Strategies to improve Care Management for High Utilizers

Approaches in Primary Care

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High Utilization of Health Care Costs

- Emergency Room use
- Unmanaged Chronic Conditions
- Comorbid conditions – chronic medical conditions and psychiatric conditions

High ER Utilization

- 30%-35% visits are “avoidable”
- $429,712,468 for “avoidable” ER visits in MO
  - NACHC 2006 Access to Community Health Databook
- Having regular provider is a better predictor of seeking care and improves outcomes

Unmanaged Chronic Medical Conditions

Health Home Initiative Measures

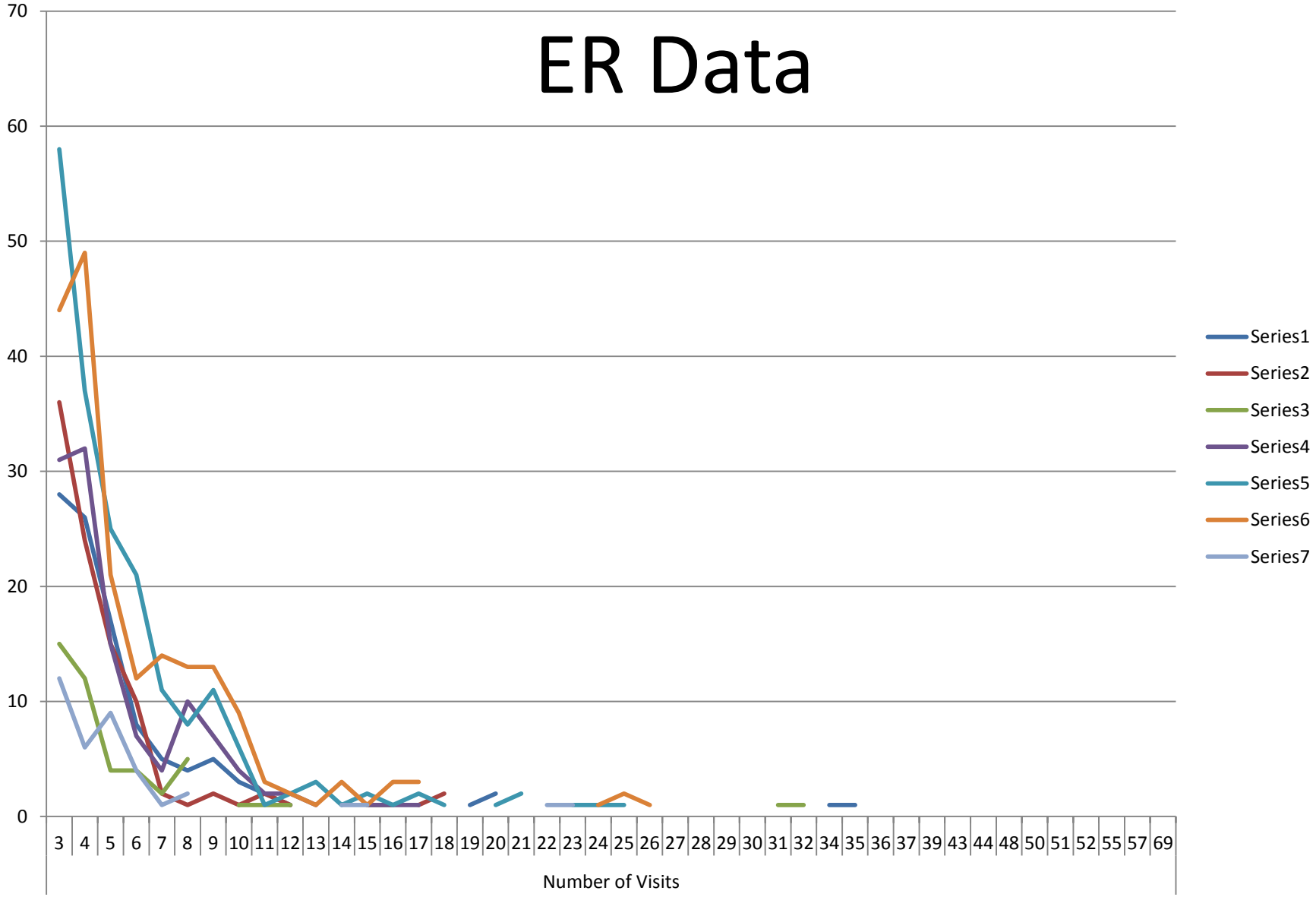
- Diabetes
- HTN
- CAD/CVD
- Hospital and ER follow-up
- Asthma
- BMI
- Medication Adherence

