# Spending More to Save More CareMore Health Plan

Douglas Allen, MD., MMM.



## **CareMore History**

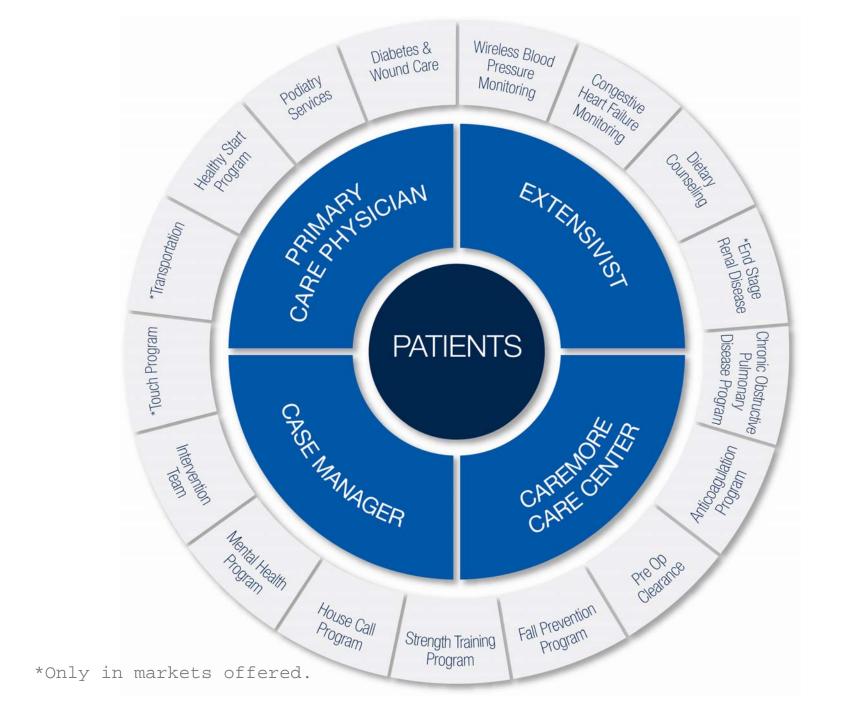
- Staff Model Medical Group
- Iterative, Intuitive, Care Model Development
  - NP based programs starting with diabetes
  - Hospitalists who see patients in clinics and SNFs
  - Home support systems
  - Many others



## CareMore History (cont'd)

- Creation of a Senior Only Health Plan
- Continued Program Additions
- January 2006, Sold to Group of Individuals who Saw the Ability to Replicate and Expand
- Staff Model → Network Model Medical Group
- January 2009, Opened Northern CA
- January 2010, Opened AZ and NV
- Offer MAPD, CSNP, ISNP and DSNP Products





## First, the Bottom Line

- This model attracts a high risk patient population with a RAF of over 1.3, 2 + % dialysis patients, and 30% diabetics.
- Patients are kept healthier leading to lower costs, sufficient to fund all of the infrastructure, one of the richest benefit packages in the US, continued innovation and a national expansion effort



## So, Spend More on What?



## **Healthy Start**

- Usual Care:
  - Member Enrolls
  - Chronic Condition is Un/Undertreated
  - Member Becomes ill and Seeks Medical Care, Possibly Becoming Hospitalized
  - Health Plan Engages High RiskManagement Program



## Healthy Start (cont'd)

- CareMore's Model of Care
  - Within 30 days of Enrollment, Member has Face to Face Visit with a Clinician
  - 102 Question Health Survey Taken by MA
  - PHQ-9 Screening Tool
  - Baseline Laboratory Tests: CMP, HbA1c, Urine Microalbumin
  - Physical Exam
  - Triaged to Appropriate Clinics
  - 82% Success Rate and Still Trying New Strategies to Get Members in.
  - Members who Cannot Come in get House Call or Phone call
  - Free Transportation



## **Depression Outcomes**

- 3.4% of Healthy Start Appointments Found New Diagnosis of Depression or Undertreatment
- Identified Patients are Referred to CareMore's Mental Health Clinic



### **Anecdotal Outcomes**

- Many Patients Have Required Immediate Hospitalization
- High Risk Patients Continue to be Seen by Extensivists Until Stable to Discharge to PCP.
- Improved Coding has Funded the Program



## Information Technology

#### Usual Care

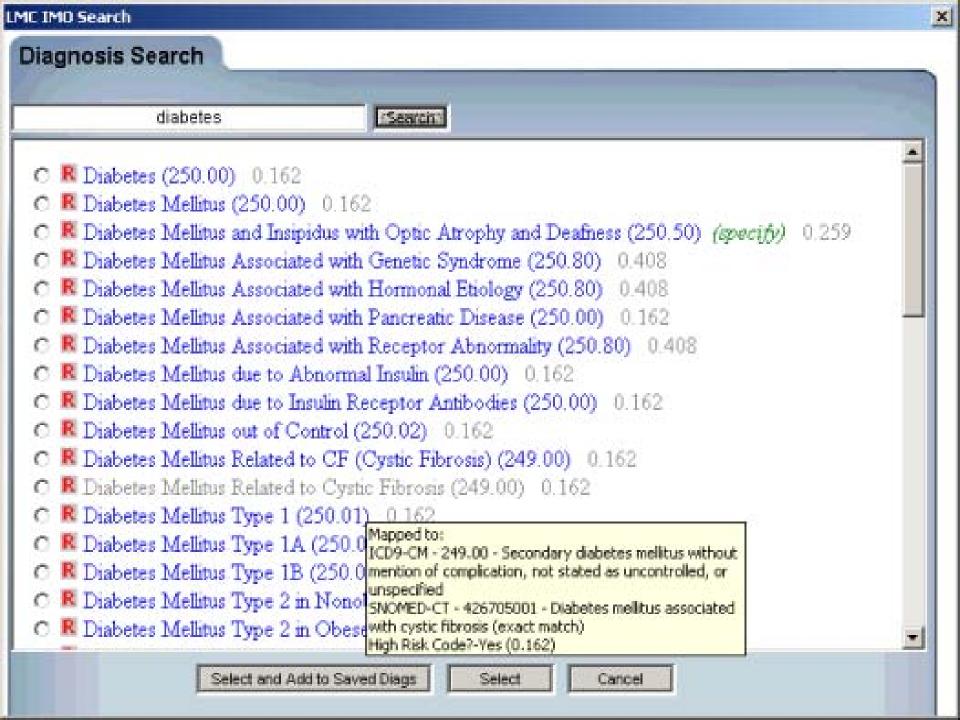
- Member Requires Specialty Referral
- Specialist Receives Inadequate Information
- Duplicate Ordering or Missing Information Leads to Incorrect Diagnosis or Treatment
- PCP Disconnected from Treatment Ordered by Specialist (Drugs, Scans etc.)
- Neither PCPs nor Specialists Know Which Patients are Experiencing Gaps in Care
- Among Providers, Inconsistent Care for Chronic Disease



