ED Care Coordination Pathway Partnership

SUPER UTILIZER INTERVENTION FOR QUALITY IMPROVEMENT

THE HEALTH COLLABORATIVE
HEALTH CARE ACCESS NOW
UNIVERSITY OF CINCINNATI MEDICAL CENTER
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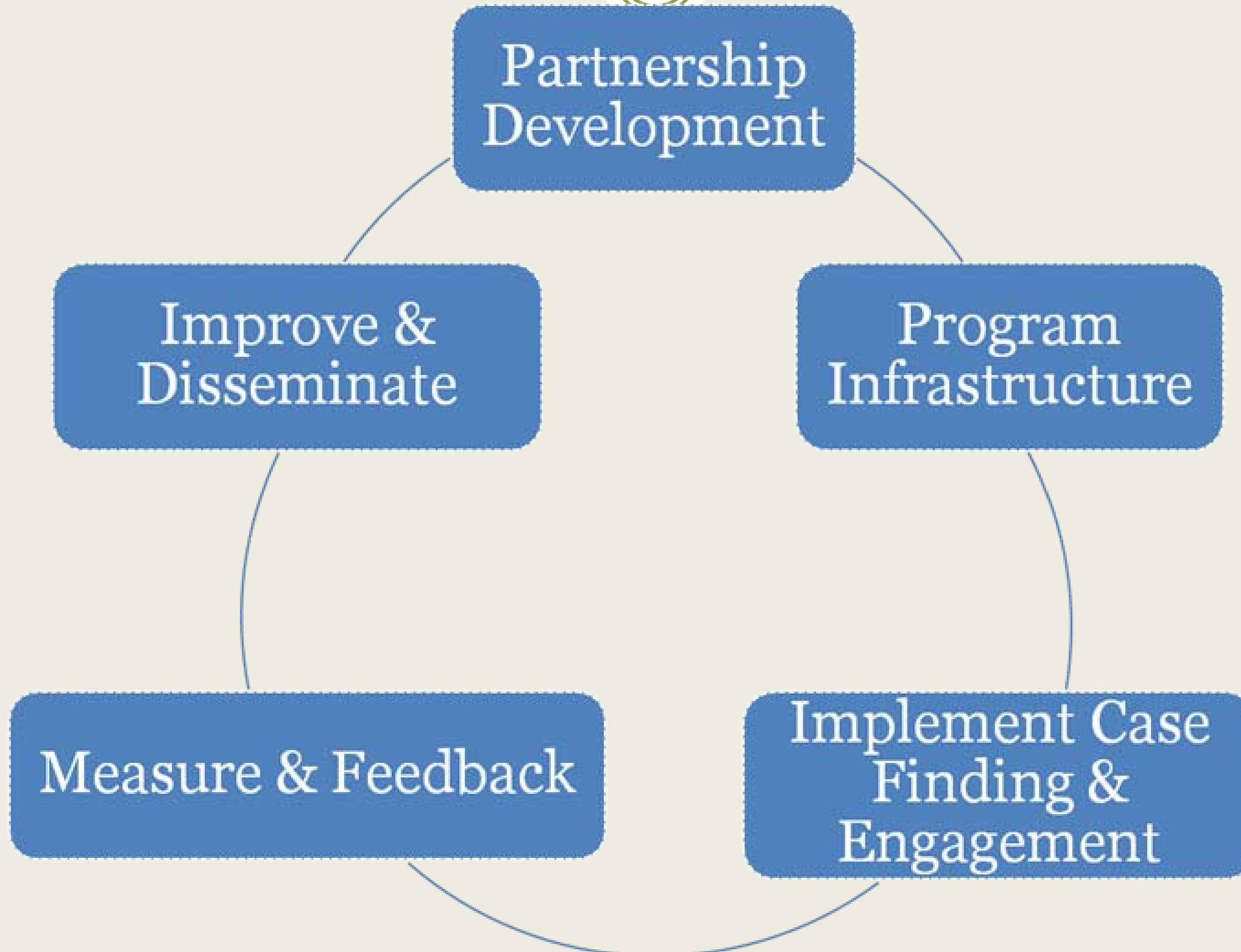
Cincinnati Partnership for ED Care Management



