



# ED Utilization Program 2010 – 2018

# Introductions

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Manager Clinical Operations and Programs

**Mark Hughes**

Senior PHO Analyst



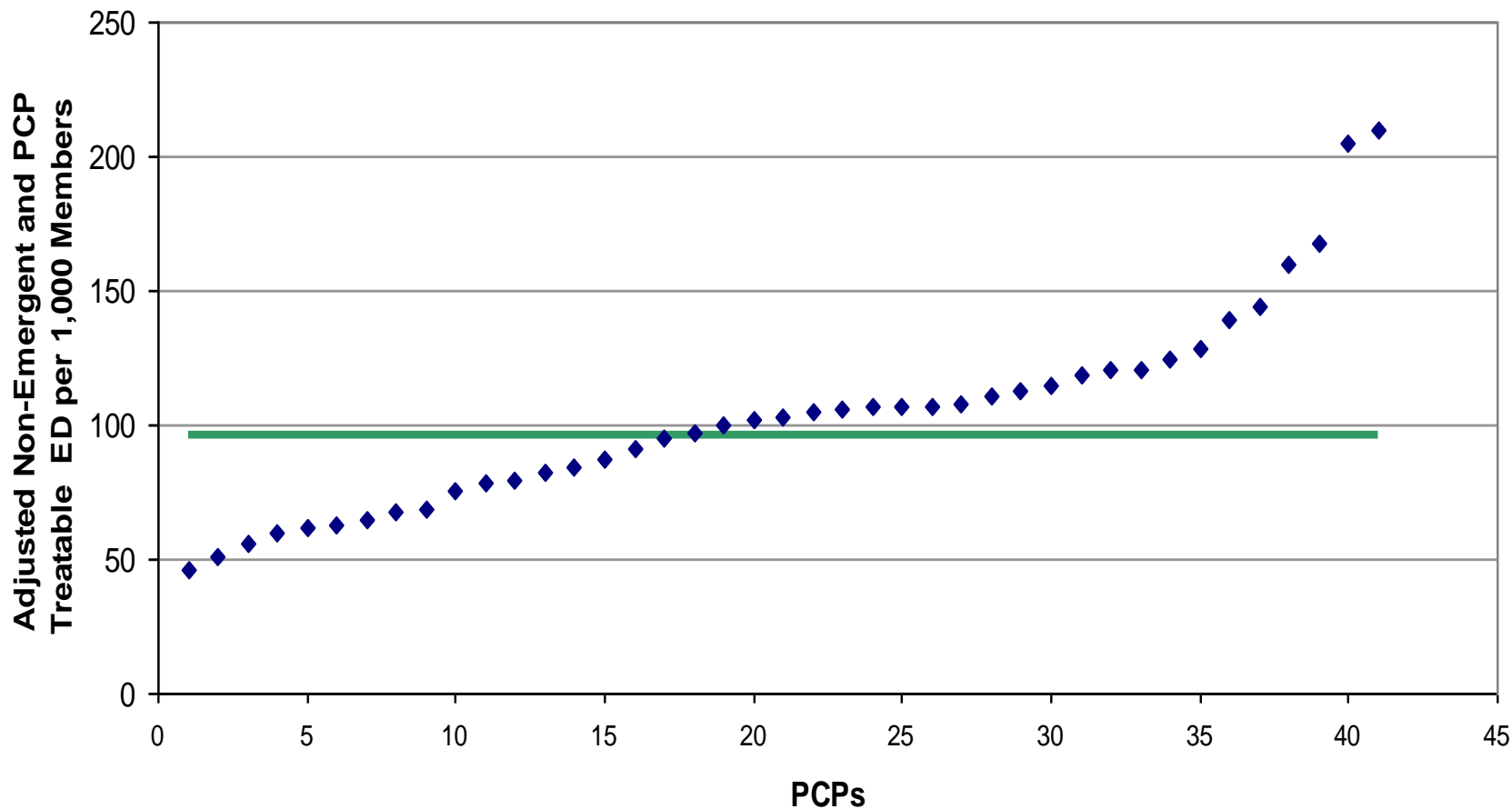
# 2010 LG PHO ED Utilization Kick off Program

AQC Utilization dashboard identified above network ED use trend

Initial assessment of current processes found:

- Hospital ED to PCP office communication –broken
  - Often multiple days before complete ED notification
  - Notification in pieces
  - May receive same data numerous times
  - Fax nightmare, paper overload for smaller PCP offices
- Limited IT support on hospital side
- Multiple PCP office EMRs
- PCP office knowledge regarding remote access limited
- Majority of PCP had not changed over to Hospitalist coverage

# Non-Emergent and PCP Treatable ED Visits per 1,000 Members in the Group Incurred 01/01/2010 to 03/31/2010 HMO, POS



◆ PCPs in the Group      — Low ell General Hospital Group Average(N=41)

# 2010 Emergency Room Analysis: July 16 – August 15

- 204 cases seen in ER
- Each case reviewed by PHO
- 106 cases identified as medically appropriate.  
Excluded Sutures, Worker's Compensation and visit associated with MVA
- **Approximately 50% of Emergency Room Visits could be treated in an alternative setting**
- 98 cases reviewed for acuity, redirection and educational opportunities

# Cont. 2010 Emergency Room Analysis: July 16 – August 15

**# Non Urgent Visits by Day of Week**

Monday	12
Tuesday	13
Wednesday	14
Thursday	8
Friday	14
Saturday	<b>19</b>
Sunday	<b>18</b>

**Level of Acuity**

Level 5	Non Urgent	4
Level 4	Semi Urgent	<b>64</b>
Level 3	Urgent	29
Level 2	Emergent	1
Level 1	Resuscitative	0

# PCP Data and Communication

## Initial reporting process:

- Daily report that is run, sorted, formatted and either faxed or securely emailed to each PCP office on each business day
- Form contained visit level information
- Form must be reviewed, completed and returned


## Next Steps:

- Plan to Investigate secure email options and paperless system for the PHO to PCP communication
- *PCP and office staff education and program ramp up in preparation for 2011*

