Alaska ED Coordination Project

House Health & Social Services Committee
February 28, 2017

ASHNHA

ALASKA STATE HOSPITAL & NURSING HOME ASSOCIATION

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Why the AK ED Coordination Project?

- Increasing health care costs
- Decreasing state budget
- Need for a better design
- Part of the Medicaid Redesign solutions

Roadmap for Reform: Goals for Medicaid Redesign + Expansion

1. Improve enrollee health **outcomes**
2. Optimize **access** to care
3. Drive **increased value** (quality, efficiency, and effectiveness) in the delivery of services
4. Provide **cost containment** in Alaska's Medicaid budget and general fund spending

Final Report: Recommended Package of Reforms

A. Foundational System Reforms	1. Primary Care Improvement Initiative 2. Behavioral Health Access Initiative 3. Data Analytics + IT Infrastructure Initiative
B. Paying for Value, Pilot Projects	4. Emergency Care Pilot Initiative 5. Accountable Care Organizations Pilot: Shared Savings/Losses Model
C. Workgroups to Support Reform Efforts	1. Define Appropriate Use of Telemedicine and Expand Utilization 2. Medicaid Business Process Improvements 3. Ongoing Medicaid Redesign Key Partner Engagement

Seven Best Practices Model

1. Adopt an electronic emergency department information system
2. Implement patient education
3. Institute an extensive case management program
4. Identify frequent users of ED
5. Develop patient care plans for frequent users of ED
6. Implement narcotic guidelines to discourage narcotic-seeking behavior and monitor patients who are prescribed controlled substances
7. Track progress of the plan to make sure steps are working

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Learning from Others

Successes in Washington

- 9.9% reduction in overall ED Medicaid visits
- 10.7% reduction among frequent utilizers
- 14.2% of low-acuity visits dropped
- 24% reduction in narcotic prescriptions from the ED

Resulted in better patient care!

Alaska's ED Coordination Project

Partnership between State of Alaska, ACEP, and ASHNHA

(1) an **interdisciplinary process for defining, identifying, and minimizing the number of frequent users of emergency department services**;

(2) to the extent consistent with federal law, a system for **real-time electronic exchange** of patient information, including recent emergency department visits, hospital care plans for frequent users of emergency departments, and data from the controlled substance prescription database;

(3) a procedure for **educating patients** about the use of emergency departments and appropriate alternative services and facilities for nonurgent care;

(4) a process for assisting users of emergency departments in making appointments with **primary care or behavioral health providers within 96 hours** after an emergency department visit;

(5) a collaborative process between the department and the statewide professional hospital association to establish uniform **statewide guidelines for prescribing narcotics in an emergency department**; and

(6) designation of health care personnel to **review successes and challenges** regarding appropriate emergency department use.

(7) shared savings

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Implement electronic ED information system

Goal: *Exchange patient information among Emergency Departments*

- Pertinent information is pushed to providers and used to provide efficient and safe care
- Emergency departments receive flags identifying high utilizers
- The information system will reduce unnecessary medical tests
- It will provide access to care/treatment plans
- Went live in February 2017 at four Providence hospitals in Alaska

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Collective Medical Technologies

- Started by an ED social worker
- >8 years since first go-live
- OR, WA, CA, MT, NM, NH, WV, MA, +…
- >900 hospitals, UCs, clinics
- Thousands of providers
- ~60 million unique visits
- **100% customer retention**
- Endorsed by:

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PROVIDENCE Health & Services
KAISER PERMANENTE
Adventist Health
Catholic Health Initiatives
Sutter Health We Plus You
PRIME HEALTHCARE SERVICES
PeaceHealth
LEGACY HEALTH
Trinity Health
UNIVERSITY OF WASHINGTON MEDICAL CENTER UW Medicine

Amerigroup RealSolutions in healthcare
CENTENE Corporation
PREMERA BLUE CROSS
Humana
KAISER PERMANENTE
UnitedHealthcare A UnitedHealth Group Company
HCSC Health Care Service Corporation New Mexico
MOLINA HEALTHCARE
PacificSource HEALTH PLANS
CAMBIA HEALTH SOLUTIONS
Regence

