



Consortium of Independent Physician Associations

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Physician Organization Name: Consortium of Independent Physician Associations (CIPA)

Practice Name: NA – this is a PO level initiative

Practice Address: NA

How Many Physicians in Practice: NA

Description of Care Team: NA

Category of Submission: Best Practices: Reduction in Utilization

Title of Submission: Reducing Inappropriate Emergency Department Utilization

Executive Summary:

- CIPA has identified the task of reducing Emergency Department (ED) Utilization as an important opportunity for furthering the adoption of care management services. To reduce ED Utilization, CIPA has developed a program at the PO level that can be modified appropriately for individual practice implementation.
- CIPA has been working to engage practice units in implementing and sustaining best practices such as TCM, monitoring ED visits and ADT lists, improving open access scheduling and actively utilizing ED reports.
- Care Managers are being leveraged to monitor high-risk patients, particularly those with chronic conditions, and ED frequent flyers to minimize inappropriate ED Utilization.
- Comparing results for October 2016 – September 2017 to October 2017 – September 2018, CIPA demonstrated an improvement in the following categories for the adult and pediatric population: total rate per 1000, PCS rate per 1000, total cost PMPM, PCS cost PMPM, % members with visits and % members with 2-4 visits.
- Given the improvement demonstrated in our ED utilization data for both PCS ED and Non-PCS ED visits, it is clear that leveraging Care Management in promoting appropriate utilization and engaging patient populations, can result in a significant, positive impact on utilization trends.

When did the intervention start and end? The initiative to reduce inappropriate ED Utilization began in 2016 and remains an ongoing effort for CIPA to continue to improve upon our utilization scores across all practice units.

Goal of the Program/Intervention: To reduce utilization, CIPA implemented several strategic best practices targeted specifically for the reduction of inappropriate and unnecessary ED Utilization. The goal of this program is threefold: to reduce ED frequent flyers, to reduce instances of ED Utilization for primary care sensitive conditions (PCS), and to reduce health care costs associated with inappropriate utilization of ED Services.

Who developed the program and how? This program was developed at the PO level by the CIPA Practice Consultants, and modified appropriately by practice, to implement a comprehensive care management interdisciplinary approach that would allow for the active assessment, planning, and personalization of individual care plans based on the practice's specific patient population.

Description of the Program/Intervention: Given that inappropriate ED Utilization can contribute significantly to rising health care costs, CIPA has identified the task of reducing ED Utilization as an important opportunity for furthering the adoption of care management services and promoting the continued success of the PCMH/PCMH-N Program. In order to reduce inappropriate ED Utilization, CIPA has been working to engage our practices in implementing and sustaining the following efforts:

- Transitional Care Management (TCM) for all patients discharged from the ED regardless of diagnosis. CIPA developed and presented a webinar on how to provide and bill for Transitional Care Management. It is available in Carespective for viewing on demand.

- Active Carespective™ use for monitoring PCS ED visits vs. Non-PCS ED visits, in addition to real-time ADT information available for all practices that are integrated with MAG's data warehouse.
- Improved open-access scheduling with practice tools for practices to implement open-access scheduling in the CIPA PCMH Toolkit.
- Active utilization of ED Utilization Reports and ED Cost-Detail Reports that CIPA practice consultants review with practices on a quarterly basis.

Care Managers are integral to the success of this program as they can be leveraged to identify and engage members (particularly those with chronic conditions) in care management services. Specifically, Care Managers are essential to managing ED Utilization as they assist in keeping at-risk patients out of the ED by training and educating patients on appropriate management of their conditions and ED Utilization. In addition to managing patients with chronic conditions, Care Managers have been utilized to manage high-cost/high-risk patients by implementing personalized individual care plans for those patients.

In addition, CIPA actively promotes the use of Carespective™ – a proprietary web-based, multi-payer performance reporting tool that facilitates population health management efforts at both the PO and practice level. Care Managers have been trained to monitor PCS vs. Non-PCS trends in their patient population, thereby allowing for the identification of patients that may benefit from additional education regarding appropriate ED Utilization. Reviews are conducted utilizing ED data to determine the most frequent days of the week that patients are utilizing the ED. These reviews are then utilized to determine internal solutions (by practice) to minimize excess utilization on the identified high-utilization days. CIPA actively encourages the use of individual practice PPAs to promote after-hours care availability, weekend availability and open-access scheduling. Care Managers also monitor ADT information (along with other staff members) in order to conduct timely follow-up and facilitate TCM with patients that are contained on the list.

