Master Plan for Aging
Recommendation

Expand Access to Geriatric Emergency Department Care in California

Issue Statement:

As the U.S. population ages, older adults are increasingly turning to emergency departments (EDs) for their health care needs. As the ED is increasingly utilized as the "front porch" bridging the community to health systems, and outpatient to inpatient care, California's EDs must be equipped not only to deal with older patients' acute medical emergencies, but also to coordinate care, avoid admissions when possible, provide support, and connect them to community partners through an ED environment designed with the needs of seniors in mind. There exists an opportunity to not only improve ED operations and environments to reduce and provide alternatives to potentially avoidable admissions, but also to augment ED protocols and services in support of impactful senior-specific screenings and programs that can preserve and protect seniors' health and quality of life. To achieve these goals, there is a critical need for a statewide plan to ensure that California becomes a leader in providing the best possible emergency care for its older adults.

In this vein, the "Geriatric ED" (GED) model with protocols, resources, and even specialized care or seniors is becoming nationally recognized as an important strategy to optimize the acute care of older adults. Geriatric Emergency Departments (GEDs) are designed with protocols, resources, and specialized care areas to optimize the acute care of older adults while reducing unnecessary downstream utilization of costly ED and inpatient services. Yet to-date, only 12 of the more than 300 emergency departments in California have been recognized as GEDs through the American College of Emergency Physician (ACEP) Geriatric Emergency Department Accreditation (GEDA) program, which offers three levels of accreditation. A statewide initiative to increase accredited Geriatric Emergency Department care and services in California would enable higher value and higher quality care for California's seniors.

MPA Framework Goal:

Goal 3: Health & Well-being. We will live in communities and have access to services and care that optimize health and quality of life.

MPA Framework Objective:

Objective 3.2: Californians will have access to quality, affordable, and person-centered health care through delivery systems that are age-friendly, dementia-friendly and disability-friendly.

Recommendation:

California's Master Plan for Aging should provide for a state-wide plan to increase both the number of ACEP-accredited Geriatric Emergency Departments across the state, as well as the proportion and number of older Californians that have access to an accredited Geriatric Emergency Department. Specifically, we recommend that by the end of 2020, California should have at minimum 50 accredited GEDs; by 2025, that at least half of California's seniors have access to GED services within 10 miles of their residence; and that by 2030, at least one-third of all emergency department visits made by seniors in California occur at an accredited GED.

Target Population and Numbers:

In 2017, 25% of all ED visits made to non-federal facilities in California were made by older adults aged 60+ (3.6 million ED visits), based on OSHPD data. Approximately 29% of ED visits made by older adults resulted in a hospital admission (over 1.0 million older adult admissions in 2017).

The University of California (UC) health system alone comprises the 4th largest health care delivery system in California. EDs based at University of California hospitals accounted for 9% of all ED encounters resulting in discharge made among those aged 60+ in California in 2017. Adding in UC-affiliated hospitals, the proportion of older adult (aged 60+) ED visits resulting in discharge made in UC or UC-affiliated hospitals was approximately 15% of the California total in 2017. The proportion of Medicare beneficiary ED visits resulting in discharge made to a UC or UC-affiliated hospital is 17% of all such encounters made in California.

(*Based on 2017 Office of Statewide Health Planning and Development data*)

Detailed Recommendation:

- Given that so many older adults will at some point be seen in a California emergency room, there exists an opportunity to not only improve ED operations and environments to reduce and provide alternatives to potentially avoidable admissions, but also to augment ED protocols and services in support of impactful senior-specific screenings and programs that can preserve and protect seniors' health and quality of life.
- A statewide initiative to increase accredited Geriatric Emergency Department (GED) care and services in California would enable higher value and higher quality care for California's seniors.
- California's Master Plan for Aging should provide for a state-wide plan to increase both the number of ACEP-accredited Geriatric Emergency Departments across the state, as well as the proportion and number of older Californians that have access to an accredited Geriatric Emergency Department.
- To facilitate initial implementation of a state-wide plan, the state can leverage learnings from current initiatives at the county level and across the University of California health systems (reference below section on "Examples of local, state or national initiatives that can be used as an example of a best practice" for additional details).
- By the end of 2020, California should have at minimum 50 accredited GEDs (as of the end of November 2018, there are currently only 12 GEDs spread across the state).
- By 2025, that at least half of California's seniors have access to GED services within 10 miles of their residence.
- By 2030, at least one-third of all emergency department visits made by seniors in California occur at an accredited GED.

