

## NEWS RELEASE

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### IMPLEMENTING BEST PRACTICES IMPROVES EMERGENCY CARE, REDUCES STATES MEDICAID COSTS

#### WASHINGTON STATE IS A MODEL FOR THE NATION

WASHINGTON — A new report on a collaborative effort of hospitals and physicians to reduce emergency visits and coordinate patient care also has good news for the Washington State budget. Preliminary data from the first 6 months of the initiative suggest the state is saving more than 10 percent in Medicaid fee-for-service emergency care costs.

“Emergency physicians in Washington State proposed seven best practices and coordinated efforts to help Medicaid patients and reduce costs, said Dr. Andy Sama, president of ACEP. “The savings are projected to reach \$31 million in the fiscal year. This shows that medical providers can work together to improve patient care and save money. Clearly, this is a model for the nation.”

The report, “Emergency Department Utilization: Assumed Savings From Best Practices Implementation,” was recently released by the Washington Health Care Authority (HCA). It analyzes the results of the best practices implemented through a partnership between the Washington Chapter of the American College of Emergency Physicians (WA-ACEP), the Washington State Medical Association, the Washington State Hospital Association and HCA. The program was developed in response to the legislature’s call for a policy solution to high emergency department use by Medicaid patients.

The achievements of the “ER is for Emergencies” program include:

- A 23-percent reduction in emergency visits by Medicaid patients with five or more visits during the first 6 months of the program.
- Projected savings of \$31 million to the state for the fiscal year.
- Doubling the number of shared care plans to ensure patients receive coordinated care.
- A 250-percent increase in the number of providers registered in the state’s Prescription Monitoring Program, which is designed to identify patients with narcotic-seeking behaviors.
- Increasing the number of hospitals exchanging emergency department information electronically from 17 to 85, with 10 more in the process of implementing the exchange system.

“In addition to cost savings, the program offers benefits to patients and hospitals,” said Dr. Stephen Anderson, immediate past president of WA-ACEP. “Patients have fewer emergencies when a primary care physician is implementing a cohesive care plan for them. Prescription drug abuse is decreased. Hospitals can compare performances with their peers, identify and share best practices, and help patients receive care in the most appropriate and cost-effective setting.”

The seven practices of the program are:

- Tracking frequent users of emergency departments and adopting electronic tracking systems to exchange patient information.
- Disseminating patient educational materials about appropriate settings for health care services — to be provided at arrival or at discharge
- Designating personnel and emergency physician personnel to receive and appropriately disseminate information on Medicaid clients.
- Contacting primary care providers at the time of the emergency visit and relaying any issues regarding barriers to primary care.
- Implementing narcotic guidelines that direct patients to primary care or pain management services.
- Enrolling physicians in the state’s Prescription Monitoring Program.
- Designating emergency physician and hospital staff to review and provide feedback reports— and taking appropriate action.

“These best practices are helping Medicaid patients connect with regular sources of medical care, which helps them avoid medical emergencies,” said Washington State Senator Nathan Schlicher, MD, who also is an emergency physician. “It’s good patient care, and it’s saving the state money.”

Earlier this year, Washington Gov. Gregoire suspended implementation of a Zero Tolerance Policy that would have denied payments for treating Medicaid emergency patients, based on a list of 500 final diagnoses the state deemed to be nonurgent. WA-ACEP had argued the state’s plan violated the national prudent layperson standard, which requires health insurance plans to base coverage of emergency care on a patient’s symptoms and not their final diagnoses.

HCA is planning another assessment in October 2013 to ensure the program is achieving its targeted yearly savings of \$31 million.

The full report can be downloaded from the HCA website [http://www.hca.wa.gov/leg\\_reports.html](http://www.hca.wa.gov/leg_reports.html)

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*ACEP is the national medical specialty society representing emergency medicine. ACEP is committed to advancing emergency care through continuing education, research and public education. Headquartered in Dallas, Texas, ACEP has 53 chapters representing each state, as well as Puerto Rico and the District of Columbia. A Government Services Chapter represents emergency physicians employed by military branches and other government agencies.*

*The Washington Chapter of the American College of Emergency Physicians exists to support quality emergency medical care. The organization is widely recognized as the voice of emergency medicine and engages in frequent communications with the general public, key interest groups, and the media about the role and value of emergency medicine in the health care delivery system. WA/ACEP is a unifying force for emergency medicine physicians facing new challenges in a rapidly changing health care environment.*

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