



Atrium Health

Transformation of Emergency Care: The Value-Based Journey of Atrium Health

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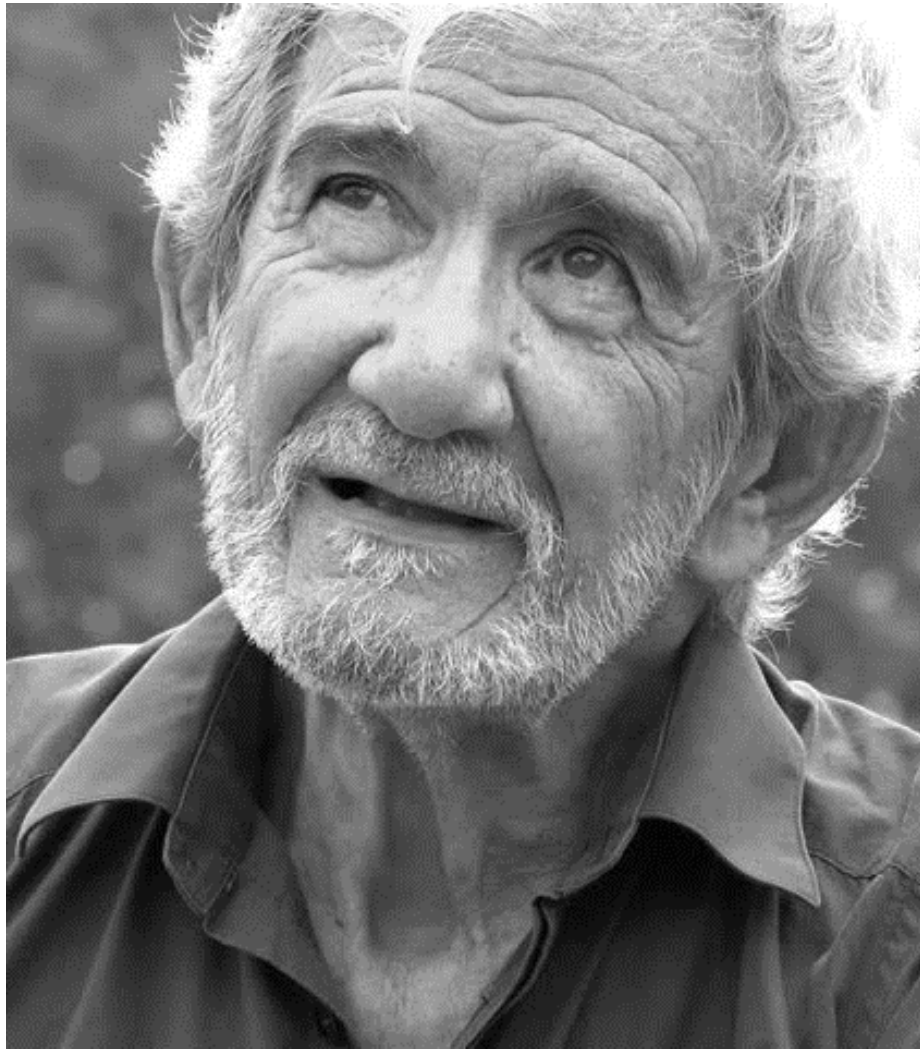
Agenda

1. **Connecting** to our Purpose
2. **Building** Value-Based Care at Atrium Health
3. **Creating** Innovative Solutions in Emergency Care
4. **Providing** New Models for the Future
5. **Transforming** Emergency Care



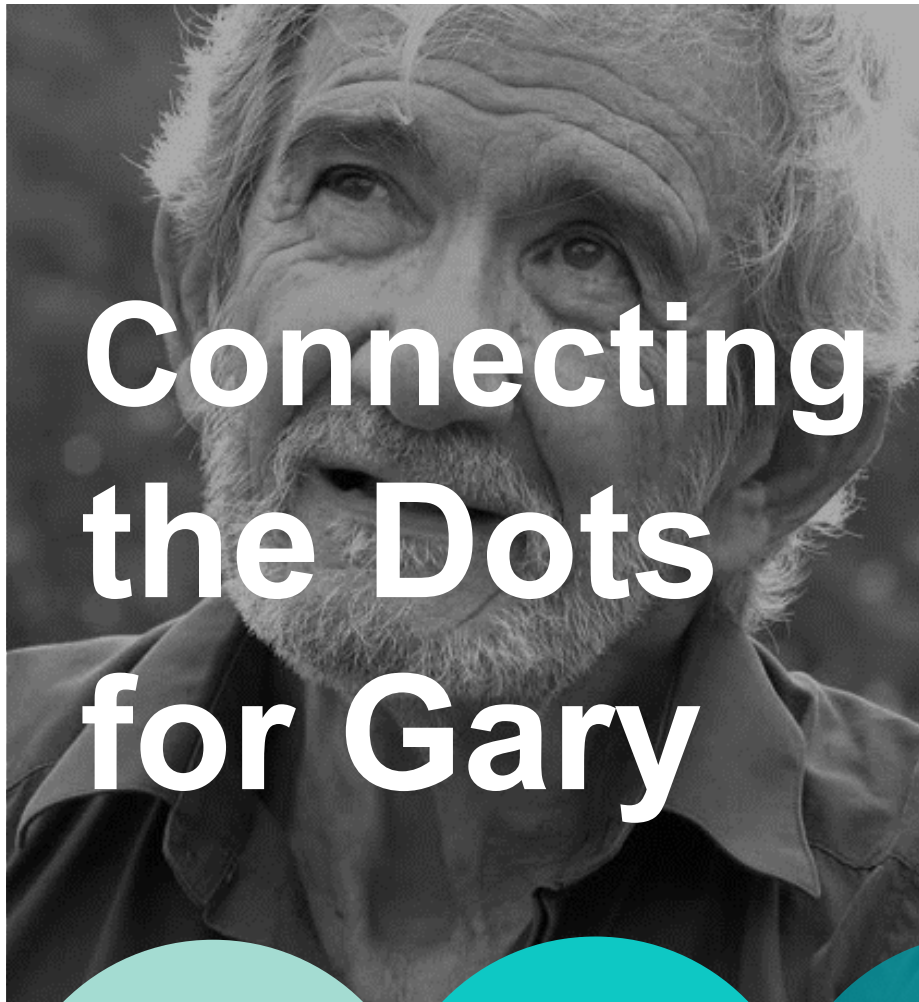
The background is a dark, textured surface with glowing, circuit-like patterns in shades of blue, purple, and red. Several circular icons are visible: a plus sign (+) on the left, a hand with fingers spread in the upper right, and an at-sign (@) on the right. The overall aesthetic is technological and futuristic.

Connect to Purpose



Meet Gary

- **Multiple Chronic Conditions**
- **2021 – 8 ED Visits; 2022 – 16 ED Visits**
- **Lives Alone** with no family or community support
- **Social Determinant** Needs
- **Part of Commercial Insurance Care Management** with no success



