

A hand holding a fountain pen is shown in the process of drawing a lightbulb on a white surface. The pen is positioned to the left of the drawing, with its tip touching the paper. The lightbulb is drawn with thick black lines, featuring a bulbous top and a base with several horizontal lines representing the screw threads. Three short, radiating lines above the bulb suggest it is glowing or has just been lit. The background is a plain, light-colored surface.

ER Use for Ambulatory Visits by Children and Teens

in Lieu of Medical Homes

WV Medicaid & WV CHIP HEDIS rates show high utilization of ER services

	Numerator	Denominator	2013 Rate (1000)	2012 Rate (1000)	2011 Rate (1000)	2010 Rate (1000)
CHIP	4,672	132,132	35.4	39.50	38.57	39.05
Medicaid	95,181	209,090	45.52	48.27	NA	NA



Medicaid, PEIA & CHIP data indicate over utilization of ER services

	4 or more visits	Total Visits	Total Claims (\$)	Average \$ /visit	Average \$ paid/member with 4 or more visits
CHIP	316	1,563	\$775,928	\$497	\$2,455
Medicaid	8,345	43,137	\$11,687,848	\$271	\$1,401
PEIA	345	1,772	\$532,605	\$301	\$1,544
Total	9,006	46,472	<u>\$12,996,381</u>		

In 2014, total agency spend was **\$47 Million** for **Over ALL** ER utilization for children/teens



WVCHIP Conditions for ER Visit

(Preliminary Data Suggests)

Top 10 presenting conditions (In the rank order per cost)

1. Symptoms Abdomen & Pelvis (46)	\$23,662	6. Abdominal Pain (45)	\$9,963
2. Sprain (38)	\$17,285	7. Acute Pharyngitis (34)	\$8,285
3. Acute URI (65)	\$15,613	8. Fever (35)	\$8,209
4. Headache (35)	\$11,303	9. Chest Pain (40)	\$6,313
5. Otitis Media (33)	\$10,611	10. Cough (46)	\$3,045

Avoidable ER Visits 377

Total Spend \$107,976

* Cost excludes provider and ancillary services

* Chest Pain excluded from totals

* Data reflective of utilization between July 1, 2013 & June 30, 2014



What's behind the parents/guardians' decision to go to the ER?

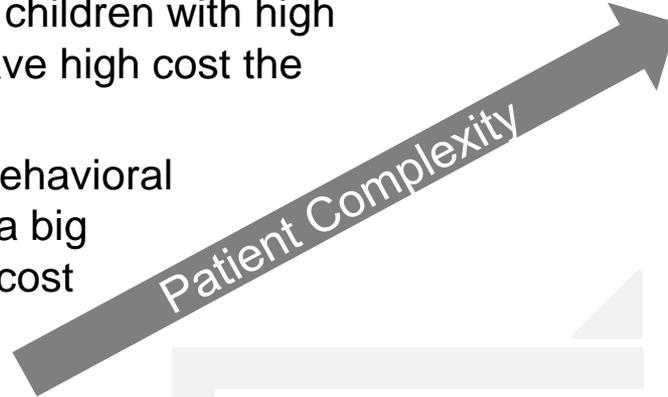
- A default decision?
- Lack of a tailored access plan?
- How to communicate:
 - Who to call for which problem?
 - How to reach the appropriate provider?
 - When to call?



Tailored Care Coordination &

Case Management

- “Hot spotting model” tier patient population & allocation to the most complex patients
- Does not work well for children
 - Almost half of children with high cost do not have high cost the following year
 - Emotional & behavioral problems are a big contributor to cost in children & are not well accounted for in most tiering models



Individualized care plan

- Care plan with:**
- Goals
 - Treatment plan
 - Family education
 - Self-management skills
 - System navigation
 - Team based implementation of care plan
 - Virtual teams with primary & specialty care

Care Summaries

- Integrated across specialties
- Written for family & providers
- Huddles to review complex patients
- Family support
- Program enrollment
 - Financial
 - Family support
- Assistance in obtaining DME
- Home health services
- School coordination program
- Case manager
 - Distinct from care coordinator
 - May be hospital or plan based

