



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

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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:

DESCRIPTION

ICD9 CODES

Therapeutic drug monitoring	V58.83
Routine Pregnancy	V22
Routine infant or child health check	V20.2
Long-term use of anticoagulants	V58.61
Desensitization to allergens	V07.1
Prophylactic immunotherapy	V07.2
Allergic Rhinitis	477



Where to Find HU Reports

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

Information current as of: 28 Feb 2009

Demographics	Preventive Services	Disease/Condition Management	Administration
Choose a PCM <input type="text" value="- All -"/>			
OR Choose a Provider Group <input type="text" value="- All -"/>			
Quick Look	Methodology	Quick Look	
Asthma	Methodology	HEDIS	Action List
Back Pain, Acute	Methodology	Aggregate	Prevalence Report
Back Pain, Recurrent	Methodology	Aggregate	Prevalence Report
CHF	Methodology	Aggregate	Prevalence Report
COPD	Methodology	Aggregate	Prevalence Report
Diabetes	Methodology	HEDIS	Action List
Diabetic MicroAlbumins	Methodology		Action List
High Utilizers	Methodology	Aggregate	Prevalence Report Full Report (All PCMs)
Hypertension	Methodology	Aggregate	Prevalence Report
Depression	Methodology	Aggregate	Prevalence Report



MHSPHP Data Reports

Aggregate Report showing 818 enrollees identified as HU at this Army MTF out of an enrolled population of 26,202

report_aggregate.cfm?RequestTimeout=1000

Search | + | | | Bookmarks | Find | Check | Aut

 **APHIC** 
Army Population Health Information Connection
CARING BEYOND THE CALL OF DUTY

Information current as of: 28 Feb 2008

Aggregate Report: High Utilizers

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Total Patients Enrolled:	26,202
Total High Utilizers:	818
Total Non-High Utilizers:	25,384



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.

Report Results: High Utilizers

Facility: PCM: - All - Records Found: 11712

For Official Use Only (FOUO) - Privacy Act of 1974 Applies
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 **Army Population Health Information Connection**

<u>Patient Name</u>	<u>Sponsor SSN</u>	<u>FMP</u>	<u>DOB</u>	<u>Age</u>	<u>BenCat</u>	<u>PCM Name</u>
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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

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



How to Interpret the Data Sort

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
Patient	SSN	FMP	DOB	Age	BenCat	PCM	Provider	Date	Clinic	Location	System	ICD9 Code	Description	
Smith, Snuffy									BIAA		DIRECT	704.8	HAIR DISEASES NEC	
Smith, Snuffy									BIAA		DIRECT	8.8	VIRAL ENTERITIS NOS	
Smith, Snuffy									BDAW		DIRECT	V68.9	ADMINISTRATIVE ENCOUNTER NOS	
Smith, Snuffy									BGAA		DIRECT	372.3	CONJUNCTIVITIS NOS	
Smith, Snuffy									PEDS		NETWORK	V09.90	INFC MCRG DRGRST NT MULT	
Smith, Snuffy									BGAA		DIRECT	686.9	LOCAL SKIN INFECTION NOS	
Smith, Snuffy									BDAA		DIRECT	680.9	CARBUNCLE NOS	
Smith, Snuffy									BDAA		DIRECT	682.9	CELLULITIS NOS	
Smith, Snuffy									BGAA		DIRECT	704.8	HAIR DISEASES NEC	
Smith, Snuffy									BIAA		DIRECT	780.6	FEVER	
Smith, Snuffy									BIAA		DIRECT	682.2	CELLULITIS OF TRUNK	
Smith, Snuffy									BGAA		DIRECT	682.9	CELLULITIS NOS	
Smith, Snuffy									BDAA		DIRECT	680.9	CARBUNCLE NOS	



- 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
- ENCOUNTER OCCUPATIONAL THERAPY
- 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,
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