Background to EDIE and the Washington State Policy Climate

In 2011, the Washington state legislature directed the Health Care Authority (HCA) to generate savings in the Medicaid program through the reduction of unnecessary ED use. In response, the HCA introduced a rule that would have implemented coverage caps for non-emergent ED visits to 3 visits per beneficiary-per year. Under this policy, Medicaid would not reimburse hospitals and physicians for non-emergent visits that exceed this threshold, with a potential loss to providers of $36 million per year. Several provider groups ultimately sued (and won) to stop the implementation of the rule under with the argument that hospitals and emergency providers were required by federal law (Emergency Medical Treatment and Active Labor Act) to evaluate and treat patients presenting to the emergency department, who are often only determined to have a non-emergent condition after full evaluation.

The state then directed provider groups to propose an alternative to the coverage limits. What resulted was a public-private partnership between state Medicaid officials, hospital, and provider groups and development of "ER is for Emergencies" program. Under the new program hospitals were required to attest to the implementation of *7 Best Practices* (table below) by July 1, 2012 or risk return of coverage caps. These best practices revolved heavily around the use of EDIE, specifically mandating hospitals to adopt the platform, identify frequent users in their ED, and link them to more appropriate care. The state also developed incentives for hospitals to write care plans on their frequent user population each year and provided performance feedback information to hospitals. Except for a few early adopters who voluntarily implemented the platform before any policy changes, hospitals began implementing EDIE in a staggered fashion in anticipation of the mandates in 2011 with a handful of late adoptions continuing into 2013.

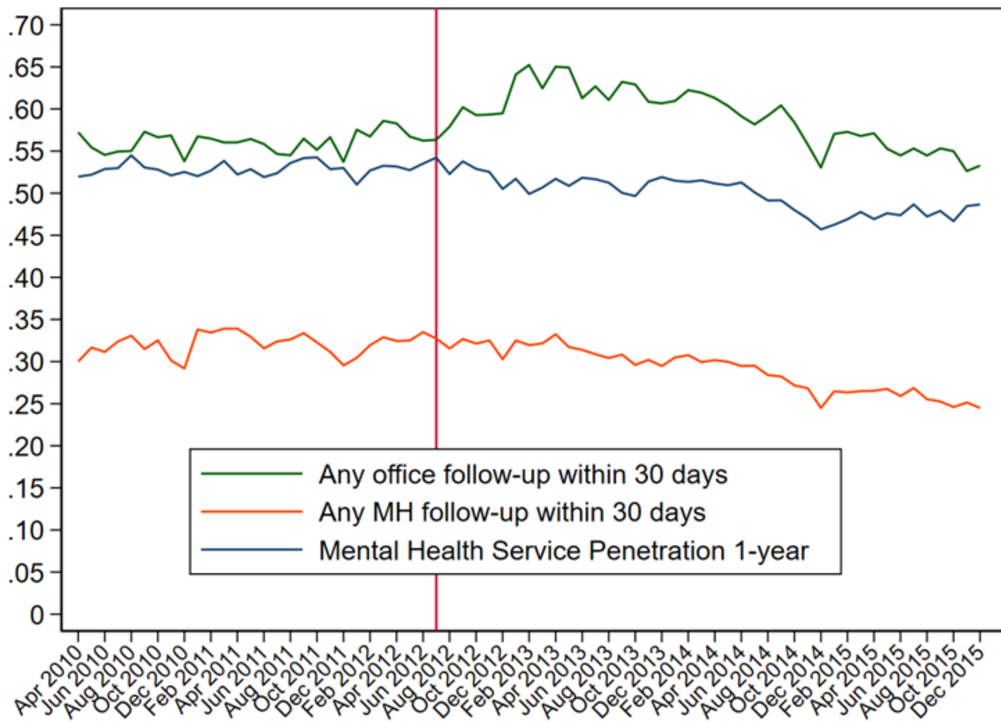
EDIE works by pushing alerts to ED case management staff and physicians informing them of a patient's frequent user status when they register in the ED. Once a patient meets criteria for frequent ED use (which the HCA defined as 5 or more visits in a 12-month period), an EDIE report is generated and the patient is added to the hospital's panel of frequent users for potential intervention. Beyond data-sharing capabilities, EDIE provides platform to develop collaborative care plans that could be edited or appended by multiple users across healthcare institutions and settings. Early on, most hospitals received faxed paper EDIE reports that contained information on ED visits in the past year, treatment team members (including primary care physicians, mental health providers, case managers), and any care plans for clinical decision-making. In later years, data on controlled substance prescriptions and hospitalizations were added, and reports were embedded into electronic health records.

Seven Best Practice Mandates for Washington Hospitals. Hospitals were required to certify compliance with these best practices by July 2012.

Electronic Health Information*	Adoption of an electronic emergency department information system on a statewide basis to create and act on a common, integrated plan of care related to patients with high needs (5 or more visits in a rolling calendar year) by all emergency rooms, payors, mental health clinics, and is sent to primary care providers.
Patient Education	Dissemination of patient education materials by hospitals and payors to help patients understand and utilize the appropriate resources for care. This would include plans sharing with patients and providers where they can get off-hours coverage for primary or urgent care including through nurse call lines and having this information easily available on their web sites.
Identify Frequent Users of the Emergency Department and EMS*	Frequent emergency department (ER)or EMS users are identified as those patients seen or transported to the ER five (5) times within the past 12 months. Hospitals should identify those frequent ER users upon arrival to the emergency department and develop and coordinate case management, including utilization of care plans. Plans, EMS, and mental health clinics will work with patients with five or more visits to identify and overcome core issue which is documented in statewide information system.
Develop Patient Care Plans for Frequent ER Users*	A process to assist frequent ER users with their care plans, such as contacting the primary care provider within 72-96 hours and/or notifying the PCP of an ER visit if no follow-up is required. Payors will provide the information system with the names of the primary care or group for Medicaid patients and provider fax number.
Narcotic Guidelines	Reduce drug-seeking and drug-dispensing to frequent ER users through implementation of guidelines that incorporate the WA-ACEP guidelines.
Prescription Monitoring*	ER Physician enrollment in the state's Prescription Monitoring Program (PMP). The PMP is an electronic online database used to collect data on patients who are prescribed controlled substances ensuring coordination of prescription drug prescribing practices.
Use of Feedback Information	Designation of a hospital emergency department physician and hospital staff responsible for reviewing the reports of frequent ER users to ensure interventions are working, including a process of reporting to executive leadership.

** Indicates activities that rely on the use of EDIE to meet compliance. Hospitals had to adopt EDIE, identify and develop care plans for frequent users from among panels of patients that were pushed to care coordination staff by the platform. Prescription monitoring also later became integrated into EDIE, but was not a universal feature during the first 2 years of implementation, the time horizon for this study.*

Trends in Mental Health Follow-up Over Time



Rates of the three outcome measures (timeliness and appropriateness of follow-up care) over time. Red vertical line corresponds to the date by which the implementation of the Emergency Department Information Exchange was mandated in Washington State (July 2012).