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“Population Management”

What is it?
Why is it important?
How do you do it?

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About the Speaker

Dorn Schuffman, Project Manager, CMHC Healthcare Home Initiative, Missouri Department of Mental Health



Mr. Schuffman has over 30 years of experience in behavioral health care administration, including more than 20 years with the Missouri Department of Mental Health where he served as Director under both Democratic and Republican governors. Prior to serving as Director of the Department, Mr. Schuffman also served as Director of its Division of Comprehensive Psychiatric Services, CEO of a state operated mental health center, Director of Community Mental Health Services for the Department, and the Department's Chief of Planning. Since taking early retirement from state government, Mr. Schuffman has provided consultation to state agencies and community providers in strategic planning, privatization of public programs, and integration of primary and behavioral health care.

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Agenda


- “Who are you?” and “So what?”
- Population Management
 - Why is it important?
 - What is it?
 - How do you do it?

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“Who are you?”

A famous dance instructor here to teach you the West Coast Swing?



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“Who are you?”

Just another bureaucrat!

I have been:

- the CEO of a CMHC
- a state Community Mental Health Services director
- a state Department of Mental Health director



“So What?”

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What’s Important


- I have been the coordinator of an **Integration Initiative** involving eight **CMHCs/FQHC’s**
- I am the coordinator of a statewide **CMHC Health Home Initiative**
- I have been doing **what you have been doing**, or **are about to experience**, with an emphasis on **Population Management!**

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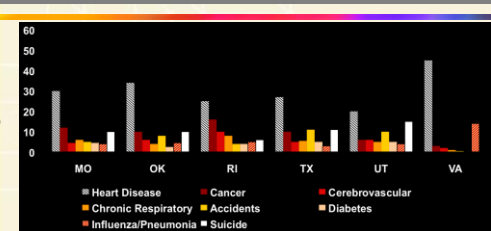
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Why is Population Management Important?


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Cardiovascular Disease Is Primary Cause of Death in Persons with Mental Illness



Average data from 1996-2000
Colton CW, Manderscheid RW. Prev Chronic Dis [serial online] 2006 Apr [date cited].
Lori Ramey, M.D., Physician Institute, 6/12


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The CATIE Study




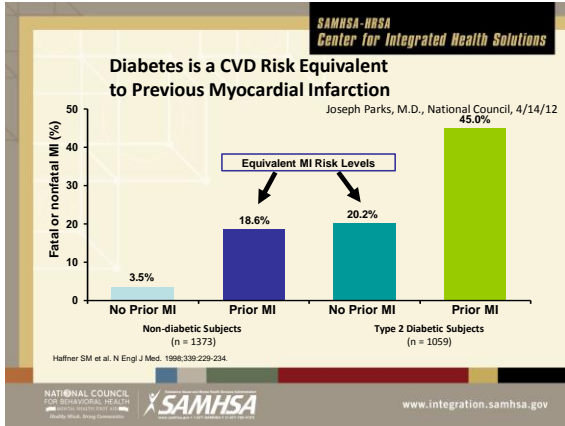
At baseline investigators found that:

- 88.0%** of subjects who had dyslipidemia
- 62.4%** of subjects who had hypertension
- 30.2%** of subjects who had diabetes

were NOT receiving treatment.

Joseph Parks, M.D., National Council, 4/14/12


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The 5/50 Population

Lewin Group's *High Cost Beneficiaries Report*

- 5.4% of the Missouri Medicaid population incurred 52.5% of all Medicaid costs
- 85% of the high cost group had at least one mental health diagnosis
- 30% had a mental health prescription but NO office visit
- 80% of high volume med/surg users had evidence of at least one behavioral health condition

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Integration Lessons


- The CMHC/FQHC Primary and Behavioral Healthcare Integration Initiative convinced us that
 - Integration is ideal, coordination is critical
 - Embedding behavioral health consultants into primary care teams, and primary care nurses/physicians into behavioral health organizations is critical to seeing and serving the whole person

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Two Types of Missouri Health Homes

Because that is where people already reside!



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Population Management

Why is it important? Because...

- A significant % of the people we serve have significant chronic health and health status issues
- The people we serve are major drivers of Medicaid costs due to their health status and other chronic conditions
- Addressing health status and chronic conditions means serving the whole person – though integration is ideal, coordination is critical
- We are already their health “home”

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What is Population Management?

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Characteristics of Population Management

- Proactive
- Whole Person Care Management
 - Preventive, primary, and chronic care
 - Social services and supports
 - Emphasis on self-management

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Characteristics of Population Management

- “Treating to Target”
- Improving the health status of groups of individuals with shared health conditions
- Being Data Driven


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What is required for Population Management?

