Regionalizing Emergency Care Systems to Serve Accountable Care Organizations

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• Patients often encounter multiple professionals across different settings
  – Limited access to medical records
  – Poor communication between providers
  – Poor care coordination
  – Faulty transitions between settings
Local delivery systems of physicians and the hospitals where they work or admit their patients
- “Extended hospital medical staff”
- Foster shared accountability among providers
- Support development of shared EHRs
- Improve quality and affordability

Existing Accountable Care Organizations
- MD-Hospital Practice Networks (Academic Centers)
- Integrated Delivery Systems (Mayo, Intermountain Health)

Fisher, ES, Creating Accountable Care Organizations, Health Affairs, 2007
Rational for Regionalization
- Improve Outcomes
- Improve Efficiency
- Reduce Waste

Regionalized for
- Major Trauma
- Stroke
- Sick Pediatric Patients
- ?? Accountable Care Organizations??
• Why Regionalize to Accountable Care Organizations?

• Consider the following scenarios…
An eighty year old man with vomiting and confusion brought by EMS to Elsewhere General Hospital, medical records unavailable, workup reveals UTI, pt Rx with IVF, returns to baseline MS and is discharged on Cipro

– Pt returns one week later with UGI bleed and INR=10 resulting from an interaction between Cipro and Coumadin
• An eighty year old man with vomiting and confusion brought by EMS to Elsewhere General Hospital, medical records unavailable, workup reveals UTI, pt Rx with IVF, returns to baseline MS and is discharged on Cipro

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• Brought by EMS to Accountable General Hospital – records show pt on Coumadin
• A fifty year old female with chest pressure brought by EMS to Elsewhere GH, records unavailable, pt is anxious, PE nm, ECG NS-changes, Trop nm, admitted overnight, recurrent CP, cardiac cath nm
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• Brought by EMS to Accountable GH
  – medical record shows multiple visits for CP
  – Pt had normal ETT 6 mo ago
  – Pt had normal cardiac cath 3 mo ago
  – Pt reassured, d/c with PCP follow-up
A forty-five year old with cough and SOB brought by EMS to Elsewhere GH, CXR shows LLL infiltrate, CBC reveals HCT 30%. ED MD prescribes antibiotics and advises patient to follow-up with PCP for evaluation of anemia.

- Pt presents 1-yr later with wt loss/fatigue, Dx with stage III colon CA. Pt has surgery to remove tumor/nodes followed by both chemo & radiation Rx.
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Brought by EMS to Accountable GH. ED MD notes anemia, sends priority message to PCP

- Pts colonoscopy reveals stage I colon CA that is removed. No additional treatment is required.
Accountable Care Organizations

The Case for Regionalization

Information (EHR) → Patient

- Decreased Waste
- Improved Outcomes
- Improved Care Coordination

Systems
• Why are we not Regionalizing to Accountable Care Organizations?

• Consider the following case study…
Almost 3 million residents
19 Hospitals
Over 50 Ambulance Transport Agencies
Destination Policies are geographically based, not patient-centered
Fragmented system does not support dynamic positioning of ambulances
Patients routinely taken to Elsewhere General Hospital
Barriers to Regionalization to Accountable Care Organizations

- Cultural Factors
- Transport Distances/Limited Coverage Areas
- Financial Incentives
• Regionalizing emergency care systems to Accountable Care Organizations
  – Improve health outcomes
  – Improve efficiency
  – Reduce waste

• However, in the current fragmented healthcare system there are significant barriers to achieving this goal