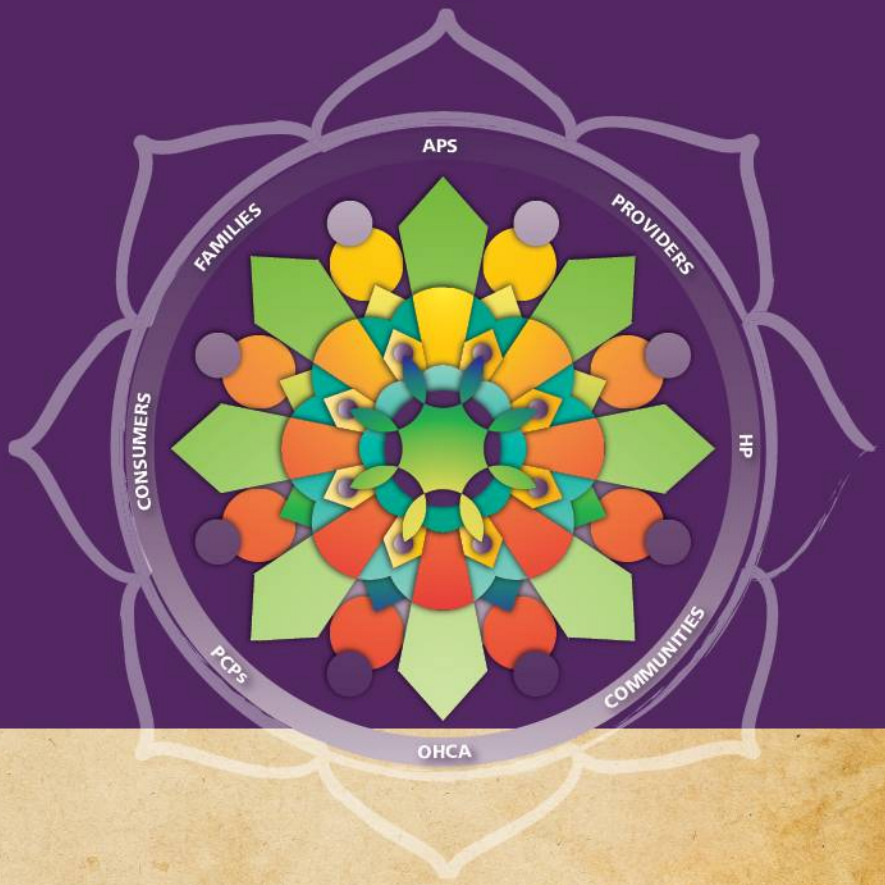
CARE MANAGEMENT OVERSIGHT PROJECT EVALUATION STUDY



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OHCA
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SoonerCare

APS Healthcare

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ORIGINAL STUDY

- In 2005, a quality improvement project was initiated aimed at exploring how intensive care management might affect the length of stay for many ***SoonerCare*** members under the age of 21 in inpatient psychiatrist hospital settings.

- This project was successful in reducing inpatient days by 40% for a total of $1,111,964 in savings.

- The positive results from this original project gave support for the decision to not only add care coordination services to OHCA's current Quality Improvement Organization (QIO) contract but also led to the Statewide Care Management Oversight Project that began in December, 2008 and ended in December, 2010.

MENTAL HEALTH TRANSFORMATION STATE INCENTIVE GRANTS (TSIG)

The Care Management Oversight Project was funded by TSIG and was a partnership between:

- Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS)
- Oklahoma Health Care Authority (OHCA)
- Oklahoma Department of Human Services (OK DHS)
- 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
- E-TEAM, University of Oklahoma Outreach

PURPOSE

This project established and tested cross agency care management oversight for children and youth with the most intense needs and their families. In addition, interviews were conducted with youth and their caregivers utilizing the Adolescent Resiliency Attitude Scales (ARAS) and the Ohio Scales. Today we will focus on the care management intervention results.

ELIGIBLE YOUTH

Youth eligible to participate in the Care Management Oversight Project were SoonerCare youth who were 1) in parental custody, OJA or DHS custody, 2) between the ages of 6 and 17 and 3) predicted to have moderate to high risk of future hospitalizations.

Youth with the following primary diagnosis were excluded from the member pool due to limited community resources. Excluded diagnoses included: Asperger's, Autistic Disorder, Rett's Disorder, Childhood Disintegrative Disorder, Pervasive Disorder NOS, Moderate Mental Retardation, Severe Mental Retardation and Profound Mental Retardation.

CARE MANAGEMENT

- Care Managers contacted members a minimum of one time per month for 12 months. However, more frequent contact was made as clinically warranted. Based on the needs identified by the Care Manager, member and family, the Care Manager linked with medically necessary treatment services that included medication management, therapy, psychosocial rehabilitation, local case management, Systems of Care, medical, and inpatient services.

