

## **Access, Quality, Cost: Emergency Department Action Plan to Reduce ED Overutilization**

The Washington Chapter American College of Emergency Physicians (WA-ACEP), the Washington State Medical Association (WSMA), and the Washington State Hospital Association (WSHA), with the support of our fellow health care providers, are committed to reducing the cost of healthcare in Washington State, while ensuring the Medicaid population has adequate access to quality healthcare.

We have developed a plan to reduce the perceived “overutilization” and “inappropriate” use of the emergency department (ED) that **does not** impose an arbitrary standard for emergency room visits. Our solutions are based on our knowledge that the primary drivers behind inappropriate ED use are related to primary care access and substance abuse issues.

The following tools work to address these drivers with the goal of real (and immediate) cost savings for the state that result in coordinated and integrated medical care and wellness within each community.

### **Access to Care**

- Timely (24-48 hour) follow-up care by the primary care provider (PCP)
- Develop a working group for treatment of dental disorders in a cost effective setting

### **Quality Tools**

- Implementation of a single state-wide, real time data feed to track emergency department visits<sup>1</sup>
- Statewide Prescription Monitoring Program<sup>2</sup>
- Support generic drug use for DSHS patients
- Support enhancing the DSHS locked-in program
- Statewide adoption of opioid prescribing guidelines to reduce prescription drug abuse<sup>3</sup>

### **Case Management**

- Notification to patient and PCP after each ED visit
- Ensure each high utilizer (PRC clients) patient has a PCP with an enhanced care plan
- Enhanced care plan utilization with ED tracking system
- Specific attention to management of high utilizers ((PRC clients)

### **Significant Savings**

Our plan can produce significant, real savings to the state. It can replace the current estimated budget savings based on the HCA’s flawed “Zero Visit Policy” and the outdated clinical information upon which those savings were based. Our plan would actually achieve both real short and long-term savings.

### **Budget Proviso**

It is critical that the flawed Zero Visit Plan be eliminated. We request that the state ensure that the prudent layperson doctrine be applied to all Medicaid patients to indicate:

*“No discharge diagnosis, list of conditions, or other retrospective process will be used as the basis for denials of coverage for emergency department visitation for Medicaid clients.”*

<sup>1</sup> Emergency Department Information Exchange (EDIE). Collective Medical Technologies LLC, [www.collectivemedicaltech.com](http://www.collectivemedicaltech.com)

<sup>2</sup> RCW 70.225 Washington State Prescription Monitoring Program, [www.wapmp.org](http://www.wapmp.org)

<sup>3</sup> Washington Emergency Department Opioid Prescribing Guidelines, July 2011, [www.washingtonacep.org/painmedication.htm](http://www.washingtonacep.org/painmedication.htm)