



**EMERGENCY DEPARTMENT DIVERSION**

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**January 29, 2015**



# HIGH VOLUME UTILIZERS

# HEALTH PLAN MONITORING

- Physician accessibility issue
- Member convenience
- Educational issue

# PHYSICIAN ACCESSIBILITY

- Monitored through Nurse Line
- Monitored through member complaints
- Monitored through Appointment Availability
- Monitored through Access Standards and use of GeoAccess

# MEMBER CONVENIENCE

- Didn't want to call primary care physician
- Transportation issues
- Didn't want to wait for scheduled appointment with primary care physician

Outreach staff contact members to educate

# EDUCATIONAL ISSUE

- Was not aware of primary care physician
- Was not aware of how to contact primary care physician in case of emergency
- Just didn't know what to do
  - “What To Do” books for children and children with asthma

Outreach and clinical staff contact members to educate

# “WHAT TO DO” BOOKS

- Sent to all newborns at birth
- ER utilization for Medicaid ages birth to one year

YEAR	Visits/1,000 Member Months
2009	127.20
2010	113.11
2011	120.09
2012	114.05
2013	89.22
2014 (YTD)	70.02

# MEMBER TOUCHES

- Communication and interaction begins at enrollment
- Continues throughout enrollment
- Corporate-wide activity
  - Every member contact viewed as an opportunity to educate and engage member in their health care



# TARGETED DIAGNOSES

# LOW BACK PAIN

- Most common diagnosis for Medicaid members ages 20 and older
- Possible drug seeking
- Excessive imaging
- Low Back Pain Initiative
  - Wellness Outreach Representative Calls to educate

# UPPER RESPIRATORY INFECTIONS

- Most common diagnosis for Medicaid members ages 0-5 years of age with an average of 84 Medicaid members educated each month
- Often better managed in primary care setting
- “What to do When Your Child Gets Sick Book” for self-help information
- Referral to Asthma program



# MEDICAL EMERGENCY

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- May require admission
  - Followed by Hospital Review Nurse
  - Followed by Disease Management Nurse
  - Followed by Care/Case Management Nurse