

Emergency Medicine: A View from In and Around the C-Suite

A Focus of Population Health
Management and Pressures on the ED

Population Health: Improving the health outcomes of populations

Pop Health Management

- 1) Driven by intense data needs
- 2) Cost conscious
- 3) Clinical Guidelines
- 4) Risk management outreach
- 5) A mantra of Communicate, educate, coordinate

Effect on the ED

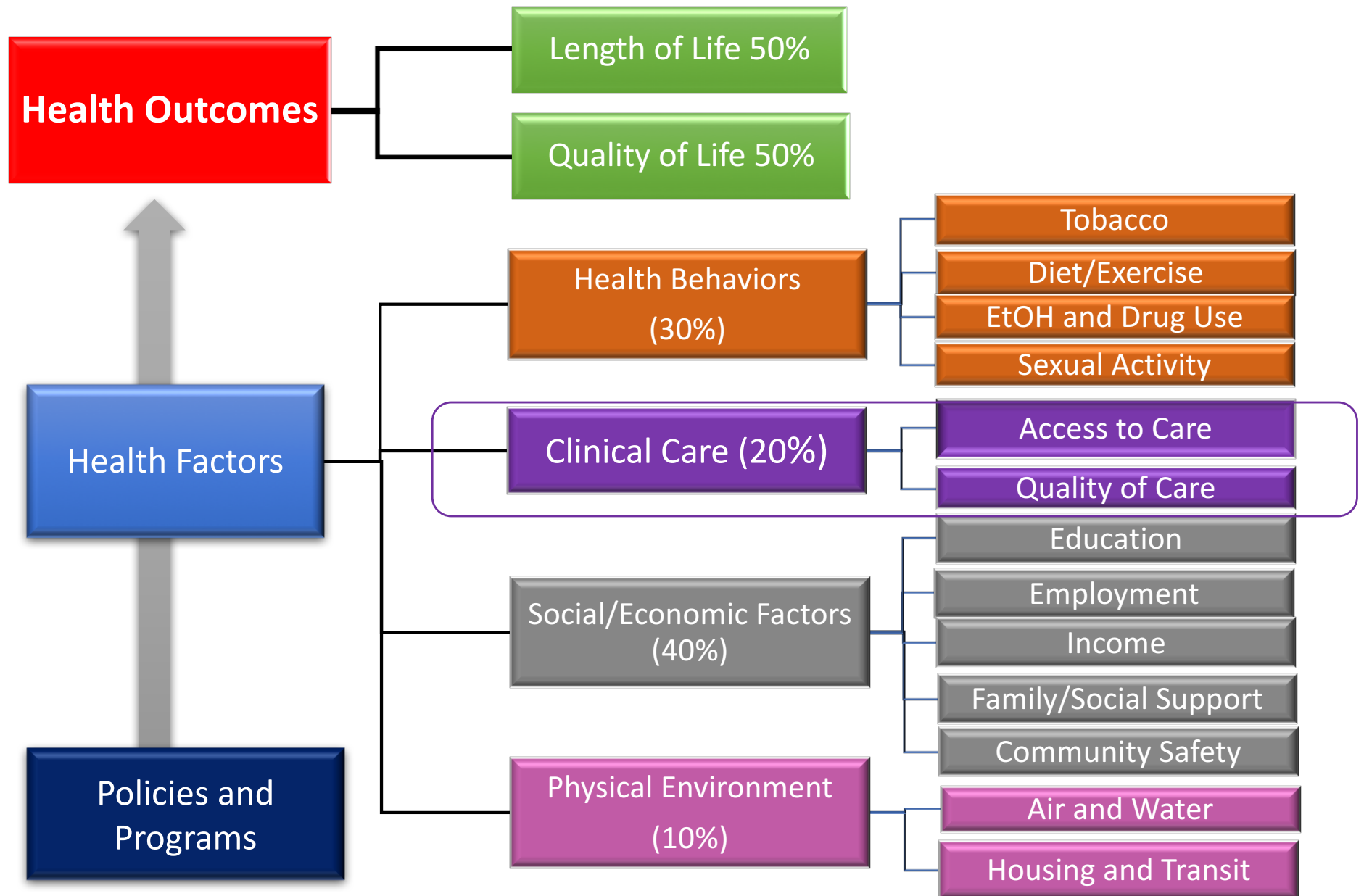
- In the payer model for pop health the ED is seen as a crucial interface by payers
 - Major Treatment Hub
 - Network Hub
 - Most important triage hub within the internal and external system

The First Complication

“These studies estimate that non-urgent visits comprise only about 10 percent of all ED visits by Medicaid beneficiaries, and suggest that higher utilization may be in part due to unmet health needs and lack of access to appropriate settings.

