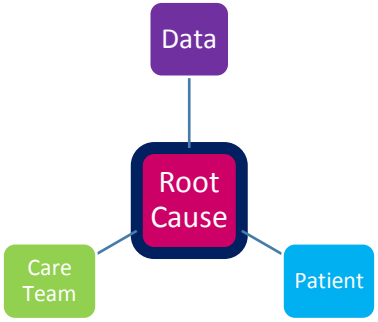
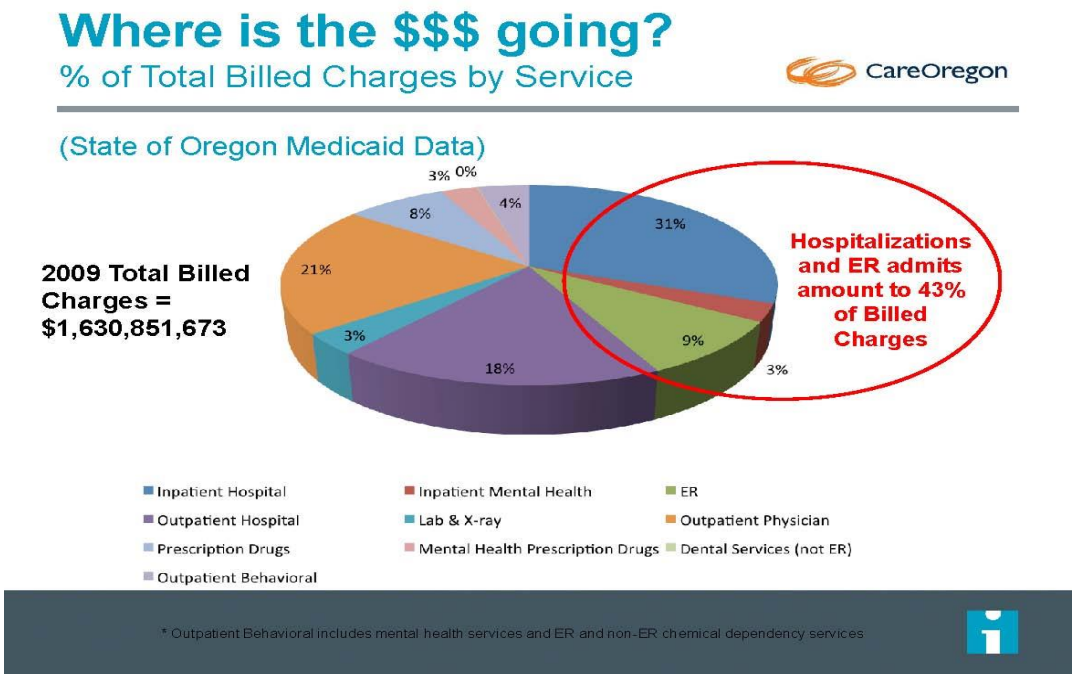
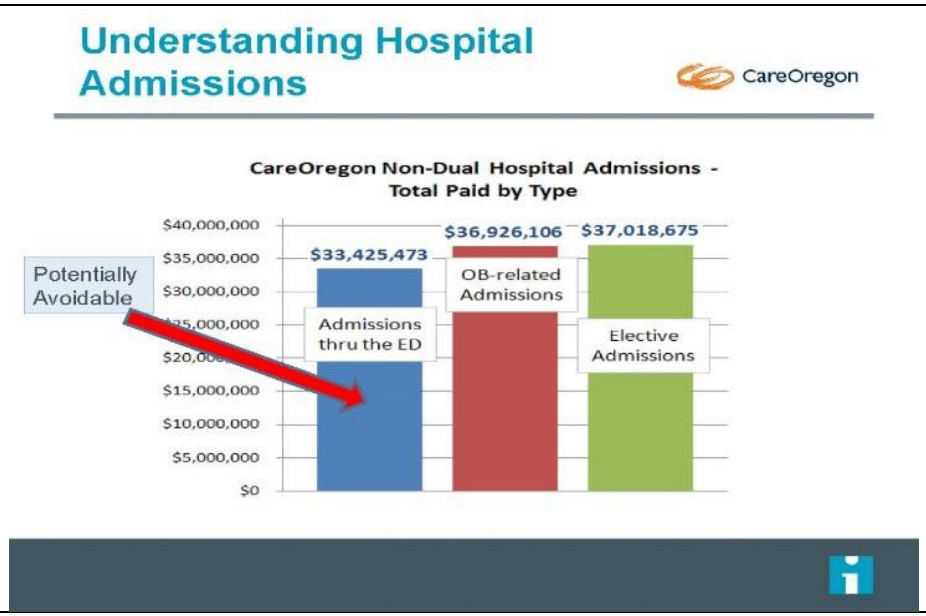
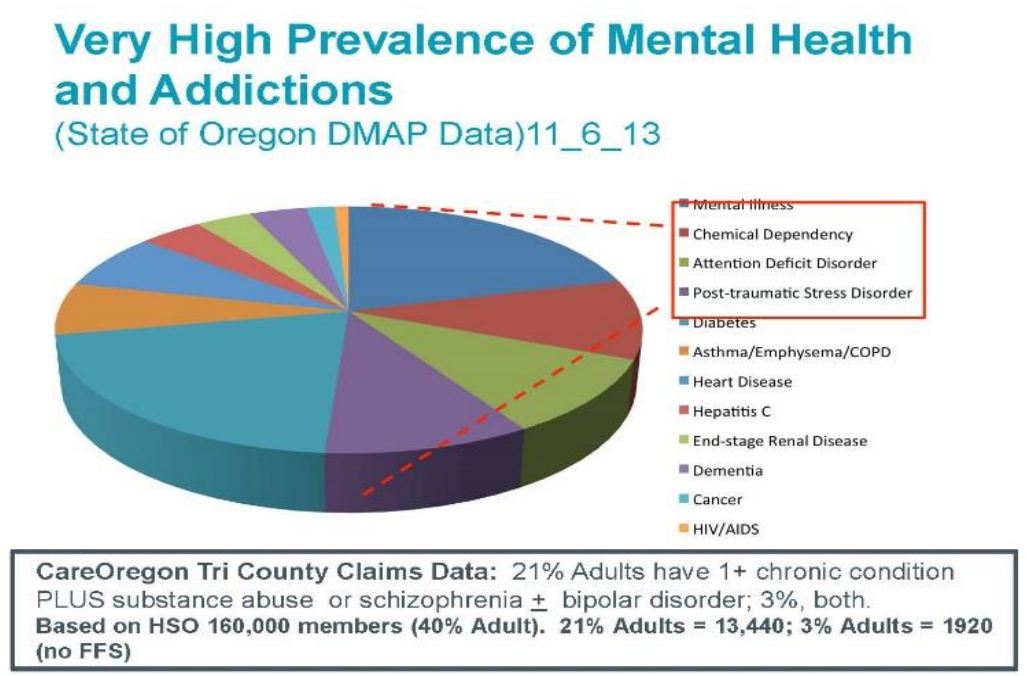
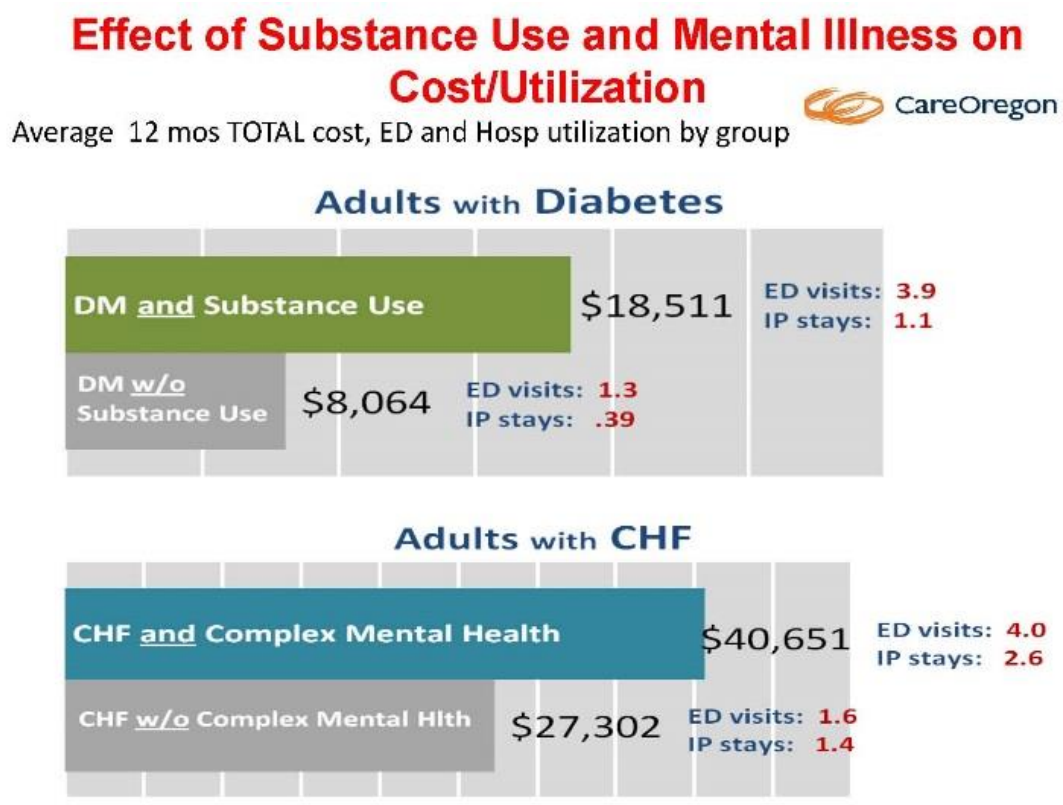
A team at CareOregon took a very systematic approach to gain deep insight into the root causes of high utilization and where designing an enhanced care model could make an impact. They looked at their data, interviewed clinicians, and interviewed patients.



