Evaluating the Impact of a Community Based Care Management Program on High Utilizing Patients

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Project Overview

- Background
- Community Based Care Management (CBCM) program
- Project overview
- Methods
- Interview guide
- Significance

- Coding process
- Preliminary findings
- Next steps
- Role in the project
- Lessons learned
A small portion of the population accumulates the majority of the health care costs
Distribution of health expenditures for the U.S. population by magnitude of expenditure and mean expenditure, 2010

Top 1%
21.4% of expenditures
$87,570 mean expenditure

Next 2–5%
28.5% of expenditures

6–10%
15.7% of expenditures

11–25%
20.8% of expenditures

26–50%
10.8% of expenditures

Remaining 50%
2.8% of expenditures

Total health expenditures = $1.263 trillion

Source: Center for Financing, Access, and Cost Trends, AHRQ, Household Component of the Medical Expenditure Panel Survey, 2010
High Utilizers

- High utilizers are typically vulnerable populations with complex social components, high behavioral health needs and have multiple chronic conditions.
- High utilizers tend to rely on emergency department (ED) resources, rather than going to their primary care physician.
- Difficult to engage with in long term care.
What is Most Frequently Presented Among Emergency Room High Utilizers?

- Chronic disease: 54.2%
- Chemical dependence: 8.5%
- Behavioral health: 13.6%
- Pain management: 13.6%
- Meds non-adherence: 5.1%
- Other: 5.1%

Source: 2014 Healthcare Benchmarks: Reducing Avoidable ER Visits
October 2014
Care Management Programs

- Goal is to reduce healthcare cost and ED utilization
- Implemented by insurers
- Care management programs prioritize prevention for high utilizing patients
- Nurse navigators keep patients connected with their primary care providers and decrease ED utilization
- Nurse navigators are typically telephonically based
The CBCM program defines high utilizers as patients who have incurred the highest medical costs, top 10%, within the past 12 months.

This CBCM was implemented by a Medicaid Managed Care Organization.

10 sites across northern Philadelphia.
## CBCM Provider Roles

<table>
<thead>
<tr>
<th></th>
<th>Nurse Navigator</th>
<th>Community Health Worker</th>
<th>Behavior Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hired by:</td>
<td>Medicaid payer</td>
<td>Clinic</td>
<td>Outside behavioral health organization</td>
</tr>
<tr>
<td>Roles:</td>
<td>• Medical education</td>
<td>• <strong>Home visits</strong></td>
<td>• Easy access to behavioral health services</td>
</tr>
<tr>
<td></td>
<td>• Making appointments for patients</td>
<td>• Can go to appointments with patients</td>
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<tr>
<td></td>
<td>• Upcoming appointment reminders</td>
<td>• “Point person” or “personal navigator”</td>
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<tr>
<td></td>
<td></td>
<td>• Connecting patients to resources</td>
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<td></td>
<td></td>
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<td>• Addresses needs of patients and family members</td>
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Community Based Care Management Program

- Brings together team members who are hired from different organizations

- All of these components are incorporated into a patient's care management plan in the hopes of improving clinical outcomes
CBCM Program Goals

- Increase appointment compliance
- Decrease ED utilization
- Improve the overall health and quality of life for high utilizing patients
Project Overview: CBCM Evaluation

- Understand barriers and facilitators that contribute to implementing a CBCM program
- Understand the internal and external factors that affect program implementation
- Evaluate whether CBCM patients have a reduction in health care costs and an increase in overall health
- Explore which services are most effective in improving the overall health of CBCM patients
Mixed methods study

Quantitative:
- Evaluation of insurance claims data.

Qualitative:
- Patients and providers will be interviewed at each of the 10 sites using a semi-structured interview guide.
- Interviews will focus on exploring barriers and facilitators to program implementation and perceptions of the program.
- Code and analyze interviews.
Semi-structured interview guide

1. Background and role in the program
   - Tell me what a typical day looks like in your role in the CBCM program?

2. Team and work environment
   - Tell me about your relationship with other members of the CBCM team? What are the roles of these other members and how does the team function?

3. Interactions with patients
   - Can you tell me about an experience of working with a CBCM patient that felt particularly successful? What factors do you think contributed to that successful outcomes?

4. Final thoughts and questions
Significance

- Few programs led by payer inside the clinical site
- Stepping away from telephonic nurse navigator model
- Incorporating behavioral health into patient's care management plans
- Evaluating the care management program qualitatively
Preliminary Findings: Coding Interviews

- Looking for common themes relating to organizational structure and programmatic themes

- Organizational structure
  - Leadership style
  - Culture or climate
  - Priorities and goals
  - Site values

- Programmatic themes
  - What's working well?
  - Not working well?
  - What are the roles of the CBCM team members
Preliminary Findings: Program Implementation

Pros

- Clearly explaining program goals to other providers in the clinic
- Regular meetings between CBCM providers

Cons

- Staff turnover
- Lack of control over hiring process
- Restrictions to EMR
- Lack of space
Preliminary Findings: Program Perceptions

**Pros**
- Home Visits
- More easily identifying barriers to patient care
- Maintaining continuity of care for patients
- Behavioral health services
- Creating trust with patients

**Cons**
- Consenting patients
- Redundancies in paperwork
Next Steps

- Complete provider interviews
- Begin patient interviews
- Continue coding and analyzing interviews
- Analyze insurance claims data
My Own Role in the Project

- Going over and finding background literature
- Conducting provider interviews
- Inputting interview information into REDCap
- Going over transcribed interviews
- Coding interviews based on initial coding list
- Reevaluating initial codes and starting the process of creating a code book
Lessons Learned
Acknowledgements

- Dr. Manik Chhabra
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Questions?