SPECTRUM HEALTH

Super Utilizers and the Center for Integrative Medicine Model

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Terms

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Super Utilizer SU)- person with greater than 10 visits to SH system ED's in one year

System Super Utilizer (SSU)- person with greater than 10 visits to any ED in one year

Primary Psych- patient who's use of the ED revolves around their psychiatric diagnosis

Primary Medical- patient who's use of the ED revolves around their medical issues

Primary SUD- patient who's use of the ED revolves around their substance use issues

Direct Cost- money actually paid for the patient

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Subtypes of Super Utilizers

- The “pre” Super Utilizer
  - Unborn children of mothers with unstable SUD/MI
- The ED Super Utilizer
  - Patients in the ED greater than 10 x year
- The Ambulatory Complicated Medical Patient
  - Patients with poorly controlled medical conditions who live outside a long-term care facility
  - Moderate to low ED use, but high admission and testing rate
- The Non-Ambulatory Complicated Medical Patient
  - Permanently in a LTC facility

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“Pre” Super Utilizer

- High cost of care secondary to needed NICU stay
  - $3500/day
- CPS, Foster Care and Judiciary involvement
  - Difficult to calculate total cost
- Coordinated care and BIO-Psycho-Social intervention with aggressive outpatient SUD and MI treatment significantly decrease total cost of care

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ED Super Utilizer

- SU's
  - 950 individuals per year
  - 20,000 visits per year
  - $50,000,000 in direct cost per year (includes MH/SUD treatment)
- SSU's
  - 2000 individuals per year (Kent County)
  - 35,000 visits per year
  - $87,500,000 in direct cost per year (includes MH/SUD treatment)
- State wide extrapolation based on population
  - 29,000 individuals per year
  - 600,000 ED visits per year (total state ED visits 4,493,665, 455/1000 pts)
  - $1,500,000,000 in direct cost per year (includes MH/SUD treatment)

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The Break Down of ED Super Utilizer

- 10-19 visits per year
  - Mostly medical
  - 70% are transient HFUs (1 year only)
- 20-29 visits per year
  - Mostly combination of medical, SUD and Psych
  - However, trends toward SUD
  - 85% are consistent HFUs (more than 1 out of every 4 years)
- 30 or greater visits per year
  - Mostly psychiatric
  - 95% are consistent HFUs (more than 1 out of every 4 years)

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ED Super Utilizers

- Assertive ED policies on opioid use for Super Utilizers
- ED Screening and referral ± brief intervention
- Ambulatory ICU intervention (short term)
- Ambulatory ICU intervention (medical home)
- Focus factory approach to disease state
- Housing, transportation, food and communication
- New payment models needed

CMCS Informational Bulletin: Cindy Mann, July 24, 2013
Targeting Medicaid Super Utilizers to Decrease Cost and Improve Quality

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Ambulatory Complicated Medical SU

- CHF, COPD, Diabetes, Sickle-Cell, chronic pain, MI and SUD
- Greater than 3 admits per year
- Housing, transportation, food and disease education are issues
- Fired from PCP's not trained in complicated social disease
- Camden Coalition like programs, Community Hub
  - Evaluation in hospital and use aggressive home based wrap around services
- Ambulatory ICU (medical home model)

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Non-Ambulatory Complicated Medical SU

- Dementia, Elder-care, Ventilated and Poly-trauma (mostly SUD related)
- Aggressive end of life decision making
  - Living will
  - Family education
- Relatively fixed cost unless patient transferred home with care
- Can decrease hospital admissions with better infection control and educated power of atorney

