

Hospitals, Physicians Embrace Strategies To Reduce Cost of “Frequent Flyer” ER Visits

By Linda Barlow | Apr 9, 2013

Pardee Memorial Hospital in Hendersonville, N.C., shaved nearly \$405,000 from its Emergency Room (ER) expenses over a one-year period thanks to an integrated program that its founder calls a “patient-centered medical home on steroids.”

The program, Bridges to Health, helped its uninsured participants reduce their ER visits from an average of seven per year (at a typical cost of \$14,004 per person) to three per year (at an average cost of \$2,760 per person). Another indicator of success: 10 participants secured employment and six previously homeless members found places to live by the end of the first year.

It’s estimated that non-urgent Emergency Department (ED) visits cost the U.S. about \$4.4 billion annually. At Pardee Memorial Hospital alone, 255 frequent users (“frequent flyers”) of the ED racked up more than \$3 million in unpaid medical bills. Frequent flyers account for up to 40 percent of total ER visits nationwide.

Bridges to Health decreases ER expenses by providing this patient population with primary care, behavioral health services and a nurse case manager through bi-weekly health clinic visits.

“Many of these people just went to the ER because they were in pain or scared,” said Dr. Steve Crane, a family physician who started the program. “You see them going back so many times because their real issues are not supposed to be treated in the ER and are not taken care of.”

The Pardee Bridges to Health free clinic integrates medical checkups and group therapy, with doctors providing treatment and patients offering one another tips ranging from how to obtain legal assistance to saving money on food and shelter.

In this way the program addresses the two main problems seen in these patients: lack of social support and access to regular primary care.

Although the results of the program are promising, Dr. Crane cautions that the patient group is small and that it only works for participants who attend the clinic meetings.

Another example of how hospitals can lower frequent flyer ER visits is in the story of Providence St. Peter Hospital (Olympia, Washington). The first step was to join a special community program called the Emergency Department Consistent Care Program and CHOICE, a unified program involving five area hospitals and a non-profit regional coalition of health care providers.

This collaborative effort resulted in ER visits among frequent flyers shrinking by about 50 percent, for a cost savings of nearly \$10,000 per patient. That translated to a \$2.2 million reduction in ED and inpatient expenses over two years at Providence St. Peter's alone.

This program flags patients who visit the ED at least twice in one month or four times in six months then examines their cases for narcotic dependency, mental health issues and other factors. The program team uses that data to identify patients, then develops individual care plans and offers the assistance of primary care physicians, clinicians and specialists skilled in the patients' particular needs.

What's key to the success of the program? It effectively coordinates efforts with other hospitals in the area, according to its administrative coordinator, ensuring that frequent flyers get a consistent message wherever they go.

What approaches should be pursued to provide more efficient care systems while decreasing readmissions for frequent flyers? Encourage more doctors to keep their offices open longer? Leverage mental health coalitions that focus on continuity of care instead of short-term fixes?

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