



Care Partners: An Innovative Care Management Program For Medicaid and Dually Eligible Patients

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Introduction

- Care Management Programs
- High Complexity Patients
- Readmissions As A Target
- Previous Models Have Seen Limited Success

Effects of Care Coordination on Hospitalization, Quality of Care, and Health Care Expenditures Among Medicare Beneficiaries
15 Randomized Trials

The Care Partners Program



- Patient Centered
- Interdisciplinary Oversight Team
- Focus On Empowerment And Appropriate Location of Care

Who Are The Care Partners?

- Nurses
- Social Workers
- Community Health Educators

Who Is On The Oversight Committee?

- General Medicine Physician
- Leadership From Patient Resource Management
- Medicaid Care Management Leadership
- Duke Home Care And Hospice
- Community-based Mental Health And Substance Abuse Programs
- Clinical Pharmacist



Goals of the Care Partners Program

Goals of the Care Partners Program include:

- Seamless Care Transitions
- Coordination and optimization of care across all care settings
- Patient education and empowerment
- Integration of healthcare “systems”, including IT systems to enhance communication among care providers
- Creation of a sustainable operational and financial structure which allows for program growth and success
- Support hospital operational and financial efficiency



Enrollment in Care Partners

The Care Partners Program utilized the following inclusion criteria for patient selection:

- Durham County resident
- Chronic medical condition(s)
- Patients at high risk for medical crisis or hospitalization with **three or more** unplanned admissions to the acute setting in the prior 12 months.
- No requirement regarding ED utilization though patients were consistent, heavy ED utilizers.
- Potential to positively impact cost and utilization

Patients who agreed to participate in the Care Partners program completed the following documents:

- Voluntary consent
- Pre-enrollment survey



Enrollment in Care Partners

- Pre-enrollment survey of PCP (if one was involved in the patient's care)
- Enrollees are typically middle-aged, low income minorities
- Collected data on inpatient, ED, and outpatient utilization

Transition Pathways – The Journey to Optimizing Overall Health



3 Phase, 9 month Program

Phase I (Enrollment through day 90)

- Visits
 - 3 contacts per week, at least one face to face in the patient's home setting, physician office, or another community setting
- Criteria to move to Phase II
 - No unplanned admissions to the acute setting and < 2 ED visits within the Phase I period
 - Established medical home and outpatient care-PCP, HH, PCS

Transition Pathways – Phase II



Phase II

- Visits
 - 1 contact every other week by phone and at least one contact per month being face to face
- Criteria to move back to Phase I
 - 1 or more unplanned admissions within 3 months
 - Patients who return to Phase I from Phase II can remain in Phase I for 1 month. If no unplanned readmissions occur, the patient will return to Phase II.
- Criteria to move to Phase III
 - Continued compliance with established OP care program (PCP, PCS services, HH, etc.)
 - Successfully engaged in Phase I and II for 6 months or more.
 - Unplanned readmissions ≤ 1 during Phase II, 2 or fewer ED visits in a 3 months period

Transition Pathways – Phase III



Transition from Phase II to Phase III

- Visits
 - One contact per month
 - One face to face during the 3 month period
- Criteria to move back to Phase II
 - 1 or more unplanned readmissions while in Phase III



Graduation: maintenance, self-direction and empowerment

- Criteria include:
 - -Successful completion of all phases
 - Ongoing engagement in OP care plan.
 - Invitation to attend Care Partners Oversight Meeting
 - Awards Ceremony (Gift and Certificate)
 - Question and Answer Session
 - Completion of Post Care Partners Participation Survey



Care Partners Oversight

At the onset of Care Partners Program in July of 2009, the oversight team met weekly to review the progress of enrolled patients.

Agenda and discussion included:

- Case review.
- Needs assessment.
- Communication (frequent) with patient's primary care and specialty doctors via email, telephone or personal contact.
 - Arrangements and careful coordination of needed additional community resources to support the patient (HH, DME, PCS, PCP, Specialty Care, etc.)
- Review of documentation related to coordination and health-care utilization

Meetings now semimonthly.



Modeled Care Partners Budget: Outcomes for current enrollees (N=12)

