Emergency Department Utilization

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Today's Agenda

- Catch up on previous work
- Build a project framework
- Review some current tools and efforts
- Overview of the ED Utilization project
- Review the ED draft utilization map
- Quality Committee and subcommittee involvement
- Advance the project

ED Utilization Project

Project Goals-

Measure:

✓ Reduction in ED use for Potentially Preventable ED visits

✓ Improve HEDIS measure –

ED visits per 1000 member months

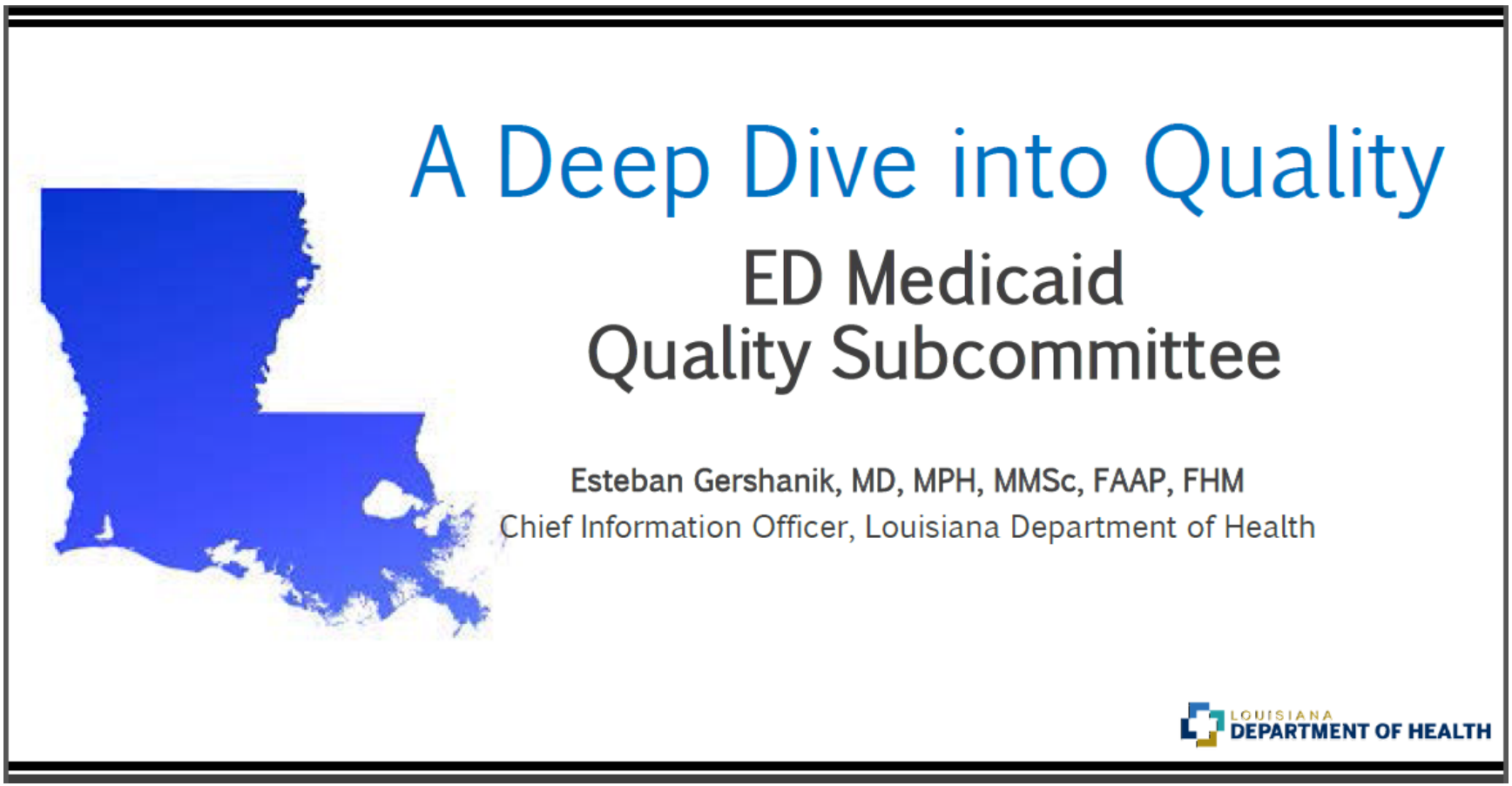
Focus:

Concentrate on ambulatory management of chronic disease, right care at the right place, right time, and connected to care before and after an ED visit.

Learn and improve:

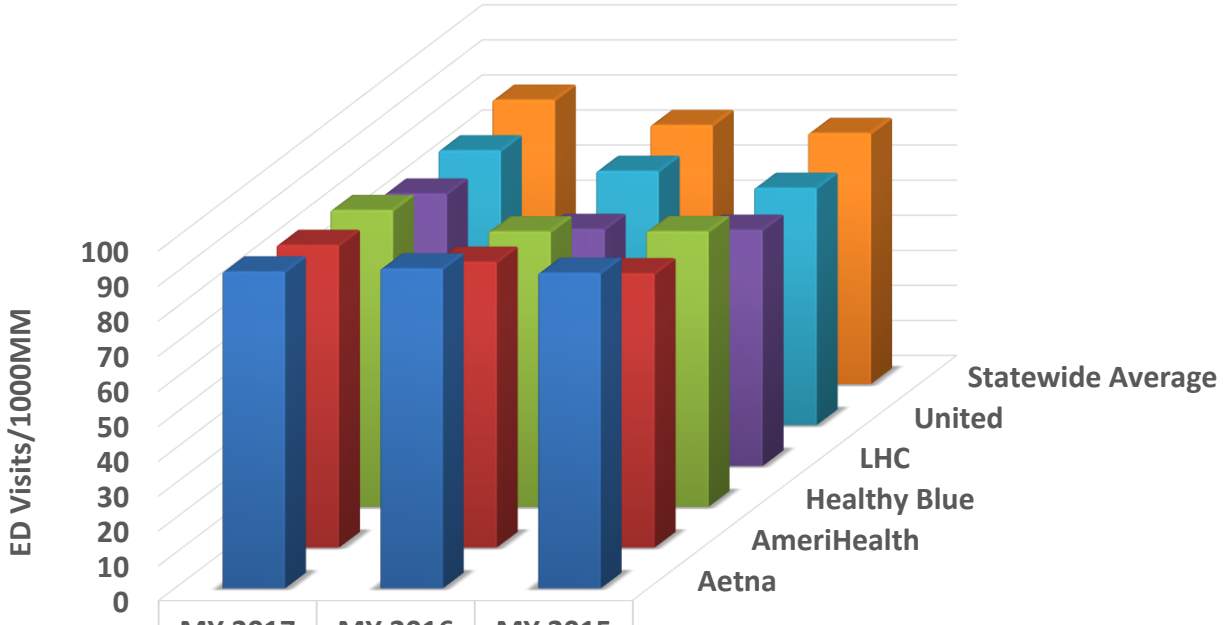
Identify what may not be working in other parts of the health care system and why, and how to improve it.

Building on previous work



Incentivized measure selection

Ambulatory Care Emergency Department Visits/1000 MM by Measurement Year



	MY 2017	MY 2016	MY 2015
Aetna	90.59	91.45	90.22
AmeriHealth	86.46	81.68	78.38
Healthy Blue	84.74	78.65	78.69
LHC	77.73	67.62	67.39
United	78.36	72.49	67.67
Statewide Average	81.09	73.88	71.60

	Target
MY 2015-2017	68.37
MY 2018	62.70

Building on previous work

Pre and Post ED Factors Contribute to Measure

- Primary Care Access
- PCPs with extended hours
- Patient-Centered Medical Homes (PCMH)
- Urgent care centers, Retail clinics
- Telemedicine, Physician Telephone consults
- Case management
- Community Health Workers
- Patient Education Efforts
- Nurse line calls
- Patient Financial Incentives
- ADT notifications
- Secure Messaging
- ED diversion programs
- Unified care plans
- Direct outreach and automated calls (clinical and non-clinical)

Social determinants of health
Newly insured status

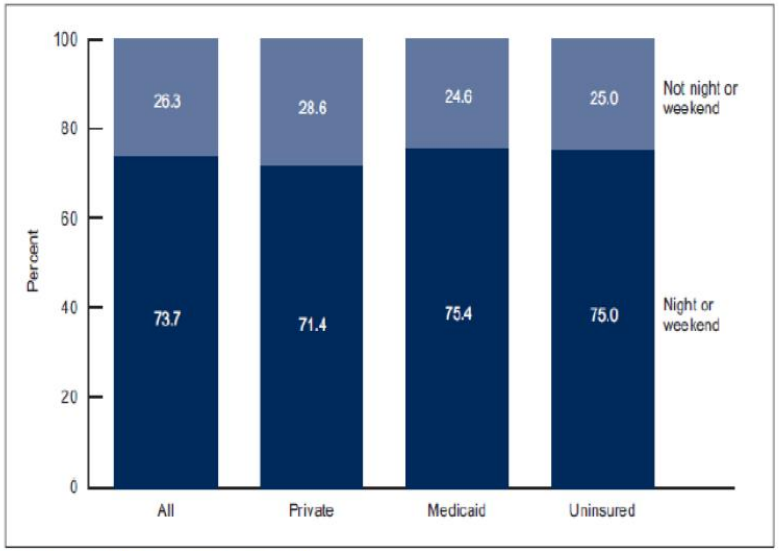
Building on previous work

Non-Emergent/Ambulatory ED Utilization

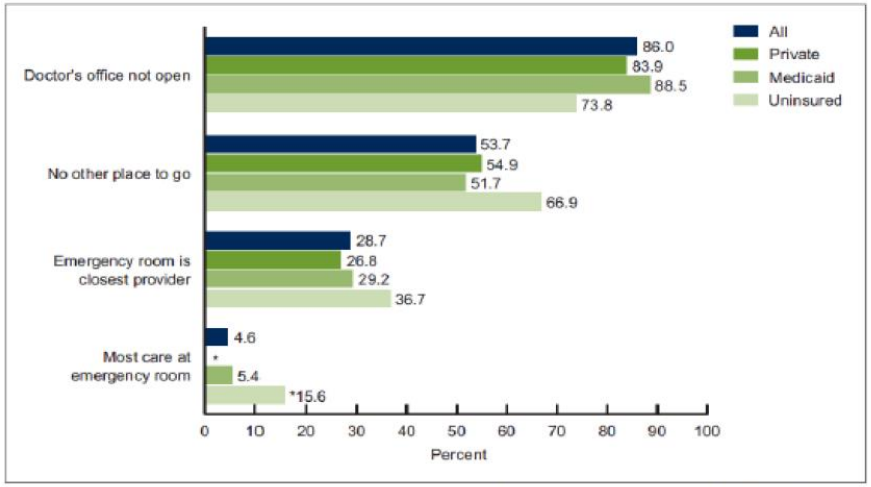
- Patients often utilize the ED for ambulatory services because:
  - They have limited access to timely primary care services.
  - The ED provides convenient after-hours and weekend care.
  - The ED offers patients immediate reassurance about their medical conditions.
  - They are referred by outpatient providers.
  - Hospitals have financial and legal obligations to treat ED patients.
- ED Utilization is costly
  - An estimated 13% to 27% of ED visits in the United States could be managed in physician offices, clinics, and urgent care centers, saving $4.4 billion annually (Weinick et al, 2010)
- ED visits for conditions that are preventable or treatable with appropriate primary care lower health system efficiency and raise costs. (Enard & Ganelin, 2013)

Building on previous work

Access Issues



SOURCE: CDC/NCHS, National Health Interview Survey, 2012.



* Estimate has a relative standard error (RSE) greater than 30% and less than or equal to 50% and is considered unreliable. Estimate should be used with caution. Data not shown have an RSE greater than 50%.
NOTE: "Reasons other than seriousness of the medical problem" is a summary based on positive responses to any of the related detailed reasons included in this figure. Respondents could select more than one reason.
SOURCE: CDC/NCHS, National Health Interview Survey, 2012.

Building on previous work

How Costly?

Diagnosis	Mean total ED bill	Mean total PC office bill
Otitis media	$410	$157
Acute pharyngitis	$562	$152
Urinary tract infection	$776	$189

Mehrotra, et al. (2009). Annals of Internal Medicine. 151(5): 321-328.

Sorting through the Evidence and Best Practices

Washington State Hospital Association | Washington State Medical Association | American College of Emergency Physicians Washington Chapter | Washington State Health Care Authority

Updated: January 2015

Seven Best Practices:

1. Electronic Health Information – Adoption of an electronic emergency department information system on a statewide basis to create and act on a common, integrated plan of care related to patients with high needs (5 or more visits in a rolling calendar year) by all emergency rooms, payors, mental health clinics, and is sent to primary care providers.

2. Patient Education – Dissemination of patient education materials by hospitals and payors to help patients understand and utilize the appropriate resources for care. This would include plans sharing with patients and providers where they can get off hours coverage for primary or urgent care including through nurse call lines and having this information easily available on their web sites.

3. Identify Frequent Users of the Emergency Department and EMS – Frequent emergency department (ER) or EMS users are identified as those patients seen or transported to the ER five (5) times within the past 12 months. Hospitals should identify those frequent ER users upon arrival to the emergency department and develop and coordinate case management, including utilization of care plans. Plans, EMS, and mental health clinics will work with patients with five or more visits to identify and overcome core issue which is documented in statewide information system.

4. Develop Patient Care Plans for Frequent ER Users – A process to assist frequent ER users with their care plans, such as contacting the primary care provider within 72-96 hours and/or notifying the PCP of an ER visit if no follow-up is required. Payors will provide the information system with the names of the primary care or group for Medicaid patients and provider fax number.

