

# 2011 Military Health System Conference

## Tidewater Multi-Service Market Perspectives

Driving change through MTF and market-level assessment and strategies

*The Quadruple Aim: Working Together, Achieving Success*

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Tidewater Multi-Service Market

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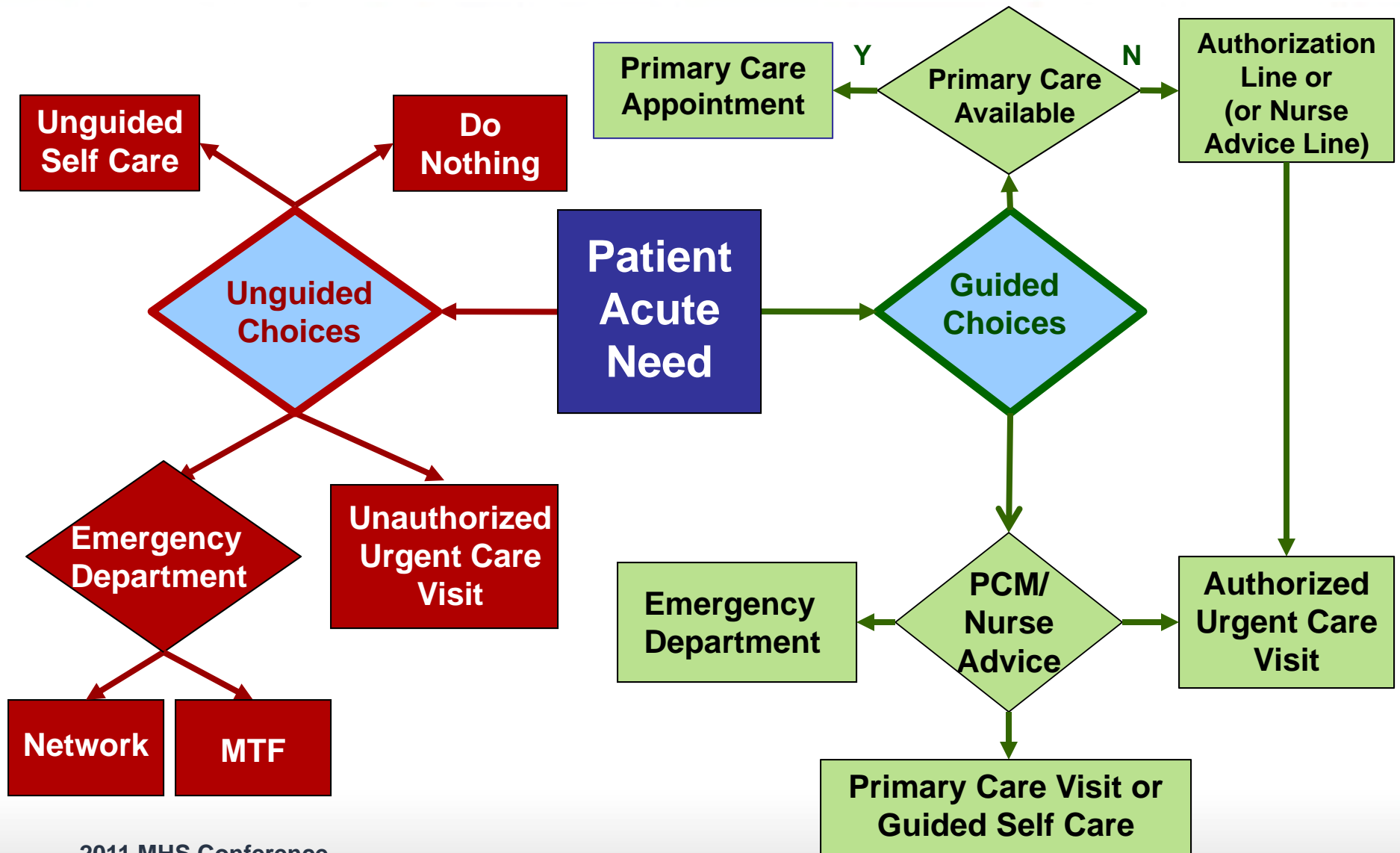
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# Objectives



- Understand Choice Architecture for patients with acute care needs.
- Provide overview of factors impacting ED utilization in the Tidewater area.
- Share strategies to reduce network ED utilization.