## Information Technology

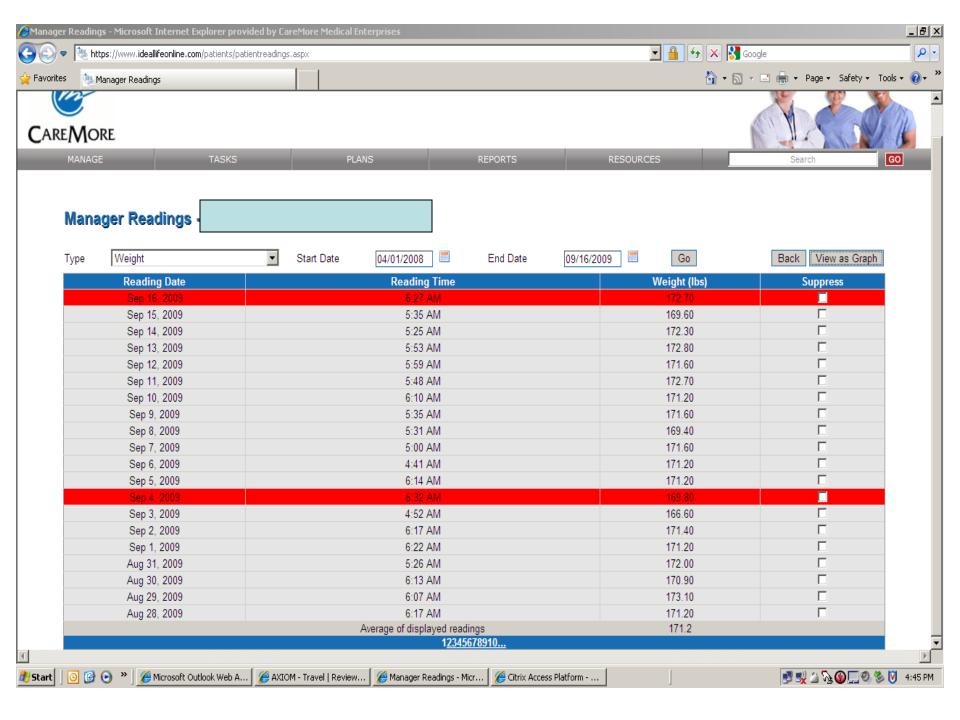
- CareMore's Technology Solutions
  - EMR Common Electronic Chart for all NPs, Hospitalists, House Call Clinicians, Specialists Managed by CareMore.
  - In-home Monitoring with Transmission of Values over the Internet, Manned by 4 NPs who Make Outbound Phone Calls to Patients. Data Viewable Through PatientQuickView
  - Home Glucometers Given to all Diabetics, Storing Blood Sugars which are Downloaded by Diabetes Clinic Personnel
  - The Portal Online UM System Used Daily by Clinician Offices,
     Provides Point of Care Support for Gaps in Care
  - PatientQuickView Internet Application Available to All, Allowing Clinicians to Access Relevant Information at the Point of Care.
  - Production Reporting of Outcomes Creates CQI Environment





# IdealLife HTN and CHF Biometric Telemetry Programs





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 Anaheim

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 714-399-9226



#### **User Summary Report**

Personal	l Dei	tail	ls:
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Phone:

Name: Address:

2nd Phone:

Entered By: N/A

Sex:

Language:

Male

Birth Date: Jan 3, 192

Age: 84

English

Fax

Enrollment Date: Mar 28, 2008 08:04 AM

#### Network Assignment:

Contact Type First Name Last Name Phone

#### Diagnoses:

ICD9 Code Description Primary Year Diagnosed
428 Heart failure Yes

#### Medications:

Trade Name	Assigned	Strength	Freq	Route
ASPIRIN TABLETS	Mar 28, 2008	81 MG	QD	ORAL
ATORVASTATIN TABLETS	Mar 28, 2008	20 MG	QD	ORAL
DIGOXIN TABLETS USP	Mar 28, 2008	0.25 MG	QD	ORAL
DILTIAZEM HCL CAPSULE	Mar 28, 2008	120 MG	QD	ORAL
FLOMAX CAPSULES	Mar 28, 2008	0.4 MG	QD	ORAL
PLAVIX TABLETS	Mar 28, 2008	75 MG	QD	ORAL
POTASSIUM CHLORIDE CAPSULES	Mar 28, 2008	10 MEQ	QD	ORAL
SPIRONOLACTONE	Dec 21, 2008	25 MG	QD	ORAL
FUROSEMIDE TABLETS USP	Mar 28, 2008	40 MG	BID	ORAL
METOPROLOL TARTRATE TABLETS	Mar 28, 2008	25 MG	BID	ORAL

#### Allergies / Sensitivities:

Allergy / Sensitivity Description Type meloxicam Allergy

## The Portal and Clinical Quality

## An Internet based Utilization Management tool



User: YIP, RICHARD Site: CAREMORE PRODUCTION SITE

#### Please select from the following list:

- Inquiry
  - Eligibility (Look up member)
  - Display current member
  - <u>Display Authorizations</u> (Look up authorizations for current member)
  - Search Authorizations (Search based on date, number, etc)
  - Provider (This link will allow you to view the entire physician network. However, when in the Service Request form, the field "referred to" will reveal providers in your region only.)
  - Diagnosis
  - Procedures
- Input Authorizations
  - Service Request Select for Service Request
  - o Retro Auth Request Select for Retro Auths
- Support
  - Help (get general help)
  - User Manual (download user manual)
  - Member not found (Send message requesting further research)
  - Member request (Send eligibility request on current member)
  - Quality Measures (Enter Missing Quality/Performance Measures)
  - Maintenance
  - Preferences
  - Feedback
- Information
  - o FAQ Last updated: 11/14/2008
- · Other Links
  - o Caremore Home Page IPA Home Page
- Sign off

