

Story of a “Former” ER/ Radiological Super-Utilizer

Barry J. Jacobs, Psy.D.

Brittney Zafonte, DO

Crozer-Keystone Family Medicine Residency
Program—Springfield, PA

Summer of 2011: “*Why is she here so much?*”

- TG seemed to be in Center for Family Health-- Springfield (CFH) office waiting room every week— well dressed, friendly, no apparent distress
- A cursory look at her EMR chart revealed multiple ER visits and brain CTs over past 2 years
- Who is she?

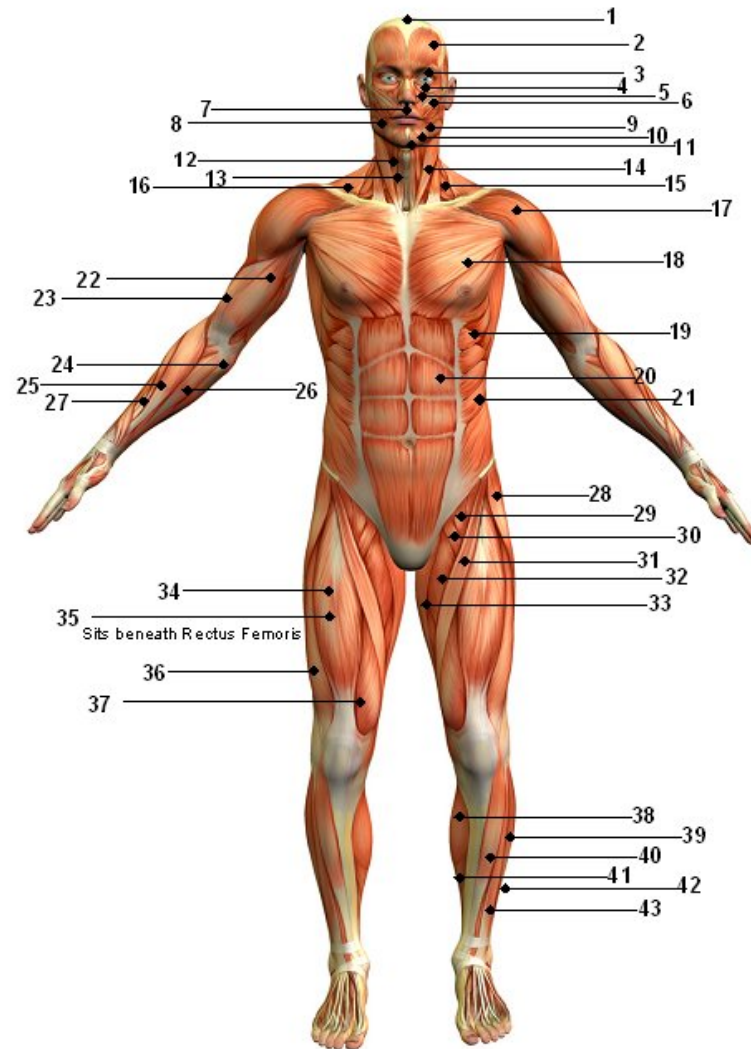


Basic information

- 62 yo, married woman (second marriage)
- 3 children and multiple grandchildren and great-grandchildren
- Retired after working for over 35 years as a case worker in Philadelphia's Department of Public Welfare
- Now on disability for chronic pain
- Master's in theology; still taking graduate classes
- Working part-time as a pastor at her church; does pastoral counseling
- Also previously was a part-time chaplain at a major university hospital

PMH

- Anxiety/depression
- Fibromyalgia
- HTN
- CVA-1995
- TIA
- Nephrolithiasis- 2009
- PUD, GERD
- Diverticulosis
- MVA -2011
- Mild neurocognitive disorder



PSH

- Hysterectomy, oophorectomy ('89)
- Bilateral Mastectomy with breast reconstruction ('00) - precancerous lesion in nodes and identical twin sister with BRCA
- Cholecystectomy
- Appendectomy

How many ER Visits
has TG had since
1996?

Answer- 114 ER
visits!

Let's break it down...

Year	Number of ER visits
1996	2
1997	2
1998	0
1999	0
2000	0
2001	13
2002	6
2003	7
2004	1
2005	1
2007	9
2008	21
2009	21
2010	15
2011	11
2012	5

2013 (so far)

- 2 ER visits (spread 5 months apart) for gastritis and toe injury.
- 3 hospitalizations for syncope, chest pain and an appendectomy

ER visits broken down by reason...

