Improving Care Coordination by Working with Super-Utilizer Patients

June 27, 2018

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Great Plains

Quality Innovation Network

Objectives

Upon completion of this webinar, participants will be able to:

- Define key strategies to implement complex care teams in your health system and community
- Identify key data and metrics for program measurement
- Describe the role of technology, non-traditional workforce and patient-stated goals in complex care management

Today's Speaker

Lara Shadwick, MBA
Mountain Pacific Quality Health
Missoula, MT

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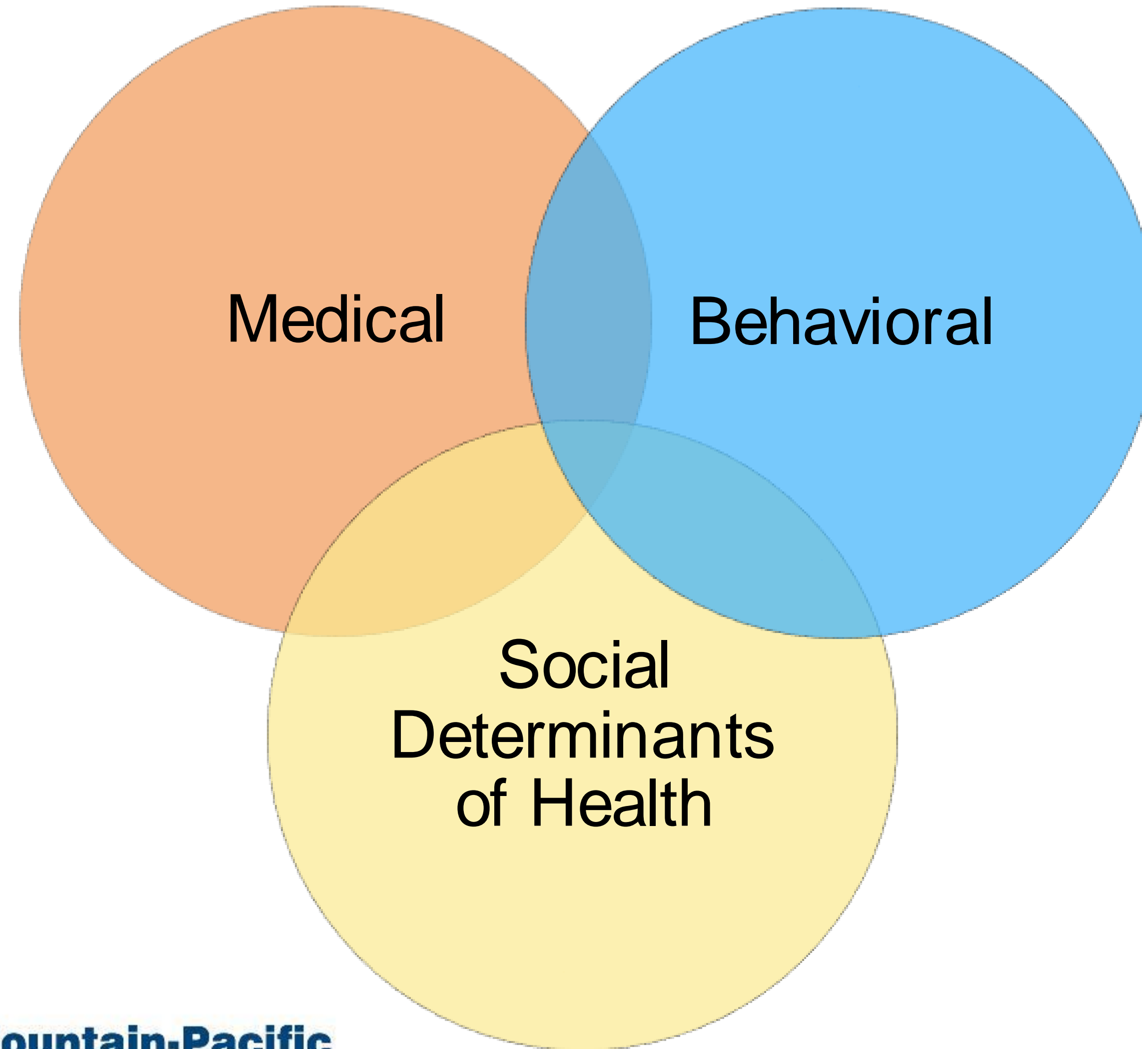
Improving Care Coordination & Saving Money by Working with Super-Utilizer Patients