Snapshot of Greater Cincinnati Region – 2011

ED Utilization

Emergency Visits…………….1,084,212
Avoidable ED Visit……………..182,193
Percent Avoidable…………………16.8%

Top 5 Payers for ED Visits

Medicaid HMO…….197,371
Self Pay…………………181,171
Medicare………………180,419
Commercial Ins…….127,142
Medicaid………………115,270

Top 5 Communities With ED Visits

Fairfield Liberty Township..35,319
Liberty Township……………..34,466
Covington……………………….34,421
Milleville Rossville…………..30,846
Cincinnati Mt. Healthy……. 24,659

Provider Information

Total Hospital/Ed…..……………………25
Total Licensed Beds………………..6,526
Neighborhoods Served……….3,624

Total Population in SW Ohio counties: 1.1 million people

University Hospital – General Information 2012

ALL ED VISITS

Total ED Visits = 85,979
- Admitted/Observation = 19,722
- Treated/Released = 66,257

Total Charges = $790 M
- Admitted/Observation = $669 M
- Treated/Released = $121M

Average Charge per Visit = $9,187
- Admitted/Observation = $33,921
- Treated/Released = $1,833

AVOIDABLE* ED VISITS
(Treat/Released)

Total ED Visits = 9287

Total Charges = $14.2 M

Average Charge per Visit = $1,527

10.8 % Of ED Visits at University Hospital were Avoidable ED Visits

Source: HCAN/UCMC ED Data Analysis
** Avoidable as defined by AHRQ Ambulatory Sensitive Conditions*

HCAN ED Care Coordination Pathway

Eliminate avoidable ED visits
Eliminate preventable ED visits

Coordinate patient flow between ED, Health Home and/or other required services

Use well-defined, evidence-based Pathways

Analysis of 2009 Patient Cohort

- Patient cohort – 434 pts./1037 visits & uninsured adults who were interviewed by Community Health Worker

Record review six month pre & post sentinel visit (CHW interview)

Patient ED Utilization Results
60% decrease in utilization (from 1.77 visit/patient to 0.73 visits/patient)
77% decrease in visits, 15% no change and 9% increase in visits
Largest reduction in ED visits = 6; largest increase in ED visits = 4

Super User Case Finding Strategy

- Inclusion Criteria: ≥ 20 ED visits in past 12 months, Hamilton County resident
- Exclusion Criteria: sickle cell, cancer, psychiatric primary diagnosis, and pregnant patients
- Patient identification tactics: mainly data driven, also accepting physician referrals
- Coordination with Behavioral Health ED pilot – Keys to Health
- Patient Alert technology – HealthBridge (RHIE)

Initial Super Utilizer Patient Profile

- 14 patients: Female = 9; Male = 5

  White = 3; African American = 11

Inclusion Criteria/Primary Diagnoses

ED Visits (2/2010 – 2/2012) = 1201

ED Charges = $1,426,333

Admission Charges = $2,829,210

Hospital Admissions = 145

Hospitalization LOS = 584 days

Payer Sources = Medicare/Medicaid -4, Self-Pay -3, Medicaid (including managed care plans) -7

Super User Demographics

- Number of clients enrolled: 15
- Females - 8, Males - 7
- African American - 11, White - 4
- Median Age: 46 yrs. Ranging from 24 – 61 yrs.
- No zip code clustering - 12 different zip codes
- PCP status: yes – 8; no -7
- Employment status: unemployed - 13; disability –8; employed - 2

Current Patients (15) Utilization Information

ALL ED VISITS

Total ED Visits = 504
- Admitted/Observation = 23
- Treated/Released = 481

Total Charges = $957K
- Admitted/Observation = $197K
- Treated/Released = $660K

Average Charge per Visit = $1,899
- Admitted/Observation = $12,916
- Treated/Released = $1,372

