Operation REDIRECT:

A Redirection Management Approach for Establishing Networks of Alternate Non-Emergency Services Providers

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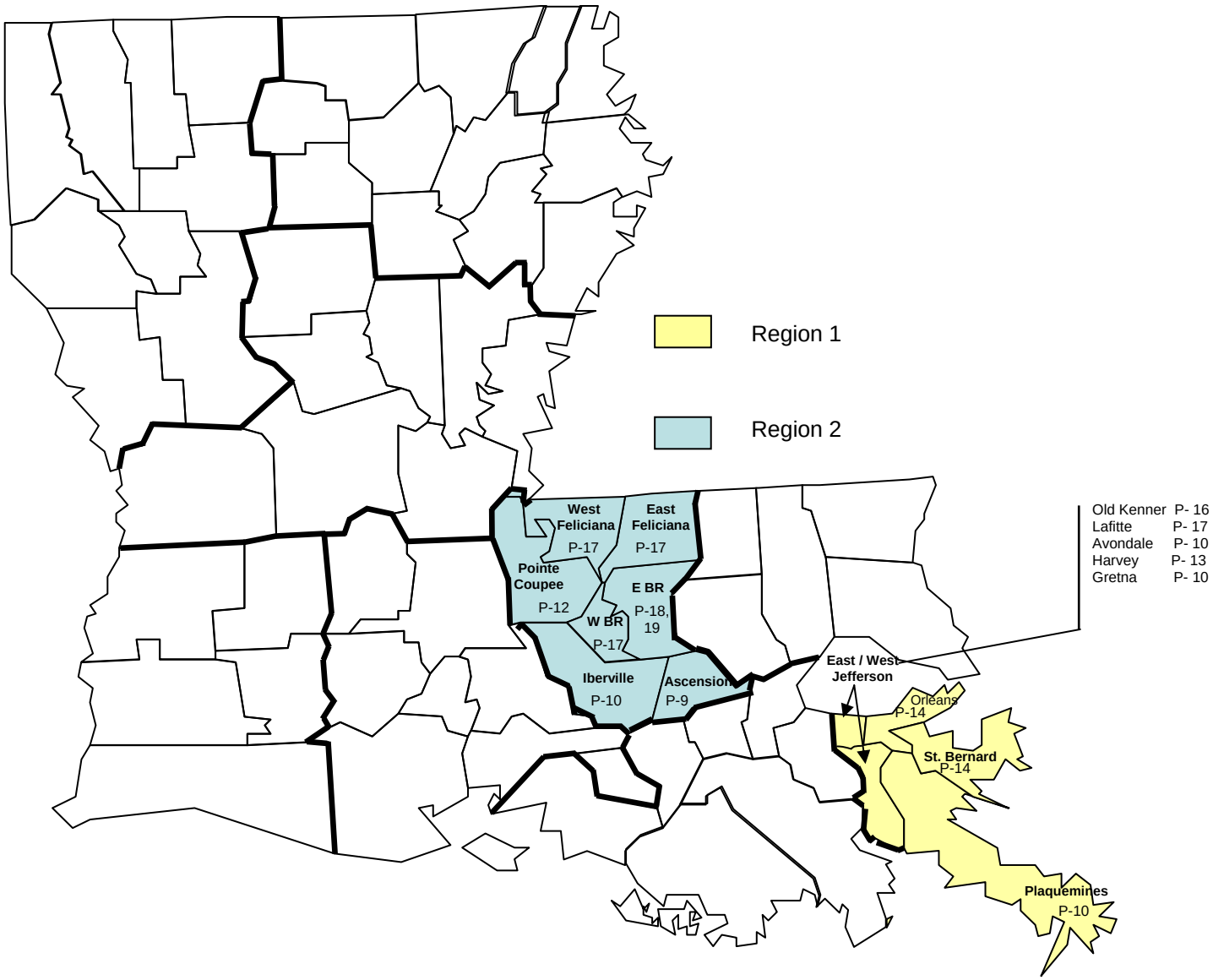
***Applicant Preference*:** Louisiana Medicaid requests to be considered for preference on the state's ability to serve rural or underserved areas where Medicaid beneficiaries may not have regular access to providers of primary care services. Please note the Health Professional Shortage Areas and scores for Primary Care listed below. Our initiative, Operation REDIRECT, will serve parishes in the Department of Health and Hospitals (DHH) Regions 1 (New Orleans) and 2 (Baton Rouge).