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Recognize Your Strengths

You already know how to

- Manage the care of individuals with serious mental illness including empowering them to manage their own care
- Work as a Team
- Be proactive
- Provide continuous care

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Recognize Your Strengths

You already

- Understand the importance of meeting basic needs, so you already (sort of) see the whole person
- Have extensive experience in linking individuals with a broad array of community services and supports
- Follow up on psychiatric admissions and discharges
- Have experience in working with Primary Care providers
- Have a consumer and family focus

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What is required?

- Adopting the Vision
- Learning about Wellness and other Chronic Diseases
- Learning how to help others improve their health status and manage their chronic conditions
- Developing Data Collection and Reporting Systems
- Learning to Use the Systems
- Learning to Use the Data

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Population Management Prerequisites

Adopting the Vision

- SAMHSA Primary and Behavioral Health Care Integration (PBHCI) Grant Program – Lessons Learned
 - Leadership
 - Executive Buy-In and Engagement
 - Setting Staff Expectations and Training
 - Organizational history of successful planned change
 - Training
 - "Paving the Way"
 - CMHC Leadership
 - Health Home Team

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Population Management Prerequisites

Learning about Wellness and Other Chronic Conditions

- Training Videos
 - Diabetes
 - Hypertension
 - Cardiovascular Disease and Cholesterol
 - COPD/Asthma
- Diabetes
 - Toolkit
 - Conversation Map
- Freedom from Smoking
- Missouri Asthma Network Training

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Population Management Prerequisites

Learning about How to Help Others Self-Manage

- Motivational Interviewing
- Community Support Specialists as Health Coaches

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Population Management Prerequisites

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Developing
Data Collection and Reporting Systems

Metabolic Screening

- Required for all individuals receiving anti-psychotic medications and all CMHC Healthcare Home enrollees
- Provides data to a statewide data base on
 - Height/Weight/BMI/Waist Circumference
 - Blood Pressure
 - Plasma Glucose and/or A1c
 - Cholesterol: LDL/HDL/Triglycerides
 - Taking an anti-psychotic? Pregnant? Smoker?

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Population Management Prerequisites

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Data Collection and Reporting

Tools and Reports

CyberAccess

- A web-based data warehouse developed by Mo HealthNet based on Medicaid paid claims
- Allows providers to view patients histories, including diagnoses, pharmacy, services, ER & hospital, and costs
- Aggregated by patient, broad but not deep, not designed for population management

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Population Management Prerequisites

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Data Collection and Reporting

Tools and Reports

Care Management Reports

- Contractor: Care Management Technologies (CMT)
- ProAct™ web-based statewide registry
- Based on Medicaid claims data
- Does not include Medicare or procedures/meds that are provided free, paid by the consumer, or for which no claim was submitted

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Population Management Prerequisites
Care Management Reports
Behavioral Pharmacy Management™ (BPM)

- > Includes a series of Quality Indicators™ (QIs) to identify prescriptions that deviate from Best Practice Guidelines in several areas:
 - Inappropriate polypharmacy
 - Doses that are higher or lower than recommended
 - Multiple prescribers of similar medications
- > Includes Clinical Considerations™
 - Information about Best Practice Guidelines and recommendations for bring prescribing into compliance
- > Includes a Benchmark Report showing how each CMHC compares to other agencies in Missouri.

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Population Management Prerequisites
Care Management Reports
Medication Adherence Report

- Based on Medicaid pharmacy claims
- Enables CMHCs to identify prescriptions that have been filled by consumers and determine Medication Possession Ratios (MPR)
- Does not include all Medicare Part D, meds that are provided free, paid by the consumer, or for which no claim was submitted

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Population Management Prerequisites
Care Management Reports
Medication Possession Ratios (MPRs)

- MPR is a measure of medication adherence.
- Based on pharmacy claims and delays in getting refills.
- Refers to the percentage of time that a patient has a prescribed medication in their possession.
- An MPR of 1.0 is perfect adherence.
- An MPR of 0.8 or higher (possession 80% of the time) is considered adherent, per the scientific literature.