# LG PHO ED Utilization Program



January 2011  
Phase I

  
Lowell General  
PHYSICIAN HOSPITAL ORGANIZATION  
Lowell General PHO Daily ER Activity  
Medicare

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PCP NAME \_\_\_\_\_

ER CASE # \_\_\_\_\_ LOCATION: Lowell General Campus

MEMBER NAME \_\_\_\_\_ PHONE \_\_\_\_\_

MEMBER ID \_\_\_\_\_ MEMBER DOB \_\_\_\_\_

PLAN NAME \_\_\_\_\_

ADMISSION \_\_\_\_\_

DISCHARGE \_\_\_\_\_

DIAGNOSIS \_\_\_\_\_

DISPOSITION \_\_\_\_\_

REASON FOR VISIT \_\_\_\_\_

FINDINGS \_\_\_\_\_

FOLLOW UP \_\_\_\_\_

DISCHARGE MEDS \_\_\_\_\_

***For PCP Office to Complete***

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Date of the ER follow up outreach \_\_\_\_\_

\_\_\_\_\_ Telephone outreach only needed      \_\_\_\_\_ Follow up appointment booked

Member Contact

Member referred to ED by PCP office

ED visit avoidable (If they had contacted the PCP office they could have been seen)

Member education provided regarding PCP office and urgent care availability

No additional follow up needed

Member outreach unsuccessful

Office  
Comments:

**RETURN THE COMPLETED FOR TO THE PHO 978-788-7814 NO LATER THAN 1/25/2016**

**\*\*\*\*RETURN FORM AND NOTIFY PHO IF YOU HAVE BEEN IDENTIFIED AS  
THE PCP IN ERROR\*\*\*\***



# 2011-2012 Incentive Funding Efficiency Model-Commercial Risk Only

Category	Distribution Methodology
ER Program Compliance – 25%	<ul style="list-style-type: none"><li>• 75%– 100% of forms returned within 2 weeks: 100% payment</li><li>• 50% - &lt;75% of forms returned within 2 weeks: 50% payment</li><li>• &lt;50% of forms returned within 2 weeks: no payment</li></ul> <p>Plans included in the ER registry tracking are the same as used in 2011: BCBS AQC, THP and HPHC.</p> <p>Extenuating circumstances will be reviewed by PCP Risk Allocation Committee</p> <p>**Administratively labor intensive on the PHO side. We logged in all sheets that were returned, matched it up against the original data based. Stats from several of the categories captured shared with the PCPs.</p>

# ED Notification & Reporting

## 2012

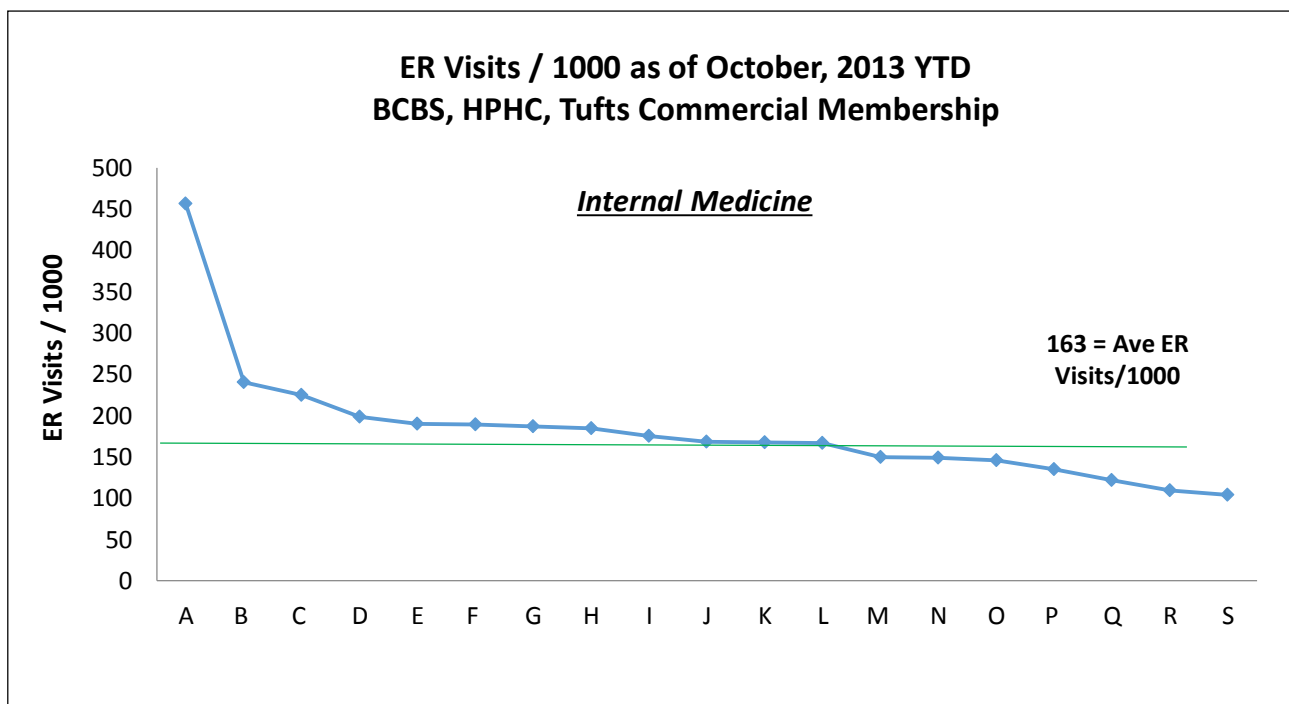
- Over 3,000 ER sheets reviewed by PHO and sent to PCPs.
- Resulted in:
  - PCP office visits scheduled post ER visit for 29% of members
  - Telephone outreach to member from PCP for 27% of members
  - Education on when to use ER for 5% of members

## 2013

- Continue ER sheet notification.
- **Add notification of members at Saints ER and Medicare (for MSS)**
- Analysis of ER utilization by PCP, additional Frequent Flier ER reporting. (formatted/new)

# Emergency Room Visits/1,000 Internal Medicine

Savings of approximately \$125K if PCPS with rates above the average were reduced to the average.