DHH Administrative Regions 1 and 2



Abstract: Louisiana Medicaid proposes the implementation of a dual approach initiative to address the increasing problem of inappropriate emergency department (ED) use. Establishing a network of providers in two regions of the state will facilitate access to primary care. This will be accomplished by collaborating with local and state healthcare partners with similar goals. The network of providers will be an expansion of established hospital and Federally Qualified Health Centers (FQHCs) to include primary care clinics, with extended evening and weekend hours, and urgent care facilities. Operation REDIRECT will utilize both a **Targeted Outreach** approach and a **Point of Contact** approach to reduce barriers for access to alternate non-emergency care. The Targeted Outreach approach will employ "redirection management" to provide education and guidance to those Medicaid beneficiaries who are deemed 'high utilizers' of the emergency department. Beneficiaries who are placed into this approach will: 1) be accessed for their level of inappropriate ED usage, 2) receive health education, and 3) receive assistance in choosing and scheduling appointments with an alternate non-emergency service provider. The Point of Contact approach will be used on-site at designated hospital ED locations for Medicaid beneficiaries who present with non-emergent conditions. Redirection Management Coordinators will interact with the presenting beneficiary to 1) identify and survey the reasons that the beneficiary did not access his PCP 2) refer the beneficiary back to his linked PCP, and 3) offer the beneficiary the option of selecting a network provider. Medicaid beneficiaries without a primary care medical home will be identified and assisted in establishing a primary care medical home. Those Medicaid beneficiaries presenting at the ED for urgent but non-emergent conditions will be redirected to an urgent care facility. For both the Targeted Outreach and Point of Contact approaches, technology integration and access to information and data will be available to all network partners.

The major goals of Operation REDIRECT are to:

- Decrease the numbers of repeat non-emergent ED visits by high utilizers by the end of the grant period
- Assist Medicaid beneficiaries in appointment scheduling and follow ups for appointments kept
- Improve access to primary care in the Louisiana Medicaid program
- Assist in reducing overcrowded emergency rooms

Expected outcomes of the initiative will be:

- Identification of reasons for non-emergent ED visits and additional options for system improvement
- Determining and eliminating barriers in accessing primary care
- Improved beneficiary satisfaction in relationships and access to their primary care medical home
- Measuring behavior change by trending Medicaid claims history before and after redirection management

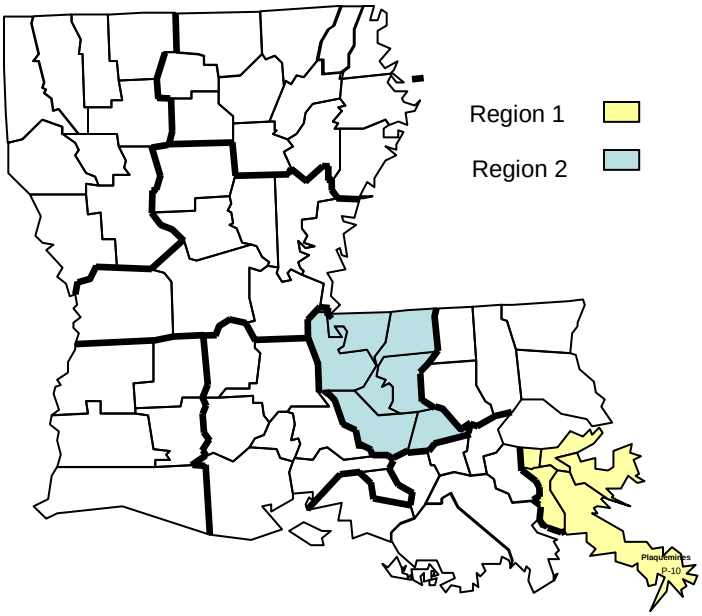
PROJECT NARRATIVE

Statement of Project/Need: The National Hospital Ambulatory Medical Care Survey, 2005 [1] reports the national average for all emergency department (ED) visits is 39.6 visits per 100 persons compared to Louisiana's average of 47.6 visits per 100 persons [2]. Medicaid beneficiaries have the highest annual rate of ED use (89.4 visits per 100 Medicaid or SCHIP enrollees). In Louisiana, the average number of Medicaid ED visits is 52.6 per 100 enrollees [3]. Seventy-one percent of these visits are for non-emergent care. Additionally, Louisiana has a high number of working poor. Many of the working poor are in jobs that do not allow for paid leave or other flexibilities that provide for the ability to access a primary care physician during routine business hours.

