

The Case for Publicly Funded Medical Call Centers

Premise

- Every citizen should have the right to reach a telephone care nurse at any hour day or night for assistance with illnesses, injuries or other acute medical problems.

Definition of a Medical Call Center

- Provides telephone triage and advice to consumers
- Helps callers determine the most appropriate level of care (call 911, emergency department now, office tomorrow or later, or self care at home)
- Staffed by specially trained nurses using computerized telephone care protocols (evidence-based decision-support tools)
- Many send patient reports to the primary care physician, thereby enhancing the patient-centered medical home
- Quality oversight by a medical director (physician)
- Currently there are about 400 hospital-based call centers in the U.S.
- Most operate 24/7

Goal: Reduce unnecessary Emergency Department (ED) and ambulance visits

- 60% -80% of pediatric ED visits are non-urgent or unnecessary (an office visit the next day or self-care would be safe and effective). The unnecessary visit rate is lower for adults.
- ED visits are expensive (3 or 4 times more than the average office visit).
- Some ED physicians practice defensive medicine which is expensive (e.g. unnecessary X-rays, tests, or prescriptions that primary care physicians would not have ordered).
- Continuity of care by the primary care physician for non-urgent illnesses and injuries is in the best interest of the patient and supports the goal of a patient-centered medical home for every citizen.

Evidence that Medical Call Centers can reduce health care costs

- The average disposition rates for a pediatric after-hours call center are to refer 20% to be seen now, 30% to be seen during office-hours, and 50% to home care/self care. The referral rates to the ED for calls about adult patients are approximately 40%.
- Pediatric call centers save 4 medical care dollars for every 1 dollar spent on their operation (saving \$56 per call). Data from a “prior intent” research study: (Bunik M et al. Pediatric telephone call centers: how do they affect health care use and costs? Pediatrics 2007 Feb; 119(2):e305-313).

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- There already exists a national network of federally supported Poison Control Centers that provide targeted services regarding potentially toxic ingestions and other exposures. It is conservatively estimated that every \$1 spent on poison control centers saves \$13 dollars in healthcare costs (Wahl M et al, Poison Centers and Medical Cost Avoidance: Revisiting the Concept \$7 Saved for Every \$1 Spent. *Clinical Toxicology* (2008) 46, 591–645).
- Most large medical insurance companies have their own nurse triage programs established to decrease the number of unnecessary emergency department and urgent care visits.
- New Mexico is currently the only state with a medical call center publicly funded for the all the uninsured in NM. Contact Connie Fiorenzio RN, the director of NurseAdvice NM, for details about their successful program. (cfiorenzio@nmpca.org)
- Several U.S. cities (Houston, Richmond and Seattle) have implemented public nurse triage and advice programs resulting in approximately an 8% reduction in ambulance runs (an annual savings of \$2.5 million) plus the savings associated with a reduction in ED visits.
- Canada has successfully implemented cost-effective Medical Call Centers to assist in coordinating the health care demands of their citizens. Canada has a federally-funded Medical Call Center in every province.
- Consumers prefer the convenience and affordability of telephone care over ED care (disadvantages of ED: travel time, wait time, exposure to infections, co-pays, etc.). People go to the ED when they don't have other options such as telephone care or a medical home.

Recommendations for making medical call centers a critical part of universal access to health care

1. Make telephone care available to uninsured patients. Start with telephone coverage for uninsured children.
2. Improve the telephone care available to publicly insured patients (e.g. Medicaid patients).
3. Make publicly-funded nurse telephone triage and advice an essential component of healthcare reform. In our opinion, it would be a mistake to provide universal publicly-funded medical visits without also providing publicly-funded telephone triage and advice (telephone visits).
4. Establish Medical Call Centers on a state or metro-level, not a national level or insurer level, to provide telephone triage and advice. State or metro-level call centers are in a better position to help callers negotiate access to the local health care system and work closely with primary care physicians.

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5. Utilize the current network of Medical Call Centers to expand services to the uninsured or publicly insured.
6. Create an American Association of Medical Call Centers to help oversee and regulate the public care provided.
7. The national network of Medical Call Centers should have a common data depository that can be used for real time disease surveillance purposes.
8. Funding for this national network of Medical Call Centers should come from the savings associated with less ambulance and emergency room visits.

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