

# Risk Factors for High Utilizers of the Emergency Department Among Health Home Enrollees

May 30, 2018 <sub>2</sub>

## **Whitepaper Distribution**

- Whitepaper will be posted on the Health Home website: <a href="https://www.health.ny.gov/health\_care/medicaid/program/medicaid\_health\_homes/performance/index.htm">https://www.health.ny.gov/health\_care/medicaid/program/medicaid\_health\_homes/performance/index.htm</a>
- Webinar will be posted on the Lead Health Home webpage under Topic: Performance Management <a href="https://www.health.ny.gov/health\_care/medicaid/program/medicaid\_health\_homes/webinars/index.htm">https://www.health.ny.gov/health\_care/medicaid/program/medicaid\_health\_homes/webinars/index.htm</a>
- Both documents will be posted in Atrium



# Purpose/Goals

- Introduce and define Health Home High Utilizers of the Emergency Department
- Highlight differences between entire Medicaid population and Health Home utilization
- Identify risk factors that are associated with Health Home
   High Utilizers of the Emergency Department
- Discuss how results should be used
- Share future plans



# **Initial Health Home Population**

- Health Home enrolled members
- Removed dually eligible (Medicaid and Medicare) members
- Calendar years
  - 2013
  - 2014
  - 2015



# **Emergency Department (ED) Utilization**

- ED utilization between Jan 1, 2013 and Dec 31, 2015
  - All ED utilization during the individual calendar year
  - Regardless of when a member was enrolled during calendar year
- Modified version of the Healthcare Effectiveness Data and Information Set (HEDIS) Ambulatory Care (AMB) measure
  - Mental health and substance use utilization included
  - HEDIS is a set of standardized performance measures, developed and maintained by the NCQA



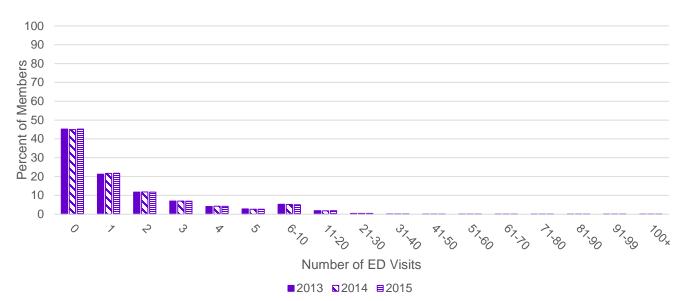
#### Medicaid vs. Health Home Utilization

- Health Home ED rate slightly more than 3x higher than that of entire Medicaid population
  - Byproduct of successful targeting of complex individuals
  - Suggests Health Home members are in fact medically complex, high-risk enrollees



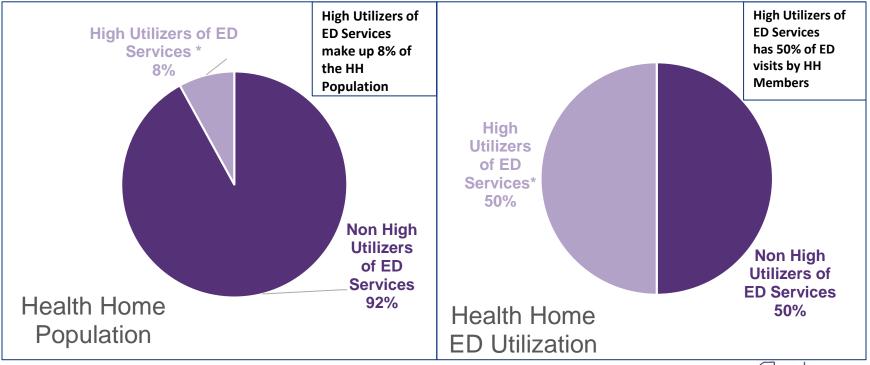
#### **Distribution of HH ED Use**

- On average, 55% of HH members use the ED in any specific calendar year
  - Roughly 45% do not use the ED, compared to 70% in entire Medicaid population





# **Defining High Utilizers**



<sup>\*6</sup> or more ED visits in a calendar year

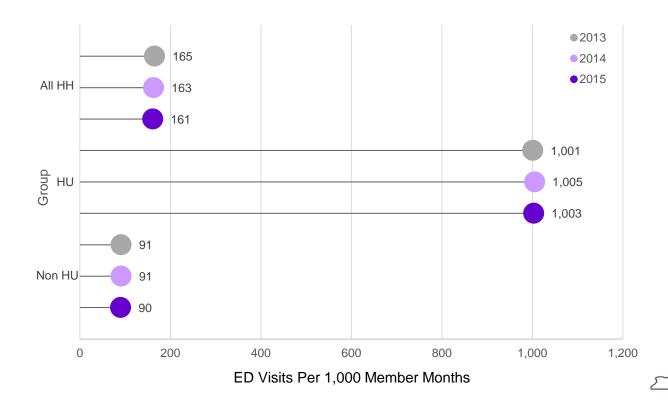


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#### **ED Utilization Rates**



#### **Factors Examined**

#### Demographics

- Age
- Gender
- Location in NYS
- Region in NYS
- Race/Ethnicity
- SSI

#### Populations of Interest | Utilization Factors

- HIV
- Serious Mental Illness
- Substance Use Disorder
- Chronic only
- HARP enrolled

- **Duration** of continuous Health Home enrollment
- Inpatient utilization in the three months before an ED visit



# Odds of being a High Utilizer

 Used an odds ratio to explain association between being a high utilizer and the population characteristics

Table 6: Health Home Odds Ratios for High Utilizers by Populations of Interest <sup>1</sup>						
	2013		2014		2015	
	Odds Ratio	95%	Odds Ratio	95%	Odds Ratio	95%
		CI		CI		CI
Medical Populations <sup>2</sup>						
Chronic Only	Reference					
HIV	2.2	1.9,2.6	2.4	2.1,2.7	2.5	2.2,2.8
SMI	4.9	4.3,5.6	4.8	4.3,5.3	5.1	4.7,5.6
SUD	6.3	5.4,7.2	6.3	5.7,7.1	7.0	6.4,7.6
HARP Enrolled						
Yes	NA <sup>3</sup>	$NA^3$	$NA^3$	$NA^3$	1.2	1.1,1.3
No	Reference					
<sup>1</sup> Includes only non-dual, enrolled Health Home members <sup>2</sup> Medical Populations are not mutually exclusive. Members may belong to more than one group with the exception of Chronic						

Only.

<sup>3</sup>NA=Not applicable, HARP program did not start until 2015

A specific group has a X times greater **odds** of being a high utilizer than the reference group

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#### **Notable Risk Factors Identified**

- Demographics
  - Location & region in NYS
  - Race/Ethnicity
- Populations of Interest
  - Serious Mental Illness
  - Substance Use Disorder
- Utilization Factors
  - Inpatient Utilization in the three months before an ED visit



#### What should Health Homes do next?

- Review the whitepaper
  - posted in Atrium
  - posted on Health Home Performance Management webpage
- Start a conversation!
- Get thinking about specific cohorts and interventions to affect change

#### **Future Plans**

- Additional whitepapers for Health Home analysis
- Develop formal predictive model
  - Target members at risk of becoming high utilizers of the ED
- Explore inpatient events that could correlate with high utilization within the ED



### **Questions?**

#### **Submit questions to**

https://apps.health.ny.gov/pubdoh/health\_care/medicaid/program/m

edicaid\_health\_homes/emailHealthHome.action

**Select: Performance Management** 

