

2024 VIZIENT CONNECTIONS SUMMIT

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Revolutionizing ED Utilization: A Value-Based Approach to Optimal Care

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Learning Objectives

- Discuss value-based care strategies to reduce avoidable ED visits.
- Describe methods that can be used to reduce Per Member Per Month (PMPM) costs and low-acuity ED visits



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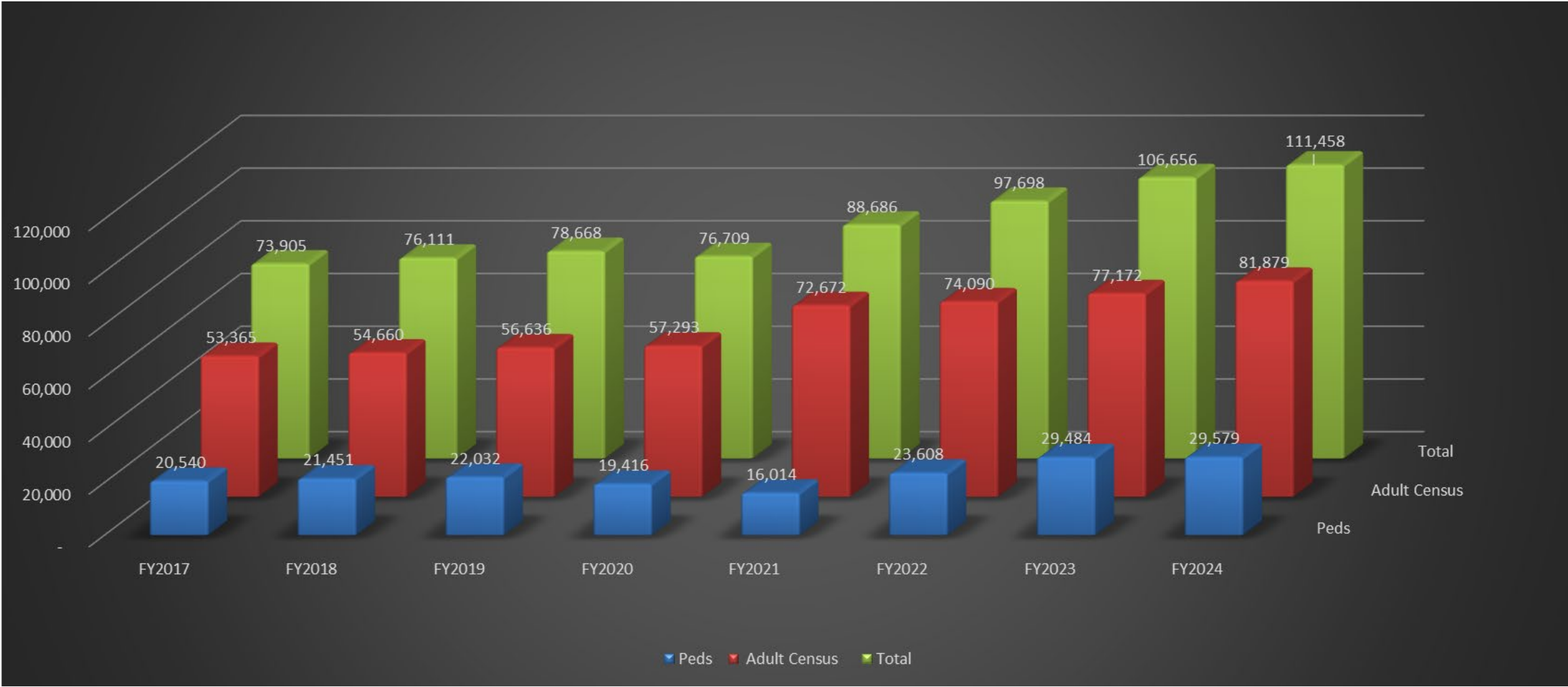
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ED Census



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Challenges and Guiding Principles

Stanford Health Care ED
utilization is 150%
compared to the benchmark

Moral obligation to eliminate waste

Give the best care and do no harm

Quality of care for seniors and other
chronic ambulatory patients is easily
available

