Medical Management of High Utilizers Identified in the Military Health System Population Health Portal

Office of Evidenced-Based Practice
Quality Management Division
U. S. Army Medical Command
Fort Sam Houston, Texas

July 2009
Military Health System Population
Health Portal (MHSPHP)
https://pophealth.afms.mil/tsphp/login/login.cfm

- Triservice Online Tool
- MTF Patient-Level Health Care Information

Content
- Aggregate Information by MTF for Service Commands
- Patient-Specific Information by Provider for MTF

- Restricted Access
- Refreshed Monthly

- Includes DoD Direct and Network Care Data
- Includes specific extracts of CHCS lab & rad data
- Denominator Defined by DEERS Prime/Plus Enrollees
MHSPHP Contents

• Demographic Info
• Preventive Services
  – Breast Cancer Screening
  – Cervical Cancer Screening
  – Colorectal Cancer Screening
  – Chlamydia Screening
  – High Cardiovascular Risk
  – Lipid Panel
• Patient Safety Indicators
  – Hospital-level safety, volume, and measures of morbidity/mortality

• Disease / Condition Mgmt
  – Asthma
  – COPD
  – CHF
  – Depression
  – Diabetes
    • HbA1c
    • Retinal Exam
    • Lipids
  – High Utilizers
  – Hypertension
  – Low Back Pain
  – Quick Look Sheet
MHSPHP Strengths & Limitations

• **Strengths**
  - Comprehensive worldwide MTF & Network data
  - Based on established/standardized methodologies
  - Population based preventative services and disease/condition registries
  - Patient Action Lists for use by MTF/PCM
  - Quality management tool
  - Supports population health improvement
  - Automated data gathering

• **Limitations**
  - Based on administrative coded data that may not reflect clinical record or condition
  - Lag times with date of service and final posting of network claims data
  - Limited to TRICARE Prime/Plus enrollees (in order to model a managed care organization)
  - No longitudinal trending capability. Files refreshed monthly (changes pending with planned redesign)
MHSPHP Measurement Standards

• NCQA HEDIS Indicators
  – Breast Cancer Screening
  – Cervical Cancer Screening
  – Colorectal Cancer Screening
  – Chlamydia Screening in Women
  – Use of Appropriate Meds for patients with Asthma
  – Childhood Immunizations (Air Force only)
  – Diabetes A1c Screening, A1c Control, LDL-Screen, LDL-Control
  – F/U after Hospitalization for Mental Health (to be added)
  – Well-Child Visits in the First 15 Months of Life (to be added)

• Current technical standards are rigidly maintained
High Utilizer Reports from MHSPHP

• High Utilizer (HU) measure is **NOT** a HEDIS® measure
• No national benchmark value; MTF can trend themselves
• Measure has specified inclusion and exclusion criteria. Reports a variety of types of encounters
• HU reports are intended to indicate the health status of the population and forecast demand for MTF services
• HU may be potential candidates for medical management strategies
• Analysis of patient encounters should focus on type and timing of appointments, and/or location of care
• Contains Direct and Network care encounters
**HU Measure Definition**

**Numerator:** MTF enrollee with > 10 outpatient encounters to the following clinics:

### DIRECT CARE
- Family Practice (BGA)
- Primary Care (BHA)
- Flight Medicine (BJA)
- Pediatric (BDA)
- Adolescent (BDB)
- Internal Medicine (BAA)
- Intermediate Care (BHI)
- Emergency Dept (BIA)

### NETWORK CARE
- Provider specialty (General Practice, Family Practice, Internal Medicine, Pediatrics, Geriatrics) AND
- Service nature (Medical Care, Consultation, Other Medical Service, Mental Health Care) AND
- Place of service (Office, Outpatient Hospital, Emergency Room-Hospital)

Reports indicate location using MEPRS codes
HU Measure Definition

- Denominator: All MTF enrollees at the end of the reporting period
- Current exclusions for conditions requiring frequent visits during previous 12 months:

