State of Missouri
2012 Governor's Award for Quality and Productivity
Executive Summary

Team Name: DM 3700

Nominator: Joseph Parks, MD
DMH Chief Clinical Officer

Nominating Department: Missouri Department of Mental Health

Category: Innovation

Executive Summary:

The DM3700 project saves lives and reduces Medicaid costs by improving the quality of health care of MO HealthNet (MHN) participants with serious mental illness and multiple medical conditions. DMH, in partnership with MHN, and through its administrative agents and six affiliate agencies reaches out to Medicaid recipients who have a serious mental illness but are not currently clients of DMH and are high-cost Medicaid recipients with chronic medical conditions. These high cost/high risk individuals are enrolled in the Community Psychiatric Rehabilitation (CPR) program and are referred to a substance abuse treatment program if appropriate and provide care coordination and disease management services for both their behavioral health and medical conditions. Every four months DMH analyzes MHN claims for any new patients meeting the enrollment criteria and selects a new group of high cost/high risk individuals to target outreach and engagement in DM3700.

The strategies used for improving their care and reducing their costs are:

1) Obtaining a "healthcare home" – a primary care or behavioral health provider responsible for overall coordination;
2) Health screening for common chronic medical illness and risk factors;
3) Assisting in scheduling and keeping medical care appointments;
4) Prevention and wellness services;
5) Facilitating adherence to medications; and
6) Using Health Information Technology (HIT) to coordinate care, identify care gaps, and manage chronic illnesses.

These services and interventions have:

Improved Health Outcomes – The Healthcare Status Screening found 89.8 % with physical health needs, 74.8% with dental health needs, 75.4% with vision needs, and 55.9% with emergency needs. Case managers and nurse care managers work to meet those needs.

Reduced the state's overall costs for providing care and treatment to these MHN participants. Preliminary estimates of cost savings including the cost of the intervention are $345 Per Member Per Month (PMPM) actual cost savings for clients enrolled for over 6 months. If adjusted for projected trend, the savings may exceed $1,000 PMPM.

DM3700 is making a real difference for real people.

One enrollee had been in two bad accidents and has constant severe pain. He was going to have a procedure where a device would be implanted into his back – the procedure would have cost $300,000. Sally, his DM3700 caseworker, went to appointments with him (a physician that wasn't so eager to work with them at first); they got another opinion and he realized that the surgery posed more risks than potential good so he decided against it. She also worked with him on his disability benefits which he used to buy a used car with his back pay and will no longer rely on Medicaid transport.

A woman enrollee was a frequent flyer in emergency rooms and doctor's offices. She agreed to have Sally meet her doctors, has started seeing the Community Mental Health Center psychiatrist and has not gone to the emergency room or another doctor since enrollment…in large part because she knows that she can call Sally and she also now has some hope that her situation can change.

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NOMINATION FORM

I. GENERAL INFORMATION

Department: Missouri Department of Mental Health

1. **Project or team name.** DM3700

2. **List the name of all team members, job titles, state agency department, and/or community organization.**

   Anderson-Harper, Rosie: Staff Training and Development Specialist; Department of Mental Health
   Ashley, Allison: Vice President Operations, Burrell Behavioral Health
   Flory, Alan: CEO, ReDiscover Mental Health
   Glavin, Rachelle: Director of Clinical Programs, Missouri Coalition of Community Mental Health Centers
   Hoelscher, Marga: Deputy Division Director, MO HealthNet, Dept. of Social Services
   Johnson, David: Data Analyst; previously MO HealthNet but now Xerox (was a state employee for 1st half of project)
   McCaslin, Ian: Director, MO HealthNet, Department of Social Services
   McGinty, Brent: Deputy Director of Administration, Department of Mental Health
   Parks, Joseph: Chief Clinical Officer, Department of Mental Health
   Rehak, Tom: Director of CPS Community Programs, Department of Mental Health
   Stuve, Paul: Director of Quality: MO HealthNet, Dept. of Social Services (previously with CMT)
   Swinfard, Tim: President/CEO, Missouri Coalition of Community Mental Health Centers
   Woodward, Clive: Director of Research and Statistics, Department of Mental Health

3. **Describe the project** (*200 words or less*)

In 2010, the Lewin Group recommended that MO HealthNet (MHN) focus care coordination and disease management interventions intensively on select groups of high risk/high cost participants. In response, on November 1, 2010, Department of Mental Health (DMH) and MHN launched the DM3700 project for individuals who are not currently clients of DMH but are high-cost Medicaid recipients with chronic medical conditions who have a serious mental illness and high overall medical costs but are not terminally ill.