Results and Learnings from a Two-Year Pilot

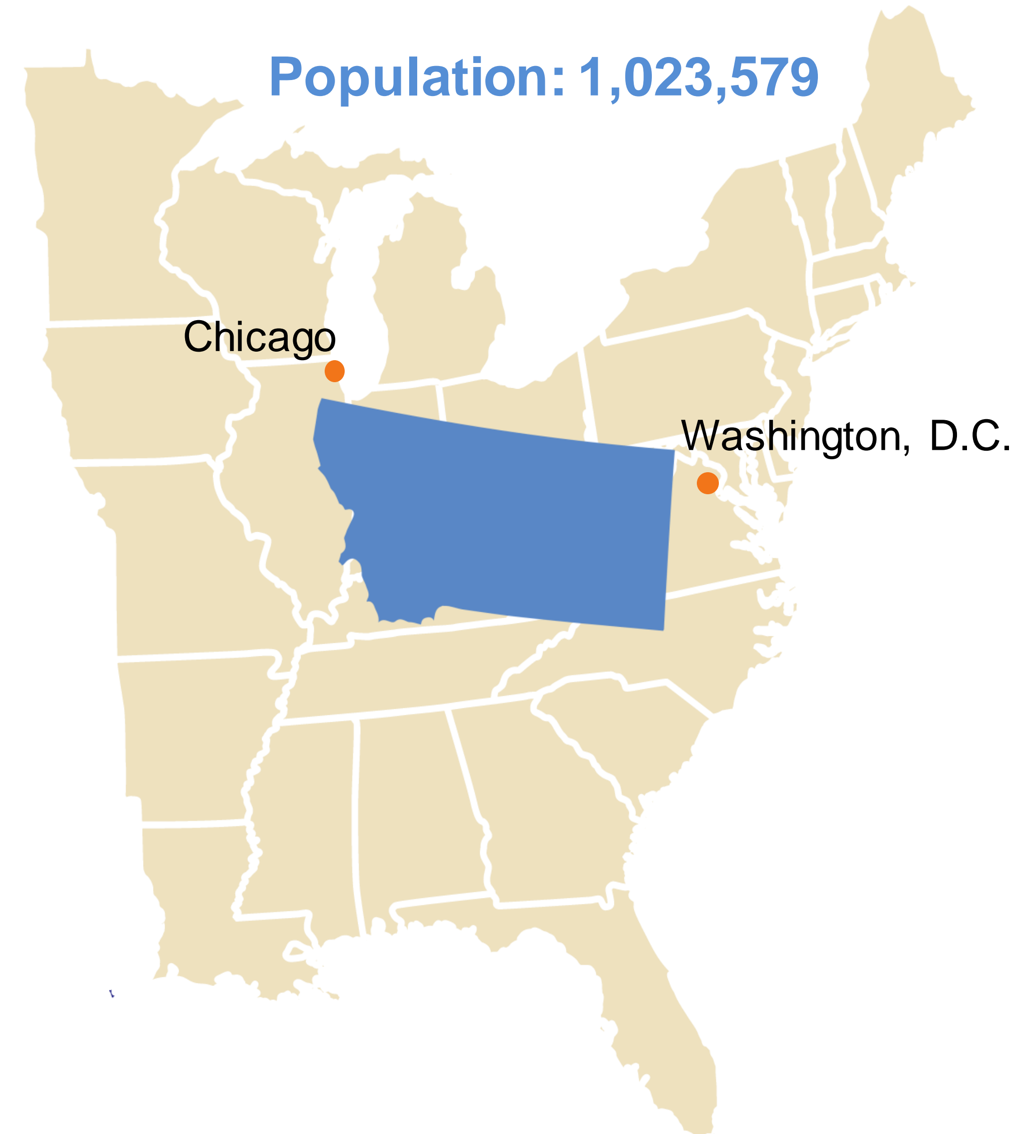
Lara Shadwick, MBA
Mountain-Pacific Quality Health