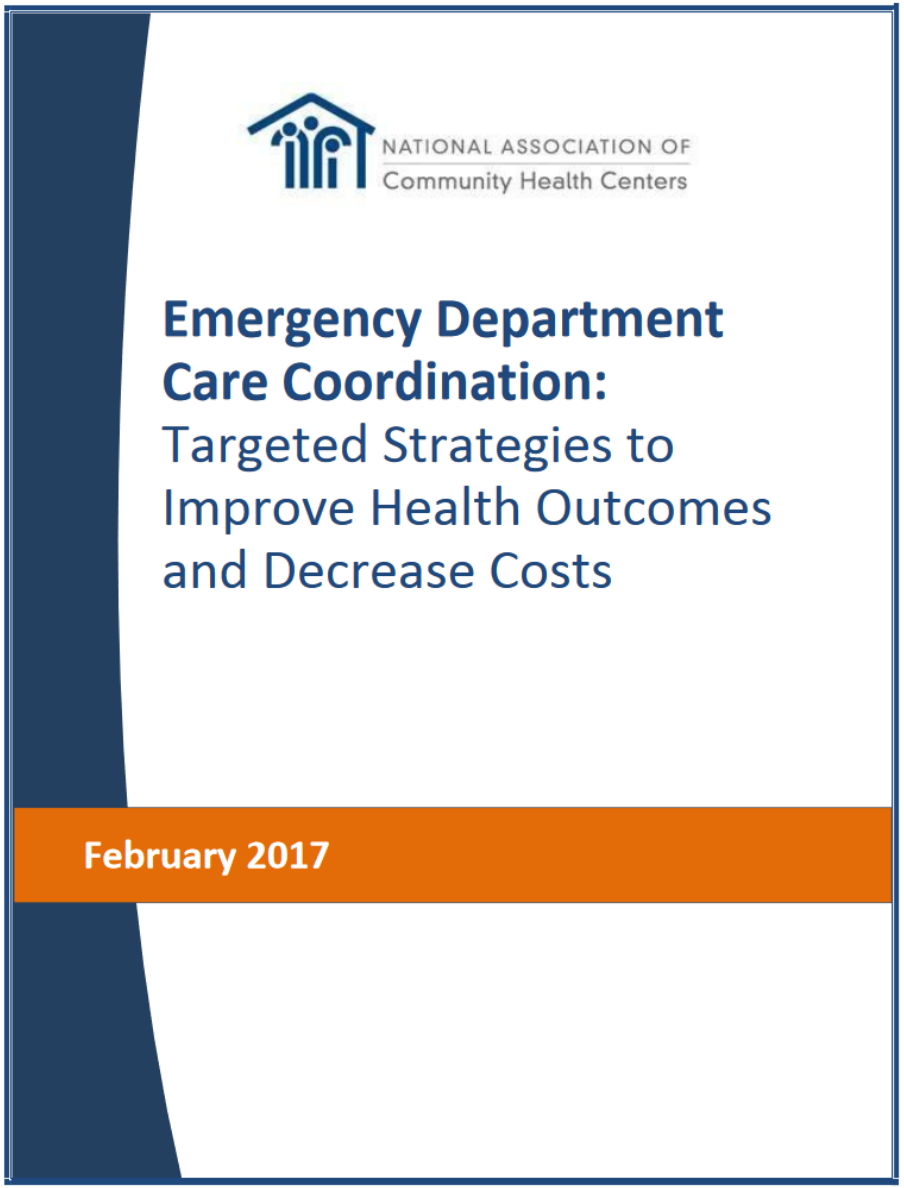
5. Narcotic Guidelines – Reduce drug-seeking and drug-dispensing to frequent ER users through implementation of guidelines that incorporate the WA-ACEP guidelines.

6. Prescription Monitoring – ER Physician enrollment in the state's Prescription Monitoring Program (PMP). The PMP is an electronic online database used to collect data on patients who are prescribed controlled substances ensuring coordination of prescription drug prescribing practices.

7. Use of Feedback Information – Designation of a hospital emergency department physician and hospital staff responsible for reviewing the reports of frequent ER users to ensure interventions are working, including a process of reporting to executive leadership.

http://www.wsha.org/wp-content/uploads/er-emergencies_ERisforEmergenciesSevenPractices.pdf

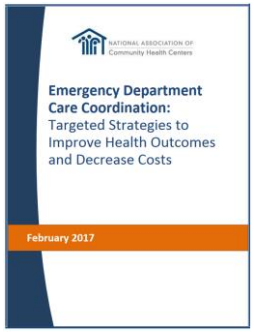
Sorting through the Evidence and Best Practices



http://safetynetpartnership.org/wp-content/uploads/2017/02/ED-Care-Coord-Manual_Feb-2017.pdf

Sorting through the Evidence and Best Practices

Top Ten Things to Consider Before Implementing an ED Care Coordination Initiative



1. Review the Data.
2. Involve Providers.
3. Ask Patients.
4. Work with Community Stakeholders.
5. Consider Scope of Project.
6. Estimate Financial Impact.
7. Comply with HIPAA.
8. Define the Referral Process.
9. Put it in Writing.
10. Communicate and Expect Future Changes.

http://safetynetpartnership.org/wp-content/uploads/2017/02/ED-Care-Coord-Manual_Feb-2017.pdf

Sorting through the Evidence and Best Practices

Collection of Best Practices:

Address:

- Expand primary care and urgent care access – expanded hours and capacity
- Education/Awareness of patients
- Navigation through the primary care and specialty system
- Electronic Health Information and Technology
- Identify Frequent ED Users and coordinate case management
- Develop and Share care plans for frequent ED users
- Narcotic Guidelines
- Prescription Monitoring
- Use feedback of information for frequent ED users across organizations
- Use regional data
- Collaboration with hospitals and providers
- Work with community stakeholders
- Consider financial impact
- Define the referral process

Project Framework

ED Utilization

(Potentially Preventable ED visits)

A system of interrelated problems,

A problem of many systems,

A system of many problems.

A Wicked Problem

Project Framework

The solution:

A few leadership practices to attack a Wicked problem from Forbes:

1. Bring the whole system to the table.
2. Our first job is not devising the solution—it's to build and sustain trust around the table.
3. Our next job is ensuring short-term wins for all, on the way to the longer term system solution.
4. Build ongoing, adaptive learning into the process.

https://www.forbes.com/sites/brookmanville/2016/05/15/six-leadership-practices-for-wicked-problem-solving/#2562692e506b

Because the group or team's understanding of the wicked problem is evolving, productive movement toward a solution requires powerful mechanisms for getting everyone on the same page. There will be volumes of facts, data, studies and reports about a wicked problem, but the shared commitment needed to create durable solution will not live in information or knowledge. Understanding a wicked problem is about collectively making sense of the situation and coming to shared understanding about who wants what.

http://www.cognexus.org/id42.htm

Project Framework

What Is a Wicked Problem?

- The problem involves many stakeholders with different values and priorities.
- The issue's roots are complex and tangled.
- The problem is difficult to come to grips with and changes with every attempt to address it.
- The challenge has no precedent.
- There's nothing to indicate the right answer to the problem.

https://hbr.org/2008/05/strategy-as-a-wicked-problem

From Wiki:

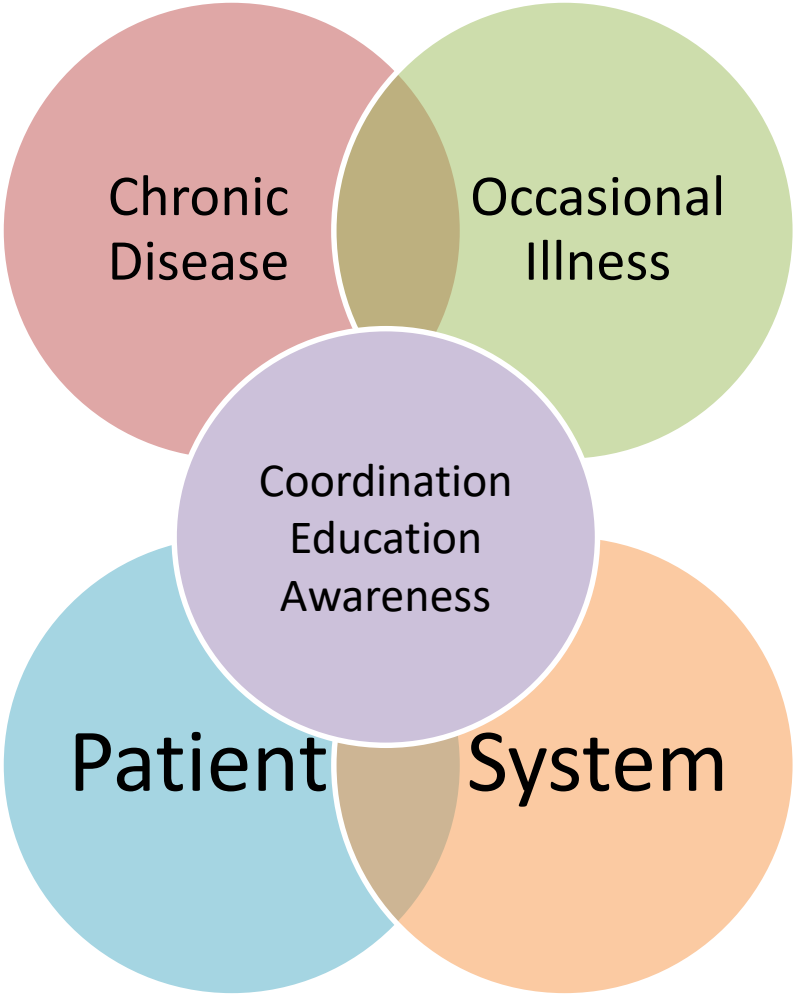
Thus wicked problems are also characterized by the following:

1. The solution depends on how the problem is framed and vice versa (i.e., the problem definition depends on the solution)
2. Stakeholders have radically different world views and different frames for understanding the problem.
3. The constraints that the problem is subject to and the resources needed to solve it change over time.
4. The problem is never solved definitively.

https://en.wikipedia.org/wiki/Wicked_problem

ED Users (Preventable)

Management
Uncontrolled
Specialty
Navigation



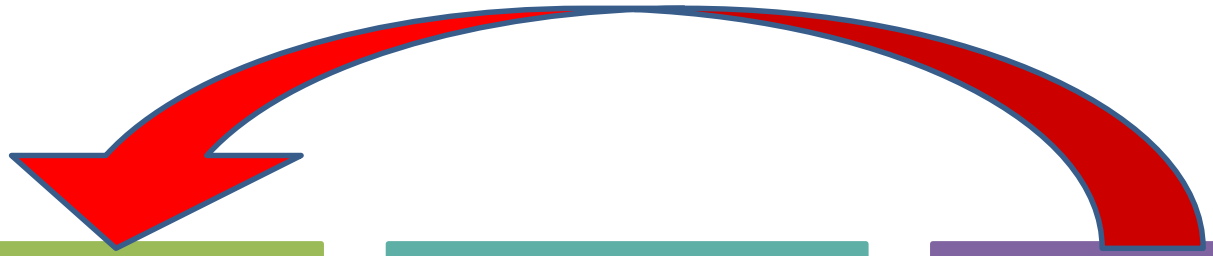
Convenience
Cost
Navigation
Access

Convenience
Culture
Cost
Navigation

Access
Fragmented
Cost
Navigation

ED Utilization Project

Segmented approach



BEFORE ED Visit

- Access (Where?)
- Navigation (How?)
- Awareness/social determinants of health (Who/Why?)

AT ED Visit

- Identify local and systemic issues that lead to visit
- Collective information available at visit
- Navigation of follow-up (Handoff)
- High quality management of active clinical issues

AFTER ED Visit

- Effectiveness of hand-off/referral
- Navigation
- Awareness
- Social determinants of health
- Access

MCO
PRESENTATIONS

Improving ED Utilization
Aetna Better Health of Louisiana

Healthy Louisiana Medicaid
Quality Committee Meeting

Lance Miguez, LPC
Sarah Hoffpauir, LCSW

aetna®

August 17, 2018

Identified Barriers

Items that effect ED Utilization based on data and subjective (survey) intelligence

- PCP auto assignment: member needs are unknown by PCP
- Members are unreachable after ED visit, incorrect phone and address
- Member established behavior patterns/knowledge deficit
- Knowledge deficit of members and providers of available nurse health line and BH crisis line
- Overcrowded PCP offices, and reluctance to accept Medicaid
- Accessibility

Improving ED Utilization

Overview of ABHLA tools and resources:

- Integrated Case Management
- IVR outreach telephone calls post ED use Adult and Peds
- Member educational materials
- Value based payments: care coordination , quality goals
  - P4Q Hospital Program Behavioral Health
  - Reimbursement strategies around redirecting
  - Population Health Specialists technical support in practice transformation
  - CareUnify online data integration platform
    - pulls LaEDIE, GNOHIE and OLOL ED data in one format
    - Provider feedback on patients ED utilization
    - Patients are categorized by ED risk to alert providers
    - System users receive daily notifications of ED visits daily from HIE systems

Example ED Results (Actual sample pre/post intervention)

Member ER Visits Comparison Report

MEMBER	ER VISITS Jan 2017 June 2017	Jul	Aug	Sept	Oct	Nov	Dec	Jan	Total YTD	Change	%
1	37	0	3	2	4	4	4	3	20	17	45.95%
2	26	3	5	1	3	4	2	0	18	8	30.77%
3	32	3	8	2	2	3	4	0	22	10	31.25%
4	43	6	3	3	6	2	5	1	26	17	39.53%
5	22	7	4	2	5	4	2	2	26	-4	-18.18%
6	36	5	6	0	9	7	1	1	29	7	19.44%
7	18	2	2	3	1	0	0	0	8	10	55.56%
8	8	2	1	0	5	0	0	0	8	0	0.00%
9	16	2	1	3	1	2	0	1	10	6	37.50%
10	26	3	1	2	5	3	1	0	15	11	42.31%
11	25	1	3	4	4	3	0	0	15	10	40.00%
12	19	3	2	3	2	3	0	0	13	6	31.58%

Emerging ED Diversion Strategy

- Partnering with Ready Responders to impact super utilizers in Jefferson and Orleans Parish
- ABHLA newly contracted with CVS Minute Clinics to provide members an alternative to using the ER
- ABHLA partnership with tele-psychiatry services
- Pilot NRMC for ER Diversion; Lafayette General Hospital, OLOL

Sample: ABHLA member material

AETNA BETTER HEALTH® OF LOUISIANA aetna®

1

What you should know before going to the E.R.

Are you suffering from an upset stomach? Does one of the kids have a runny nose? Sometimes we may need to reach a doctor or nurse that can provide medical care immediately. Some conditions do not always require a visit to the emergency room but visit to your primary care doctor.

As an added benefit, we now provide you with year-round 24/7 access to doctors and pediatricians by video chat. Teladoc consults are available at no cost to you.
Teladoc does not replace your primary care provider (PCP). It is just another choice for quality care when your PCP is not available. Through a secure video consult, you can meet with a U.S. board certified doctor, licensed in your state, which can treat many conditions like:

- Sinus problems
- Bronchitis
- Allergies
- Cold and flu symptoms
- Respiratory infections
- Ear infections and more

3 easy steps

1. Set up an account - Go to **www.teladoc.com** and click on "Set up account"
2. Log in and complete "My Medical History" tab
3. Request a consult, available 24 hours a day, 7 days a week

Questions?
If you have any questions call **1-800-Teladoc (835-2362)** 24 hours a day, 7 days a week.

24 hour access to a Nurse

Aetna Better Health of Louisiana has a nurse line to help answer your medical questions. This number is available 24 hours a day, 7 days a week. Just call us at 1-855-242-0802 (TTY 711), and listen for the nurse line option

Living your best life with Care Management

Dealing with your health conditions can be difficult at times stopping you from living your life to the fullest. Are you in need of some help to best manage your conditions but aren't sure where to look?

Aetna Better Health of Louisiana is committed to supporting all of their members by providing care management a free service that can connect you to the right resources.

