Reduction of Inappropriate Emergency Department Utilization
Introduction

Welcome to today’s presentation:

Reduction of Inappropriate Emergency Department (ED) Utilization

This presentation will provide you with an overview of the ED High Utilizers as well as the services, tools, and resources provided by Community Health Network of CT, the Medical ASO for the HUSKY Health Program to assist in the management of members. The tools help identify real time information and interventions to better serve HUSKY Health members in reducing inappropriate ED visits.

Presentation topics include:

- Overview of High Utilizers
- Interventions
- Member Education
- Provider Education
Overall decline in ED visits from 2012 to 2013 was approximately 1.32%
Adult ED visits decreased by 1.91% while Pediatric ED visits decreased by 1.72%
Based on preliminary HEDIS results for 2014 the overall decline in ED visits vs. 2013 is approximately 7.71%
High Utilizer Overview
ED High Utilizers

- Criteria includes Husky Health Members with 10 or more annual visits to the ED (frequent utilizers)
- Frequent users represent a small percentage of all ED patients but a disproportionate share of visits.
- Frequent users account for approximately 1.7% of the members with an ED visit but 11.1% of the medical visits to the ED.*

* Excludes dual eligible and limited benefit members
ED High Utilizers vs. All ED Users
Age and Gender*

- In 2013, ED High Utilizers were predominately adult 88% versus 53% for all ED Utilizers
- Adult female members represented > 50% of ED High Utilizers but only 33% of all ED Utilizers in 2013

* Excludes dual eligible and limited benefit members
ED High Utilizers By Program*

In 2013, ED High Utilizers based on number of members

- Husky A/B = 43.3%
- Husky C = 23.23%
- Husky D = 33.43%

Husky D experienced the largest decrease 9.9 % in number of members classified as High ED utilizers while Husky C experienced a 1.6% decrease

* Excludes dual eligible and limited benefit members
In 2013, of the 4,525 ED High Utilizers 76.7% resided in Fairfield, Hartford or New Haven county while 78.8% of the Husky Health members resided in one of these three counties.

The number of ED High Utilizers decreased by 147 members while membership increased by over 17,000.

* Excludes Charter Oak, dual eligible, limited benefit and out of state members
## ED High Utilizer Medical Visits by Hospital*

<table>
<thead>
<tr>
<th>Hospital</th>
<th>2013 Visits</th>
<th>2012 Visits</th>
<th>Percent Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>YALE NEW HAVEN HOSPITAL</td>
<td>5,774</td>
<td>5,588</td>
<td>3.3%</td>
</tr>
<tr>
<td>THE HOSPITAL OF CENTRAL CONNECTICUT</td>
<td>5,676</td>
<td>6,280</td>
<td>-9.6%</td>
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<tr>
<td>HARTFORD HOSPITAL</td>
<td>4,739</td>
<td>4,585</td>
<td>3.4%</td>
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<tr>
<td>BRIDGEPORT HOSPITAL</td>
<td>4,057</td>
<td>3,705</td>
<td>9.5%</td>
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<tr>
<td>ST VINCENTS MEDICAL CENTER</td>
<td>3,606</td>
<td>4,257</td>
<td>-15.3%</td>
</tr>
<tr>
<td>SAINT MARY'S HOSPITAL</td>
<td>3,288</td>
<td>3,552</td>
<td>-7.4%</td>
</tr>
<tr>
<td>ST FRANCIS HOSPITAL MEDICAL CENTER</td>
<td>2,936</td>
<td>2,518</td>
<td>16.6%</td>
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<tr>
<td>MIDSTATE MEDICAL CENTER</td>
<td>2,899</td>
<td>3,019</td>
<td>-4.0%</td>
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<tr>
<td>WATERBURY HOSPITAL</td>
<td>2,628</td>
<td>2,614</td>
<td>0.5%</td>
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<tr>
<td>WILLIAM W BACKUS HOSPITAL</td>
<td>2,611</td>
<td>2,513</td>
<td>3.9%</td>
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<tr>
<td>LAWRENCE AND MEMORIAL HOSPITAL</td>
<td>2,276</td>
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<tr>
<td>BRISTOL HOSPITAL</td>
<td>2,250</td>
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<td>DANBURY HOSPITAL</td>
<td>1,940</td>
<td>1,131</td>
<td>71.5%</td>
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<td>WINDHAM COMM MEMORIAL HOSPITAL</td>
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<td>2,612</td>
<td>-31.5%</td>
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<td>MIDDLESEX HOSPITAL</td>
<td>1,781</td>
<td>1,959</td>
<td>-9.1%</td>
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<td>STAMFORD HOSPITAL</td>
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<td>1,765</td>
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<td>GRIFFIN HOSPITAL</td>
<td>1,502</td>
<td>1,472</td>
<td>2.0%</td>
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<tr>
<td>CHARLOTTE HUNGERFORD HOSPITAL</td>
<td>1,273</td>
<td>1,133</td>
<td>12.4%</td>
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<tr>
<td>MANCHESTER MEMORIAL HOSPITAL</td>
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<td>1,573</td>
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<tr>
<td>UCONN – JOHN DEMPSEY</td>
<td>1,096</td>
<td>962</td>
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<td>NORWALK HOSPITAL</td>
<td>960</td>
<td>825</td>
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<td>ROCKVILLE GENERAL HOSPITAL</td>
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<td>CONNECTICUT CHILDRENS MEDICAL CENTER</td>
<td>661</td>
<td>947</td>
<td>-30.2%</td>
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<td>DAY KIMBALL HOSPITAL</td>
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<td>-0.9%</td>
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<tr>
<td>MILFORD HOSPITAL</td>
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<tr>
<td>JOHNSON MEMORIAL HOSPITAL</td>
<td>541</td>
<td>532</td>
<td>1.7%</td>
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<tr>
<td>GREENWICH HOSPITAL</td>
<td>287</td>
<td>282</td>
<td>1.8%</td>
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<tr>
<td>NEW MILFORD HOSPITAL</td>
<td>268</td>
<td>299</td>
<td>-10.4%</td>
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<tr>
<td>SHARON HOSPITAL</td>
<td>85</td>
<td>133</td>
<td>-36.1%</td>
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<td>OUT OF STATE HOSPITALS</td>
<td>593</td>
<td>517</td>
<td>14.7%</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>60,605</strong></td>
<td><strong>62,092</strong></td>
<td><strong>-2.4%</strong></td>
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</table>

