health care services and the roles of primary care, urgent, care and the emergency room

FLPPS Design Elements:
- Implementation of on campus extended hours primary care and urgent care, particularly at highest volume EDs
- Leverage FQHCs and PCMHs located throughout PPS to increase open access scheduling and patient capacity
- Co-locate EDs with primary care and FQHCs, where possible
- Explore option for call triage process to potentially re-direct non-emergency EMS calls to alternative sites
Target Populations:
- Medicaid patients with no PCP, Pediatric patients with guardian, Frequent/repeat ED utilizers, patients in ED for non-emergency needs
- All PPS partner hospital Emergency Departments

Assets:
- Partnerships between hospitals and primary care
- Workforce – size and expertise
- Model programs and experience throughout the PPS
- IT infrastructure

Challenges:
- Primary Care Provider capacity
- Need for PCMH Level 3 designation
- IT variability
- Transportation
- Behavior change

Last revised: 5/7/15