

Annual Report: Emergency Department Care Coordination Program

Virginia Department of Health
November 1, 2017

Introduction

Five percent of patients account for nearly 25 percent of all Emergency Department (ED) visits in the United States. These high utilizers of ED services typically do not receive the right care, with the right provider, at the right time – or at the right price. High utilizers often present to the ED with chronic health concerns that have gone untreated and unmanaged. The Emergency Department Care Coordination (EDCC) Program aims to improve individuals' health by providing information which assists providers in targeting their care and connecting them to primary caregivers. The goal of the EDCC Program is to reduce ED visits and decrease hospital costs, while providing the best care in the best setting for the patient. Ultimately, a patient's relationship with their community-based, primary care providers will be supported and strengthened, leading to improved adherence to treatment recommendations and continuity of care.

In multiple states where ED care was coordinated through encounter alerts and care plan programs, similar to what is planned for the EDCC Program for Virginia, ED visits by high utilizers declined, managed care costs declined, prescriptions of controlled substances declined, and quality of care improved. The State of Washington saw an 11 percent decline in the number of ED visits by high utilizers (defined as 5 or more visits per year) and a 14 percent decline in ED visits with a low acuity diagnosis in the first year of the “ER is for Emergencies” program. This program combined the development of care plans, the implementation of the Emergency Department Information Exchange, participation in prescription drug monitoring, and patient education on appropriate use of the ED.¹ In Oregon, when an ED care coordination program was established with encounter alerts and coordinated care plans, ED visits by high utilizers

decreased 10 percent.² In Indiana, during a six-month trial of an ED alerts program at nine hospitals, one managed health plan saw significant savings. “The shift from ED to primary care visits that occurred during the pilot test saved the health plan an estimated \$2 to \$4 million over the 6-month period.”³ The State of Washington also saw significant savings after implementing the “ER is for Emergencies” program. Medicaid costs fell by nearly \$34 million in the first year.

Legislation and Budget Amendment

The 2017 Virginia General Assembly established the EDCC Program in the Virginia Department of Health to provide a single, statewide technology solution that connects all hospital EDs in the Commonwealth to facilitate real-time communication and collaboration among physicians, other health care providers and clinical and care management personnel for patients receiving services in hospital EDs, for the purpose of improving the quality of patient care services. The legislation defines the EDCC Program to have the following capabilities:

- Receives real-time patient visit information from, and shares such information with, every hospital ED in the Commonwealth through integrations that enable receiving information from and delivering information into electronic health records systems utilized by such hospital EDs;
- Requires that all participants in the program have fully executed health care data exchange contracts that ensure that the secure and reliable exchange of patient information fully complies with patient privacy and security requirements of applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA);

- Allows hospital EDs in the Commonwealth to receive real-time alerts triggered by analytics to identify patient-specific risks, to create and share care coordination plans and other care recommendations, and to access other clinically beneficial information related to patients receiving services in hospital EDs in the Commonwealth;
- Provides a patient's designated primary care physician and supporting clinical and care management personnel with treatment and care coordination information about a patient receiving services in a hospital ED in the Commonwealth, including care plans and hospital admissions, transfers, and discharges;
- Provides a patient's designated managed care organization and supporting clinical and care management personnel with care coordination plans and discharge and other treatment and care coordination information about a member receiving services in a hospital ED in the Commonwealth; and
- Integrates with the Prescription Monitoring Program and the Advance Health Care Directive Registry to enable automated query and automatic delivery of relevant information from such sources into the existing work flow of health care providers in the ED.

The budget language in support of the legislation requires the EDCC Program to have all hospitals operating EDs in the Commonwealth and all Medicaid Managed Care contracted health plans participating in the Program by June 30, 2018. The State Employee Health Plan, all Medicare plans operating in the Commonwealth, and all commercial plans operating in the Commonwealth, excluding Employee Retirement Income Security Act (ERISA) plans, must participate in the EDCC Program by June 30, 2019. It also requires the formation of the

Emergency Department Care Coordination Advisory Council (ED Council) that is responsible for advising and overseeing the implementation of the EDCC Program, including oversight of the selection of the technology vendor, and for developing a funding structure to sustain program operations beginning in fiscal year 2019. The ED Council was established in June 2017 and convened for a kick-off meeting on July 17, 2017. As outlined in the budget amendment, the ED Council is composed of representation from hospitals and health systems, physicians and other providers, health plans, and state agency officials. Additionally, the ED Council membership was expanded to include representation from the American Congress of Obstetricians and Gynecologists and the Virginia Nursing Association and Magellan Health. The ED Council is comprised of the following members:

- The Secretary of Health and Human Resources nominated three representatives for the Commonwealth:
 - Debbie Condrey, Chief Information Officer, Virginia Department of Health
 - Dr. Kate Neuhausen, Chief Medical Officer, Department of Medical Assistance Services
 - Ralph Orr, Prescription Monitoring Program Director, Department of Health Professions
- The Virginia Hospital and Healthcare Association nominated three representatives of the hospitals and health systems:
 - Dr. Jake O’Shea, Chief Medical Officer, CJW Medical Center – Johnston-Willis Hospital
 - Rick Skinner, Chief Information and Technology Officer, University of Virginia Health System

