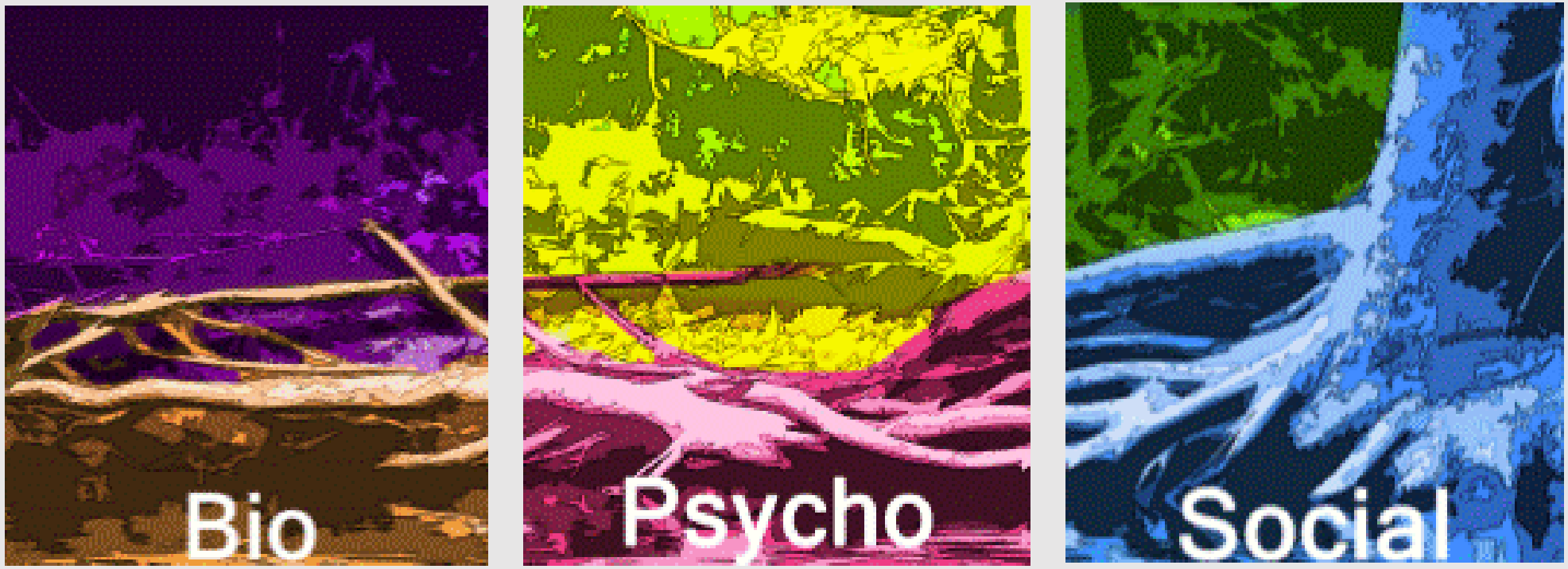
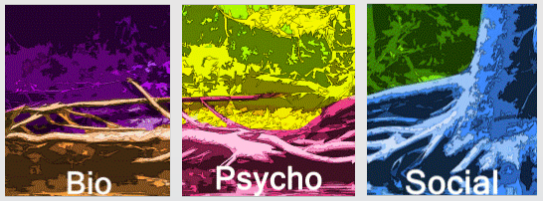
Super-Utilizer