#### SELECTED MEMBER

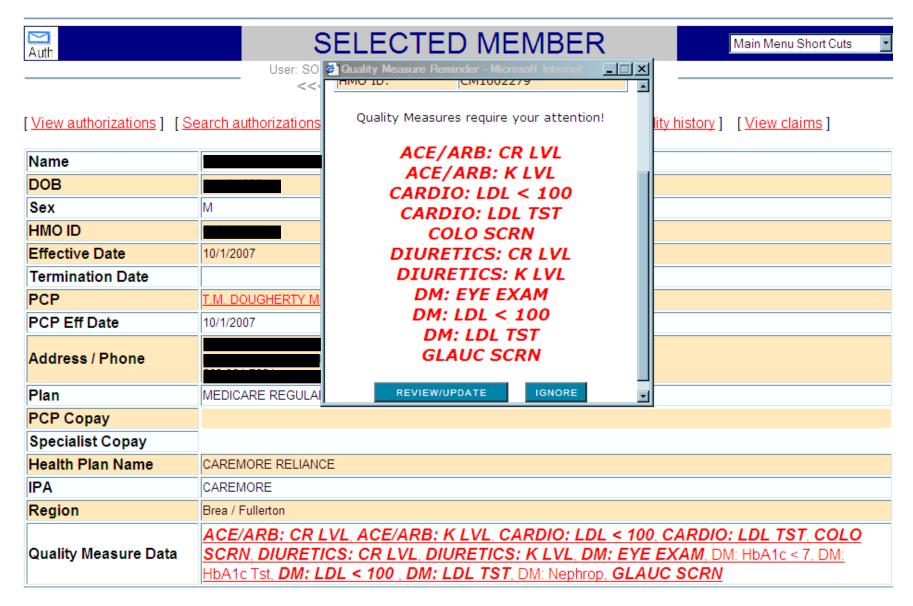
Main Menu Short Cuts

User: YIP, RICHARD Site: CAREMORE UPGRADE TEST SITE <<< THIS IS A TEST/DEMO WEBSITE >>>

[View authorizations] [Search authorizations] [Submit request to eligibility dept] [View eligibility history] [View claims]

Name	
DOB	
Sex	M
HMO ID	
Effective Date	10/1/2007
Termination Date	
PCP	T.M. DOUGHERTY MD
PCP Eff Date	10/1/2007
Address / Phone	
Plan	MEDICARE REGULAR - LA COUNTY [MR1]
PCP Copay	
Specialist Copay	
Health Plan Name	CAREMORE RELIANCE
IPA	CAREMORE
Region	Brea / Fullerton
Member Alerts	DIABETIC MANAGEMENT PROGRAM
Quality Measure Data	ACE/ARB: CR LVL, ACE/ARB: K LVL, CARDIO: LDL < 100, CARDIO: LDL TST, COLO SCRN, DIURETICS: CR LVL, DIURETICS: K LVL, DM: EYE EXAM, DM: HbA1c < 7, DM: HbA1c Tst, DM: LDL < 100, DM: LDL TST, DM: Nephrop, GLAUC SCRN

[Search for another member] [Send Email about this member] [Additional Provider Assignments]



[Search for another member] [Send Email about this member] [Additional Provider Assignments]



#### Edit Quality Measure Data

Main Menu Short Cuts

User: SOSA, ISRAEL Site: CAREMORE\_CQM\_TEST SITE\_BOB ALLEN MD

<<< THIS IS A TEST/DEMO WEBSITE >>>

Name:	YIP, RICHARD	
HMO ID:	CAREMOREXYZ	
Eff Date: 5/22/2008	Term Date:	
Sex: M	DOB: 12/25/1950	Age: 59
PCP:	BOB ALLEN MD	

Quality Measure dates and values have been extracted from claims, prescriptions, and encounters received as of **04/09/2009**.

Please add in missing data from **2009** if care was given but not reflected below.

#### Breast Cancer Screening - Mammogram to screen for breast cancer

This measure is limited to female members 40-69 years of age. This measure is met upon completion of a mammogram sometime during the last 2 years.

			_
Mammogram	Date(s):	EXCLUDE	

#### Colorectal Cancer Screening - Appropriate screening for colorectal cancer

This measure is limited to members 50-80 years of age. This measure is met upon completion of an annual fecal occult blood test (FOBT) (simply send in the claim for this service), flexible sigmoidoscopy, double contrast barium enema (DCBE) done within the last 5 years, or a colonoscopy sometime during the last 10 years.

Screening Date(s):	Screening	Date(s):		EXCLUDE
--------------------	-----------	----------	--	---------

#### Diabetic Eye Exam - Annual Diabetic Retina Exam

This is an annual quality measure for diabetic patients between the ages of 18 and 75. Patients with diabetes should be seen by an opthalmologist or optometrist each year, to obtain a dilated retina exam. To be considered compliant with this quality measure, a claim must be received indicating a visit with an opthalmologist or optometrist during the calendar year.

Eye Exam	Date(s):	4/15/2009	Status: Passed.	
----------	----------	-----------	-----------------	--

#### Please select from the following list:

- Inquiry
  - Eligibility (Look up member)
  - Display current member
  - <u>Display Authorizations</u> (Look up authorizations for current member)
  - Search Authorizations (Search based on date, number, etc)
  - Provider (This link will allow you to view the entire physician network. However, when in the Service Request form, the field "referred to" will reveal providers in your region only.)
  - Diagnosis
  - Procedures
- Input Authorizations
  - Service Request Select for Service Request
  - Retro Auth Request Select for Retro Auths
- Support
  - Help (get general help)
  - o User Manual (download user manual)
  - o Member not found (Send message requesting further research)
  - Member request (Send eligibility request on current member)
  - Quality Measures (Enter Missing Quality/Performance Measures)
  - <u>Maintenance</u>
  - Preferences
  - Feedback
- Information
  - o FAQ Last updated: 11/14/2008
- Other Links
  - o Caremore Home Page IPA Home Page
- Sign off

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#### **Quality Measures**



User: SOSA, ISRAEL Site: CAREMORE\_CQM\_TEST SITE\_BOB ALLEN MD <<< THIS IS A TEST/DEMO WEBSITE >>>

Quality Measure dates and values have been extracted from claims, prescriptions, and encounters received as of **04/09/2009** 

Please add in missing data from 2009 if care was given but not reflected below.

