

Ingham Health Plan Emergency Department Case Management Program

Ingham County Health Department
Health Plan Management Services

Program Purpose/Description

May 2010

- To reduce non-emergency and inappropriate utilization of Emergency Department (ED) services by Ingham Health Plan (IHP) members
- To educate members regarding their health plan coverage
- To redirect members to their primary care provider (PCP) for services and coordination of health care

Process

- Establish program staffing & structure
- Select members to target
- Identify problems/opportunity for intervention
- Create plan to educate and redirect members
- Implement & monitor plan
- Collaborate with community partners
- Measure outcomes & effectiveness
- Continuous process improvement

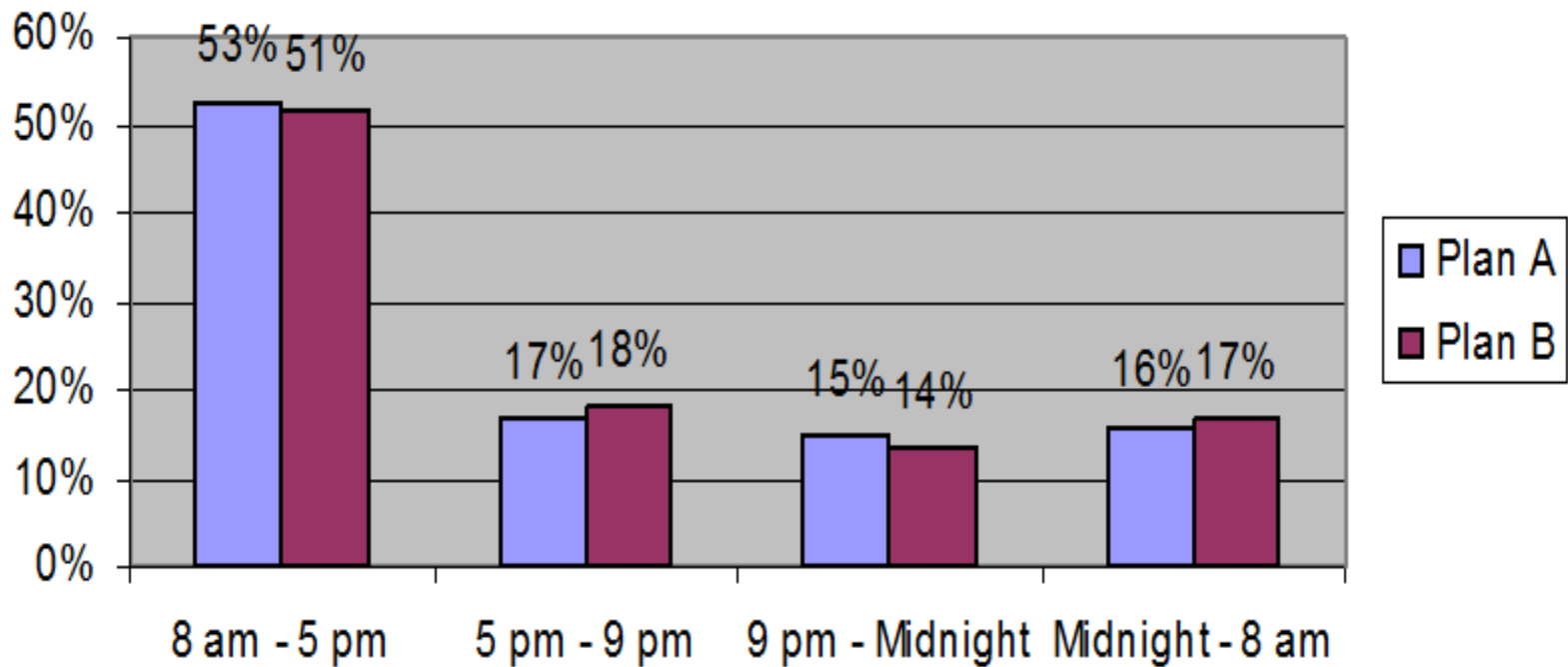
Top 10 Presenting Complaints

3/1/11 - 10/31/11

Diagnosis	Frequency
Abdominal Pain	407
Back Pain/Lumbago	289
Injury - single site	282
Dental Disorder	225
Alcohol Related	206
Chest Pain/Pressure	192
HA/migraine	182
Joint Pain	147
Pain in limb	130
SOB/DIB	108

