

Welcome!

Reducing Emergency Department among MI Population Learning Series- Systems Improvement- What CCOs Can Do- Virtual Learning Collaborative

The session will start shortly!

Best Practices:

- Please keep your mic muted if you are not talking
- Please rename your connection in Zoom with your full name and organization
- We want these sessions to be interactive! Please participate in the polls, ask your questions and provide your input

Introduction

- **Learning Series Goal:** to share evidence-based and promising practices and case examples for CCO employees and contracted providers to improve their practices to support the MI population

Learning Series Opportunities

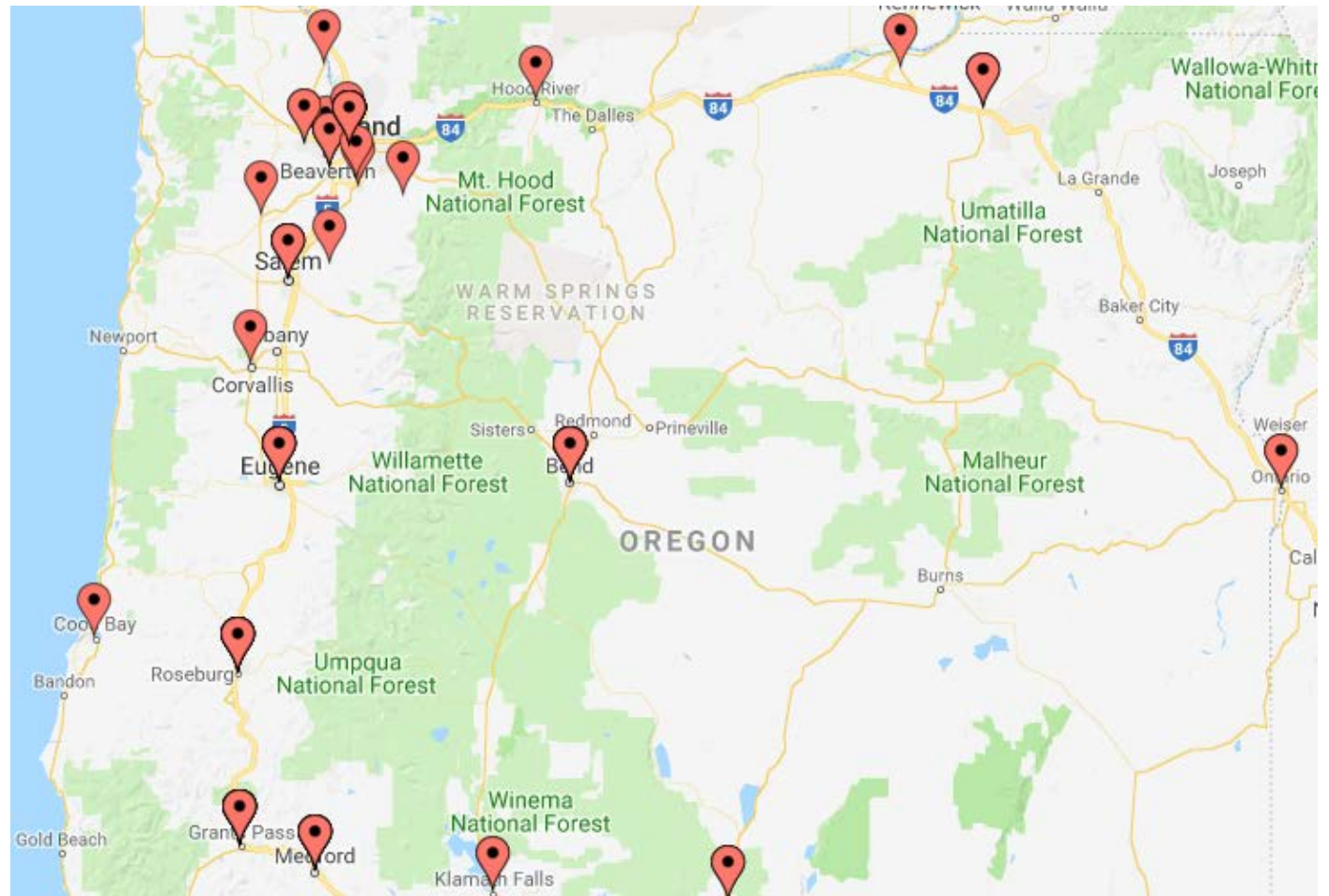
1. Systems Improvement- What CCOs Can Do
2. Behavioral and Physical Health Integration- Lessons from the Field
3. Whole Health Webinar Series

