Evaluation of the Effectiveness of a Highly Engaged Multi-Disciplinary Team's Impact on Inpatient and ED Utilization



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Problem Statement

ED utilization and inpatient admissions continue to rise. To control these costs we must find a way to shift from a reactive engagement model to a proactive prevention model.

Discovery

- 1. Original Project: Design and deploy a narrowly focused high-risk clinic to serve the PPO population and control costs. After interviewing providers, health plan executives, medical group executives and boots on the ground clinicians I quickly learned that nobody cared and understood what I was trying to solve.
- 2. Second Project: Design and deploy an integrated delivery system. This proved to be too big to take on in the time remaining.
- 3. My Final Chosen Project: Redesign of a minimally successful multi-disciplinary team, consisting of a Registered Nurse, Health Coach, Pharmacist and Social Worker to make it viable. My project attempts to make improvements to this team and evaluate what works (and what does not work) to leverage appropriately decreased ED utilization and inpatient admissions to control cost.

Goals and Objectives

Goal: Decrease Emergency Department utilization and inpatient admissions.

Outcome-oriented Objective:

- There will be statistically significant reductions of ED utilization and inpatient admissions of 5% or greater in engaged program members over control group.
- ROI will be measured by 5% decrease in both ED and inpatient admissions by 6/1/2018 pilot program target date.

Results



Decreased likelihood of inpatient or ED event after 100+ days enrolled in program as compared to those not enrolled



Increased engagement and contact with primary care provider when enrolled in program as opposed to those not enrolled

Evaluation/Conclusions:

- 839 members engaged in program and 365 members in control group.
- No short term savings, 90 days or less, for members engaged in program.
- Long term, greater that 100 days, members had lower inpatient admissions and ED utilization, indicating potential savings in the longer term.
- Overall savings estimates for allowed dollars in the inpatient, ED and pharmacy categories were not deemed statistically significant.
- Outpatient cost shows statistically significant results showing higher spending for the engaged population as opposed to the control group.

Lessons Learned

Lessons Learned:

- Collaboration with key stakeholders is essential true change requires buy-in, hard work and consistent participation from all involved.
- Data mining is required for implementation.
- Understand the population and the magnitude of the opportunity prior to implementation.
- Need partners willing to work together and complete the heavy lifting.
- Access to timely actionable data is required.
- There are no guarantees even when something looks great 'on paper' and a highly skilled team has built and implemented the program, you can still miss the mark and end up with less than favorable outcomes.

Next Steps:

- Will present results to leadership along with strategy to evaluate longer term savings potential.
- Leadership will decide to either continue funding based on longer term potential benefit or discontinue funding program.

Mission Model Canvas

Key Activities Value Propositions **Key Partners** Extension of practice Health Plan Identify targeted population Medical Group Data Sharing Increased coordination Patients Physician education of care Comprehensive Develop dashboards to track Physicians management of patient

Key Resources

Funding

Providers

 Monthly meetings with key stakeholders to review and

implement continuous process improvement

Multidisciplinary Team

Data/Actuary/Analysis

Health Plan leadership

- Decreased likelihood of **Emergency Room** utilization
- Decreased likelihood or hospitalization



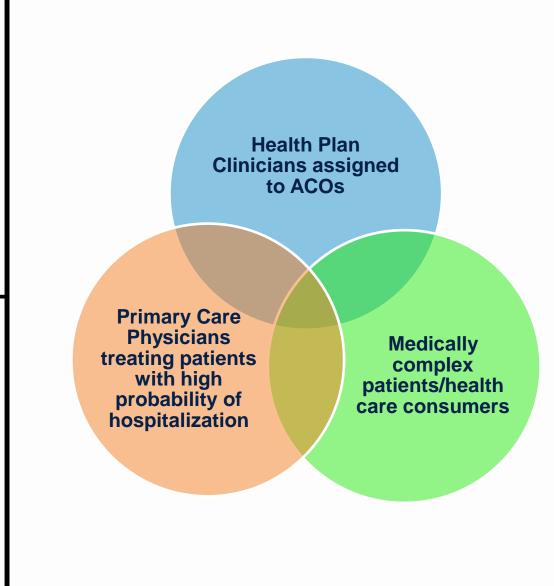
 Collaboration with physician practices to help ensure cost of healthcare savings as part of ACO risk pool

Buy-in & Support

- Onsite visits to physician
- -provide data on targeted patients -share care plans
- -introduce care team -provide referral process

Deployment

- Provide data to multi-disciplinary team for targeted population management
- Educate providers on program benefits for their patients
- Monthly tracking of data and continuous process improvement



Beneficiaries

Mission Budget/Cost

- Funding to staff a multi-disciplinary team of nurses, social workers, pharmacist and health coaches shared between health plan, medical group and hospital partner
- Estimated annual cost across two regions is approximately \$1.1M



Mission Achievement/Impact Factors

- Overtime impacted members show a decreased likelihood of an Inpatient or Emergency Room event
- Decreased unnecessary utilization and improved outcomes reflect our organization's mission to provide health care worthy of our family and friends that is sustainably affordable

