Creating a Dialogue on Complex Care:

Hot Spotting and Local Strategies

James Flanary, MS2 – flan0206@umn.edu

Erin Anderson, MS2 – ande9239@umn.edu

Annisya Bagdonas, D2S – bagdo007@umn.edu

Hotspotting Definition

- Strategic use of data to target resources to the outliers. A movement for a system of multi-disciplinary, coordinated care that treats the whole patient and attends to the non-medical needs that affect health: housing, mental health, substance abuse, and emotional support

Hotspotting:

- Conference
  - Project
    - Story

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- Conference
  - **Project**
    - Story

Student Hotspotting Project

- Goals of Intervention
  - Patient-defined Goals
  - Learning the Hot Spotting model
- Learning about home routines may provide insight into effective interventions

Hotspotting:

- Conference
  - **Project (Background)**
    - Story

Camden Coalition

- Patient Interventions: through Care Management Initiatives
  - Family physician, NP, CHW, social worker
  - All staff working to top of license
  - Regular outreach visits

Camden Coalition

- Origin of ‘Hot Spots’ - a data-driven model:
  - Highest healthcare use is often centralized in geographic areas
  - Often associated with poorer care – often due to underlying causes not being addressed

Camden Coalition

- Initial results of 36 patients enrolled – costs decreased 56% after intervention (2009)
  - Randomized Controlled Trial in progress

Many Approaches – Nationwide

- Brief of 18 effective interventions – a few with RCT data to support effectiveness
- Approach depends on context – small vs. large practice, rural vs. urban
- Patient selection – a mix of quantitative and qualitative

Many Approaches – Local

- Additional summary articles that highlight examples of effective strategies in our area
- Despite different approaches, we observed a common goal

HealthPartners Medical Group BestCare PCMH Model

- 39% decrease in emergency room visits, 24% decrease in hospital admissions
- Overall costs in the PCMH clinics decreased from being 100% of the state network average in 2004 to 92% of the state average in 2008, in a state with costs already well below the national average

Many Approaches – Local

- Additional summary articles that highlight examples of effective strategies in our area
- Despite different approaches, we observed a common goal

Hennepin County:
Return on Investment (ROI)

Hennepin County has identified a solid ROI to support the case for investing in its super-utilizer approach:

- One month of housing costs less than two days in the hospital—thus, Hennepin is investing in transitional housing; and
- ED costs decreased by 80 percent for the target population through the Sobering Center—thus the program is sustaining and building on this successful model.

Source: February 12, 2013 presentation by J. DeCubellis

Many Approaches – Local

- Additional summary articles that highlight examples of effective strategies in our area
- Despite different approaches, we observed a common goal

Coordinated Care Clinic Hennepin County Medical Center	▪ 3 or more hospital admits in past year	▪ Components of broader Hennepin Health model. ▪ aICU model using a special clinic that only serves patients who are complex high-utilizers. ▪ The aICU team includes a physician, nurse practitioner, licensed clinical social worker, RN coordinator, licensed practical nurse (LPN), alcohol/drug counselor, behaviorist, pharmacist, and office specialist who greets the patient. The office specialist may be the most important person on the team, building close relationships with patients. ▪ Most care is in-clinic or telephonic; patients can walk in and get same-day visits. Most home visits are done through a separate home care agency.

What I believe this common goal is:

- Social and community factors, such as those below, can have drastic impairments on a person's response to illness. Using an alternative approach that can address these factors can build trust, empowerment, and healing.

- Examples of these relevant factors:
  - Transportation issues
  - Substance abuse / addiction
  - Low literacy
  - Mental health conditions
  - Housing/homelessness
  - Chronic pain
  - "Non-compliance"
  - Sense of self-efficacy in being able to manage the above challenges

Hotspotting:

- **Conference**
  - Project
    - Story

What We Did – a Conference for Students and Local Professionals

- **Goal**: create a space for discussion and collaboration among parties with this shared goal

MINNESOTA ACADEMY OF FAMILY PHYSICIANS
STRONG MEDICINE FOR MINNESOTA

PSG

Student Innovation Grant

What We Did – a Conference for Students and Local Professionals

- **Goal**: create a space for discussion and collaboration among parties with this shared goal

