SR 29 Work Group
Reducing Primary Care Use of Hospital Emergency Departments

August 22, 2014
Background

- March 2014, DHH published Notice of Intent to implement triage rate for non-emergent ER visits
- Stakeholders objected, citing CMS guidance and WA state’s success
- DHH abandoned the NOI for comprehensive, collaborative approach
ED Work Group

• Partnership of hospitals, health plans, physicians, pharmacists
• Weekly meetings April through June, biweekly since August
• Leverages WA State’s “ER is for Emergencies” initiative, Seven Best Practices
WA’s Seven Best Practices

1) Track emergency department visits to avoid ED “shopping”
2) Implement patient education
3) Institute an extensive case management program
4) Reduce inappropriate ED visits by collaborative use of prompt visits to primary care physicians
5) Implement narcotic guidelines to discourage narcotic-seeking behavior
6) Track data on patients prescribed controlled substances
7) Track progress of the plan to make sure steps are working
LA Progress to Date

Stakeholder agreement to:

1) Establish ED Visit Registry (WA #1)
2) Conduct coordinated education campaign (WA #2)
3) Issue ED prescribing recommendations to discourage narcotic-seeking behavior (WA #5)
4) Promote use of Prescription Monitoring Program (WA #6)
In The Works

5) Development of progress measures (WA #7)

6) Health plan use of ED registry data to facilitate primary care access (WA #4) and engage case management (WA #3)
For More Information

WA State model:
http://www.wsha.org/eremergencies.cfm

DHH work group:
Jen.Steele@la.gov
(337) 354-5750