Avoidable Emergency Room Visits: A Local Experience

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AACDP Annual Meeting
Milwaukee, Wisconsin
April 29, 2012
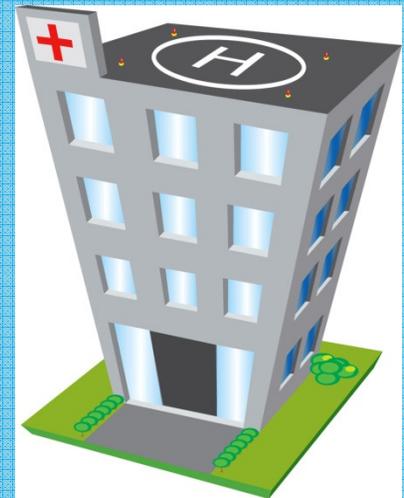
Greater Cincinnati Area

~ 1996 Butler County
- 24 year old male, developmentally challenged, expires from sepsis
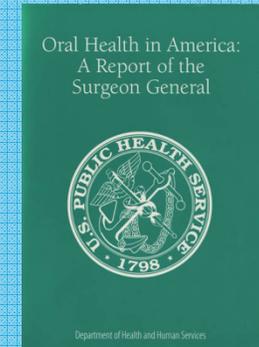
1998 - Call from University of Cincinnati Dept. of Emergency Medicine

1998 – University Hospital Report
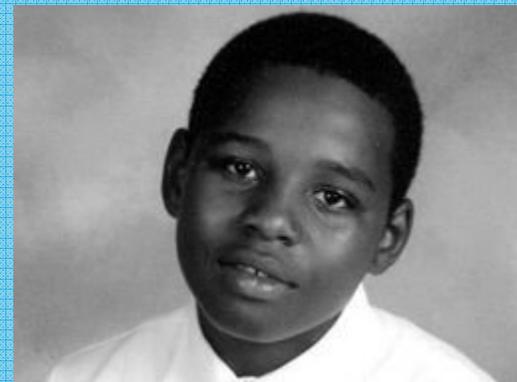- Dental ER Admissions
- > 8,600 (most between 8 am – 8 pm)

2000 – Surgeon General's Report

2001 – Area Hospital Council ($12M in ED Charges)

2002 – Death of University Hospital employee, pre-Benefits

2007 – Deamonte Driver

2008 – Local grant to FQHC for expansion

2009 – Feasibility Study for Dental Urgent Care Clinic

- Meeting of CHC's – reluctant to refer
- Meeting of Hospital Administrators – sent mid levels: impotent
- Developed Plan
  - Within a mile of 3 major hospitals
  - On bus line
  - $350K for renovations
  - $350K for equipment
  - $350K for operating subsidy

2009 – Meet with Executive Director of Area Hospital Council (former Dental Hygienist)


2011 Spring – Ohio Medicaid Improve Project

- Focused on avoidable ED visits (URI & Dental)
- Decided on patient navigators
- *"For every problem there's a solution that's quick, cheap...and wrong."* – Mark Siegal

2011 – August 30th: Kyle Willis' death

- Made three ER visits to two hospitals over a period of several days
  - First visit: referral
  - Second visit: rx for pain ($3), ~~antibiotic ($27)~~
  - Third visit: transported to University Hospital – DOA

Bootsy Collins' Nephew Dies of Tooth Infection; Couldn't Afford Antibiotic
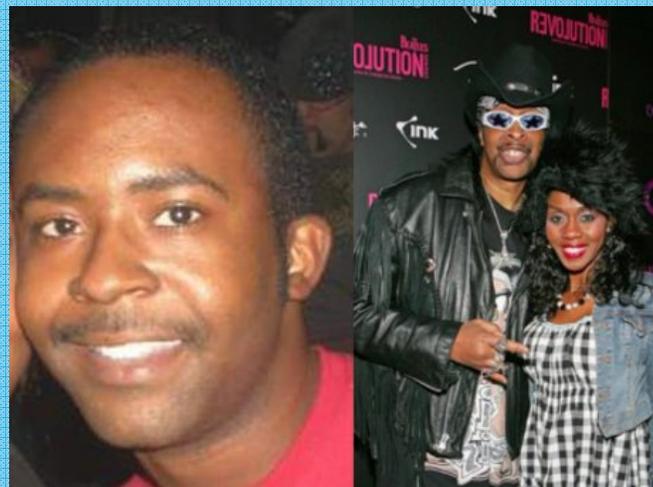
Challenges