Balancing the Whole Patient



Barriers to Care

- Distance to care
- Provider shortages
  - Specialty care; Psychiatry, BH and LACs; Timely access to PCPs; APRN
- No health information exchange (HIE)
- Transportation
- Affordable housing
- Disparate populations – NA and VA
- Problems identifying high-risk patients across health systems
- Reimbursement
- Siloed systems and gaps in care



A Novel Approach…

ReSource Teams caring for high-risk patients in their home settings

The Project: ReSource Teams

- RN + CHW + tablets
- Patients with two or more inpatient admissions and/or emergency department visits in six months
- Patient is not end-of-life
- Social determinants of health
- In-home visits and intensive case management
- Rural location

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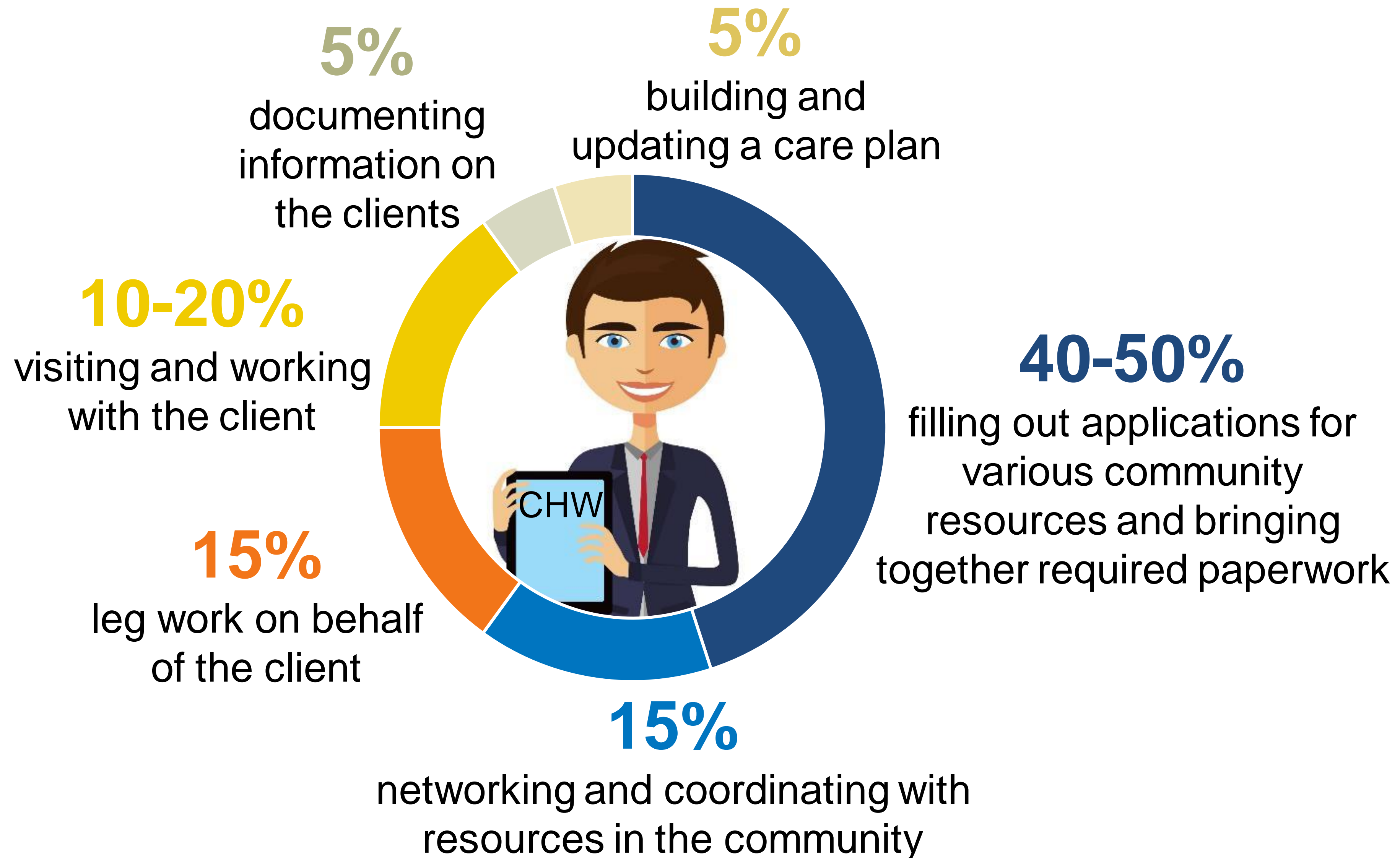
CHWs Duties



