

PROVIDER NEWS

New Look for Member Cards!

Neighborhood Health Plan of Rhode Island (NHPRI) is issuing new identification cards to its members. The new cards should be in use by the first week of October.

WHY IS NHPRI ISSUING NEW CARDS?

We changed how we manage our pharmacy network. Basically, we are now establishing contracts ourselves instead of having an outside vendor do it for us. You will notice on the new cards that we removed the old pharmacy network partner logo from the front and added a new one to the back.

WHAT DOES THIS PHARMACY NETWORK PARTNER CHANGE MEAN FOR YOU?

You shouldn't notice any change. We will still work with all pharmacies in Rhode Island to ensure that your

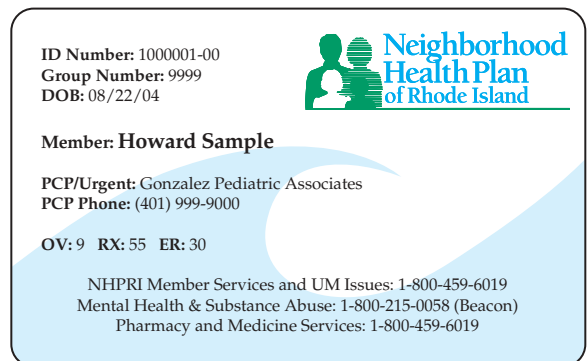
patients can still get medicines at the pharmacies nearest to them.

WHAT ELSE IS NEW ABOUT THE CARDS?

We have added some important information to the cards. For example, phone numbers for Member Services and other departments are now on the front of the card. We also have added some information to the back of the card that will help your office staff better serve NHPRI members.

WHAT IF I HAVE QUESTIONS ABOUT THE NEW CARD?

We always are ready to help members with any questions. Please call (401) 459-6030 and ask to speak with a Provider Relations Representative if you need help or have any concerns. Representatives are available Monday through Friday, 9 a.m. to 5 p.m., to take your call. ●



ID Number: 1000001-00
Group Number: 9999
DOB: 08/22/04

Member: Howard Sample

PCP/Urgent: Gonzalez Pediatric Associates
PCP Phone: (401) 999-9000

OV: 9 **RX:** 55 **ER:** 30

NHPRI Member Services and UM Issues: 1-800-459-6019
 Mental Health & Substance Abuse: 1-800-215-0058 (Beacon)
 Pharmacy and Medicine Services: 1-800-459-6019

Member Notice:

- Medical or Urgent Care - Call your primary care provider (PCP) first.
- Emergencies - Go to the nearest emergency room or call 911 for help.

Medical Provider Notice:

- To verify eligibility or benefits call Member Services at 1-800-963-1001
- For behavioral health assistance contact Beacon at 1-800-215-0058
- Please send claims to: NHPRI (attn: Claims Dept.), 299 Promenade Street, Providence, RI 02908. Claims Dept. phone: 1-401-459-6080

Pharmacy Provider Notice:

- Rx Bin #: 610593 / Processor Control #: SXC / Rx Group: NHPRI
- For inquiries, call the SXC help desk at 1-800-325-1810
- Rx Clinical Prior Authorization: 1-401-459-6688

This card is for identification only. It does not certify coverage.



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PROVIDERS SHOWING ABOVE-AVERAGE COMPLIANCE WITH ADHD GUIDELINES

The results are in for the 2003 attention-deficit hyperactivity disorder (ADHD) guidelines chart review. Based on chart analysis of almost 300 newly diagnosed children with ADHD, the majority of practitioners (65 percent) are complying with the guidelines established by Neighborhood Health Plan of Rhode Island (NHPRI), which are consistent with clinical practice guidelines set forth by the American Academy of Pediatrics in 2000.

Key Findings

- Almost all the records examined (98.6 percent) had evidence of information obtained from parents, which exceeded the project goal of 90 percent.
- Documentation of parents' oral reports increased significantly from 84 percent to 96 percent.
- School information held steady at 77 percent (compared to 79 percent overall from the previous year). However, the quality of the information had reportedly improved.

Goal Setting Correlated Closely to Clinical Improvements

Based on a correlation analysis of clinical improvements and management approaches conducted for the first time with the 2003 review, documentation of treatment goals for home and school were closely tied to almost every outcome.

