Establishment of Alternative Non-Emergency Services Providers

Volunteer State Health Plan (VSHP)

Applicant Preference

Applicant preference is sought under the preference criteria of "providers in partnership with a local community hospital." The proposal is a collaborative project between Volunteer State Health Plan (VSHP), and Erlanger Health System, which includes two Federally Qualified Health Centers (FQHCs).

For over a decade, VSHP has served the Medicaid population in the State of Tennessee. Today, VSHP, d/b/a BlueCare, serves over 200,000 members in the Eastern region of the state. VSHP, d/b/a TennCare*Select* serves another 100,000 members (including over 58,000 SSI and DCS enrollees) on a statewide basis.

Erlanger Health System is a regional safety-net hospital and a non-profit academic teaching center affiliated with the University of Tennessee College of Medicine. Erlanger consists of four major facilities surrounding Chattanooga, TN, including a Level One adult trauma center and a Comprehensive Regional Pediatric Center, as well as a rural hospital in Pikeville, TN.

The project will focus on fostering increased access to appropriate healthcare facilities for VSHP members. It is also designed to reduce non-emergency Emergency Department (ED) usage seven days a week, between the peak ED hours of 4 p.m. and midnight by transitioning members after they have been triaged in the Erlanger main campus ED to a primary care environment appropriate to address their immediate needs. The process will allow project staff to encourage members to return to their primary care home or to establish a primary care home.

The delivery of care at the Erlanger facility will appear seamless to VSHP's BlueCare/TennCare*Select* adult and pediatric members.

Unlike current programs, which respond to repeated ED use after a pattern has already developed, this project will help effect change beginning with the first ED visit before a pattern of behavior is established where the ED becomes the member's primary source for receiving medical care.

Triaged members identified with non-emergency conditions will be registered by an Erlanger Community Access Facilitator (CAF), and moved to a Health Center on the Erlanger main campus. The Health Center will be staffed by a nurse practitioner from the Erlanger Health System who will address the member's immediate episodic needs. Erlanger will work to enable a physician back-up to the Nurse Practitioner staffing at the Health Center. The effort currently being considered with the UT College of Medicine is the use of primary care residents. This allows residents to gain valuable clinical experience and supplements the Health Center staff.

Prior to discharge, each member will meet with the CAF who will help facilitate revitalization of the member's PCP relationship. The CAF will provide VSHP members with effective communication materials on using VSHP's toll-free NurseLine or Member Services to connect with and/or change their PCP. Reinforcing and promoting PCP use with the member will be emphasized throughout the process because it will be a key factor in encouraging change to current ED patterns.

Following HIPAA guidelines, Erlanger will provide VSHP a daily feed of data regarding key clinical information on VSHP members treated for non-emergency concerns in the Health Center. The CAF at Erlanger will be responsible for the daily transmission of the member-patient report to the VSHP care coordination nurse. VSHP will use this information to provide

follow-up to the member within 72 hours of the encounter. This will be accomplished primarily through mailed materials to help educate the member for self-care and to introduce decision tools for use in order to provide to the member alternatives to seeking care in the ED. The mailed materials will include information on:

- Condition-specific health information related to the condition for which the member accessed the ED to receive services
- Transportation services that are available and how to access and schedule these services
- VSHP's 24-hour toll-fee NurseLine service which members are encouraged to utilize when they have questions regarding their health concerns, their PCP, or how to access needed care. This service is available 24 hours per day, seven days per week.
- PCP information, including the name, location and hours of operation for the member's PCP
- Process for requesting a PCP change through a dedicated service line

These activities are intended to facilitate direction of patients whose medical needs do not meet the intensity of receiving ED services out of the already-overcrowded ED setting thereby freeing ED physicians to handle emergencies. It is the first step in what we believe will become a model for how to best educate and transition members to more accessible and convenient non-emergency care alternatives such as the telephone triage 24-hour NurseLine and the Erlanger after-hours Health Center. Ultimately, the objectives are to educate patients on the health benefits of establishing a medical home and to facilitate the relationship with the members and their PCPs.

Volunteer State Health Plan Partnership

Abstract

Volunteer State Health Plan (VSHP) members often seek healthcare from providers located close to their homes, but in many cases, this may not be from their primary care provider (PCP). Often, it is the closest hospital emergency department (ED). This has created a member behavioral pattern contributing measurably to episodic, expensive and excessive use of ED services by the members who do not seek appropriate health care services from primary care physicians.