What we have learned so far…

Super-Utilizer SIP Success (data thru April 2018)

		Billings	Helena	Kalispell	Total
Target # of Patients		50	55	65	**170**
YTD # of Patients	Medicare	9	172*	22	**203**
	Medicare/ Medicaid	12	74*	22	**108**
	Medicare Advantage	3	39*	11	**53**
	Other	14	51*	10	**75**
Current	Total # of Past/Present Patients in Program	31	336*	65	**432**
	# of Handoffs	20	15**	49	**84**

*Patients received phone intervention only

**Helena requires few handoffs due to the care team being clinic case managers

Social Determinants of Health (SDoH)

Kalispell ReSource Team Patients ICD-10 zCodes to Identify SDoH [n=65]	# of Patients with SDoH	% of Patients with SDoH
z55.9 Problems related to education and literacy, unspecified	51	78.5%
z59 Problems related to housing and economic circumstances	40	61.5%
z59.4 Lack of adequate food and safe drinking water	21	32.3%
z59.7 Insufficient social insurance and welfare support	7	10.8%
z59.9 Problem related to housing and economic circumstances, unspecified	23	35.4%
z60 Problems related to social environment	39	60.0%
z60.0 Problems of adjustment to life-cycle transitions	24	36.9%
z60.2 Problems related to living alone	17	26.2%
z63 Other problems related to primary support group, including family circumstances	37	56.9%
z63.7 Other stressful life events affecting family and household	23	35.4%
z63.9 Problem related to primary support group, unspecified	27	41.5%
z65.9 Problem related to unspecified psychosocial circumstances	51	78.5%

Pharmacy and Tele-visits

Pharmacy and behavioral health important partners

- Pharmacy intervention needed for:
  - Medication reconciliation
  - Medication education
  - Finding alternative low cost meds
  - Answering patient questions
- Help with narcotic intervention and pain management

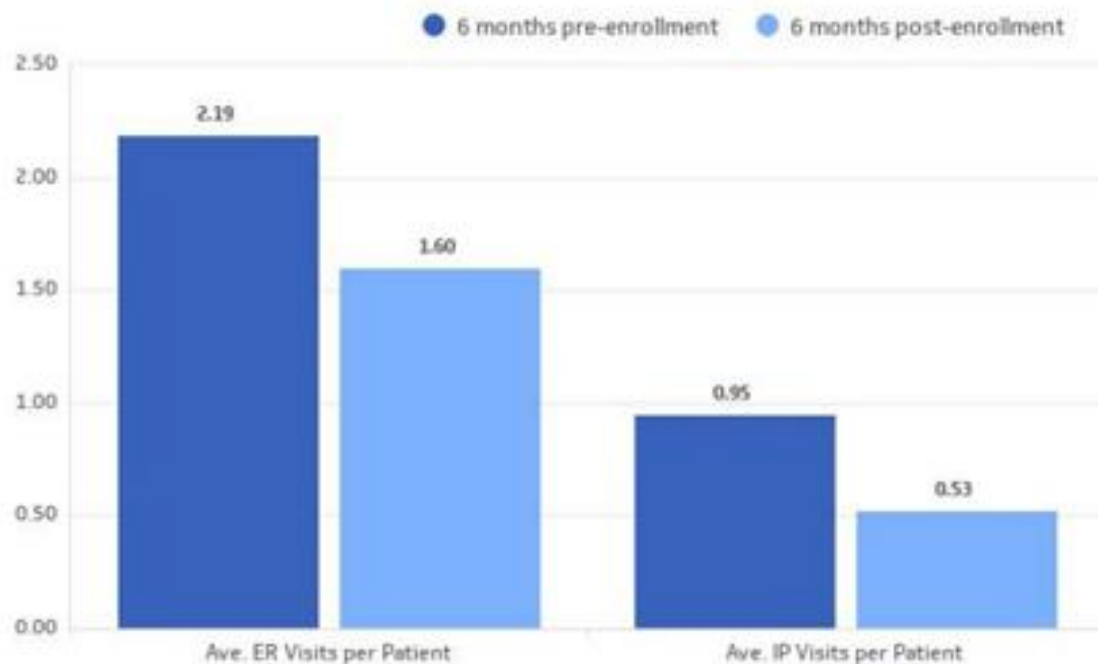
	Billings n=31	Kalispell n=65
Opioids	18	34
Benzodiazepines	6	17
Narcotic dependency ICD-10 F11.02	16	12
	51.6%	18.5%