Source: BCBS, Tufts, HPHC Commercial Health Plans, Dates of Service 1/1/13-10/31/13, paid through 12/31/13  
Excludes Urgent Care Visits and ED visits resulting in Observation or Admission

# 2014-2015 LG PHO ED Utilization Reduction Program

## Phase II:



Lowell General PHO Daily ER Activity

All Insurances including MSSP

Group Name: \_\_\_\_\_

PCP NAME

ER CASE #

MEMBER NAME

LOCATION:

MEMBER ID

PHONE

PLAN NAME

MEMBER DOB

ADMISSION

DISCHARGE

DIAGNOSIS

REASON FOR VISIT

DISPOSITION

FINDINGS

FOLLOW UP

DISCHARGE MEDS



# Summary 2013 Emergency Room Utilization

- Emergency Room utilization continues as significant driver of costs
- Future goal to move from process to performance measure
- **Approximately 50% of Emergency Room Visits could be treated in an alternative setting (still)**
- Large Variation exists within PHO by PCP and PCP offices
- Emergency Room Utilization is an area of focus for PCP Risk Allocation in 2014
- Average cost of Emergency Room vs MD

Office Visit (99213)*	Emergency Room - Facility & MD Fee Only*	Emergency Room – Facility, MD & Ancillaries*
\$90	\$640	\$765

\* Based on BCBS, HPHC and Tufts claims data from January – October, 2013



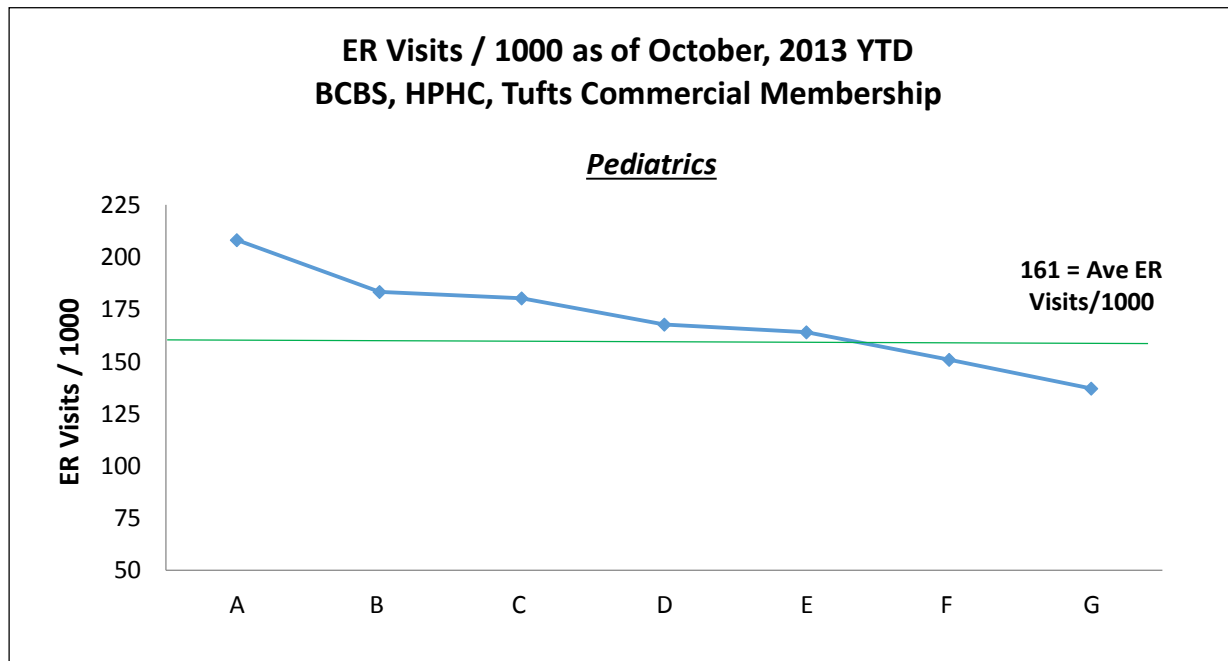
# Emergency Room Utilization – Top Diagnoses 2013

883.0 - OPEN WOUND OF FINGER
845.00 - SPRAIN OF ANKLE NOS
780.6 - FEVER
784.0 - HEADACHE
786.50 - CHEST PAIN NOS
789.09 - ABDOMINAL PAIN OTH SPEC ST
959.01 - HEAD INJURY NOS
311 - DEPRESSIVE DISORDER NEC
465.9 - ACUTE URI NOS
382.9 - OTITIS MEDIA NOS
599.0 - URIN TRACT INFECTION NOS
780.4 - DIZZINESS AND GIDDINESS
786.59 - CHEST PAIN NEC
462 - ACUTE PHARYNGITIS
789.06 - ABDOMINAL PAIN EPIGASTRIC
780.2 - SYNCOPE AND COLLAPSE
787.01 - NAUSEA WITH VOMITING
786.52 - PAINFUL RESPIRATION
724.2 - LUMBAGO
789.03 - ABDOMINAL PAIN RT LWR QUAD



# Emergency Room Visits/1,000 Pediatrics

Savings of approximately \$40K if PCPS with rates above the average were reduced to the average.



