



Report to the Quality & Access Sub-Committee

May 15, 2009

High Utilizers

High Utilizer Definition

Those members, aged 0 up to and including 18 years old, with 4 or more inpatient admissions within a six-month period.

CY 2008 Performance Target

- Goal: to increase the time in community of the sub population of CT BHP members identified as high utilizers (HU)
- Goal accomplished in one of two ways:
 - Decrease the 2008 number of children who meet criteria
 - Decrease average number of inpatient days used by the population

CT BHP Workflow / Processes

- Weekly report identifying members accessing 2 inpatient episodes of care w/in 3 months
- Report distributed to Clinical Department
- ICM designee assigns any members who do not have ICM assignment to an ICM clinician
- Member flagged in the system

CT BHP Workflow / Processes (cont'd.)

- ICM reviews all services and member history available in AIS
- ICM reviews with MD if member presents in ED or for inpatient care
- Review appropriateness for Peer review
- Contacts current Provider when appropriate to assure ongoing services
- Crisis plan developed with member / family / Providers to improve time in community

Outcomes

- *Increase* in High Utilizers in 2008 from baseline 44 in 2007 to 55
- Days utilized also *increased*
- ICM positively impacted system throughput, but did not appear to directly impact rate of admission

Outcomes (cont'd.)

- High Utilizer outcomes not in sync with other utilization outcomes:
 - Decrease in DCF children admitted
 - Decrease in ALOS across the system
 - Discharge delayed days decreased substantively in 2008
 - 20% reduction in the Inpatient P4P target ALOS for the DCF populations over baseline

Further Drill Down

- HU represent a disproportionate amt of admits and days for their cohort size ~ however, represent only 3.2% of inpatient users
- Disproportionate number (80%) adolescents (compared to 60% adolescents in general user population)
- Number of HU committed was 47% (similar to general user population) ~ majority of HU came from community, not congregate care (only 3 in RTC concurrently)
- Less in discharge delay (speaks to attempts to return to community ~ efforts to decrease institutional care)

Literature Review

- Results counter intuitive ~ especially given other very positive UM outcomes lead to completion of a literature review > lead to a literature review
- Overall conclusion: readmission rates are significantly a function of the level of community services utilized as an end point in the discharge planning process

Literature Review (cont'd.)

- Best “cure” for High Utilizers is the use of residential services
- Resultant clinical dilemma as ICM goal is to move child back to community
- Multiple inpatient admissions are not always a reflection of failure
- More challenging children are now being treated in communities, often leading to increased use of inpatient settings

Next Steps

- Question whether the issue of High Utilizer serves as a proxy for effectiveness of ICM program
- How many HU ~ too many given goal of improving access and treating children within the community
- Discussion
 - Role of EMPS as gatekeeper
 - Continued focus on crisis prevention planning
 - Alternative outcome measures for ICM effectiveness (aka: discharge delay, through-put)