

Teleconference 2
Focus Group: Variation in ED Utilization
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Script:

Good Morning. My name is Howard Beckman. I am an internist in Rochester, NY and have been hired to serve as the Clinical Lead for the CQC Efficiency Collaborative in California. Our task is to help ensure that health care is affordable by reducing unnecessary variation in care. That means promoting a reduction in underuse, misuse and overuse of medical services to ensure that patients get what they need, when they need it, at the right time and in the right setting.

In a moment, I'll have each of you introduce yourselves. This focus group is a bit unusual in that it is being held remotely and will conclude in 45 minutes, which is shorter than most. We have two purposes for today's session. The first is to explore your ideas on what might cause a wide variation in how patients from different practices use ED services. As part of the CQC Collaborative, we have begun to look at ED use based on who is the PCP. What we have found is that even in similar communities there are surprising differences in ED use based on the practices to which patients are attached. The second purpose of the focus group is to help physician group medical directors and their teams learn more about using practitioners to inform medical group interventions. So, after we are done, the teams, who are listening to us, will reflect on what seemed to work and where I could have been more effective in facilitating the discussion. The focus is on how the process works and what the teams can do to work more effectively with their practitioners.

That said, I'd like each of you to introduce yourself by giving your first name, your specialty, how long you have been in practice. Before we do that, is anyone uncomfortable with the process I have described? Any questions?

Great. Let's begin.

First, do you believe that different groups use EDs in different ways in your community?

What are the different ways folks use EDs?

What do you think is responsible for the difference?

What could be done to reduce the dependence on the ED for those practices that seem to need it more?

Are alternatives to the ED reasonable to you? Examples are urgent care centers or retail clinics.

What do you think it would take to have the higher utilizing practices change their behavior?

Are there other suggestions you have about what could be done to reduce the number of ED visits for which alternative approaches could be successfully used?

Thanks so much for helping us today. You are welcome to stay for our 30 minute debriefing but we want to be respectful of your time if you need to get back to your practice.

Debriefing:

General comments from anyone?

What did you think worked best?

What created the space for that to occur? What preceded it?

Anything else?

What did you feel didn't work well?

What preceded that?

How could it have been done more effectively?

Do you feel comfortable trying a focus group or calling a task force together to explore variation in ED use?

If not, what is the barrier for you?

We will continue this discussion at Learning Session 2. Thanks for your time and I look forward to your continued feedback and energy.