



THE HIGH ALERT PROGRAM



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Today we will cover:

- High Alert Program overview
- Worklife impact
- Evaluation/Results

High Alert Program Overview

- i. Introduction/Program Description
- ii. Impact on Work Environments
- iii. Evaluation/Results

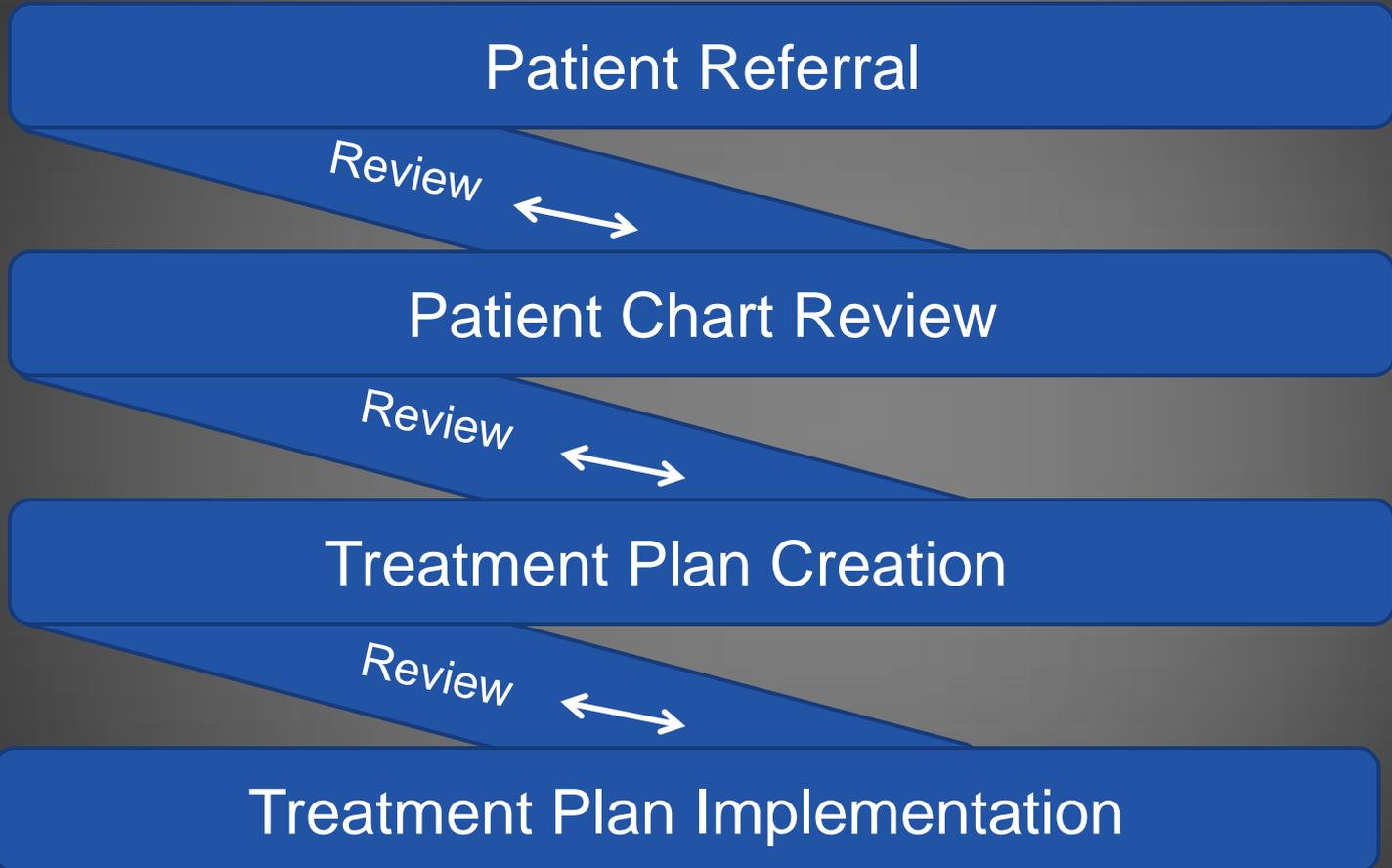
What is High Alert Program?

- ① Case Management System
 - Identifies Patients with Complex Needs
 - Identifies Patients with Numerous ED Visits
 - Organizes Clinical Information
 - Creates a Plan for Future Patient Encounters