- Care Managers provided ongoing monitoring to insure engagement and follow-thru with services and continual evaluation of the effectiveness of services. As roadblocks were identified, the Care Manager advocated for the member at all levels in the system.

SUMMARIZING THE RESULTS

Goals of the Care Management Project:

- Decrease inpatient/residential days
- Decrease number of days from inpatient/residential discharge to first community-based service
- Increase community capacity to respond to crises
- Ensure continuity of care

STUDY DESIGN

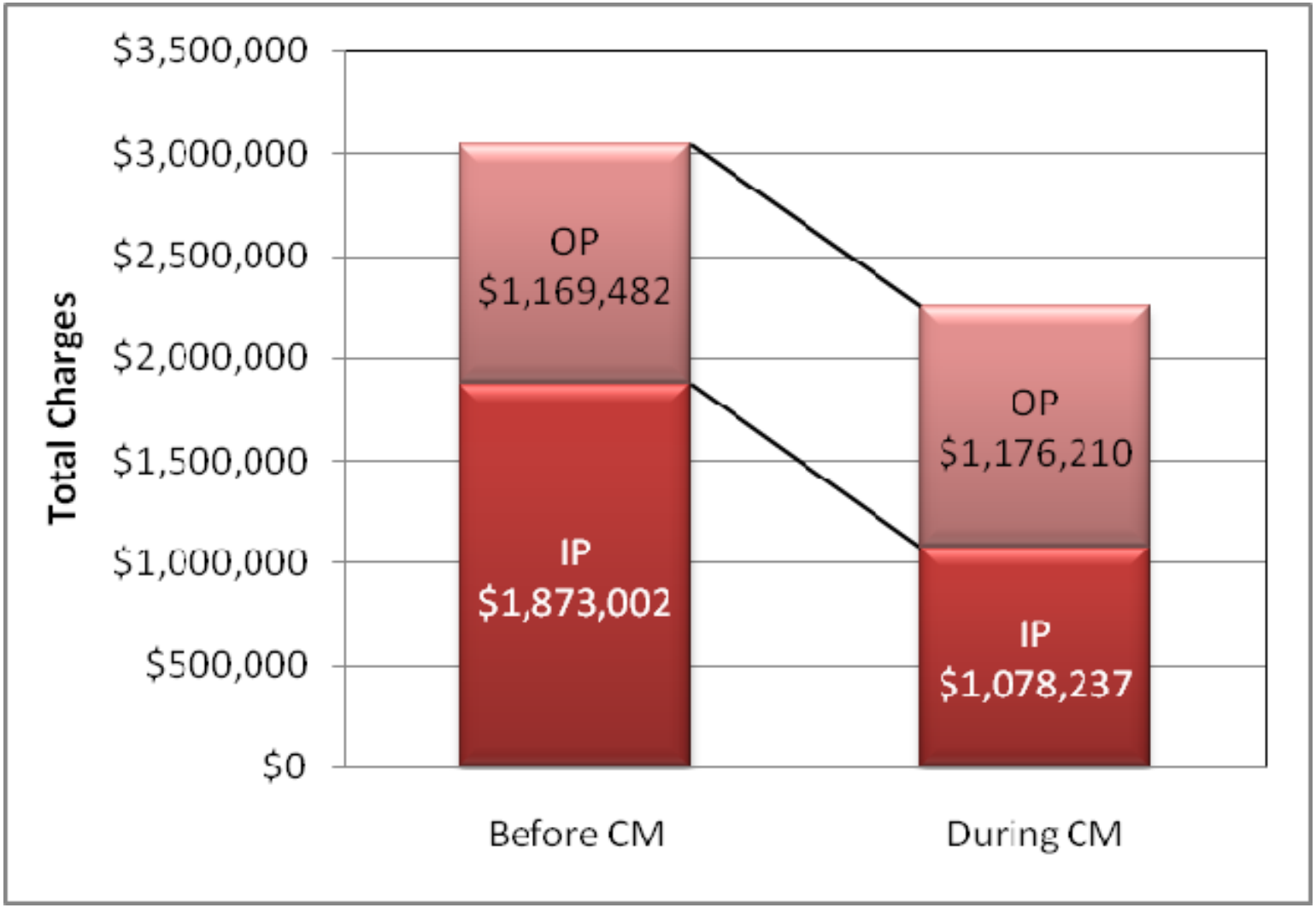
- The Care Management Oversight Project utilized a randomized control trial (RCT) experimental research design to compare outcomes for youth who received Care Management services to youth who received standard behavioral health services.
- Entry into the study was staggered with participants entering the study from December 2008 through December 2009.
- Outcome data were aggregated based on study entry month for each participant one year prior to the start of Care Management and one year after the start of Care Management.
- Due to eligibility issues, complete Medicaid Inpatient and Outpatient claims data were available for 94% (82 of 87) of Care Management treatment youth and 84% (76 of 90) of Control Group youth across the entire 2-year time period.

