

A Confluence of Care, Part Two

*Regional Approaches to Emergency Department
(ED) Use in Colorado's Medicaid Program*



June 19, 2014

**Safety Net Advisory Committee (SNAC) Learning Lab
Track 1: Medicaid Accountable Care Collaborative (ACC)**

Objectives

- Raise collective knowledge about emergency department (ED) use among Medicaid enrollees and the strategies being used to address it.
- Part 1 (April): Exploring the data
- Part 2 (June): Exploring strategies

What We'll Cover

- Introductions
- Recap
- Your Turn: Perspectives from the Front Lines
- Facilitated Discussion



Three Takeaways

- Medicaid ED use continues to increase.
- Challenges include lack of real-time data, provider shortages and habitual ED use.
- RCCOs are leveraging partnerships and available data to address inappropriate ED use.





*Recap and
Setting the Stage*

Themes from April SNAC Lab

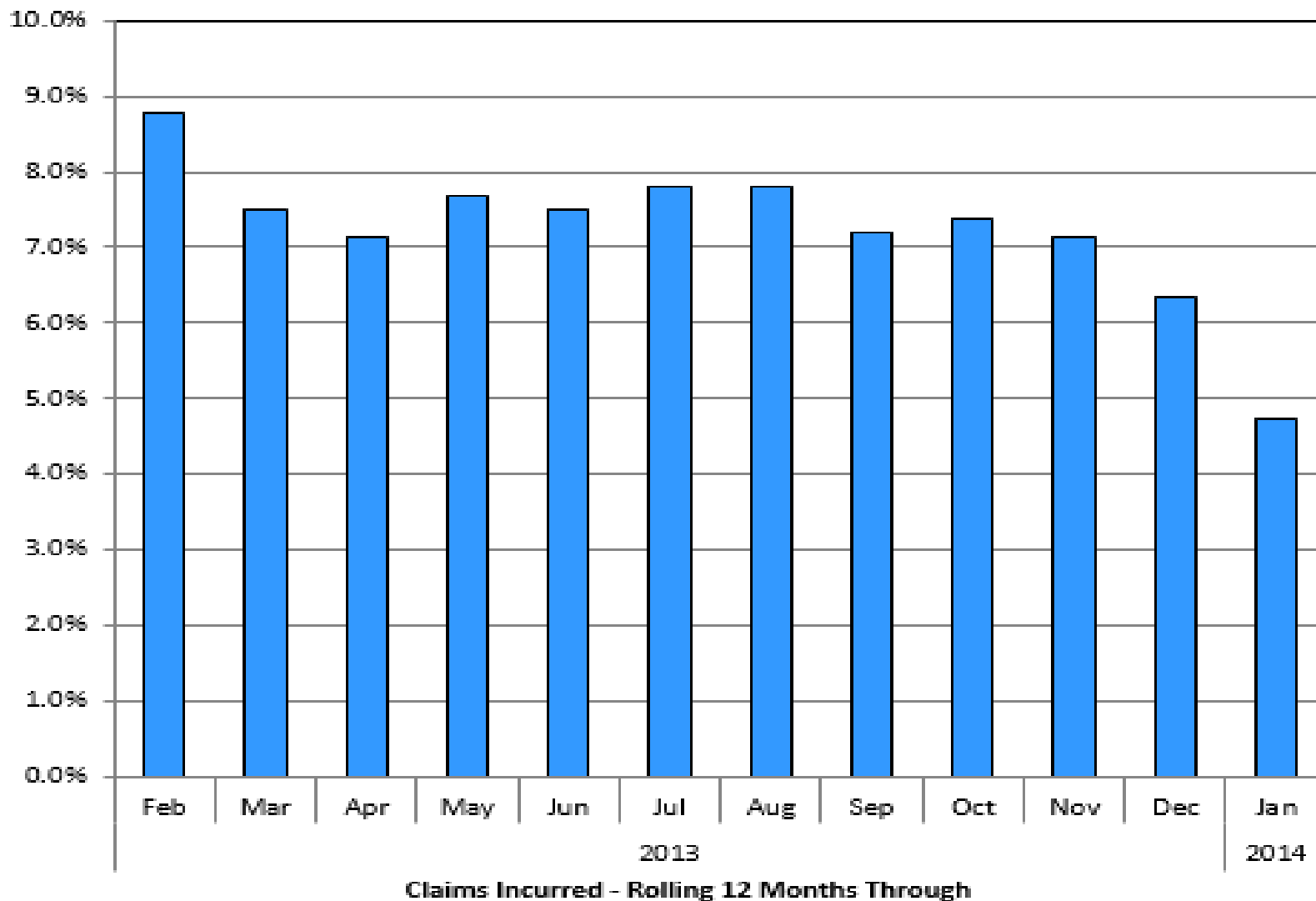
- ED use is expected to increase post-expansion.
- It is important to understand the limitations and nuances when interpreting ED data.
- Complicated patient and market forces drive ED use.