Connecting the Dots for Gary

1 ED Visit
Since
Intervention

PROVIDED WITH
211 NURSING
LINE FOR
ASSISTANCE

CONNECTION
TO PRIMARY
CARE PROVIDER

CONNECTION TO
INFECTIOUS
DISEASE
PROVIDER

SUPPORT FOR
MEDICATION
REFILLS

CONTINUED
CARE PLANNING
WITH CARE
MANAGEMENT

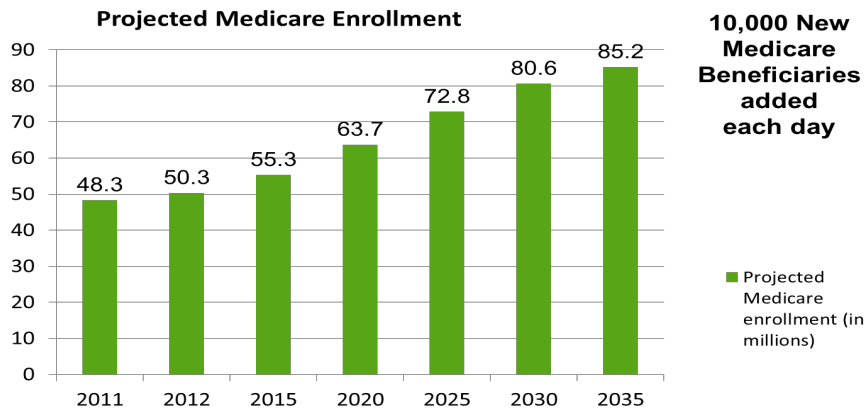
ASSISTANCE WITH
DISEASE
MANAGEMENT



Building Value- Based Care at Atrium Health

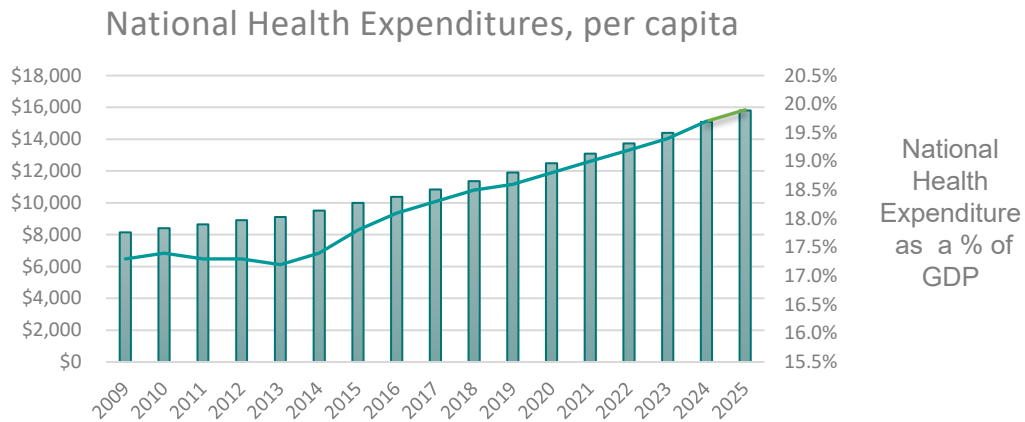
National Landscape – Market Pressures

1. Aging Population

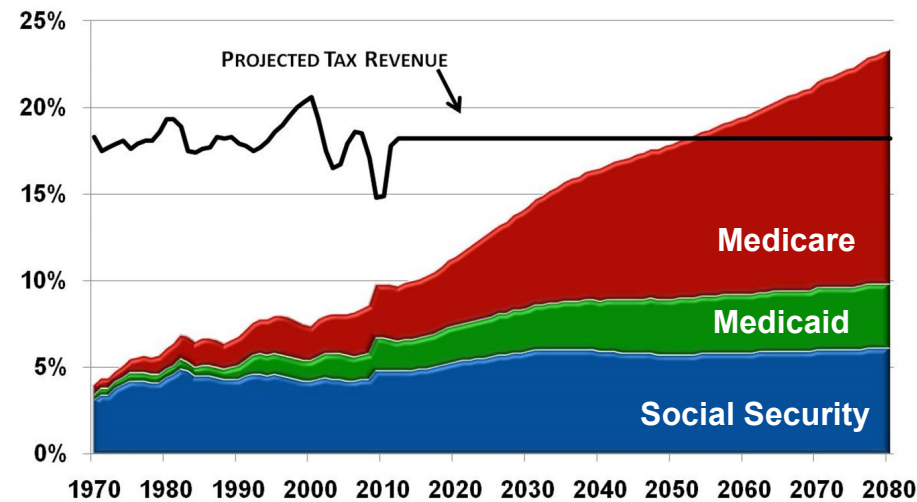


Source: 2012 Annual Report of the Boards of Trustees for the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds

2. Significant Spend Increase

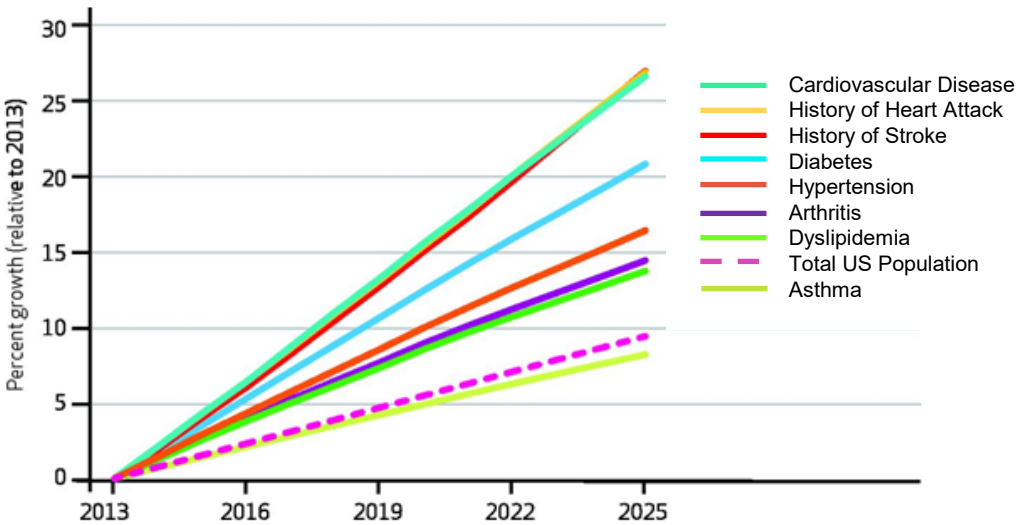


3. Not Fiscally Sustainable



SOURCE: CBO

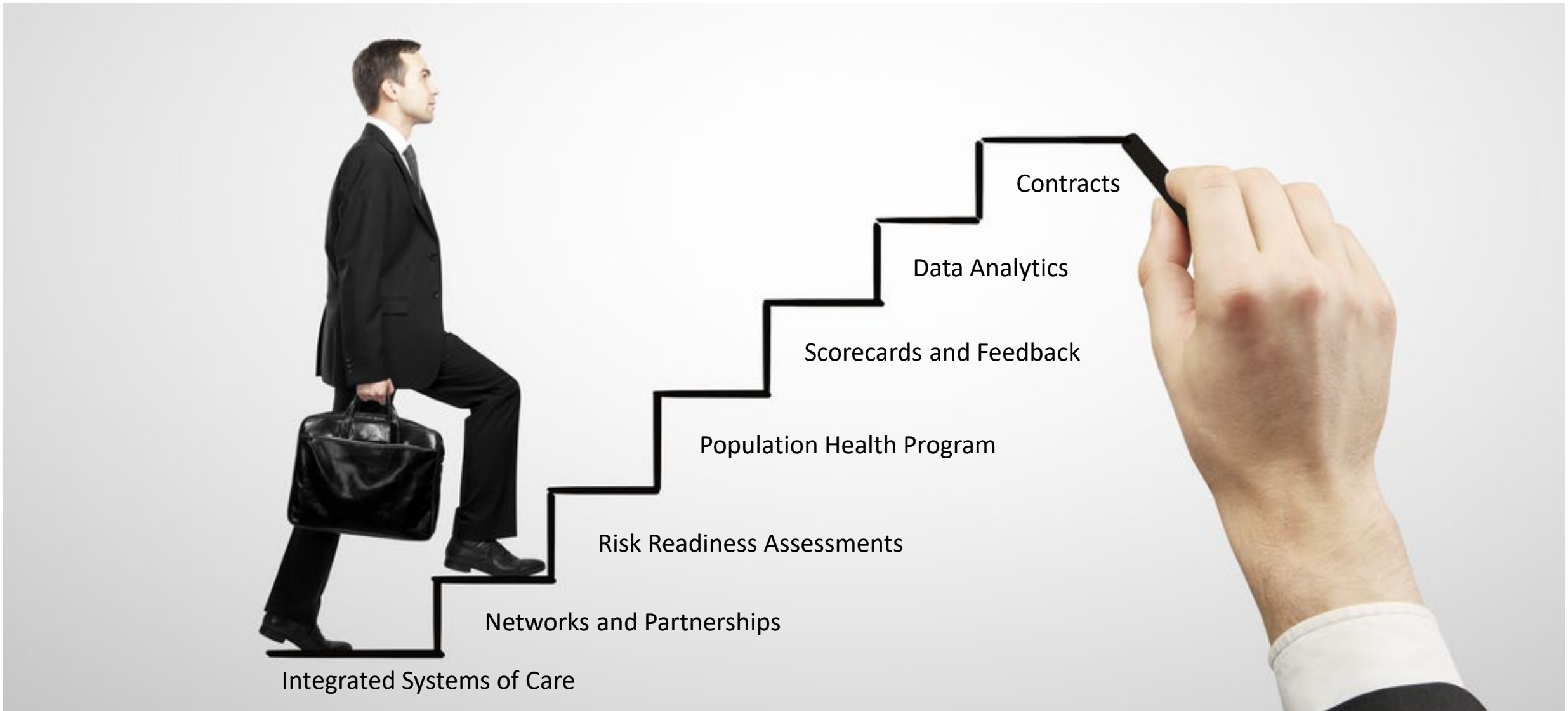
4. Chronic Conditions



CMS Supporting Patient-Centered Care and New Financial Models

- Endorsements of **ACOs**
- Moving All Medicare Beneficiaries to **Accountable Care Programs by 2030**
- Aligning and Coordinating **Care Models** offered by CMS and CMMI Innovations
- Testing of New and Innovative **Payment Models** and **Value-Based Payment Programming**

