



High Utilizer Process

Kimbrough Ambulatory Care Center

Fort Meade, MD

Andrew Rader Army Health Clinic

Fort Myer, VA

Sheila Wilson BSN-RN Nurse Mgr.
Deborah Jolissaint, MSN, CM-BC, Senior Case Mgr.
Elizabeth Marciano-Rios, BS, HEDIS Mgr.
Carl Hamilton, LPN, Care Coordinator
28 May 2014

UNCLASSIFIED



High Utilizer Definition



“Military Treatment Facility (MTF) enrolled patient with more than 10 medical visits for primary, urgent or emergent services”

Source: MHSPHP application; Healthcare Informatics Division (HID),

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High Utilizer Reports from MHSPHP



- High Utilizer (HU) measure is **NOT** a HEDIS® measure
- Contains Direct and Network care encounter coding
- No national HEDIS benchmark value; MTFs can trend their own reports
- HU data has specified inclusion and exclusion criteria. Reports a variety of types of encounters.
- Analysis of patient encounters should focus on type and timing of appointments, and/or location of care
- Intended to indicate potential health status of the population and forecast demand for MTF services
- Can identify candidates for medical management services and resources



MEDDAC Population Demographics



❑ Fort Meade MD

- Demographics (All military services, plus Public Health)
- Concerns with Security Clearance (fear of documentation)
- No Weekend or Emergency Services at our MTFs.
- Civilian ED more accessible
- Multiple Civilian Urgent Care Facilities available 24/7

❑ Fort Myer VA

- Demographics: All military services plus Foreign Military from Fort McNair International College Armed Forces and National Defense University
- MTF ER availability – Ft. Belvoir Community Hospital and Walter Reed National Military Medical Center Bethesda
- No Weekend or Emergency Services at our MTFs.
- Civilian ED more accessible
- Multiple Civilian Urgent Care Facilities available 24/7



MEDDAC Population Demographics



Overview > Overview

Mouse over DMIS codes for additional information

Facility: **0069 - FT. MEADE - KIMBROUGH AMB**

Enrollment data current as of 28 Feb 2014



Demographics Bencat Counts Action List Counts Dis

BENCAT:

	Count
All Patients	23743
ADA - Active Duty Army	5000
ADAF - Active Duty Air Force	2407
ADN - Active Duty Navy	2733
ADFMLY - Family of Active Duty Member	6858
RTA - Retired Army Service Member	1634
RTAF - Retired Air Force Service Member	724
RTN - Retired Navy Service Member	677
RTFMLY - Family of Retired Service Member	3710

Mouse over DMIS codes for additional information

Facility: **0390 - JOINT (AN) BASE MYER-HENDERSON**

Enrollment data current as of 28 Feb 2014



Demographics Bencat Counts Action List Counts Disease/Con

BENCAT:

	Count
All Patients	10760
ADA - Active Duty Army	2695
ADAF - Active Duty Air Force	90
ADN - Active Duty Navy	396
ADFMLY - Family of Active Duty Member	3061
RTA - Retired Army Service Member	1184
RTAF - Retired Air Force Service Member	548
RTN - Retired Navy Service Member	676
RTFMLY - Family of Retired Service Member	2110

Facility: **0069 - FT. MEADE - KIMBROUGH**

Enrollment data current as of 28 Feb 2014



Demographics Bencat Counts Action List Counts

DEMOGRAPHICS:

	Count
All Patients	23743
All Males	14007
All AD Males	7942
All Females	9736
All AD Females	2198
Basic Age Breakdown	
0-4	1239
5-17	3654
18-39	11334
40-49	3499
50-64	3169
>=65	848
Measure-Related Age Breakdown	
Children < 24m	431
Children 24-35m	238
Women 16-25	1793
Women 21-64	6413
Women 40-69	2956
Women >=45	2640
Men >=35	5619
Men and Women >=50	4017

Mouse over DMIS codes for additional information

Facility: **0390 - JOINT (AN) BASE MYER-**

Enrollment data current as of 28 Feb 2014



Demographics Bencat Counts Action List Cou

DEMOGRAPHICS:

	Count
All Patients	10760
All Males	6069
All AD Males	2727
All Females	4691
All AD Females	454
Basic Age Breakdown	
0-4	525
5-17	1311
18-39	3335
40-49	1762
50-64	2317
>=65	1510
Measure-Related Age Breakdown	
Children < 24m	190
Children 24-35m	101
Women 16-25	393
Women 21-64	2857
Women 40-69	1961
Women >=45	2179
Men >=35	3341
Men and Women >=50	3827



Background Information

- ❑ High Utilizer Process was started in 2010
 - DCCS asked the QM department to aggregate our HU data.
 - While analyzing the data we discovered several issues
 - T-CON
 - Visits for Administrative issues
 - Vaccines
 - Well Baby Visits
 - Periodic Health Assessment Visits (PI)
 - OB-Care
 - Vitamin B-12 Injection
 - Warrior Transition Unit patients
- Exclusion Codes-
V70.5, V 68.0, V-22.0-
V24.9, V20.2, V27.0,
V03.0-V06.9, and
more
- ❑ We were instructed to remove these ICD-9 codes and aggregate data again.
 - ❑ Once the ICD-9 codes and WTU patients were filtered out (using Pivot-tables), the HEDIS Coordinator forwarded the data to PCM, Nurse Managers, and clinic Head Nurses for review. Additionally patient reassignment occurred based on comorbidities