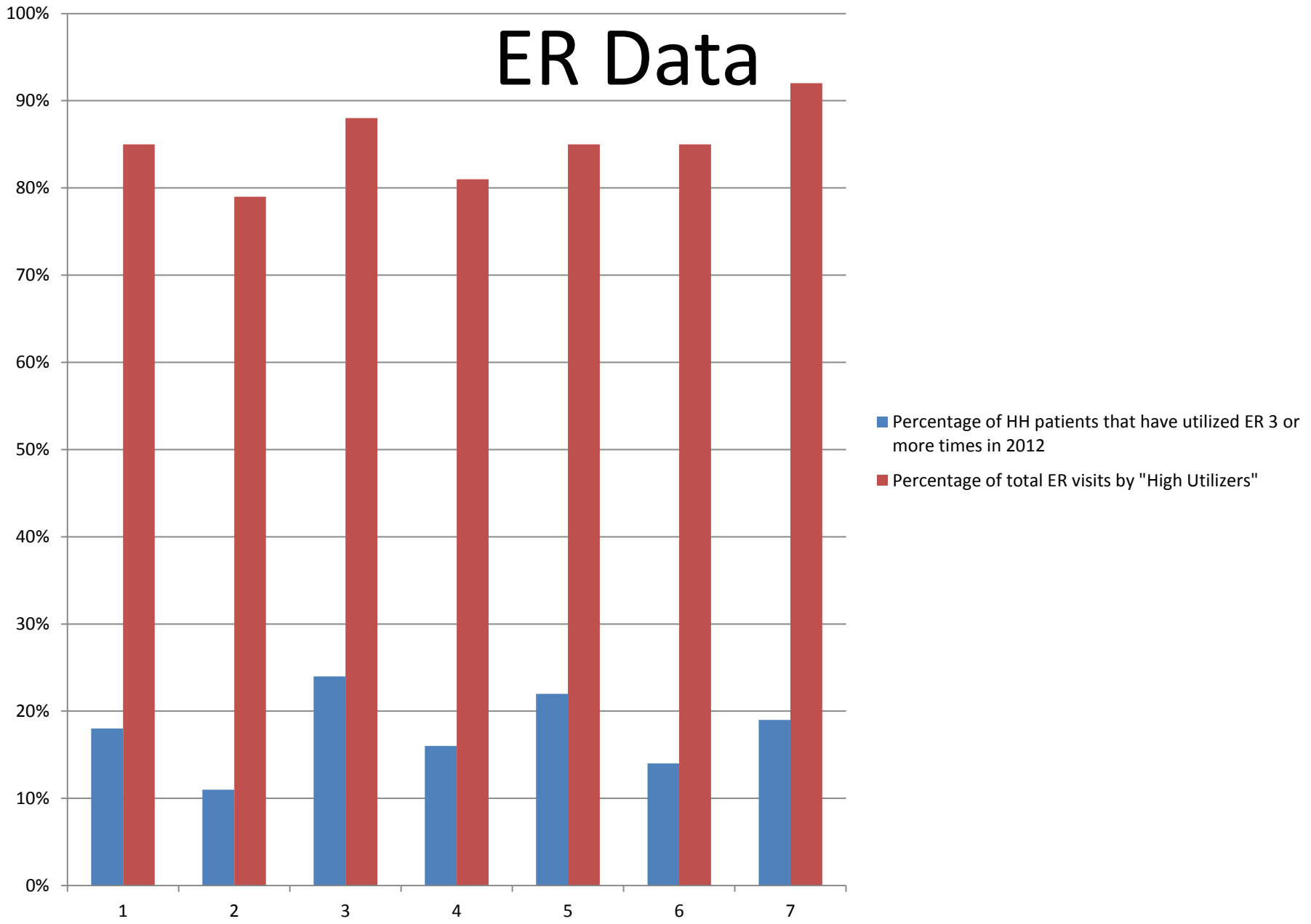
Benefits of targeted care

- Improve Health Outcomes
- Cost Offset
- Efficient use of clinic/staff resources

Factors in the increase of ER use

- Elderly/chronically ill population rising
- Lack of or overworked Primary Care
- Access
- Same day care
- Preference and habit


ER Data
70
60
50
40
30
20
10
0
3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 34 35 36 37 39 43 44 48 50 51 52 55 57 69
Number of Visits
Series1
Series2
Series3
Series4
Series5
Series6
Series7


ER Data
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
1
2
3
4
5
6
7
Percentage of HH patients that have utilized ER 3 or more times in 2012
Percentage of total ER visits by "High Utilizers"

Strategies for impacting High Utilization

- Assessment of Needs
- Health education
- Self Management Skills
- Engagement in Primary Care team
- Planned visits

Assessment of Needs

- Social
- Physical Health
- Behavioral Health

Health Education and Health Literacy

- Disease & disease process
- Self Management related to disease
- Health Literacy

Self Management Skills

- Problem Solving
- Social Skills
- Mood Management
- Self Monitoring

Engagement

- Relationship Building
- Convenience
- Incentives for seeking care at clinic

Engagement Strategies

- PCP
  - Increase Office visits
  - Scheduling flexibility
- NCM
  - Increased contact (visits and/or phone)
  - Education
  - Goal setting
- BHC
  - Increased contact (visits and/or phone)
  - Self management skills
  - Behavioral Interventions

Increase Clinic Visits

- ED/Hospitalization follow-up
- Starting new medication
- Around A1C test
- New diagnosis
- Goal setting

Team Approach

- Approaches to Medical Management
  - Standing Orders
  - Case Management
  - Care Paths
- Identify targeted population with Primary Care Team

Use of Databases

- High Utilization reports from MOHealth
- Proact – Medication Adherence
- EMR – reports based on lab values
- CyberAccess

Getting Started

- ❑ Get access to Databases
- ❑ Meet with HH director, NCMs, Medical Director, etc. to identify target population
- ❑ Survey Providers (with Medical Director approval)
- ❑ Block meeting agenda time to discuss target population
- ❑ Block meeting agenda time to educate staff on Behavioral Health issues related to High Utilizers
- ❑ Outline Care Path
- ❑ Meet with Administration to discuss current approaches to medical management of identified population
- ❑ Interview patients