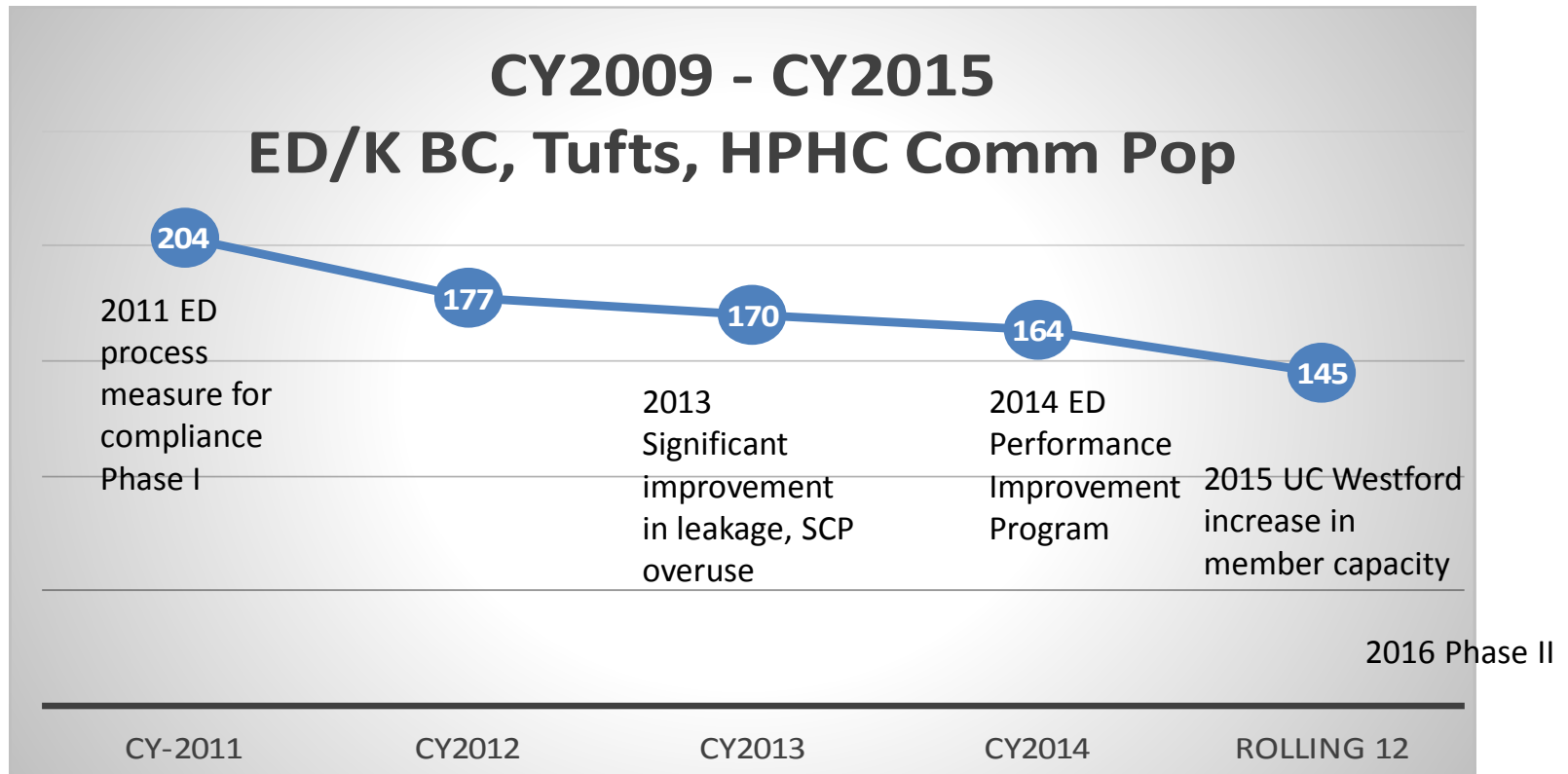
Source: BCBS, Tufts, HPHC Commercial Health Plans, Dates of Service 1/1/13-10/31/13, paid through 12/31/13  
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# 2016 ED Incentive Program Update

- **November 2015 preparation rollout**
- While ED has decreased since 2009 there is significant variation at the practice level
- 2014 – initiative to reduce variation with 15 practices resulted in decreases in 12 of the 15 practices
- How do we reward practices with low ED utilization in a risk based contract?
- Will need PCP Risk Allocation Committee sign off
- 1:1 meetings with PCPs, Manager of Clinical Programs and PHO Medical Director.

