

## CONTACT INFORMATION

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**Submitter Name:** Christina Hildreth

**Submitter Title:** Executive Director

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**Submitter Phone Number:** (616) 252-4822

**Physician Organization Name:** Metro Health Integrated Network

**Practice Name:** Metro Health employed primary care offices (Alger Heights, Allendale, Caledonia, Cascade, Cedar Springs, Community Clinic, Comstock Park, Grand Rapids Northeast, Hudsonville, Jenison, Lowell, Rockford, Southwest-East, Southwest-IM, Southwest-Peds, Southwest-West, Wayland)

**Practice Address:** various. CIN address: 5900 Byron Center Ave SW, Wyoming, MI 49519

**How many physicians in practices:** 72

**Description of care team:** 72 physicians, 55 advanced practice providers, 18 RN care managers, 17 MSW care managers, 7 PharmD care managers, 18 clinical RNs, 14 certified diabetes educators, 149 MAs

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## EXECUTIVE SUMMARY

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**Opportunity:** Improper use of the ED not only puts an unnecessary financial burden on the whole health care industry (patients, employers, payers and government programs), but it also uses resources that should be reserved for patients coming in with true emergency situations.

**Mission:** Metro Health committed itself to reduce PCS (PCS) ED (ED) visits for our patient population.

**Your Solution:** Metro Health gave a network-wide, multi-faceted approach to tackle PCS ED visits by carrying open provider panels, creating walk-in appointment slots, conducting extensive marketing of primary care availability, and providing patient education on appropriateness of ED visits. Efforts were also focused to expand our care management program and engage these staff members in ED discharges.

**Market Focus:** Patients who are attributed to a Metro Health primary care physician.

**Expected Returns:** Metro Health had a baseline of 108.1 PCS visits per 1,000 members with a goal of being less than or equal to 104.9 visits per 1,000.

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**Category of Submission:** Reduction in Utilization

**Title of Submission:** Reducing primary care sensitive ED utilization

**When did the intervention start:** Metro Health Integrated Network (the Clinically Integrated Network (CIN) for Metro Health, University of Michigan Health) has been working collaboratively to create patient education materials since 2017. The initiative gained momentum when Blue Cross Blue Shield of Michigan provided baseline data on September 28, 2018, and, after consulting leadership, staff selected ED visits as an area of additional focus on January 30, 2019.

**Goal of the Program/Intervention:** Metro Health Integrated Network had the simple goal to reduce PCS ED utilization below our baseline target. Through our actions, we anticipated lower costs for patients by reducing the burden of out of pocket costs while also linking patients with primary care providers so they could establish a “medical home” for future care.

**Who developed the program/intervention, and how:** This problem has plagued all health systems and payers for many years. This effort began as a result of an OSC Reward Opportunity that Metro Health Integrated Network used to focus on reducing PCS ED utilization. With support of the CIN Board of Directors, a dedicated workgroup consisting of CIN quality department leadership, practice leadership, care providers, care managers, and representatives from IT was created.

**Description of the Program/Intervention:** The program kicked off with a collaborative mission focused on patient education. This involved creating patient-facing materials with input from varying levels of providers and different departments within the health system (Appendix). Metro Health Community Clinic is a great example of how these materials were used. This practice was shocked to see their CPC+ ED utilization rate four times higher than the region and sprang into action. They distributed patient materials, included additional education to patient on the 24/7 availability of their provider, and used a Patient and Family Advisory Council (PFAC) to identify additional ideas and action items.

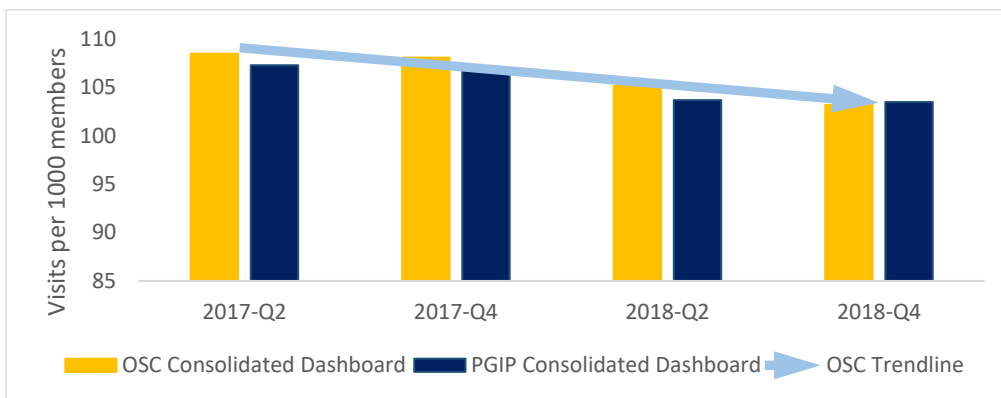
To ensure that all relevant stakeholders were included, the CIN engaged the emergency physician group, and other primary care and specialty practice leadership to discuss strategies since their buy-in was a crucial piece for success. Factors driving ED utilization were reviewed, barriers were discussed and addressed, and patient education ideas were shared. These meetings were done simultaneously with larger, continued efforts including monitoring scheduled provider time versus patient contact hours, and implementing standardized nurse triage protocols to ensure evidence-based pathways were being followed when a patient contacted a practice with medical concerns. To bolster patient awareness of our work and changes, Metro Health kicked off an extensive marketing campaign using billboards, social media, digital, print, radio, flyers, lobby TV screens, and our website to announce both when and where patients could be seen (Appendix).

