Best Practices:
PRC Clients and Care Plans

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Washington State Medical Association
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WSHA Presenters

Carol Wagner

Senior VP,

Patient Safety

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Additional Presenters

Washington Health Care Authority

Patient Review & Coordination Program (PRC)

Scott Best, Clinical Nurse Advisor
Office of Quality and Care Management

Sue Cunningham, PRC Program Specialist
Office of Quality and Care Management

Franciscan Health System

Kim Barwell, System Care Manager, Franciscan Health System

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Webcast Objectives

- Background on ER is for Emergencies
- Best Practice: Patient Review and Coordination (PRC)
- What is PRC?
- How does it work?
- How can we help?
- Questions and comments

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An Opportunity

Redirecting Care to the Most Appropriate Setting

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Partnering for Change

- Washington State Hospital Association
- Washington State Medical Association
- Washington Chapter of the American College of Emergency Physicians

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State Approaches to Curbing ER Use

When	What	Impact	Status
Original proposal	3-visit limit on unnecessary use	Cuts payments to providers	Won lawsuit; policy abandoned
Revised proposal	No-payment for unnecessary visits	Cuts payment to providers	Delayed by the Governor just prior to implementation
Current policy	Adoption of best practices	Improves care delivery and reliance on ER as source of care	Passed in latest state budget

If Unsuccessful

Revert to the no-payment policy.

$38 million in annual cuts!

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Seven Best Practices

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The Seven Best Practices

- Electronic health information
- Patient education
- PRC client information/identification
- PRC client care plans
- Narcotics prescribed in primary care
- Prescription monitoring
- Use of feedback information

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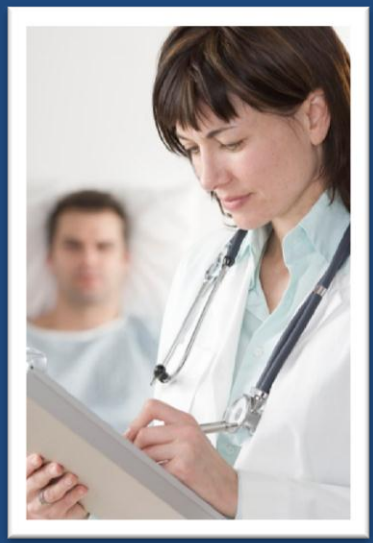
C) Patients Requiring Coordination (PRC) Information

Goal: Ensure hospitals know when they are treating a PRC patient and treat accordingly

- PRC clients = frequent ER users, often narcotic seekers
- Receive and use client list
- Identify patients on arrival
- Develop and coordinate case management programs
- Use care plans



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How to Accomplish

- Identify who at hospital receives and disseminates information on PRC clients
- Use information in the electronic health system to alert physicians to identify frequent users of the ER
  - Frequent user = someone who has used ER five or more times in the past 12 months
- Make PRC care plans available to ER physicians
- Best success with case management in ER

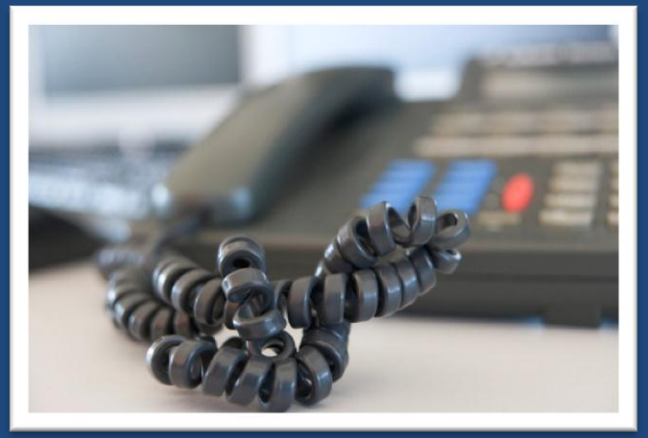
D) PRC Client Care Plans

Goal: Assist PRC clients with their care plans

- Contact the primary care provider when PRC client visits the ER
- Efforts to make an appointment with the primary care provider within 72 hours when appropriate
- If no appointment required, notify primary care provider that a visit occurred
- Relay barriers to care to Health Care Authority