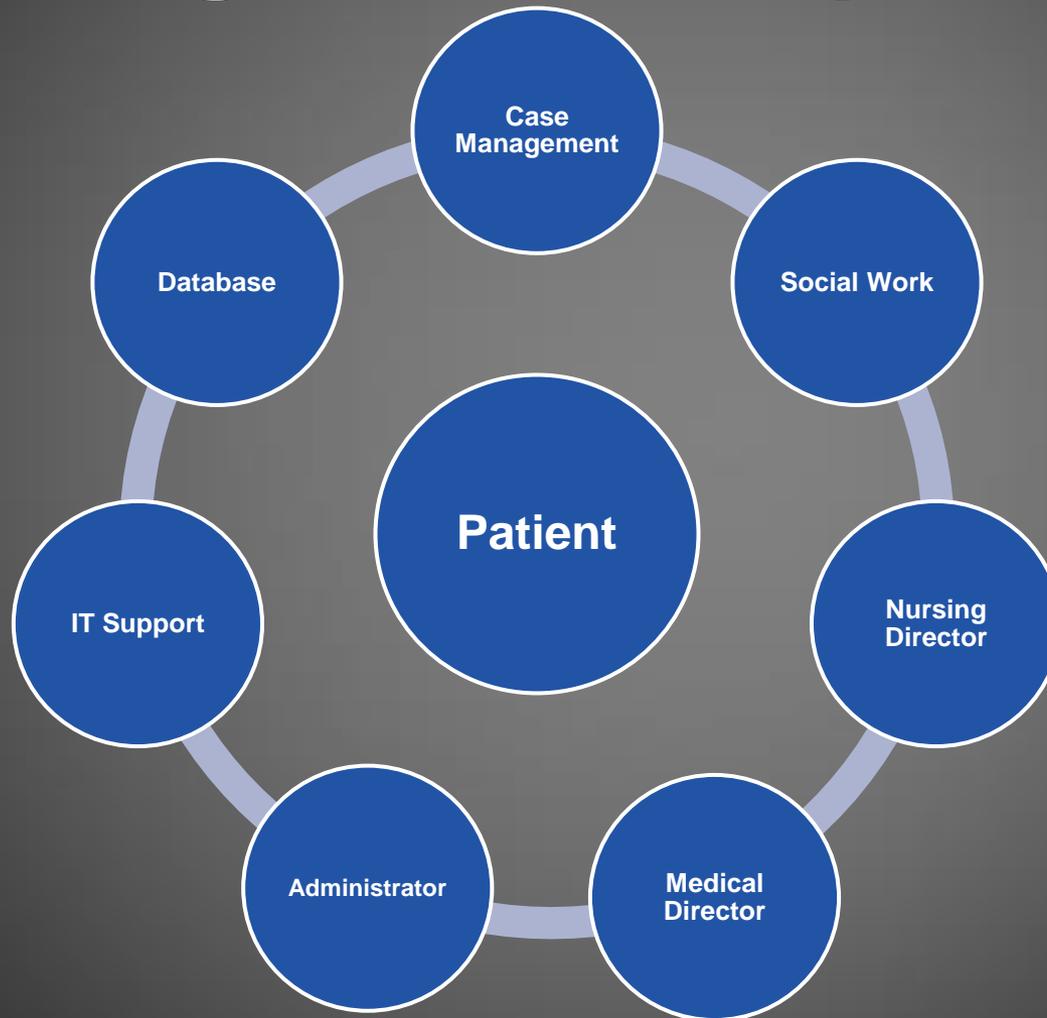
Evolution of The High Alert Program

- SERT
- Mechanism for filtering out high-utilizers
- Behavior modification
- Avoids pressure to triage out
- Technology breakthrough
- Database intervention and development
- Narcotic termination letters

The Process



Resource Requirements for Program Development



High Alert Levels

Level 4
General Patient
Population

Level 3
Patients with
Treatment Plan
Compassionate Dialysis
Sickle Cell
CHF

Level 2
Suicidal Patient

Level 1
Dangerous Patient

Examples of Cases

- Chronic Care Management
- Gastric Bypass Patient
- Sickle Cell Anemia
- Heart Transplant
- Fall Precautions
- DNR
- Management of Homeless Patients

Your Biggest Challenge?

- Patient Treatment History
- Boundaries of Care
- Development of the Care Plan
- Identify Appropriate Resources
- Staff and Patient Follow-up

What Does it Take to Implement?

Sample Policy

- Sample Policy Exists



New Application

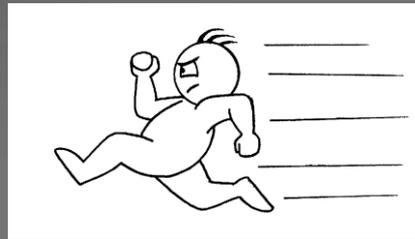
- Eligibility for SSI



How Does This Process Fit in With New Models of Payment or Care Delivery

- Accountable Care Organizations (ACOs)
- Medical Home
- Quality Care
- Cost Reductions
- Hospital Re-admissions
- Wellness and Prevention Emphasis

Personal Perception



Faster



Higher Quality



Lower Costs



Less Conflict

Medical Director Perspective

Eight reasons the HAP is important to our Emergency Departments:

8) Disciplined, standardized process

*** Holds up to JCAHO/Legal Reviews**

Old Model – “Winging It”



Key Processes:

Memory

Rumor

Suspicion

Conflict

Visit List

Old Model – “Winging It”

Here last week !

Likes Dilaudid

Cousin in Jail !