University

SUPER-UTILIZER



UNIVERSITY

Super Utilizer

Concept of a Super Utilizer

R. Corey Waller MD, MS, FACEP, FASAM

Director, Center for Integrative Medicine

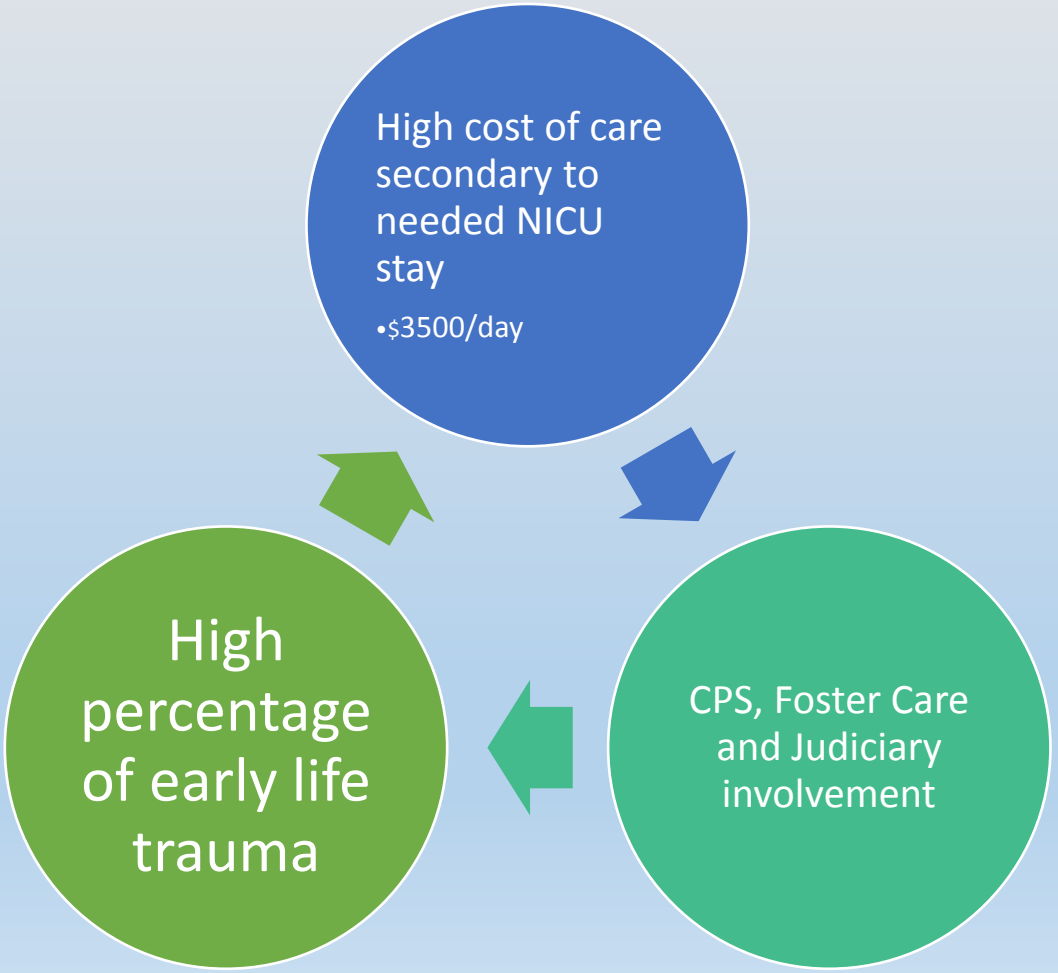
Glossary

Super Utilizer (SU)	• person with greater than 10 visits to SH system ED's in one year
System Super Utilizer (SSU)	• person with greater than 10 visits to any ED in one year
Primary Psych	• patient who's use of the ED revolves around their psychiatric diagnosis
Primary Medical	• patient who's use of the ED revolves around their medical issues
Primary SUD	• patient who's use of the ED revolves around their substance use issues
Direct Cost	• money actually paid for the patient

