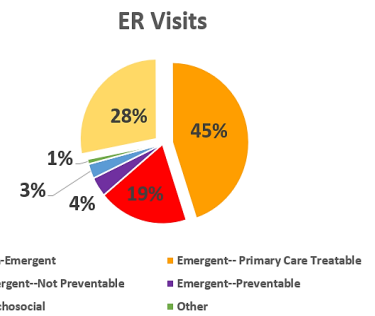


One Trend We Want to Continue in 2021: Fewer Non-Emergent ER Visits

One positive trend that we have seen during the pandemic is that for many employers, non-emergent use of the ER has declined among their plan members. Inappropriate use of the ER has long challenged employers, and Vital Incite now has enhanced tools to analyze ER visits and to help develop strategies to sustain the progress that has been made well after the pandemic has passed. With an average ER visit costing approximately \$4,300 and an average office visit about \$170, it is clear that encouraging members to use the most appropriate point of care is essential to eliminating wasteful spending.

Vital Incite utilizes the Johns Hopkins AGC system to better understand what is happening within its clients' specific populations. This illustration shows how Johns Hopkins AGC categorizes ER visits, and the share of total visits per category for a population.

Using these categories, Vital Incite is now able to take a much deeper look into ER visits. This level of analysis not only helps uncover wasteful spending, but it also identifies opportunities for members to be better aligned with the healthcare access points that are available to them.

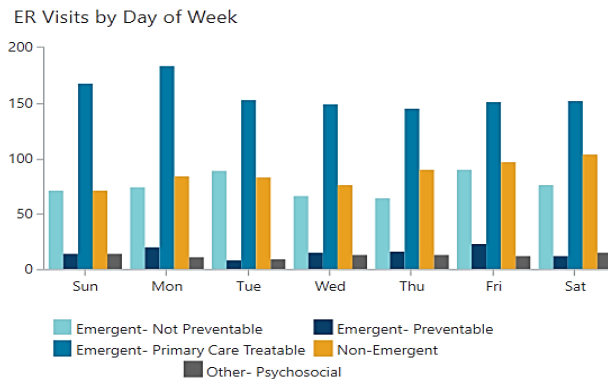


Consider the case of an actual employer whose data has been scrubbed of all identifying information for the purposes of this article. We will call them "ABC Employer". ABC Employer's members visited the ER a total of 2,464 times in the twelve months, even though they offer an onsite clinic. The primary reasons for their visits were as follows:

ER_Visits PRIMARY_DISCHARGE_EDC	Visit Count↓	% Emergent
Lacerations	157	
Chest pain	128	39%
Acute upper respiratory tract infection	112	
Fractures (excluding digits)	81	51%
Contusions and abrasions	68	
Pregnancy and delivery with complications	67	37%
Abdominal pain	66	
Acute sprains and strains	54	4%
Viral syndromes	54	
Acute lower respiratory tract infection	49	22%
Headaches	44	
Pregnancy and delivery	43	9%
Musculoskeletal disorders	41	7%
Neurologic signs and symptoms	41	20%
Renal calculi	41	95%
Nonfungal infections of skin and subcutaneous tissue	37	
Musculoskeletal signs and symptoms	36	
Nausea	36	3%
Hypertension	34	9%
Administrative concerns and non-specific laboratory abnormalities	33	9%

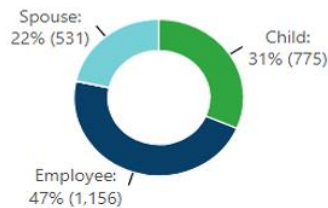


Using the Johns Hopkins ACG categories and the employer’s claims data, Vital Incite analyzed the types of visits, and also noted the day of the week that each visit occurred:



ABC Employer had a total of 611 Non-Emergent emergency room visits, with the highest number of visits occurring on Fridays and Saturdays. The analysis of the visits also showed that the majority of the visits were for the employees themselves, as shown below:

Visits by Dependent Type



Digging even deeper, Vital Incite next examined ABC Employer’s top 10 attributed providers and their corresponding ER usage. This step is critical because it helps the employer understand the quality of primary care that is being provided to its members, and the effectiveness with which employees have engaged with a primary care provider. The top 10 providers, by member count for ABC Employer were as follows:

Provider Name	Member Count	% of Members with ≥ 1 ER Visit	Number of Members with ≥ 1 ER Visits	Total ER Visit Count	% of ER Visits Classified as Non-Emergent	% of ER Visits Classified as Emergent - Primary Care Treatable
Hospital ABC	827	9%	75	105	30%	39%
NO ATTRIBUTED PROVIDER	790	8%	64	81	30%	44%
ONSITE CLINIC	696	10%	69	82	26%	44%
Doctor XYZ	345	10%	35	41	24%	49%
Healthcare Facility 123	244	11%	27	38	26%	58%
Doctor 321	158	16%	25	29	14%	62%
Urgent Care Location	152	9%	14	26	19%	54%
Hospital ZYX	122	9%	11	14	29%	50%
123 Doctor ABC	122	11%	13	17	29%	41%
Big Hospital	92	5%	5	6	50%	17%



Note that for ABC Employer, the second largest member count represented the group of employees that did not have an attributed provider. This group had a high percentage of Non-Emergent ER visits, and an even higher percentage of Emergent—Primary Care Treatable ER visits.

With these findings, Vital Incite's team of experts were then able to recommend specific and targeted strategies that ABC Employer should consider deploying to reduce the number of unnecessary ER visits heading into next year, including:

Expand the hours of the onsite clinic. Since the largest share of members making ER visits were the employees themselves, it might be worthwhile to have the clinic open on 1 or 2 evenings per week. This may make it easier for employees to utilize the clinic, especially if they are not able to during the workday. Consider also having Saturday hours at the clinic, especially since ER visits were particularly concentrated on Saturdays historically.

Onsite clinic after-hours call line. If expanding the clinic's hours are not possible or sufficient, members may benefit from an after-hours call line, where members can speak to a nurse or other provider instead of going to the ER.

Improve connections to primary care. Since the data showed members who did not have a primary care provider tended to have high rates of unnecessary ER visits, ABC Employer should consider incentivizing annual physicals with a primary care doctor. Encouraging members to access primary care has many advantages and establishing a point of contact helps them avoid going to the ER unnecessarily.

Implement a 24/7 telehealth service. Telehealth would allow ABC Employer's members to have a video chat or phone call directly with a doctor who can prescribe many medications and send electronic prescriptions to their local pharmacy. Telehealth is especially impactful for rural communities, shift workers, and others who cannot access an in-person doctor visit for minor issues. ABC Employer should consider incentivizing participation in telehealth and should also encourage members to register for the service before they need it, which will make access much easier when immediate care is needed. It is crucial to educate members about the full range of capabilities of telehealth.

By working collaboratively with clients like ABC Employer, Vital Incite uses the Johns Hopkins ACG system to take the analysis of comprehensive healthcare data to the next level. Vital Incite's team of clinical experts help develop strategies to eliminate waste while improving the health of employees. For more information on how Vital Incite could help you eliminate wasteful spending on ER visits and in other areas of your medical spend, contact Mary Delaney at mdelaney@vitalincite.com.