It's not just about financial survival: **It's
the right thing to do**

Project Methodology



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SHCA Claims over One Year

Scope: Avoidable ED Visits

1,081 Unique Patients

1,166 ED Visits

90%

Discharge from ED

91%

No prior PCP visit

90%

No prior specialist visit

95%

No prior surgery

84%

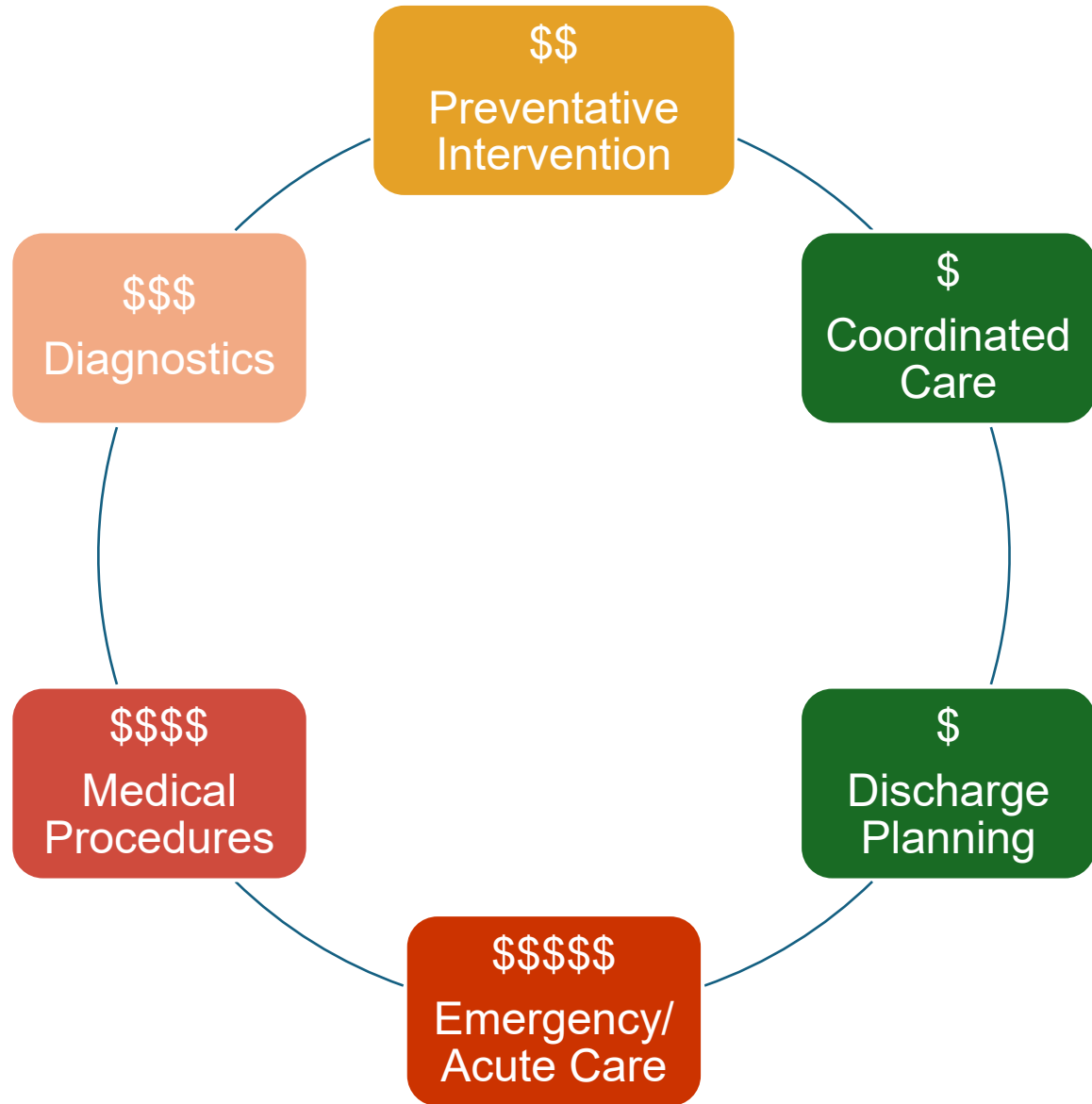
No post specialist

79%

No post-PCP visit

No detectable pattern by age, day of week, and time of day

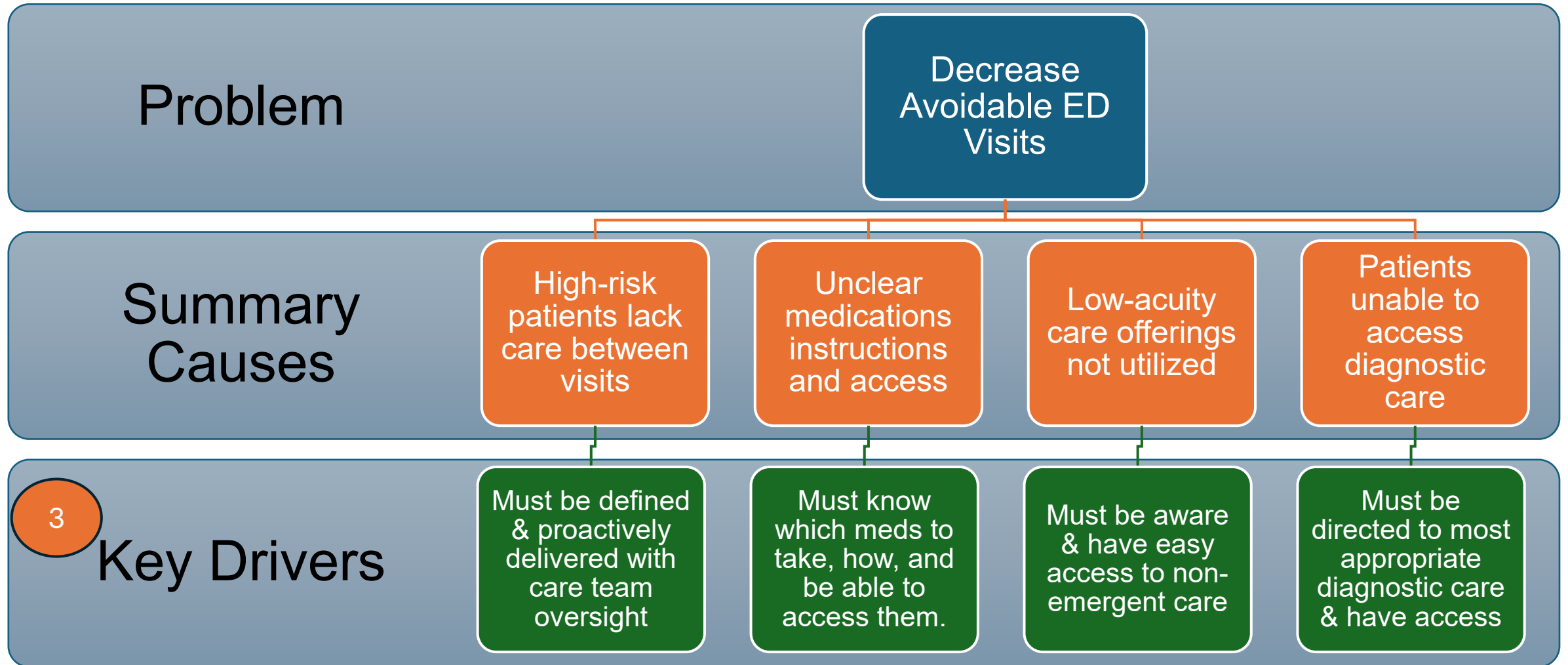
2 High-Level Process Map

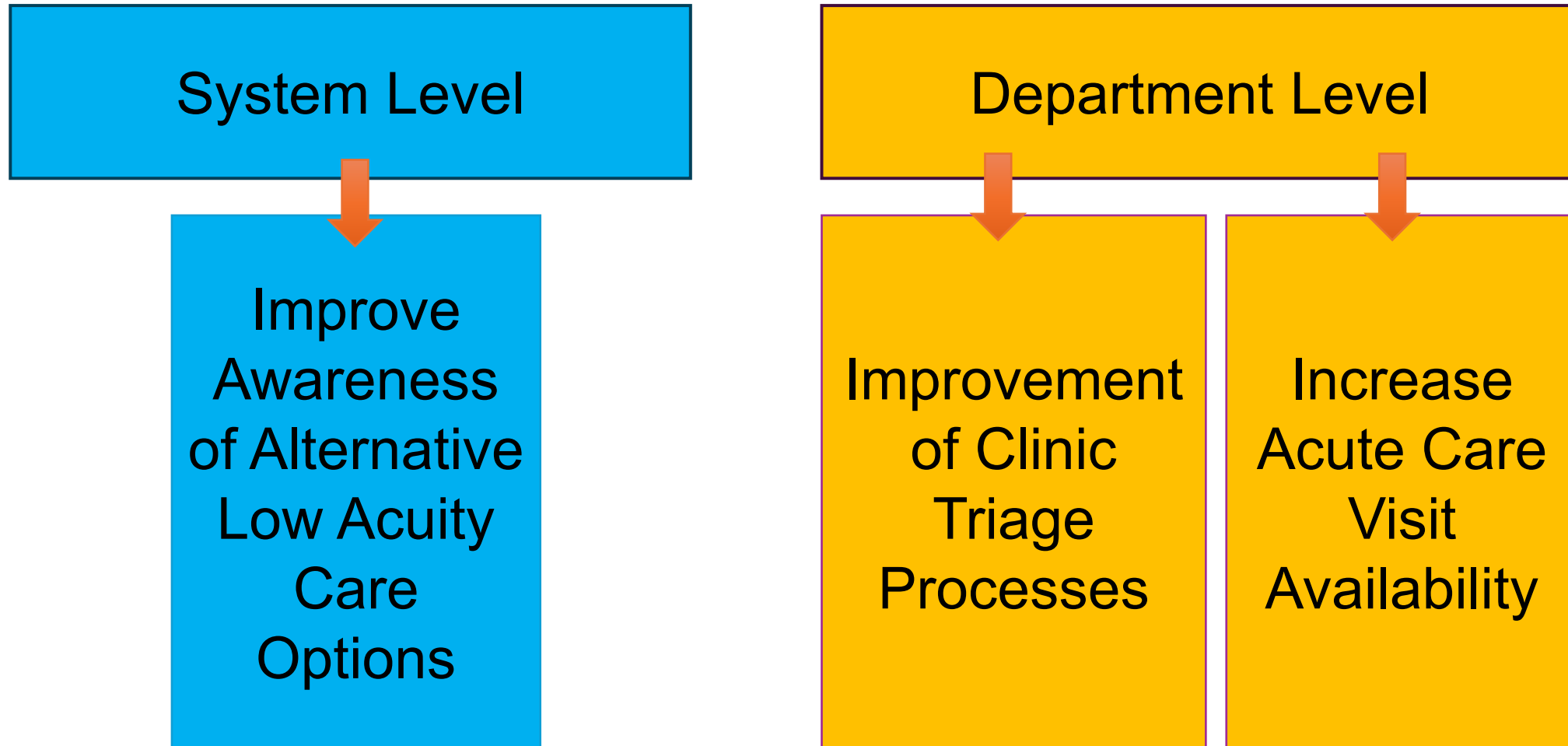


Top Causes

1. Patients do not utilize lower-acuity care offerings
2. High-risk patients do not receive proper care in between visits
3. Patients are unable to access necessary diagnostic care
4. Unclear which medications to take, how to take them, and/or are unable to access them
5. Patients don't receive proper follow-up care

