



November 18, 2016

**Executive Summary Report to Implementation Council  
*Tufts Health Unify* Quality Improvement Project**

**Background**

Members who access their PCP and/or Specialist or Urgent care Centers at the early signs of illness can prevent unnecessary visits to the ED and for members with LTSS services, the presence of personal care assistance and or access to transportation can support these needs.

All members are assessed as part of their enrollment into the Unify Program and in addition to assessing LTSS needs, all members receive education about preventing unnecessary ED use, including information available in the Member Handbook, member assessment and care planning by their care manager and or LTSS Coordinator and the availability of an after -hours nurses line for members who have questions about needing ED services.

The Quality Improvement Project (QIP) focused on decreasing Emergency Department (ED) utilization and the data collection period represents activity between July 1, 2015 and June 30, 2016 as compared to the baseline year: July 1, 2014 through June 30, 2016.

For its *Unify* Quality Improvement Project (QIP), Tufts Health Public Plans, Inc. (THPP) conducted an analysis on the impact of Long-Term Services and Supports (LTSS) utilization on Emergency Department (ED) use. Using a survey instrument provided by EOHHS, qualitative data was collected from a sample of twenty (20) *Tufts Health Unify* members from 2014 conducted by THPP Community Health Workers. In order to assess a potential correlation between LTSS utilization and ED use, members were asked to recall their experiences utilizing both types of services. In addition, THPP supplemented the qualitative data provided through the member survey with quantitative ED utilization data. Comparing ED utilization between THPP's *Unify* and Mass Health populations, THPP found that *Unify* members used the ED more frequently than our Medicaid-only population.

**Purpose**

This specific ED QIP was designed to examine if there was a relationship between the member's ED use and Long Term Support Services (LTSS), specifically if the presence of LTSS contributed to lower ED utilization. The population in the study was any member that utilized the Emergency Department four or more times in a rolling 12 month period. Members who met the criteria were outreached to assess the reason for their ED visit and compliance with any follow-up. In addition, member records were audited to evaluate if they received the education about ED use and if they were receiving LTSS. A survey tool was used to obtain member feedback related to ED use.

**Objective**

Through its QIP, THPP aims to reduce ED utilization by 10% annually for its *Unify* population. For the QIP, THPP continues to measure ED utilization across the entire population regardless of LTSS eligibility or acceptance of LTSS.

**Anticipated Outcomes**

THPP hypothesizes that members will reduce ED utilization by providing targeted interventions to members who are admitted to the ED. These interventions include member education, LTSS, and member-centric care planning.



**Possible Barriers to Achieving Anticipated Outcome**

In order to achieve the outcome listed above, member engagement is necessary. Approximately 35% of our members have been identified by our Care Management team as difficult to engage. Despite the plan's best efforts, these members are unable to reach or have refused the Plan's care management and care coordination services. As a result, it can be challenging to obtain qualitative information through a survey from our membership, which in turn, complicates our ability to objectively evaluate progress towards QIP goals. In addition, the data shows that some of our *Unify* members do not maintain consistent relationships with their primary care providers over time and may not contact their provider upon the earliest signs of clinical need. This may increase the likelihood for some members to access urgent or emergent care.