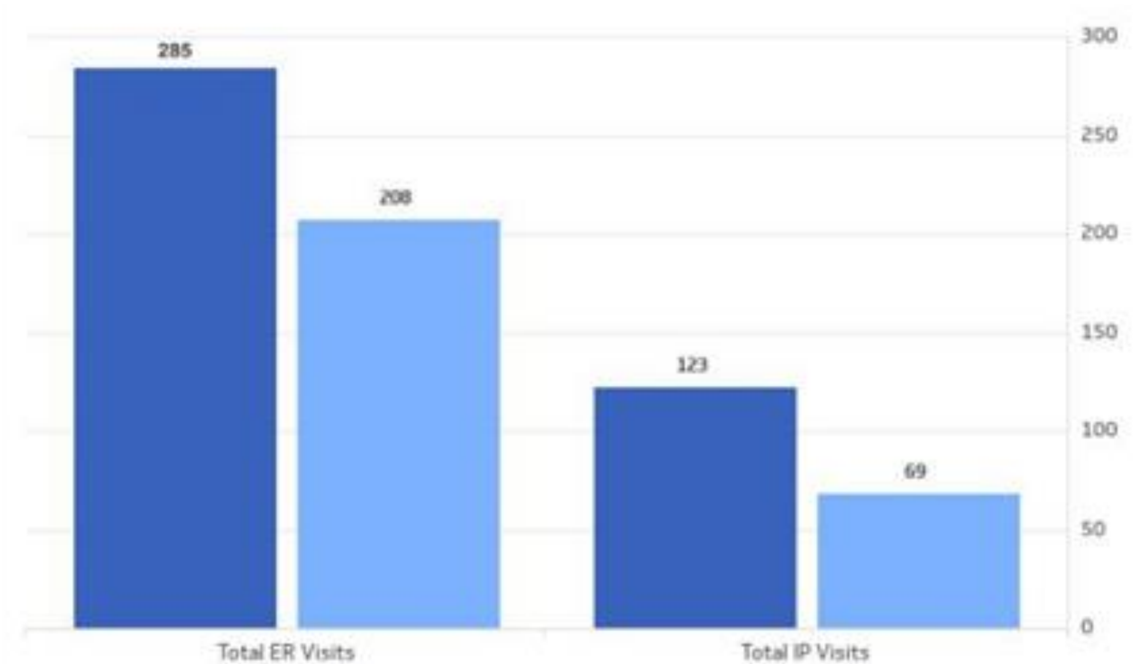
Utilization Reductions

Intervention works when addressing both IP and ER visits

Utilization and Cost Profile for Helena All-Payer Patients (130)