How to Accomplish

- Develop system to call primary care providers during and after PRC visit to emergency room
- Develop system to relay issues regarding access to primary care to the HCA



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Patient Review and Coordination Program

Presented by:
Scott Best - Sue Cunningham
WSHA meeting May 1st 2012

Washington State Health Care Authority

Patient Review and Coordination (PRC) Program

- Health and safety program for Medicaid fee-for-service and managed care clients who overuse or inappropriately use medical services

AUTHORITY

- Federal requirement of all Medicaid programs
  - 42CFR 431.54 (e); 456.3; 455.1-16
- Washington Administrative Code 182-501-0135
  - Website: http://apps.leg.wa.gov/WAC/

Goal of PRC Program

- Decrease and control over-utilization and inappropriate use of health care services
- Minimize medically unnecessary services and addictive drug use
- Client and provider education and coordination of care
- Assist providers in managing PRC clients by providing available resource information to facilitate coordination of care
- Reduce overall expenditures

Identification of Clients for Review

Direct Referrals – external & internal such as

- Health care providers, pharmacies
- Other State Agencies and concerned parties

Monthly Algorithms

- High narcotic users
- High number of prescribers for narcotics
- High emergency room users with "non-emergent" diagnosis

Criteria for PRC Placement

Any 2 in a 90 day period within last 12 months:

- Services from 4 or more different providers
- Prescriptions filled by 4 or more different pharmacies
- 10 or more prescriptions
- Prescriptions written by 4 or more different prescribers
- Received similar services from 2 or more providers in the same day
- 10 or more office visits

Criteria for PRC Placement _ cont.

Any 1 within a 90 day period within last 12 months:

- 2 or more emergency room visits
- Medical history of "at risk" behavior
- Repeated and documented efforts to seek services that were not medically necessary
- Counseled at least once by health care provider about the appropriate use of healthcare services
- Received controlled substances from two different prescribers in one month

Criteria for PRC Placement - cont.

- **"At Risk" definition:**
  - Forging or altering prescriptions
  - Paying cash for controlled substances
  - Unauthorized use of client's medical assistance identification services card
  - Seeking services that are not medically necessary

PRC Review Process

- **Program Specialist Review**
  - Verify Client Eligibility
  - Review Utilization Reports
  - Determine if meets criteria per WAC 182-501-0135
  - Review for Medical Necessity and/or Medical Justification with clinical oversight
    - Refer for full Clinical Review if necessary
- **Decision: One of the Following**
  - Warning
    - Warning letters are not intended to be used multiple times
  - Placement in PRC
    - Initial Placement Letter (re-check eligibility prior)
  - Case closed

PRC Review Outcome

- **Initial Placement in PRC is at least 24 months**
  - Client is restricted to one or more of the following providers:
    - Primary Care Provider
    - Pharmacy
    - Prescriber of Controlled Substance
    - Hospital
    - Other
- **HCA uses system edits in ProviderOne (P1) and POS to help administer the PRC program**
- **Restriction takes precedence over all edits in the POS system**

Provider Assignment

Factors in assigning clients:

- Provider must be reasonably accessible
- Provider may be chosen by client, if no response HCA/MCO will assign
  - Will assign after 10 days from the date of initial placement letter
- Assignment letter sent to client, provider and HCA/MCO
- Client reviewed after 24 months of placement; may be extended for additional 36 months and 72 months consecutively

Provider Assignment _ Cont.

- Verify providers are accepting clients/enrollees
- Provider Selection – Current provider's address and phone number on the letter where the client will be receiving services (not billing address)
  - PCP
  - Pharmacy
    - All medications must be filled at the assigned pharmacy
    - Exceptions can be made such as emergency fills, inpatient hospital discharge, assigned pharmacy out of meds, in treatment facility, out of area, etc.
    - One or more pharmacies may be assigned on a case by case basis (example: a retail pharmacy, a Mental Health pharmacy, or a compounding/specialty pharmacy)
    - Transportation Brokers will not transport to a pharmacy

Provider Assignment _ Cont.

