Resource Utilization

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Road Map

• US Healthcare 101
• Stewardship
• Rationing
• Case Review and Analysis
• Recap
• Q/A
CRISIS
Payment Models

Fee For Service

Accountable Care Organizations (ACO’s)

Outcomes Based + Merit Based Incentive Program
Georgia Population

Millions

Source: Census

Obtained from: https://www.census.gov/topics/population.html
Hey Doc – How much is that cat scan that you just ordered for my mild TBI?
Even with knowledge and education, patients still may not make optimal healthcare choices. They should still have the opportunity to participate in shared decision making. To do this, they have to know what it costs...
The primary care doctor shortage across America

By percentage of need met

- Washington: 45%
- North Dakota: 37%
- South Dakota: 45%
- Nebraska: 42%
- New Mexico: 42%
- New York: 43%
- Rhode Island: 33%
- Connecticut: 15%
- D.C.: 50%
- North Carolina: 50%
- Florida: 42%

Source: U.S. government statistics
Recap - Risk Factors

• Payment Models
• Aging Population + Growth
• New Drugs/Technology
• Lack of Cost Transparency
• Healthcare Consolidation
• Supply Shortage
At 17.6% of GDP in 2010, US health spending is one and a half as much as any other country, and nearly twice the OECD average.

Total health expenditure as a share of GDP, 2010 (or nearest year)

% of GDP


1. In the Netherlands, it is not possible to clearly distinguish the public and private share related to investments.
2. Total expenditure excluding investments.
Information on data for Israel: http://dx.doi.org/10.1787/888932315602.

Source: OECD Health Data 2012.
Average Cost - $ 4,287

Average Cost - $9,775
Average Cost - $202
2012 Drugs: Nasonex

Nasonex is commonly prescribed for nasal allergies.

Average Cost - $108
Physician Fees:

Routine Office Visit (US$)

Average Cost – $59 - 151
A recent international study compared 11 nations on health care quality, access, efficiency, and equity, as well as indicators of healthy lives such as infant mortality.

**Overall Health Care Ranking**

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5 A’s of Healthcare Access

- Affordability
- Availability
- Accessibility
- Accommodation
- Acceptability

Adapted from - Lichtenstein, Richard. S.J Axelrod Collegiate Professor of Health Management and Policy and Associate Professor, Department of Health Management and Policy, University of Michigan School of Public Health
Recap – Costs and Outcome

- High Costs
- State of Georgia Ranking Hospital Performance Rank – 40th
- 5 A’s of Access
stewardship
Principle 9 - "Emergency physicians shall act as responsible stewards of the health care resources entrusted to them."
ACEP Policy Statement – Physician Stewardship of Finite Resources

In making decisions about diagnostic and treatment modalities, EP physicians must attend carefully to the best interests of their patients and also attend to the need to conserve health care resources... unnecessary health care spending with undermine efforts to increase access to 38 million uninsured Americans... even for insured patients, subjecting patients to unnecessary tests and treatments wastes resources and increases the risk of iatrogenic illness or injury.
Value Proposition – Why should you care?

- Increase Access
- Improve Health
- Reduce Costs
- Improve Outcomes
Value = \frac{Outcome}{Cost}

Quality → Efficacy → Outcome → Cost

Resource tallies → Dollars → Safety
CASE 1
Cheerleading Injury
Fall from height

• “A little woozy”
• Young so avoid CT imaging
• No neck or back pain
• Well appearing
• Period of observation
Being discharged

- Light headed
- “We’re going to scan your head”
- CT head/neck ordered
- Why? – “Cuz we usually do them together”
- Not indicated
- Complaint from parents
- Additional charge of $1300
CASE 2
VITALS

BP: 145/80
HR: 75
RR: 14
O2 Sat: 95%
Temp 98.7
Glucose – N/A
PE Findings
Questions to consider at each stage:

- Is a cardiac catheterization the next diagnostic test? Is cardiology consultation warranted?
- Is this patient intermediate or low risk?
- Does this patient warrant a cardiac evaluation? Is there an alternative cause for the chest pain?
2-view Chest X-Ray: $646
Interpretation: $ 20-50
Total Charge: $666 - 696
Trop: $102
Hospital Charge per pill 800 mg: $145.20

OTC cost: Good Rx 90 Pill ($10)
Total Charge – $1,315– 1375
Excludes Nursing/Hospital Fees and EP Professional Fees
CASE 3
VITALS

Level 2 Activation
BP: 120/80
HR: 90
RR: 14
O2 Sat: 95%
Temp 98.4
Glucose – N/A
PE Findings
Trauma Labs

CBC - $68
Chem 14 – $112
Serum/Urine HCG $50
UA - $42
PT/INR - $42
PTT - $68

Total Charge - $382
CXR (1 view) - $646
PXR (1 view) - $598
Extremity Films (+/-) 3 view - $647
CT Head/ C-Spine - $3099
CT Chest w/ contrast - $4252
CT ABD/Pelvis - $7975
Total Imaging Charges - $17,599
Interpretation Fees ...the Radiologists have to get paid....

CXR (1 view) - $20-50
PXR (1 view) - $18 - 22
Extremity Films (+/-) 3 view - $14 - 18
CT Head/ C-Spine - $100
CT Chest w/ contrast - $104-185
CT ABD/Pelvis - $232-267
Total Interpretation Charge - $488 - 642
Total Charge – $18,469–$18,623
Excludes Trauma + EP Professional Fees + Other Imaging (FAST) + Nursing/Hospital Fees
CASE 4
VITALS

BP: 156/80
HR: 90
RR: 14
O2 Sat: 95%
Temp 98.4
Glucose – N/A
PE Findings
A series of ankle x-ray films is required only if there is any pain in malleolar zone and any of these findings:
- Bone tenderness at A
- Bone tenderness at B
- Inability to bear weight both immediately and in emergency department

A series of ankle x-ray films is required only if there is any pain in mid-foot zone and any of these findings:
- Bone tenderness at C
- Bone tenderness at D
- Inability to bear weight both immediately and in emergency department
Extremity Films (+/-) 3 view - $647

Interpretation Fee - $14 - 18

Total Imaging Charge - $661-665
Hospital Charge per pill 800 mg:
$145.20

OTC cost: Good Rx 90 Pill ($10)
Total Cost – $ 806- 810
Excludes Nursing+ Hospital Fees and EP Professional Services Fees
Charges for Other Tests and Imaging

Labs Tests
- ABG/VBG - $297
- BNP - $362
- Mag - $70
- Phos - $49

Imaging
- RUQ Us - $2097
- LE Us - $2187

Interpretation
- $60-80
- $49-80
Resource Utilization

• More isn’t necessarily better
• Explain potential benefits as well as harms
• Understand the evidence base for what you are doing...and understand the value
• How much does marketing drive the decisions
• Educate your patient
• “Joint decision making”
IN CASE YOU MISSED IT

- US Healthcare 101
- 5 A’s of Access
- Stewardship
- How do we decide who gets what
- Case Review
- Other Costs
References

- Committee on the Future of Emergency Care in the United States Health System. Hospital Based Emergency Care: At A Breaking Point. The National Academies Press. 2007