AVOIDABLE* ED VISITS

Total Avoidable ED Visits = 50

Total Charges = $117K

Average Charge per Visit = $2,237

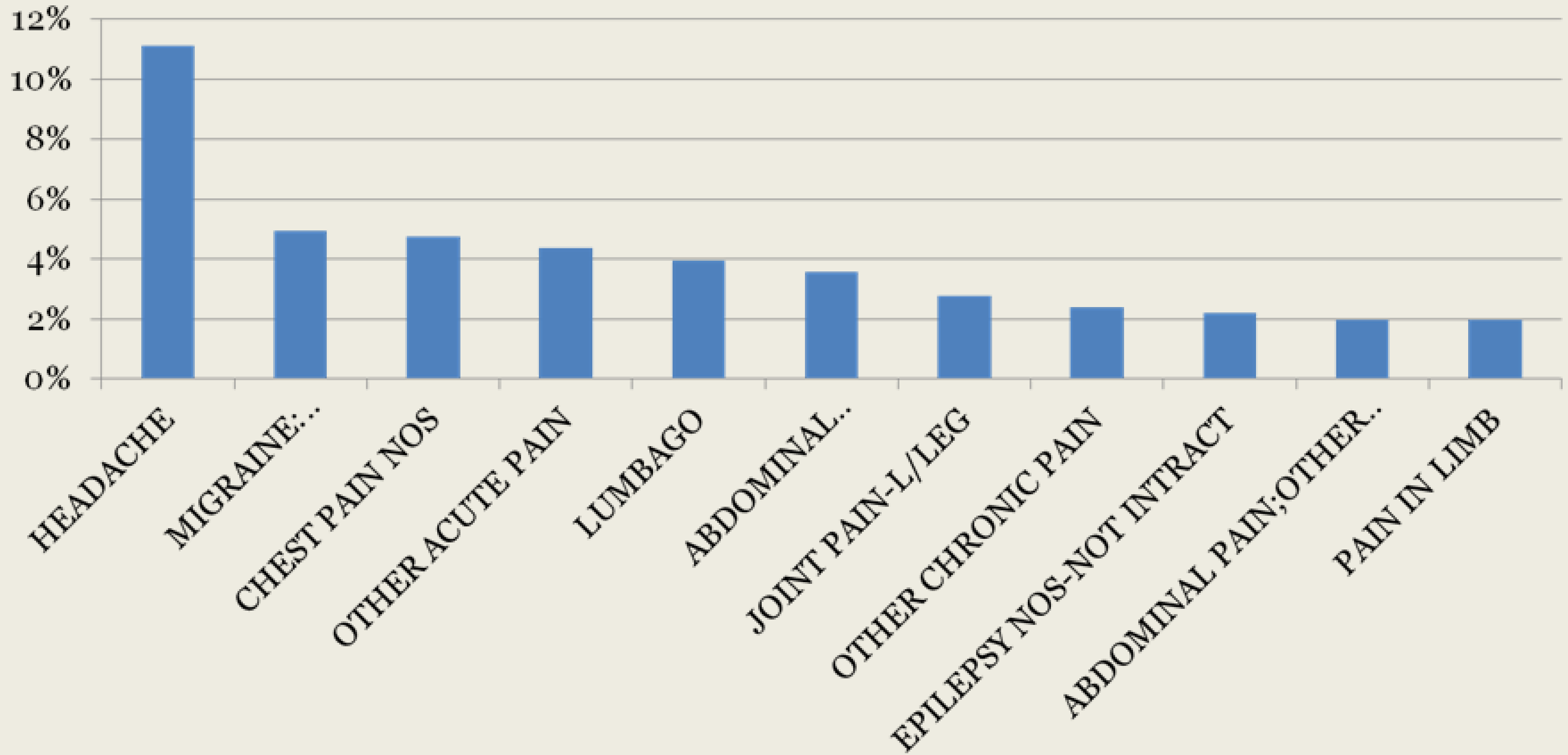
~10% of ED Visits were avoidable

Source: HCAN/UC ED Data Analysis
** Avoidable as defined by AHRQ Ambulatory Sensitive Conditions*