Emergency Room and Inpatient Utilization



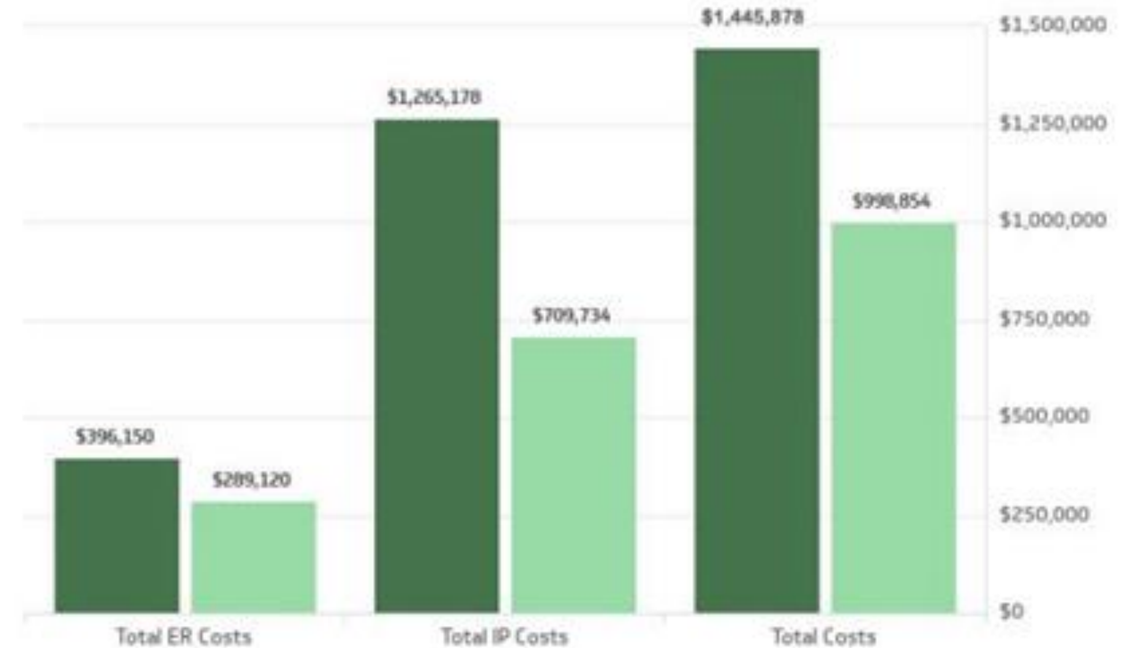


*ER = Emergency Room; IP = Inpatient
ER and IP visits from internal St. Peter's Health data, using estimates of $1,390 per ER visit and $10,286 per IP visit

Utilization Reductions

Intervention works when addressing both IP and ER visits

Utilization and Cost Profile for Helena All-Payer Patients (130)