# Choice Architecture

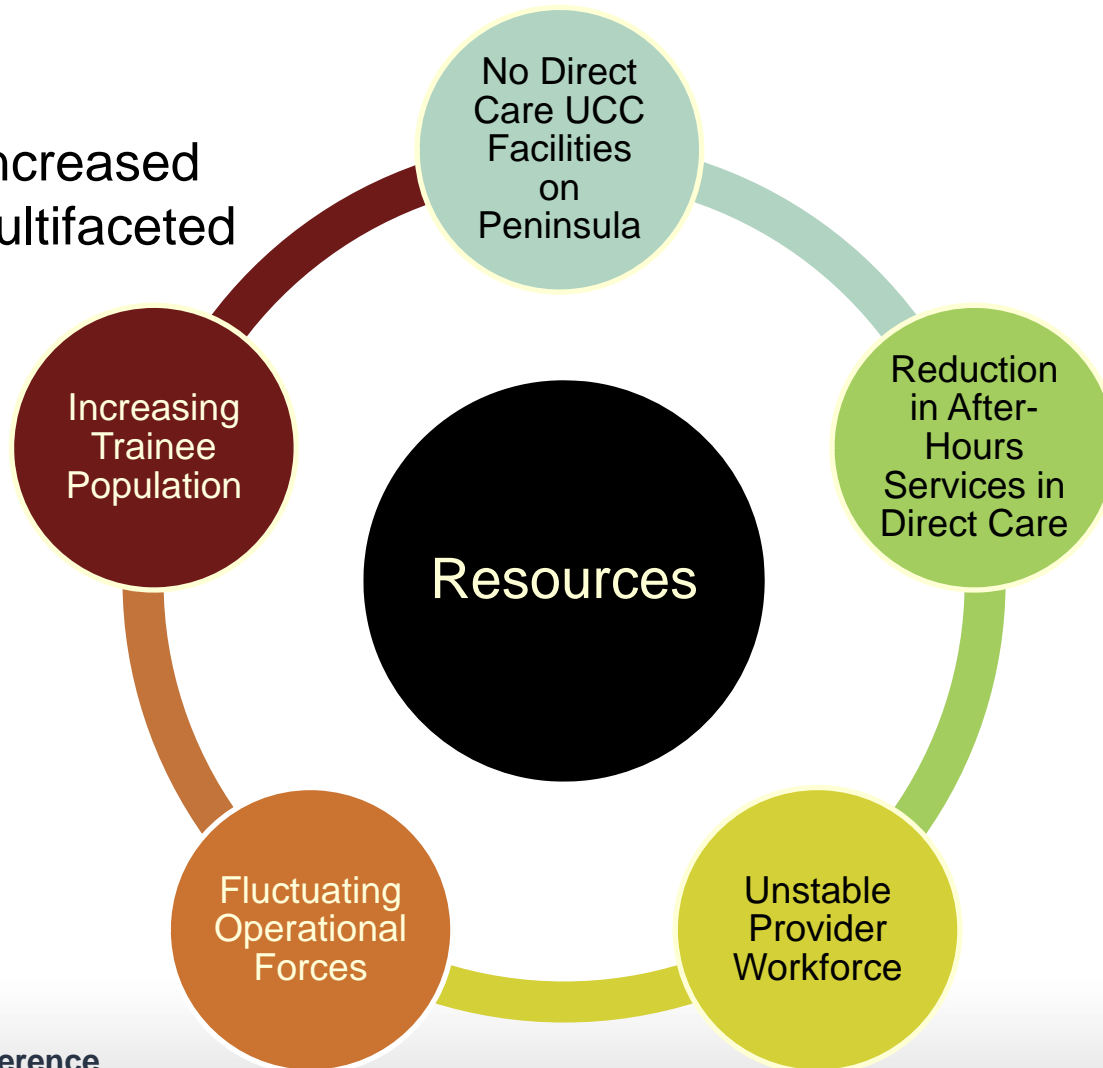


# The “Perfect Storm”



## Improper Utilization and Increasing Cost

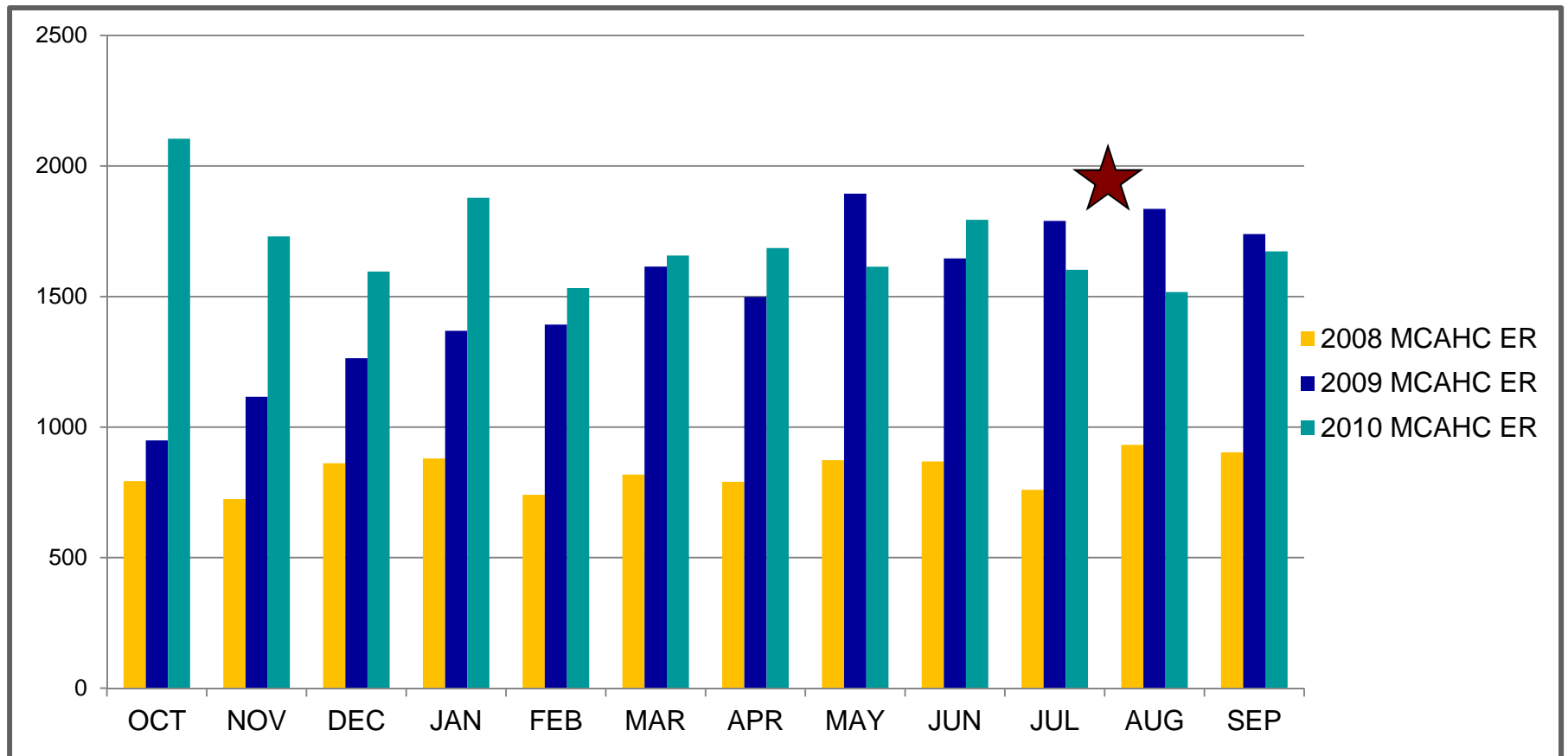
“Reason” for increased utilization is multifaceted



# Emergency Department Utilization



## Purchased Care RVU's in the Eustis Prism



★ Aggressive education campaign for installation units

# Authorization for Network Care



- Two Mechanisms for Authorizing Urgent Care
  - Authorization through PCM Staff
    - Generates referral
    - Evaluation in MTF
  - Eustis Authorization Line
    - Implemented in Nov 2008
    - Duty day calls managed by Referral Center/BCACs
    - Coordinate appointments with MTF
    - After hours calls routed to voice message authorizing use of local Urgent Care Facility
    - Patient calls back within 24 hours with diagnosis and care location

# Fort Eustis Authorization Line Data



		FY 09	FY 10	FY 11
Direct Care	↓	28%	26%	12%
Emergency Care	↓	14%	13%	7%
Network UCC	↑	41%	45%	56%