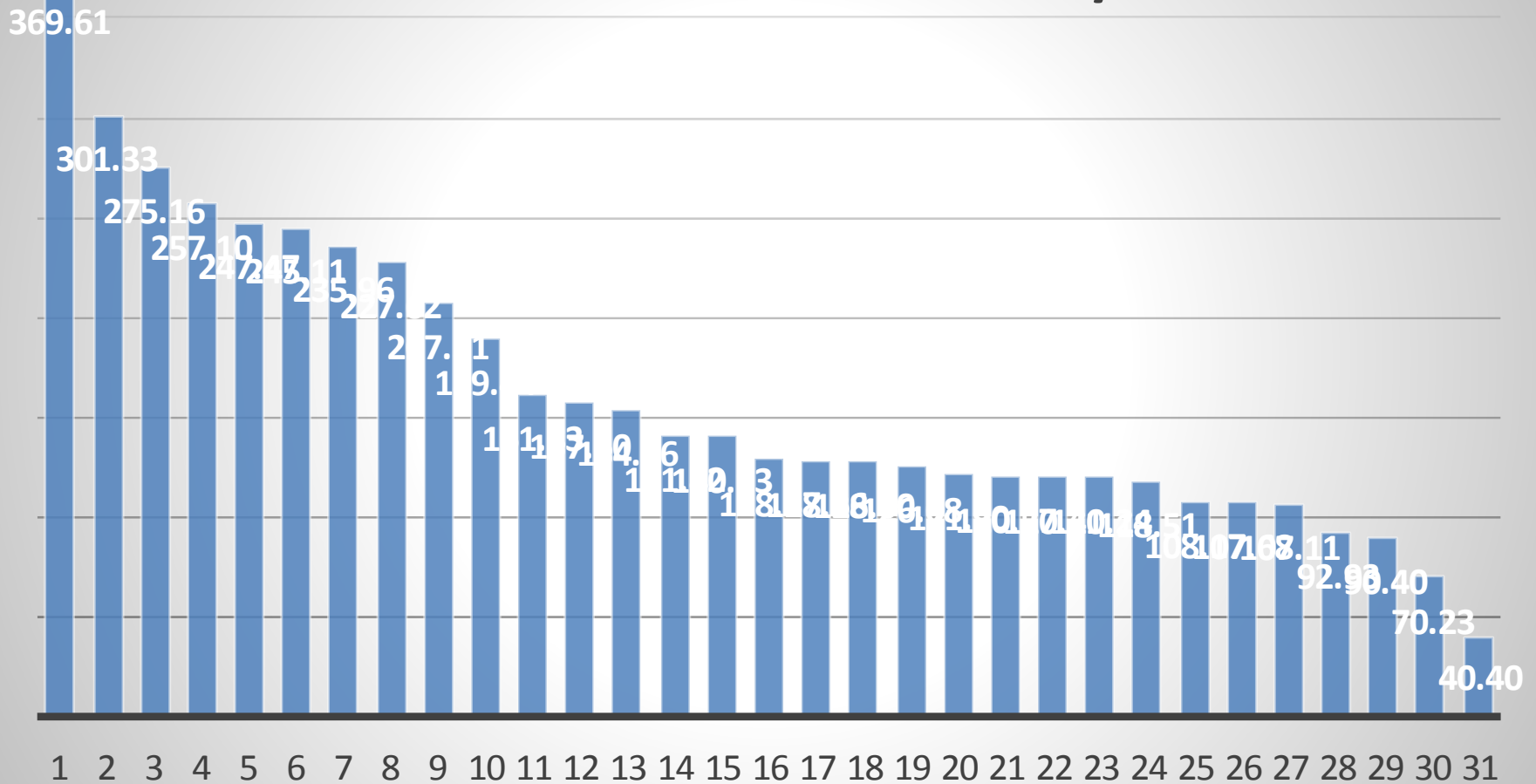


# Historical Trend for Commercial Population ED Utilization



# Internal Medicine PCP ED Visitation

## 31 IM PCPs CY14 ED VISITS/K



# Case Study – What if...

CY15 cost difference between:

ED Visit	Urgent Care Visit	PCP / Specialist Office Visit <sup>1</sup>
\$892	\$181	\$109

Cost savings example – uses 2014 averages.

Practices	Reduce by	# of ED visits to reduce by practice	Dollar Impact
9 <sup>2</sup> Practices ≥ 50%	15%	~17	\$134,000
6 Practices ≥ 10% <50%	10%	~7	\$39,000
4 Practices ≥ 1% <10%	5%	~8	\$28,000
<b>Total</b>			<b>\$201,000</b>

1. E&M codes
2. The 9 practices include LCHC

# PHO compared to the network

- BCBS 2014 Commercial population, LGH PHO is 5% below Network average.
- BCBS Q1 2015 data on avoidable ED visits, PHO is higher on avoidable ED visits in general (URI and Bronchitis higher than Network).

	PHO Performance	Network Performance
Total Avoidable	<b>27.1%</b>	27.0%
URI	<b>9.8%</b>	8.2%
Sprain	4.6%	5.1%
Contusion	2.8%	2.8%
Bronchitis	<b>2.1%</b>	1.7%
Asthma	1.6%	1.7%
<b>Top 5</b>	<b>20.9%</b>	<b>19.6%</b>

# PCP Risk Sharing Allocation Committee

- PCP Risk Sharing Allocation Committee meeting agreed to a “Tiered” approach for the 2016 ED Pay-for-Performance program.
  - Tiering addresses variation.
  - The proposed Tiering is as follows:

Tier	CY14 Performance	CY16 Goal
1	1% - 10% > PHO average	-5%
2	10% - 50% > PHO average	-10%
3	50% or higher than PHO average	-15%

# 2016 ED Goal Development

- Goal is to create a reasonable goal that takes fluctuations due to small panel sizes into account
- Evaluating whether we use 2014 Actual, Rolling 12 or blend of recent experience with three year average to create the goal
- PHO practice experience shared with PCPs in November meetings
- Target will be shared in January 2016

# 2016 ED Utilization Report Overview

# The Monthly ED Utilization Report

LGPHO Primary Care Physician 2017 ED Utilization Program



Practice: [Redacted]

BCBS, HPHC, & Tufts Commercial

Prior Period: Rolling 12 Months 11/1/2015 -10/31/2016

Current Period: Rolling 12 Months 11/1/2016 -10/31/2017

#1

Figure 1: Practice ED Visits/1,000 Comparison to Goal

	ED Visits/1,000
CY 2017 Goal	149
Prior Period	125
Current Period	89
Above or Below Goal	-60

#2

Figure 2: Practice ED Visit Counts Comparison to Goal

	LGH/ Saints	Other Hospital	Total
CY 2017 Goal Estimate			289
Prior Period Actual	204	62	266
Current Period with Forecast	173	55	228
Claims: November-July	113	35	148
Cerner & Other Hospital Forecast: August-October	60	20	80
Current Period # Above or Below 2017 Goal Estimate			-61

