

Oklahoma Health Care Authority
Annual Board Retreat
August 2011

Care Management Oversight Project Evaluation Study

Presented by

Debbie Spaeth, LMFT, LPC, LADC

Behavioral Health Director

www.okhca.org

Oklahomans Working For Oklahomans



STUDY PURPOSE

To see if state agency level care management of high resource utilization children results in decreased inpatient usage, increased community based services, and decreased overall healthcare costs.

PROJECT PARTNERS

- ❑ Oklahoma Health Care Authority (OHCA)
- ❑ Oklahoma Department of Human Services (OK DHS)
- ❑ Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
- ❑ Oklahoma Office of Juvenile Affairs (OJA)
- ❑ Oklahoma Commission on Children and Youth (OCCY)
- ❑ Oklahoma Department of Rehabilitation Services (DRS)
- ❑ Oklahoma Federation of Families
- ❑ APS Healthcare, Inc.
- ❑ E-TEAM, University of Oklahoma Outreach
- ❑ Funded by Transformation System Infrastructure Grant

GOALS

- ❑ Better Coordinated Services
- ❑ Decrease Psychological Impairment
- ❑ Increase Member Satisfaction
- ❑ Increase Community Based Services
- ❑ Decrease Inpatient Days
- ❑ Decrease Discharge to First service (avg 52 days to w/in 7 days)
- ❑ Increase Community Crisis Response

