Successful Strategies for Reducing Inappropriate ED Utilization: The Pennsylvania ACCESS Plus Experience

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Presentation Outline

- ACCESS Plus Program Overview
- Baseline Analysis and Care Coordination Pilot
- ED Initiative Overview and Components
  - Call Center Intervention
  - Care Coordination Intervention
  - Mailings Intervention
- Results
- Questions
ACCESS Plus Overview

- Enhanced Primary Care Case Management Program (EPCCM) implemented in 2005 in 42 counties across Pennsylvania

- EPCCM is a hybrid between Managed Care and Fee-for-Service

- Medical home concept

- Program design ensured suitability for both rural and urban counties
ACCESS Plus Overview:

Service Area
ACCESS Plus Overview:
Program Departments

Enrollee Helpline
• Assist with medical home linkage
• Education
• Assist with appt. scheduling and transportation

Care Coordination
• Administrative & field based
• Solutions for access to care
• Support special needs
• Pregnancy support

Provider Relations
• Recruitment and education
• Panel mgt. tools
• Medical records review

Disease Management
• DM Services for:
  • Asthma
  • Diabetes
  • COPD
  • CAD
  • CHF
Baseline Analysis

Baseline Analysis Methodology:
Used HEDIS Source Codes to Identify:
- All individuals who went to the ED within a 5 month period
  - n = 106,105 claims
  - n = 59,647 unique enrollees
  - n = 2,732 enrollees with ≥ 4 visits within the 5 month period
- Data included:
  - Enrollee age
  - # of ED visits (including day of week, time of day and hospital for each visit)
  - Reasons for visit(s)
  - DM diagnoses
  - PCP of record
Care Coordination Pilot: Overview

Enrollee Services

- Targeted high-risk users identified via claims analysis
- Reinforced PCP link
- Educated on appropriate reasons for ED visits and alternative resources
- Referred to DM if needed
- Assisted with appt. scheduling & follow-up
- Developed enrollee action plans
- Assessed & researched solutions for barriers to care (e.g., transportation)
- Supported members with special needs and access to care issues
# Care Coordination Pilot: Results

## Frequent ED Utilizers

**Baseline Characteristics:**
- 67% self-referred
- 30% auto-assigned
- 24% “doctor shopping”

**Age of Population**
- 59% over 21 years
- 41% under 21 years

## Top 10 ED Diagnoses

1. Migraine
2. Headache
3. Lumbago
4. Dental
5. Abdominal pain
6. Chest pain
7. Backache
8. Pain in limb
9. Acute bronchitis
10. Unspecified otitis media
Care Coordination Pilot: Barriers

• Initially outreached to high-risk enrollees:
  • High-risk enrollees are hard-to-reach
    • Outdated contact information
    • Enrollees did not return calls
  • High resistance to behavior change
  • Only a small percentage of the overall population
Goal of Initiative:
To use multiple strategies to promptly identify enrollees who frequently use the ED and reduce their utilization using multiple interventions across the Program:
- Call Center
- Care Coordination (enrollee, PCP and hospital components)
- Mailings

Dates Implemented:
- 06/06: Initial Care Coordination Pilot
- 01/07: Call Center Intervention, Mailings Intervention, Ongoing Care Coordination Intervention
- 01/08: Expanded Care Coordination Intervention (PCP & Hospital components)
ED Initiative Overview:
Identification Strategies

Strategies to Identify Frequent ED Utilizers:

1. Claims data:
   - AHS internal use
   - Provider notification
   - Hospital notification

2. Ask all callers if any member of the household has been seen in the ED four or more times within the last six months
ED Initiative Overview: Call Center Intervention

Assess

Ask all callers if any member of the household went to the ED more than 4 times in the last 6 months.
**Goal**: Maximize the number of enrollees identified and intervene before the behavior is engrained.

Intervene

1. Verify the PCP linkage and assist with PCP appt scheduling.
   **Goal**: Increase the % of high ED utilizers seen by the PCP.
2. Offer care coordination services to members with complex needs.
   **Goal**: Provide members with complex needs support navigating the health care system.

Monitor

Monitor calls to ensure CSRs continue to follow protocol.
**Goal**: Continue to increase the % of high ED utilizers seen by the PCP.
ED Initiative Overview:
Mailings Intervention

- Weekly download of ED claims to database
- Enrollees with 4 or more visits in 6 months

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**When should I go to the Emergency Department (ED)?**

You should *only* use the ED if you have an emergency. An emergency is a health problem that puts you in danger of death or severe harm.

**Some examples of emergencies are:**
- Heart attack or severe chest pain
- Poisoning
- Severe bleeding
- Passing out
- Not being able to move
- Serious breathing problems
- Major burns
- Serious accidents
- Throwing up blood

**NOT emergencies:**
- Earache
- Sore Throat
- Cold
- Muscle spain
- Rash

If you are not sure if you have an emergency, you should call your doctor.

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Need help making a doctor appointment? Have special needs? Need help getting a ride to medical visits?
Call us at 1-800-543-7633. We are happy to help.
Pilot Program Overview:  
Expanded Care Coordination Intervention

<table>
<thead>
<tr>
<th>Provider Services</th>
<th>Hospital Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reports:</td>
<td>Reports:</td>
</tr>
<tr>
<td>- ED Visits by Provider Site</td>
<td>- ED Visits by Hospital</td>
</tr>
<tr>
<td>Assisted with enrollee coordination of care</td>
<td>Assisted with enrollee coordination of care</td>
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<tr>
<td>Assisted with enrollee follow-up</td>
<td>Quarterly site visits</td>
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<tr>
<td>Appointment scheduling services</td>
<td>Developed relationships with ED staff</td>
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<tr>
<td>Appointment reminder services</td>
<td>ED staff provided updated enrollee contact information</td>
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ED Initiative Results:
HEDIS Rates

<table>
<thead>
<tr>
<th>Year</th>
<th>Visit / 1,000 MM</th>
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<tbody>
<tr>
<td>2006</td>
<td>61.08</td>
</tr>
<tr>
<td>2007</td>
<td>55.31</td>
</tr>
<tr>
<td>2008</td>
<td>37.76</td>
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<tr>
<td>2009</td>
<td>39.85</td>
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### ED Initiative Results: Benefits and Limitations

<table>
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<tr>
<th>Benefits</th>
<th>Limitations</th>
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<tbody>
<tr>
<td>Targeted all enrollees in a large, diverse population:</td>
<td>Unclear which interventions were the most effective:</td>
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<tr>
<td>1. Early intervention for low-risk enrollees who are most likely to change their behavior</td>
<td>1. Initial decrease in 2007 HEDIS rate accompanied roll-out of initial Care Coordination Intervention</td>
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<td>2. Population is diverse in terms of geographic region (rural, urban, suburban)</td>
<td>2. Larger decrease in 2008 HEDIS rate accompanied roll-out of Call Center Intervention</td>
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<td>3. Population is diverse in terms of demographic and clinical characteristics</td>
<td>3. AHS Conclusion: Assessing all callers was the most effective component.</td>
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<td>Low cost program that used existing resources, including providers/hospital partners</td>
<td>Prior to ACCESS Plus in 2005, enrollees participated in FFS, so the role of “learning managed care” is unknown.</td>
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Questions