

**South Dakota
Multiple Visit Patient (MVP) Report
July 2023 – June 2024**



Background

Individuals who are high utilizers of the healthcare system, known as multi-visit patients (MVPs), drive up readmission rates and tie up resources. These multiple visits may be a symptom of a deeper problem. As clinicians, if we can identify and rectify underlying problems, we can work to end the cycle of care utilization overuse, leading to better care for the individual and reduces burden on the healthcare system.

Data Overview and Definitions

Medicare claims Fee-for-Service data is used to calculate the measures contained in this report.

A ‘MVP’ classification is based on the prior year’s utilization, which included at least 4 inpatient claims or at least 5 emergency department (ED), observation stay (ObS) and inpatient (Inp) claims combined.

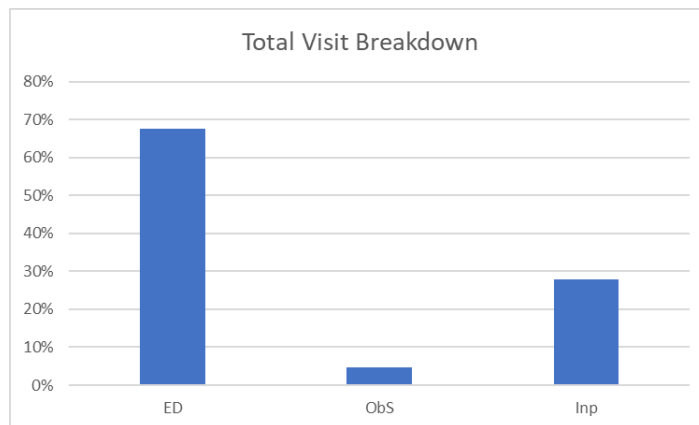
Of these MVPs, beneficiaries with at least one ED visit in the current report timeframe (as noted above) were included in this report. Total visits (including emergency room visits, observation stays and inpatient claims) and the top 5 primary and secondary diagnoses are included in this report.

Data is presented for South Dakota resident Medicare FFS beneficiaries and includes facilities in any state utilized by these MVPs during the current timeframe.

MVP Data Highlights

MVP Hospital Utilization

Unique MVPs	Total Visits (ED, ObS, Inp)				Overall Visit Total	Visit Total Breakdown		
	Average	Mode	Minimum	Maximum		ED	ObS	Inp
816	5.04	2	1	55	4112	2778	190	1144



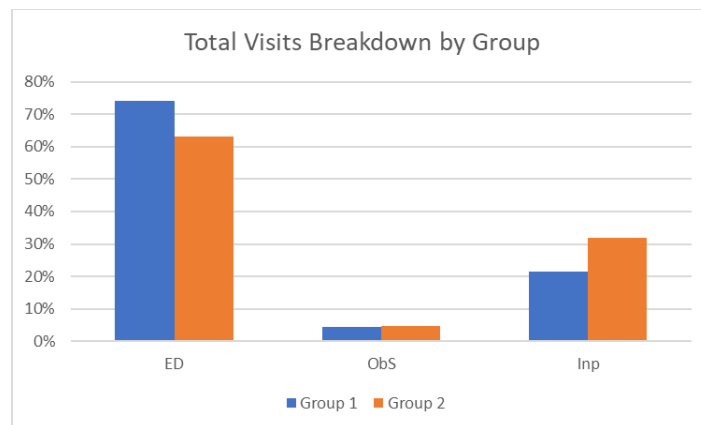
Two distinct groups of MVPs were identified as having unique utilization characteristics that warrant distinct consideration for care. Primary and secondary diagnosis codes were condensed into higher level categories for review to reduce the number of unique descriptions.

Group 1: MVPs **who had any claim**, in the current timeframe, with a primary or secondary diagnosis code that falls within a behavioral or alcohol/substance use category. At the state level, the average age at the time of admission for Group 1 MVP claims is 56 years old; 47% of the claims are for dual-eligible (both Medicare & Medicaid) beneficiaries.

Group 2: All other MVPs **who did not have a claim**, in the current timeframe, with a primary or secondary diagnosis code that falls within a behavioral or alcohol/substance use category. At the state level, the average age at the time of admission for Group 2 MVP claims is 70 years old; 32% of the claims are dual-eligible (both Medicare & Medicaid) beneficiaries.

