

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

Rear Admiral A. Stocks, MC, USN Colonel E. Stone, MC, USAF Colonel K. Gausman, NC, USA

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Tidewater Multi-Service Market

Report Documentation Page

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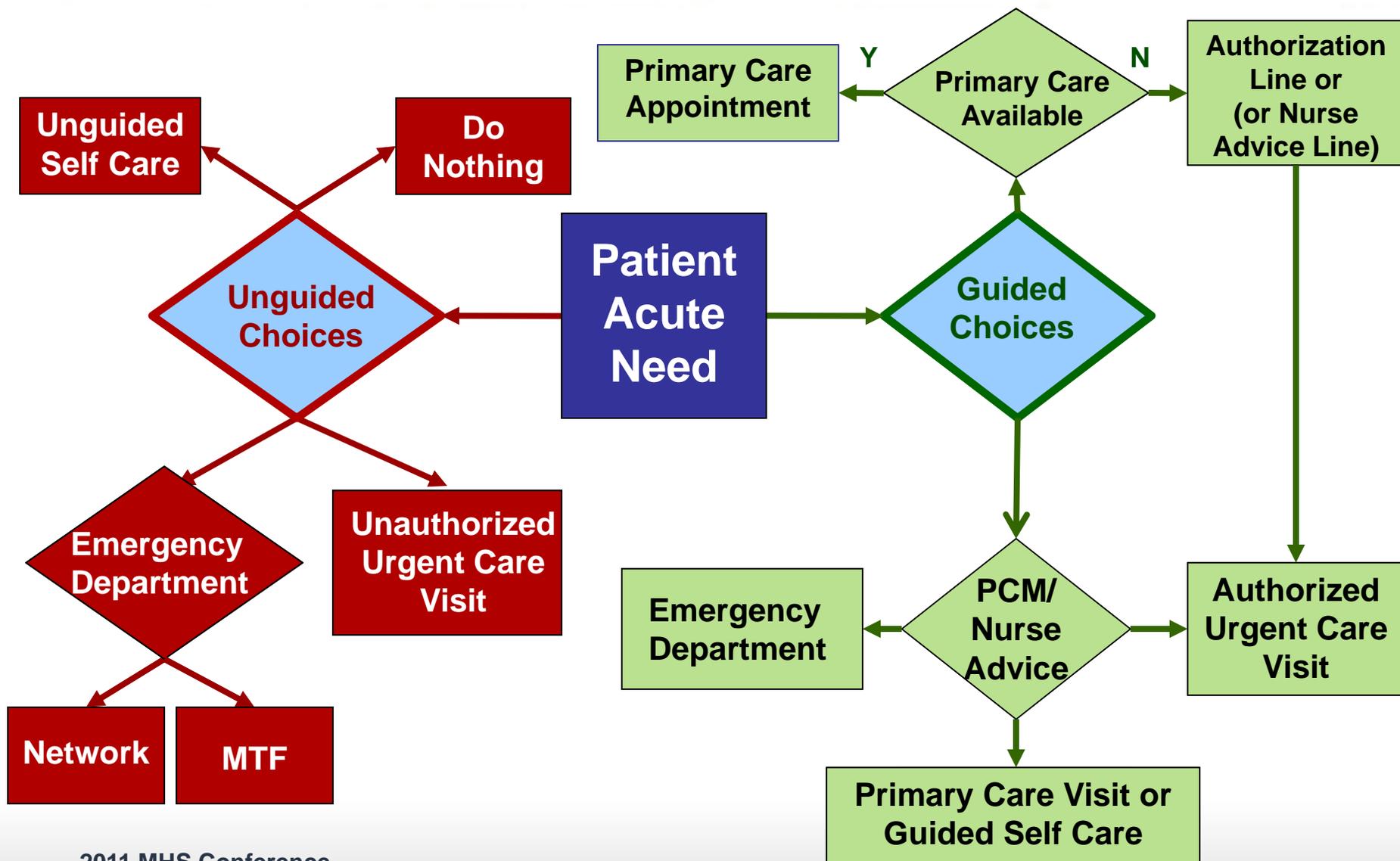
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Objectives