Pediatric ER Utilization Project

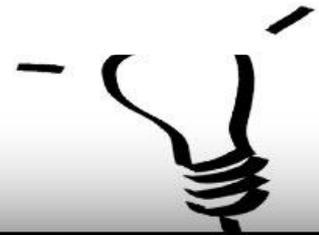
Over
Utilization

- Pediatric focus
- Reduce visits by 10%
- Develop Pilot
- Assure better person & family centered medical home assignment
 - better child/teen health care,
 - better outcomes



Taskforce Composition

- **WV CHIP**
- **WV Medicaid/MCO's**
- **PEIA**
- **Highmark**
- **Private payers**
- **PCP champions**
- **Parents/consumers**
- **Mental health providers**
- **State Dental Officer**
- **CAMC MVP study group representative**
- **WVHA**



Taskforce Charge

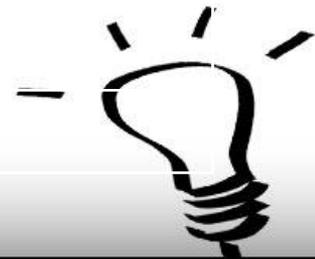
- Compile & analyze data
- Identify strategies to reduce overutilization of ER services for children/teens
- Develop strategies to implement a pilot project
- Collaborate with the SIM Grant work



Potential Savings

10% Reduction Realized

	Members with 4 or more visits	Total Visits	Total Claims \$	Average \$ /visit	Average \$ paid/member
CHIP	316	1,563	\$775,928	\$497	\$2,455
Medicaid	8,345	43,137	\$11,687,848	\$271	\$1,401
PEIA	345	1,772	\$532,605	\$301	\$1,544
This line reserved for other payers					
Total Spend			<u>\$12,996,381</u>		
10% Savings			\$1,299,638		



Expected Outcomes

- Reduced ER visits
- Better continuous, coordinated care for children/teens
- Improved parent/patient/guardian satisfaction
- Cost reductions to plans & decreased out-of-pocket costs for families
- Decreased loss of school days



Where to start?



