



Methods to Help Tackle Emergency Department Visits

Practice Toolkit

Table of Contents:

Importance of Addressing ED Visits with Patients.....3

Strategies for Primary Care Providers to Address ED Visits.....4-5

Primary Care Practice Assessment on ED Utilization.....6-7

SAMPLE: Access to Care, Telephone and Appointment Scheduling Policy.....8-9

SAMPLE: Conversation Starters for Encouraging Visits to Medical Home rather than the
Emergency Department.....10-12

SAMPLE: Provider Checklist for Post-Hospital Follow-Up Visits.....13-14

SAMPLE: Care Plan Template.....15-16

SAMPLE: Daily Huddle Worksheet.....17-18

SAMPLE: After-Hours Voicemail Script.....19-20

SAMPLE: New Patient Welcome Letter.....21-22

SAMPLE: Primary Care Reminder Letter.....23-24

ED Versus Medical Home Poster..... 25-26

The Right Care: At the Right Place, At the Right Time.....27-28

How to use the CCNC Informatics Center to Access your patients' ED Use..... 29-30

Importance of Addressing ED Visits with Patients

“Avoidable” ED visits are common and result from many factors

Key drivers of ED use may include:

- ◆ Difficult or lack of access to alternatives to the ED for immediate health care (during and after business hours)
- ◆ Lack of advice or information of understanding about managing immediate health care needs
- ◆ Lack of understanding the benefits of using the Medical Home rather than the ED
- ◆ Mental Illness/Behavioral Health needs/Past Trauma
- ◆ Social factors – e.g. lack of transportation during regular hours, unsafe home environments

Purpose:

This toolkit is designed for primary care practices to integrate the tools and strategies within their practice workflow to help decrease avoidable ED visits by patients.

We encourage you to utilize these templates to best fit the needs of your practice. As such, these templates can be edited and adjusted as needed.

We recognize that decreasing avoidable ED visits can be a challenging feat and will probably never be reduced completely. However, by using these tools and strategies in combination with each other, we can work together and start chipping away at the problem one piece at a time, one patient at a time.

Overview of Strategies for Primary Care Providers (PCP’s) to Address ED Visits

The following strategies have been developed by researching how other PCPs have successfully implemented changes within their practice to address ED visits with their patients. An overview of these strategies is listed below. On the following two pages, there is a detailed listing of the strategies with specific techniques your practice may be able to use, along with how these can align with the 2014 NCQA PCMH standards. Samples are available for some of the strategies, which include instructions on how you could use them within your practice.

Enhance Practice Culture and Systems

Use Patient-Facing Technologies

Create Alternative Methods of Patient Contact & Scheduling

Utilize Data for Patient Identification & Follow-Up

Address ED Use & Hospitalization Risk during PCP Appointments

Strengthen Front Desk Capacity to Direct Patients Appropriately

Create or Adopt Educational Materials for Practice Display & Distribution to Patients

Strategies for Primary Care Providers (PCP's) to Address ED Visits

2014 NCQA PCMH Standards are noted by each strategy

*Denotes a sample of this strategy found within this toolkit that can be edited to best fit the needs of your practice

Enhance Practice Culture and Systems

- ✓ Complete a Primary Care Practice Assessment on ED Utilization *Sample on Pages 6-7
- ✓ Standardize a practice definition for non-emergent ED visits (NCQA PCMH 1B:1-4)
- ✓ Establish a practice written access-to-care policy which every staff member agrees to & signs. This policy will include standards of response time (NCQA PCMH 1B:1-4) & division of staff responsibility (NCQA PCMH 2D: 1-2) *Sample on Pages 8-9
- ✓ Provide Staff training in cultural competency to improve addressing low levels of health literacy, cultural & language barriers, social determinants of health (e.g. housing, transportation)
- ✓ Provide staff training in Trauma Informed Care and Mental Health First Aid to address behavioral and Mental Health needs
- ✓ Apply Motivational Interviewing techniques as a practice team to better facilitate patient understanding, awareness, and patient centeredness *Sample on Pages 10-12
- ✓ Practice teach-back methods to better facilitate patient education (NCQA PCMH 2D:7)
- ✓ Utilize practice team to complete Provider Checklist for Post-Hospital Follow-Up Visits ranging from prior to visit, during visit, and at the conclusion of the visit *Sample on Pages 13-14
- ✓ Utilize correct CPT and ICD-10 codes and proactively use guidance from the *Medicaid Visit Limits exemption process* to request additional visits

Use Patient-Facing Technologies *HIPAA and HITECH laws apply

- ✓ Text messages to remind patients of appointment time/date
- ✓ Online communities for patients with common disease states (e.g. telephone, group visits, video chat) to support medication adherence & disease management (NCQA PCMH 1A:3)
- ✓ Apps and/or Patient Portals which:
 - Allow high risk patients to input their health and medical readings throughout the day allowing the patient and provider to easily track progress
 - Provide disease-specific educational content for recently discharged patients with aim of reducing ED visits and hospital readmissions