In Louisiana, the availability of a public run health care system and accessibility of EDs, has resulted in a culture of seeking non-emergent and primary care in EDs. As a result, emergency departments are overcrowded with wait times exceeding 236 minutes [4]. Many patients leave without receiving medical care. In an effort to relieve ED congestion and facilitate access to non-emergent and primary care in the appropriate setting, Louisiana proposes to establish Operation REDIRECT (Redirection Management Services) for its Medicaid recipients in the two targeted areas of New Orleans (Region 1) and Baton Rouge (Region 2). This initiative will create an alternate network of providers by expanding on established hospital and FQHC networks to include primary care clinics, with extended evening and weekend hours, and urgent care facilities. The New Orleans and Baton Rouge regions are targeted because these regions have the highest number of Medicaid enrollees. 67% of the total ED visits in New Orleans were non-emergent and 59% of total ED visits in Baton Rouge were non-emergent.

Louisiana Medicaid will work cooperatively with individual providers and groups to implement the Operation REDIRECT initiative in Regions 1 and 2. (See Figure 1)

Figure 1: Targeted Regions for Operation REDIRECT



Examples of the collaborators will include, but are not limited to the following:

-Louisiana Public Health Institute

-Louisiana Primary Care Association

-Louisiana Hospital Association

-Primary care providers

-Urgent care facilities

-LA Chapter of the American Academy of Pediatrics

-Louisiana State Medical Society

-Louisiana Quality Forum

-Medicaid Medical Advisory Committee

-Louisiana Health Information Exchange

-School Based Health Centers

- Rural Hospital Coalition

-Primary Care Access and Stabilization sub-awardees

Examples of their collaborative efforts include:

- Administration of the Partnership for Access to Healthcare (PATH/ Regional Ambulatory Care Planning Committee)
- Acquiring and implementing Rural Hospital Coalition Information Technology Grants
- Participation and leadership in regional consensus health planning bodies
- Acquiring Healthy Communities Access Program (HCAP) funds to build networks of primary care networks

The Louisiana Department of Health and Hospitals (DHH) subscribes to the theory that it is necessary to change behavior to realize lasting results. This initiative offers the opportunity to provide the level, accessibility, and continuity of services necessary to affect the recipients' decision making process on how and when to access non-emergent health care services, which is key to affecting the desired change.

Project Justification: Care management and greater access to primary care can help reduce ED utilization among Medicaid recipients.[5] Louisiana Medicaid has a statewide primary care case management program (PCCM) known as CommunityCARE. Medicaid beneficiaries may select a participating primary care provider (PCP) who is responsible for managing their healthcare or be auto-assigned to a provider in their area. Reasons given by beneficiaries for using the ED rather than their assigned PCP are varied, but commonly reflect a theme of access (or lack thereof). Beneficiaries report inability to access appointments when needed; PCP is not known due to auto-assignment; hours of availability are not easily accessible; there is no payment required at the ED; and using the ED habitually, i.e. "the way we have always done it." [6]

A recent study by Lowe and colleagues [7] indicates primary care access is associated with lower ED use by Medicaid beneficiaries, particularly among adults. The study indicates the more

evening hours available from a particular practice, the lower the ED use by its patients. Patients in practices with 12 or more evening hours a week used the ED 20% less than patients in practices without evening hours. In addition, nearly 25% of ED visits were for respiratory conditions.

Implementing a common system across a network of providers has allowed care coordinators in other communities to develop an electronic referral system between their emergency departments to FQHCs and other community-based providers. This proposal builds and expands upon the Healthy Communities Access Program (HCAP) funded project, previously funded by HRSA that has operated as Capital Area Access Partnership (CAAP). CAAP implemented a pilot referral program between the Emergency Department at Baton Rouge General Hospital and Baton Rouge Primary Care (FQHC); ED care coordinators have been able to access the FQHCs appointment book to electronically schedule appointments for patients needing follow-up care, but who do not have an established primary care relationship. This project demonstrated a 30% rate of kept appointments for follow-up care from ED visits. We are proposing using dual track approach for redirection. For both the **Targeted Outreach** and **Point of Contact** approaches, technology integration and access to information and data will be available to all partners.