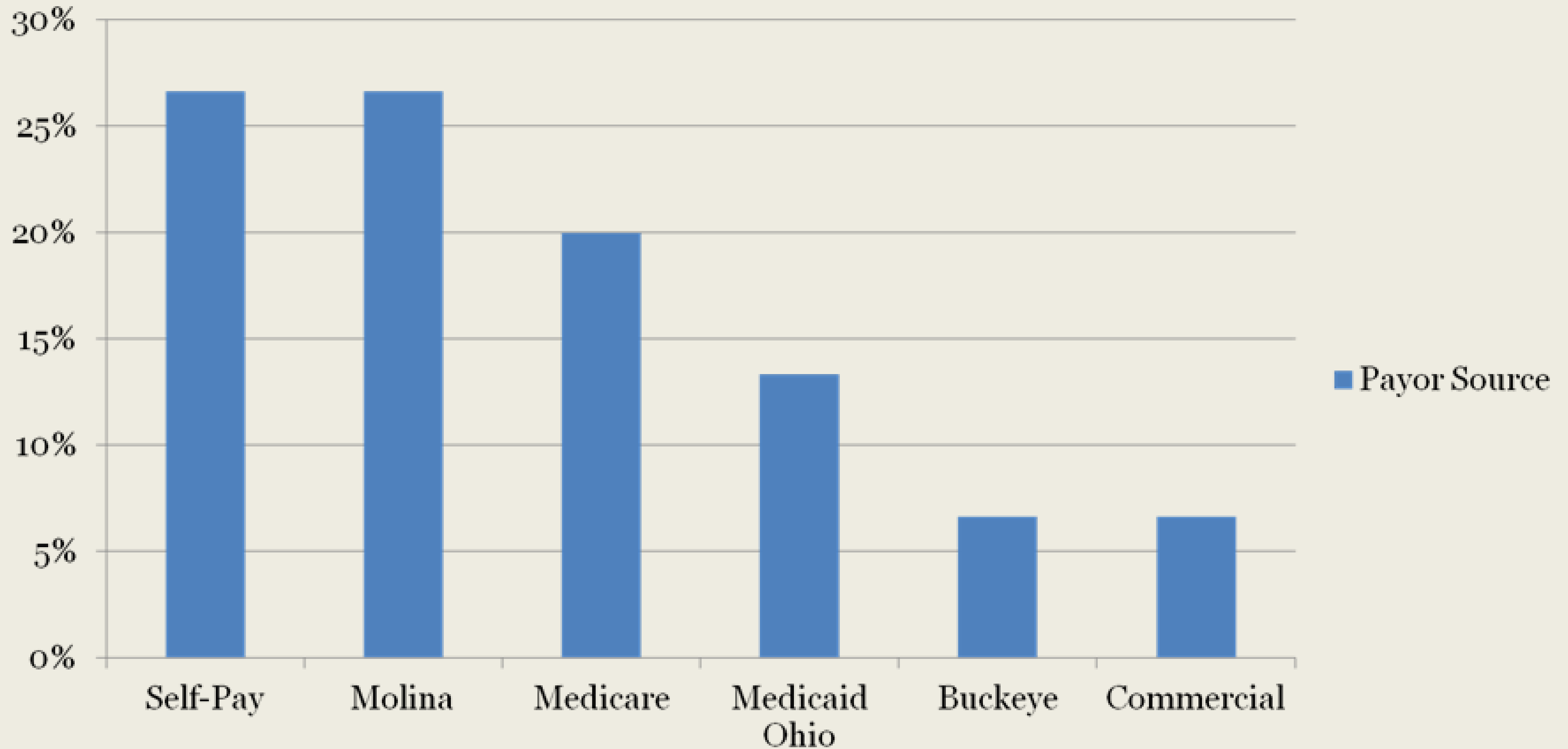
Super User Workflow: High Touch/High Tech

- Community Health Worker Role
- Data management Role: patient identification, utilization history verification, reporting, etc.
- Clinical Role – ED coordination and linkages with hospital-based services
- Community Connections: medical, behavioral health and social/environmental