Create Alternative Methods of Patient Contact & Scheduling

- ✓ Allow caregivers access to Patient Portal where appropriate and with consent of patient
- ✓ Offer group appointments and/or periodic classes on disease prevention & management topics
- ✓ Create scheduling templates that leave room for walk-in and same day appointments (NCQA PCMH 1A:1)
- ✓ Conduct follow-up calls to patients with chronic disease who have frequent ED use to determine why the ED visits were needed and if any change to care plan is necessary
- ✓ If using telemedicine or video demonstration, provide special education and demonstrations for patients about options for medical devices and how to use them (NCQA PCMH 1A:3)

Utilize Data for Patient Identification & Follow-Up

- ✓ **Reactive:**
 - Standardize/automate a process for scheduling PCP appointment for any patient who was recently discharged from the hospital (e.g. pulling CCNC Informatics Center Current Hospital Visits report - [*Instructions on Pages 29-31](#), generating report from EHR, having relationship/access to hospital EHR) (NCQA PCMH 5C: 1-7) *Could narrow to disease type if volume high
 - For ED visits that could have been handled by PCP, make follow-up calls and/or send patient letter after their ED visit to review guidelines for care including regular office hours and contact numbers
- ✓ **Proactive:**
 - Generate a weekly list of 10-20 patients not meeting care goals and develop a process that involves weekly team huddles to begin developing a care plan and discuss how to impact these patients (NCQA PCMH 4B:1-5, 4A:2) *Could narrow to disease type if volume high [*Sample on Pages 15-16](#)
 - Generate a list of patients with high ED utilization (e.g. pulling CCNC Informatics Center ED Visit report - [*Instructions on Pages 29-31](#), & conduct weekly team huddles to begin developing a care plan and discuss how to impact these patients (NCQA PCMH 4B:1-5, 2D:3) [* Sample on Pages 15-16](#)
 - Flag the chart of a patient with high ED utilization to prompt conversation during PCP visit

Address ED Use & Hospitalization Risk during PCP Appointments

- ✓ Conduct daily huddles to identify any patients with high ED utilization that are scheduled for that day and develop a plan to address that utilization [*Sample on Pages 17-18](#)
- ✓ PCPs ask patients about ED usage & discuss appropriateness during regular primary care appointments
- ✓ Flag the chart if patient has a history of high ED utilization and is not already flagged
- ✓ Develop or complete a patient care plan and include caregivers in patient education sessions (NCQA PCMH 4B: 1-5) [*Sample on Pages 15-16](#)
- ✓ PCPs write patient “prescriptions” or referrals for non-medical needs which may improve their social determinants of health, such as wellness classes, community resources, etc. (NCQA PCMH 4E: 5-6)
- ✓ Refer patients with high utilization to care management to serve as an integrated care team member and encourage patients to engage with care managers

Strengthen Front Desk Capacity to Direct Patients Appropriately

- ✓ New after-hours message which highlights after-hours number for advice rather than directing patients to ED [*Sample on Pages 19-20](#)
- ✓ Emphasize reminders to Medicaid patients about no cost to call after-hours advice line
- ✓ Survey patients about after-hours to see if more awareness/education needed
- ✓ Provide patient with practice & after-hours phone numbers at check-in & ask them to enter in their cell phone while waiting for appointment
- ✓ Provide decision & triage guides for front desk staff to help determine if a patient needs a same-day appointment

Create or Adopt Educational Materials for Practice Display & Distribution to Patients

- ✓ New patient welcome packet highlighting practice’s after-hours policies & other urgent care options in community (NCQA PCMH 2A: 3 & 2B: 2) [*Sample on Pages 21-22](#)
- ✓ Primary Care Reminder Letter sent to patient/family/caregiver who have recently visited the ED (e.g. could be sent to patients who are identified through Informatics Center, Practice EHR, and/or hospital reports) [*Sample on Pages 23-24](#)
- ✓ Postcard or magnet for patients with information on practice’s after-hours options & telephone access
- ✓ Posters, bookmarks, & brochures that educate patients on choosing the best site of care [*Sample on Pages 25-28](#)

Instructions on “How to Use” – Primary Care Practice Assessment on ED Utilization

The Primary Care Practice Assessment on ED Utilization was adapted from various assessment tools. This assessment can be done at any time to give insight into how your practice is working towards addressing ED visits with the goal of finding areas of potential growth for your practice. This assessment could be done at certain points in time to show the improvements made and record what is working well and what areas need more support.

Primary Care Practice Assessment on ED Utilization

The following assessment can be completed at any time to assess how your practice is working towards addressing ED visits.