#3

Figure 3: ED Visits/1,000 for LGH & All Other Hospitals

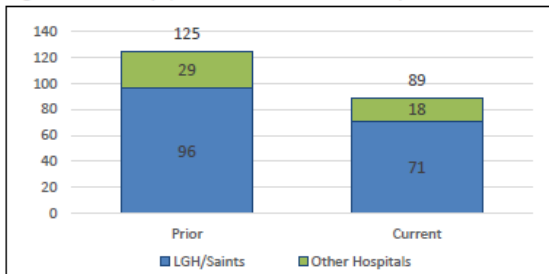
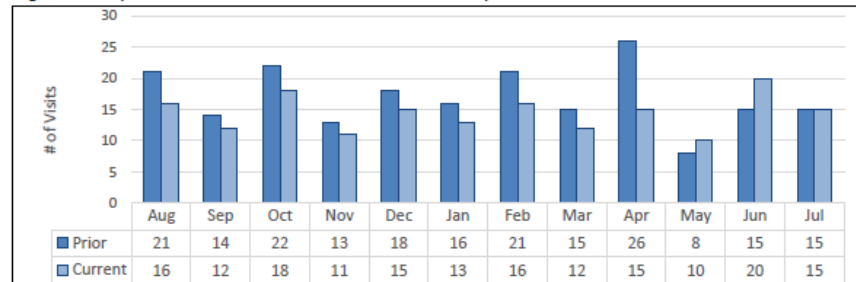
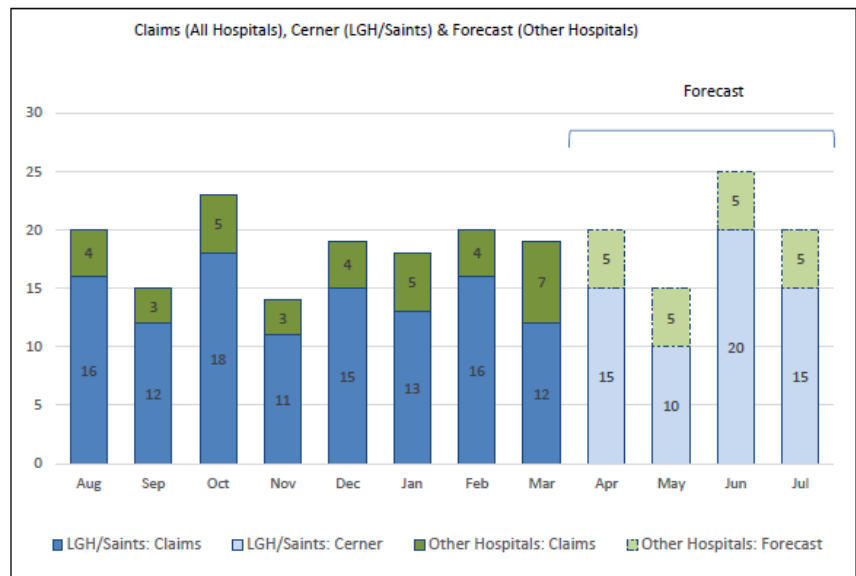


Figure 4: LGH/Saints: Current to Prior Period ED Visits Comparison



#4

Figure 5: Current Period ED Visits with Forecast



#5



# Figure 1: Practice ED Visits/1,000 Comparison to Goal

**Figure 1: Practice ED Visits/1,000 Comparison to Goal**

	ED Visits/1,000
<b>CY 2016 Goal</b>	<b>156.41</b>
Prior Period	152.36
Current Period	156.14
<b>Above or Below Goal</b>	<b>-0.27</b>

## 2016 Goal Calculation

- Blended 5 years of actual ED Visits
- 50% of 2011-2014 actuals plus 50% of rolling 12 months of Sep – Aug 2015.
  - The weighted average was then compared to the PHO's average util/k of 168.82.

Prior Rolling 12 Months Period performance

Current performance estimate based on Rolling 12 Months and most current member months available

Difference between Goal and Current performance estimate

## Practices sorted into 4 Tiers:

1. Tier 1 - all practices at or below the PHO average are asked to continue their performance
2. Tier 2 - practices 1% to 10% above the PHO average are asked to reduce by **5%**
3. Tier 3 - practices 10% to 50% above the PHO average are asked to reduce by **10%**
4. Tier 4 - Practices that are over 50% above the PHO average are asked to reduce by **15%**

Goal based on Actuals reduced by placement in Tiers.

# Figure 2: Practice ED Visit Counts Comparison to Goal

**Figure 2: Practice ED Visit Counts Comparison to Goal**

	LGH/ Saints	Other Hospital	Total
<b>CY 2016 Goal Estimate</b>			<b>281</b>
Prior Period Actual	170	47	217
<b>Current Period with Forecast</b>	<b>209</b>	<b>46</b>	<b>255</b>
Claims: Mar-Oct	134	28	162
<i>Cerner &amp; Other Hospital Forecast: Nov-Feb</i>	75	18	93
<b>Current Period # Above or Below 2016 Goal Estimate</b>			<b>26</b>

Actual number of ED Visits from Claims plus recent LGH/Saints visits from Cerner

Based on member months, your ED utilization/K goal translates into this **number** of ED Visits.

Prior Period Rolling 12 Months # ED Visits based on final paid claims

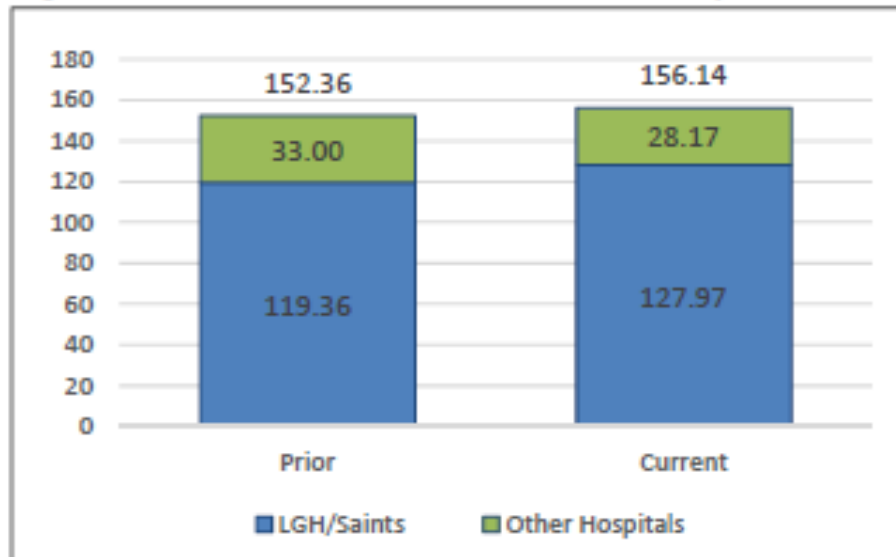
Current Period Rolling 12 Months # ED Visits based on Claims, Cerner, and Other Hospitals' Forecast for the most recent 4 months

# of ED Visits Currently Above or Below Goal  
 Negative #: # to Reduce ED visits by to Reach Goal  
 Positive #: # of ED Visits not to exceed to stay below Goal

# Figure 3: ED Visits/1,000 for LGH & All Other Hospitals

Prior Period: Rolling 12 Months 3/1/2014 -2/28/2015  
Current Period: Rolling 12 Months 3/1/2015 -2/29/2016

