

Program Considerations

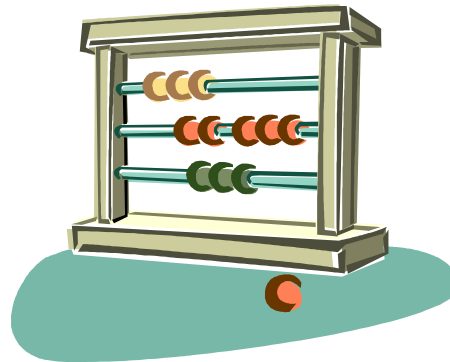
Patients at all levels need some form of care & attention

Need to match the correct level of intervention to the correct level of 'risk'

- clinical outcomes
- financial outcomes

Risk Stratification

$$\text{Clinical risk} + \text{Social risk} + \text{Financial risk} = \text{Overall level of risk}$$



Complex Care Management (aka CrEST)

To qualify for Complex Care Management:

- Medicare/No insurance **and/or**
- ≥ 2 uncontrolled complex chronic illnesses
- ≥ 6 inpatient or ED visits in 12 months

How to Integrate the New Design:

- Start with Complex
- Integration of care teams
- Substantial cost savings from coordination of complex, fragmented care
- Reduce avoidable service use

Clinical Social Work Theory

- Social Determinants of Health (SDOH)
- Adverse Childhood Experiences (ACE)
- Relationships and Trauma
- No self-management without a SELF

Social Work Practice

- Individual counseling around self-management
- Provider training
- Group medical visits & support groups
- Systems barriers

Care Teams



1. Multi-Disciplinary Team Support
 - MD, HPP SW, CCT, BHS, CM, Rx
2. Risk & needs assessment
3. Referrals, check-ins
4. Team support

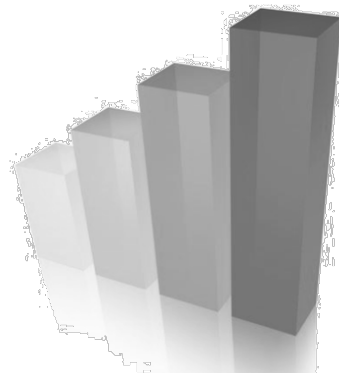
John

- 40 year old man, type 2 diabetes
- Multiple readmissions
- Intractable nausea & vomiting in the setting of diabetic gastroparesis
- Unintentional medication & dietary non-compliance due to boredom

