Best Practices:
PRC Clients and Care Plans
WSHA Presenters

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Patient Review & Coordination Program (PRC)

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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
An Opportunity

Redirecting Care to the Most Appropriate Setting
Partnering for Change

- Washington State Hospital Association
- Washington State Medical Association
- Washington Chapter of the American College of Emergency Physicians
## State Approaches to Curbing ER Use

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

Revert to the no-payment policy.

$38 million in annual cuts!
Seven Best Practices

ER is for Emergencies
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
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
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
Patient Review and Coordination Program

Presented by:
Scott Best - Sue Cunningham
WSHA meeting May 1st 2012
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/](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
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
“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:
    o Primary Care Provider
    o Pharmacy
    o Prescriber of Controlled Substance
    o Hospital
    o 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

SFY 2005 to SFY 2010

- HEADACHE/MIGRAINE: 7,675
- ABDOMINAL PAIN: 7,648
- LUMBAGO/BACK PAIN, SPRAIN OR STRAIN: 5,693
- PAIN, SPRAIN OR STRAIN IN LIMB: 5,228
- CHEST PAIN: 2,959
- ALCOHOL ABUSE AND RELATED ISSUES: 1,450
- DENTAL DISORDER NOS: 1,223
- CERVICALGIA/NECK PAIN, SPRAIN OR STRAIN: 1,212
- OTHER CHRONIC PAIN: 1,209
- ANXIETY STATE NOS: 1,199
- URIN TRACT INFECTION NOS: 936
- DEPRESSIVE DISORDER NEC: 917
- ACUTE BRONCHITIS: 785
- OTHER CONVULSIONS: 773
- OTHER ACUTE PAIN: 739
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

• PRC Website
  ➢ [http://maa.dshs.wa.gov/PRR](http://maa.dshs.wa.gov/PRR)
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

• 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
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!

For More Information

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Questions and Comments