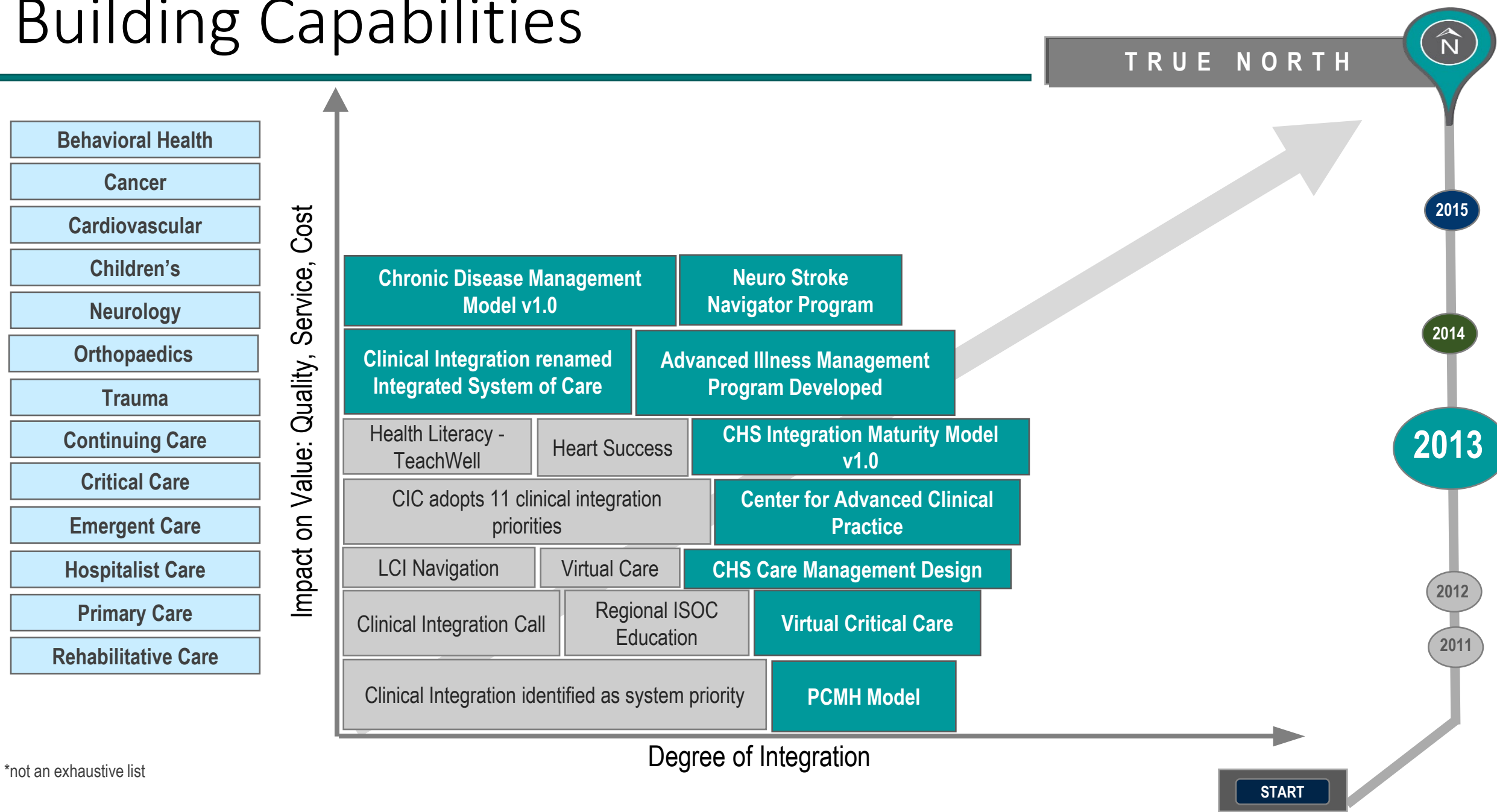




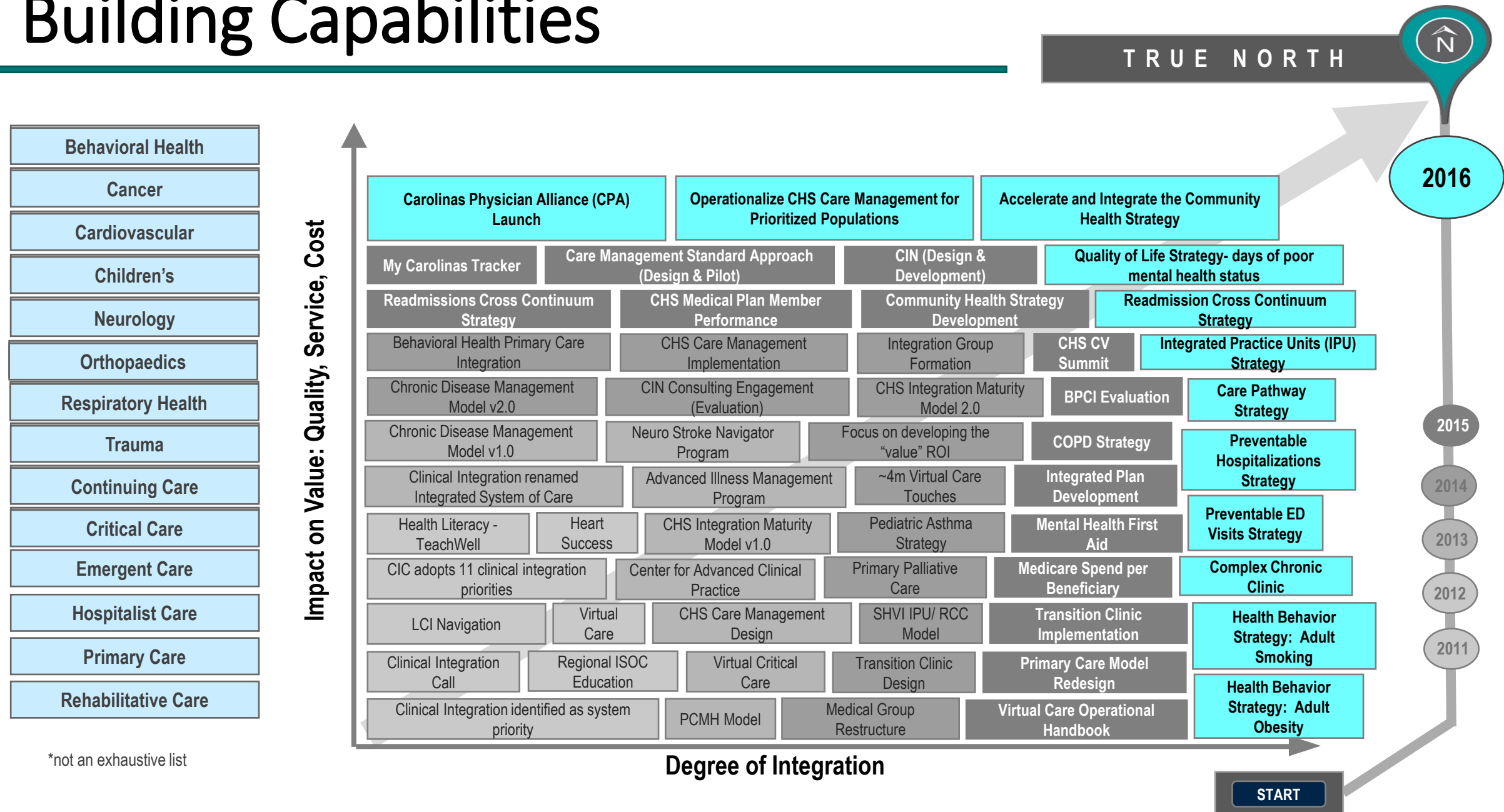
The Journey to Value

Preparing for a Value-Based future

Building Capabilities

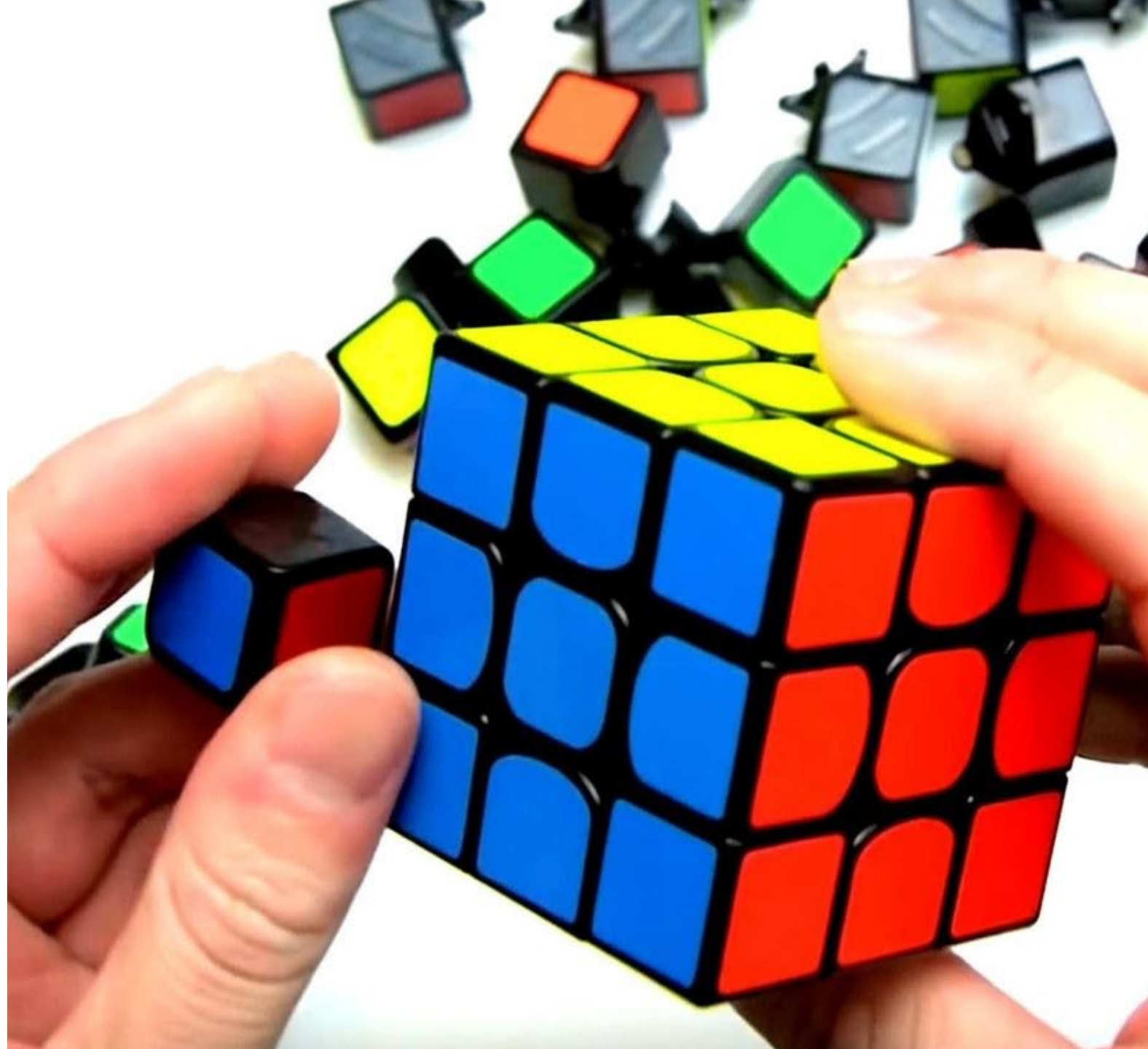


Building Capabilities

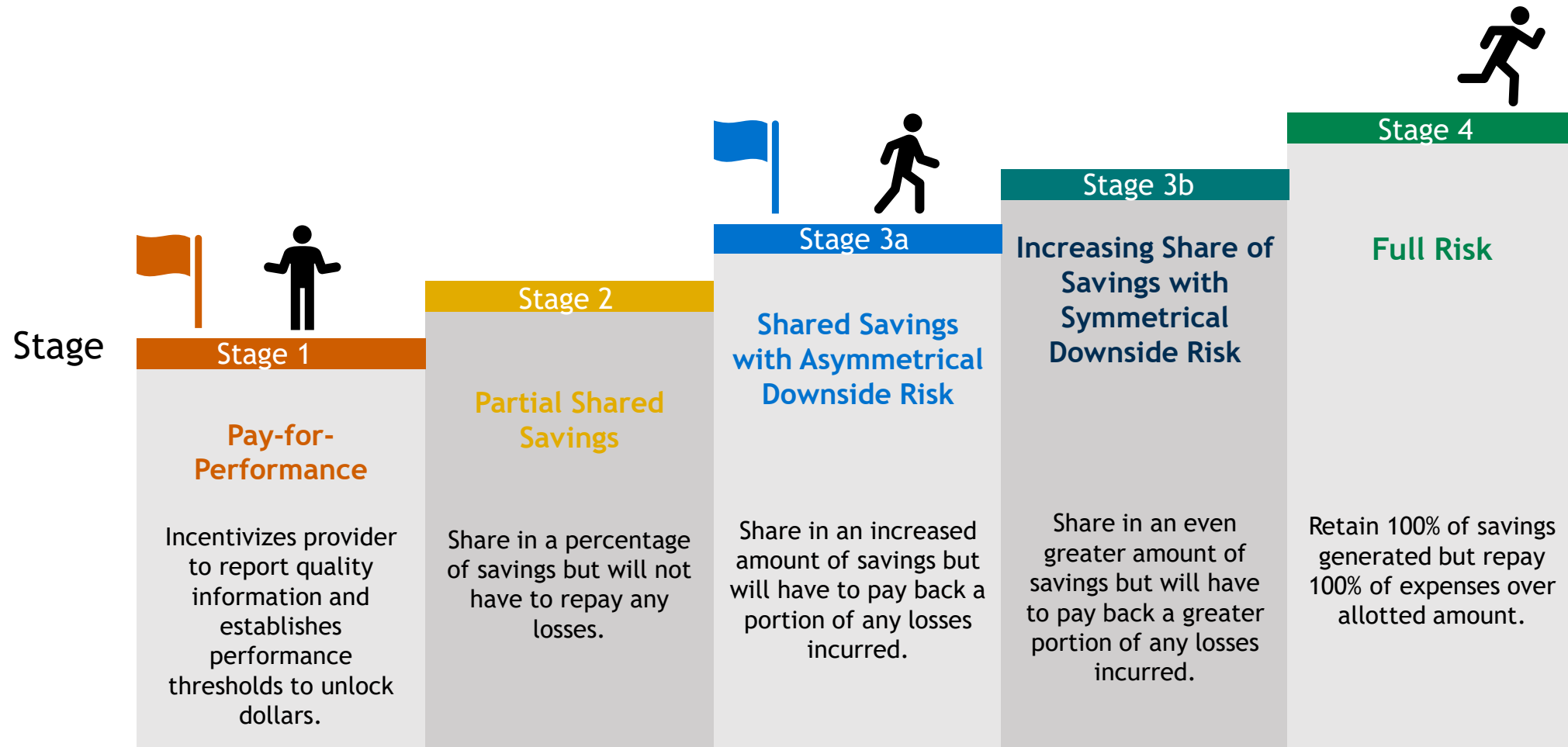


Building Sustainable Models

- Partnering with Others
- Network Optimization
- Integration
- Generating Actionable Data
- Process Automation
- Redeploying Resources
- Reducing Waste
- Creating Access
- Developing New Care Models



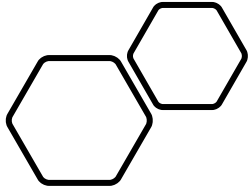
Value-Based Care Journey & Understanding Risk





THINKING DIFFERENTLY

What about Emergency Medicine?



Exploring Missing Links in Value

- "Always" Access Point for Care
 - Post-Surgical Care
 - Primary Care
 - Access for Patients without Transportation (Ambulance Transport)
- Unsustainable Model
 - High Demands for Care
 - Higher Costs of Care for Patient and System
 - Long Wait Times
 - Patient Experience Impact







Initial Approach...