Care Partners Budget					
Givens	Q1	Q2	Q3	Q4	Annual
Patients Enrolled	12	12	12	12	12
Care Partner	1	1	1	1	1
Director	0.15	0.15	0.15	0.15	0.15
Clerical Support	0	0	0	0	0
Pharmacist	0.1	0.1	0.1	0.1	0.1
Dietitian	0.1	0.1	0.1	0.1	0.1
Medical Director	0.05	0.05	0.05	0.05	0.05
Fringe Benefit Weight	14%	14%	14%	14%	14%
Average IP Savings/Enrollee	\$ 9,500.00	\$ 9,500.00	\$ 9,500.00	\$ 9,500.00	\$ 38,000.00
Expenses:	Q1	Q1	Q3	Q4	Annual
<i>Salaries and Benefits</i>					
Care Partner	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 15,000.00	\$ 60,000.00
Director	\$ 3,375.00	\$ 3,375.00	\$ 3,375.00	\$ 3,375.00	\$ 13,500.00
Clerical Support	\$ -	\$ -	\$ -	\$ -	\$ -
Pharmacist	\$ 2,770.85	\$ 2,770.85	\$ 2,770.85	\$ 2,770.85	\$ 11,083.40
Dietitian	\$ 1,343.28	\$ 1,343.28	\$ 1,343.28	\$ 1,343.28	\$ 5,373.10
Medical Director	\$ 2,402.39	\$ 2,402.39	\$ 2,402.39	\$ 2,402.39	\$ 9,609.55
Fringe	\$ 3,484.81	\$ 3,484.81	\$ 3,484.81	\$ 3,484.81	\$ 13,939.25
Subtotal	\$ 28,376.32	\$ 28,376.32	\$ 28,376.32	\$ 28,376.32	\$ 53,505.30
<i>Supplies and Equipment</i>					
Office Supplies & Maintainenc	\$ 300.00	\$ 300.00	\$ 300.00	\$ 300.00	\$ 1,200.00
Photographic Supplies & Main	\$ 150.00	\$ 150.00	\$ 150.00	\$ 150.00	\$ 600.00
Publication Expense	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 800.00
Uniforms Cloth Sp Equ	\$ 12.50	\$ 12.50	\$ 12.50	\$ 12.50	\$ 50.00
P&E- MA-Machinery-Equip	\$ 200.00	\$ 200.00	\$ 200.00	\$ 200.00	\$ 800.00
M&R Locking Hardware	\$ 22.50	\$ 22.50	\$ 22.50	\$ 22.50	\$ 90.00
Electrical Renovations	\$ 35.00	\$ 35.00	\$ 35.00	\$ 35.00	\$ 140.00
M&R -Renov-Elec System	\$ 136.25	\$ 136.25	\$ 136.25	\$ 136.25	\$ 545.00
M&R Reimbursables	\$ 3,500.00	\$ -	\$ -	\$ -	\$ 3,500.00
M&R Furniture-Furnishings	\$ 100.00	\$ 100.00	\$ 100.00	\$ 100.00	\$ 400.00
Telephone Maintenance	\$ 136.25	\$ 136.25	\$ 136.25	\$ 136.25	\$ 545.00
Cont Education/Training Exp	\$ 272.50	\$ 272.50	\$ 272.50	\$ 272.50	\$ 1,090.00
Public Relations/Social Expen	\$ 471.25	\$ 471.25	\$ 471.25	\$ 471.25	\$ 1,885.00
Freight-Express-Postage	\$ 68.25	\$ 68.25	\$ 68.25	\$ 68.25	\$ 273.00
Moving and Assembly	\$ -	\$ -	\$ -	\$ -	\$ -
Tel&Tel Equip Charges	\$ 1,250.00	\$ 1,250.00	\$ 1,250.00	\$ 1,250.00	\$ 5,000.00
Travel and Living Expenses	\$ 900.00	\$ 900.00	\$ 900.00	\$ 900.00	\$ 3,600.00
Subtotal:	\$ 7,754.50	\$ 4,254.50	\$ 4,254.50	\$ 4,254.50	\$ 20,518.00
Total	\$ 36,130.82	\$ 32,630.82	\$ 32,630.82	\$ 32,630.82	\$ 134,023.30
Revenue Opportunity:					
Total Average Savings	\$ 114,000.00	\$ 114,000.00	\$ 114,000.00	\$ 114,000.00	\$ 456,000.00
TOTAL SAVINGS	\$ 77,869.18	\$ 81,369.18	\$ 81,369.18	\$ 81,369.18	\$ 321,976.70

\$134,023

\$456,000

\$321,977

Modeled Care Partners for Fully Deployed Program (Care Partners = 4.0 FTEs, 1:15 ratio)



