

FINAL REPORT HCCA ER COMMITTEE

April 2010

The Final Report of the Howard County Citizens Association (HCCA) ER Committee was compiled by the following members:

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The Final Report of the Howard County Citizens Association (HCCA) ER Committee contains important and useful information regarding urgent care facilities in Howard County. This information was not included in the Interim Report submitted by the ER Committee to the HCCA Board of Directors in October 2009.

The Interim Report, however, is a fairly comprehensive report on emergency care in Howard County and is therefore attached to this document. FYI, Howard County General Hospital (HCGH) now uses the term Emergency Department (ED) rather than Emergency Room (ER).

The ER Committee identified the use of urgent care facilities as one of the most efficient and effective ways to meet urgent health care needs of county citizens while at the same time reducing wait times at the HCGH ED. The ER Committee found that many patients and physicians were not aware of the various urgent care facilities available in Howard County or of the different levels of care they provided. This report, while not meant to be totally comprehensive, is intended to inform the community about the types of urgent care facilities available in Howard County and to provide specific information about a few selected typical urgent care facilities.

It is the intention of the ER Committee that, as patients and physicians become more familiar with urgent care providers in Howard County and the services they provide, many patients will find that their non-emergency but urgent medical needs can be met without requiring the sometimes more expensive and more time consuming services of a hospital Emergency Department.

Towards that end, members of the ER Committee visited two independent providers of urgent care services in the county - Concentra Urgent Care and Righttime Medical Care. In addition, we obtained information on clinics located in Target and CVS stores through phone inquiries and information available on their websites. This report highlights typical services offered, qualifications of the staff, typical patient experience and various business practices (fees, acceptance of patient insurance, hours, availability of primary care physicians, marketing, etc.).

All of the urgent care facilities diagnose and treat common illnesses such as coughs and minor infections (flu, bladder), minor injuries such as skin abrasions, bites, and burns and

offer common vaccinations (hepatitis, flu). Most also offer common screening and lab services such as urinalysis, wound cultures and blood counts. Some of the urgent care facilities lack x-ray equipment and the ability to set broken bones. Fees charged range from \$59 to \$120. Some urgent care facilities accept patient insurance. Wait times generally don't exceed one hour and are often considerably less. The urgent care facilities are staffed by nurses and medical assistants and usually a doctor is on site or available on call. A brief review of several urgent care facilities follows.

CONCENTRA URGENT CARE

Concentra is a national chain with two locations in Howard County. Concentra offers the most diversified range of services of any of the facilities contacted. In addition to the standard services noted above, it offers physical therapy services, preventive and physical abilities testing and worksite episodic services (drug screening, immunizations).

Concentra has medical assistants, an attending doctor and someone to read x-rays.

The average wait time for walk-in patients to be seen is 10-20 minutes and nearly an hour total for the visit. Only 7 % of Concentra's patients are walk-in urgent care. The remainder of the people they serve are generated by contracts with employers. Concentra is capable of handling a greater volume of walk-in urgent care patients.

Basic tests cost \$95, but it was not clear what is the average cost of a visit or if Concentra accepts patient insurance or treats the uninsured.

The Columbia location at 6656 Dobbin Road (410-381-1330) is open from 7:30 AM to 5:00 PM weekdays. The Elkridge location at 7377 Washington Blvd. (410-379-3051) is generally open from 8:00 a.m. to 5:00 p.m. weekdays. Call for exact times of operation for each facility. If someone calls after-hours, they are referred to the Arbutus facility (410-247-9595). None of the locations is open on Sunday.

Concentra does not advertise in the print media and attracts most of its walk-in customers from its website. (Concentra would be interested in being listed on a special county website or some other alternative medical care list.)

RIGHTTIME MEDICAL CARE

Righttime Medical Care currently operates six facilities in Central Maryland, including one in Columbia. Each facility has two to four trauma rooms and nine examination rooms. Righttime's main business is providing emergency care for colds, providing suturing and providing lab and prescription services. Righttime is also equipped to handle orthopedic trauma, treat infections and provide vaccinations. Righttime does not provide preventive or primary care and, when appropriate, refers patients to a hospital emergency department. Righttime does provide some follow-up care such as sharing

records with primary care doctors and checking on patients who have been sent to a hospital emergency department for emergency care.

Righttime maintains a pool of doctors to call on and has a lead doctor at each facility in addition to the medical assistants.

Righttime prefers to schedule timely (same day) appointments in addition to handling walk-ins. The average scheduled appointment takes 60 minutes or less but some walk-in patients may require up to two hours to be treated. The Howard County facility is currently operating at 75 % of capacity.

The typical cost of treatment ranges from \$90 to \$120. If necessary, payment schedules can sometimes be arranged. Righttime does take insurance.

Righttime is located at 6334 Cedar Lane in Columbia and is open from 11:00 AM until midnight every day (301-596-6483 or 888-808-6483)

Righttime does some advertising on the web and in buses and magazines.