- Manage Population Segments Using the ED
 - High ED Utilization work
 - Alert Enabled Population Management

Problems to be Solved: High ED Utilization



Understand the underlying issues, including social determinants, that may be affecting this subset of patients to provide them with Population Health Management



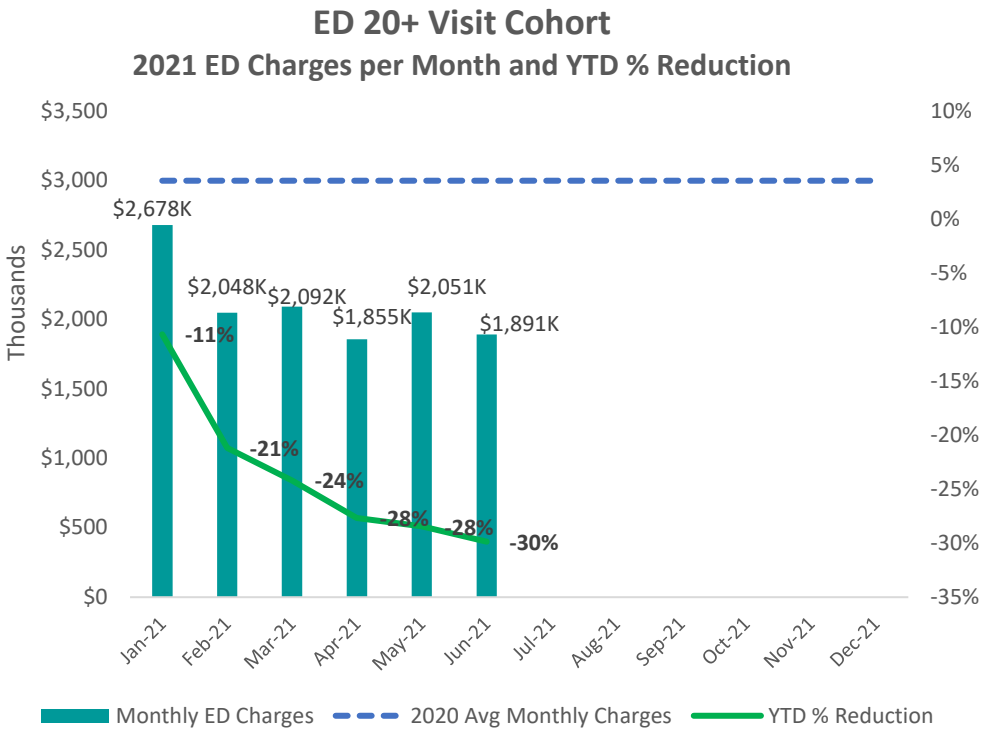
Define a plan to impact each patient at their level and connect them to appropriate care in order to impact their visit volume