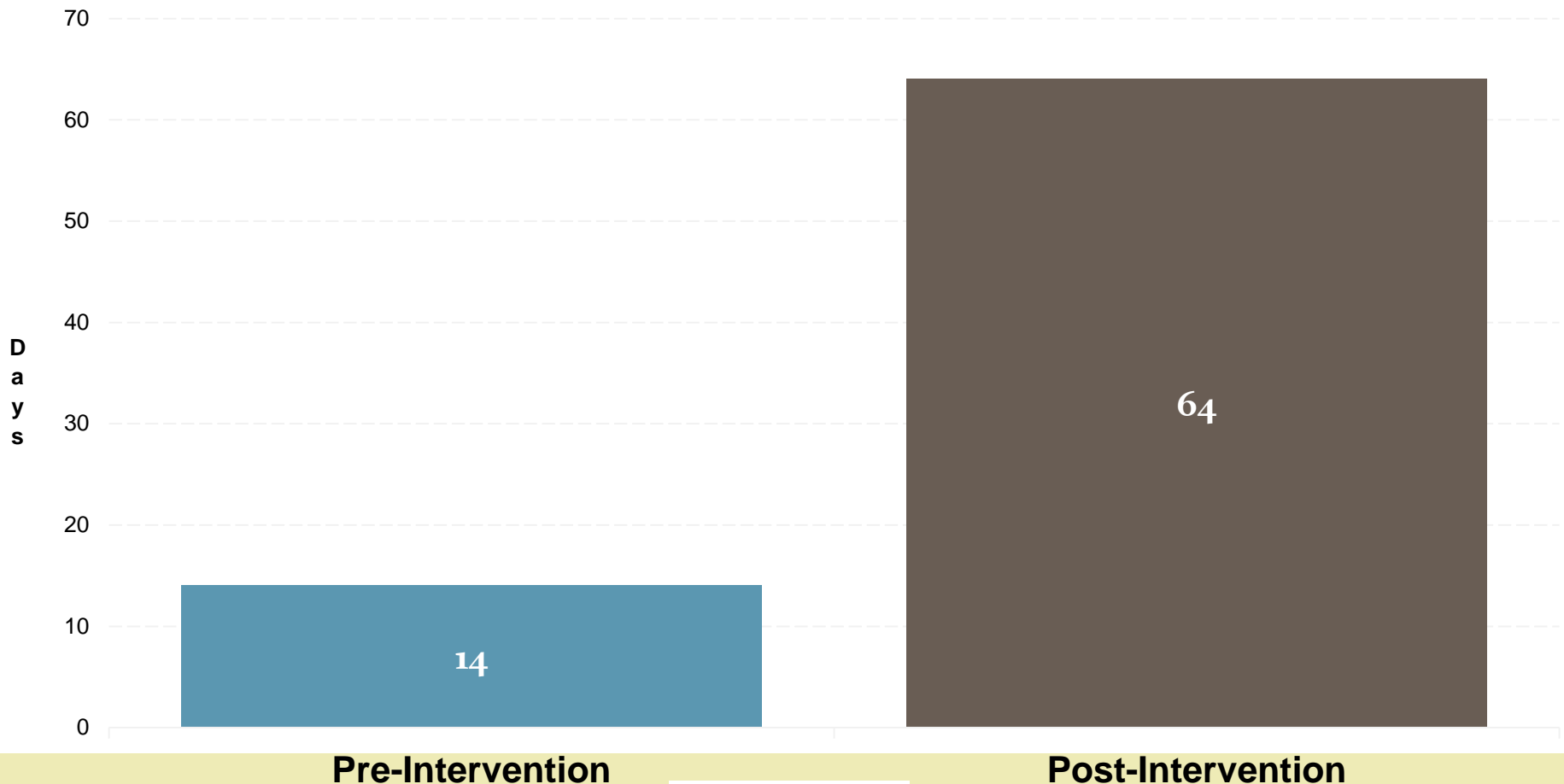
Individualized Intervention

- Extended inpatient stay at a nursing home
- Intense education
- Development of structured routine
- Increased collaboration of health care team and patient