CONFOUNDS

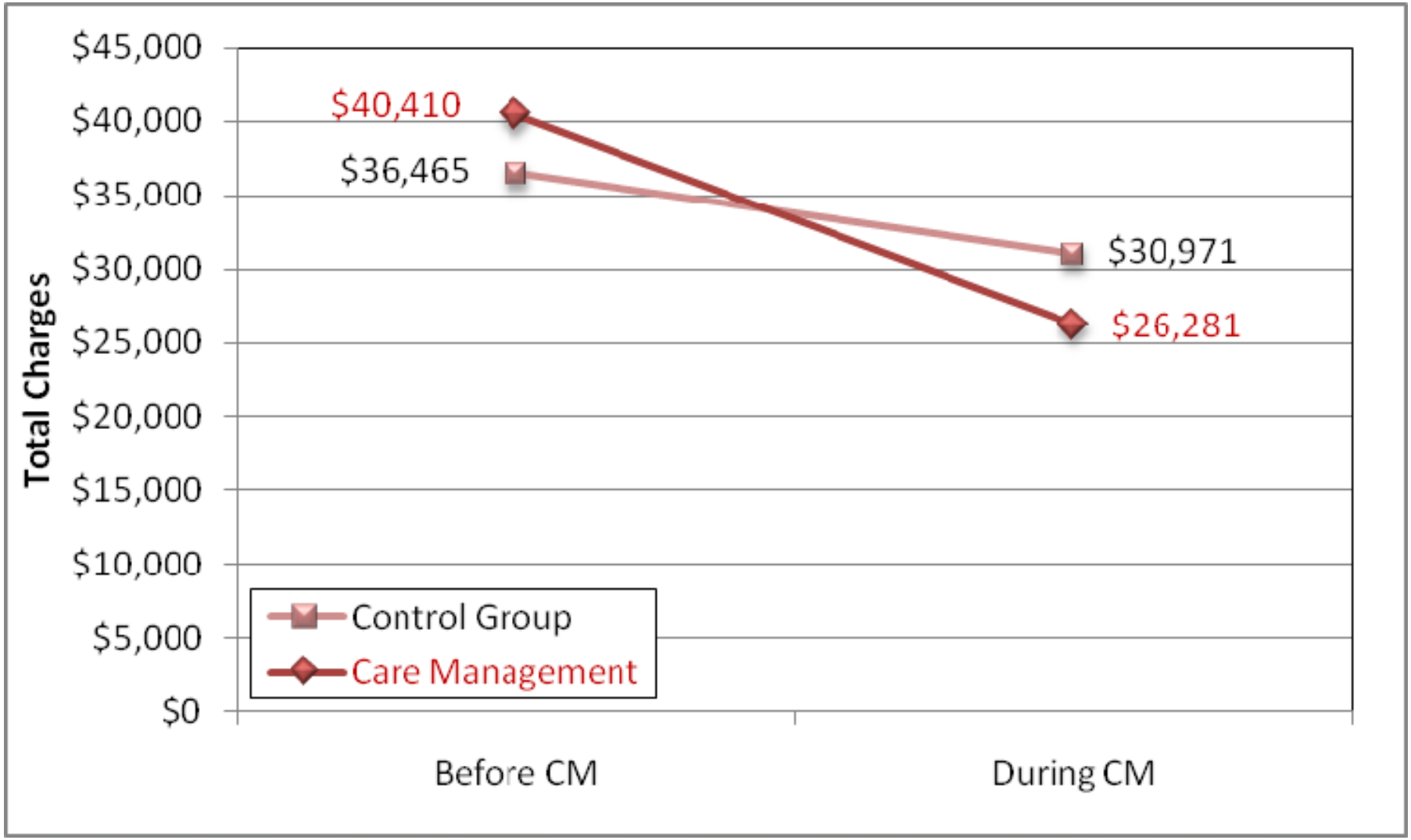
- APS Healthcare, Inc. was contracted by OHCA beginning in January 2009 to provide case management services for Medicaid youth in the state of Oklahoma (the Chronic Care Improvement Program). A list of study participants was sent to APS to ensure that APS did not perform case management for study participants.

- Although APS was advised of the study, other actions to decrease inpatient utilization outside of personal contact with members were implemented during the course of the research. As you will see in our results discussion, the comparison/control group may have been impacted by these actions.

