The Quadruple Aim: Working Together, Achieving Success

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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<td>Military Health System, Tidewater Multi-Service Market, 5111 Leesburg Pike, Skyline 5, Falls Church, VA, 22041</td>
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Standard Form 298 (Rev. 8-98)  
Prescribed by ANSI Std Z39-18
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

- **Unguided Self Care**
  - Do Nothing
  - Unguided Choices
- **Emergency Department**
- **Unauthorized Urgent Care Visit**
- **Primary Care Appointment**
  - Primary Care Available
  - Y
  - N
    - Authorization Line or (or Nurse Advice Line)
- **Guided Choices**
  - Patient Acute Need
  - Emergency Department
  - PCM/Nurse Advice
    - Authorized Urgent Care Visit
    - Primary Care Visit or Guided Self Care
  - Y
  - N
The “Perfect Storm”

Improper Utilization and Increasing Cost

“Reason” for increased utilization is multifaceted

- No Direct Care UCC Facilities on Peninsula
- Reduction in After-Hours Services in Direct Care
- Unstable Provider Workforce
- Fluctuating Operational Forces
- Increasing Trainee Population

Resources
Emergency Department Utilization

Purchased Care RVU’s in the Eustis Prism

Aggressive education campaign for installation units

2011 MHS Conference
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
• 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

1. Primary Care Available
   - Y: Primary Care Appointment
   - N: Contact PCM or clinic staff

2. Wait for return call

3. Provider or team assessment
   - Y: Authorized Urgent Care Visit
   - N: Guided Self Care

4. Emergency Department
   - Y: Process Network Referral
   - N: Guided Self Care

5. Process Network Referral

6. Authorized Urgent Care Visit

- Unguided Self Care
- Do Nothing
- Emergency Department
- Unauthorized Urgent Care Visit
- Network
- MTF

Guided Choices

Patient Acute Need
With Nurse Advice Line

Primary Care Visit or Guided Self Care

Authorization Line or (or Nurse Advice Line)

Primary Care Available

Do Nothing

Patient Acute Need

Guided Choices

Emergency Department

Unauthorized Urgent Care Visit

Unguided Self Care

Emergency Department

MTF

Network
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

![Pie chart showing distribution of care](chart.png)

- 911, 2%
- Seen in Clinic, 31%
- ER, 14%
- Other, 20%
- Urgent Care Center, 14%
- Self Care, 19%

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
“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

- AD 16%
- DEP AD 71%
- OTHERS 9%
- RET 4%

N=69,417

MTF ED Visits
FY10

- AD 35%
- DEP AD 41%
- OTHERS 15%
- RET 9%

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**.