Because the majority of practitioners appear to be following the guideline, NHPRI recommends discontinuing the annual ADHD diagnosis medical record review.

Look Here for Timely News

Renee B. Rulin, MD, MPH, Chief Medical Officer, NHPRI

First, I would like to introduce myself to those of you whom I haven't yet met. I have been the Chief Medical Officer at Neighborhood Health Plan of Rhode Island (NHPRI) since the plan opened its doors in 1994. A family practitioner, I still enjoy a private practice in the community. I am also a clinical faculty member at Brown University Medical School.

As part of *Neighborhood News'* new look and design, I have been asked to write a column to my fellow physicians. Every issue, you can look here for information and perspective on various timely topics—from flu vaccine shortages to transportation services for your patients.

NHPRI was founded on a noble commitment: to serve as a catalyst for improved access and better health in Rhode Island. As you know, we are especially driven to help vulnerable populations, such as the



under- and uninsured. Eventually, we hope to help transform health care delivery throughout Rhode Island so it is more equitable and accessible.

The truth of the matter is that NHPRI cannot succeed in this mission without your help. We have to work as partners if we are truly going to help improve access to high-quality health care for all.

At NHPRI, we gather information about our members on a population basis. But you, as physicians, see our members as individuals, on a patient-by-patient basis. By putting these two perspectives together, we can identify innovative approaches that truly can help our members—and your patients.

So, please stay in touch. And tune in next issue! ●

Dr. Rulin can be reached at
(401) 459-6000 or e-mail
rulin@nhpri.org.



Pharmacy Changes Approved by NHPRI's P&T Committee*

MEDICATIONS ADDED	COMMENTS
Crestor	Prior authorization required. Please call (401) 459-6688.
Xolair	Prior authorization required. Please call (401) 459-6688.
Singularair	Covered only for asthma; for allergic rhinitis, the preferred agent is OTC Loratadine.
Viagra	Quantity limit of four tablets per month.
MEDICATIONS REMOVED	PREFERRED MEDICATIONS
Bactroban 2% Cream and 2% Nasal Ointment	Mupirocin 2% Ointment
Lexapro (<i>Current patients will have continued access to the medication.</i>)	Formulary SSRIs: Celexa, Fluoxetine, Paroxetine or Paxil CR for patients ≥ 18 years, Zoloft
Lunelle	Formulary hormonal contraceptives including Depo-Provera and Ortho Evra
Preven	Plan B
Lifescan (One Touch) Diabetic Supplies	Roche (Accu-Chek) diabetic supplies
Prenatal Vitamins: Materna, NataFort, Natalvit, Obstetrix-100, Prenatal Combopak, PreNate 90, Prenate Ultra, StrongStart, Stuart Natal Plus, Stuart Natal Plus 3, PreCare Prenatal Caplet	
MISCELLANEOUS	
Generics are mandatory.	
Infertility medications are not covered for RIte Care. For Commercial Plan B, infertility medications require prior authorization and 20 percent copay.	
Medications used cosmetically are not covered.	
Formulary OTCs covered for RIte Care only.	
Does your patient need an extra asthma inhaler for school or day care? If yes, please call the Pharmacy Help Desk at (401) 459-6688 for a pharmacy authorization.	

* As of September 10, 2004.

HELPING CHILDREN FIGHT THE FLU

Getting vaccinated is still the best way to prevent and control the flu. The American Academy of Pediatrics now recommends that healthy children ages 6 to 23 months get a flu shot annually. Practitioners also recommend the shot for children older than age 6 months with certain health problems, such as asthma, HIV or heart disease. They also recommend it for children and adolescents ages 6 months to 18 years who are on long-term aspirin treatment for another illness. Kids taking aspirin therapy could develop the potentially fatal Reye's syndrome if they catch the flu. Experts recommend flu vaccinations from mid-October to mid-November.

What do you do if—in spite of precautions—your patient still catches the flu? Emphasize bed rest and plenty of fluids. Over-the-counter medicines like cough suppressants and nasal decongestants also may help. But never give aspirin to children and adolescents with the flu.



For our complete e-Formulary, please visit www.nhpri.org.