Practice Name: _____

Date Completed: _

1. On average, how quickly can a patient be seen for a sick or urgent visit?

- Same day Next day 2-4 days 3-5 days 1 week or more

2. How does your practice handle external calls during office hours?

- Caller utilizes phone tree, such as interactive voice response system or push-button system Calls are answered directly by staff
 Messages are collected and given to RN/MD Triage process – calls answered by on-call staff
 Decision tree Practice has no standard process in place

3. How does your practice handle after-hours emergency calls?

- Patient calls are screened by an answering service prior to speaking with provider Patient contacts provider directly
 Practice directs patients to ED via recorded message Practice has no standard process in place
 Nurse provides advice to patient on provider's behalf

	No process	Being planned	Works poorly	Works somewhat	Works well	What makes it work?	What causes it not to work?
Processes							
4. Knowing when patients have visited the ED?	1	2	3	4	5		
5. Recognizing high ED utilizers?	1	2	3	4	5		
6. Provide information and/or educate patients on appropriate use of ED?	1	2	3	4	5		
7. Provide follow-up (visits, communication) with patients who have recently visited the ED?	1	2	3	4	5		

8. Do you have a sense of why patients are using the ED instead of PCP? If yes, what are they and how do you know? _____

9. Does your practice share ED visit information with any of the following other care team members?

- Other Specialists (BH, Endocrinologist, Cardiologist, Pain Specialist, etc.)
 Care/Case Manager
 No process in place

10. On a scale of 1 to 10 (1 – no process and 10 – works efficiently) how would you rate your practice as a whole in addressing ED visits? _____

If you need assistance implementing within your workflow, please utilize the tools and strategies found within this toolkit

Instructions on “How to Use” – Access to Care, Telephone, and Appointment Scheduling Policy

This helps to establish a written access-to-care policy in which every staff member agrees to, signs, and dates along with their Provider/Manager. This could be signed on at least an annual basis by all current staff members, when new staff members join the practice, and/or when the policy is updated to reflect necessary changes made within the practice.

This allows for each staff member to understand the practice’s definition of access to care and outlines staff member’s responsibilities in meeting the policy.

The Access to Care, Telephone and Appointment Scheduling Policy was adapted from The American Journal of Managed Care. This policy includes standards of response time which meets the NCQA PCMH 1B: 1-4 standards and division of staff responsibility which meets the NCQA PCMH 2D: 1-2 standards.

SAMPLE: Access to Care, Telephone and Appointment Scheduling Policy

Office Telephone & Fax Number

Phone #: (XXX) XXX-XXXX
After Hours #: (XXX) XXX-XXXX
Fax #: (XXX) XXX-XXXX

Regular Office Hours

Monday X:XXAM – X:XXPM
Tuesday X:XXAM – X:XXPM
Wednesday X:XXAM – X:XXPM
Thursday X:XXAM – X:XXPM
Friday X:XXAM – X:XXPM

Responding to Patient Inquiries:

Ensure patients have telephone access 24/7. Answer all phone calls by the 3rd ring during office hours. Office hours are listed on answering machine. All patients have access to a physician or clinical decision maker 24 hours every day for the management of urgent and emergent conditions. Answering service is used when the office is closed.

If a clinical phone call is answered by a non-clinical staff member, the staff member will:

1. **Not** answer clinical questions
2. Fill out a triage form/book/note in EHR to help the clinical staff assess the need and urgency of the patient’s concerns
3. Inform the patient that the nurse/health care provider/doctor will return their call as soon as possible (practice could leave return call time as generic or specify a period of time)
4. Send/give triage note to the medical assistant/nurse/healthcare provider who will then utilize office protocols to answer inquiry ASAP

Appointment Scheduling:

As much as possible, schedule appointment to meet the patient’s requests, with same-day access. Well-care appointments may be made up to three months in advance. Sick appointments will be seen the same day or next day.

Accommodate the patient whenever possible. Encourage early morning appointments, if scheduling for another day. If the patient insists on a later time, schedule the appointment as requested by patient, if possible. Try not to schedule any further than two weeks out, since the no-show rate rises after that length of time.

Follow-up with a reminder notice (letter or call) if the scheduled appointment is not during the current week. Be sure the patient knows what he or she is required to do and/or bring for the appointment:

1. Medication list or medications/devices
2. Self-monitoring tools/results form
3. Goal sheet
4. Completion of medical tests

Coordinate other specialist appointments and/or diagnostic tests whenever possible – usually the patient will schedule their own appointments. An authorization/referral will be faxed/sent to the specialist within a 24 hour period.

Follow-Up Post ED Visit:

Upon receipt of patient ED visit notice (either by fax or secure hospital connection); physician reviews documentation and instructs staff to either place a follow-up call to the patient, schedule patient for appointment, or file notice in EHR. For ED visits that could have been treatable with a primary care visit; send “Primary Care Reminder”.