- Oral health is still trivialized
- CHC's / Safety Net Programs
  - Sending dental patients to ER's
  - Limiting emergencies (#)
  - Understanding the problem
- Private Practice
  - Uninvolved
  - After hour call?
 - Cosmetic Dentistry
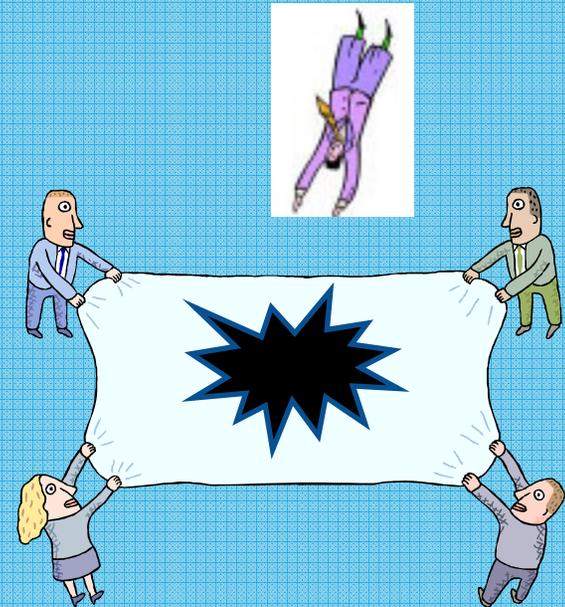
Challenges

- Hospitals
  - Administrators aren't bothered by this, don't see a financial problem
  - Some ER MD's not interested
  - Some MD's are interested but have no time
- Medicaid
  - Low reimbursement
  - Poor dentist participation
  - No coverage for working poor adults
- Public Health Community
  - Hasn't become an issue

Who Does Have a Stake in the Game

- Disenfranchised low-income families

My failures for this meeting

- Association of Emergency Room Physicians
  - Not interested
  - No officers in Milwaukee
- Wisconsin ER doc
  - No problem in rural hospitals
  - Not that busy, just write an RX
  - IMPALA
- Milwaukee Director of Emergency Medicine
  - No return call
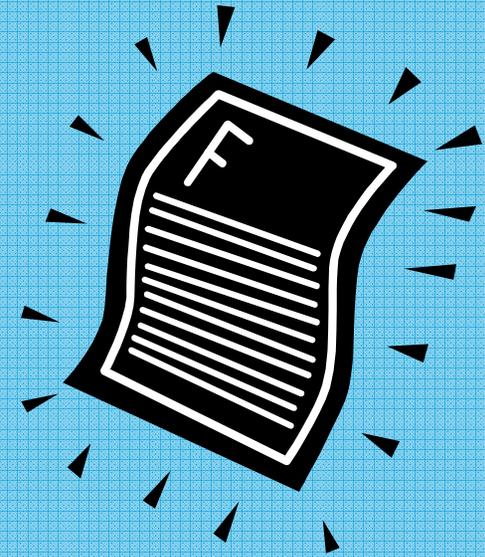
Ohio Mortality Data

2008-2009 Select underlying causes of death based on information resulting from review by National Center of Vital Statistics, looked for codes with words "oral" or "dental"

Ohio Mortality   n=617

AGE	FREQUENCY
Unknown	6
0-3	2
4-5	1
6-11	0
12-18	3
19-24	6
25-44	36
45-64	217
65-84	264
>85	82

Ohio Mortality   n=61

Frequency	Code	Description
47		Sequelae of other unspecified infections & parasitic diseases
88		Malignant neoplasm of mouth, unspecified
58		Malignant neoplasm of oral pharynx, unspecified
20		Non-infectious disorder of lymphatic channels
254		Secondary malignant neoplasm of other specified site
3		?
5		Newborn, suspected to be effected by maternal use of drugs of addiction
1		?
19		Accidental discharge from unspecified firearms or gun
122		?

Solutions

- Better funding for FQHC's tied to Emergency Care (Expand Hrs)
- Media coverage
- Better tracking and publicizing of mortality data
- Better tracking of cost of treatment
- Local, state and national effort
- Multidisciplinary effort
- Hospital culpability