

How Technology is Making Our Emergency Departments Cost-Effective

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The Emergency Department (ED) may have a reputation for being the hospital's money-losing department, but it deserves considerable attention because it generates approximately half of hospital admissions and 45 percent of a hospital's overall revenue. As the front door to the hospital, the ED is often the first impression patients have of a facility, its staff and the quality of care it provides.

By removing process bottlenecks and implementing healthcare IT systems, EDs are saving millions and improving financial performance while delivering better care to their patients. Below are seven areas where these efforts are paying off in a big way in EDs across the country.

1. Improved access to critical data. The ED is time-pressured, work-intensive and data poor. However, as more healthcare information exchanges (HIE) expand and mature, they are giving ED providers better access to critical data. For example, having access to a patient's recent test results and treatment from another facility for a similar complaint reduces unnecessary resource utilization.

2. Standardized care plans and order sets. Many EDs are standardizing order sets and nursing care plans to help providers follow standard guidelines for care and eliminate unnecessary procedures and tests, resulting in significant cost savings. Computerized Physician Order Entry (CPOE) systems can also reduce the incidence of orders being placed for unreimbursed testing, and can capture additional information that makes reimbursement more likely (e.g., reason for radiologic studies).

3. Electronic prescribing. A study by MGMA's Group Practice Research Network estimated that the cost spent managing unnecessary administrative complications related to prescriptions amounted to approximately \$15,700 annually for each full-time physician. E-prescribing offers the potential to lower drug costs and improve patient compliance and satisfaction.

4. Decision support. Clinical decision support (CDS) systems help providers rule out certain diseases and illnesses without running a battery of unnecessary tests, provide access to the latest standard treatment protocols, and help move patients through the ED faster and more cost-effectively.

5. Documentation feedback. Many EHRs prompt clinicians when documentation is incomplete. This feedback helps providers create complete, thorough documentation, which results in better charge capture and optimal reimbursement, and reduces medico-legal exposure.

6. Case management. More frequently, hospitals are providing ED case management intervention to develop plans for frequent utilizers of the ED and to streamline care transitions. Case management can reduce the probability of costly and unnecessary readmissions. Access to real-time information through the EHR is critical to case management program success. In addition, remote access can provide a scalable solution for case management resource utilization and sharing across facilities.

7. Referral management. Referral management systems are ensuring patients get the necessary follow-up care after discharge by letting primary care physicians (PCPs) know when their patients were seen in the ED and providing a copy of the patient's ED record. In addition, these systems can also connect patients who do not have a PCP via a referral to a physician within the hospital's network.

Efforts to eliminate inefficiency in the ED through process improvement and technology are picking up steam. However, hospital executives cannot expect EDs to fix problems on their own. It must be recognized that the ED is not a silo; every other department impacts its operations, and many factors remain well outside its control, including access to primary care providers and hospital overcrowding. Ultimately, for their efforts to succeed, hospitals must implement proven management strategies that include the ED as part of the entire organization, allowing the entire facility to operate more effectively.



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