



Becky Wilkinson, left, and Shanell Chasteen

## Diversions Tactics

### Program results in reduction in Emergency Room visits

Shanell Chasteen has a history of frequent visits to the Emergency Room at St. Charles Bend.

She suffers from epilepsy and has had difficulty maintaining a relationship with a neurologist so that she has access to medication to control her seizures. She ends up in the Emergency Room, she said, because she doesn't know where else to go.

But over the Fourth of July weekend, Chasteen called for support from a new resource. Becky Wilkinson, a community health worker, took the call and has since helped Chasteen secure an appointment with a neurologist and an obstetrician as Chasteen is also pregnant with her second child.

**Since meeting Wilkinson, Chasteen has only been back to the Emergency Room once when they went together to get her medication situation stabilized until her appointment with the neurologist takes place.**

"I've told like a million people (about Wilkinson). She's so cool," Chasteen said. "I probably wouldn't be able to find a doctor without her."

Wilkinson's role in Chasteen's care is part of a new collaborative program between St. Charles Health System, Mosaic Medical, HealthMatters of Central Oregon, the Accountable Behavioral Health Alliance,

Addictions and Mental Health Division, Pacific Source and Deschutes, Crook and Jefferson counties. The group initially identified 144 people who were visiting the Emergency Department at hospitals in the Central Oregon region 10 or more times per year.

"By focusing on high-risk, high-need patients we are able to provide better options for care at a lower cost to our community," said Robin Henderson, director of Behavioral Health for St. Charles, "and our patients are thrilled with the results."

**From January through June of 2010, this group of individuals visited the Emergency Department 796 times. Since this program went into place, that number has dropped by 44 percent to 447 visits. A second group of 205 patients has also been identified and started on the program.**

The average cost for each Medicaid patient in the initial group for emergency services alone was more than \$66,000 per year compared to \$2,057 for a typical Medicaid consumer. By reducing the number of times a Medicaid patient visits the Emergency Room, the program has the potential to save dollars for the government-funded program along with the health system and other partners in the project.

"We've found that the patients are really a lot more open to help than we think they are," said Kristin Powers, manager of the Psychiatric Emergency Services department at St. Charles. "They don't want to go to the Emergency Room."

The two community health workers contact patients and ask to meet with them for coffee. They ask questions about the barriers that cause patients not to keep appointments for primary care office visits. Often a lack of transportation, child care or other issues get in the way of routine health care leading to a need for emergency services – the most expensive type of care – down the line.

Once the community health worker understands the issues, he or she goes to work scheduling appointments and helping patients navigate the health care system. Wilkinson often attends appointments with her patients to help them communicate more effectively with their primary care provider.

**"I love it. It's never the same," Wilkinson said. "One client had been in the Emergency Room 30 times this year. I started working with her and she hasn't been back once. She's doing really well."**