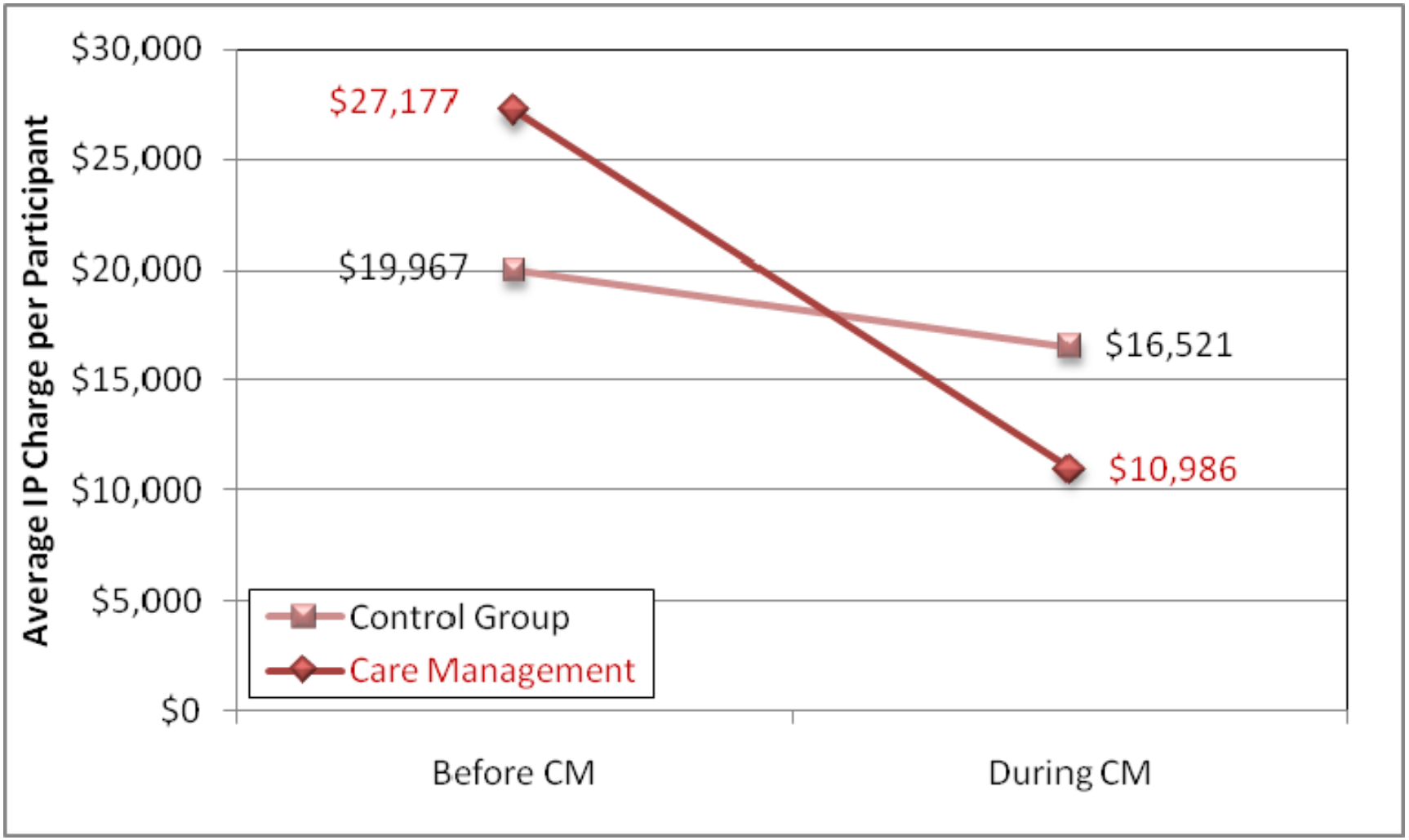
TOTAL INPATIENT AND OUTPATIENT CHARGES BEFORE AND DURING CARE MANAGEMENT FOR ALL PARTICIPANTS