Recommendations for Quality Asthma Care

In March 2003, the National Asthma Education and Prevention Program (NAEPP) of the National Heart, Lung, and Blood Institute, in partnership with the Centers for Disease Control and Prevention (CDC), recommended the following 10 key clinical activities for quality asthma care in the outpatient setting:

- 1 Establish asthma diagnosis by taking a careful history, performing spirometry and ruling out other conditions.
- 2 Classify severity of asthma using the NAEPP classification system and recheck at every visit.
- 3 Schedule routine follow-up care, at least every one to six months, with spirometry performed at least every one to two years for stable patients

and more often for unstable patients.

- 4 Assess for referral to specialty care when referral criteria met—see full text of recommendations for listing of criteria.
- 5 Recommend measures to control asthma triggers.
- 6 Treat or prevent comorbid conditions; provide annual flu vaccine for patients with persistent asthma.
- 7 Prescribe medications according to severity.
- 8 Monitor use of short-acting beta-agonist drugs.
- 9 Develop a written asthma management plan.
- 10 Provide routine education on patient self-management.

The *NHPRI Guidelines for the Diagnosis and Management of Asthma* mirror the above recommendations and the Neighborhood Health Plan of Rhode Island (NHPRI) Asthma Program monitors practitioner performance in adhering to these guidelines.

In fall 2003, the Asthma Program performed a chart review on a sample of more than 600 members with persistent asthma, identified through claims data. The review was undertaken to determine whether NHPRI primary care providers are classifying asthma severity as a guide to asthma management (activity 2) and if providers are developing written asthma management plans for patients as part of educating patients regarding self-management (activity 9). Results of this baseline review indicated that:

- less than one-third of charts surveyed (29 percent) showed evidence of classification of asthma severity at an asthma visit; pediatric patients were more likely (37 percent) to be classified than adult patients (21 percent).
- only one-quarter of charts (25 percent) had documentation of the use of a written asthma management plan to promote patient self-management.

As a follow-up to these findings, *Key Clinical Activities for Quality Asthma Care* has been distributed to many NHPRI provider sites. A second chart review to follow up on the baseline results and to assess the current use of spirometry in the management of asthma will be done this fall. ●



YOU CAN DOWNLOAD A COPY OF KEY CLINICAL ACTIVITIES FOR QUALITY ASTHMA CARE FROM WWW.NHLBI.NIH.GOV/HEALTH/PROF/LUNG/ASTHMA/ASTHMACARE.PDF. OR, A HARD COPY CAN BE OBTAINED BY CALLING DOROTHY ERICKSON, NHPRI DISEASE MANAGEMENT COORDINATOR, AT (401) 459-6127.

THE NHPRI ASTHMA GUIDELINES ARE AVAILABLE ON THE NHPRI WEBSITE AT WWW.NHPRI.ORG. SIMPLY CLICK ON PROVIDERS, THEN SELECT QUALITY PROGRAMS, THEN CLINICAL GUIDELINES.

Health Plans Find Rhode Island Physicians Prescribe Antibiotics Judiciously

United Healthcare, Blue Cross Blue Shield of Rhode Island, and Neighborhood Health Plan of Rhode Island (NHPRI) collaborated in a project to understand local prescribing trends and reduce the inappropriate use of antibiotics for pediatric upper respiratory infections.

ACCOMPLISHMENTS

- Developed community consensus on practice guideline (available online at www.nhpri.org in the “Providers” section)
- Sent mailing to pediatricians and family physicians with educational and office support material, based on Centers for Disease Control and Prevention, July

and October 2002

- Collected data across health plans

RESULTS

The rates shown in **Table 1** and **Table 2** compare favorably with national data. Finkelstein et al¹ analyzed prescription data for children age 3 months to 18 years in nine health plans from 1996 to 2000. Antibiotic prescriptions per child per year decreased over the period, and in 2000, antibiotic rates per child per year were 1.89, 1.09, and 0.69 respectively. Rhode Island’s combined rate of 0.574 for children 0 to 14 years appears lower than the health plans studied.

When adjusted for membership, the difference between the uses of first-line versus

second-line antibiotics is statistically significant between the two time periods.²

Finkelstein also found that first-line penicillin use increased over the five-year period, from 49 percent in 1996 to 53 percent in 2000. Rhode Island’s rates appear to parallel this change in rate of first-line use (see **Table 3**).