* Excludes dual eligible and limited benefit members
In 2013, 56.2% of the ED High Utilizers were attributed to an FQHC or PCMH/GP practice representing an increase of approximately 6.5 percentage points over 2012.

The percentage of all members attributed to an FQHC or PCMH/GP practice represented 28.8% in 2012 and 35.8% in 2013.

* Excludes dual eligible and limited benefit members
Technology to Address High Utilizers
Admissions, Discharges and Transfers (ADT) - Targeted Use of Information

- Electronic **real time** receipt of admission, discharge and transfer transactions for HUSKY Health members from CT Hospitals.
- The live feed of electronic data is received and prioritized by CHNCT using criteria to identify members that may benefit from care management services while in the ED, in the hospital, or in the community.
- CHNCT focuses on:
  - Chronic diseases such as Asthma, Diabetes, Chronic Obstructive Pulmonary Disease and Sickle Cell
  - Transplants
  - Maternity and newborn needs
  - Children and youth with special healthcare needs
  - Unmet social needs
ADT Implementation

- In Early 2014, CHNCT began a pilot program with Yale New-Haven Health System (Yale, Greenwich and Bridgeport Hospitals)
- Real time notifications
  - Developed of capability to accept data
  - Built system to generate real time notification
  - Created reports to do care coordination
- Interventions
  - Provided outreach calls for members identified without a PCP after first ED visit
  - Educated Members about Nurse Helpline and alternatives to the ED
## Care Management Interventions

### Emergency Department Care Manager

- Collaborate with hospital ED Coordinator to:
  - Identify medical, functional, social and emotional needs
  - Collaborate with behavioral health and ICM to:
    - Facilitate transitional planning and post discharge outreach
    - Ensure member’s condition, medication regime, home care, outpatient needs, gaps in care and disease-specific education need are addressed
  - Schedule PCP appointment for follow up care; for members without a PCP assist to obtain a PCP
  - Assist with transportation needs

### Intensive Care Manager

- ICM uses an individualized approach to provide support and education to HUSKY members based on their specific needs.
  - Face to Face (including onsite at ED when appropriate)
  - Telephonic support
  - Person-centered care planning, utilizing evidence-based clinical guidelines
- Member Identification
- Comprehensive Assessment and Care Plan
- Coordination and Collaboration
- Coaching and Education
  - Chronic Condition Coaching
  - Preventive Care Coaching
- Care Plan Goals Met
Sample ADT Notification

From: CHNReports@chnct.org [mailto:CHNReports@chnct.org]
Sent: Wednesday, May 20, 2015 9:04 AM
To: EDNotificationGroup
Subject: ED High Utilization

Member ID: 999999999
Member Name: SAMPLE, PATIENT
Member Address: 25 SAMPLE STREET APT A ANYTOWN CT 00011
Member Phone: 2039999999
Member DOB: 9999-01-01
Age: xx
Program: HUSKY D
Eligibility Status: Active
Sensitive Opt Out Selections: Medical is reportable
Name of ED: BH
PCP Name: Doctor PCP
PCP Phone: 2031111111
Diagnosis Description: Sickle Cell Crisis
Date of Last ED Visit: 2015-05-03
# of ED Visits in Last 6 Months: 12
# of Imaging Visits in Last 6 Months: 11
ICM Managed: Yes
Case Status: Intensive Care Management 04/27/2015
ICM Case Manager: Sample Manager
Co-Morbid Conditions: Sickle Cell Indicator
Medical Record Number: xxxxxxxx
# Sample ADT Daily Report

