

**WEST VIRGINIA FAMILY HEALTH
LOWER COST WORKGROUP PRESENTATION
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WVFBH'S ER UTILIZATION COMMITMENT

- To reduce the cost of healthcare while ensuring adequate access to quality healthcare
 - Affordable, quality health care
- ER utilization plan is aimed at reducing
 - Perceived overutilization
and/or
 - Inappropriate use of the ER

GOAL OF THE ER UTILIZATION PLAN

- To reduce avoidable ER utilization through Case Management intervention
 - Assure access to care
 - Need member to select and establish a relationship with a PCP
 - Improve PCP/specialist ability to manage the member's care by providing ER visit info to PCP/specialist
 - Support educating members on appropriate use of the ER versus a PCP office or urgent care facility
 - Educate members about availability of nurse call line 24/7
 - Nurses do not diagnose, but rather assess urgency of symptoms
 - Coach patients to be seen in the most appropriate setting at the most appropriate time for their current medical condition
 - Where appropriate, provide short-term intensive case management (2-3 calls/week for 3-4 weeks after an ER visit) to coordinate care and any treatment plan issues
 - Assess need for longer-term case management

TASKS WITHIN THE ER UTILIZATION PLAN

For members with 3 or more ER visits in a quarter

- Review and document info that may influence member decision to use ER, such as:
 - PCP/specialist visit history in 6-12 months prior to ER visit
 - Determine causes for ER usage over urgent care centers or nurse call line
 - Urgent care center availability, hours of operation, and location (check in-network status if excessive ER visits in a geographic area)
 - Confirm PCP after-hours messages – Make recommendations on direction given to patients
 - Provide Care Management – Provide frequent ER utilizer list with PCP, discuss relationship of access to timely care to utilization and cost.

TASKS WITHIN THE ER UTILIZATION PLAN

Review member's clinical info for members who visited an ER within the quarter, including:

- Diagnoses for each ER visit and the primary diagnosis (identify high and low acuity codes)
- Authorization for treatments, along with lab and pharmacy history
- Apply a predictive modeling score for care management intervention for focused care management
- Review ER visits for potential substance abuse (Are narcotic pain medications and other controlled substances administered by ER?)
 - Refills of controlled substances
 - Consider outreach to ERs that potentially prescribe inappropriately
 - Contact appropriate oversight organizations to request reviews
 - Interface with the providers
 - Look for prescription monitoring programs to apply to ER practices

TASKS WITHIN THE ER UTILIZATION PLAN

- Assemble info needed for outreach to PCP and for member contact, including:
 - ER utilization and related clinical information
 - List of all urgent care center locations and hours for PCP to use as a reference tool
 - Nurse call line phone number for PCP reference
 - Recommend timely follow-up care by the PCP - Establish a system of timely follow up when clinically indicated with PCP, generally within 24-72 hours of the ER visit

CONTACT MEMBER'S PCP TO DISCUSS

- Where appropriate, discuss ER utilization management
 - PCP's need to support the ER reduction project
 - PCP communication with the members who over-utilize the ER for services that should be provided in the PCP's office
- Ensure PCP has a treatment plan and goals for member
- Care management should contact member
- Notify PCP of plan to direct member to contact PCP prior to going to the ER via newsletters and website notification
- Care management will work with PCP office to develop outreach activities coordinated with PCP office for high ER utilizers

WVFN CARE MANAGEMENT PROGRAM

Should improve care, fix access, and reduce inappropriate ER utilization - care managers will contact members with excessive ER utilization to:

- Perform standard care management introduction and describe appropriate access for care (all interaction based on member consent to participate)
- Assure member is established with a PCP of their choice, and if not, facilitate PCP selection and appointment to establish relationship
- Make sure identified members know the provider's same-day visit policy
- Provide education around use of ER and provide info related to:
 - Location and hours of nearest urgent care clinic
 - Phone number for nurse call line
 - Clinical conditions, treatment plan, or medication issues appropriate for ER
- Prepare a WVFN educational member brochure on:
 - How and when to contact care management for assistance
 - Recommendation to contact PCP/specialist prior to going to the ER
 - Nurse line information

BROCHURE AND SURVEY MEMBERS

Provide brochure and potentially survey member to determine:

- Provide education around who to call when members have urgent needs.
- Did they attempt to contact their PCP or specialist prior to the ER visit?
- Did they speak with provider prior to going to ER?
- Why did they use ER instead of urgent care center?
- Have they tried to call their PCP/specialist after-hours in the past?
- If so, was the provider easy to reach (call back promptly)?
- Is member able to get a same day appointment when needed?
- Has member used an urgent care center in the past; if so, what was the experience like?

ADDITIONAL OUTREACH AND FOLLOW-UP

- Establish date/time for future call(s) and interventions by CM
- If services were not appropriate in ER setting, outreach with member to determine if:
 - ER is being used by the member to deal with chronic problems
 - Member knows their personal health should be managed by their PCP
- If a trend develops related to dental services, develop a work group to ensure treatment of dental disorders can be provided in a cost effective setting
 - Establish arrangements with dental providers for ER follow up so appropriate follow up with dental care reduces the probability of recurrent ER visits
 - Aid in diversion of those patients prior to utilization
- Determine if the member is using the ER because of other barriers
 - Member needs to deal with time off from work
 - Child care or after-school issues
 - Transportation leads them to choose their care within the ER setting

DATA AND COMMITTEE ANALYSIS

- PCMH is where the future of healthcare is going
- Generate tool outputs for committee, quality considerations, and PI opportunities
 - Track info on every ER visit for a minimum of 6 months to allow analysis of the claims data
 - Track day of the week, time of day (if available), and reason for ER visit for trends with clinical elements
 - Analyze data for trends
- Determine if the ER visit was a preventable event
 - What have you learned so far from the tracking work?
 - What additional services were provided, i.e. were there radiology services, laboratory tests, admissions/overnight observation stays, or other medical treatments provided as a result of the ER visit?

OTHER EFFORTS TO REDUCE ER VISITS

By sampling and outreach gather info (quarterly member surveys):

- Impact of co-pays when they go to the ER – was it collected or waived?
- Determine if patient knew PCP/specialist office hours
 - Did they try to call PCP?
 - Did PCP fail to offer the member a same-day appointment?
 - Did the PCP actually refer the member to the ER, i.e. if they had chest pains?
- Look for frequent “PCP referrals” to the ER when PCP’s have a same-day appointment policy (Ensure PCPs are compliant with provider agreement related to availability and appointment scheduling)
- Prepare analysis of avoidable versus appropriate ER utilization, and present WVFH data alongside the national standards
- Break down avoidable admitted emergency cases by service line
 - If a trend is identified showing excessive ER utilization within a large hospital system,
 - Consider onsite case managers in their ER to support members, gather data on the utilization patterns within the hospital, as well as work to ensure appropriate utilization of ER services.
 - This individual could also meet with the member while they are in the ER providing real time feedback on utilization and prior visits to other hospitals for this patient.
- Expand the member satisfaction survey to review member satisfaction and compliance around use of ERs versus urgent care or PCP visits