Care Partners Budget					
Givens	Q1	Q2	Q3	Q4	Annual
Patients Enrolled	60	60	60	60	60
Care Partner	4	4	4	4	4
Director	0.5	0.5	0.5	0.5	0.5
Clerical Support	0.5	0.5	0.5	0.5	0.5
Pharmacist	0.15	0.15	0.15	0.15	0.15
Dietitian	0.15	0.15	0.15	0.15	0.15
Medical Director	0.1	0.1	0.1	0.1	0.1
Fringe Benefit Weight	14%	14%	14%	14%	14%
Average IP Savings/Enrollee	\$ 9,500.00	\$ 9,500.00	\$ 9,500.00	\$ 9,500.00	\$ 38,000.00
Expenses:	Q1	Q1	Q3	Q4	Annual
<i>Salaries and Benefits</i>					
Care Partner	\$ 60,000.00	\$ 60,000.00	\$ 60,000.00	\$ 60,000.00	\$ 240,000.00
Director	\$ 11,250.00	\$ 11,250.00	\$ 11,250.00	\$ 11,250.00	\$ 45,000.00
Clerical Support	\$ 3,750.00	\$ 3,750.00	\$ 3,750.00	\$ 3,750.00	\$ 15,000.00
Pharmacist	\$ 4,156.28	\$ 4,156.28	\$ 4,156.28	\$ 4,156.28	\$ 16,625.10
Dietitian	\$ 2,014.91	\$ 2,014.91	\$ 2,014.91	\$ 2,014.91	\$ 8,059.65
Medical Director	\$ 4,804.78	\$ 4,804.78	\$ 4,804.78	\$ 4,804.78	\$ 19,219.10
Fringe	\$ 12,036.63	\$ 12,036.63	\$ 12,036.63	\$ 12,036.63	\$ 48,146.54
Subtotal	\$ 98,012.60	\$ 98,012.60	\$ 98,012.60	\$ 98,012.60	\$ 152,050.39
<i>Supplies and Equipment</i>					
Office Supplies & Maintainenc	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 1,500.00	\$ 6,000.00
Photographic Supplies & Main	\$ 750.00	\$ 750.00	\$ 750.00	\$ 750.00	\$ 3,000.00
Publication Expense	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 4,000.00
Uniforms Cloth Sp Equ	\$ 62.50	\$ 62.50	\$ 62.50	\$ 62.50	\$ 250.00
P&E- MA-Machinery-Equip	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 1,000.00	\$ 4,000.00
M&R Locking Hardware	\$ 112.50	\$ 112.50	\$ 112.50	\$ 112.50	\$ 450.00
M&R -Renov-Elec System	\$ 175.00	\$ 175.00	\$ 175.00	\$ 175.00	\$ 700.00
Electrical Renovations	\$ 681.25	\$ 681.25	\$ 681.25	\$ 681.25	\$ 2,725.00
M&R Reimbursables	\$ 4,375.00	\$ 4,375.00	\$ 4,375.00	\$ 4,375.00	\$ 17,500.00
M&R Furniture-Furnishings	\$ 500.00	\$ 500.00	\$ 500.00	\$ 500.00	\$ 2,000.00
Telephone Maintenance	\$ 681.25	\$ 681.25	\$ 681.25	\$ 681.25	\$ 2,725.00
Cont Education/Training Exp	\$ 1,362.50	\$ 1,362.50	\$ 1,362.50	\$ 1,362.50	\$ 5,450.00
Public Relations/Social Expen	\$ 2,356.25	\$ 2,356.25	\$ 2,356.25	\$ 2,356.25	\$ 9,425.00
Freight-Express-Postage	\$ 341.25	\$ 341.25	\$ 341.25	\$ 341.25	\$ 1,365.00
Moving and Assembly	\$ -	\$ -	\$ -	\$ -	\$ -
Tel&Tel Equip Charges	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 6,250.00	\$ 25,000.00
Travel and Living Expenses	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00	\$ 18,000.00
Subtotal:	\$ 25,647.50	\$ 25,647.50	\$ 25,647.50	\$ 25,647.50	\$ 102,590.00
Total	\$ 123,660.10	\$ 123,660.10	\$ 123,660.10	\$ 123,660.10	\$ 494,640.39
<i>Revenue Opportunity:</i>					
Total Average Savings	\$ 570,000.00	\$ 570,000.00	\$ 570,000.00	\$ 570,000.00	\$ 2,280,000.00