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PreManage Platform

Identification

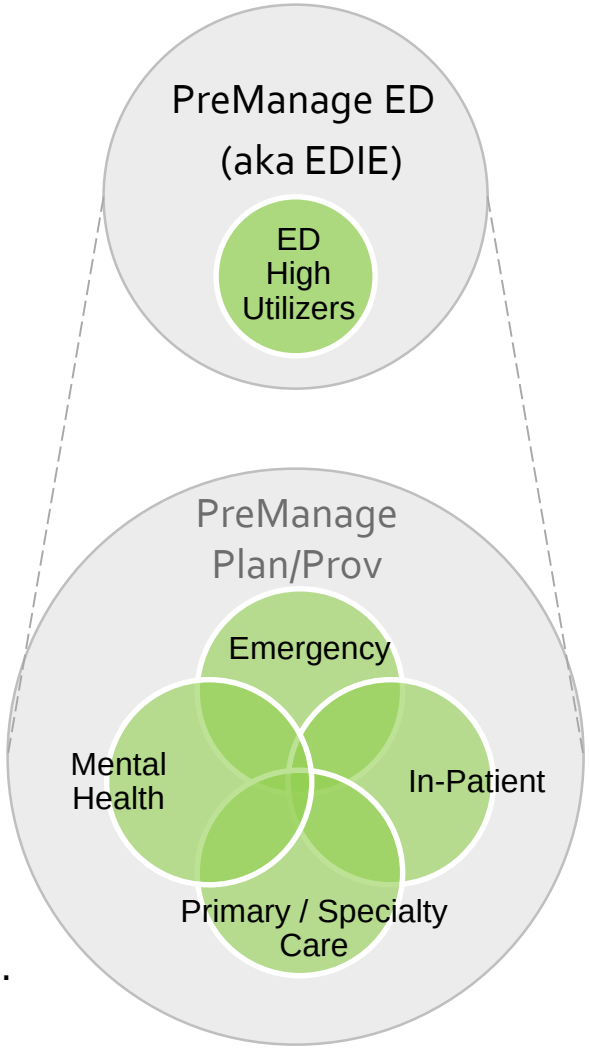
PreManage ED (aka EDIE): Hospital Partnerships

- Notifications to ED Providers for ED/In-Patient visits
- Shared platform for ED care coordination information
  - High utilization / complex ED patients
- **Specific User Base** (ED Physicians & Care Managers)
- **Focused Population** (High Utilization / Complex ED Patients)

Prevention

PreManage Prov/Plan: Payer/Provider + Partnerships

- Notifications to multiple parties across ED/ In-/Out-patient visits
- Shared platform for all care coordination information; complimentary Service to PreManage ED built on same technology
- **Broad User Base** (Primary / Specialty Care, CCOs, CBOs. Health Plans, Care Coordinators, Social Workers, ED Guides, others)
- **Entire Population** (Active patient population or member base)
  - Medical Homes, Mental Health, Medical Groups, Juvenile, Security, etc.



CollectiveMedical TECHNOLOGIES

EDIE ALERT 05/27/2016 04:12 AM Darwin, Charles (DOB: 02/12/1909)

This patient has registered at the **Henry Medical Center Emergency Department**. You are being notified because this patient has recommended Care Guidelines. For more information please login to EDIE and search for this patient by name.

Care Providers

Provider	Type	Phone	Fax	Service Dates
Ben A Zaniello MD	Primary Care	(206) 555-1213	(206) 555-1212	Current
Robert Osler MD	Cardiology	(206) 231-3125	(206) 231-3126	Current
Sarah Jung PHD	Psychology	(206) 782-2342	(206) 782-2343	Current

ED Care Guidelines from Henry Medical Center

Last Updated: Wed March 17 10:35:40 MDT 2016

Care Recommendation:

Patient's pain is cardiac related; please use nitroglycerin (CHF and cardiac protocols) for pain. Please do not use controlled substances in the ER unless there are new findings as patient is very sensitive to opiates.

Additional Information:

1. Please see ECG attached below for pre-existing cardiac pathology.
2. Cardiologist office responds to overnight pages.

These are guidelines and the provider should exercise clinical judgment when providing care.

Care Histories

Behavioral

03/4/2016 Wallace Memorial Hospital

- **Anxiety**

Imaging

- Last angiogram 11/12/15 due to chest pain with no new findings

Security Events

Date	Location	Type	Specifics
2/24/2016	Wallace Mem Hosp	Verbal	• Patient needed sedatives due to delusions and agitation.

Security Events (18 Mo.)	Count
Verbal	1
Total	**1**

Washington PDMP Report

Rx Details (6 Mo.)

