

Lydia Mata, Director of Health Care Management Services, Lydia.Mata@anthem.com
Anthem Blue Cross, Fresno, California, <https://antheminc.com/index.htm>

Problem Statement

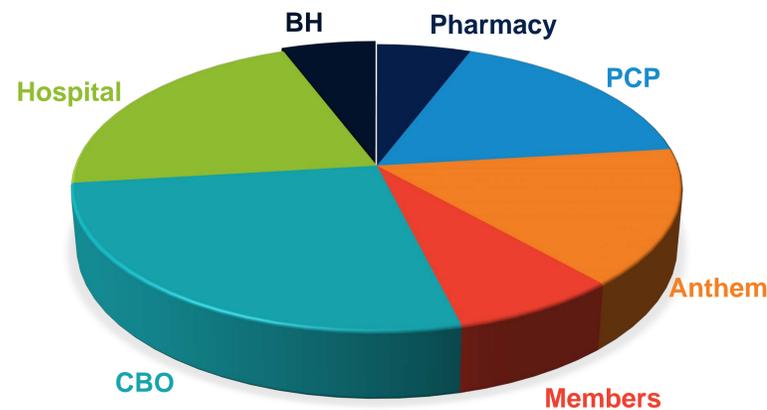
Fresno CRMC hospital has the highest readmission rate statewide for Anthem Medi-Cal members which can be reduced by Case Management support through transitions in care.



Discovery

1. During the PCP and hospital interviews, I was surprised to discover the initial hesitancy to participate. This was due to the potential for increasing visit time (with CM in attendance) and CM referral to identify members.
2. We discovered the value of socializing the program at multiple hospital entry points to maximize the collaboration with Primary Physician Offices, Physician Medical Groups and to improve the efficiency of the CM referral and communication process.
3. During the first year of implementation, and after 26 interviews, we provided advanced care coordination training to non-clinical staff, and developed partnerships with key community based organizations based on prevalent member and discharge needs.

65 Interviews



Goals and Objectives

Goal: Reduction of inpatient readmissions for high-risk members at CRMC Fresno by implementing Face to Face RN/SW Case Management to bridge transitions of care.

Outcome-oriented Objective: Reduce Readmissions by 10% at CRMC in Fresno for high risk Anthem Medi-Cal members in a 12 month period.

Results

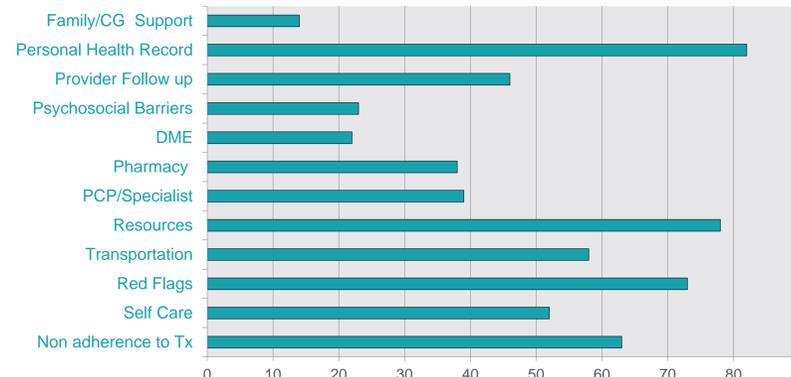
September 2015 - September 2016:



83 members enrolled for a total cost savings of \$2.1M

Measures	Results	Goals
Engagement Rate	85%	80%
Decrease in Readmissions	19%	10%
Compliance with PCP/Specialty Visits	75%	50%
Member Satisfaction with Program	80%	75%

Gaps in Care



Lessons Learned

Lessons Learned:

- Involve Key Partners in the initial phases of planning. Understand your hospital and community's unique pain points/challenges.
- Based on interviews and available resources, we refined criteria for the RRI program to exclude members with a diagnosis of active SUD and ongoing treatment for terminal illnesses.
- Incredible gains due to the flexibility of the team to monitor and improve processes as needed, including increasing program from 3 to 6 months.

Next Steps:

- Since 2016, the RRI program has been scaled to 5 additional counties: Alameda, Butte, Los Angeles, Sacramento, and Tulare. Annual projected savings \$4.6M.
- Future goals for 2018 include: Scaling the model further, partnering with BH Team to expand criteria to members with SUD and BH Dx. Increasing span of outreach by partnering with community health workers. Increasing mobile capabilities with iPad documentation and FaceTime interactions.

Mission Model Canvas

Key Partners <ul style="list-style-type: none"> • Clinical Leadership at Anthem-Physician and Nursing Champions • Finance support for member identification, tracking, and reporting • CRMC CM and ER Staff 	Key Activities <ul style="list-style-type: none"> • Medication Reconciliation post discharge • Face-to-Face PCP visit within 10 days post DC Health/Disease education and connection to community resources • Removal of barriers to care, authorization, transportation, information sharing 	Value Propositions <ul style="list-style-type: none"> • 10% Reduction in inpatient Readmissions for Anthem High Risk Medi-Cal members at CRMC • > 80% CM Engagement Rate • > 50% increase in compliance with post discharge follow up care (PCP, Specialty appointments) 	Buy-in & Support <ul style="list-style-type: none"> • Business model approval from Senior Leadership at Anthem • CRMC Hospital Leadership engagement and participation • Primary Care Physicians and Physician Medical Groups • Anthem CM Team training and development • Quarterly feedback with reports and program updates 	Beneficiaries <ul style="list-style-type: none"> • Anthem High Risk Members • Anthem Blue Cross Health Plan • CRMC Hospital • Primary Care Physicians • Physician Medical Groups
Key Resources <ul style="list-style-type: none"> • Clinician/Nursing Leadership • 1 RN Case Manager • 1 SW Case Manager • 2 Medical Management Specialists 		Deployment <ul style="list-style-type: none"> • Existing -RN, SW, MMS staff • New: Creation of new Clinical assessment and share point site to track and report data • Existing- Finance Team to vet Business Model and ROI 		
Mission Budget/Cost <ul style="list-style-type: none"> • 1 RN Case Manager \$100K • 1 SW Case Manager \$80K • 2 Medical Management Specialists \$100K • Total \$280K 			Mission Achievement/Impact Factors <ul style="list-style-type: none"> • 10% reduction in readmissions = \$1M in cost savings • > 80% Member engagement rate • > 50% compliance with post discharge PCP/Specialty visits • > 75% Member satisfaction with RRI program, Quality of Life Measures 	