

PROMOTING VALUE BY IMPROVING DECISIONS THROUGH EVIDENCE (PROVIDE)

HARDWIRING EVIDENCE-BASED DECISION

MAKING IN EMERGENCY DEPARTMENT (ED) CARE

THE CHALLENGE:

Emergency medicine physicians and advanced practice providers make critical patient care decisions every day. While most clinical decisions are consistent, studies show that decision-making can actually vary from clinician to clinician and hospital to hospital for two high-cost decisions: hospital admission and advanced imaging (e.g. CT scanning). Variation increases when there is uncertainty about the diagnosis or the risk of adverse events. This includes admission decisions for conditions like chest pain, syncope, pneumonia, and skin infections. For imaging, variation exists in approaches to work-up for conditions like minor head injury and suspected pulmonary embolism.

THE SOLUTION:

USACS is focused on bringing the best evidence to the bedside and making sure that admission and imaging decisions are standardized throughout our practice. The vision is for every USACS patient to get the same high-quality evidence-based care. This is achieved through the development and promotion of USACS's clinical management tools (CMT), which are standardized, evidence-based approaches to common ED decisions. In addition, USACS has developed and released internal dashboards that can be used to monitor admission and imaging decisions. The goal of the dashboards is for clinicians to know whether they are high utilizers or low utilizers and to know whether their admission and imaging decisions are in-line with other clinicians at their site. USACS also leverages clinical coaching through the work of Regional Quality Directors (RQDs), who work one-on-one with clinicians.

THE RESULT:

USACS has been highly successful in deploying PROVIDE programs. When deployed in Texas and Colorado in 2021, USACS was able to reduce variation in admissions and lower the admission rate for high-variation conditions (chest pain, syncope, and others) from 38.4% to 32.0% through dashboard feedback and clinician coaching. USACS is also working with partners in Maryland, specifically the Maryland chapter of the American College of Emergency Physicians, Med Chi (the state medical society), and the Health Services Cost Review Commission (HSCRC) (the state entity that regulates all Maryland hospitals), to launch the first-ever emergency medicine alternate payment model for emergency care in the state in 2023. This is a voluntary program that incentivizes safely lowering total cost of care by implementing evidence-based decision making around admission decisions for carefully selected conditions.

PROVIDE impact on hospital admission rate

