TEXAS MEDICAL ASSOCIATION
Physicians Caring for Texans

TexMed 2017 Quality Improvement Abstract

Please complete all of the following sections and include supporting charts and graphs in this document. Submit a total of two documents - this document and the Biographical Data and Disclosure Form to posters@texmed.org by midnight March 17, 2017.

Procedure and Selection Criteria

- Applicants should demonstrate an understanding of QI concepts through the use of quality tools, measures of success and the use and interpretation of data. Judges will use the scoring described in this matrix to identify projects to be presented at the conference, as well as, projects to be considered for the awards.
- Maximum points are delineated with a brief explanation of the content that should be included under each section. Applicants must select one of the following improvement categories into which the project best fits: patient safety, patient centered care, timeliness, efficiency, effectiveness, or equity. Applicants may describe the problem and results in narrative or graphic format.

PROJECT NAME: Improving Patient Access to Emergency Care: Exposing the Reasons Behind being Out of Network

Institution or Practice Name: Spectrum Healthcare, Code 3 Emergency Physicians, Cleveland Clinic

Setting of Care: Free Standing Emergency Departments

Primary Author: Gillian Schmitz, MD, FACEP

Secondary Author: Carrie DeMoor, MD, FACEP

Other Members of Project Team: Erin Simon, DO

Is the Primary Author, Secondary Author or Member of Project Team a TMA member (required)?

☒ Yes ☐ No

Please provide name(s): Gillian Schmitz, Carrie DeMoor

Project Category: *(Choose all appropriate categories)*

☒ Patient Safety	☒ Patient Centered Care	☐ Timeliness
☐ Efficiency	☐ Effectiveness	☒ Equity

☐ **Enhanced Perioperative Recovery**

☒ **Disaster Medicine and Emergency Preparedness**

For this poster session, TMA is looking for projects that demonstrate the six aspects of Quality Care as defined by the Institute of Medicine.

- Safe - avoids injuries to patients from care that is intended to help them
- Timely - reduces waits and delays for both those who receive care and those who give care
- Effective - based on scientific knowledge, extended to all likely to benefit, while avoiding underuse and overuse
- Equitable - provides consistent quality, without regard to personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status
- Efficient - avoids waste, including waste of equipment, supplies, ideas, and energy

- Patient centered - respects and responds to individual patient preferences, needs, and values, ensuring that patient values guide all clinical decisions

Quality Improvement (QI)

Overview: *Describe 1) where the work was completed; 2) a description of the issue that includes how long the issue has been going on and the impact the issue has on the organization/facility; 3) what faculty/staff/patient groups were involved, and 4) the alignment to organizational goals.*

Emergency departments (EDs) are the safety net of care in our healthcare system. EDs care for all patients, regardless of their ability to pay, 24 hours a day, 7 days a week. Our safety net is being stretched to the limits with EDs overflowing with patients, wait times exceeding 24 hours in some departments, and quality and access to care being threatened. The issue of overcrowding in our emergency departments has been a problem for the last 2 decades, but is now reaching a critical point as documented in the Institue of Medicine Report in 2007. “The number of patients visiting EDs has been growing rapidly. There were 113.9 million ED visits in 2003, up from 90.3 million a decade earlier. At the same time, the number of facilities available to deal with these visits has been declining. Between 1993 and 2003, the total number of hospitals in the United States decreased by 703, the number of hospital beds dropped by 198,000, and the number of EDs fell by 425.” (Institute of Medicine Committee on the Future of Emergency Care in the U.S. Health Care System. Hospital Based Emergency Care: At the Breaking Point. Washington, DC: National Academy Press; June 2006.)

Free standing emergency departments (FSEDs) have grown in Texas to help address unmet demand and provide better access to care. It’s working. Texas received a “F” on the American College of Emergency Physicians (ACEP) report card for access to care 5 years ago. After the growth of FSEDs, Texas has improved to a “D”, but still has a long way to go.

Patient access is determined, in part, by insurance companies maintaining adequate networks. The health plans have been quick to point out that many FSEDs are out of network, but little research or quality improvement has focused on why.

This work was completed across the state and included all independent physician owned FSEDs in Texas. This QI project allows us to better understand the barriers in obtaining fair contracts, negotiating in good faith, and holding insurance companies accountable to providing adequate patient networks and coverage.

Aim Statement (2 points for each portion of SMART, with max points 10): *Describe the goal of the project incorporating SMART.*

Specific – what faculty/staff/patient groups were involved and where the work was completed
The work was completed across the state and included all independent physician owned free standing emergency departments in Texas.
Measureable – numerical values that define baseline and goal
We sought to determine the percentage of FSEDs that were in-network for facility and physician fees and identify barriers to obtaining a contract.
Actionable – what solutions/interventions were implemented
A coalition was formed of all independent FSEDs to gather data, quality initiatives, and advocacy solutions. A survey was distributed to all members to determine baseline contracting rates and barriers to negotiations with health plans.
Realistic - able to implement solutions and sustain outcomes with given constraints
A survey was distributed and data was successfully collected during the last 2 months.
Time bound – what date established to reach goal by
Goal has been reached.