2009: 21 visits

Date (visits since 5/5/09)	Adm/ER	Reason	Other
5/18/2009	ER	Urticaria	
5/19/2009	ER	Urticaria	
6/2/2009	Admit	Chest pain	
6/5/2009	ER	Nephrolithiasis	
6/7/2009	ER	Nephrolithiasis	
8/3/2009	Admit	r/o CVA	CT head
8/16/2009	ER	Arm strain	
8/19/2009	ER	Arm pain	
10/11/2009	ER	Head injury	CT head
10/12/2009	ER	Headache	
10/20/2009	ER	Abscess forehead	
10/24/2009	ER	Abscess forehead	
11/10/2009	ER	Folliculitis	
12/8/2009	ER	Fall	
12/14/2009	ER	Flank pain	

ER Visit breakdown: 2010

15 visits

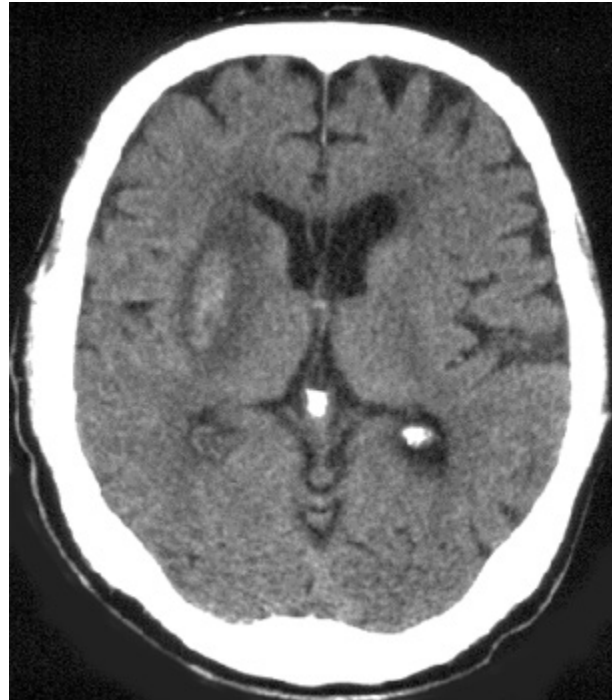
Date	Adm/ER	Reason	Other
1/2/2010	ER	HA/HTN	
1/29/2010	ER	Hand contusion	Fall
3/2/2010	ER	Flank/abdominal pain	
3/6/2010	ER	Angioedema	Allergic to cipro Rx
3/14/2010	ER	AMS/slurred speech	CT head
4/26/2010	ER	Shingles	
5/13/2010	ER	Foot contusion	Fall
6/7/2010	ER	Headache, HTN	CT head
6/27/2010	ER	Urinary Retention	
6/28/2010	ER	Urinary Retention	
7/1/2010	ER	Urinary Retention	
7/15/2010	ER	Rash	
9/8/2010	Admit	Arm pain/elevated CK	CT head -slurred speech, L weakness
11/22/2010	ER	HTN	CT head
11/24/2010	ER	Head injury	CT head

ER Visit Breakdown: 2011

11 visits

Date	Adm/ER	Reason	Other
1/18/2011	ER	Hematuria	Left before visit completed
1/31/2011	ER	Knee contusion	Dilaudid, Rx vicodin
3/23/2011	ER	Headache	CT head
4/27/2011	ER	Lumbar/cervical strain	
5/2/2011	ER	Cervical strain	
7/19/2011	ER	Syncope	CT head
8/19/2011	ER	Angioedema	
8/21/2011	Admit	Angioedema/?CVA	CT head
8/28/2011	ER	Head injury	CT head
8/29/2011	ER	Contusion shoulder	Dilaudid
10/18/2011	ER	Angioedema	Allergic reaction to grape

