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Description and Patient Perspectives of the UPMC Enhanced Care Program for Super Utilizers

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Five percent of patients use over 50% of healthcare dollars.[1] Termed *super utilizers*, these patients receive lower quality of care despite frequent visits to the emergency department (ED) and admissions to the hospital.[2] Super utilizers have difficulty navigating the healthcare system and suffer from untreated mental illness, financial difficulties, and comorbid medical illnesses.[3, 4]

In July 2014, the University of Pittsburgh Medical Center Health Plan (UPMC HP) and UPMC General Internal Medicine practice in Oakland (GIMO) partnered to create the Enhanced Care Program (ECP) to address the needs of super utilizers. The goals of the program are to provide high-quality care and decrease health care utilization. Patients are asked to join the program if they have gone to the ED five times or more over the past year. Each patient has an initial interview where they share their story, with an emphasis on the barriers to wellness they have encountered. Many have faced significant physical and emotional trauma. Others struggle with access to care because of poverty, lack of social support, or low health literacy. Following the initial interview, a plan for wellness is developed to address the full spectrum of physical, mental, financial, vocational, environmental, and spiritual health.

ECP's approach is based on Maslow's hierarchy of needs, and seeks to address the social determinants of health first so a patient can then work on managing other aspects of his wellness.[5] A medical doctor, nurse care manager, and social worker become the patient's "team" to help guide him to achieve individualized goals for wellness. Patients can call their team 24/7, make same-day appointments, and receive home visits. Prepackaged, home-delivered medications help ECP patients follow prescribing recommendations and provide a mechanism for monitoring adherence. The ECP team meets daily to discuss relevant events and patient needs over the past 24 hours to develop updated treatment plans.

Now in its third year, the ECP has enrolled 240 patients and shown improvements in both quality metrics—hemoglobin A1c, retinal exams, blood pressure measurements, and cancer screenings— and in connecting patients to mental health care. [6] In addition, ECP has shown a significant reduction in all unplanned care (ED visits, acute inpatient admits via the ED, and urgent care center visits) (unpublished data).

Structured interviews with six ECP patients helped us understand the patient experience as one with 1) improved patient-provider communication, 2) high-quality, streamlined care, and 3) treatment as a whole person in a non-judgmental environment. ECP patients shared their personal stories about their health and healthcare experiences through the MyPaTH Story Booth project, which aims to facilitate patient engagement in research for improving health or health care (University of Pittsburgh IRB PRO15100466). Our analysis team reviewed their audiorecorded stories for insight into features of healthcare delivery that can help patients with complicated medical histories better achieve their health goals.

Improved Patient-Provider Communication

One of the primary themes patients spoke of was the improved communication with their healthcare providers. One patient shared an experience prior to ECP with another physician, saying "They wouldn't listen. I would come in with lists and journals about what was going on. And they wouldn't look at it. So I started to feel like it didn't even matter. It was like, here's your injection, go away." Whereas in the ECP, the patient stated, "[ECP provider] listens, it feels like I'm talking to someone who gets it. Everyone listens to everything I have to say. And that's amazing. I've never had that before with doctors, or a medical team, at all."

Treatment as a Whole Person in a Non-judgmental Environment

In the ECP, patients felt respected and treat as a whole person. According to one patient:

"She [ECP physician] has a relationship with my psychiatrist as well so there's all this communication across everyone which is what I've always needed but I didn't understand when it wasn't there. So I feel like she treats me like a person and not just another number." Another noted, "She [ECP physician] looks over my whole body...I mean, they give me a

continued on page 2

continued from page 1

body makeover. And I didn't have that before."

In addition, patients felt safe from judgment. One patient explained:

"Some doctors I believe has this idea of, 'Oh, if we tell them this' or a fear tactic that they try to use. That's not always works with every patient. I'm not scared of nothing. And sometimes they feel like, 'Oh, if you do it our way it's better', and that's not always the case. I feel like you have to meet people where they're at sometimes and granted you may not agree with what they're doing or their behaviors, but you talk with them as people and some doctors don't talk to you as a person. They talk to you as if you're your illness."

The patient continued by saying:

"They [ECP] see you when you're doing good and they see you when you're doing bad… I get to be part of making the decision. It ain't like people just make decisions and you gotta go with it."

A different patient shared about the importance of not feeling judged:

"They all know that I smoke weed on occasion, but they don't hold it against me. They try working with me. They don't just sit there and tell me 'this is how it is and that's it'. They break it down and work with me."

High-quality, Streamlined Care

Each of our patients shared in a unique way their appreciation for high-quality and streamlined care. When asked what has helped better manage health, one patient said "I guess the detail working with me. More specific. They are not overwhelming." Later the patient said that ECP "got me to start working on things one at a time, 'cuz I had a lot of different problems." When discussing managing his/her problems before the program, another patient said:

"I had so much medical going on I sort of like given up worrying about anything. And here they break it up. They take baby steps one thing at a time."

In summary, the ECP has improved quality of care, reduced unplanned healthcare utilization, increased patients' trust in their care team, and empowered patients to better manage their health. Barriers for implementation of super utilizer programs include securing funding, maintaining patient engagement, and avoiding staff burnout. Partnership and funding from UPMC Health Plan was critical in implementation of our program; however, use of shared savings arrangements and case management fees may be promising to secure funding. Showing a return of investment to funders may not be evident in the start-up period. Increased medication adherence and diagnosis and treatment of previously undiagnosed conditions such as cancers, hepatitis C, and autoimmune disease may lead to initially increased pharmaceutical and medical costs respectively. Furthermore, success is often by a patient-by-patient basis. Readiness to change may vary and changing a patient's interaction with the health care system takes time. The clinic has instituted walk-in hours and waived co-pays for appointments; however, many patients still feel they are better served in the ED as more tests are performed and it is easily accessible. This perception may change with continued rapport and trust building with our team. In addition, maintaining a healthy team is essential. ECP providers have seen patients go through horrific tragedies; murder of their children, death by suicide, rape, and abuse. It is difficult to leave this at the office, especially when such deep patient-provider relationships have been formed. Leaving time for reflection, rest, and teambuilding is a way the program has worked to avoid staff burn out in order to continue to serve this patient population. We are hopeful that our experiences and successes presented here will promote the expansion of super utilizer programs.

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continued on page 3

BEST PRACTICES

continued from page 2

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