



Case Study

A Simple Platform that Links Patients to Care and Returns Measurable Financial Results

It is a well-documented fact that uninsured and underinsured patients have long been accessing healthcare through hospital emergency rooms. According to data collected by the American Hospital Association and published in its *Trendwatch Chartbook 2009*, emergency department (ED) visits to community hospitals have risen every year since 1997, while the total number of EDs has been steadily declining.

MyHealthDIRECT (MHD) is addressing this daunting challenge for hospitals and providers. MHD is an innovative web-based platform that allows providers to link patients to the most appropriate level of healthcare and a medical home, thereby cutting costs and unnecessary utilization. MHD allows subscribers such as hospitals to search, compare and schedule timely and appropriate healthcare appointments for patients. It connects hospitals, care management organizations, public agencies and community collaborative via a database of open and available healthcare appointments in the community. This innovative technological platform is transforming the way people access healthcare and the costs associated with it. Read on to learn more about how one hospital managed to cut both its inpatient and outpatient costs, while linking patients to the most appropriate level of care provided by its aligned providers.

Challenges/Opportunities

A large inner city medical center in Milwaukee, WI houses one of the busiest emergency departments (ED) in the state. In 2006, it was experiencing significant financial losses as a result of serving a high percentage of uninsured and Medicaid patients in its emergency department, and subsequent inpatient admissions for avoidable hospitalizations. Many of these patients used the ED for non-emergent conditions, or returned to the emergency department for routine follow-up care from their previous visit.

Medical center leadership was highly motivated to find a new approach that addressed its overcrowded emergency department and escalating expenses for providing uncompensated care. Hospital administrators acknowledged that the ED had no effective means of connecting patients to a primary care medical home. Data showed that fewer than 10% of patient referrals to local clinics actually resulted in a scheduled appointment. This was having a direct adverse impact on the ED, causing emergency department overcrowding and increased outlays for uncompensated care.

Action/Intervention

In June 2006, the medical center turned to MyHealthDIRECT to deploy a real-time connection that schedules patients for primary care appointments in community-based clinics and physician offices throughout Milwaukee. Hospital staff members were trained to use MHD to make appointments on behalf of non-emergent patients and those individuals who were in need of follow-up care from their visit. Their four goals were to reduce:

1. Overcrowding associated with unnecessary emergency department visits for non-emergent and primary care.
2. Avoidable inpatient admissions resulting from the failure to schedule office-based care for ambulatory conditions.
3. Uncompensated care and bad debt resulting from unnecessary emergency department visits and avoidable inpatient admissions of Medicaid and uninsured patients.
4. Fragmented care that patients sometimes receive following emergency department visits.

Results

Three years later, the medical center had attained documented, significant cost reductions and experienced a marked decline in Medicaid and uninsured patients' ED utilization. A study conducted in 2009 by MHD in cooperation with the medical center shows a total annualized savings of \$676,234 through use of MyHealthDIRECT. Based on the amount of the annual subscription fee, the medical center achieved a **return on investment of 7.6:1**. The study also revealed impressive improvements in utilization. Visits by uninsured sample patients declined by 30.8%, and admissions were reduced by 25% within this same population. In short, the medical center achieved its four goals.

Conclusion

MyHealthDIRECT provides the missing link to better healthcare for patients and heightened financial performance for organizations. In the age of healthcare reform, accountable care organizations such as health insurers and providers will increasingly need to seek out ways to encourage appropriate utilization of services to lower costs and enhance outcomes. The MHD platform clearly helps achieve those objectives.

Connecting People to Providers.

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