Tracking treatments

Sue Iverson is excited about the Emergency Department Information Exchange, a new web-based tool that she hopes will help her do her job better.

Iverson is a social work care manager in the emergency department at Sacred Heart Medical Center at RiverBend in Springfield.

She is the person who tries to help patients who show up frequently at the emergency department with needs that would be better met at a regular doctor's office, a county health clinic, or a community program, such as St. Vincent de Paul or White Bird Medical Clinic.

Iverson routinely creates customized care plans for these patients to try to steer them to other agencies and away from expensive emergency room treatment for problems that aren't medical emergencies.

Now, with the Emergency Department Information Exchange, or EDIE, those care plans can be shared with a growing network of emergency departments throughout Washington and Oregon, potentially cutting costs and helping patients.

"It will be good," Iverson said, "because the information we put in care plans to help people not use the ER so much will go all over" — to McKenzie-Willamette Medical Center in Springfield, to Sacred Heart Medical Center, University District, in Eugene, and to hospitals elsewhere in Oregon and Washington.

Before EDIE, a hospital might be able to track frequent users of its own emergency department, but it had no way of knowing whether those same patients had been to other emergency departments in the area, said Kristina Keene, a spokeswoman for EDIE's developer, Collective Medical Technologies, which is based in Salt Lake City.

For most hospitals, many of these repeat emergency room patients are a financial drain because they have minimal or no health insurance, and can't pay for the services.

Or, if they are covered by Medicaid, the government's health insurance program for low-income people — their repeated use of costly emergency room services saps taxpayer dollars. Channeling such patients to more appropriate care is a longstanding public policy goal.

Now with EDIE, RiverBend, for example, receives an alert if a patient registering in its emergency department has visited more than three times in the past 60 days, or visited any emergency departments on the EDIE system more than four times in the past 60 days, said Tim Herrmann, PeaceHealth Oregon West Network vice president for patient care services.

PeaceHealth's four local hospitals — RiverBend, University District, Cottage Grove Community Hospital and Peace Harbor Medical Center in Florence — began implementing the EDIE system this month.

McKenzie-Willamette, owned by Tennessee-based Community Health Systems, also started rolling out the EDIE system this month, spokeswoman Jana Waterman said.

As part of health care reform, which seeks to improve health and reduce costs through better coordination of medical services, EDIE "makes total sense," Herrmann said.

"I haven't seen or heard one push-back about this system at all from any key stakeholder," he added.

Small reduction, big savings

Since June 30, Iverson said she has received about 50 EDIE alerts — in some cases, multiple alerts for the same patient.

PeaceHealth has asked that its local hospitals receive the alert via fax, which is added to patients' printed charts for the emergency doctors to see. Hospitals could choose to be notified by text, phone, or have the information appear with the electronic medical record, Keene said.

RiverBend's emergency department alone sees 60,000 patients a year, so this slice of frequent users is relatively small, Herrmann said.

But even a small reduction in ER visits could achieve big savings, he said.

"If we were just to decrease ER visits by 1 percent in Oregon, that would be 12,500 visits (statewide), and $12.5 million in cost," Herrmann said.

Patients who overuse emergency departments do so for a range of reasons.

The patient might have mental health or substance abuse problems, a lack of access to primary care, a lack of knowledge of where to get basic health care or a lack of housing, Herrmann said. Or the patient might be trying to get multiple prescriptions for narcotics, he said.

Among Washington Medicaid clients who were repeated users of emergency department services, 80 percent had mental health problems and 40 percent had substance abuse issues, according to a March report by the Washington State Health Care Authority.

Collective Medical Technologies claims that patients enrolled in EDIE on average have a sustained 60 percent reduction in emergency department visits in the first year of enrollment.

With EDIE, the emergency room doctor has more knowledge about the patient, said Keene, the company spokeswoman.

"The beauty of EDIE is, since we have these feeds set up with all of the hospitals in a region, we can notify hospitals of their patients' utilization regardless of whether it's at that individual hospital, or if they've been at 15 other hospitals," Keene said. "They can route them to a better care provider or can route them back to their primary care physician for prescriptions. ... The biggest driver (of reducing emergency department visits) is just that knowledge."

That has been the experience of Washington hospitals, which have been using EDIE for the past two years.

"The communications between emergency rooms has been incredibly beneficial providing consistency of care for patients and increasing the quality of care for patients," said Carol Wagner, senior vice president for patient safety at the Washington State Hospital Association. "The system is providing needed information, which physicians have always wanted but were unable to get before."

Program's beginnings

Collective Medical Technologies was founded in 2005 by two computer science majors at Brigham Young University: Adam Green and Wylie van den Akker.

Green's mom, a nurse at a Boise hospital, was trying to track frequent users of the emergency department in an Excel document, and asked her son to come up with a better solution.

A few years later, the company got its first client — a hospital in Spokane. "Then it cascaded into all the hospitals in Washington state," Keene said.

Using EDIE with Medicaid patients, as well as other changes in emergency department practices, the Washington State Health Care Authority reported savings of $33.65 million in the fiscal year ended Sept. 30, 2013.

The rate of emergency department visits per 1,000 Medicaid clients fell by 9.9 percent; drug prescriptions fell by 24 percent; visits with a "low acuity" diagnosis, such as skin problems or yeast infections, fell by 14.2 percent, according to a Washington State Health Care Authority report.

Those figures caught the attention of the Oregon Health Leadership Council, which was formed in 2008 at the request of the business community to try to find ways to cut health care costs.

Many businesses want health care costs curbed in order to stop the spiralling expense of health insurance premiums.

Starting in March with the Tuality hospitals in Hillsboro and Forest Grove, 29 Oregon hospitals now are using EDIE, Keene said.

Another 16 Oregon hospitals are planning to start using it by September, with all 59 Oregon hospitals expected to be on board by November, she said.

Collective Medical Technologies is working to expand into hospitals in California, primarily the San Francisco and Los Angeles markets, Keene said.

"If we can get all the hospitals along that I-5 route, I think that would be ideal," she said, adding that the company is marketing in other western states and eventually would like to serve hospitals nationwide.

Benefit of collaboration

Oregon's adoption of EDIE is a collaboration of the Oregon Health Leadership Council, the Oregon Health Authority, the Oregon Chapter of the American College of Emergency Physicians and the Oregon Association of Hospitals and Health Systems.

The cost of bringing EDIE to all Oregon hospitals is $750,000 a year, which is being shared by hospitals, health plans, and the state's coordinated care organizations, which manage services for Medicaid members in Oregon, said Greg VanPelt, president of the Oregon Health Leadership Council.

The hospitals also pay one-time set-up costs. PeaceHealth's Herrmann said it cost about $14,000 to get its four local hospitals on the EDIE system.

Collective Medical Technologies offers technology that can bring others onto the EDIE system, so a primary care doctor or health insurance plan, for example, could receive an EDIE alert when patients/members visit an emergency department on the EDIE network.

That could enable a primary care doctor to discuss a patient's condition with the emergency physician treating that patient, or a health plan to preauthorize expensive diagnostics for a patient in the emergency department.

"This allows us to start to coordinate care across the delivery system," VanPelt said.

"It's possible that we could do it with dentists, mental health and behavioral health; we haven't crossed that bridge, he said, adding that the system is voluntary in Oregon, and "everyone has to decide what works best in their community."

Follow Sherri on Twitter @sburimcdonald . Email sherri@registerguard.com .