DMH, through its administrative agents and 6 affiliate agencies, reached out to identified Medicaid recipients to enroll them in the Community Psychiatric Rehabilitation (CPR) program or refer them to a substance abuse treatment program if appropriate. The strategies used for improving care and reducing costs are: obtaining a "healthcare home" – a primary care or behavioral health provider responsible for overall coordination, assisting in scheduling and keeping medical care appointments, prevention and wellness services, and facilitating adherence to medications. Every four months DMH analyzes MHN claims for any new patients meeting the enrollment criteria.

These services and interventions have --

(1) **Improved outcomes** for the identified Medicaid recipients and

(2) **Reduced the state's overall costs** for providing care and treatment to these particular Medicaid recipients.

4. **Nomination category.**

☒ INNOVATION ☐ CUSTOMER SERVICE

☐ EFFICIENCY / PROCESS IMPROVEMENT ☐ TECHNOLOGY IN GOVERNMENT

5. **Describe why you selected this nomination category.**

There are 3 major innovations involved. First, in traditional healthcare service delivery the health care providers wait for the person to seek out care themselves. Instead this project identifies very sick individuals who are not getting the right care and goes out to find and engage them. Second, we use data analysis of MHN claims to identify who needs care and what care they need and use a web based electronic health record (CyberAccess) to coordinate care. Third, we use Community Mental Health Center (CMHC) community mental health support workers to do much of the engagement and management. They are better versed in using their relationship to change patient health behaviors and cheaper than nurse care managers alone.

II. BACKGROUND

1. **When did the team begin its work?**

In 2010, Lewin recommended that MO HealthNet focus care coordination and disease management interventions more intensively on select groups of high risk/high cost participants. In the *High Cost Beneficiary Report*, Lewin reported 58,000 consumers reached $25,000 in costs in Calendar Year 2008. This cohort represented **5.4%** of the Medicaid population, but they incurred **52.5%** of all Medicaid costs and **60%** of these still had $25,000 in costs in 2007. Of these, 10,000 clients had signals needing more intervention such as high pharmacy utilization, 3 or more hospitalizations, and 10 or more emergency room visits. After adjusting for dual eligibles (Medicare), **23,823** clients reached **$25,000** in claims cost level. Of those, **85%** had at least one claim for a mental health diagnosis. Of those, **30%** had a mental health prescription but NO office visit, and **80%** of the high volume medical/surgery users had evidence of at least one behavioral health condition. The DM 3700 project was designed for this group.

2. **When did the team implement this project?**

On November 1, 2010, DMH and MO HealthNet Division (MHN) launched the DM 3700 project to target individuals who are not currently clients of DMH but are high-cost Medicaid recipients with chronic medical conditions who have a serious mental illness and high overall medical costs but are not terminally ill.

3. **How long has the project been implemented?**

☐ 0 - 3 Months ☐ 4 – 6 Months ☐ 7 - 9 Months

☐ 10 – 12 Months ☒ 12 or more ☐ Completed

III. RESULTS/ACCOMPLISHMENT

1. **What did the team accomplish?** (*150 words or less*)

The team changed the care delivery model from the old model of expecting a person to make an appointment if they want care to a new model of outreach to high cost, high risk individuals that the payer (MHN/DMH) has selected for services. A data-analytic enrollee selection process was created. The team developed an outreach tool kit for providers. Locating clients was the #1 barrier due to incorrect addresses and phone numbers. Outreach was done by mail letters but many letters were

undeliverable and received minimal responses. Phone calls were attempted but only 16% had a phone number listed and even less were accurate, working numbers. Home visits are the most successful form of contact. Outreach staff go out on cold calls with welcome packets made for clients. A Healthcare Status Screening, medication adherence, and health care performance indicators were implemented. Case managers are using a web-based electronic health record to coordinate care.

