



UniCare Health Plan of West Virginia, Inc.  
Emergency Department Utilization Reduction  
January 2015



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# Emergency Room Reduction Efforts

UniCare Health Plan of West Virginia, Inc. (UniCare) conducts both enterprise and local health plan level efforts to reduce inappropriate Emergency Room (ER) utilization by its members.

Enterprise Interventions	UniCare Local Interventions
ER Action Campaign	Collaborative Asthma Performance Improvement Project (PIP)
Disease Management – Care Compass	West Virginia Asthma Coalition
	Provider Profile Reports
	Provider Pharmacy Reports
	Camp Catch Your Breath
Case Management for ER Utilization	CAHPS® Survey

# ER Action Campaign

The ER Action Campaign 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 doctor.

IVR categories include efforts to determine if the member:

- Knows who his or her doctor is
- Spoke with his or her doctor prior to going to the ER
- Received instructions from his or her doctor to go to the ER
- Attempted to contact the doctor outside of regular business hours prior to going to the ER
- Had difficulty scheduling an appointment that lead to him or her going to the ER
- Went to the ER because he or she needed medication
- Had difficulty with getting to the doctor's office and went to the ER instead
- Normally uses the ER for healthcare services
- Attempted to use the UniCare nurse advice line prior to going to the ER

Members then receive a follow-up mailing customized to the responses during the IVR call.

During the IVR call, members have the option to speak with a live associate to discuss health care needs and concerns.

# ER Action Campaign

## 4<sup>th</sup> Quarter 2014 ER Action Campaign Summary:

IVR Question	Yes	No
ASSESS_DOCTOR – Do you know who your doctor is?	222	28
CALL_DOCTOR – Did you speak with your doctor before you went to the ER?	54	149
DOCTOR_TELL – Did your doctor tell you to go to the emergency room?	39	10
AFTER_HOURS – Did you try to call your doctor outside of regular business hours?	61	84
SCHEDULE_APPOINTMENT – Did you go to the ER because you had trouble making an appointment?	49	91
MEDICATIONS – Did you go to the ER because you needed medications?	56	95
TRANSPORTATION – Did you use the ER because you couldn't get to your doctor's office?	32	117
ER_USUALLY – Did you use the ER because it's what you usually do?	12	130
USE_NURSELINE – Have you used NurseLine before?	12	132

# Disease Management – Care Compass

UniCare's DM programs offer a holistic, member-centric care management model that provide interventions tailored to unique healthcare needs of its members including services to promote and/or provide:

- Understanding of disease process – assess and fill knowledge gaps;
  - Understanding of risks/complications associated with conditions;
  - Self-care and management of condition;
  - Engagement with appropriate provider(s);
  - Referrals to community-based programs; and
  - Care Coordination as needed.
- Through a monthly continuous case finding process, DM identifies members with low to moderate levels of risk who have chronic conditions.

# HCMS (Health Care Management Services) Emergency Room Diversion Initiatives

In 2014, UniCare outreach efforts focused on members with greater than 3 Emergency Room visits in a 6-month period.

Medical Management Specialists performed telephonic outreach to these members with the following focus:

- Initial Health Screen (for Complex Care Needs)
- Initial Emergency Room Screening
- Member Education on appropriate use of ER, assistance with primary medical provider redirection, refer to resources: UniCare 24 hour nurse-line
- Based on Screening results– referral to Complex Care, Disease Management, High Risk OB, Pharmacy Lock-In, or UniCare Social Worker
- Telephone call directly to Primary Care Provider/Medical Home if member has 10 or greater ER visits in prior 6 months.

# HCMS Emergency Room Diversion Initiatives (continued)

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.

Case Manager focus:

- Physical Health Complex Case Management Assessment (referral to Disease Management, High Risk OB, or Social Worker, as indicated)
- Emergency Room Assessment including telephonic/field outreach to Primary Care Provider/Medical Home
- Member Education: appropriate use of ER, primary medical provider connection/assistance, UniCare 24 hour nurse-line
- Collaboration with the multi-disciplinary team/medical rounding
- Ongoing communication with member/provider, on-site inpatient visits

# ER Reduction Performance Improvement Project

- Collaborative Performance Improvement Project (PIP) between West Virginia Medicaid Managed Care Organizations (MCOs) specific to ER utilization reduction among patients with asthma
- UniCare began calculating HEDIS rates for asthma management in 2011.
- Results indicated that although members are prescribed appropriate medications for treatment of asthma, compliance with medication regimen is poor.
- Non-compliance with medication may lead to poor control, and subsequently, increased ER utilization.
- PIP indicator:
  - Percentage of children ages 2 through 20 years diagnosed with asthma during the measurement year with one or more asthma-related emergency room (ER) visits
- The target population for the asthma PIP was selected based on data from the Centers for Disease Control and Prevention (CDC) that reported increased prevalence of asthma among West Virginia children compared to children nationwide.