Evidence that supports the recommendation:

- **Up to 16% reduction in risk of hospital admission from the Emergency Department (ED).** Approximately one out of every 10 hospital admissions is potentially avoidable, and the majority (60%) are for patients 65+1. Senior-specific protocols in the ED have been linked to reduced likelihood of admission from the ED2-7 without increasing mortality risk5,8-12. In one multi-site study, GEDs decreased risk of admission up to 16.5%2. Avoiding unnecessary admissions reduces costs and prevents the risk of inpatient complications and reduced functioning.

- **Physical therapy (PT) services in the ED associated with 34% lower likelihood of an ED revisit for a fall.** Falls result in over 2.8 million ED visits[15] and $31.9 billion in direct medical costs to Medicare annually.[16] Providing PT services (a common GED intervention) to seniors presenting to the ED with a fall is associated with a 34% lower likelihood of a fall-related ED revisit within 30 days.[17]
- **Older adults with dementia over twice as likely to revisit the ED[18].** Older adults with dementia are twice as likely to revisit the ED within 30 days.[19] Screening and connecting patients and caregivers from the ED to appropriate outpatient services and community resources may lead to improved management of dementia and other comorbidities. Outpatient programs such as the Veterans Affairs' "Partners in Dementia Care" have improved patient outcomes [20] and reduced ED and hospital utilization.[21]
- **Reduce or delay admission of high-risk patients to skilled nursing facilities (SNF) by 70% or more.** Senior-specific protocols and enhanced transitions of care planning in the ED may reduce or delay SNF admission[9,12], potentially enabling seniors to age in place at reduced costs.[12]. A transitional care program at two EDs lowered SNF admissions for high-risk patients at 120 days (3% vs. 10%) post ED visit.[9]

Examples of local, state or national initiatives that can be used as an example of a best practice:

- **Local: (San Diego County)**
  - San Diego Senior Emergency Care Initiative: A public/private partnership between the County of San Diego, West Health, and the Hospital Association of San Diego & Imperial Counties to be the 1st county in the country with the majority of its EDs accredited as GEDs. Seniors make over 300,000 visits to San Diego County's 18 EDs each year (excluding active military hospitals). (Link: https://www.sandiegouniontribune.com/news/health/story/2019-12-09/hospitals-countywide-commit-to-improving-emergency-care-for-seniors ; https://www.kpbs.org/news/2019/dec/10/san-diego-hospitals-county-pledge-improve-emergenc/)
  - UC San Diego Health, nationally recognized and the 1st in California to be recognized as a Level 1 GED – the highest and most comprehensive level – has screened over 20,000 seniors through its GED protocols since 2017 and has provided specialized services to over 2,700 of those screened. Seniors receiving the specialized GED services have a lower risk of admission. (Link: https://health.ucsd.edu/news/releases/Pages/2019-01-10-uc-san-diego-health-opens-californias-first-accredited-senior-emergency-care-unit.aspx)
- **State:**
  - Twelve GEDs are currently accredited across the state of California (list available at https://www.acep.org/geda/)
  - Four UC EDs (UC San Francisco, UC Davis, UC LA, and UC Irvine) have committed to become Level 1 GED-accredited by the end of 2020, and together to subsequently facilitate an additional 12 sites to become accredited at Level 2 or 3. UC San Diego, a Level 1 GED, is leading these additional UC sites in this endeavor together with West Health support. Successful rapid dissemination to UC and UC-affiliated EDs could expand

GED care to cover over 15% of ED visits made annually by older adults in California. (Work is already underway; formal announcement forthcoming)

- **National:**
  - American College of Emergency Physicians' Accreditation program (link: https://www.acep.org/geda/), lists all currently accredited GEDs (currently 112) as well as criteria/requirements.
  - Geriatric Emergency Department Collaborative (GEDC), a consortium of GEDs nationwide, is a resource for GED training, education, and evaluation: https://www.americangeriatrics.org/programs/geriatrics-emergency-department-collaborative (GEDC website, under development: https://gedcollaborative.com/)
  - The Dartmouth-Hitchcock rural GED initiative in New Hampshire can serve as a template for establishing a hub-and-spoke model to expand GED services to remote rural hospitals through telehealth: https://www.vnews.com/Dartmouth-Hitchcock-Lays-Out-Plans-for-Geriatric-Emergency-Department-29607012
  - The Veterans' Affairs (VA) Health Care system is launching an initiative to accredit 20 VA GEDs with West Health support (Formal announcement of system initiative forthcoming – please keep internal). Two VAs have already been accredited, e.g.: https://www.cleveland.va.gov/features/VANEOHS_Recognized_as_Leader_in_Geriatric.asp)
- **Other:**
  - Formal GED Guidelines (endorsed by American Geriatrics Society, American College of Emergency Physicians, Society for Academic Emergency Medicine, & Emergency Nurses' Association): https://www.acep.org/globalassets/sites/geda/documnets/geri_ed_guidelines_policy_final.pdf