Through these events and interventions, practice leaders expressed a need for more current ED visit data. Data originally used was provided from BCBSM's PGIP Reporting Package on the ED Initiative which was dated. Our CIN analyst team developed an ED Utilization Report from claims information tracking patient names, service dates including service day of week, ED location, diagnosis category, and the NYU PCS score (Appendix). This allowed us to communicate top ED locations, highest utilized days of the week, and common reasons for visits to practice leaders. In addition, an ED Follow-up Report was developed to track patients needing follow-up as well as how quickly the follow-up took place. This report provided care managers an opportunity to engage in the patient's care with the benefit of finding root problems if improper ED utilization was identified.

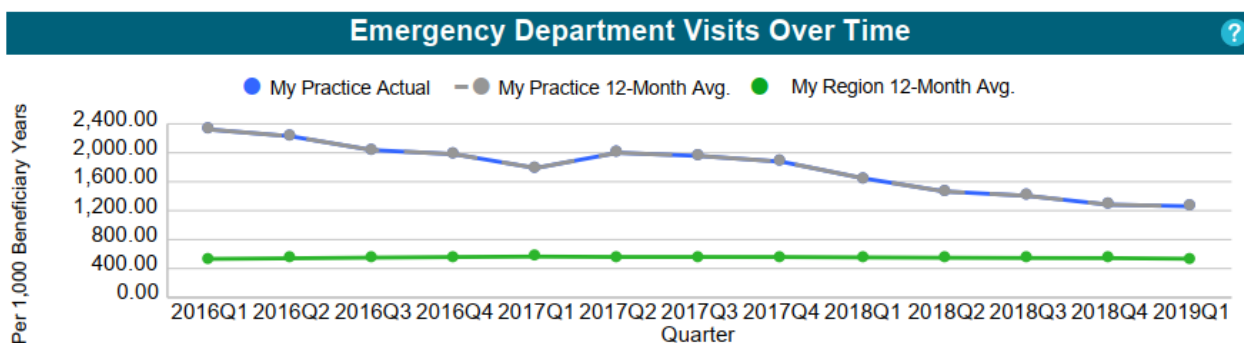
**How were patients identified for the program/intervention:** All attributed members were part of the baseline figure of 108.1 PCS ED visits per 1,000 members. Our ED Utilization Report highlighted patients that practices should target if they are high utilizers. In addition, our ED Follow-up Report provided a list of all patients discharged from the Metro Health ED.

**How was success measured:** The measurement of success for the implementation of the program was outcomes-based. Seeing a decrease in utilization over time was highly beneficial to keep momentum going. Both payer and internal reports were monitored to assess if actions were successful or if additional changes were needed to continue the decrease in utilization.

**What were the program results:** The target established was less than or equal to 104.9 visits per 1,000 members. Our current rate is 103.2 visits per 1,000 members per our payer reported dashboards. Overall, we experienced a reduction in ED utilization across our PGIP Consolidated Dashboards as well as our OSC Consolidated Dashboards (see chart below).



As previously stated, Metro Health Community Clinic is a wonderful success story. CPC+ ED utilization dramatically decreased as indicated on the chart below. While there are still opportunities to improve, the rate per beneficiary has been cut nearly in half.



**Were any new tools, processes, or resources developed to aid in the implementation of the program/intervention:** Metro Health invested a great deal of resources into their commitment to lower PCS ED utilization. The flyers and media campaigns were specifically aimed at improving this issue. As stated earlier, the ED Utilization report developed from claims was developed uniquely for this program. All other tools, processes, and resources are in a continual state of monitoring for effectiveness and improvement.

**What are you proudest of regarding this submission:** Metro Health is proudest of the fact that we were able to collaborate with a large and diverse number of departmental teams to make this program a success. This work benefits the whole health care industry by avoiding unnecessary ED visits, it reduces the costs for patients, employers, and payers while also reducing Metro Health’s total cost of care. With uninsured or underinsured patients and increasing amounts of high-deductible health plans, it is important to continuously reduce the patients care by keeping these patients out of the ED and in direct contact with primary care providers. It is crucial to have easy to access, available, affordable primary care resources.