Medicaid ACC Key Performance Indicators (KPIs)

- Well-Child Visits
 - Implemented July 1, 2013
- Hospital Readmissions
 - 15-20 percent reduction
- High Cost Imaging
 - 25 percent reduction
- *ED Visits*
 - *Increased .9 percentage points less than non-ACC enrollees*



ED Visits Among ACC Enrollees: Percentage Difference from 2011 Benchmark

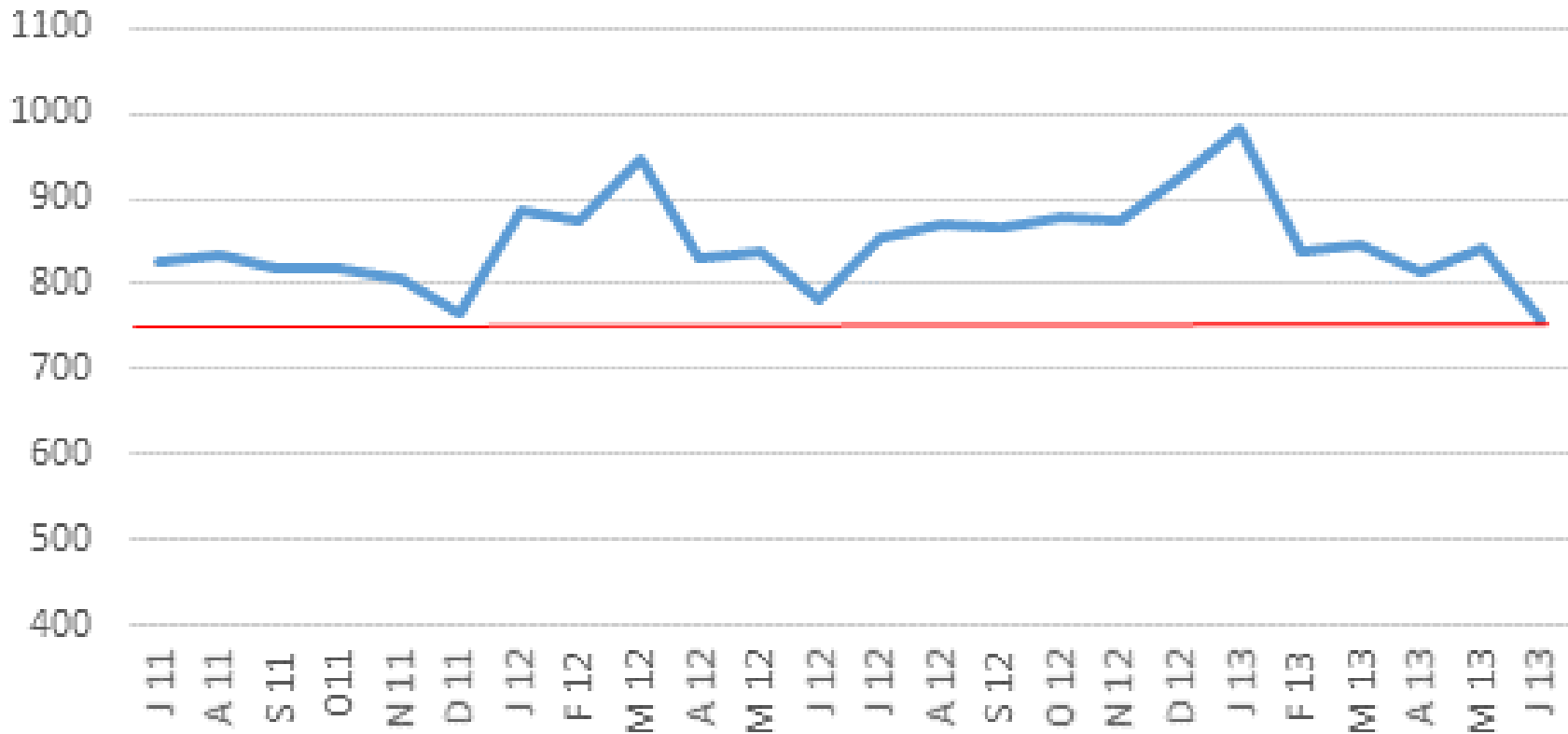


Source: Colorado Department of Health Care Policy and Financing



Seasonal Pattern of Colorado ED Use

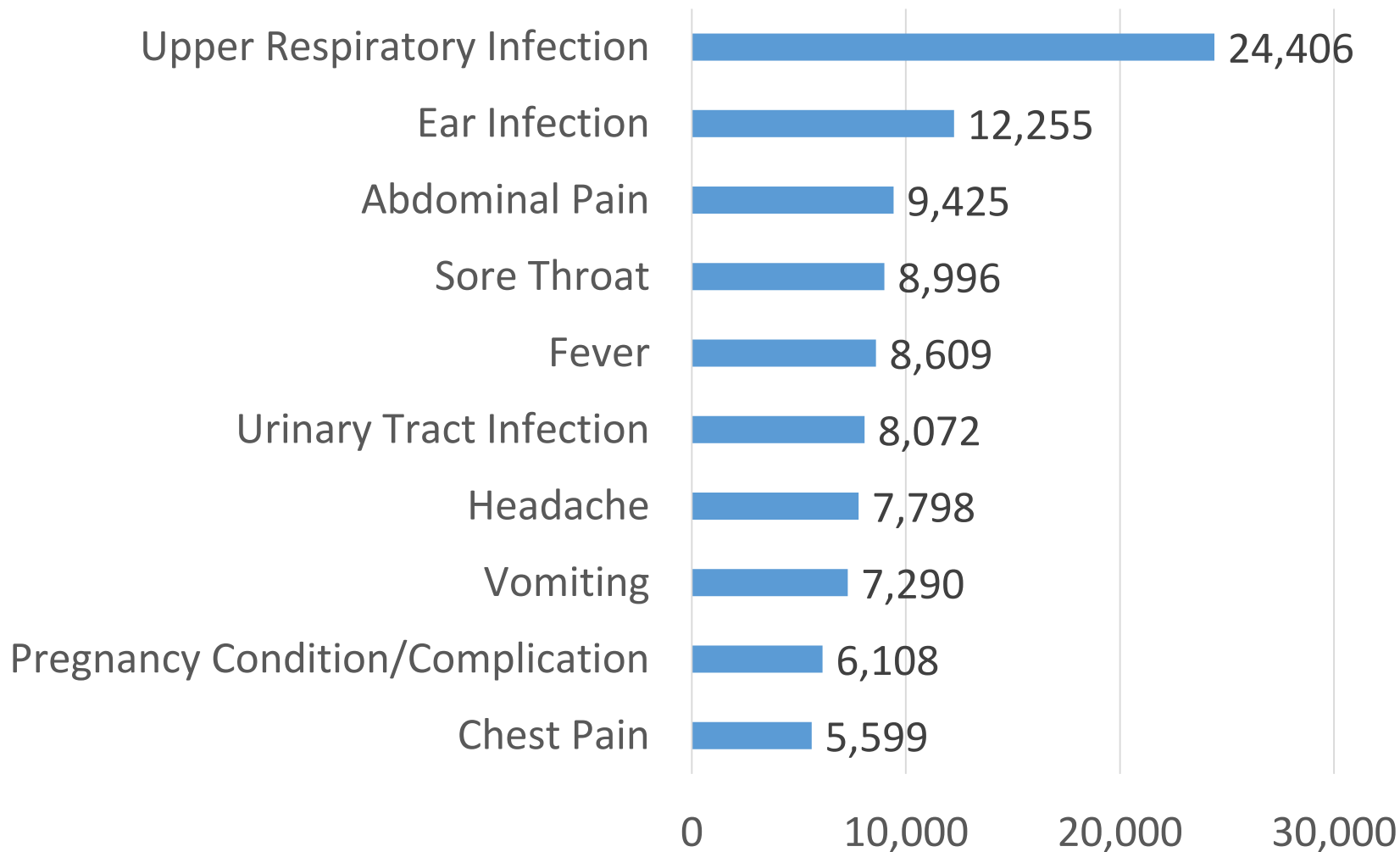
Medicaid ER Visits per 1000 member months
FY 12-FY 13 by month



