

OUTSIDE LINES

BRINGING BACK THE "EMERGENCY" TO THE ED

At Strategy Advantage, we believe that innovation - from the Latin word "innovatus" meaning to do something in a new way - is critical for navigating through the winding path the ACA has brought. But now, a new ACEP survey and two Stanford University School of Medicine physicians provide a cliff-notes take on the good, bad, and ugly – the expectations, reality, and tough possibilities still in front of us – related to the ACA's cost, quality, and value goals.

In August, Dr. Megan Jones, a Stanford psychologist, [published a piece](#) that challenged healthcare leaders to balance innovation with sound ethics. She noted: “Entrepreneurs are giving the healthcare industry a much-needed injection of innovation ... Many have dramatically changed the healthcare landscape with solutions that are making patient care less expensive and more accessible, integrated, and engaging. The potential for improved care is exciting, yet the plethora of healthcare ideas going to market comes with risks.”

Zoom in on the Emergency Room Vists and Costs.

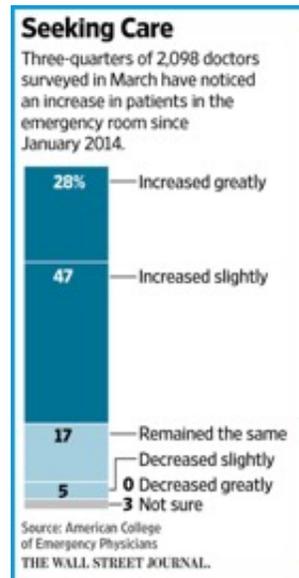
In May, the American College of Emergency Physicians released the results of its national [2015 Affordable Care Act Poll](#) of 2,100 emergency



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medicine physicians. The findings? Seventy-five percent (75%) reported that emergency visits have gone up, compared to less than 50% who reported the same only a year ago – despite the intention of the ACA and healthcare transformers to shift care to more cost-affordable settings. Thirty percent (30%) said volume had increased significantly since January 2014.

Meanwhile – just last week – Dr. Paul S. Auerbach, a professor of emergency medicine at Stanford, [noted](#) that the ED where he practices continues to see more patients and asks “what’s going on”? He noted: “The most urgent needs are to build primary-care and specialist capacity that will effectively and appropriately assist patients who otherwise must rely on the emergency department, develop telephone and video-assisted care, promote wellness, harness the power of digital health, and finally, educate and convince patients that the system will serve them. Until these problems are addressed, the emergency room will continue to be the main event.”

Yes, the expectations are that the ACA and its push for value-based, population-based, risk-based, and consumer-based care will alter healthcare behaviors and economics, including the use of alternative settings for emergent or after-hours care needs. However, the reality is that the complicated factors of reform are shifting access such that more people have health plan coverage, and this is contributing to higher utilization of the ED and other legacy healthcare facilities. That leaves us with the big question still in front of us. Will our innovators lead to yet more healthcare – and dollars and costs – on top of the layer of healthcare we already have? Or will the innovations get us to the other side of different choices, better, more affordable care, and better value? That’s the possibility we’ve all been betting on. But this is the tough work still ahead. Yes, change is hard, but [this](#) change is necessary. Let's continue to

bring new ideas forward, figure out with of these are sound, and make "innovatus" happen.

Always looking ahead,



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NEWS ALERT! WHAT'S HAPPENED THIS WEEK

As we grapple with the innovation and change needed to affect ED utilization, on September 21 [Missouri-based Mercy Health opened “the world’s first hospital without beds.”](#) Called Mercy Virtual, the \$50 million, 120,000-square-foot virtual care center is a leap forward in the hospital’s mission to transform healthcare. The Center houses a medical team with more than 300 physicians, but no patients. It serves as the system’s nerve center for telemedicine services. Tele-care, video-care, and data connections are used 24/7 to provide eICU, telestroke, virtual hospitalists, and home monitoring for partnered healthcare providers and patients in home-based, rural, and other hospital settings. With unprecedented ideas and actions like these, will Mercy Virtual also work to bend the curve of ED visit volume?

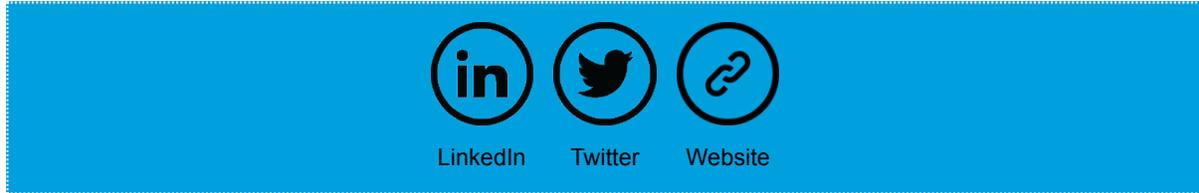
WHO WE'RE WATCHING

Healthiest You – based in Scottsdale, Arizona – is a national health and wellness delivery innovator focused on reducing healthcare costs and improving value by changing the way individuals access and use healthcare. Currently available only through employers (for their employees), it provides a wellness platform and a bundle of tools that are specifically focused on equipping people with what they need to change traditional healthcare and lifestyle habits and re-direct them to alternative options for care. Healthiest You is profiled in [ZIGZAG Healthcare](#), a new product offered by Strategy Advantage. Our goal with ZIGZAG is to help you keep tabs on, be on the ready for, explore the possibilities around, and quickly and conveniently know about the many new ideas and disruptive innovations in healthcare. ZIGZAG is a members-only platform. We are adding new members now. Check it out. We would love to have you join us.

WHAT'S TRENDING

For some time, we’ve been tracking the paramedicine trend. Various communities and health systems – including Geisinger Health in Pennsylvania and others – have been piloting programs that include training paramedics to provide chronic disease management, medication compliance, and home safety for frail, high-risk and elderly patients in their homes. According to an August 17 [Wall Street Journal story](#), from March

2014 to June 2015 Geisinger's paramedicine team prevented 42 hospitalizations, 33 emergency department visits, and 168 inpatient days among 704 patients who had a home visit from a paramedic. The program reduced ER visits by 50% and 30-day hospital readmissions by 15%, with 100% patient satisfaction scores. Wow! Now that's smart medicine!



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