The collaboration between VSHP, Erlanger Health System, and Erlanger's Federally Qualified Health Centers, will begin the process of altering member behavior at the first ED visit by directing members back to their primary care home before a pattern of excessive non-emergency ED use develops. Patients with low acuity levels will be directed away from the ED to a facility that will address their immediate health issue and encourage them to seek care from their primary care physician, unless their needs clearly require attention in the ED.

The program will include an Erlanger main campus Health Center for patients who enter the ED with low acuity levels, but who need and desire treatment. The direction of these low acuity patients from the Erlanger ED to the Erlanger campus Health Center will be coordinated by the Community Access Facilitator, who assists with any needed follow up and patent education in coordination with the VSHP Care Coordination staff.

Following a patient visit, the VSHP Early Detection Emergency Department Care Coordination (EDEC) unit will receive information daily from Erlanger Health Center on members who visited the ED for non-emergency treatment.

The goals of the EDEC unit are to work with the Erlanger Health Center CAF to meet the presenting medical needs of the members and facilitate members in the process of (1) establishing a medical home (2) establishing and strengthening members relationships with PCP's (3) educating members on appropriate use of the ED and alternatives that are available for seeking care for non-urgent/emergent treatment. We also want to be able to be able to identify barriers that exist in regards to members receiving routine care and provide this intervention prior to the members establishing a pattern of utilizing the ED as a resource for obtaining routine care.

The projected budget for FY 2008 is $970,836.00 and for FY 2009 is $1,397,280.00 Therefore, the total projected budget is $2,368,116.00. Funding will be applied toward the cost of:

- establishing a Health Center on the main campus of Erlanger;
- supporting staffing for the Health Center and for VSHP's care coordination;
- developing effective member educational materials;
- reimbursement of Health Center services; and
- tracking and analyzing the member's ED and Health Center use

The expected outcome of this collaboration will be improved access to appropriate and timely healthcare for VSHP members and a reduction in non-emergency ED use to free ED facilities for their intended purpose. This solution will also help promote active use of health education and disease management tools provided by VSHP. The convenient location of the Erlanger Health Center, with its extended-hour access, will give VSHP members a viable option to costly hospital ED care.

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Narrative

Statement of Project/Need

The average ED visit rate for Medicaid patients in Tennessee is 76.6 per 100 persons, (year 2006 data, State of Tennessee Bureau of TennCare). The emergency room visit rate for VSHP's BlueCare and TennCareSelect members is 78.5 per 100 members for the period April 2006 to March 2007. This is higher than the overall ED visit rate for the state of Tennessee. The national average ED visit rate for Medicaid patients is 89.4 per 100 persons based on the 2005 National Hospital Ambulatory Medical Care Survey.

In FY 2006-2007, the main inpatient facility of Erlanger Health System, an 818-bed non-profit academic teaching center affiliated with the University of Tennessee College of Medicine, handled over 100,000 visits to its Emergency Department (ED).

Emergency Department utilization at Erlanger's main campus includes 45,000 adults and 36,000 children annually. Studies indicate that, of the 45,000 adults who visit the ED, approximately 14,850 visited for "non-urgent" reasons based on acuity level data.

Members often seek routine health care from providers that are closest to their homes and easiest to access. Many times this is the local hospital emergency room -- contributing to overcrowding in the ED, increased expense for services that could be handled more cost effectively, and treatment which does not address continuity of care essential to improving health outcomes in the long term.

The proposed project to establish alternate non-emergency services in close proximity to the Erlanger ED involves a collaborative effort between Volunteer State Health Plan, Erlanger Health System and Erlanger's Community Health Centers.

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The project goals are to provide access to and availability of services for VSHP members in need while creating increased awareness of ED alternatives. The ultimate goal is to provide a system of concentrated support services through Erlanger Health Centers and VSHP that lead to the establishment of a medical/primary care home for VSHP members before a pattern of ED use for routine care is established.

The project uses the initial ED visit to support a transitional model directing adult and pediatric BlueCare and TennCareSelect members from Hamilton County with non-emergency needs to more appropriate primary care services. During the process, members learn of more convenient alternatives to the Erlanger ED and are directed back to their PCPs.

Establishing a branch of the Health Center on the Erlanger main campus, operating from 4 p.m. to 12:00 midnight, seven days a week, will provide access to primary care services where and when they are needed. Almost 70% of ED visits occur during the designated service hours.

This concept will enable a seamless transition of VSHP members from the Erlanger ED staff to a Health Center Community Access Facilitator (CAF) located in the ED, when a member's EMTALA evaluation results in an acuity level of four or below.