Measures of Success (5 points for describing solutions measurement and 5 points for describing outcome measurement, with max points 10): *Describe how you measured your interventions to ensure adherence and describe how you measured your outcome.*
Successful survey studies in the literature typically quite a 30-50% response rate. We were able to achieve a 66% response rate and represent > 100 FSEDs in Texas. Our outcome was to define the current percentage of FSEDs who have in-network contracts with health plans and to determine barriers to contracting. We received both qualitative and quantitative feedback for our outcome.

Use of Quality Tools (5 points for appropriate tools utilized during each PDSA phase, with max points 20): W*hat quality tools did you use to identify and monitor progress and solve the problem? Provide sample QI tools, such as fishbone diagram or process map, and identify which phase of the PDSA cycle each tool was utilized in. Note tools here and send as addendum with abstract form.*

This study establishes the state of our current system. We need to establish a baseline and determine what the barriers are before additional QI projects can be implemented to improve access and remove potential barriers.

A quality initiative that was started with this initial step was to develop a research consortium. A lot of time and effort went into establishing contacts at each of the facilities across Texas to share data and information. We are hopeful that this group will continue to work together in the future, communicate best practices, and better serve our communities.

Interventions (max points 15 includes points for innovation): W*hat was your overall improvement plan (include interventions and identify quick wins)? How did you implement the proposed change? Who was involved in implementing the change? How did you communicate the change to all key stakeholders? What was the timeline for the change? Describe any features you feel were especially innovative.*

FSEDs have created a disruptive innovation in the healthcare market. A year ago, it was difficult to even determine how many facilities even existed and they operated in silos. The overall improvement plan was to establish a coalition and work together with a unified voice to protect our patients and our industry. We implemented this change through shared goals and advocacy efforts. FSEDs created their own organization and lobbyist group and communicate through our leadership and listserve. Over the past 2-3 months, we developed a research coalition that we can work together to collect data, create quality goals, and work together to align our goals.

Our first intervention was performing a survey study of all current facilities to determine network status and barriers to contracting with insurance companies. This is the first QI project to date that looks at why FSEDs have not been able to get contracts and highlights the importance of insurance companies being held accountable to providing adequate access and networks.

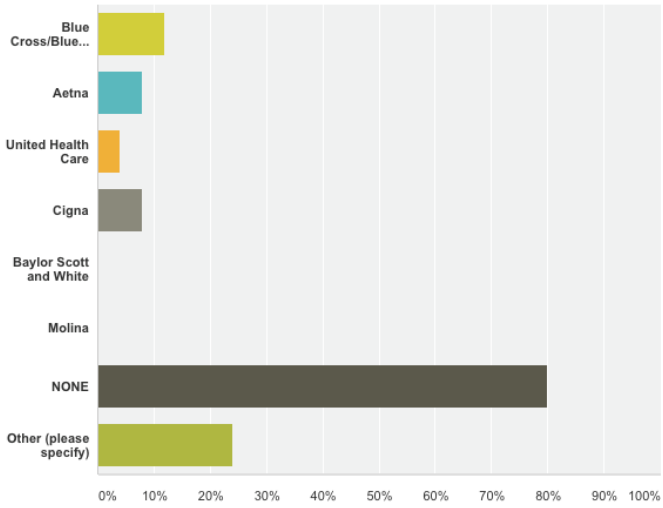
Results (max points 25): *Include all results, using control charts, graphs or tables as appropriate. Charts and graphs must be appropriately labeled or points will be deducted. Note charts, graphs and tables here and send as addendum with abstract form.*

25 of 38 physician groups responded to the survey (66%), representing 102/197 (52%) independent FSEDs in Texas.
80% of independent FSEDs were not in-network for either physician or facility fees.
64% of FSEDs stated they had not been contacted by a health plan to contract or had not received a return phone call after multiple attempts.
For those who were able to get in touch with the insurance companies, failure to reach an agreement on in-network status occurred because the rates offered were unreasonably low (45%), the insurance company was

not willing to offer them ANY rate (27%), the insurance company did want to contract with FSEDs (41%), and the physician group did not want to contract (5%).
24% of independent FSEDs also own an urgent care. Of those who had a hybrid model, 84% were able to negotiate in-network rates for their urgent care but only 33% were able to reach in-network status for their ED.