2. **Which of the following describes the benefits of the accomplishment?** (Check all that apply and provide an explanation)

☒ cost reduction ☐ time savings ☒ increased effectiveness

☒ improved process ☒ other:

Implementation of data analytics and Health Information Technology

3. **Explain how the accomplishments of the team are beyond regular duties and responsibilities**

The team extended beyond one Missouri government department including both DMH and MHN. The team extended beyond state employees including The Missouri Coalition of Community Mental Health Centers (Coalition) and its statewide membership. The team also included the integrated efforts of two private data analytic and health information technologies companies. Xerox (contracted with MHN) integrated its CyberAccess Electronic Health Record usage with Care Management Technologies' (contracted with the Coalition) disease management and medication adherence analytics. By each assisting the other in areas that were the other partners' primary duty, the team together implemented a project that could not have been done by either department or either of the companies or providers by themselves and within the scope of their usual duties and obligations. All state staff continued to fulfill their usual full time operations duties while creating and implementing the project.

IV. MEASUREMENT/EVALUATION

1. **Describe how the success of the project was measured and what outcomes were achieved.**

In 2010, Medicaid had a comprehensive review of the program by the Lewin Group. In the *High Cost Beneficiary Report*, Lewin reported 58,000 consumers reached $25,000 in costs in Calendar Year 2008. This cohort represented **5.4%** of the Medicaid population, but they incurred **52.5%** of all Medicaid costs and **60%** of these still had $25,000 in cost in 2007. Of these, 10,000 clients had signals needing more intervention such as high pharmacy utilization, 3 or more hospitalizations, and 10 or more emergency room visits. After adjusting for dual eligibles (Medicare), **23,823** clients reached **$25,000** in claims cost level. Of those, **85%** had at least one claim for a mental health diagnosis. Of those, **30%** had a mental health prescription but NO office visit, and **80%** of the high volume medical/surgical users had evidence of at least one behavioral health condition. The DM 3700 project was designed for this group.

The selected population criteria are: $25,000 minimum cost for previous 12 months or risk predicted to have high cost, a diagnosis of serious mental illness, not served by the public mental health system in previous 12 months and excluding nursing home, developmental disability, hospice and renal failure. This group had an average cost of **over $48,000 per year and high rates of emphysema (35%), asthma (34%), diabetes (32%, and heart disease (11%).**

After agreeing to services, all get a Healthcare Status Screening which has found **89.8 %** with physical health needs, **74.8%** with dental health needs, **75.4%** with vision needs, and **55.9%** with emergency needs.

PRELIMINARY ESTIMATED SAVINGS OF PERSONS ENROLLED AT LEAST SIX MONTHS
(AS OF DECEMBER 1, 2011)

Clients enrolled 6 months or more			Population = 1,298
Pre- 12 months	Post- 6 months		
Per Member Per Month	Per Member Per Month	Per Member Per Month Savings	
$3,911.29	$3,565.68	-$345.61	
Cost Savings for six-month period			$2,691,632.79
Cost Savings annualized for twelve months			$5,383,265.59

EXPECTED PER MEMBER PER MONTH SAVINGS BASED ON 7% TREND

		Per Member Per Month Savings	
$4,185.08	3,565.68	-$619.40	
Cost Savings for six-month period			$4,823,912.02
Cost Savings annualized for twelve months			$9,647,824.04

*Savings include both State and Federal

2. Are the benefits derived from this project:

☒ Recurring ☐ One-time

3. If recurring, how will the benefits be sustained?

Current estimates show that the project saves substantially more in healthcare costs than it costs to implement. New high risk/high cost cohorts needing outreach intervention are reselected every four months.

V. RECOGNITION/AWARDS

1. Has this project ever been nominated for the Governor's Award for Quality and Productivity? If yes, when?

No

2. If yes, for which category was it nominated?

3. Has this project received any other awards or recognition in the past? If yes, describe.

No

VI. NOMINATOR'S INFORMATION

NOMINATING DEPARTMENT			
Name Joseph Parks	**Signature**	**Telephone Number** 573-751-2794	**E-Mail Address** Joe.parks@dmh.mo.gov

VII. DEPARTMENT COORDINATOR INFORMATION

DEPARTMENT			
Name Janet Gordon	**Signature**	**Telephone Number** 573/751-8067	**E-Mail Address** Janet.gordon@dmh.mo.gov

VIII. DEPARTMENT DIRECTOR APPROVAL

DEPARTMENT DIRECTOR'S NAME	DEPARTMENT DIRECTOR'S SIGNATURE*
Keith Schafer	

Nomination must be signed <u>ONLY</u> by the Department Director to be eligible for consideration. Nominations not signed by the Department Director will be returned to the agency coordinator.