Your care manager will coordinate with providers, organizations, and agencies to set up a care plan that is right for you. If you have questions about care management you can contact Member Services at 1-855-242-0802 TTY 711 24 hours a day, 7 days a week.

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Thank you!

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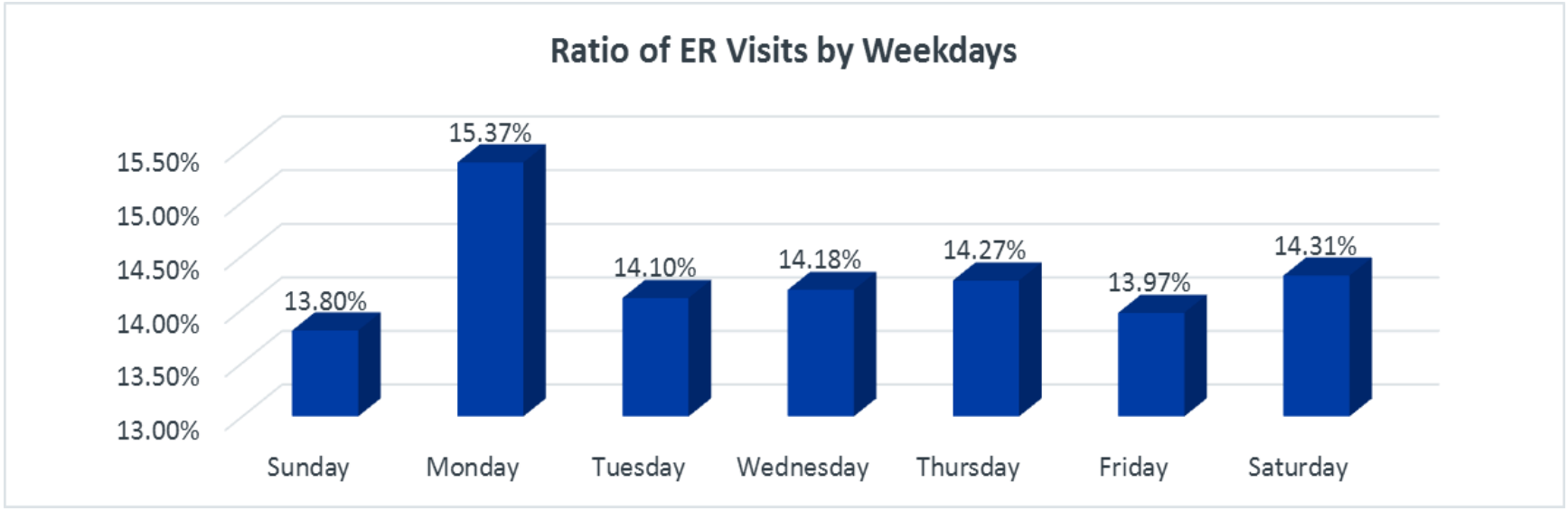
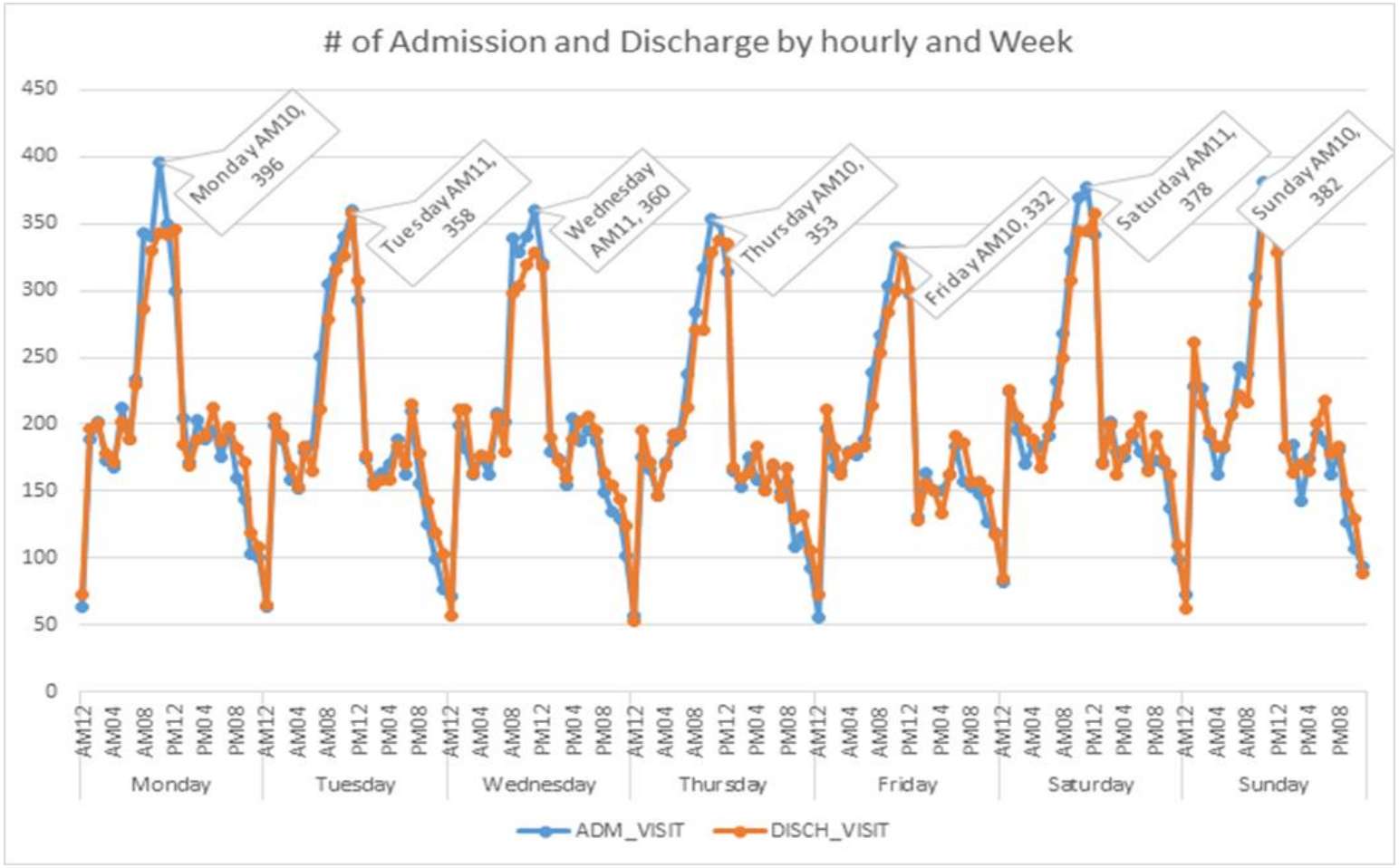
Analyzing ER Utilization
AmeriHealth Caritas Louisiana

Level	# Unique Members	% of Members	Utilizations	% of Util.	Util/Members
HIGH (4+)	453	1.31%	3,704	7.21%	8.18
MEDIUM	969	2.81%	4,351	8.47%	4.49
LOW	33,031	95.87%	43,291	84.31%	1.31
Total	34,453		51,346		1.49



Analyzing ER Utilization
AmeriHealth Caritas Louisiana



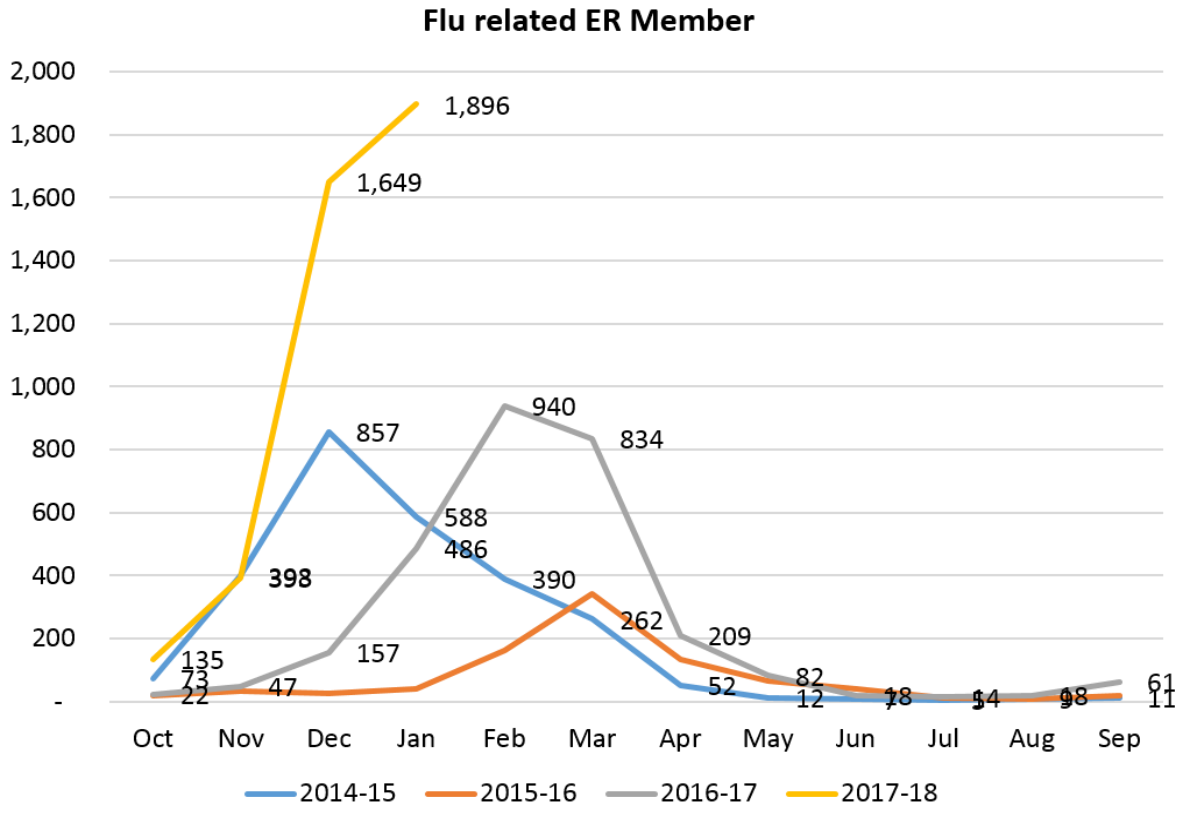
Impact of 2017-2018 Flu Season

AmeriHealth Caritas Louisiana

ER Visits

February - March 2017 flu season - 1,774

December 2017 to January 2018 flu season - 3,545



ER Diversion
AmeriHealth Caritas Louisiana

- Rapid Response and IHCM
  - HIE ER utilization report
  - Top 200 utilizers
  - ER diversion survey – reason for ER use, PCP availability, transportation, urgent care availability, barriers leading to ER use, education, IHCM referral
- Community Case Management Team and Community Education Team
- Provider partnerships through value based contracts

Strategies to Reduce ED Use

Overview

AMB – General Strategies

Provider Education to Reduce ED Utilization

- Provider education and interactions at provider workshops
- Provider brochures

Member Focused Efforts

- Identify ME members who have not been to their PCP and target outreach
- Identify ME members who have had 1-2 ED visits this year
- Member health fairs co-sponsored with FQHCs

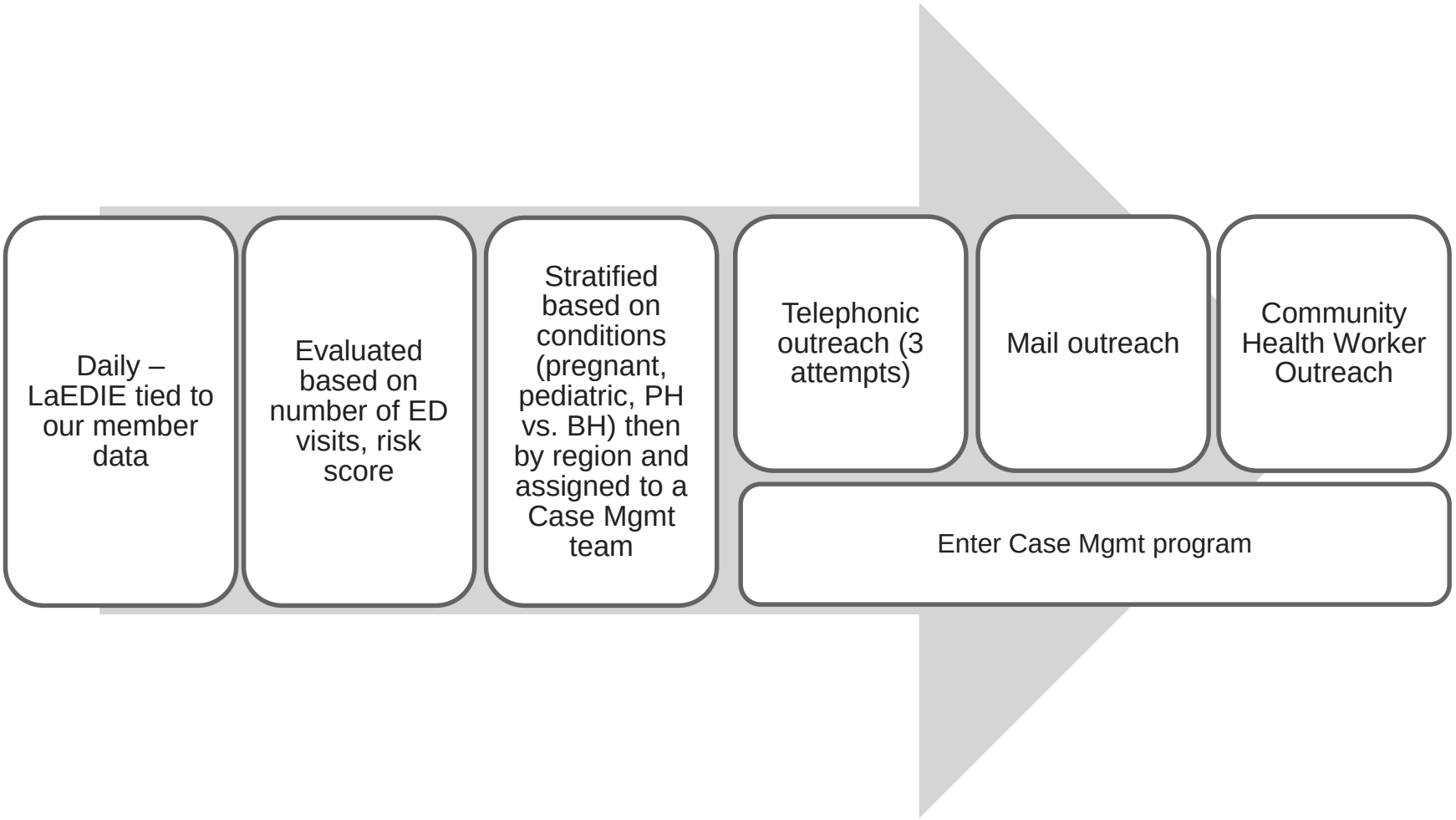
Marketing Initiatives

- Focusing on educating high-utilization members on appropriate use of ED
- Targeted, timely direct mail
- Educational handout for face-to-face coaching
- Social media and online content

Provider Incentives

- Identify and incentivize providers who do not currently offer extended hours
- Incentivize providers for ME members seen
- Adding incentives to include AMB, W15, W34. AWC is already a part of the provider incentive program.