- Hospital
  - Add detail
- Specialist

Services Not Affected

- **Services not affected by PRC*:**
  - Community Mental Health Center
  - Dental
  - Drug Treatment Facilities
  - Emergency Services
  - Family Planning
  - Health Department
  - Hearing Aids
  - Home Health Care
  - Hospital Care
  - Hospice Services
  - Long Term Care
  - Medical Equipment
  - Medical Transportation Services
  - Renal Dialysis
  - Vision Care/Optometrist
  - Women's Health
- **Clients may be responsible for payment of services:**
  - If obtained from non-assigned providers and not referred by PCP/Clinic

*** If a client is found to be inappropriately using any of these services, they could be restricted to certain providers of these services.**

PRC Clients referred for Narcotic Abuse in 2006 (N=518)

- Average # of narcotics prescriptions went from 3.07 to 1.63
- Average number of prescriptions went from 4.8 to 2.8
- Total Morphine Equivalent Dosage (MED) decreased to 185 MED/day from 312 MED/day
- Total narcotic claims went from 2274 to 839 total claims

PRC Clients Who Completed Their 2 year Restriction in 2007 and 2008 (N=1364)

- 50% were released for compliance
- 28% retained, usually continued high ER use
- 15% no longer eligible for medical assistance

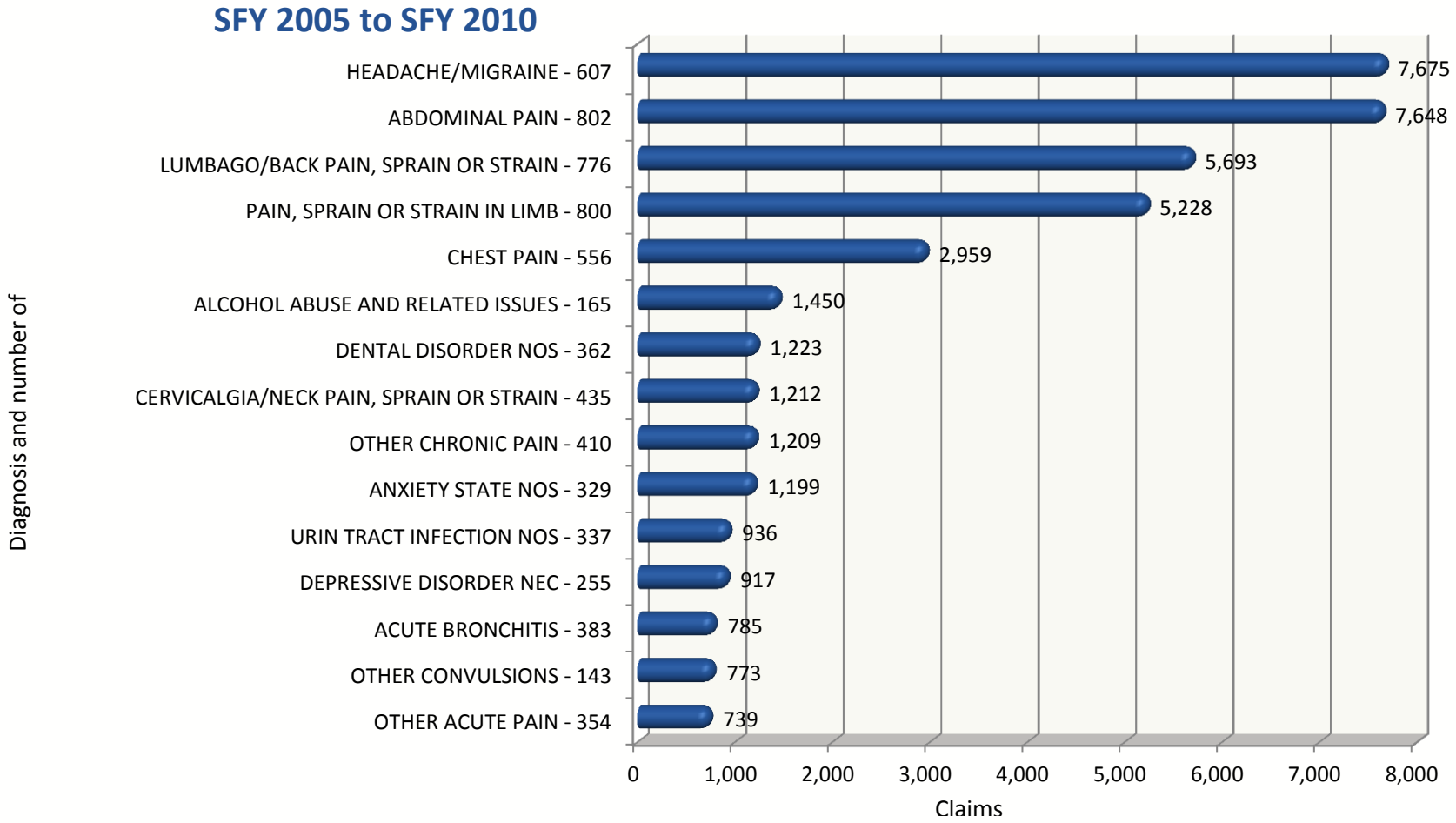
PRC Savings and Utilization Outcomes

- Savings as of January 2012
  = $109,754,000
- 33% decrease in emergency room visits
- 37% decrease in physician visits
- 24% decrease in number of prescriptions

Still to Tackle: ER Visits

- Patients continue to access ER unnecessarily
- Patients need to get the care they need, and not get the care they don't need
- Unnecessary ER use:
  - Impedes care plans
  - Prevents affiliation with primary care provider
- ER is for Emergencies Campaign will make a big difference

Top 15 Diagnosis for Top 1000 ER Users



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PRC Program

- **Current FTEs:**
  - 2 clinical nurse advisors
  - 6 program specialists (daily care management)
  - 2 support staff
  - 1 supervisor
- **Significant process improvement activities including database systems, automated processes**
- **Average current caseload = 3800**

Roles of PRC Program Specialists

- Identify primary care providers and specialists appropriate for the client
- Monitor usage of health care – can call and get real-time usage
- Get information about the assigned providers to whom the patient is restricted

Identifying Assigned Providers

- HCA sends out a monthly list
  - Fee for service clients
  - Managed care clients
- Information available on EDIE
  - Fee for service clients
  - Managed care clients
- Hospital staff can call PRC program
- Look clients up in ProviderOne (P1) via client eligibility website

