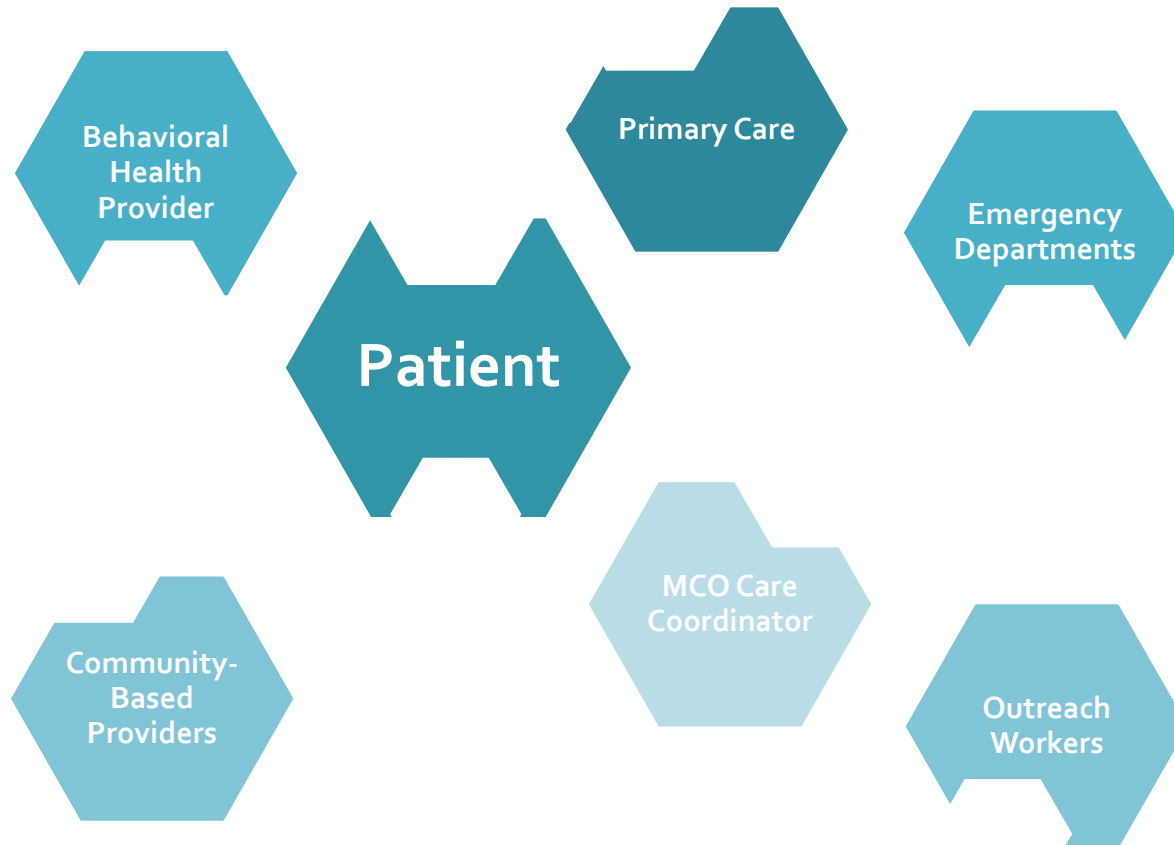# Care Coordination Improvement Initiative

A better way to improve patient care, starting in the emergency department.

The Challenge: A Fragmented System of Care

Underlying Challenge: *The lack of both real-time communication across systems and one concise and easily accessible Plan Of Care comes at a cost to Virginia patients, healthcare providers and our state budget.*

- Behavioral Health Provider
- Primary Care
- Emergency Departments
- Patient
- Community-Based Providers
- MCO Care Coordinator
- Outreach Workers

Snapshot: Virginia's Medicaid ED Expenditures

8.7% Increase from 2011 to 2014 on total Medicaid ED Expenditures

Incurred Year	Total Proxy Allowed
2011	$252,855,859.06
2012	$263,486,390.13
2013	$261,274,720.64
2014	$274,260,188.80
Grand Total	$1,051,877,158.63

*Total Virginia Medicaid expenditures in 2014=$7B

Why Care Coordination?