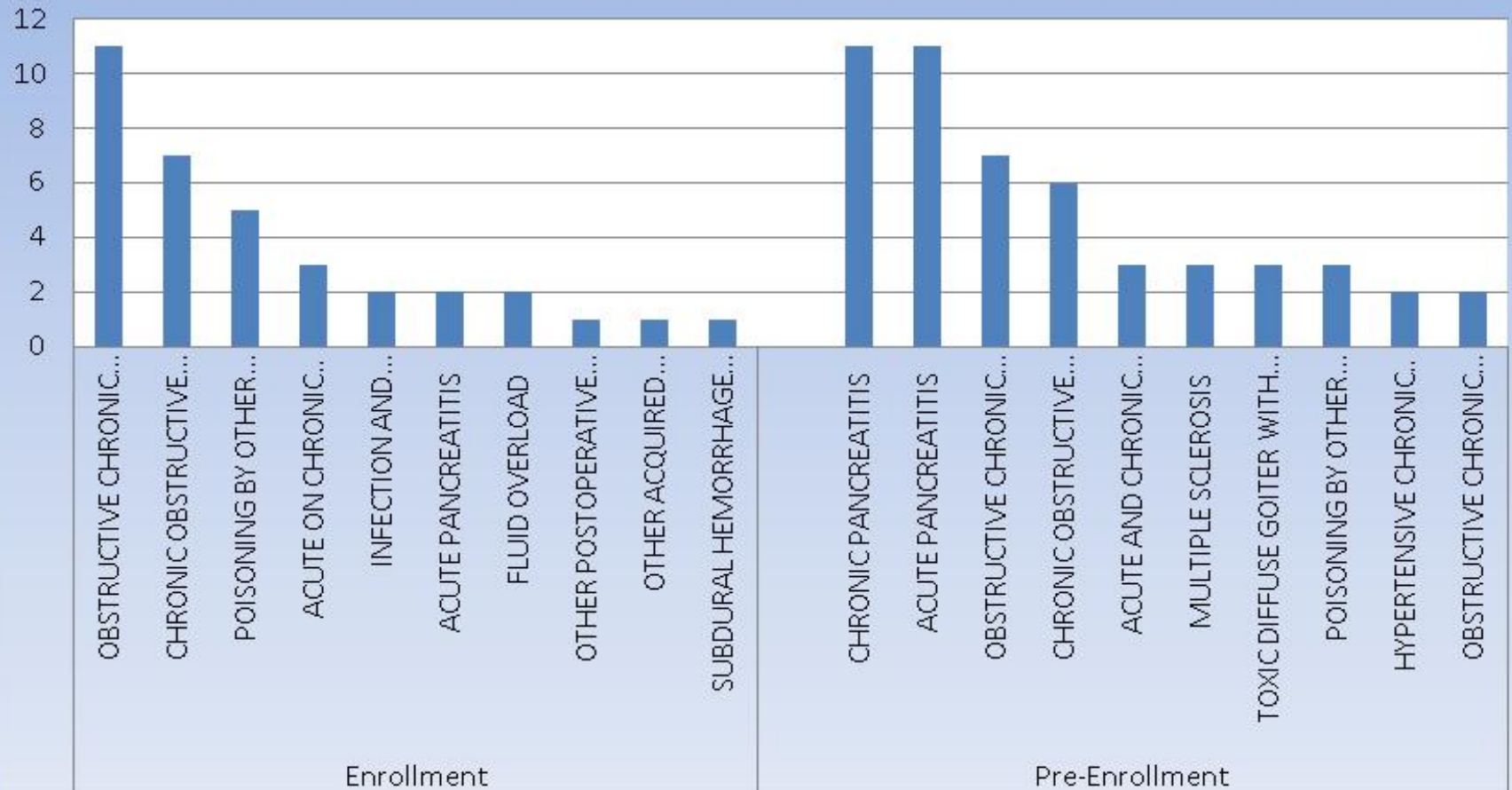
\$494,640

\$2,280,000



Top Admitting Diagnosis

(N=12)