PRC Referrals

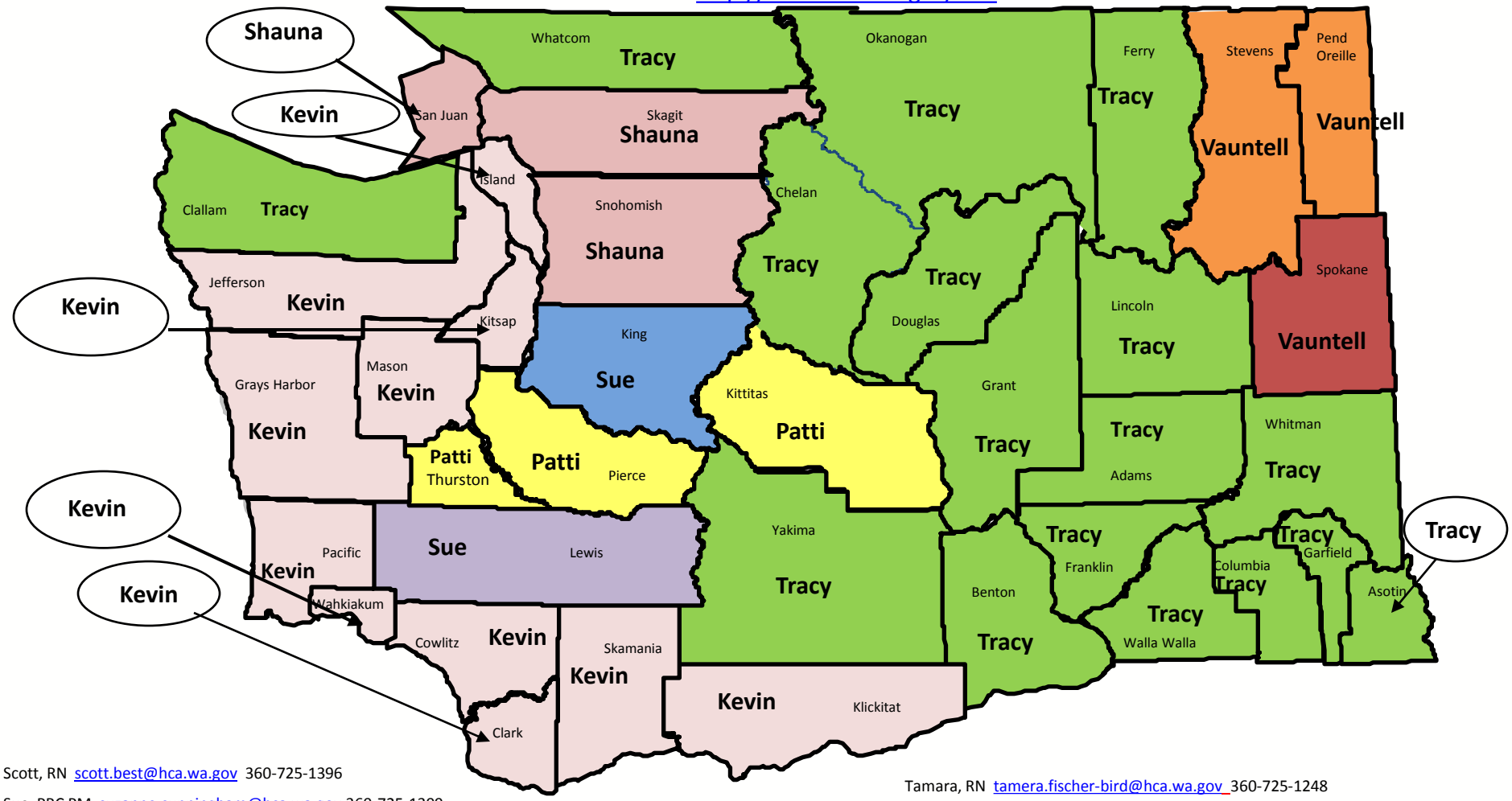
- **PRC Referral Line**
  - Phone: (800) 562-3022 ext. 15606
    (Monday – Friday, 7:30 a.m – 4:00 p.m)
  - Fax: (360) 725-1969
  - Email: prr@hca.wa.gov
  - Referral Form: http://hrsa.dshs.wa.gov/pdf/ms/forms/13_840.pdf

- **PRC Website**
  - http://maa.dshs.wa.gov/PRR

PRC Staff Assignment

PRC VOICE MAIL: 800-562-3022 ext. 15606 FAX: 360-725-1969

WEB: http://maa.dshs.wa.gov/PRR



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Other Resources

- **Emergency Department Information Exchange (EDIE)**
  - http://www.ediecareplan.com/
- **Prescription Monitoring Program**
  - http://www.wapmp.org/
- **Health Care Authority Tool Kit for Helping patients with drug use**
  - http://hrsa.dshs.wa.gov/pharmacy/toolkit.htm
- **Division of Behavioral Health and Recovery**
  - http://www.dshs.wa.gov/dbhr/
- **Buprenorphine Information**
  - http://www.buprenorphine.samhsa.gov/
- **Opioid Guideline for Chronic-Non Cancer Pain**
  - http://www.agencymeddirectors.wa.gov/files/opioidgdline.pdf
- **Medicaid Provider Guides** (Formerly known as Billing Instructions)
  - http://hrsa.dshs.wa.gov/download/BI.html
- **Client Eligibility**
  - http://hrsa.dshs.wa.gov/download/ProviderOne_Billing_and_Resource_Guide.html

Experience at Franciscan Healthcare

- How is Franciscan incorporating PRC into their ED Processes?
- What are the challenges?
  - What additional resources have you had to add?
- Who develops and inputs the care plan?