Employee Signature Date

Provider/Manager Signature Date

Instructions on “How to Use” – Sample Conversation Starters for Encouraging Visits to Medical Home rather than the Emergency Department

The Sample Conversation Starters for Encouraging Visits to Medical Home rather than the Emergency Department was created by CCWJC’s Motivational Interviewing Champions.

These can be utilized by any member of your practice team to provide uniformity in these conversations and encourage a culture of open communication with your patient/family/caregivers.

Sample Conversation Starters for Encouraging Visits to Medical Home rather than the Emergency Department (ED)

General Practice Population Education

Provider and/or Nurse at end of visit and/or Front desk at check-out could use these to encourage all patients or parents to call the office, if needs come up in between planned visits.

“Your next regular checkup/planned appointment is _____. If you need us before then, please call. We have our regular and our after-hours line, so you can get help whenever you need it.”

“Sometimes medication questions can come up after-hours, especially if you are feeling sick. If this happens, what would you do? Who would you call?”

Let them answer. Provide the brochure/information about calling the office first.

“Could I share some information about how our practice handles after-hours calls?”

If they say yes, you can hand them the brochure and/or provide the after-hours information.

For Patients with Recent ED Use

Could be used for follow-up calls/visits for patients with recent ED use

“I see that you have been in the Emergency Department recently. Would it be okay if we talked about this for a few minutes?”

If they say yes, continue...

“Can you tell me a little more about this visit?”

Let them explain why they went to the ED. This will give you more information about what happened, etc. This will give you an “in” to find out why they went to the ED instead of your practice.

“What do you see as the benefits (good things) of you coming here instead of going to the emergency department?”

This gives the patient a chance to voice what they see as positive. It also may give you more information about what they might NOT know so you can fill in the blanks. Explain to the patient the benefits of being seen by their own provider.

“Could I share some information about how we handle after-hours calls?”

If they say yes continue with: As your medical home, we have an after-hours plan – you can start by calling the main number, it is XXX-XXX-XXXX.

“What do you think about what we’ve talked about?”

“What are your thoughts about calling us the next time you get sick before going directly to the Emergency Department?”

For Patients with High ED Use

Could be used by Provider, Nurse & other office staff

“I see that you have been in the Emergency Department several times this past year. Would it be okay if we talked about this for a few minutes?”

If they say yes, continue...

“Can you tell me a little more about these visits or one of these visits?”

“What do you see as the benefits (good things) of you coming to see me/us vs. going to the Emergency Department?”

This gives the patient a chance to voice what they see as positive. It also may give you more information about what they might NOT know so you can fill in the blanks. Explain to the patient the benefits of being seen by their own provider.

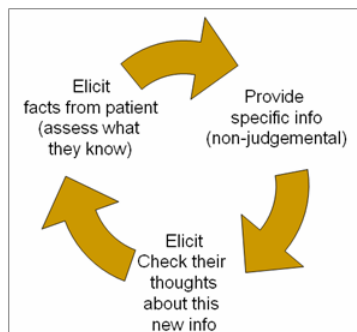
“On a scale of 1 to 10 (1 being not likely and 10 being very likely) how likely are you to come to see me the next time you get sick vs. going to the Emergency Department?”

You can use the ruler to elicit or help them verbalize and build intrinsic reasons for coming to see you vs. going to the ED.

“That’s great- you’re a “5”. Tell me why you’re a 5 and not a 1?” and/or “What would it take to move you to a higher number on the scale?”

Hint: we’re trying to get the patients to tell us what would increase the likelihood of them making this behavior change.

“What do you think about what we’ve talked about?”



The routine to adopt when giving any piece of information is to:

- 1. Understand what the patient already knows, and what they would like to know, by asking.**
- 2. Provide information in as neutral a way as possible.**
- 3. Check their understanding of what you have just said - “what do you make of that information?”**

There are some other general rules for giving information.

The most important is to **always ask permission first**. If you do not, it could feel like a lecture and the patient may not be receptive, even if you are presenting useful information. This can be done quickly, simply by saying: *“Is it OK if I tell you a little more about that?”*

Instructions on “How to Use” – Provider Checklist for Post-Hospital Follow-Up Visits

This could be used as an internal checklist and/or added as a template within your practice EHR for follow-up on ED visits and hospitalizations. There are three stages in which the checklist is completed: Prior to the Visit, During the Visit, and at the Conclusion of the Visit. Depending upon your practice team and structure, various staff members could assist with each stage of the process.