Member Stratification



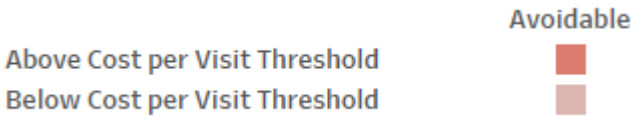
UHC Healthy Louisiana Avoidable ED Utilization 2017

UnitedHealthcare®

Top 10 Avoidable ER Provider Data 2017

Provider Name	% of Avoidable ED Visits	Cost Per Avoidable ED Visit	Avoidabe ED Visits	City	State	zipcode	Avoidable ED Paid	All ED Visits
OCHSNER ST ANNE GENERAL HOSPITAL	54.4%	$ 300.87	2,396	Raceland	LA	70394	$ 720,882	4,405
CHILDRENS HOSPITAL	42.5%	$ 369.88	4,689	New Orleans	LA	70118	$ 1,734,390	11,039
WILLIS KNIGHTON PIERREMONT	41.5%	$ 160.59	1,465	Shreveport	LA	71115	$ 235,270	3,534
LEONARD J CHABERT MEDICAL CENTER	41.3%	$ 166.05	2,986	Houma	LA	70363	$ 495,815	7,238
HARDTNER MEDICAL CENTER	40.9%	$ 378.42	490	Urania	LA	71480	$ 185,427	1,197
NEW ORLEANS EAST HOSPITAL	40.1%	$ 433.78	2,175	New Orleans	LA	70127	$ 943,468	5,423
TERREBONNE GENERAL MEDICAL CNTR	40.1%	$ 116.22	4,388	Houma	LA	70360	$ 509,979	10,948
WILLIS KNIGHTON MEDICAL CENTER	39.8%	$ 148.36	5,399	Shreveport	LA	71103	$ 801,021	13,580
UNIVERSITY HEALTH SHREVEPORT	39.3%	$ 166.25	2,877	Shreveport	LA	71103	$ 478,294	7,329
OCHSNER MEDICAL CENTER AT BATON ROUGE	38.8%	$ 140.05	3,750	Baton Rouge	LA	70816	$ 525,172	9,660

Please note the following on the subsequent slides.



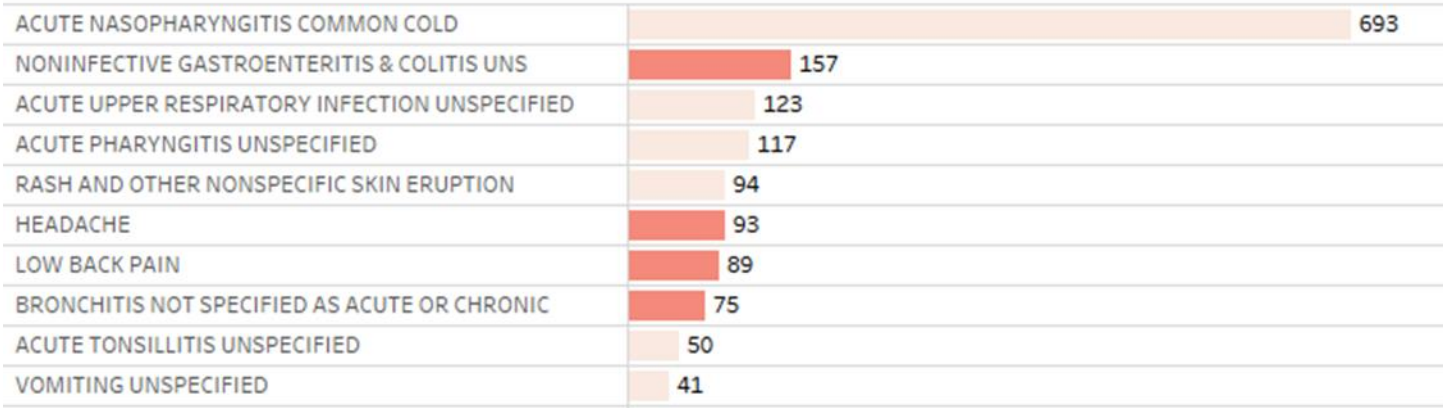
The set cost per Episode threshold is $300