- 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

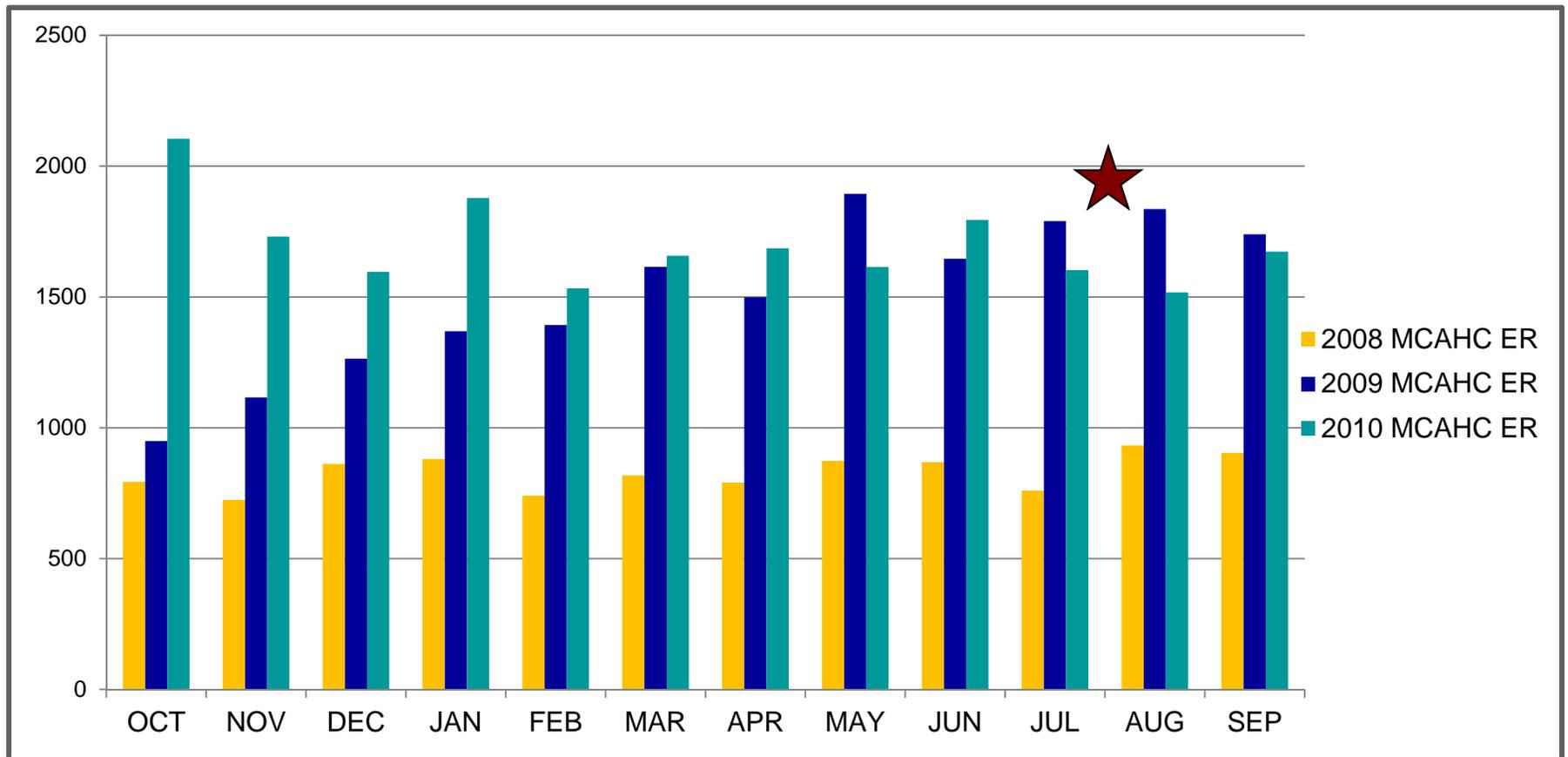
“Reason” for increased utilization is multifaceted



