Food for Thought
Updates from the Safety Net Advisory Committee (SNAC)

A Confluence of Care, Part Two:

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

JUNE 19, 2014

Emergency department use continues to grow in Colorado's Medicaid program. However, the rate of growth is lower among enrollees in the Medicaid Accountable Care Collaborative (ACC). Why is this? The state's seven Regional Care Collaborative Organizations (RCCOs) are employing a variety of strategies to address unnecessary ED use. These strategies are increasingly important as more than 150,000 Colorado adults — many of whom never had health insurance — have enrolled in Colorado's Medicaid program since January 1, 2014, under the Affordable Care Act (ACA).[1]

The Colorado Health Institute convened its Safety Net Advisory Committee (SNAC) Learning Lab on June 19, 2014, to explore these strategies. The meeting concluded a two-part series beginning in April 2014 that tackled the issue of ED use among Medicaid enrollees.[2] In the second session, we posed the following questions to RCCOs and SNAC participants representing more than 20 organizations:

1. What do Medicaid data suggest about patterns of ED use?
2. What strategies are you using to reduce unnecessary ED use in your RCCO?
3. Beyond the key performance indicator (KPI), how will you know if you are successful?
4. What are potential areas of collaboration between hospitals and RCCOs?
5. What do you see as the greatest opportunity and greatest challenge in curbing ED use by ACC enrollees?

This report has two sections: Background information provided by the Colorado Health Institute and a summary of the SNAC Lab discussion.

Primary Themes

- ED use among Medicaid enrollees continues to increase.
- Challenges to curbing unnecessary ED visits include lack of real-time data to inform strategies, provider shortages and habitual ED use.
- RCCOs are leveraging partnerships and using available data to address inappropriate ED use.

Background: What Medicaid Data Suggest About ED Use

New data from the Colorado Department of Health Care Policy and Financing (HCPF) provide insight into patterns of ED visits, the variety of treatments provided to patients, their medication use and how frequently they return to the ED.

Among the findings:

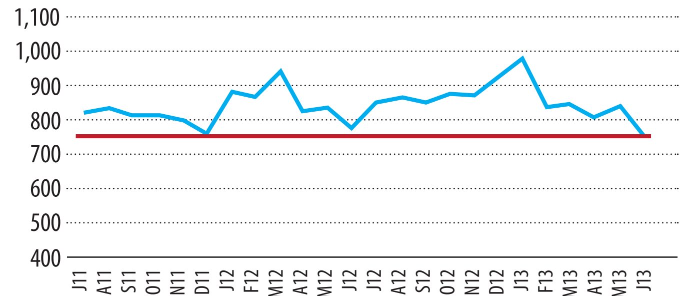
- The percentage of ACC enrollees visiting the ED in January 2014 – the latest data available - was almost five points higher than the target benchmark set by HCPF. ED use consistently hovered between five and nine percentage points above the target in the preceding 12 months.[3] Nonetheless, HCPF found that ACC use of the ED in 2013 was .9 percentage points lower than a control group of non-ACC Medicaid clients.[4]
- ED use appears to be seasonal, peaking in winter during flu season (see Figure 1). SNAC Lab participants suggested homeless people may see the ED as a place to keep warm during the cold months and to stay cool during the summer.
- SNAC Lab participants discussed the top 10 ED

discharge diagnoses among Medicaid patients (see Figure 2.[5]) SNAC Lab participants pointed out:

- Diagnoses such as fever or sore throat may seem like symptoms best treated in a primary care setting. However, the patient's motivation to be treated quickly largely drives the ED visit.
- Behavioral health is not included in the top 10 because only fee-for-service Medicaid is reflected in the data. Behavioral health services are paid through managed care arrangements in Colorado's Medicaid program. However, many ED patients have physical symptoms that could be tied to behavioral problems. Headache is often an expression of depression, and chest pain coincides with anxiety, for example.
- If all the different types of injuries were added, an injury category would likely show up in the top 10.

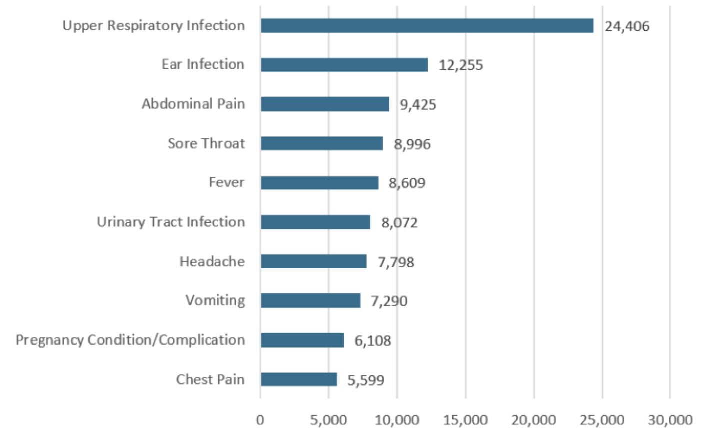
- Pain management: About 33 percent of prescription drugs prescribed at discharge to Colorado Medicaid patients are for pain, and another 27 percent are for treating infectious disease. We can't compare the Colorado numbers directly with the nation as a whole, but national figures estimate 19 percent are for narcotics and 20 percent are antibiotics, regardless of type of insurance.[6]