Fill Date	Drug Description	Qty.	Prescriber	CS	MED
2016-02-12	CLONAZEPAM 0.5	30	Ben Zaniello,MD	3	60.0
2016-01-28	CLONAZEPAM 0.5	30	Ben Zaniello,MD	3	60.0
2016-01-14	CLONAZEPAM 0.5	30	Ben Zaniello,MD	3	60.0
2015-12-31	CLONAZEPAM 0.5	30	Ben Zaniello,MD	3	60.0

Rx Summary (12 Mo.)	Count
CS II-V Rx	0
CS-II Rx	0
Quantity Dispensed	120
Unique Prescribers	2
Long Acting Opioids	0

Recent Visit Summary

Visit Date	Location	Type	Diagnoses
03/04/2016	Wallace Memorial Hospital	Inpatient	- Anxiety, CHF
12/21/2015	St. Patrick's Hospital	Procedure	- Arrythmia

ED Visit Dates	Location	Type	Diagnoses
04/18/2016	Henry Medical Center	Emergency	- Shortness of Breath
03/04/2016	Wallace Memorial Hospital	Emergency	- Fever, unspecified
12/21/2015	St. Patrick's Hospital	Emergency	- Medication side effect - Chest Pain
03/03/2015	Sisters of Mercy Centralia Hospital	Emergency	- Shortness of Breath

E.D. Visit Count (1 Yr.)	Visits
Sisters of Mercy Centralia Hospital	4
Henry Medical Center	37
Wallace Memorial Hospital	6
Total	**47**

Note: Visits indicate total known visits.

ED Narcotic Guidelines

Goal: Reduce drug-seeking and drug-dispensing to frequent ER users

- Implement statewide guidelines for prescribing and monitoring of narcotics
- Endorsed by providers and hospitals and matches efforts in other states
- We anticipate reduction in ED prescriptions
- Direct patients to better resources
- Track data and follow up with providers who excessively prescribe
- Integrate ED information system and Prescription Drug Monitoring Program (PDMP)

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Alaska Emergency Department Opioid and Controlled Substances Prescribing Guidelines

Alaska's Emergency Care Providers are committed to compassionate, timely, quality care. Regardless of the reason for your visit or insurance status, we will always do a medical screening exam and strive to provide you with the safest possible care. As part of providing safe care, Emergency Providers in the State of Alaska have adopted the following onsensus guidelines for prescribing and administering controlled substances in the Emergency Department. We have developed these guidelines because controlled medications have potentially deadly side effects and are commonly associated with addiction. These guidelines will be applied at the discretion of the emergency provider and decisions about treatment are generally made based on objective (visible) evidence of acute painful conditions. These guidelines do not apply to patients with painful terminal illness.

If you have any questions, please speak with an ED team member.

1. A single medical provider should prescribe all opioids to treat a patient's chronic pain both on a long-term basis and with acute exacerbations. The best practice is for this provider to be the patient's primary care provider or pain management specialist.

2. The Emergency Department Providers will not administer intravenous or intramuscular opioids for the relief of acute exacerbations of chronic pain.

3. Emergency Department Providers will not provide replacement prescriptions for controlled substances that were lost, destroyed, or stolen.

4. Long-acting or controlled-release opioids (such as OxyContin, fentanyl patches and methadone) will not be prescribed from the Emergency Department.

5. Emergency Department Providers are encouraged to review other health records, care plans, and the Prescription Drug Monitoring Program (PDMP) prior to dispensing or administering opioids. They are encouraged to contact the patient's primary prescriber to discuss the patient's care.

6. Emergency Department Providers should perform brief screening for patients with suspected substance addiction or at risk for overdose. Caution should be used when adminis- tering or prescribing controlled substances for these patients and brief interventions and treatment referrals are encouraged.

7. Prescriptions for opioid pain medication from the Emergency Department should be for an acute injury, such as a fracture, and should be for the lowest dose and shortest time course possible (ideally no more than 3 days). Non-opioid therapies are encouraged when possible.

8. Emergency Departments should attempt to coordinate the care of patients who frequently visit the Emergency Department.

9. The combination of opiates and benzodiazepines significantly raises the risk of accidental overdose. The practice of prescribing this combination is discouraged.

Alaska Native Medical Center
Alaska Regional Hospital — your life. your choice.
central peninsula hospital | heritage place | serenity house
South Peninsula Hospital
Mat-Su Regional Medical Center
Fairbanks Memorial Hospital
NorthStar Behavioral Health
Bartlett Regional Hospital
Quality in Community Healthcare
Providence Alaska Medical Center
Providence Kodiak Island Medical Center

Alaska State Hospital & Nursing Home Association

Ultimate Goal

- Improve patient care via timely, coordinated care in the emergency department
- Reduce over all health care cost by minimizing redundancy and improving care

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Participating Organizations

- American College of Emergency Physicians – Alaska Chapter
- Alaska State Hospital and Nursing Home Association
- State of Alaska – DHSS
- Alaska Primary Care Association
- 673d Medical Group, JBER
- Alaska Native Medical Ctr
- Alaska Regional Hospital
- Bartlett Regional Hospital
- Central Peninsula Hospital
- Fairbanks Memorial Hospital
- Mat-Su Regional Medical Ctr
- NorthStar Behavioral Health
- Providence Alaska Medical Ctr
- Providence Kodiak Island Medical Ctr
- South Peninsula Hospital

More to come as we broaden stakeholder engagement!

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