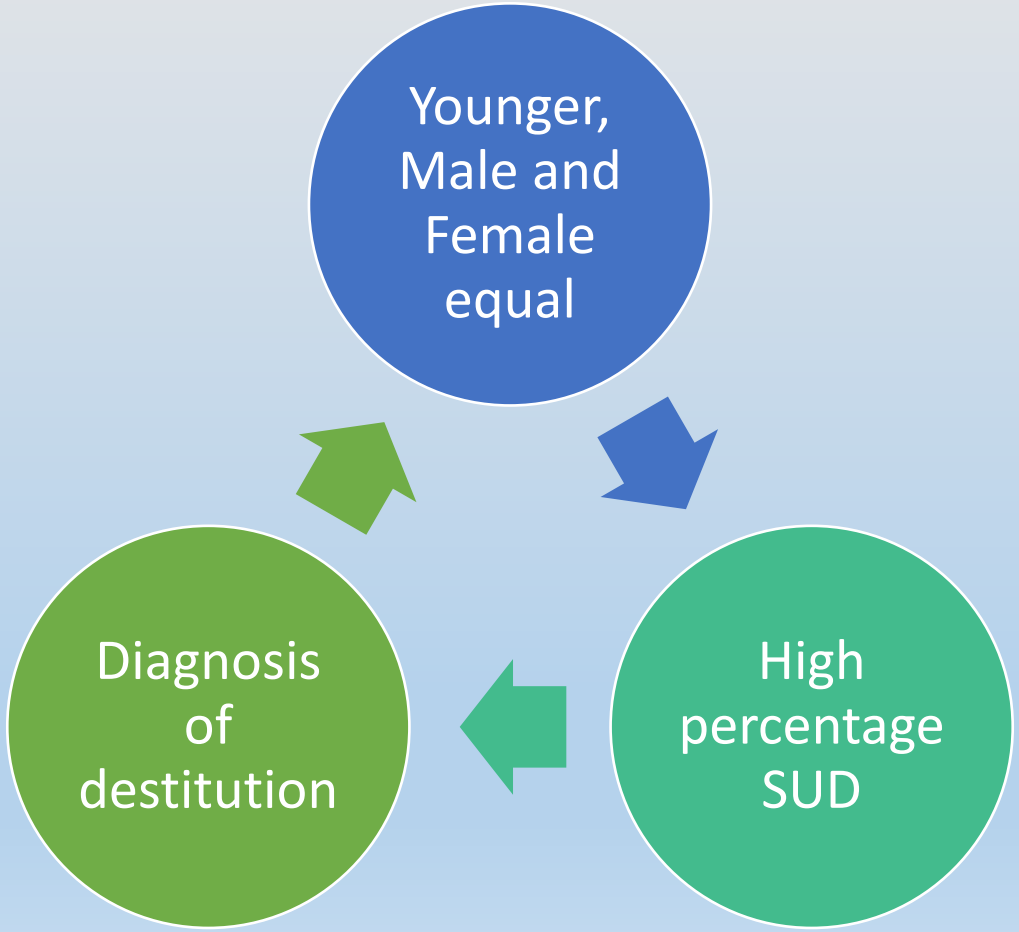
Subtypes of Super Utilizers

The “pre” Super Utilizer	• Unborn children of mothers with unstable Substance Use Disorder, Mental Illness or chronic pain syndrome
The ED Super Utilizer	• Patients in the ED greater than 10 x year
The Ambulatory Complicated Medical Patient	• Patients with poorly controlled medical conditions who live outside a long-term care facility • Moderate to low ED use, but high admission and testing rate
The Non-Ambulatory Complicated Medical Patient	• Permanently in a Long Term Care facility