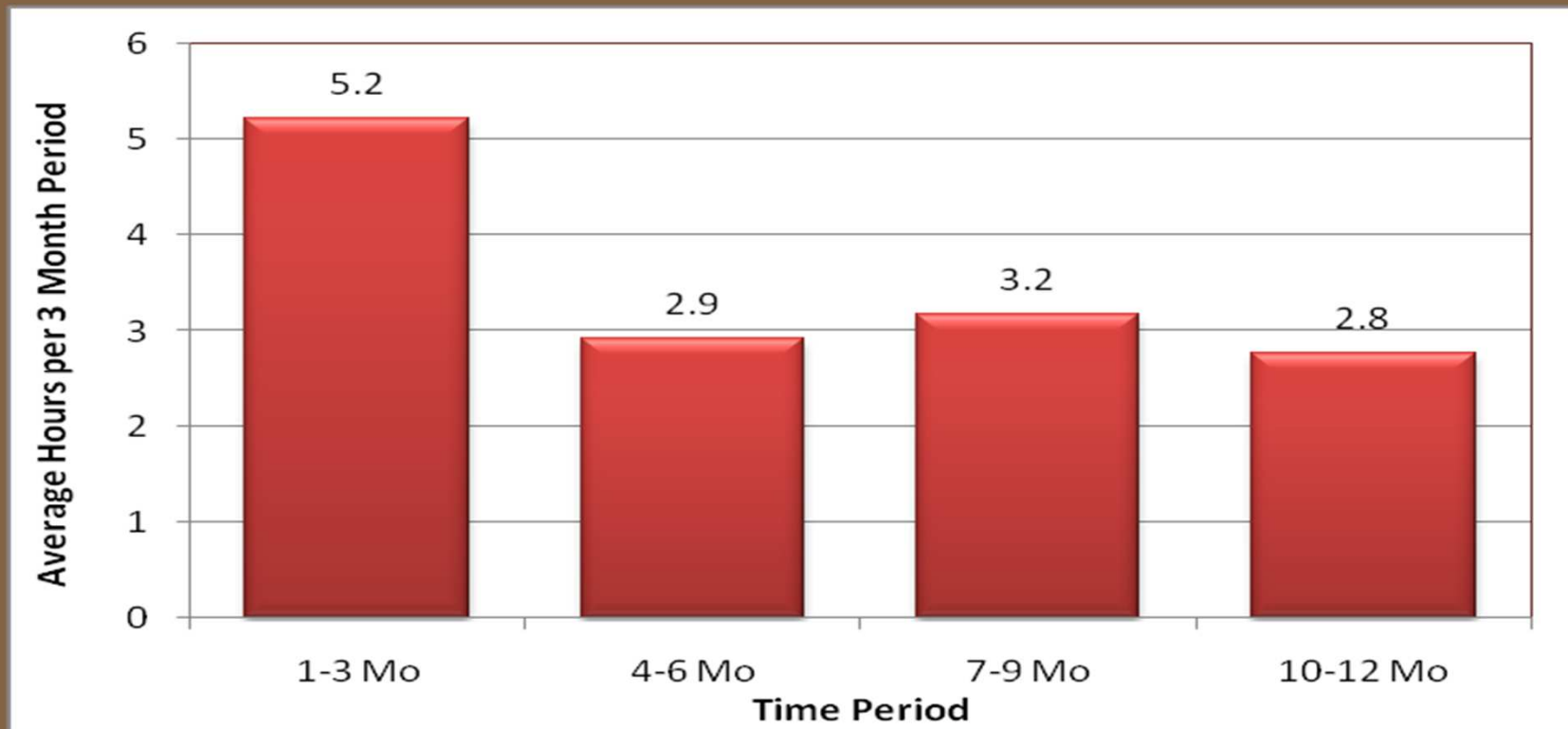
Evaluation Study

- Randomized Control Trial
- Children chosen based on high risk of future hospitalizations
- 1,943 projected high-resource utilization youth 6-18 years of age
- Youth were randomly assigned to the:
 - ▣ Care Management (CM)/Treatment Group (N=87); or
 - ▣ Control Group (CG) (N=90)
- Compared outcomes of CM group to CG

Care Management