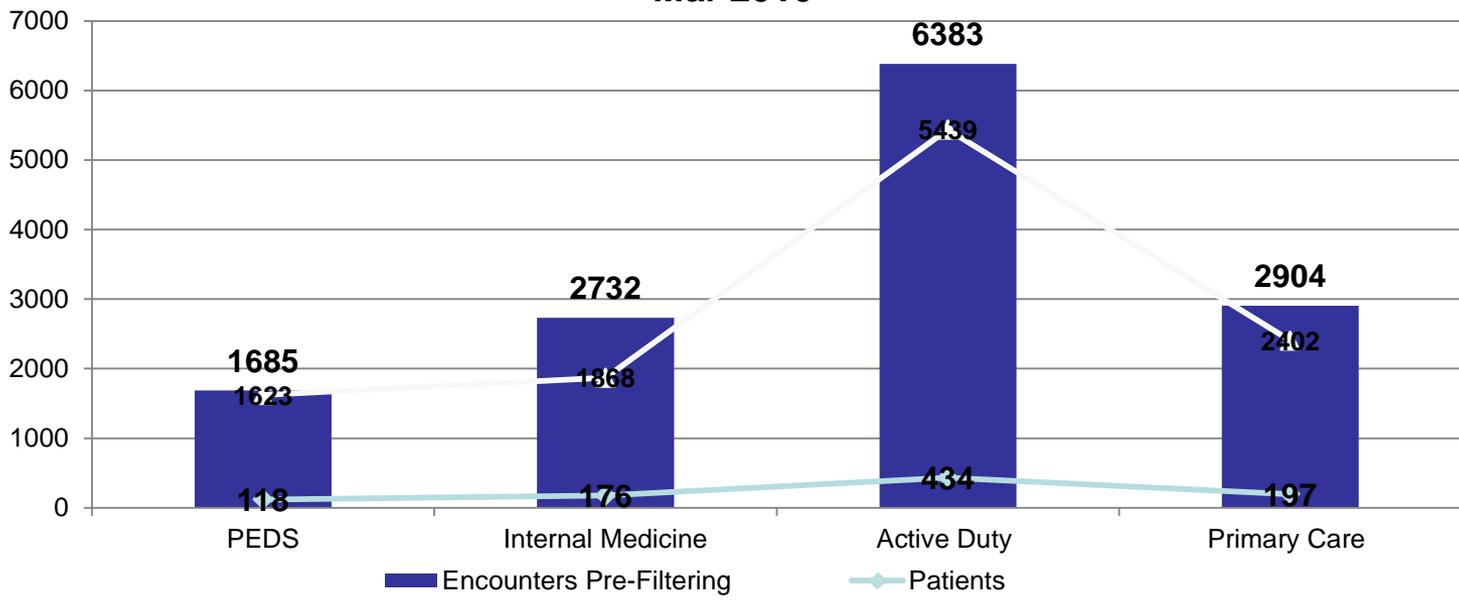
Kimbrough Baseline Data



	PEDS	Internal Medicine	Active Duty	Primary Care	Total
Patients	118	176	434	197	925
Encounters Pre-Filtering	1685	2732	6383	2904	13704
Encounters Post Filtering	1623	1868	5439	2402	11332
Improvement	3.7%	31.6%	14.8%	17.3%	17.3%

Data Source- CarePoint (MHSPHP)

Overall High Utilizers After Data Review Mar 2010





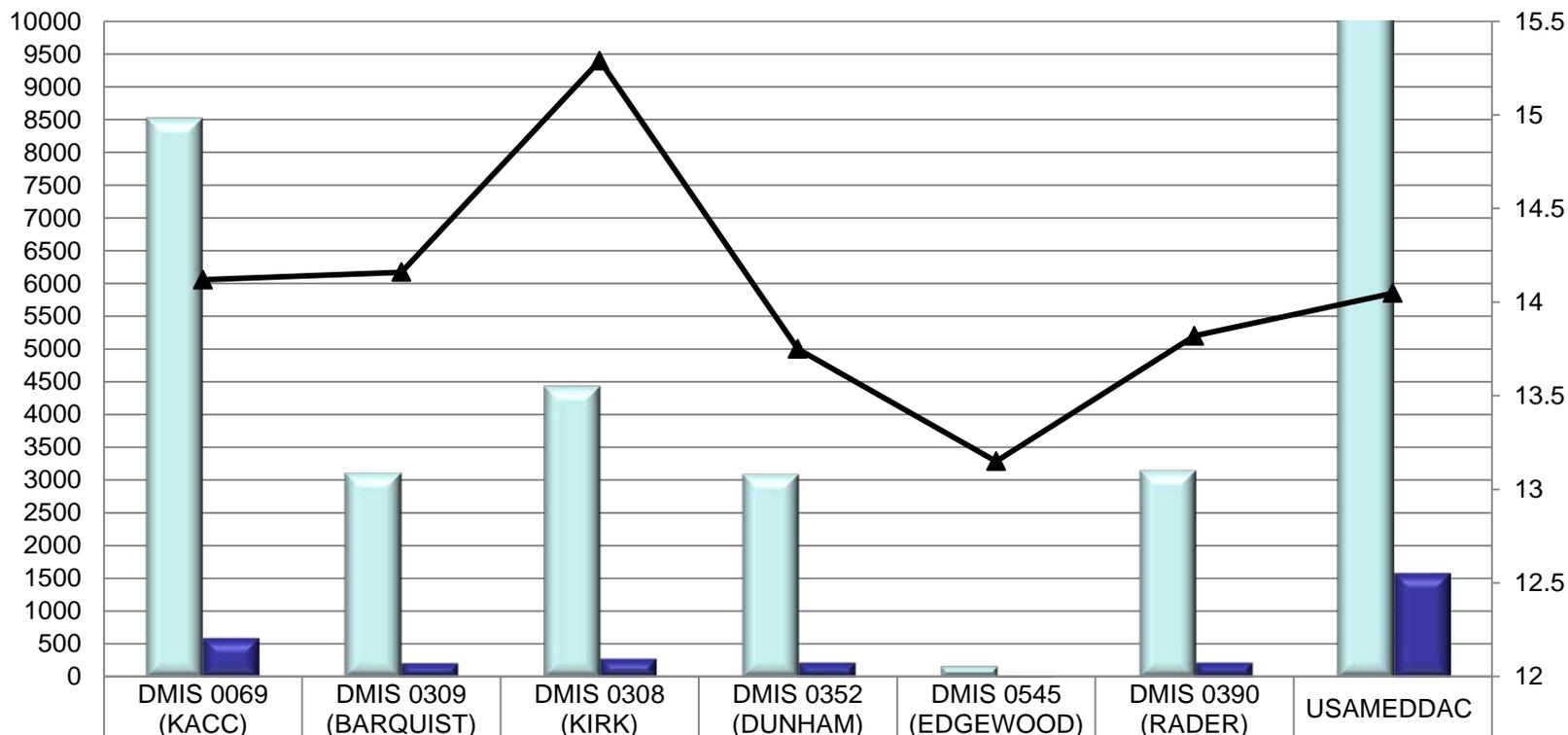
MEDDDAC Baseline Data



Data Source: Care Point
31 Dec 2010

USAMEDDAC Fort Meade HIGH UTILIZER DATA 2010

WTU – Patients and Encounters Removed
Following Codes Removed: V25.40, V 70.3, V 72.85, V 58.49, 646.83, V 72.84, V 25.01, V 70.0, V 50.2, V 25.2



