

WV Health Innovation Collaborative
Lower Cost Work Group
Meeting Notes
January 29, 2015

Participating: Jeremiah Samples, DHHR, Secretary's Office
Nancy Sullivan, DHHR, Secretary's Office
Jeff Wiseman - DHHR, Secretary's Office
Jean Kranz – WV Health Improvement Institute
Carolyn Charnock – Kanawha County Emergency Ambulance Authority
Chip Sovick – Kanawha County Emergency Ambulance Authority
Brent Tomblin – CAMC - Partners in Health Network
Bob Whitler – CAMC – Partners in Health Network
Jason Landers – WV Family Health
John Moore – Bowles Rice
Tony Atkins – BMS
Kevin Dean – UniCare
Phil Weikle WWHIN
Lisa Lee-Ranson – DHHR
Ashley Noland – WV Higher Education Policy Commission
John Wiesendanger – WV Medical Institute
Ted Cheatham – PEIA
Michelle Coon – Aetna
Kemie King – Aetna
Barbara Wessels – UniCare
Natalie Lawson – UniCare
Deb Schumacher – UniCare
Julie Monnig – UniCare
Dave Campbell – WV Health Improvement Institute
Perry Bryant – West Virginians for Affordable Health Care
Penney Hall – BMS
Debbie Waller – GOHELP

Participating by Phone:

John Earles, Logan Health Care Foundation
Dan Mace – BPH
Chris Budig – WV Telehealth Alliance
Arnie Hassen, WVSOM
Anne Williams, BPH

Jeremiah Samples opened the meeting and introductions were made. The Lower Cost Work Group is focusing on reducing ER utilization. We are going to hear from various entities over the next few months on this topic, both from a state and national level. Bring any ideas to the table.

Presentations

CoventryCares of West Virginia – Efforts to Reduce Avoidable Emergency Department Utilization

- Inappropriate use of the hospital emergency department (ED) negatively affects many involved with the delivery of healthcare, including patients, physicians, healthcare facilities, state health quality scores and budgets.
- CoventryCares of WV (CCWV) developed an inappropriate ED diversion process with the goal of reducing unwanted ED visits, and fostering a patient-to-primary care relationship.
- Identified barriers to primary care that promote the inappropriate use of the ED.
- CoventryCares ED Initiatives:
 - ☞ Expanded PCP after-hours through provider incentives
 - ☞ Care coordination and data sharing problems through health home provider agreements
 - ☞ Case management interventions for high ED utilizers
 - ☞ Coordinated discharge planning from inpatient care to better align follow-up outpatient services and avoid unwanted ED visits – This is a really critical piece
 - ☞ Look at members monthly – monthly reports with frequent ER use
 - ☞ Nurses on site in the Charleston area
 - ☞ Face-to-Face contact is very important
 - ☞ Make sure they get the services they need when they get home
- CCWV has agreements with provider groups that includes incentives and data sharing arrangements with the goal of reducing inappropriate ED utilization

A question and answer period followed.

UniCare Health Plan of West Virginia – Emergency Department Utilization Reducations

- UniCare conducts both enterprise and local health plan level efforts to reduce inappropriate ER utilization by its members.
- ER Action Campaign – the program identifies members, based on claims data, who have visited the ER at least 2 times in the past 180 days for a diagnosis that could have been treated outside of the ER
- Members receive an Interactive Voice Response (IVR) telephone call to identify the reason that the ER was used instead of visiting their doctors.
- Members receive a follow-up mailing customized to the responses during the IVR call.
- UniCare's Disease Management programs offer a holistic, member-centric care management model that provide interventions tailored to unique healthcare needs of its members. Through a monthly continuous case finding process, disease management identifies members with low to moderate levels of risk who have chronic conditions.
- In 2015, UniCare has dedicated additional resources for Intensive Case Management outreach and Care Planning to impact emergency room use. A report based on predictive modeling called the Chronic Illness Intensity Index is generated monthly. Case Manager outreach includes face-to-face intervention.

