North Carolina
State Health Plan
FOR TEACHERS AND STATE EMPLOYEES

Opportunity for Improved Care Coordination: Admissions, Discharge and Transfer Data from NC Hospital Association

Board of Trustees Meeting

May 30, 2014

Background

- North Carolina hospitals participating in the North Carolina Hospital Emergency Surveillance System- Investigative Monitoring Capability (NCHESS-IMC) have technology in place to capture real time admission, discharge and transfer (ADT) information.
- North Carolina Hospital Enterprises (NCHE), which is hospital owned, participates in the administration of the NCHESS-IMC program, and can facilitate the sharing of ADT feeds with the Plan.
- 61 hospitals currently have this technology and NCHE captures admission, discharge and transfer data from these facilities.
- These 61 hospitals will cover approximately 70% of hospital admissions for Plan members.
- It is anticipated that this capability could reach over 100 hospitals in the near future.
- Medicaid uses this type of data to manage its population.

Background Continued

- Hospital sharing of data with the Plan is voluntary and hospitals will have to sign the requisite agreements, allowing NCHA/contractors to collect and send the data to the Plan.
- NCHA Board is committed to this initiative and has passed a resolution in support.
- This data will support the Plan's strategic plan for population health management.

Population Health Management Strategy

Receipt of this data can assist the Plan with its goal to reduce avoidable hospitalizations, hospital readmissions and emergency department utilization:

- In 2013, the hospital admission rate for active members was 54/1000 with an all cause readmission rate of 7.9/1000. The average cost of admission was $14,806.
- The hospital admission rate for Pre-Medicare Retirees was 69/1000 with an all cause readmission rate of 15.7/1000. The average cost of admission was $22,782.
- Emergency department costs represent $146 million in annual medical costs (4.2% of spend).
- The data will provide useful information to address:
  a. Transition of care
  b. Medication Therapy Management (MTM)/medication reconciliation/medication adherence

Value to the Plan

- Helps the Plan improve care management and care coordination.
- Provides the Plan and hospitals with information that can used to potentially prevent avoidable and costly hospital readmission.
- Creates better collaboration within the continuum of health care services.
- Data will be used by the Plan's population health management vendor, ActiveHealth Management to:
  - Develop criteria for high priority members who will benefit from care transition.
  - Deliver care transition services including medication reconciliation, follow up appointments and visits.
  - Evaluate cost-benefit by year three of implementation.

Estimated Timeline

August 2014	• SHP and NCHA to execute contract for data sharing • Execute contracts and DUAs with GDAC/SAS and Active Health Management • GDAC will receive data 60-90 days from execution of participation agreement between SHP and NCHA
October 2014	• ActiveHealth Management to complete system changes
December 2014	• NCHA will be responsible for having hospital participation agreements executed in all 61 hospitals • Development of care coordination program complete
2015	• Full implementation complete • The data will be delivered by NCHA contractor 'Truven Health Analytics' to 'Government Data Analytic Center (GDAC)' three times daily

Appendix: *Data Elements*

a. *State Employee Health plan Group Number*
b. *Hospital patient ID*
c. *Patient Name*
d. *Patient DOB*
e. *Patient Gender*
f. *Patient Address*
g. *Patient Phone*
h. *ED/Inpatient facility*
i. *DOA*
j. *Chief complaint*
k. *ICD 9 and CPT codes*
l. *ED disposition*
m. *Discharge date*
n. *Caregiver names (Attending, Consulting and Admitting)*