Data:

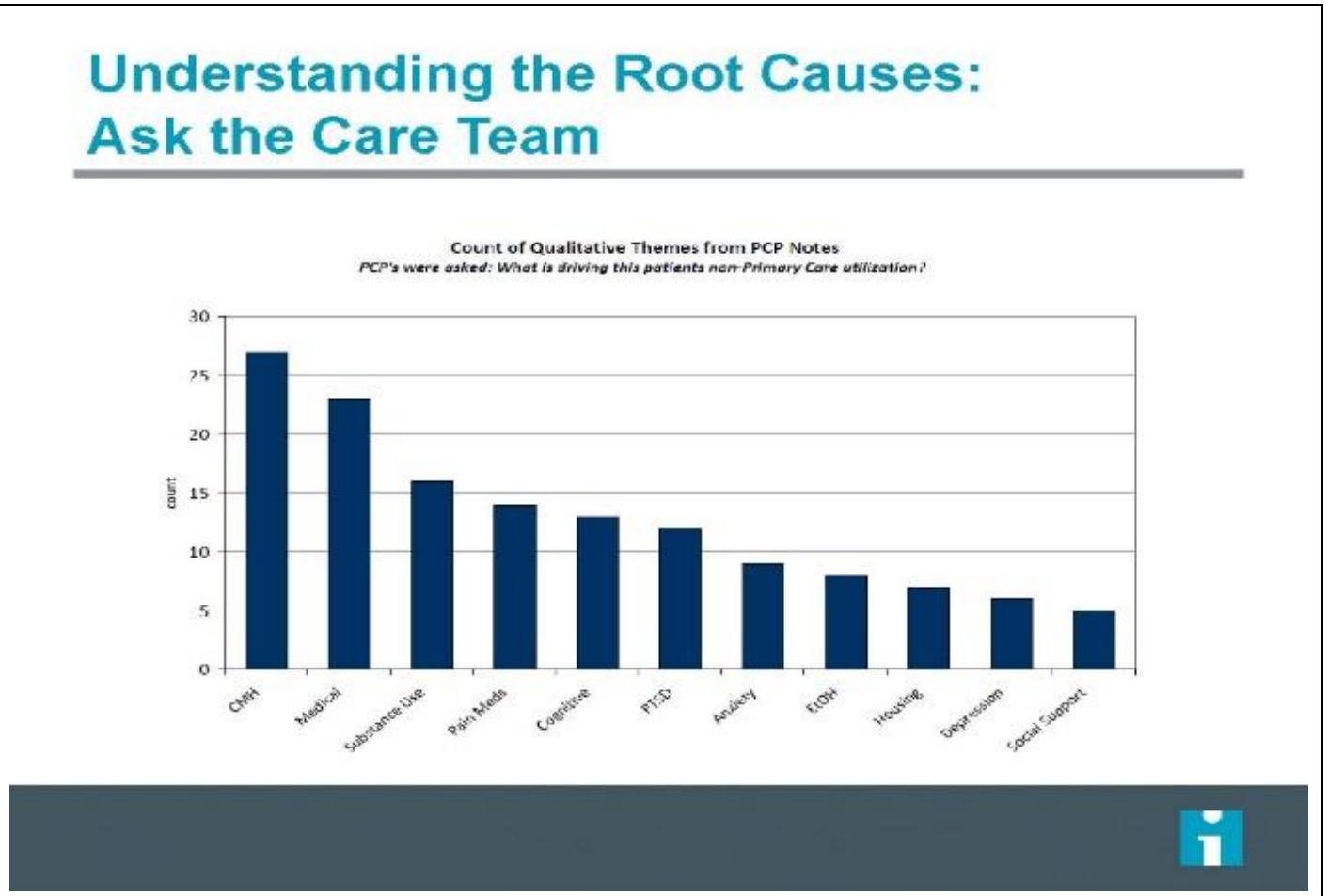
As a health plan, they were able to look at total billed charges by service and see that 43% of the charges were for hospitalizations and emergency room visits, together the largest bucket of spending.	