Participation Best Practices

- Please type your questions and comments into the chat box
- Please stay on mute unless you intentionally want to ask a question or make a comment
- Please rename your connection in Zoom with your full name and organization you work for
- All sessions will be recorded and shared on the OHA website
- The roster will be distributed after this session; please let Maggie McLain McDonnell know if you do not want your name shared on the roster: mclainma@ohsu.edu
- **Please actively participate in the sessions! We want to hear from you**

Map of Participating Organizations

- Over 50 participating organizations
- Participants have a variety of roles including clinicians, traditional health workers, CCO program managers and administrators, and quality improvement specialists



Systems Improvement- What CCOs Can Do

Program Objectives

- Leverage data to better understand the needs of members with mental illness
- Adopt practices to improve the health and well-being of CCO members
- Reduce ED utilization among members with mental illness

Today's Session

- Brief review and clarification of the incentive metric “ED utilization Among Members Experiencing MI”
- Getting started with PreManage cohorts and using the ED Disparity Cohort

ED Utilization Among Members with Mental Illness CCO Incentive Measure: Measure History and Overview

**Systems Improvement Virtual Learning
Collaborative- What CCOs Can Do**

Sara Kleinschmit, MSc

January 28, 2019

Learning Objectives

In this presentation, participants will:

- Understand the history of this measure and its inclusion in the CCO Quality Incentive Program
- Understand the measure specifications (what exactly is being measured)

CCO Quality Incentive Program

- Annual assessment of CCO performance on selected measures.
- CCO performance tied to bonus \$
- Compare annual performance against prior year (baseline), to see if CCO met benchmark or demonstrated minimum amount of improvement
- Measures selected by public Metrics & Scoring Committee

2019 CCO Incentive Measures

Final 2019 Incentive Measure Set
1. Adolescent well-care visits
2. Emergency department utilization
3. Assessments for children in DHS custody
4. Access to care (CAHPS)
5. Childhood immunization status
6. Cigarette smoking prevalence
7. Colorectal cancer screening
8. Controlling hypertension (EHR)
9. Dental sealants
10. Depression screening and follow-up (EHR)
11. Developmental screenings
12. Diabetes: Hba1c poor control
13. Disparity measure: ED utilization for members w MI
14. Effective contraceptive use
15. PCPCH enrollment
16. Weight assessment and counseling for kids and adol.
17. Postpartum care
18. Adults with diabetes – oral evaluation
19. Drug and alcohol screening (SBIRT)

Measure Intent

Adults living with **serious mental illness die 25
years earlier**

than other Americans,

largely due to **treatable medical conditions**

USC Social Work

Measure Specifications – Who?

- CCO members age 18+ AND
- Who have had two or more diagnoses of mental illness at any point in the current measurement year OR two years prior (i.e., 36-month look back)
- **The look-back uses diagnoses from any setting – not just ED visits (e.g. diagnoses in primary care, etc., count)**
- Definition of ‘mental illness’ is broad; ICD-10 codes are listed in the measure specifications
- We count ANY diagnosis of mental illness (it does not have to be primary diagnosis)

Measure Specifications – What Counts as an ED Visit?

- ED visit for physical health in the measurement year
 - Visits with a primary diagnosis of mental health or chemical dependency services are excluded
- ED visits that result in an inpatient stay are not counted

Why are members visiting the ED?

Top conditions* for emergency department visits among adult CCO members

Rank	% of visits	Adults WITHOUT mental illness diagnoses	Adults WITH mental illness diagnoses	% of visits	Rank
1	7%	Abdominal pain	Abdominal pain	7%	1
2	5%	Skin and subcutaneous tissue infections	Nonspecific chest pain	5%	2
3	5%	Sprains and strains	Spondylosis; disc disorders; other back problems	4%	3
4	4%	Nonspecific chest pain	Headache; including migraine	4%	4
5	4%	Spondylosis; disc disorders; other back problems	Sprains and strains	4%	5
6	4%	Superficial injury; contusion	Skin and subcutaneous tissue infections	4%	6
7	4%	Other upper respiratory infections	Superficial injury; contusion	4%	7
8	3%	Disorders of teeth and jaw	Alcohol-related disorders	3%	8
9	3%	Headache; including migraine	Other upper respiratory infections	3%	9
10	3%	Urinary tract infections	Urinary tract infections	3%	10
11	3%	Open wounds of extremities	Other connective tissue disease	2%	11
12	2%	Other connective tissue disease	Disorders of teeth and jaw	2%	12
13	2%	Other non-traumatic joint disorders	Nausea and vomiting	2%	13
14	2%	Nausea and vomiting	Other non-traumatic joint disorders	2%	14
15	2%	Other injuries and cond. due to external causes	Substance-related disorders	2%	15
16	2%	Other lower respiratory disease	Other nervous system disorders	2%	16
17	2%	COPD and bronchiectasis	COPD and bronchiectasis	2%	17
18	1%	Other nervous system disorders	Open wounds of extremities	2%	18
19	1%	Alcohol-related disorders	Other injuries and cond. due to external causes	2%	19
20	1%	Other gastrointestinal disorders	Residual codes; unclassified	2%	20

