



Indiana Health Information Exchange

# ADT Alerts for Reducing ED Admissions

## A Case Study

# HEALTH PLAN SAVES \$4 MILLION IN SIX MONTHS BY SHIFTING PATIENTS FROM THE ED TO A PCP

## Introduction

The Indiana Health Information Exchange (IHIE) is on the forefront of health IT innovation and big data analytics by supporting smarter ways for healthcare to be delivered and managed. Like the logistics and automotive industries before it, the health care industry is in the midst of becoming more nimble and efficient. IHIE's comprehensive suite of product offerings help empower the very best patient care while supporting a more efficient and effective health care system.

## The Challenge

It is estimated that, nationally, as much as 56% of emergency department (ED) visits are potentially avoidable, resulting in \$38 billion in wasteful healthcare spending.<sup>[1,2]</sup> Not only do these visits cost significantly more than a regular office visit, they result in fragmented care and impede the primary care provider and patient relationship. Patients may also miss opportunities for preventive and routine care. These factors make it especially burdensome for health insurers, or payers, as they seek ways to contain costs while looking at opportunities to keep their members healthy.

A large health plan in central Indiana was interested in identifying a way to change patient behavior to reduce non-urgent emergency department visits among their 320,000 members.

The cost challenge alone underscores the need for better utilization of health-care resources: The average primary care office visit for the area ranges from \$50 to \$125. The average emergency department visit costs between \$300 and \$600.

## The Solution

IHIE provided the health plan with a daily ADT Alerts report for their members who sought care at an emergency department in central Indiana. For the first six months, approximately 15,000 health plan members visited a local emergency department.

The ADT Alerts reports were then analyzed by the health plan to identify their members who may have been able to address their symptoms in a primary care setting. These members received an automated call reminding the member of the plan's 24-hour nurse line and the importance of calling their provider to answer their questions.



*1 out of 2 visits to the emergency department are potentially avoidable.<sup>[1]</sup>*

<sup>1</sup> Weinick R, Billings J, Thorpe J, Ambulatory care sensitive emergency department visits: a national perspective, *Abstr AcademyHealth Meet*, 2003;20(abstr no. 8):525-526.

<sup>2</sup> New England Healthcare Institute (NEHI), *How Many More Studies Will It Take? A Collection of Evidence That Our Health Care System Can Do Better*, Cambridge, MA: NEHI, 2008. Available at [www.nehi.net/publications/30/how\\_many\\_more\\_studies\\_will\\_it\\_take](http://www.nehi.net/publications/30/how_many_more_studies_will_it_take). Last accessed November 2010.



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If that member continued to seek care at an emergency department, then they were referred for a case and care management intervention, providing more personalized support for the member.

The key to this program is the near-real time (within 24 hours of an ED visit) delivery of information to the health plan, enabling prompt patient follow-ups to ensure they receive the best care possible from the most appropriate health care provider.



*Results: \$2-\$4 million saved in six months by reducing non-urgent ED use and encouraging PCP office visits.*

### The Results

The data was analyzed to determine if the health plan's intervention, based on the IHIE ADT alert data, showed any changes to patient behaviors.

- **Non-urgent emergency department visits decreased by 53%**
- **PCP office visits increased by 68%**
- **Based on the local costs for an emergency department visit versus an office visit, it is estimated that the health plan saved between \$2.065 million and \$4.089 million during the six month trial period**

### The Future

Any organization managing a population of attributed patients can benefit from ADT Alerts, including Accountable Care Organizations (ACO), self-insured employers and private payers for the purpose of:

- **Tracking where care has been delivered**
- **Managing the transition of care, if necessary**
- **Following up to ensure care has been delivered as needed**

IHIE is currently piloting the ADT Alerts application with a CMS chartered ACO and the results have been extremely positive. Three other CMS chartered ACOs will begin using the ADT Alerts application in late Q1 of 2013. These stakeholders are increasingly responsible for knowing what care their patients have received and what care they need, regardless of where their patients sought care. IHIE's ADT Alerts service can help support the patient/primary provider relationship, address appropriate usage of health care resources and ultimately reduce healthcare costs for any managed care organization.

The ADT Alerts application has been architected and developed so that it can be used for any attributed patient population in or outside Indiana.

*"As a physician, I want to know what is occurring of significance with my patient's health. This service provides critical and timely information, which was often missing. It can also help address the issues which caused a patient to go to the ED, and work to prevent them from occurring in the future."*

**Josh Nelson, MD, JD**  
Chief Medical Officer,  
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For more details, please email [info@ihie.org](mailto:info@ihie.org).

### **About IHIE**

*IHIE operates the nation's largest health information exchange, providing a secure and robust health information technology network that connects over 90 hospitals, long-term care facilities, rehabilitation centers, community health clinics and other healthcare providers. This network serves an area with a population of about six million people and over 25,000 physicians throughout the country.*

**ADT Alerts services are for:**  
**ACOs**  
**Payers**  
**Employers**

To learn if ADT Alerts can help your organization better manage  
a patient population, email **[info@ihie.org](mailto:info@ihie.org)**.



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