From Insights to Interventions – FAQs

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The whitepaper, "**From Insights to Interventions**" explores the emergency department's unique vantage point in the health care system and how the data gleaned from that vantage point can uniquely identify gaps in care, and drive high-quality, cost-effective transformation across the continuum of care.

Why do emergency departments (EDs) have a unique vantage point?

- Emergency departments are accessed by any patient that perceives a need for unscheduled health care. This includes all ages, all socioeconomic and ethnic demographics, different severities of illness or injury, and all payors. Importantly, Emergency Departments also interact with a high volume of very sick patients and interface with nearly every other part of the health care system in the community.

How does data from the ED illustrate a Gap in Care?

- The volume, acuity, and breadth of ED patient encounters allow in-depth analysis and assessment of patients with high-focus clinical conditions that have an acute need for unscheduled care, including the 30 days after the initial emergency department visit. Our analysis showed the frequency and timing of subsequent hospitalizations and ED return visits. Fully 50% of repeat ED visits and 50% of hospitalizations occurred in the first 7-10 days after an initial ED visit. While some of those "bounce-backs" are appropriate, many are avoidable.

What is the "Care Gap?"

- *The Care Gap begins when a patient leaves the hospital and ends when the patient either gets better or fully engages in meaningful follow-up care.* This is a time when patients are not yet better but need to take actions such as get their prescriptions filled, take medications differently, follow their new care plan, get a timely appointment with a primary care physician, and go to that appointment for important follow-up care. Missteps in this vulnerable period often leave patients without any option other than to return to the ED or the hospital. Many of these return visits are avoidable with straightforward interventions – both nonclinical and clinical.

How long is the Care Gap?

- The Care Gap varies in length. However, data identifies a post-discharge window of 7-10 days as the highest risk to patients.

How costly is the Care Gap?

- The most important cost of the Care Gap is to the patient – their outcomes and satisfaction are worse without appropriate intervention. The Gap also has additional financial implications for patients, employers, health systems, and payors. For patients that return to the ED or the hospital within 30 days, 50 percent of the cost occurs within 8.5 days after the initial ED discharge. Much of that cost is avoidable.

How can the ED address the Care Gap?

- There are many steps emergency departments can take to help fill the Care Gap, including:

  1. **Help patients *navigate the health system* more effectively** – Find primary care physicians for patients without one, obtain timely appointments, ensure that patients follow discharge instructions, and encourage patients to fill and take prescriptions as recommended.
  2. ***Deliver care* in the Gap** – As appropriate, provide telemedicine visits, home visits, medication reviews and adjustments, and guidance to return to the ED if needed.
  3. **Over time, *align* payment and incentives with patient care needs** – Value-based models (like the Acute Unscheduled Care model) address care coordination and delivery, including processes for discharge, coordination and management of post-discharge care, and avoidance of adverse events and readmissions

When outcomes worsen and costs rise, it's time to act. ***Time is short. Opportunity is great.***

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