2021 HOUSE HUMAN SERVICES

HB 1241

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1241
1/19/2021

Directing a department of human services study regarding a nurse triage program for medical assistance; and to provide for a legislative management report

Chairman Weisz called the meeting to order at 9:02 a.m.

Representatives	Roll Call
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	P
Representative Mary Schneider	P
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Implement nurse triage program
- 24/7 program
- Utilization and promotion

Rep. Marvin Nelson, District 9 (9:02) introduced the bill, testified in favor of, and submitted testimony #1457, #1458, #1459

Krista Fremming, Assistant Director Medical Services Department Human Services (9:13) testified neutral and submitted testimony #1300.

Chairman Weisz adjourned at 9:25 a.m.

Tamara Krause, Committee Clerk

Am J Manag Care. 2001 Feb;7(2):159-69.

A satisfaction and return-on-investment study of a nurse triage service

J M O'Connell [1], D A Johnson, J Stallmeyer, D Cokingtin

Affiliations

PMID: 11216333

Free article

Abstract

Objective: To assess patient satisfaction and a health plan's return on investment associated with a telephone-based triage service.

Study design: A pre-post study design, with medical claims data, to assess changes in medical service utilization and health plan expenditures associated with members' use of the triage service.

Patients and methods: This study is based on data on 60,000 members of a health plan. A telephone survey was conducted to assess member satisfaction and outcomes with the triage service. The plan's medical claims and encounter data were used to calculate medical utilization rates and plan expenditures for those services. The health plan's return-on-investment was evaluated using a pre/post study design to assess changes in medical service utilization between the baseline (December 1995 through November 1996) and program (December 1996 through November 1997) periods.

Results: The average nurse response time to a call was just less than 50 seconds, which indicates the service provided ready access to medical advice 24 hours per day, 7 days per week. More than 90% of users were satisfied, and utilization of hospital emergency department (ED) and physician office services decreased significantly after the service was implemented. The changes in medical service utilization resulted in reductions in health plan expenditures that exceeded the plan's costs of providing the service. The plan's estimated return for every dollar invested in the nurse triage service was approximately $1.70.

Conclusions: The telephone-based nurse triage service appears to be a cost-effective intervention that improves access to medical advice, thereby encouraging appropriate use of medical services. The service is associated with reductions in utilization of hospital ED and physician office services and with high levels of member satisfaction.

Related information

Cited in Books

#1458

Abstract – Telephone Triage

The Impact of Telephone Triage on Healthcare Costs – An analysis of Caller Intent and Outcomes.

Authors:

Karen Brown 1

Gina Tabone 1

David A. Thompson 2

1 TeamHealth Medical Call Center, Knoxville, TN

2 Northwestern University, Northwestern University Feinberg School of Medicine

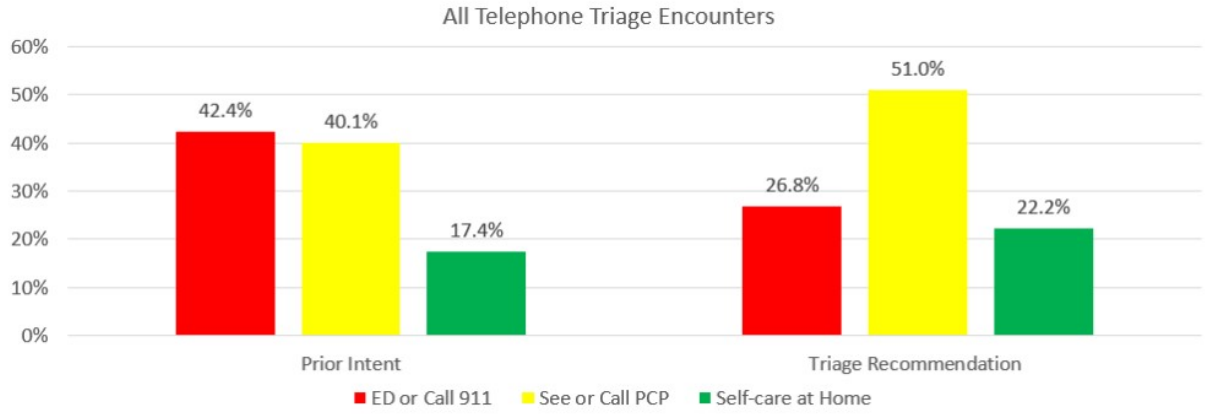
Background: Telephone triage is performed in medical call centers, also called nurse advice lines. A telephone triage nurse talks to a patient by phone and asks detailed questions about the patient's injury, problems, or symptoms. The nurse uses guidelines, typically in an electronic format, as a script and for decision-support. At the end of the telephone triage encounter the nurse provides a recommendation for level of care (disposition), education (health information), and care advice. Telephone triage in medical call centers has been shown to provide safe and effective care with additional benefits of patient and provider satisfaction. This study investigates the potential impact on healthcare costs of patient re-direction to different levels of care from telephone triage.

