

# SoonerCare Health Management Program (HMP)



*Carolyn Reconnu, RN, BSN, CCM*  
*Manager, Health Management Program*

# SoonerCare Health Management Program (HMP)

■2

- A formal Disease Management Program, mandated by the Oklahoma Legislature in the Medicaid Reform Act of 2006
  - Decrease cost for those with chronic conditions
  - Increase quality of care
- Implemented in February 2008. Began 4<sup>th</sup> year of program on 2/1/11. Iowa Foundation for Medical Care (IFMC) is our contractor obtained through competitive bid process
- 2 armed approach consisting of Nurse Case Management and Practice Facilitation
- 5 year plan for independent evaluation by Pacific Health Policy Group. Evaluated thus far through June 30, 2010.

# Nurse Case Management

■3

- SoonerCare Choice
  - Age 4-63
  - Selected and stratified using predictive modeling software
  - Holistic approach; managed the whole member with few diagnoses excluded; multiple chronic co-morbidities
- Tier 1 (14 Oklahoma-based nurses)
  - 1,000 very high risk members
  - Face to face nurse care management
- Tier 2 (24 Call Center-based nurses)
  - 4,000 high risk members
  - Telephonic nurse care management

# Nurse Case Management

■4

- Assess physical and behavioral health status, related services and needs; socio-economic status; determine education and resource gaps
- Fill need and care gaps; focused education regarding self-management principles, resource availability, service coordination
- Ongoing relationship with member to continually assess status, monitor progress with goals and modify interventions

# Nurse Case Management Impact (Utilization)

■5

- Utilization Rates (pre-intervention forecast versus 1 year post-engagement)

## Tier 1

- Inpatient Hospital Days reduced 45%
- Emergency Department visits reduced 17%

## Tier 2

- Inpatient Hospital Days reduced 37%
- Emergency Department visits reduced 21%

# Nurse Case Management Impact

6

- ❑ Most cost impact seen post-engagement as there is front-loading of cost
- ❑ Reducing utilization that typically signifies lack of control of conditions (ER and Inpatient Care)
- ❑ Closing care gaps and reducing risk scores

# Practice Facilitation

7

- Onsite technical assistance for the primary care provider to help them build empowered and proactive teams
- Create stable and predictable processes and procedures to foster improved patient care and better outcomes
  - Implement a registry for population-management and performance measurement
  - Involve the entire team in quality improvement activities aimed at improving patient care (disease/condition specific and office processes)
  - Assist with implementation of evidence-based guidelines



# Practice Facilitation

■8

- Practice Facilitation provided by Registered Nurses trained in quality improvement
- 8 Practice Facilitators – geographically distributed
- 80 practices, in 33 counties, have received facilitation services since program inception 2/1/08
- Clinics of all size: solo practitioners to academic centers
- Long-term process, customized to fit the needs of the clinic



# Practice Facilitation Impact (Quality of Care Analysis)

■9

- Practices served; year end 2009 to year end 2010 findings compared
  - Increased compliance in asthma, coronary artery disease and hypertension measures. Also preventative care measures.
- Based on pre-facilitation/early facilitation period versus most recent quarter of data (2<sup>nd</sup> Quarter Calendar Year 2011)
  - Increased compliance in asthma, diabetes, congestive heart failure, hypertension, chronic obstructive pulmonary disease measures. Also preventative care and tobacco cessation measures.

# Practice Facilitation Impact

■10

- Providers overwhelmingly satisfied (96%) with program and would recommend to peers
- Actual Expenditures reduced from forecasted cost
- \$6.5 million saved since program inception

# Other PF accomplishments

11

- Winner of Governor's commendation in Oklahoma Quality Team Day 2011
- One of 4 states selected to participate in Reducing Disparities at the Practice Site (RDPS) project
  - ▣ Grant funded by Center for Health Care Strategies (CHCS)
  - ▣ Process Improvement support to 10 small practices with racially and ethnically disparate populations

# Other PF accomplishments

■12

- SoonerQuit
  - Grant funded by TSET (Tobacco Settlement Endowment Trust)
  - Child Health unit/ HMP partnership
  - Practice facilitation services to OB practices to promote education regarding the 5 As of tobacco cessation

# OHCA Health Management Program Team

■13

- Care Management-MAU-HMP (Marlene Asmussen, Director)
  - Carolyn Reconnu, HMP Manager 522-7630
  - Harvey Reynolds, HMP Program Coordinator 522-7369
  - Casey Dunham, HMP Senior Research Analyst 522-7345
  - Sammie Fraijo, HMP Program Associate 522-7281
  - Cindi Bryan, RN, Exceptional Needs Coord. 522-7826
  - Sherris Harris-Ososanya, Behavioral Health Specialist 522-7740
- Mike Herndon, DO, Medical Director

QUESTIONS??????