Advantages:

Easy
Already in Use

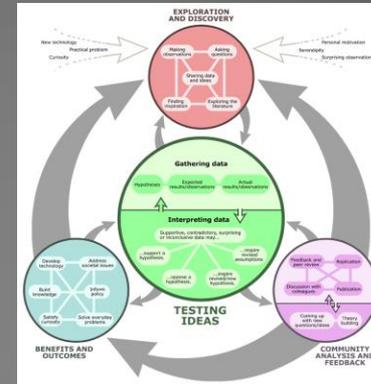
Disadvantages:

No Continuity
Poly-pharmacy
Liability
Inappropriate
Wasted Resources

New Model – High Alert Program

Process:

Referrals
Multiple Inputs
Research
Social Work
Case Management
PCP
Documentation
Director Approval
Re-evaluations
Modifications



Advantages:

Many

Disadvantages:

Time Consuming

Medical Director Perspective

7) Increases MD job satisfaction

- * Worth the costs of HAP!
- * Does not “tie the MD’s hands”
- * Not “cookbook medicine”

Medical Director Perspective

6) Improves the work life of our nurses

- * Worth the costs of HAP!
- * ED “hardest places to work”
- * World-wide nursing shortage
- * RN/MD partnership on treatment plan

Medical Director Perspective

5) Involves the ED patient's private MD

- * Adds authority to Care Plan
- * Engenders trust
- * Suggests ramifications/
consequences to bad behaviors

He stole my cell phone last Friday!

Medical Director Perspective

4) Improves quality of care

- * Detailed synopsis of issues
- * Necessary steps in workup
- * Appropriate treatments

Just another OTD patient.....

Medical Director Perspective

3) Improves speed of care

- * Avoids unnecessary calls
- * Avoids unnecessary testing

Medical Director Perspective

2) Exposes non-compliance

- * 48 visits with nary a PCP visit
- * 15 different dentist appointments in 1 year!

The care plan says you're 4 minutes late with my meds!

Medical Director Perspective

1) Decreases conflicts and tensions

- * Medical Director gets to be the heavy
- * Patient/RN/MD all know the drill
- * Defined endpoints for ED visits

Staff Survey

- Non-scientific poll
- Effort to minimize bias
- 10 questions; multiple-choice
- Sent via email employing SURVEY MONKEY
- 39 doctors and 60 nurses responded



Staff Perspective

- Increases MD job satisfaction

SURVEY RESULTS

- 100% believe the HAP makes their job easier.

Staff Perspective

- Improves the work life of our nurses

SURVEY RESULTS

- 75% believe the HAP makes their job easier.

Staff Perspective

- Improves quality of care

SURVEY RESULTS

- 85% of MDs feel quality is improved.
- 57% of RNs feel quality is improved.

Staff Perspective

- Improves speed of care

SURVEY RESULTS

- 76% of MDs feel LOS is reduced.
- 63% of RNs feel LOS is reduced.

Staff Perspective

- Decreases conflict and tensions within the ED

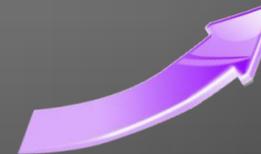
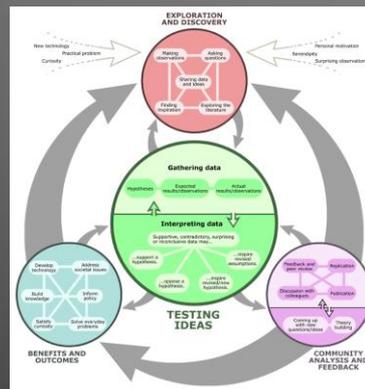
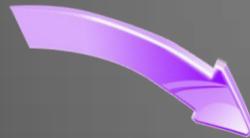
SURVEY RESULTS

87% of MDs feel conflicts are reduced.

- 50% of RNs feel conflicts are reduced.

Overall Perspective

- Brings a controlled & predictable process to high-stress patient encounters within a chaotic environment



*Quality is never an accident, it is always
the result of high intention...*

William A. Foster

Five Strategies for Reducing Unnecessary Visits

- Chronic Care Management
- Substance Abuse Screening
- Off-Site Center for the Homeless
- Primary Care Liaison
- Collaborative Clinic

The Advisory Board

This was written in 1993...
...You've come a long way Baby!

HAP Enrollments in Study

- ⦿ Program active at several hospitals
- ⦿ Studied: 7 hospitals with historical data
- ⦿ HAP patients in study:
 - 1,269 - met inclusion criteria
(HAP patients with visit data within the study interval)

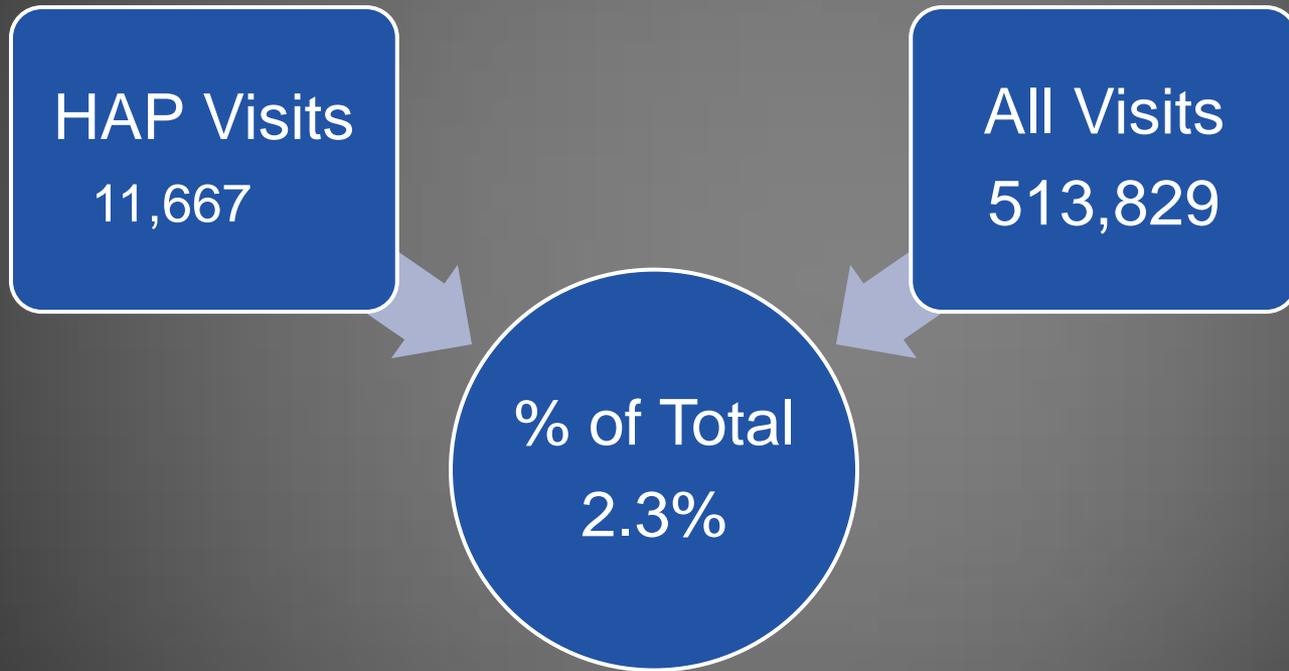
HAP Patient Visits:

