
Abstract

A Safer Transition From the Emergency Room: Using Telemedicine to Reimagine the Er Visit

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Abstract

Background: The week following ER discharge is often a challenging time for patients—whether as a result of continuing symptoms, anxiety about symptom progression, inability to access follow-up care, or remaining questions related to treatment plan or prescriptions. All have repercussions for patient safety, care quality, and satisfaction with service. Patient-centric solutions for continuity of care during this period are rare, and return visits to the ER are common. With this in mind, Emergency Medicine Consultants (EMC) re-imagined the ER visit using telemedicine to transform the 3-hour ER visit into a week-long patient relationship.

Objective: The pilot aimed to evaluate the effectiveness of a text-based telemedicine platform to provide post-acute care to patients who recently received acute care in emergency departments of several Dallas-area hospitals.

Methods: Through a partnership with CirrusMD, EMC piloted 24/7 direct, continual patient access to emergency physicians via a HIPAA-compliant, text-first virtual care platform following discharge from the ER at no cost to the patient. By the end of the pilot, the service was being offered to 30,000 patients a month at 12 hospitals in the Dallas-Ft Worth metroplex.

Results: The Safe Transitions program is achieving the triple aim of improved safety, service, and resource utilization. In the first six months of the pilot, 2,700 follow-up virtual encounters were completed, involving almost 2,000 patients. Median response time to initial patient inquiry by a physician was two minutes, with median duration of patient encounters spanning 40 minutes. Nearly 80 percent of patients who registered for the service used it, with 25 percent of patients on the platform having multiple encounters over the 7-day period. Resolution of patient issues occurred in 84 percent of encounters without brick-and-mortar referral, with additional prescriptions written in 15 percent of encounters. Service levels led 90 percent of surveyed patients to indicate that having access to Safe Transitions “improved” their experience with the health system, and 90 percent said they were more likely to recommend the health system to friends and family because of Safe Transitions.

Conclusions: Telemedicine following acute care episodes improves access and continuity of care, improves care quality, and patient experience, while reducing avoidable utilization.

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KEYWORDS

emergency department; telemedicine; post-acute care; continuity of care

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