For establishment of alternate network providers, Louisiana Medicaid recognizes the effectiveness (in reducing ED utilization for non emergency services) of having PCPs available 24/7 and in their offices for extended hours, and makes a commitment to primary care providers who extend their office hours by reimbursing professional service providers for those extended hours services.

We propose initiating ‘back up’ provider agreements between primary care providers, urgent care facilities and primary care offices with extended hours within geographic areas of hospital EDs. The current PCCM electronic referral system will be revised to minimize the administrative burden in navigating required PCP referrals outside of regular office hours when referred from the ED or for immediate or urgent care as triaged from Nurse Helpline.

Scheduling software interfaces will be implemented with participating network providers for use by the RMC in the ED so that beneficiaries will leave the ED with a scheduled appointment in hand. Beneficiaries will be able to choose a primary care provider from a list of providers with identification of those providers offering extended office hours.

For those providers taking advantage of network participation, agreements will be developed with responsibilities delineated. These providers can then be added to the provider options offered by the RMCs when advising patients presenting with non-emergent conditions in the ED.

Three areas of Medicaid non-emergent ED utilization have been identified and will be addressed:

1) High utilizers of the ED for non-emergent care

2) Medicaid beneficiaries with difficulty accessing their PCP during traditional office hours

3) Behavioral pattern of use

The initiative will coordinate care among the EDs and community-based providers to reduce barriers for access to alternate non-emergency care and facilitate access to primary care.

To optimally provide redirection management services, the primary approaches (Targeted Outreach Approach and Point of Contact Approach) will be used to contact recipients before, during, and after an ED visit for non-emergent care and for subsequent follow-up contact after scheduled primary care visits.

The **Targeted Outreach Approach** will be used to provide redirection management to 500 Medicaid recipients based on selection criteria including Medicaid claims history. In this approach, the intensity of the management of the identified recipients will be on a tiered basis and can be initiated prior to additional, unnecessary ED visits. Five hundred (500) Medicaid recipients who present the greatest opportunity for redirection, health status improvement, and stability will be selected based on specific criteria such as previous ED utilization, eligibility, geographic location, special needs, vulnerable population, and/or medical diagnosis.

- The **Targeted Outreach** approach will use a project recipient file which includes 500 beneficiaries selected to receive targeted outreach services.
- Interface capability will be provided with the current Louisiana Medicaid Nurse Helpline. The project recipient file will be shared with the Nurse Helpline and guidelines provided specific to calls by project recipients.
- In addition to their usual triage protocols, the Nurse Helpline staff will implement a more intensive level of education, assistance, and assurance based on the beneficiaries' history of accessing the ED for non-emergent care.
- A tiered service and staff structure (Figure 2) will be used to deliver the service level necessary based on each beneficiary's needs. The objective of each tier is to successfully redirect the recipient to an alternate provider. The tiered approach provides for the

efficient use of staff and resources and the continuity of services at the individual recipient level.

Figure 2: Targeted Outreach Approach Tiers

Tier 1 **Contact, Assess, Assist, Redirect** **Staff: Service Specialists**	**Tier 2** **Assess, Health Education, Assist, Redirect** **Staff: Access Manager (RN)**	**Tier 3** **Coordinate, Link, Support** **Staff: Resource Coordinator (Social Worker)**
• Flyer/Postcard Mailout • Inbound/outbound phone contact • Transfers from CommunityCARE Helpline	• Provide health education • Review recipient claim history • Receive referrals from Nurse Helpline for recipients on project recipient file	• Coordinate service requests received from Access Manager • Collaborate with community based services and resources
• Administer phone survey tool (assessment) • Generate referral to Tier 2	• PCP and Alternate Provider Coordination • Assess PCP assignment. • Process PCP changes • Assist with alternate provider access	• Provide assistance and linkage to services needed to accomplish redirection
• Provide education and assistance to redirect the recipient to an alternate provider • Appointment scheduling • Follow-up contact to recipients referred by Redirection Management Coordinator/reports	• Issue access referrals to new providers • Issue PCP compliance review request • Issue provider recruitment request • Generate referral to Tier 3	• Confirm linkage to services completed

The **Point of Contact** approach will be used on-site at designated hospital ED locations. Medicaid recipients in CommunityCARE (PCCM) with linkage to a primary care medical home will be:

1) Identified and surveyed as to the reasons the PCP was not accessed

2) Referred back to their linked PCP

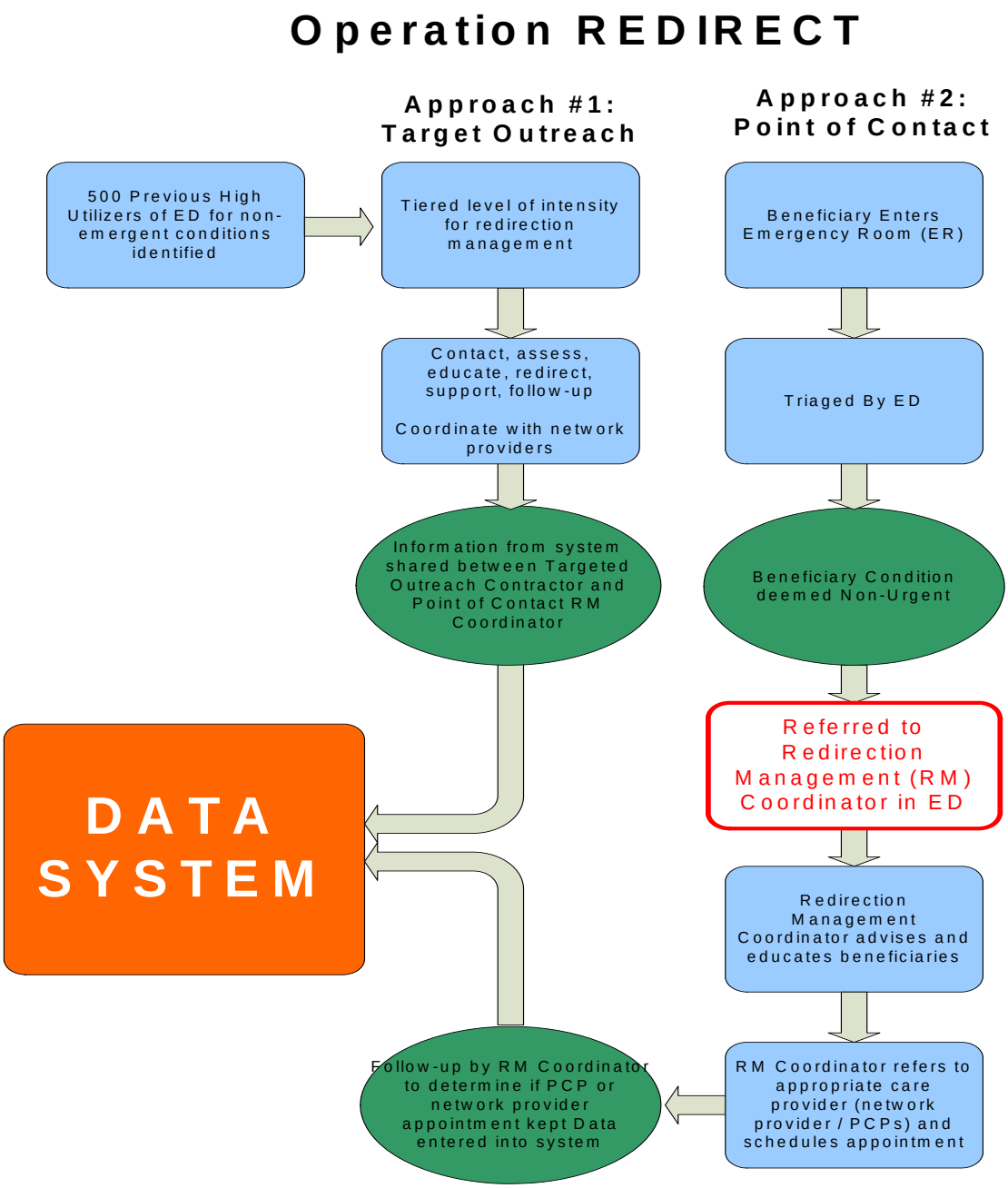
3) Offered the option of selecting a different network provider

Medicaid recipients not in CommunityCARE, and without a primary care medical home, will be identified and assisted in establishing a primary care medical home. Those Medicaid beneficiaries presenting at the ED for urgent but non-emergent conditions will be redirected to an urgent care facility. Additionally, the chronically ill will be directed to providers using the chronic care model for management of chronic diseases, such as asthma, diabetes, cardiovascular disease, and depression.

