

DHHS FY 16/17 Budget Initiative: Non-Emergent ED Visit Reimbursement

Use of the Emergency Department (ED) for non-emergent conditions that should be addressed by a primary care provider (such as ear infections, headaches, and diaper rash) has risen. According to a July 2006 study by the Rutgers Center for State Health Policy, one third of admissions through the ED are for typically preventable conditions when patients have access to timely and effective primary care. Such conditions include ear infections and asthma, among others. Also, a national study conducted by ONPOINT Health Data using data from commercial payers along with Medicaid and Medicare to identify a set of diagnoses for outpatient ED use where treatment can commonly be provided in another setting (e.g., physician office), rather than a hospital, found that 32% of Medicaid ED visits were potentially avoidable (compared with 24% among those insured by commercial carriers.) These diagnoses included, but were not limited to, strep throat, conjunctivitis, dermatitis and rash, joint pain, unspecified back pain, headache, and fatigue.

The Department is committed to encouraging individuals to use primary care as an access point for care delivery rather than the ED where resources are taken away from true emergency situations. As such, for non-emergent visits to the ED, this initiative would reimburse hospital providers the same rates as that of a primary care visit.

Historically, Maine Emergency Department use has exceeded the national average. Furthermore, per capita use rates of hospital Emergency Departments have been higher among enrollees in the MaineCare program than among privately insured Maine residents in both high and low use health service areas.¹

Initiative

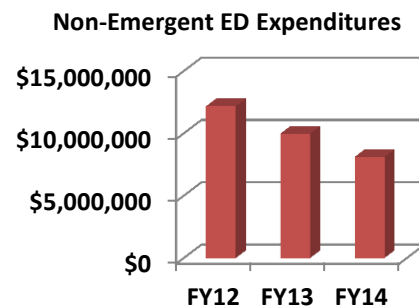
This initiative will reimburse hospital providers for non-emergent use of the Emergency Department visits at a rate equal to that of primary care visits.

Savings

Year	State	Federal	Total
SFY 16	(\$1,157,315)	(\$1,926,392)	(\$3,083,707)
SFY 17	(\$1,534,864)	(\$2,576,746)	(\$4,111,610)

Diagnoses used to Define Non-Emergent Visits

- Include but are not limited to: Strep throat, General Anxiety Disorder, Conjunctivitis, Ear infections, Sinusitis, Diaper rash, Dermatitis and eczema, Joint pain, Backache, Limb pain, Rash, Headache, Cough.
- According to a 2011 report by the Washington State Hospital Association, *Potentially Avoidable Emergency Room Use*, 87% of all potentially avoidable ED visits were accounted for by the following diagnosis codes: acute upper respiratory infection, headache, urinary tract infection, ear infection, back pain, acute throat inflammation, acute bronchitis, issuance of a repeat prescription.



Prior Year Expenditures on non-emergent use of ED

Expenditures have seen a decline due to the interventions of efforts by the DHHS Emergency Department Collaborative and Health Homes initiatives. However, over the past three years there have still been \$8-12 million spent annually associated with non-emergent use of the ED.

¹ Kilbreth, B., B. Shaw, D. Westcott, and C. Gray (2010). *Analysis of Emergency Department Use in Maine*. Portland, ME: University of Southern Maine, Muskie School of Public Service.