Create visibility within the data to identify patients as frequent utilizers

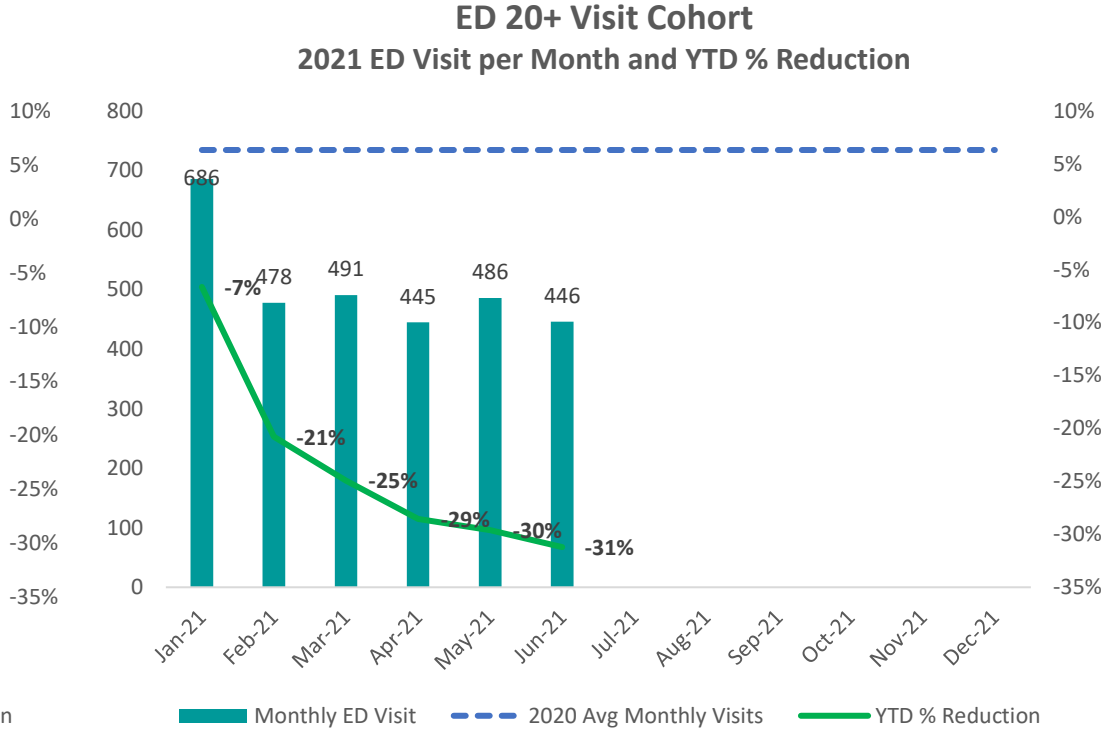


Outcomes: 2021 ED High Utilizer Cohort

January – June 2021



30% Reduction in ED Charges

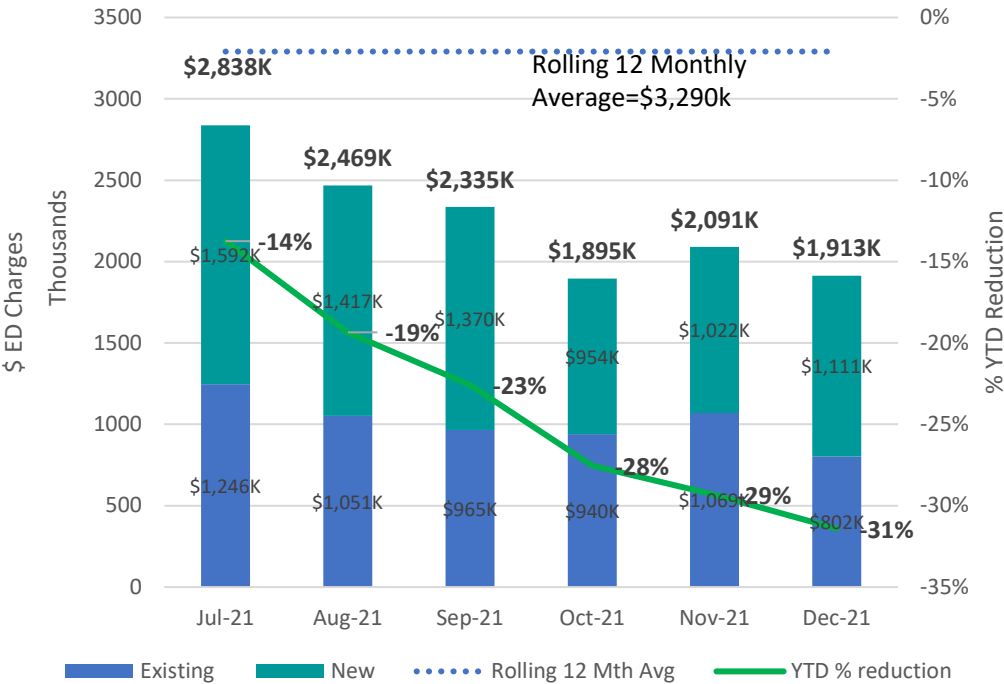


31% Reduction in Utilization

Outcomes: 2021 ED High Utilizer Cohort

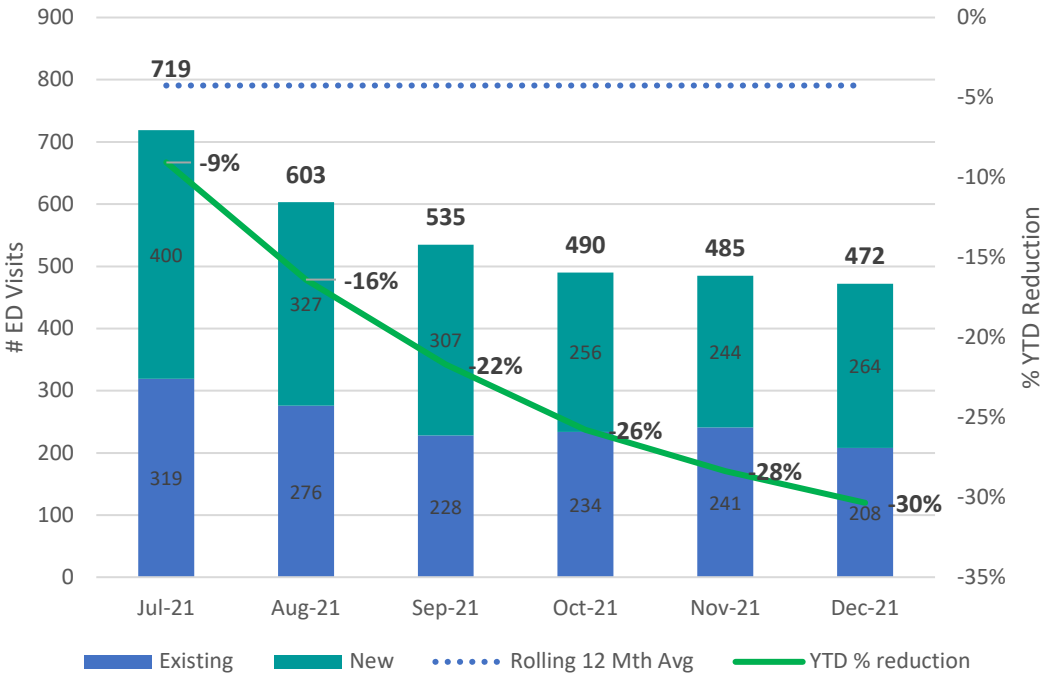
July – December 2021

High ED Utilizers **Adult** Cohort
2021 ED Charges per Month and YTD % Reduction



31% Reduction in ED Charges

High ED Utilizers **Adult** Cohort
2021 ED visits per Month and YTD % Reduction



30% Reduction in Utilization

Managing Change without Being Buried

Avoidable
Admissions

Cost of
Care

Avoidable
ED
Utilization

Policy Changes
and
Government
Focus Areas

Quality
Metrics

Alternative
Care Models

High-Cost
Imaging

Readmission
Rates

Patient
Experience

Primary Care
Models

Emergency Medicine Exploring Value-Based Care Models

- Acute Unscheduled Care Encompasses an Episode of Care Based Upon ED Visit Outcomes
- ACEP developed the Acute Unscheduled Care Model (AUCM) proposal to directly engage EM physicians in payment and delivery reform.
- The AUCM was developed with the intention of functioning as a Medicare APM.
- The AUCM framework could be utilized by other payors including Medicaid and commercial insurers to create an APM outside of the Medicare landscape that integrates EM physicians.

Stakeholders encouraged to gain a deeper understanding of the AUCM framework to begin laying the groundwork for EM transformation discussions.



Seeks to **reduce inpatient admissions and observation stays** when appropriate through enhanced care coordination



Directly engages EM physicians by **accepting financial risk attributed to discharge disposition decisions** within qualifying episodes of acute unscheduled care



Ensures EM physicians have the **necessary tools to facilitate** to make the decision to provide safe, efficient outpatient care



Transforming Value-Based Emergency Care

- Continued Value Progression including Innovative Access/Entry Points
- Identification of patients at risk for Post-ED Events and/or SDOH Issues
- Care Coordination/Longitudinal Care



Creating Innovative Solutions in Emergency Care

Mobilizing “Pre-Acute” Models

Pre-Acute Care: ED Avoidance

EMS:

- ET3
- Alternate destination

Virtual Alternatives:

- Virtual First
- Virtual On-Demand

Care coordination:

- PCP, Primary Specialists
- Ambulatory sensitive conditions

Transfers:

- Primary care
- Urgent Care
- ED-to-ED

After-hours:

- RN call lines



Providing New Models for the Future

Emergency Triage, Treat and Transport (ET3)

CMS Defines the Problem: Misaligned Incentives

Medicare primarily pays for emergency ground ambulance services when individuals are transported to a limited number of covered destinations like hospital emergency departments (ED).

Therefore, beneficiaries who call 911 with a medical emergency are often transported to a high-acuity care setting, even when a lower-acuity, less costly destination may be more appropriate.

The Opportunity: Optimal Care at the Right Time and Place

16%

Medicare fee-for-service emergency ambulance transports to the ED that could have been treated in lower-acuity settings.

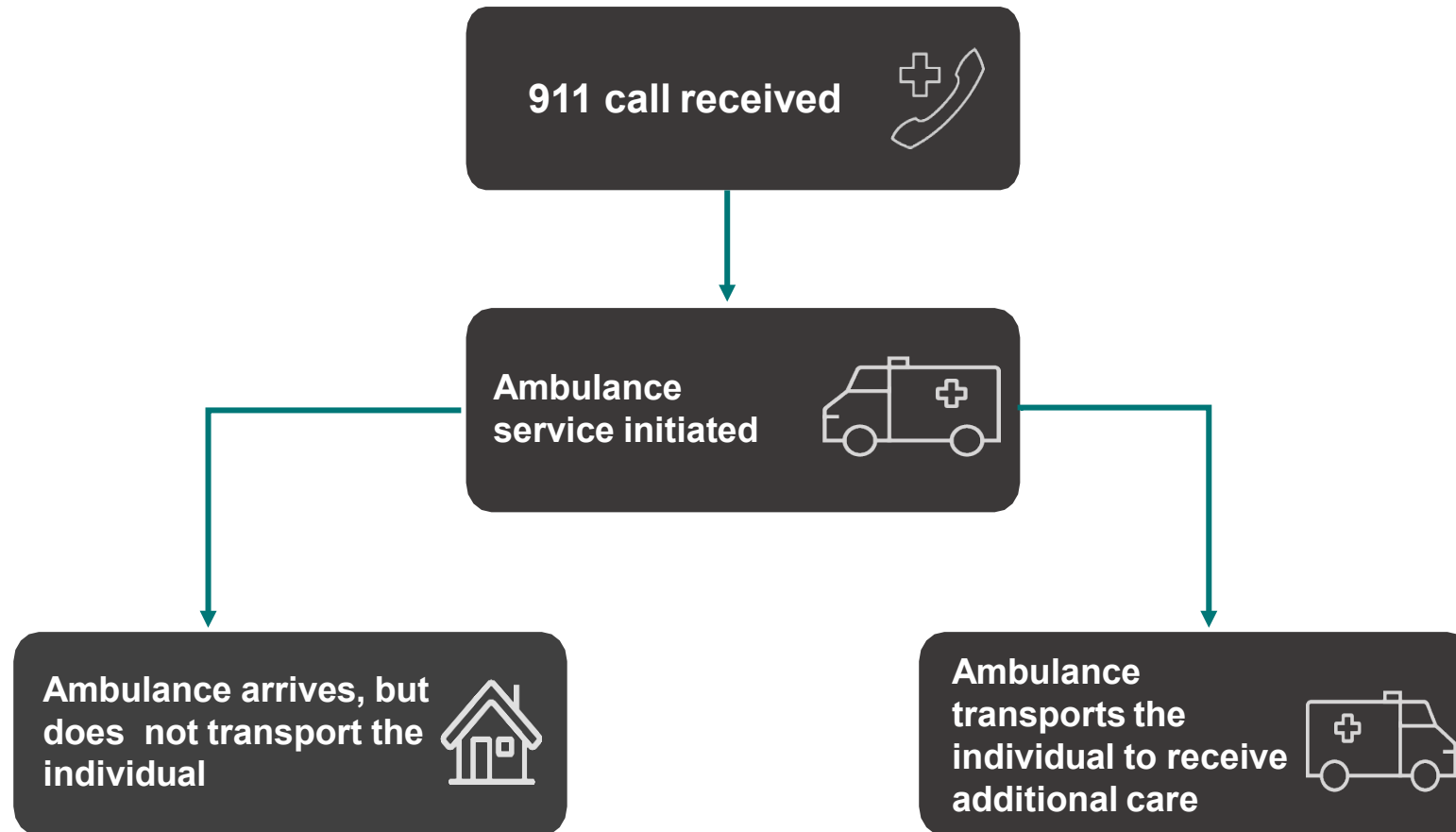
\$560M

In savings per year by transporting individuals to doctors' offices rather than a hospital ED

**An earlier White Paper by the U.S. Departments of Health and Human Services and Transportation found this savings potential; An important note is that by taking into account avoided inpatient hospitalizations and opportunities for treating in place, the savings potential and quality of care improvements may be even greater.*

Current State

Ambulance dispatched regardless of acuity, with transport to ED even if lower-acuity alternatives could safely meet an individual's needs.