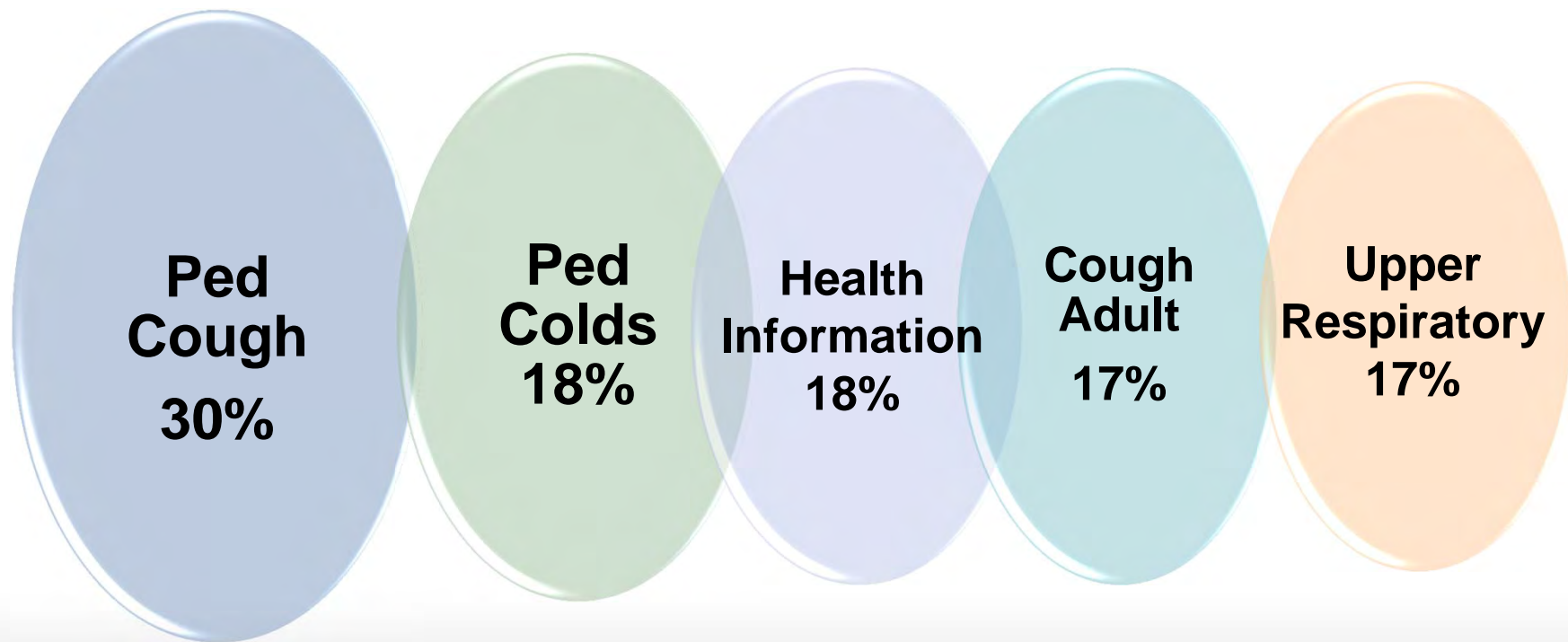
- Percent of decline in Direct Care utilization is a direct result of right-sizing MTF templates and enrollment panels.
- Easy authorization process for Network Urgent Care
- Decrease in Emergency utilization attributed to targeted population education efforts.



