

Sustainable High-Utilization Team Model

CMMI Healthcare Innovation Challenge Award

August 6, 2012

University Best Practices

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and

Paul Hernandez, MBA, Program Director



Partner Organizations

Administration & Oversight

- Rutgers Center for State Health Policy, New Brunswick, NJ
 - will coordinate technical assistance and convene a project learning network as well as develop cost, quality and outcome data for this initiative.
- Center for Health Care Strategies, Hamilton, NJ
 - will work with sites and their respective state Medicaid agencies and local managed care plans to create sustainable financing plans, such as shared savings programs.

Group Provider Participants

- Camden Coalition of Healthcare Providers, Camden, NJ
 - will help the project sites to effectively adopt “hot spotting” and care management strategies.
- Neighborhood Health Centers of Lehigh Valley, Allentown, PA
- Metro Community Provider Network, Aurora, CO
- Truman Medical Centers, Kansas City, MO
- MultiCultural Primary Care Medical Group, San Diego, CA



Project History

- Based on high-utilization team model developed by Dr. Jeff Brenner of the Camden Coalition of Healthcare Providers (CCHP), founded in 2002
- Grew out of a 2010 PICO* campaign – *Bring Health Reform Home*
 - Multi-faceted campaign in 10 communities to replicate the CCHP model
 - Participating clinical sites poised to rapidly adopt high-utilization team model

* PICO: People Improving Communities through Organizing, the nation's largest grassroots faith-based network representing 1,000 congregations in over 200 cities



Steering Committee Membership

National Steering Committee

- Rutgers Center for State Health Policy (CSHP)
- Camden Coalition of Healthcare Providers (CCHP)
- Center for Health Care Strategies (CHCS)
- People Improving Communities through Organizing (PICO)

Local San Diego Steering Committee

- Multicultural IPA / SynerMed
- SDOP
- SYHC
- Other local stake holders



Project Objectives

1. Create a **Learning Network** among four diverse communities to build capacity for sustainable accountable care approaches based on the Camden model.
2. Demonstrate **effective care management** approaches that reduce avoidable hospital and emergency department utilization and improve access to and quality of care among complex Medicare, Medicaid and uninsured patients.
3. Develop and implement **long-term sustainability strategies** through shared savings or other arrangements.



Patient Enrollment Targets (# Patients) ^a

	Year 1	Year 2	Year 3	Total
<i>Clinical Partners</i>				
NHCLV Allentown, PA	159	158	158	475
MCPN Aurora, CO	300	300	300	900
TMC Kansas City, MO	284	283	283	850
MPCMG San Diego, CA	67	67	66	200
All Clinical Partners	810	808	807	2425
<i>Clinical Lead</i>				
CCHP Camden, NJ <small>CCHP funded under a separate award</small>	334	333	333	1000

^a Year-specific estimates averaged from project (3-year) targets and can be adjusted



MultiCultural IPA
MultiCultural Primary Care Medical Group, Inc.

Neighborhood Health Centers of the Lehigh Valley

- Allentown, PA
- Non-profit organization operating two FQHC look-alikes
- Services & total patient population served:
 - Full-spectrum primary care and preventive services
 - Patient base: >3,000 individuals and >9,000 visits/year
 - ~60% uninsured, ~40% Medicare/Medicaid/CHIP
- Baseline infrastructure & experience:
 - Part of LVHN regional health information exchange
 - Registries for complex conditions (e.g., diabetes, asthma, hospital readmission)
 - Local partners: CUNA (Congregation United for Neighborhood Action), Parish Nursing Coalition, local primary care providers, mental health providers, local hospitals



NHCLV (Allentown, PA)

- Hot spots
 - Six census tracts in center city Allentown
 - Elderly, low-income, predominantly Hispanic, with complex chronic conditions living in downtown senior housing complexes
- Proposed recruitment strategy
 - Target neighborhoods with high ER utilization
 - Outreach through local community groups

Metro Community Provider Network

- Aurora, CO
- FQHC
- Services & patient population:
 - Primary care, mental health services, dental care, community outreach
 - Patient base: >33,000 individuals (>100,000 visits/year)
 - 60% uninsured, ~40% Medicaid/Medicare/CHIP
- Baseline infrastructure & experience:
 - Developed 2 high-utilizer initiatives in 2008: Medical homes for Medicaid patients with high hospital use; streamlined follow-up strategy for reduce readmissions for venous thromboembolism (VTE) patients
 - Local partners: University of Colorado Denver Medical Center and Children's Hospital



MCPN (Aurora, CO)

- Hot spots
 - Two high-poverty (24% and 33% below FPL) zip codes southeast of Denver
 - >88,000 residents accounting for >30,000 ED visits
 - 43% of residents were ED super-users (5+/year)
 - Racially/ethnically diverse: 51% Hispanic, 19% African American