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



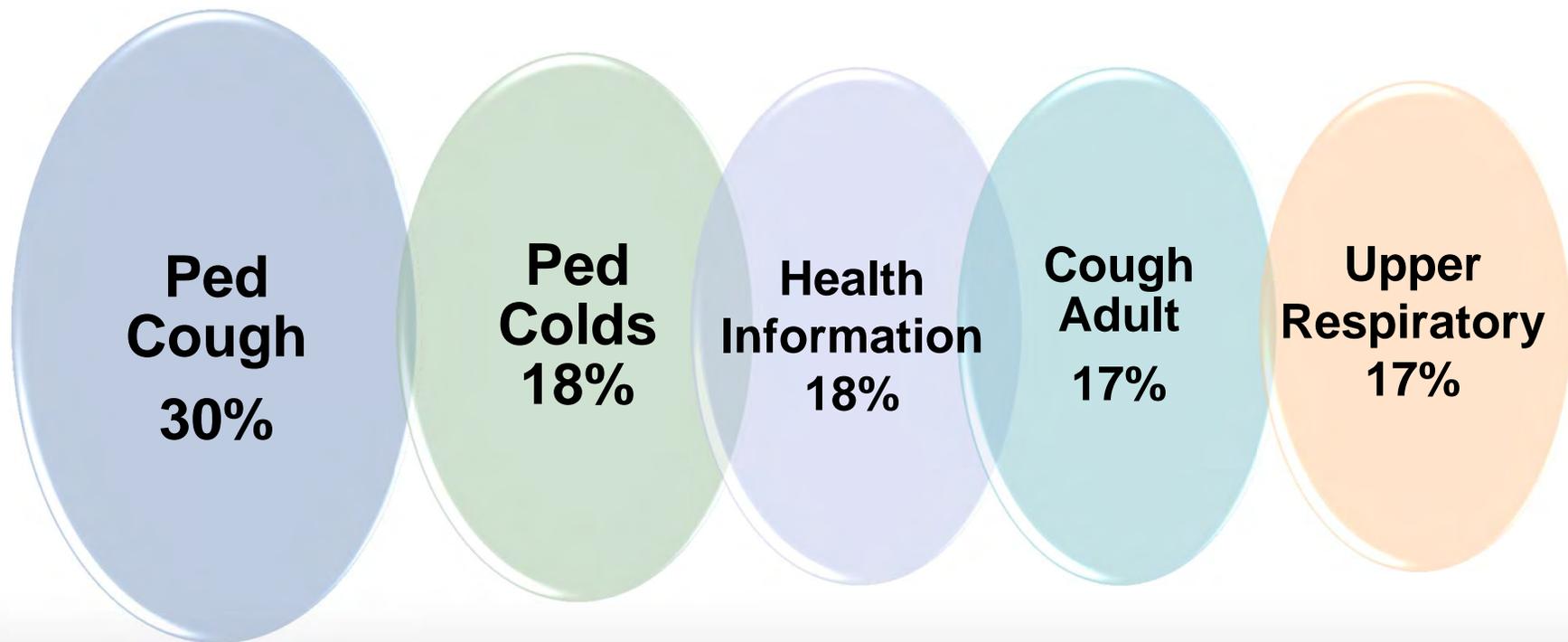
		FY 09	FY 10	FY 11
Direct Care	↓	28%	26%	12%
Emergency Care	↓	14%	13%	7%
Network UCC	↑	41%	45%	56%

- 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.