Time of Visits

**Percent of Total Visits by Time of Arrival
August 2011**



Factors influencing ED use

- Health plan enrollment
- PCP access/availability
- Specialty & dental care access
- Health literacy
- Chronic pain & dental conditions
- Members seeking narcotics

Selection Process for CM Intervention

- Monitor & record all local ED visits
- Educate members accessing ED services by letter
- **Members with 3+ ED visits in a quarter contacted by phone**
- Other intervention on case by case basis

Staffing

- **HPMS Medical Services**
 - Coordinator
 - Nurse Case Manager(s)
- **HPMS Health Information & Claims Systems:**
data management, programming & reports
- **HPMS Support Staff:**
data entry, member & provider letters/notification

Data/Information Sources

- Registration information on members accessing ED services at Sparrow & McLaren received daily.
 - Demographics
 - Chief complaint (not discharge/billing diagnosis)
- Medical Claims Data via TPA (claims lag 30-60 days)
- McLaren & Sparrow ED Electronic Health Record – for detailed info re: visits
- Other Sources
 - Michigan Automated Prescription System (MAPS)
 - Pharmacy claims data via Pharmacy Benefit Manager
 - HPMS Member Management System (MMS)
 - Demographics
 - Customer Service Notes, Correspondence
 - ED CM Module
 - Recovery Center Census Reports
 - ICHD Community Health Centers NextGen EPM/EHR
 - Member information via telephone contact

Data Management

Tracking & Reporting

Excel spreadsheet May 2010 – February 2011

Manual data entry and limited data manipulation

New module in HPMS Member Management System (MMS) March 2011 to current

Additional fields for data capture

Improved reporting capabilities

More efficient use of Nurse CM time

Ability to expand & develop



...need more influence
over members seeking
care in ED

Community Collaboration

Hospital Partners

McLaren Greater Lansing and Sparrow Health System

Clinical ED staff: Medical Directors, Physician Liaisons, Clinical Supervisors & Educators, Case Managers

Community Mental Health

Recovery Center – local sub-acute clinical detox unit

SA Treatment & referral resource

Addiction Prevention

MH Services

Ingham County Health Department

Adult Dental Clinic

Community Health Centers

Clinic staff

Homeless Outreach

Birch Center

Contracted IHP Primary Care Providers

Notification of assigned member use of ED

Notification if multiple prescribers of narcotics

IHP CM available to assist with PCP assignment, benefit determination & access to specialty care

Participation on PCP Subcommittee of Community Plan of Care Committee (CPOC)