Figure 3: ED Visits/1,000 for LGH & All Other Hospitals



## ED Visits/1,000 for LGH & All Other Hospitals

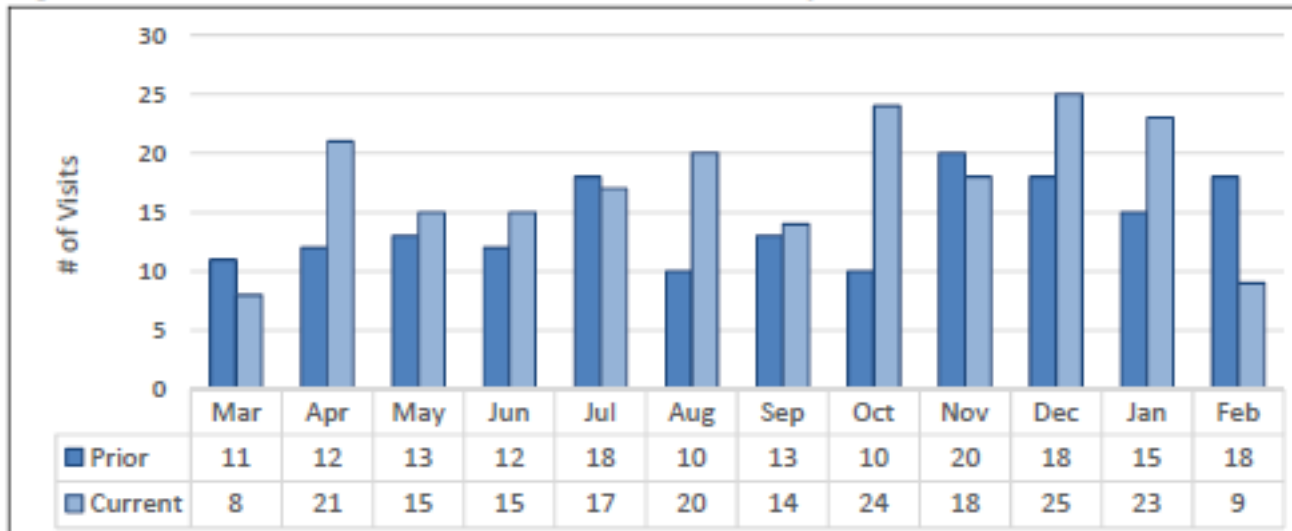
Practice's ED Visits/1,000 for LGH and All Other Hospitals comparing the Current Rolling 12 Month Period to the Prior Rolling 12 Month Period

This chart is useful to gauge practice's ED at LGH/Saints versus all other hospitals.

# Figure 4: LGH/Saints: Current to Prior Period ED Visits Comparison

Prior Period: Rolling 12 Months 3/1/2014 -2/28/2015  
Current Period: Rolling 12 Months 3/1/2015 -2/29/2016

Figure 4: LGH/Saints: Current to Prior Period ED Visits Comparison



## LGH/Saints: ED Visits by Month and Year

Practice's ED visits by month comparing Month to month comparison of the Current Rolling 12 Month Period to the Prior Rolling 12 Month Period **for LGH/Saints only** from Cerner application. Figure is useful for seeing seasonal variation and any increases or decreases in ED visits by month.

# Figure 5: Current Period ED Visits with Forecast

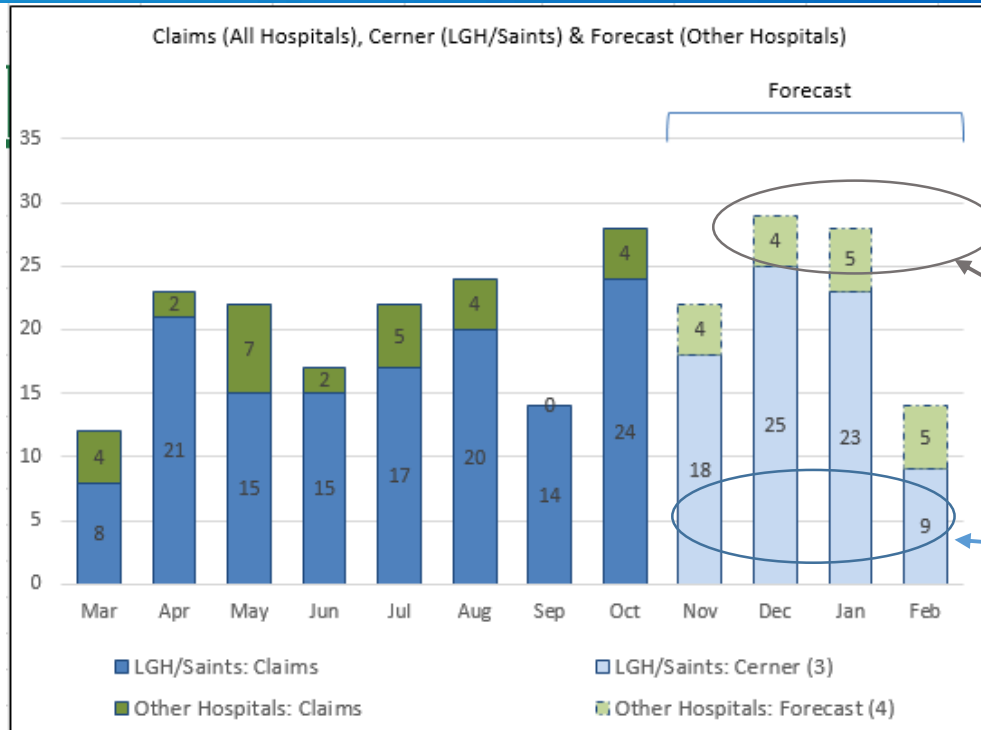


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Other Hospitals: Forecast Nov-Feb: forecast of what the number of ED visits for all other hospitals for November 2015 through February 2016 may be based on previous patient ED use patterns.

- Forecast is a rough estimate that is subject to change.
- Estimate will be replaced with actual utilization once the more current data is available.