Total HU Visits	8531	3129	4450	3108	171	3165	22554
Total HU Pts	604	221	291	226	13	229	1584
Avg HU Visits/Pt	14.12	14.16	15.29	13.75	13.15	13.82	14.05



MHSPHP Methodology Changes



- May 2010 – The High Utilizer Methodology was changed to reflect revisions a Tiger Team of nurses recommended.
- HU coding removed “routine” encounters or services such as vaccinations, physical therapy, speech therapy, and mental health visits that occur in Primary Care MEPRS codes.
- MEDCOM’s overall goal is to improve focus on patients who may benefit from proactive actions such as case management, care coordination, mental health or other specialty referral, appointment with nurse, etc.
- Our MEDDAC focused on decreasing HU, by ensuring our patients are empanelled to the right provider discipline and educated on accessing care
- Although MHSPHP does not have an established High Utilizer benchmark, we implemented a 3.0% benchmark for the MEDDAC. This was determined by the # of HU patients / the # of Enrollees = 3%



HU Measure - Exclusion Criteria



DENOMINATOR: All MTF enrollees at the end of the reporting period

Exclusions for conditions requiring frequent visits during previous 12 months are:

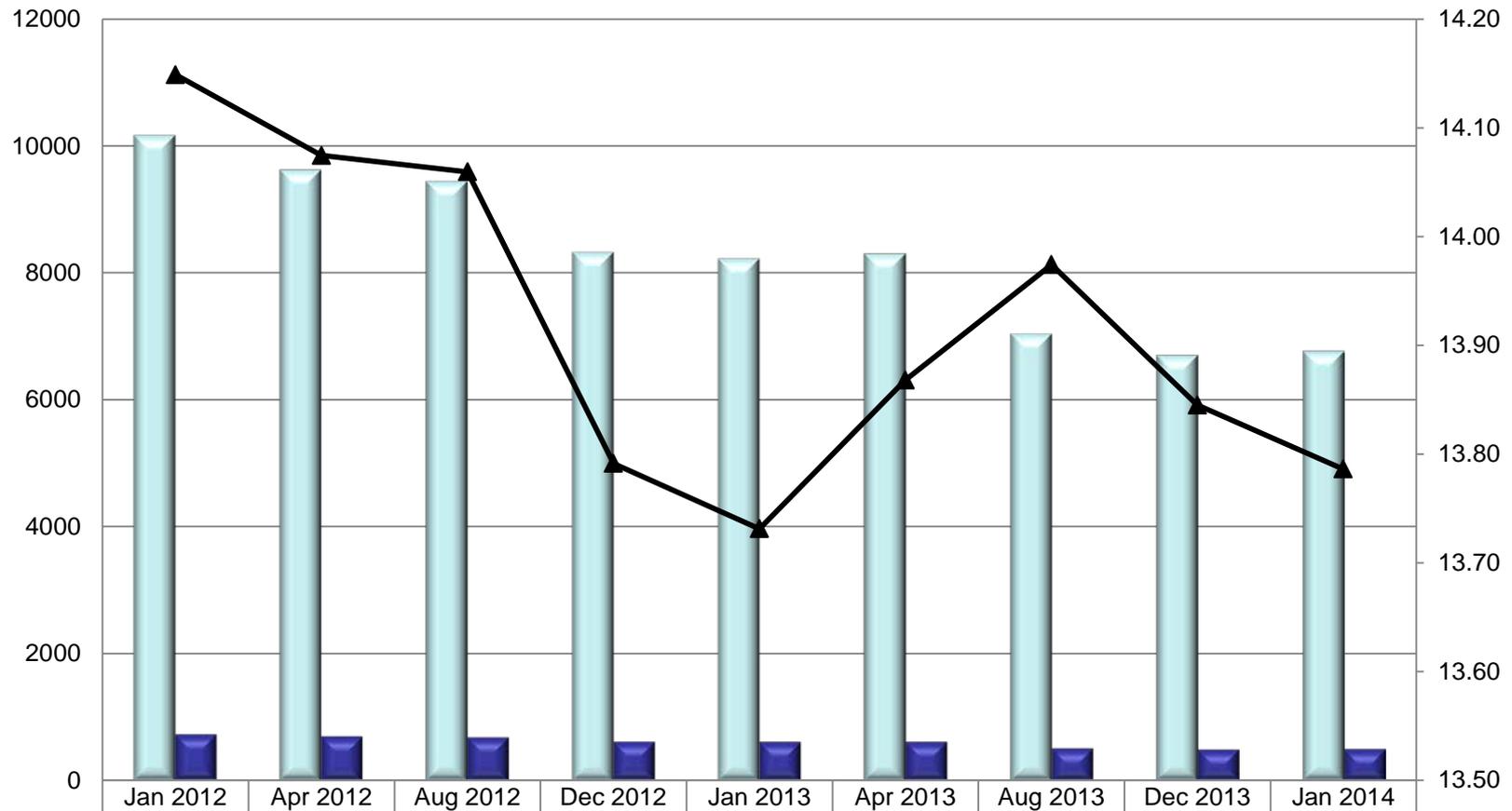
- Allergic Rhinitis
- Vaccinations
- Desensitization to allergens
- Prophylactic immunotherapy
- Routine infant/child health check
- Pregnancy focused care
- Delivery/birth focused care
- Dialysis
- Therapy (Occ , Speech, PT, Rehab)
- Long-term use of anticoagulants
- Therapeutic drug monitoring
- Administrative
- Health Survey



