

Central Ohio Care Coordination Project Overview

(updated: November 2009)



What is the purpose of the project?

To improve patient-centered care coordination across emergency departmentsⁱ and with community health centersⁱⁱ for all people in central Ohio – starting with hospitals located in Franklin County.

What are the objectives of the project?

- Stage I: develop business & implementation plan for emergency department care coordination system, with focus on information linkage and shared policies/procedures across emergency departments
- Stage II: if feasible, implement emergency department care coordination system across emergency departments
- Stage III: develop business & implementation plan for referral system between emergency departments and community health centers (primarily for those patients without a regular source of primary health care)
- Stage IV: if feasible, implement referral system for emergency departments and community health centers

What is the planned approach for advancing the project?

The boards of the Central Ohio Hospital Council, Access HealthColumbus and the Central Ohio Trauma System are collaborating on leading the project. The project will be administeredⁱⁱⁱ by Access HealthColumbus. A multi-stakeholder advisory committee will be established to provide input on strategies, initiatives, and evaluation. Broader community input is designed into our collaborative process as care coordination models are identified and studied.



Who should I contact for more information?

Access HealthColumbus:	Jeff Biehl, jbiehl@accesshealthcolumbus.org , 614.884.2440
Central Ohio Hospital Council:	Jeff Klingler, jeffk@centralohiohospitals.org , 614.358.2710
Central Ohio Trauma System:	Phil Cass, pcass@goodhealthcolumbus.org , 614.240.7420 Nancie Bechtel, nbechtel@goodhealthcolumbus.org , 614.240.7420

ⁱ Emergency Department is the department of a hospital responsible for the provision of medical and surgical care to patients arriving at the hospital in need of immediate care.

ⁱⁱ Community Health Center is usually associated with Federally Qualified Health Centers (FQHC). However, Community Health Centers include hospital affiliated and other non-profit primary care in a community that offer a sliding fee and provide continuity of care.

ⁱⁱⁱ Administration to include coordinating project activities, fiscal intermediary for funding; documenting/publishing project reports

What is the community need?

According to research conducted by PricewaterhouseCoopers' Health Research Institute, emergency departments (EDs) have become the front door to healthcare.

“Usage of hospital EDs is at a record high, prompting reports of overcrowding, ambulance diversions and unreasonable waits. In a 2009 report, the American College of Emergency Physicians gave the nation a D-minus on “access to emergency care.” EDs are jammed for two simple reasons: too much in-flow and not enough out-flow.”

“EDs are being used by consumers for a variety of reasons other than emergencies. According to [PricewaterhouseCoopers'] consumer survey, more than half of the people who went to the ED in the last year indicated they went for a reason other than an emergency, including reasons such as their doctor's office was closed or they couldn't get in an appointment with doctor in a reasonable time frame. Crowded EDs are frequently blamed on uninsured patients; however, insured patients use them more than the uninsured. And, insurance status does not necessarily correlate to ED usage.”

Some of the challenges contributing to the inappropriate use of EDs are:

- Some patients know how to work the ED system
- Patients with behavioral health problems
- Community doctors using EDs for after-hours care
- Geographic location of ED relative to vulnerable populations
- Many patients lack understanding about how health care is organized
- Many patients do not know about Federally Qualified Health Centers and how to make appointments

In addition, medical errors, waste and duplication of services among multiple providers add to the high costs of ED services.

Source: Jammed access: Widening the front door to healthcare, PricewaterhouseCoopers' Health Research Institute

What is the evidence that shows this need exists?

- In 2007, an estimated \$40 million in Franklin County ED services was provided for non-urgent health care needs (when compared to payments for services provided in office based settings).
Source: Ohio Hospital Association
- Of the estimated 737,366 adults ages 18-64 living in Franklin County, over 142,000 have no usual place/source of health care, an increase of 43% over the past four years.
Source: 2008 Ohio Family Health Survey

What is the community benefit?

With the Central Ohio Care Coordination Project's ED linkage and referral systems in place, Franklin County residents will benefit from:

- Increased ED quality of care due to better information on medical history
- Increased linkage of ED patients to primary care
- Improved cost effectiveness of care
- Reduced ED expenses, service duplications and avoidable hospitalizations