San Diego Pilot Program – Care Coordination Focus

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If you want to know your past, look into your present conditions. If you want to know your future, look into your present actions.

- Chinese Proverb
Local Issues

- Medi-Cal
- Emergency Services
  - Access and volumes
- Behavioral Health
  - Gaps in the Continuum
  - Reimbursement
- Workforce
- Community Benefit
  - Social Determinants of Health
Statewide Medi-Cal and Covered California Enrollment

- Medi-Cal Enrollment
- Covered California Enrollment

*California 2015 population – 39.1 million

1 in 3 are in Medi-Cal in CA
Medi–Cal and Covered California Enrollment in San Diego County

*San Diego 2015 population – 3.3 million
Medi-Cal Coverage Expands (ACA)

• Providing coverage to more than 13 million residents (half of all children) 1 in 3 residents
• Access barriers are amplified by low Medi-Cal payments
• Expanding coverage without expanding access
Demand For Health Services Surges

• Medi-Cal expansion is driving increased demand
• Medi-Cal ED visits increased by 1 million
• More than 200,000 additional Medi-Cal inpatients
• 4 million more Medi-Cal outpatient visits
Emergency Department Volumes Continue to Grow

*San Diego 2015 population – 3.3 million*
San Diego ED Discharges

San Diego All ED Discharges, 2014

- ED Care Needed - Not Preventable: 5.36%
- ED Care Needed - Preventable/Avoidable: 12.49%
- Emergent - Primary Care Treatable: 20.25%
- Non-Emergent: 19.55%
- Alcohol: 22.15%
- Drug: 3.22%
- Injury: 1.43%
- Psych: 0.42%
- Unclassified: 15.13%

San Diego Medi-Cal ED Discharges, 2014

- ED Care Needed - Not Preventable: 6.03%
- ED Care Needed - Preventable/Avoidable: 10.36%
- Emergent - Primary Care Treatable: 21.90%
- Non-Emergent: 21.83%
- Alcohol: 19.16%
- Drug: 3.50%
- Injury: 1.61%
- Psych: 0.44%
- Unclassified: 15.18%

- 39.8% of ED visits could have potentially been avoided/treated in primary care.
- Number of potentially avoidable/treated in primary care is almost 4% higher (42.73%) when looking solely at Medi-Cal ED discharges.
Emergency Room Crowding Collaborative Efforts

- Press conference held in March – 2016 with Public Health, EMS, Hospitals, First Responders, Health Plans and other community stakeholders.
  - Goal was to raise public awareness of the issue
  - Information card was created and shared (Left) as well as the press reported on the issue.
- Crowding taskforce continued to meet by phone weekly.
San Diego Care Coordination

Roneet Lev, MD FACEP
Chair, San Diego Emergency Medicine Oversight Commission
President, Independent Emergency Physicians Consortium
Chief, Scripps Mercy Hospital San Diego Emergency Department
Emergency Medicine Oversight Commission

Emergency Physicians, Nurses, Paramedics, Hospital Association, Law Enforcement

- Ambulance Bypass Project
- Follow Up Clinic Coordination
- 5150 Education
- Rape Exams
- Annual Survey
- Annual Conference
Safe Prescribing Guidelines

SAFE PAIN MEDICINE PRESCRIBING IN EMERGENCY DEPARTMENTS

We care about you. We are committed to treating you safely and in the right way.

Pain relief treatment can be complicated. Mistakes or abuse of pain medicine can cause serious health problems and death.

Our emergency department will only provide pain relief options that are safe and correct.

For your SAFETY, we follow these rules when helping you with your pain.

1. We look for and treat emergencies. We use our best judgment when treating pain. These recommendations follow legal and ethical advice.

2. You should have only ONE provider and ONE pharmacy helping you with pain. We do not usually prescribe pain medication if you already receive pain medicine from another health care provider.

3. If pain prescriptions are needed for pain, we can only give you a small amount.

4. We do not refill stolen prescriptions. We do not refill lost prescriptions. If your prescription is stolen, please contact the police.

5. We do not prescribe long acting pain medicines: OxyContin, MSContin, Dilaudid, Fentanyl (Duragesic), Methadone, Opana ER, Exalgo, and others.

6. We do not provide missing doses of Subutex, Suboxone, or Methadone.

7. We do not usually give shots for flare-ups of chronic pain. Medicines taken by mouth may be offered instead.

8. Health care laws, including HIPAA, allow us to ask for your medical records. These laws allow us to share information with other health providers who are treating you.

9. We may ask you to show a photo ID when you receive a prescription for pain medicines.

10. We use the California Prescription Drug Monitoring Program called CURES. This statewide computer system tracks narcotic and other controlled substance prescriptions.