ET3 Model Goals per CMS

01

Provide person-centered care

such that individuals receive care safely at the right time and place

02

Increase efficiency in the EMS system

to allow ambulances to more readily respond to and focus on high-acuity cases, such as heart attacks and strokes

03

Encourage appropriate utilization of emergency medical services

to meet health care needs effectively



Working Together to Bring Value

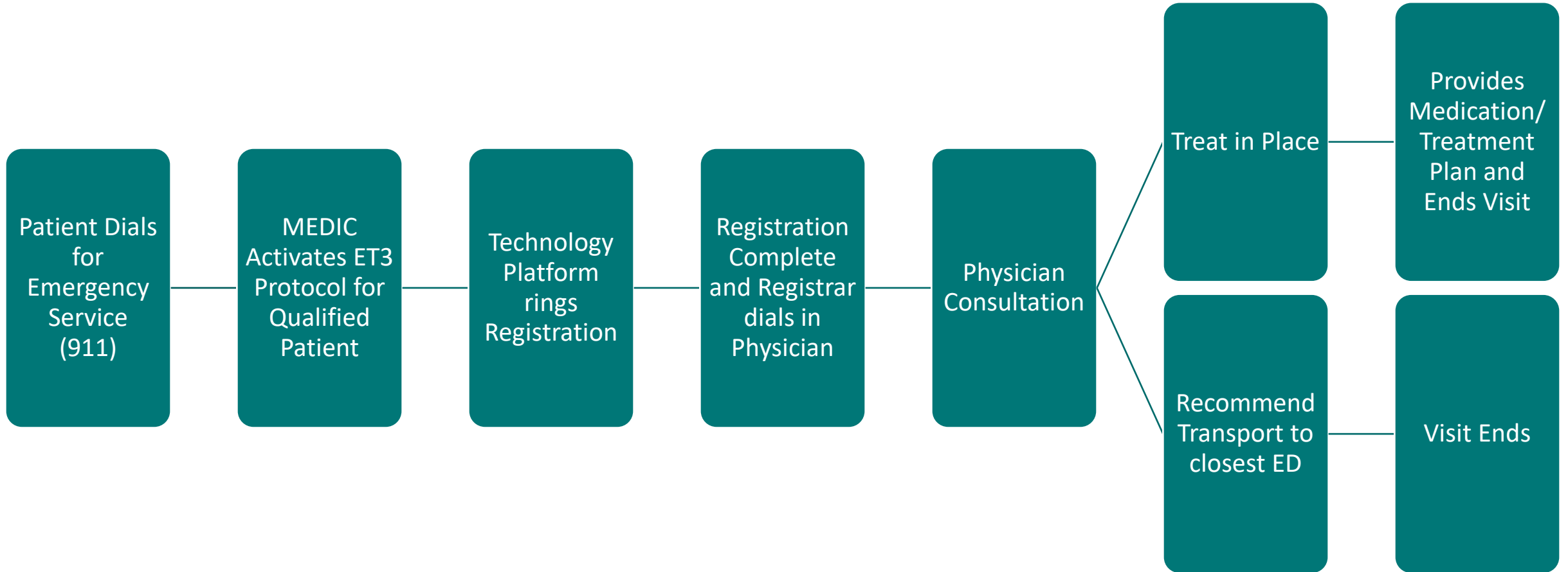
Atrium Health partners with Medic
and Novant Health to offer ET3
Services in Greater Charlotte Region

Building the Infrastructure

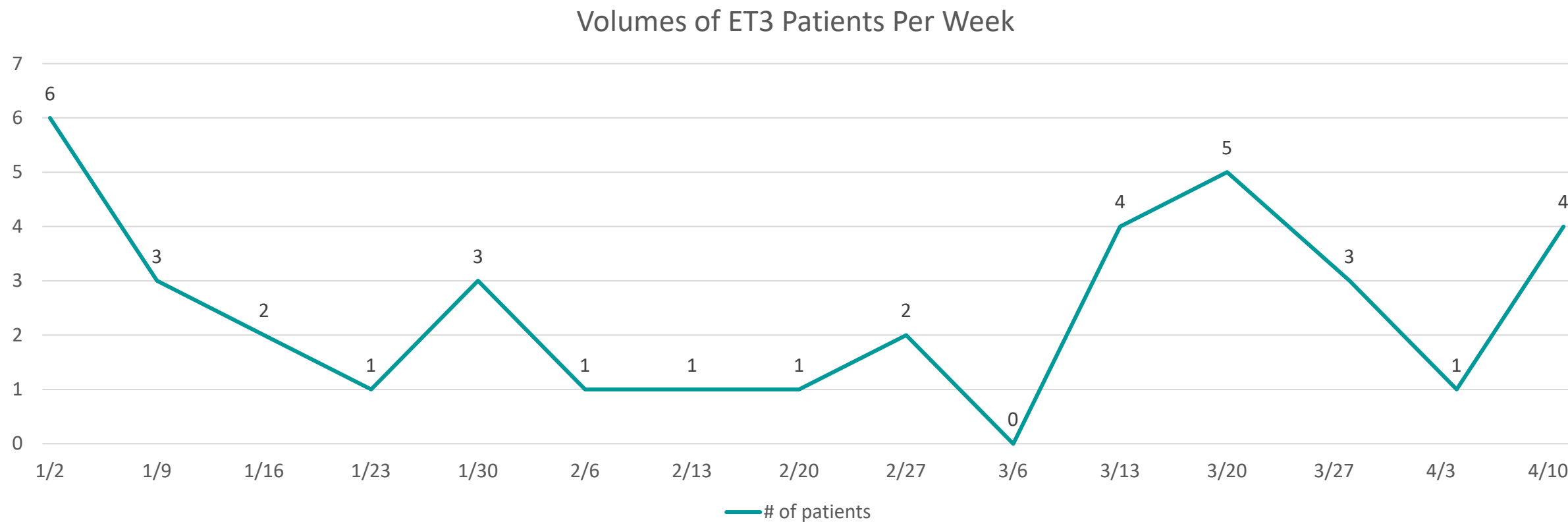
- Workflow Development
- Billing Discussions
- Technology Solutions
- Staffing Models
- Communication Feedback
- Data Analytics



