Timely Utilization Data on High Utilizers: A Data Sharing Pilot between Los Angeles County FQHCs and the local Health Plan

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Agenda

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- Pilot Background
- Issues Identified & Lessons Learned
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Objectives

- Understanding the importance of sharing timely utilization data between a health plan, L.A. Care Health Plan, and Federally Qualified Health Centers (FQHCs)
- Benefits of streamlining a notification system for FQHCs when their patients visit the ED and/or Hospital
- Value of engaging patients with their primary care providers post-discharge from an inpatient or emergency department visit
- Explore evidence-based methods on how to decrease utilization in FQHCs

Audience Poll!

- Poll Everywhere
  - Text ELEVATIONHEA964 in body of text to 22333 to sign up for access

eConnect Background

- eConnect is an L.A. Care Health Plan initiative connecting hospitals with the health plan for the purpose of care coordination and care transition planning
- Currently, eConnect is live with 44 hospitals sending Admit/Discharge/Transfer (ADT) notifications in near real time
- Data is timelier than claims and encounters
- eConnect project was initiated in 2015
- eConnect ADT information is currently being used across L.A. Care Health Plan to achieve objectives around various initiatives

eConnect Background

eConnect Use Cases

- Reducing Inpatient and ED utilization for patients diagnosed with diabetes and/or depression
- Improve 14 and 30 day follow-up rates after hospitalization
- Follow-up after hospitalization for patients with multiple chronic conditions
- Follow-up after hospitalization for high utilizers
- Follow-up with mother after new born delivery
- Follow-up after hospitalization for patients diagnosed with mental illness
- Readmission Predictive Modeling

List of hospitals sending ADT data through eConnect

Hospital	Status
1. **Valley Presbyterian Hospital**	Live
2. **Martin Luther King Jr. Community Hospital**	Live
3. **Huntington Hospital**	Live
4. **Methodist Hospital**	Live
Memorial Care Health System	Live
5. Long Beach Memorial	Live
6. Miller Children's and Women's Hospital Long Beach	Live
Citrus Valley Hospital	Live
7. Queen of the Valley	Live
8. Inter-Community Hospital	Live
9. Foothill Presbyterian Hospital	Live
Providence	Live
10. Providence Holy Cross Medical Center	Live
11. Providence Saint Joseph Medical Center	Live
12. Providence Tarzana Medical Center	Live
13. Providence Little Company of Mary Medical Center Torrance	Live
14. Providence Little Company of Mary Medical Center San Pedro	Live
15. Providence Saint John's Health Center	Live
Adventist Health–	Live
16. Glendale Adventist Medical Center	Live
17. White Memorial Medical Center	Live
Alta Hospitals System	Live
18. Southern California Hospital at Hollywood	Live
19. Los Angeles Community Hospital at Los Angeles	Live
20. Los Angeles Community Hospital at Norwalk	Live
21. Southern California Hospital at Van Nuys	Live
22. Southern California Hospital at Culver City	Live
23. Bellflower Community Hospital	Live
Dignity Health	Live
24. California Hospital Medical Center	Live
25. Glendale Memorial Hospital and Health Center	Live
26. Northridge Hospital Medical Center	Live
27. St. Mary Medical Center Long Beach	Live
UCLA	Live
28. Ronald Reagan	Live
29. Santa Monica Hospital	Live

List of hospitals sending ADT data through eConnect

Hospital	Status
Avanti	Live
30. Coast Plaza Hospital	Live
31. Community Hospital of Huntington Park	Live
32. East Los Angeles Doctors Hospital	Live
33. Memorial of Gardena Hospital	Live
AHMC	Live
34. Anaheim	Live
35. Garfield	Live
36. Monterey Park	Live
37. El Monte	Live
38. Whittier	Live
39. San Gabriel	Live
40. Good Samaritian Hospital	Live
41. Palmdale Regional Medical Center	Live
42. Children Hospital Los Angeles	Live
Daughter of Verity	Live
43. St. Francis	Live
44. St. Vicent Medical Center	Live
Department of Health Services (DHS)	In Process (Implementation)
45. HARBOR/UCLA MEDICAL CENTER	In Process (Implementation)
46. RANCHO LOS AMIGOS REHABILITATION CENTER	In Process (Implementation)
47. OLIVE VIEW MEDICAL CENTER	In Process (Implementation)
48. LAC+USC MEDICAL CENTER	In Process (Implementation)

LAPTN Utilization Goals

- Transforming Clinical Practice Initiative (TCPI) is a 4 year, $15.6 million federal grant awarded to Los Angeles Practice Transformation Network (LAPTN) by the Center for Medicare and Medicaid Services (CMS)
- The goal of the TCPI program is to support clinician practices through nationwide, collaborative, and peer-based learning networks that facilitate large-scale practice transformation
- LAPTN utilization commitments
  - 20% reduction in inpatient and ED utilization for patients diagnosed with diabetes and/or depression from baseline year (2015)
  - Achieve $60 million in cost savings by September 2019

Pilot Background

Pilot Initiated:

- Alpha (January 9th 2018) – 1 Clinic
- Beta (May 1st 2018) – 5 Clinics

Participants:

- Asian Pacific Health Care Ventures
- Eisner Health
- Harbor Community Clinic
- Venice Family Clinic
- Tarzana Treatment Center
- BAART – La Puente Location

Average Duration of the Pilot –

- 45 Days

Pilot Background

Initial Target Population:

- Patients diagnosed with diabetes and/or depression
- Had ED and/or Inpatient Utilization
- Patients not seen in last 15 months (phased out of scope)
- High on CRGs – 32 to 73 (phased out of scope)
- No follow-up visits within 14/30 days of discharge from hospital (phased out of scope)

Subsequent Target Population

- Patient with Inpatient and/or ED utilization

Data Shared :

- 15 months worth of claims and encounter data
- Near real time Admit, Discharge & Transfer (ADT) data
  - ADT information received from 41 hospitals

eConnect ADT Weekly Report Data Elements

Data Element	Description
CIN_NO	Unique Patient ID
LAST_NAME	Patient Last Name
FIRST_NAME	Patient First Name
DOB	Patient Date of Birth
GENDER	Patient Gender Identity
PHONE	Patient Phone Number per LA Care Records
ALTERNATIVE_PHONE_NO	Patient Alternative Phone Number received through Hospital ADT
ADMIT_REASON_ID	Admit Reason
ADMIT_REASON_TEXT	Admit Reason
DIAG_CODE	Primary Diagnosis Code
DIAG_TEXT	Primary Diagnosis Code Description
ADDRESS	Patient Address per LA Care Records
TYPE	Admit Type (Inpatient (IP) or Emergency Visit (ED)
ADMIT_DATE	Date of Admit
DISCHARGE_DATE	Date of Discharge
CLINIC_NAME	Clinic Assignment as per LA Care
CLINIC_ADDRESS	Assigned Clinic Address
SERVICING_FACILITY_NAME	Hospital Service Facility
SOURCE_FACILITY_NAME	Hospital Source Facility (Hospital System)
PPG_CODE	Patient PPG assignment per LA Care Records
PPG_DESC_COMB	PPG Description
PCP_LICENSE_NO	Provider License Number per LA Care Records (Patient PCP assignment by LA Care)
PCP_FIRST_NAME	Provider First Name per LA Care Records (Patient PCP assignment by LA Care)
PCP_LAST_NAME	Provider Last Name per LA Care Records (Patient PCP assignment by LA Care)

Issues Identified & Lessons Learned

- Specialty codes are not required for encounter submission (opportunity for educating on HEDIS supplemental data submissions)
- Majority of patients are utilizing the emergency department, few are being admitted into the hospital
- Clinics are not well informed on disease management and care management resources offered by L.A. Care Health Plan
- Lack of valid and current patient contact information is hindering the clinic's outreach efforts
- Clinics unable to achieve 7-Day follow-up measure set by IPA due to lack of timely ED and IP data
- ADT data is very useful in comparison to claims and encounter data due to its timeliness of delivering hospitalization information, giving clinics a window of opportunity for outreach

Pilot Highlights

- Provided a perspective on different issues and challenges encountered by the clinic in the process of delivering timely and appropriate care after hospitalization
- QI Coaches led hands on training as needed
- Developed a pilot protocol document during the alpha pilot
- Clinics are adapting and modifying existing workflows to accommodate consumption of timely hospitalization data, enabling clinics to do timely care coordination
- Weekly collaborative meetings between clinic staff, L.A. Care staff and QI coaches to discuss progress, challenges and gather feedback
- Educated clinics on resources available at L.A. Care
  - http://www.lacare.org/sites/default/files/care-management-referral-form-0916.pdf
  - http://www.lacare.org/sites/default/files/disease-management-referral-form-111617.pdf

Pilot Highlights

- Clinics are receiving alternative phone numbers through ADT, collected from the patient in the hospital
  - One of the largest obstacles of the pilot was obtaining accurate contact information for patients
- Average time spent on patient outreach and documentation: **2 hours per week, or about 5-8 minutes per patient**
- Total number of patients eligible for outreach: **151**
- Follow-ups completed/scheduled: **51 (success rate: 34%)**
- Attempted outreach (letters/patient declined/wrong phone number): **85**

Pilot Protocol Deliverable

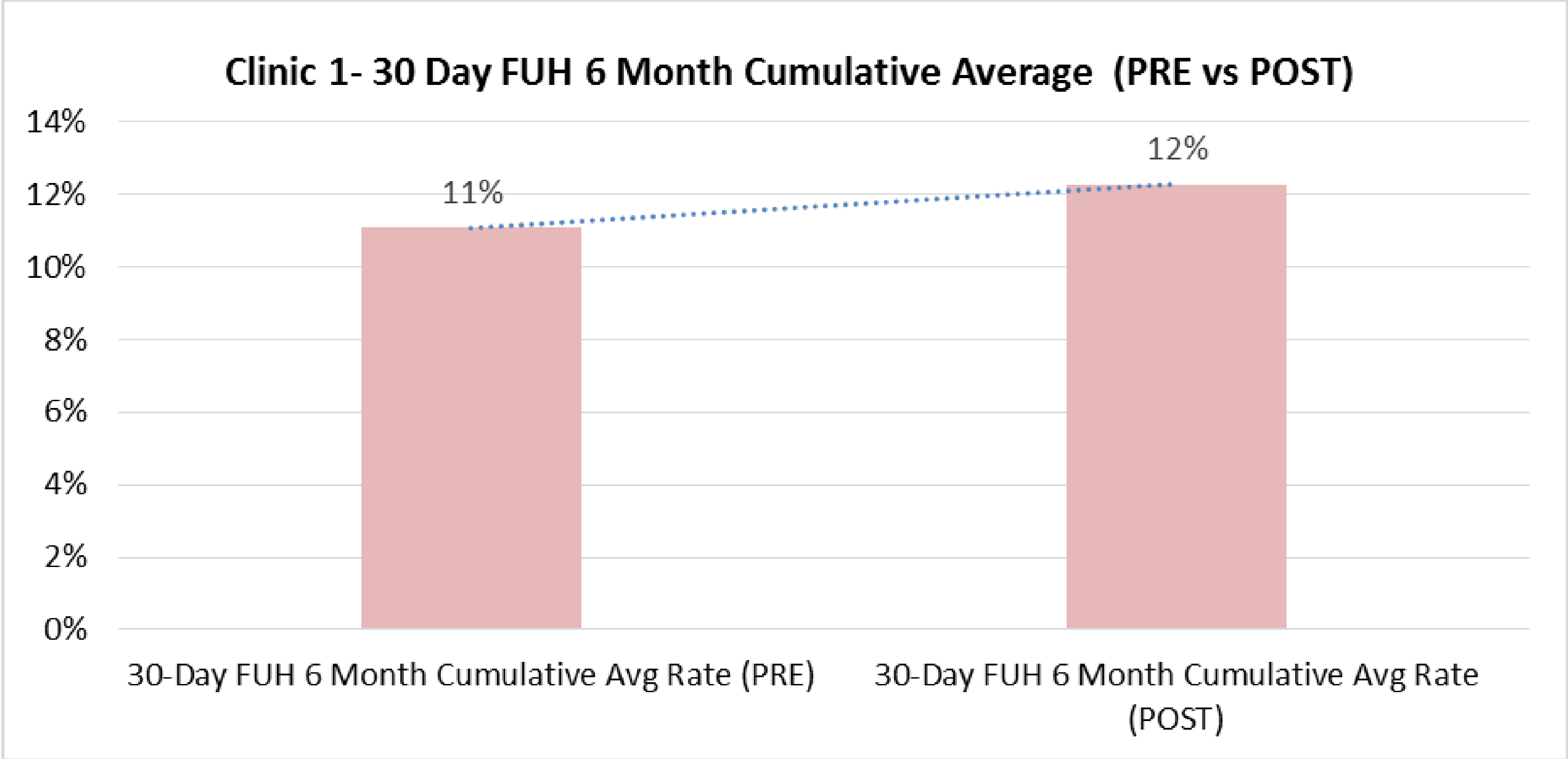
- Standardized project steps that were shaped throughout the course of the Alpha pilot

LAPTN L.A. Care Utilization Management (UM) Pilot Protocol

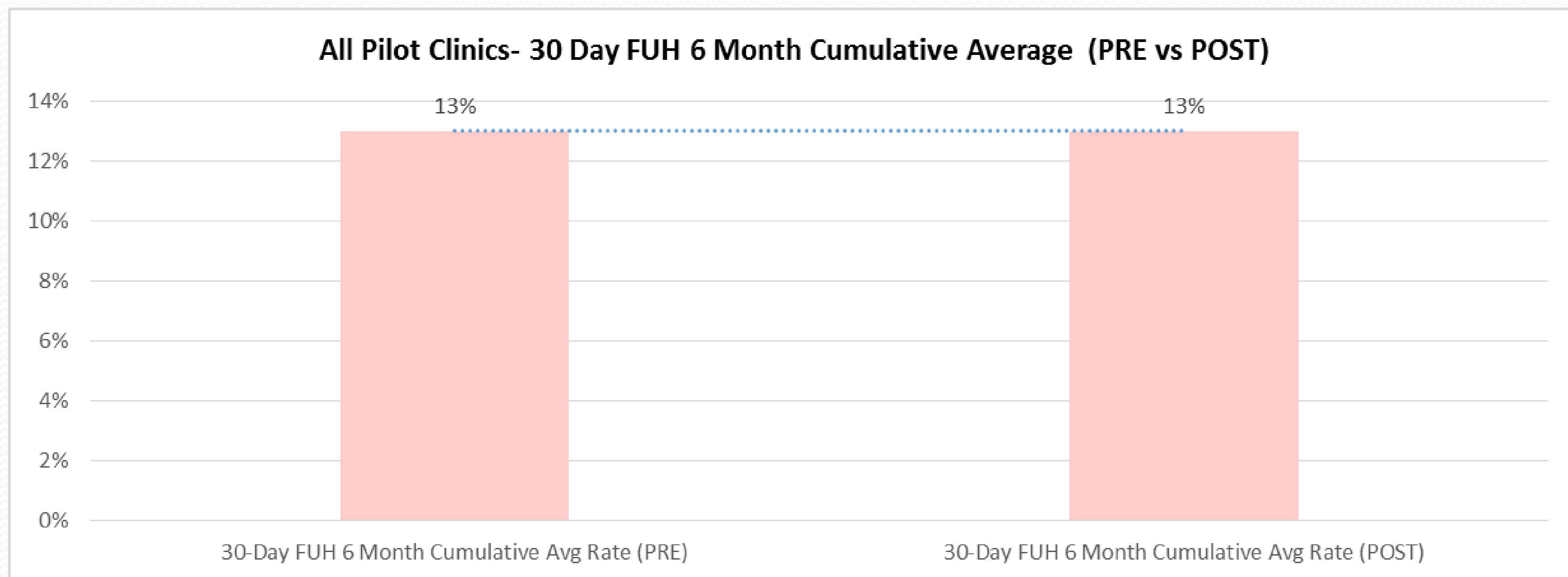
1. **External Entities Involved**
    a. L.A. Care Health Plan: Health Outcomes and Analytics Team
    b. Community Clinic Association of Los Angeles County (CCALAC): Los Angeles Practice Transformation Network (LAPTN) Project Manager, LAPTN Coaches
2. **Steps Prior to Dissemination of Data**
    a. Identify clinic contacts that will be participating in the pilot. At a minimum, they should include:
        i. A clinic representative (main contact).
        ii. An IT lead (working with L.A. Care representative for initial set up on how the clinic will receive the data).
        iii. (possibly) A separate staff member as the recipient of data, who is responsible for receiving and reviewing the data as it becomes available.
    b. Schedule an introductory phone conference and/or email between L.A. Care and clinic team. L.A. Care designee has a list of questions to ask the clinic contacts and they can be included in this email from LA Care. [i]
    c. Determine any software or technical tools used and needed for each activity to receive, send, and access the data. This can be conducted in a meeting with L.A. Care designee and the clinic IT staff representative either at the clinic or over the phone.
3. **Dissemination /Introduction of Data**
    a. There should be a clear and concise summary of what data is being shared. Utilize L.A. Care's Coversheet during this introduction to ensure all the details of the data are discussed. Allow for discussion on sources of data and method of patient/ encounter mapping.
    b. Schedule a kick-off meeting to introduce this data and begin developing a workflow or process on how the data will be evaluated and tracked. This is also the time to discuss the potential benefits of the data and how it can be addressing and closing a gap in UM.[ii] Is it to 30 day avoidable readmissions?

LAPTN

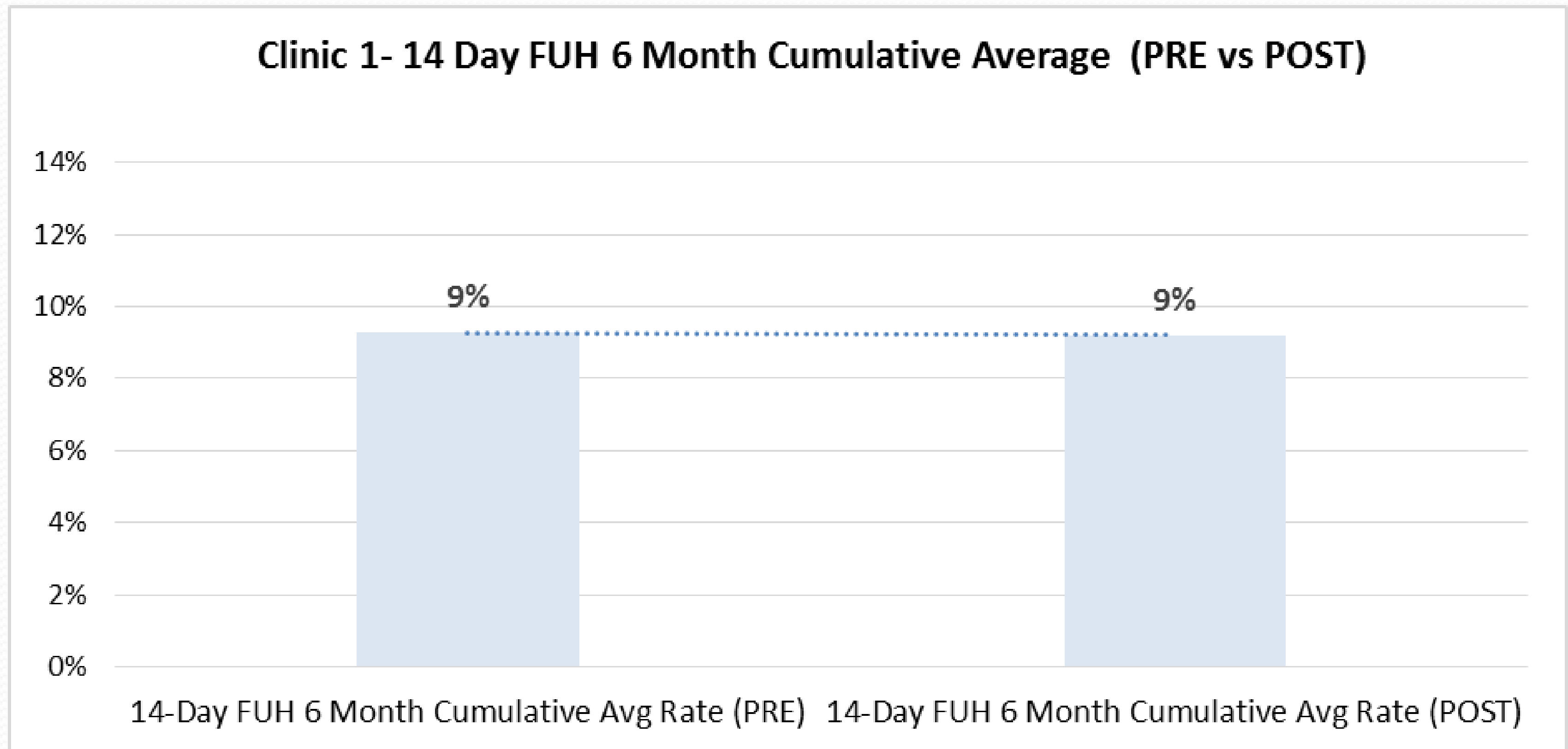
Pilot Clinic 1- Preliminary PRE vs POST Results



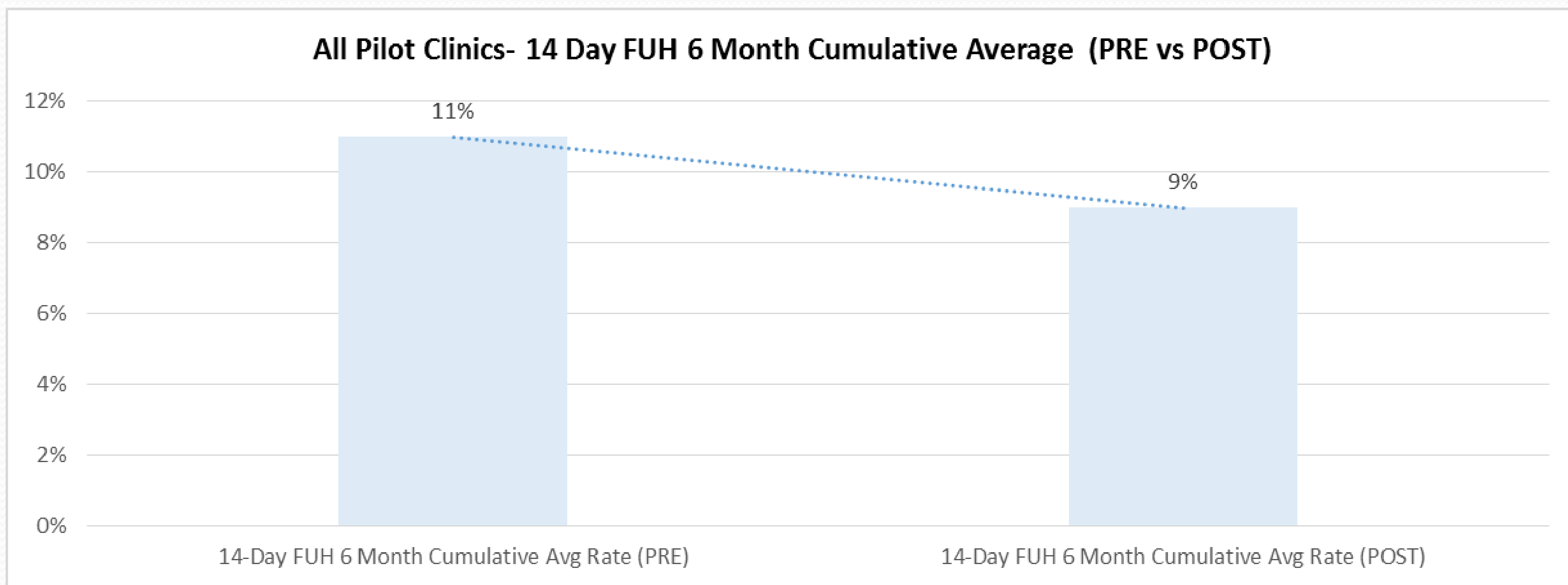
All Pilot Clinics -Preliminary PRE vs POST Results



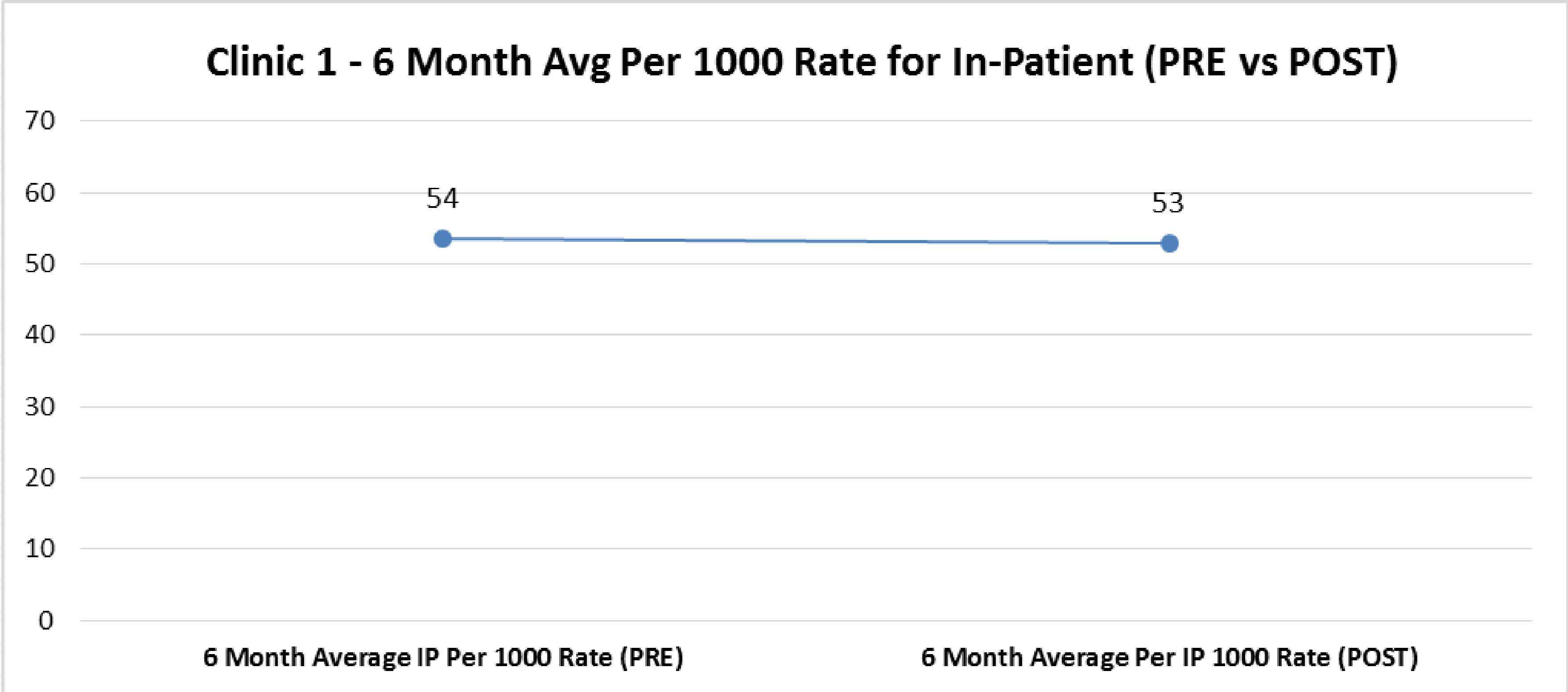
Pilot Clinic 1 (Preliminary PRE vs POST Results)



All Pilot Clinics-Preliminary PRE vs POST Results



Pilot Clinic 1- Preliminary PRE vs POST Results



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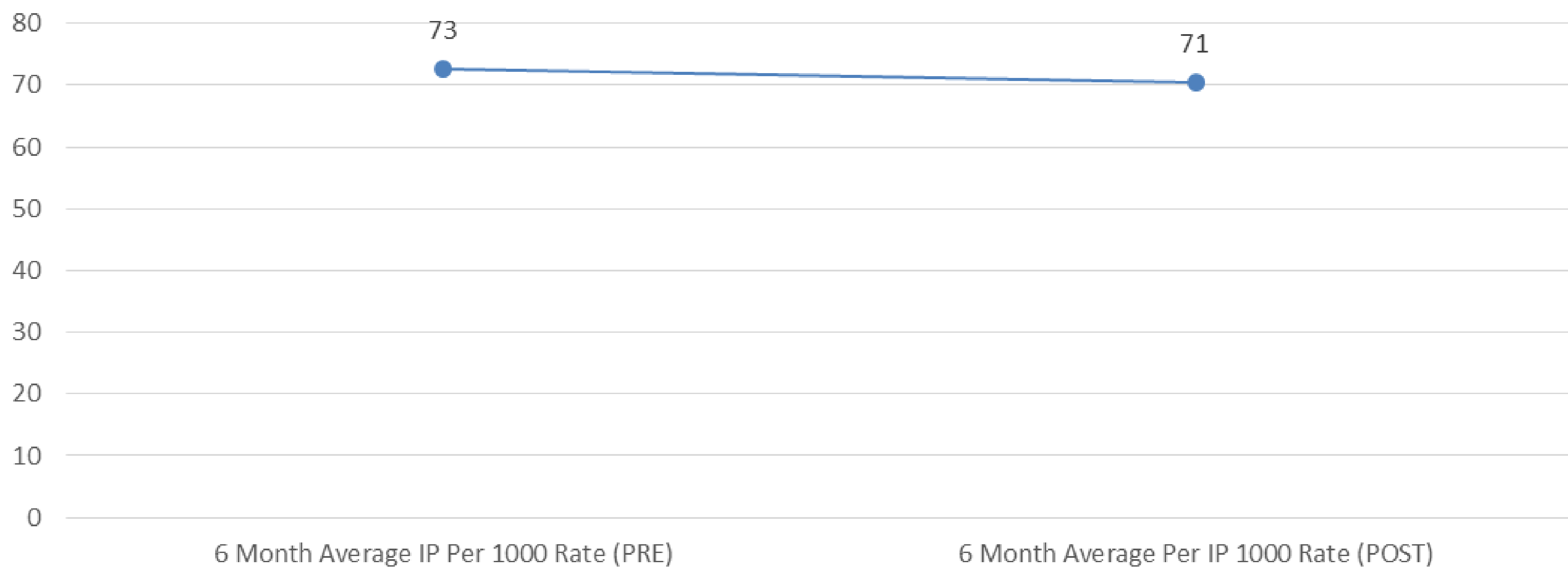

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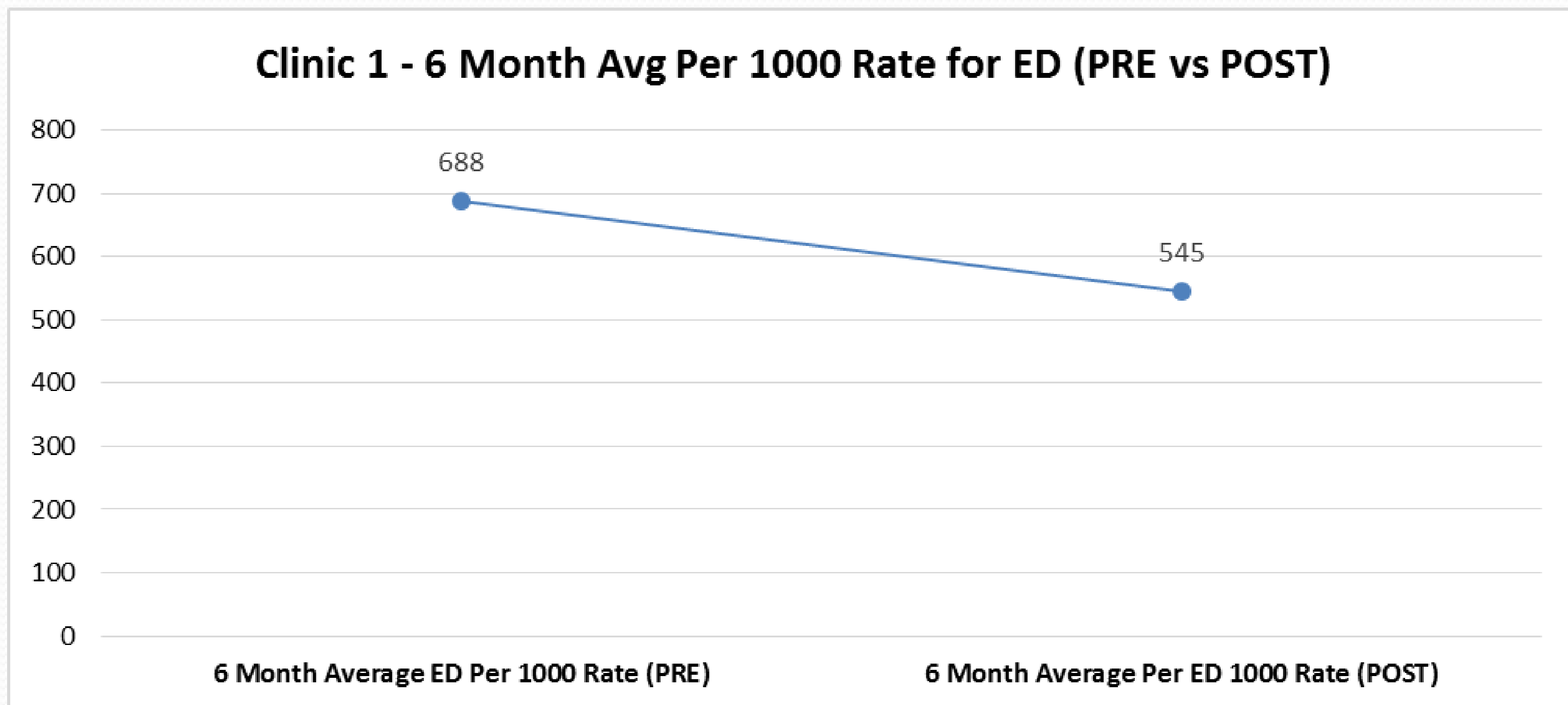