- Collaborative approach between agencies, community providers, and members/families
- Activities:
 - Agreement to Participate
 - Assessment
 - Monitoring of Service Plan & appointments
 - Follow-up Calls & Advocacy
 - State level support of community based providers
 - Reporting Gaps and Barriers

Avg. CM hours per Participant by Treatment Period



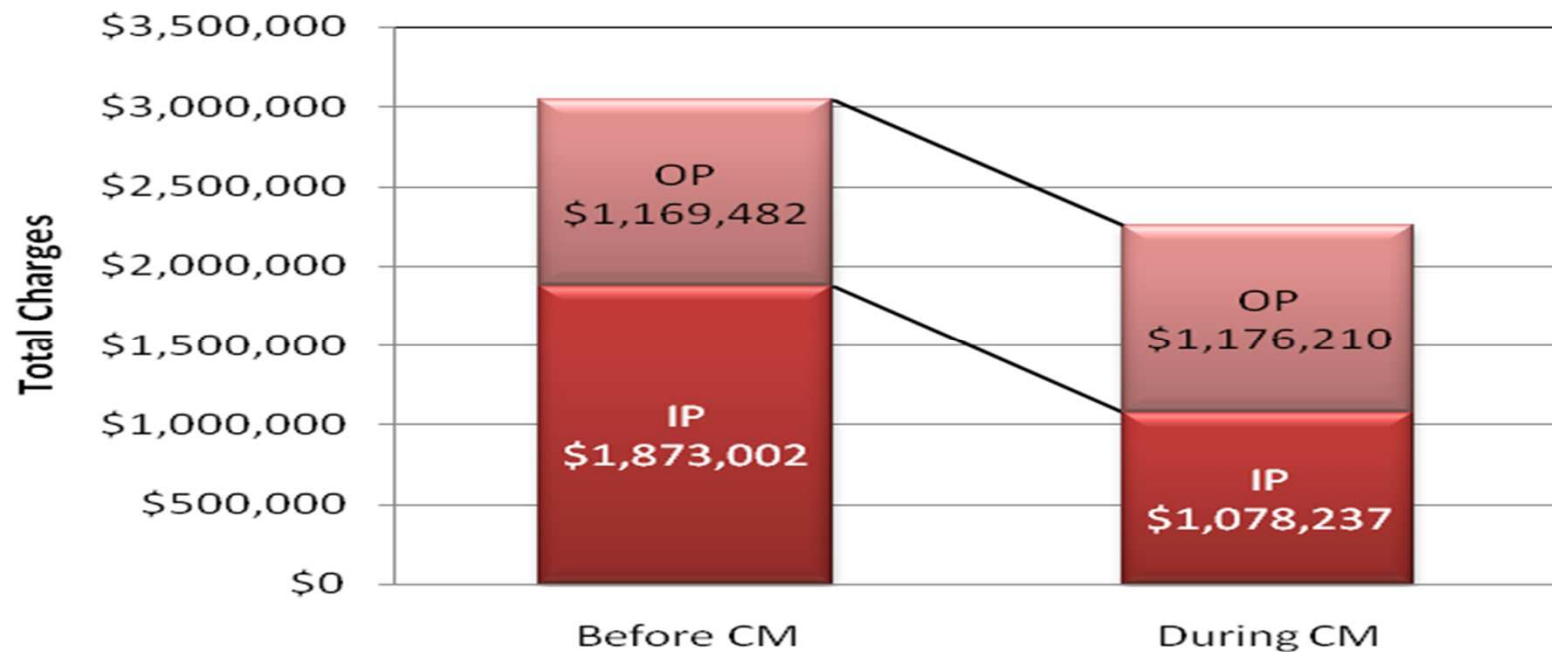
Avg. - 1.7 hours PMPM for months 1-3, then 1 hour PMPM 4-12