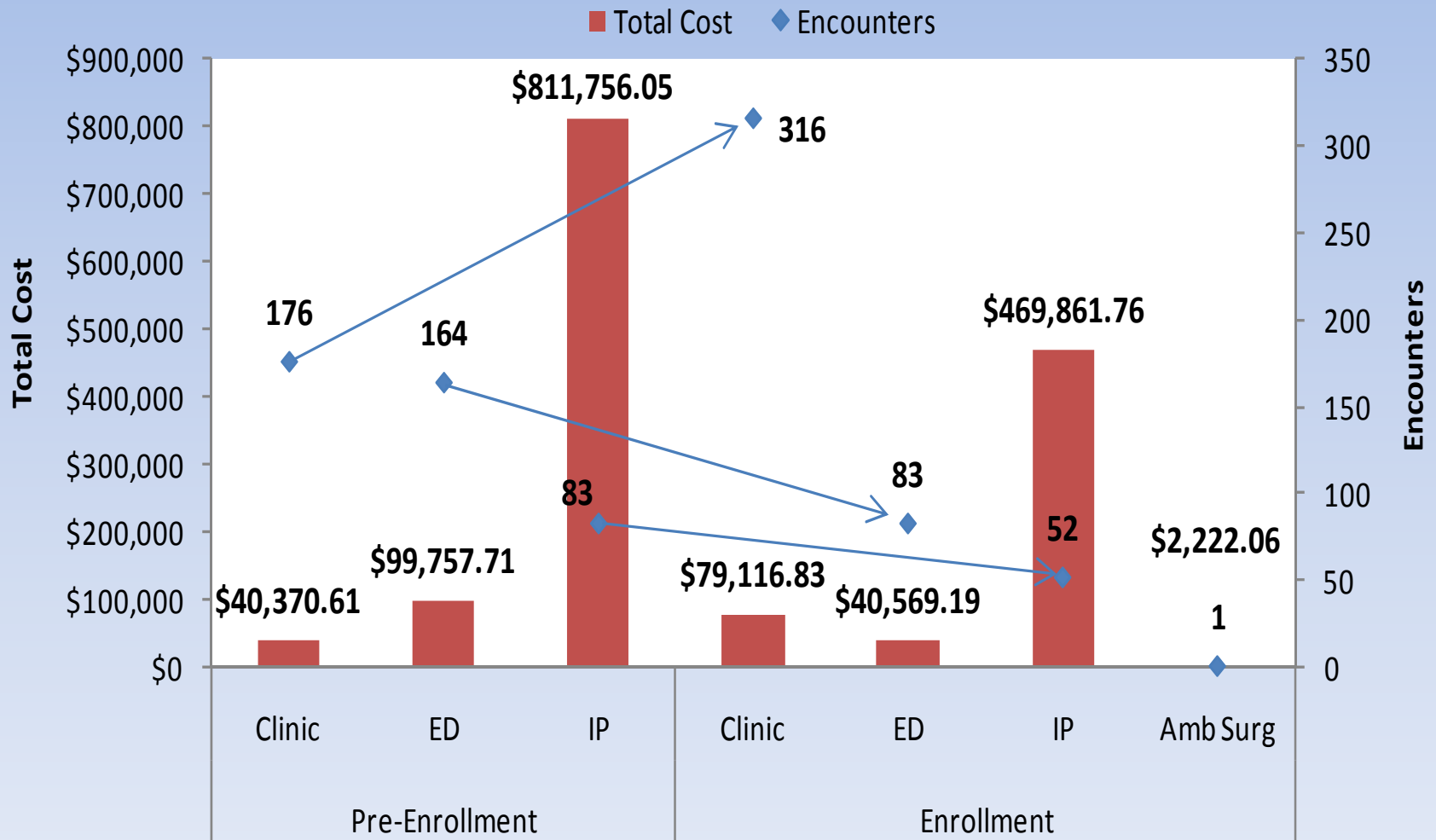




Care Partners Results

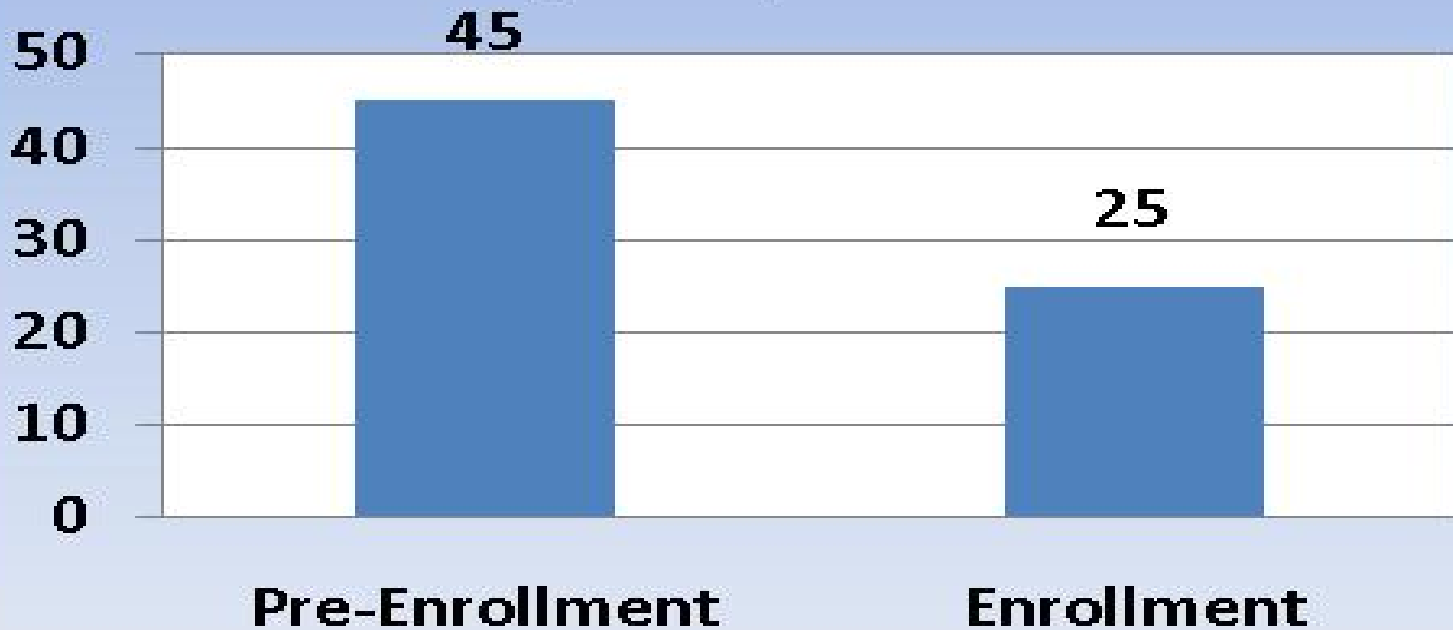
Healthcare Setting Utilization Comparison

(N = 12)



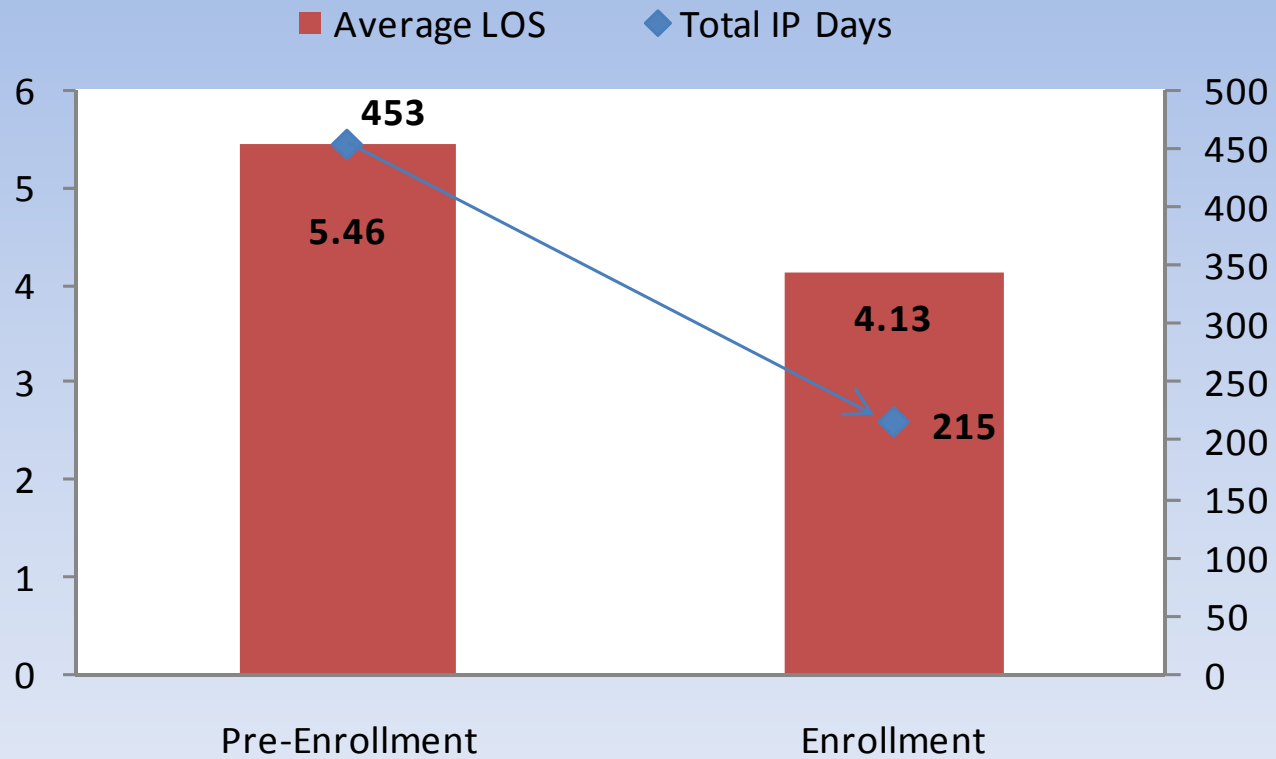


30 Day Readmission Rate (N=12)





Length of Stay Impact (N = 12)