Please select a member to edit



Member	DOB	Age	PCP	Measure
SOSA. ISRAEL	11/27/1980	29	BOB ALLEN MD	COLORECTAL CANCER SCREENING, DIABETIC EYE EXAM, DIABETIC HBA1C CNTRL, DIABETIC HBA1C TESTING, DIABETIC LDL CNTRL, DIABETIC LDL TESTING, DIABETIC NEPHROPATHY SCREENING, GLAUCOMA SCREENING IN OLDER ADULTS, SPIROMETRY TESTING
<u>YIP.</u> <u>RICHARD</u>	12/25/1950		BOB ALLEN MD	BREAST CANCER SCREENING, COLORECTAL CANCER SCREENING, Diabetic Eye Exam, DIABETIC HBA1C CNTRL, Diabetic HbA1c Testing, DIABETIC LDL CNTRL, Diabetic LDL Testing, Diabetic Nephropathy Screening, GLAUCOMA SCREENING IN OLDER ADULTS, SPIROMETRY TESTING
<< First				
			М	easure Name: All Measures
				easure Status: Measures Missing Data
			М	ember Last Name:
			Pr	ovider Name: BOB ALLEN MD
				APPLY FILTERS

Main Menu | Signoff | Feedback | Message Inbox | Help

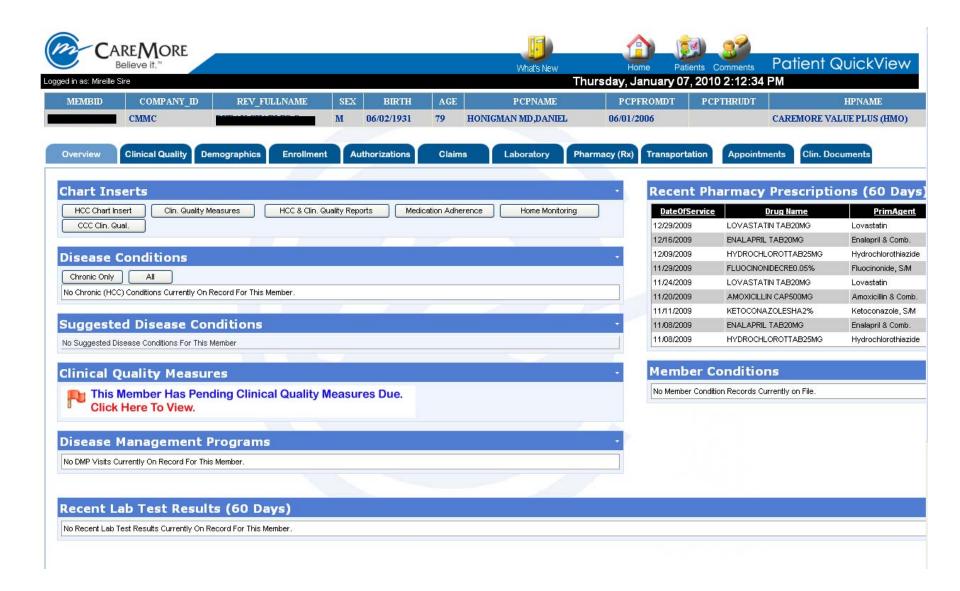
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## **PatientQuickView**

## An Internet Viewing Tool for the Longitudinal Patient Record



### QuickView: Member Overview Screen



#### Untitled Page - Microsoft Internet Explorer provided by CareMore Medical Enterprises



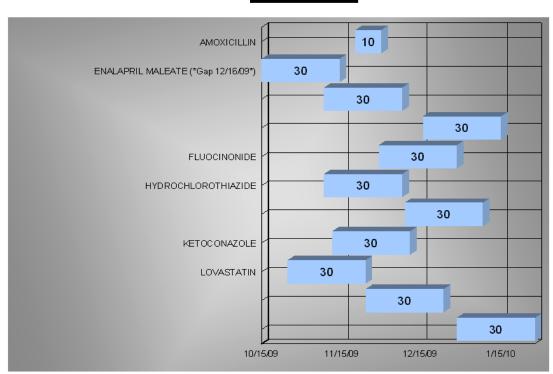


Main Report 💌

**№** 100% ✓

Business Objects

Medication Adherence (Previous 90 days)



Notes: \* Gap indicates a lapse in medication of greater than 7 days

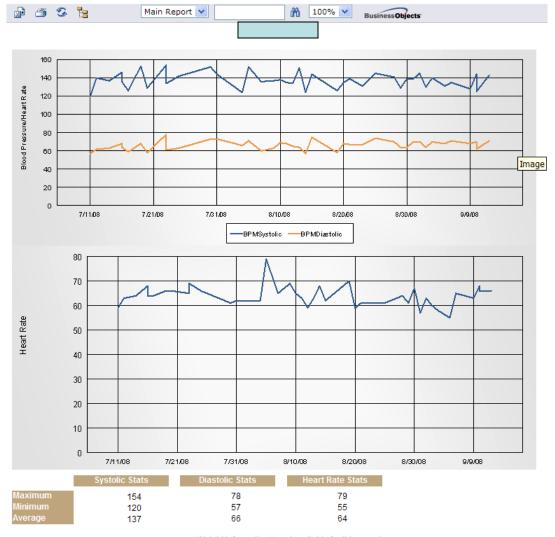
Positive number in bar shows days supply

Negative number in bar indicates medication was not picked up by patient

-	
Product Name	Total Days Supply
AMOXICILLIN	10
ENALAPRIL MALEATE	90
FLUOCINONIDE	30
HYDROCHLOROTHIAZIDE	60
KETOCONAZOLE	30
LOVASTATIN	90