## Member Intervention - ICM Notification Report

<table>
<thead>
<tr>
<th>Member ID</th>
<th>Member Name</th>
<th>Program</th>
<th>Coverage Code</th>
<th>Eligibility Status</th>
<th>Sensitive Opt Out Selections</th>
<th>DBB</th>
<th>Age</th>
<th>Member Address</th>
<th>Member Phone</th>
<th>Name of ED</th>
<th>Patient Location</th>
<th>Is ICM Managed</th>
<th>Case Manager</th>
<th>Case Status</th>
<th>Case Type</th>
<th>Case Type Description</th>
<th>Diagnoses Code</th>
<th>Diagnosis Text Description</th>
<th># of ED visits in the last 6 months</th>
<th>Date of last ED visit last 6 months</th>
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<tr>
<td>599999999</td>
<td>Sample, Member</td>
<td>HUSKY A</td>
<td>F07</td>
<td>Active</td>
<td>Medical is reportable</td>
<td>1/4/999</td>
<td>40</td>
<td>142 Any Street Any Town CT 00011</td>
<td>YH</td>
<td>YNHED</td>
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<td>12</td>
<td>12/7/15</td>
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<td>2</td>
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<td>BHED</td>
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<td>12/14/14</td>
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<tr>
<td>599999999</td>
<td>Example, Case</td>
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<td>F07</td>
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<td>Medical is reportable</td>
<td>1/4/999</td>
<td>14</td>
<td>383 Any Place Any City CT 00009</td>
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<td>1</td>
<td>12/12/14</td>
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</tbody>
</table>

## Last 2 Primary Diagnosis Codes

| # of Imaging visits in ED in the last 6 months | Total of controlled substance/patient’s VITD | Total of prescription at least one controlled substance/patient’s VITD | PCP ID | PCP Name | PCP Phone Number | ADT Code | ADT Status | SFMT Indicator | Stage 2 Indicator | Preempt Indicator | Asthma Indicator | Diabetes Indicator | Heart Failure Indicator | COPD Indicator | Coronary Heart Disease Indicator |
|-----------------------------------------------|---------------------------------------------|-------------------------------------------------|-------|-----------|-----------------|-----------|-------------|----------------|----------------|----------------|-----------------|-----------------|-----------------|-------------------|----------------|--------------------------|
| 10                                           | 5                                           | 1                                              | 5     | 9999999999 | Sample Doctor   | 2039999999 | Ao4        | NO            | NO            | YES            | NO              | NO              | NO                | NO                | NO                      |
| 1                                            | 1                                           |                                                | 9999999999 | Sample Physician | 2039999999 | Ao4        | NO            | NO            | NO             | NO             | NO              | NO              | NO                | NO                | NO                      |
| 2                                            | 1                                           |                                                | 9999999999 | Any Physician   | 2039999999 | Ao4        | NO            | NO            | NO             | NO             | NO              | NO              | NO                | NO                | NO                      |
| 5                                            | 1                                           |                                                | 9999999999 | Example Doctor  | 2039999999 | Ao4        | NO            | NO            | NO             | NO             | NO              | NO              | NO                | NO                | NO                      |
| 6                                            | 1                                           |                                                | 9999999999 | Any Doctor      | 2039999999 | Ao4        | YES           | NO            | NO             | NO             | YES             | YES             | YES               | YES               | YES                      |
ADT Implementation

- In 2015, CHNCT expects to expand ADT Implementation Statewide thru the Connecticut Hospital Association (CHA).
- Implementation of a Statewide Real Time ADT Transaction Exchange. CHA acts as the hub for all transactions.
- Currently testing ADT feeds from CHA for 26 hospitals. Target is to implement balance of Connecticut Hospitals supported by CHA in the summer 2015.
- Assessment of hospitals not participating in CHA to determine if ADTs can be sent directly to CHNCT.
Member Education
Member Education

Information on the 24-hour Nurse Helpline is available on www.huskyhealth.org member website and is included in our new member welcome packets.
Urgent Care & Walk-In Medical Centers

Emergency Department alternatives are provided on www.huskyhealth.org. Distribution also via member mailings, face to face visits, school based nurses and day cares.
Member Education (con’t)

24 Hour Nurse Help Line signs were placed on the exterior and interior of city buses in Bridgeport, Waterbury, Hartford and New Haven.
24 Hour Nurse Help Line educational posters were created and distributed to primary care physician offices, FQHCs and clinics. All materials are available in English and Spanish.
Provider Education Portal Reports
Secure Provider Portal Reports

- CHNCT developed a variety of reports that provide valuable information to assist primary care practices with the management of HUSKY Health members attributed to their practice.