HU Data Overtime

Data Source-

Kimbrough Ambulatory Care Center High Utilizer Data



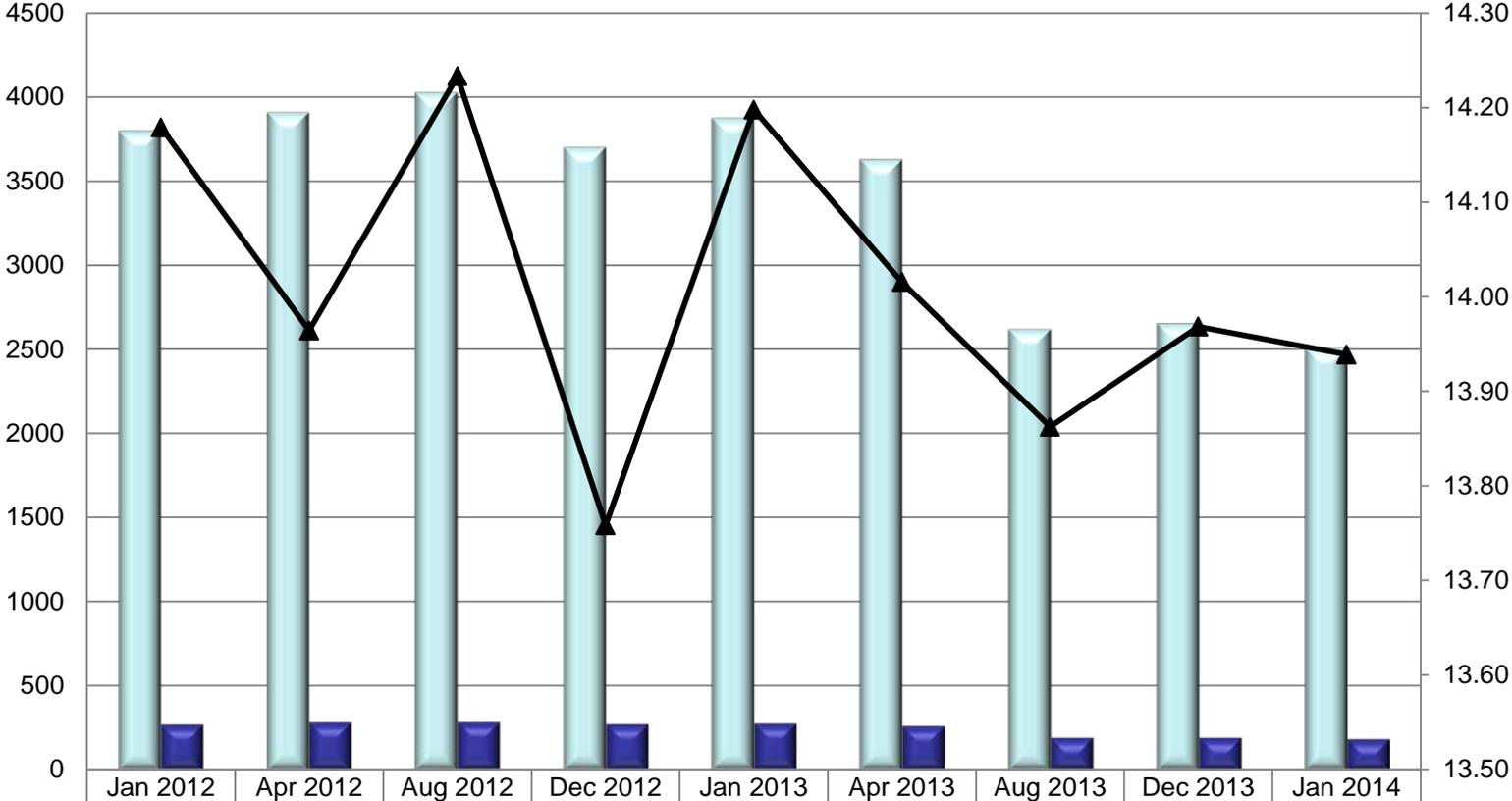
Total HU Visits	10173	9627	9448	8330	8225	8307	7043	6701	6769
Total HU Pts	719	684	672	604	599	599	504	484	491
Avg HU Visits/HU Pt	14.15	14.07	14.06	13.79	13.73	13.87	13.97	13.85	13.79



HU Data Overtime

Data Source- CarePoint

Andrew Rader Army Health Clinic High Utilizer Data



Total HU Visits	3800	3910	4028	3701	3876	3630	2620	2654	2509
Total HU Pts	268	280	283	269	273	259	189	190	180
Avg HU Visits/HU Pts	14.18	13.96	14.23	13.76	14.20	14.02	13.86	13.97	13.94

