

Reducing Hospital Utilization and Improving Care of Frequent Users of the Emergency Department

Combining Case Management and Drop-in
Group Medical Appointments (DIGMAs)

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Bridges to Health

Health Net

Free Clinics of Henderson County

Pardee Foundation,

MAHEC

Understanding the uninsured population

- ▶ About 15% of population (15,000)
 - ▶ >95% aged 18–64
 - ▶ 1/3 low income; 2/3 working (>150% FPG)
 - ▶ Most common chronic illness (depression 25%, asthma 10%, diabetes 5%)
 - ▶ Significant numbers of high-need behavioral health clients (bipolar, substance abuse, psychosis)—off/on coverage
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What's driving hospital use?

- ▶ 255 uninsured frequent users of the ED (>6 year)—median number 10 visits/year
- ▶ This small number of patients represented >50% of the uncompensated care to the hospital (>\$3 million/year).
- ▶ **.25 % of the population generated ½ uncompensated care for the hospital**

Who are these patients?

- ▶ Generally young—median age 32
 - ▶ High co-morbidity of behavioral health (especially bipolar), substance abuse, chronic pain
 - ▶ Nearly ½ identified primary care provider
 - ▶ Most ED visits/admissions due to medical complaints
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Bridges to Health Model

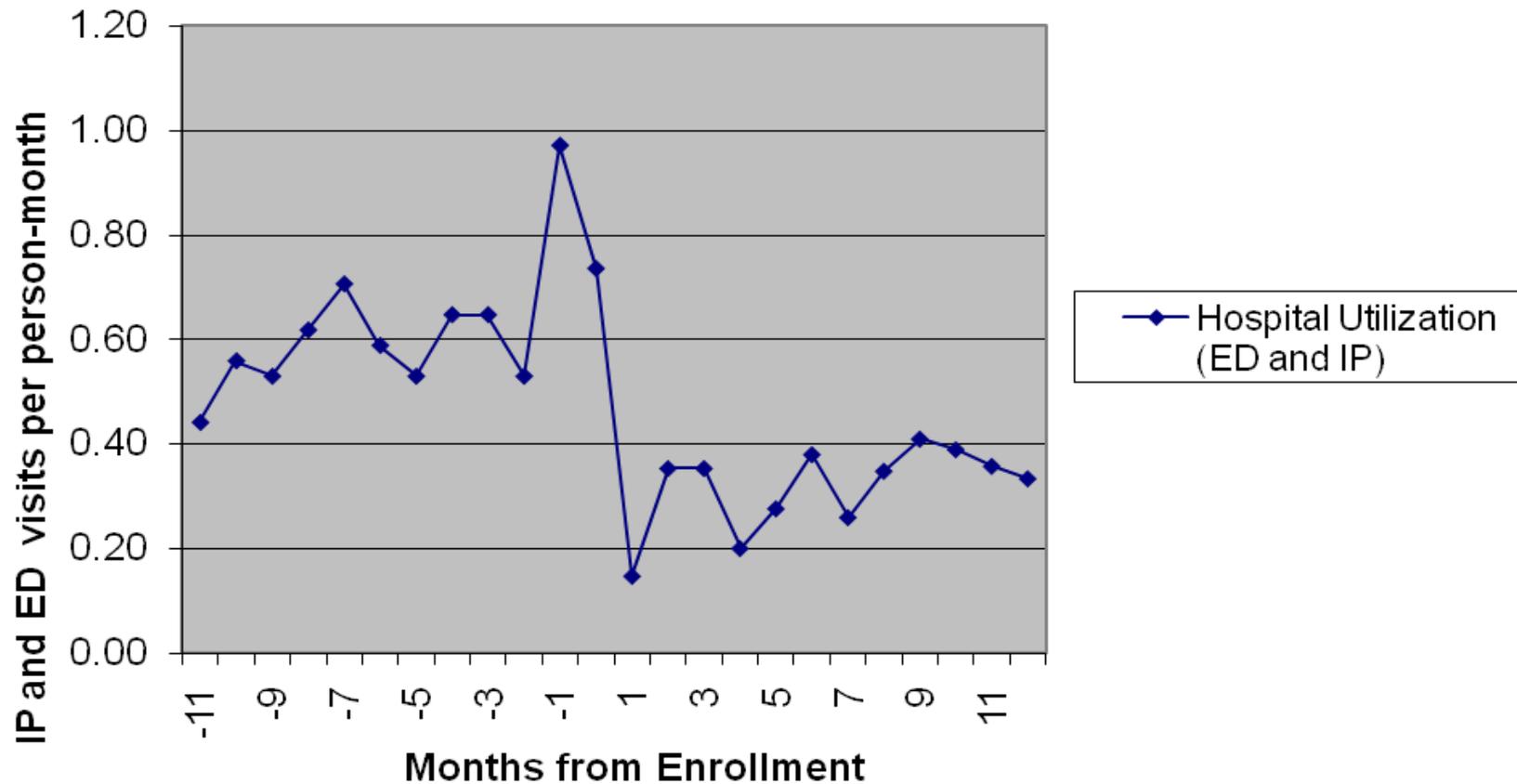
- ▶ Case management—available M–F 8–5
 - ▶ Drop-in group medical appointment (DIGMA)—twice a week Tues/Fri 12–1
 - ▶ Free
 - ▶ Incentives—lunch voucher, bus vouchers
 - ▶ Integrated care—behavioral health
 - ▶ Wrap around services—meds, lab, radiology, psych, dental
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Process outcomes

- ▶ 705 person visits (108 sessions)
 - ▶ 652 case manager phone calls
 - ▶ Group visit average 6.8 (range 4–14)
 - ▶ 80% clients with BOTH complex/medical problems
 - ▶ Enrollees older, and sicker, than cohort as a whole
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Hospital Utilization

Figure 1: Hospital Utilization (ED and Inpatient)



Cost of the Program

- ▶ \$65,000 per year direct expense
 - RN case manager (1 / 2 FTE)
 - Behavioral health (3 hours/week)
 - MD (3 hours per week)
 - Vouchers
- ▶ Indirect expense
 - Space, wrap-around services

Financial Outcomes

- ▶ Average monthly hospital charges before enrollment
 - \$1167
 - ▶ Average monthly hospital charges after enrollment
 - \$230
 - ▶ Estimated total hospital reduced charges in one year
 - \$311,000
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What's going on here?

- ▶ Culture is key!
 - ▶ Patients require a lot of “touches” (average once a week).
 - ▶ Drop-in format of visit highly efficient.
 - ▶ It takes a team.
 - ▶ Wrap-around services indispensable
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Community Health “Bang for the Buck”

- ▶ High impact on ED/hospital (jail) use with a relatively low investment in resources.
 - ▶ High impact on measurable function.
 - ▶ “Graduating” patients into more traditional primary care models.
 - ▶ Preparing for payment reform.
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