

EDCCP

Emergency Department Consistent Care Program

Coordinating Care or just Cutting Costs?



Introduction

EDCCP Scope

Initiated in 2015 to better meet needs of frequent Peoria Unity Point ED users. The program goal is to improve overall health while decreasing Unity Point overhead.

Background Literature

- ED-Based Care Coordination Reduces Costs for Frequent ED Users.
American Journal of Managed Care
Published December 2017
- Cost-Effective: ED Care Coordination with a Regional Hospital Information System. The Journal of Emergency Medicine Published February 2014

Objective

Analyze the effectiveness of reducing cost through implementation of the EDCCP in a high-use population.

Methods

- IRB approved retrospective analysis which involved 229 patients.
- Patients selected based on ≥ 10 ED visits in a calendar year from 2015-2018.
- Patients were divided based on those that had been enrolled in the EDCCP (109) and those who had not (120) who would serve as our control group.

Demographics

GENDER & RACE

Male: 106

Female: 123

Black: 70

White: 157

American Indian: 1

Unknown: 1

INSURANCE

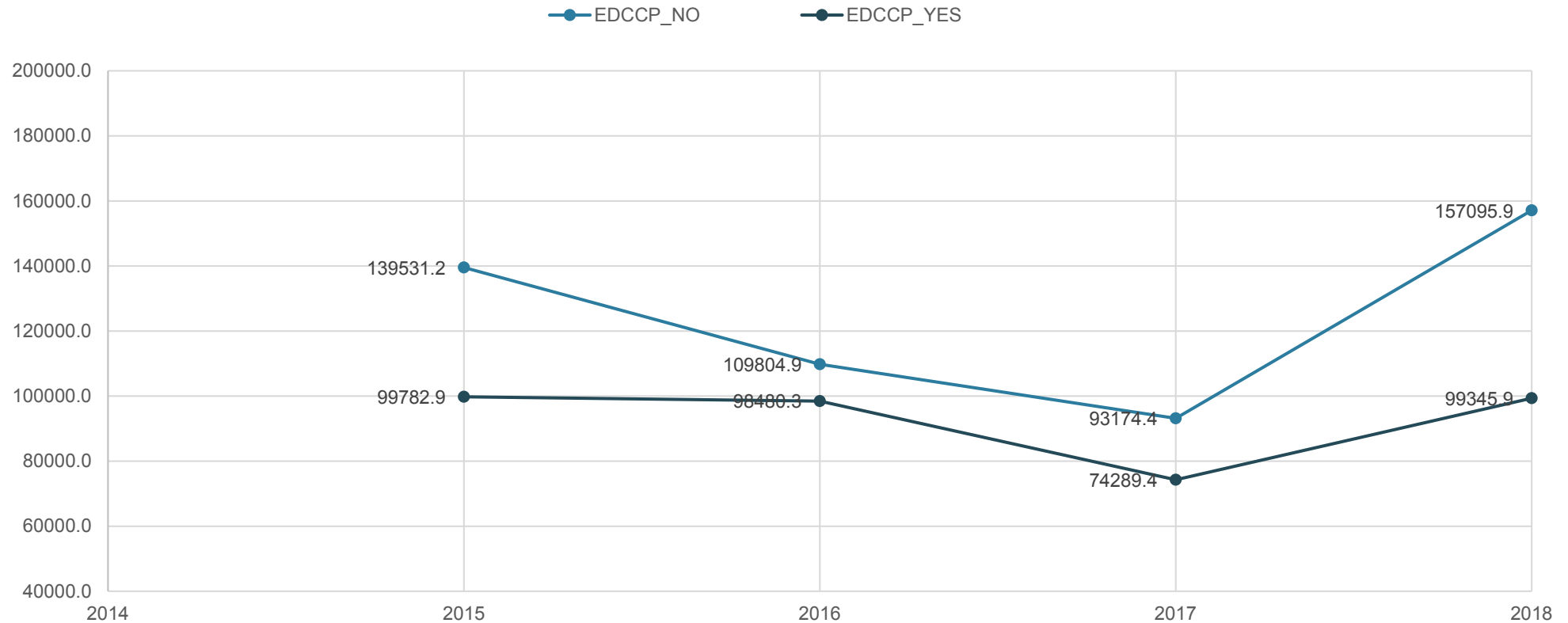
Medicare/Medicaid: 211

Private: 18

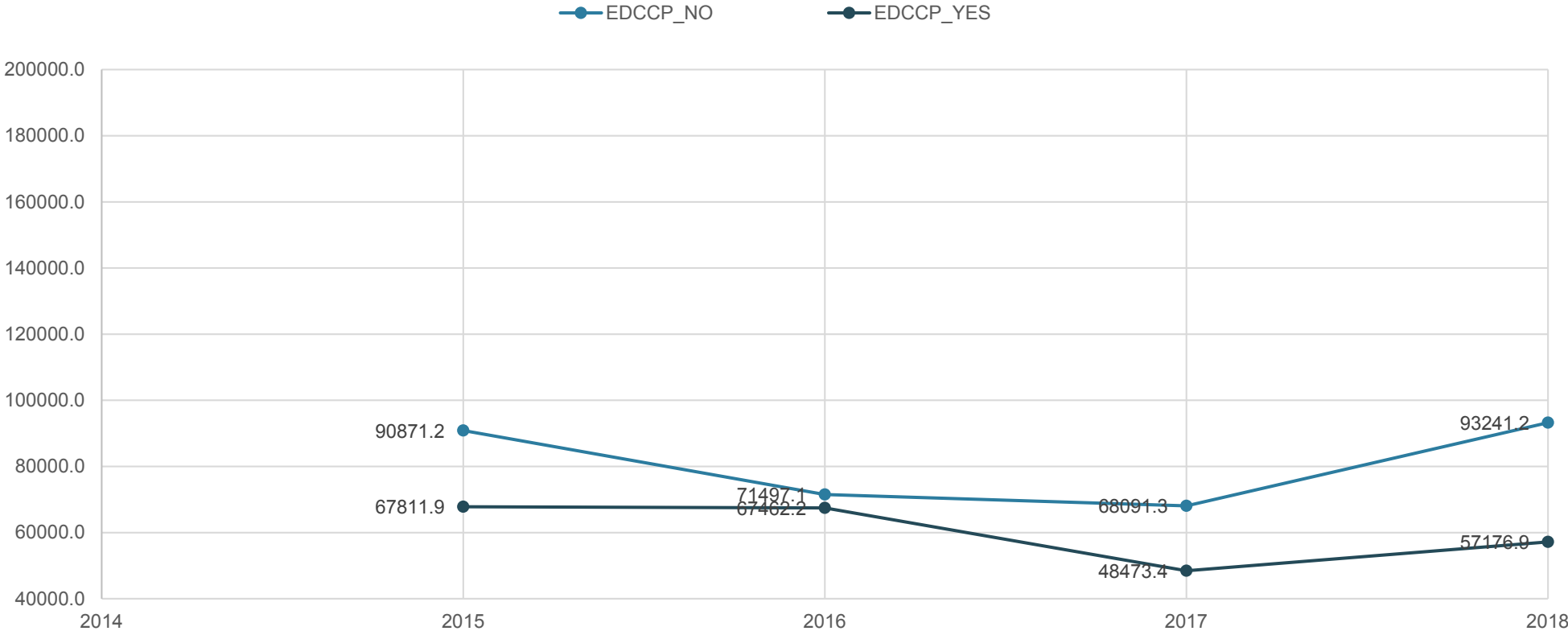
Analysis

Once divided into the separate groups, the total costs billed by Unity Point Methodist were compiled for each group and analyzed.