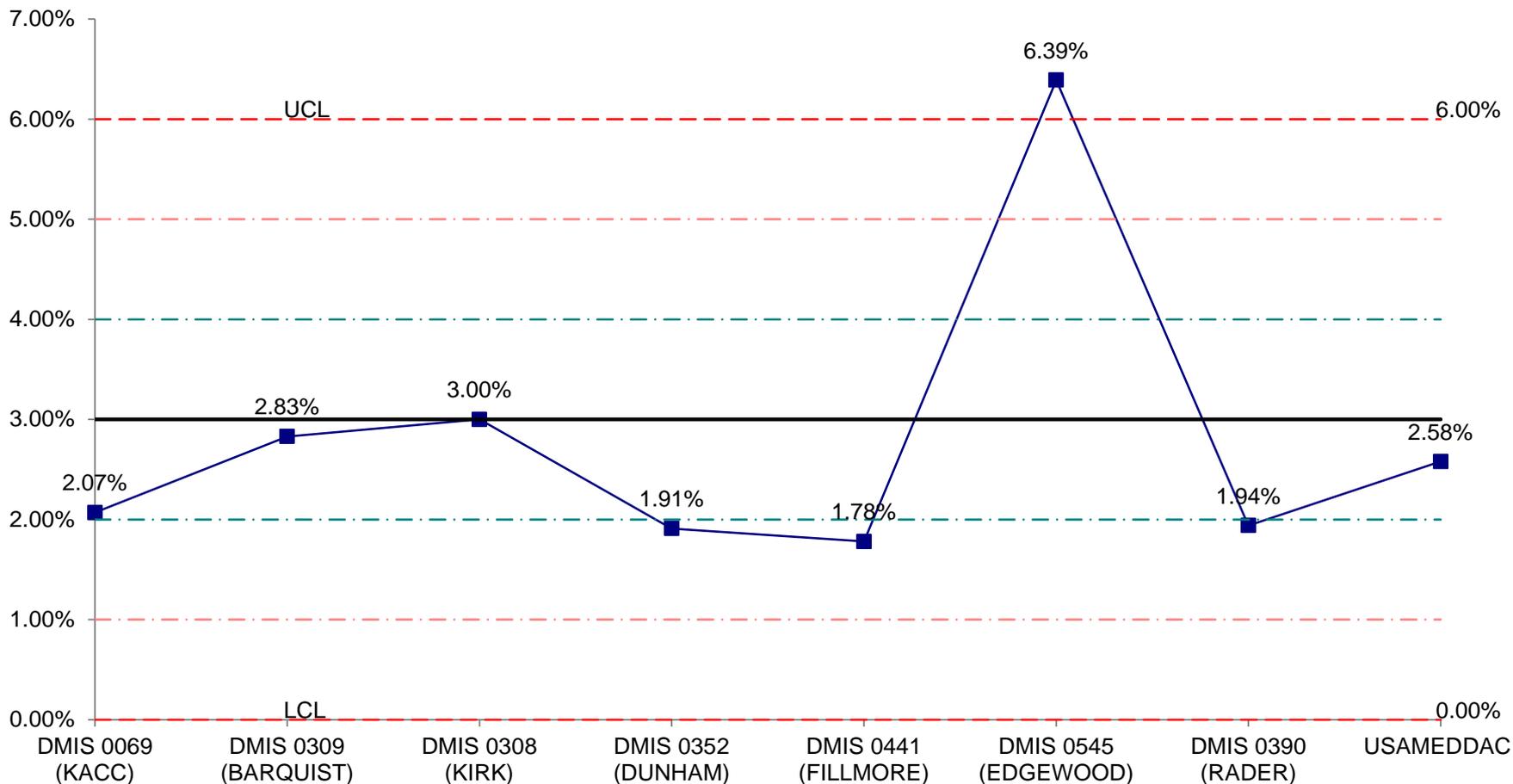


MEDDAC Controls

Data Source- CarePoint (MHSPHP)

USAMEDDAC High Utilizer Data By MTF Jan 2013 - Jan 2014

NOTE: MEDDAC Benchmark = 3.0
Total # of HU pts.. by Total # of Enrollees

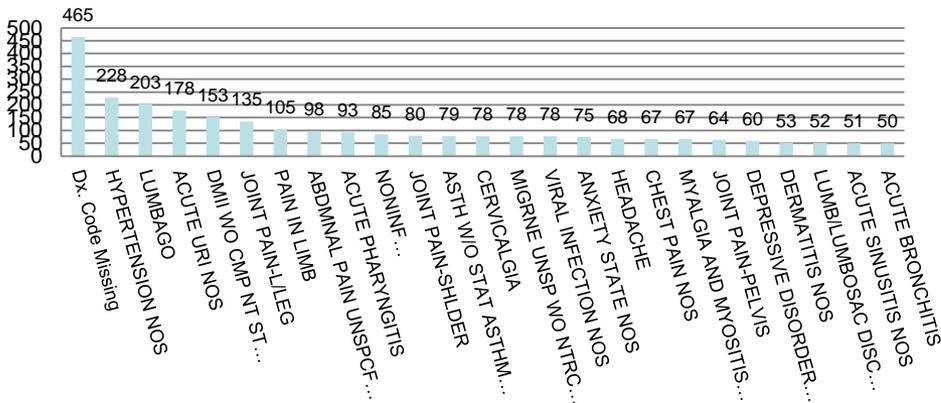




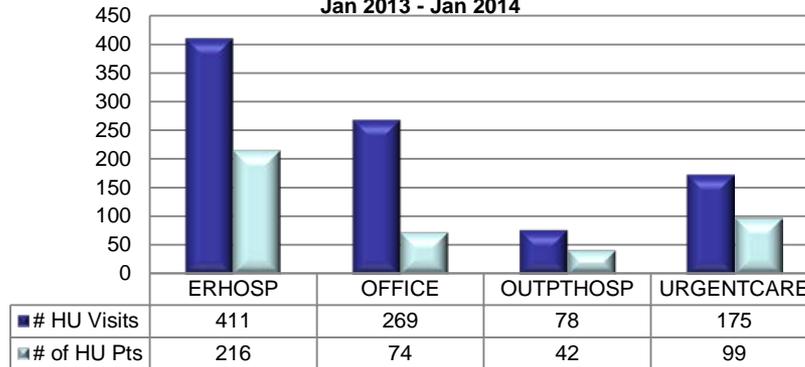
Kimbrough Reported Data



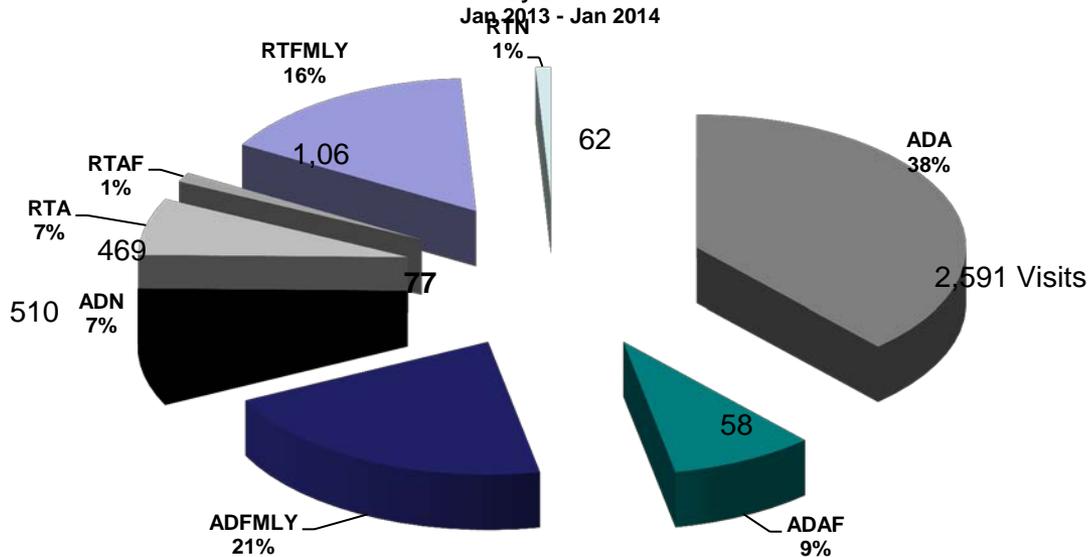
Kimrough Ambulatory Care Center
High Utilizer
By Diagnosis
Jan 2013 - Jan 2014



