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Finding the cure for overused New Jersey's emergency rooms

Written by

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5:41 AM, Jun. 3, 2011|

Long waits in emergency rooms in hospitals throughout New Jersey could be addressed as state health care officials review the results of a 21-month pilot project at two hospitals to move chronic, nonemergency cases out of emergency treatment and into primary care.

In that way, the project theorized, sufferers of chronic conditions would get more consistent care rather than waiting until the condition had reached a crisis — a more expensive way to manage health and a way that puts more stress on the body.

Research for the Community Partnership for ED Express Care and Case Management was done in 2009 and 2010 at Monmouth Medical Center in Long Branch and Newark Beth Israel Medical Center, with help from the New Jersey Hospital Association, the state Medicaid program and the NJ Primary Care Association, said Kerry McKean Kelly, a spokeswoman for the state Hospital Association.

The state Department of Human Services, the Division of Medicaid Assistance and Health Services, the state Health Research and Education Trust and the NJ Primary Care Association applied for the grant to establish alternate nonemergency services and programs.

About $4.8 million — the second-highest grant in the federal program — was awarded and work began. The report's final conclusions are in draft form and a final report should be issued soon, officials said. But anecdotally, officials report success helping patients find a proper "medical home" where primary-care physicians can monitor the status of chronic health conditions and suggest alternative programs and protocols if patients seem headed for trouble.

"We've always had a problem with people overusing the emergency department," said Dr. Catherine Hanlon, who runs Monmouth Medical Center's emergency services. "This is not a local trend. This is not a regional trend. This is a national

trend. ER visits are up."

The emergency department at Morristown Medical Center sees about 80,000 patients annually, though the facility is built to cater to just half that number.

"(The ER) is a major door into the hospital," said Dr. Michael Gerardi, director of pediatric emergency medicine at the hospital and a member of the American College of Emergency Physicians.

In spite of high numbers, "superusers," or those who tend to overuse the emergency room, only make up a small part of emergency room patients at Morristown — usually the elderly, alcoholics or the homeless, and those without a "medical home."

Gerardi also added that the immigrant working population gets a bad reputation for overusing the emergency room, which he says is not the case. Most of the time, those patients use it for legitimate complaints.

Additionally, outside of the emergency room, Morristown patients also have medical care access points in the area that cater to the uninsured. And an uptick in emergency room visits is coming from those who are insured as opposed to the uninsured, he said.

Dr. Christopher Freer, chairman of the emergency department at St. Barnabas Medical Center in Livingston, said most emergency room patients there have a primary physician.

"We don't have a lot of patients that are using us as primary care," he said.

Emergency care is episodic, not comprehensive and not intended for ongoing conditions, Hanlon said, which is why physicians at Monmouth Medical referred chronic-care patients to the Monmouth Family Health Center on Broadway where they could develop relationships with a primary-care physician who would learn their histories and would be more regularly involved in monitoring their conditions.

It might not be as convenient as the local emergency room, Hanlon said, but it is the better way to provide health care to those with chronic conditions.

The study disproved one theory: that transportation was a barrier to seeking health care. Gerardi, at Morristown, said many patients do go to the emergency room because doctor's offices are closed

when they need them. Freer, at Livingston, said a small minority of patients, especially pediatric patients, visit the emergency room after-hours when they might not be able to reach a primary doctor.

The federal government notes that between 1997 and 2007, emergency-room usage increased 11 percent, although it was seven times more expensive to treat a nonemergency case in an emergency room.

Of that 11 percent, about 8 percent was judged to be nonemergencies, while the remaining 3 percent were more serious. Hanlon noted that during the same period, one in three hospital emergency departments was shuttered.

“There are studies that show 25 percent of all emergency visits could be avoided by a visit to the primary care doctor,” said Hanlon, noting that hospital emergency rooms are a victim of their own success.

Gerardi sees that 8 percent as a small number. If you think you have an emergency, he said, you have a right to be seen at an emergency room.

“We never want to dissuade people from coming to the emergency department,” he said. “You show up, we see you as quickly as we can to make sure you don’t have a life-threatening condition.”

The average emergency room wait-time to see a physician at Morristown Medical Center is about 30 minutes, Gerardi said — or five minutes if you walk in with a life-threatening emergency. The average treat-and-release time is 40 minutes, and average time for admission is between four and six hours.

At St. Barnabas, the goal is 30 minutes from the time a patient enters the ER until they are seen by a doctor.

Right now, the ER is averaging 26 minutes, Freer said.

Turnaround time in the fast-track for things like minor lacerations and sprains is about 84 minutes from treatment to release. It’s three hours for more serious conditions like an athsma attack.

“The emergency department is a key access point for care in this country,” Gerardi said. “People are really doing innovative things to get people seen as quickly as possible. It’s not just local; it’s a national trend and we embrace it.”

During the course of the study, although

both hospitals directed nonemergency cases to nearby federally qualified health centers, “We didn’t see a reduction in volume but we saw people who were sicker,” said Dr. Abraham Warshaw, vice president of clinical services at Newark Beth Israel.

Warshaw said patients want to be educated about how to make wise health care choices.

“We think (that) given the opportunity and made to realize it, they seek control of their health care destiny. They take that opportunity and follow through,” he said.

“We have to give people choices but you have to make them responsible for those choices,” said Hanlon and financial counseling was provided to those study participants who did not have insurance. They were listed as “self pay” in the study and accounted for more than 50 percent. But they did not list lack of medical insurance as a barrier to seeking care, according to the study.

“If patients have to pay to go to the doctor but the emergency room is perceived to be free, you are only going to be able to do so much in controlling costs,” said Hanlon.

Study participants were trying to determine how to lower the number of people seeking primary medical care in hospital emergency departments in both an effort to keep such department available for true emergencies and to offer medical care — often for chronic conditions such as asthma — in a setting in which it is easier to get patients to develop relationships with a primary-care doctors, who also could more readily follow up on testing, treatment and care before a chronic symptom became an emergency.

“Getting the right care in the right setting is good for the patient but it’s also good for the overall health care system,” Kelly said. “That’s becoming even more important in this era of health care reform with all the emphasis on better care at lower cost.”

According to preliminary statistics provided by Nicole Brossoie of the state Department of Human Services, of the 7,982 so-called “project visits” at both hospitals, 82 percent were referred to the federally qualified health center in their area and a combined 46 percent of those referred kept their health-center appointments. (The percentage was 69 for Monmouth.)

Hanlon worries about the implication on emergency-room visits as health care reform gets resolved.

“This is beyond a simple economic downturn,” Hanlon said of the increase in emergency-department use. “This has been going on for 20 years.”

What could help is a return to education about self care, said Hanlon.

“What is a crisis?” asked Hanlon rhetorically. Is a rash meningitis? Is a pimple cancer? “There is a complete loss of basic insight into self-care in this country. My mother used to faint at the sight of blood but she still knew to keep a vomiting child on clear liquids.”

Study participants are still readying their final report for distribution.

“But in general, we’ll be looking for evidence of a declining number of primary-care patients in emergency rooms, increase use of community health centers asnd reduced care costs, with the hope of expanding this effort to other parts of the state,” Kelly said.