Hospital Utilization Group Comparison

	Unique MVPs	Total Visits (ED, ObS, Inp)				Overall Visit Total	Visit Total Breakdown		
		Average	Mode	Minimum	Maximum		ED	ObS	Inp
Group 1	200	8.23	6	1	55	1645	1218	72	355
Group 2	616	4.00	2	1	21	2467	1560	118	789

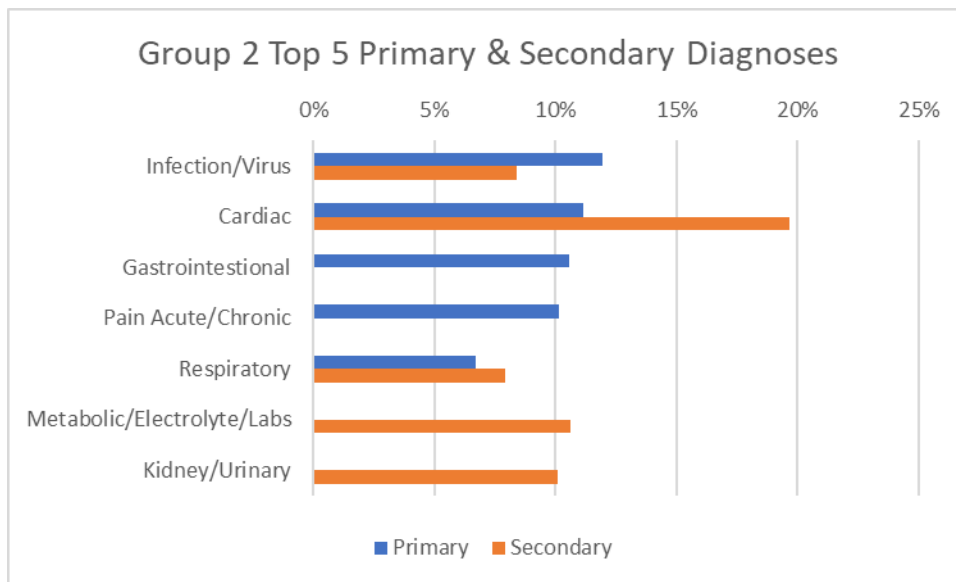
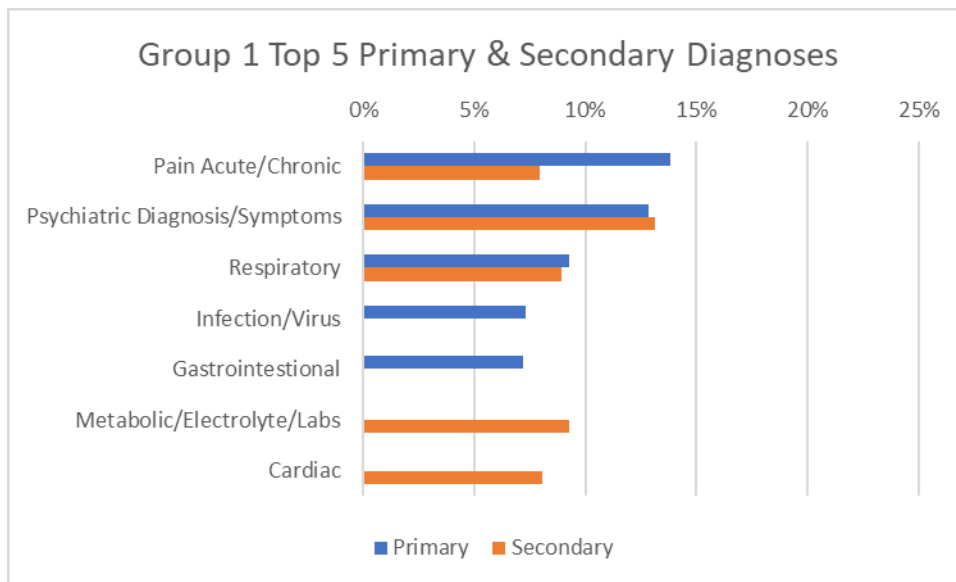


Total Number of Hospitals Utilized by Group

Group 1		
Total Unique MVPs	Number of Hospitals Utilized	Percent MVPs
98	1	49.00%
61	2	30.50%
25	3	12.50%
8	4	4.00%
4	5	2.00%
0	6	0.00%
1	7	0.50%
1	8	0.50%
0	9-10	0.00%
1	11	0.50%
0	12-14	0.00%
1	15	0.50%

Group 2		
Total Unique MVPs	Number of Hospitals	Percent MVPs
409	1	66.40%
164	2	26.62%
36	3	5.84%
2	4	0.32%
5	5	0.81%

Primary and Secondary Diagnosis Code Breakdown by Group



For questions on this report, please contact a member of our Great Plains Quality Innovation Network team; visit the Who We Are page (<https://greatplainsqin.org/about-us/who-we-are/>) for a listing of team members and contact information.



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