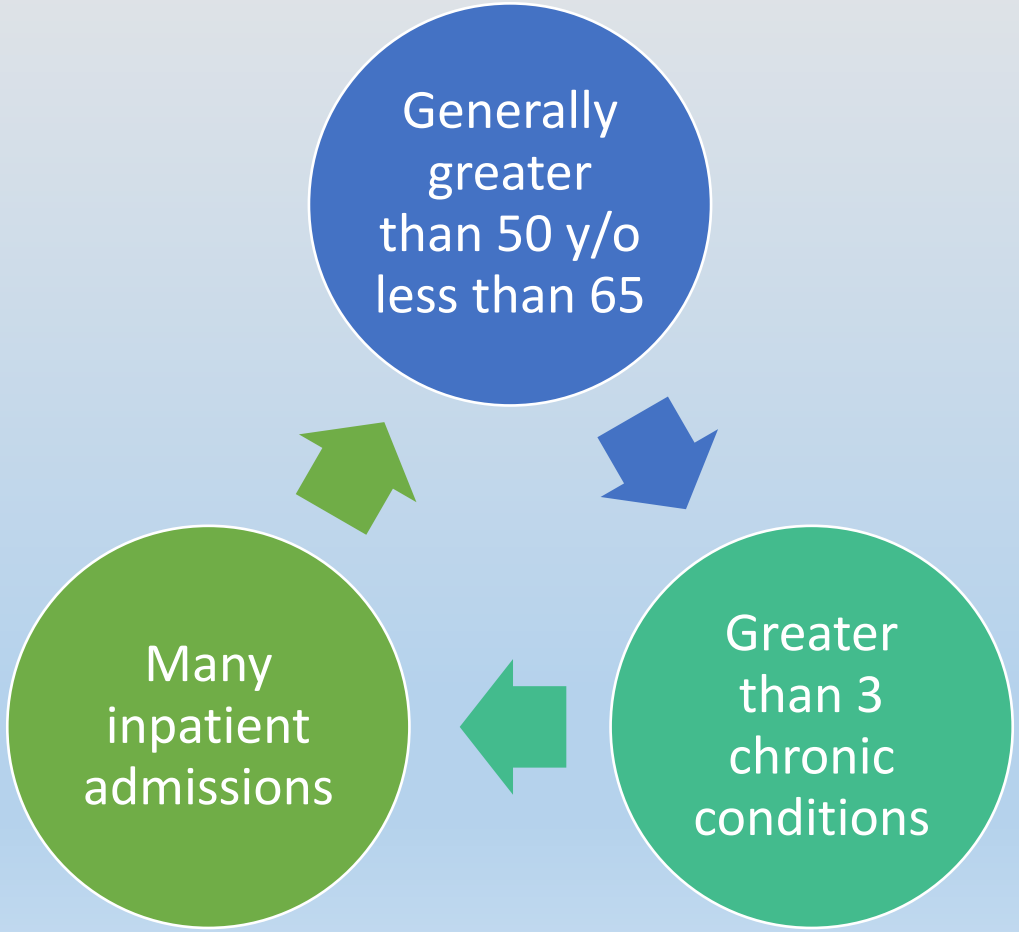
“Pre” Super Utilizer



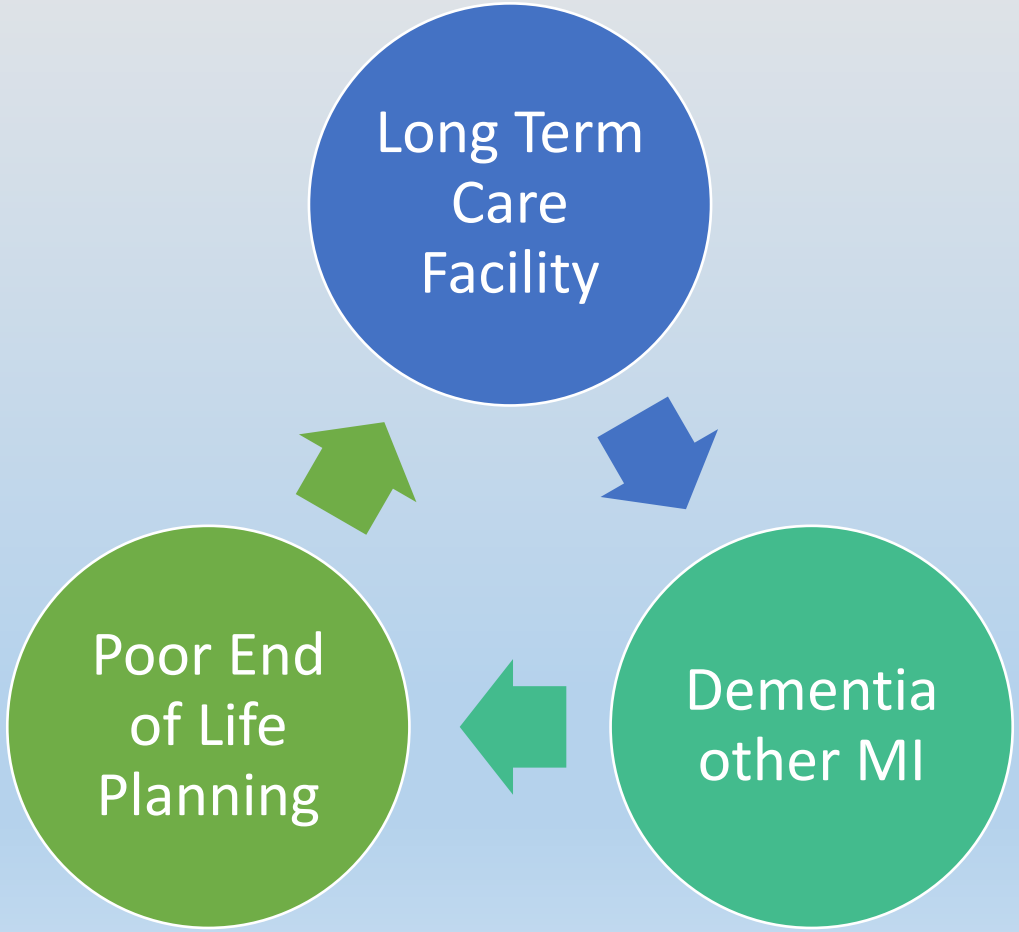
ED Super Utilizers



Complicated Medical Super Utilizer



Non-Ambulatory Complicated Medical