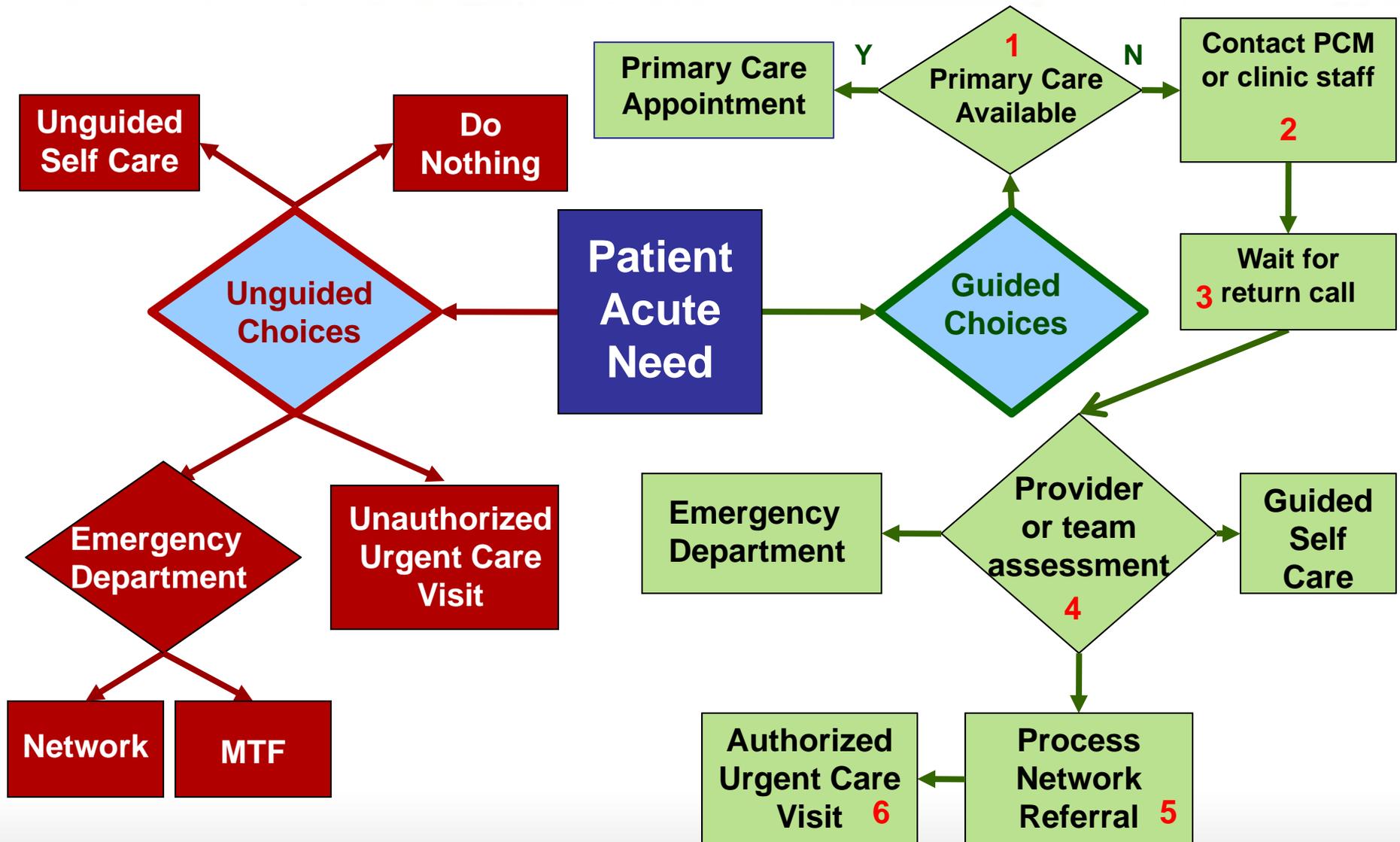
Emergency Utilization Challenge



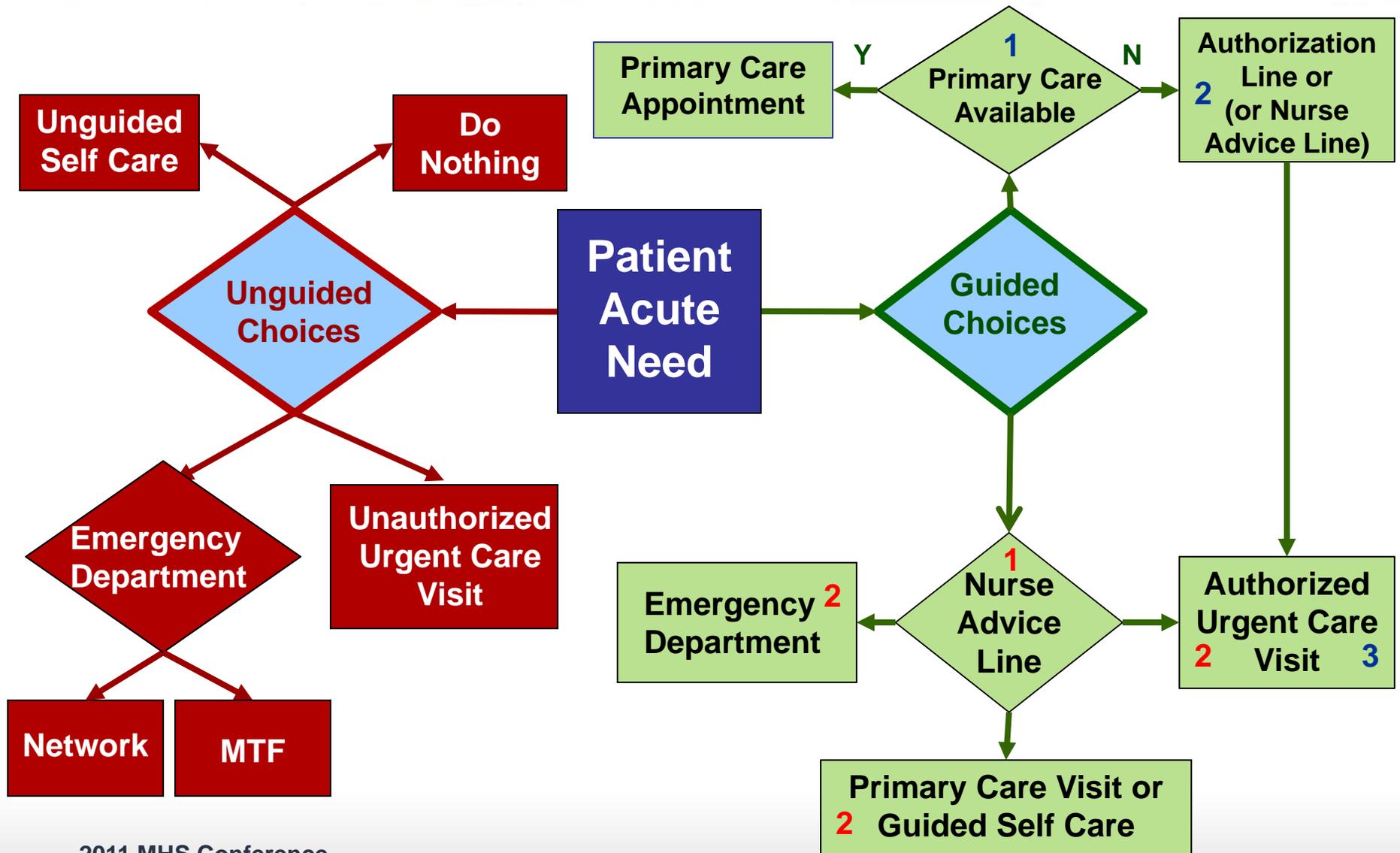
- Increased Purchased Care Spending
 - \$16M non-urgent ED visits and Primary Care FY09
 - 60-65% of ED purchased care is for non-urgent care