Kimrough Ambulatory Care Center
High Utilizers data
By Location
Jan 2013 - Jan 2014



Kimrough Ambulatory Care Center High Utilizers
By BenCat
Jan 2013 - Jan 2014

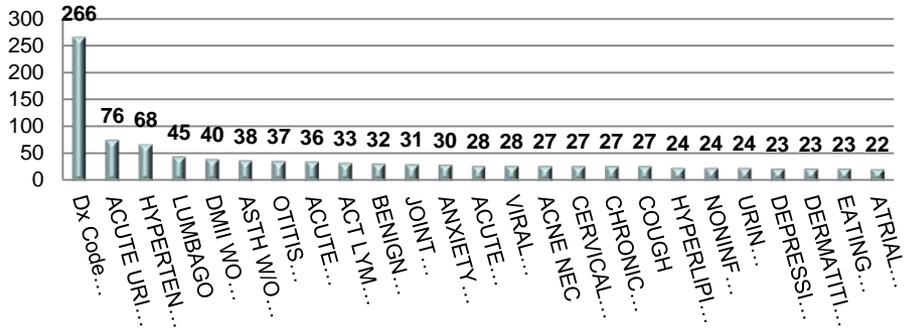




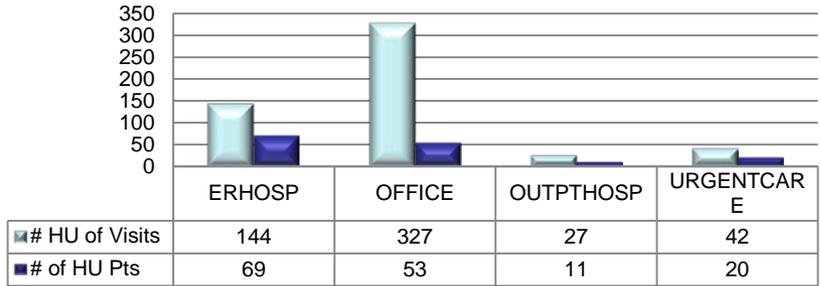
Rader Reported Data



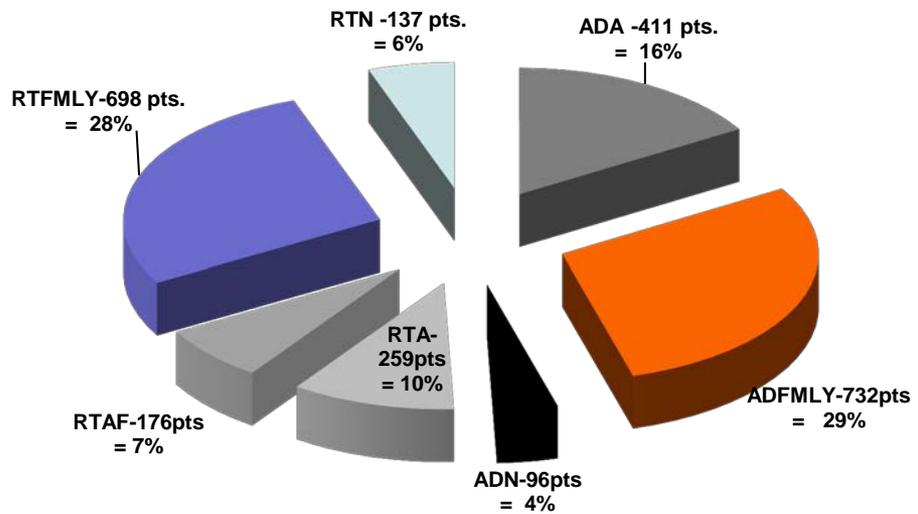
**Andrew Rader Army Health Clinic
High Utilizers
By Diagnosis
Jan 2013- Jan 2014**



**Total # of Visits = 2509 Andrew Rader Army Health Clinic
High Utilizers
By Location
Jan 2013 - Jan 2014**



**Andrew Rader Army Health Clinic
High Utilizers
By BenCat
Jan 2013 - Jan 2014**





MEDDAC HU Project



Where to Start

- Definition: A High Utilizer (HU) is defined as a Military Treatment Facility (MTF) enrolled patient who has 10 or more medical visits in the previous 12 months
- Patient Centered Medical Home (PCMH) Case Managers (CM) are mandated to provide services that will encourage the appropriate use of health care services to improve quality and maintain cost effectiveness (NRMC OP ORDER 13-15, Annex A, 2F)
- Focus on patients identified as high utilizers of medical services due to the complexity and/or number of their diagnoses.
- Analysis of patient encounters should focus on type and timing of appointments, and/or location of care

Having high utilizers is not always a bad thing. Frequent monitoring of your HU patient medical needs can help to reduce ER visits and hospital admissions.

Goal: Identify trends and propose solutions to manage and ultimately reduce the high utilizer rate while ensuring safe and appropriate care.