Over All Utilization/Agency

Members with at least 1 visit

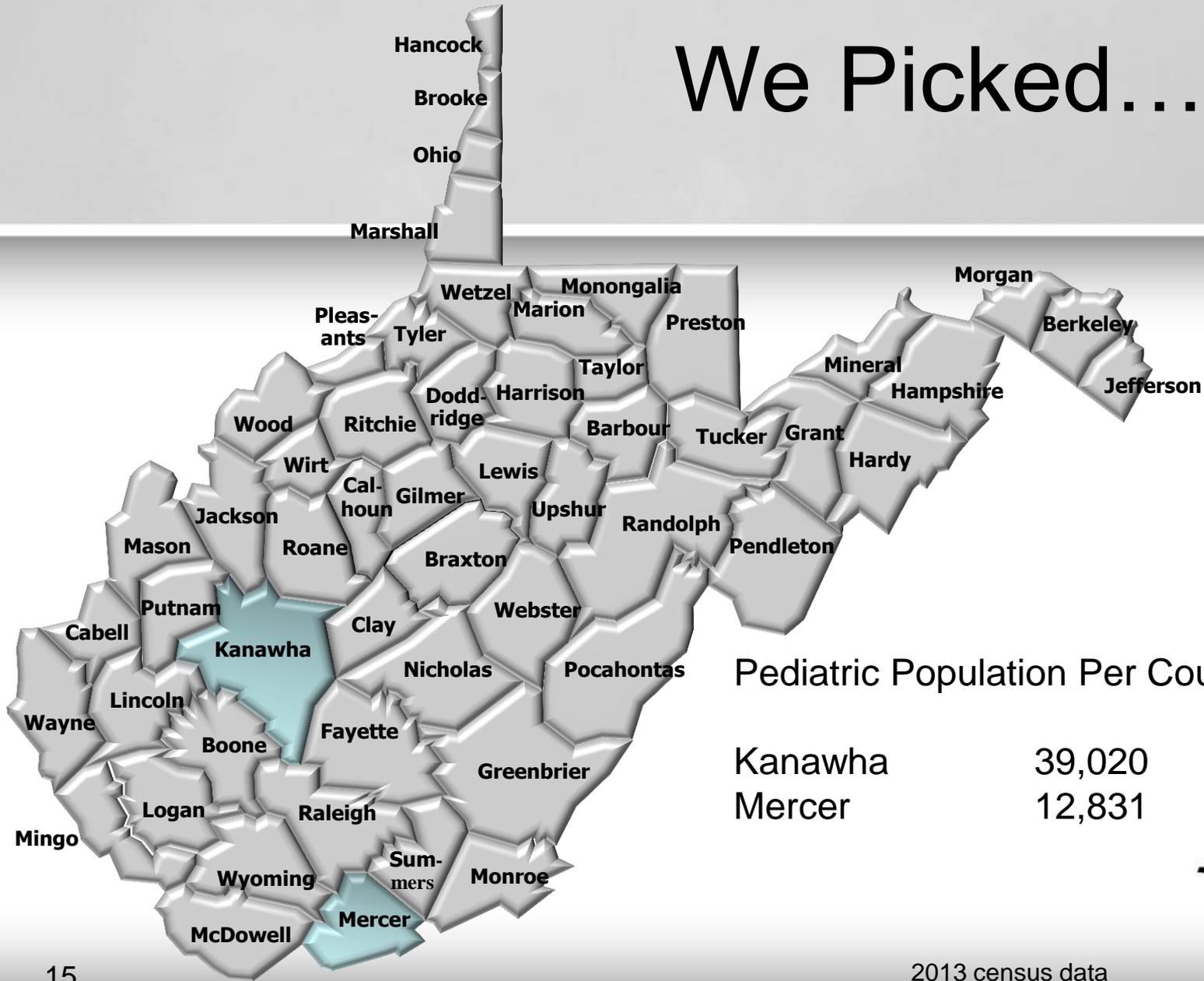
Top 5 Counties per utilization

		Members/ county	# Individual Children with >0 visits	Total Visits
CHIP	Kanawha	3,230	431	635
	Berkeley	2,067	332	515
	Raleigh	1,783	311	549
	Mercer	1,462	319	482
	Wayne	686	263	407
Medicaid	Kanawha	17,740	5,446	9,584
	Berkeley	9,884	3,750	7,568
	Wayne	10,405	3,619	6,572
	Wood	11,369	3,474	6,139
	Mercer	7,793	3,535	7,514
PEIA	Kanawha	4,065	639	1,022
	Mercer	1,561	352	602
	Monongalia	2,681	268	391
	Putnam	2,209	255	367
	Wayne	1,757	277	414

4 or More Visits

Top 5		# Children	# Visits	Average/ Child	\$ Paid
CHIP	Raleigh	22	104	4.7	\$37,233
	Kanawha	21	96	4.6	\$45,410
	Wayne	16	75	4.7	\$64,092
	Mercer	15	74	4.9	\$30,452
	Berkeley	15	82	5.5	\$26,766
Medicaid	Mercer	520	2,962	5.7	\$762,662
	Kanawha	501	2,498	4.9	\$821,966
	Berkeley	493	2,692	5.5	\$605,173
	Wayne	424	2,057	4.9	\$547,017
	Taylor	402	2,023	5.0	\$562,559
PEIA	Kanawha	34	161	4.7	\$50,517
	Mercer	23	135	5.9	\$28,897
	Raleigh	20	116	5.8	\$24,691
	Taylor	18	96	5.3	\$24,235
	Mason	16	83	5.2	\$19,185
	Totals	2,540	13,254		\$3,650,855

We Picked....



Health Care Facilities in Target Area

Type	Kanawha	Mercer
Hospitals	7 (excludes 1 RH)	2 (excludes 1 BH & 1 RH)
FQHC's (sites)	10	2
SBHC's	5	0

* Hospital systems counted per individual campus



Health Care Workforce in Target Area

Population	Kanawha 189,738	Normalized/1000	Mercer 61,724	Normalized/1000
Provider Type				
PCP - MD/DO's	525	2.77	134	2.17
APRN's	276	1.45	68	1.10
PA's	74	0.39	10	0.16
Dentists	153	0.81	23	0.37
Dental Hygienists	194	1.02	33	0.53



Next Steps....

- Direction from the taskforce
- Data requested for a drill down in 2 counties

– Kanawha

– Mercer

Data Review			
Age (DOB)	Time of visit	All Dx codes	
City	Zip code	PCP	Y/N
		Identified	
ER site	Alternate care sites	Member ID	
All Dx codes included on the claim	Time of admit to ER	Procedure codes	
Discharge status	Allowed amount	Amount paid	



Is this what you are thinking?



J u s t **K**idding!

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