- Chris Bailey, Executive Vice President, Virginia Hospital and Healthcare Association
- The Medical Society of Virginia nominated six representatives of physicians:
 - Aimee Perron Seibert, Lobbyist for the Virginia College of Emergency Physicians
 - Hunter Jamerson, Lobbyist for the Virginia Academy of Family Physicians
 - Ralston King, Senior Director of Government Affairs, Medical Society of Virginia
 - Dr. Leon Adelman, Virginia College of Emergency Physicians Board of Directors
 - Dr. Sandy Chung, Virginia Chapter of the American Academy of Pediatrics
 - Dr. Charles Frazier, Secretary, Virginia Academy of Family Physicians
- The Virginia Association of Health Plans nominated three representatives of health plans:
 - Roger Gunter, Chief Executive Officer, Aetna Better Health
 - Dr. Paul Gibney, Medical Director, Anthem HealthKeepers
 - Charles Wayland, Director, United Healthcare
- The Virginia Department of Medical Assistance Services nominated a Medicaid Managed Care plan:
 - Bill Phipps, Chief Operating Officer, Magellan Health
- The State Health Commissioner nominated one representative from the American Congress of Obstetricians and Gynecologists as well as one representative of the Virginia Nursing Association
 - Dr. Chris Chisolm, Chair, American Congress of Obstetricians and Gynecologists, Virginia Section
 - Dr. Kathy Baker, Virginia Nursing Association

Project Status

In March of this year, VDH began putting in place the elements needed for a successful implementation of the EDCC Program. Work began to develop a Request for Proposal (RFP) and the business requirements for the technology that will enable the EDCC Program. A wide array of stakeholders participated in requirements definition sessions to determine the needs of the users of the system. These requirements were then refined and the RFP was developed with review and feedback from stakeholders and the ED Council members.

In the months leading up to the release of the RFP, a Memorandum of Understanding between VDH and the Department of Medical Assistance Services (DMAS) was developed and signed that provides a mechanism by which federal Health Information Technology for Economic and Clinical Health (HITECH) Act funds can be used to match funds from the Commonwealth to cover the costs of implementing the EDCC Program. The General Assembly's 2017 Budget appropriated \$370,000 in General Funds to be matched with federal HITECH Act funds at a 90 percent rate. The implementation of the EDCC Program was contingent on the receipt of the federal HITECH Act funds. VDH and DMAS also worked with the Department of Health Professions (DHP) to include in this HITECH Act funding request \$25,000 designated in the 2017 Budget to be used by DHP to design a demonstration program *“to enhance the use of the PMP by prescribers through the use of real time access to the program via interoperability with electronic health records systems.”* These funds were to be matched with federal HITECH Act funds as well, and because the EDCC Program will fully integrate with the PMP with downstream provider participation, the EDCC Program will satisfy the requirements and intent of this budget language. In April, DMAS submitted the request and documentation to the Centers for Medicare & Medicaid Services (CMS) for the HITECH funding for the EDCC Program. The

request used the VDH-appropriated General Funds and the PMP funds from DHP for a total of \$395,000 to be matched with \$3,555,000 by the HITECH Act funds, for a total budget for the Program in fiscal year 2018 of \$3,950,000. Approval from CMS for these funds was received in July.

Additionally, in July, VDH entered into an agreement with ConnectVirginiaHIE, Inc. (CVHIE), the statewide Health Information Exchange, to manage and oversee the EDCC Program with assistance from Virginia Health Information (VHI). The vendor chosen to provide the technology solution for the EDCC Program will utilize the existing governance, legal and trust framework of CVHIE in order to fulfill the requirements of legislation and to expedite the implementation of the program.

On July 14, CVHIE released the RFP. Questions were submitted by potential vendors and responses were provided by CVHIE and placed on their website. The ED Council formed the proposal Evaluation Team, made up of 15 members of the ED Council. After the proposals were received on August 14, CVHIE and the Evaluation Team reviewed the proposals, attended presentations by the vendors, and selected the vendor that moved into the negotiation phase of the project. As of this writing, negotiations continue and a contract with the chosen vendor is in development. CVHIE is also working with the vendor to amend their data sharing agreement to meet the needs of the EDCC Program.

As part of its responsibility to oversee the EDCC Program, the ED Council is developing a Sustainability Plan that creates a funding structure to sustain program operations beginning in

fiscal year 2019. This plan is outlined in a separate document that will be presented to the Virginia General Assembly in December 2017.

Next Steps

Once the technology vendor contract is awarded, the EDCC Program will move forward with the following:

- Implementing the technology for all hospitals operating EDs in the Commonwealth and all Medicaid Managed Care contracted health plans with integration to the Prescription Monitoring Program and the Advance Directive Registry by June 30, 2018
- Adding the State Employee Health Plan, all Medicare plans, and commercial plans, excluding ERISA plans to the EDCC Program by June 30, 2019
- Expanding EDCC Program participation to include downstream providers such as Federally Qualified Health Centers (FQHC), Community Service Boards (CSB), and Primary Care Physicians
- Finalizing the Sustainability Plan for funding of the EDCC Program beginning in fiscal year 2019 and completing the tactical steps to implement the plan
- Continuing the ED Council meetings to advise CVHIE on ongoing elements of the EDCC Program
- Developing metrics defined by the ED Council prior to June 2018, with data collected once the EDCC Program is operational, that will be used in future EDCC Program Annual Reports to analyze the success of the program
- Convening a Clinical Consensus Group with wide stakeholder involvement, particularly representation from clinical providers and physicians, in order to examine what

consolidated patient information providers need at the point of care to effectively treat the individual. This will inform how the technology uses care coordination plans, and what key elements those plans should contain.

References

¹ The Brookings Institute: Center for Health Policy at Brookings. May 4, 2015. *Washington State Medicaid: Implementation and Impact of “ER is for Emergencies” Program*. Pines, Jesse, Schlicher, Nathan, Presser Elise, George, Meaghan, McClellan, Mark. pg. 1.

² Oregon Health Leadership Council. August 2017. *ED Utility Evaluation*. pg. 2.

³Wike, Katie, February 6, 2014, ED Alert Cuts Non-Emergency Visits in Half, *Health IT Outcomes*.