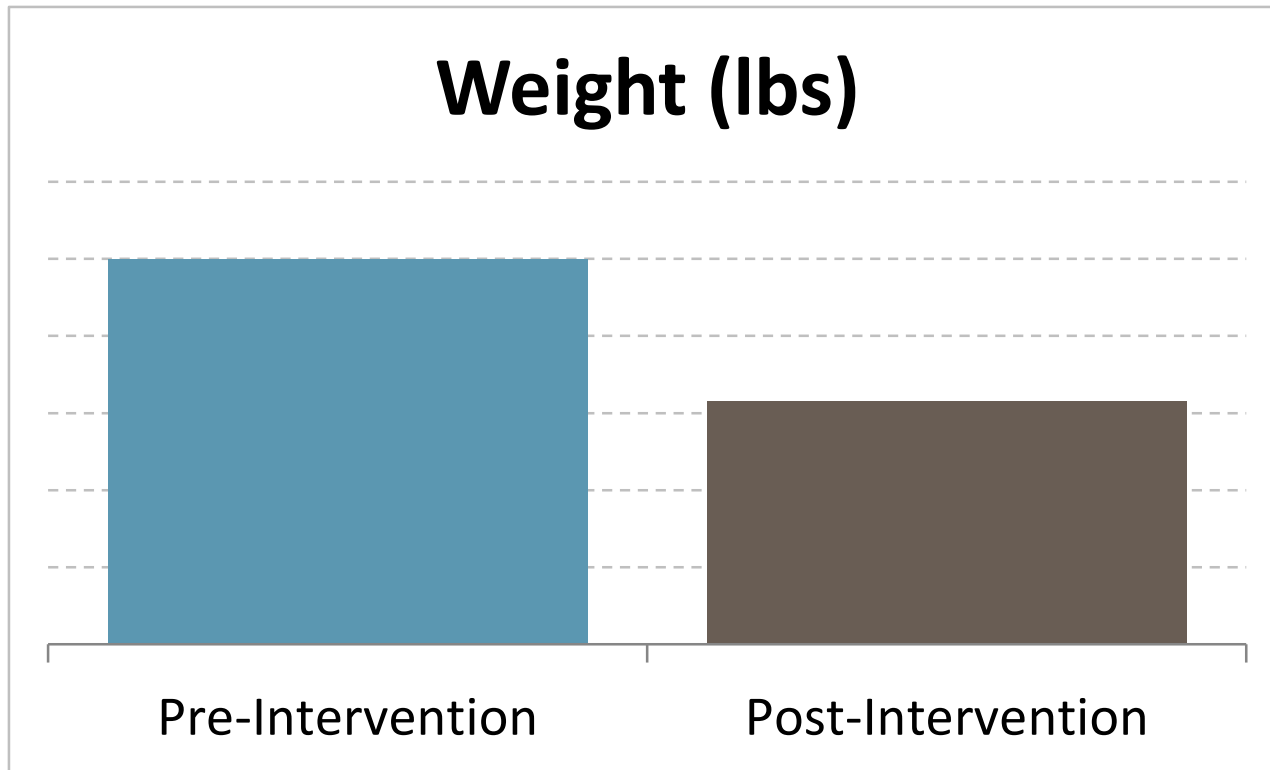
Clinical Outcomes



Increased Time Between Admissions

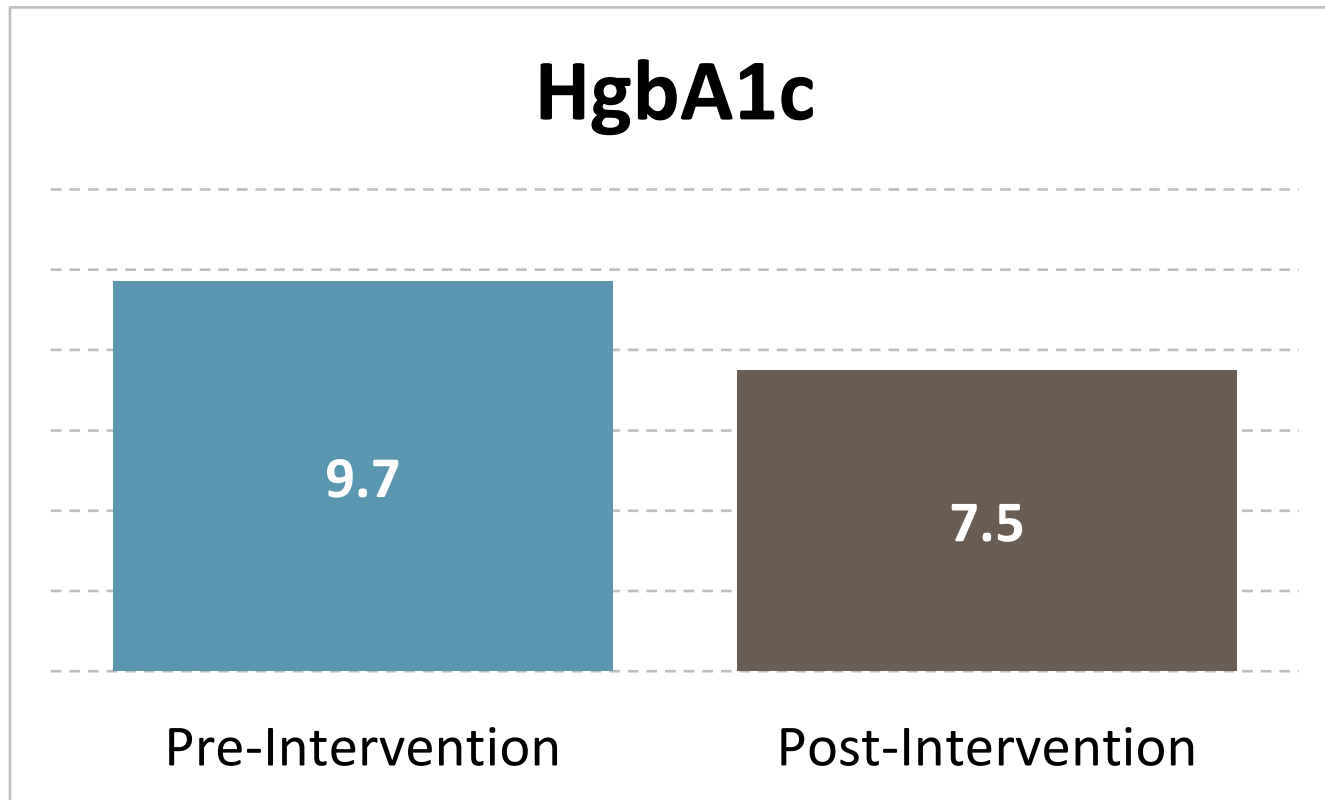


Weight Loss



John lost 37 pounds!

Improved HgbA1c



Cost Outcomes

- Approximate cost per admission: \$13,000
- Prevented approximately 4.6 admissions over 64 days at an estimated total cost of \$59,428
- Approximate cost for a 4 week period in nursing home: \$12,000

Approximate cost savings due to intervention
over ~9 weeks:

$$\$59,428 - \$12,000 = \$47,428$$

Linda

- 47 year old woman, morbid obesity & profound anxiety
- Multiple visits to the ED
- Chest pain, LUE numbness, chronic UTI
- Feels lack of continuity of care providers contributes to anxiety
- Feels her input in her own care plan is not valued

Individualized Interventions

- Improve Continuity of Care:
 - CrEST alert bracelet
 - Admit to one unit with one care team
 - Buy in from ED, inpatient unit, PCP
 - Husband initiates communication when en route
 - Weekly contact with care manager



Patient Name:

Contact:

Please be advised that I am a CrEST patient.

If admission is needed, please admit me to xxx, as approved by Dr Xxx Xxxxx.

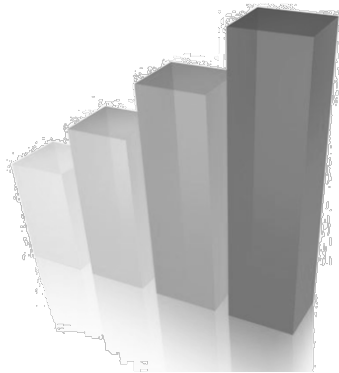
My Care Manager is Xxx Xxxxx, RN (207) ###-####.