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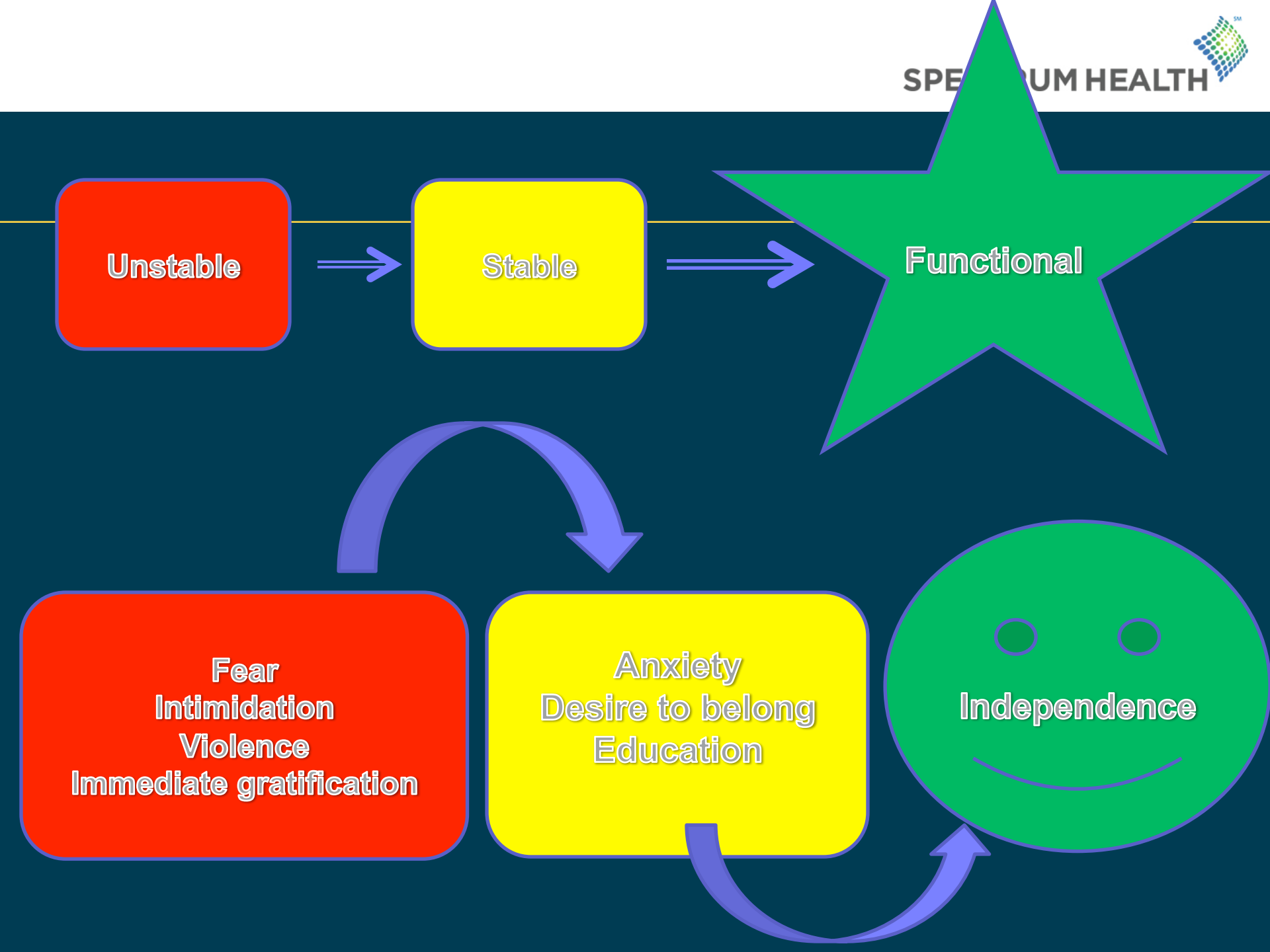
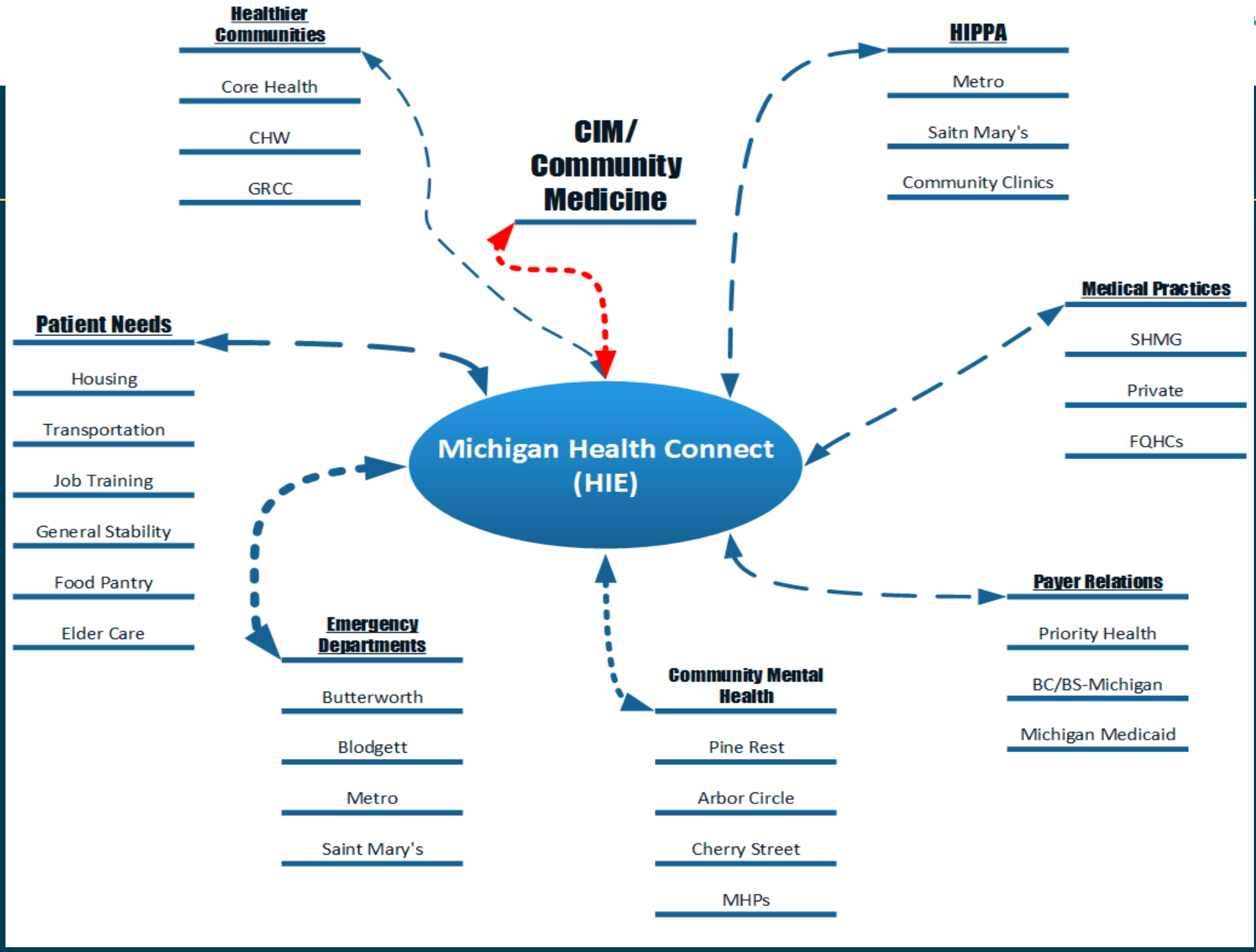
Common SU traits