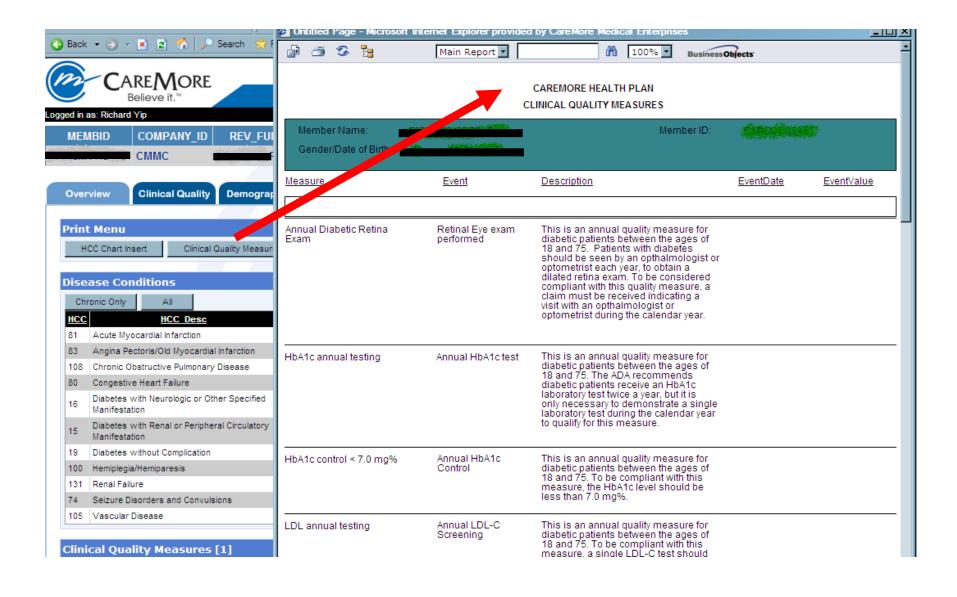
#### Untitled Page - Microsoft Internet Explorer provided by CareMore Medical Enterprises





Weight information is not available for this member

## QuickView: Print Friendly CQM Chart Insert





#### 2010 Patient Health Assessment Form

CMGI IPA

1000	Patient Name	Member I	d Date of Birth
<b>的</b> 是我也是不是			
THE REAL PROPERTY.	Potential Conditions for the	is Patient	
KD, dialysis status he patient has a diagnosis o	of CKD that may indicate hemodialysis		Agree Disagree Unsur
Dialysis Dx	Dx: 5856 End Stage Renal Disease	12/31/09	Arvind J Mehta Md
	Dx: 99673 Oth Comps Due Renal Dialysis Device Implant&Gft	11/16/09	Pacific Coast Emergency Medical Associat
	Dx: 99673 Oth Comps Due Renal Dialysis Device Implant&Gft	11/16/09	Pacific Hospital Of Long Beach
	Dx: V560 Encounter For Extracorporeal Dialysis	1/6/10	Med Coast Ambulance Service
Dialysis procedure	Px: 90935 Hemo Px W/1 Phys Eval	11/16/09	Arvind J Mehta Md
ž	Px: 90937 Hemo Repeated Eval +-Revj Dial Rx	12/1/09	Naureen Tareen Md
	Px: 90999 Unlis Dial I/P/O/P	11/2/09	Bixby Knolls Dialysis
Dialysis supplies	Px: A4657 Syringe With Or Without Needle Each	11/2/09	Bixby Knolls Dialysis
	Px: A4913 Miscellaneous Dialysis Supplies Nos	5/1/09	Bixby Knolls Dialysis
Diabetes with complication	ons f uncomplicated diabetes and a diagnosis associated with a comp	lication commonly	Agree Disagree Unsure due to diabetes
Diabetes with Renal or Peripheral Circulatory	Dx: 25000 Db W/O Comp Type Ii/Uns Not Uncntrl	12/2/09	Tareen Md,Naureen Internal Medicine
Manifestation	Dx: 40391 Htn Ckd Unspec W/Ckd Stage V/Esrd	12/2/09	Pacific Hospital Of Long Beach, Hospital
	Dx: 5851 Chronic Kidney Disease Stage I	11/30/09	Alamy Md,Moustafa E Gastroenterology Primary
	Dx: 5856 End Stage Renal Disease	12/2/09	Tareen Md,Naureen Internal Medicine
	Dx: 586 Unspecified Renal Failure	11/23/09	Diagenes Anesthesiology Medical Group, Anesthesiology
Protein calorie malnutrit The patient had a procedure	cion or cachexia commonly related to malnutrition		Agree Disagree Unsure
G-tube placement procedure	Px: 43246 Upr Gi Ndsc Dired Plmt Prq Gastrostomy Tube	12/1/09	Moustafa E Alamy Md



#### 2010 Patient Health Assessment Form

CMGI IPA

Patient Name	Member Id	Date of Birth
Potential F	railty Indicators	PROPERTY
☐ The patient has a known left ventricular ejection fraction	on below 40% or a history of CHF	
The patient is currently on an inhaler or supplemental of	oxygen for COPD, emphysema or chron	nic obstructive asthma
The patient has a cancer that is not cured or is being ac	tively treated	
The patient has a high probability of having a hospital a	dmission in the next 6 months	
☐ The patient will probably require placement in a skilled	nursing or assisted living facility duri	ng the next year
The patient has a history of multiple falls (more than or	ne fall in 12 months)	