Study Percentage of Selected Sites and Period

Time Frame for Data Collection	40 Months	12/2006 – 4/2010
Total # of Visits in Selected HAP Sites over Period	100.0%	513,829
Total # of HAP Visits	2.3%	11,667
HAP Visits Excluded from Sample	0.9%	4,791
HAP Visits in Study	1.3%	6,876

HAP Visits

For 7 Selected Sites Within Period

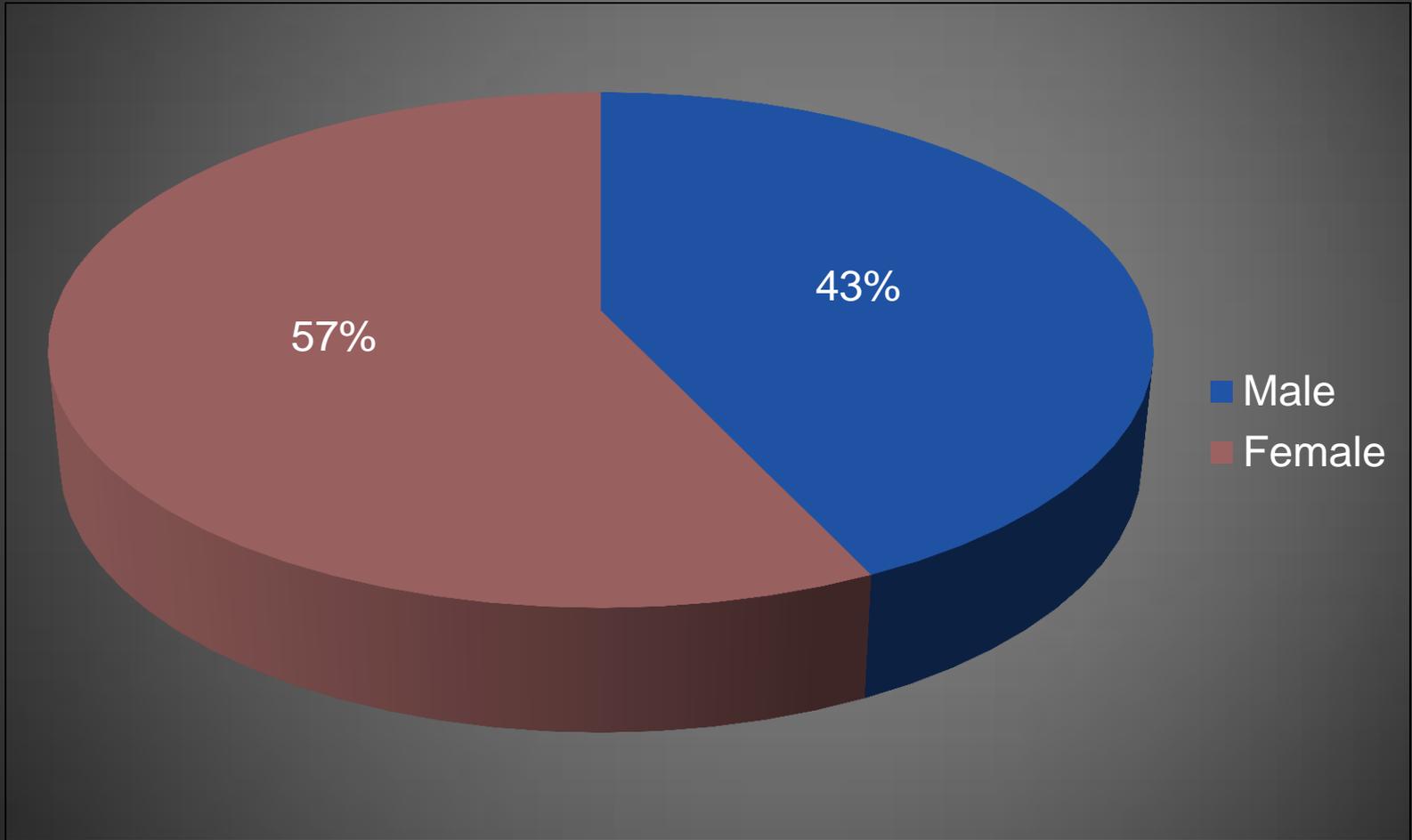