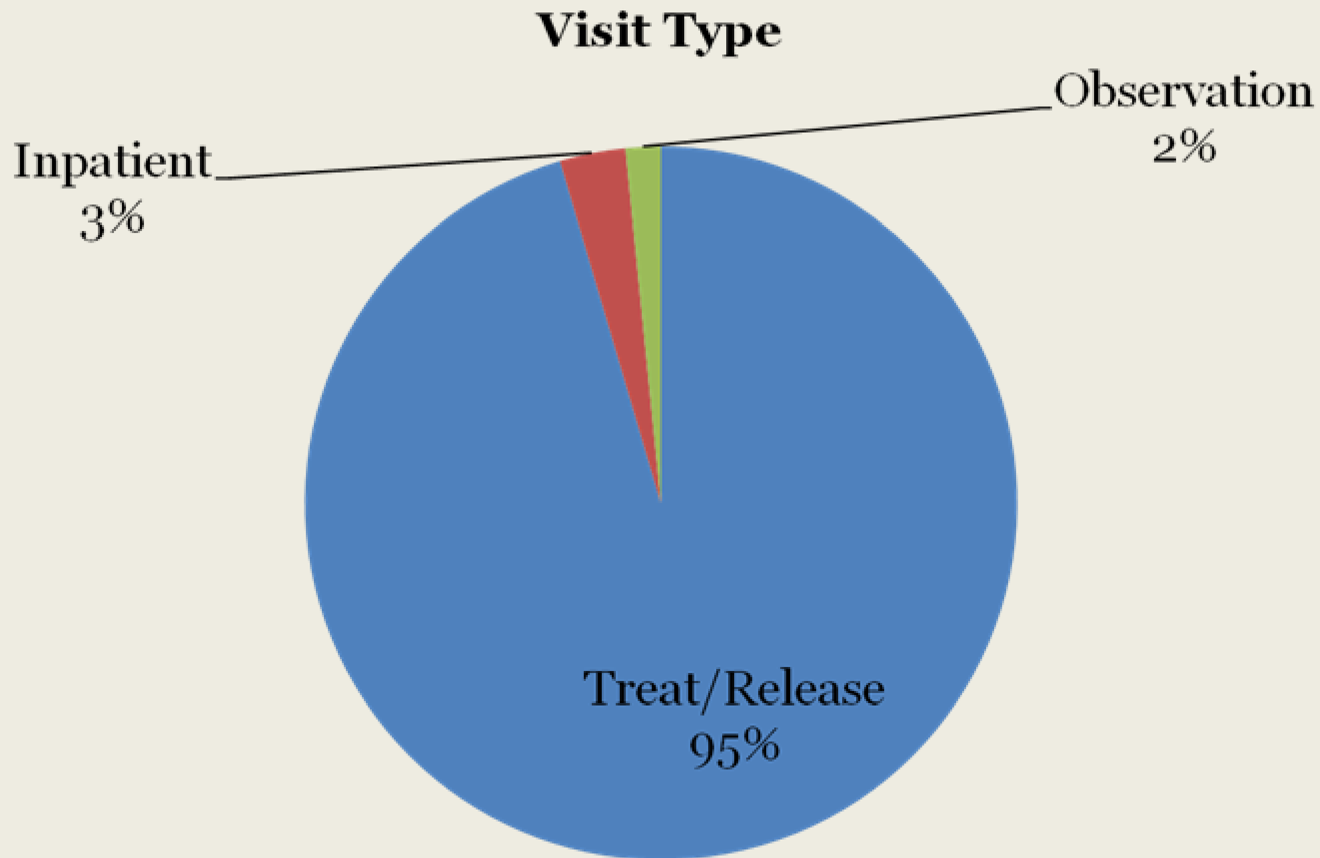
Top Ten Diagnoses for ED Visit



Insurance Status of Current Clients



Type of ED Visit



Pre/Post Intervention Utilization

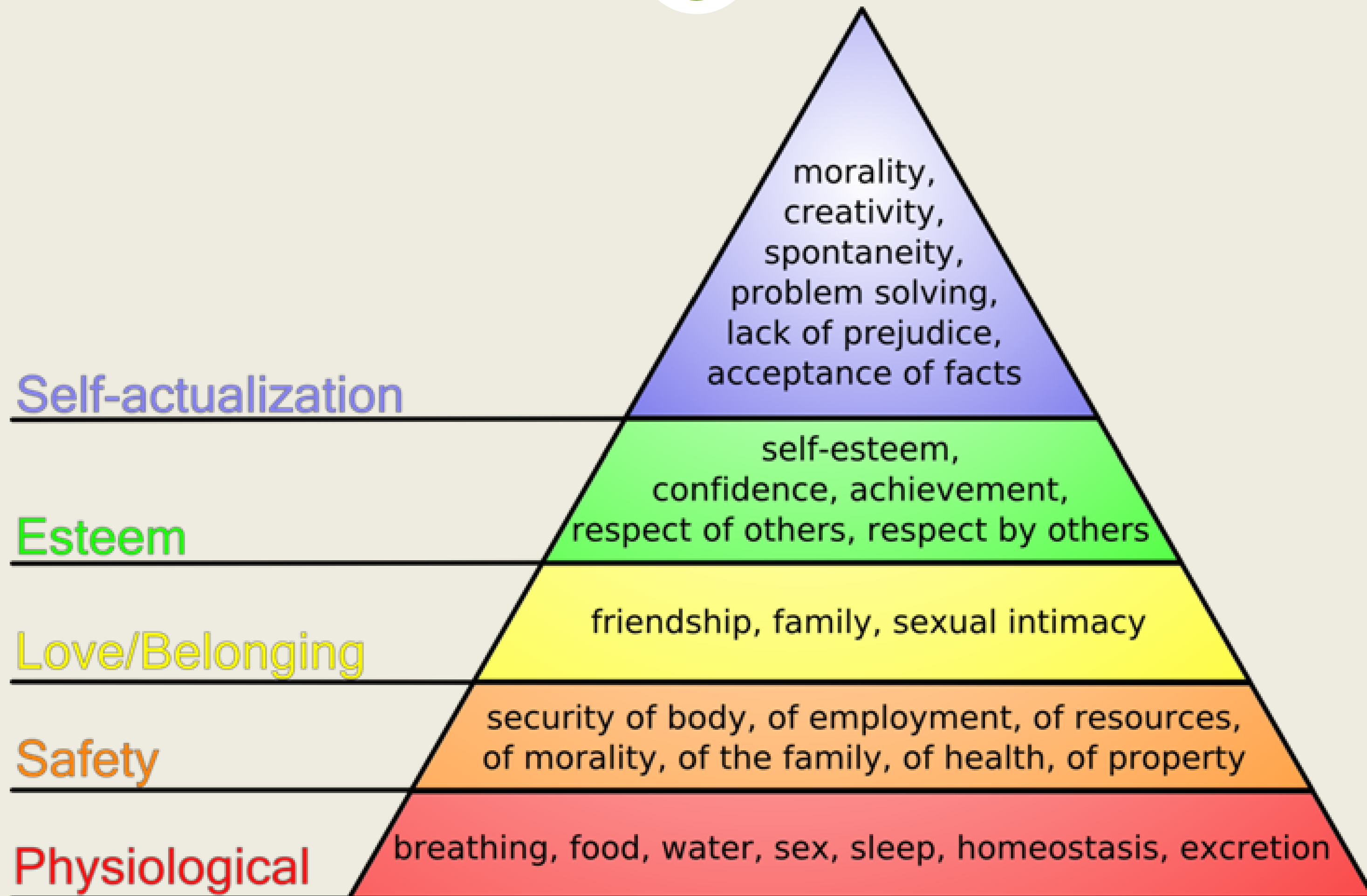
Patient	ED Visits 12 Month Prior	ED Charge 12 Month Prior	ED Visits since enrollment	ED Charge since Enrollment	Reduction in ED Visits	Reduction in ED Charge
M.O.	34	$ 22,807	4 in 4 months	$ 4,501	65%	41%
A.G.	45	$ 83,455	4 in 5 months	$ 26,502	79%	24%
C.B.	54	$ 38,434	27 in 5 months	$ 18, 233	no reduction	no reduction

Note: C.B. was non-responsive after several contacts.