Finally, Care Managers and practice staff are trained on utilizing ED Cost-Detail Reports (developed by the PO), BCBSM ED Utilization Reports and retrospective reports to identify frequent-flyers, high-cost patients and trends in ED Utilization. These reports are continuously reviewed by the PO and individual practice units to determine the root cause of negative trends, and subsequently, to implement a plan of action to avoid repeat scenarios in the future.

How were patients identified for the program/intervention? Target patients are determined using a combination of the BCBSM ED Utilization Reports, ED Cost-Detail Reports, PDCM eligibility files and Carespective ADT and ED reports. The BCBSM ED Utilization Reports and ED Cost-Detail Reports are leveraged to identify ED frequent-flyers. Once frequent flyers have been identified, the practice consultants work with the individual practices to assess why these events occurred and to establish a plan of action to avoid repeat scenarios in the future. This may include education for the staff and/or patients, review of the PPA, and a review of open-access scheduling for the practice.

Furthermore, PDCM eligibility files are reviewed monthly with individual practices to identify patients that would benefit from care management services. In addition to identifying patients by chronic condition, these monthly reviews are utilized to identify high-cost and potentially high-risk patients. Once identified, the Care Manager can conduct outreach to the identified patients to engage them in care management services.

How was success measured? Please delineate whether metrics were process-based or outcome-based. Success of the interventions outlined in this program are continuously measured using outcome-based results.

What were the program results? Include qualitative data/graphs

In comparing program results for October 2016 – September 2017 to October 2017 – September 2018, CIPA experienced an improvement in the following categories for both the adult population and pediatric population: total rate per 1000, PCS rate per 1000, total cost PMPM, PCS cost PMPM, % members with visits and % members with 2 – 4 visits. Specifically, CIPA has experienced a 6% reduction in utilization for the total visit rate per 1000 members and a 9.5% reduction in utilization for the PCS visit rate per 1000 members for the adult population. Additionally, CIPA has

experienced a 20% reduction in utilization for the total visit rate per 1000 members and a 25% reduction in utilization for the PCS visit rate per 1000 members for the pediatric population.

Emergency Department Utilization and Cost Detail (Adult Population)		
Results	October 2016 - September 2017	October 2017 - September 2018
Total Rate Per 1000	247.0	232.1
PCS Rate Per 1000	111.9	101.1
Total Cost PMPM	\$33.95	\$33.08
PCS Cost PMPM	\$14.55	\$13.56
% Members with Visits	15.30%	14.90%
% Members with 2 - 4 Visits	3.60%	3.20%

Emergency Department Utilization and Cost Detail (Pediatric Population)		
Results	October 2016 - September 2017	October 2017 - September 2018
Total Rate Per 1000	249.8	199.6
PCS Rate Per 1000	97.8	73
Total Cost PMPM	\$18.90	\$15.83
PCS Cost PMPM	\$6.77	\$5.11
% Members with Visits	16.40%	13.60%
% Members with 2 - 4 Visits	3.50%	2.70%

Were any new tools, processes or resources developed to aid in the implementation of the program/intervention?

As part of our PCMH practice toolkit, all practices are routinely provided with PO-created education materials on when it is appropriate to go to the ED vs. Urgent Care and when patients should be seen by their PCP.

What are you proudest of regarding this submission? Why does this work matter? In a health care environment that is experiencing rapid changes in its transition from a fee-for-service approach to a fee-for-value approach, there is increased pressure to control health care costs, optimize the efficiency of resource utilization, and improve population health management. Ultimately, the efforts made to reduce inappropriate utilization are vital to the ongoing success of the PDCM and PCMH/PCMH-N Program because POs and physicians that promote the use of evidence-based health care services can experience the benefits of decreased downstream costs-of-care associated with overused/unnecessary services, enhanced dialogue between patient and provider regarding appropriateness of care, and most importantly, improved patient experience of care.

Throughout our efforts to engage our providers in leveraging care management to reduce utilization, we are pleased to see that our practices are continually enhancing their involvement in the stewardship of their health care resources. Given the improvement demonstrated in our ED utilization data for both PCS ED and Non-PCS ED visits, it is clear that engaging Care Managers and providers in actively utilizing ED and ADT reports, in addition to providing ongoing education to patients and ensuring the completion of transitional care management for all patients, it can result in a significant, positive impact on utilization trends. CIPA is proud of the ongoing efforts our practices have dedicated to making this program a success.

How will your organization use the funds if your submission wins? If awarded funds for the Reduction in Utilization Best Practices category, CIPA intends to use the funds to continue to expand PDCM and Care Management services for practice units that are unable to sustain care management efforts independently so that the CIPA reductions in ED utilization and cost can be achieved and sustained by more CIPA aligned practices. It is our intention to continue to promote the benefits of Care Management across our practices and ultimately, assist our providers in improving the patient experience of care for their patient population.