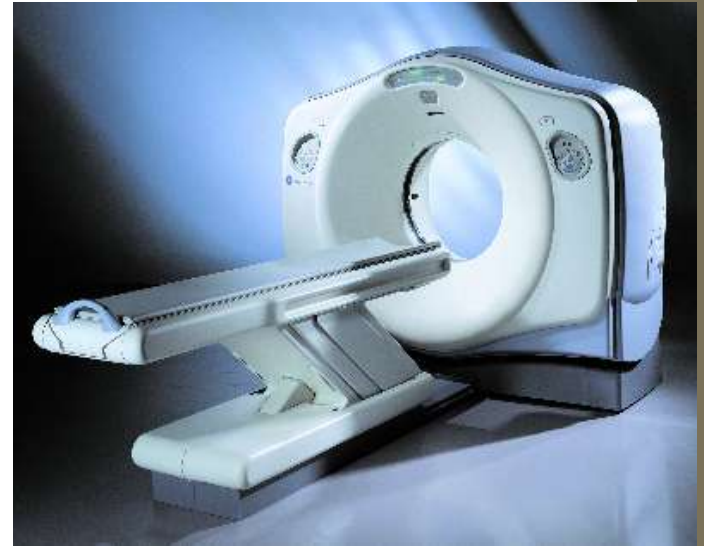
How many CT scans
has TG had since
1996?



Answer- 116 CT
scans!

CT scans since 1996

- 73 CT head scans
- 33 CT abdomen/pelvis
- 3 CT chest
- 2 CT cervical spine
- 2 CT coronal/sagittal/oblique
- 1 CT soft tissue of neck
- 1 CT thorax
- 1 CT lumbar spine



Making of a super-utilizer

- 1) Family and personal medical histories
- 2) Lack of PCP continuity
- 3) Effects of trauma, loss, and anxiety
- 4) Marital influence

**All contributing to difficulties
distinguishing routine from life-
threatening medical problems**

1) Family History

Mother: homemaker, mother of 5--died at 53 y/o from DM complications—exacerbated by alcoholism

Father: Philadelphia policeman, chronic philanderer--died at 62 y.o. from CAD, h/o stomach cancer with mets

Twin sister – BRCA gene positive

2 brothers - one died from suicide, other brother died from drug and alcohol abuse

Multiple family members with stroke

Personal History

- Remote history of CVA led TG to go to ER every time she felt dizzy, had a headache or bumped her head
- And every time she arrived at ER, she was given a head CT (because of her remote history of CVA)

2) Lack of PCP Continuity

- 1st office visit May 5th 2009
- 18 office visits at CFH in 2009
 - Saw 11 different providers
 - Saw one provider 6 times
- 16 office visits at CFH in 2010
 - Saw 11 different providers
 - Saw one provider 3 times
- 18 office visits at CFH in 2011
 - Saw 11 different providers
 - Saw one provider 4 times



3) Trauma, loss, anxiety

- Trauma: father was shot while in line of duty while TG was a teenager; she was in highly abusive first marriage for 6 years from age 18-24
- Loss: early deaths of parents and brothers
- Anxiety: TG tended to strongly suppress negative emotions and then experience distress somatically

4) Marital influence

- Husband felt incapable of comforting TG when she became anxious about somatic sensations; encouraged her to go to ER (without calling PCP office first) for an immediate evaluation and consequent reduction in anxiety

Interventions

- Gather and analyze ER, outpt data
- Deep dive into factors leading to ER use
- **Strictly** ensure PCP continuity of care
- Work toward more regular individual psychotherapy sessions (TG was initially very resistant) to help her connect past trauma and current feelings of anxiety to her over-interpretation of pain and other somatic symptoms
- Eventually incorporated marital sessions to address husband's influence

Interventions (cont.)

- SU team interventions: nurse case manager helping with transitions; pharmacist helping with medication reconciliation; social work student helping with community resources
- Specialty referrals: psychiatry, neuropsychology, neurology, rheumatology



Results Since Interventions

- Over past 2 years:
 - Regular visits with one PCP – patient calls frequently and reassurance/counseling often reduces anxiety
 - Continuity of care allows for more accurate triage
 - Reduced ER visits – calls doctor on call before going to ED; has been using ED resources more appropriately
 - Greater engagement in psychotherapy
 - Patient acknowledgment of impact of anxiety, anger and family stressors on overall sense of wellness



Lessons Learned

- Without look at ER and outpatient data, we were clueless about extent of over-utilization
- Fragmented PCP care prevented us from grasping forest for the trees
- Old habits die hard—changes in healthcare utilization patterns may require persistent, high-level of intervention over an extended period of time
- If that level of service is decreased, will patients revert to previous habits of over-utilization?