Goals Achieved

GOAL	CARE MGMT GROUP	CONTROL GROUP
Decrease Impairment Scores	5% Decrease	20% Increase
Increase Satisfaction w/Services Scores	31 % Increase	2% Increase
Decrease Inpatient Costs	60% Decrease	17% Decrease
Decrease Days in Inpatient	Decreased 42 days	Decreased 8 days
Increase Community Based Services	16% Increase	12% Decrease
Decrease Time to First Appointment	78% w/in 7 days	73% w/in 7 days

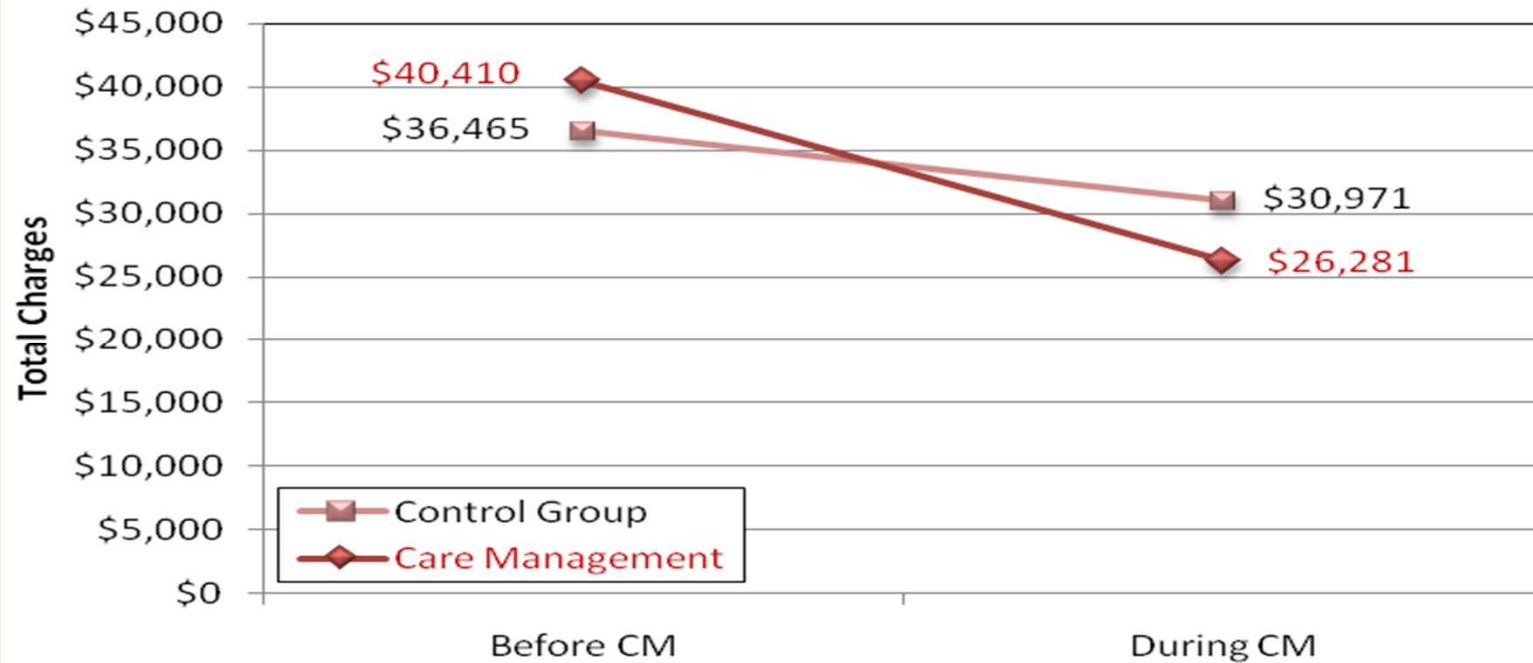
Total Healthcare Costs Results

– CM Group



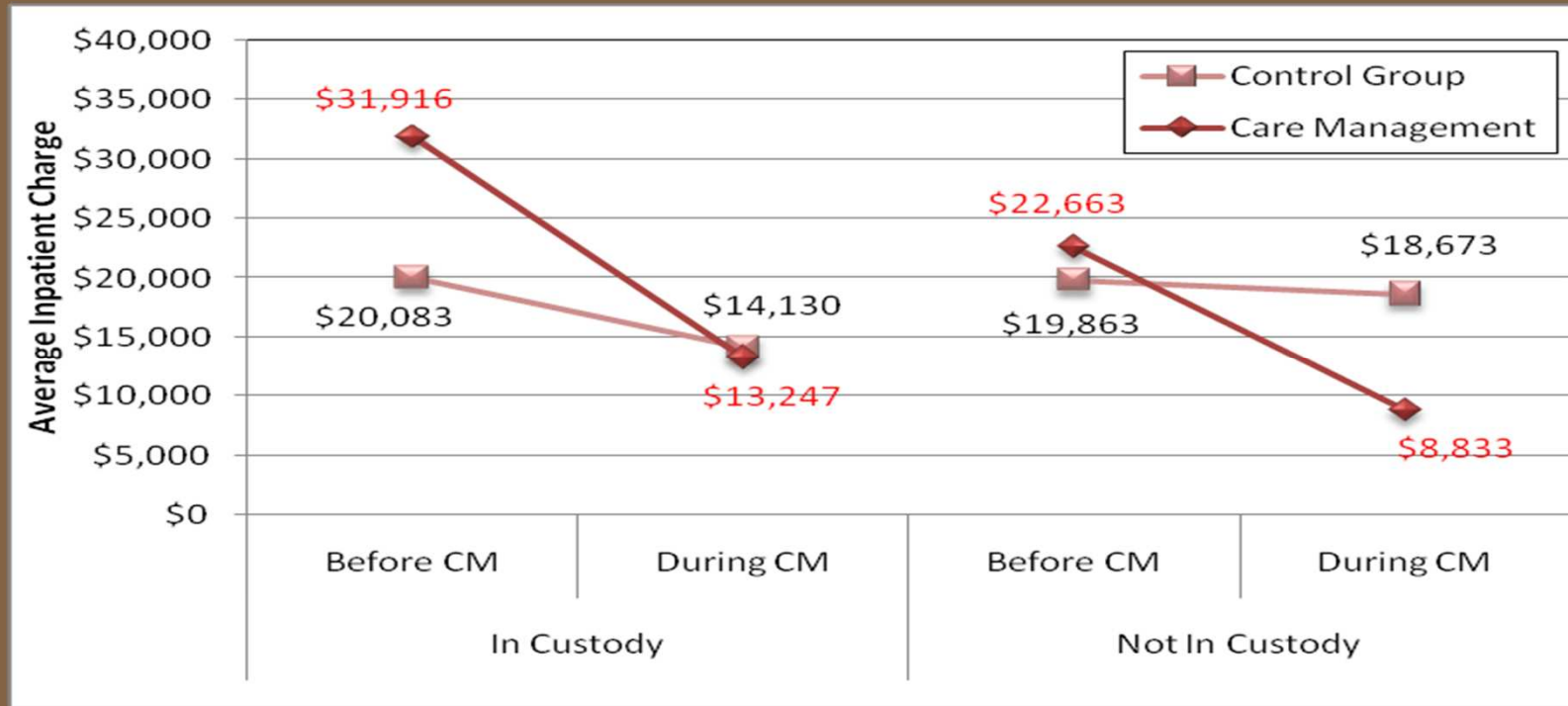
Total costs decreased for the 12 month time period from \$3,042,484 in the year prior to Care Management to \$2,254,447 during the year of Care Management . This is a 41% decrease in inpatient and 1% increase in outpatient costs.