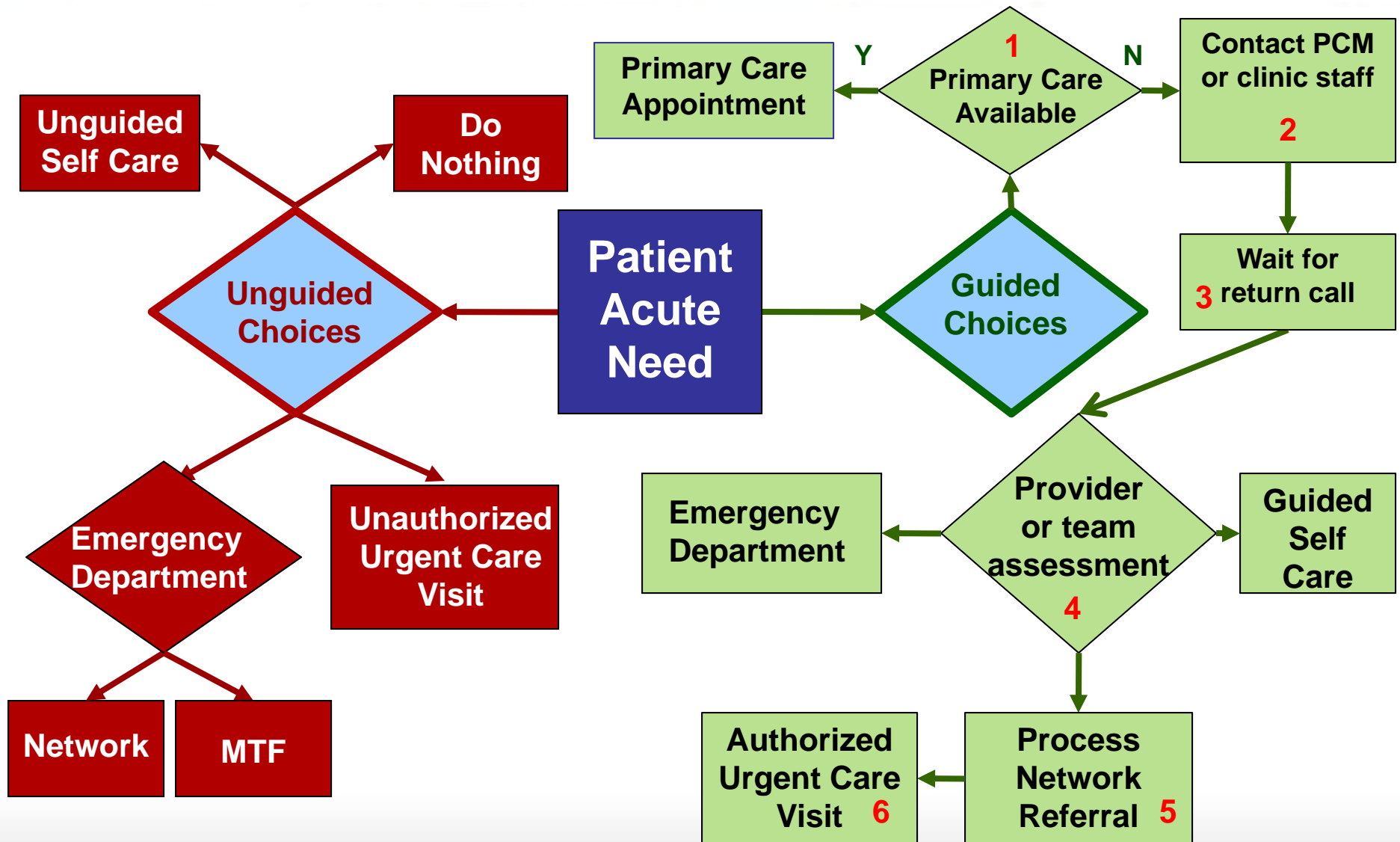
# Emergency Utilization Challenge



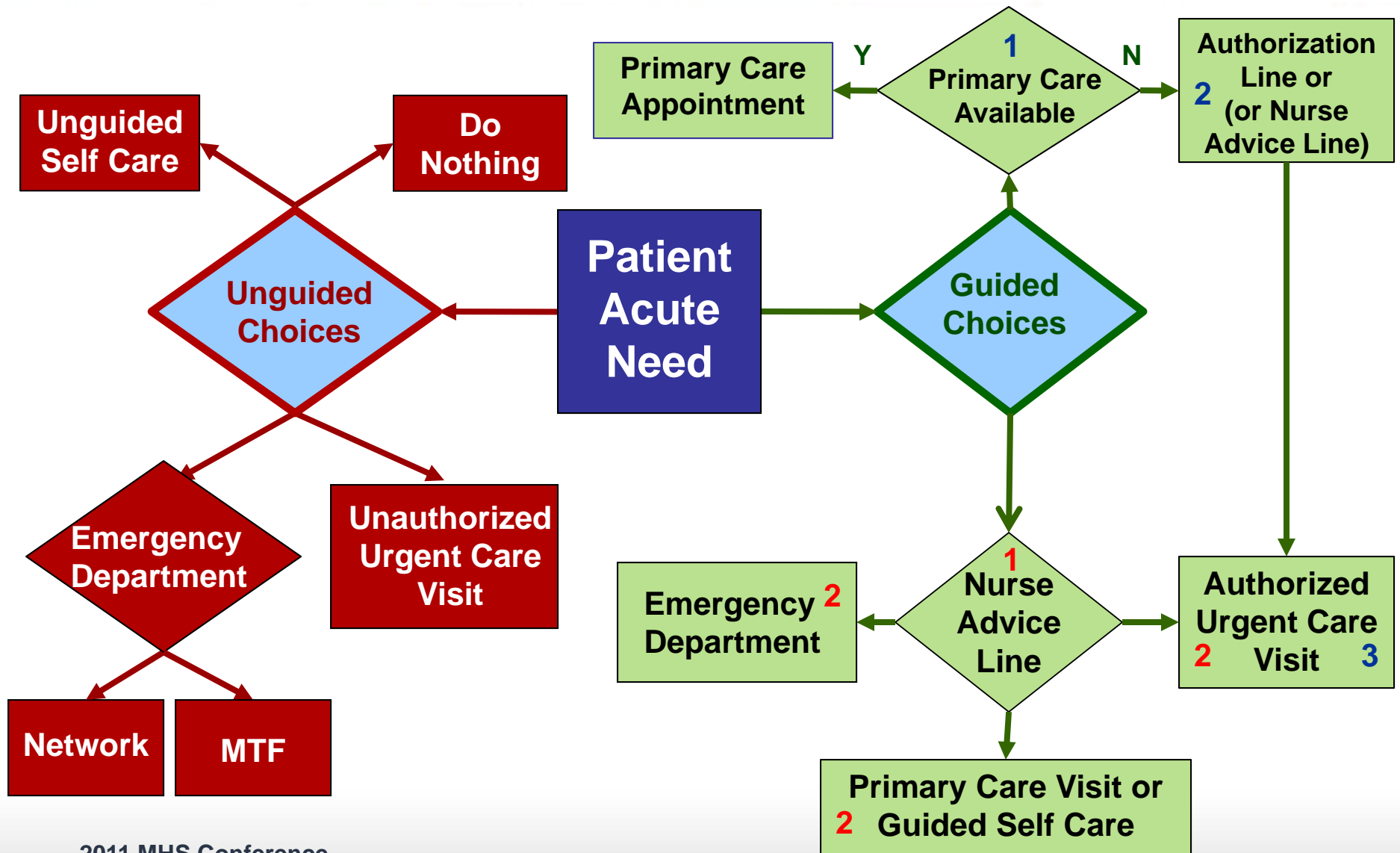
- Increased Purchased Care Spending
  - \$16M non-urgent ED visits and Primary Care FY09
  - 60-65% of ED purchased care is for non-urgent care



# Current Choice Architecture



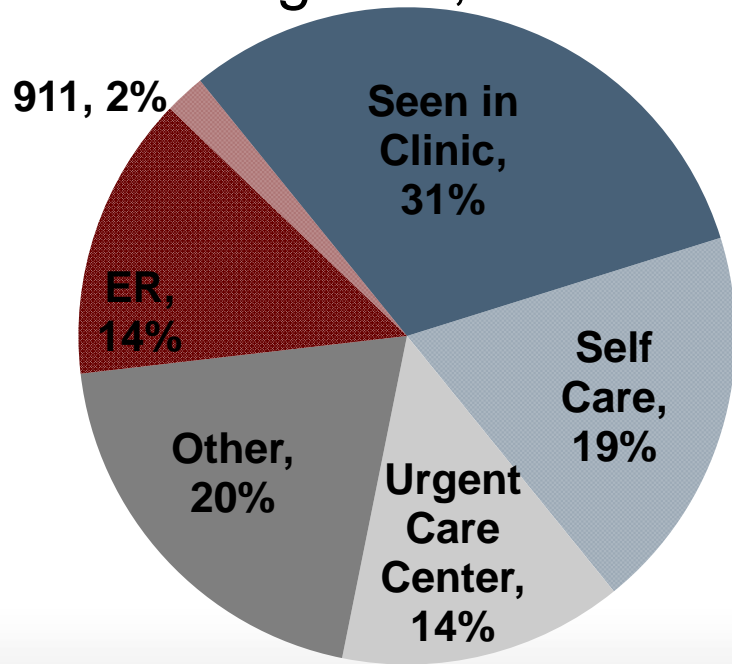
# With Nurse Advice Line



# Nurse Advice Line Background



- Decrease Purchased Care Spending
- Provide the RIGHT CARE at the RIGHT TIME
  - High quality, cost effective care to our beneficiaries
  - Advice based on industry standards & triage protocols
  - Integrated, seamless service with first call resolution