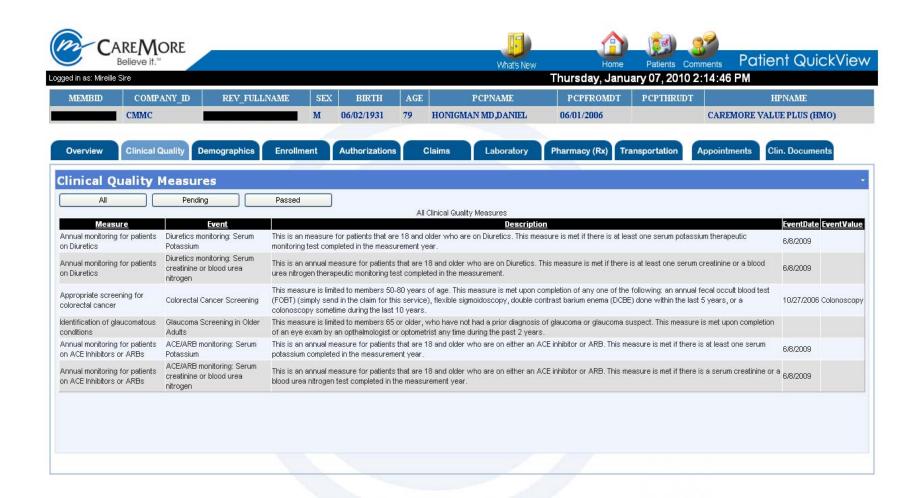


#### 2010 Patient Health Assessment Form

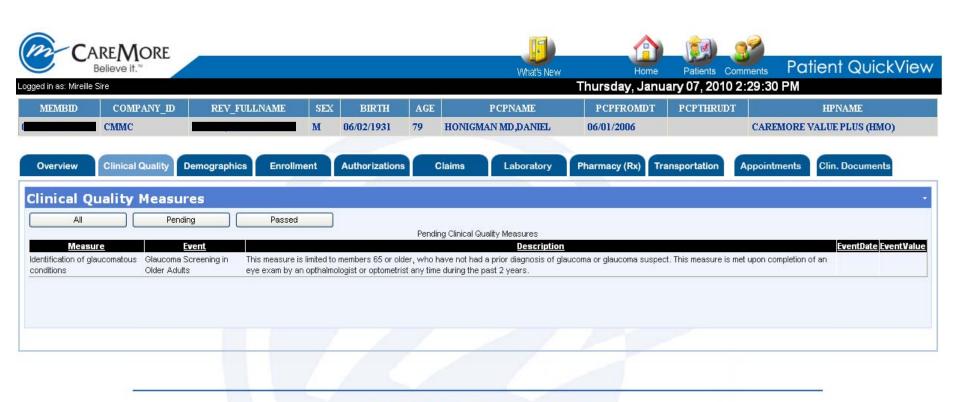
CMGI IPA

	Patient	Name	State of the last		Member I	ld Date of Birth
		Chronic Condi	tions Reported	d for th	is Patien	nt
ICD-9	Description	Agree	Disagree Unsure	Last	Last Rpt Dt	Last Rendering Provider
25060	Neuropathy Due To Diabetes				5/14/09	Pacific Hospital Of Long Beach, Hospital
29534	Schtzophrenia				7/8/09	Pratty Md, James 5 Psychiatry
V4611	Dependence On Respirator Status				12/1/09	Topacio Md,Ruth Pulmonology
1281	Left Heart Failure				11/17/09	Arun Md, Parvantaneni Cardiology
5856	Ckd, Please Specify Stage Is The Patient On Dialysis?				12/2/09	Tareen Md, Naureen Internal Medicine
10391	Hypertensive Ckd Stage 5 Or 6				12/2/09	Pacific Hospital Of Long Beach, Hospital
70715	Ulcer Of Other Part Of Foot				5/14/09	Pacific Hospital Of Long Beach, Hospital