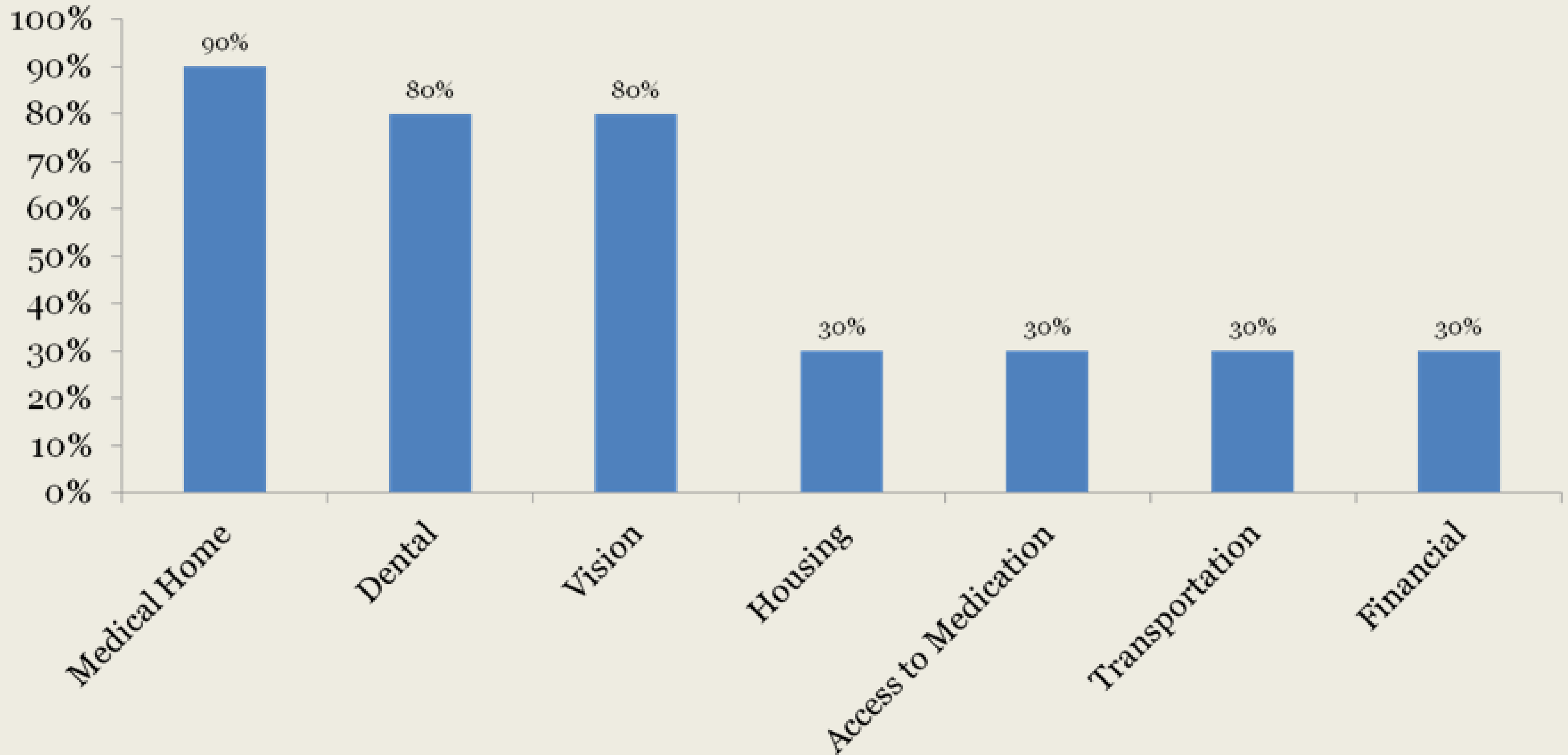
Qualitative Results

- Complicated patients but health seeking behaviors can be changed
- Prioritize social/environmental challenges and logistical barriers issues
- Eliminate duplication of services across case managers/duplication
- Determine patient readiness to engage and manage crises

Maslow Hierarchy of Needs



Patient Goals



ED Care Coordination Pathway Goals 2013-2014

- Identify resources to increase service capacity among relevant providers and CBOs
- Develop an Integrated Ambulatory Services Community Network within UCHealth to address the ED capacity and referral needs
- Improve care coordination for patients with for chronic illness; improve inter-system collaboration

Value Proposition Providers & Payors

- HCAN & UH process improvements: internal operations & communication; paperwork reduction; dedicated data management infrastructure
- Silo- busting
- Leverage seed money from grant to build a better system of coordination and access to care for high cost/unmanaged patients
- Medicaid requirements for 1% high cost patients

Policy Opportunities

- State Medicaid role – challenges with negotiating 1:1 with each Medicaid plan; Medicaid expansion and impact on payment to hospitals
- Payment for CHW interventions
- Regional spread of program into other hospitals
- Dissemination of results to inform local policymakers

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