Methods: People who called the TeamHealth Medical Call Center in calendar 2017 were asked before triage their prior intent, that is, what would they have done if they had not phoned the call center. Three responses were allowed and recorded in the call center software: ED (emergency

department) or 911, See or Call Doctor, or Self-Care. The triage nurses utilized Schmitt-Thompson Clinical Content telephone triage guidelines for decision support. The nurse-determined triage dispositions was recorded in the call center software for each encounter.

Results: Prior intent survey data was successfully collected for 202,021 telephone triage encounters. There were 116,384 (57.6%) pediatric encounters (age less than 18 years) and 85,637 (42.4%) adult encounters (18 years and older). Parents, calling on their children's behalf, reported that they would have called 911 or gone to the emergency department (40.1%), called or seen their doctor (40.6%), or cared for their child at home (19.3%). Adult callers, calling on their own behalf, reported that they would have called 911 or gone to the emergency department (45.7%), called or seen a doctor (39.5%), or treated themselves at home (14.8%). For 61.9% of callers with a prior intent of Call 911 or ED, the triage nurse recommended a lower level of care. Re-direction to a lower level of care occurred more often for pediatric encounters (74.0%) than adult encounters (47.6%). The following cost assumptions were used in calculating potential cost savings: $752 per ED visit, same cost per ED visit with 911 transport, $166 per primary care doctor visit, $0 for self care at home, $20 per telephone triage encounter, and callers always followed triage recommendations given by triage nurse. The average estimated savings were $84.58 dollars per call. Seventeen percent of cases in which people would have treated themselves or their children at home were given an emergency disposition by the triage nurse.

Conclusion: In nearly two thirds of call center encounters in which the initial caller intent was to seek emergency care, the triage recommendation was non-emergent care. In one in six encounters in which the initial caller intent was self care at home, the triage recommendation was emergency care. Using broad assumptions, including that call-center triage recommendations are followed compliantly, this study suggests that there could be substantial potential improvements in patient safety and cost savings for the health care system.



The chart compares prior intent (pre-disposition) with triage recommendation (disposition outcome) for all telephone triage encounters (all ages).

Citation: Brown K, Tabone G, Thompson DA. The impact of telephone triage on healthcare costs – an analysis of caller intent and outcomes. 2018.

Related References

Bunik M, Glazner JE, Chandramouli V, Emsermann CB, Hegarty T, Kempe A. Pediatric telephone call centers: how do they affect health care use and costs? Pediatrics. 2007 Feb;119(2):e305-13. PubMed Abstract.

Kempe A, Bunik M, Ellis J, Magid D, Hegarty T, Dickinson LM, Steiner JF. How safe is triage by an after-hours telephone call center? Pediatrics. 2006 Aug;118(2):457-63. PubMed Abstract.

Kempe A, Luberti AA, Hertz AR, Sherman HB, Amin D, Dempsey C, Chandramouli V, MacKenzie T, Hegarty TW. Delivery of pediatric after-hours care by call centers: a multicenter study of parental perceptions and compliance. Pediatrics. 2001 Dec;108(6):E111. PubMed Abstract.

Machlin SR, Adams SA. Expenses for Office-Based Physician Visits by Specialty, 2013. Statistical Brief #484. November 2015. Agency for Healthcare Research and Quality, Rockville, MD. Pubmed Abstract. Full Text. *Provides estimated costs for primary care and other office-based physician visits in the US*.

Pines JM, Newman D, Pilgrim R, Schuur JD. Health Aff (Millwood). 2013 Dec;32(12):2157-65. Strategies for integrating cost–consciousness into acute care should focus on rewarding high-value care. Pubmed Abstract. *Provides estimated costs of US Emergency Department (ED) visits based on data from the Healthcare Cost and Utilization Project*.

Poon SJ, Schuur JD, Mehrotra A. Trends in Visits to Acute Care Venues for Treatment of Low-Acuity Conditions in the United States From 2008 to 2015. JAMA Intern Med. 2018 Sep 4. PubMed Abstract. *In addition to the volume trend data, this study provides information on costs for various different acute care venues (i.e., ED, retail, telemedicine, UCC).*

Thompson DA. Medical Call Center Benchmarking Report: 2004 to 2016. An analysis of 6.5 million triage calls from 16 medical call centers. Full report available to participating call centers. 2017. Summary Report and Charts.

Related Links

Health Navigator Coded Chief Complaints

Health Navigator Triage engine

View Research and References.

Health Navigator works with eHealth, telemedicine, and other healthcare companies to provide evidence-based digital health information content that improves patient care and that advances both the patient and provider experience.

Need Help?

About Us

Home

Privacy and Cookie Policy

Report a Privacy Issue

HB 1241 Nurse Triage

House Human Services 1/19/2021

Representative Marvin E. Nelson, District 9

Chairman Weisz,

My support of Nurse Triage really began with a presentation by State Health Officer Dr. Terry Dwelle, to an interim committee. He gave a nice presentation on how it could lower costs and improve care. Unfortunately, the program did not make the Governor's budget that year and so the Health Department could not support the program.

Here we are, a few years later and our Medicaid program has problems. High costs and not great outcomes. A nurse triage program could improve both. But there are a lot of moving parts so this bill doesn't try to just force it into HHS, but does say HHS will look at it.