Average Total Charges per Member



The cost difference between CM and CG in before CM status are not statistically significant ($p > .05$)

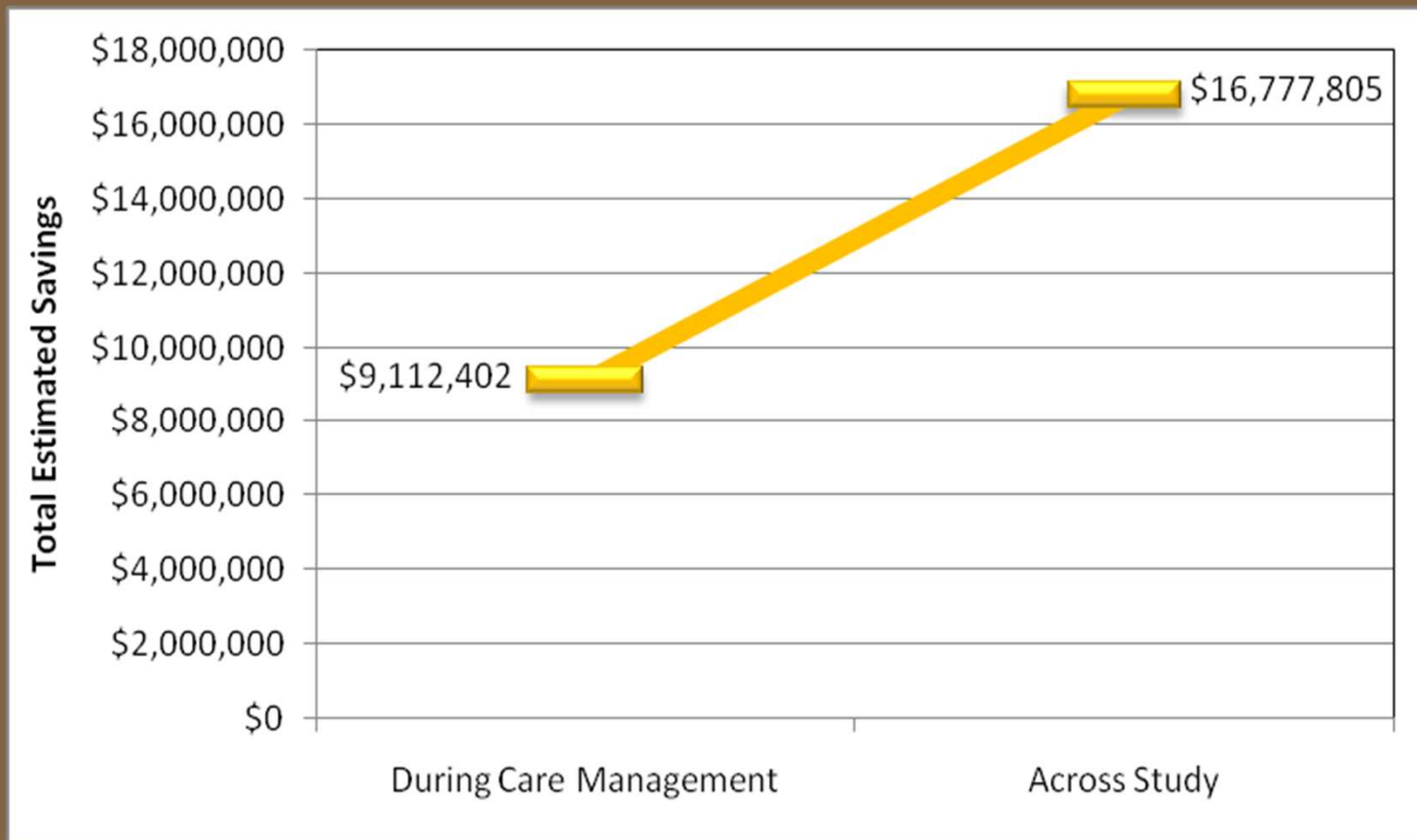
AVERAGE INPATIENT CHARGES BY GROUP, TIME PERIOD AND CUSTODY STATUS



Custody: 58% reduction in average inpatient charges for the CM group compared to a 30% reduction for the CG .

Non-Custody: 61% reduction in average inpatient charges for the CM compared to a 6% reduction for the Control Group.

Estimated Savings for the 1,943



Recommendations

- Fully Fund the Care Management Program
 - Cost Savings \$9 Million (1,943 children)
 - Cost of Program \$2 Million (20 FTE + 2 Supervisors)
 - Net Savings \$7 Million

- Benefit to Cost Ratio – 4.5
 - (*\$4.50 saved to every \$1 spent on the program)

To view the full report for the Care Management Oversight Project Evaluation Study, visit the OU E-TEAM website at <http://eteam.ou.edu> and view our behavioral health projects page.