

BHP Oversight Council State Agency Report

February 15, 2012

Wellness Care Coordination Program

launched 9/1/11

Source: 1/30/12 McKesson Member Program Data Set

Member Identification

1. Members with a Behavioral Health or SA as primary driver in claims data and also with physical health conditions
2. Members with at least one “tier one” or “tier two” physical health condition AND one or more Inpatient or ED psychiatric events in past 12 months
3. Gaps in treatment will contribute to the overall risk rating
4. Overall risk ratings are 1 low, 2 medium, 3 High and prioritized eligibility groups

70% HUSKY C

20% HUSKY D

5% HUSKY B & HUSKY A

5% HUSKY A & Charter Oak

Tier one physical conditions include: Heart Failure, COPD, Diabetes, Asthma and Coronary Heart Disease

Tier two physical conditions include: Stroke, TIA, Chronic Kidney Disease, Cystic Fibrosis, Hepatitis B and C, Inflammatory Bowel Disease, Peripheral Vascular Disease, Sickle Cell, Migraine, Back Pain, High Cholesterol, Hypertension, Lupus, Rheumatoid Arthritis, Seizure d/o, GERD, M.S., and Peptic Ulcer Disease

Definitions

Enrolled Membership is a count of Actively Engaged Members and Passive Participants

Actively engaged member is a member who has been contacted and agreed to participate. They receive proactive outbound calls on a schedule that varies by severity level

Passive engagement is a member participating in “on demand” services. No proactive outbound calls are scheduled, though members may call in and access nurse services. These are members who have been actively enrolled at one time but are no longer reachable or only wish to receive mailings

Demographic Information of Enrolled Members

- 287 total enrolled (300 Maximum)
 - 227 (79%) Actively Engaged
 - 60 (21%) Passive Participants
- 24 of the 287 (8.4%) members have a primary, secondary or tertiary S.A. condition (22 have active enrollment)
- 54.7 years is the average age of all enrolled members
- 75% of all enrolled members are Caucasian, 24% African American and 1% Asian
- 64% of all enrolled members are female

Demographic Information of Enrolled Members (cont'd)

- Cities with 10 or more enrolled members include Bridgeport (15), Hartford (30), Meriden (15), New Britain (13), New Haven (24), New London (10), Waterbury (15). These members represent 42.5% of all members enrolled
- All Enrolled members have been enrolled in the program an average of 91.5 days
- The average risk rating for all enrolled members is 2.5

(Risk scale is 1-3, Low-Moderate-High)

Eligibility Groups of Enrolled Members

Note: Due to TPL issue with member eligibility file, this data will not differentiate singles and duals until the next McKesson data run at the end of February. Therefore Single and Dual eligibility groups are combined in this data.

Average Age of Enrolled Members by Eligibility Group

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Care Management Contacts

- **Unscheduled** contact attempts are unplanned calls that can either be outbound or inbound. Unscheduled calls consist of enrollment calls
- **Scheduled** contact attempts are planned calls to a member based on a previously set appointment time. Scheduled calls consist of *Initial Assessment, Monitoring, 6-month review* and *annual reviews*
- **Monitoring calls** are scheduled calls made by the nurse. The primary objective of these calls are to educate the member and address concerns on the member care plan. This would also be the definition of a coaching call
- **Completed calls** are calls during which all objectives of a given call type were achieved with the members. This advances the intervention plan to the next recommended call type

Care Management Contacts (con't)

- **Unscheduled calls** in December decreased as **monitoring calls** increased, i.e., the majority of cases moved from enrollment phase to monitoring phase
- The number of **completed** monitoring calls have increased more than 15X when comparing December to September

Program Referrals to date

(as of 12/31/11)

- *Resource referrals are directed towards linking members and caregivers to community resources. Interventions are used to facilitate skill building, provide education and valuable resources to members*

Resource Referrals	# Referrals
Care Support Services (incl. companion, homecare, disability services)	6
Durable Medical Equipment	
Disease Specific (incl. Aging, Cancer, MH, Diabetes, Preventative Health. . .)	
Financial (incl. food, housing, other)	
General Health (incl. Tobacco, Vision, Nutrition, Dental and other)	32
Total Resource Referrals	

Post Assessment Letters

Communications are sent to a member and their provider at various points during the program. These communications may be used to summarize information reviewed on a call with our nurses, provide member health status updates to providers, or to engage a member as significant program milestones are achieved

As of 12/31/11:

211 post-assessment letters have been mailed to enrollees

58 post-assessment letters have been mailed to providers

Outcomes

- An Average Length of Stay in this program model is approximately 6 months
- Outcomes are assessed at program “graduation” (including if member withdraws him/herself from the program)
- First run of outcome data by McKesson is expected in March/April 2012, however, these numbers are expected to be extremely low as enrollment has been gradually ramping up over the months
- Outcome data will be more meaningful once the graduation “N” is more significant
- VO will run authorization and claims based outcome reports in the future to look at utilization patterns pre- and post- program involvement

Member Testimonials

(As Reported By The WCC Program Nurses)

The member was in the car when I called. He pulled over to a safe area to talk, although he was invited to talk at a different time. He started the call with “Hello Judy! I recognize your number...” (before I’d said anything) and expressed gratitude for the call and had been waiting to “fill me in” on things since the previous call when he’d been struggling and just out of the hospital. When asked about some labs results, he said...”I have it right here...I’ve kept it on me...I’ve been waiting to tell you.”

More. . .

The member started call with “Oh, it’s so good to hear from you.” The member had just lost her mother and talked about her recent divorce and experiences in the last days of her mother’s life; and how hard it has been to focus on her own health and needs. She ended call by saying that she felt re-focused and committed to her goals and very grateful.

A member who never learned to read or write. . .

When explained about the program, the member reported, “This sounds real good. I don’t know who sent you, maybe my doctor, maybe God” She was excited that she would only need to speak on the phone, not have to go to another appointment and I would be doing all of the reading and writing.

During a follow up call we discussed how keeping a diary would be impossible for her due to her inability to read or write so I suggested using a calendar as a diary. She agreed to tracking mental health as a + for a good day, a *check mark* for an ok day and a – for a bad day. She could then discuss any patterns with her therapist. She has stated that this has been working well.

One last thought from the WCC nurses. .

Another member spoke extensively about this program asking who came up with this idea and saying that this is going to really take off. She commented about how 20+ years have passed struggling with chronic conditions and no one has ever just called her out of the blue to ask how she was managing. “This is gonna be big.” She stated that whoever said silence is golden was wrong.

This member and others have told me that when a crisis occurs people come out of the woodwork and you can see family you haven’t seen in years. But as time passes the people fade away and stop coming. Many speak of severe loneliness and isolation. Even some of the members I’ve been following who demonstrate more significant psychotic symptoms recognize how they have alienated themselves from others. They may scream and curse and complain about absolutely everything but they end the call thanking me for calling and confirm when they will be hearing from me again.

Questions?