HAP Visits in Study

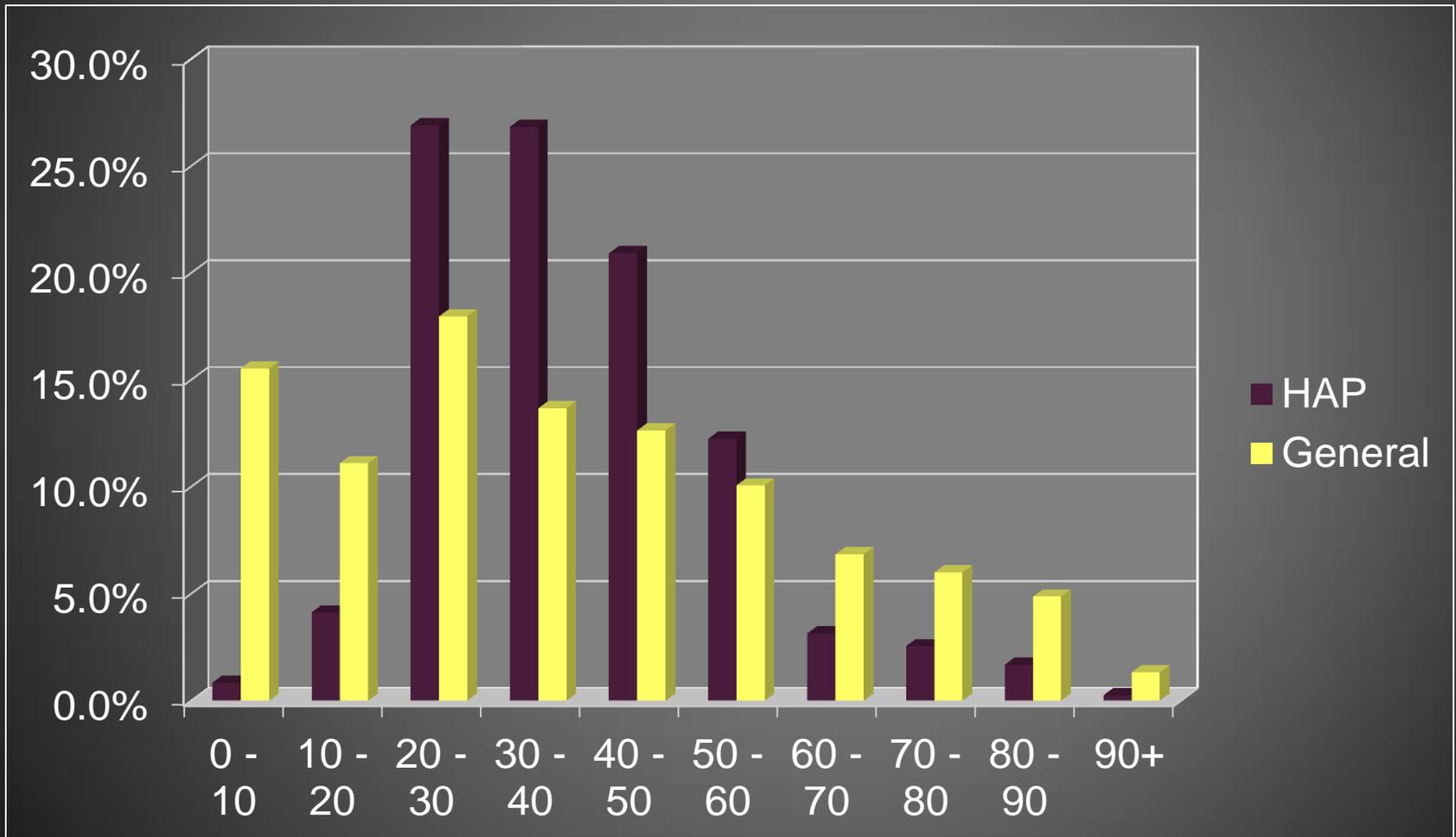
For Selected Sites within Period

Site	All Visits	HAP Visits	% of Total
Site A	126,924	2,041	2.67%
Site B	118,953	2,431	3.62%
Site C	92,684	247	0.47%
Site D	49,774	565	2.20%
Site E	36,456	567	2.05%
Site F	13,220	88	0.97%
Site G	75818	937	2.06%
Totals	513,829	6,876	1.34%