If you need help with substance abuse or addiction, please call 1-888-724-7240 for confidential referral and treatment.

All the emergency departments in San Diego & Imperial Counties have agreed to participate in this important program.
The PDA Medical Task Force

- PDA TF Facilitator
- DEA
- Emergency Physicians
- Primary Care
- Pain Management
- Addiction
- Pharmacy
- Hospital Association
- Dental Association
- Psychiatric Association
- Pediatric Association

- Kaiser
- Scripps
- Sharp
- Community Clinic
- VA
- Military
- Palomar Health
- Indian Health
- Methadone Clinic
Medication Agreement

PATIENT MEDICATION AGREEMENT for Painkillers, Anxiety Medication, Stimulants, and all Controlled Substances

You are being prescribed a medicine that has many risks. The medicine also has special laws that the doctor and patient must follow.

It is important that you follow all these instructions, EXACTLY.

☑ These medicines are dangerous. They can cause serious health problems, including death, even if taken as prescribed. They are also addicting.

☑ You should get your medicine from only ONE provider and ONE pharmacy. This helps prevent side effects and overdoses.

☑ Take the medication only as you are told. Do not take more medicine than you are prescribed. They need to last you until your next appointment.

☑ Your medicine is only for you. Do not share your medicine. Do not allow others to use your medicines. Do not sell or trade your medicines.

☑ Keep your medications secure. We recommend locking them. Lost or stolen medication means other are in danger.

☑ All emergency departments in San Diego and Imperial Counties have stated that they will not prescribe these medications if you lose them or feel you need more.

☑ The dangers of the medicine are greater with anything that makes you sleepy. Mixing your medicine with alcohol, street drugs, sleeping pills, or other drugs can make you sick or die.

☑ Do not drive a car or do dangerous activities if you are not fully alert when on these medicines.

☑ Your treatment will be monitored in different ways. You may be asked to do a drug test. You may be asked to show your pills. The State of California tracks your prescriptions.

☑ If your provider feels that your medicine is not helping, the medicine will be stopped. You will be treated with other methods.
San Diego Prescription Drug Abuse Task Force

sandiegorxabusetaskforce.org
SanDiegoSafePrescribing.org
San Diego Death Diaries
One San Diego Vision for Safe Prescribing

- One Provider, One Pharmacist
- Use CURES
- Medication Agreement
- No Opioid + Benzodiazepines
- Honor ED Guidelines
Health Plan Guidelines
Projects

- ED Guidelines
- Urgent Care Guidelines
- Medication Agreement
- Death Diary Education
- Methadone Clinics
- Behavioral Health Clinics
- Prisons
- Pharmacy Scripting on contacting provider
- Health Plan Guidelines
- Pain Educational Module
- Pediatric Education
- Naloxone for First Responders
Care Coordination

- Hospitals
- Pharmacy
- Mental Health
- Clinics
- Radiation
- EMS
- Jails
- Social Services
- Law Enforcement

HUB
Group Partners

- ED physicians
- ED nurse managers
- ED case managers
- County EMS
- San Diego Fire Rescue
- Champions for Health – SDCMS Foundation
- San Diego Public Health
- PERT, Psychiatric Emergency Response Team
- Medi-Cal Health Plans (4 out of 5)
- HIE
- EDIE
- San Diegans for Healthcare coverage
- VA medical center
- Behavioral Health Leaders
Case Presentation
March 2017

• C.W. is a 27 year old man with residence in Spring Valley. He had over 70 ED visits in 2016. He has behavioral health issues, but the last 10 ED visits were related to pain. CURES shows small quantity prescriptions, presumed from emergency departments. His father says he is a “pathological liar.”

• Health plan wants to develop a plan to help patient and decrease ED visits.
Survey Results
Terminology

Which of the following services and terminology do you use for ED case management?

Answered: 34  Skipped: 8

- Social Work: 19
- Discharge Planner: 9
- Behavioral Health worker: 8
- Nurse Navigator: 5
- Care Coordinator: 5
- Other (please specify): 18
Survey Results
Information documented

What information is documented by your ED case manager?

- Psychiatric coordination: Tele Psych, CMH, Psych Facilities
- Transfer communication
- Social services: housing, family support
- Medical Necessity/ Utilization Review/ Insurance Coverage
- Placement: SNF, Home Health, or other
- Discharge Needs/ Planning; Transportation, Scheduling appointments
- Social Issues
- CPS/ APS Reporting
Survey Results

Where are the ED case manager notes located?

Answered: 30  Skipped: 12

- Social Work Note: 14
- Psychiatric Visit: 0
- Nursing Note: 6
- We don't have this feature: 4
- I don't know: 4
- Other: 10
Survey Results
Are notes used by physicians?