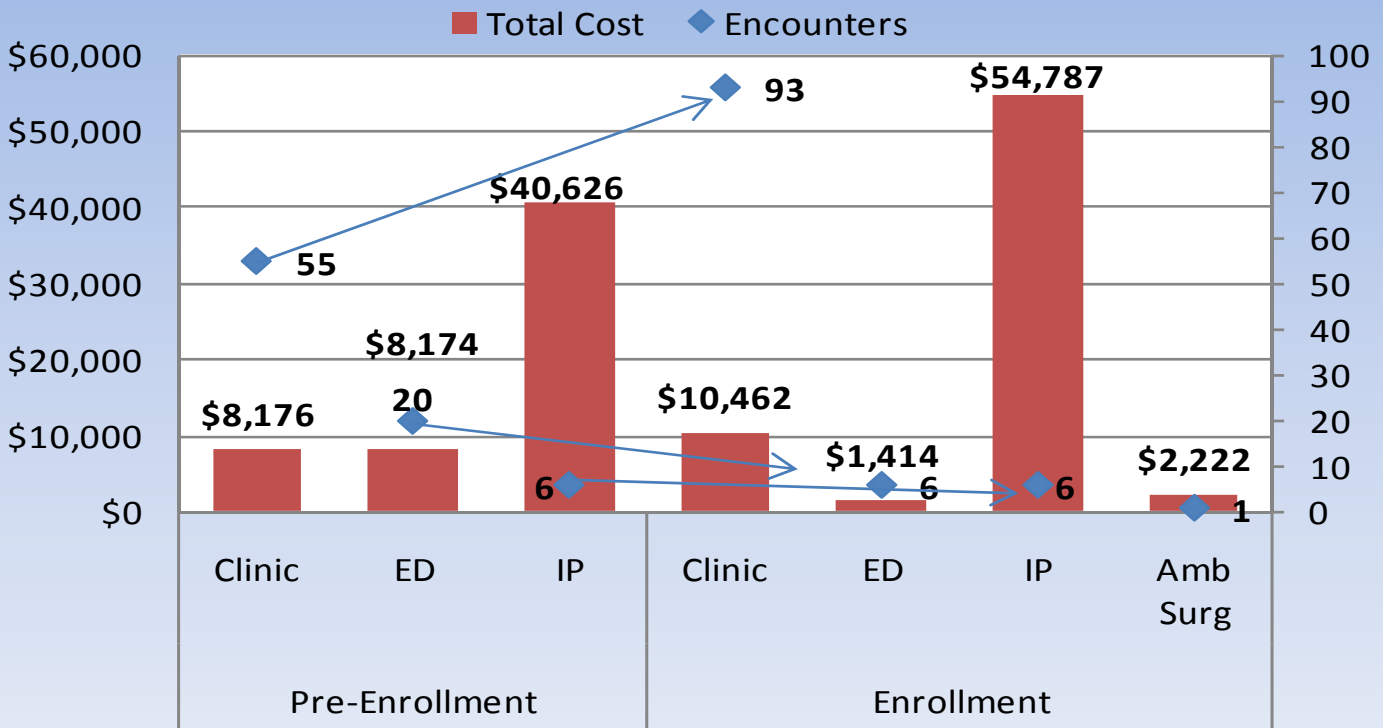
Patient Scenarios (Pt. #6)

- 53 yr old female medical history including:
 - Chronic back and hip pain
 - Chronic abdominal pain
 - Migraine headaches
 - PTSD, Depression
- PMH includes:
 - Seizure disorder
 - ETOH Abuse
- Social History:
 - Limited health literacy
 - Family involvement with the legal system
 - Distrust of healthcare workers
- Medication History
 - 23 active medications at the time of enrollment in Care Partners