HAP Patient Demographics



Demographics: Age

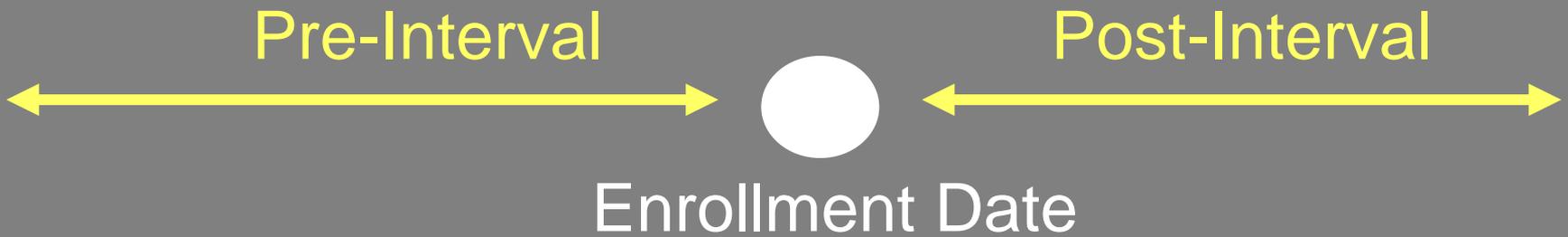


Interval Sampling-Definition: “HAP Enrollment Interval”

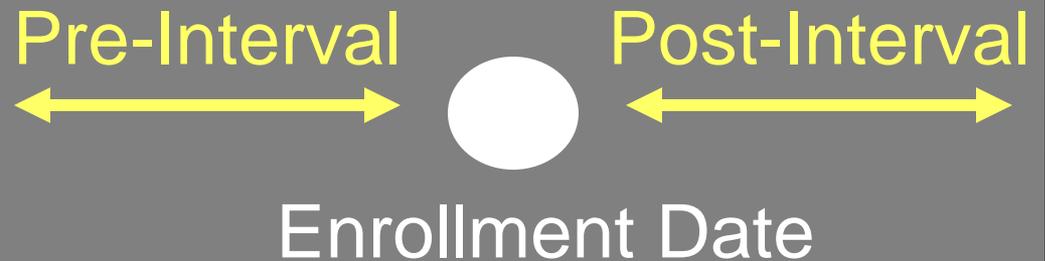
- “Before and After” HAP enrollment intervals were made for each individual patient
- Length of individual intervals were based on patient enrollment date
- “After” HAP enrollment interval consisted of # of days since patient’s enrollment to 5/1/2010
- “Before” interval is then set to equal number of days prior to each patient enrollment

Interval Sampling

Patient A



Patient B



Study
Begins

Study
Ends

HAP Enrollments in Study

- Total HAP Visits in study: 6,876
- HAP visits before: 4,526
- HAP visits after: 2,350
- **48% reduction in number of visits**

HAP Visits/Patient

Before vs. After Enrollment at Selected Sites Over Entire Period

	# Patients Before HAP Enrollment	# Patients After HAP Enrollment
1 to 6 Visits	1,028	568
6 to 12	197	65
12 to 18	34	29
18 to 24	6	6
24 +	4	6
Totals	1,269	674

HAP Visits/Patient

Patients with 2 years of data (1 Year Interval Before and After)

	# Patients Before	# Patients After
1 to 6 Visits	278	134
6 to 12	137	44
12 to 18	25	26
18 to 24	6	5
24 +	4	3
Totals	450	212

HAP Population Top Ten Diagnosis

(HAP Patient Visits in Selected Sites within Study Period)

HAP Primary Diagnosis	Before	After	General
LUMBAGO	15.9%	12.6%	6.41%
HEADACHE	14.7%	12.2%	11.5%
NAUSEA WITH VOMITING	14.1%	15.6%	
SHORTNESS OF BREATH	10.2%	11.5%	
ABDOMINAL PAIN-OTH SPEC SITE	9.6%	8.9%	11.7%
NAUSEA ALONE	9.1%	10.4%	
UNS CHEST PAIN	7.3%	9.7%	7.9%
UNS BACKACHE	6.6%		
PAIN IN LIMB	6.4%	5.8%	
UNS MIGRAINE WO INTRACTABLE MIGRAINE	6.2%	6.8%	

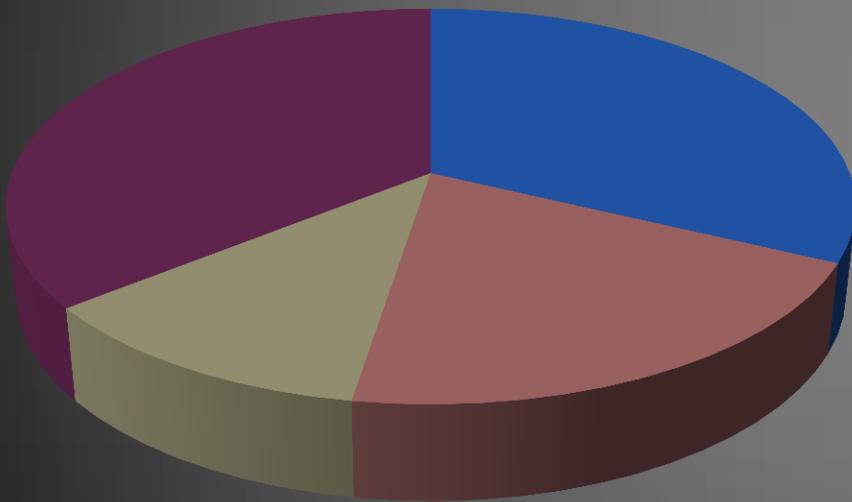
Key Points re: Diagnosis

- Majority have a pain component
- Top 3 pain-related diagnosis had percentage drop
- 4 of 10 Top Diagnosis follow general population