In this context, as most states have recognized, efforts to reduce ED use should focus not on merely reducing the number of ED visits, but also on promoting continuous coverage for eligible individuals and improving access to appropriate care settings to better address the health needs of the population.”

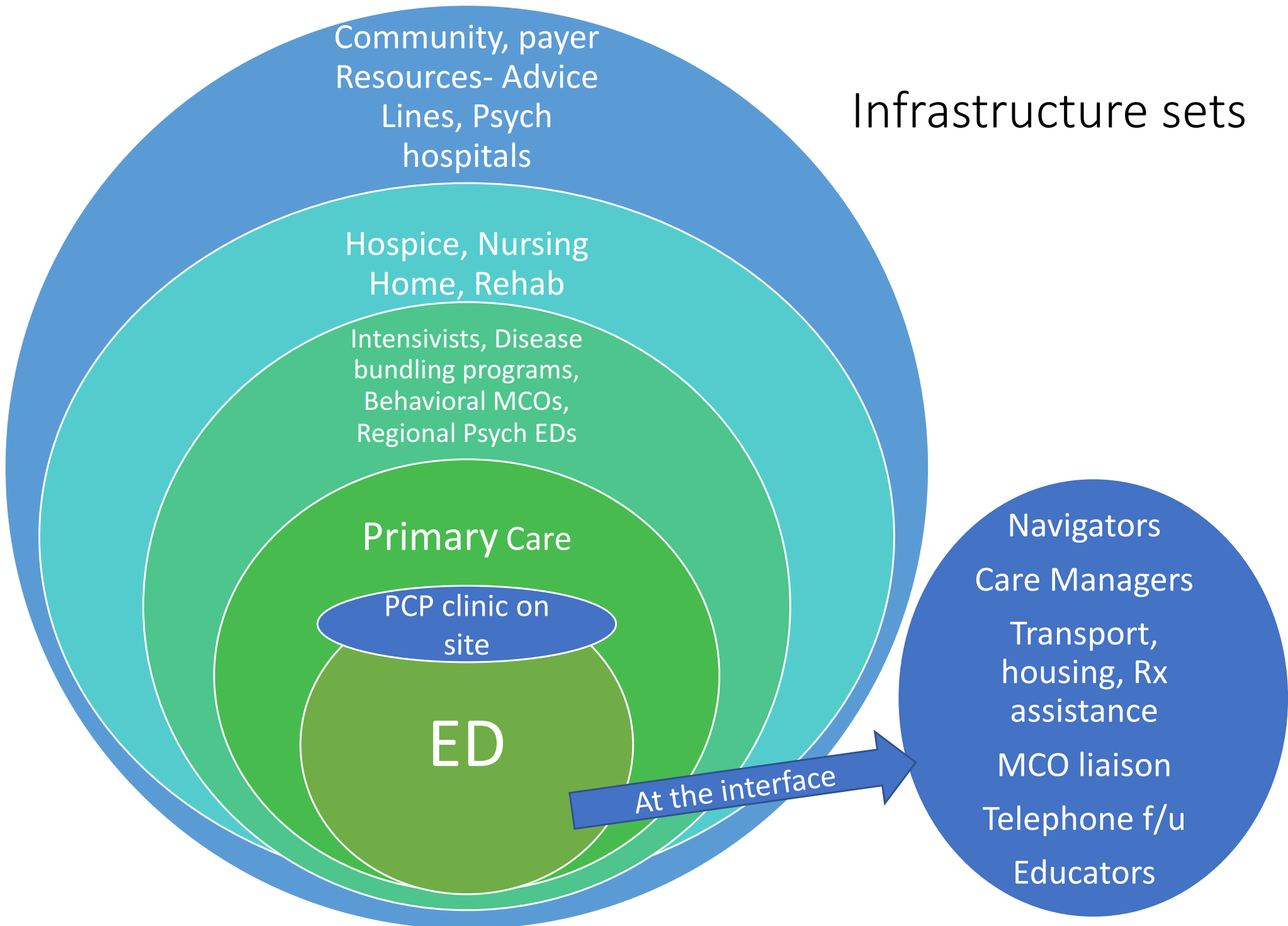
The second:



The third

“As emergency rooms fail in treating mental health,.....

- More than 80 percent of emergency room physicians say the mental healthcare systems in their regions are dysfunctional, and do not adequately serve patients, according to a survey done in December by the American College of Emergency Physicians involving 1,500 of its members.



Who negotiates the ED's role? Who develops and sustains the new infrastructure?

- The State
- Community Agencies
- The MCO
- The Health System
- The ED

So what do we want

That's easy

- Excel at the goals set for the ED by traditional care
- Excel at goals set by population health
- Think about costs
- Think about what is possible and how to get it negotiated, built, debated, funded both inside and outside
- Improve Health Outcomes