Truman Medical Centers

- Kansas City, MO
- Non-profit health system consisting of 2 acute-care hospitals, 5 primary care practices/clinics, behavioral health services
- Services & patient population:
 - Primary care, “safety net to the safety net” for specialty care
 - Patient base: ~100,000 individuals in 2011
 - 65% Medicaid-eligible or uninsured
- Baseline infrastructure & experience:
 - Initiated care management strategies for 2 high admission conditions—sickle cell disease and asthma
 - Local partners: FQHCs



TMC (Kansas City, MO)

- Hot spots
 - Ten high-poverty (30% below FPL) zip codes
 - ED use hot spots; average 10 prescriptions/person and low adherence rates
 - All Medicaid
 - Racial/ethnic minorities: 68% African American, 11% Hispanic



MultiCultural IPA
MultiCultural Primary Care Medical Group, Inc.

MultiCultural Primary Care Medical Group

- San Diego, CA
- IPA with 300 physicians >120 PCPs and > 200 specialist serving >16,000 enrolled members
- Services & patient population
 - Culturally sensitive primary care in managed care environment
 - Patient base: >240,000 individuals
 - Culturally diverse, low-income communities with high proportions of Medicaid, Medicare, Dual eligible and Commercial insurance
- Baseline infrastructure & experience:
 - Right Care Initiative participant to eliminate heart attacks and strokes in San Diego County through lipid, diabetes and blood pressure management.
 - Reach Out Grant from RWJ to improve access to uninsured
 - Managed Care and Quality Improvement infrastructure for diverse communities
 - Local partners: Local FQHC, SynerMed (MSO), San Diego Organizing Project (SDOP), hospitals, clinics, and payers.



MPCMG (San Diego, CA)

- Hot spots
 - Three priority zip codes with the highest rates in SD County for ED and hospitalization usage.
 - Low-income multi-ethnic communities (Latino, African American, Asian and European) with > 20% uninsured.
 - Will target Medicare, Medicaid, and Dual Eligible (Medicare/Medicaid).
- Recruitment strategy
 - Community health workers, church volunteers, and nurses/clinicians
 - Recruit from hospitals, MCIPA hospitalist, ED and PCP clinics
 - MCIPA/SynerMed data base.



Timeline

Start date: July 1, 2012

- Year 1, Quarter 1
 - Recruit and hire project director at CSHP
 - Complete TA needs assessments
 - Sustainability strategic planning
 - Develop outreach and enrollment plans
 - Begin function-specific calls (on-going)
 - Begin monthly data assembly for rapid QI and CMS reporting (on-going)
- Year 1, Quarter 2
 - Begin outreach, enrollment, and care management activities (on-going)
- Year 1, Quarters 3 & 4
 - Develop cost and utilization benchmarking data
- Year 2
 - Refine and begin implementing sustainability plans
- Year 3
 - Implement sustainability plans



Southeastern San Diego Right Care Initiative

Eliminate heart attacks and strokes
in Southeastern San Diego



MultiCultural Primary Care Medical Group is a physician owned and directed group that serves the changing health care needs...

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MultiCultural Primary Care Medical Group is determined to deliver the very highest standards of professional medical care available.

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As a physician owned and managed independent physician association (IPA), the MultiCultural doctors carefully

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Jan 2011
Health Plan Recognition NEW
On an annual basis, primary care physicians (PCP's) partici...

Jan 2011
AMA Foundation honors San Diego, California physician for increasing access to Health Care in the U.S. NEW
CHICAGO — Rodney Hood, MD, a [View all News](#)

Our Mission
To improve longevity and quality of life and eliminate all ethnic and racial health disparities for the served population.

Vision
To ensure access and the delivery of quality health care to all segments of San Diego.

Core Value
Patients first and equitable health care for all.

Heart Disease Hospital Discharges Among San Diego County Residents, 2007-2009

By Region, Gender , and Race/Ethnicity

	2007		2008		2009	
	Hospital Discharges	Adjusted Rate	Hospital Discharges	Adjusted Rate	Hospital Discharges	Adjusted Rate
SAN DIEGO COUNTY	23,847	802.0	23,379	764.3	24,702	781.1
HHSA Service Region						
• N. Coastal	3,499	663.3	3,386	630.7	3,823	686.0
• N. Central	3,835	617.6	3,726	581.7	3,891	583.4
• Central	3,423	904.2	3,484	892.0	3,620	893.3
• South	4,456	1,121.9	4,160	1,020.5	4,329	1,035.1
• East	4,360	935.2	4,400	914.3	4,715	947.1
• N. Inland	4,274	726.3	4,223	692.4	4,324	691.7
• Gender						
• Male	13,539	1,020.3	13,321	971.7	13,888	980.9
• Female	10,308	616.7	10,057	588.5	10,814	611.6
• Race/Ethnicity						
• White	15,789	766.9	15,671	749.7	16,356	761.8
• Black	1,389	1,200.5	1,433	1,178.5	1,496	1,182.5
• Hispanic	4,077	932.4	3,837	835.7	4,284	897.9
• Asian/Pacific Islander	1,533	539.9	1,490	496.1	1,589	495.0
• Native American/Other	570	834.7	516	705.0	569	761.5



