

Behavioral health integration helps patients and lowers ER visits at Associates in Primary Care Medicine

Associates in Primary Care Medicine (APCM), a small Warwick-based practice participating in CTC's integrated behavioral health initiative, wanted to determine if an intervention with the in-house psychologist or working with the Nurse Care Manager could decrease the number of these visits, and decided to launch a concentrated effort.

Over an 11-month period, APCM identified patients with behavioral health and medical needs who had three or more emergency room (ER) visits. Based on review of the patient data, 22 patients were identified for more intensive on-site team intervention. Patients were asked how the practice could better meet their needs and team strategies to improve outreach, communication and care coordination were initiated. Alerts were also entered into the patient's electronic medical records to assist practice team members with recognizing patients who may need additional support when calling for appointments and being seen by providers, psychologist or the Nurse Care Manager. Bi-monthly meetings were held between the provider, Nurse Care Manager and practice manager to further discuss ways to improve care and engage the identified patients.

"About a couple of months into the quality improvement cycle, we felt we had made a breakthrough with one patient in particular" said Jamie Handy, Practice Manager at APCM. "We noticed in our follow-up work that this patient had not returned to the ER since being provided with an action plan by the Nurse Care Manager. Most of his ER visits were due to anxiety symptoms. This was a great success, since prior to this effort, he was seen on a weekly basis at the ER. We believe that the patient now felt some empowerment about his healthcare, as he now knows what to do should he have anxiety symptoms."

As a result of these efforts to engage and educate patients, two patients saw the psychologist, two patients were counseled by their provider, and eight patients developed an 'ER action plan' with the Nurse Care Manager. Through the eight month course of APCM's intervention work, 63 ER visits were prevented. APCM's preliminary evaluation in March 2017 demonstrated that 17 of the 22 patients had not been back to the ER.

Now at APCM, as the practice looks to expand on this impactful work, patients who utilize the ER for non-urgent matters are given a survey at their follow-up primary care visit. The practice is working to better understand why patients may go to the ER rather than the office for a same-day sick visit.

"The biggest take away so far has been the idea that small changes can make big differences," said Handy. "We understand that this process will always be a challenging effort, but one we feel is worthwhile. Many factors can be involved in the overuse of the ER by patients, including transportation, mental health issues, and financial difficulties to name a few.

APCM will continue to monitor its identified patients, and is implementing this protocol practice-wide to support others that may be over-utilizing the ER. With an established team to work with and support its identified patients (including its receptionists, medical assistants, providers, practice manager, nurse care manager and psychologist) the APCM team is now meeting monthly to monitor their patients' progress and believes more questionnaire data and time will help identify continued strategies for improvement and progress.

"If we are able to reduce the unnecessary ER visits, we are cutting costs, providing better care, and ultimately empowering patients to be a more active participant in their healthcare," said Handy.