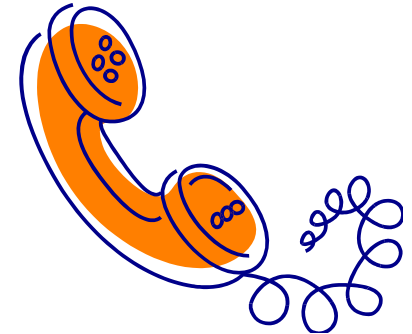
Individual Specialists

MSU Department of Family Practice faculty

Michigan Pathways to Better Health

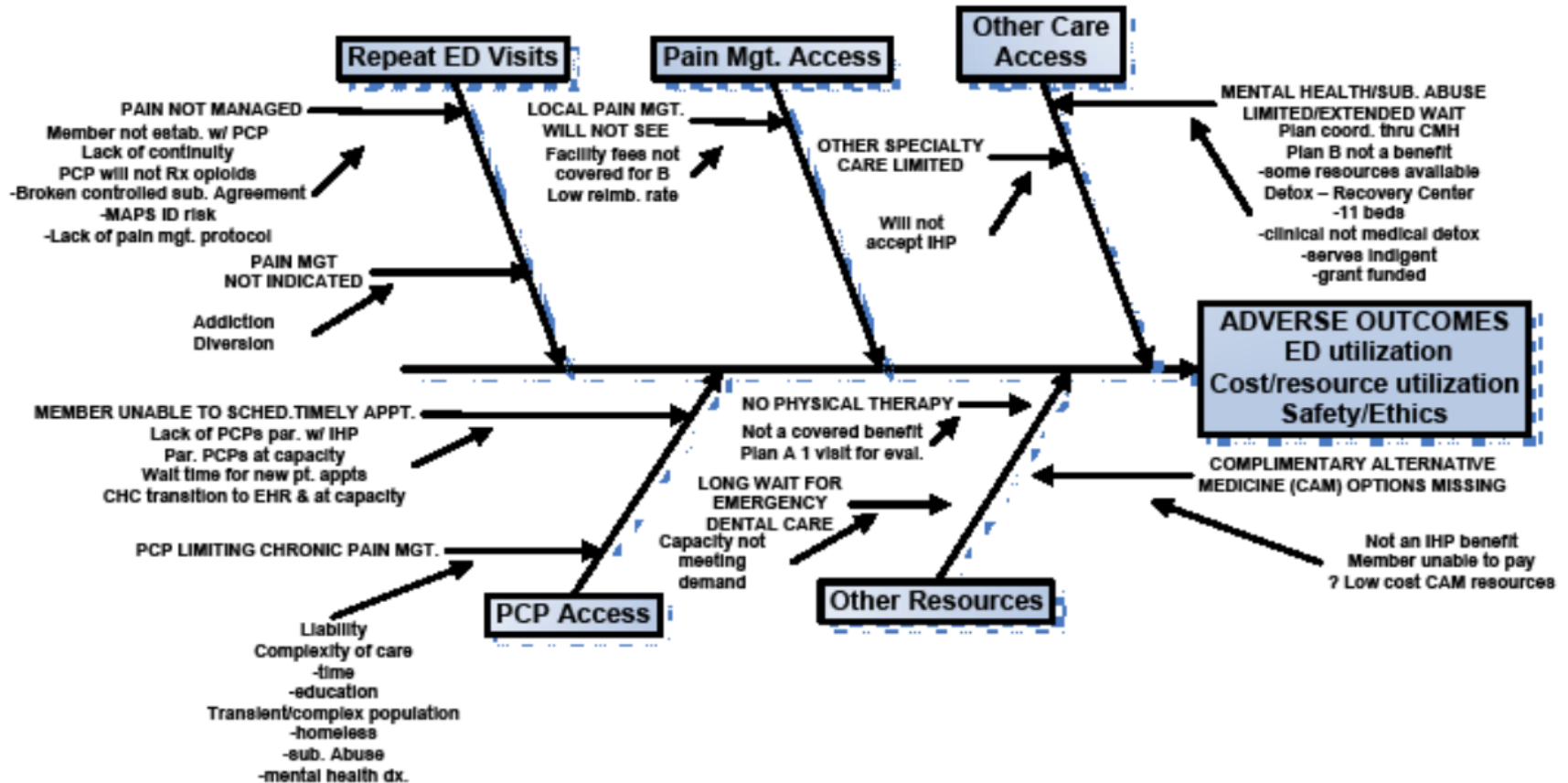
Community Plan of Care Committee

- Executive Director IHP
- Medical Director ICHD CHC/HPMS
- ED Physician/Liaison McLaren
- Patient Services Director McLaren
- Emergency Services Dept Mgr Sparrow
- Executive Medical Director Emergency Services Sparrow (outgoing & incoming)
- HPMS Medical Services Coordinator
- IHP Nurse Case Managers



COMMUNITY PLAN OF CARE

4/26/2012



PCP Subcommittee

Sparrow Medical Group

- Sparrow/MSU FP Residency Practice Site Director

McLaren Medical Group

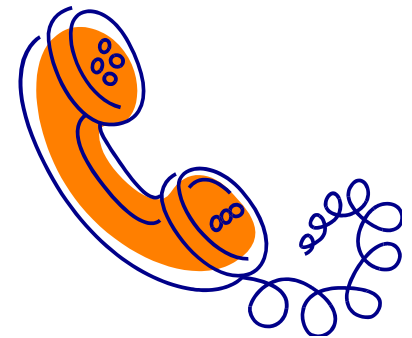
- Manager McLaren Multi-Specialty Clinics
- DME McLaren Multi-Specialty Residents
- Director Patient Care Services McLaren

ICHD/HPMS

- Medical Director ICHD
- Medical Consultant HPMS
- HPMS Medical Services Coordinator
- ICHD CHC Adult Health/Inf Disease Nurse Practitioner