Event Consisted of 3 Parts

- Introduction to Hot Spotting with Presentation by Eileen Weber, DNP, JD, RN
- Panel Discussion
  - Ross Owen – HennepinHealth
  - Kate Vickery, MD – HCMC Coordinated Care Clinic
  - Shailey Prasad, MD, MPH – Dept of Family Medicine & Community Health
  - Andrew Olson, MD – Assistant Professor of Medicine at UMN
- Small Group Discussions

What We Learned

- MN has a strong history of collaboration – work being done in our community is gaining recognition nationally

What We Learned

- Transition from traditional fee-for service to a value-based model
  - Shared cost savings – these can be used to reinvest in the system
  - Flexibility in spending is useful for patients with complex care needs
  - Providing multiple services under one roof

What We Learned

- Importance of using complementary approaches to target this shared goal
  - Highest users are a small subset that reflect broader problems in the community
  - Recognition of limitations of healthcare role – many of the causes of these issues are better solved from stronger communities and social support systems

What We Learned:
Considerations for Next Time

- Importance of expanding the network
  - More perspectives to include
    - Patients
    - Government – MDH, Medicaid, DHS
    - Hospitals
    - Financial perspectives – e.g. healthcare economist
  - Importance of including all relevant stakeholders
  - Increased promotion

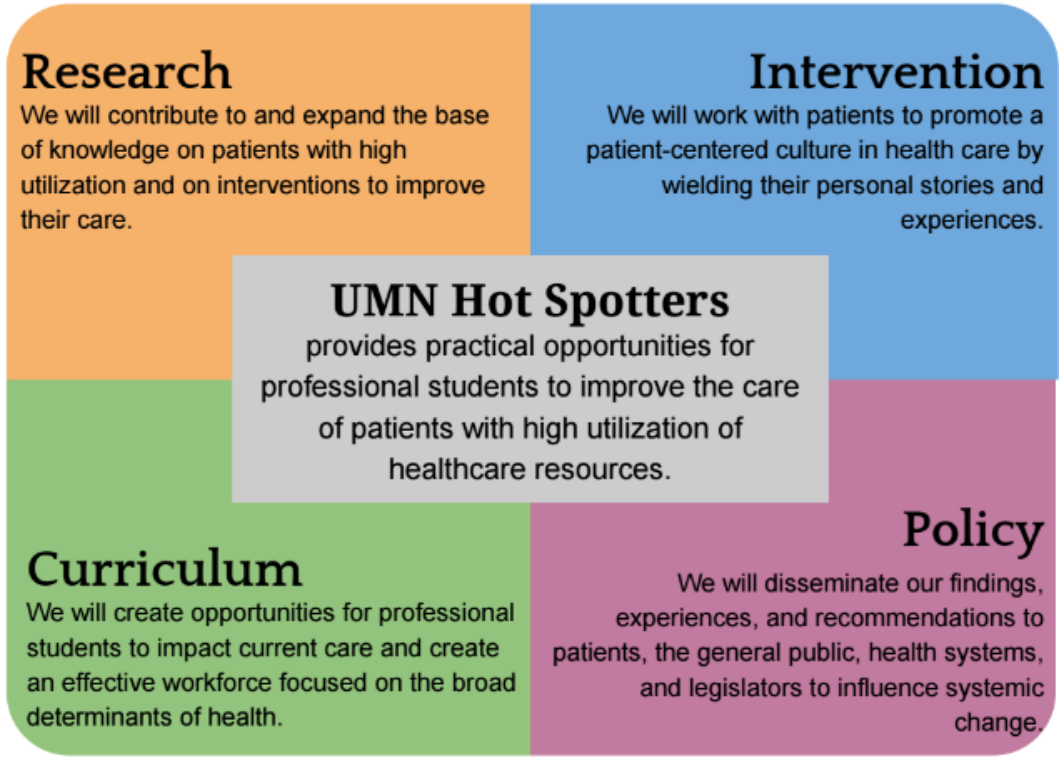
What We Learned:
Considerations for Next Time

- Format
  - What do professionals want to learn?
  - What is the best way to allow for collaboration?

What's Next:
Multiple ongoing student projects

- MAFP Spring Refresher Presentation
- Student Hotspotting Learning Collaborative – next year's cohort
- Subsequent conference

What's Next:
Multiple ongoing student projects



Resources / References

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Poster design by David Duea, dueadavid@gmail.com