

Super utilizers



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MONTAGE
Health

Goals and objectives

- We plan to discuss the unique challenge super utilizers present in care coordination
- Objectives
 - Define super utilizer as it relates to care coordination and readmissions
 - Describe the impact of super utilizers in healthcare settings
 - Discuss case management/care transition strategies to address super utilizers
 - Identify available resources in your community



What defines an emergency department frequent user?

- More than 4 ED visits per year
- 4-10 ED visits per year = “system failures”
- 10-20 ED visits per year = chronically ill
- 20+ ED visits per year = severe mental illness, substance use, complex social situation (or all three combined)



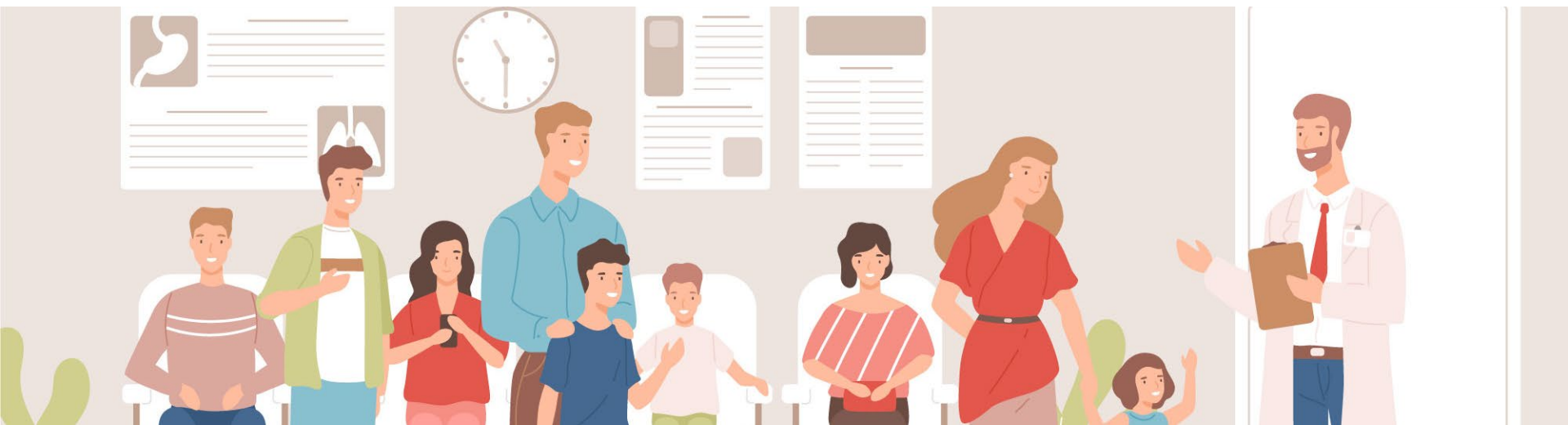
What is the effect of high utilizers on the healthcare system?

- The simplest way to think of it – there's only so much time and there's only so many resources
- Super utilizers:
 - Contribute to ED and hospital crowding
 - Increase healthcare costs
 - Are high utilizers of diagnostic testing given their frequent visits
 - May put additional emotional strain on already stressed out healthcare workers



How big are the effects?

- It's complicated...
- It may depend on your hospital system size, what surrounding resources are available (i.e., do people go to the same hospital or multiple hospitals), what community resources are available, and what is the underlying reason for the multiple visits
- At our hospital...



> [West J Emerg Med](#). 2018 Mar;19(2):238-244. doi: 10.5811/westjem.2017.9.34710.
Epub 2018 Feb 12.

Case Management Reduces Length of Stay, Charges, and Testing in Emergency Department Frequent Users

[Casey A Grover](#)¹, [Jameel Sughair](#)¹, [Sydney Stoopes](#)¹, [Felipe Guillen](#)¹, [Leah Tellez](#)¹,
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PMID: 29560049 PMID: [PMC5851494](#) DOI: [10.5811/westjem.2017.9.34710](#)

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We followed 158 super utilizers and put them in a case management program

- ED visits dropped by 49%
- Inpatient admissions dropped by 39%
- CT use dropped by 41%
- US use dropped by 52%
- XR use dropped by 38%
- ED LOS and inpatient LOS dropped by 39% (a total of 178 bed days)
- We reduced charges by 41% (a total of \$5,100,000)



Does case management work?

Review > Acad Emerg Med. 2017 Jan;24(1):40-52. doi: 10.1111/acem.13060.

Effectiveness of Interventions to Decrease Emergency Department Visits by Adult Frequent Users: A Systematic Review

Jessica Moe ¹, Scott W Kirkland ², Erin Rawe ¹, Maria B Ospina ³, Ben Vandermeer ⁴, Sandy Campbell ⁵, Brian H Rowe ¹

Affiliations + expand

PMID: 27473387 DOI: [10.1111/acem.13060](https://doi.org/10.1111/acem.13060)

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90% of interventions studied were case management

Conclusions: Interventions targeting frequent ED users appear to decrease ED visits and may improve stable housing. Future research should examine cost-effectiveness and adopt standardized definitions.



> [West J Emerg Med.](#) 2010 Sep;11(4):336-43.

Emergency department frequent user: pilot study of intensive case management to reduce visits and computed tomography

Casey A Grover ¹, Reb Jh Close, Kathy Villarreal, Lee M Goldman

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PMID: 21079705 PMCID: [PMC2967685](#)

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ED visits dropped by 83%
CT scans dropped by 67%

Conclusion: Case management can significantly reduce ED use by frequent users, and can also decrease radiation exposure from diagnostic imaging.



> [West J Emerg Med.](#) 2018 Mar;19(2):238-244. doi: 10.5811/westjem.2017.9.34710.
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ED visits dropped by 49%

Inpatient admissions dropped by 39%

Conclusion: Case management for frequent users of the ED is an effective method to reduce patient visits, the use of diagnostic testing, length of stay, and cost within our institution.



doi: [10.1016/j.jemermed.2016.06.002](#). Epub 2016 Aug 29.

The Efficacy of Case Management on Emergency Department Frequent Users: An Eight-Year Observational Study

Casey A Grover ¹, Elizabeth Crawford ¹, Reb J H Close ¹

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PMID: 27595372 DOI: [10.1016/j.jemermed.2016.06.002](#)**Table 2. Visits per Patient per Year Prior to Enrollment and after Enrollment**

	Number of Patients	Total Visits	Visits per Person per Year
Year prior to enrollment	199	3184	16.0
Year 1 after enrollment	199	1420	7.1
Year 2 after enrollment	199	807	4.1
Year 3 after enrollment	199	608	3.1
Year 4 after enrollment	197	646	3.3
Year 5 after enrollment	194	605	3.1
Year 6 after enrollment	192	379	2.0
Year 7 after enrollment	126	261	2.1
Year 8 after enrollment	73	136	1.9



How does one start a case management program?



The limitations of the walls of the hospital



Community resources



Community Action Team



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Thank you

Questions?