IHPC

- IHP Contracted PCPs – Clinic and Private Practices
- IHP Nurse Case Mangers



PCP Subcommittee

- Overview of Community Plan of Care Committee
- ED utilization cause & effect /adverse outcomes
- Research overview - Introduction of Project Lazarus
- Needs/Plan of Action
 - Education for PCPs
 - Standardized chronic pain protocol
 - Member monitoring/protocol for abusers
 - Legal considerations
 - Access to pain management alternatives
 - Incentives/support for PCPs caring for chronic pain
 - Narcotics/IHP formulary
 - Community comprehensive pain management clinic

Outcomes

“The conversation is not so much about the future for the community, but is the future itself.”

Peter Block, Community the Structure of Belonging.

Program Milestones

- Secured daily data for ED visits from both hospitals
- Gained access to both hospitals ED records via EHR
- Created member letters & resource sheets
- Developed ED CM module in HPMS Member Management System
- PCP notification of assigned member ED visits/bimonthly notification to all providers prescribing narcotics to a member with 4+ prescribers
- Access ICHD CHC schedules & medical records
- Improved access to dental care at ICHD Adult Dental Clinic
- Community Plan of Care Committee (CPOC) & PCP Subcommittee formed
- IHP Pharmacy & Medical Benefit changes
- CME Program for PCPs “Assessment of Chronic Pain in Primary Care”