Are ED case management notes used by the emergency physician?

- No: 3
- They could, but they rarely: 6
- Yes, they often look at: 8
- Yes, kind of-sort of: 10
- Other (please specify): 3

Answered: 30  Skipped: 12
Survey Results
Super user definition

Do you have a definition of an ED superuser?

Answered: 32  Skipped: 10

No: 22
More than 3 visits in 6...: 2
More than 10 users in 12...: 1
Other (please specify): 7
Survey Results
Who is responsible for care coordination?

Who in your emergency department would be responsible for care coordination of ED superusers?

- Social Work: 6
- Discharge Planner: 2
- Behavioral Health worker: 0
- Nurse Navigator: 1
- Care Coordinator: 1
- Physician: 5
- Do not know: 5
- Other (please specify): 11

Answered: 31  Skipped: 11
Survey Results
Do you have care plans?

Does your emergency department create care plans for superusers?

- Yes: 8
- No: 14
- I don't know: 7

Answered: 29   Skipped: 13
Survey Results
Information in care plans

What information do you include in care plans for superusers?

- N/A, we don't have care plans: 18
- Clinical recommendations: 6
- Other, Specify: 4

Answered: 28  Skipped: 14
Survey Results
Importance of care coordination

How important is Coordinated Care for San Diego Emergency Department Patients?

Answered: 32  Skipped: 10

- 25 Extremely important
- 7 Important

Legend:
- Not important
- Not very important
- Neutral or No opinion
- Important
- Extremely important
Survey Results
Importance of security

How important is it to have an alert on the ED status board about a patient's history of violence?

Answered: 29  Skipped: 13

- 22 Extremely important
- 6 Important
- 6 Not very important
- 1 Neutral or No Opinion
- 1 Not important
Survey Results
Alerting superusers

How important is it that the ED status board have an alert for superusers?

Answered: 32  Skipped: 10

- Not important
- Not very important
- Neutral or No Opinion
- Important
- Extremely important

2 7 13
2 7 10
Survey Results
Importance of data outside San Diego

How important is it that care coordination include data from emergency departments outside San Diego county?

- 2017
- 500 hospitals
- 13 states
Survey Results
Importance of behavioral health coordination

How important is it to coordinate care for behavioral health patients?

Answered: 32  Skipped: 10

- Not important
- Not very important
- Neutral or No opinion
- Important
- Extremely important

7 responses indicated it is not important, while 25 responses indicated it is extremely important.
Survey Results
How soon would you want system?

How soon would you want to create coordinated care for San Diego ED Patients?

Answered: 34   Skipped: 8

- Within 6 months: 10
- Within 12 months: 11
- No opinion: 3
- Yesterday: 9
- Other (please specify): 1
Group Discussion

• Do we want a unified approach for Emergency Department Case Management in San Diego?

• What are the priorities for unified case management?
  • Clinical Coordination for Superusers?
  • Clinical Coordination for Behavioral Health Superusers?

• What are Priority Features?
Next Steps

- Mission Statement
- Insure All Stakeholders Represented
- Technology Update Meeting
- Clinical Care Coordination Meeting
The WishList - May 2017

- Information PUSHED to ED Status Board
- Security Events
- Medical Home
  Clinics, Health Plan
  Special Program: PACE, SIPS, RAP, other
- Medications Lists
  Anticoagulation – list diagnosis and time frame
  Immunizations – Hepatitis A
- Allergies
Wish List - continued

- Medical History
- Behavioral History
  pertinent information from PERT/ RAP discharge and location of last psychiatric admission
  child abuse, elder abuse, trafficking, neglect
- Infections
  lice, MRSA, resistant organisms – antibiotic of choice
- Social History
  Emergency contact number
- Drug Use
- Radiation History
- Pain Management
  +/-contract, remind San Diego 5 points guideline
- Communication – free text
CURES Coordination

- Available since 2008
- CURES 2.0 since 2015
- Dashboards
- Alerts
- Communication

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The IT Solution
OBSTACLES ARE PUT IN YOUR WAY TO SEE IF WHAT YOU WANT IS REALLY WORTH FIGHTING FOR

All good things are worth waiting for and worth fighting for 😊😊😊
Where are we headed?
Emergency Departments Notification & Alert System

Key Features include:
1. Patient Matching from the HIE
2. Access to CURES DB (<Oct 2018)
3. Access to the POLST registry
4. Access to patients community clinical data from the HIE

Use Cases

When a patient shows up at the ED of the hospital, the registration process triggers EDNA to gather key information into the track board about the patient, which enables the physician to make better and faster decisions that would potentially eliminate duplicate procedures and having to wait on documentation from other hospitals.
The Future is in Front of Us
Questions?
Thank you

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