Source: Colorado Department of Health Care Policy and Financing. Red line represents 2013 national Medicaid HMO average (792).



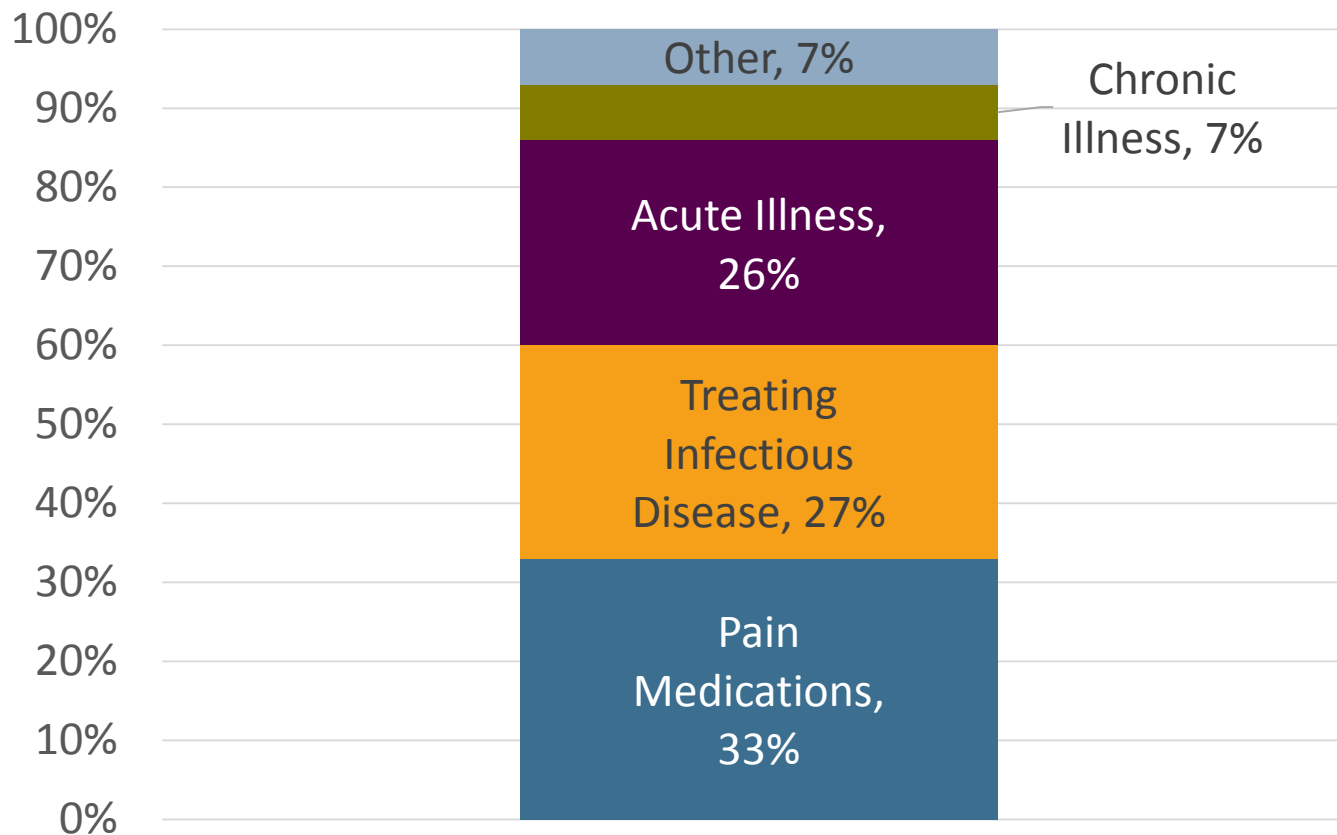
Top 10 ED Visit Diagnoses, Colorado Medicaid, 2013