<table>
<thead>
<tr>
<th>DESCRIPTION</th>
<th>ICD9 CODES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Therapeutic drug monitoring</td>
<td>V58.83</td>
</tr>
<tr>
<td>Routine Pregnancy</td>
<td>V22</td>
</tr>
<tr>
<td>Routine infant or child health check</td>
<td>V20.2</td>
</tr>
<tr>
<td>Long-term use of anticoagulants</td>
<td>V58.61</td>
</tr>
<tr>
<td>Desensitization to allergens</td>
<td>V07.1</td>
</tr>
<tr>
<td>Prophylactic immunotherapy</td>
<td>V07.2</td>
</tr>
<tr>
<td>Allergic Rhinitis</td>
<td>477</td>
</tr>
</tbody>
</table>
Where to Find HU Reports

High Utilizer reports can be found under the Disease/Condition Management Tab on the MHSPHP. Then select the “Prevalence Report” for your MTF.
MHSPHP Data Reports

Aggregate Report showing 818 enrollees identified as HU at this Army MTF out of an enrolled population of 26,202
What to Do with the HU Reports

Keep in mind that “Records Found” refers to number of encounters. Each patient will have > 10 encounters on the report. In this example, there are 11,712 encounters listed for the 818 HU enrollees identified.

Open in an Excel spreadsheet for sorting purposes
HU Action List on MHSPHP

Data fields include patient identifiers, date of encounter, location of visit, ICD9 code and description, and whether visit was Scheduled, Walk-in, Sick call, or Network.

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinic</th>
<th>Tmt Location</th>
<th>System</th>
<th>ICD9 Code</th>
<th>ICD9 Description</th>
<th>Appt Type</th>
</tr>
</thead>
<tbody>
<tr>
<td>17 Jul 2008</td>
<td>BJAU</td>
<td>0123</td>
<td>DIRECT</td>
<td>V70.5</td>
<td>HEALTH EXAM-GROUP SURVEY</td>
<td>S</td>
</tr>
<tr>
<td>03 Jul 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>786.59</td>
<td>CHEST PAIN NEC</td>
<td>W</td>
</tr>
<tr>
<td>30 Jun 2008</td>
<td>BIAA</td>
<td>0123</td>
<td>DIRECT</td>
<td>786.50</td>
<td>CHEST PAIN NOS</td>
<td>S</td>
</tr>
<tr>
<td>19 May 2008</td>
<td>BJAU</td>
<td>0123</td>
<td>DIRECT</td>
<td>V70.5</td>
<td>HEALTH EXAM-GROUP SURVEY</td>
<td>S</td>
</tr>
<tr>
<td>15 Apr 2008</td>
<td>BJAU</td>
<td>0123</td>
<td>DIRECT</td>
<td>583.9</td>
<td>NEPHRITIS NOS</td>
<td>S</td>
</tr>
<tr>
<td>18 Aug 2008</td>
<td>BHAH</td>
<td>0121</td>
<td>DIRECT</td>
<td>V49.3</td>
<td>SENSORY PROBLEMS W LIMBS</td>
<td>S</td>
</tr>
<tr>
<td>28 Apr 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>300.00</td>
<td>ANXIETY STATE NOS</td>
<td>S</td>
</tr>
<tr>
<td>23 Jan 2009</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>465.9</td>
<td>ACUTE URI NOS</td>
<td>S</td>
</tr>
<tr>
<td>08 Jan 2009</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>346.90</td>
<td>MIGRNE UNSP WO NTRC MGRN</td>
<td>S</td>
</tr>
<tr>
<td>07 Jan 2009</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>346.90</td>
<td>MIGRNE UNSP WO NTRC MGRN</td>
<td>S</td>
</tr>
<tr>
<td>07 Jan 2009</td>
<td>BIAA</td>
<td>0123</td>
<td>DIRECT</td>
<td>V68.81</td>
<td>REFERRAL-NO EXAM/TREAT</td>
<td>S</td>
</tr>
<tr>
<td>25 Nov 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>784.0</td>
<td>HEADACHE</td>
<td>S</td>
</tr>
<tr>
<td>18 Nov 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>729.89</td>
<td>MUSCSKEL SYMPT LIMB NEC</td>
<td>S</td>
</tr>
<tr>
<td>14 Nov 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>346.10</td>
<td>CONN MIGRNE WO NTRC MGRN</td>
<td>S</td>
</tr>
<tr>
<td>24 Oct 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>626.0</td>
<td>ABSENCE OF MENSTRUATION</td>
<td>S</td>
</tr>
<tr>
<td>16 Oct 2008</td>
<td>BAAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>626.2</td>
<td>EXCESSIVE MENSTRUATION</td>
<td>S</td>
</tr>
<tr>
<td>30 Sep 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>558.9</td>
<td>NONINF GASTROENTERIT NEC</td>
<td>S</td>
</tr>
<tr>
<td>29 Sep 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>008.8</td>
<td>VIRAL ENTERITIS NOS</td>
<td>S</td>
</tr>
<tr>
<td>18 Mar 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>724.2</td>
<td>LUMBAGO</td>
<td>S</td>
</tr>
<tr>
<td>20 Mar 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>300.00</td>
<td>ANXIETY STATE NOS</td>
<td>S</td>
</tr>
<tr>
<td>24 Mar 2008</td>
<td>BGAH</td>
<td>0123</td>
<td>DIRECT</td>
<td>726.90</td>
<td>ENTHESOPATHY SITE NOS</td>
<td>S</td>
</tr>
</tbody>
</table>
How to Interpret the Data Sort