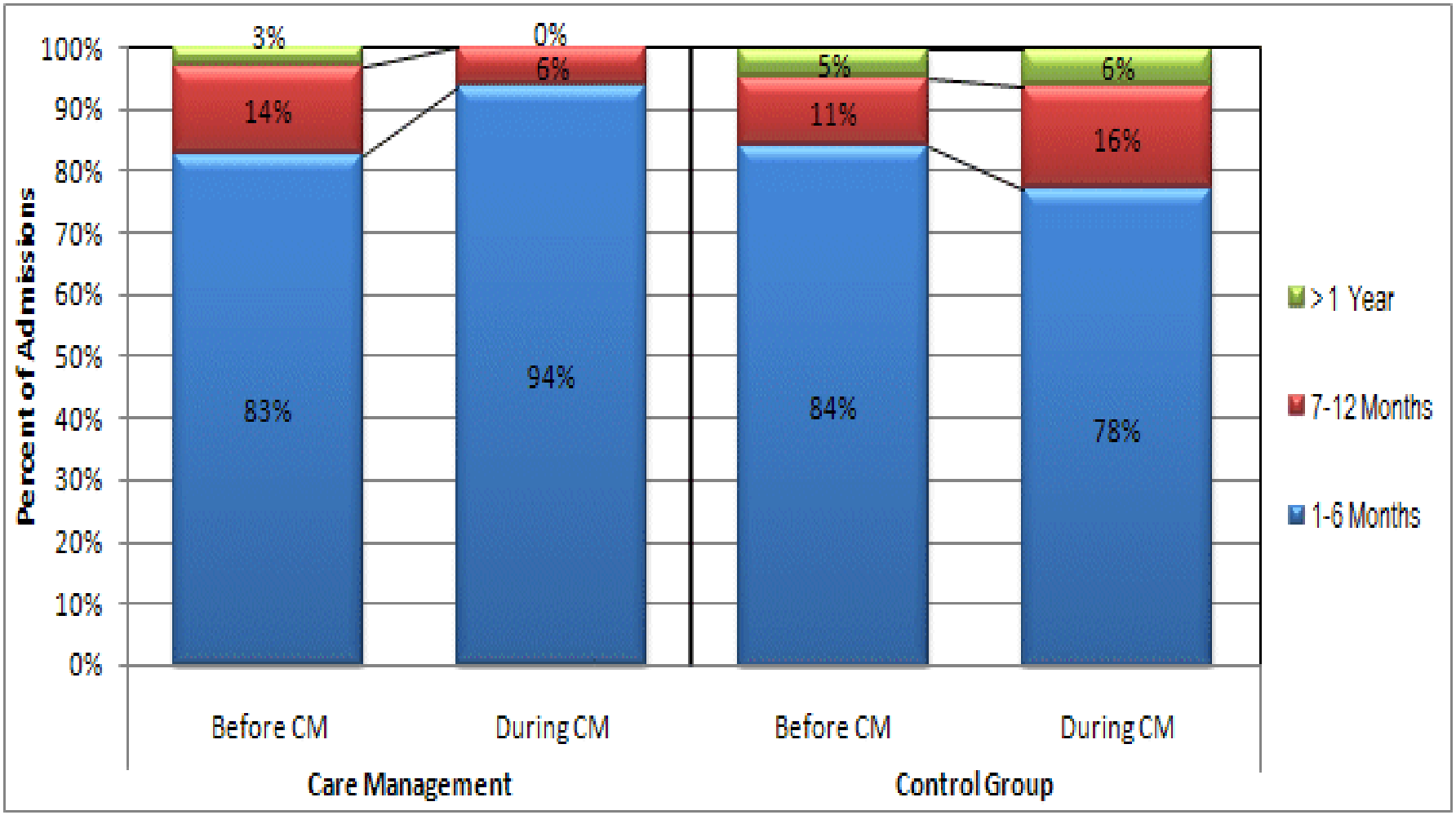
AVERAGE TOTAL INPATIENT AND OUTPATIENT CHARGES BY GROUP AND TIME PERIOD



AVERAGE TOTAL INPATIENT CHARGES BY GROUP AND TIME PERIOD



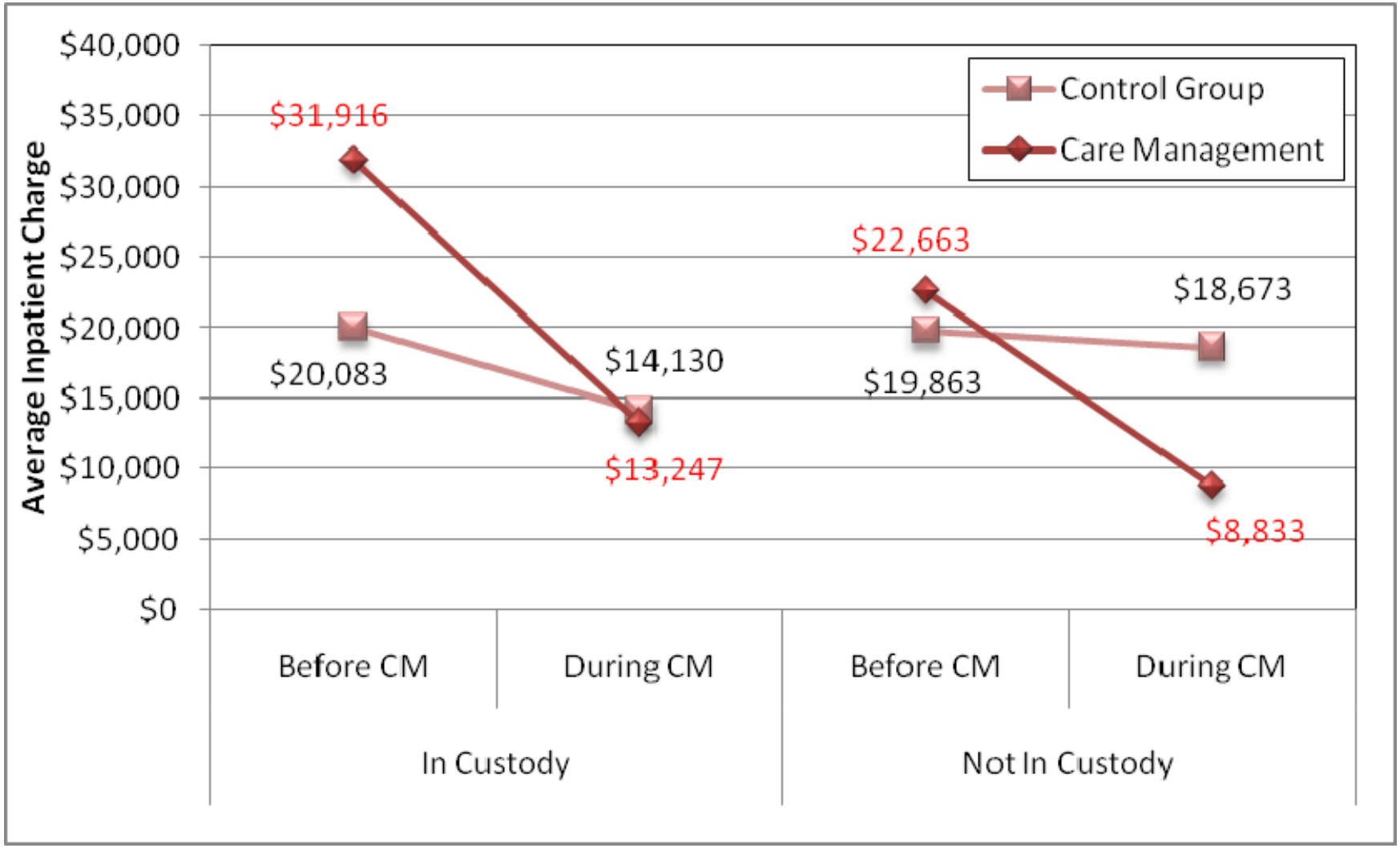
PERCENT OF YOUTH HOSPITIALIZED BY LOS, GROUP AND TIME PERIOD