Top 10 Avoidable ER Provider Data 2017

UnitedHealthcare

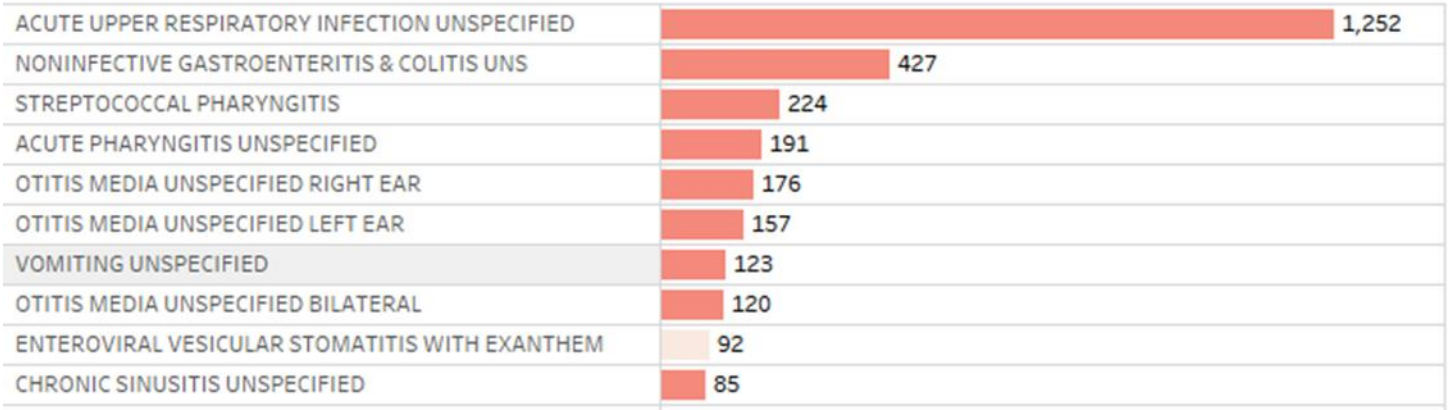
Number of ED Visits

Provider: OCHSNER ST ANNE GENERAL HOSP/PROF FEES & OCHSNER ST ANNE GENERAL HOSPITAL



Number of ED Visits

Provider: CHILDRENS HOSPITAL & CHILDRENS HSP OF NO/PRF FEES

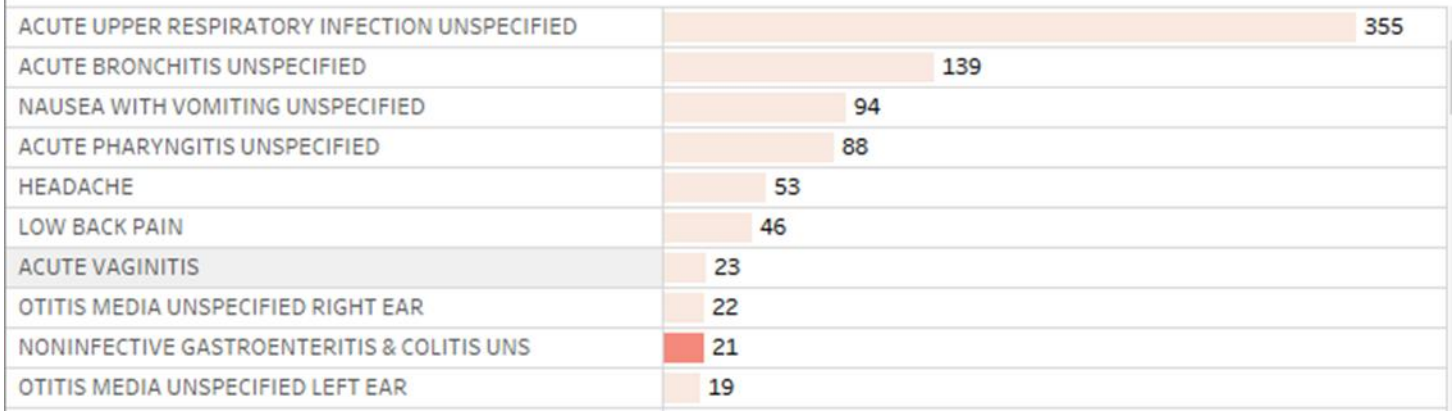


Top 10 Avoidable ER Provider Data 2017

UnitedHealthcare

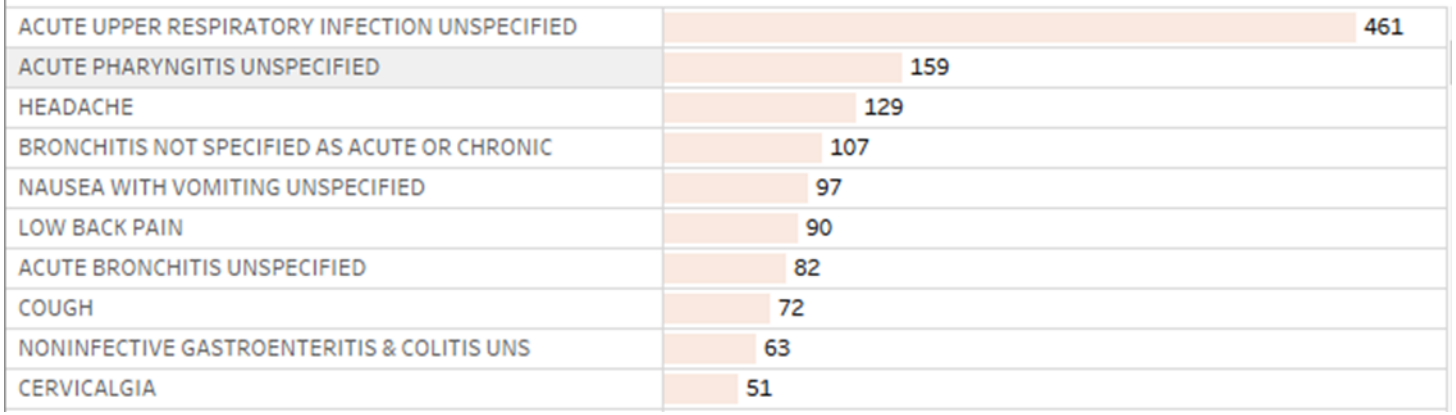
Number of ED Visits

Provider: WILLIS KNIGHTON PIERREMONT



Number of ED Visits

Provider: LEONARD J CHABERT MEDICAL CENTER

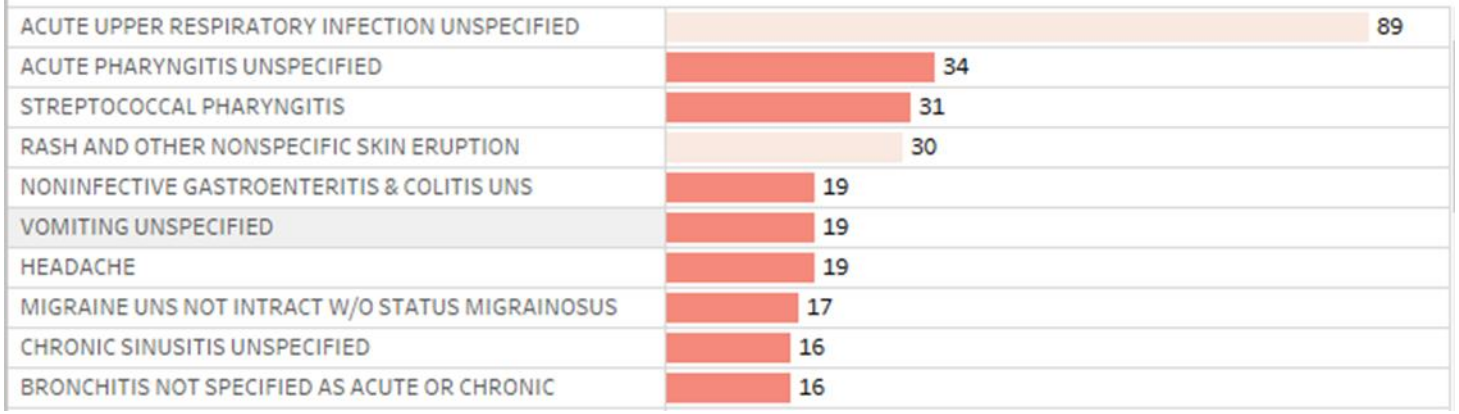


Top 10 Avoidable ER Provider Data 2017

UnitedHealthcare

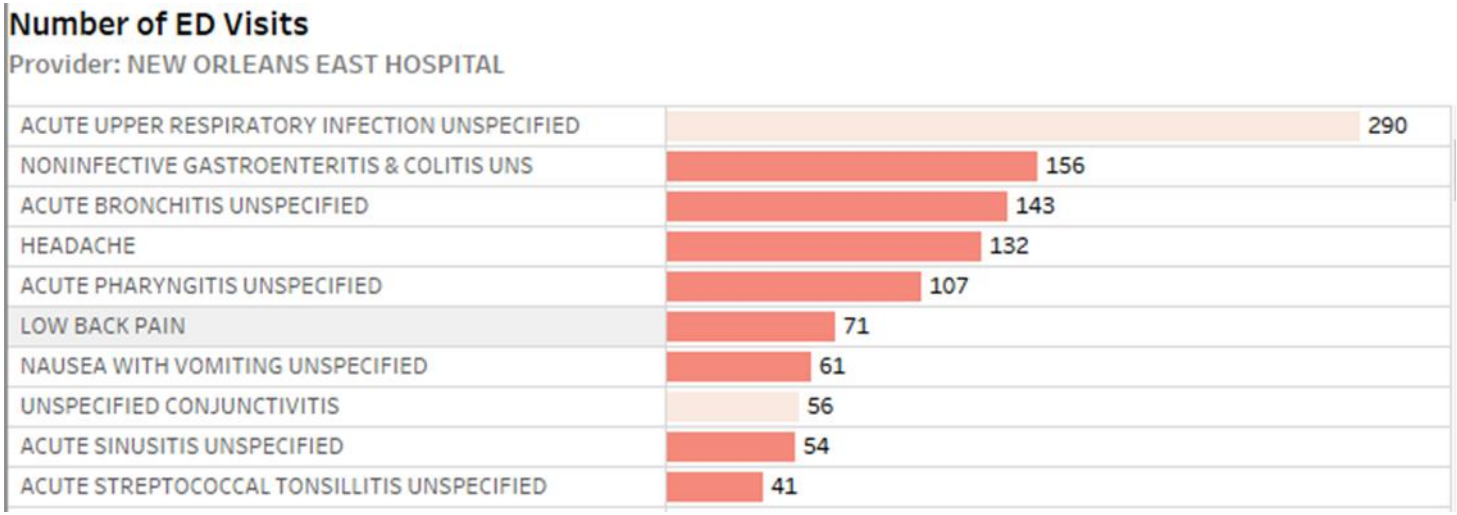
Number of ED Visits

Provider: HARDTNER MEDICAL CENTER



Number of ED Visits

Provider: NEW ORLEANS EAST HOSPITAL

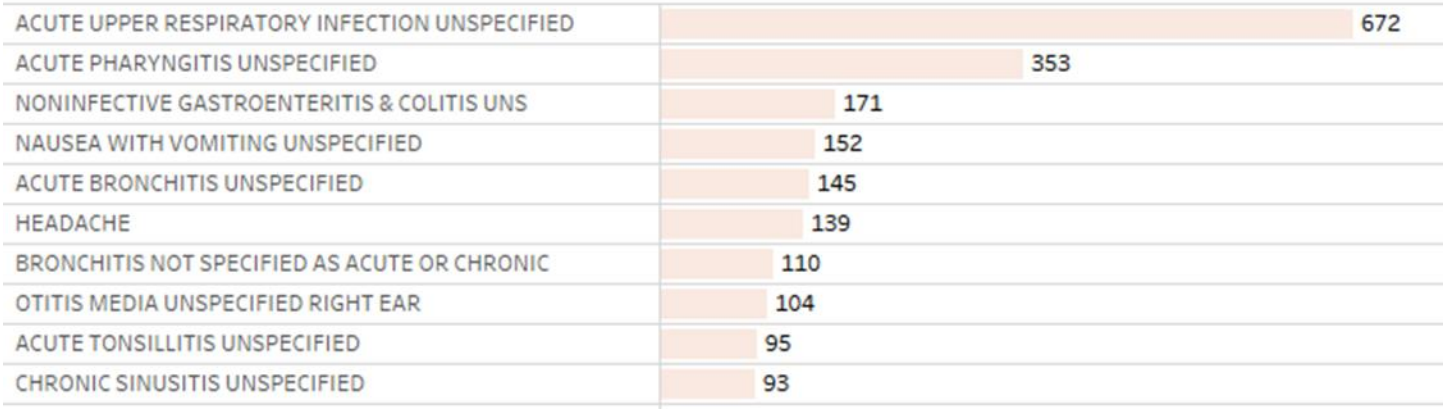


Top 10 Avoidable ER Provider Data 2017

UnitedHealthcare

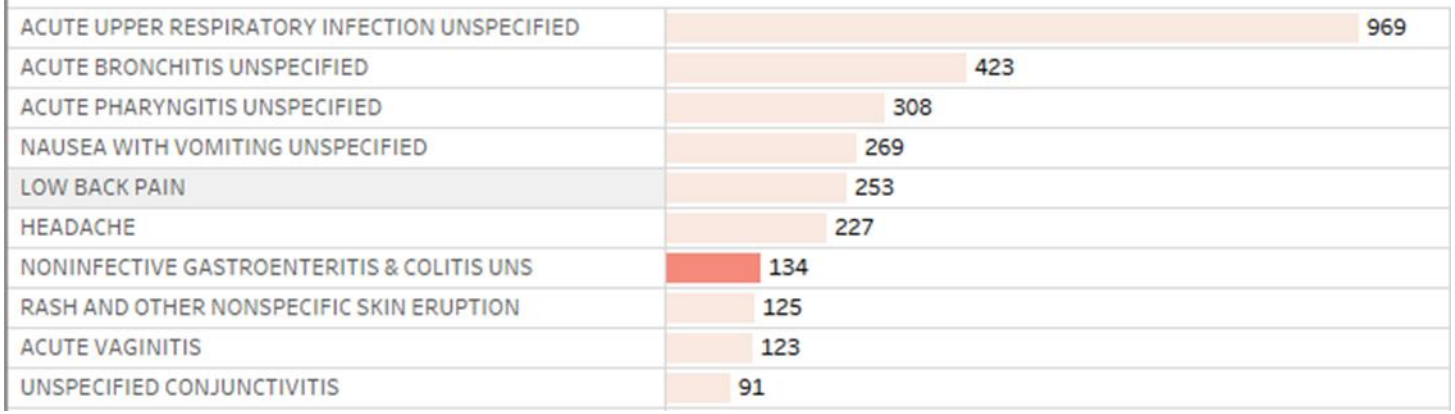
Number of ED Visits

Provider: TERREBONNE GEN MED CTR & TERREBONNE GENERAL MEDICAL CNTR



Number of ED Visits

Provider: WILLIS KNIGHTON MEDICAL CENTER

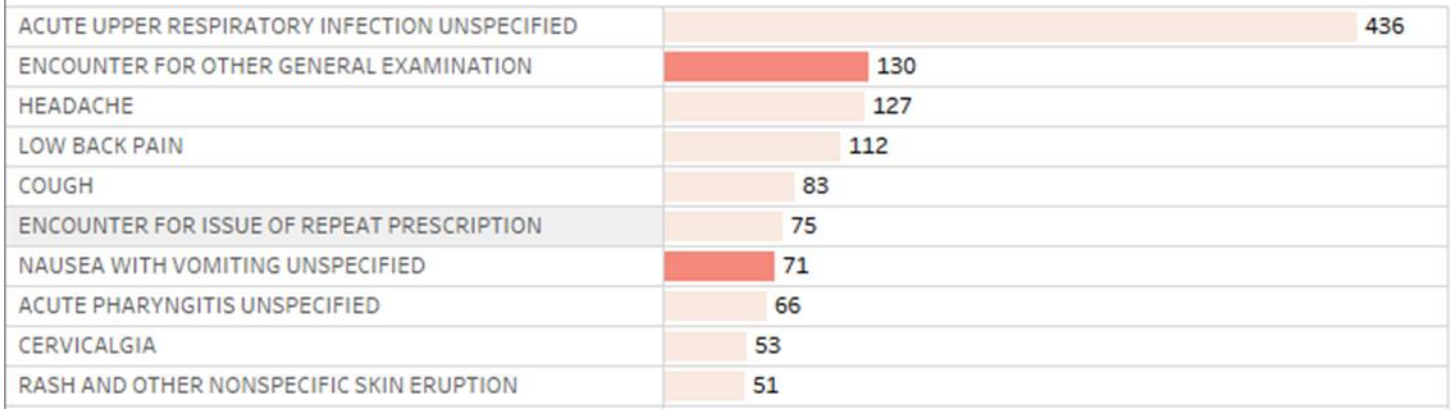


Top 10 Avoidable ER Provider Data 2017

UnitedHealthcare

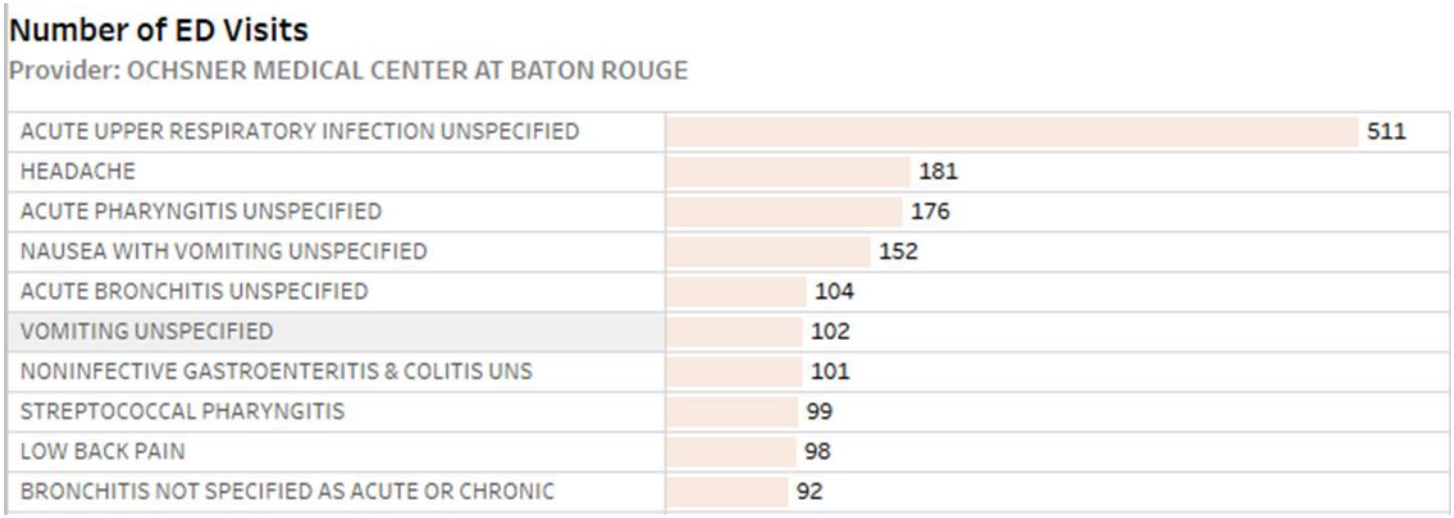
Number of ED Visits

Provider: UNIVERSITY HEALTH SHREVEPORT



Number of ED Visits

Provider: OCHSNER MEDICAL CENTER AT BATON ROUGE



Avoidable ED Utilization

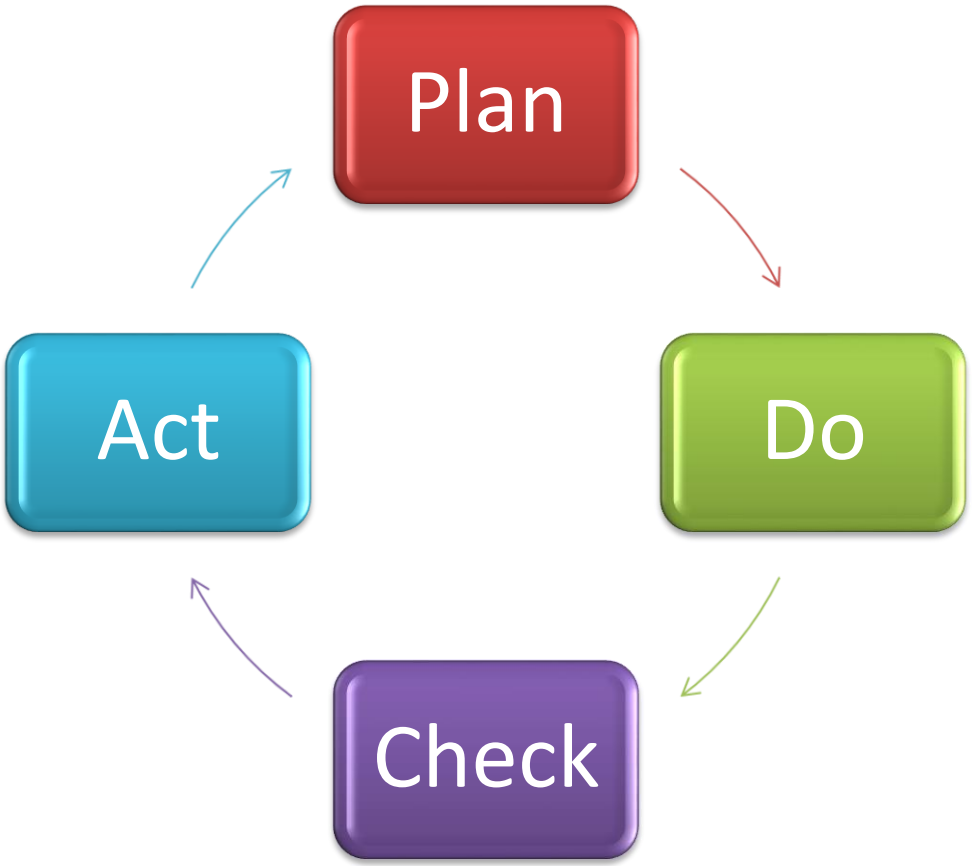
Initiatives in Progress

- Providers are incentivized to work with members for avoidable ER visits to go to the PCP instead of the ER.
- Providers are provided reports with their linked members who have been in the ER or been discharged in the past 48 hours ---- for their follow up with a PCP visits

  Provider newsletter also educates our providers as it relates to access and after hours availability.
- Members are outreached for Gaps in Care and also place of service for their visits and appointments are made with the PCP and transportation issues are also addressed in the call.
- Member newsletters educate members on appropriate utilization of ER
- Plan pays for after-hours care when a modifier is applied.

