High Utilizer Process
Kimbrough Ambulatory Care Center
Fort Meade, MD
Andrew Rader Army Health Clinic
Fort Myer, VA

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UNCLASSIFIED
“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),
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

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

<table>
<thead>
<tr>
<th>Demographics</th>
<th>Count</th>
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<tbody>
<tr>
<td>All Patients</td>
<td>23743</td>
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<tr>
<td>ADA - Active Duty Army</td>
<td>5000</td>
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<tr>
<td>ADAF - Active Duty Air Force</td>
<td>2407</td>
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<tr>
<td>ADN - Active Duty Navy</td>
<td>2733</td>
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<td>ADFMLY - Family of Active Duty Member</td>
<td>6685</td>
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<td>RTA - Retired Army Service Member</td>
<td>1634</td>
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<td>RTAF - Retired Air Force Service Member</td>
<td>724</td>
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<tr>
<td>RTN - Retired Navy Service Member</td>
<td>677</td>
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<tr>
<td>RTFMLY - Family of Retired Service Member</td>
<td>3710</td>
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## Facility: 0390 - JOINT (AN) BASE MYER-HENDERSON

<table>
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<td>ADAF - Active Duty Air Force</td>
<td>90</td>
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<td>ADN - Active Duty Navy</td>
<td>396</td>
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<tr>
<td>ADFMLY - Family of Active Duty Member</td>
<td>3061</td>
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<tr>
<td>RTA - Retired Army Service Member</td>
<td>1184</td>
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<tr>
<td>RTAF - Retired Air Force Service Member</td>
<td>548</td>
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<td>RTN - Retired Navy Service Member</td>
<td>676</td>
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<tr>
<td>RTFMLY - Family of Retired Service Member</td>
<td>2110</td>
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### 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

- **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
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 (PHA)
    - OB-Care
    - Vitamin B-12 Injection
    - Warrior Transition Unit patients

- 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

Exclusion Codes: V70.5, V 68.0, V-22.0-V24.9, V20.2, V27.0, V03.0-V06.9, and more
Kimbrough Baseline Data

<table>
<thead>
<tr>
<th></th>
<th>PEDS</th>
<th>Internal Medicine</th>
<th>Active Duty</th>
<th>Primary Care</th>
<th>Total</th>
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<tbody>
<tr>
<td>Patients</td>
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<td>176</td>
<td>434</td>
<td>197</td>
<td>925</td>
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<td>Encounters Pre-Filtering</td>
<td>1685</td>
<td>2732</td>
<td>6383</td>
<td>2904</td>
<td>13704</td>
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<td>Encounters Post Filtering</td>
<td>1623</td>
<td>1868</td>
<td>5439</td>
<td>2402</td>
<td>11332</td>
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<tr>
<td>Improvement</td>
<td>3.7%</td>
<td>31.6%</td>
<td>14.8%</td>
<td>17.3%</td>
<td>17.3%</td>
</tr>
</tbody>
</table>

Data Source: CarePoint (MHSPHP)
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, V 646.83, V 72.84, V 25.01, V 70.0, V 50.2, V 25.2

Data Source: Care Point
31 Dec 2010
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
Kimbrough Ambulatory Care Center
High Utilizer Data

Total HU Visits
- Jan 2012: 10173
- Apr 2012: 9627
- Aug 2012: 9448
- Dec 2012: 8330
- Jan 2013: 8225
- Apr 2013: 8307
- Aug 2013: 7043
- Dec 2013: 6701
- Jan 2014: 6769

Total HU Pts
- Jan 2012: 719
- Apr 2012: 684
- Aug 2012: 672
- Dec 2012: 604
- Jan 2013: 599
- Apr 2013: 599
- Aug 2013: 504
- Dec 2013: 484
- Jan 2014: 491

Avg HU Visits/HU Pt
- Jan 2012: 14.15
- Apr 2012: 14.07
- Aug 2012: 14.06
- Dec 2012: 13.79
- Jan 2013: 13.73
- Apr 2013: 13.87
- Aug 2013: 13.97
- Dec 2013: 13.85
- Jan 2014: 13.79