In the Beginning



- ❑ Our process analyzed patient appointments during 9/2013- 12/2013
- ❑ Appointments included MTF and Civilian office, ER and Urgent Care Center (UCC) visits
- ❑ As a small MTF with three PCMH Teams, we were able to pull together a core team of individuals with a vested interest in managing high utilizers.
- ❑ All of our team members are located in the Primary Care Clinic (PCC), imbedded on the PCMH Teams for ease of access and as go-to resources
- ❑ High Utilizer (HU) Team members included:
 - PCMH Case Managers
 - PCMH Behavioral Health Social Worker
 - Pharm D
 - Consultants: PCMH Senior Nurse Manager



Action Plan



- The PCMH Team's Case Manager (CM) reviewed the High Utilizer List for each Primary Care Manager (PCM) on their team
 - This was a time consuming process, required extensive AHLTA chart review and one PCM was reviewed a week.
 - Patient enrollment and PCM assignment were verified
 - Diagnosis, date and location of the visits were reviewed
 - Individual analysis of each patient to determine if frequent office visits were needed to adequately manage the condition. (ie: failure to thrive-adult and pediatric, dressing changes, etc.)
 - Looked at reasons for the encounter and removed patient from list if encounters indicated appropriate care for the illness

- Determine if there was an alternate and/or underlying cause for the patient's frequent office visits (i.e. BH issues, poly-pharmacy)
 - Somatic complaints such as nausea, fatigue, headaches, stomach aches, and GI discomfort
 - Frequent visits to various ERs/UCCs for pain related medical issues which resulted in multiple pain medication prescriptions



Findings



- Inappropriate use of Urgent Care facilities - why does this happen?
 - Convenience
 - Closer to home
 - Extended hours, weekend hours
 - Lack of patient/parent education (medical or insurance)
 - Because they think they can/Because they know they can
- Increased requests for “Retroactive referrals”- a referral entered after the fact and backdated to cover the cost associated with the patient receiving care without a referral
- Multiple insurance coverage:
 - Over age 65 utilize Medicare benefits and may have multiple civilian providers.
 - Under age 65 with Third Party Insurance
- Patient lack of knowledge/understanding of their healthcare benefits (Prime/TRICARE PLUS)



Clinic Workflow



- Nurse Manager/HEDIS Coordinator:
 - Provided HU list to PCMH Teams
 - Trained CMs and RNs on how to manipulate the list using pivot tables to sort and expand the data contained in the HU list (examples follow)
- Team RNs/Case Managers review list using a Case Management screening tool developed with our AHLTA trainer to determine eligibility for formal Case Management (example follows)
- PCM is notified via AHLTA T-con of a Case Management referral initiated due to high utilization (Screening tool cut and pasted into Add Note)
- Case Manager initiates contact with patient:
 - Determine individual plan of care, provide follow-up
 - Conduct warm-hand-off to Team RN for patient education, etc.
- PCM screeners (LPNs and 68W Medics) – proactively scrub provider schedule in advance
 - Using the screening algorithm developed (example follows)
 - Document previous Urgent Care/ER visits using the TSWF Aim form
- Discharge process – When staffing permits, review patient needs, ensure patient/parent understanding of plan of care



Pivot Table Examples



Microsoft Excel interface showing a PivotTable setup. The PivotTable Name is 'Active Field' and the PivotTable is 'Treatment Location'. The PivotTable Field List shows 'Treatment Location' selected for Row Labels. The data table below shows a list of ICD9 codes in column A and their corresponding counts in columns B and C.

Row Labels		
1		
2		
3	Row Labels	
4	0001	
5	0004	
6	0006	
7	0008	
8	0014	
9	0029	
10	0032	
11	0038	
12	0039	
13	0047	
14	0052	
15	0057	
16	0058	
17	0061	
18	0066	
19	0067	
20	0069	
21	0075	
22	0089	
23	0091	
24	0098	
25	0101	

Microsoft Excel interface showing a PivotTable with 'Count of ICD9' as the value field. The PivotTable Field List shows 'Name' and 'ICD9' selected for Row Labels. The data table below shows a list of ICD9 codes in column A, their counts in columns B and C, and the corresponding PCM Name in column D.

Row Labels	Count of ICD9	Count of ICD9	PCM Name
	12	12	
	12	12	
AC MAXILLARY SINUSITIS	1	1	
ACUTE URI NOS	3	3	
DERMATITIS NOS	1	1	
DIZZINESS AND GIDDINESS	1	1	
EXCESSIVE MENSTRUATION	1	1	
GENITAL HERPES NOS	1	1	
HEMORRHOIDS NOS	1	1	
MIGRNE UNSP WO NTRC MGRN	1	1	
NONINFLAM DIS VAGINA NEC	1	1	
STREPTOCOCCUS UNSPEC	1	1	
	11	11	
	11	11	
	1	1	
ACUTE URI NOS	1	1	
DERMATITIS NOS	2	2	
IMPACTED CERUMEN	4	4	
JOINT PAIN-PFELVIS	1	1	
NAUSEA ALONE	1	1	
VIRAL INFECTION NOS	1	1	
	14	14	
	14	14	
ENTHESOPATHY OF HIP	1	1	



Pivot Table Examples



Microsoft Excel interface showing a PivotTable and its field list.

Worksheet Data:

Row Labels	Count of ICD9
ERHOSP	411
CHEST PAIN NOS	26
HEADACHE	24
ABDMNAL PAIN OTH SPCF ST	20
MIGRNE UNSP WO NTRC MGRN	16
PAIN IN LIMB	12
VOMITING ALONE	9
ABDMNAL PAIN UNSPCF SITE	9
DIZZINESS AND GIDDINESS	9
SYNCOPE AND COLLAPSE	8
BACKACHE NOS	8
VIRAL INFECTION NOS	8
ACUTE PHARYNGITIS	7
LUMBAGO	6
FEM GENITAL SYMPTOMS NOS	6
ACUTE URI NOS	6
NAUSEA WITH VOMITING	5
PRIAPISM	5
OVARIAN CYST NEC/NOS	4
CALCULUS OF KIDNEY	4
ASTH W/O STAT ASTHM NOS	4
CONSTIPATION NOS	4

PivotTable Field List:

- Choose fields to add to report:
 - Clinic
 - Treatment Location
 - System
 - ICD9
 - ICD9 Text
 - Appointment Type
 - Source
 - Street 1
 - Street 2
 - City
 - State
 - Zip Code
 - Country
- Drag fields between areas below:
 - Report Filter: (Empty)
 - Column Labels: (Empty)
 - Row Labels:
 - Treatment Location
 - ICD9 Text
 - Values:
 - Count of ICD9
- Defer Layout Update



Case Management Screening Tool



ANDREW RADER US ARMY HEALTH CLINIC CASE MANAGEMENT SCREEN

Date:

Name: DOB: SSN:

Source of Referral:

MEDPROS or E-Profile Provider or Clinic (specify):

High-Utilization/High-cost Report Other (specify):

Triggers Identified in Medical Records Review (Check all that apply):