## QuickView: All Clinical Quality Measures

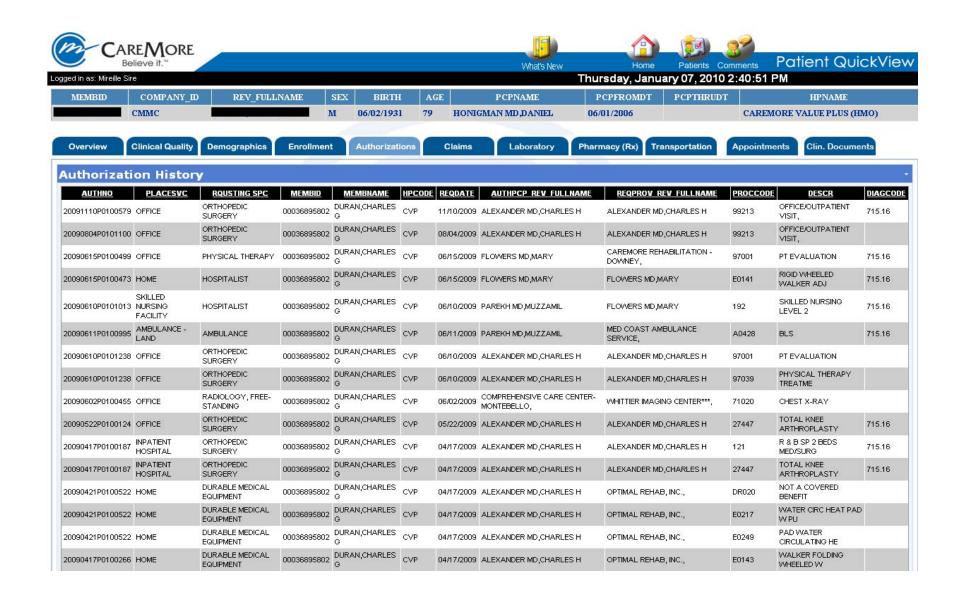


### QuickView: Pending Clinical Quality Measures

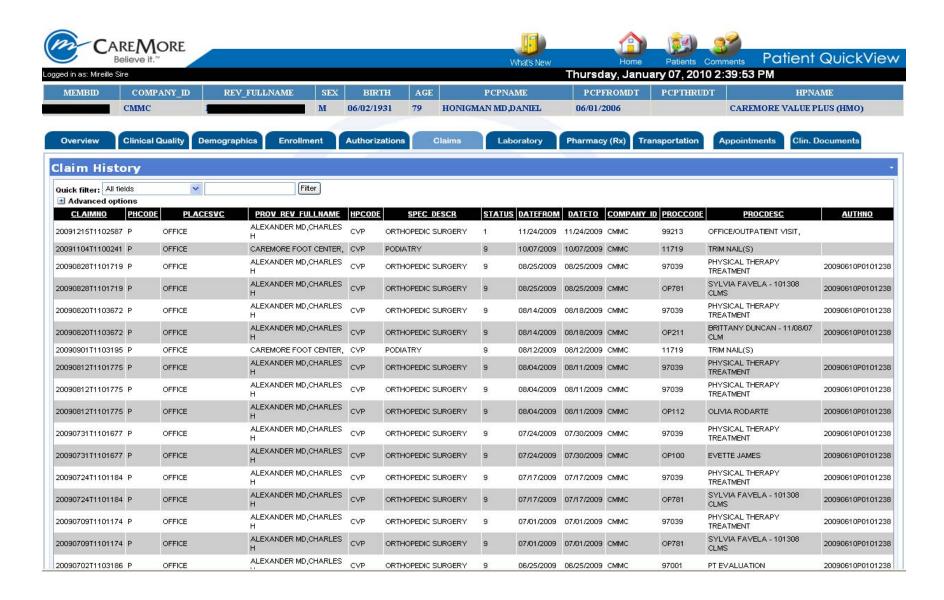


[Home] [Patients] [Comments] [Logout]

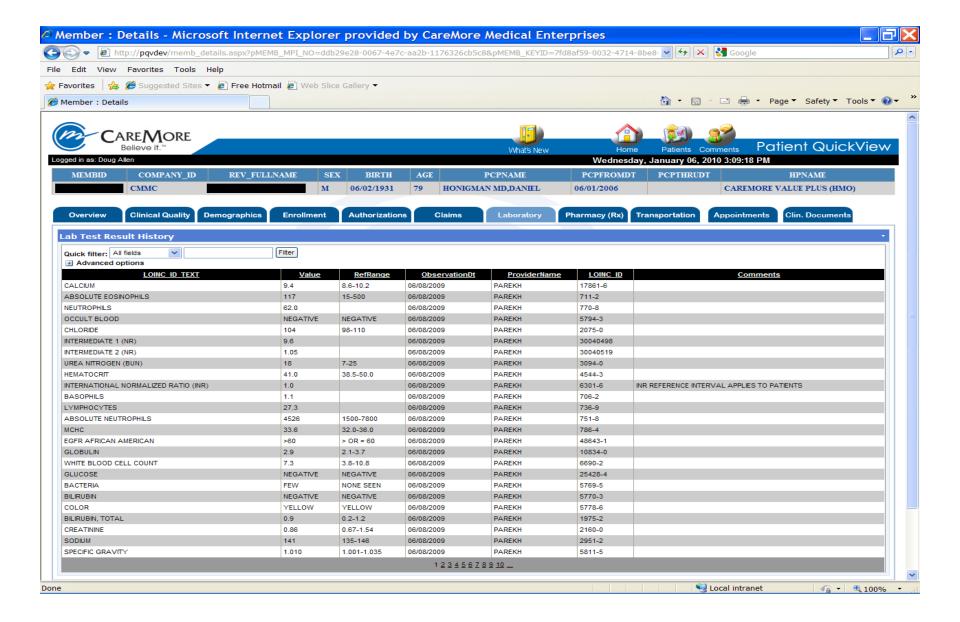
## QuickView: Authorization - History



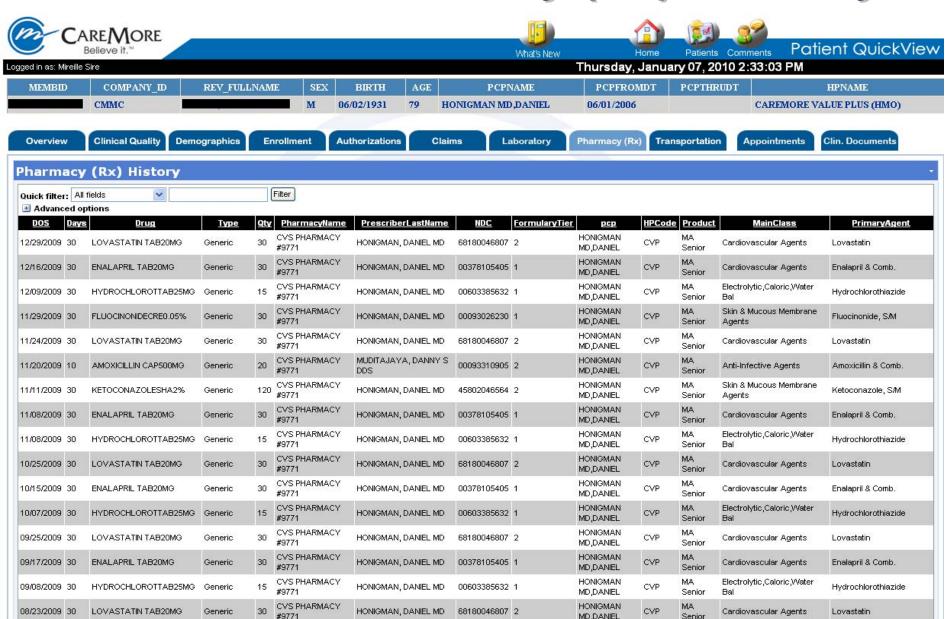
## QuickView: Claims - History



## QuickView: Lab Test Result - History



## QuickView: Pharmacy (Rx) - History



### QuickView: All Appointments



MEMBID









Patient QuickView

What's New

Home

**PCPFROMDT** 

Patients Comments

Thursday, January 07, 2010 2:30:42 PM

**PCPTHRUDT HPNAME** CAREMORE VALUE PLUS (HMO)

Overview Clinical Quality

CMMC

COMPANY ID

Demographics

REV FULLNAME

**Enrollment** 

SEX

M

Authorizations

BIRTH

06/02/1931

Claims

AGE

79

Laboratory

**PCPNAME** 

HONIGMAN MD DANIEL

Pharmacy (Rx)