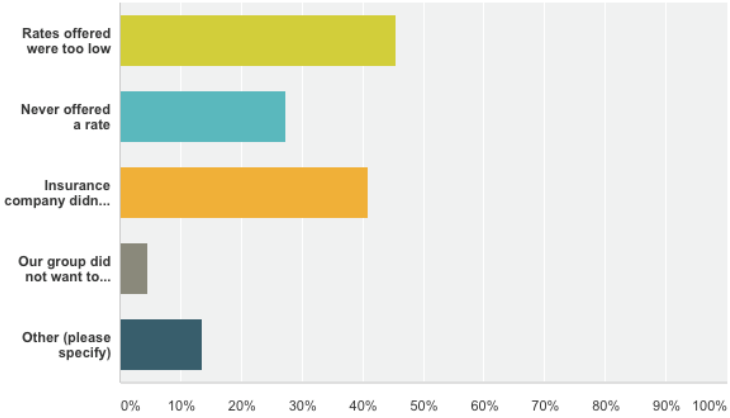
Which of the following insurance companies are you contracted with for facility charges?

Answered: 25 Skipped: 0

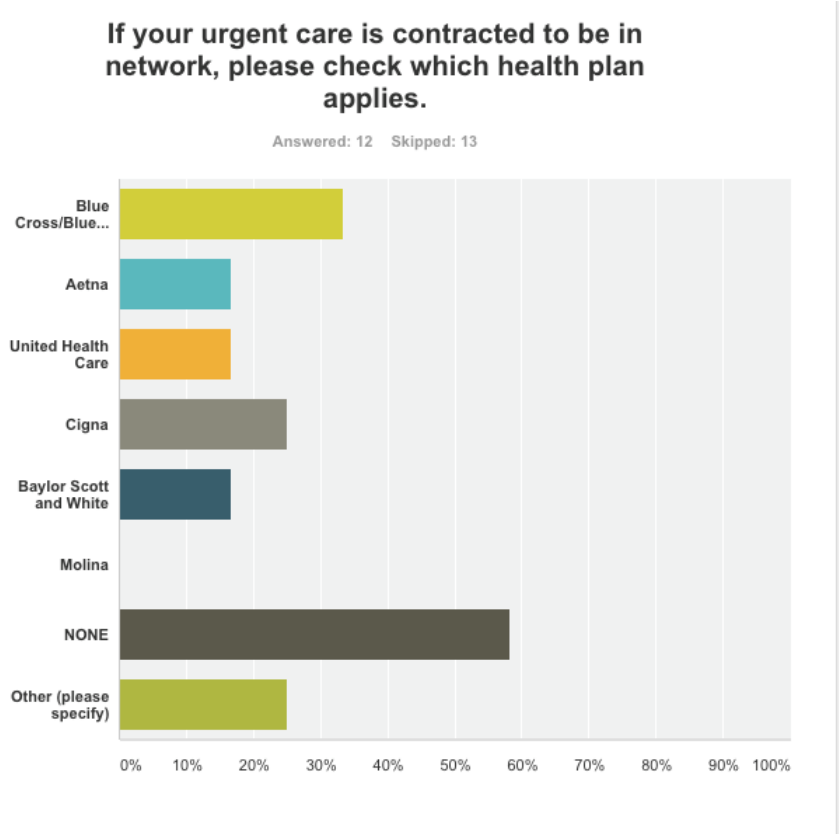


If you attempted to contract and were unable to arrive at a contract, what do you think were the reason(s)

Answered: 22 Skipped: 3



Answer Choices	Responses	
Rates offered were too low	45.45%	10
Never offered a rate	27.27%	6
Insurance company didn't want to contract	40.91%	9
Our group did not want to contract	4.55%	1
Other (please specify) Responses	13.64%	3



Conclusions and Next Steps (max points 20): *Describe your conclusions drawn from this project and any recommendations for future work. How does this project align with organizational goals? Describe, as applicable, how you plan to move ahead with this project.*

Despite an overwhelming desire of FSEDs to be in-network, only 20% of those surveyed were able to secure in-network contracts.
The most common reason FSEDs are not in-network is that insurance companies would not contact FSEDs, ignored repeated attempts of providers to negotiate, or offered unreasonably low rates. Health plans need to be held accountable for negotiating in good faith, offering reasonable in-network rates, and providing adequate networks of care. Failure to do so shifts costs to patients seeking care.

Recommendations for future work involve lobbying efforts to increase visibility of this problem, address insurance reform and fair coverage to ensure emergency access for patients.

We will move ahead with this project by using our newly formed research coalition to study quality metrics, cost savings, and improvement in patient care to demonstrate the value FSEDs bring to our community. We will extend out advocacy efforts to ensure adequate patient access, fair coverage and networks as an essential covered health benefit, and price and insurance transparency.