MINUTE CLINIC

Minute Clinic has two locations in Howard County. Minute Clinics diagnose and treat common illnesses (colds, flu) and minor injuries (lacerations, sprains, burns, bites). Minute Clinics also perform physical assessments (blood, diabetes screening, etc.), common vaccinations (flu, hepatitis, etc.), interpret diagnostic/lab tests and write prescriptions.

Minute Clinics are staffed with nurse practitioners and physician assistants. A physician is on-call during all hours of operation.

Almost all of their business is walk-in. The average wait time is less than 15 minutes.

Minute Clinics generally operate below capacity and do not provide any information on the extent of any over-capacity.

Minute Clinics are located at CVS stores located at Old Waterloo Road and Highway 108 (Gateway Overlook) and Route 40 and Centennial Lane. Clinic hours are from 8:30 a.m. to 7:30 p.m. weekdays, 9:00 a.m. to 5:30 p.m. Saturday and 10:00 a.m. to 5:30 p.m. Sunday.

The average total cost of a visit is \$62. Minute Clinics will accept as payment the office visit co-pay required by most major health care insurers.

(Minute Clinics do advertise and would not be interested in being listed on a comprehensive medical care list.)

TARGET CLINIC

We weren't able to interview anyone affiliated with this facility. Information available on their website is limited to services and fees. Available services include treatment for minor illnesses (e.g., flu, infections, cough, allergies), minor wounds (bruise, burn, bite, stitch removal), common vaccinations and tests and screenings (e.g., blood pressure, sports physical). Target Clinics are probably not equipped to handle lacerations requiring stitches or broken bones.

Fees for Target Clinic services range from \$59 to \$69.

HCCA is providing this information as a public service we do not endorse any of these facilities and the information given may change at anytime so please check provider to get the most up-to- date information.

INTERIM REPORT ATTACHED

INTERIM REPORT TO HCCA BOARD
HOSPITAL EMERGENCY DEPARTMENT COMMITTEE
October 2009

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**OUR GOAL: Reduce Yellow Alerts, Shorten Length of Visit in
the Emergency Department**

INTRODUCTION

The committee has already had a positive effect. We believe the interest shown by our committee has energized the professionals responsible for various aspects of the ED situation. Our interest makes them feel they have public support for their efforts. Knowing there is this support should help them stay focused on this issue. Initiatives we have seen since we began our work include an article about when to go to the ED in the current issue of the Howard County General Hospital (HCGH) publication *Wellness Matters* and a paper recently sent to doctors by the Health Department about using the ED.

We have been impressed by the competence and dedication of the top-level management in both the hospital and the county Fire & Rescue. They have been fully cooperative with our many questions. We want to keep those excellent lines of communication open as we continue our work.

WHY PATIENT VISITS ARE LONG

HCGH believes that a major contributor to both the long waits and the Yellow Alerts is the shortage of inpatient beds. Based on the statistics we have seen, this is credible. Patients waiting for a bed in the hospital stay in a bed in the ED, which is then unavailable for other patients who arrive in the ED. We think the additional rooms at HCGH and the flexibility in assigning beds provided by the new “private room” policy should alleviate the Yellow Alert problem. Preliminary statistics from the first month of operation since the expansion are encouraging. (See Table on page 4.) For the future, HCCA should be active when HCGH requests additional beds and support necessary expansions.

In looking into other possible reasons why the wait times in the ED are too long, the committee asked HCGH what percentage of ED patients are currently uninsured. The

answer is just over 20%. Some committee members believe this is a significant factor; some do not.

HOSPITAL INITIATIVES

The ED is reviewing its internal flows & procedures. They have already achieved some efficiencies that have decreased the time patients spend in the ED, and this initiative will probably produce additional savings in time for the patient. For example, the “door-to-balloon” time for heart patients has been reduced by 30 minutes, which improves medical outcomes as well as patient satisfaction. This is not an area where HCCA is likely to be able to provide much help without a significant investment of time learning details of ED operations.

REALISTIC GOALS

Health-care planning in Maryland includes avoidance of excess facilities that can increase the cost of health care significantly. Such planning restrictions inevitably mean that Yellow Alerts are never going to be completely eliminated and probably should not be. We should not have a goal of eliminating them but should aim for a reduction. The HCCA Board could request the committee take an action item to recommend a goal, but this is a major research project and we cannot make a recommendation at this point.

REDUCING UNNECESSARY PATIENT LOAD

Even insured patients overuse the ED by coming to HCGH for problems that could be handled in a facility that is both less expensive and probably will have a shorter length of visit. The committee believes that reducing the number of patients entering the ED queue would probably be the most productive effort our committee could undertake.

Accordingly, some thoughts on this subject are as follows:

1. Inform the public about urgent care & similar facilities.
2. Improving public knowledge about what facilities are available and which are appropriate for various medical problems should be HCCA's main goal. There are about a dozen centers in the county offering urgent care or medical care without an appointment. These are staffed at various levels, from clinics staffed by nurse practitioners to clinics with doctors & capability for many simple procedures. There are a number of organizations that could help with educating the public, such as:

a. Health department- The Health Department has a list of the urgent care centers of various types in the county. We would like to see them expand this list and maintain it current. It should list the centers, their phone numbers & websites, hours, and class them into broad categories. A good model for the Health Department to use would be the list of Senior Housing put out by the Office of Aging. It does not endorse individual housing, but it lists facilities in different categories and explains what each category is.