# ER Reduction Performance Improvement Project

- Baseline data for UniCare members showed 8.29% of children ages 2-20 years diagnosed with asthma during the measurement year had one or more asthma-related ER visits.
- UniCare's baseline ER utilization rate (8.29%) is lower than the Alabama pilot program benchmark of 10.0%.
- Quality efforts and interventions are in place to work toward achieving a statistically significant reduction in the ER utilization rate.
- Associated with the asthma ER utilization reduction PIP, local interventions include:
  - WV Asthma Coalition pilot project
  - Provider Profile Reports
  - Provider Pharmacy Reports
  - Managed Care Organization (MCO) collaborative letter to providers
  - Camp Catch Your Breath
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS) customer satisfaction survey

# West Virginia Asthma Coalition

- UniCare participated in West Virginia Asthma Coalition (WVAC) meetings to better understand existing programs in WV and solicit suggestions from patients and providers about potential interventions and methods to reach target groups.
- UniCare participated in coalition meetings and opportunities to share information about barriers to self-management and appropriate treatment and opportunities for quality improvement.
- UniCare supported the coalition efforts to improve environmental conditions that cause and exacerbate asthma symptoms.
- UniCare presented a grant to the WVAC to implement a pilot program to decrease pediatric asthma-related admissions to the ER.
- “Breath Easy Bags” containing an educational booklet, *ABCs of Asthma*, a coupon for a free medication spacer and/or peak flow monitor, and a patient questionnaire were prepared for presentation to adolescents seen in the ER for asthma.
  - *Note: The Asthma Coalition lost funding – this effort continues as a collaboration between UniCare, The American Lung Association, WV Department of Education, Greenbrier County Department of Education, and Greenbrier Valley Medical Center.*

# Provider Profile Reports

Gaps in Care and Provider Profile Reports are generated for all UniCare network providers.

Reports are generated at practice, provider, and member levels detailing gaps in care, such as medication management and compliance.

Reports are distributed to targeted providers each month during office visits by local Clinical Quality/Compliance Administrators and Patient Centered Care Consultants.

Report distribution also occurs via mail, and in the near future, via a secure provider portal.

Opportunities for improvement are discussed with the provider and/or provider office manager based on the gaps in care identified within the report.

In 2015, UniCare is dedicating additional staffing resources to increase the number of providers that receive one-on-one educational sessions regarding data contained within the Gaps in Care reports.

# Provider Pharmacy Reports

The asthma program identifies members ages 5-56 years with claims for 3 rescue inhalers in the last 180 days and no claim for an asthma controller in the last 180 days.

- Provider pharmacy reports are generated at the provider level detailing members who have over-filled an emergency asthma medication and do not have an asthma controller medication prescribed.
- A cover letter accompanying the provider pharmacy report recommends that the provider consider prescribing an appropriate controller medication.

2014	September	October	November	December
Letters sent to providers	33	40	29	16

# Collaborative Letter to Providers

As part of UniCare's collaborative Asthma ER Reduction Performance Improvement Project,

- An informational letter prepared by the collaborative MCOs and signed by medical directors of three West Virginia Medicaid MCOs was sent to all providers in the West Virginia Medicaid Mountain Health Truth (MHT) network.
- The letter outlined the importance of following evidence-based guidelines and using available data to identify patients with gaps in care.
- Asthma action plans were highlighted in the letter to include clinical guideline recommendations, including:
  - Asthma education emphasizing self-management
  - Adherence to the treatment plan
  - Medication management and instruction on inhaler technique
  - Regular follow-up with the PCP office or medical home
  - Environmental control measures
  - Instructions on the red, yellow, and green zones and appropriate care at each stage
  - Annual flu vaccination

# Camp Catch Your Breath

Camp Catch Your Breath is an annual event sponsored by the United Hospital Center and the American Lung Association.

UniCare sponsors pre-adolescent members to attend the annual Camp Catch Your Breath, a week-long summer camp for children with asthma.

Attendees of Camp Catch Your Breath learn valuable asthma self-management skills, as well as

- An increased knowledge of asthma
- Enhanced self-esteem
- Improved mental, physical, and social well-being
- A fun camping experience in a safe and healthy environment

UniCare's member outreach staff contact eligible members to inform them of the opportunity to attend the camp for free.

Physicians are notified of the camp opportunity via the UniCare Provider Bulletins.

# Customer Satisfaction Survey

Annually, UniCare evaluates the member feedback associated with the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) customer satisfaction survey.

CAHPS management teams share survey results with the appropriate business owners for analysis in efforts to improve future scores, promote increased access to care, identify member-level opportunities for improvement, and increased member satisfaction.

Composite scores in categories of *Getting Needed Care* and *Getting Care Quickly* are analyzed to identify access to care barriers.

Core measure scores for member satisfaction in *Overall Care Provided* and *Personal Doctor* are analyzed to identify opportunities for improvement at the provider level.

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# UniCare ER Reduction Efforts Contact Information

Thank you for the opportunity to present the UniCare Emergency Department Utilization reduction efforts and interventions.

*Questions or comments, please contact:*

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