Why are members visiting the ED?

Top conditions* for emergency department visits among adult CCO members with MI

Rank	% of visits	Females	Males	% of visits	Rank
1	9%	Abdominal pain	Nonspecific chest pain	5%	1
2	5%	Headache; including migraine	Alcohol-related disorders	5%	2
3	5%	Spondylosis; disc disorders; other back problems	Skin and subcutaneous tissue infections	5%	3
4	4%	Nonspecific chest pain	Abdominal pain	5%	4
5	4%	Sprains and strains	Superficial injury; contusion	4%	5
6	4%	Superficial injury; contusion	Spondylosis; disc disorders; other back problems	4%	6
7	4%	Urinary tract infections	Sprains and strains	4%	7
8	4%	Skin and subcutaneous tissue infections	Substance-related disorders	3%	8
9	3%	Other upper respiratory infections	Headache; including migraine	3%	9
10	2%	Nausea and vomiting	Other connective tissue disease	2%	10

Reporting Support

- PreManage includes a flag/notification to CCOs and network clinics when members included in the measure set are seen in the ED
- OHA provides monthly member-level reports to CCOs to track progress

Additional Resources

Measure specifications and guidance documents:

www.oregon.gov/oha/analytics/Pages/CCO-Baseline-Data.aspx

Technical Assistance from OHA's Transformation Center:

<https://www.oregon.gov/oha/HPA/dsi-tc/Pages/ed-utilization-members-mental-illness.aspx>

Thank you!

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Q & A

ED Disparity Metric: Getting Started with the PreManage Cohort

**Systems Improvement Virtual Learning
Collaborative- What CCOs Can Do**

Liz Whitworth, OHLC & CareOregon

January 28, 2018

Learning Objectives

In this presentation, participants will:

- Learn how to log into PreManage, find and load the cohort on a regular basis
- Learn how to find and load their ED Disparity Cohort denominator population in PreManage
- Learn how the ED Disparity Cohort is loaded and maintained in their CCO PreManage systems

Terminology Notes

- In this presentation, we'll be referring to the “PreManage” system.
- However, Collective Medical (the vendor) is currently re-branding the tool as “Collective”.
- Stakeholders throughout Oregon will migrate their terminology to “Collective” throughout 2019.
- Patients vs. Members—we'll be referring to individuals as ‘patients’ to keep consistent with PreManage features

Logging into PreManage

https://premanage.ediecareplan.com/client/index.do

Collective Medical®

✉ whitworthe@careoregon.org

🔑

Login

[Forgot your password?](#)

- **Log in via Internet browser at:** <https://premanage.ediecareplan.com/>
- **Recommended browser:** Google Chrome
- **Forgot your password?** Click link to be directed to CM for a password reset
- User accounts maintained by designated **PreManage Account Manager** in your organization

Finding the ED Disparity Cohort

The screenshot shows the Collective dashboard interface. On the left is a dark sidebar with navigation options: Cohorts, Census, Scheduled Reports, Groups, Notifications, and Manage Facility. The main content area has a search bar at the top. Below it is a 'Timeframe' section with a dropdown menu currently set to 'Previous 24 Hours'. A blue arrow points to this dropdown. Below the timeframe is a 'Member Cohorts' section with a sub-header 'Mon 10:13am - Now'. It contains a table with three columns: Count, Change, and Description. A blue arrow points to the 'Description' column header. The table lists two cohorts:

Count	Change	Description
106	↓ -6%	ED Disparity Measure
4	↓ -20%	Health Ed - COA Plus Obs-Only Admit

- After Log In, users are taken directly to the **Cohorts** page shown at left.
- From list of **“Member Cohorts”** find the **“ED Disparity Measure”** on your Cohort list. You can sort cohorts in alpha order by clicking on the **“Description”** heading.
- You may need to adjust the **“Timeframe”** to more than **“Previous 24 hours”** to see the **“ED Disparity Measure”** cohort appear in the list.
- The **“Timeframe”** selected pulls a list of all patients meeting the cohort criteria in the selected timeframe, e.g., 24 hours, 72 hours, Last Week.

