



Hennepin Health

People.Care.Respect



Super Utilizer Summit
February 2013
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Hennepin County, MN

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What is Hennepin Health?

Minnesota Department of Human Services (DHS)

&

Hennepin County

Collaborative for Healthcare Innovation

Hennepin County Partners:

Hennepin County Medical Center (HCMC)

NorthPoint Health & Wellness

Human Services and Public Health Department (HSPHD)

Metropolitan Health Plan (MHP)

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Population Served

- MA Expansion in Hennepin County
- 21 - 64 year-old Adults, without dependent children in the home
- At or below 75% federal poverty level (\$677/month for one person)
- Targeting ~10,000 members/month
- Start date: January 2012 (two year demonstration project)



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Premise

- Need to meet individual's basic needs before you can impact health
- Social disparities often result in poor health management and costly revolving door care
- By coordinating systems and services, we can improve health outcomes and reduce costs



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The Business Case

Problem:

- High need population
- Top 5% utilizing 64% of dollars
- Crisis driven care
- System fragmentation
- Safety net - cost shifting

Need:

- Address social disparities
- Improve patient outcomes
- Increase system efficiencies
- Increase preventive care

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Population Characteristics

- ~68% Minority status
- ~45% Chemical Use
- ~42% Mental health needs
- ~30% Chronic Pain Management
- ~32% Unstable housing
- ~30% 1+ Chronic diseases



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Goals: Years 1 and 2

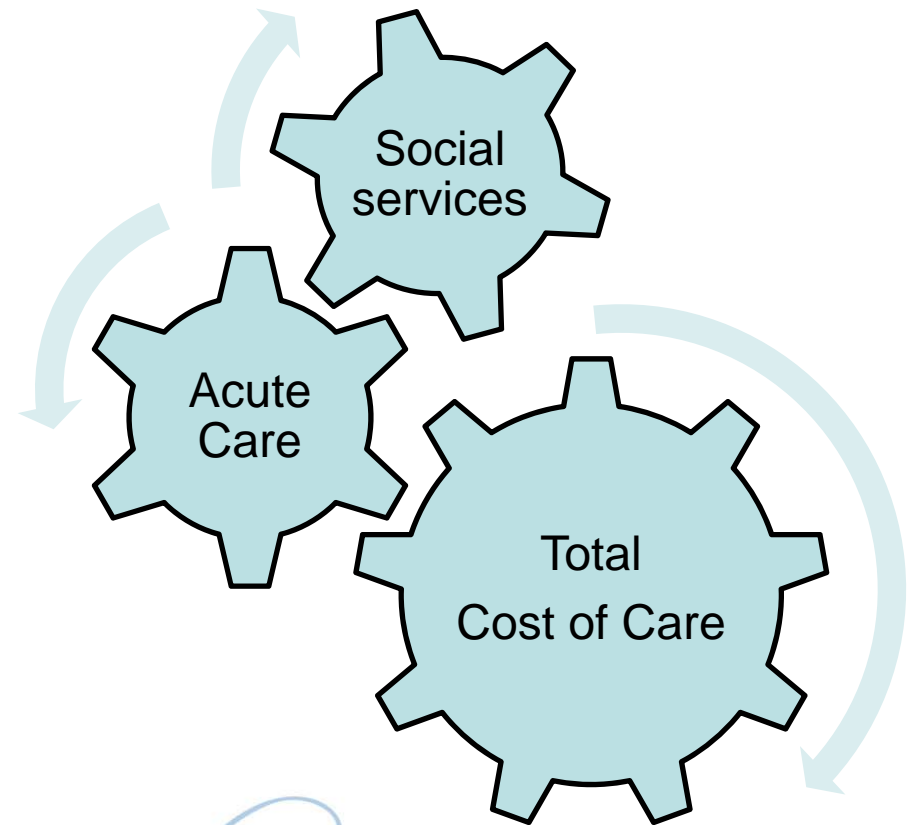
Improve Residents Health Outcomes, Reduce Overall Costs

- Decrease admissions/readmits by >10%
- Reduce emergency department visits by >10%
- Increase primary care “touches” by >5%
- Reduce churn. Maintain coverage by >95%

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Finance model

- 100% at risk contract
- Partners share risk/gains
- Tiering approach
- Fee for Service → “pmpm”
with outcome contracts



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Top 200 Utilizers- Focused Report