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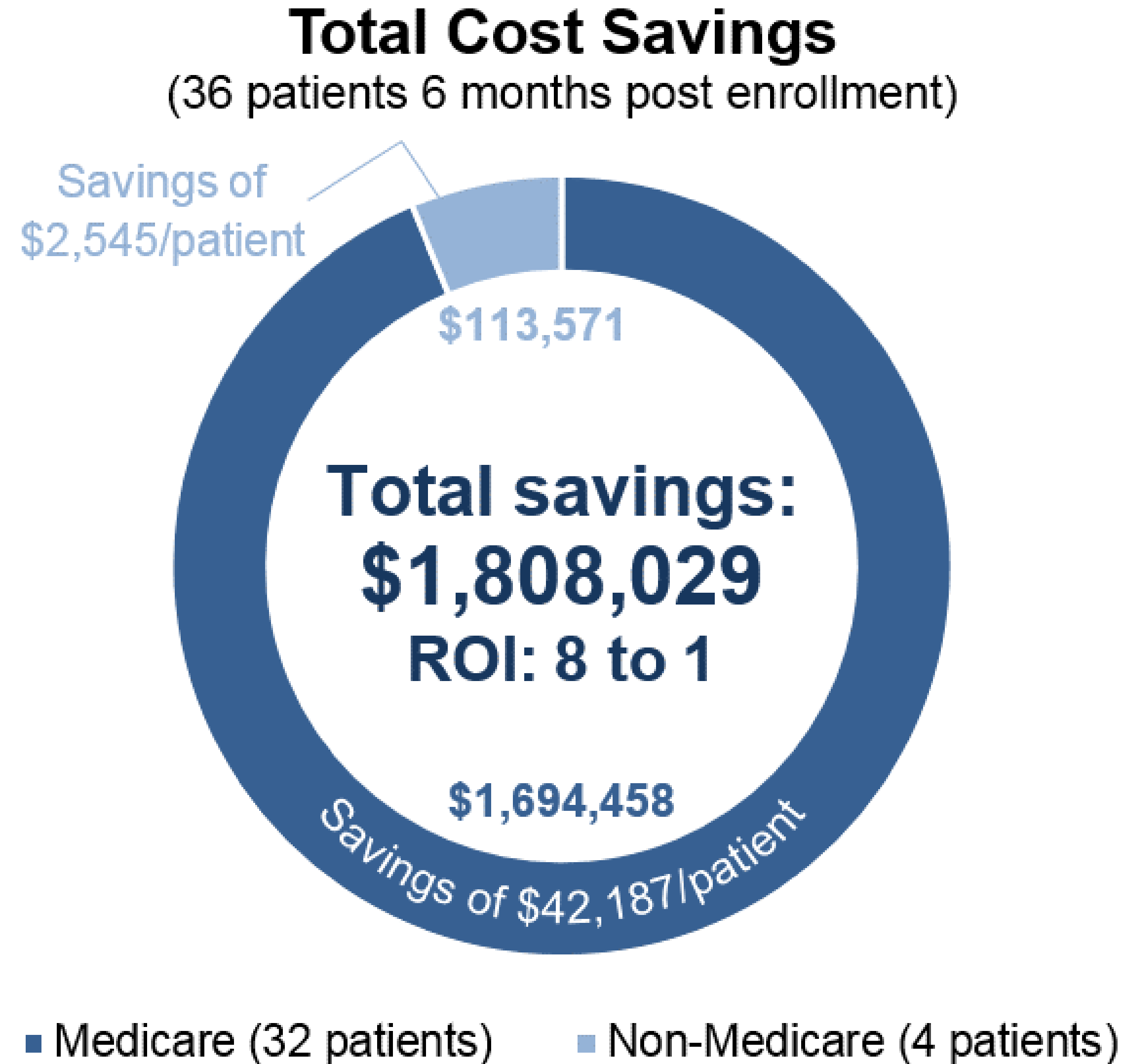
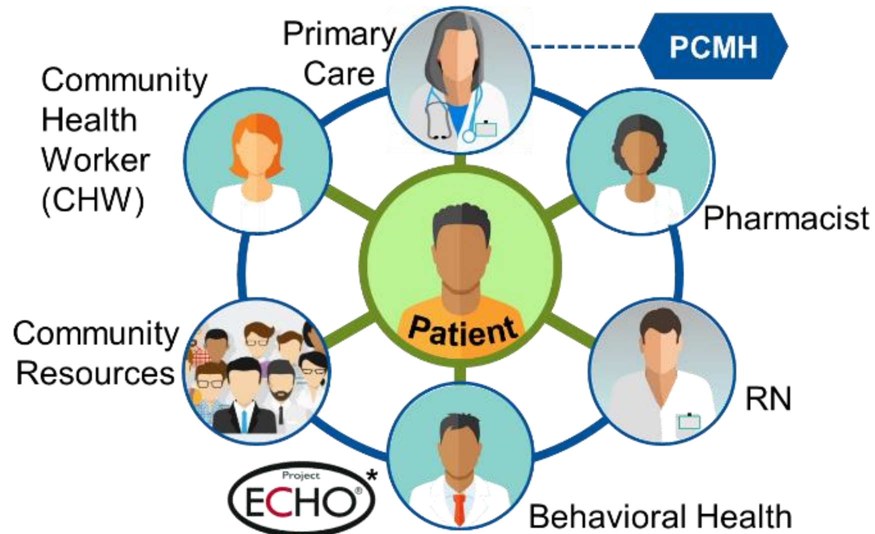


Kalispell Update

March 2018 Claims Data



Payor	# of Patients	Total Savings (Hospital Claims Data)	Cost Savings per Patient
Medicare Only	15	$1,063,583	$70,906
Dual Eligible	11	$435,160	$39,560
Medicare Advantage	5	$195,715	$39,143
Medicaid	3	$129,164	$43,055
Commercial	2	$(15,593)	$(7,797)
	36	**$1,808,029**	**$50,223**
Medicare vs. Non-Medicare			
Medicare+ Medicare/Medicaid + Medicare Advantage	31	$1,694,458	$54,660
Medicaid+Commercial	5	$113,571	$22,714

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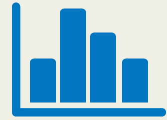
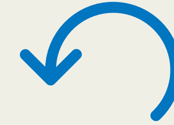
What's in it for me?

As a QIN-QIO…

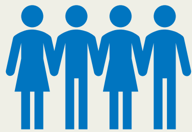


Real-time data from partners



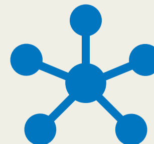
Flexibility to pivot on findings and pursue new intervention

Value to your customers through the use of:



Community development

Value-based contracting



Reach/recruit wide variety of providers, based on what is important to THEM

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Questions?

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