Scope of Issue

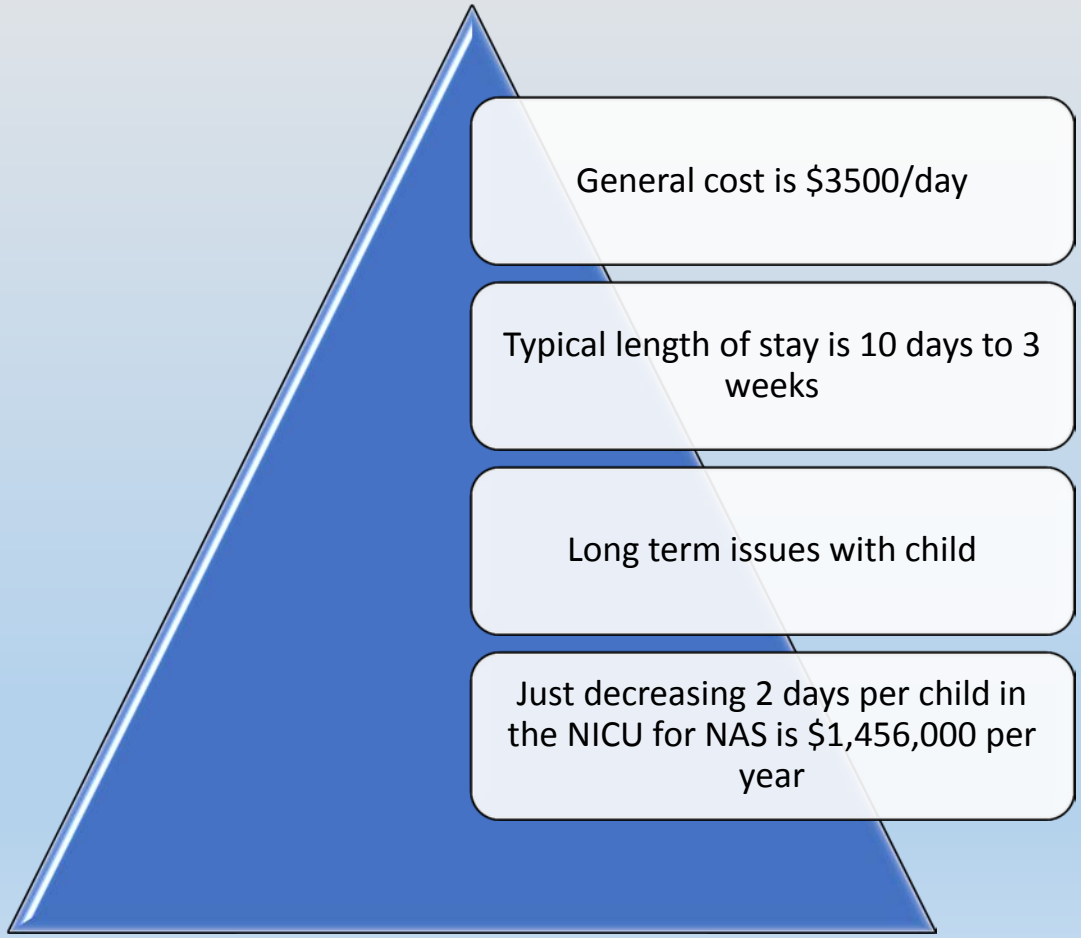
Patients Affected

- Late teens to early 30s
- Male and female newborns
- Approximately 4 Neonatal Abstinence (NAS) cases per week at our NICU