Finding Patient List Meeting Cohort Criteria

The screenshot displays a dashboard with two main sections. On the left, the 'Member Cohorts' section shows a table with columns for 'Count', 'Change', and 'Description'. The 'ED Disparity Measure' cohort is highlighted, showing a count of 106 and a change of -6%. A blue arrow points to this cohort name. On the right, the 'ED Disparity Measure' section features a bar chart showing the number of patients meeting the criteria over time, with a date range of 'Mon 10:13am - Now'. A blue arrow points to the top right of this section. Below the chart are 'Excel' and 'PDF' download options, and a table with columns for 'ID', 'Name', 'Gender', 'Age', 'Admit Time', 'Location', and 'Reviewed'.

Count	Change	Description
106	↓ -6%	ED Disparity Measure

ID	Name	Gender	Age	Admit Time	Location	Reviewed
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- Click on the “**ED Disparity Measure**” cohort name and a table will appear at the right with a timeline graph of patients meeting the cohort criteria in the timeframe selected.
- Below the graph, a table will appear with patient name and details about their ED visit
- To view patient details, click on the patient name in the table (*Tip: Right click to “open link in new tab” so you can return to your complete patient list after viewing the individual patient record.*)

Viewing the ED Disparity Measure Tag & Description

Tag in patient detail view:

The screenshot shows a patient detail view with several tags: Clack Cty-Assigned, HS-Clackamas MH, HS-Willamette Dental, RX Risk Score 9-14.99, 1-HRP-Alyssa Moore, Active, RCT 1, Plan-HSO-CO PH/MH/Dental, and ED Disparity Measure. A tooltip is displayed over the ED Disparity Measure tag, providing a detailed description of the patient population.

ED Disparity Measure patient identified by OHA using claims with a 36-month rolling look back period where members have two or more visits to any location (not limited to EDs) with a principal mental illness diagnosis. Updated weekly, this patient counts toward the Oregon CCO Disparity Measure: Emergency Department Utilization for Individuals Experiencing Mental Illness and should not be confused with the HEDIS Mental Illness Value Set.

- View, the “**ED Disparity Measure**” tag in green box (other examples tags shown can be loaded by a CCO or clinic.)
- Hover over the tag to view a description of the “**ED Disparity Measure**” population (as defined by OHA)

Reminders:

- PreManage cohort reports ALL ED visits for OHA metric denominator population
- OHA metrics reporting is only counting PH visits
- PreManage cohort intended to help support daily work toward meeting the CCO metric.
- Review utilization history, care guidelines, etc. also on this patient detail view.

Finding OHA Denominator Population

Groups

Referral

- Annual Reviews
- Pending Referrals (0)
- Accepted Referrals
- Rejected Referrals
- Unassigned Referrals

Collective

- Patients with Active Guideline
- Patients with Due or Inactive Guideline
- Visits with Notifications
- Patients by ED Visit Frequency

Shared with me

- ED Disparity Measure (TPO)

ED Disparity Measure (TPO)

Filter

Excel PDF

Name	MRN	Tot. Vis. 1yr	Fac. Vis. 1yr	Care Guidelines
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- Click on the “**Groups**” page to view your metric denominator population.
- Once there, scroll to bottom of page and find the “**Shared with me**” heading and the “**ED Disparity Measure (TPO)**” hyperlink.
- Click the link to see a list of patients at top of screen in a table format which can be downloaded into Excel as desired.
- **Tip:** Depending on the group size, it may take a couple minutes to load the list.
- Once loaded, the list shows all your patients currently in the metric denominator—regardless of their current ED utilization.
- Your group list is updated automatically every week for CCOs & clinics through a coordinated effort of OHA and Collective Medical.

Additional Resources

For PreManage technical questions and requests, please email:

support@collectivemedicaltech.com

Contact Information

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Oregon Health Leadership Council (OHLC) &

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Consultant

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Q & A

Thank you!

Please complete the post-session evaluation.

Next session is on **Monday, February 4 from 1:00-2:00 p.m.**

- The session theme will be *From Data to Action* and will feature presentations from CareOregon and Health Share.