- The Point of Contact approach will be based on a Redirection Management (RM) Coordinator who is located in hospitals selected to participate in this initiative.
- The RM Coordinator will provide education and assistance to the recipient at the optimal time, while the recipient is in the ED, accessing non-emergent health care services.
- Coordinating guidelines will be developed with each participating hospital to establish processes between the hospital's ED admission and discharge procedures to ensure project recipients are directed to a RM Coordinator.
- The RM Coordinator will be responsible for conducting follow-ups to ensure recipients receive the care indicated at the ED discharge. The RM Coordinator will provide alternate provider appointment scheduling assistance. These positions will be staffed during peak ED hours 7 days a week.
- The RM coordinator will educate beneficiaries on resources through various media.

The model for Redirection Management is depicted in Figure 3.

Figure 3: Operation REDIRECT Model



Project Goals and Outcomes:

The goals of the Operation REDIRECT initiative will be to:

1. Decrease the numbers of repeat non-emergent ED visits by high utilizers by the end of the grant period

2. Assist Medicaid beneficiaries presenting in the ED inappropriately in appointment scheduling and follow-ups to verify appointments kept
3. Improve access to primary care in the Louisiana Medicaid program
4. Assist in reducing overcrowded emergency rooms

Expected outcomes will include:

1. Identification of reasons for non-emergent ED visits and additional options for system improvement
2. Determining and eliminating barriers in accessing primary care and expanding networks of care
3. Improved beneficiary satisfaction in relationships and access to their primary care medical home
4. Measuring behavior change by trending Medicaid claims history before and after redirection management

Estimate of Impact to Beneficiaries: The projected target areas are the DHH Administrative Regions 1 (Orleans) and 2 (Baton Rouge). Region 1 is a four parish region. Region 2 is a seven parish region. Each of these regions include parishes on both sides of the Mississippi river and a minimum of three hospitals, community health centers, urgent care centers and primary care providers interested in participating in this initiative.

Through the ED point of contact approach it is anticipated that 600 enrollees per week will be engaged and directly affected by this intervention. An additional 500 ED high utilizers will be stratified and managed through the Targeted Outreach Approach.

Description of Magnitude of Impact to the Medicaid Program: Redirecting non-emergent use of the ED, improving access to alternate non-emergency service providers and primary care providers, and educating and empowering enrollees with have a significant impact on the Medicaid program. There will be cost savings to the Medicaid program as high cost ED services will become moderate to low cost primary care services. Through the establishment of primary care medical homes, enrollees will experience improved health outcomes, early diagnosis and intervention of medical conditions. This generation of Medicaid enrollees will begin to model a behavior of accessing the appropriate healthcare resource that meets their needs while impressing the importance of a medical home and preventive care.

Description of Sustainability of the Project: Through the evidence of improved outcomes over time, the initiative will focus on working with the participating hospitals to institutionalize the Redirection Management Coordinator positions so as to sustain the ongoing functions of this initiative upon the end of the official grant period. It is envisioned that community-based care providers will benefit from increased patient volume with a corresponding increase in revenue. The cost to community based providers for extended office hours has been funded by Medicaid through "after-hours" procedure codes and will offset the administrative overhead for the extended hours. Additionally, Louisiana Medicaid is preparing the SFY 09 Medicaid budget and will address sustainability of this initiative in its budget request. The Medicaid agency will collaborate with providers and seek funding and other resources to enhance and sustain current projects by:

1. Assessing and making recommendations for changes in policy at the state and federal levels that would allow more flexibility with Disproportionate Share Hospital (DSH) policy.

2. Securing funds for technical assistance for current and new initiative participants to identify revenue and resource sharing opportunities that would produce cost saving to reinvest into this initiative.
3. Identifying discretionary monies within the state's general fund.
4. Working closely with the DHH Health Information Technology Strategist to coordinate efforts in accessing funding and technical assistance through the Louisiana Health Information Exchange (LAHIE) project.

Evaluation Plan: DHH will contract for the services of an external evaluation team. A clearly defined scope of work will be developed to include the provision of findings and recommendations during three phases of this initiative:

1) Implementation Phase: The primary focus of this phase is to perform a contractor readiness review. The evaluation team will conduct on-site visits to verify each contractor's preparedness status in relation to their contract requirements and the initiative's implementation schedule. By conducting interviews, reviewing materials, and through observation, the evaluation team will certify each contractor's compliance status. The evaluation team will conduct a readiness review findings presentation to timely communicate any issues posing a potential impact to the implementation schedule, and subsequently submit a written, findings report.