Source: Colorado Department of Health Care Policy and Financing. Official diagnoses included in Appendix (Slide 18).

One Third of ED Prescriptions Are For Pain

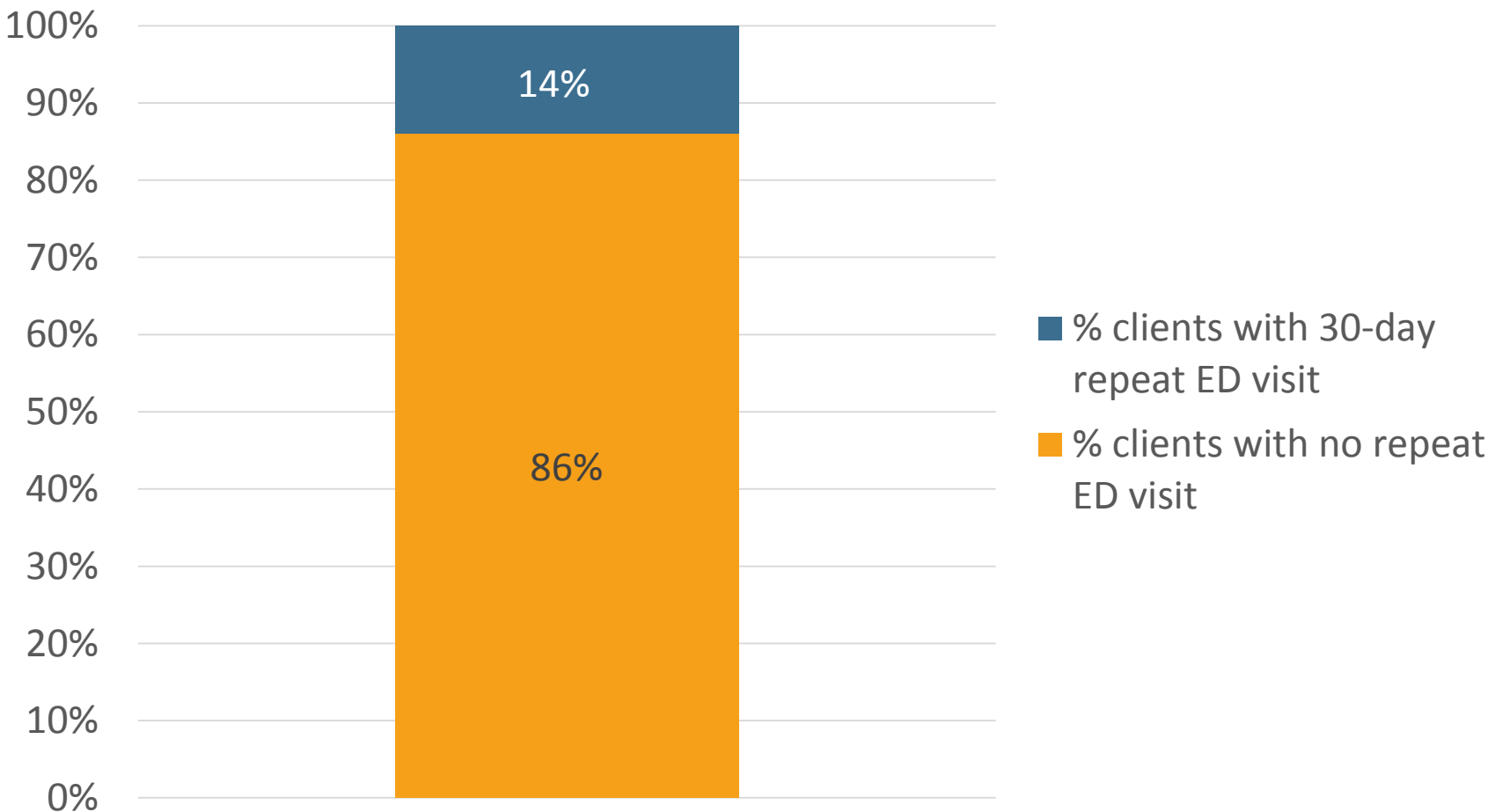
Drug Categories Prescribed in ED to Coloradans Enrolled in Medicaid, FY 2012-13



