University of Michigan
Complex Care Management Program
Brent C. Williams, MD, MPH
Medical Director
Michigan Summit on ER Hyperutilizers
November 12, 2013
CCMP Mission

“Provide continuous care management in collaboration with Patient Centered Medical Homes for patients with complex medical, mental health, and social support needs”
CCMP patients

- Homeless person with SA disorder is discharged from UM hospital for DVT, newly on coumadin.

- Chronic pain patient seen recurrently in ER, multiple missed appointments with PCP, discharged from several UM practices.
• Bipolar disorder, alcohol abuse (pulmonary emboli, GI bleeds)

• Homeless

• Recent death of mother, sister was paying for hotel stay

• “Uncooperative” – Personality disorder
Health system

- UM Primary care provider
- Admitted 10 times / year for suicidality
- Declined alcohol treatment
- Exited from Shelter for drinking

- Over time established relationship with complex care manager
Care Management

• Frequent contact (calls from the Arb).

• Housing voucher from AA when Tent City shut down.

• Many months of work - Medicaid, SSI

• Work seminars, part time employment
Care Management (cont’d)

• Stable team of caregivers – community psychiatry, PCP, Care Manager

• PCP visits twice monthly

• No suicidality (ER or hospital care) for six months.
Complex Patients (cont’d)

• Significant challenges in 3+ of:
  – Psychiatric illness
  – Behavioral problems / Substance Abuse
  – Medical conditions
  – Social support
  – Resources (insurance, housing, food)
  – Functional impairment
High utilization
(ER and hospital care)
Why does CCMP select patients by clinical complexity AND utilization?
Medicaid Managed Care

- All 48 patients with >$50,000 expenses
  - 0.2% of pt-months ($4 million)
  - 10% charges ($40 million total)

- The most expensive patient:
  - 3 admissions, 2 ER visits

- The most ER visits (41)
  - Among the least expensive patients
Clinical picture and costs

• 34% - severe medical illness and expected clinical course and treatment

• 52% - severe medical illness and unexpected clinical course and treatment

• 15% - avoidable health care utilization from complicated behavior / mental health / substance abuse conditions.
Managing Populations: Stratified Approach to Patient Care

I. Healthy Population

II. Mild-moderate illness
   - Well-compensated multiple diseases
   - Single disease

III. Complex
   - Complex illness
   - Multiple Chronic Disease
   - Other issues (cognitive, frail elderly, social, financial)

IV. Most complex
   - (e.g., Homeless, Limited resources)
THANK YOU
Washtenaw Health Initiative

UMHS / CCMP

SJMHS

WCHO / CSTS

PCPs

WHI

Safety Net Providers

VA

WHP

BCBSM
Washtenaw Health Initiative

UMHS / CCMP

SJMHS

WCHO / CSTS

PCPs

WHP

VA

Safety Net Providers

BCBSM