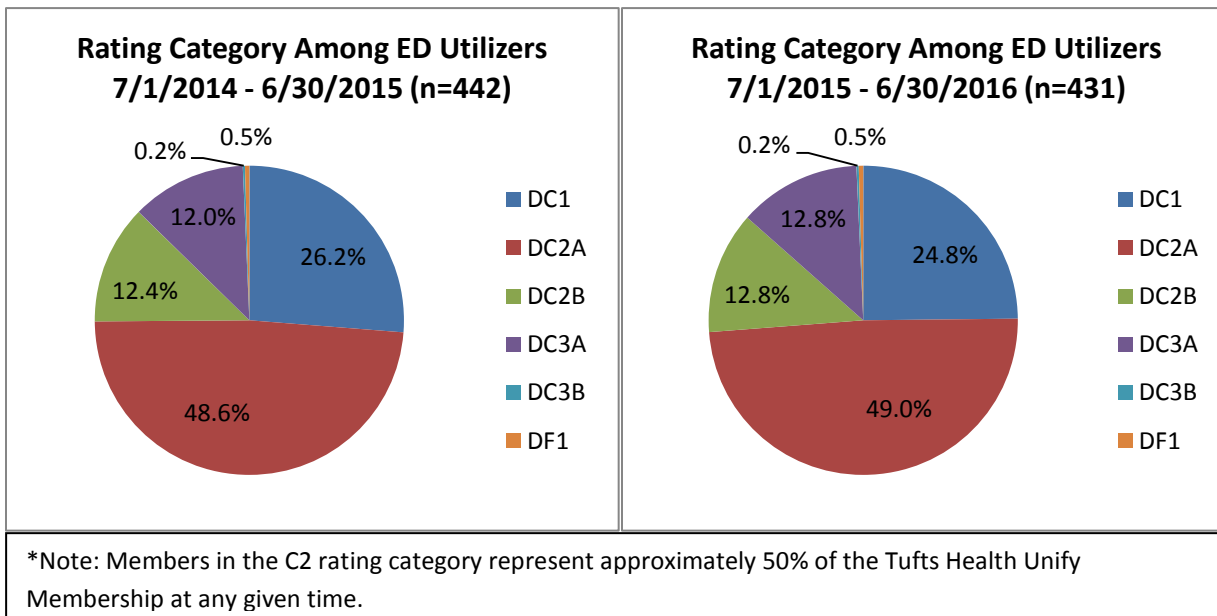
**Quantitative Data**

**Table 1. ED Visits for Continuously Enrolled Members, Baseline and Remeasurement Year 1**

7/1/14 thru 6/30/15 (Baseline):			7/1/15 thru 6/30/16 (Remeasurement 1):		
Members With ED Visits: 442 out of 924 Members (47.8%)			Members With ED Visits: 431 out of 924 Members (46.6%)		
Total Visits: 1,225			Total Visits: 1,154		
Total ED visits	Number of Members	Percent of Total Members	Total ED visits	Number of Members	Percent of Total Members
1-4	374	85%	1-4	378	88%
5-9	53	12%	5-9	37	9%
10-19	12	3%	10-19	13	3%
20-29	2	0%	20-29	2	0%
30-39	1	0%	30-39	1	0%

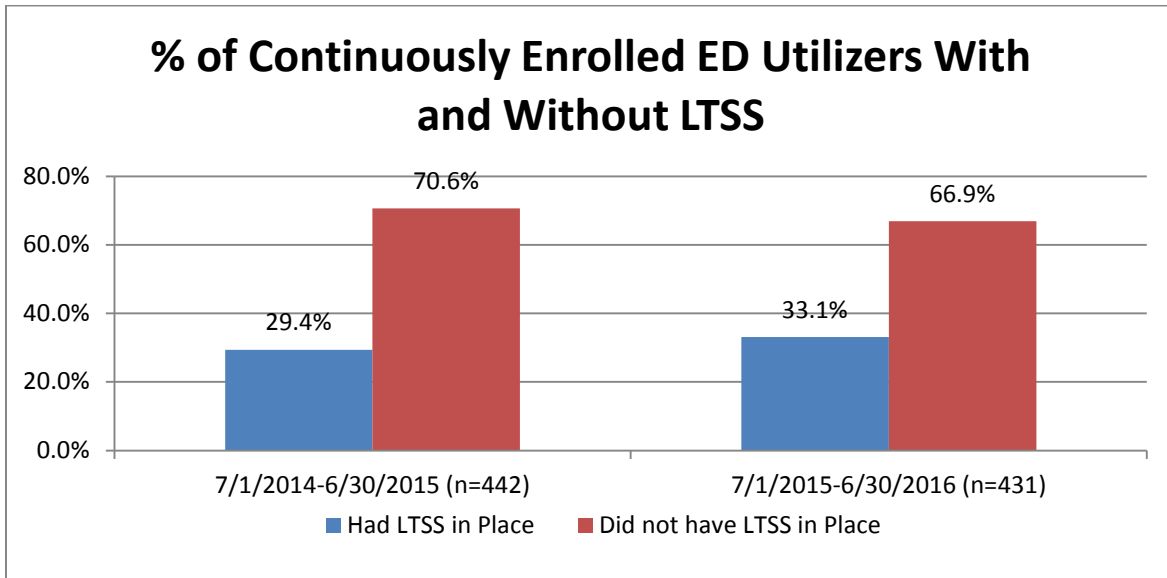
Result: Between the Baseline and Remeasurement Year 1, ED visits dropped 5.8%.