- The diagnosis of destitution
  - Lack of housing, transportation, nutrition, education and safety
- SUD
  - This includes all forms contributing to current medical issues (tobacco, alcohol, MJ, opioid etc.)
- Mental Illness including exposure to early life trauma
  - Rarely identified or treated in an evidence based fashion
- Poor coping skills and little to no support system


Unstable
Stable
Functional
Fear
Intimidation
Violence
Immediate gratification
Anxiety
Desire to belong
Education
Independence


Healthier Communities
Core Health
CHW
GRCC
CIM/ Community Medicine
HIPPA
Metro
Saitn Mary's
Community Clinics
Patient Needs
Housing
Transportation
Job Training
General Stability
Food Pantry
Elder Care
Michigan Health Connect (HIE)
Medical Practices
SHMG
Private
FQHCs
Emergency Departments
Butterworth
Blodgett
Metro
Saint Mary's
Community Mental Health
Pine Rest
Arbor Circle
Cherry Street
MHPs
Payer Relations
Priority Health
BC/BS-Michigan
Michigan Medicaid

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What Next?

- Truly Integrated behavioral and medical care
- Payment System Reform
- Payment coverage for increased value-added service lines
- Standards of care for the treatment of MI and SUD
- A cohesive non-punitive, evidence based approach to the diagnosis of destitution
- Robust performance and quality measures that show improved function and/or ROI