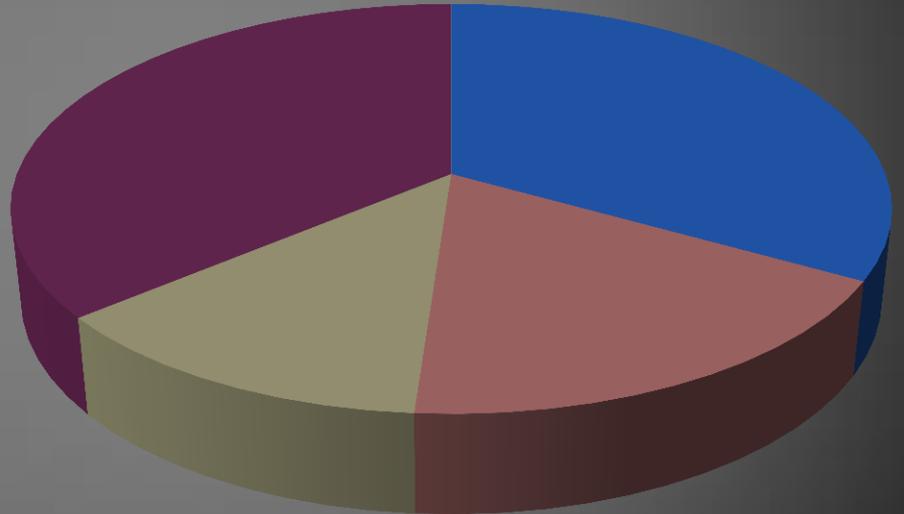
Lab, CT, X-ray Utilization

Virtually unchanged

- 2.5% increase in lab tests
- 1 % decrease in radiology

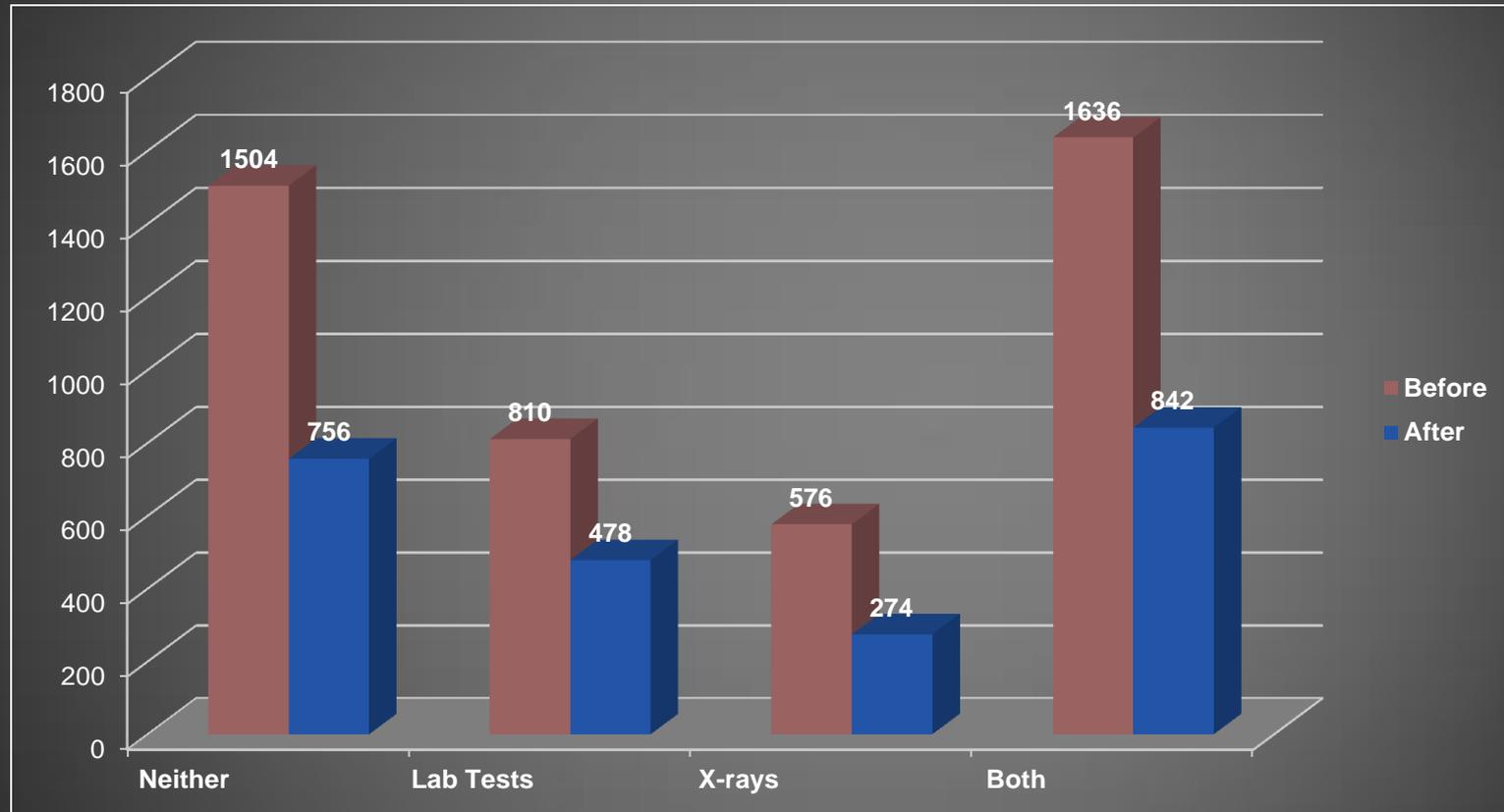


- Neither
- Lab Tests
- X-rays
- Both



- Neither
- Lab Tests
- X-rays
- Both

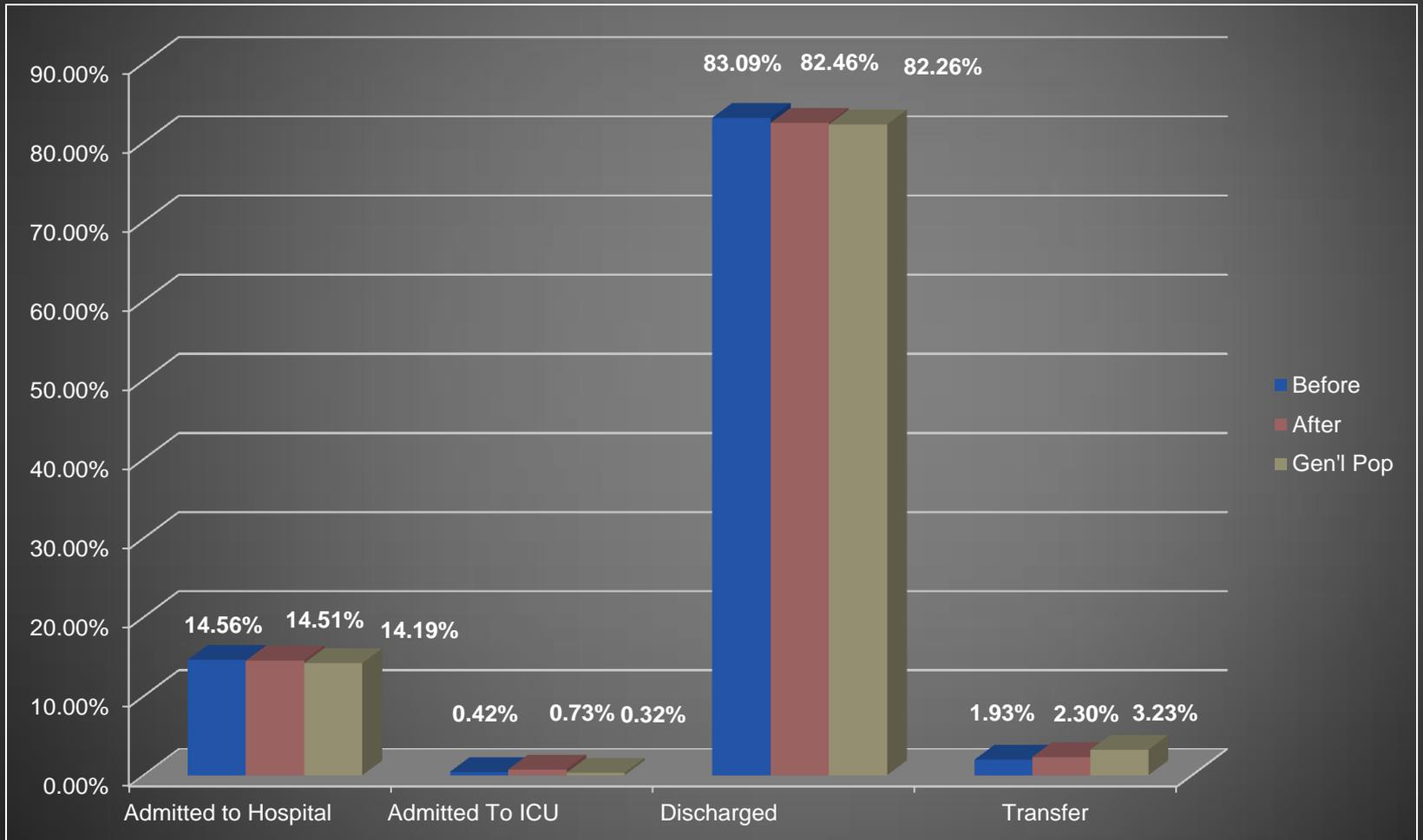
Services Utilized



Before: 4,526

After: 2,350

Disposition



Length of Visit

Before vs. After

- LOV virtually unchanged

Financial Observation- Professional Only

- HAP Before-Visits shows 11% reduction in collections over general patient population
- HAP After-Visits shows same picture as collection percentages of general patient population

HAP Before Patients

Payer Mix - HAP vs. General Population

Payer	Difference
Charity	3.29%
Federal/State	4.79%
Self Pay	7.30%
Commercial	-15.37%

HAP Visits Summary

At Selected Sites During Study Period

- ⦿ **48% reduction in number of visits**
- ⦿ **7.1% increase in number of visits in general patient population at study sites**
 - using midpoint of study period

Soft Findings

- Decrease in variation and predictability of outcome
- Results in increased patient safety (e.g. decreased radiation)
- Patients appreciate the fact that you know them when dealing with complex needs
- Impact on Patient Satisfaction Scores unknown

Hard Findings

- Reduced visits by 48%
- No improvement in the LOV data
- No change in percentage of patients to receive Lab and X-ray, but actual drop in line with drop of visits
- Payer Mix Changes after enrollment to mirror general population

Questions and Answers