In addition, we recommend the Health Department provide some general guidelines on what action to take in different emergency situations.

1. The Health Department list should be made available in many of the public places in the county, including the libraries, the schools, and events such as the Senior Expo.

2. The Health Department list should also be available on the county website, and other groups such as community associations should be encouraged to provide LINKS TO THE COUNTY INFORMATION. They should NOT be encouraged to post the information itself, because they are not in a good position to keep it up to date. We believe that websites would be a good REFERENCE source for citizens who are aware of the resources and need to look them up, but citizens are unlikely to “troll the websites” to pick up such information initially. Websites are unlikely to do much education; however, once the information is available, it is easy enough to post it on the website as a convenient reference tool.

b. Doctors- The Health Department should take the lead to educate doctors to educate their patients on appropriate & inappropriate use of the ED, and they should be encouraged to mitigate many of their voicemail messages which tell people to hang up and call 911. It would be helpful if they could mention urgent care centers, etc.

c. HCGH- A logical place for the Health Department list of facilities would be HCGH. The hospital does not believe they can provide such information anywhere on their campus because of the requirement of the Emergency Medical Treatment & Labor Act (EMTALA), which is the law intended to prevent hospitals from denying emergency treatment to the poor. We have seen the legal opinions from the Hopkins lawyers saying this could be interpreted as contrary to the EMTALA requirement that hospitals cannot appear to be discouraging uninsured patients from coming to the ED.

2. Improve patient access to medical advice.

a. Patients often go to the ED because they do not have access to their doctors for after-hours advice on urgent matters. Doctors in large practices sometimes take turns being “on call”. Maybe smaller practitioners could cooperate in providing after-hours advice to their patients. Doctors who have developed other ways to give patient advice that they think has been effective might be encouraged to share these with their colleagues. Perhaps the Health Department could take the lead.

b. In the absence of access to doctors, many insurance plans offer 24-hour-a-day telephone advice from nurses. The public should be educated about the availability of these.

3. Recognize the ED issue as a public health priority. We believe the Health Department should be more proactive in developing strategic plans and outreach programs related to the ED and Yellow Alert issues. These deserve more resources than they have received from the Health Department. The Health Department is an obvious focus outside the hospital for effective action on this subject with both the public and the medical community. The committee would like to see it take the lead in improving public awareness and doctor availability. Lobbying for more resources to educate on more appropriate use of the ED might be in order. For example, the Health Department is starting a campaign on the risks of tanning beds, and there was a recent initiative on lightning strikes. There is nothing wrong with these, but we believe the ED issue is more important than either.

IMPROVING INFORMATION AS A KEY TO EFFECTIVE MANAGEMENT

There is a great deal of data available but a disappointing lack of timely coordinated and analyzed management information.

1. Improve Coordination of Data. Part of the problem is that statistics are kept by many different organizations, and drawing on data from another entity tends to be difficult. We see what appears to be very fine cooperation operationally but little interdepartmental information reporting. Coordination is easier said than done but worth trying.
2. Be able to see the complete picture. There is a disruption of the flow of routine data that can track the total time a patient is “in process” or outcomes. Fire & Rescue data stop at the hospital “offload” point, and HCGH picks up there. There does seem to be good cooperation on individual issues, but a management information system that tracks patients through the entire experience could be very helpful for patient care as well as flow. Ideally it would be desirable to be able to track the patient after discharge from the ED, e. g., do they go home and die?
3. Have information available more quickly. Fire & Rescue ambulance personnel fill out manually information on each patient. This is entered into a computer, and quality control is not done until the year is over. This seems inefficient and can prevent problem trends from being identified as soon as would be desirable. Other industries such as public utilities have low-cost technological tools for people in the field to enter data that can automatically be uploaded to central data bases. Locally the Howard County Police Department does its data analysis much more frequently.

OTHER OBSERVATIONS & DATA

HCGH Yellow Alert Data (Date: 6 October 2009)

Yellow Alerts Experienced at Howard County Hospital

Year # of Times Avg. Hrs Total Hrs # of Full Days Yearly % of Full Days Issued

2007 192 11.2 2154 90 25%
2008 183 14.6 2284 95 26%
2009 * 39 16.1 628 26 44%
2009** 166 12.4 2059 86 31%
Sep 08 5 3.27 16 0.67 ---
Sep 09 12 5.03 60 2.5 8%
Aug 08 18 9.36 169 7.04 23%
Aug 09 15 6.88 103 4.29 14%
Jul 08 15 11.69 175 7.29 24%
Jul 09 13 7.90 103 4.29 14%

* represents 1 Jan thru 9 March 2009

** represents 1 Jan thru 6 Oct 2009

Source: Maryland Institute for Emergency Medical Services