…All patients deserve access to the best care in the best setting

Virginia plans to build on the experiences of other states who have worked collaboratively to achieve cost savings and better coordination of care for their patients in the ED by:

1. Focusing on super utilizers and identifying best practices to help EDs identify the super utilizers;

2. Better connect EDs across the state;

3. Better connect EDs with primary care and mental health services in their community;

4. Create care plans for these patients in conjunction with their health plan, and create the necessary connections for them to get the care they need outside the ED.

ED Visits: A "Canary in the coal mine" for Unmet Needs in the Community

Scope of Mental Health and SUD related ED visits for Adult (20+) Medicaid enrollees

	Total Proxy Spend	ED Visits
Overall	$150,979,471	400,250
SUD	$44,078,655	139,217
Mental Health	$21,732,674	60,535
	Percent of Total Proxy Spend	**Percent of Total Visits**
SUD	29.2%	34.8%
Mental Health	14.4%	15.1%

Solution: *A real-time alert notification and case management system starting in the ED, for providers, health plans and hospitals that gleans only the most relevant information from encounter data and eHRs.*

IT Solution: Connecting the System of Care

Emergency Department

Behavioral Health Provider

Primary Care

Patient

Community-Based Providers

Outreach Workers

MCO Care Coordinator

Goals & Best Practices

Best Practice	Underlying Objective
Share information across EDs and other key providers	• Improve communication between providers
Push Information to the physicians, such as PMP information for opioid use	• Improve data retrieval to improve patient care
Identify & Alert for Complex/Behavioral Health patients	• Improve communication across the continuum
Coordinate Care Plans for Complex/Behavioral Health patients	• Improve communication between case managers and physicians
Share Rx History, tests, labs or imaging	• Improve communication across prescribers

What Does Success Look Like?

Outreach while patients are still in the midst of the precipitating event. This allows relevant assessment of the patient's situation, including the need for assistance with:

- Follow up appointments
- Transportation issues
- Prescriptions and medication reconciliation
- Understanding and follow through on next steps

Addressing a patient's immediate needs, in real time, rather than 60-90 days later, establishes trust and is the foundation for an ongoing collaboration that can have real impact on a family's health status and patterns of behavior.

Quick Glance: Success in Washington State

State-level Data: Washington experienced a 10% drop in total Medicaid ED visits year-over-year (~$34M in savings); with significant credit given to PreManage ED (EDIE)

9.9% •ED visit rate

- **Population**: WA Medicaid
- **ED Visit Definition**: ER Code 0450 with exclusions[3]
- **Time Period**: Jul'12 – Jul'13
- **Payers**: UHC, Molina, CCW, CHPW, Amerigroup
- **Methodology**: Actual claims reconciliation

	Jul-13	Jul-12	Reduction
ED Visits	40,907	44,936	
Assigned Medicaid Members	1,090,697	1,078,788	
ED Visits / 1K members	37.5	41.7	4.1 visits / 1K 9.9% decrease 4,074 visits per mo

- **WA HCA estimated $34M Year 1 savings**
- **5-years of straight reductions in opioid-related deaths**

27% •Reduction in opioid overdose deaths (2008 – 2013)

24% •Reductions in ED visits with opiate Rx

27% •Decrease in # of high utilizers w/ >1 prescriber

Next Steps: Governance, Functionalities, Funding

Developing Governance Model:
- Ongoing key stakeholder leadership
- Sustainable/shared funding model for the IT solution
- Leverage ConnectVirginia legal and trust framework to provide secure and reliable exchange
- Management of the IT Solution
  - Scope and service priorities
  - Annual objectives
  - Determine costs and assessments
  - Measure and report ROI
  - Program Evaluation

QUESTIONS?