ED Utilization Project

ED Utilization Project

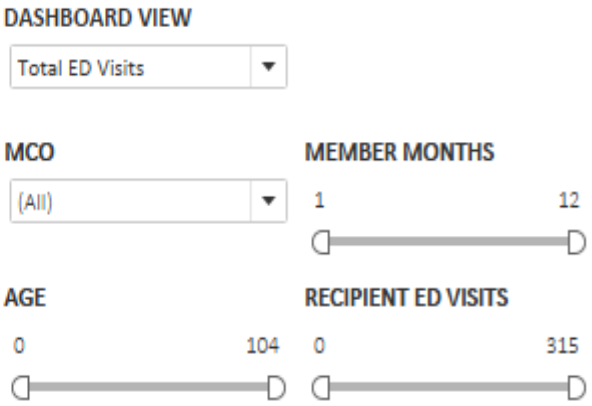


ED Utilization Project

TIER 1	TIER 2
Understand the factors resulting in ED Utilization	Examine interventions undertaken to effect ED Utilization
High level processes Data driven	Local activity Stakeholders
Discover current state, barriers and possible future state	Identify and support successful efforts

Choose regions

Enrolled Medicaid Members	1,513,426
Total Member Months	15,849,229
Total ED Visits	1,245,671
Min. ED Visits by Single Member	0
Avg. ED Visits p/ Member	0.82
Max ED Visits by Single Member	315
ED Visits p/ 1,000 Member Months	78.60
Total Record Count	1,564,120



SELECTION SUMMARY COUNTS

LDH REGION	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Member	ED Visits p/ 1,000 Member ..
ALEXANDRIA	101,234	91,400	0	0.90	63	86.18
BATON ROUGE	195,638	127,992	0	0.65	76	63.50
LAFAYETTE	202,806	191,574	0	0.94	139	89.41
LAKE CHARLES	95,340	83,941	0	0.88	58	85.42
MANDEVILLE	167,553	139,635	0	0.83	80	80.53
MONROE	133,321	99,693	0	0.75	152	70.34
NEW ORLEANS	311,230	234,128	0	0.75	204	71.47
SHREVEPORT	177,699	149,127	0	0.84	315	79.79
THIBODAUX	128,605	128,181	0	1.00	179	94.83

Choose regions

Enrolled Medicaid Members	1,513,426
Total Member Months	15,849,229
Total ED Visits	1,245,671
Min. ED Visits by Single Member	0
Avg. ED Visits p/ Member	0.82
Max ED Visits by Single Member	315
ED Visits p/ 1,000 Member Months	78.60
Total Record Count	1,564,120

DASHBOARD VIEW

ED Visits p/ MMM

MCO

(All)

MEMBER MONTHS

1 12

AGE

0 104

RECIPIENT ED VISITS

0 315

SELECTION SUMMARY COUNTS

LDH REGION	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Member	ED Visits p/ 1,000 Member ..
ALEXANDRIA	101,234	91,400	0	0.90	63	86.18
BATON ROUGE	195,638	127,992	0	0.65	76	63.50
LAFAYETTE	202,806	191,574	0	0.94	139	89.41
LAKE CHARLES	95,340	83,941	0	0.88	58	85.42
MANDEVILLE	167,553	139,635	0	0.83	80	80.53
MONROE	133,321	99,693	0	0.75	152	70.34
NEW ORLEANS	311,230	234,128	0	0.75	204	71.47
SHREVEPORT	177,699	149,127	0	0.84	315	79.79
THIBODAUX	128,605	128,181	0	1.00	179	94.83

Choose regions

Deeper Dive into the Data
(Top 7 ED Utilizers)

Hospital	City	Rate per 1000 MM
Rapides Regional	Alexandria	46.96
Our Lady of our Lake	Baton Rouge	38.85
Willis Knighton	Shreveport	32.98
Lake Charles Memorial	Lake Charles	31.64
North Oaks Medical	Hammond	23.92
Lafayette General	Lafayette	21.51
Lake Area Medical Center	Lake Charles	21.41

ED Utilization Project

TIER 1 Thibodaux Region	TIER 2 Alexandria & Lafayette Regions
Understand the factors resulting in ED Utilization	**Examine interventions undertaken to effect ED Utilization**
High level processes **Data driven**	**Local activity** **Stakeholders**
Discover current state, barriers and possible future state	**Identify and support successful efforts**

ED Utilization Project

TIER 1
Thibodaux Region

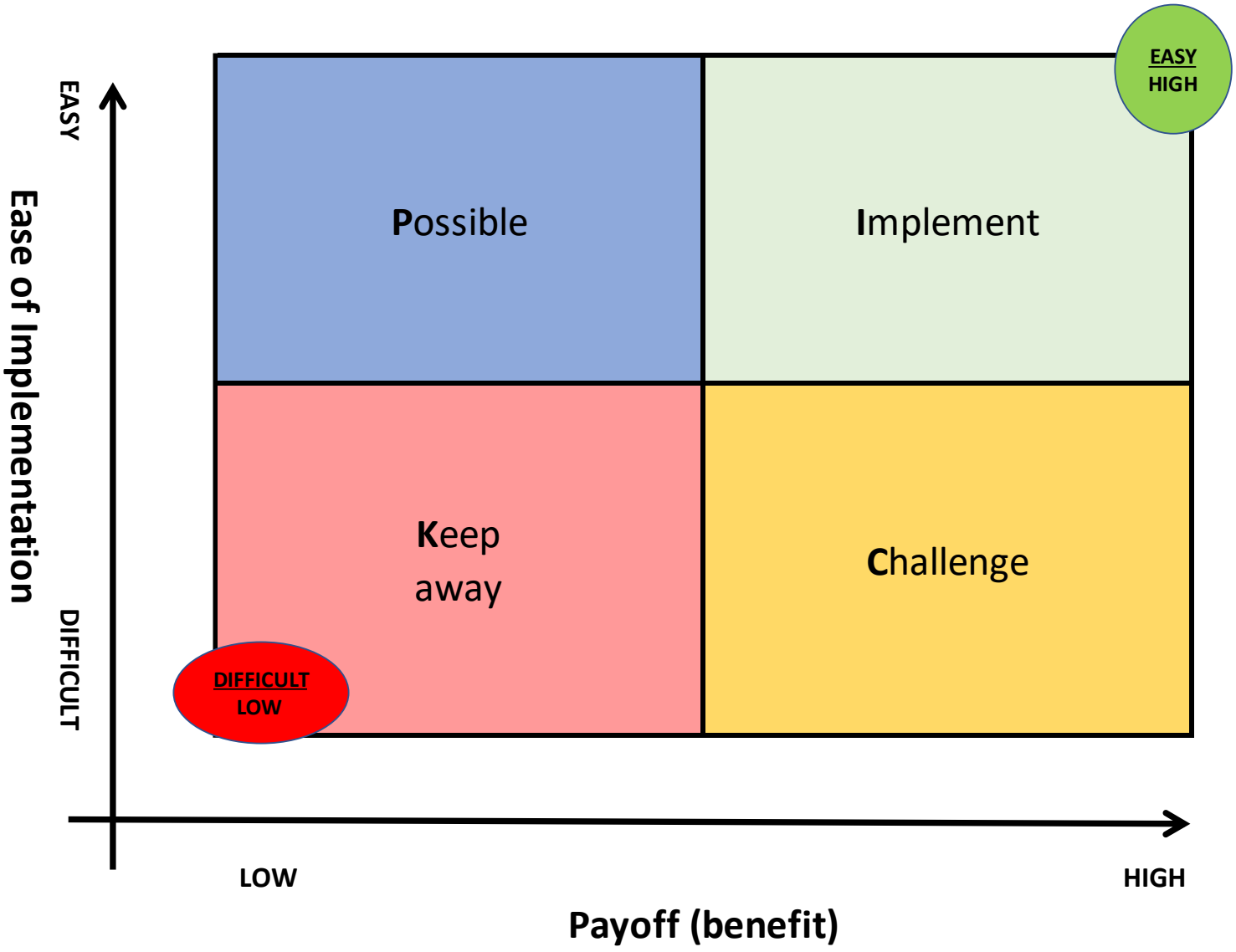
- **P**-Understand contributing concepts and impacts
  - Data sources
  - Processes
  - Navigation
  - Capacity and demand
  - Patient awareness/education
- **D**-Utilize data driven process
  - Implement PICK improvement
  - Find the WIN-WIN-WIN-WIN's
  - Develop leading indicators
- **C**-Measure
  - Impacts
  - Test leading indicators
  - What have we learned from this perspective?
- **A**-Sustain and spread
  - Begin routine reporting and feedback
  - Transfer learning to other regions
  - PICK statewide issues
  - Build on TIER 2 successes

ED Utilization Project

TIER 2
Alexandria Region

- **P**-Understand current and previous efforts
  - Identify stakeholders
  - Develop a regional registry of efforts
- **D**-Explore efforts
  - Identify what and why's of successes
  - Identify barriers to improvement efforts
  - What can be learned from local PDCA's
- **C**-Recognize
  - Develop indicators of success
  - What does the data, the processes, and the collaboration tell us
  - What are best practices that work?
  - What have we learned from this perspective?
- **A**-Sustain and spread
  - Begin routine reporting and feedback
  - Transfer learning to other regions
  - PICK statewide issues
  - Build on TIER 1 successes

PICK


EASY
HIGH
Possible
Implement
Keep
away
Challenge
DIFFICULT
LOW
EASY
Ease of Implementation
DIFFICULT
LOW
HIGH
Payoff (benefit)

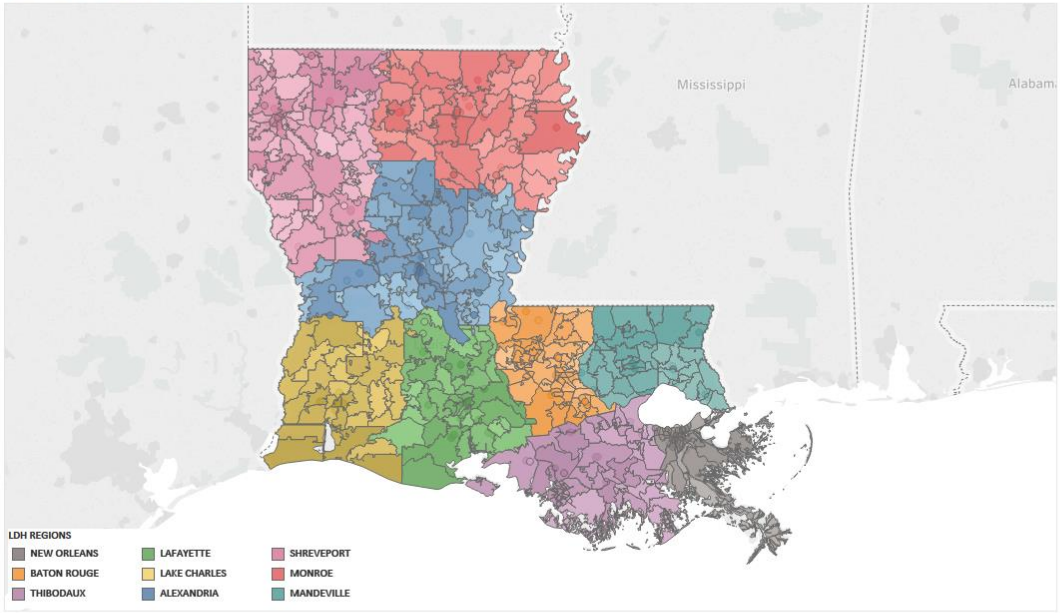
ED Utilization draft data map

LA**MEDICAID** | DATA MAP (DRAFT)

*ALL DATA IS DERIVED FROM CLAIMS DATA FROM CALENDAR YEAR 2017
VISUALIZATIONS IN VIEW ARE BASED ON **ED VISITS p/ MMM DATA

LOUISIANA DEPARTMENT OF HEALTH

ED UTILIZATION



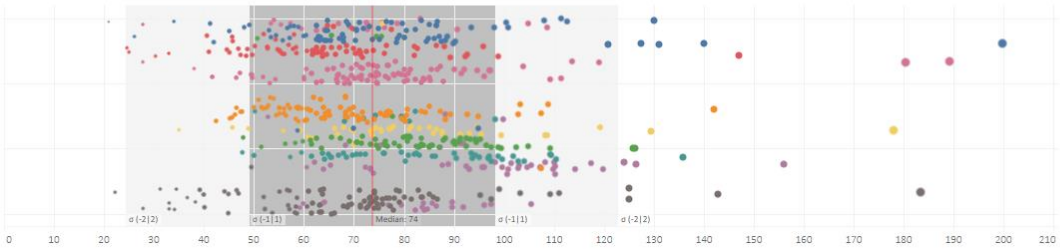
Enrolled Medicaid Members	1,513,426
Total Member Months	15,849,315
Total ED Visits	1,245,671
Min. ED Visits by Single Member	0
Avg. ED Visits	1
Max ED Visits by Single Member	315
ED Visits p/ 1,000 Member Months	78.59
Total Record Count	1,564,130

VIEWING: ED VISITS p/ MMM
MCO: (All)
MEMBER MONTHS: 1 – 12
AGE: 0 – 104
RECIPIENT ED VISITS: 0 – 315

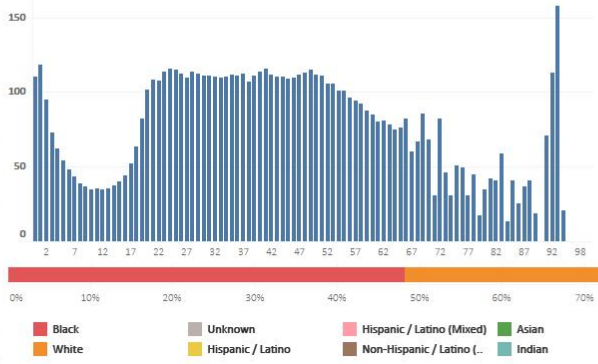
SUMMARY COUNTS

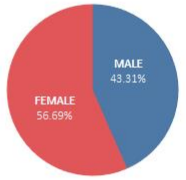
LDH REGION	PARISH	CITY	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Memb..	ED Visits p/ 1,000 Member ..
ALEXANDRIA	AVOYELLES	BORDELONVILLE	17	16	0	16	3	87.43
		BUNKIE	2,380	2,297	0	2,297	19	90.36
		CENTER POINT	336	233	0	233	14	67.95
		COTTONPORT	1,676	1,302	0	1,302	47	70.36
		DUPONT	52	48	0	48	5	88.24
		EFFIE	335	225	0	225	15	63.06
		EVERGREEN	208	145	0	145	8	65.40
		HAMBURG	65	41	0	41	7	62.60
		HESSMER	1,067	890	0	890	34	78.70
		MANSURA	1,752	1,290	0	1,290	15	67.85