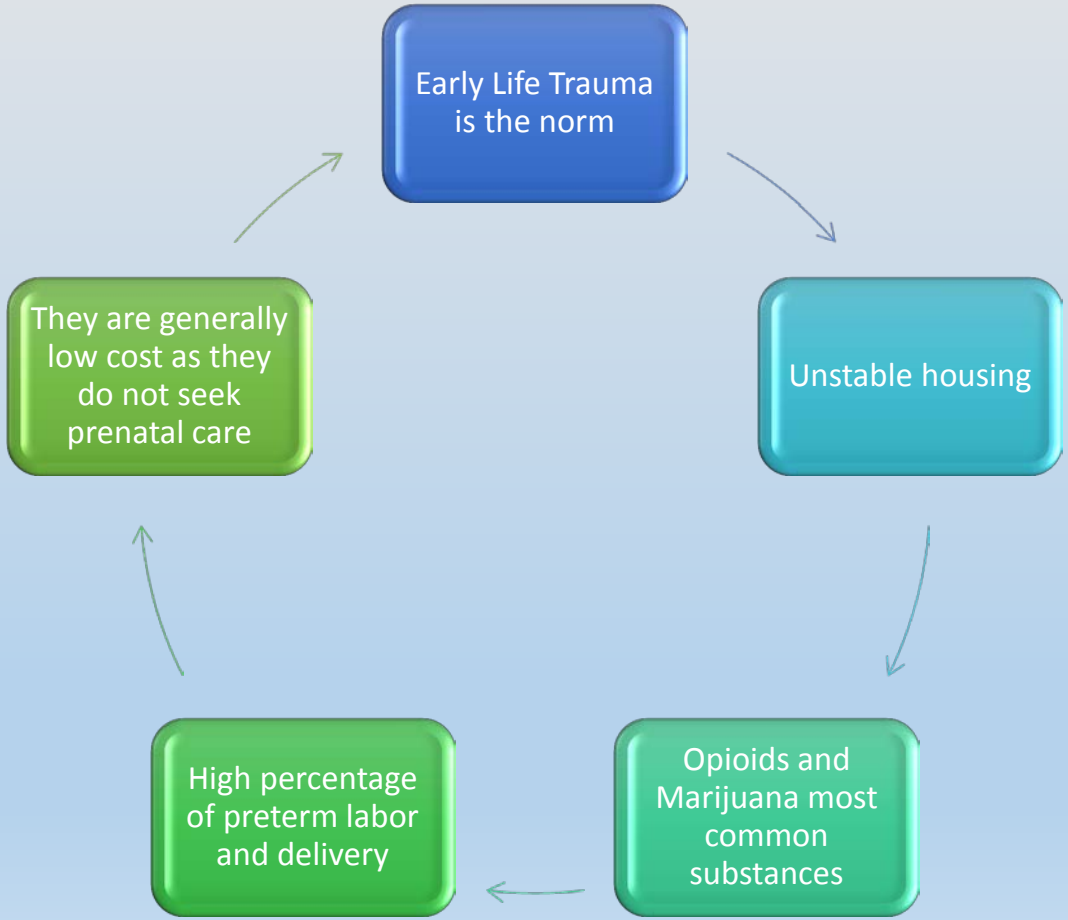
Overall cost or societal burden

- Unknown as screening in the prenatal time frame is less than 1%

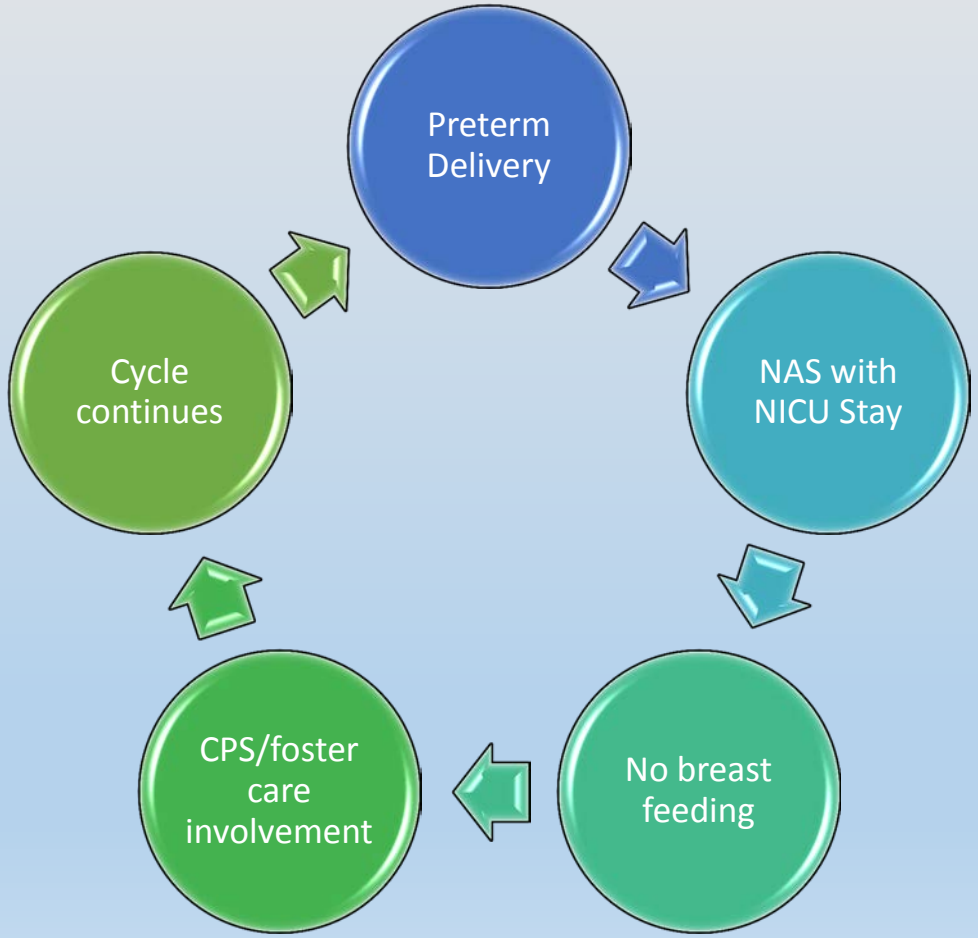
NICU Stay


General cost is $3500/day
Typical length of stay is 10 days to 3 weeks
Long term issues with child
Just decreasing 2 days per child in the NICU for NAS is $1,456,000 per year