For example: Identifying a staff member who could assist with accessing hospital discharge summaries could start the process of gaining appropriate information from the ED or hospital visit. A next step should include some type of communication with Providers/Nurses or other staff who can help in determining outstanding questions to clarify before the follow-up visit. If there are any preliminary preparations that could be performed to start the medication reconciliation process, it is ideal to start this process before the visit so that during the visit a reconciliation process can be performed and then completed at the conclusion of the visit.

The Provider Checklist for Post-Hospital Follow-Up Visits was adapted from The Post-Hospital Follow-Up Visit: A Physician Checklist to Reduce Readmissions.

SAMPLE: Provider Checklist for Post-Hospital Follow-Up Visits

Prior to the Visit:

- Review discharge summary
- If there are any outstanding questions, clarify with sending physician
- Initiate medication reconciliation with attention to the pre-hospital regimen
- Reminder call to patient or family/caregiver to:
 - Stress importance of the visit and address any barriers
 - Remind patient/family/caregiver to bring medication lists and all prescribed and over-the-counter prescriptions
 - Provide instructions for seeking emergency and non-emergency after-hours care
- Coordinate care with home health care nurses and case managers if appropriate

During the Visit:

- Ask the patient/family/caregiver to explain:
 - His/her goals for visit
 - What factors contributed to ED visit or hospitalization
 - What medications he/she is taking and on what schedule
- Perform medication reconciliation with attention to the pre-hospital regimen
- Determine the need to:
 - Adjust medications or dosages;
 - Follow-up on test results;
 - Do monitoring or testing;
 - Discuss advance directives;
 - Discuss specific future treatments
- Instruct patient in self-management; have patient repeat back
- Explain warning signs and how to respond; have patient repeat back
- Provide instructions for seeking emergency and non-emergency after-hours care; have patient repeat back

At the Conclusion of the Visit:

- Print reconciled, dated, medication list and provide a copy to the patient/family/caregiver, home health care nurse, and case manager (if appropriate)
- Communicate revisions to the care plan to patient/family/caregiver, health care nurses, and case managers (if appropriate). Consider skilled home health care or other supportive services.
- Ensure that the next appointment is made, as appropriate

Instructions on “How to Use” – Care Plan Template

This Care Plan could be used as an internal document and/or added as a template within your practice EHR. It’s important to include patient self-management goals, addressing barriers and then developing strategies to overcome barriers. Communicating outcomes of the care plan is highly recommended to other care team members, so that all members have a shared awareness/understanding about the patient needs, goals, and progress made thus far.

The Care Plan Template was adapted from various tools. This meets the NCQA PCMH 4B: 1-5 standards.

SAMPLE: Care Plan Template

Date: _____ Patient: _____ Date of Birth: _____

Insurance Type: _____

Address: _____

Pharmacy: _____ Prescriber: _____

Summary of Referral/Utilization (include dates if relevant):

# of PCP Visits in past 12 months:	
# of ED Visits in past 12 months:	
# of Hospital Visits in past 12 months:	
Referral Source:	

Diagnoses:

Medical Diagnosis:	
Behavioral Health (BH) Diagnosis:	
Current Problems (may include historical problems):	
Current Medications:	

Action Plan:

Reason for visit:			
Treatment Goals:		Patient Self-Management Plan:	
Short-term		Short-term Goals	
Long-term		Long-term Goals	

Patient preferences/Lifestyle Goals:	
Potential Barriers in meeting goal:	
Strategies for addressing Potential Barriers:	
Recommended and/or Pending Referrals:	

Care Team Members:

Provider Type	Provider Name & Practice Name	Phone Number
Specialty Provider:		
BH Provider:		
Other Care Team Members & Role:		

Patient Signature Date

Provider Signature Date

Considerations for sharing plan of care:

- Other Specialists (BH, Endocrinologist, Cardiologist, Pain Specialist, etc.)
- Care/Case Manager
- Hospital(s)

Instructions on “How to Use” – Daily Huddle Worksheet

Huddles are designed to look ahead on the daily schedule and anticipate the needs of patients coming in for the day. Ideal time for huddles are at the beginning of each day and/or mid-day.

Follow-up huddles that occur throughout the day could be referred to as touch-points with your staff members, smaller teams and/or partners, to assess the need to adjust the plan. These touch-points are necessary to maintain communication and follow-up throughout the work day to maintain a culture of safe, efficient, effective and high quality patient care.

It is ideal to archive previous huddle worksheets either electronically, handwritten in a notebook, or in a patient’s corresponding record/chart.

As part of the huddle, note any patients on the schedule who are known to have high ED utilization and discuss the plan for addressing that utilization. As your team gains proficiency with huddles, teams can also discuss: which patients on schedule are unlikely to show up for appointments (because they are currently hospitalized, cancelled appointment or were just seen last week); what equipment is needed in room; and additional services care team can provide for patient at today’s appointment to make a re-visit and/or ED visit less likely.