Average ER billed expenses by year



Median ER billed expenses by year



$$P = 0.012$$

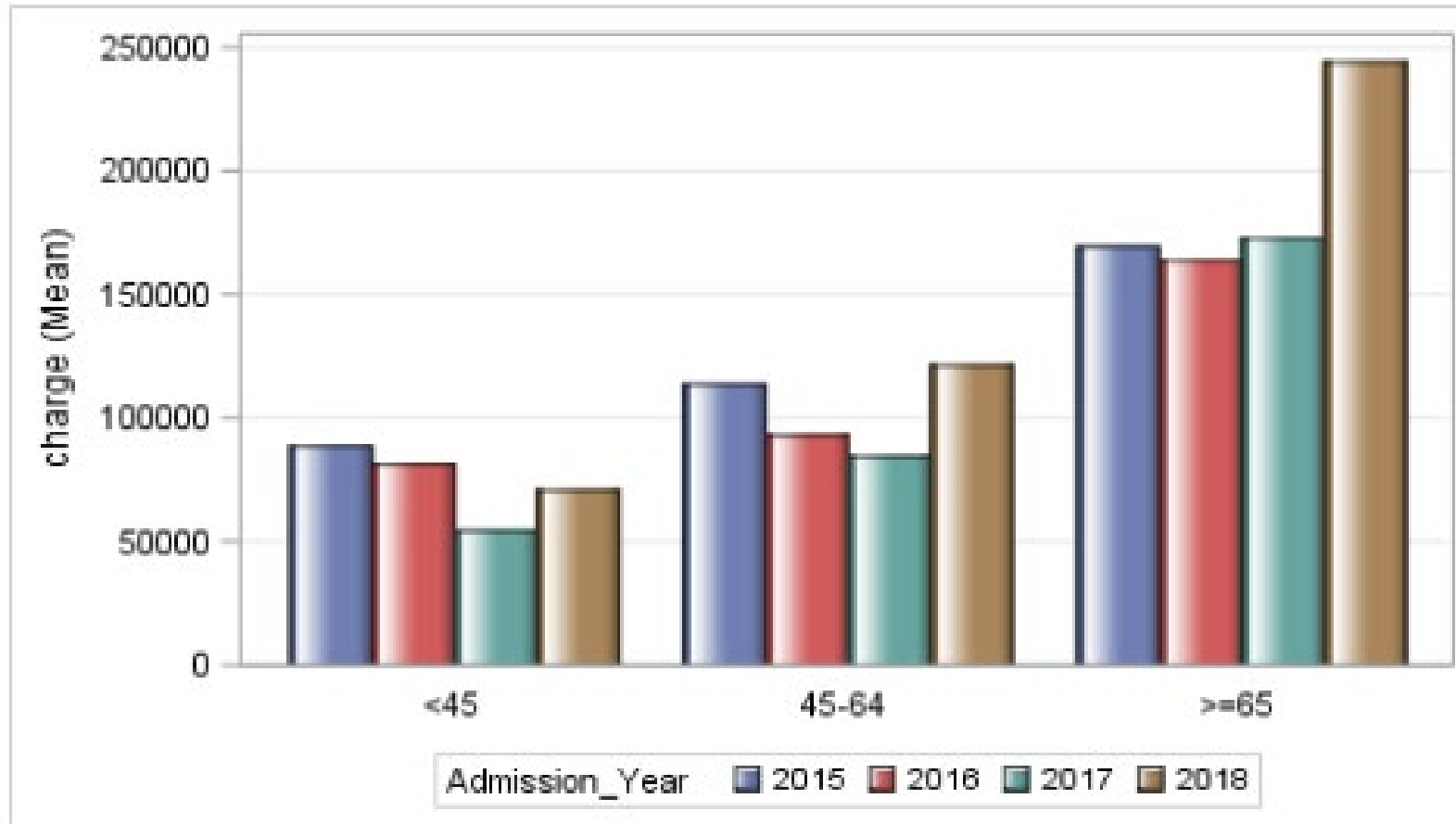
- Using the Generalized Estimating Equation, after adjusting for year, the results were statistically significant and indicated that the EDCCP group had less cost.
- This general overview of the data indicates that the EDCCP is saving money and decreasing the costs of this patient population on Unity Point.



Digging Deeper

- After data is adjusted for age there is no difference between the two groups.
- When data from both groups is combined and adjusted for year then divided based on patient's age (≤ 65 and > 65) as well as (45, 45-64, and ≥ 65) these comparisons showed significant difference.
- Older patients had higher costs.

Age vs. Cost





Distribution

- EDCCP: 7.34% were ≥ 65 , and 41.28% were 45-64, and 51.38% were < 45 .
- Control: 30.83% were ≥ 65 , 35.83% were 45-64, and 33.33% were < 45 .

Younger = less expense

- The EDCCP group had a significantly younger population.
- The significant cost difference between the EDCCP and control groups was a result of age and not the interventions of the EDCCP.
- Of note, when comparing patients >65 years old between the two groups, after adjusting for year, those patient's did have less total costs per person than the control group. (p=0.038). This can not be said of the two other ager groups(<45, ≥45 and <65).



Conclusion

Age was the determining factor in cost savings, not necessarily EDCCP interventions

Limitations

- Selection bias: Case management in the ED not available 24/7. One person solely responsible for enrollment with limited work hours. Enrolled patients that were brought to their attention.
- OSF was not a part of this study. Patients visits decreased to ED after enrollment in EDCCP per case manager.

Future recommendations

- The EDCCP could have a real positive impact on patient's health if cooperation between case management and the patient was improved.
- Very limited number of these patient's had a PCP and the communication between those patients enrolled in the EDCCP and their PCP, if they had one, was minimal at best.
- Incentive program to obtain and follow up with PCP. Such as gift cards, cab vouchers, etc. for keeping PCP appointments, meeting goals and so forth.

Thank You

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