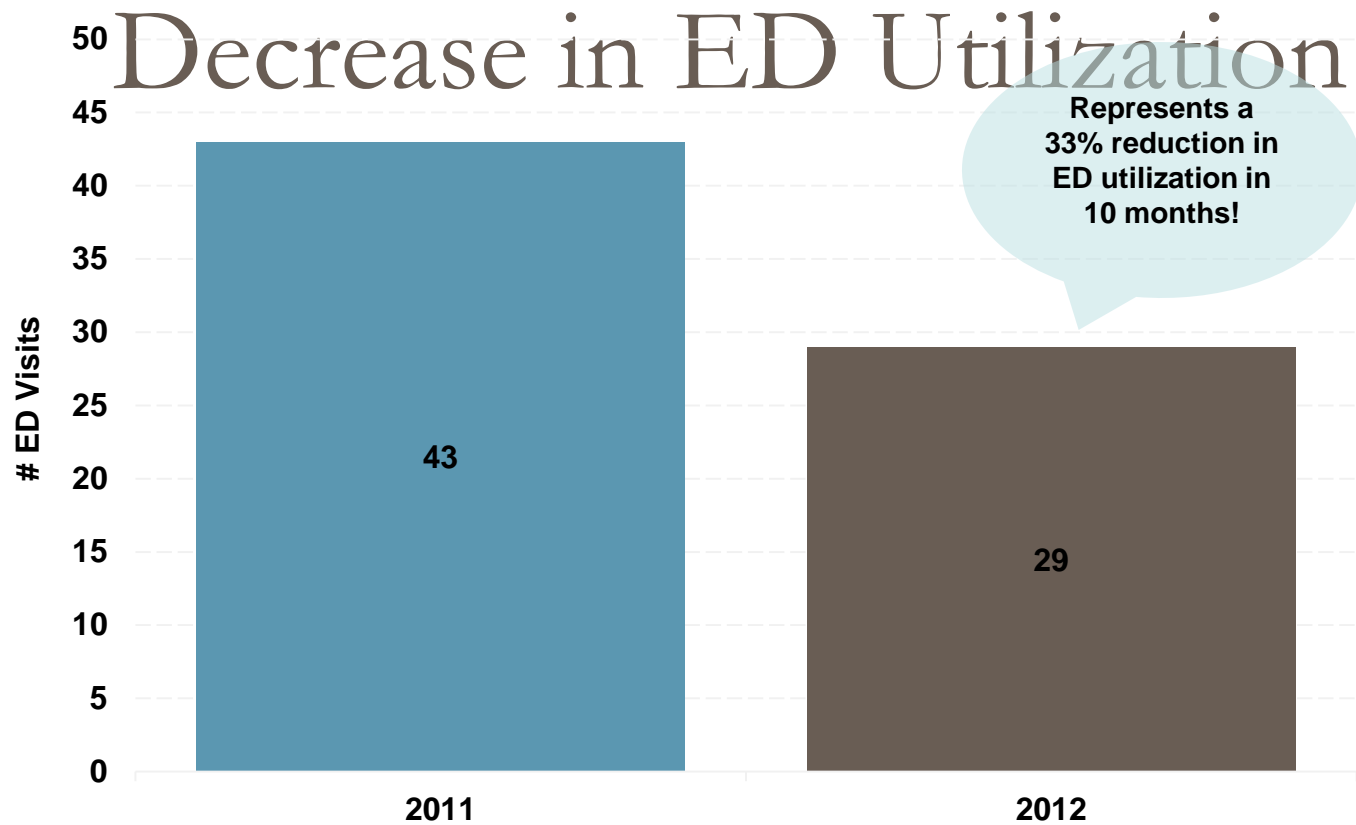
- Improved Continuity of Care Providers
- Increased Involvement in Care