The Daily Huddle Worksheet was adapted from various huddle tools. This meets the NCQA PCMH 2D: 3 standard around conducting team huddles.

SAMPLE: Daily Huddle Worksheet

Daily Huddle Worksheet	
Practice/Team:	Date:
Follow-up from Yesterday	
“Heads up” for Today: (include visit times, between visit information, special patient needs, contingency plans for staffing issues, other)	
Review of Tomorrow or Week – Opportunities for Proactive Planning	

Potential Huddle Discussions:

- ✓ Check for patients on the schedule who may require more time and assistance due to age, disability, personality or language barriers. Who can help?
- ✓ Check for back-to-back lengthy appointments, such as physicals. How can they be worked around to prevent backlog?
- ✓ Check for openings that can be filled or chronic no-shows that can be anticipated. Any special instructions for the scheduler?
- ✓ Check provider and staff schedules. Does anyone need to leave early or break for a phone call or meeting?
- ✓ Ask whether lab results, test results and notes from other physicians are ready in the patient's chart. What will be the most efficient path of patient flow?
- ✓ Ask whether ED and/or hospital discharge paperwork are ready in the patient’s chart. What will be the most efficient path of patient flow?

Instructions on “How to Use” – After-Hours Voicemail Script

The After-Hours Voicemail Script was adapted from The American Journal of Managed Care. This illustrates the advice nurse/provider on-call rather than directing patients directly to the ED.

It is important to make patient/family/caregiver feel comfortable when calling their Provider on-call if they believe the matter is urgent and cannot wait until normal business hours. Remember to use a calm, relaxed and inviting tone when recording this message. In knowing your patient population, this message may need to also be recorded in Spanish or another language that may be more prominent in your practice.

This message should be updated as the advice nurse/provider on-call phone number changes and/or if there is a change in regular office hours.

SAMPLE: After-Hours Voicemail Script

Thank you for calling [Practice Name]. We are currently closed, however, please listen closely to the following options. If you are a patient and your problem is urgent and cannot wait until regular office hours, there is an advice nurse/provider available to handle your urgent problem. Please call XXX-XXX-XXXX for the advice nurse/provider on-call.

For all other non-urgent requests please call during normal business hours. Our regular office hours are XXXX.

Instructions on “How to Use” – New Patient Welcome Letter

This letter is just one piece you may select to include in your Patient Welcome Packet. This specific letter highlights the practice’s after-hours policy and other urgent care options in the community.

This letter could be included in your practice’s New Patient Welcome Packet which is given to all new patients and given to existing patients when the packet is updated to reflect necessary changes made within the practice.

The New Patient Welcome Letter was adapted from The American Journal of Managed Care. This meets the NCQA PCMH 2A: 3 and 2B:2 standards.

SAMPLE: New Patient Welcome Letter

[Practice Name]

[Address]

Your Partner in Excellent Health Care

When you choose our practice, your health care becomes our responsibility and we work as hard for your health as you do. We all share that commitment, setting high standards for ourselves and the quality of our care and we deliver on that promise through caring, convenience and qualifications. We will attempt to have you see your personal provider at each of your appointments. However, if he/she is not available, our providers work as a team and use our electronic medical record system to provide coordinated care.

Providing more services is a growing trend for our practice to help our patients find access to multiple services at a single site. [Practice Name] proudly offers XX as well as [in-house laboratory] for patient convenience.

Scheduling Appointments

When you call the office for an appointment, be sure to tell us the reason for your appointment so we can plan on a date and time that is most convenient for you. Appointments for physical exams and routine visits are typically available and can be scheduled as needed. We know that illnesses are unexpected and we will try to work around your schedule to bring you in for immediate care and attention.

Regular Office Hours

Telephone #: (XXX) XXX-XXXX

After Hours #: (XXX) XXX-XXXX

Fax #: (XXX) XXX-XXXX

Monday	X:XXAM – X:XXPM
Tuesday	X:XXAM – X:XXPM
Wednesday	X:XXAM – X:XXPM
Thursday	X:XXAM – X:XXPM
Friday	X:XXAM – X:XXPM

Urgent Care Center:

Telephone #: (XXX) XXX-XXXX

Name

Address

City, State, Zip

*(Open Daily X:XXAM – X:XXPM)

Extended Hours and After-Hours Emergencies

Health care emergencies can happen anytime. If you have an urgent problem and the office is closed, call us anyway (XXX) XXX-XXXX. We are on call 24 hours a day. If you feel that you have a life-threatening emergency, call 911 or go straight to the nearest hospital emergency room. It is your responsibility to inform the practice regarding care with any other health care facilities and providers.

First Visit and Follow-Up Visits

On your visit, check in at the registration desk so your information can be reviewed for accuracy. You can help us serve you better by notifying the registration desk of any changes in name, address, telephone number or insurance coverage since the time of your last visit. Verifying this information at each visit will help ensure the accuracy of submitting your services to your insurance(s) company in a timely manner.