- ER Reduction Performance Improvement Project – UniCare began calculating HEDIS rates for asthma management in 2011.
- Associated with the asthma ER utilization reduction Performance Improvement Project, local interventions include:
 - ☞ WV Asthma Coalition pilot project
 - ☞ Provider Profile Reports
 - ☞ Provider Pharmacy Reports
 - ☞ MCO collaborative letters to providers
 - ☞ Camp Catch Your Breath
 - ☞ Consumer Assessment of Healthcare Providers and Systems (CAHPS) customer satisfaction survey
- A brief background was provided for the above interventions noting that the WV Asthma coalition lost funding but this effort continues as a collaborative between UniCare, the American Lung Association, WV Department of Education, Greenbrier County Department of Education, and Greenbrier Valley Medical Center

A question and answer period followed.

WV Family Health

- ER Utilization Commitment:
 - ☞ To reduce the cost of healthcare while ensuring adequate access to quality healthcare
 - ☞ ER utilization plan is aimed at reducing perceived overutilization and/or inappropriate use of the ER
- Goal of the Utilization Plan is to reduce avoidable ER utilization through case management intervention
 - ☞ Need member to select and establish a relationship with PCP
 - ☞ Support educating members on appropriate use of the ER versus a PCCP office or urgent care facility
 - ☞ Nurse Call Line 24/7 – nurses do not diagnose, but rather access urgency of symptoms
 - ☞ Where appropriate, provide short-term intensive case management (2-3 calls/week for 3-4 weeks after an ER visit)
- For members who have 3 or more ER visits in a quarter, review and document information that may influence member decision to use ER; review member's clinical information for members who visited an ER within the quarter; and assemble information needed for outreach to PCP and for member contact
- Contact members PCP to discuss ER utilization management, where appropriate
- WV Family Health's Care Management Program should improve care, fix access, and reduce inappropriate ER utilization – care managers will contact members with excessive ER utilization.
- Provide a brochure to members and do a survey with members to determine why they are using the ER instead of their PCP or urgent care, etc.
- Additional outreach and follow-up as needed.
- Data and Committee Analysis:
 - ☞ PCMH is where the future of healthcare is going.
 - ☞ Generate tool outputs for committee, quality considerations, and PI opportunities

- ☞ Determine if the ER visit was a preventable event.
- Other efforts to reduce ER visits include quarterly member survey; impact of co-pays when they go to the ER; determine if patient knew PCP/specialist office house; look for frequent PCP referrals to the ER when PCP's have a same-day appointment policy; prepare analysis of avoidable versus appropriate ER utilization, and present WVFH data alongside the national standards; break down avoidable admitted emergency cases by services line and expand the member satisfaction survey to review member satisfaction and compliance around use of ERs versus urgent care or PCP visits.

A question and answer period followed.

The Health Plan: Emergency Department Diversion

- Health Plan Monitoring includes physician accessibility issue ; member convenience and educational issue
- Physician accessibility is monitored through the Nurse Line; member complains, appointment availability and Access Standards and use of GeoAccess (make sure we have enough primary care physicians in the area).
- Outreach staff contact members to educate. Members don't want to call primary care physician, they have transportation issues or they don't want to wait for scheduled appointment with primary care physician so they go to the ER
- There are also educational issues on the part of members. They were not aware of how to contact a primary care physician if case of emergency. Outreach and clinical staff contact members to educate
- "What To Do" books are sent to members of newborns. ER utilization for Medicaid ages birth to one year

YEAR	Visits/1,000 member Month
2009	127.20
2010	113.11
2011	120.09
2012	114.05
2013	89.22
2014 YTD	70.02

- Targeted Diagnoses – low back pain is the most common diagnosis for Medicaid members ages 20 and older – Wellness Outreach Representative calls to educate
- Upper Respiratory Infections – most common diagnosis for Medicaid member ages 0-5 years of age with an average of 84 Medicaid members educate each month – refer to Asthma program
- Medical Emergencies may require admission – followed by Hospital Review Nurse, Disease Management Nurse and Care/Case Management Nurse

Question and answer period followed.

Things to work on:

1. Transportation Issue - Use of ambulance in transporting to other health care facilities, urgent care, primary care physicians office, etc., not just emergency room. Spend some time on this issue. Bring in other states that have done it. We need a uniform policy to move forward on this issue. Legislatively, we could submit a state plan amendment.
2. Discussion requesting emergency room doctors to share information regarding the patient to the patient's PCP.

**Next Lower Cost Work Group Meeting
March 18, 2015
1:00 – 3:00 p.m.
One Davis Square, Suite 100 East
Conference Room 134**