Beginning in 2004, NHPRI began collecting a new HEDIS® measure: Appropriate Treatment for Children with Upper Respiratory Infection. Results for measurement year 2003 indicate that NHPRI’s rate is 91 percent. Because this is the first measurement year, no benchmarks have been established to determine percentile. ●

Table 1. Health Plan Membership, Ages 0 to 14, October 2001 to March 2002, and October 2002 to March 2003

Plan	Total Membership, 10/01 to 3/02	Percentage of Total	Total Membership, 10/02 to 3/03	Percentage of Total
United	46,290	25.9	46,676	25.8
BCBSRI	95,839	53.6	98,120	54.3
NHPRI	36,766	20.6	35,955	19.9
Total	178,895		180,751	

Table 2. Prescriptions Per Eligible Member, Ages 0 to 14

	October 2001 to March 2002	October 2003 to March 2003
Total Rx	101,997	103,743
Total Members	178,895	180,751
Rx/Member	0.570	0.574
Rx/1,000 Members	570.2	574.0

Table 3. First-Line Antibiotic Use

	October 2001 to March 2002		October 2002 to March 2003	
	Number	Percentage of Claims	Number	Percentage of Claims
First Line	55,951	54.84	59,966	57.80
Second Line	46,066	45.16	43,777	42.20
Total	101,997		103,743	

Reference

1. Finkelstein JA, Stille C, Nordin J, et al. Reduction in antibiotic use among US children 1996 to 2000. *Pediatrics*. 2003; 112:620-627.
 2. A Z-test of statistical significance was performed with a p value of .0001.
- ©HEDIS is a registered trademark of the National Committee for Quality Assurance (NCQA).

Similar Efficacy Found Among SSRIs

As medication costs continue to increase, so does the importance of recognizing opportunities that will help reduce pharmacy expenditures. In this light, the increasing evidence of similar efficacy across all selective serotonin reuptake inhibitors (SSRIs) has prompted changes in the current Neighborhood Health Plan of Rhode Island (NHPRI) Formulary.

SSRIs are a mainstay of therapy for the treatment of major depressive disorders. The SSRI class of medications represents advancement over older antidepressants because of their improved side-effect profile and increased safety when taken in overdose. Five agents are currently available: citalopram, escitalopram, fluoxetine, paroxetine/paroxetine CR, and sertraline. Fluoxetine is the sole agent within the SSRI class that has the Food and Drug Administration's approval for the treatment of major depressive disorder in pediatric patients. Paroxetine and paroxetine CR are available only to members ages 18 years and older in response to drug-specific warnings released by the FDA in June of 2003. Fluvoxamine also is classified as an SSRI but is indicated for the treatment of obsessive-compulsive disorder only.

There is significant opinion in the

medical community that SSRIs can be considered equally effective when given in adequate doses. A study comparing the use of paroxetine, fluoxetine and sertraline in 573 depressed adult patients demonstrated similar effectiveness throughout the nine-month study period. Side effects did not differ by drug group



and included bowel complaints, stomach pain, nausea or dyspepsia, insomnia and dizziness. (*JAMA*. 2001;286:2947-55). Reviews by *The Medical Letter* consultants also have concluded that evidence demonstrating superiority of one SSRI antidepressant to another is lacking and have suggested that the appropriate SSRI agent should be chosen based on adverse effects, drug interactions and cost. (*The Medical Letter*. 2003;45(1170):

93-95). The depression treatment algorithm developed by the Texas Medication Algorithm Program and the American Psychiatric Association's guideline entitled "Treating Major Depressive Disorder" do not favor one SSRI over another.

Currently, all of the SSRI agents with FDA approval for the treatment of major depressive disorder are accessible via the NHPRI formulary. Generic formulations of fluoxetine and paroxetine are available, and a generic introduction for citalopram is expected in the first quarter of 2005. To date, there is little evidence to support that escitalopram is superior to citalopram in any way. (*The Medical Letter*. 2002;44(W1140A):83-84). In recognition of this and to encourage utilization of a product that will be available generically next year, the NHPRI Pharmacy and Therapeutics Committee has decided to remove escitalopram from the NHPRI formulary. Patients currently receiving escitalopram will not be affected by this decision. The P&T Committee believes that our panel of formulary SSRIs—citalopram, fluoxetine, paroxetine/paroxetine CR (for patients ages 18 and older) and sertraline—can meet the needs of our members. ●