We try to follow our scheduled appointments as closely as possible. However, due to unavoidable circumstances or emergencies, a provider may have to spend additional time with a patient who may have had an appointment prior to yours. This may result in a delay in seeing your provider. We appreciate your patience and understanding in such circumstances.

Prescriptions and Refills

We proudly use electronic prescribing to improve prescription safety and efficiency. Prescriptions and refills are issued during regular office hours. Call your local pharmacy for all refill requests.

Instructions on “How to Use” – Primary Care Reminder Letter

The Primary Care Reminder Letter was adapted from The American Journal of Managed Care.

This letter is sent to patient/family/caregiver if they have recently visited the ED for a visit that could have been conducted by their PCP (e.g. not urgent). This letter outlines how to seek emergency care and other care and contains the practice’s regular office hours, telephone and after-hours numbers along with a reminder to schedule a follow-up visit with their PCP.

This letter could be mailed through regular or electronic mail/Patient Portal account to patients who are identified through CCNC’s Informatics Center (IC) reports, your Practice EHR, and/or having relationship/access to hospital EHR. If you have a larger patient population, you could narrow down by disease type; ED visit reason; day(s) of week ED visit occurred; certain provider(s); etc.

It is recommended that if the practice has not received a return phone call from the patient/family/caregiver to schedule a follow-up visit with their PCP, the practice proactively calls the patient/family/caregiver to schedule appointment. The timeframe from sending out the letter to proactively calling the patient/family/caregiver should be defined by the practice.

SAMPLE: Primary Care Reminder Letter

Date: _____

Dear _____,

According to our records, you recently went to the emergency department for a problem that we could have helped you with. We would like to be able to help you with these kinds of problem and be able to know you/your child as well as we can.

Please contact our office to schedule a follow-up appointment so we can be sure all your needs are met. Regular appointments help us to know each other better and be sure you are getting all the care you/your child's needs.

Please take a few minutes to review the following guidelines for care:

Emergency Care: If you have an immediate and serious injury or illness and the time needed to contact your physician/provider may mean permanent damage to your health, you should seek treatment from the nearest emergency department or call 911 for assistance.

Other Care: Please call our office if your problems are urgent and cannot wait until regular office hours. An advice nurse/provider on-call is available to answer your questions and a doctor is on call if the nurse cannot help you.

We hope this information is helpful.

Sincerely,

[Insert physician or practice name]

[Insert Address]

Office Telephone & Fax Number

Phone #: (XXX) XXX-XXXX

After Hours #: (XXX) XXX-XXXX

Fax #: (XXX) XXX-XXXX

Regular Office Hours

Monday X:XXAM – X:XXPM

Tuesday X:XXAM – X:XXPM

Wednesday X:XXAM – X:XXPM

Thursday X:XXAM – X:XXPM

Friday X:XXAM – X:XXPM

Instructions on “How to Use” – ED versus Medical Home Poster

The ED versus Medical Home Poster was created as a patient education tool to educate patients/families/caregivers on choosing the best site of care.

These can be displayed within your practice in various areas such as waiting room, patient exam rooms, check-out areas and other areas in which patients may use.

“Provider office name” is...

Your Medical Home



A Patient - Doctor Partnership

A **Medical Home** is the one place you can go for all of your health care needs. Your **Medical Home** offers the best care because the staff knows you and your health history.

Use your Medical Home for:

- Annual preventive check-ups and flu vaccinations
- Sick care like fever, flu, cough, and sore throat
- Urgent needs like asthma flairs, infections, sprains, and cuts

Go to the Emergency Department if you need immediate help!

For example.....

- When bleeding won't stop
- When breathing is difficult
- After a serious accident
- After a seizure or convulsion

**You can call your Medical Home 24 hours a day,
7 Days a Week for Urgent Medical Advice**



Community Care
OF NORTH CAROLINA
Community Care of Wake/Johnston Counties



Instructions on “How to Use” – The Right Care, At the Right Place, At the Right Time

The Right Care, At the Right Place, At the Right Time handout was created by Community Care of North Carolina (CCNC) as a patient education brochure on choosing the best site of care.

These can be displayed within your practice in various areas such as waiting room, patient exam rooms, check-out areas and other areas in which patients may use. These can also be shared with patient/family/caregiver as part of your practice’s New Patient Welcome Packet, given to patients upon their check-out, mailed to patient/family/caregiver who recently visited the ED, etc.

The Right Care

At the Right Place, At the Right Time



Tips about when to go to:

- Your Doctor
- Urgent Care
- Emergency Room

Your Primary Care Doctor

It is important to have a primary care doctor. This is your “medical home.”

It's important for your doctor to get to know you and for you to get to know your doctor.