1. Sort by “Clinic” column to determine where patient had encounter
2. Determine if patient is being seen in the right place for the right reasons. Examples: Patient visits the ER repeatedly for an uncontrolled condition or condition that should be seen in primary care area. Patient seen repeatedly for same/similar conditions
3. Determine if access to care issue (appointment availability or time of availability) is why service is sought in ER or Network care
4. Determine if patient is a candidate for medical management services
Further Analysis

• Patient’s Beneficiary Category may justify numerous visits. Example: AD who need pre or post deployment related services
• Screen the types of frequent encounters to determine whether they are appropriate or excessive. Example: WTU visits may appear numerous, but may be necessary
• Share findings with patient’s PCM for decision making regarding patient referrals
• Examine the barriers driving patients to utilize an inappropriate setting for care. Example: Clinic hours, patient knowledge of appointment process, efficiency of appointments
• Examine roles to ensure efficient use of all staff for primary care needs
• Report findings to all stakeholders. Example: Include all clinic staff, appropriate ancillary staff and command leadership
Common ICD-9 Descriptions in HU Reports

- SCREEN FOR HYPERTENSION
- ADMINISTRATIVE ENCOUNTER NOS
- MED EXAM NEC-ADMIN PURP
- CIRCULATING ANTICOAG DIS
- ENCNTR OCCUPATIONAL THERPY
- LABORATORY EXAMINATION
- VACCINE FOR DISEASE NEC
- ACUTE ASTHMA, EXACERBATION

Pre and Post Deployment Related:
- POSTCONCUSSION SYNDROME
- HEALTH EXAM-GROUP SURVEY
- DRESSING CHANGE
Conclusion

• Clinical management of HU patients must be addressed locally at the MTF level

• Improvements in HU percentages will result from appropriate medical management (via case, disease and utilization management services) and the use of Clinical Practice Guidelines (CPGs)

• Anticipated Outcomes:
  – Improved patient outcomes
  – More efficient use of MTF staffing resources
  – Cost avoidance through appropriate assessment of patient care needs and service delivery
Points of Contact

- To apply for a MHSPHP Army user account, please visit: https://pophelath.afms.mil
- Your MHSPHP account will be granted within a few business days, once verification is made as to how you will use the data
- Office of Evidenced-Based Practice; U.S. Army Medical Command. Phone: 210-221-6527
- Email contact: evelyn.patterson@amedd.army.mil, marjory.waterman@amedd.army.mil, angela.klar@amedd.army.mil, joanne.e.ksionzky@amedd.army.mil