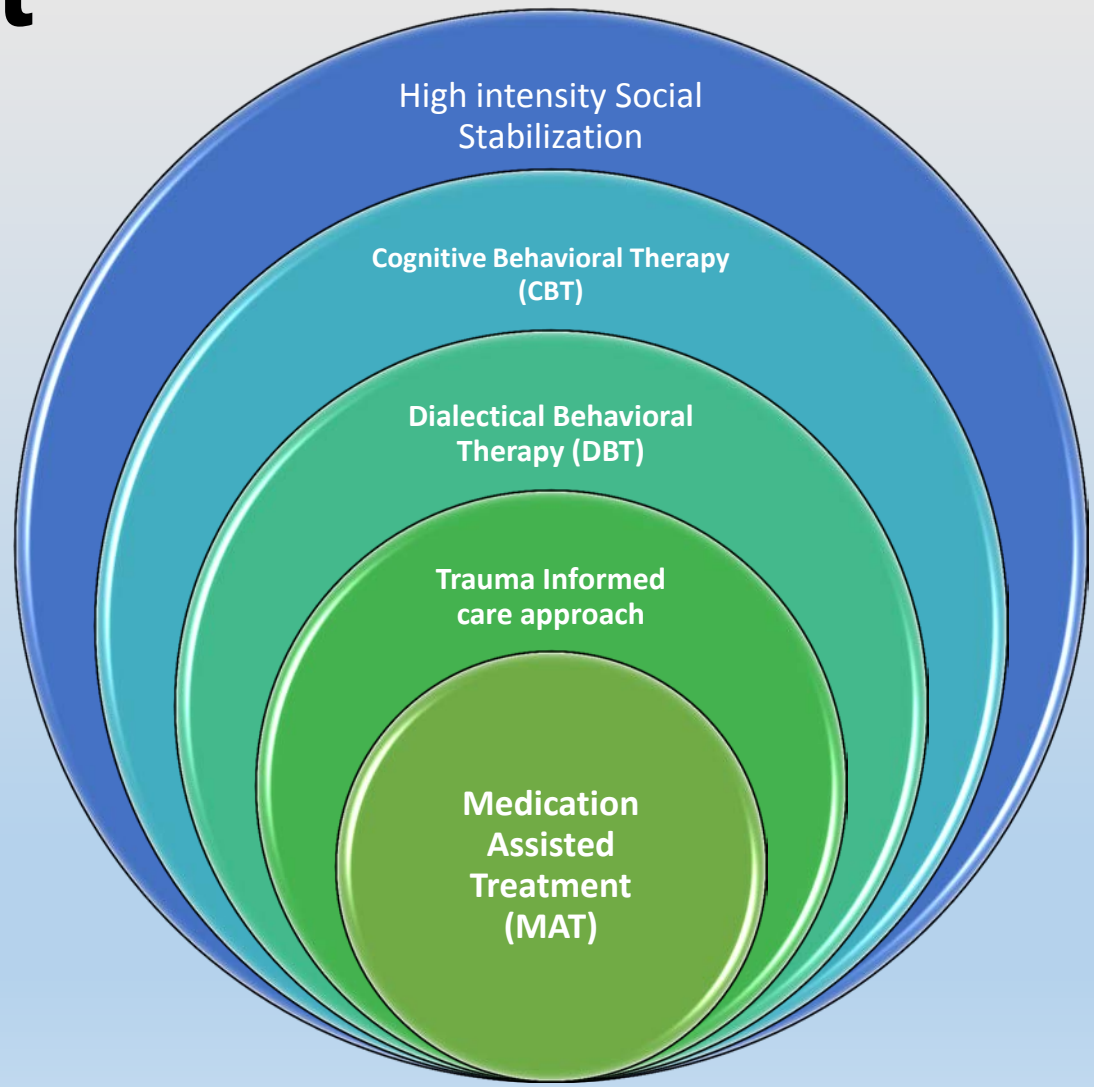
The Moms


Early Life Trauma is the norm
Unstable housing
Opioids and Marijuana most common substances
High percentage of preterm labor and delivery
They are generally low cost as they do not seek prenatal care

The Newborns



Treatment



SUPER-UTILIZER UNIVERSITY

Outcomes

Super-Utilizer University

Bio Psycho Social

Increase Mother Stability

Decreased NICU Cost

Increased Family Building

Decreased need for CPS and Foster Care

The Numbers

ED Super Utilizer

SU's	• 950 individuals per year • 20,000 visits per year • $50,000,000 in direct cost per year (includes MH/SUD treatment)
SSU's	• 2000 individuals per year (Kent County) • 35,000 visits per year • $87,500,000 in direct cost per year (includes MH/SUD treatment)
State wide extrapolation based on population	• 29,000 individuals per year • 600,000 ED visits per year (total state ED visits 4,493,665, 455/1000 pts) • $1,500,000,000 in direct cost per year (includes MH/SUD treatment)

The Break Down of ED Super Utilizer

10-19 visits per year

- Mostly medical
- 70% are transient HFUs (1 year only)

20-29 visits per year

- Mostly combination of medical, SUD and Psych
- However, trends toward SUD
- 85% are consistent HFUs (more than 1 out of every 4 years)

30 or greater visits per year

- Mostly psychiatric
- 95% are consistent HFUs (more than 1 out of every 4 years)

ED Super Utilizers

- Assertive ED policies on opioid use for Super Utilizers
- ED Screening and referral ± brief intervention
- Ambulatory ICU intervention (short term)
- Ambulatory ICU intervention (medical home)
- Focus factory approach to disease state
- Housing, transportation, food and communication
- New payment models needed

CMCS Informational Bulletin: Cindy Mann, July 24, 2013
Targeting Medicaid Super Utilizers to Decrease Cost and Improve Quality

Ambulatory Complicated Medical SU

CHF, COPD, Diabetes, Sickle-Cell, chronic pain, MI and SUD

Greater than 3 admits per year

Housing, transportation, food and disease education are issues

Fired from PCP's not trained in complicated social disease

Camden Coalition like programs, Community Hub

- Evaluation in hospital and use aggressive home based wrap around services

Ambulatory ICU (medical home model)

Non-Ambulatory Complicated Medical SU

Dementia, Elder-care, Ventilated and Poly-trauma (mostly SUD related)

Aggressive end of life decision making

- Living will
- Family education

Relatively fixed cost unless patient transferred home with care

Can decrease hospital admissions with better infection control and educated power of atorney

Common SU traits

The diagnosis of destitution

- Lack of housing, transportation, nutrition, education and safety

SUD

- This includes all forms contributing to current medical issues (tobacco, alcohol, MJ, opioid etc.)