Source: Colorado Department of Health Care Policy and Financing.
Limited to fee for service (FFS) Medicaid enrollees.

14% of Clients Visiting the ED Returned in 30 Days

30-Day Repeat ED Visit, Colorado Medicaid FFS Enrollees, January 2013



Source: Colorado Department of Health Care Policy and Financing



Strategies

CMS National Strategies to Reduce ED Use

1. Broaden access to primary care.
2. Focus on frequent ED users.
3. Target needs of people with behavioral health problems.

HCPF Approaches: Hospital Incentive Program

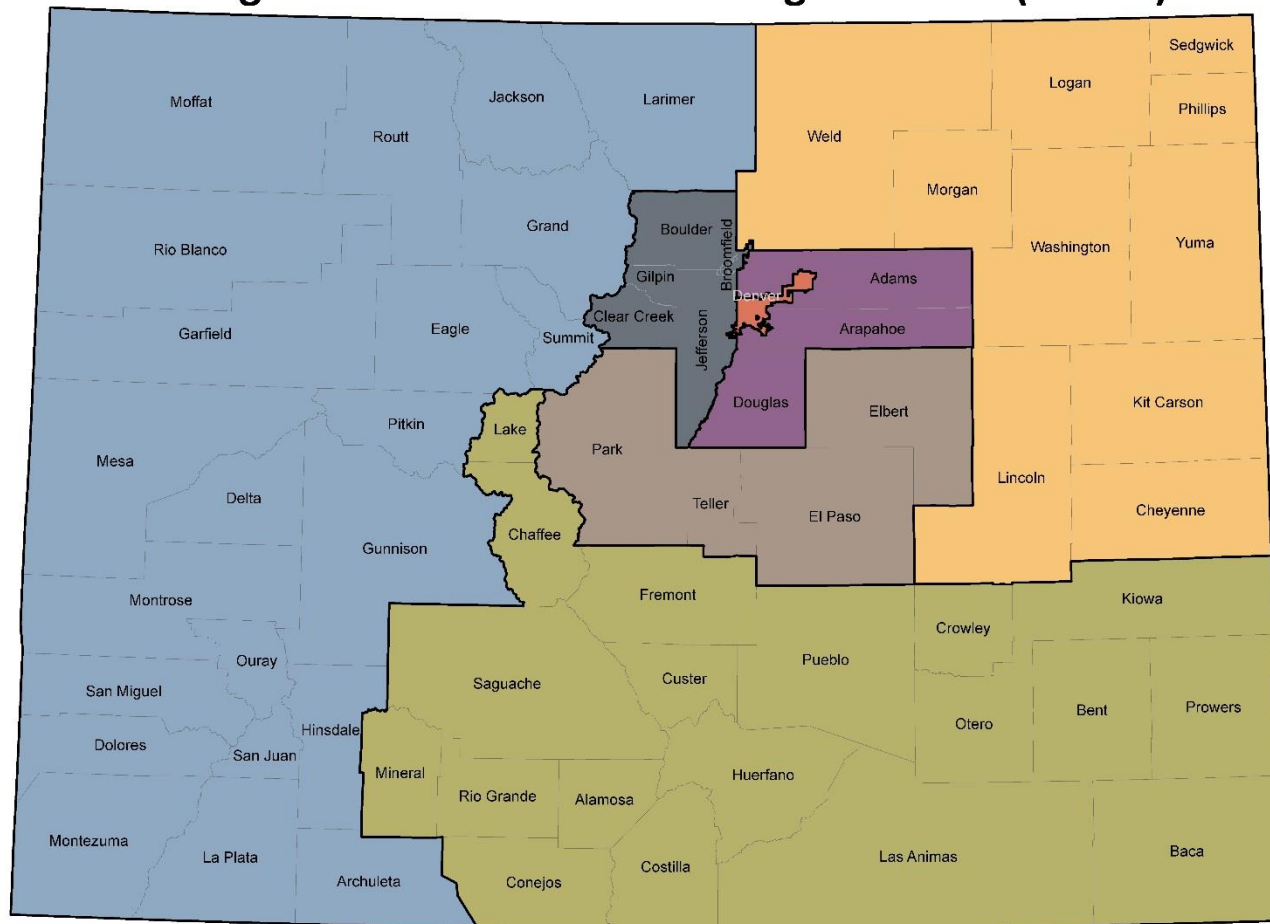
- Nurse advice line
- Local primary care clinic information
- RCCO notification
- Opiate prescribing
- Prescription Drug Monitoring Program