- Your doctor can:**
- Watch over your health care.
 - Offer care to keep you from getting sick (preventive care).
 - Learn your medical history.
 - Give you better care than the Emergency Room because he/she knows more about you.
 - Help you to understand your diseases.

Know When to Go

Doctor's Office	Regular and preventive care <ul style="list-style-type: none">• Checkups and shots• Help with illnesses such as asthma and diabetes• Preventive care• Fever, flu, sore throat, coughs• Infection• Vomiting• Injuries such as sprains and cuts
Urgent Care	When your doctor's office is closed <p>Go to the Urgent Care if you need to be seen, and your doctor cannot see you.</p>
Emergency Room	Fast, life-saving care <ul style="list-style-type: none">• Bleeding that will not stop• Hard time breathing• Seizures• Passing out• Chest pain• A serious accident <p>Dial 911 or go to the Emergency Room if you think your life is in danger.</p>

Instructions on “How to Use” – How to Use the CCNC Informatics Center to Assess your patients' ED Use

This guide was created to outline reports available in the CCNC Informatics Center (IC) around ED visits.

How to use the CCNC Informatics Center to Assess your patients' ED Use

Step 1: Log into the CCNC Informatics Center (IC) at <https://ic.n3cn.org> – or, access IC reports directly at <https://icreports.n3cn.org> – with your username/email & password

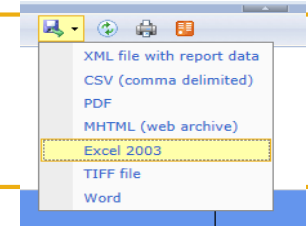
Step 2: Click on “Go to Practice Standard Reports” and select your practice name to access your practice’s folder

To search for real-time patient data:

1. Open the “Current Hospital Visits – Real-Time ED and Inpatient” IC report
2. Drop-down boxes in the top section can be selected to set parameters on your report if desired. Under the “Visit Type” section, select “ED” from the drop down box. To narrow your search, the following selections could be made: hospital, Dual vs. Non-Dual, admission and discharge dates, and ages.
3. Click “View Report” in the upper right hand corner and can either view information within the report or export to Excel.

**Only hospitals who are participating in ADT feeds will have information reflected in this report*

Note: While you can view the information within the IC and can export in different formats, we recommend exporting the data as an excel document so you can easily sort and analyze the data. To do this, click the save icon’s dropdown box and choose the Excel 2003 option.



Use case examples:

- Identify which of your patients visited the ED within the past week to add the visit to patient’s record and/or proactively reach out and schedule a primary care visit
- Identify the most common times and days of week your patients are visiting the ED to determine whether your practice may need additional after-hours availability at certain times
- Identify the most common primary diagnoses to determine if possible patient education/outreach is needed
- Determine whether relationship(s) are needed with any hospital which patients are visiting frequently

To examine your practice trends :

Practice Trends and Visit Details:

1. Open the “ED Visit report” IC report
2. Drop-down boxes in the top section can be selected to set parameters on your report if desired. To narrow your search, the following selections could be made: service month, ages, paid date, clinical category, Dual vs. Non-Dual, emergent vs. non-emergent
3. Click “View Report” in the upper right hand corner and can either view information within the report or export to Excel.
4. There are 3 levels to view this data: Tally by practice, Tally by patient, Visit Detail



Use case examples:

- Quickly identify patients with higher ED use in “Tally by Patient” tab. You can use this to see which patients may need more education or a referral to CCWJC if they are not already in care management.
- On a patient level, view visit details to identify trends with primary diagnoses, dates of service and hospital
- Determine how often your patients are visiting the ED for emergent vs. non-emergent visits and see diagnosis detail

Benchmarking:

1. Open the “Patient Summary Statistics” IC report
2. Drop-down boxes in the top section can be selected to set parameters on your report if desired. To narrow your search, the following selections could be made: month, Dual vs. Non-Dual, age and population.
3. Click “View Report” in the upper right hand corner and can either view information within the report or export to Excel.
4. Column titled “Total ED Visits per 100 Pts” allows your practice to benchmark against CCWJC and CCNC as a whole. Other measures can be gleaned from this report as well.



Use case example:

- Graphing your practice’s total ED visits on a quarterly basis to monitor trends

**Since it takes 3 weeks to 3 months for 90% of hospital claims to be paid, these reports will have incomplete data for the most recent 3 months of service dates. Use it to look for trends over time rather than for timely patient data.*

References:

Goodman, Robert. Emergency Department Use Associated With Primary Care Office Management, May 2013. *The American Journal of Managed Care*. Vol. 19, No. 5.

Coleman, Eric A. The Post-Hospital Follow-Up Visit: A Physician Checklist to Reduce Readmissions, October 2010. California HealthCare Foundation: Issue Brief.