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Population Management Prerequisites
Care Management Reports
Medication Adherence Report

7 Drug Classes:

- Antidepressants
- Antipsychotics
- Mood Stabilizers
- Anti-hypertensives
- Asthma/COPD Medications
- Cardiovascular Medications
- Diabetes Medications

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Adherence: ProAct™ Lapsed Refill Alerts

CMT
Quality Indicators Prescriber Patient

Adherence Alerts

Patient ID	Gender	Age	Drug Class	Refill Class	Refill Days	Drug Label	Drug MPR	refill due date	# of lapses 1-10 days	# of lapses 11-20 days	# of lapses 21-30 days	# of lapses 31-45 days	# of greater than 45 days
P10020030	M	44	Diabetes	7	Metformin	0.79	7/7/2011	2	0	0	0	0	0
P10020030	M	44	Antidepressant	7	Sertraline	0.79	7/7/2011	1	0	0	0	0	0
P10020030	M	44	Antidepressant	37	Fluoxetine	0.53	6/7/2011	0	0	1	0	0	0
P99020099	F	68	Mood Stabilizer	10	Lithium	0.50	7/4/2011	1	0	0	0	0	0

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Population Management Prerequisites
Care Management Reports
Medication Adherence Report

% Continuously enrolled CMHC Health Home Clients with an MPR > .80 by Medication Type

Medication Type	2/1/2012 (%)	1/1/2013 (%)
Psychiatric	~82.5%	~84.0%
Cardiovascular	~81.5%	~82.0%
Asthma/COPD	~79.0%	~80.0%

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Population Management Prerequisites
Care Management Reports
Disease Management Report

- Based on Medicaid claims, Metabolic Screening data and HEDIS measures
- Identifies individuals with
 - Hypertension: Blood Pressure >140/90 levels
 - Diabetes: A1c > 8.0%, BP > 140/90; LDL > 100 mg/dl
 - Cardiovascular Disease: LDL >100 mg/dl
 - Asthma/COPD: no controller medication prescribed
 - BMI > 25

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ProAct™
Disease Management Report: Patient Data

PatientID	Patient Name	DOB	Age	# of Flags	DM1	DM2	DM3	DM4	DM5	DM6	DM7	DM8	DM8: Presence of a urinary microalbumin test within the past 12 months for patients with diabetes mellitus.
1	Art, Adam	1/1/1900	47	1									Flag
2	Fuld, Elmer	1/1/1900	62	1	Flag								
3	Crabtree, Bob	1/1/1900	56	2									
4	Moose, Mickey	1/1/1900	72	4			Flag		Flag	Flag	Flag		
5	Rabbit, Jessica	1/1/1900	27	1									
6	Benny, Reg	1/1/1900	53	1	Flag								
7	Crunch, Cap'n	1/1/1900	43	2						Flag	Flag		
8	Moose, Mione	1/1/1900	83	1									Flag
9	LeFou, Pope	1/1/1900	44	3	Flag						Flag	Flag	
10	Duck, Daisy	1/1/1900	33	1								Flag	
11	Crabtree, Tom	1/1/1900	52	1									Flag
12	Knop, Betty	1/1/1900	47	1									Flag
13	Duck, Donald	1/1/1900	33	1									Flag
14	McDuck, Scrooge	1/1/1900	70	1			Flag						
15	Kuh, Riche	1/1/1900	53	1									Flag
16	Beauty, Sleeping	1/1/1900	54	1									Flag
17	Galle, Goodbody	1/1/1900	34	1									Flag
18	Wade, Death	1/1/1900	50	1									Flag

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ProAct™
Disease Management Report: Agency Stats

DM Indicator	Goal	Total Patients	# NA	# OK	# Flagged	% OK
DM1: Use of inhaled corticosteroid medications by persons with a history of COPD (chronic obstructive pulmonary disease) or Asthma.	>70%	78	61	12	5	15.4%
DM2: Use of ARB (angiotensin II receptor blockers) or ACEI (angiotensin converting enzyme inhibitors) medications by persons with a history of CHF (congestive heart failure).	>70%	78	76	2	0	100.0%
DM3: Use of beta-blocker medications by persons with a history of CHF (congestive heart failure).	>70%	78	76	1	1	10.3%
DM4: Use of statin medications by persons with a history of CAD (coronary artery disease).	>70%	78	74	3	1	15.4%
DM5: Use of H2A (histamine 2-receptor antagonist) or PPI (proton pump inhibitors) medications for no more than 8 weeks by persons with a history of GERD (gastro-esophageal reflux disease).	<50%	78	0	0	0	0.0%
DM6: Presence of a fasting lipid profile within the past 12 months for patients with CAD (coronary artery disease).	>70%	78	74	1	3	15.4%
DM7: Presence of a DRE (dilated retinal exam) within the past 12 months for patients with diabetes mellitus.	>70%	78	59	8	11	42.3%
DM8: Presence of a urinary microalbumin test within the past 12 months for patients with diabetes mellitus.	>70%	78	59	2	17	10.3%