Current Choice Architecture



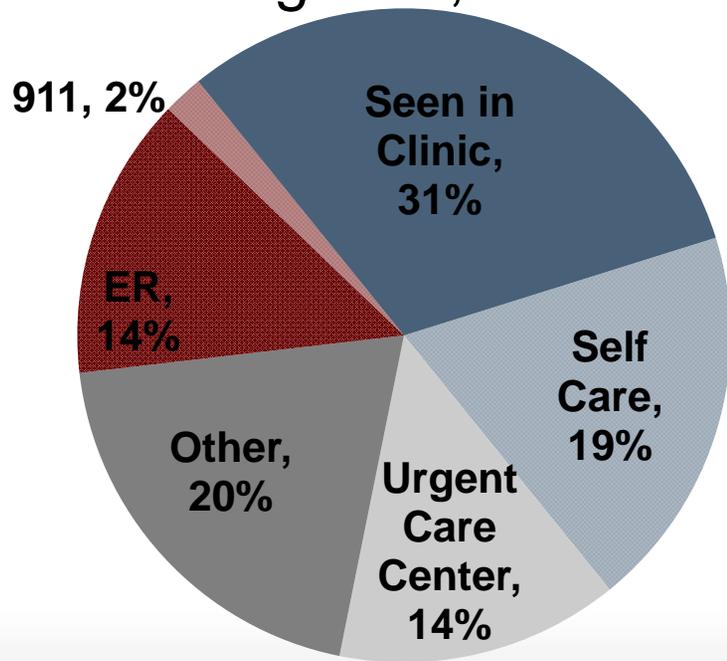
With Nurse Advice Line



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

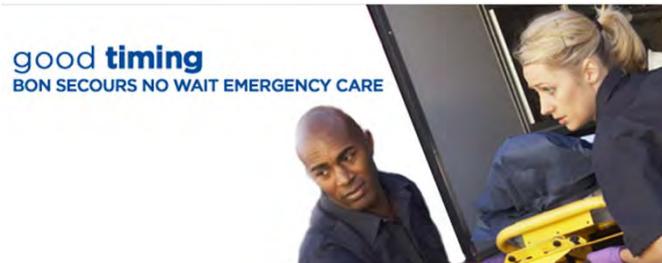
Would have
positive ROI
at 10%
avoidance