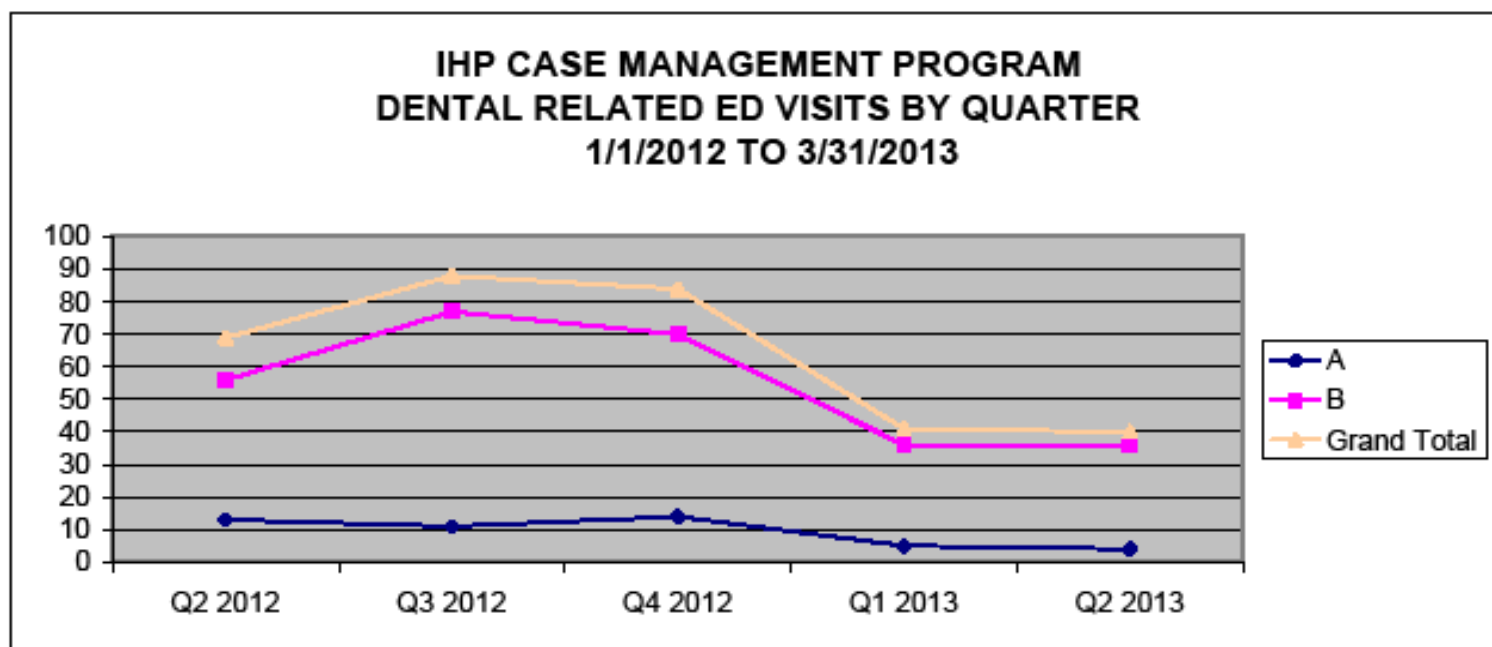
Program Milestones FY 2013

- CPOC Guidelines for ED Treatment of Chronic Pain and Dental Pain developed & implemented at both hospitals Nov. 2012
- Collaboration with MI Pathways to Better Health
- CPOC PCP Subcommittee develops Primary Care Provider Tool Kit – CME Program in planning phase



Ingham Health Plan - Case Management Program Dental Related ED Visits per Quarter

Plan	Q1 2012	Q2 2012	Q3 2012	Q4 2012	Q1 2013	Q2 2013
	10/1/11-12/31/11	1/1/12-3/31/12	4/1/12-6/30/12	7/1/12-9/30/12	10/1/12-12/31/12	1/1/13-3/31/13
A	10	13	11	14	5	4
B	53	56	77	70	38	36
Grand Total	63	69	88	84	41	40



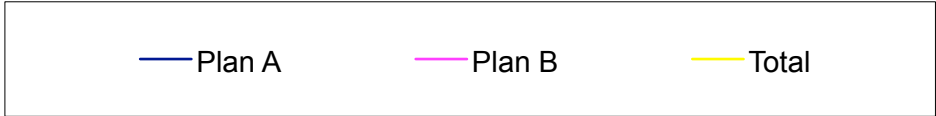
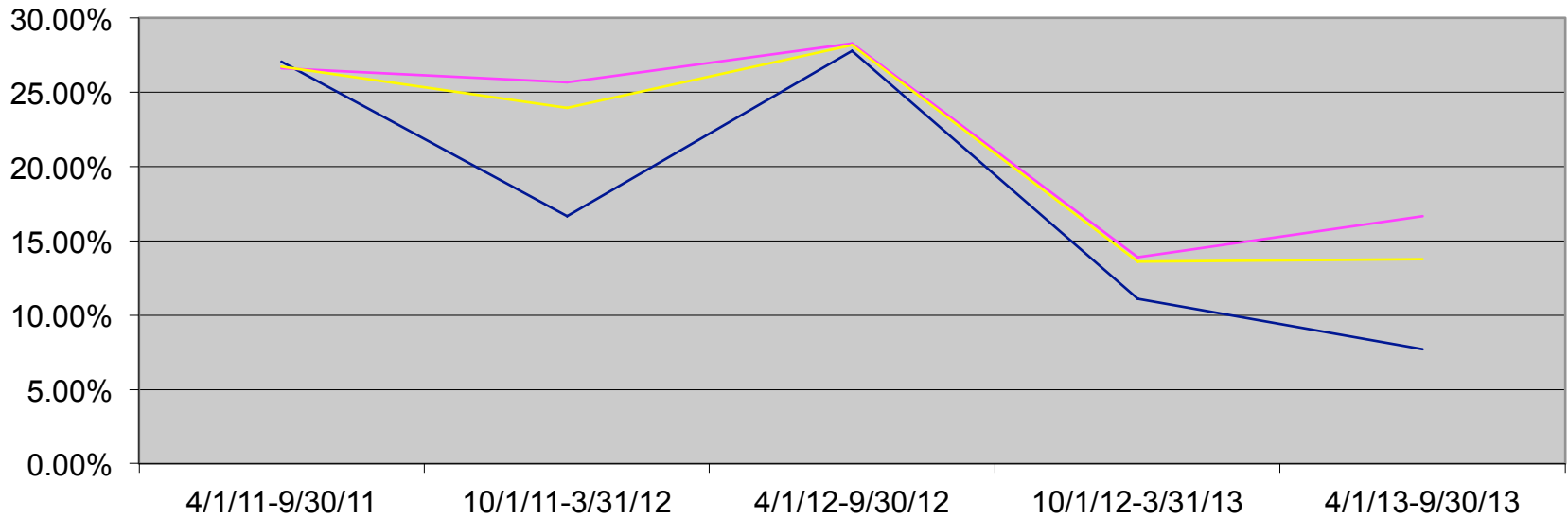
NOTES:

New Dental Referral Form Implemented 4/1/12 at McLaren and Mid-May at Sparrow

March 18, 2012 - Article featured in Lansing State Journal regarding people seeking treatment at EDs for Dental Problems

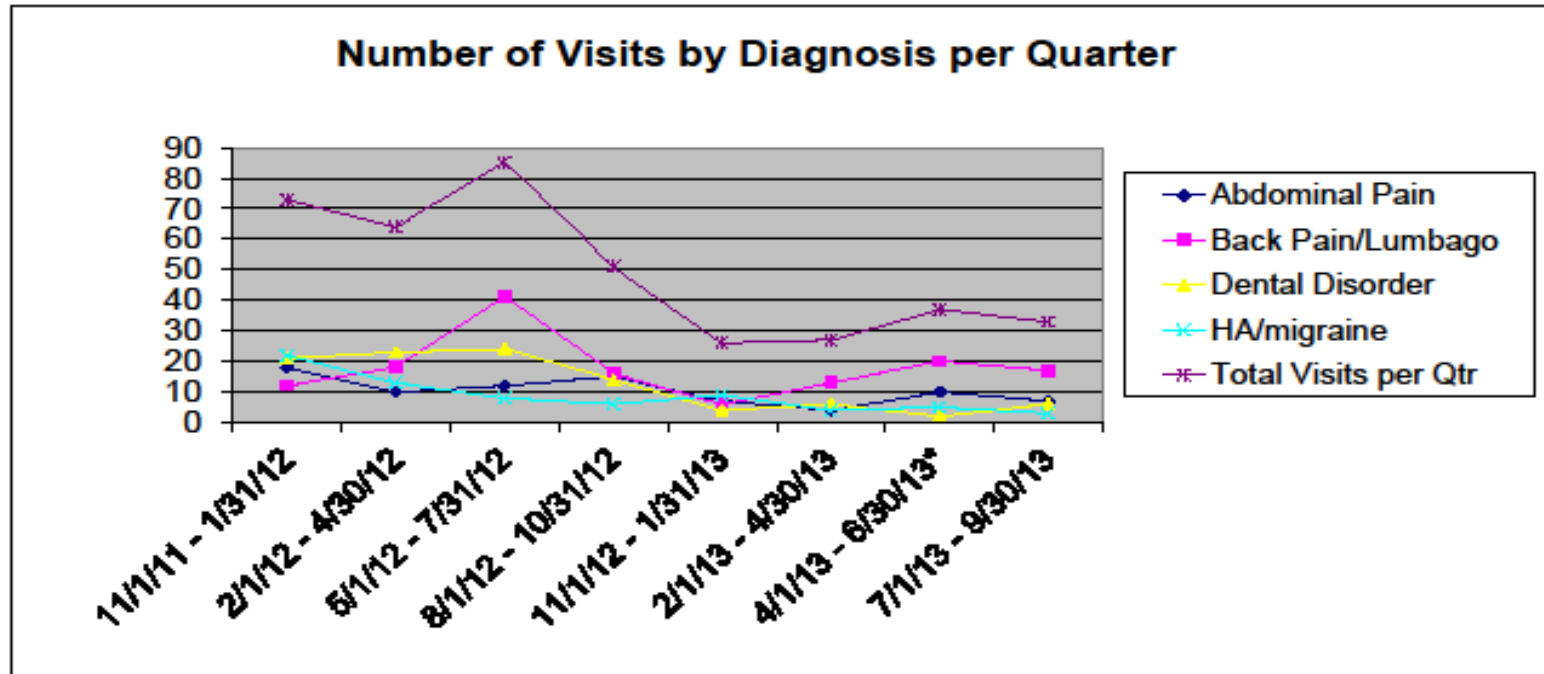
ED Chronic Pain and Dental Pain Guidelines implemented by Sparrow and McLaren November 15, 2012 (Q1 2013)