06/01/2006

Transportation

Appointments

Clin. Documents

Future App	ts Only	Past Appts Only	All Appts			
Dete		Duration	D-4-il-	All Appointments	Descriptor	1
<u>Date</u> 02/24/2010	<u>Time</u> 09:45 AM	<u>Duration</u> 30	<u>Details</u>	Referring Provider	<u>Provider</u>	Location
				Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
01/13/2010	10:30 AM 09:30 AM	30	tnt/callus callus	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
11/18/2009		30	callus	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
11/11/2009	11:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
10/07/2009	09:15 AM	15	tnt	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
08/12/2009	12:00 PM	15	trit jm.	Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
06/17/2009	2:45 PM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights
06/02/2009	1:45 PM	15	Pre-Op Dr. Alexander @ Beverly on 6/9/09	Honigman MD, Daniel	A Caremore, Provider	Montebello Care Center
05/05/2009	10:00 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
04/29/2009	10:15 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
03/10/2009	09:45 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
03/04/2009	10:00 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
01/28/2009	3:15 PM	30	fall clinicca	Honigman MD, Daniel	A Caremore, Provider	Montebello CCC
01/19/2009	10:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
01/13/2009	09:45 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
12/15/2008	11:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
11/21/2008	10:00 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
11/11/2008	09:30 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
11/05/2008	09:30 AM	15	physical	Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
09/16/2008	09:15 AM	15		Honigman MD, Daniel	Podiatry, Routine	Downey Telegraph Podiatry Routine
09/08/2008	11:15 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
08/25/2008	10:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
07/29/2008	2:00 PM	15		Honigman MD, Daniel	Honigman MD, Daniel	lms Hacienda Heights
06/10/2008	10:30 AM	15		Honigman MD, Daniel	Honigman MD, Daniel	Ims Hacienda Heights

### **QuickView: Future Appointments**



[Home] [Patients] [Comments] [Logout]

# **Outcomes Reporting**

- What number and percentage had an HbA1c test within the reporting period
- What was the average number of HbA1c tests during the reporting period
- What number and percentage had and LDL test within the reporting period
- What number and percentage had and LDL < 100 within the reporting period</li>
- What number and percentage had a retina exam within the reporting period
- What number and percentage met the nephropathy HEDIS measure during the reporting period
- What was the average HbA1c for all patients in the program, taking only the most recent HbA1c
- Look for all diabetes members with no DMP visit during the period 7/1/2006 through 6/30/2007 (the washout period).
- Find the new diabetics in the program
- Now following their outcomes, look for two HbA1c values. First, the most recent value they obtained, if any, during the time interval 7/1/2006 through 6/30/2007 (during the washout period). If there is no HbA1c during this period, then the first HbA1c beginning 7/1/2007 on. *This will be the baseline HbA1c.*
- Determine the HbA1c value *after at least three months have gone by* from the first DMP visit.
- Now the HbA1c values after at least 6 months have gone by from the first DMP visit.
- Now the delta in mg%, between the baseline HbA1c and these two values.
  - What number and percentage gained 0.5 or more during this period.
  - What number and percentage were within 0.5
  - What number and percentage reduced their HbA1c by more than 0.5 during this period
  - What number and percentage reduced their HbA1c by more than 2 mg% during this period.
  - What was the average change for patients during this period.

# **DMP Denominator: Calculation of Annual Utilization** per 1000 Members

Description	In Program	Not in Program	New to Program
Member Months for 2007 (07/2007-12/2007)	6,384	18,434	1,289
Number Admits for 2007 (07/2007-12/2007)	243	455	71
Number of Bed Days for 2007 (07/2007-12/2007)	793	1,449	214
Avg Length of Stay for 2007 (07/2007-12/2007)	3	3.2	3
Admits per thousand members per year for 2007 (07/2007-12/2007)	457	296	661
Days per thousand members per year for 2007 (07/2007-12/2007)	1,491	943	1,992
Member Months for 2008 (01/2008-06/2008)	6,408	18,476	1,313
Admits for 2008 (01/2008-06/2008)	277	516	65
Days for 2008 (01/2008-06/2008)	997	1,819	234
ALOS for 2008 (01/2008-06/2008)	3.6	3.5	3.6
Admits per thousand members per year for 2008 (01/2008-06/2008)	519	335	594
Days per thousand members per year for 2008 (01/2008-06/2008)	1,867	1,181	2,139
Member Months for the reporting period (07/2007-06/2008)	12,792	36,910	2,602
Admits for the reporting period (07/2007-06/2008)	520	971	136
Days for the reporting period (07/2007-06/2008)	1,790	3,268	448
ALOS for the reporting period (07/2007-06/2008)	3.4	3.4	3.3
Admits per thousand members per year for the reporting period (07/2007-06/2008)	488	316	627
Days per thousand members per year for the reporting period (07/2007-06/2008)	1,679	1,062	2,066

# Outpatient High Risk Management

- Post Discharge Red/Yellow/Green System
- Discharges of ESRD Patients → ESRD NP
- CIT a Social SWAT Team Amazing Anecdotes
- Home Care Physician and NP Team
- Palliative Care Physician and NP
- SNFist Physicians and NPs
- Outbound Calls Bring Patients to CCC HbA1c of 8% or Higher x 2 for Example
- 18 Care Centers
- Overall Days Thousand 1020 for 2009, Included Chronic Special Needs Plan and I-SNP
- All-cause Readmit Rate 13% (excluding ESRD SNP)



# CareMore Intervention Team – an example

- Husband and Wife. Husband is CareMore, Wife Wanted to be but did not Qualify.
- House with Rats, Fleas, Roaches and Clutter
- Neither had Eaten in Days. No Food in the House.
- House Call Physician Intervened and Filled Out Nursing Home Application for the Wife, Including Giving the PPD.
- Wife Admitted Under Medicaid, Husband Admitted to Skilled.
- Ambulance Agreed to Take Wife as a Companion
- The Husband Elected Hospice and Passed Away at the Facility.
   The Wife Remains a Resident There







#### **Medications**

- High Out of Pocket Expenses Lead to Non-Adherence
- CareMore Provides Insulin for Free
- Over 60 Medications with No Co-Pay
- Medication Adherence Reports
- Full Time Resident Pharmacist Making Outbound Phone Calls to Patients and Physicians for Adherence and Appropriate Medication Choice



# Again, the Bottom Line

- This model attracts a high risk patient population with a RAF of over 1.3, 2 + % dialysis patients, and 30% diabetics.
- Patients are kept healthier leading to lower costs, sufficient to fund all of the infrastructure, one of the richest benefit packages in the US, continued innovation and a national expansion effort



# **Questions?**

