

# Emergency Department Quality Care Workgroup Overview

October 24, 2013



## BACKGROUND:

One of the specific initiatives outlined by Governor Steve Beshear with his veto of House Bill 5 of the 2013 Regular Session of the General Assembly was the task of emergency room improvements. This specific directive was provided in April 2013 and it outlined a *focus on efficient and effective emergency room management that meets community needs without an ER operating as a de-facto primary care office*. Dr. Stephanie Mayfield, MD, FCAP, Kentucky Department for Public Health Commissioner, in collaboration with Dr. John Langefeld, Kentucky Department for Medicaid Services Chief Medical Officer, was charged by Secretary Haynes to form a joint task committee to evaluate, recommend, and implement models that efficiently navigate patients, focusing on decreasing emergency room super-utilization.

## PHASE I WORKGROUP MEMBERS:

Drs. Mayfield and Langefeld formed the initial workgroup, which included the University of Kentucky, University of Louisville and the University of Pikeville. After some discussion, this initial group identified 16 hospital sites that were asked to participate in 'Phase I' of an expanded workgroup based upon; 1) geographic location, 2) level of connectivity to the Kentucky Health Information Exchange (KHIE), and 3) willingness to actively collaborate with all identified stakeholders. Representatives from these local hospitals and various partners were asked to serve on the expanded workgroup.



## MEETINGS & GUIDING PRINCIPLES:

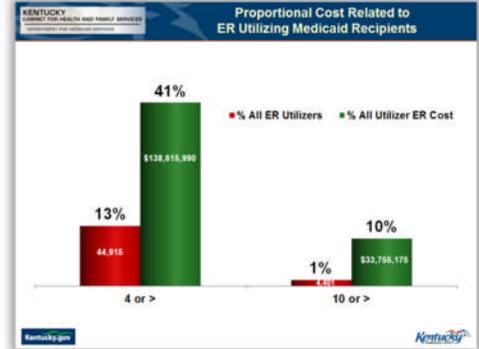
During initial meetings, participants developed and adoption the following mission, vision and value of the workgroup, as well as defined the term super-utilizer:

<b>Mission:</b>	<i>Promote best practices in the emergency departments across the state with a focus on decreasing super-utilization.</i>
<b>Vision:</b>	<i>The Kentucky health care system provides high quality and affordable health care to the citizens of the Commonwealth.</i>
<b>Key Value:</b>	<i>The Committee will operate in the best interest of the Commonwealth at-large.</i>
<b>Define super-utilizer:</b>	<i>Parameters utilized for identifying Super-utilizer Medicaid recipients utilizing the ER would include:</i> <ol style="list-style-type: none"> <li><i>1. 10 visits to the emergency department in 12 months,</i></li> <li><i>2. A segmentation typology methodology that utilized a combination of ER visits with multiple in-patient admission (3 or more in 12 months).</i></li> </ol>

To date, Phase I workgroup participants have had a total of five meetings. These meetings are typically held via phone and video conference; however, in-person meetings are conducted as needed. In addition, each site has had at least one community meeting to discuss key partnerships and possible collaborative efforts to address ED super-utilization.

## INITIAL MEDICAID DATA ANALYSIS:

Initial work involved analyzing existing historical Medicaid claims data to identify the potential super-utilizer population. Kentucky claims data analysis revealed patterns consistent with national trends. The 44,925 Medicaid recipients who utilized the ER 4 or more times represented 13% of all utilizers of the ED, but accounted for 41% of ER costs to the program (\$138,615,990). The 4,401 Medicaid recipients who utilized the ER 10 or more times represented 1% of the total number using ER services, but accounted for 10% of ER costs (\$33,755,175). After further review it was determined that these “impactable” patients typically have a constellation of chronic medical illness, mental illness or substance use disorders, and various social barriers driving high preventable utilization ED. To better address these specific issues, workgroup members have begun the analysis of Medicaid data for each of the Phase I hospital sites.



## WORKGROUP CLINICAL & OPERATIONAL GOALS:

Phase I participants outlined the following goals through an active participatory exercise. In addition to these goals, participants outlined multiple objectives and are continuing to develop specific action steps.

Goal 1:	Reduce Inappropriate ER Use
Goal 2:	Development of Continuous and Impactful Messaging
Goal 3:	Improve Patient Health
Goal 4:	Improve Health Care Systems
Goal 5:	Ensure Effective Flow and Availability of Data and Information
Goal 6:	Develop a Functional and Sustainable Model for the Future

## NGA POLICY ACADEMY & CMS INNOVATION GRANT:

In June 2013 an application was submitted and later accepted for Kentucky to participate in the National Governors Association (NGA) Policy Academy: “Developing State-level Capacity to Support Super-Utilizers.” The purpose of this year-long academy is to assist states in creating the regulatory environment, data systems, workforce, payment and financing structures, and stakeholder relationships to support super-utilizer care models. As a result of being accepted, Kentucky holds biweekly conference calls with the NGA and will receive technical assistance throughout the year.

In addition to participating in the NGA Policy Academy, Kentucky submitted a CMS Health Care Innovation grant application. This funding was applied for to support and facilitate the development of a project called Kentucky ER SMART (Supportive, Multidisciplinary, Alternatives & Responsible Treatment). This project would create community care teams that would work with local physicians, dentists, hospitals, and other resource agencies to address the issue of ED super-utilization. If awarded, this model would be implemented in 3 phases and be facilitated by CHFS agencies, including the Department for Public Health and local health departments, behavioral health providers (coordinated through the Department for Behavioral Health, Developmental and Intellectual Disabilities), and the Department for Medicaid Services.