Beneficiary and MTF Satisfaction

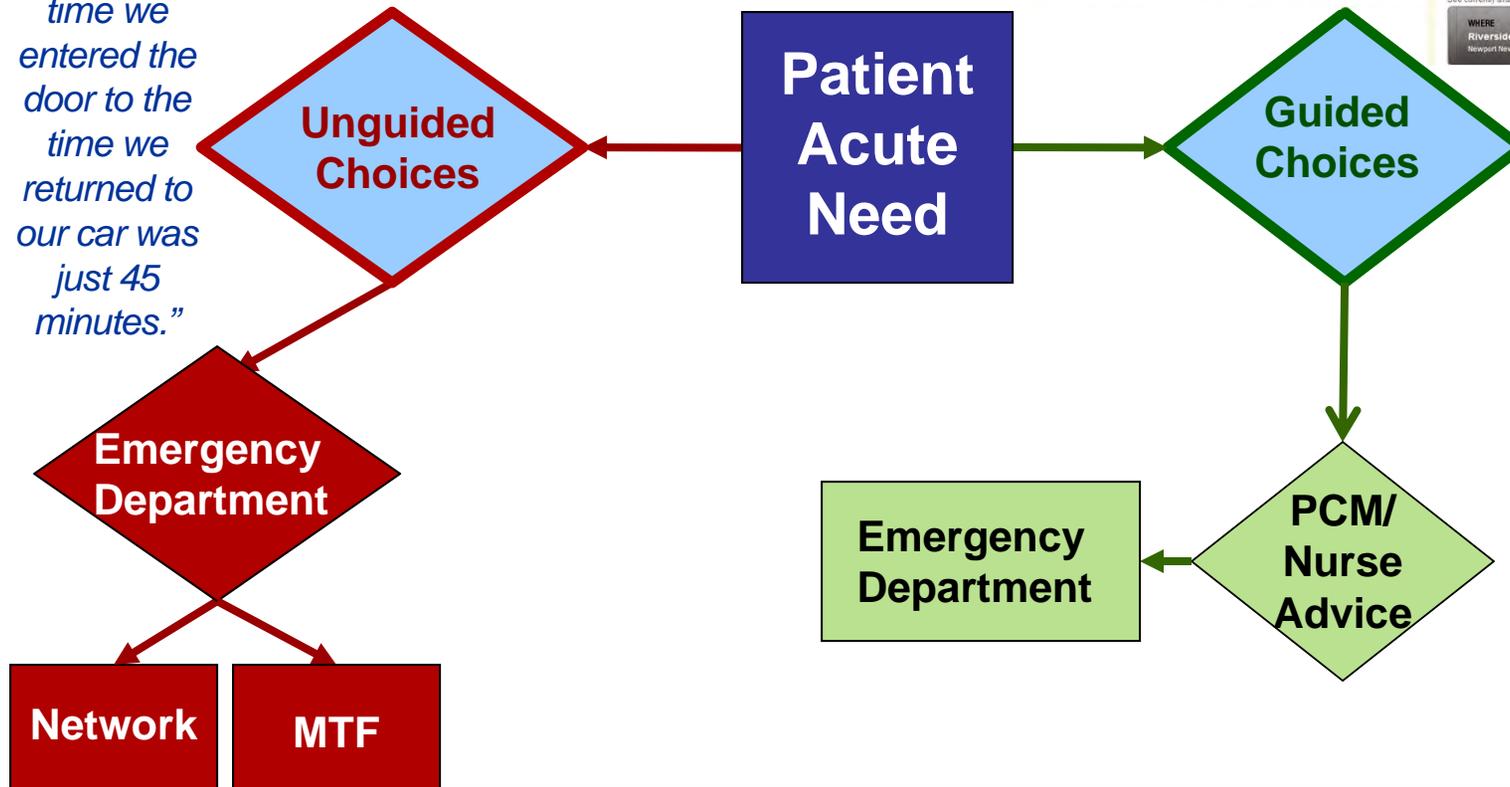


- Feedback Regarding Langley Nurse Advice Line
 - Beneficiary Satisfaction Rating
 - 98% very satisfied with the level of customer service
 - 96% speaking w/nurse impacted their health decision
 - 94% very satisfied the nurse showed concern for them
 - 89% very satisfied with the nurse response time
 - 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



