



STATE OF WISCONSIN
Department of Employee Trust Funds
A. John Voelker
 SECRETARY

Wisconsin Department
 of Employee Trust Funds
 PO Box 7931
 Madison WI 53707-7931
 1-877-533-5020 (toll free)
 Fax 608-267-4549
 etf.wi.gov

Correspondence Memorandum

Date: April 16, 2021

To: Group Insurance Board

From: Rachel Carabell, Senior Health Policy Advisor
 Molly Heisterkamp, Wellness and Disease Management Program Manager
 Tom Rasmussen, Life Insurance and Dental Program Manager
 Office of Strategic Health Policy

Subject: Nurseline Usage Statistics

This memo is for informational purposes only. No Board action is required.

Background

At the Group Insurance Board’s (Board) November 18, 2020, meeting, the Department of Employee Trust Funds (ETF) provided an update on the Board’s strategic initiative to reduce potentially avoidable emergency room (ER) use. As part of that discussion, the Board asked ETF to collect information on the use of nurselines administered by the health plans participating in the Group Health Insurance Program (GHIP). This memo summarizes the information collected in response to the Board’s request.

As part of the Board’s ER initiative, ETF is working with health plans and employers to educate members about alternate sites of care that may be available when a member needs medical care quickly. These alternate sites of care include urgent care, telehealth visits, primary care office visits, and nurselines. Most visits to these alternate sites of care result in claims paid by the health plans, and therefore use can be tracked through claims data available through the Data, Analytics, and InSights (DAISI) tool, the Board’s data warehouse. However, nurselines are not billable services and do not result in a paid claim, so use cannot be easily tracked by ETF.

Most health plans provide nurseline services as an administrative service to their members. Nurselines can be administered by a third-party vendor, a plan’s own network of providers, or staff. Nurselines are typically staffed by registered nurses who can answer member medical questions and often help guide the members to the next step in care through a triage process using clinical protocols. Nurselines are usually staffed 24 hours/day, and therefore are often used by members who might need immediate, after hours care but are unsure where to go. They are often viewed as effective at redirecting care from the emergency room to other sources of care that might better address the

Reviewed and approved by Eileen K Mallow, Director, Office of Strategic Health Policy

Eileen K Mallow Electronically Signed 4/30/21

Board	Mtg Date	Item #
GIB	5.12.21	7A

member's needs. Unlike telehealth and other doctor visits, nurselines cannot offer diagnoses, write prescriptions, or provide treatment.

The GHIP Program Agreement requires health plans to provide either a telehealth or 24-hour nurseline service to members. Such services "must provide at minimum consultation services that assist [...members...] in determining whether additional treatment for a condition should be sought. Such consultation services that result in a referral to a different site of care rather than definitive treatment must be provided by the [...plan...] at no cost to" the member.

ETF Request

On December 16, 2020, ETF asked health plans to provide nurseline usage data for 2019 and 2020 for GHIP members. Plans were asked to provide the number of calls received, number of patients assisted, number of calls by day of the week and time of day, the age and gender of callers, geographic area if possible, and any outcomes recorded.

Six of the 10 health plans responded with nurseline usage data for both 2019 and 2020. One health plan was able to provide data for 2019 only and one health plan was able to provide data for 2020 only.

Two health plans, Quartz and WEA Trust, did not provide any data because they do not administer nurselines for their members. Quartz indicated they discontinued the nurseline in 2019 because it was "highly underutilized." Instead, they direct members to either of their two telehealth platforms. WEA indicated they do not provide a nurseline to their members and instead direct members to nurselines offered by provider systems in-network or other after-hour services. WEA also offers telehealth services to members.

Summary of Data Collected

Not all plans were able to provide all the data elements requested and often results were categorized using different definitions, so comparisons were difficult. However, the data shared does provide some interesting insights into the use of nurselines.

- **Utilization:** Five of the health plans had extremely low utilization of nurselines, with 2% or less of the total GHIP members accessing this service in 2019 and/or 2020. Three health plans showed significant use of their nurselines. Group Health Cooperative of South-Central Wisconsin (GHC-SCW) had the highest utilization, with 25% of their GHIP members using the nurseline over 5,800 times in 2020. Much like other healthcare services, GHC-SCW saw a slight decrease in utilization/encounters from 2019 to 2020. While Dean Health Plan did not report unique patients, they did report significant use of their nurseline, with almost 15,000 encounters in 2019. Medical Associates reported fairly consistent use of nurselines in both 2019 and 2020, with 8-9% of its GHIP members using it.
- **Day of the Week:** Of the five health plans reporting use by the day of the week, only three had enough encounters to draw any conclusions. Two plans clearly

indicated that usage was greatest on the weekends. The third plan showed slightly higher usage on Sundays and Mondays.

- **Time of Day:** For all three plans reporting the time of day of calls, at least 60% of calls were received during the day. Between 20% and 30% of calls were received in the evening and between 5% and 14% were at night.
- **Gender:** For the four health plans reporting the gender of callers, females were between 51% and 65% of callers.
- **Age:** The age categories provided varied by plan, making precise comparisons challenging. Nonetheless, there was not a discernable pattern related to the age of the patient for whom the call was made. For one plan, the highest use was for members 55 years of age or older. For other plans, the highest use ranged from 30 to 60 years of age.
- **Outcomes Reported:** Of the four plans that reported the outcome of the call, generally, plans reported very few referrals to the ER. Most referrals were either to home care, urgent care, to the member's primary care provider, or some other option.

Overall, the information included in the data collected suggests that nurselines can be useful resources for members and can be effective at diverting inappropriate care from emergency rooms. In some cases, the health plans reported so few encounters for GHIP members that responses cannot be generalized across a larger population. The low utilization of nurselines by some health plans is consistent with the Emergency Room Utilization Survey findings that were presented at the February 17, 2021 Board meeting. The survey found that more education is needed on how and when to access nurselines available through providers or health plans. An area to explore further is why some plans have very high use of their nurselines and others have very little use.

ETF will continue to explore nurseline utilization and work with health plans and employers to educate members on when and how to access nurselines.

Staff will be at the board meeting to answer any questions.