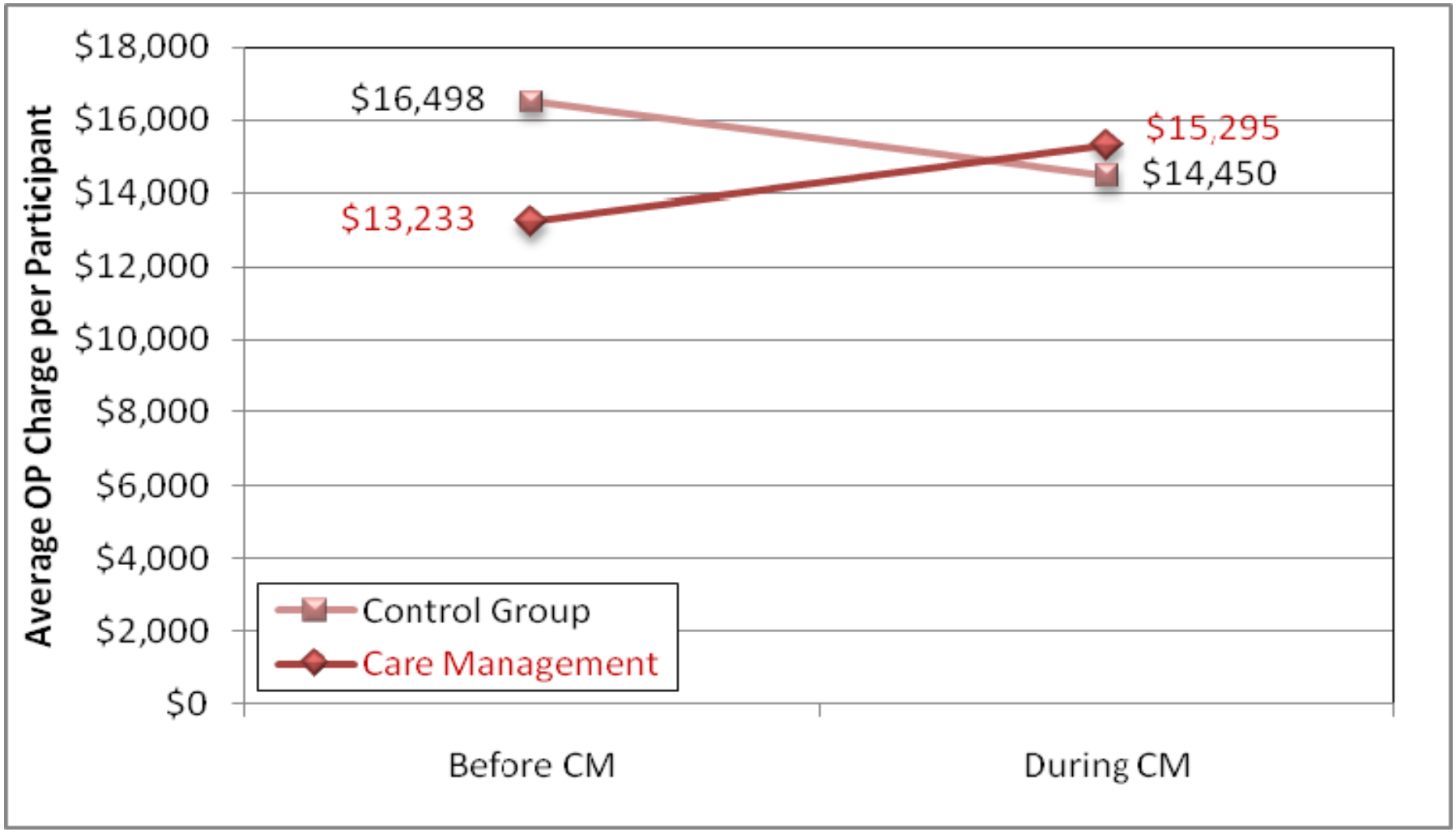
YOUTH HOSPITIALIZED BY LOS, GROUP AND TIME PERIOD