Stroke Hospital Discharges Among San Diego County Residents, 2007-2009 By Region, Gender, and Race/Ethnicity

	2007		2008		2009	
	Hospital Discharges	Adjusted Rate	Hospital Discharges	Adjusted Rate	Hospital Discharges	Adjusted Rate
SAN DIEGO COUNTY	6,432	215.1	6,488	211.3	6,743	212.5
HHSA Service Region						
● N. Coastal	906	169.4	951	174.6	1,020	180.5
● N. Central	1,066	170.5	1,115	173.3	1,119	167.0
● Central	935	248.2	996	260.4	979	244.2
● South	1,067	269.9	1,071	263.7	1,079	258.7
● East	1,171	249.3	1,133	235.3	1,289	258.7
● N. Inland	1,287	215.9	1,222	197.6	1,257	198.0
● Gender						
● Male	3,102	235.6	3,057	226.2	3,263	233.5
● Female	3,330	197.2	3,431	198.1	3,480	193.6
● Race/Ethnicity						
● White	4,174	196.9	4,176	195.1	4,352	198.6
● Black	371	342.1	404	341.0	386	321.5
● Hispanic	1,158	263.0	1,205	263.3	1,245	257.8
● Asian/Pacific Islander	465	159.7	469	155.5	497	155.4
● Native American/Other	143	213.7	129	175.0	158	208.5

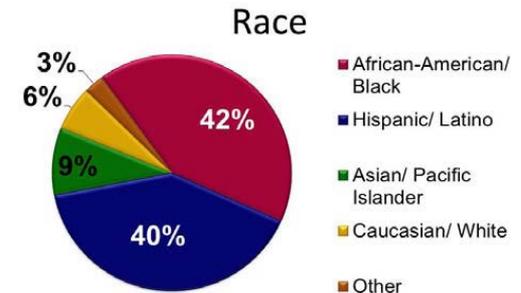
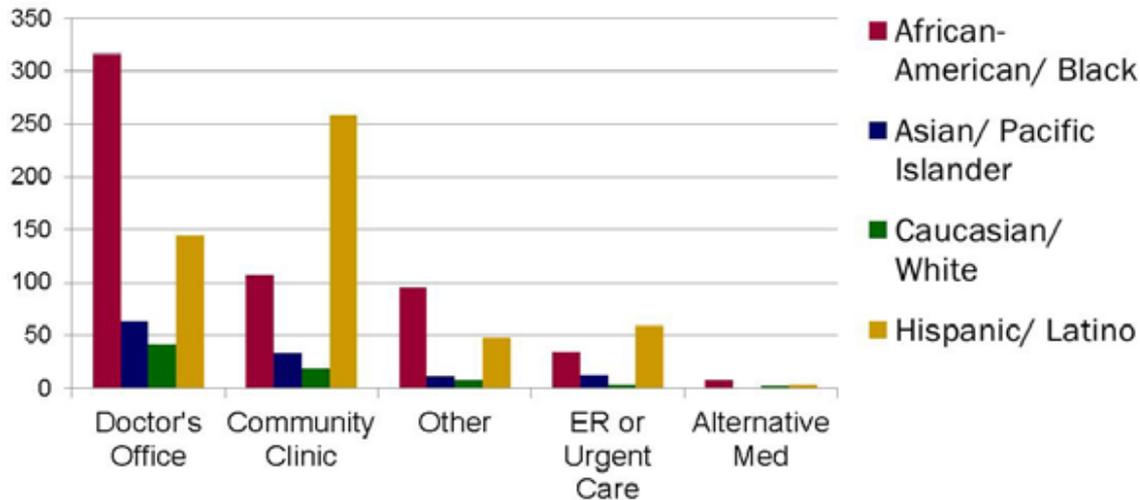


Southeastern San Diego Community Economic and Insurance Demographics

- Nearly 65% of households earn less than \$45,000 annually
- However over 50% of the population is covered by commercial or Medicare
- Approximately 22% of the population is covered by Medi-Cal
- Approximately 20% are uninsured

Southeastern San Diego Community Preferences Place of Healthcare - 2010

If you received health care services in the past year, where did you receive this care or service?



Strategy

- Engage local health care providers
 - MCIPA, FQHCs, hospitals, and other affiliated physicians.
- Engage community stakeholders
 - SDOP, local businesses, churches, barber and beauty shops.
- Engage patients
 - PCP office and media outreach

Next Steps

- Community engagement meeting to introduce the RCI project
- Local provider engagement
- Planning grant to implement strategy