**Figure 1. ED Utilizers Stratified by Rating Category, Baseline and Remeasurement Year 1**



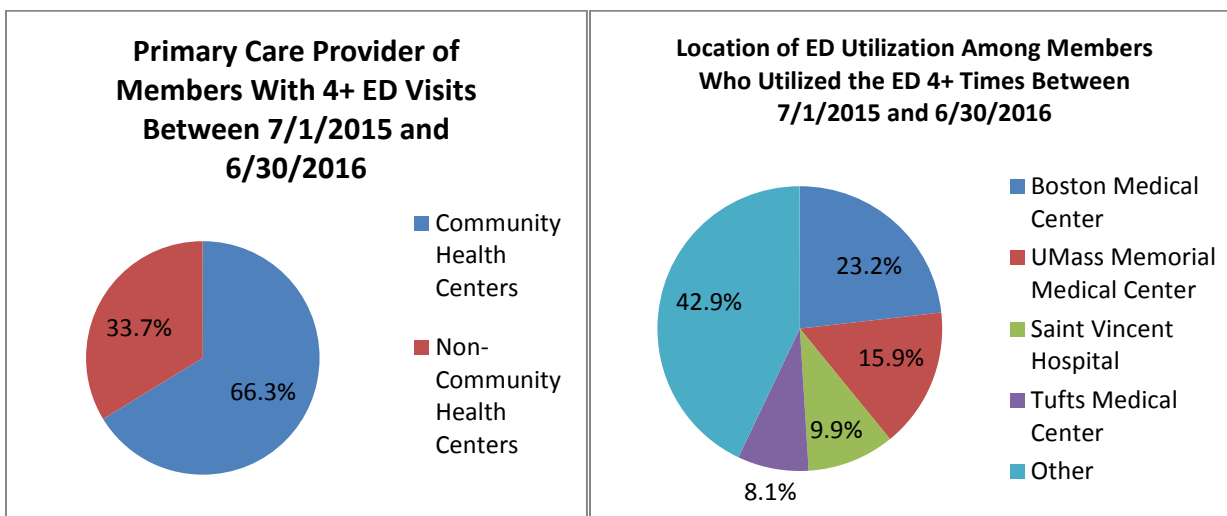
Result: The majority of the ED utilizers were in the C2 (A or B) rating category during the Baseline Year and Remeasurement Year.

**Figure 2: Percent of Continuously Enrolled ED Utilizers with and without LTSS**



Result: For both years, only about one third of ED utilizers had LTSS in place.

**Figure 3: High ED Utilizers by Primary Care Provider Type and by Hospital, 2015-2016**



\*Note: As of 11/11/2016, 66.21% of Tufts Health Unify Members were assigned to a PCP at a community health center.



Result: Among members who utilized the ED four or more times in a 12 month period, two-thirds receive primary care at a community health center. Over half of these ED visits occurred at four hospitals.

**Qualitative Data – Annual Member Survey**

For its QIP, THPP fields an annual member survey to better understand why *Tufts Health Unify* members use the ED. The most recent survey asked members about their experiences leading to their ED visit(s) in 2016, including the reason(s) for their visit. The survey also asked members for their opinions about what health plan services, if any, could have helped them avoid ED visits. In addition, the survey asks members to recall THPP’s interventions designed to reduce inappropriate ED utilization. For members who recalled the intervention, the survey asks whether or not the intervention was helpful. For members who did not recall the intervention, the survey asks if the intervention would have been helpful in deciding whether or not to use the ED. The results of the survey are limited by the small sample size (N=32 members) and recall bias from remembers who may have used the ED up to several months before the survey.

**Survey Design:**

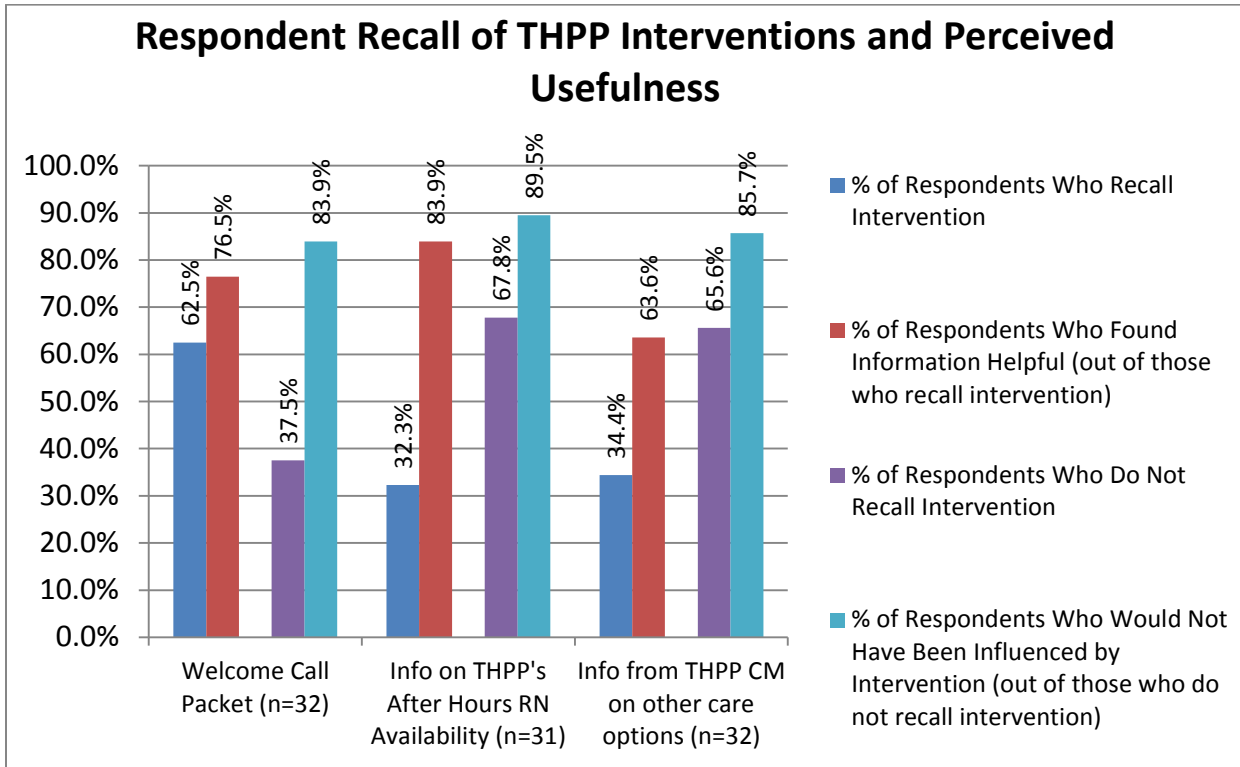
Sample Universe	Current Tufts Health Unify members who had four or more ED visits between 1/1/2016 and 6/30/2016
Survey Sample Size	149 members
Total Surveys Completed	32 (21.5% response rate); 1 additional survey was started but not completed
Survey Fielding Dates	August 16 – August 30, 2016
Method of Administration	Open-ended telephone survey conducted by THPP’s Community Health Workers