OPEN ACCESS OFFICE SCHEDULING WORKSHOP

SAVE THE DATE
Tuesday, October 26, 2004
5 to 9 p.m.
Radisson Hotel, Warwick, RI

Join Quality Partners of Rhode Island, Blue Cross & Blue Shield, Neighborhood Health Plan of Rhode Island and United-Healthcare of New England for this introductory workshop that will help set the stage for incorporating Open Access and office redesign improvement principles into your practice. Scheduled speakers are Open Access expert Catherine Tantau, BSN, MPA, and Sarah Fessler, MD, from East Bay Community Action Program. For more information, contact Maureen Claflin at 528-3203, e-mail mclaflin@riqio.sdps.org

NHPRI Benefit Package Updates



When reviewing benefit packages, NHPRI considers the availability of new medical technology, changes in industry standards for health care services, and alterations to the state's Medicaid policy. Following is a summary of the RiTe Care benefits that were reviewed and approved in June of 2004. Practitioners received a letter detailing these changes in early September. Please contact the Provider Relations Department at (401) 459-6030 should you have any questions or concerns. ●

Benefit Packet Changes Effective as of November 1, 2004:

In-Office Procedures	Prior authorization requirement has been <i>removed</i> .
PET Scans	Prior authorization will now be required. NHPRI request form available; call for a copy at (401) 459-6060.
Practitioner House Calls	NHPRI values the creation of a medical home for all its members, especially those with special needs. Physicians will now be reimbursed if they provide care in a member's home.
Capsule Endoscopy	This new diagnostic test will require prior authorization and review for medical necessity.
Authorization for EFP members	Practices that serve Extended Family Planning (EFP) members can now seek retroactive authorization for services up to 60 days prior to first date of service.
Pain Management	Management of pain by contracted providers is a covered benefit when medical necessity criteria are met.
Digital Hearing Aids	Prior authorization must be obtained from a prescribing provider.

HOW WE PAY OUR PROVIDERS

THE DOCTORS, NURSES AND PRACTITIONERS WITH WHOM WE WORK SEND THEIR BILLS DIRECTLY TO NEIGHBORHOOD HEALTH PLAN OF RHODE ISLAND (NHPRI). MEMBERS DO NOT HAVE TO PAY FOR THESE BILLS THEMSELVES. THE ONLY MONEY THAT MEMBERS MAY HAVE TO PAY IS THEIR CO-PAYMENT AT THE TIME OF THEIR MEETING WITH THE PRACTITIONER.

STRENGTHENING OUR COMMITMENT TO YOUR NEEDS

NHPRI conducts a Provider Satisfaction Survey annually. The purpose of the survey is to:

- measure providers' satisfaction with new initiatives and existing procedures;
- examine organizational opportunities for improvement;
- support and maintain those services wherein provider satisfaction is high; and
- consider modifications to processes identified as having low provider satisfaction.

From the 2003 survey results, we learned:

- Survey respondents are highly satisfied with our Provider Relations, Member Services, Case Management and Claim staff.
- 100 percent of respondents believe NHPRI's decisions about outpatient care are medically appropriate.

In the future, two separate surveys will be sent to address and differentiate between the administrative and clinical needs of our provider offices.

NHPRI appreciates the time you took to provide us with input in 2003. The 2004 Provider Satisfaction Survey was recently sent to your office—we hope that you will complete the survey once again this year.

Please contact the Provider Relations Department at (401) 459-6030 with questions or to obtain a copy of the survey.

IVR STREAMLINES ELIGIBILITY VERIFICATION

For your convenience, Neighborhood Health Plan of Rhode Island (NHPRI) offers member eligibility verification through the interactive voice response system. The IVR system offers eligibility verification over the phone 24 hours a day, seven days a week. Providers may obtain a faxed confirmation of the information retrieved for placement in the member's medical record. Providers also can review the status of claims and previous authorizations. To learn more, contact the Provider Relations Department at **(401) 459-6030**.

NHPRI's Primary Care Practices Raise the Bar!

Neighborhood Health Plan of Rhode Island (NHPRI) believes that high-quality health care begins with members' ability to access their primary care provider. Primary care practices with enrolled membership of 150 or more members are surveyed annually by the Provider Relations Department to ensure that established appointment availability standards are met.