**64%**  
**Emergency**  
**visit**  
**avoidance**

Would have  
positive ROI  
at 10%  
avoidance

# Beneficiary and MTF Satisfaction

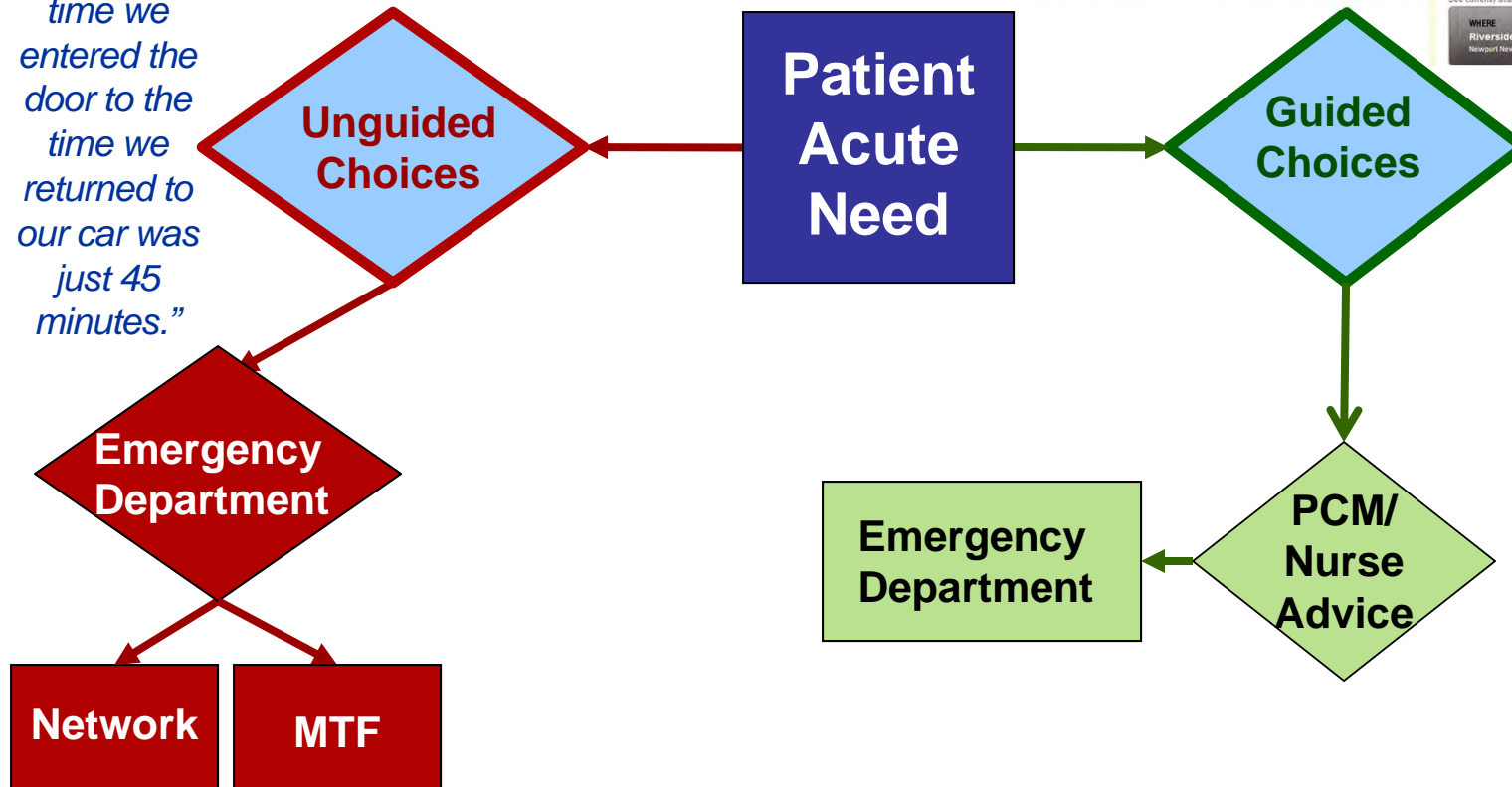


- Feedback Regarding Langley Nurse Advice Line
  - Beneficiary Satisfaction Rating
    - 98% very satisfied with the level of customer service
    - 96% speaking w/nurse impacted their health decision
    - 94% very satisfied the nurse showed concern for them
    - 89% very satisfied with the nurse response time
    - 90% very satisfied with recommendation for care
    - 92% would recommend the service to a friend
  - MTF Satisfaction Rating
    - Providers-decreased afterhours calls by 90-99%
    - Nurses-decreased symptom based calls by 75-95%
    - Flexibility- created home quarters protocol during H1N1