2) Operational Phase: During the operational phase, the evaluation team will perform a contractor review, focusing on compliance and performance. A findings report will be submitted which includes assessing the interoperability of system interfaces, timeliness of data exchanges and updates, financial processes used to produce budgets, and report content. The report will also include recommendations for improvement, within the initiative's scope and funding, which contribute to efficiencies and or enhanced outcomes.

3) Best Practices Phase: This phase of evaluation will be accomplished through a forum comprised of key staff from the DHH, contractors, hospitals, and community stakeholders involved in this initiative. This forum will be an opportunity to present the initiative's measured outcome and successes, identify redirection management best practices, and to invite suggestions for translating these successes into strategic goals. The feasibility of expanding proven strategies for reducing ER overuse to a broader base of the Medicaid population will then be evaluated.

Description of Project Implementation Readiness: After contract award, the Targeted Outreach component to the Redirection Management model could be initiated and progress as other components of the initiative are being further developed. The Point of Care Approach would build upon the existence of similar models created through HCAP and PATH Funds. The following table (Figure 4) describes timelines, tasks, and milestones of the initiative.

Figure 4: Operation REDIRECT Timeline

Operation REDIRECT Timeline & Milestones		
TIME LINE	MILESTONE	STATUS
Sept 2007	Prepare SFY 09 Medicaid budget request to sustain initiative	In Progress
Oct 31, 2007	Receive Notice of Assistance Award	Pending
Nov 15, 2007	Submission of Letter of Acceptance	Pending
Nov 2007- Oct 2009	Ongoing Program Management	Pending
Jan 2008	Activate 'After Hours' Procedure Codes for Reimbursement of Extended Physician Services Hours	Pending
Jan 2008	Hire Operation REDIRECT Project Managers	Pending
Jan 08- Oct 09	Ongoing Media Campaign to create awareness of initiative	Pending
Feb 2008- May 2008	Develop and Publish RFPs for Operation REDIRECT to secure working partners	Pending
Mar 08- May 08	Initial Planning Meeting with Operation REDIRECT Network (Hospitals, Urgent Care Centers, FQHCs/RHCs, Primary Care Physicians, LA Medicaid Leadership, School Based Health Clinics, Existing Support Coalitions, Medical Boards, etc)	Pending
August 08	Award Contracts for Operation REDIRECT	Pending
Aug 08 – Oct 09	Program Evaluation of Operation REDIRECT	Pending
July 08	Hire and Train Redirection Management Coordinators on Redirection procedures	Pending

July 08	Scheduling and Referral System Application setup	Pending
September 2008	Expand Nurse Helpline	Pending
October 2008	Initiate Targeted Outreach Approach	Pending
Jan 2009	Initiate Point of Contact Approach	Pending
Feb 2009	Identify and secure funds and in-kind services to sustain initiative	Ongoing

This initiative will be fully implemented and operational by May 31, 2009 with the maximum result being achieved by October 31, 2009 .

Sources:

[1]Nawar et. Al., National Hospital Ambulatory Medical Care Survey: 2005 Emergency Department Summary Advanced Data, Number 386, June 29, 2006.

[2] Kaiser State Health Facts. "Hospital Emergency Room Visits per 1,000 Population, 2005." http://www.statehealthfacts.org/comparemaptable.jsp?cat=8&ind=388 (18 Sept 2007)

[3] Data reported from internal Louisiana Medicaid claims for unduplicated recipients

[4]©2007 by Press Ganney, Inc., The Emergency Department Pulse Report: Patient Perspectives on American Health Care. South Bend, IN.

[5] © 2006 by The Healthcare Intelligence Network, For Emergency Use Only: Curbing Unnecessary Emergency Room Use Through Education, Accountability, and Physician Engagement.

[6]National Alliance for Health Information Technology, Medical Home Concept: Focus Group Report, December 15, 2006.

[7]Leonard Davis Institute of Health Economics, Issue Brief, Volume 10, Number 8, Summer 2005, Article Reference: Lowe, R. A. et. Al., Association between primary care practice characteristics and emergency department use in a Medicaid managed care organization. Medical Care, August 2005, vol. 43, pp. 792-800.