



Volunteer State Health Plan ED Redirection Medical Home Program Executive Summary 2009

National statistics suggest that between twenty-five and thirty-five percent of all visits to the Emergency Department (ED) are non-emergent. Many consumers / patients utilize the ED as an urgent care center for treatment of minor illnesses or injuries.

Volunteer State Health Plan (VSHP), a wholly owned subsidiary of Blue Cross Blue Shield of Tennessee, has developed a program to safely re-direct non-emergent patients from the ED to a more appropriate care setting within twenty-four to forty-eight hours after being seen in the ED. This program has been piloted in West Tennessee over the last two years, transitioning adult patients from the ED to a primary care physician (PCP) with great success. One of the original participating hospitals is consistently redirecting approximately eighteen percent of its non-emergent volume for PCP follow up care. Meetings have occurred with major hospital systems in Shelby County resulting in this program being accepted as the community standard. Expansion of other programs is occurring in Haywood County through grant funding as well as Jackson, Chattanooga, and Knoxville.

Another grant sponsored pilot became operational December 1, 2008 in East Tennessee transitioning pediatric patients from the ED to a PCP ultimately establishing a medical home for the member. Satisfaction results have been very positive for both patients and ED physicians participating in the pediatric pilot.

The fundamentals by which the “VSHP ED Redirection Medical Home Program” has been designed focus on several key areas to ensure patient safety and satisfaction as they are

transitioned from the ED to a more appropriate care setting. Those fundamentals include the following:

- Places member / patient health and safety first
- Respects the relationship between the clinical team and the patient
- Trusts the physician's judgment to direct patients from one care setting to another
- Supports the role of the ED physicians and PCPs
- Expedites primary care for patients
- Facilitates establishment of the medical home for the member
- Provides member access to nurses through NurseLine twenty-four hours a day, seven days a week, 365 days per year. NurseLine offers RN triage as well as member education and care coordination
- Provides ongoing training and support to ED physicians, PCPs, nurses, ancillary providers and support staff
- Provides member tracking and follow up from ED to the PCP visit as well as assists the member in establishing a medical home
- Sends monthly tracking reports to the ED physicians detailing member compliance, and other identified member needs
- Provides clinical outreach and education from the health plan to the member and the member's PCP for management of chronic illness and disease including both physical and behavioral health issues
- Coordinates transportation as needed to ensure member has full access to services

The process by which this program is established within a community begins with the support of local physicians and hospitals. As provider interest is identified, VSHP builds the appropriate network to include hospitals, ED clinical teams, PCPs, Federally Qualified Health Centers (FQHC), and Urgent Care Centers (UCC) who will provide expedited follow-up care as well as member medical homes. In-services are scheduled with the ED teams and PCP practices to ensure smooth patient care coordination. PCP appointment pads and a specific NurseLine number are provided to the EDs and notification to NurseLine occurs.

As patients present at the EDs, they are triaged and a medical screening exam is completed to comply with Federal EMTALA guidelines. The physician or mid-level practitioner determines

that the patient is non-emergent. The patient is placed on the telephone with NurseLine to coordinate PCP follow-up care. NurseLine instructs the patient on proper completion of PCP appointment slip and assists the patient in establishing a specific date and time for the PCP visit. If transportation needs exist, NurseLine arranges transportation for the member. NurseLine will then track the process by gathering the patient's demographic information and enters the PCP appointment date and time into the program database. NurseLine faxes the member's appointment to the scheduled PCP and flags the system for a follow-up call. A daily report is provided by NurseLine to the VSHP ED Clinical team who engages immediate member outreach, education, care coordination, and identification of chronic illness or disease. If case management or disease management is needed a referral is sent to the health plan with coordinated follow up to the member's PCP.

The member will be educated on proper use of the ED and provided additional decision support tools which include local community resources, NurseLine triage and assessment services, specific health related educational materials, assistance with physician access and other available web tools.

The number to call for more information regarding the VSHP ED Redirection Medical Home program is 901-544-2397.