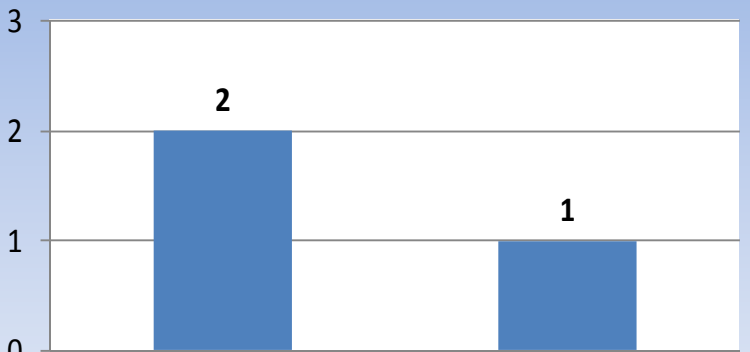
Patient 6



Healthcare Setting Utilization Comparison



Readmissions Within 30 Days



- IP Costs: approx. **-\$14,200**
- Graduated from the Program: May 2011



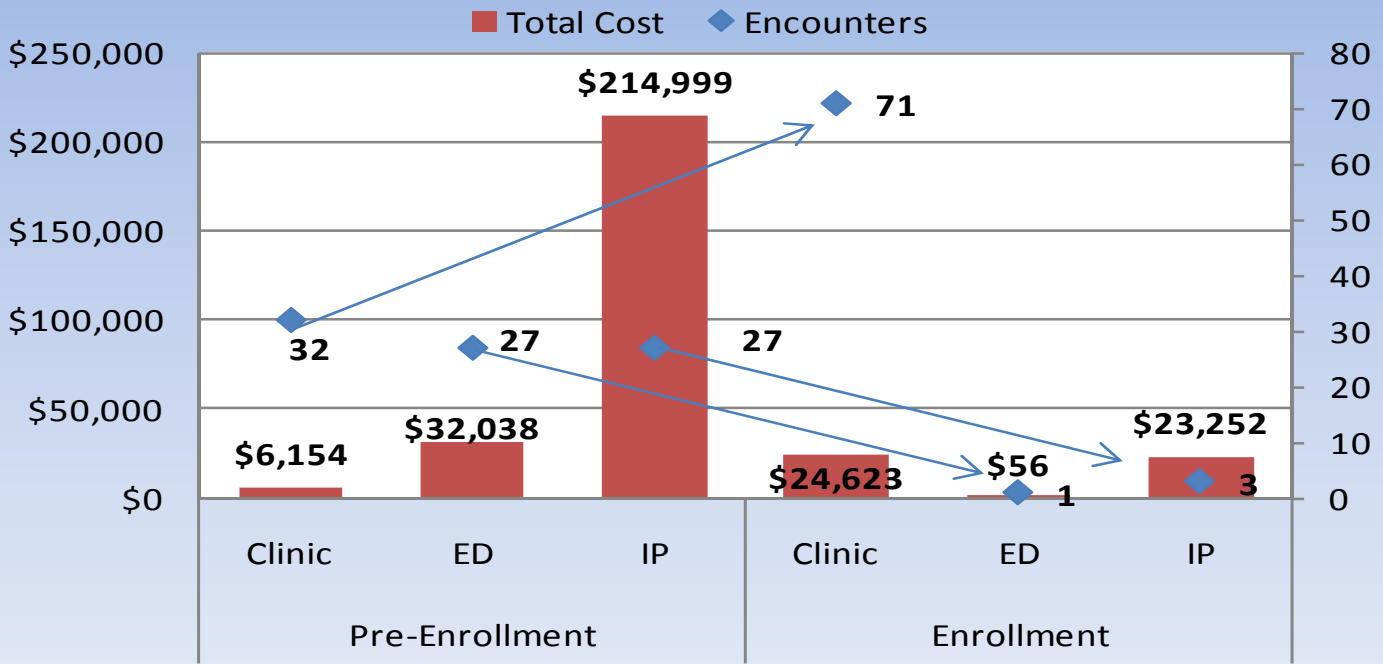
Patient Scenarios (Pt. #3)

- 35-year-old African American male with PMH of:
 - diabetes mellitus (14 years)
 - Chronic renal failure stage IV (ESRD)
 - Chronic idiopathic pancreatitis, type 2 diabetes
 - HTN
 - Diabetic gastroparesis
 - Nephrotic syndrome
 - Anemia
- Social History includes:
 - Poor quality of life
- Medication regimen extensive (15 meds multiple times/day)

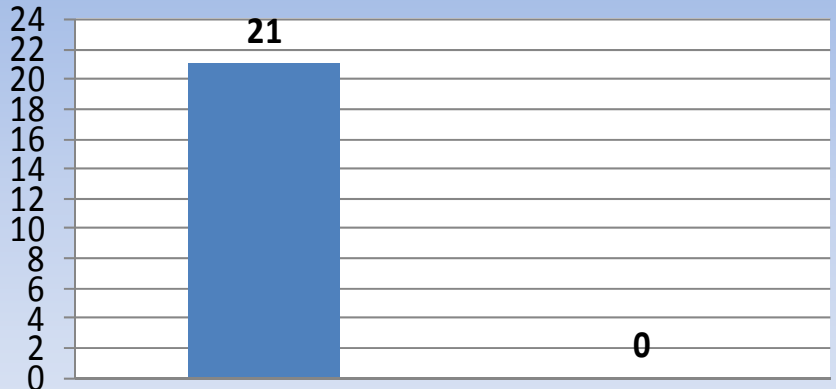
Patient 3



Healthcare Setting Utilization Comparison



Readmissions Within 30 Days



- IP Cost Savings: approx. \$191,700
- Graduated from Program: April 2011



Patient Scenarios (Pt. #8)

- 53 -year-old female with history of:
 - HCV with cirrhosis
 - Bipolar disorder
 - Chronic back pain