Figure 1. Medicaid ER Visits per 1000 Member Months, Colorado, FY 12-13 By Month



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

Figure 2. Top 10 ED Discharge Diagnoses, Colorado Medicaid, 2013



The SNAC Lab Discussion

The RCCOs identified the challenges of reducing unnecessary ED visits among their enrollees, as well as strategies to address the issue. The conversation concluded by identifying issues and opportunities on the horizon.

The Bottom Line: ED Use is Complicated

RCCO representatives echoed many of the themes discussed at the April SNAC Lab, including the lack of real-time data showing when an enrollee has used the ED. While a number of hospitals are full partners in RCCO strategies to cut ED use, other hospitals are reluctant to reduce revenue brought in by emergency department visits. Another challenge is the difficulty of connecting patients to appropriate services instead of the ED. In some cases, patients lack transportation to get to appointments, while others live in places that have workforce shortages, little specialty care, or gridlock among health care and social services agencies.

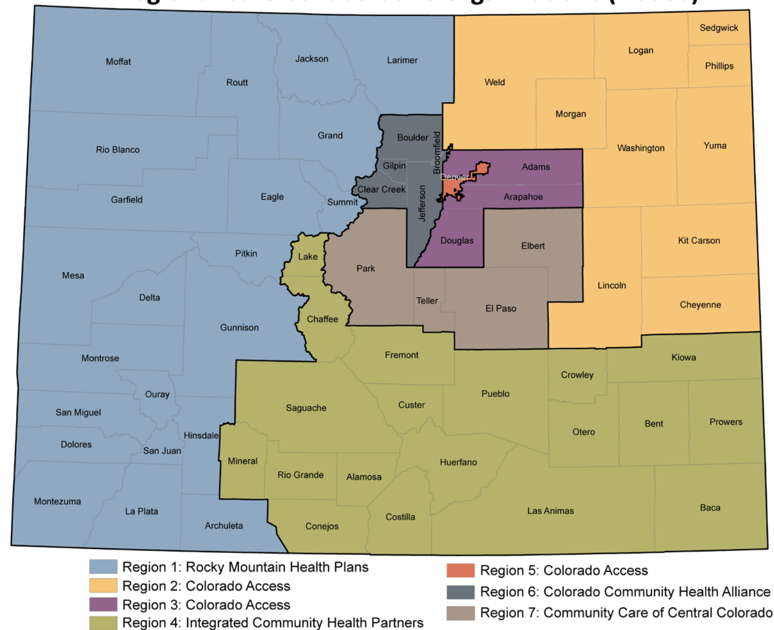
Frequent ED users have complex physical and behavioral needs, RCCO representatives said. Many require assistance beyond health care, including nutrition, housing and social support. Understanding what defines an appropriate ED visit is complicated because some frequent ED use is driven by drug-seeking behavior and some by medication needs for treatment of chronic pain.

Similar Strategies

Common strategies emerged despite differences among the RCCOs. No single approach can address ED use, so many RCCOs have developed multifaceted strategies. Region 7, for example, has arranged with two hospital systems to receive real-time data on ED use, allowing care coordinators and primary care offices to better educate frequent users about alternative services. Region 7 also places ED diversion staff in the hospitals to provide guidance to frequent ED users. In addition, Regions 4 and 7 are collaborating on a pilot program to address the needs of "superutilizers" and connect them with appropriate care (see article below). They are cautiously

optimistic about the results of their efforts. For the first time, their ED use data are favorable compared with the benchmark.

The strategy in Region 6 is similar. A care coordinator stationed in St. Anthony Hospital provides services for up to 25 patients who frequently use the ED. The coordinator makes home visits, helps patients with applications and doctor's appointments and connects them with community resources. The care coordinator is an employee of the local community mental health center, which removes regulatory barriers to sharing behavioral health data.



The Strength of Partnering

Representatives of Colorado Access, the RCCO for three regions, said that ways to address inappropriate ED use among superutilizers vary by community. But forming partnerships is key regardless of location. Sometimes a phone call between a hospital and the RCCO gets the ball rolling. The Region 1 RCCO and providers receive real-time data feeds through the Quality Health Network, an organization that facilitates innovative uses of electronic health information. And Region 4 has made arrangements to receive real-time hospital data. As a result, hospital staff are increasingly collaborating with care coordinators to develop emergency department treatment plans. The treatment plans connect patients with a care coordinator and primary care clinician after discharge from the ED. The goal is to avoid inappropriate ED use in the future, particularly among substance abuse patients and others with complex problems.