The 2004 Access to Care survey revealed impressive results. Below are the appointment types assessed, NHPRI's availability standards and the percentage of compliance achieved. NHPRI would like to take this opportunity to acknowledge the impressive performance of our providers and thank you for your continued commitment to caring for our members! Please contact NHPRI's Provider Relations Department with questions at **(401) 459-6030**. ●

Appointment	NHPRI's Availability Standard	2004 Compliance Percentage
New Plan member without an existing PCP relationship (<18 years)	90 days	100
New Plan member without an existing PCP relationship (>18 years)	90 days	98
Urgent care	24 hours	100
Non-urgent, symptomatic visit	30 days	99
Routine care (excluding a complete physical exam)	30 days	97
Routine physical examinations	180 days	100

INTERPRETER, TRANSPORTATION SERVICES AVAILABLE

NHPRI offers on-site interpreter services to assist RIte Care members who speak languages other than English. We ask that you contact us at least 72 hours prior to the date of service required to ensure that an interpreter is available. To request interpreter services, obtain a hard copy of the Interpreter Services Request Fax Form, or cancel/reschedule an existing interpreter services request, please contact our Member Services Department at **(401) 459-6000** or **1-800-963-1001**.

NHPRI RIte Care members may obtain free RIPTA bus passes which must be renewed monthly from Shaw's or Stop & Shop supermarkets for each Medical Assistance card that they present. NHPRI RIte Care members who live more than one-half mile away from a bus stop and do not have transportation to a medical appointment may obtain taxi transportation by contacting the Member Services Department no later than 24 to 48 hours prior to their appointment.*

If an NHPRI member is cared for at your office and requires transportation home, please contact RIde at **(401) 461-9760**. If after 6 p.m., call **1-800-479-6902**. For general questions about the transportation benefit, please contact our Member Services Department at **(401) 459-6000** or **1-800-963-1001**.

**Please note: Not all appointments qualify for taxi rides. Contact NHPRI Member Services to confirm availability.*

NHPRI PROVIDER BRIEFS

HOW TO GAIN ACCESS TO UM CRITERIA

To make utilization management decisions, Neighborhood Health Plan of Rhode Island (NHPRI) uses written criteria based on sound clinical evidence and specifies procedures for appropriately applying the criteria. NHPRI takes individual circumstances and the local delivery system into account when determining the medical appropriateness of health care services. Criteria used to make utilization decisions are available upon request. Please contact NHPRI's Kathleen Calandra at (401) 459-6044 for the UM criteria information or should you have any related questions or concerns.

FOR MORE INFORMATION...

If you have questions about our case management programs or your medical review authorization status, please call our Care Management Department at 1-800-963-1001.



Neighborhood News

Neighborhood News is published by Neighborhood Health Plan of Rhode Island for its network practitioners. The information is intended to update and educate practitioners and staff on relevant topics and, in turn, help improve access, health and systems in Rhode Island. © 2004. Printed in U.S.A.



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Case Management Programs Provide Care Patients Need



The Care Management Department at Neighborhood Health Plan of Rhode Island (NHPRI) provides case management and care coordination services.

- The case managers consist of nurses, social workers and other health care professionals with experience and skills in related clinical areas.
- The role of the case manager is to facilitate coordination, communication and collaboration on behalf of the member to achieve goals and maximize positive patient outcomes.
- Programs include: Pediatrics, Adult, Asthma, *Bright Start* (prenatal), Neonatal, Children with Special Health Care Needs (CSHCN) and Substitute Care (Foster Care Children).

WHAT CAN THE NHPRI CASE MANAGERS DO FOR YOU?

- Support and reinforce members in their efforts to adhere to treatment interventions recommended by their health care providers.
- Advocate for members to obtain the

most appropriate health care services available, through education, referral and negotiation.

- Act as a liaison between all providers to enhance communication.
- Educate members, families and health care providers regarding benefits, availability of services, community resources, entitlement programs, and health care alternatives.
- Reduce barriers relating to transportation, language, pharmacy and scheduling.

WHO MIGHT BENEFIT FROM CASE MANAGEMENT SERVICES?

- Those with multiple complex needs
- Those with chronic conditions
- Those with catastrophic illnesses or injuries
- Conditions requiring close monitoring and coordination of multiple services and providers
- Multiple hospitalizations or emergency room visits
- Social or environmental barriers impacting a person's overall health status ●