Setting the Stage: RCCO Factors

- Access to care (weekends, nights and to specialists)
- Pain Management
- Behavioral Health (often manifesting as pain)
- Social Factors

Colorado's RCCOs

Colorado's Accountable Care Collaborative Regional Care Collaborative Organizations (RCCOs)



Region 1: Rocky Mountain Health Plans

Region 2: Colorado Access

Region 3: Colorado Access

Region 4: Integrated Community Health Partners

Region 5: Colorado Access

Region 6: Colorado Community Health Alliance

Region 7: Community Care of Central Colorado



Hearing From You

1. What strategies are you using to reduce unnecessary ED usage in your RCCOs?
2. Beyond the key performance indicator (KPI), how will you know that you're successful?

Hearing From You

3. What are potential areas of collaboration between hospitals and RCCOs?
4. What do you see as the greatest opportunity and greatest challenge in curbing ED use in the ACC?

Three Takeaways

- Medicaid ED use continues to increase.
- Challenges include lack of real-time data, provider shortages and habitual ED use.
- RCCOs are leveraging partnerships and available data to address inappropriate ED use.

Two-Track SNAC Labs



TRACK 1: ACC

June 19

September 18

TRACK 2: Access

July 17

October 16

All SNAC Labs are from 12:00 – 1:30 at the Colorado Health Institute





Photo: Chris Schneider



colorado health
INSTITUTE

Jeff Bontrager
Anna Vigran

720.382.7075
720.382.7095

bontragerj@coloradohealthinstitute.org
vigrana@coloradohealthinstitute.org

Appendix: Diagnosis Descriptions (Slide 11)

Slide 11 Description	Official Diagnosis
Chest Pain	Chest Pain Not Otherwise Specified
Pregnancy Condition/Complication	Other current conditions classifiable elsewhere of mother, antepartum condition or complication
Vomiting	Vomiting Alone
Headache	Headache
Urinary Tract Infection	Urinary Tract Infection Not Otherwise Specified
Fever	Fever, Unspecified
Sore Throat	Acute Pharyngitis
Abdominal Pain	Abdominal Pain Unspecified Site
Ear Infection	Otitis Media Not Otherwise Specified
Upper Respiratory Infection	Acute Upper Respiratory Illness Not Otherwise Specified