# YTD Rolling 12 Months PCP ED Utilization

Difference from Goal																					
1/1/2015-9/31/2015 (CY15 YTD)	3/1/2015-2/29/2016	4/1/2015-3/31/2016	5/1/2015-4/30/2016	7/1/2015-6/30/2016	8/1/2015-7/31/2016	9/1/2015-8/31/2016	10/1/2015-9/30/2016	11/1/2015-10/31/2016	12/1/2015-11/30/2016	1/1/2016-12/31/2016	2/1/2016-1/31/2017	4/1/16-3/31/17	5/1/16-4/30/17	6/1/16-5/31/17	7/1/16-6/30/17	8/1/16-7/31/17	9/1/16-8/31/17	10/1/16-9/30/17	11/1/16-10/31/17	1/1/16-12/31/17	2/1/2017-1/31/2018
-29	26	-24	-24	-44	-65	-53	-53	-41	-45	-39	-61	-71	-41	-40	-32	-45	-58	-60	-81	-108	-101
17	34	4	4	-54	-58	-72	-72	-68	-39	-45	-53	-69	-55	-54	-58	-88	-74	-60	-59	-53	-38
-10	-2	-5	-10	-15	-29	-16	-16	55	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
6	13	-1	-3	3	11	3	3	-5	-15	-23	-22	-34	-28	-66	-73	-80	-65	-53	-55	-44	-41
-5	-9	-23	-24	-15	-25	-20	-20	-23	-24	-31	-40	-62	-55	-48	-53	-59	-64	-59	-60	-62	-58
-35	-23	-26	-20	-29	-38	-41	-41	-48	-51	-40	-59	-72	-66	-53	-54	-59	-42	-27	-23	-27	-11
0	-5	-19	-24	-40	-51	-42	-42	-39	-42	-39	-35	-53	-40	-39	-43	-45	-54	-58	-56	-63	-60
-18	-21	-31	-26	-36	-49	-54	-54	-55	-55	-58	-52	-69	-63	-56	-57	-56	-56	-55	-57	-63	-58
-31	-17	-29	-26	-11	-20	-33	-33	-26	-29	-26	-38	-78	-63	-49	-56	-65	-67	-61	-60	-66	-59
-32	-38	-72	-71	-66	-92	-37	-37	12	11	9	-15	-8	45	-13	-32	-2	9	8	-22	-31	-19
-52	-29	-21	-13	1	-17	-17	-17	-25	-35	-45	-69	-73	-69	-82	-82	-74	-65	-60	-59	-70	#N/A
-11	-19	-46	-33	-16	-25	-30	-30	-53	-50	-47	-50	-62	-55	-59	-70	-94	-88	-88	-76	-94	-81
23	12	3	11	3	19	11	11	-10	-23	-8	-3	-35	-46	-44	-48	-46	-58	-70	-71	-88	-84
-23	6	-7	-9	-11	-28	-7	-7	-11	-23	-25	-30	-48	-40	-48	-55	-49	-50	-54	-58	-55	-52
-18	-22	-30	-29	-32	-46	-40	-40	-46	-39	-49	-49	-76	-66	-60	-65	-69	-79	-82	-84	-85	-75
2	-9	-51	-39	-6	-26	-11	-11	8	10	17	17	41	62	52	34	10	1	-20	-24	-55	-67
-5	-78	-90	-101	-121	-108	-88	-88	-105	-94	-102	-94	-108	-112	-107	-111	-134	-135	-124	-114	-135	-137
6	-12	-13	-13	-29	-39	-34	-34	-35	-37	-44	-33	-55	-43	-45	-35	-39	-51	-42	-32	-33	-20
21	-33	-34	-47	-37	-62	-39	-39	-49	-49	-50	-66	-87	-70	-69	-79	-86	-98	-95	-88	-95	-90
-8	-7	-21	-23	-30	-33	-36	-36	-41	-32	-27	-19	-47	-37	-51	-60	-55	-59	-61	-63	-68	-60
-5	0	-16	-17	-20	-35	-33	-33	-40	-40	-55	-59	-69	-64	-59	-66	-68	-60	-55	-55	-58	-53
-2	13	-12	-21	-5	-19	4	4	-2	-3	-16	-14	-58	-59	-60	-56	-54	-62	-65	-64	-68	-65
-23	1	-8	-6	1	-14	-6	-6	-7	-7	-13	-19	-44	-31	-34	-37	-40	-45	-46	-50	-54	-47
41	57	33	43	19	4	-1	-1	-19	-13	-32	-20	-54	-61	-42	-46	-58	-65	-69	-72	-78	-91
7	55	21	20	14	21	56	56	80	52	87	92	51	46	33	6	25	-15	-12	-22	-53	-35
-16	-30	-46	-59	-59	-72	-65	-73	-80	-79	-82	-92	-81	-67	-56	-63	-60	-67	-73	-82	-97	-85
-39	-14	-17	-21	-29	-47	-16	-16	-19	-33	-59	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A	#N/A
-21	-14	-26	-31	-38	-48	-38	-38	-40	-48	-40	-35	-29	-18	-30	-29	-35	-43	-39	-44	-59	-64
130	75	-20	-46	-94	-101	-101	-101	-120	-116	-118	-114	-132	-117	-111	-128	-117	-130	-129	-150	-127	-117
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-8	-7	-28	-34	-46	-48	-17	-17	-8	-12	-18	-33	-74	-57	-64	-63	-65	-79	-86	-90	-101	-93
-24	15	2	-2	4	0	23	23	18	2	3	4	-32	-14	-15	-24	-18	-33	-36	-39	-46	-49

-267	-24	-635	-715	-879	-1327	-917	-925	-994	-1262	-1407	-1669	-2384	-2040
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# Efficiency Programs and Funding 2016-2017

Component	2017 Allocation	2016 Description	2016 Summary	Going Forward in 2017
ED Utilization	TBD	<ul style="list-style-type: none"> <li>• New Outcome measure</li> </ul>	<ul style="list-style-type: none"> <li>• Reward PCPs with low ED Utilization</li> <li>• Reduce ED Utilization for PCPS &gt; the PHO average</li> <li>• Two practices did not make their 2016 ED Utilization targets</li> <li>• 2016 est. cost savings = <b><u>\$211K</u></b></li> </ul>	Targets will remain at same level for 2017



Thank you!