- Practices are granted access to the secure Provider Portal through an approval and validation process.

- Portal reports are loaded to the secure Provider Portal by the 20th of each month. Practices registered after the 19th of each month will be able to view their reports the following month.

- Reports can be downloaded, saved, and filtered for use by office staff.

- All reports are generated at the practice’s Federal Tax Identification Number (TIN) level for members attributed to PCPs in the practice, and will not show members that “Opt Out” of sharing medical information.
Available Secure Provider Portal Reports

Panel Reports:
- Patient Panel Report

Utilization Reports:
- ED Utilization Report
- Inpatient Census Activity
- Inpatient Claims Report
- Pharma Claims Report

Gaps in Care Reports:
- Child Well-Care
- Child Diabetes Screening Tests
- Adult Preventive Visits Age 21-49
- Adult Preventive Visits Age 50-64
- Adult Diabetes Screening Tests
- Cancer Screening Tests
ED Utilization Report

This report includes all members attributed to PCPs that have had at least one trip to the Emergency Department in the last six months and paid in the prior month. It will also show the last time the member had a preventive or office visit.

<table>
<thead>
<tr>
<th>PCP ID</th>
<th>PCP Full Name</th>
<th>Last Name</th>
<th>First Name</th>
<th>Member ID</th>
<th>Member Birth Date</th>
<th>Member Zip</th>
<th>HDI</th>
<th>HDI Name</th>
<th>Date Of Service</th>
<th>Admit Diag Code</th>
<th>Admit Diag Code Desc</th>
<th>Other Diag Code 1</th>
<th>Other Diag Code 1 Desc</th>
<th>Day Of Week</th>
<th>Time Of Day</th>
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<tbody>
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<td>Member A</td>
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<td>123456789</td>
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<td>CELLULITIS OF FACE</td>
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<td>8500</td>
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<td>Member G</td>
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<td>HEAD INJURY NOS</td>
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<td>Member C</td>
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<td>47819</td>
<td>NASAL &amp; SINUS DIS NEC</td>
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For illustrative purposes only
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<tr>
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<td>PREV VISIT EST AGE 18-39</td>
<td>V700</td>
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<td>11/1/2012</td>
<td>DR. COOK</td>
<td>9999999999</td>
<td>99213</td>
<td>OFFICE/OUTPATIENT VISIT EST</td>
<td>7850</td>
<td>CHEST PAIN NOS</td>
<td></td>
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</tr>
</tbody>
</table>

For illustrative purposes only
CareAnalyzer® Introduction

- CareAnalyzer® is an analytic tool used by CHNCT for population health management and to monitor performance on a variety of quality measures.

- The tool combines elements of patient risk, care opportunities, and provider performance, including the following:
  - Current and predicted risk scores for each member using the Johns Hopkins ACG® (Adjusted Clinical Group) methodology
  - Provider performance based on quality measures
  - Utilization
  - High risk member identification
  - Gaps in Care

- The tool is available to primary care practices:
  - Practice level reports are available at both a summary and detail level, and are based on members attributed to the practice.
High Risk Member Report
Filtering Options
High Risk Member Report

- Provides member’s current and predicted risk score along with condition count, cost, and pharma utilization data.
- Assists in identifying and stratifying members for proactive, targeted care management interventions.
Member Clinical Profile

- Member-specific information identifying risk factors and conditions.
- Member utilization, including ED visits and readmissions.
- Sensitive conditions are only identified for members who don’t opt out.
Member Clinical Profile (cont’d)

**Cost Trend and Visit Distribution**

- Current Yr Cost
- Prior Yr Cost
- Office Visit

**Cost Distribution by Claim Type**

- Professional
- Facility
- Pharmacy
- Office Visit

### Cost Analysis

<table>
<thead>
<tr>
<th>Total Cost $</th>
<th>RX Cost $</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actual Allowed Total: 188,981.29</td>
<td>Actual Rx Cost: 25,296.72</td>
</tr>
<tr>
<td>Actual Paid Total: 189,248.19</td>
<td>Predicted Rx: 24,616.02</td>
</tr>
<tr>
<td>Predicted Total: 114,199.48</td>
<td>Probability Rx Cost Outlier: 98%</td>
</tr>
<tr>
<td>Probability Total Cost Outlier: 95%</td>
<td>Probability Rx Cost Outlier Prior: 1%</td>
</tr>
<tr>
<td>Probability Total Cost Outlier Prior: 10%</td>
<td>Rx Cost Band: 98-99%</td>
</tr>
<tr>
<td>Total Cost Band: 98-99%</td>
<td></td>
</tr>
</tbody>
</table>
Questions?