Implementation:

- **State Agencies/Departments:** [action to be taken by Governor or specific state agencies]
  - California's Master Plan for Aging can make a commitment and create a state-wide plan to increase both the number of ACEP-accredited Geriatric Emergency Departments across the state, as well as the proportion and number of older Californians that have access to an accredited Geriatric Emergency Department.
- **State Legislature:** [legislation needed to implement recommendation]
  - Commit to supporting an initiative to increase the number of GED facilities and older adults' access to GED services in California.
  - Consider opportunities to incorporate differential reimbursement mechanisms for GEDs, transitions of care management, and other related community resources into the California Advancing and Innovating Medi-Cal (CalAIM) initiative for older adult Medi-Cal beneficiaries.
  - Support University of California GED implementation and scaling efforts.
- **Local Government:**
  - Partner with local EDs to encourage participation and link EDs with community resources and initiatives (e.g., Alzheimer's support services)

    - Leverage the San Diego Senior Emergency Care Initiative as a template for future public/private partnership opportunities between local government and hospitals within other California cities and counties.
- **Federal Government:**
    - Awareness-raising
    - CMS & HHS could support an investigation of opportunities for Medicare reimbursement of GED services and post-GED referred outpatient services and community resources.
    - For example, the Center for Medicare & Medicaid Innovation (CMMI) could support the pilot testing of reimbursement for the GED model, similar to CMMI's previous and current support of other innovations in health care payment and service delivery models.
- **Private Sector**:
    - Private payors/insurers and hospitals can make GEDs a priority. Payors can elect for differential reimbursement for GED and post-visit referral services.
    - Leverage opportunity to improve quality while reducing the total cost of care, which will be particularly attractive to at-risk / value-based care programs (e.g., managed care plans, accountable care organizations (ACOs), Program of All-inclusive Care for the Elderly (PACE) programs, etc.)
- **Community-Based Organizations:**
    - Community-based Organizations (CBOs) serving seniors should engage with GEDs in their community to facilitate transitions of care and service referrals, as they are essential partners in successful implementation of the GED model.
- **Philanthropy:**
    - Work with established and committed philanthropic partners in the GED space, including the West Health Institute and the John A. Hartford Foundation, who have demonstrated experience in achieving successful GED partnerships, and can help advise on future philanthropic efforts.
    - Help support awareness-raising and training efforts for local EDs in their respective geographic region to become geriatric accredited.
    - Help support GEDs and post-GED referred outpatient services and community resources.

Person-Centered Metrics: Individual measures of inputs or outcomes that can be used to measure the recommended action's impact on people.

- ED Length of Stay, disposition, revisits, and admissions
- ED screening & consultation / referral rates (e.g., for malnutrition, elder abuse, falls, etc.)
- Patient quality of life and functioning (e.g., Activities of Daily Living – ADLs) 30days post GED-visit
- Patient, family, & staff satisfaction scores

Evaluations:

- **Short-term (by 2020):** 50 GEDs accredited in CA

- **Mid-term (by 2025):** 50% of California's seniors have access to GED services within 10 miles
- **Long-term (by 2030):** 33% of all ED visits by seniors in CA are made at a GED-accredited facility

Data Sources:

- American College of Emergency Physicians' Geriatric Emergency Department Accreditation List: (https://www.acep.org/globalassets/sites/geda/documnets/ged-accreditation-list.11.11.19.xlsx)
- Office of Statewide Health Planning and Development (OSHPD) data on annual ED encounters, admissions, length of stay, ICD codes etc. in California (https://oshpd.ca.gov/data-and-reports/healthcare-utilization/emergency-department/)
- Various census demographic and geospatial datasets to evaluate access to GED care

Potential Costs/Savings:

GEDs leverage interdisciplinary staff to reduce ED revisits and "social" admissions, which can result in more efficient use of physicians' time and reduce costly inpatient care.[2] Early results show older adult patients who visited with a GED social worker or nurse had lower total Medicare expenses, with savings ranging from $1,872 - $5,019 per patient at 30 days post ED visit.[13]

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Prioritization:
High Priority

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