The average length of hospitalization for Care Management youth (LOS Before CM 70.6 days, LOS During CM 29.2 days) decreased during Care Management more than for Control Group Youth (LOS Before CM 53.4 days, LOS During CM 44.5 days) (p = .04).

AVERAGE INPATIENT CHARGES BY GROUP, TIME PERIOD AND CUSTODY STATUS



Average Total Outpatient Charges by Group and Time Period

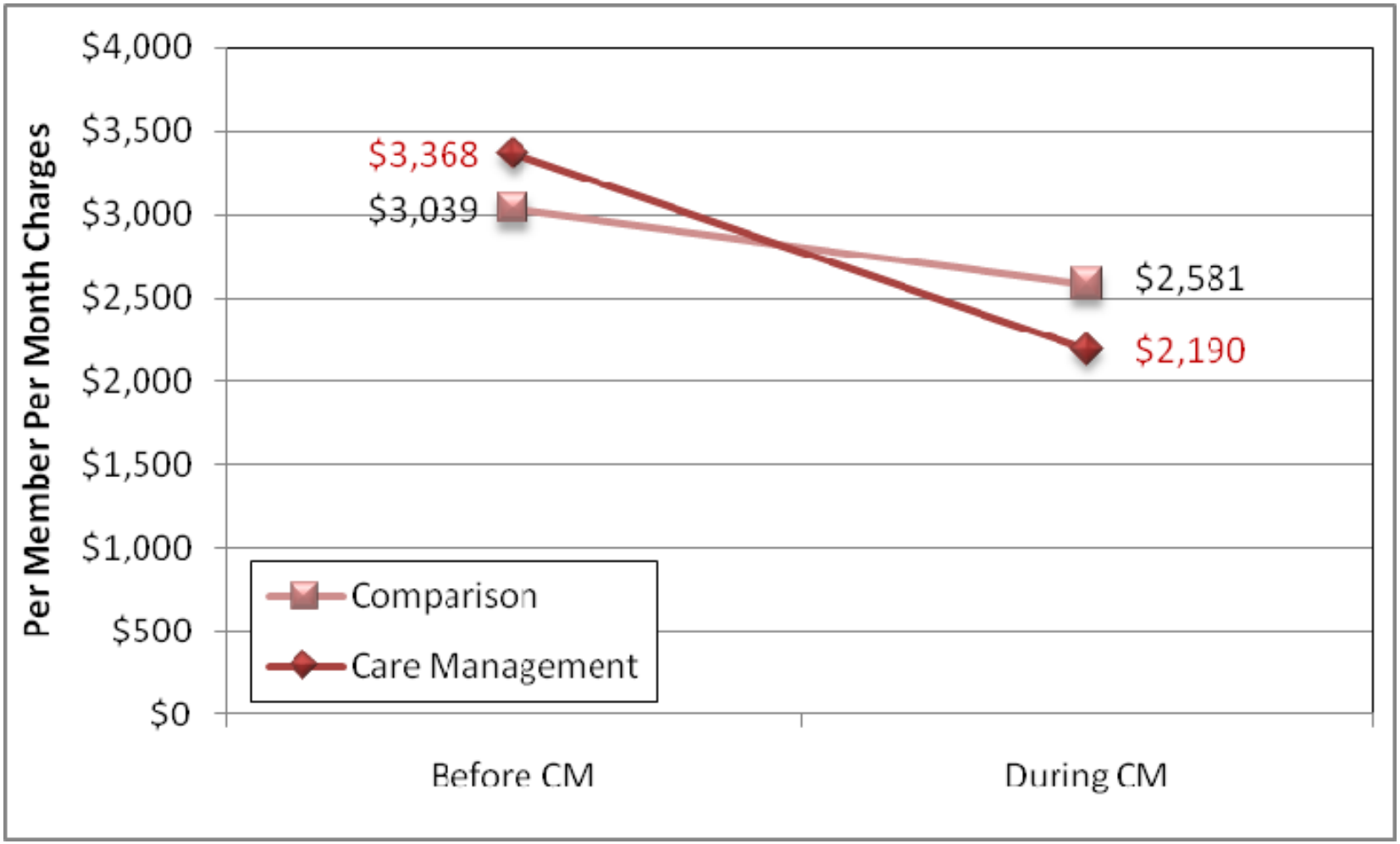
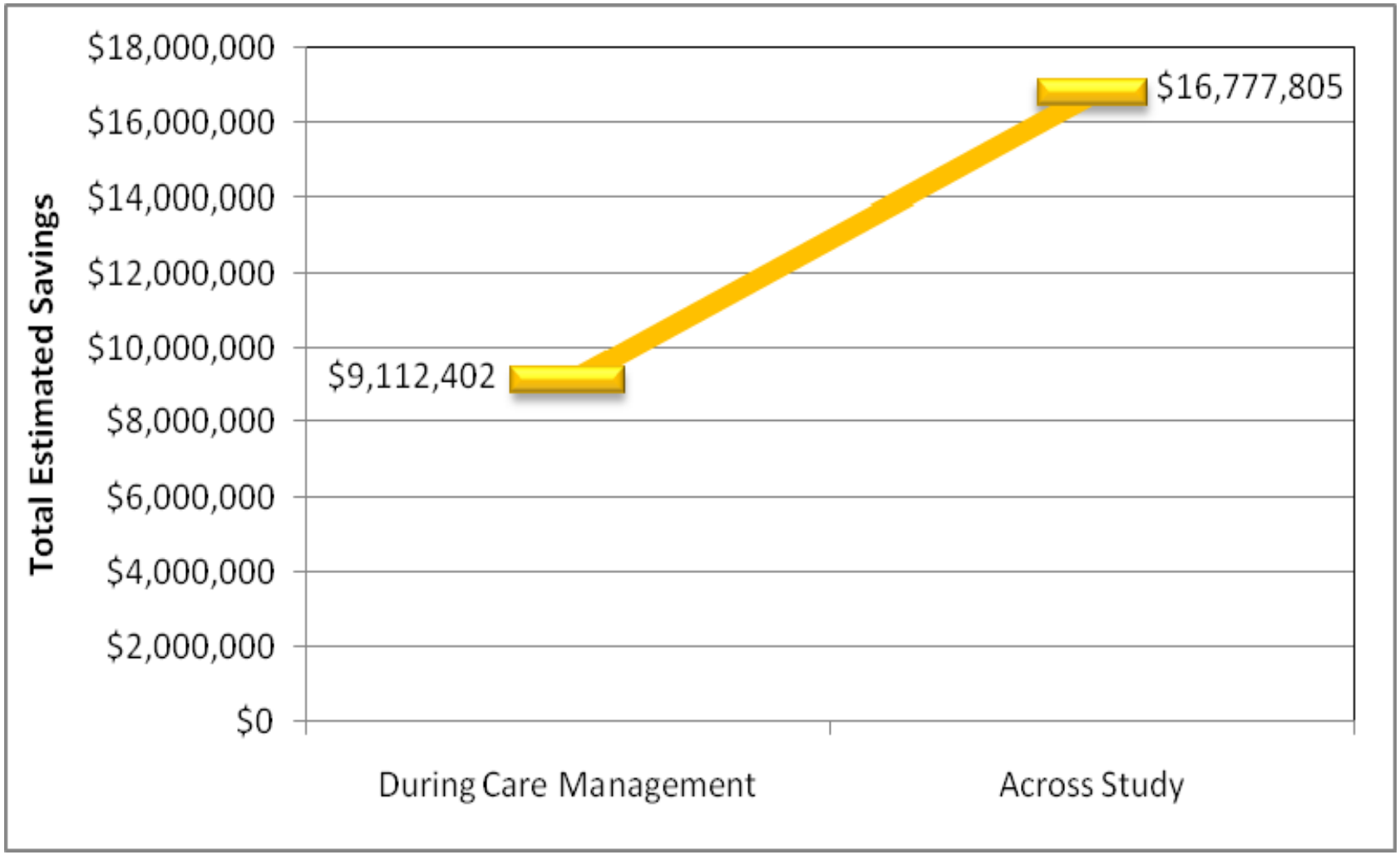


OUTPATIENT FOLLOW-UP CARE

- Outpatient follow-up rates were calculated for the two groups for inpatient behavioral health hospitalizations.
- During Care Management the Care Management group had 37 behavioral health hospitalizations and the Control Group had 45 hospitalizations.
- 78% of Care Management hospitalizations had an outpatient visit within seven days of discharge and 69% of the Control Group had an outpatient visit within seven days of discharge which is in the desired direction; however, the difference was not large enough to reach statistical significance (p = .17).

ESTIMATED SAVINGS WITH CARE MANAGEMENT

PER MEMBER PER MONTH CHARGES BY GROUP AND TIME PERIOD



TOTAL ESTIMATED CHARGES AND HEALTH CARE DOLLARS SAVED