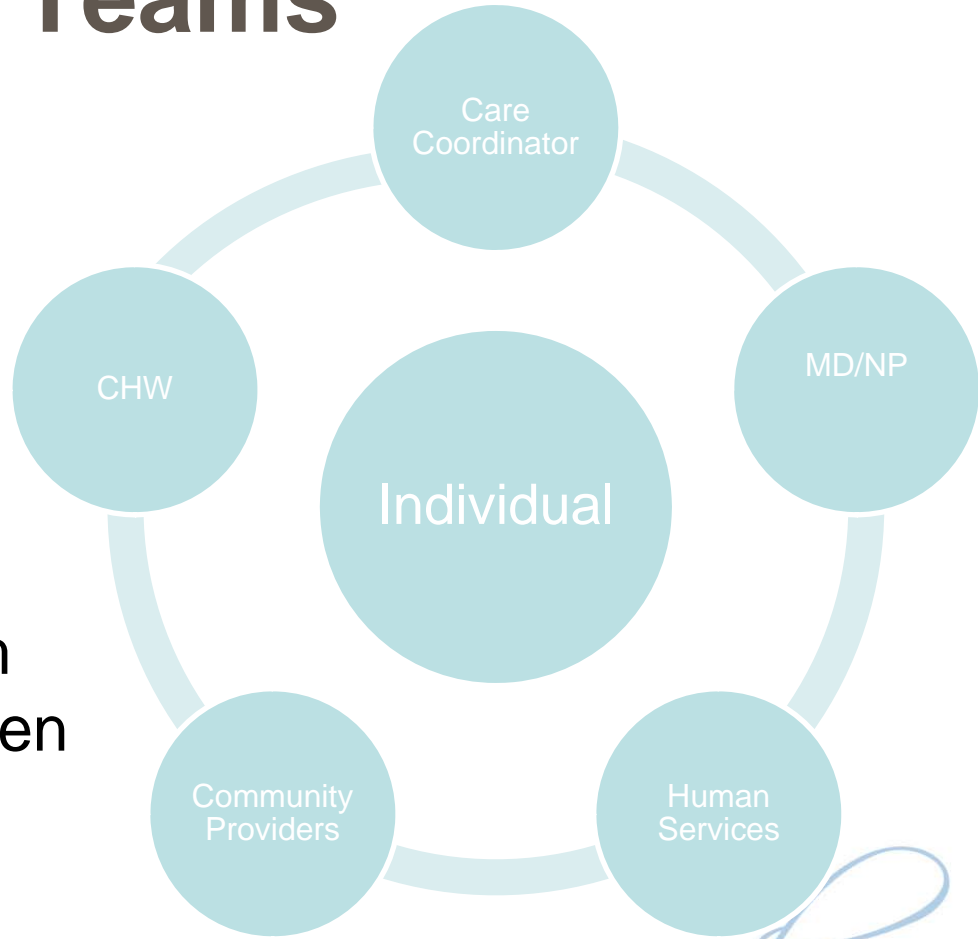
- Created report of top utilizers
- Review team identified trends

Individual Interventions

System Changes

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Virtual Teams



System Team

- Health Plan
- Clinic
- Hospital
- Human Services
- Community Providers

Individual Team

- Clinic connected
- Plus central team
- Radar report driven

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Technology (examples)

- One Patient Record
 - Health plan
 - Inpatient
 - Outpatient
 - Community providers
 - Social Services
- Radar Reports
 - Provider specific
 - System alerts
- Data Warehouse
 - Medication fills
 - Pharm/Clinic hopping

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System Opportunities (sample)

- 5% utilizing 64% of health care funds
- Individuals “stuck” in hospital beds
- Individuals failing transitions between programs
- Individuals misusing crisis care venues
- System fragmentation and duplication
- Low medical literacy



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System Investments Year 1 (sample)

Initiative

- Same day dental care
- Care Coordination
- Data Warehouse
- Patient Radar Reports

Outcome

- >30% average cost reductions
- >50% hospital reduction - Tier 3
- Ability to see across systems
- Work prioritization



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System Investments Year 1 (sample)

Initiative

- Pharmacy MTM
- Health Plan/Provider record
- Same day access to primary care

Outcome

- Reduce medication costs >50%
- Near real time data, reduced duplication of efforts
- Reduction of ED - crisis care



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Outcomes Year 1 (as of Oct 2012)

- **Admissions:** 17/1000 (Jan) to 12/1000 (Aug)
 - Length of stay and total cost of admission analysis end of year
- **Readmissions:** Decreased 2%-5% (Jan - July)
- **Emergency Dept:** Decreased 35% (includes Urgent Care change)
- **Primary Care:** Increased 23% (Jan - Aug)
- **Patient Satisfaction:** 87% “likely to recommend”
(Press-Ganey)

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System Investments Year 2

Project

- Sobering Center
- Transitional Housing
- Behavioral Health Continuum
- Psychiatric Consult model
- Intensive primary care - clinic expansion
- Vocational services

Return on Investment

- 80% cost reduction ED to sobering center
- One month of housing < 2 days of hospitalization
- 30 - 50% cost reduction expected

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Critical to Success- 3 Elements

- **Flexible funding**
 - to meet individual and system needs (motivation and solutions)
- **Data sharing**
 - capability across systems (welfare and healthcare)
- **Leadership**
 - alignment, business case motivation
 - neutral, convener role
 - barrier busting

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Unsolved Challenges

- Reducing Medicaid churn
- Seamless provider information sharing
- Caseload complexity- algorithm
- “Big Data”- comparisons healthcare to welfare
- 50% system change remains to be built
- 1% to 100%- population and provider spread

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Hennepin Health

Bringing systems and people together



Video and more information:
www.hennepin.us/healthcare

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