The CAF will input patient information into the Health Center database and ensure the member is transferred to the Health Center to address the immediate health care concern. This removes non-emergency VSHP members from an already overcrowded ED to a location where their immediate needs will be addressed. The CAF will then be able to foster an open dialogue with the member regarding PCP usage and the need for a medical/primary care home.

In some cases, members may be unaware of their PCP's name or location and the CAF will be able help in determining this information. The CAF will use Shared Health, a web-based clinical health record for all of TennCare, to access a member's PCP name and contact

information. Shared Health will also be a valuable resource for the Health Center to quickly access and view member lab, medical and pharmacy claims to ensure that services are not duplicated.

The CAF will be able to advise the member on clinically appropriate follow-up care through their PCP. VSHP will provide the CAF with printed materials and contact numbers on two key member informational resources, VSHP's NurseLine and VSHP's Member Services Unit. The materials will be distributed to all VSHP members at discharge to explain how to connect to their PCP or, if desired, change their PCP.

NurseLine, staffed by live nurses, can be reached 24 hours a day, seven days a week using a toll-free number. It provides:

- Telephone triage to help steer members to the appropriate level of care
- Health information, education and healthcare counseling
- Assistance in identifying and selecting a Primary Care Practitioner (PCP)
- Assistance in scheduling appointments or referrals to a PCP or Specialist
- Assistance in arranging care in an alternative setting (if needed)
- Referral to appropriate care management program (if needed)

The new Health Center facility will provide the first step toward effecting an important behavioral transition from patients choosing random, uncoordinated episodic care for specific health incidents to coordinated, continuous health care provided by a primary care physician. The dedicated support and information provided to the member by the CAF will be a key element in encouraging a change in ED patterns.

Following HIPAA guidelines, Erlanger will work collaboratively with VSHP to provide daily data access to necessary clinical information on VSHP members treated by the Health

Center. This will include the patient's name, acuity state, specific clinical discharge diagnosis (not just presenting symptoms), current address, current telephone number, currently assigned PCP (available in Shared Health database), and whether the member needs information to effect a PCP change.

The VSHP Early Detection Emergency Department Care Coordination (EDEC) unit will work with the CAF to: (1) assist the member in establishing a medical home (2) establish and strengthen the member's relationship with a Primary Care Provider (PCP) (3) identify barriers to obtaining routine services from the PCP (4) educate the member on appropriate use of the ED and alternatives for care for non emergency treatment, and (5) intervene prior to the member establishing a pattern of using the ED as a resource for obtaining routine care and facilitate member-requested PCP changes.

Using data supplied by Erlanger, VSHP care coordinators will provide follow-up with the VSHP member within 72 hours of the encounter. A VSHP care coordinator will prepare an appropriate packet of communication materials effectively supporting the member's current condition, which encourages self-care, and provides direction for future needs. The information will reinforce the use of NurseLine to determine whether the ED is warranted for future care.

In addition to NurseLine information, care coordinators will supply condition-specific materials related to the member's recent diagnosis, information on scheduling and the use of transportation for medical appointments, a listing of the name, location and hours for the member's PCP and instructions on how to change PCP assignment.

In some cases, VSHP care coordinators may call the member to ensure a medical/primary care home has been established and appropriate follow-up care was scheduled and received. If a

disease management issue is identified, the member will be directed to appropriate VSHP disease management programs.

Erlanger's Electronic Medical Record system will allow tracking of patient treatment progress and Shared Health will provide details on the member's ongoing medical care.

Project Justification

Members will continue to pursue care that is closest in proximity and easiest to access unless a suitable option is provided. This project targets for intervention inappropriate ED use beginning with the first ED encounter by transitioning members to primary care, facilitating discussion related to PCP usage and reinforcing the use of decision support tools when considering ED care.

Project Goals and Outcomes

The project's primary goal is to foster access to appropriate healthcare facilities for VSHP members in need while reducing the pattern of ED usage by VSHP members for non-emergency care. Additional goals include helping ensure member continuity of care through the establishment of a common medical /primary care home.

Estimate of Impact to Beneficiaries

This project will directly impact the 34,330 VSHP members living in Hamilton County, TN served by the main campus of Erlanger and its Community Health Centers.

Projected annual patient volume for the proposed Health Center facility during the grant period are:

		Year I	Year 2
Adult	5,000	7,500	10,000
Child	2.000	2,500	3,000

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Capture Ratio

Year 1-25%, Year 2-27%

Description of magnitude of the impact to Medicaid

If successful, this project could provide an ideal model for implementation at other Erlanger sites. Though the project scope would initially impact the 34,330 VSHP members living within range of the Erlanger main campus, success would allow broad replication of the project with other hospital partners presenting the possibility of a statewide expansion which could ultimately impact the more than 299,000 VSHP members throughout Tennessee.

Description of sustainability of the project

The Erlanger Health System and its Federally Qualified Health Centers will work to assure the sustainability of this effort beyond the funding provided by the grant. EHS and the Health Centers are vitally interested in sustaining the effort to provide non-emergency department alternatives, especially the promotion of the use of primary care homes for patients currently using the Emergency Department inappropriately. The establishment of vital patient-primary care provider relationships will enhance the effectiveness of the care being delivered by the Erlanger Health System as well as increasing the efficiency of the entire care delivery system.

Grant funding is being sought for reimbursement of the expenses to be incurred during the fiscal years ending September 30, 2008 and September 30, 2009. Grant funding will be used to reimburse both VSHP and Erlanger Health Systems for staff and related expenses that are specific to this project. Without the grant funding, the project would not be possible.

Projections have also been developed for each of the three fiscal years beyond those time periods included in the grant. For each of the additional time periods, the expected patient volumes and the related reimbursement are expected to increase.

By fiscal year 2010, the revenues cover not only the staffing cost, but also contribute to the overhead costs of the facility. As such, the project would be considered sustainable. Both Erlanger Health Systems and VSHP affirm their commitment to the long term viability of this important healthcare solution.

Evaluation Plan

The preferred method of evaluation is to track behavior changes of those specific VSHP members initially identified and treated at the Erlanger Health Center for non-emergency care. This would provide the most direct correlation between the intervention and behavior changes. Quarterly evaluation during the two-year grant period will monitor, quantify and validate the project based upon:

- VSHP member use of the Erlanger ED/Health Center for non-emergent care
- VSHP member use of his or her PCP for non-emergent care
- the condition or conditions diagnosed/treated for each visit for each member
- barriers to PCP use identified by the member

Comparing the member's use of his or her PCP to use of the Erlanger ED/Health Center for non-emergent care will determine how quickly and how effectively members are being directed away from the ED and Health Center back to their primary care home. It will also identify those VSHP members who may be excessively using the ED/Health Center in lieu of the assigned PCP.

A second evaluation strategy is to obtain a baseline measure of ED usage by VSHP members for non-emergency diagnoses as well as a baseline measure of Health Center use by VSHP that stratify ED visits by condition for VSHP members. Evaluation, over the course of the project, would allow VSHP to measure a change in the ED and health center usage compared to a

baseline measure for these conditions for these members. A notable reduction in ED visits for the conditions, and stable or decreasing Health Center usage, would indicate successful intervention.

Description of Project Implementation Readiness

Milestones referenced to the onset of the grant award (currently projected to be on October 31, 2007):

- Determine location on the Erlanger campus for a Health Center (60 days)
- Supply the Health Center with necessary equipment (90 days)
- Staff the Health Center from 4 p.m. to midnight, seven days a week (90-120 days)
- Hire staff to support VSHP care coordination functions (120 days)
- Develop, order or reproduce appropriate educational materials (60 days)
- Develop secure file transfer of member data to support case management functions (30-60 days)

BUDGET TOTAL for Two Year Period: $ 2,368,116

Funding by year:	**FFY 08**	**FFY 09**
Contracts*	$970,836	$1,397,280
Total`	**$970,836**	**$1,397,280**

* Funds will be conveyed from the State Medicaid Agency to the MCO via contract
Detail regarding the MCO spending plan is included on the next page

Volunteer State Health Plan, Inc.
Proposed Expenses

	2008	2009
Salaries & Employee Recognition	$ 649,815	$ 1,014,769
Training / Development	$ 4,720	$ 4,840
Taxes / Licenses	$ 150	$ 150
Benefits, facilities, pcs, etc.	$ 171,782	$ 288,336
	$ 826,467	$ 1,308,095
Supplies	$ 14,303	$ 26,828
Equipment - Related to EMR	$ 36,150	
Copier	$ 1,005	$ 1,035
Other		
Travel	$ 400	$ 400
Phones	$ 1,512	$ 2,016
Wats line	$ 1,404	$ 1,872
Programming	$ 67,000	$ 16,750
Member Materials	$ 22,595	$ 40,284
	$ 970,836	$ 1,397,280