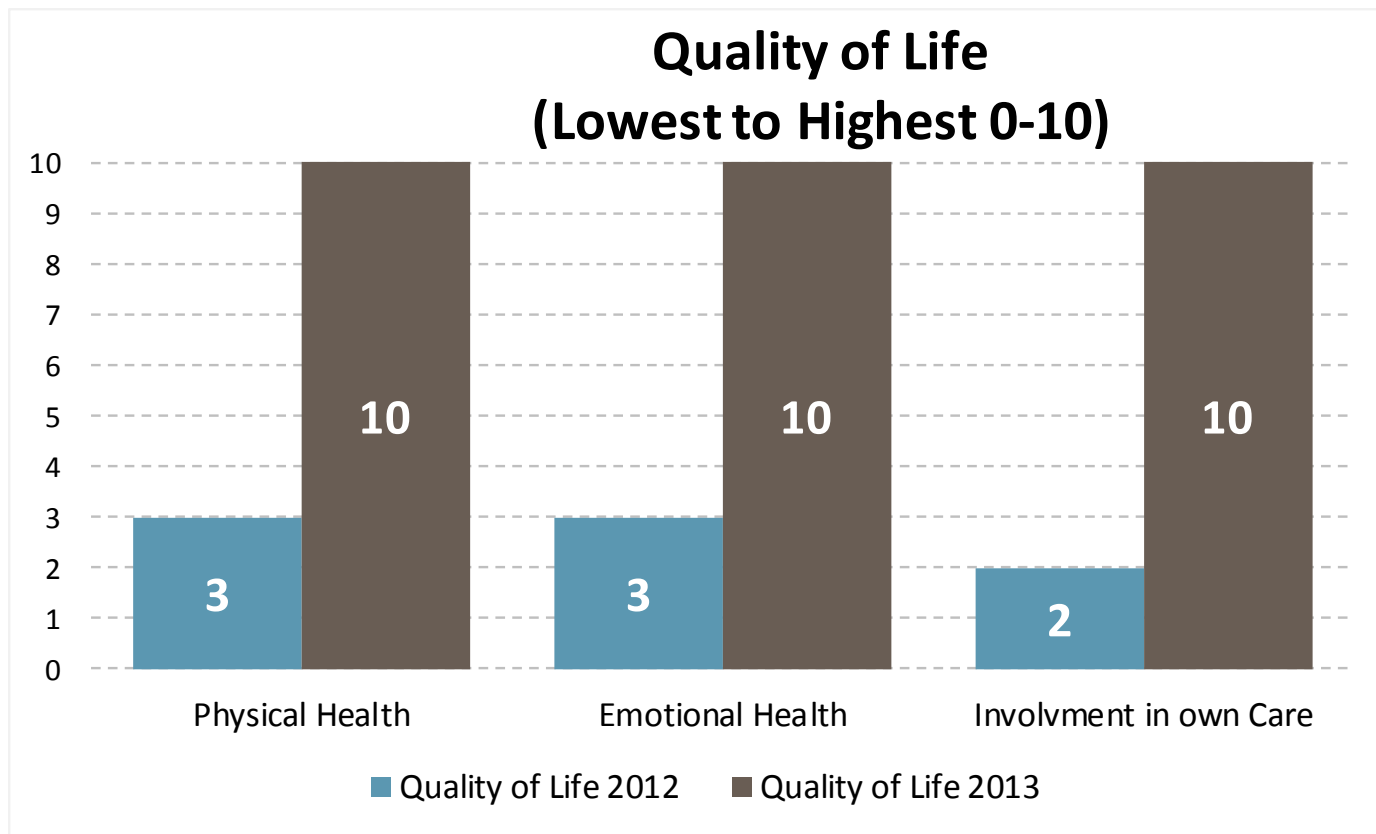
Symptom Management

- Air conditioner
- PT for increased endurance
- Coaching for weight loss
- Open offer for outpatient psychotherapy

Clinical Outcomes







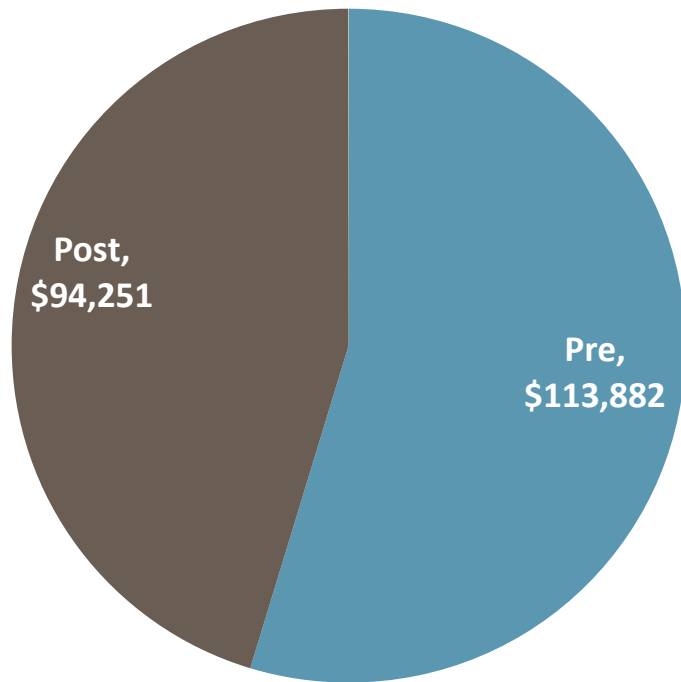
Estimated Cost Outcomes

- Approximate cost of an ED visit without hospital admission: \$816/visit ^[4]
- Prevented 14 ED visits at an estimated total cost of \$11,424
- Cost of 'CrEST' Alert Bracelet: \$40

Estimated cost savings due to intervention:

$$\$11,424 - \$40 = \$11,384$$

Actual Cost Analysis



- Reduction in cost by **(\$19,630.97)** between baseline and first year of interventions
- Actual cost reduction of 17% between year 1 and year 2
- Greater reduction than estimated

Lessons Learned

- There is no one size fits all solution
- Primary relationship is KEY to patient activation
- Patient needs to author care plan
- Complementary service teams
- Longitudinal practice (1-3 years)
- Training providers to acknowledge history & presentation of exposures