**How will your organization use the funds if your submission wins:** If this submission wins, Metro Health will use the funds to provide financial reward to those practices who undertook this effort, fund the effort to continue educating the patient community on our primary care availability, engage more staff members in performing the patient education and outreach on how to access care in the most appropriate manner.

# APPENDIX

## Primary Care – Call Your Doctor

It's hard to know the right place to get care when you're sick or injured. When possible, your first step should be to call your primary care physician office.

By calling the office regardless of the time of day, your primary care physician and care team can help you figure out where you should go for care – whether to visit their office, urgent care or the emergency room. This may even save you money if you can be treated in your primary care physician's office.

If you need a primary care physician, visit [metrohealth.net](http://metrohealth.net) to find one.

## Urgent Care

You may need to go to urgent care if your condition isn't life-threatening but needs to be taken care of right away, especially when your doctor's office is closed. In most situations, you'll save time and money by going to urgent care instead of the emergency room.

## Emergency Room

One thing to remember when visiting the Emergency Room is that the most urgent and severe cases are treated first, so sometimes you may wait longer if your illness or injury isn't as serious.

The emergency room is the best place for treating severe and life-threatening conditions and has the widest range of services for after-hours care. **Call 911** if you think your life is in serious danger.

Do you know where to go?

## Primary Care, Urgent Care or Emergency Room

Where should I go if I have...

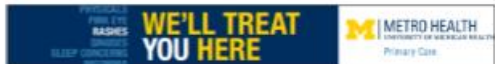
	PRIMARY CARE \$	URGENT CARE \$50	ER \$\$\$
Breathing discomfort	X	X	
Colds, coughs, flu and sore throats	X	X	
Pain and/or burning with urination	X	X	
Cuts, bruises, sprains and minor injuries	X	X	
Suspected fractures or minor broken bones	X	X	
Minor burns	X	X	
Nausea and vomiting	X	X	
Ear, eye and skin infections and minor injuries	X	X	
Headaches or dizziness	X	X	
Stress management, minor to moderate mental health concerns	X		
Allergic reactions			X
Severe or major broken bones			X
Loss of consciousness*			X
Major injury such as head trauma*			X
Poisoning or drug overdose			X
Severe burns			X
Severe or persistent vomiting or coughing up blood			X
Severe shortness of breath			X
Signs of heart attack or stroke*			X
Uncontrollable bleeding*			X
Sudden, severe pain*			X
Mental health emergency (relating to imminent harm)*			X

\*Call 911 for a life-threatening emergency

616.252.7200 | [metrohealth.net](http://metrohealth.net)



WE'LL TREAT YOU HERE CAMPAIGN



Two separate campaign messages aimed at educating the community of the availability and locations of Metro Health Primary Care Practices were launched in Spring/Summer of 2019. Media included: billboards, radio, digital and social media.



WE'LL SEE YOU NOW CAMPAIGN



### Metro Health Community Clinic

ED Utilization  
Claims through 5/30/2019

#### Top 10 patients and visit locations

	Total	EDWARD W SPARROW HOSPITAL	HURLEY MEDICAL CENTER	METROPOLITAN HOSPITAL	Regents of the University of Michigan	SAINT MARY'S HEALTH CARE	Spencer Irwin Hospital	SPECTRUM HEALTH HOSPITALS	UNKNOWN
<b>Total</b>	66	1	1	35	1	2	1	23	2
██████████	4	0	0	2	0	0	0	2	0
██████████	3	0	0	1	0	0	0	2	0
██████████	2	0	0	0	0	0	0	2	0
██████████	2	0	0	1	0	0	0	1	0
██████████	2	0	0	2	0	0	0	0	0
██████████	2	0	0	0	0	0	0	2	0
██████████	2	0	0	2	0	0	0	0	0
██████████	2	0	0	0	0	0	0	2	0
██████████	2	0	0	1	1	0	0	0	0
██████████	2	0	0	0	0	0	1	1	0
<b>ALL OTHER PATIENTS</b>	43	1	1	26	0	2	0	11	2

### Metro Health Community Clinic

ED Utilization  
Claims through 5/30/2019

#### ED Visits by Day of the Week

	Number of visits	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>Total</b>	66	7	11	13	7	11	10	7
██████████	4	0	0	1	1	0	1	1
██████████	3	0	1	1	1	0	0	0
██████████	2	0	0	0	1	1	0	0
██████████	2	0	1	0	1	0	0	0
██████████	2	0	2	0	0	0	0	0
██████████	2	0	0	0	0	1	1	0
██████████	2	0	0	0	0	1	0	1
██████████	2	1	1	0	0	0	0	0
██████████	2	0	2	0	0	0	0	0
██████████	2	0	0	0	1	0	1	0
<b>ALL OTHER PATIENTS</b>	43	6	4	11	2	8	7	5