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Population Management Prerequisites
Care Management Reports
Disease Management Report

Adults with Diabetes					
LDL Control		Blood Pressure Control		A1c Control	
Feb. 2012	July 2013	Feb. 2012	July 2013	Feb. 2012	July 2013
15%	47%	18%	58%	13%	51%

Adults with Hypertension	
Blood Pressure Control	
February, 2012	July, 2013
17%	55%

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Mo CMHC Healthcare Homes
Care Management Responsibilities

- Review the monthly care Management reports and prioritize interventions
 - Not all individuals with "flags" require intervention
 - Not all "flags" need to be addressed
 - Some individual interventions may be necessary to address acute or immanently harmful situations
 - Select interventions that have the potential to impact the care/ health status of a relatively large portion of consumers

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Population Management Prerequisites
Care Management Tools
Integrated Health Profile (IHP)

- Part of ProAct™
- For each individual the IHP includes:
 - Metabolic Screening Values
 - ER and Hospital History
 - Adherence and Behavioral Pharmacy "Flags" and "Alerts"
 - Other Service Utilization History

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Population Management Prerequisites

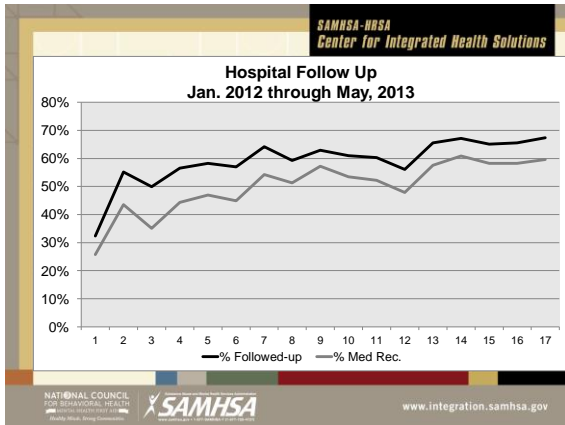
Care Management Reports

Hospital Admission E-mails

- CMHCs receive daily e-mails regarding enrollees who have been authorized by Medicaid for admission to a hospital
- CMHCs are responsible for
 - contacting the hospital to participate in discharge planning
 - Contacting the individual within 72 hours of discharge
 - Completing a medication reconciliation

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Population Prerequisites

Learning to Use the Data Collection and Reporting System

- Navigating the Database
- Changes
 - From Quarterly to Monthly
 - From Excel to Access to ProAct™
 - From Tests to Values
 - Revised Measures

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Learning to Use the Data Collection and Reporting System

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Population Management Prerequisites

Data Uses

Aggregate Reporting – performance benchmarking

Individual drill down – care coordination

Disease Registry – care management

- Identify Care Gaps
- Generate to-do lists for action

Enrollment Registry – deploying data and payments

Understanding – planning and operations

Telling your story – presentation like this

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Population Management Prerequisites

Learning to Use the Data


- Understanding the Data
- Setting Priorities
- Choosing Interventions
- Helping People Change their Lives
 - Community Support Specialists

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What gets measured gets done!

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Unsolicited Advice

- Use the Data you have before collecting more
- Show as much data as you can to as many partners as you can as often as you can
 - Sunshine improves data quality
 - It's better to debate data than speculative anecdotes
- When showing data ask partners what they think it means
- Treat all criticisms that results are inaccurate or misleading as testable hypotheses

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More Advice

- Tell your data people that you want the quick easy data runs first. Getting 80% of your request in one week is better than 100% in six weeks
- Treat all data runs as initial rough results
- Important questions should use more than one analytic approach
- Several medium data analytic vendors/sources is better than on big one
- Transparent Bench Marking improves attention and increases involvement

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More Advice

- Use an Incremental Strategy
- Perfect is the Enemy of Good
- If you try figure out a comprehensive plan first you will never get started
- Apologizing for a failed prompt attempt is better than is better than apologizing for missed opportunity

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It Takes Time

- Be Patient
- Get Ready: Be Clear About Your Vision
- Take Time
 - To prepare your organization
 - To design, implement and improve your processes
 - To build teams and trust
- Swallow Your Pride: Ask for help

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Final Thought It's about Recovery

Sense of Self

- Independence
- Belonging
- Responsibility

Sense of Power or Mastery

Sense of Meaning

Sense of Hope

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