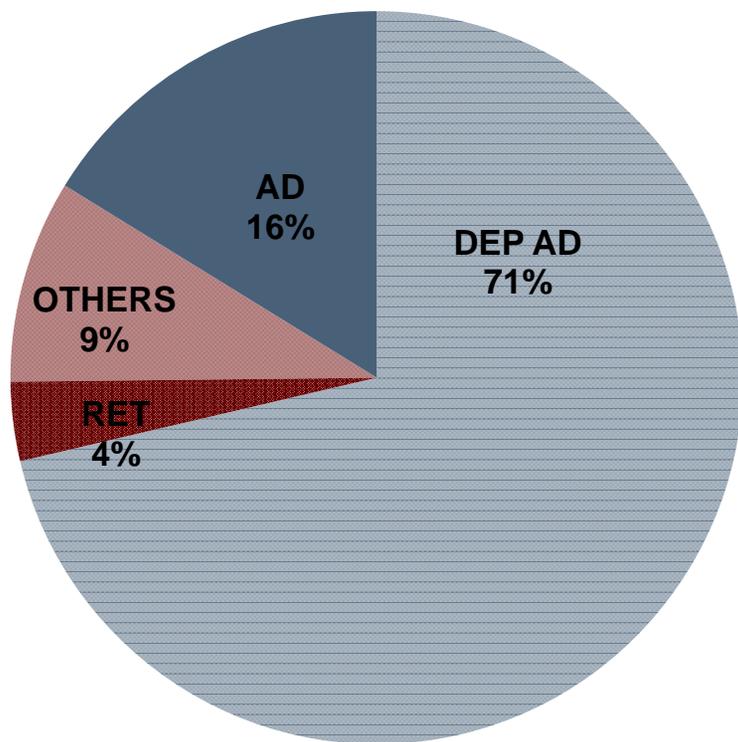
"From the time we entered the door to the time we returned to our car was just 45 minutes."





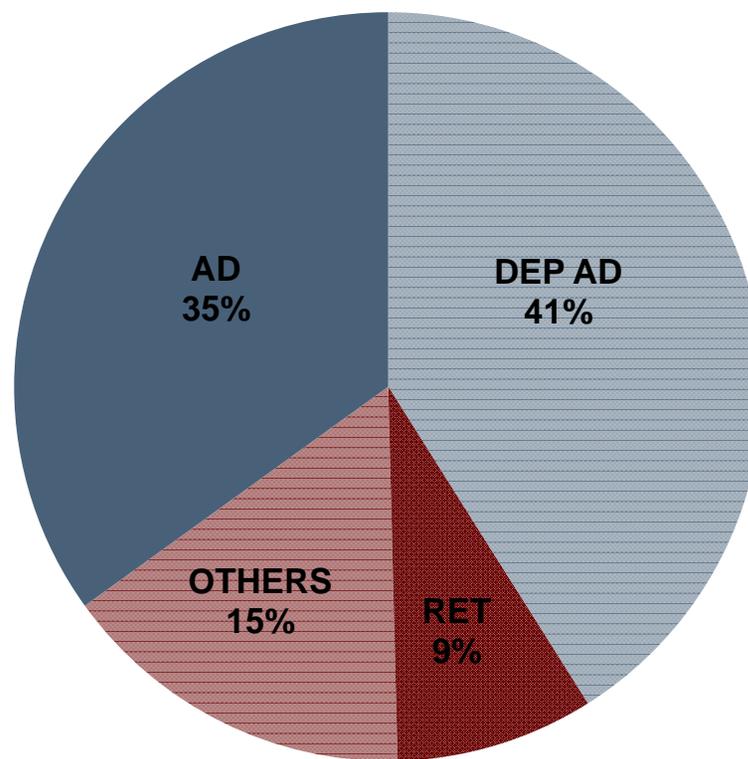
ED Utilization Comparison

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.