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Health Care Hotspotting:

How Providers, Payers, and Communities Can Save Money and Improve Health by Focusing Their Efforts

Briefing Materials are available at:
http://uwphi.pophealth.wisc.edu/programs/healthpolicy/ebhpp/events/index.htm

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Bending the Cost Curve in America's Poorest City: *Innovation at the Camden Coalition*

Carter Wilson described the Camden Coalition and its work. The Coalition's mission is to improve the quality, capacity, coordination, and accessibility of the healthcare system for all Camden residents, which it does through an innovation known as hotspotting. In Camden, 1% of patients were responsible for 30% of the charges and 10% are responsible for 74%. For the Coalition, this is actually an opportunity to bend the health care cost curve; hotspotting uses data to identify these system outliers -- high-cost, high-needs patients and then engage with them in the community on an individual and intensive basis to reduce their utilization and improve their care. The coalition works with patients for 90 days to stabilize them medically, connect them with appropriate community services, and help them build a relationship with a regular source of primary care. Conducting a successful hotspotting project requires:

- Complete and timely data exchange between providers, hospital, and other health and human services agencies. This is often complicated by the fact that these systems may be in competitive relationships. Coalition members get a daily data feed from the city's three hospitals.

- Personal engagement with patients in their homes and communities. Careful listening and personal observation of patients' lives is critical to identifying their barriers to leading healthier lives. The Coalition has a trained, dedicated staff to build these relationships.

- Timing patient enrollment at the point where patients know their health in not under control and they are receptive to change, such as in the hospital. Post-discharge and initial care plans can start here.

- These barriers are frequently about the social and economic determinants of health, particularly access to appropriate housing. Without ultimately addressing these upstream needs, patients are unable to prioritize their health needs or utilize even accessible health services.

- Success requires primary care practices designed to be patient-centered and accountable for population health. Resources need to be shifted from institutional settings to providers who are able to coordinate and collaborate on care plans. The Coalition provides daily lists of hospital discharges to practices and meet with them regularly to review scorecards showing the rate of 7-day follow-up from discharge.

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Hotspotting in Wisconsin: Medicaid's Complex Care Management Pilot Program

Kevin Moore, Director of the Wisconsin Medicaid Program at the Department of Health Services (DHS), discussed the Department's work developing a Medicaid Complex Care Management Pilot Program, which they began in 2013 using a grant from the National Governor's Association. The strategy is to deliver a comprehensive, integrated, highest quality care model incorporating social, behavioral, and medical needs to a defined group of high needs members, while reducing Medicaid and Medicare dollars.

- The Medicaid Complex Care Management Pilot Program will start in Milwaukee County with approximately 700-1000 complex care members. Members will be selected who have less than 5 months of managed care, are 19 years or older, are currently enrolled in Medicaid, and have had 3 or more ER visits in the last 6 months or over $100,000 in care. These complex care members currently account for $21 million.
  Current activities include:
- Providers are being surveyed in order to assess how they would provide care to complex patients. Common themes from these surveys will be pulled and examined.
- Developing ways to best share data in real time across numerous stakeholders.
- Developing meaningful measures to measure program outcomes.
- As Wisconsin looks to develop a benefit package, it will work get outside of the clinical model and incorporate services that address the social determinants of health. Interdisciplinary teams and building relationships with patients will be key to these efforts.

- Moore stressed that while the Camden Coalition is extremely successful at initial identification and engagement with patients, his stewardship of the Medicaid program and taxpayer dollars required consideration of the entire system, with a focus on the last part of the process. Wisconsin's program must assure that once patients are stabilized they are not simply sent back to a fee-for-service care environment, but placed in a strong patient-centered managed care system that can be successful over the long-term.

The Payer Perspective

Carolyn Krause, is the recently retired VP of Accountable Care at Independent Care Health Plan (*i*Care), which manages Medicare Special Needs Plans, Family Care Partnerships, SSI, and Badger Care. Her presentation reminds us that serving high utilizing patients with complex needs in a managed environment such as the one that hotspotting requires is not so easily
This perspective is particularly timely as the legislature is considering piloting programs for complex, high needs patients and will seek health plans and providers to participate.

- **Payer Challenges:**
- Who is in charge is often not clear. A single member may have multiple case managers, multiple funding streams and multiple primary care and specialty providers making patient coordination challenging.
- In-depth patient engagement in communities is very hard and not all patients wish to be engaged. Patients also enter the process at varying levels of activation, which means that holding patients accountable can be problematic.
- Easy access to services for patients, particularly mental health services, is often not available.
- Payers need a deeper understanding of complex populations.
- Payers need to move away from traditional views of what constitutes a medical encounter and redesign payment models and benefits packages accordingly. Similarly, they will need to develop new and meaningful measures of success and align incentives to them.
- Finally, members ability to opt-out of program significantly complicate the picture for payers.

Recognizing these challenges, managed care organizations will have to move on several fronts to improve communication and coordination across systems; leverage community partnerships; and develop member-centered care coordination