These relationships are beneficial in other ways as well. In Regions 3 and 5, Colorado Access promotes dialogue among providers, including behavioral health organizations, psychiatrists, primary care providers and substance use disorder providers. The goal is to identify best practices — such as screening patients for behavioral health needs — and connecting them to appropriate care outside of the ED.

Conclusion: What's on the Horizon?

RCCOs continue to hone how they measure their success, whether through reduced 911 calls, assessing clients' access to care or new metrics resulting from data sharing. A relatively new challenge may be how to make sense of too much data.

Nonetheless, RCCOs are continually monitoring the impacts of their efforts -- intended and unintended. RCCO 4, for example, has reduced inappropriate ED use in the city of Pueblo, but some patients then seek prescription medications from rural EDs. The Colorado Hospital Association suggested greater dialogue with regulators to ensure that strategies do not violate state or federal laws addressing access to emergency departments. And concern was expressed that misperceptions of the new Medicaid adult dental benefit may drive more patients to seek oral health services in the ED.

On the other hand, RCCOs expressed optimism at a number of opportunities. Forging relationships with hospitals, data sharing, breaking down communication barriers and exploring payment reforms were among the bright spots on the horizon of this very complicated issue.

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[1] HCPF. Medicaid Client Caseload Reports. (January – June 2014).

[2] The April 2014 issue of Food for Thought summarizes the first ED meeting and is available at http://bit.ly/1eNrrlb.

[3] Unless otherwise noted, all data in this section were provided by HCPF staff.

[4] HCPF (2013). ACC FY12-13 Annual Report. http://1.usa.gov/1p6y6Md.

[5] An appendix of the diagnoses in standard medical terminology is included in the PowerPoint presentation at http://bit.ly/1jQZUlk.

[6] Centers for Disease Control and Prevention (2012). Health, United States. http://www.cdc.gov/nchs/data/hus/hus12.pdf

Reporting from the Field

The Superutilizer Pilot Project in Regions 4 and 7

On July 1, Community Care of Central Colorado (RCCO 7) and Integrated Community Health Partners (RCCO 4) kicked off the enrollment stage of their Superutilizer Pilot Project. The project aims to address the health care and other needs of roughly 100 RCCO 4 and RCCO 7 Medicaid "superutilizers." These clients are enrolled in an intervention program that connects them to appropriate care and other services. Through a partnership with the Colorado Department of Health Care Policy and Financing and the National Governors Association, the RCCOs are identifying individuals who had six or more emergency department (ED) visits and 30 or more prescriptions in the previous 12 months. RCCO 4 is conducting the pilot project in Pueblo and RCCO 7 in Colorado Springs.

The interventions are based on a "hot spotting" model developed by Dr. Jeffrey Brenner in Camden, N.J. The process begins with a care coordinator's outreach to the superutilizer, a home visit and an assessment of the person's health needs and any barriers the patient faces in seeking care. In RCCO 7, care coordinators and paramedics from the Colorado Springs Fire Department conduct the intervention. In RCCO 4, care coordinators are nurses and behavioral health staff members who live in the area. The care coordinators develop plans to help patients reach their health goals, coach them on managing their own health, regularly check-in with patients to reassess goals, and constantly collaborate with other care team members.

Both RCCOs are comparing their successes and challenges. Success will be measured by outcomes such as greater use of primary care, improved health outcomes and fewer visits to the ED for conditions more appropriately treated elsewhere. The goal is to address the patient's needs that are being met by frequent ED use – including medical, behavioral and social needs. We can look forward to seeing initial results when the pilot project ends in about 12 months. If the program shows promise, it could be replicated in other communities.

Organizations Represented at the June 19, 2014, SNAC Lab

- AspenPointe
- Colorado Coalition for the Medically Underserved
- Colorado Consumer Health Initiative
- Colorado Community Health Network
- Colorado Department of Health Care Policy and Financing
- The Colorado Health Foundation
- Colorado Hospital Association
- Colorado Rural Health Center
- First Street Family Health
- Jefferson Center for Mental Health
- Kaiser Permanente Colorado
- La Clinica Tepeyac
- Oral Health Colorado
- North Colorado Health Alliance
- RCCOs 2, 3, 5: Colorado Access
- RCCO 4: Integrated Community Health Partners
- RCCO 6: Colorado Community Health Alliance
- RCCO 7: Community Care of Central Colorado
- Rose Community Foundation
- SET Family Medical Clinics
- Telligen
- University of Colorado Denver

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