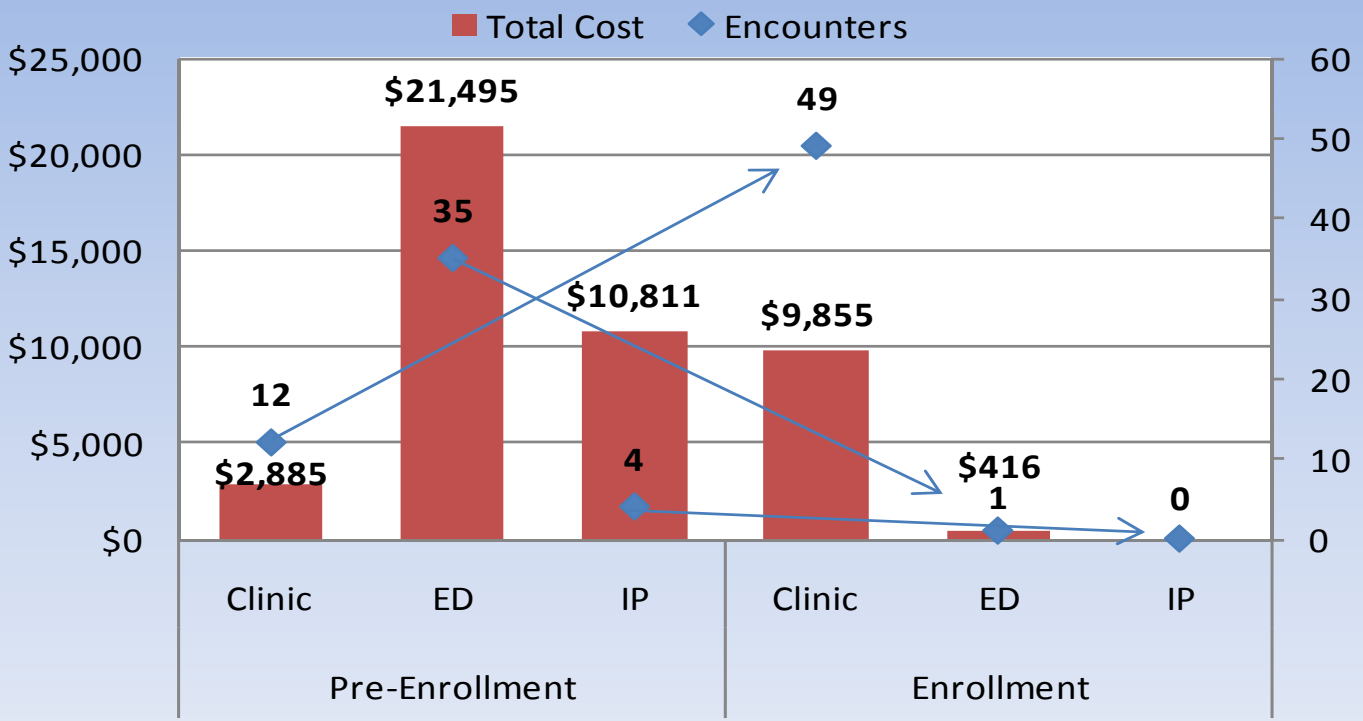
Patient Scenarios (Pt. #8)

- PMH includes:
 - History of seizure disorder, questionably related to alcohol withdrawal.
 - History of bipolar disorder and questionable schizophrenia.
 - History of alcohol abuse with last drink 2/2009
 - History of heroin and cocaine abuse-now sober
 - Hypothyroidism
 - Adrenal insufficiency
- Social History includes:
 - Living in Group home setting
 - Past history of homelessness
 - No family support systems, widowed
 - Past history of physical abuse
- Medication regimen extensive (16 active meds multiple times/day)

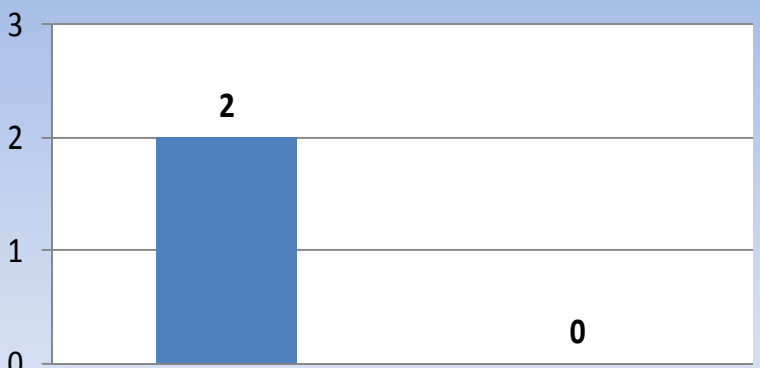
Patient 8



Healthcare Setting Utilization Comparison



Readmissions Within 30 Days



- IP Cost Savings: approx. \$10,800
- Graduated from Program: Feb. 2011



Conclusions and Lessons Learned

- Our program can improve health outcomes, increase effective health care utilization, and dramatically reduce cost for high complexity Medicaid and Dually Eligible patients.
- The Care Partners Program effectively increased clinic visits while reducing ED and inpatient utilization.
- A strong, face-to-face component backed by an interdisciplinary support team can help high utilizing patients receive their care in more effective and efficient settings.
 - Many previous programs have focused on telephone education and advice.
 - Patients have commented consistently on the value of the CP relationship.
- Most of our pilot patients had unmet needs related to mental health and substance abuse problems and had difficulty obtaining needed services.
 - These diagnoses drove much of the unneeded care.
 - Actively addressing these needs required assistance from a Care Partner informed about community-based resources. Reduction in the availability of mental health and substance abuse services may result in higher overall health care costs.



Next Steps

- Expand payor mix
 - Medicare
 - Self-Pay
 - Commercial
- Develop and expansion of customized care transitions models to support the needs of a larger population
 - Less intensive program for appropriate patients
 - Diagnosis/Disease Specific approaches
- Further partnership and integration with community based resources with expertise in the community care management
 - Community Care of North Carolina
- Develop expert Care Partners across Duke Medicine



Comments and Questions

