Emmi®

Case Study

Southeast Community Health System

Avoidable Emergency Department Visits

Not-for-profit healthcare system

Over 300 beds

Wolters Kluwer

Avoidable emergency department visits hike up healthcare costs

- Emergency department visits are significantly more expensive than those provided in a primary care setting

- Many ED visits are avoidable, meaning that the patient's condition did not require immediate care in a hospital setting

Southeast Community Health System

Goal:

Reduce avoidable emergency visits

Lower the number of ED visits occurring within 30 days of an inpatient visit

Wolters Kluwer

EmmiTransition

General Discharge Series

2 CALLS + 2 MULTIMEDIA PROGRAMS | 4 DAYS

Period: January 2016 – December 2018

Patient population:

- **3,208** discharged patients

Series highlights:

- Reinforces discharge instructions
- Monitors adherence
- Reports status back to care team

"Most people need a follow-up appointment after they leave the hospital. Do you already have one set up?"

"No, I don't"

Wolters Kluwer
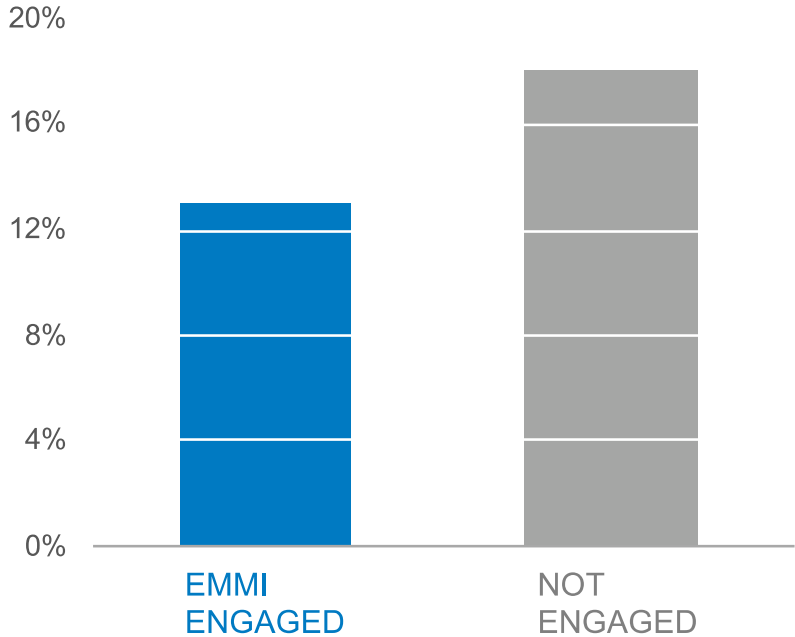
Southeast Community Health System

STUDY RESULTS

✓ **Reduced avoidable emergency visits**

Patients that engaged with Emmi were associated with **26% fewer avoidable ED visits*** than those who did not

Avoidable ED visit rate

20%

16%

12%

8%

4%

0%

EMMI ENGAGED

NOT ENGAGED

*99% confidence level

Wolters Kluwer

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Southeast Community Health System

✓ **Drove associated cost savings**

Reducing avoidable ED visits led to potential cost avoidance of **$88,949 per 1,000 patients** discharged*

	EMMI ENGAGED		NOT ENGAGED
Preventable ED visits	2,262		946
Total discharges	17,299		5,340
Preventable ED visits per 1,000 discharges	**130.8**	*vs*	**177.2**

*based on Health Care Cost Institute estimate
 ($1,917 average cost / ED visit)

Wolters Kluwer