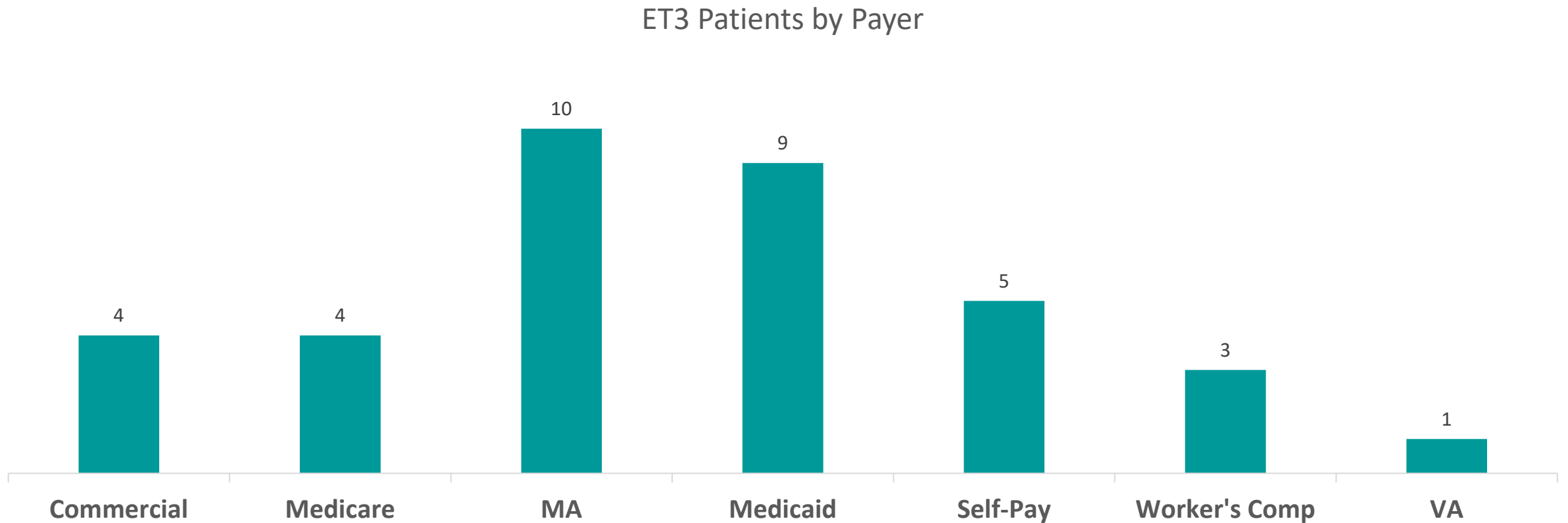
ET3 Workflow Model



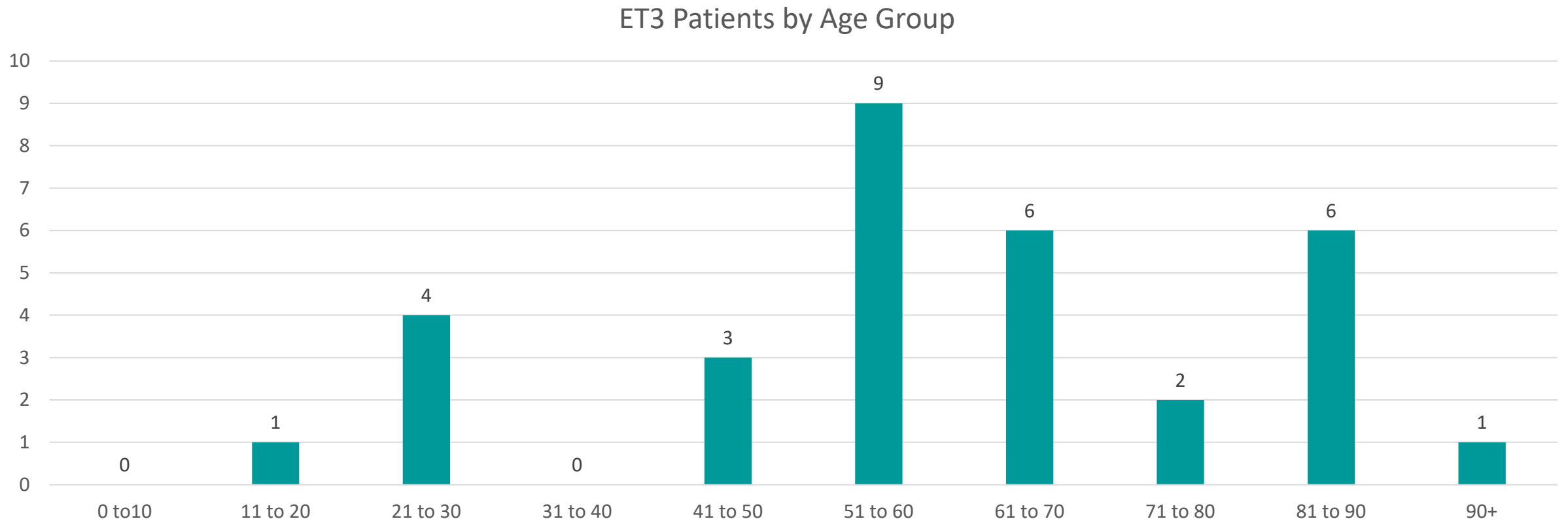
Volumes: Number of ET3 patients per Week



ET3 Patients by Payer Type



ET3 Patients by Age Group



Atrium ET3 Medic Calls for March Call Rating

[illegible]

Typical Diagnosis Description to Date

- Unspecified Pain (elbow, knee, ankle, foot, etc.)
- Unspecified abnormalities of gait and mobility
- Fever, unspecified
- Hypothyroidism, unspecified
- Bipolar disorder, unspecified
- Homelessness unspecified
- Dyspnea, unspecified
- Vomiting, unspecified
- Viral infection, unspecified
- Shortness of breath





Transforming Emergency Care

- Future of EM in VBC
- EM as partner in journey to value
- Alignment with ED avoidance strategies
- Alignment with ED operations & initiatives
- Innovative strategies to pre-acute, acute, & post-acute ED

Acute Episodes of Care

- Waste Reduction
- ED Care Plans
- ED Geriatricians
- Social Determinants of Health
- Alternatives to Admission
- ED Transitions

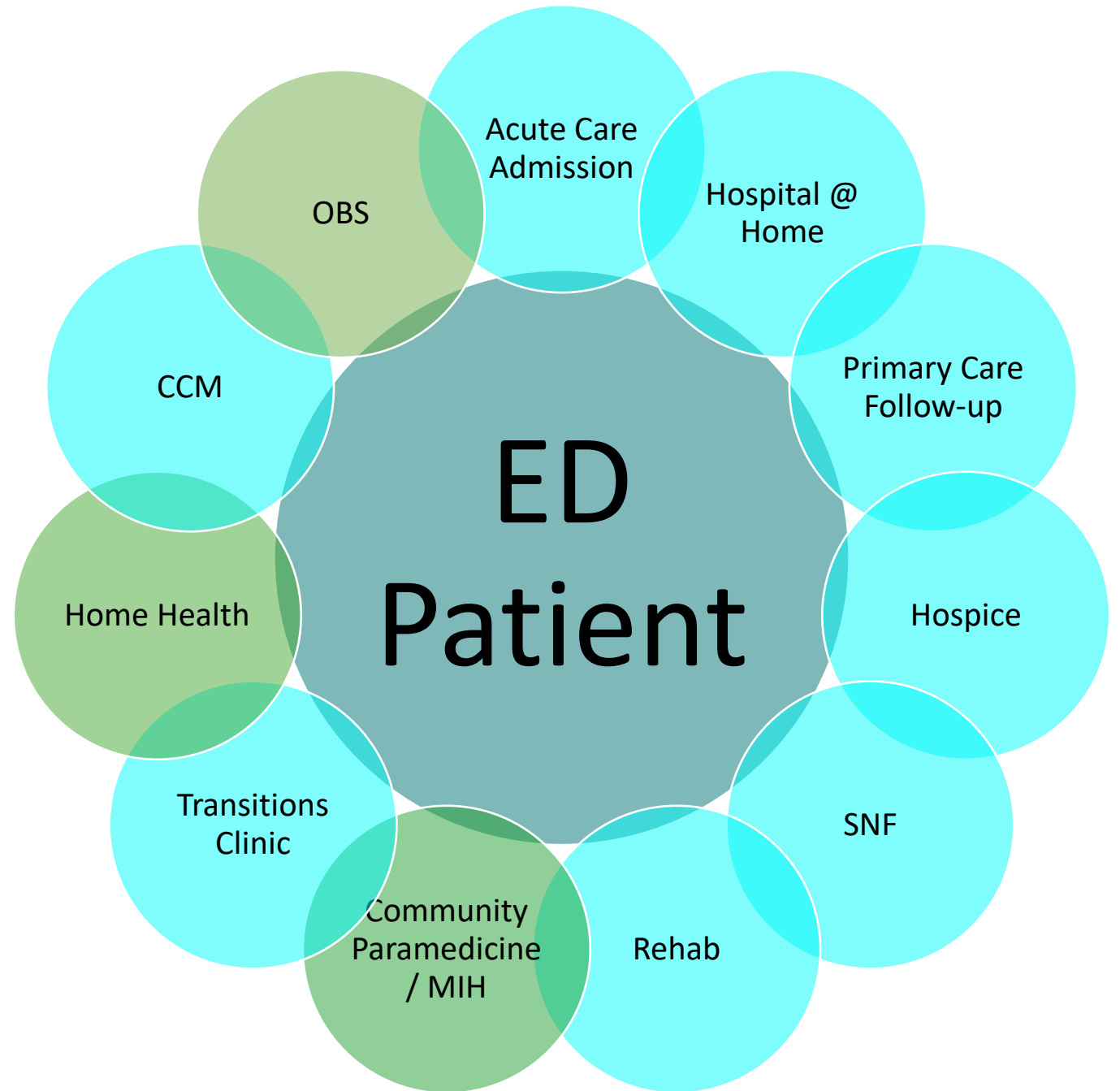




Acute Episode of Care: Alternatives to Admission

- Moderate-Risk HEART Score with urgent 72-hour follow-up
- Atrial Fibrillation Pathway with 5-day follow-up

Acute Episode of Care: ED Transitions



Post-Acute Care

1

Care continuum:

- Care should not stop at the exit door of the ED

2

Care coordination:

- Ensure seamless PCP follow-up
- Ensure non-emergent issues followed up (incidental findings on imaging)

3

ED Recidivism:

- Decrease unnecessary returns (med refills, minor changes to wounds, med errors, etc.)



Questions