**QIP Interventions:**

THPP has instituted several interventions to ensure members are aware of LTSS, as well as options to receive care in other settings than the ED for non-emergent care. These interventions include:

1. Mailing a flier on the availability of LTSS to all new members, and annually to all existing members
2. Educating members about THPP’s after-hours nurse availability
3. Providing information for members to receive care in other settings than the ED for non-emergent conditions through care planning

**Figure 4: Survey Respondent Recall of THPP Interventions and Perceived Usefulness**



**Table 2: Reasons for ED Use Among Members Who Did Not Consider Other Care Options**

Reason	% of respondents	# of respondents (n=32)
Thought the problem was too serious, required more immediate attention	53.8%	14
ED is closer	46.2%	12
Was told in the past by doctor to go to ED for this issue	46.2%	12
Prefer ED	15.4%	4
ED offers better quality of care than other options	15.4%	4
Unaware of other care options	11.5%	3
Other (nurse assists member; family member took member to ED; rehab sent member to ED)	11.5%	3
After hours / practice closed	7.7%	2
Unaware of urgent care in area	7.7%	2
Dissatisfaction with urgent care in the past	3.8%	1
Dissatisfaction with doctor	3.8%	1
Thought tests were needed that could not be performed in doctor's office	3.8%	1
Dissatisfaction with THPP after-hours nurse	0%	0
Did not think urgent care took Tufts Health Unify insurance	0%	0

\*Note: Survey respondents were asked to check all that apply



Members were asked “Do you feel that having support services (LTSS) has had any impact on your decision to use the ED?”

Seven (7) out of 32 respondents (21.9%) felt that having supportive services in place has had an impact on ED use, noting, in particular, ADL assistance and help with housing. 100% of members reported that they did not need any additional resources. Twenty-five (25) out of 32 respondents (78.1%) did not feel that having supportive services in place had an impact on ED use because:

- 7 out of these 25 respondents (28%) reported being independent and not needing LTSS
- 1 respondent (4%) reported that LTSS would not have an impact on seizures
- 4 respondents (16%) reported they will go to the ED when needed, and 1 of these respondents expressed a preference for the ED
- 2 respondents (8%) reported that they hope not to go to the ED again/will try other options if not too sick

#### **Outcome**

Comparing ED utilization between the baseline measurement year and remeasurement year 1, the number of *Tufts Health Unify* members who utilized the ED decreased 2.5% and ***the number of ED visits decreased by 5.8%***.

#### **Conclusion**

Despite this outcome, more analysis is needed to determine if the interventions implemented had a causal impact on the reduction in ED utilization.

#### **Future Improvement focus**

Given ED utilization patterns observed through this QIP, THPP has identified an opportunity to narrow the population focus on members with behavioral health needs, primary care providers at community health centers, and high volume ED facilities. THPP expects to design a program that will allow for real-time notification of a member’s ED visit and immediate connection with the member to learn more about the reasons for the visit. Interventions will be designed based on this real-time feedback and member care needs.