# Emergency Visit Choice Architecture



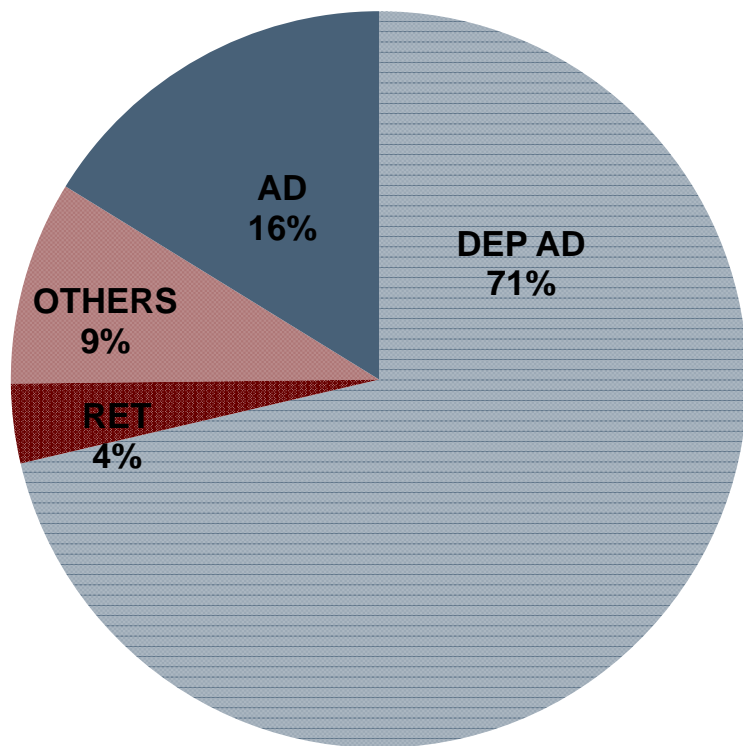
*"From the time we entered the door to the time we returned to our car was just 45 minutes."*





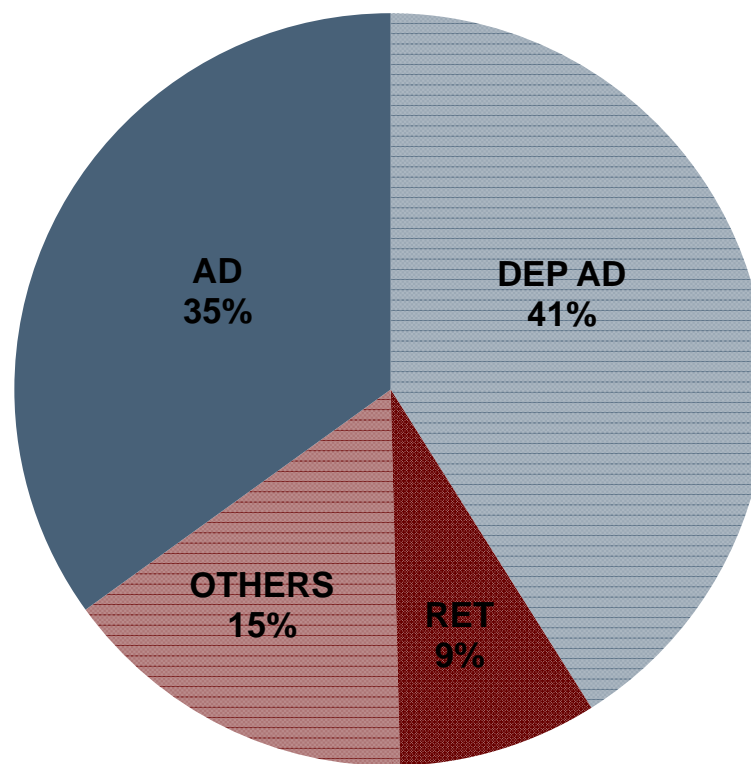
# ED Utilization Comparison

## Network ED Visits FY10



N=69,417

## MTF ED Visits FY10



N=76,522\*

\*includes Langley Jul-Sep

# MTF Improvement Initiatives



- Langley
  - Opened Emergency Department in July 2010
  - Increasing Beds and Staff by 2012
  - Community Marketing
- Naval Medical Center Portsmouth
  - Established Acute Orthopedic Track
  - Left Without Being Seen rates below 2.5%
  - Expanding Observation Capabilities
  - Collaboration with Radiology



# Summary



- Objectives Recap
  - Choice Architecture for acute care is complex.
  - Numerous factors Impact ED utilization in the Tidewater area.
  - MTF-level and market-level strategies can impact network ED utilization.

*Help our patients choose the right care in the right setting at the right time.*