

Emergency Department Utilization – Panel Discussions

Population Health University

Highmark Panel Discussion

Focus	Question	Start Time
Introduction	Introduction	0:00
Factors impacting ED utilization and how addressing palliative care can assist in address ED utilization	What are the different factors for patients using the emergency room?	0:48
	Do you think it is more of an opportunity for provider at the primary care level or patients to know what palliative care may entail or both?	5:24
Care Management how it can assist in address ED utilization	What is your prospective of emergency room use as being the business owner of ECCM? – Care Management and motivational interviewing focus	6:28
	You have described long term relationships which is not common in our society. Are these difficult to build? - Focus: What matters most to that patient.	10:20
Population Health Factors	Interventions at a Population Health level. Are there any proactive interventions that a health system could use to decrease ED utilization, and which are most impactful?	12:19
Pharmacy Interventions	Turning to Pharmacy Contributions – Literature shows 7.6% of ED visits are related to medication related issues: non-adherence, side effects, drug interactions. How can this be addressed?	16:45
	Pharmacist should be a key component of the care team	19:42
SDOH and Behavioral Health Factors	Frequent fliers or Bounce back from admission. Patients should know better. How to address based on patient and family and what their life is. Focus: SDOH and Front Door Initiative (AHN Jefferson Hospital).	20:52
	Behavioral Health and ED Utilization patient and healthcare workers	28:07
	Clarification. There is a stigma associated with Behavioral Health / Mental Health. But isn't there a stigma with SDOH or lack of self-awareness and knowledge of assistance that is out there?	34:12
Follow up and conclusion.	Follow Up:	
	<ul style="list-style-type: none"> Meeting the patient where they are and patient centered care 	40:05
	<ul style="list-style-type: none"> SDoH factors, Health Illiteracy 	41:55
	<ul style="list-style-type: none"> Care/Case Management experience 	44:33
	<ul style="list-style-type: none"> Interdisciplinary Care Team 	46:42



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Mt. Nittany Panel Discussion

Focus	Question	Start Time
Introduction	Introduction	0:00
Overview	A lot has happened in the last 2 years, and you have chosen ED Utilization as one of your quality initiatives and curious as to why	2:34
Identifying opportunity for ED Utilization Initiative	Clarification: You mentioned that you did a crosswalk, across payers and their programs. Can you expand on that?	5:11
	Did you use any special tools or analysis for the crosswalk?	5:59
	When we talk about ED utilization to a hospital system, there must be a tight rope that you walk between under and over utilization.	6:25
	Understand the motivations of not only the crosswalk, opportunities but also any other indicators that would be a good place for efforts: i.e. – wait times, return to the ED and any other metrics.	7:28
Opportunities continued.	What about length of wait times?	8:04
Address ED Utilization	Next day call back initiatives	9:00
	Use of LACE Score and modifications	12:23
	With pandemic and resource issues how were you able to address the initiatives.	16:46
	Community Resources – Urgent care within the area	17:47
	How you addressed the student population in use of the ED, that may be different from other hospital populations	19:03
Success stories in the Highmark program	Information from the field teams and success stories within the Highmark programs	20:50
2022 – 2023 Goals	2022 – 2023 Goals: Population Health bridge from acute IP to ambulatory	26:05
Additional Initiatives and Goals	Pilot with diabetes and A1c - pilot with the endocrinologist how did you get the buy in?	28:37
	Partnership with another hospital system working together putting the community first. How were you able to achieve this?	30:14
	SDoH and how addressing with Ed Utilization	31:20
	Any other populations that you will be focusing on for 2022 or other goals	31:40
Closing Remarks	Closing remarks	34:12