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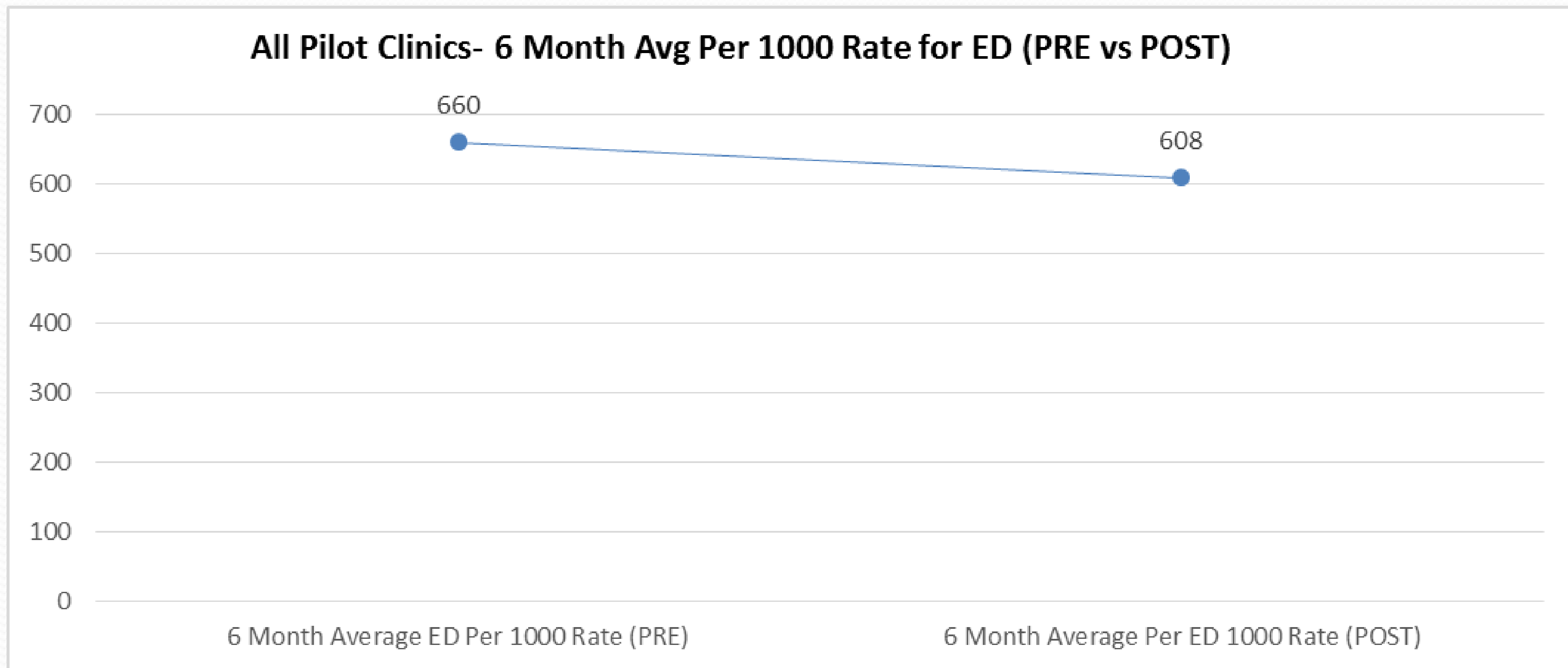

Harbor Community Clinic: Pilot Experience

- Oscar Arellano, Patient Navigator

Conclusion

- Overall, the early results from the pilot are optimistic
  - 8% reduction in ED (All cause all admissions) utilization – All pilot clinics combined and some promising results from individual clinics that participated in pilot
  - 3% reduction in Inpatient (All cause all admissions) utilization – All pilot clinics combined
- Continuing to monitor the results post pilot period to measure effectiveness of sharing timely utilization data
  - LAPTN facilitates weekly delivery of timely ED and IP notifications from 44 Hospitals to 23 Community Clinics and 9 DHS Facilities
- Limitations of Pilot
  - The eConnect ADT data is shared with the participating clinics on a weekly basis
  - The results are close approximations and a 3-month claims delay is taken into consideration

Acknowledgements

- We would like to thank Harbor Community Clinic for allowing their pilot participant to come onsite and share relevant findings with outside stakeholders

Questions?

Thank you!

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