

CHL Audio Transcript 06-10-15

Headline: Program Targets Super-Users of Health
Care to Lower Costs, Increase Quality

Report/Produced by: Tara Siler

Publication: *California Healthline*

Date Posted June 10, 2015

A very small percentage of people use a huge amount of health care in this country -- one estimate pegs it as 5% of the people, 60% of the health care cost. In California, health officials are busy drawing up a plan to identify these so-called super-utilizers of the Medi-Cal system. With the proposed Health Homes program, the state hopes to help these patients take better care of themselves -- and save a potentially huge number of health care dollars at the same time. This is a report for *California Healthline*, a daily news service of the California HealthCare Foundation. I'm Tara Siler.

Bertha Swan is wrestling with a taped-up package.

(Swan): "So this is called a bubble pack... so they deliver this and..."

The bubble wrap surrounds dozens of packets of pills, different shapes, different sizes and colors. On the table is a plastic box with dividers.

(Swan): "This is a medicine organizer... you just put the medicine in there: morning, noon, evening and night."

For two years now Swan has been organizing these pills for her 70-year-old mother. She gives her insulin shots and now helps her with home dialysis.

(Swan): "She has a lot going on. She got a lot of medical issues -- a lot of them."

Aroytemise Swan does have a lot going on: diabetes, cardiac and kidney problems. She's asleep during my visit with her daughter -- she sleeps a lot. She also makes frequent visits to the hospital. Seven admissions and four trips to the emergency room in just over a year. The staff at San Francisco General Hospital has singled

out heavy utilizers of services and has worked extensively with Bertha Swan to help her mother.

(Swan): "If there's something I need, I can just call them. They help me as far as getting connected to the doctor, doing the email, doing the prescriptions, things like that. So they help me a very lot. Yes they do. They're there for me."

And since starting dialysis in March...

(Swan): "Knock on wood, she ain't went to the hospital."

Here at San Francisco General Hospital at the Adult Medical Clinic, officials estimate 3% of patients account for 35% of hospital admissions. And they often come with multiple chronic conditions, multiple medications.

(Davis): "They may also be living in a two-bedroom apartment with eight other people."

Doctor Elizabeth Davis is the clinic's medical director

(Davis): "They may be depressed and they may also smoke. And that's a lot to deal with."

And that's why the staff here takes a team approach using a nurse, a health coach and social workers.

It all starts by building trust with the patients, says Marty Lynch. He's the executive director of LifeLong, a not-for-profit community health organization based in Berkeley. Lynch says it's tough work because many in this population have mental health and substance use disorder issues.

(Lynch): "These case managers who do this kind of work are saints in my opinion. They have to have really good persistence and also really good personal skills and the ability to respect anyone with any kind of problem and think positively about them."

Many of the patients, he says, may be homeless.

(Lynch): "The second issue is can we get you housed and if we can get you housed, maybe then we can talk you into coming in and seeing our doctor."

LifeLong is working with Alta Bates Summit Hospital to provide coordinated care to frequent utilizers. The new state program will depend on just this kind of collaboration.

The state has proposed a new \$10 billion federal 1115 waiver, and one of its components is the Health Home super-utilizer program. Hannah Katch is with California's Department of Health Care Services. She says the program, along with other waiver proposals, will do more than just care coordination.

(Katch): "But also help the patient get access to supportive housing, or help the patient get access to a mental health provider, or to support groups, or to food assistance."

The federal government would pay 90% of the cost to get this program off the ground. After two years, the Health Homes program will have to cover its costs, Katch says, by making a big dent in hospital admissions and ED visits.

(Katch): "We will have to do a determination of whether at the end of the day that we can provide these services without spending more money. But really the goal is to try and help these particular high utilizers improve their health."

Since more than half of all services are used so inefficiently by so few people, Katch says this is really the prime opportunity in health care.

(Katch): "That's pretty much the whole ballgame."

But a lot of questions remain: Who exactly will be eligible for the Health Homes program? How well will hospitals, specialists and clinics share information? And Marty Lynch from LifeLong is curious how much providers will be reimbursed for reaching this difficult population.

(Lynch): "If they want the very toughest people they have to pay a decent rate."

If approved by federal officials in October, the state hopes to launch the Health Homes programs in seven counties beginning in January. The roll-out would expand to other counties starting July 2016.

This has been a report for *California Healthline*, a daily news service of the California Healthcare Foundation. If you have feedback or other issues you would like addressed. Please email us at CHL@CHCF.org. I'm Tara Siler. Thanks for listening.