Closing the Gaps



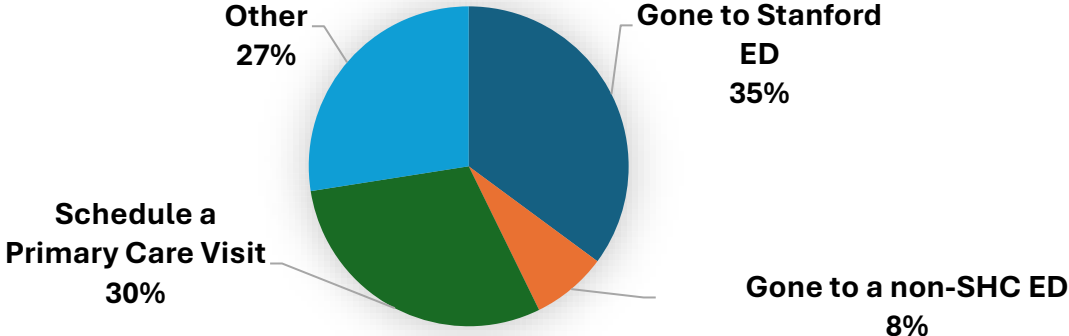


Emergency Services Expanded Access

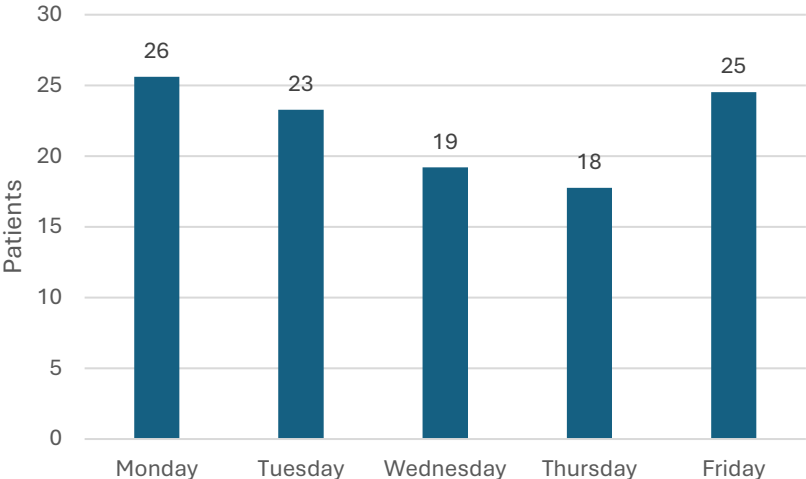


SHC Walk-in Clinic

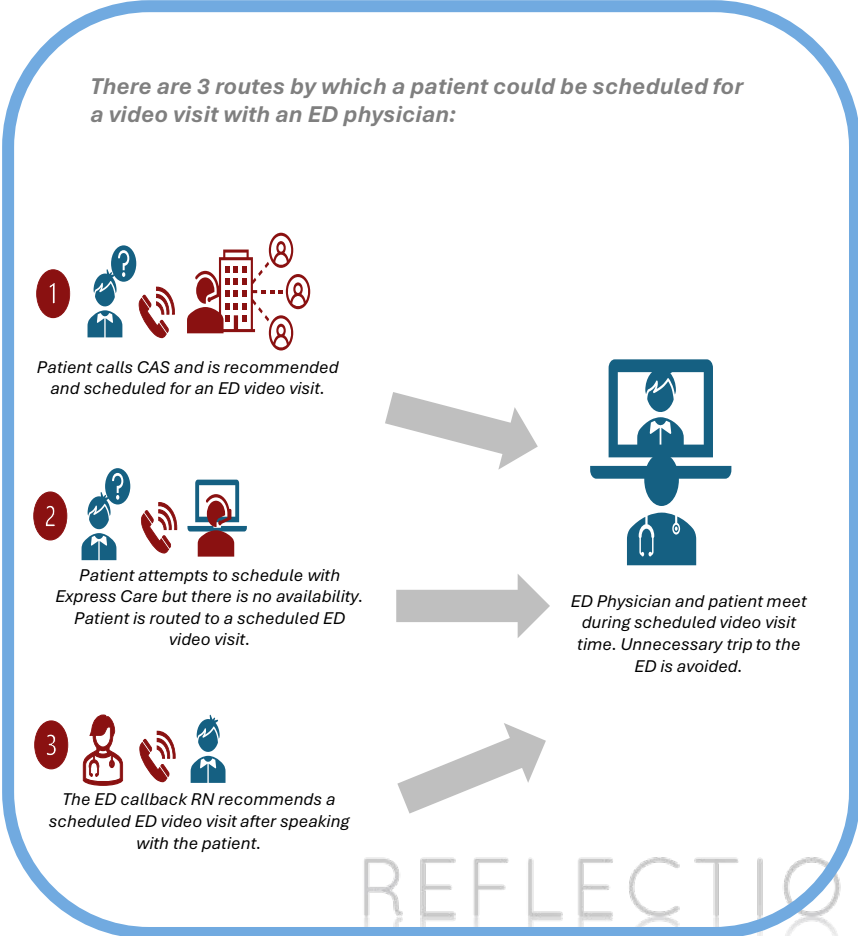
What Would You Have Done if No WIC



Patients Per Day Seen



On-Demand Telemedicine



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Impactful Projects

Use of eConsults

- Urology & Neurology

Designated slots in specialty clinics to be utilized instead of sending patients to the ED

- Gastroenterology
- Orthopaedics (acute injury clinic)
- OB (Early Pregnancy Assessment Clinic)
- Psychiatry urgent clinic

Dedicated Follow-up from ED Visit

- Cardiology
- Neurosurgery Spine
- Pulmonary (Asthma and COPD)
- Hospital Medicine Pilot Appointments Before Discharge



Care When
Needs Pop Up

Be **dependable** and **accessible** when patient needs pop up between visits.

How?

1. Prepare patients for when needs arise
2. Provide faster answers during business hours
3. Increase opportunities for near-term visits

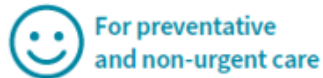
Marketing Materials



Interventions

- Direct to Patient Marketing
- After Visit Summary Integration
- Patient EHR Integration
- Direct Scheduling from Clinical Advice Services
- Phone Tree Optimization
- ED Physician Triage

Where should I go for care?