Data Source: HU Data Overtime

22-Oct-14
HU Data Overtime

Andrew Rader Army Health Clinic
High Utilizer Data

Data Source- CarePoint

<table>
<thead>
<tr>
<th>Month</th>
<th>Total HU Visits</th>
<th>Total HU Pts</th>
<th>Avg HU Visits/HU Pts</th>
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<tbody>
<tr>
<td>Jan 2012</td>
<td>3800</td>
<td>268</td>
<td>14.18</td>
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<tr>
<td>Apr 2012</td>
<td>3910</td>
<td>280</td>
<td>13.96</td>
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<tr>
<td>Aug 2012</td>
<td>4028</td>
<td>283</td>
<td>14.23</td>
</tr>
<tr>
<td>Dec 2012</td>
<td>3701</td>
<td>269</td>
<td>13.76</td>
</tr>
<tr>
<td>Jan 2013</td>
<td>3876</td>
<td>273</td>
<td>14.20</td>
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<tr>
<td>Apr 2013</td>
<td>3630</td>
<td>259</td>
<td>14.02</td>
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<tr>
<td>Aug 2013</td>
<td>2620</td>
<td>189</td>
<td>13.86</td>
</tr>
<tr>
<td>Dec 2013</td>
<td>2654</td>
<td>190</td>
<td>13.97</td>
</tr>
<tr>
<td>Jan 2014</td>
<td>2509</td>
<td>180</td>
<td>13.94</td>
</tr>
</tbody>
</table>
USAMEDDAC High Utilizer Data
By MTF
Jan 2013 - Jan 2014

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

Data Source- CarePoint (MHSPHP)
Kimbrough Reported Data

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

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

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

Data Source- CarePoint
(MHSPHP)
Rader Reported Data

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

ADA = 411 pts.
= 16%

ADFMLY = 732 pts
= 29%

ADN = 96 pts
= 4%

RTA = 259 pts
= 10%

RTAF = 176 pts
= 7%

RTFMLY = 698 pts
= 28%

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

ERHOSP OFFICE OUTPTHOSP URGENTCAR

# HU of Visits
144 327 27 42

# of HU Pts
69 53 11 20

Data Source- CarePoint
(MHSPHP 15)
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.

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

AHLTA Trainer
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
## Pivot Table Examples

### Table

<table>
<thead>
<tr>
<th>Row Labels</th>
<th>Count of ICD9</th>
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<td>CHEST PAIN NOS</td>
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<td>HEADACHE</td>
<td>24</td>
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<tr>
<td>ABDMNAL PAIN OTH SPCEF ST</td>
<td>16</td>
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<tr>
<td>MIGRNE UNSP WO NTRC MGRN</td>
<td>12</td>
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<tr>
<td>PAIN IN LIMB</td>
<td>9</td>
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<tr>
<td>VOMITING ALONE</td>
<td>9</td>
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<tr>
<td>ABDMNAL PAIN UNSPCEF SITE</td>
<td>9</td>
</tr>
<tr>
<td>DIZZINESS AND GIDDINESS</td>
<td>8</td>
</tr>
<tr>
<td>SYNOCOPE AND COLLAPSE</td>
<td>8</td>
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<tr>
<td>BACKACHE NOS</td>
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<td>VIRAL INFECTION NOS</td>
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<td>LUMBAGO</td>
<td>6</td>
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<tr>
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<td>ACUTE URI NOS</td>
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<td>PRIAPISM</td>
<td>5</td>
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<td>OVARIAN CYST NEC/NOS</td>
<td>4</td>
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<tr>
<td>CALCULUS OF KIDNEY</td>
<td>4</td>
</tr>
<tr>
<td>ASTH W/O STAT ASTHM NOS</td>
<td>4</td>
</tr>
<tr>
<td>CONSTIPATION NOS</td>
<td>4</td>
</tr>
</tbody>
</table>

### 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:**
- **Column Labels**
  - **Values**
    - Count of ICD9

**Report Filter**

**Column Labels**
- **Values**
  - Count of ICD9
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 symptoms 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):
Screener’s Algorithm

When was your last visit?

- ≤ 12 mos:
  - How many visits has the patient had in the last 6 months?
    - ≤ 5:
      - Do you have another Primary Care Provider?
        - Yes:
          - Have you been seen in an ER or Urgent Care Center?
            - Yes:
              - Provide education if it was a visit that could have been seen by PCM
            - No:
              - Provide enrollment education (i.e., T-Plus)
        - No:
          - Have you been seen in an ER or Urgent Care Center?
            - Yes:
              - Provide education if it was a visit that could have been seen by PCM
            - No:
              - Do Nothing
    - > 5:
      - Do you have another Primary Care Provider?
        - Yes:
          - Have you been seen in an ER or Urgent Care Center?
            - Yes:
              - Provide education if it was a visit that could have been seen by PCM
            - No:
              - Do Nothing
        - No:
          - Provide enrollment education (i.e., T-Plus)
      - > 5:
        - Do Nothing
      - ≤ 5:
        - Provide enrollment education (i.e., T-Plus)

Provide education if it was a visit that could have been seen by PCM

Do Nothing
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

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