HIGH UTILIZATION GEOGRAPHIC AREAS

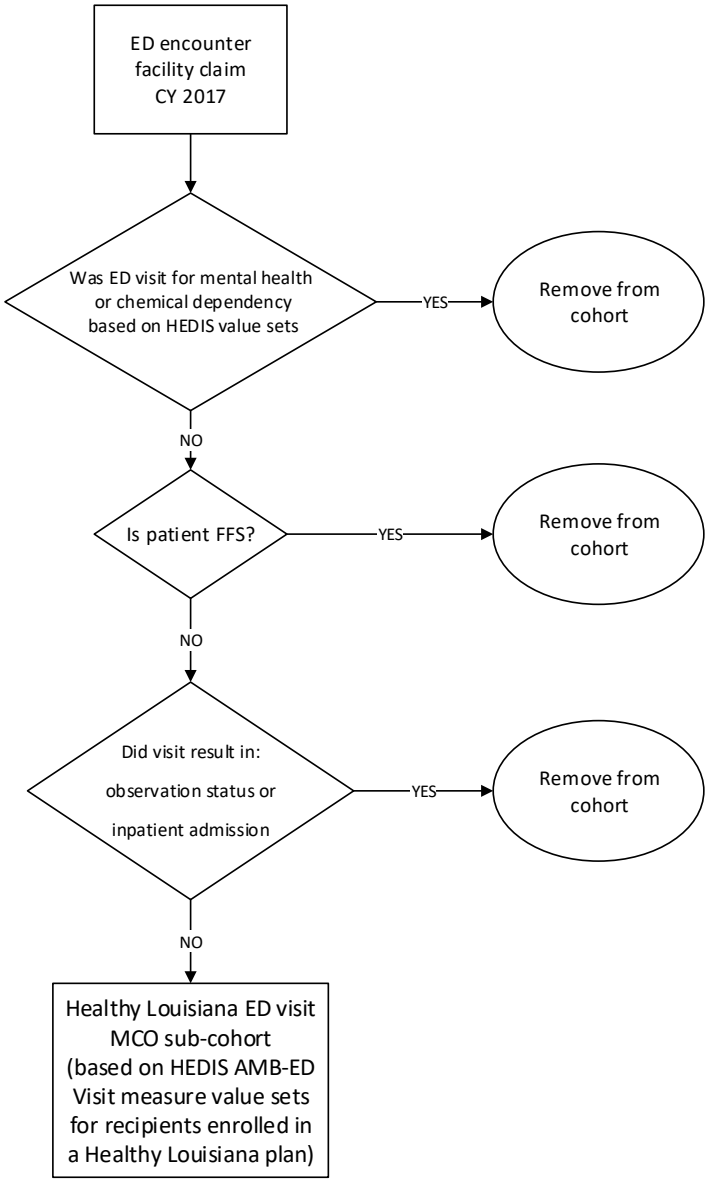


DEMOGRAPHIC COMPOSITION

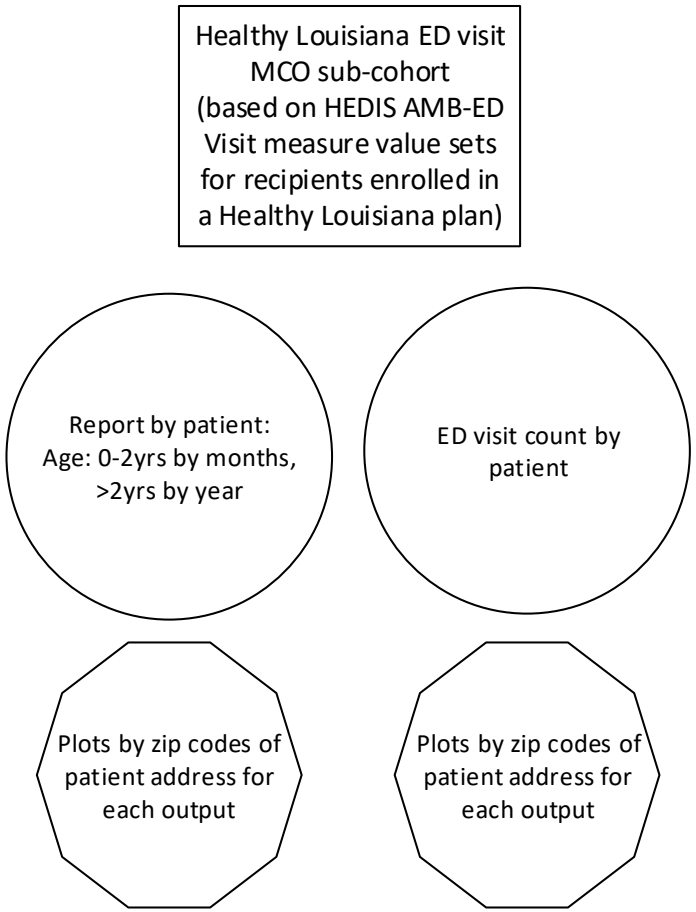




ED Utilization sub-cohort



ED Utilization sub-cohort



ED Utilization sub-cohort

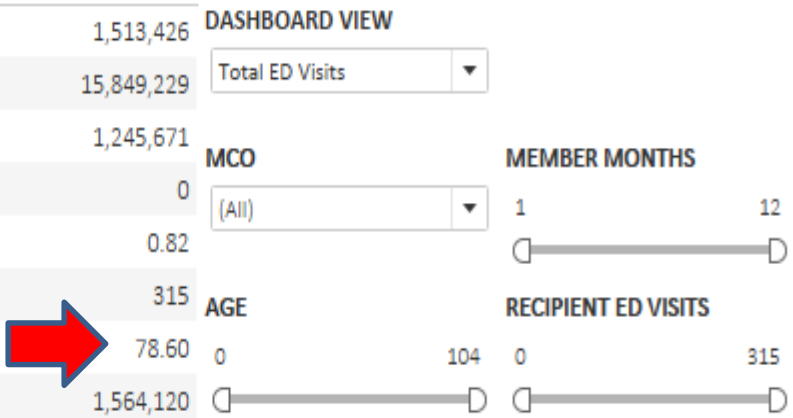
Data spec for ED data-

- May 4th version of the data extraction.
- If a person was in multiple plans during the year we used the corresponding sum of member months and sum of ED Visits for each plan during the time they were enrolled in that plan.
- Excluded visits and member months for: dual eligibility, third party liability (TPL), fee for service, visits that resulted in an inpatient admission or observation visit, visits related to mental health/chemical dependency, based on HEDIS AMB specifications.
- Age used is age as of December 31, 2017.

ED Utilization draft data map

All Members

Enrolled Medicaid Members	1,513,426
Total Member Months	15,849,229
Total ED Visits	1,245,671
Min. ED Visits by Single Member	0
Avg. ED Visits p/ Member	0.82
Max ED Visits by Single Member	315
ED Visits p/ 1,000 Member Months	78.60
Total Record Count	1,564,120



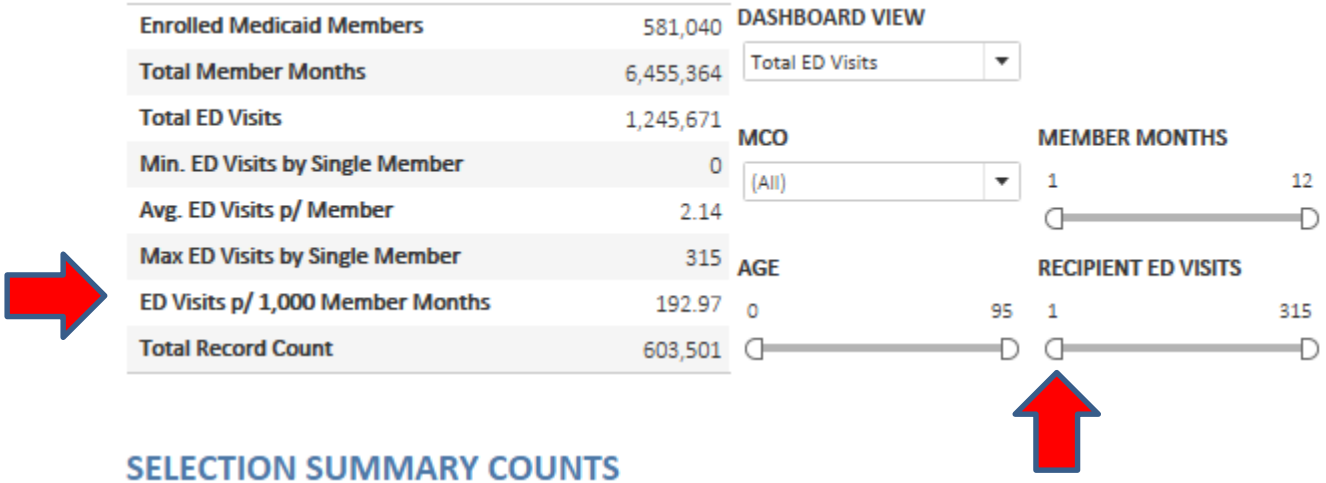
SELECTION SUMMARY COUNTS

LDH REGION	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Member	ED Visits p/ 1,000 Member ..
ALEXANDRIA	101,234	91,400	0	0.90	63	86.18
BATON ROUGE	195,638	127,992	0	0.65	76	63.50
LAFAYETTE	202,806	191,574	0	0.94	139	89.41
LAKE CHARLES	95,340	83,941	0	0.88	58	85.42
MANDEVILLE	167,553	139,635	0	0.83	80	80.53
MONROE	133,321	99,693	0	0.75	152	70.34
NEW ORLEANS	311,230	234,128	0	0.75	204	71.47
SHREVEPORT	177,699	149,127	0	0.84	315	79.79
THIBODAUX	128,605	128,181	0	1.00	179	94.83

ED Utilization draft data map

All Members with >= 1 ED visit in 2017

Enrolled Medicaid Members	581,040
Total Member Months	6,455,364
Total ED Visits	1,245,671
Min. ED Visits by Single Member	0
Avg. ED Visits p/ Member	2.14
Max ED Visits by Single Member	315
ED Visits p/ 1,000 Member Months	192.97
Total Record Count	603,501

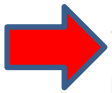


SELECTION SUMMARY COUNTS

LDH REGION	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Member	ED Visits p/ 1,000 Member ..
ALEXANDRIA	40,094	91,400	0	2.28	63	205.67
BATON ROUGE	63,693	127,992	0	2.01	76	183.10
LAFAYETTE	84,988	191,574	0	2.25	139	201.80
LAKE CHARLES	37,825	83,941	0	2.22	58	202.21
MANDEVILLE	65,531	139,635	0	2.13	80	193.50
MONROE	48,888	99,693	0	2.04	152	182.32
NEW ORLEANS	113,933	234,128	0	2.05	204	183.82
SHREVEPORT	70,158	149,127	0	2.13	315	190.55
THIBODAUX	55,930	128,181	0	2.29	179	205.82

ED Utilization draft data map

Members with >= 4 ED visits in 2017



Enrolled Medicaid Members	80,671
Total Member Months	928,232
Total ED Visits	483,345
Min. ED Visits by Single Member	0
Avg. ED Visits p/ Member	5.99
Max ED Visits by Single Member	315
ED Visits p/ 1,000 Member Months	520.72
Total Record Count	84,338

DASHBOARD VIEW

Total ED Visits

MCO

(All)

MEMBER MONTHS

1 12

AGE

0 92

RECIPIENT ED VISITS

4 315

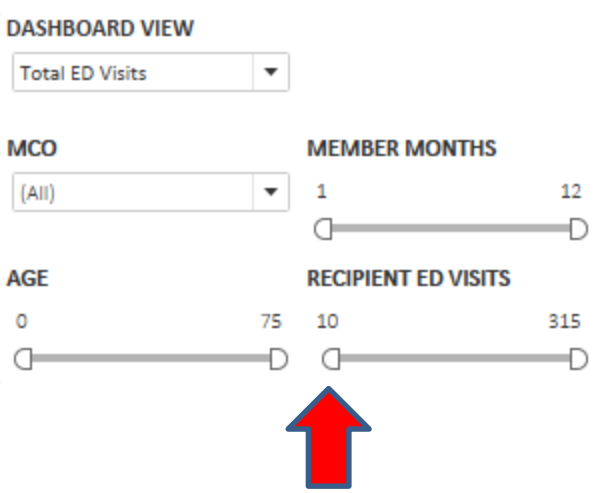
SELECTION SUMMARY COUNTS

LDH REGION	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Member	ED Visits p/ 1,000 Member ..
ALEXANDRIA	6,182	39,760	0	6.43	63	560.41
BATON ROUGE	7,590	43,921	0	5.79	76	507.28
LAFAYETTE	13,506	80,784	0	5.98	139	517.82
LAKE CHARLES	5,678	34,899	0	6.15	58	538.23
MANDEVILLE	9,123	53,444	0	5.86	80	510.69
MONROE	5,782	35,421	0	6.13	152	532.78
NEW ORLEANS	14,152	82,995	0	5.86	204	508.32
SHREVEPORT	9,530	56,939	0	5.97	315	516.76
THIBODAUX	9,128	55,182	0	6.05	179	524.22

ED Utilization draft data map

Members with >= 10 ED visits in 2017

Enrolled Medicaid Members	6,850
Total Member Months	79,884
Total ED Visits	102,435
Min. ED Visits by Single Member	0
Avg. ED Visits p/ Member	14.95
Max ED Visits by Single Member	315
ED Visits p/ 1,000 Member Months	1,282.30
Total Record Count	7,227

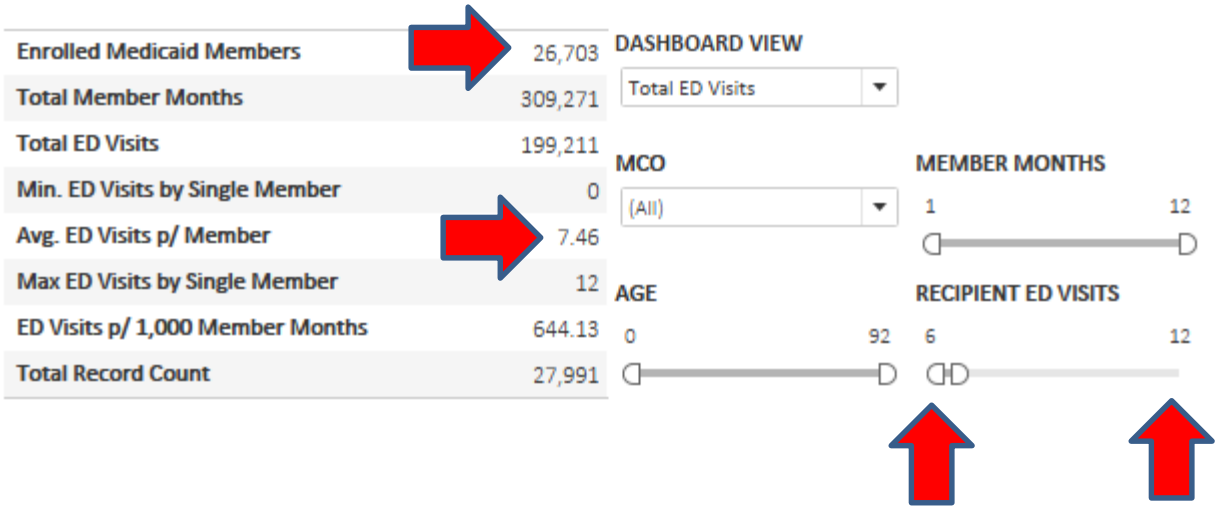


SELECTION SUMMARY COUNTS

LDH REGION	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Member	ED Visits p/ 1,000 Member ..
ALEXANDRIA	728	11,078	0	15.22	63	1,305.60
BATON ROUGE	536	7,918	0	14.77	76	1,269.72
LAFAYETTE	1,177	16,729	0	14.21	139	1,213.04
LAKE CHARLES	566	8,221	0	14.52	58	1,236.43
MANDEVILLE	715	9,868	0	13.80	80	1,179.68
MONROE	537	8,689	0	16.18	152	1,397.62
NEW ORLEANS	1,002	15,994	0	15.96	204	1,382.49
SHREVEPORT	793	12,162	0	15.34	315	1,317.52
THIBODAUX	796	11,776	0	14.79	179	1,260.68