For preventative and non-urgent care

Primary Care Doctor

Appointment: Yes
Hours: Business
Visits: Video and in-person

Annual exams • Routine care, including minor ailments and injuries • Blood tests • Care for chronic illness • Vaccinations



For prompt, after-hours care when it's not life-threatening

Stanford Express Care

Appointment: Yes, same-day
Hours: Daily, varies by location
Visits: Video and in-person

Minor ailments including cold, cough, flu, sore throats, congestion, headaches, fever, ear infections, urinary tract infections and rashes • Minor injuries including sprains, cuts, puncture wounds, burns, animal and insect bites • Vomiting and diarrhea • Back pain • Abdominal pain • Mild asthma



Walk in and get care for minor illnesses or injuries

Stanford Walk-In Clinic

Appointment: No
Hours: Monday–Friday,
3:30pm–11:00pm



For urgent care when it's not life-threatening

Urgent Care

Appointment: Yes, same-day
Hours: Daily, varies by location
Visits: Video and in-person



Anytime care for life-threatening emergencies

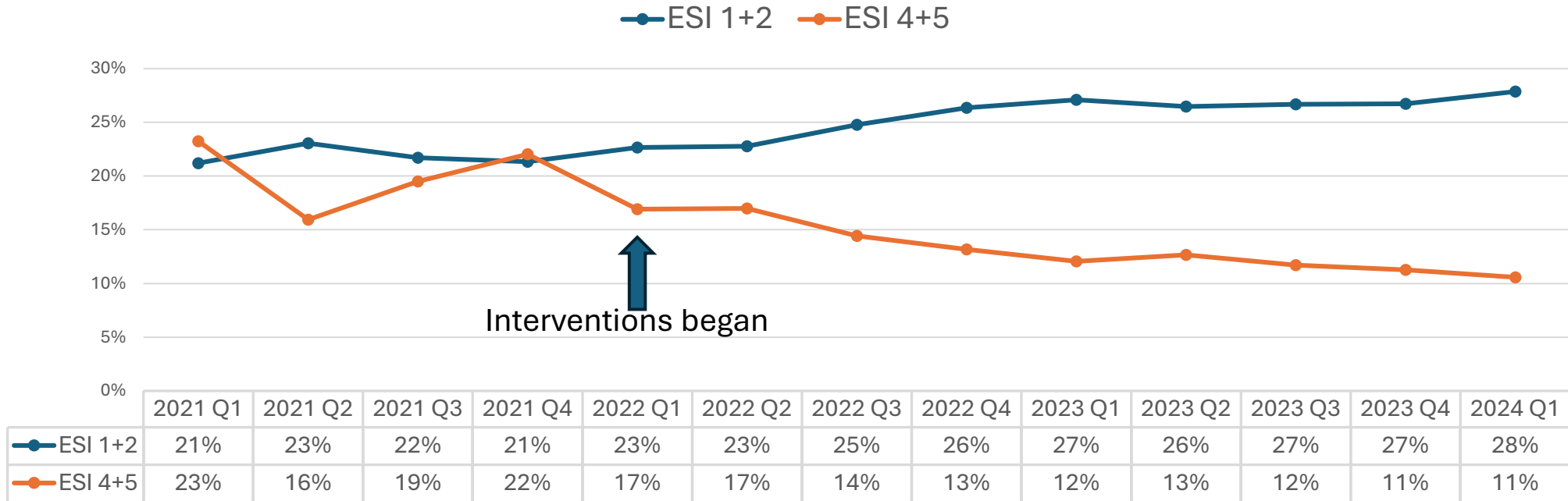
Emergency Department

Appointment: No
Hours: 24/7

Call 911 or go to the nearest hospital for life-threatening emergencies

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Decrease in Low Acuity Patients



Interventions began

ED Attributed PMPM:

↑ 20 %

→
(Year over year change)

↓ 5.3 %

Key Takeaways and Next Steps



Prioritize Impactful Interventions Across Strategic Domains:

- Support high-impact initiatives
- Allocate resources strategically
- Enhance Programmatic Support for High-impact Initiatives



Streamlined Collaboration and Alignment:

- Regularly review and optimize collaboration processes
- Ensure alignment with organizational goals and priorities



Continue Marketing Low Acuity Alternatives:

- Focusing on marketing strategies to improving patient routing and increasing service utilization

Lessons Learned

- **Vision and Direction:**

- Leadership aligns the team with clear project goals

- **Innovation:**

- Collaboration fosters creative and effective solutions

- **Knowledge Sharing:**

- Continuous exchange of information enhances team competence

- **Leadership and Collaboration**



Questions



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Thank You:

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