Shared Learnings

Medicaid Accelerated eXchange (MAX) Series: Improving Care for High Utilizers

Program Overview

The MAX series is an independent program offered by Care Compass Network and facilitated by qualified MAXny facilitators as part of the DSRIP program. The Lourdes MAX program addressed high utilizers by having a multi-disciplinary team to meet and create focused plans and goals. The team created a high utilizer Care Pathway where they created a list of high utilizers and assessed their needs. Then a case manager or social worker would link them to services that may address their needs outside of the inpatient clinic. The high utilizers are followed up with and monitored over time. The social worker and case manager were placed in the clinic since many of these high utilizers needed access to palliative or community services. The top 3 drivers of utilization were fear/feeling overwhelmed, self-efficacy confidence, and lack of family/ caregiver or community.

Start Date: September 2017

End Date: February 2018

Target Population: High utilizers or patients who had 4 or more inpatient admissions in the past 12 months. Those not included are planned obstetrics, chemotherapy, and pediatric patients

Program Goals



Reduce high utilizer inpatient admissions by 35% when compared 90-days pre vs. post hospital utilization



Establish partnerships to integrate services across the care continuum

Learnings

Having Care Managers and Social Workers that can identify and link high utilizers with community and palliative services. Following up with high utilizers is a good way to ensure they are still accessing services.

Collaborating across departments and to partners outside of the Lourdes hospital system made it easier for the patient and for the social worker to connect them to services.

Organization and Structure:

- The team had workshops to determine what was and was not working to best address high utilization of hospital services.
- The team created diagrams such as the high utilizer care pathway to map out what needed to be addressed.

The team generated daily lists of admitted patients who met the high utilizer criteria in order to conduct targeted interventions and wrap around the patient, assessing the drivers of utilization (root cause of frequent hospital use, often non-clinical in nature) and connecting them with the appropriate resources to address the drive of utilization rather than the presenting symptoms leading to their admission in the hospital.

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Results

CATEGORY	Description	September - February
Unique high utilizers	Total number of unique high utilizers admitted	84
Total number of high utilizer discharges	Total number of high utilizer discharges	151
% "served" * prior to discharge	The number of high utilizers "served" prior to discharge divided by the number of unique high utilizers admitted. "Served" prior to discharge is defined by activities in the high utilizer care pathway occurring before discharge such as a "driver of utilization" assessment to identify root cause of utilization.	87%
% "served" after discharge	The number of high utilizers "served" after discharge divided by the number of high utilizer discharges. "Served" after discharge is defined by activities in the high utilizer care pathway occurring after discharge such as the patient receiving a follow-up phone call or other transitional care services.	76%

High Utilizer All-Cause 30-Day Readmission Rate

Percentage of inpatient discharges followed by a subsequent inpatient admission within 30 days; same-hospital, all cause

Metric	October	November	December	January	February	March
All-cause 30-day Readmission Rate	14	11	5	10	11	3
% Change (month-over-month)	N/A	21%	55%	-50%	-9%	73%
Total % Change						79%

Pre- vs. Post-Utilization

A comparison between the inpatient utilization of a high utilizer patient in a 90 days before and after the patient's "index admission". The index admission is the first admissions for each HU after the program start date that meets HU criteria (e.g. fourth or higher admission).

Metric	Number of unique HUs included in calculation	90 Days Pre-Index Visit	90 Days Post-Index Visit	% Change (Pre vs. Post)
Inpatient Admissions	84	142	64	55%

Organizational Profile

Organization: Our Lady of Lourdes Hospital

Website: https://healthcare.ascension.org/Locations/New-York/NYBIN/Binghamton-Our-Lady-of-Lourdes-Memorial-Hospital

Contact Information

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