One thing you hear often is people complain that Medicaid patients just go to the emergency room. There is some truth to that. It has been shown that nurse triage programs can reduce the utilization of emergency rooms. It comes down to appropriate care.

It is too bad we did not have this in place during Covid. We have both over utilization and under utilization taking place. Having access and being encouraged to use North Dakota licensed RN's could have significantly helped people make appropriate decisions.

It should also be noted that another aspect is contacting patients after hospitalization. I spoke with a person running a nurse triage program who said when they called people after hospitalizations, 12% of the time he said he would hang up the phone and dial the ambulance. I said doesn't sound like you are saving money and he said, you should see the bill after you let them stew for 3 or 4 more days before the ambulance.

I have included a couple of informative pieces on Nurse Triage, one is an abstract of a study on cost effectiveness and satisfaction. It showed $1.70 in savings for each dollar invested. I've seen claims of returns as high as $19/$1. Realize that different programs have different goals. The highest return was a claim of preventing a doctor's practice from losing patients to the emergency room.

Another is a comparison of patient intentions before the call as contrasted to recommendations by the nurse. The two are very different. Patients planning on using emergency often did not need to, and more than a few patients not intending to use emergency needed to get immediate care. People are lacking in medical knowledge and this is one way to get knowledge applied to immediate situations.

This is part of what make evaluation difficult. If you take two patients and flip which one goes to the emergency room, it looks like you didn't save any money.

Things that would influence the adoption of such a program are for instance getting a Medicaid waiver. Seeing just what is available today and working out how to integrate it into the current system.

Testimony

House Bill 1241 – Department of Human Services

House Human Services Committee

Representative Robin Weisz, Chairman

January 19, 2021

Chairman Weisz, members of the House Human Services Committee, my name is Krista Fremming, Assistant Director of the Medical Services Division for the Department of Human Services (Department). I am here today to testify on House Bill 1241, which would require the Department to study the feasibility and desirability of implementing a nurse triage program for the Medicaid program during the 2021-22 interim and provide a report to legislative management.

The Department has developed a comprehensive quality strategy for the Medicaid program, to be implemented over the next few years. Part of the plan includes implementation of a Medicaid Health Homes program, which will coordinate care for Medicaid members with chronic health conditions. Health Homes are authorized in Section 1945 of the Social Security Act and allow states to receive a 90% federal match on all Health Home related activities for eight quarters. Primary care clinics that participate in the Health Homes program, and who meet certain quality benchmarks, will be eligible for a supplemental per member per month payment. The payment will vary by the level of intensity of the coordinated care that is needed by each enrolled member. In designing the Health Homes program the Department, along with stakeholders, can choose the list of chronic conditions to target. For reference, South Dakota's Health Homes program realized cost avoidance of $7.3 million over the first five years of the program.

In regard to this bill, it is unknown how a nurse triage program would interact with a Health Homes program or if there would be duplication between the two programs. The Department also notes that for Medicaid expansion, our contracted managed care vendor is required to have a 24 hour nurse line.

The Department requests a fiscal note of $60,000, all of which is general fund, be attached to this Bill, to cover the cost of a vendor to conduct this study.

This concludes my testimony. I would be happy to answer any questions.

2021 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Pioneer Room, State Capitol

HB 1241
2/2/2021

Directing a department of human services study regarding a nurse triage program for medical assistance; and to provide for a legislative management report

Chairman Weisz opened the committee hearing at 11:18 a.m.

Representatives	Attendance
Representative Robin Weisz	P
Representative Karen M. Rohr	P
Representative Mike Beltz	P
Representative Chuck Damschen	P
Representative Bill Devlin	P
Representative Gretchen Dobervich	P
Representative Clayton Fegley	P
Representative Dwight Kiefert	P
Representative Todd Porter	P
Representative Matthew Ruby	A
Representative Mary Schneider	A
Representative Kathy Skroch	P
Representative Bill Tveit	P
Representative Greg Westlind	P

Discussion Topics:

- Fiscal note request
- Service duplication

Rep. Kathy Skroch (11:21) moved **Do Not Pass.**

Rep. Bill Tveit (11:21) second.

Representatives	Vote
Representative Robin Weisz	Y
Representative Karen M. Rohr	Y
Representative Mike Beltz	Y
Representative Chuck Damschen	Y
Representative Bill Devlin	Y
Representative Gretchen Dobervich	N
Representative Clayton Fegley	Y
Representative Dwight Kiefert	Y
Representative Todd Porter	Y
Representative Matthew Ruby	A
Representative Mary Schneider	A
Representative Kathy Skroch	Y

Representative Bill Tveit	Y
Representative Greg Westlind	Y

Motion Carried Do Not Pass 11-1-2

Bill Carrier: Rep. Bill Tveit

Chairman Weisz adjourned at 11:23 a.m.

Tamara Krause, Committee Clerk

REPORT OF STANDING COMMITTEE

HB 1241: Human Services Committee (Rep. Weisz, Chairman) recommends **DO NOT PASS** (11 YEAS, 1 NAY, 2 ABSENT AND NOT VOTING). HB 1241 was placed on the Eleventh order on the calendar.