IHP ED Case Management Program % of Members with Repeat Dental Visits



**IHP ED Case Management Program
Pilot Project
ED Visits by Diagnoses per Quarter**

	Quarter							
	Baseline		Follow-up 1		Follow-up 2		Follow-up 3	
	11/1/11 - 1/31/12	2/1/12 - 4/30/12	5/1/12 - 7/31/12	8/1/12 - 10/31/12	11/1/12 - 1/31/13	2/1/13 - 4/30/13	4/1/13 - 6/30/13*	7/1/13 - 9/30/13
Abdominal Pain	18	10	12	15	7	4	10	7
Back Pain/Lumbago	12	18	41	18	8	13	20	17
Dental Disorder	21	23	24	14	4	6	2	6
HA/migraine	22	13	8	6	9	4	5	3
Total Visits per Qtr	73	64	85	51	26	27	37	33



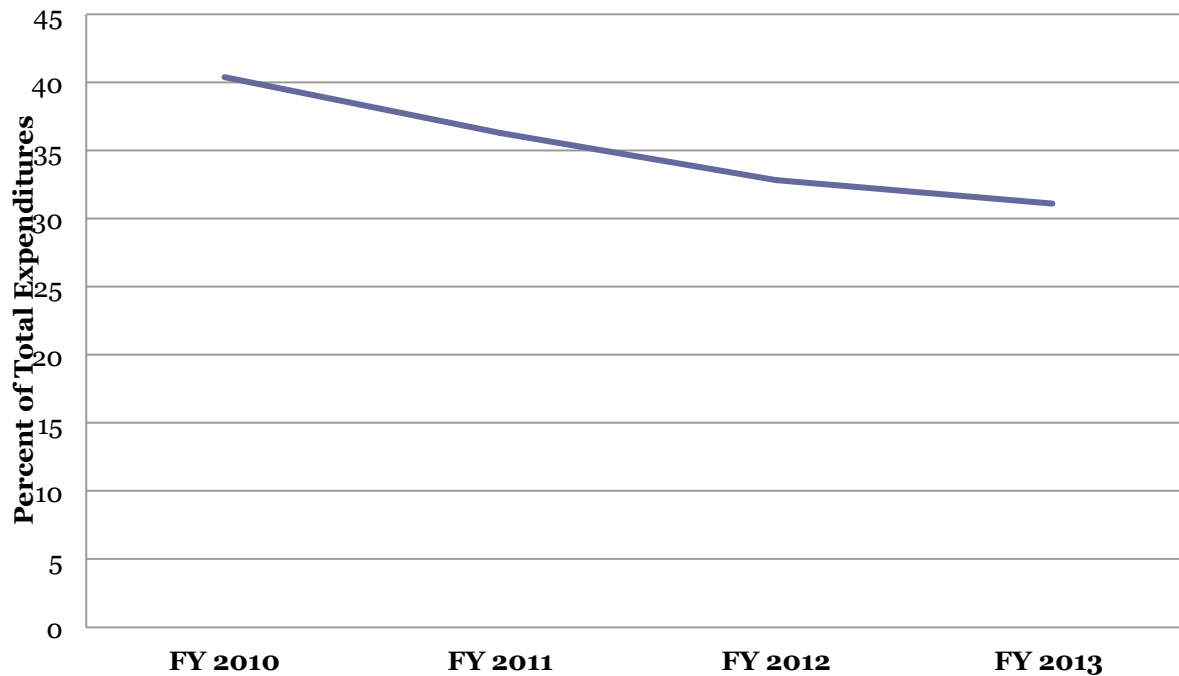
NOTES:

* April data is repeated in Follow-up Period 3 in order to have quarterly data follow normal FY quarters

ABW Open Enrollment occurred 4/1/13 - 4/30/13

Plan A ER Services Expenditures	%
FY 2010	40.4
FY 2011	36.3
FY 2012	32.8
FY 2013	31.1

IHP ER Services Expenditures



Program Summary & Potential

Outcomes

- Nurse Case Management can have a positive impact on individual members
- ED CM does decrease costs and inappropriate ED use
- Data management is a critical element of a program
- Clinical guidelines, research, and standards of care are foundational
- Education of health care providers/staff is essential
- It takes the entire health care community to effect change

Opportunities

- PCP CME Program
- Collaboration with Pathways CHWs for complex patients
- Advocate for role of Nurse Case Managers and reimbursement
- Continued partnering with community
- Improved access to Primary Care
- Improved access to specialty care including Pain Management
- Access to Complimentary Alternative Medicine treatment
- Comprehensive community pain management clinic