SCG9 Avoidance of Inappropriate Emergency Department Use

Percentage of patients, 18 years and older, who were referred to an appropriate site of service, avoiding the Emergency Department

2019 OPTIONS FOR INDIVIDUAL MEASURES:
SCG Health

NATIONAL QUALITY STRATEGY DOMAIN: Efficiency and Cost Reduction

MEASURE TYPE: Process
HIGH PRIORITY STATUS: High Priority
SPECIALTY RECOMMENDATION: Primary Care
MEANINGFUL MEASURE AREA: Appropriate use of Healthcare
NQF NUMBER: Not applicable
PERFORMANCE NOTES: Traditional (not inverse), single (1) proportional performance calculation
RISK ADJUSTMENT: No

INSTRUCTIONS:
This measure is to be reported a minimum of **once per performance period** for patients who had an unplanned urgent (not emergent) visit during the performance period ending November 30. This measure may be reported by eligible clinicians who perform the quality actions described in the measure based on the services provided and the measure-specific denominator coding.

DENOMINATOR:
All patients, 18 years and older, who had at least two medical visits during the performance period, and contacted the office after hours or for an urgent appointment

> **Denominator criteria (Eligible Cases)**:
> All patients, 18 years and older
> **AND**
> **Two or more visits during the performance period**: Patient encounter during the reporting period (CPT or HCPCS): 90791, 90792, 92002, 92004, 92012, 92014, 92507, 92508, 92526, 96116, 96118, 96150, 96151, ~~97001, 97002, 97003, 97004, 97532~~, 97161, 97162, 97163, 97164, 97165, 97166, 97167, 97168, 98940, 98941, 98942, 99201, 99202, 99203, 99204, 99205, 99212, 99213, 99214, 99215, 99241, 99242, 99243, 99244, 99245, 99324, 99325, 99326, 99327, 99328, 99334, 99335, 99336, 99337, 99341, 99342, 99343, 99344, 99345, 99347, 99348, 99349, 99350, 99495, 99496, D7140, D7210, G0101, G0402, G0438, G0439, G2012, G2010
> **AND**
> **ICD-10-CM diagnosis**: for initial year of data collection, no ICD-10-CM specified

DENOMINATOR EXCLUSIONS:
> Patients who are receiving comfort care only: G9930
> Hospice services provided to patient any time during the measurement period: G9687

NUMERATOR:
Percentage of patients that were referred to and utilized an alternative facility/provider for non-emergency situations.

Numerator Options:

Performance Met: Referred patient to an alternative facility/provider for a non-medical emergency and patient complied: of an Urgent Care

OR

Performance Met: Referred patient to an alternative facility/provider for a non-medical emergency and patient complied: Virtual Visit

OR

Performance Met: Referred patient to an alternative facility/provider for a non-medical emergency and patient complied: Walk-In Clinic

OR

Performance Met: Referred patient to an alternative facility/provider for a non-medical emergency and patient complied: Primary Care Physician for a non-medical emergency

OR

Performance Not Met: Patient use of an Emergency Department for a non-medical emergency

NUMERATOR EXCLUSION:

Patient referred to alternative facility/provider for treatment but was redirected to an emergency department

RATIONALE:

Non-urgent Emergency Department (ED) visits are typically defined as visits for conditions for which a delay of several hours would not increase the likelihood of an adverse outcome. Most studies find that at least 30% of all ED visits in the US are non-urgent. Visiting the ED instead of another care site (e.g. physician's office, retail clinic, urgent care) for a non-urgent condition may lead to excessive healthcare spending, unnecessary testing and treatment, and represent a missed opportunity to promote longitudinal relationships with primary care physicians. A recent study projected $4.4 billion in annual savings if non-urgent ED visits were cared for in retail clinics or urgent care centers during the hours these facilities are open. With increasing demand and a shortage of primary care providers, non-urgent ED use will likely increase in the near future. Recent predictions suggest that implementation of the Affordable Care Act and resulting expansions of insurance coverage will contribute to even higher levels of ED usage (Uscher-Pines, et al., 2013). There is widespread interest in interventions to discourage non-urgent ED visits. A 2006 survey found that 30% of emergency physicians work in hospitals that have implemented practices to discourage non-urgent visits. Interventions by health systems and payers have included patient education on what is appropriate ED use, financial disincentives such as higher-copayments for ED visits, and encouraging primary care physicians (PCPs) to provide care in the evenings and weekends. Despite these efforts, non-urgent ED visits have continued to rise. One explanation could be that prior interventions have not adequately addressed the underlying issues that lead patients to visit EDs for non-urgent conditions. Moreover, policies to deter ED use can have negative, unintended consequences. For example, enrollees in high-deductible health plans, who bear a higher share of the costs of an ED visit, are less likely to seek care for a true emergency (Uscher-Pines, et al., 2013).

WORKS CITED:

Uscher-Pines L, Pines J, Kellermann A, Gillen E, Mehrotra A. Emergency department visits for nonurgent conditions: systematic literature review. Am J Manag Care. 2013;19(1):47-59.

COPYRIGHT STATEMENT:

The Measures are not clinical guidelines, do not establish a standard of medical care, and have not been tested for all potential applications.

Revised February 7, 2019

SCG Health encourages use of the Measures by other health care professionals, where appropriate. Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary coding sets should obtain all necessary licenses from the owners of these code sets. SCG Health disclaims all liability for use or accuracy of any Current Procedural Terminology (CPT®) or other coding contained in the specifications.

This measure is in continuous development by SCG Health, LLC.

The Measures, while copyrighted, can be reproduced and distributed, without modification, for noncommercial purposes (e.g., use by healthcare providers in connection with their practices). Commercial use is defined as the sale, license, or distribution of the Measures for commercial gain, or incorporation of the Measures into a product or service that is sold, licensed or distributed for commercial gain. Commercial uses of the Measures require a license agreement between the user and SCG Health. SCG Health shall not be responsible for the implementation of the Measures.

CPT® contained in the Measures specifications is copyright 2004-2018 American Medical Association. All Rights Reserved.

THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND.