MASSACHUSETTS
EMPLOYER
HEALTH COALITION

PARTNERING TO REDUCE UNNECESSARY EMERGENCY DEPARTMENT USE IN MASSACHUSETTS

Kickoff Breakfast Event
December 11, 2018

Coalition Co-Chairs

aim
ASSOCIATED INDUSTRIES OF MASSACHUSETTS

Massachusetts Taxpayers Foundation

Employer Members

ASM
Associated Subcontractors of Massachusetts

BOSTON MUNICIPAL RESEARCH BUREAU

MACCE
MASSACHUSETTS ASSOCIATION OF CHAMBER OF COMMERCE EXECUTIVES

MBA Massachusetts Bankers Association

MBR
MASSACHUSETTS BUSINESS ROUNDTABLE

MACP
MASSACHUSETTS COMPETITIVE PARTNERSHIP

MASSACHUSETTS HIGHTECHNOLOGYCOUNCIL
Dedicated to Growth... Committed to Action

MASS PACKAGE STORES ASSOCIATION INC.
Strength In Unity
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The MRA
Massachusetts Restaurant Association
Access • Influence • Protection

M·S·C·P·A
Massachusetts Society of CPAs®

NAIOP
COMMERCIAL REAL ESTATE DEVELOPMENT ASSOCIATION
MASSACHUSETTS

NFIB
The Voice of Small Business®

NEPONSET VALLEY
Chamber of Commerce
nvcc.com

North Shore Chamber of Commerce
The North Shore's Leading Business Organization

RAM THE VOICE OF RETAILING 100 YEARS
RETAILERS ASSOCIATION OF MASSACHUSETTS

South Shore Chamber of Commerce

connect commerce 2 springfield
Regional Chamber

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Strategic Partners

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MHA
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Health & Hospital
ASSOCIATION

MASSACHUSETTS
HEALTH POLICY COMMISSION

DAVID SELTZ
EXECUTIVE DIRECTOR
HEALTH POLICY COMMISSION

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Avoidable Emergency Department (ED) use presents a significant opportunity for savings

SUMMARY OF OPPORTUNITIES FOR SAVINGS

TARGET	SCENARIO	FIVE YEAR SAVINGS
I. Post-Acute Care (PAC)	Reduce all-payer discharges to institutional PAC to 15% without increasing home health use.	$1.37b
II. Hospital Readmissions	Reduce readmissions by 20% from the 2015 level by 2022.	$1.04b
III. Alternative Payment Methods (APMs)	Increase use of APMs in HMOs to 68% by 2022 (93% in large providers, and 36% for other providers), and to 40% by 2022 for PPO plans.	$494.6m
IV. Community Appropriate Inpatient Care	Gradually shift 25% of commercial and Medicare community appropriate care from teaching hospitals to community hospitals.	$211.4m
V. Avoidable Emergency Department (ED) Use	Redirect 20% of primary care treatable visits to a primary care setting; redirect 33% of non-emergent ED visits to a lower-cost setting; and eliminate another 33% of non-emergent ED visits.	$351.7m
VI. Prescription Drugs	Limit growth of prescription drug prices to 1.55%.	$230.5m
VII. Hospital Outpatient Care	Reimburse select outpatient procedures at a site-neutral rate, starting in 2018.	$1.06b
TOTAL		**$4.76 billion (~2.1% THCE)**
Commercial Savings		*$2.55b*

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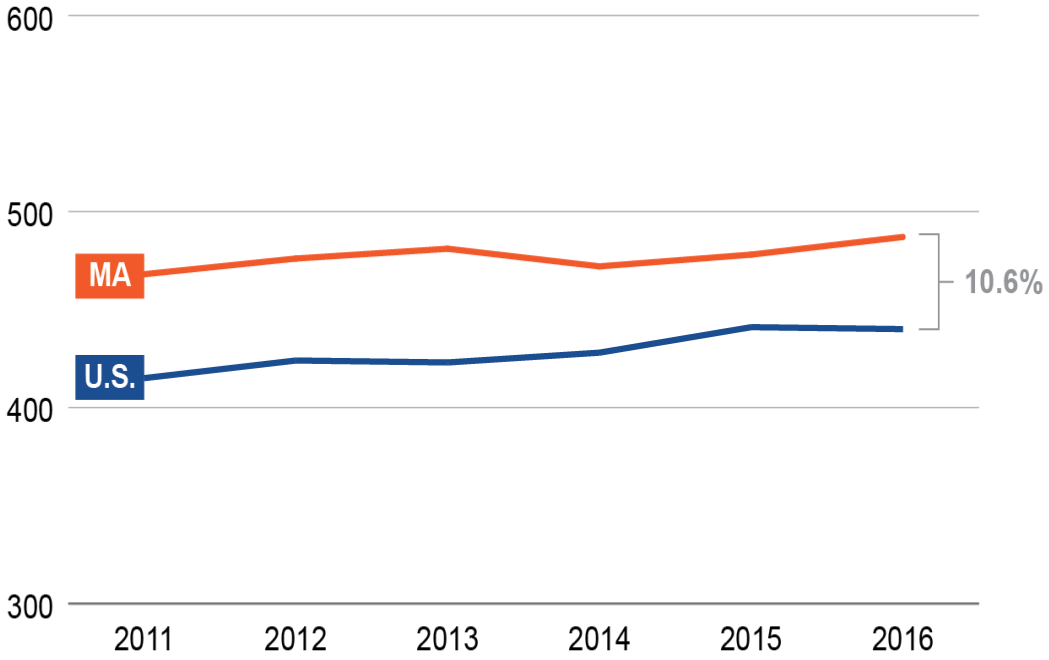
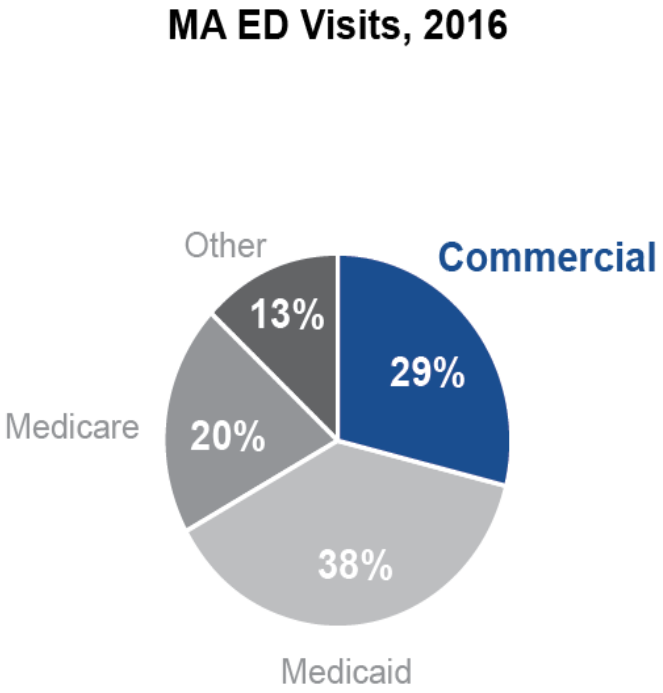
MA residents have a 10.6% higher rate of ED utilization than the U.S., with a diverging trend; commercially insured account for 30% of ED visits





Rate of Hospital Emergency Department Visits per 1,000 Population, 2016

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Sources: Kaiser Family Foundation, https://www.kff.org/. Accessed December, 2018.

The HPC and other researchers examine a number of data sources to understand ED utilization and cost

Discharge Data	Claims Data	Survey Data
• Emergency department discharge data from MA acute care hospitals, collected annually by CHIA	• Claims data for all Massachusetts residents covered by the top-3 commercial health plans	• Survey data of Massachusetts residents on health care access, affordability, and use
• **Advantages:** Contains standardized reporting by all MA hospitals of patient characteristics and ED utilization on an all-payer basis	• **Advantages:** Contains detailed claim level information, including actual prices paid and patient out-of-pocket spending	• **Advantages:** Contains information on the actual experience of the health care system as reported by MA residents
• **Challenges:** Does not contain reliable price information; clinical information is limited to diagnostic codes and may only be examined retrospectively	• **Challenges:** HPC only examines top-3 commercial plans; claims adjudication necessitates a time delay on annual release	• **Challenges**: Collected every two years through a limited set of survey questions; relies on self-reported perception of appropriate utilization

This presentation includes <u>new</u> analyses of the survey data, focusing only on patients with employer-sponsored insurance.

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Sources: CHIA Acute Case-Mix Database, Emergency Department Discharges 2016, Massachusetts All-Payer Claims Database 2015, Massachusetts Health Insurance Survey 2017

Given the challenge in defining and measuring potentially avoidable ED visits, the Coalition plans to establish a *Data and Measurement Workgroup*

Billings Algorithm: Categorizing Avoidable ED Visits
In past reports, the HPC has utilized the Billings algorithm to examine diagnosis codes in the ED Discharge Database and assign probabilities to the likelihood that those visits are:

- **Non-emergent**: No need for immediate care
- **Emergent, but Primary Care Treatable:** A same day appointment in an urgent care or physician's office would have been an appropriate source of care

Limitations: This method has known limitations and should be interpreted carefully. It retrospectively categorizes visits and may not reflect all the clinical factors, patient characteristics, and other considerations for care received in the ED.

The Coalition intends to establish a ***Data and Measurement Workgroup*** in 2019 to continue to improve definitions and establish common methods for tracking the state's progress in reducing potentially avoidable ED use.

Massachusetts can and should be a leader on how to measure, track, and talk about potentially avoidable ED use in a better and more effective way.

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Notes: For more on the Billings algorithm see: Johnston, KJ, Allen, L, Melanson, TA, and Pitts, SR "A "Patch" to the NYU Emergency Department Visit Algorithm", Health Services Research, Vol 52, Iss. 4, August 2017 & https://wagner.nyu.edu/faculty/billings/nyued-background

Massachusetts employees and families report significant use of the ED for non-emergency situations

Survey Data

1 in 3

recent ED-visits were for a non-emergency condition according to respondents

71.6%

of recent non-emergency ED visits were for care needed outside of normal operating hours at the doctor's office

62.3%

of recent non-emergency ED visits were because the respondent was unable to get a doctor's appointment as soon as needed

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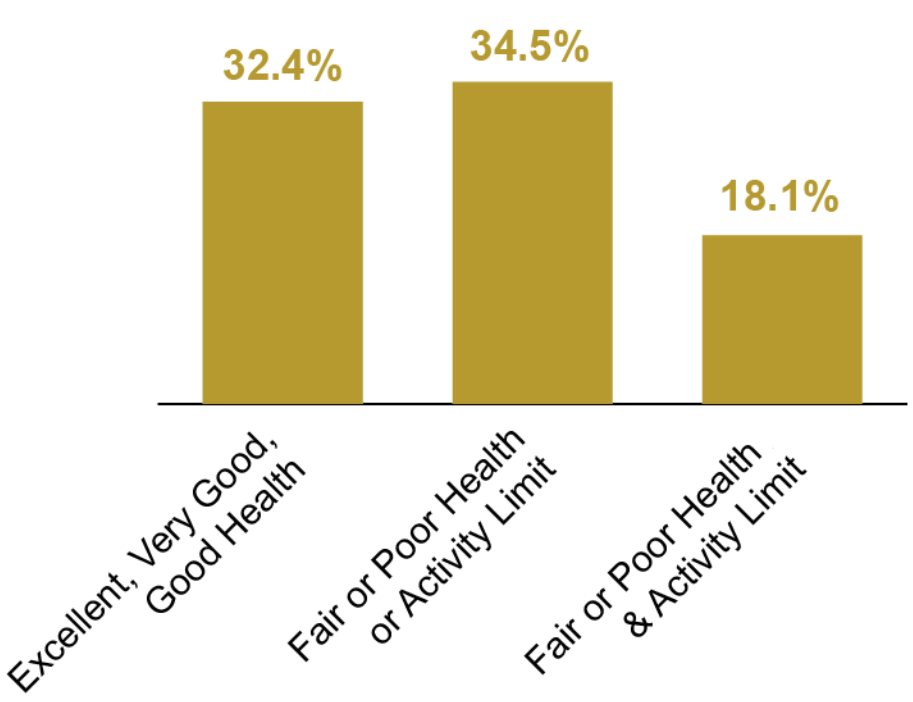
Notes: A non-emergency condition is one that the respondent thought could have been treated by a regular doctor if one had been available.
Source: 2017 Massachusetts Health Insurance Survey; Kaiser Family Foundation

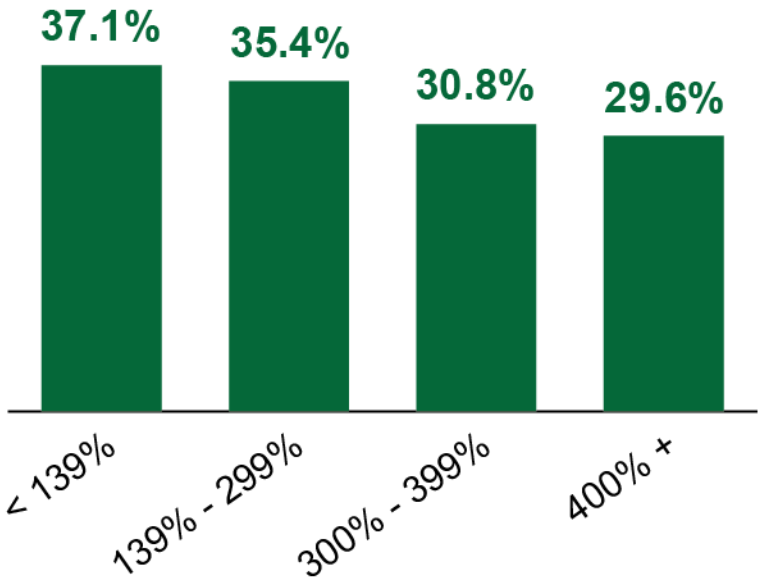
MA employees and families who had a non-emergency ED visit span a range of reported health status and income level categories

Survey Data

Emergency Department Use for Non-Emergent Visits Among MA Individuals with ESI by Healthy/Disability Status, 2017



Emergency Department Use for Non-Emergent Visits Among MA Individuals with ESI by Income, 2017



Sources: 2017 Massachusetts Health Insurance Survey

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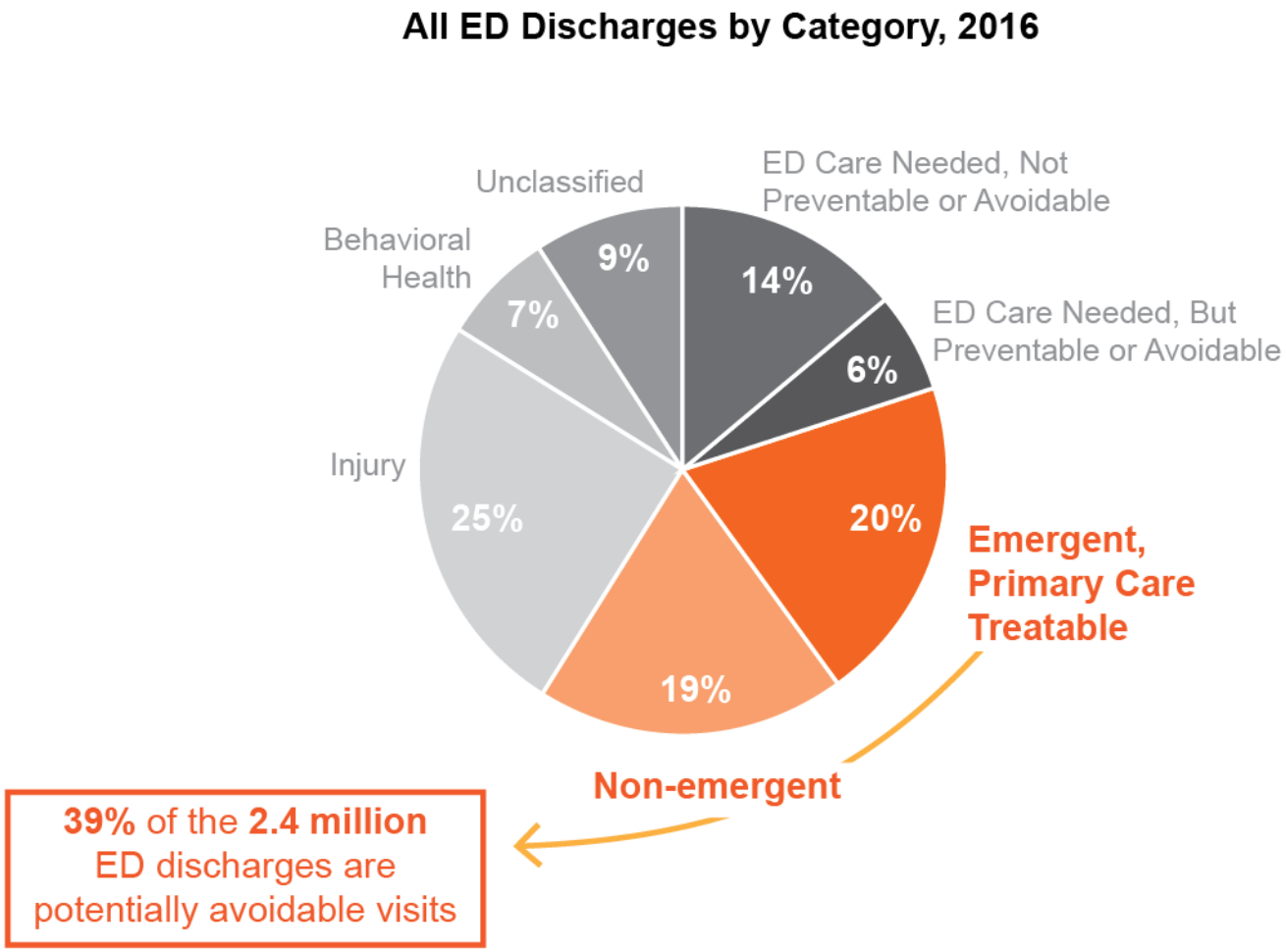
Nearly 1 million ED visits were categorized as potentially avoidable in 2016

Discharge Data



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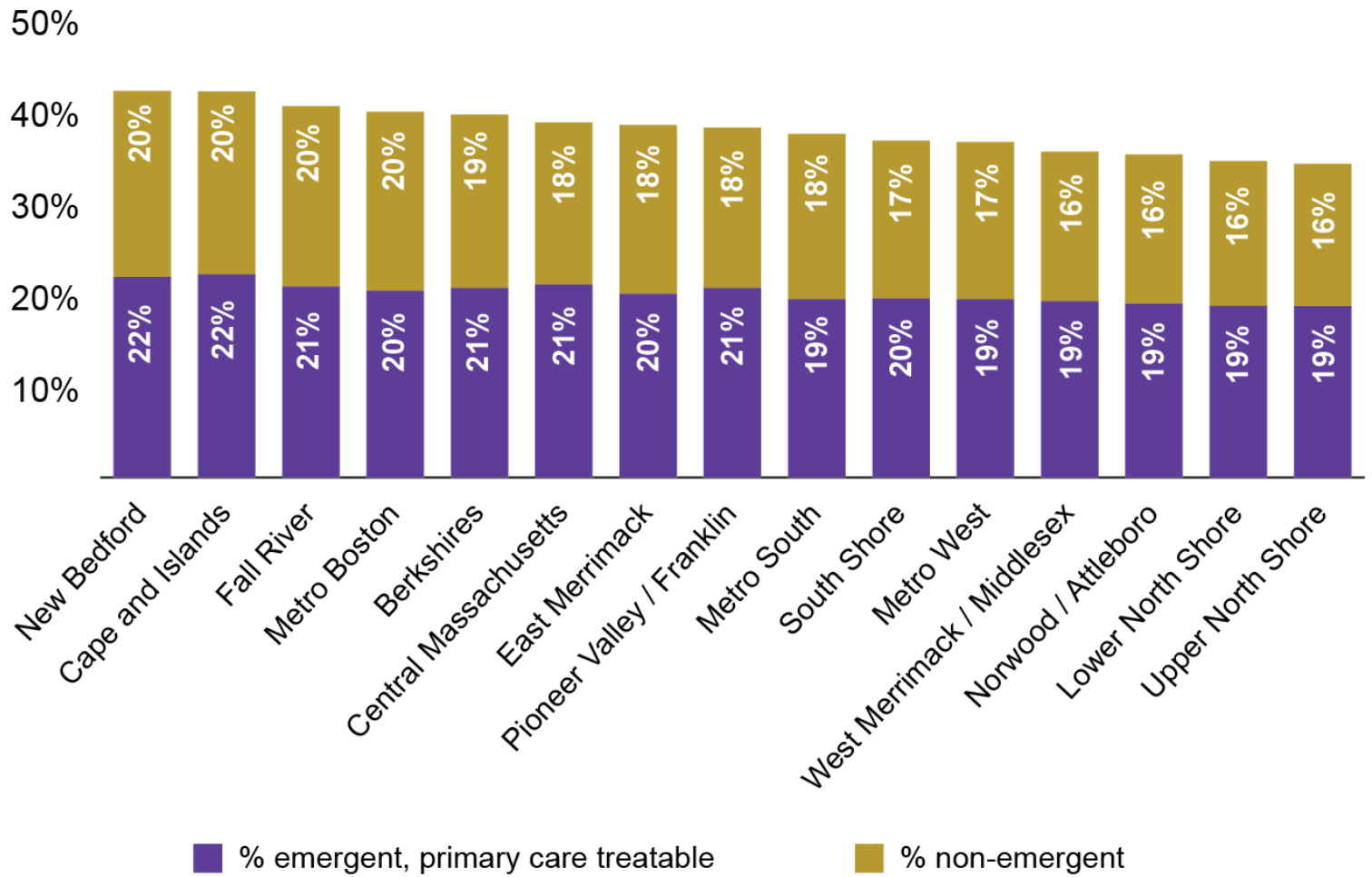
Notes: Johnston, KJ, Allen, L, Melanson, TA, and Pitts, SR "A "Patch" to the NYU Emergency Department Visit Algorithm", Health Services Research, Vol 52, Iss. 4, August 2017
Sources: CHIA Acute Case-Mix Database Emergency Department Discharges, 2016

The rate of potentially avoidable ED visits varies somewhat by region, but the opportunity for savings exists across the Commonwealth

Discharge Data



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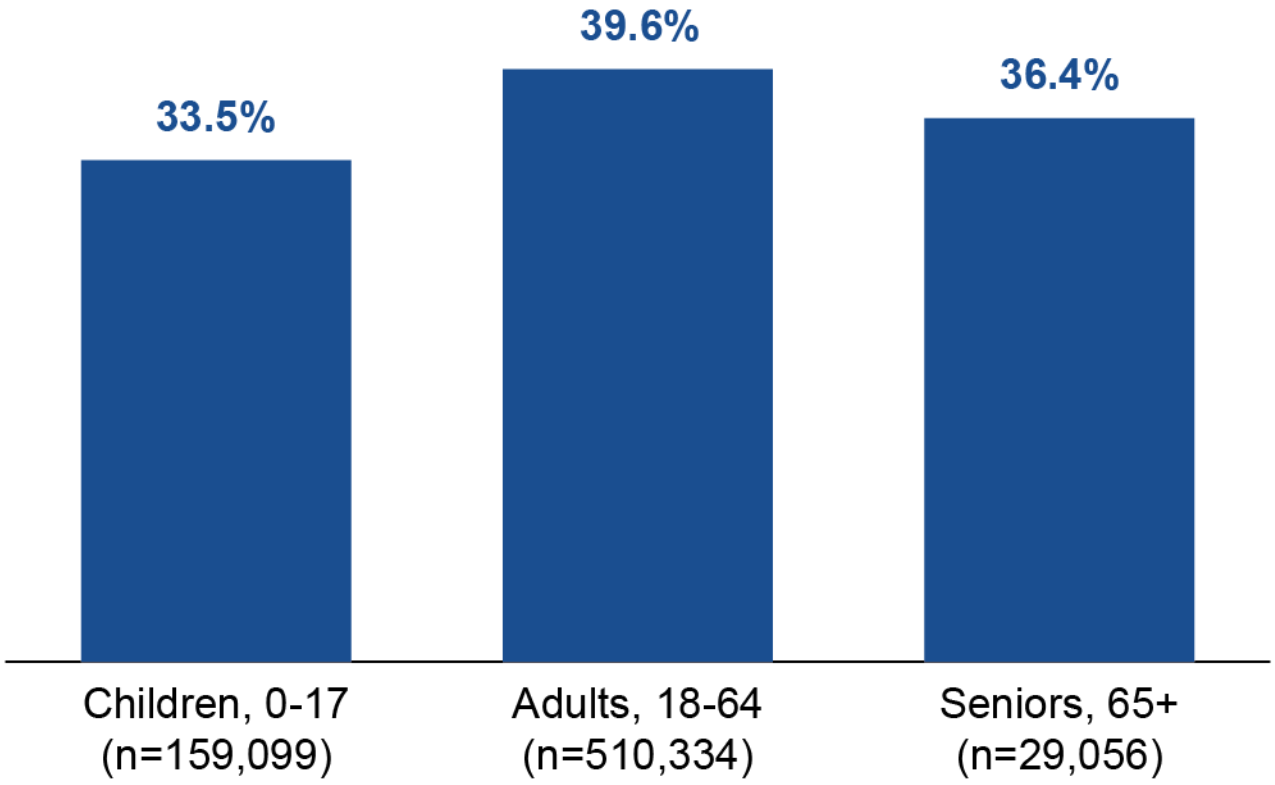
Notes: Restricted to commercial discharges only.

Sources: CHIA Acute Case-Mix Database, Emergency Department Discharges 2016

The opportunity also spans age groups, with 40% of commercially insured adult visits to the ED and 34% of children's visits categorized as potentially avoidable

Discharge Data



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Source: CHIA Acute Case-Mix Database Emergency Department Discharges, 2016

Among commercially insured children, there are a number of common, low-acuity conditions that are categorized as potentially avoidable

Discharge Data

Most Frequent Non-Emergent Conditions in Children

- Hives
- Neck pain
- Stomach Flu
- Ear pain
- Torticollis (often in newborns)
- Teeth disorders
- Ear infection without rupture
- Pain in left or right hip

Most Frequent Emergent, Primary Care Treatable Conditions in Children

- Acute URI (often common cold)
- Acute bronchitis
- Fussy infant
- Acute nasopharyngitis (cold)
- Ocular pain
- Excessive crying of infant

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Notes: Restricted to commercial discharges only.
Sources: CHIA Acute Case-Mix Database, Emergency Department Discharges 2016

Among commercially insured adults, there are a number of common, low-acuity conditions that are categorized as potentially avoidable

Discharge Data

Most Frequent Non-Emergent Conditions in Adults

- Neck pain
- Teeth disorders
- Hives
- Pinched nerve in the neck
- Anesthesia of skin
- Sciatica/pinched nerve
- Sinus infection (acute sinusitis)
- Pins and needles sensations

Most Frequent Emergent, Primary Care Treatable Conditions in Adults

- Acute URI (often common cold)
- Acute bronchitis
- Eye pain

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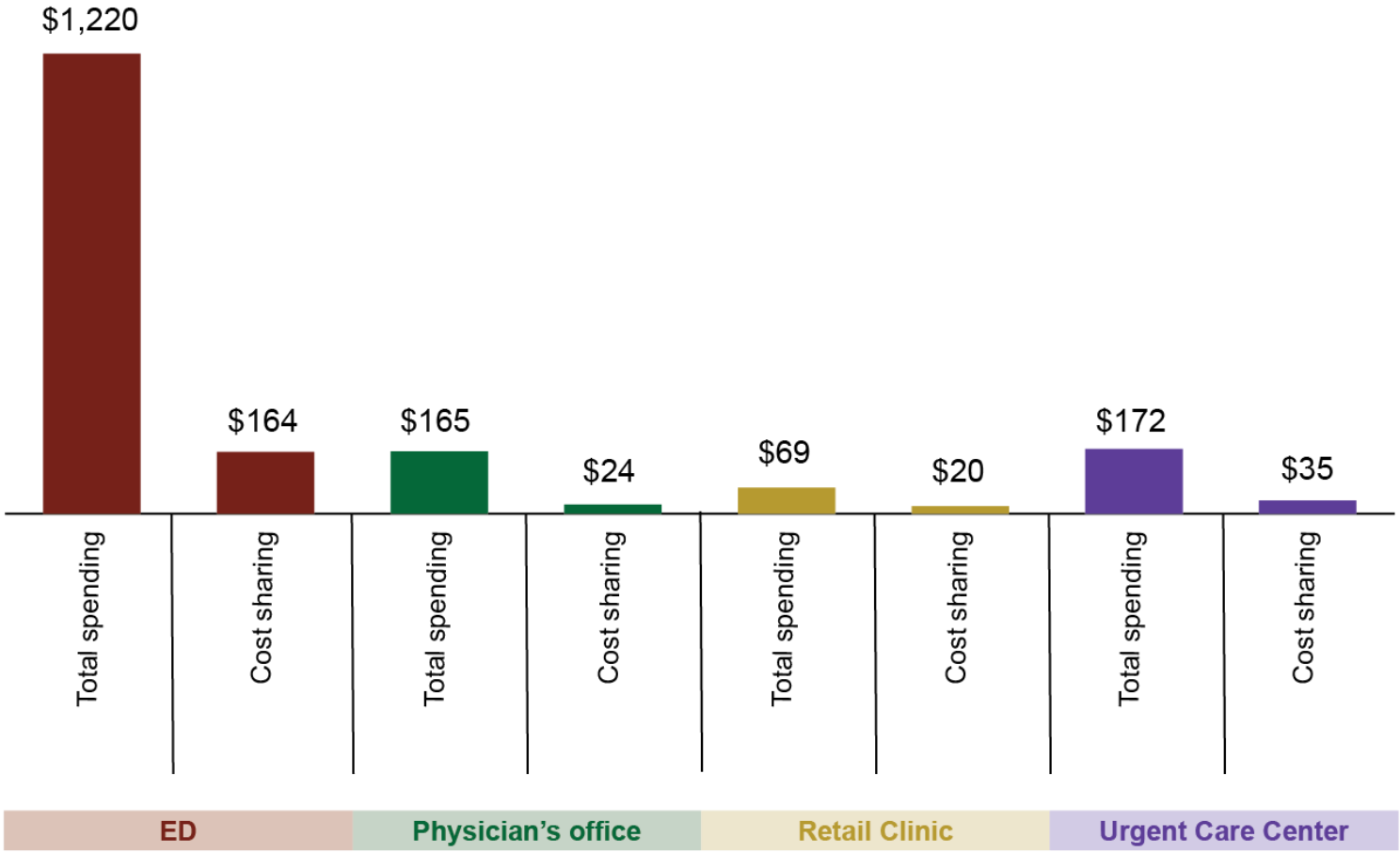
Notes: Restricted to commercial discharges only.
Sources: CHIA Acute Case-Mix Database, Emergency Department Discharges 2016

The cost of an ED visit can be 5-6 times more than other care settings, with similarly higher patient cost sharing

Claims Data



Average total spending and cost sharing per visit, all conditions, 2015

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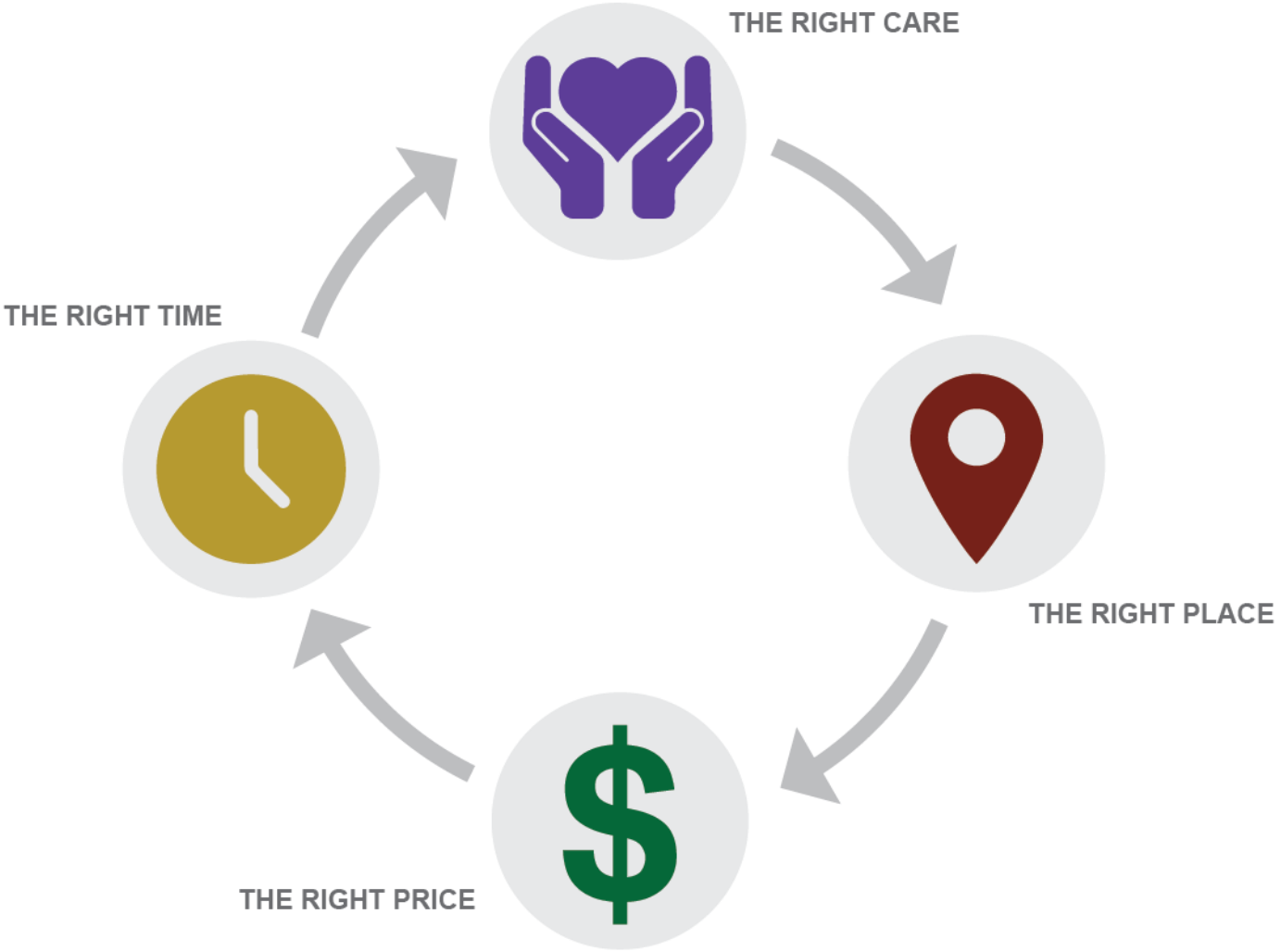
Notes: Low acuity visits are defined using the Medi-Cal avoidable ED methodology (see HPC Data Point #8 for more detail). Includes facility fees.
Sources: HPC analysis of All-Payer Claims Database, 2015; ; HPC DataPoints Issue #8: Urgent Care Centers and Retail Clinics (August 9, 2018)

The Coalition's Vision for Achieving Avoidable ED Savings: Right Care 4 You



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The Coalition is focused on four strategies for coordinated action

EMPLOYEE ENGAGEMENT

CONVENE THE EMPLOYER COMMUNITY TO FIND SOLUTIONS

DATA

INVESTIGATE, ANALYZE, AND REPORT TRENDS AND INSIGHTS

MULTI-SECTOR COLLABORATION

ENGAGE WITH OTHER INDUSTRIES TO ACHIEVE MUTUAL GOALS

POLICY ADVOCACY

TARGETED POLICY REFORMS

MASSACHUSETTS EMPLOYER HEALTH COALITION

Improving the Appropriateness of Emergency Department Use:

St. Louis Experience

Presented to the
Massachusetts Employer Health Coalition

December 11, 2018

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St. Louis Area bhc BUSINESS HEALTH COALITION
employer partners in healthcare

Today's Objectives

1. Introduce the St. Louis Area Business Health Coalition and the Midwest Health Initiative.

2. Explain the rationale for addressing emergency department overuse through a multi-stakeholder collaborative.

3. Share challenges, learnings, and early results.

St. Louis Business Health Coalition

Founded in **1982** by STL's leading employers to:

Mission:
To support employer efforts to improve the well-being of their enrollees and enhance the quality and overall value of their investments in health benefits.

- ✓ Be **solely** focused on health care and **independent** of its financial interest
- ✓ Bring the **purchaser voice** to health care conversations, locally and nationally
- ✓ Monitor and report trends on the region's health care **the quality and financial performance**

BHC Members

Employers:

AAF International
Aegion Corporation
Ameren Corporation
Anheuser-Busch Companies, LLC
Arch Coal, Inc.
TheBANK of Edwardsville
Barry-Wehmiller Companies, Inc.
Bass Pro Shops, Inc.
Bayer-Crop Sciences
Bi-State Development/Metro
The Boeing Company
Bunzl Distribution USA, Inc.
Caleres
Charter Communications
City of St. Louis
Concordia Plan Services
Cushman & Wakefield
Daikin Applied Americas, Inc.
Diocese of Springfield in Illinois
The Doe Run Company
Drury Hotels Company, LLC
Edward Jones
Emerson
Emmaus Homes
ESCO Technologies Inc.
Ferguson-Florissant School Dist.
Francis Howell School District
Global Brass and Copper, Inc.
Graybar Electric Company, Inc.
Laird Technologies, Inc.
Maines Paper & Food Service, Inc.
McCarthy Holdings Inc.
MilliporeSigma
Mississippi Lime Company
North American Lighting, Inc.
Northwest R-I School District
Olin Corporation
Panera, LLC
Parkway School District
Peabody Energy
Rockwood School District
Saint Louis County
Saint Louis Public Schools
Schnuck Markets, Inc.
Shelter Insurance
Spire, Inc.
Sulzer US Holding, Inc.
Sunnen Products Company
Tucson Electric Power
UniGroup, Inc.
Watlow
WestRock Co.
World Wide Technology, Inc

Sustaining Members:

Aon Hewitt
Lockton Companies, LLC
Mercer
Willis Towers Watson

Health Care HR Partners:

Centene Corporation
Express Scripts, Inc.
Lutheran Senior Services
Mallinckrodt Pharmaceuticals
PPR Talent Management Group
Saint Louis University
University of Missouri

Midwest Health Initiative

Mission: Bring together those that provide, pay for and use health care to improve health and the quality and affordability of care.

Founded by employer and health plan leaders in 2010. Governed by a multi-stakeholder board.

Designed to be distinct and complementary non-profit to the BHC.

Steward of an all-commercial payer claim dataset representing 1.6 million lives from Missouri and bordering MSA

Supports collaborative improvement efforts:

- ✓ Partnership for Healthier Babies,
- ✓ St. Louis Community Scorecard of Health Statistics
- ✓ LiveWellSTL.org
- ✓ ChooseWellSTL.org

Member of the Network for Regional Healthcare Improvement (NRHI.org). Served as a Total Cost of Care Measurement and Reporting Pilot site.

The Midwest Health Initiative (MHI)

Vision:

A region that consistently leads the nation in health, care quality and affordability.

Foundational Beliefs:

1. High health care cost and system underperformance unduly burden individuals, families, businesses and government.
2. No one entity alone has the responsibility or ability to heal our health care system. Progress will only be achieved with active engagement and collaboration across diverse interests.
3. Long-term community interests must come first.
4. Transparency is the foundation of accountability.

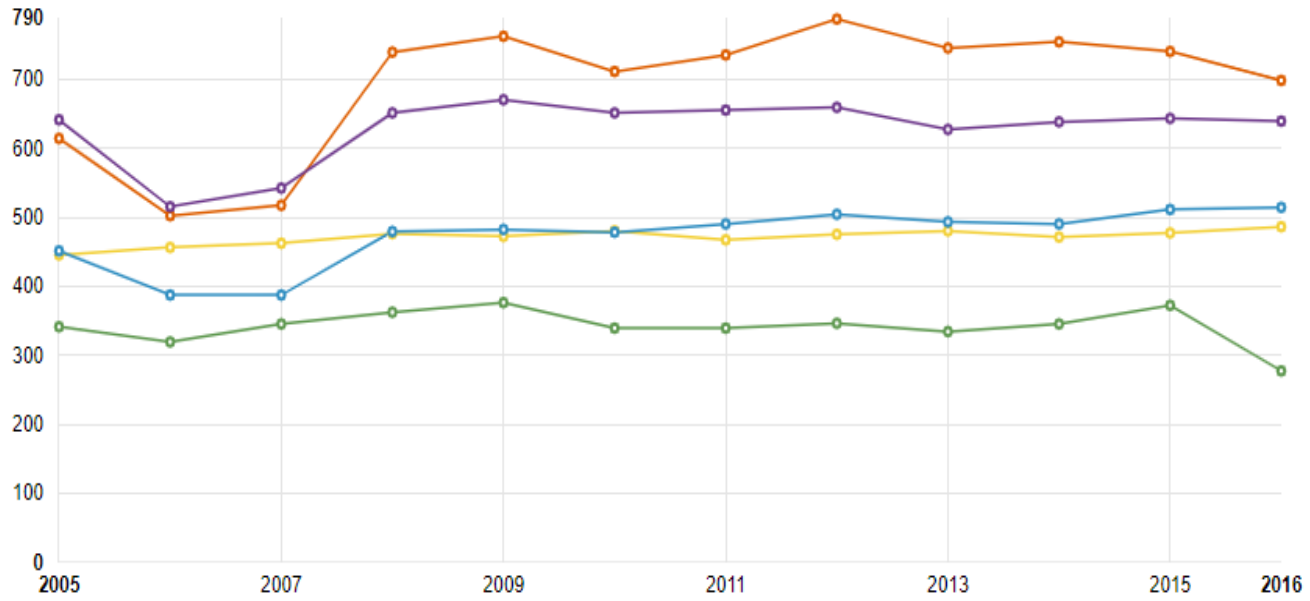
Also a belief that…

Regions that lead in achieving high value health care will have the edge in attracting and maintaining jobs and sustaining a vibrant economy and quality of life.

Game On?

ED Visits per 1,000 people
St. Louis Stands Out

The U.S. Average in 2016 was 440 visits per 1,000 people

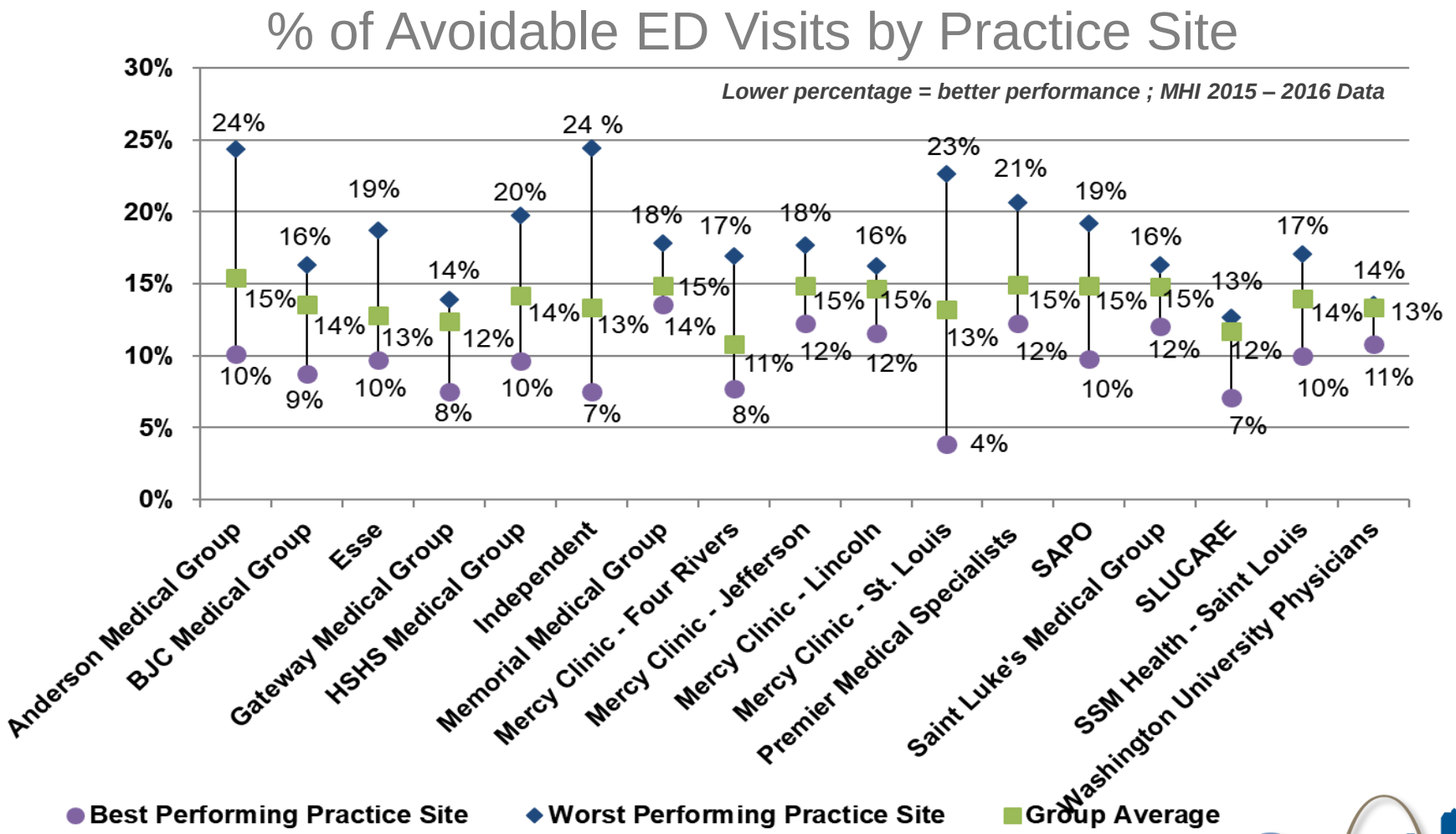


1. District of Columbia
2. West Virginia
10. Missouri
20. Massachusetts
52. Washington

Kaiser Family Foundation (kkf.org): Hospital

ED visits are expensive. BHC found it cost 8 x more to treat an URI in an ED than in a PCP setting and 5x more than Urgent Care.

Opportunity was Widespread



Avoidable Visits Concentrated in a Few Conditions

5 conditions accounted for ***93%*** of Avoidable Use in

1. Respiratory infections: $3.7M
2. UTI: $3.6M
3. Back pain: $2.6M
4. Headache: $2.3M
5. Ear conditions: $0.7M

... the conditions seem amenable to intervention

MHI Dataset for July 2016 – June 2017, STL MSA, ages 1-64
MHI Used a Conservative Measure to Define Avoidable ED Visits, developed for California Medicaid and publically available

Strong Shared Interest

1. Aid patients and clinicians in finding better solutions for acute and chronic care needs
2. Reduce overutilization and duplication of services, e.g. wasteful spending
3. Support stronger Primary Care relationships
4. Support patients in understanding smarter spending
5. Understand the difference in the various avoidable ED visit measures
6. Understand your population's rates and trends
7. Work collaboratively, on behalf of community
8. Deter free-standing emergency room providers from coming to Missouri
9. Perform better under risk payment models
10. Reduce "leakage"

The Question

Can like-minded organizations achieve meaningful impact, by aligning actions toward a single focus, ***even when using a different mix of levers?***

Employers may not be able to do the same thing. ***But, they can each do something.***

Aligned Actions

Learn Together, Know Your Numbers

- ✓ Define Problem
- ✓ Share Data
- ✓ Review Measure Definitions
- ✓ Share Best Practices

Understand Access

- ✓ Know Where to Go for Care
- ✓ Empower Office Staff
- ✓ Telemedicine
- ✓ Leverage Worksite Clinics

Engage Providers

- ✓ ACO Contracts
- ✓ Inclusion in P4P or Quality Bonus
- ✓ Ask for their Help: Have a Conversation with the Patient/Offer a Action Plan

Engage Employees

- ✓ CDHP; Copays ($150 or more);
- ✓ Potential Harms & $$$ Importance of PCP
- ✓ Ask for an Action Plan (rescue kit)
- ✓ Concierge Service

Process and Major Deliverables

1.	ED Trends Analysis and Reporting
2.	Letter of appreciation to every PCP with an “ask” to have a conversation
3.	Medical Group Reporting on ED Visits/1,000 and % Avoidable
4.	Employer Toolkit with Communication Materials
5.	Provider Toolkit
6.	Community Outreach via Reports, Newspaper Stories, Social Media, Medical Society

Process

6 meetings
10 months
44 active partners

Implementing

9 months

Reunion

December, 2018

Where to Go for Care?

Primary Care Physician

Start by contacting your primary care physician. He/She knows you and your health history.

1. Runny nose
2. Fever/cold/sore throat
3. Sore throat
4. Allergies
5. Earaches
6. Rashes and insect bites
7. Urinary discomfort
8. Checkups/vaccinations
9. Preventative care

Convenient Care

Convenient care is there for you when you can't get in to see your PCP. Can usually be found in drug stores, such as Walgreens or CVS.

1. Runny nose
2. Fever/flu/cold
3. Sore throat
4. Allergies
5. Earaches
6. Rashes and insect bites
7. Urinary discomfort
8. Minor cuts and wounds

Urgent Care

Urgent cares are prepared to handle conditions seen at convenient care centers and more.

1. Allergic reactions
2. Sprains and strains
3. Minor bone breakages (no bone penetration)
4. Minor burns
5. Mild skin conditions
6. Minor head trauma
7. X-rays

Emergency Department

The Emergency Department is the place for serious or life-threatening health situations.

