

Utilization of a Web-Base Registry to Reduce Inappropriate ED Visits

Healthcare Innovation Collaborative –Lower Cost
Group
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Agenda

- ▶ Overview of pilot Program to reduce both Inpatient and Emergency Department Utilization
- ▶ Overview of Cardinal Health Project
- ▶ Overview of CAPGate
- ▶ CapGate Demonstration

Kanawha County Process to Prepare for the ACA

- ▶ WV Health Right asked the Kanawha County Commission to Appoint a Task Force:
 - Hospitals, free clinics, FQHCs, WVU, Public Health, private physicians and dentists, mental health, EMS, Partners in Health Network & our Facilitator John Moore (BowlesRice)
 - Our mission was to prepare for the ACA by taking on the issue of appropriate access to care for the newly insured patient especially the Medicaid expansion population
 - First meeting was discussion of care coordination & efforts in Camden NJ to reduce the inappropriate use of the ED

WV Health Right reduction in CAMC hospital utilization

- ▶ CAMC provided WV Health Right with a listing of its patients using CAMC facilities during ONE year with 4+ visits = 43 Patients
- ▶ WVHR Intervention with 43 patients included:
 - Assign patient to a WVHR medical team (PCMH),
 - OPEN communication with medical team at WVHR,
 - 1-on-1 in-depth discussion on proper ER use,
 - OPEN access to WVHR without an appointment.
 - Due to increased visits to ER and WVHR to access needles (even by claiming the patient was insulin dependent), Adoption of a barrier free **needle exchange** program for illegal drug user, under medical protocols

Results:

- Improved compliance and decrease hospital use by 42 of the 43 patients
- Cost saving to CAMC = ED: \$775/visit or \$179,025 before intervention vs. \$75,950 post. Inpatient: \$258,980 before vs. \$168,900 post intervention. **Total savings: \$193,155, one site with 43 patients**
- Care management and policy changes at the Free Clinic did NOT interfere with clinic operations, albeit more visits.
- Needle exchange program has **SAVED** clinic provider staff time as patients drug abuse patients are interacting with the pharmacy **ONLY**

WVHR = 45 patients	# of ER visits	# of Admission (inpatient use)	WVHR visits
Pre-intervention	231	23	315
Post Intervention	98	15	382
% Change	58% ↓	35% ↓	21% ↑

Cardinal Health Project 2013

- Grant received in 2013 from Cardinal Health for \$31K to improve continuity of care post hospital utilization
- Hospital Discharge Planning needed to be modified for tracking to WVHR.
- 300+ Patients tracked:
 - Were NEW patients into WVHR
 - Referred to WVHR for MEDICATIONS or Medical Home
 - Referred by CAMC ER or post in-patient care
 - Had at least ONE chronic disease.
 - Uninsured with income 200% of FPL or below

Patient Data

Utilized CapGate to track patients in this project

Patients referred	#	Percentage
Total Female	171	57%
Total Male	129	43%
TOTAL Patients	300	100%

ER Visits	# PRE Usage	# POST Usage	Change
Female Visits	728	605	-123
Male Visits	588	347	-241
TOTAL Visits	1,316	952	-364

Patient Data (con't)

ER Visits > Resulting in Admission	# PRE Usage	# POST Usage	Change
# of Visits Admitted	104	80	-24
# NOT admitted	1,212	872	-340
TOTAL Visits	1,316	952	-364

Medication Encounters 3/1/31 – 2/28/2014	Amount
Total # of New Rx's Dispensed	4,489
AWPrice Value of New Rx's	\$2,154,7200
Total # of Refills Dispensed	2,299
AWPrice value of Refills	\$1,102,520
Total Value of Meds Dispensed	\$3,257,240

Patient Data (con't)

<u>TOP 10 ER VISIT DIAGNOSIS TYPES BY RANK</u>	
786.59	Chest Pain
787.01	Nausea w/Vomiting
784.00	Headache
789.09	Abdominal Pain (Specific)
401.90	Unspecified Essential Hypertension
388.70	Otalgia (Disorder of the Ear)
346.90	Migraine (unspecified)
780.20	Syncope & Collapse
525.90	Unspecified Disorder of the Teeth & Supporting Structures
780.39	Other Convulsions

Key Findings: ONE YEAR

- ▶ 27.7% decrease in overall ER utilization from the PREVIOUS YEAR
- ▶ 25% DECREASE in overall hospital admissions
- ▶ 21.7% DECREASE in the number of ER visits for NON-emergency/non-life threatening reasons
- ▶ All patients referred have been processed into the WVHR system of care, resulting in 1,616 additional clinic visits by the 376 patients
- ▶ 6,788 prescriptions dispensed by WVHR pharmacy at no cost to the patients,
Value of Medications: \$3.3 Million

Key Findings--Continued

- 28% of the patients have NOT returned to the ER for care.
- Significant reduction in the # of patients being admitted more than ONCE, only 17 patients (5.6% of the cohort) have been admitted for emergent issues (chest/head pain)

Where do we go from here??

- ▶ Project results will be shared with CAMC administration
- ▶ Project results and that of the KCC study will be shared with Thomas Health Systems
- ▶ Funding has been secured for EXPANSION of the project to include Thomas Health Systems
- ▶ Patients in year one will be tracked in year two for longitudinal statistical review
- ▶ Some of the patients (primarily mental health) have been flagged at Frequent users and have been given OPEN access to WVHR and tracked at Frequent Users,

Capgate

- ▶ Capgate.org is a HIPPA compliant secure internet website maintained and supported by Partners In Health network
- ▶ It provides a secure web based data sharing environment among participating health care entities
- ▶ Participating entities enroll patients in Capgate and manage care by utilizing the features of capgate
- ▶ Chronic condition data elements can be entered and tracked over time as well as the activity of the care managers
- ▶ CAMC hospital data is shared with participating clinics

Capgate

- ▶ Capgate member list is cross referenced daily against hospital visit data (In-patient, out-patient and ER visits)
- ▶ Reports are generated and made available to the clinics
- ▶ Clinic providers or care managers can identify the hospital visit data of their patients
- ▶ This hospital information can be used to contact patients and/or schedule post-hospital appointments at the clinic
- ▶ Quick access to this information should lead to better care management of the patients and lower hospital admissions

Questions