Mental Illness including exposure to early life trauma

- Rarely identified or treated in an evidence based fashion

Poor coping skills and little to no support system

Unstable

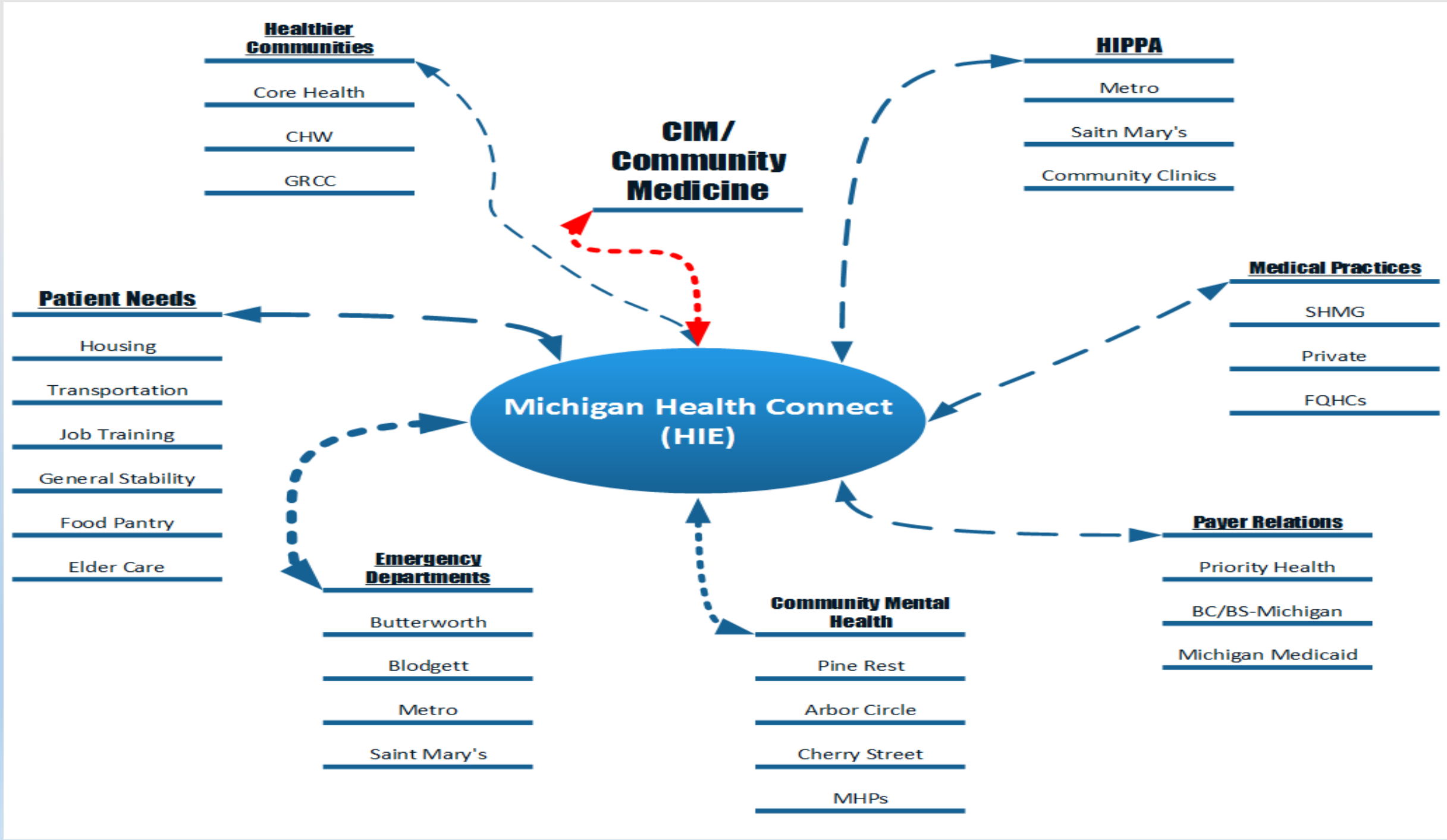
Stable

Functional

Fear
Intimidation
Violence
Immediate gratification

Anxiety
Desire to belong
Education

Independence


Healthier Communities
Core Health
CHW
GRCC
CIM/ Community Medicine
HIPPA
Metro
Saitn Mary's
Community Clinics
Patient Needs
Housing
Transportation
Job Training
General Stability
Food Pantry
Elder Care
Michigan Health Connect (HIE)
Medical Practices
SHMG
Private
FQHCs
Emergency Departments
Butterworth
Blodgett
Metro
Saint Mary's
Community Mental Health
Pine Rest
Arbor Circle
Cherry Street
MHPs
Payer Relations
Priority Health
BC/BS-Michigan
Michigan Medicaid

What Next?

- Truly Integrated behavioral and medical care
- Payment System Reform
- Payment coverage for increased value-added service lines
- Standards of care for the treatment of MI and SUD
- A cohesive non-punitive, evidence based approach to the diagnosis of destitution
- Robust performance and quality measures that show improved function and/or ROI