ED Utilization draft data map

Members with 6-12 ED visits in 2017



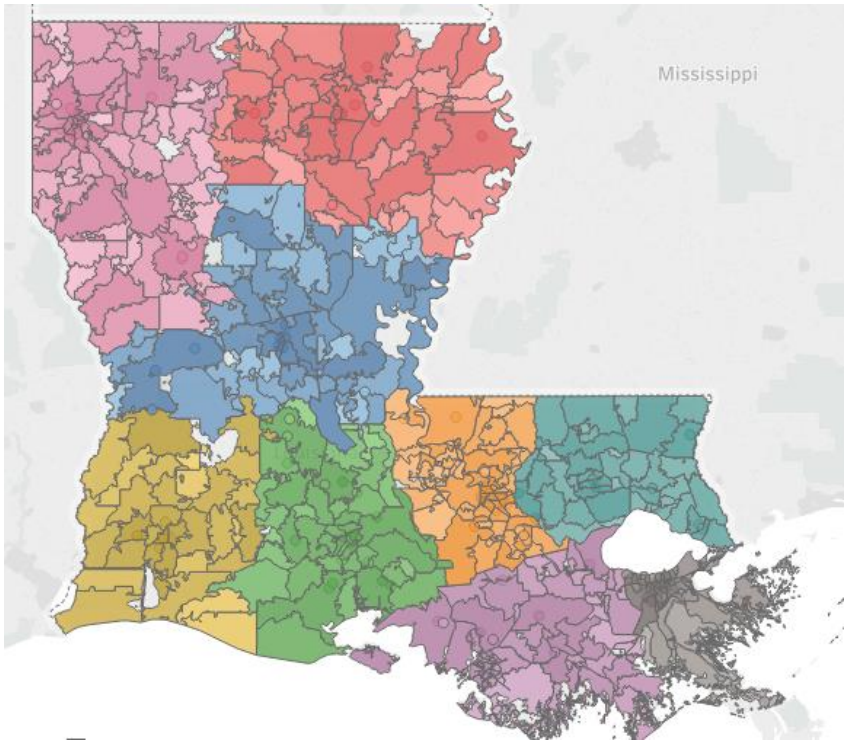
Enrolled Medicaid Members	26,703
Total Member Months	309,271
Total ED Visits	199,211
Min. ED Visits by Single Member	0
Avg. ED Visits p/ Member	7.46
Max ED Visits by Single Member	12
ED Visits p/ 1,000 Member Months	644.13
Total Record Count	27,991

SELECTION SUMMARY COUNTS

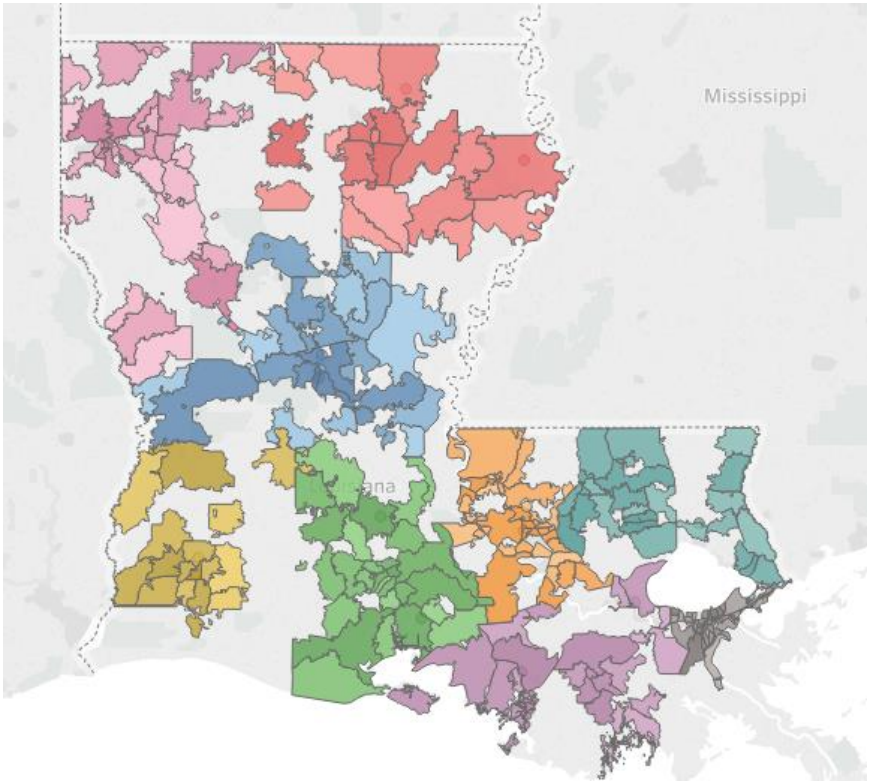
LDH REGION	Enrolled Medicaid Mem..	Total ED Visits	Min. ED Visits by Single Member	Avg. ED Visits p/ Member	Max ED Visits by Single Member	ED Visits p/ 1,000 Member ..
ALEXANDRIA	2,253	17,043	0	7.56	12	654.69
BATON ROUGE	2,365	17,519	0	7.41	12	647.58
LAFAYETTE	4,625	34,612	0	7.48	12	643.94
LAKE CHARLES	1,981	14,899	0	7.52	12	653.98
MANDEVILLE	3,099	23,132	0	7.46	12	645.95
MONROE	1,821	13,634	0	7.49	12	647.45
NEW ORLEANS	4,380	32,191	0	7.35	12	633.17
SHREVEPORT	3,018	22,561	0	7.48	12	641.39
THIBODAUX	3,161	23,620	0	7.47	12	642.39

ED Utilization draft data map

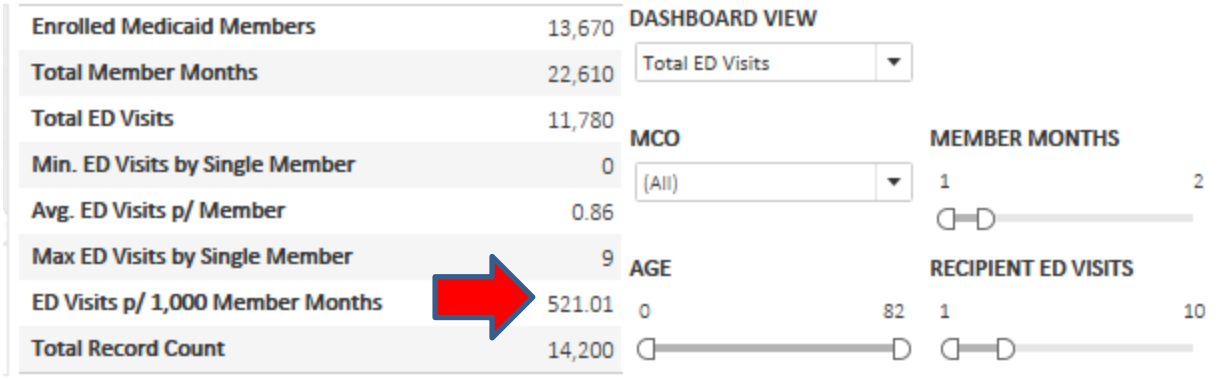
Members with 6-12 ED visits in 2017
N=26,703



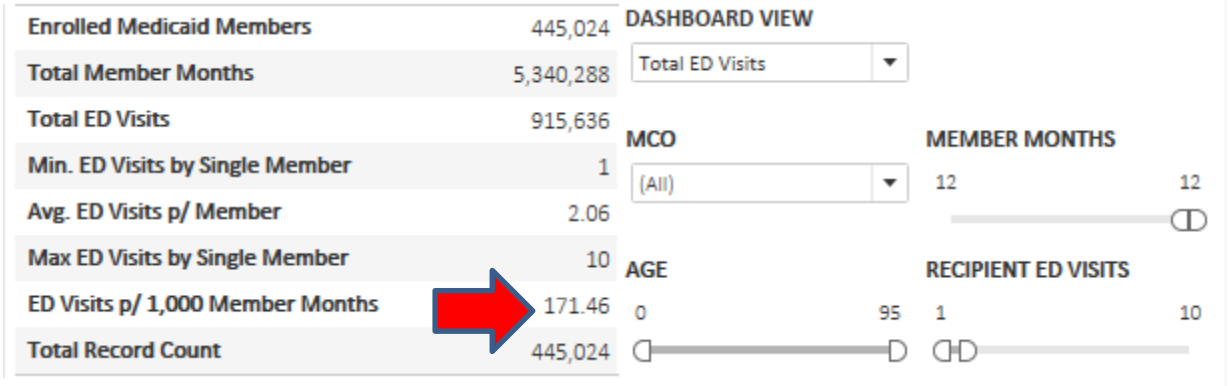
Members with 20-50 ED visits in 2017
N=854



ED Utilization draft data map



1 - 2 member months
1-10 ED visits



12 member months
1-10 ED visits

ED UTILIZATION DRAFT DATA MAP
“LIVE”
&
DISCUSSION

Advancing the Project
ED Subcommittee

BEFORE ED Visit	AT ED Visit	AFTER ED Visit
• Identify system issues as causes • Navigation (How?) • Awareness (Why?)	• Identify local and systemic issues that lead to visit • Collective information available at visit • Navigation of follow-up (Handoff)	• Effectiveness of Hand-off • Navigation • Awareness • Socioeconomic • Access

- Collect information
- Develop leading indicators
- Identify recurrences and patterns
- Uncover issues
- Communicate to QC

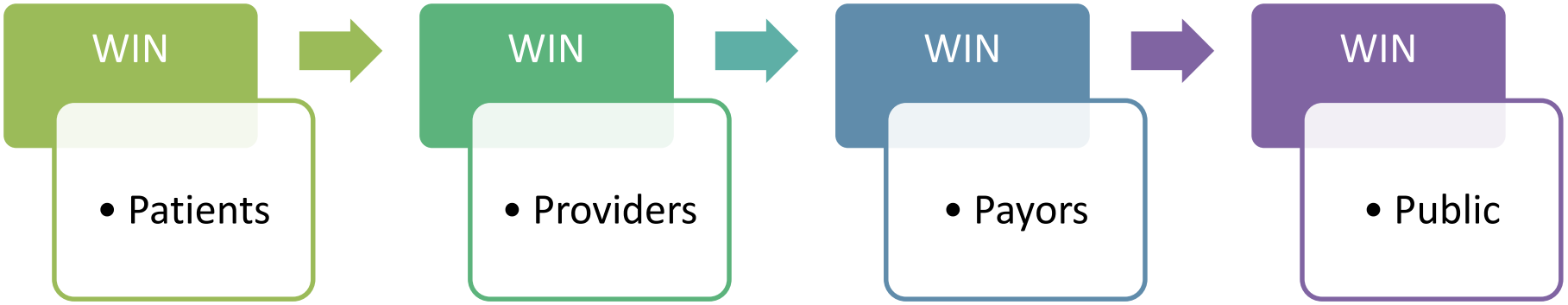
Advancing the Project
Quality Committee & Sub-Subcommittees

BEFORE ED Visit	AT ED Visit	AFTER ED Visit
• Identify system issues as causes • Navigation (How?) • Awareness (Why?)	• Identify local and systemic issues that lead to visit • Collective information available at visit • Navigation of follow-up (Handoff)	• Effectiveness of Hand-off • Navigation • Awareness • Socioeconomic • Access

- Collect information
- Develop leading indicators
- Identify recurrences and patterns
- Uncover issues
- Carry momentum

Advancing the Project

Strategic Alignment

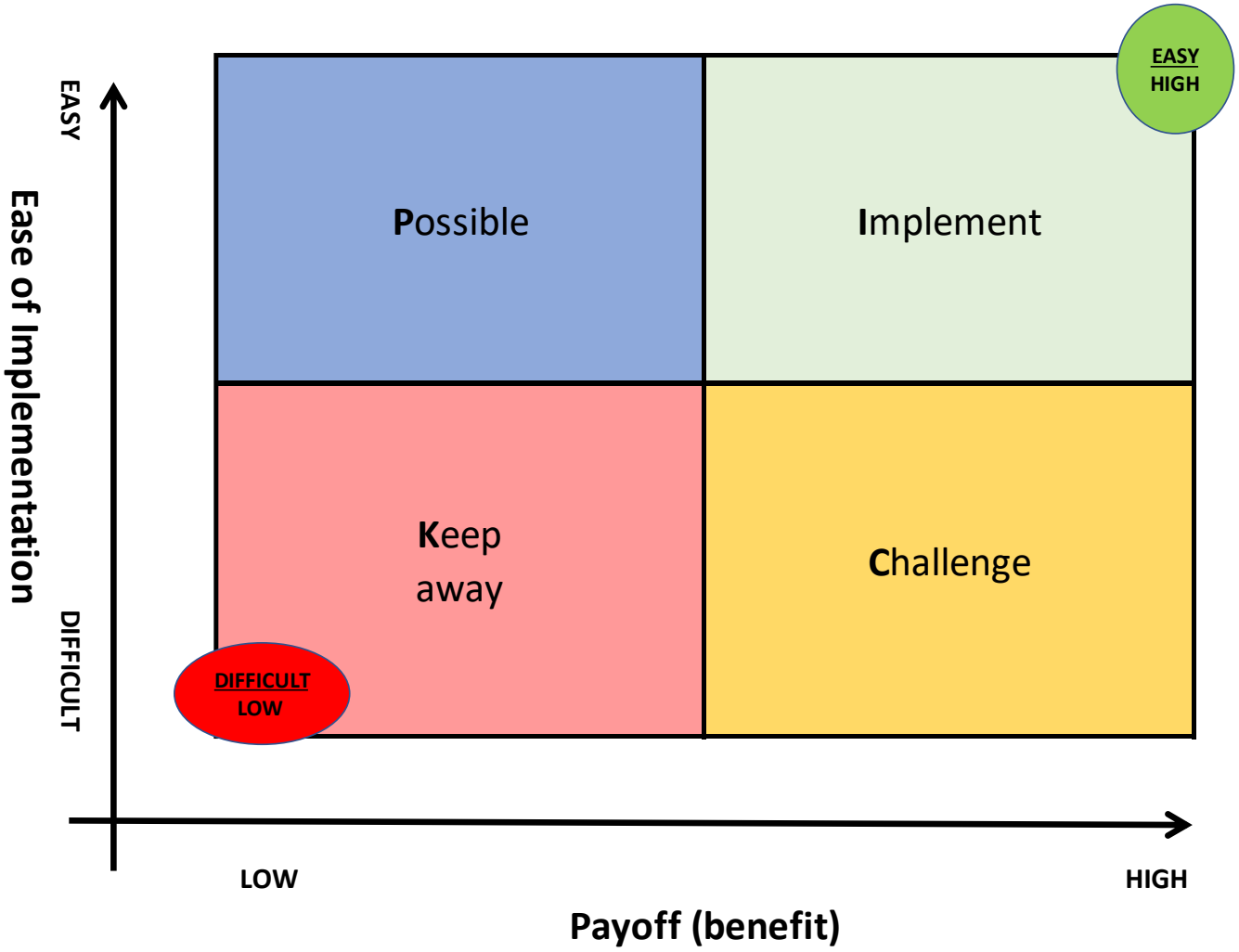


Advancing the Project

- Behavioral Health ED Utilization draft data map to BH subcommittee
- Pediatrics 0-2 years by age in months at ED visit to Pediatric subcommittee
- Deeper dive into the draft data map with Medicine subcommittee
- ED subcommittee tasks

PICK

Please complete and turn in your PICK survey



THANK YOU! FEEDBACK?

E

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