1. Trouble breathing
2. Severe allergic reactions
3. Uncontrolled bleeding
4. Chest pains
5. Poisoning or drug overdose
6. Severe burns
7. Broken bones (bone is visible)
8. Severe pain
9. Serious injury
10. Sudden vision impairment

To find more information and examples of these facilities, visit the links below:

Mercy – https://www.mercy.net/content/dam/mercy/en/pdf/MRC_32638_When-to-go-Where_Urgent-Convenient-ER_Guide.pdf

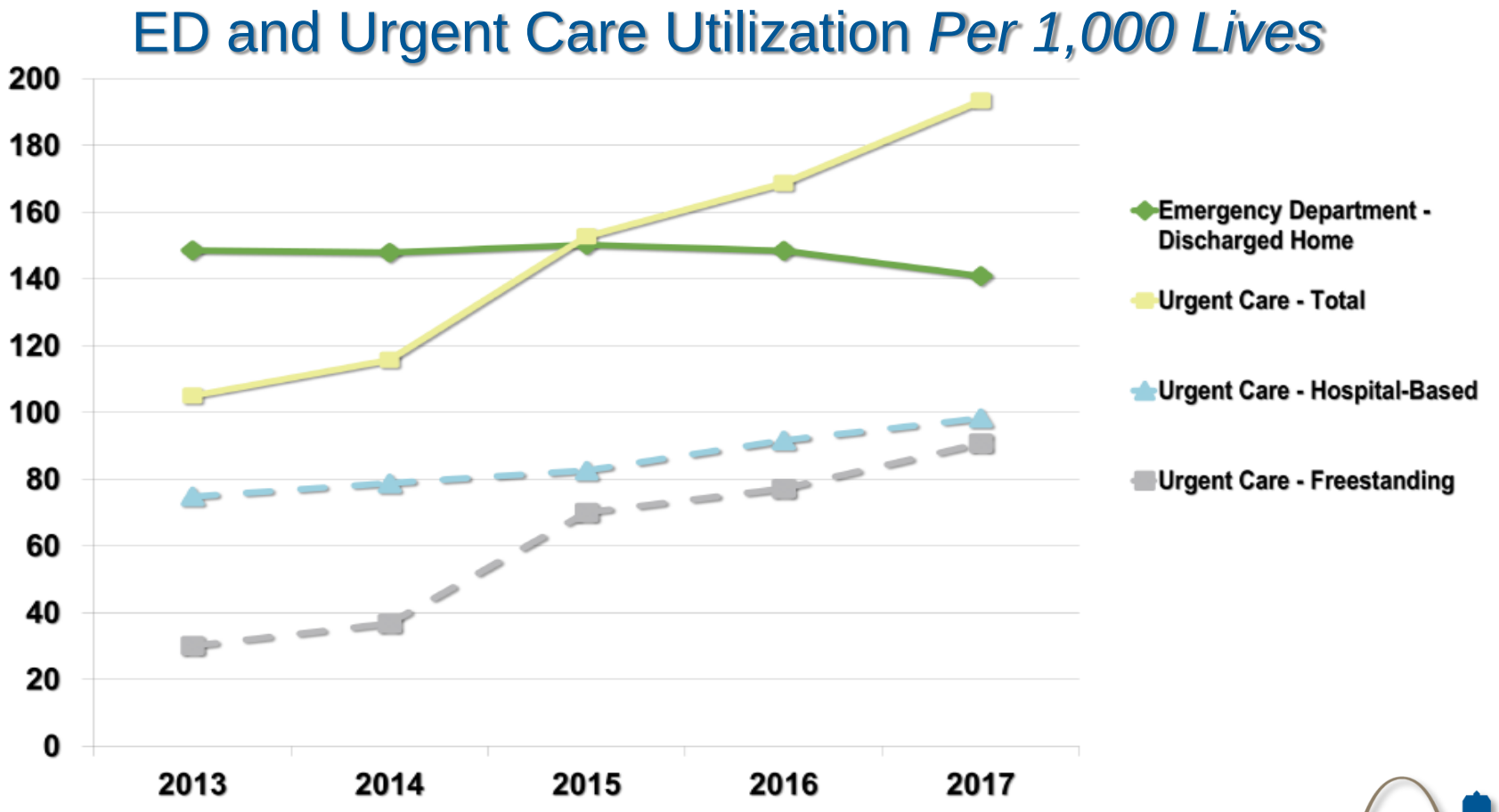
UnitedHealthcare – https://www.uhc.com/checkchoosego

WHEN TO CALL 911?

When you are experiencing severe bleeding, chest pains, vision impairment or stroke like symptoms. Do not drive in these situations, wait for an ambulance and emergency responders.

Early Results

Trend Down about 5 Percent by End of 2017



Challenges

1. Incentives may be mixed or uncertain based on population served (Medicare vs commercial)
2. Reducing avoidable ED became “Political”
3. Multiple measures (list of diagnoses) are used to define avoidable visits
4. “Urgent care” comes in many varieties
5. Garnering interest in co-developing action plans for top conditions

What We Learned

1. ED Use is a particularly good focus area for community engagement.

2. Diverse stakeholders appreciate collaborating as a community. Many appreciate the urgent need to remove wasteful spending.

3. It's a journey. Many layers of influence, sustained focus needed.

4. Employers' voice is important to the conversation and appreciated.

5. Fewer practice sites than expected use scripts and many had not educated front desk staff on the importance of their role.

6. Telemedicine use is finally trending up, use still emerging.

7. Consumers seem to be transforming the delivery of acute care? Urgent Care industry morphing with primary care

Good News from December Reunion

1. Employers are talking about their ED rates/1,000 and % avoidable visits.
2. New worksite clinics are emerging and roles of established clinics being reconsidered.
3. PCPs are having the conversation. Some medical groups have implemented condition specific action plans (URI; COPD rescue kits). They are positive about early response and generously sharing.
4. One clinician in each practice site has 2 hours open each morning for walk-ins. Patients know that they can just show up at this time.
5. Two orthopedic practices have walk-in hours each evening.
6. ED providers seem to be taking the "criticism" to heart (antibiotic and opioid prescribing; wait times; use of imaging).
7. Patients high risk for ED or admission receive red banner in EMR. Alerts staff of their high priority status when they call.

…Is the health care system be beginning to <u>compete</u> on things that matter to patients?

Recognition and Appreciation to

- Bruce Hansen, Boeing Company, ED Collaboration Chair
- The Laura and John Arnold Foundation and Pacific Business Group on Health for funding support through a Purchaser Value Network Grant
- Aetna, Anthem, Express Scripts and United Health Care, Partners and data contributors.
- The many community partners who generously shared their time and expert knowledge.

St. Louis Area bhc BUSINESS HEALTH COALITION
employer partners in healthcare

Moderator:

Mr. Rick Lord, Co-Chair of Massachusetts Employer Health Coalition, and President and CEO of Associated Industries of MA

Panelists:

- Mr. Bill Grant, Chief Financial Officer, Cummings Properties
- Ms. Lisa Collentro, Chief Administrative Officer, Chestnut Hill Realty
- Dr. Steven Strongwater, President and CEO, Atrius Health
- Dr. Thomas Hawkins, Senior Medical Director for Population Health and Analytics, Blue Cross Blue Shield of Massachusetts

MASSACHUSETTS EMPLOYER HEALTH COALITION

Upcoming Coalition Activities in 2019

- Employers Will Deploy Resources and Share Feedback
  - Display poster in workspace
  - Utilize "My Care, My Options" form
  - Tweet or communicate via newsletter
- Coalition Will Develop Additional Resources → Toolkit
- Strategic Workgroups Launch
  - Advisory Council
  - Data and Measurement
  - Communications
- Regional Listening Sessions Begin

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