Features of Successful Care Coordination Programs

Webinar on Care Management of Patients with Complex Health Care Needs

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I. Can Care Coordination Reduce Costs?

To generate enough savings in Medicare expenditures to cover the cost of care coordination, programs must:

1. **Be targeted to the right people,**
2. **Provide proven interventions, and**
3. **Do so at low cost.**

II. KEY FINDINGS – Only one of 12 programs reduced hospitalizations overall, but 4 did so for high-risk enrollees

Regression-Adjusted Effects on Annualized Hospitalizations from Program Starts in 2002 Through December 2007 Among All and High-Risk Patients Randomized Through December 2006

	Number of enrollees (and % of all enrollees)	Annualized No. of Hospital Admissions			
		Control Group Mean	Treatment-Control Difference	% Difference	*P* Value
		All Enrollees			
Health Quality Partners	1,578	0.401	-0.037	-9.3	0.22
Hospice of the Valley	1,443	1.207	-0.104	-8.9	0.14
Mercy Medical Center	1,128	0.956	-0.106	-11.1	0.07
Washington University	2,551	1.273	-0.079	-6.2	0.18
		High-Risk Enrollees*			
Health Quality Partners	239 (15)	0.908	-0.218	-24.0	0.005
Hospice of the Valley	946 (66)	1.414	-0.177	-12.6	0.04
Mercy Medical Center	855 (76)	1.009	-0.135	-13.3	0.05
Washington University	1,671 (66)	1.639	-0.144	-8.8	0.05
Combined	3,711 (55)	1.374	-0.152	-11.1	<0.001

* High risk enrollees are those who, at the time of enrollment, had: [(CAD, CHF or COPD) and 1+ hospitalization in prior year] OR 2+ hospitalizations in prior 2 years (without any condition restriction).

The high-risk group definition

- Enrollees are high-risk if, at the time of enrollment, they:
  - Had (CAD, CHF or COPD) and 1+ hospitalization in prior year, OR
  - Had 2+ hospitalizations in prior 2 years (and one or more of 12 chronic conditions).
- High-risk definition has clinical face validity
- Easy to identify beneficiaries who meet definition via:
  - Claims
  - Patient self-report
  - Physician referrals or charts

The 4 programs reduced Medicare Part A and B costs for high-risk enrollees

Program	Part A and B Savings (2010 dollars)
HQP	$255
Hospice	$207
Mercy	$158
Washington	$168
Combined	$178

Part A and B savings were calculated using an average cost per hospitalization and related services of $11,000 (based on Medicare claims data). A medical inflation rate of 5% per year was then used.

III. The high-risk subgroup accounts for a disproportionate share of Medicare costs

- 18.1 percent of Medicare FFS beneficiaries in 2003 met high-risk definition
- They are much more likely than other beneficiaries to be hospitalized and have multiple chronic conditions
- They account for disproportionate share of $
  - 38 percent of Medicare FFS expenditures in the year after identification
  - 33 percent in the three years after identification

IV. What distinguishes successful interventions?

1. **Face-to-face contact with patients**
   - Frequent face-to-face contact with patients (~1/month).
2. **Building rapport with physicians**
   - Face-to-fact contact through co-location, regular hospital rounds, accompanying patients on physician visits
   - Assign all of a physician's patients to the same care coordinator when possible.
3. **Patient education**
   - Provide a strong, evidence-based patient education intervention, including how to take RX correctly and adhere to other treatment recommendations.

What distinguishes successful interventions?

4. **Managing care setting transitions**
   - Have a timely, comprehensive response to care setting transitions (most notably from hospitals).
5. **Communications hub**
   - Care coordinators playing an active role as a communications hub among providers and between the patient and the providers.
6. **Medication management**
   - Comprehensive Rx management, involving pharmacists and/or physicians.
7. **Address psychosocial issues**
   - Staff with expertise in social supports for patients with those needs.