Next Steps

How We Will Help

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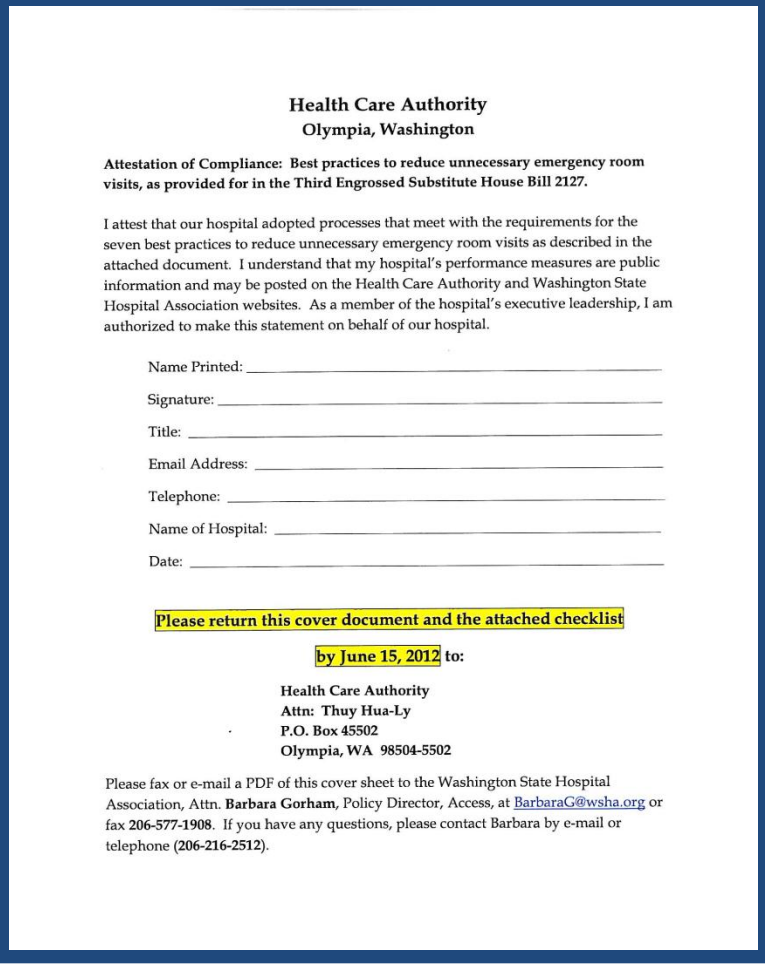
Review: What You Need to Do

Ensure hospitals know when they are treating a PRC patient and treat accordingly

- Receive and use client list, identify patients
- Develop and coordinate case management programs
- Use care plans
- Connect with primary care provider when PRC client visits the ER

Quick Action Needed!



Health Care Authority
Olympia, Washington

Attestation of Compliance: Best practices to reduce unnecessary emergency room visits, as provided for in the Third Engrossed Substitute House Bill 2127.

I attest that our hospital adopted processes that meet with the requirements for the seven best practices to reduce unnecessary emergency room visits as described in the attached document. I understand that my hospital's performance measures are public information and may be posted on the Health Care Authority and Washington State Hospital Association websites. As a member of the hospital's executive leadership, I am authorized to make this statement on behalf of our hospital.

Name Printed: _____

Signature: _____

Title: _____

Email Address: _____

Telephone: _____

Name of Hospital: _____

Date: _____

Please return this cover document and the attached checklist

by June 15, 2012 to:

Health Care Authority
Attn: Thuy Hua-Ly
P.O. Box 45502
Olympia, WA 98504-5502

Please fax or e-mail a PDF of this cover sheet to the Washington State Hospital Association, Attn. **Barbara Gorham**, Policy Director, Access, at BarbaraG@wsha.org or fax **206-577-1908**. If you have any questions, please contact Barbara by e-mail or telephone (**206-216-2512**).

Hospitals must submit attestations and best practice checklists to HCA by ***June 15, 2012***

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For More Information

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Amber Theel, Director, Patient Safety Practices
(206) 577-1820, ambert@wsha.org

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Questions and Comments

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