Drilling down into the hospital and emergency department visits they identified that admissions through the emergency department were potentially avoidable. They did not want to change elective admissions or OB-related admissions.	
Looking through the lens of claims data and diagnosis codes, they identified a high prevalence of mental health and addictions diagnoses and a high prevalence of individuals with 1 or more chronic conditions with a substance abuse or schizophrenia and/or bi-polar disorder.	

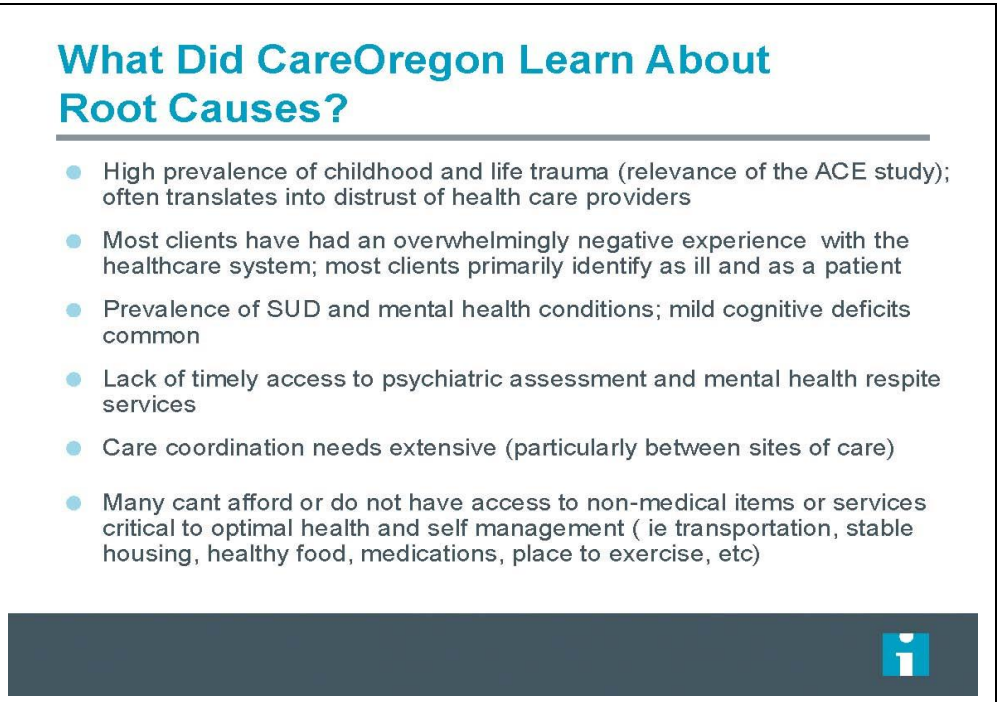
Next, they did analysis on the effect of substance abuse and mental illness on costs and utilization, looking at individuals with diabetes and individuals with congestive heart failure. The impact was substantial.	

Clinician Interviews and Record Reviews

The team at CareOregon significantly engaged primary care providers in their network across the state to learn what they knew about the potential population segments, to hear their challenges in providing primary care to these individuals, and to get ideas and buy-in on an eventual enhanced care model.

In addition, they did chart reviews looking for qualitative themes in the primary care provider's notes. The bar chart to the right displays the themes found-and the themes of mental health, substance abuse, and social issues were more prevalent than clinical issues.	

Patient Interviews

Using a tool they developed, called the HARMS-8, the team interviewed between 15 and 30 individuals who seemed to fit the emerging population segment in which care redesign could make an impact. A summary of their learnings from these interviews is to the right.	

What are the implications of the data review, clinician interviews, and patient interviews for the enhanced care model CareOregon then developed?

The interventions would need to address:

- The challenges these individuals face in their life circumstances, such as trauma, mental health issues, poverty, housing, and food insecurity.
- Individuals who do not have a lot of trust or good experiences with the healthcare system.
- Individuals with chronic conditions and substance abuse or mental health issues.
- Health care system challenges, such as lack of access to mental health services, needs not addressed in the healthcare system, and primary care practices needing help better caring for the complexity of needs.

It is important to tease out the root causes as CareOregon did to assure the interventions in the enhanced care model will have an impact. As the slide to the right shows, the intervention for a cognitive deficit (higher level of care and self-management support) is different than if the underlying issue is a chaotic lifestyle (support in developing problem-solving skills).