Catastrophic or extraordinary condition (terminal illness, spinal cord injury, amputation, severe psychiatric illness)

Fragmented Care

Complex diagnosis, diagnostic dilemma, or multiple active medical problems

Chronic condition with significant risk factors for complications

Requirements for extensive coordination of resources and services beyond basic care coordination

Complex psychosocial or environmental factors or low functional capacity

Pattern of non-adherence to treatment recommendations or appts

Polypharmacy (>4 prescribed medications or multiple sedating medications)

Behavioral Health condition with current severe systems or designated high-risk by BH provider with potential to benefit from NCM services

High utilization of healthcare services (multiple ER visits or repeated admissions)

Poor pain control

Recent admission (within 30 days)

Selection Decision (Check all that apply):

No indication of benefit for active NCM services

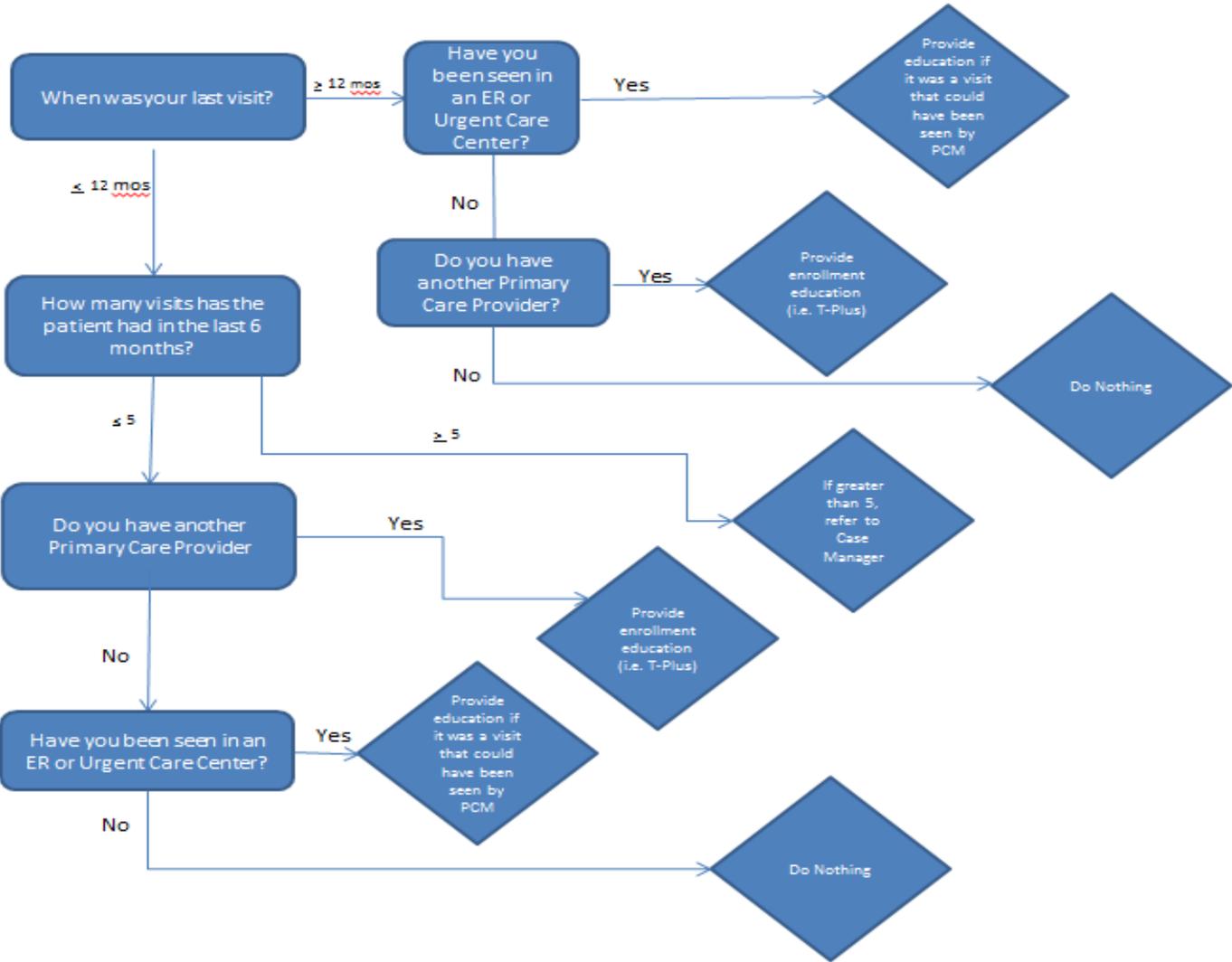
Initiate NCM evaluation

Initiate care coordination oversight (admin track) Monthly Every 60 days
 Quarterly

Comments (if applicable):



Screeners's Algorithm





Conclusion



- Identify your MTF High Utilizers
- Determine if over utilization exists, identify causes of high utilization
- Manage and reduce the number of over utilizers of medical services
- Involve the whole medical team in managing patient care expectations
- Don't assume that you'll never be able to reduce high utilization of medical services
- It takes Team by-in, Team work, and the end result should be Team satisfaction that you are providing quality, safe, and appropriate medical services



Future Implementation

- Add Flow chart algorithm screening process to AHLTA (macro)
- Have Case Management screening tool added to AHLTA
- Utilize the CarePoint 3G/MHSPHP Appointment list to identify patients designated w/High and Very High ACG/IBI for Case Management
- Engage PCMs to the fullest:
 - HU Team (CMs, Pharm D, BH SW) meet with individual PCM team (PCM, RN, LPN/Medic screeners) once a month to review and discuss HU list
 - PCMH Team Patton – 4 PCMs, IM and FP
 - PCMH Team Bradley – 4 PCMs, IM and FP
 - PCMH Team Rader – 2 PCMs, Pediatrician and Pediatric Nurse Practitioner
- Screen new MTF enrollees for Disease Management, comorbidities, complexity of diagnoses, and ensure appropriate PCM assigned (who will do this?)



Questions

sheila.s.wilson.civ@mail.mil

elizabeth.marcano-rios.civ@mail.mil

deborah.a.jolissaint.civ@mail.mil