

Improving outcomes in high-risk populations

COMMUNITY BASED COORDINATION SOLUTIONS (CBCS) AND MAT-SU HEALTH FOUNDATION

Patients with high-risk behaviors need more than standard medical care can offer to address the underlying social determinants that impact overall health. By adopting a holistic community-based approach through CBCS, the Links Social Services program—funded by the Mat-Su Health Foundation—achieved significant results in improving patient outcomes and bottomline cost.

Background: Understanding social determinants of health

Social determinants of health have a significant impact on patient care, affecting an estimated two-thirds of patients and accounting for roughly 80% of a patient's outcomes.

At the Mat-Su Health Foundation in Wasilla, Alaska, external programs and partnerships were put in place and funded to help address these social determinants.

In addition, because many of these patients had comorbid behavioral health diagnoses, special resources—including a behavioral health crisis

intervention team—were made available to address comorbidities.

As patients frequented the emergency departments, they were referred to these additional services, but few patients followed through.

*Partnering with CBCS, the HUMS program achieved an average **57% reduction in ED utilization, a 47% reduction in opioid prescriptions, and over \$4 million in savings over two years.***

As a result, providers and social workers found that patients were instead relying on 911 and emergency services rather than participating in the specialized programs and getting proper care at a lower acuity level.

Solution: Creating something better, together

Looking for a way to improve the effectiveness of community programs, the foundation partnered with Community Based Coordination Solutions (CBCS) to develop the High Utilizer Mat-Su (HUMS) program—a community-collaborative program utilizing the CBCS Direct Patient Engagement program to support

high-risk populations by bringing together medical, behavioral, and community resources to provide critical care and address social determinants.

Unlike previous programs, CBCS helped facilitate better cross-community collaboration, bringing together representatives from the local fire and EMS, emergency department, court system, jail, behavioral health crisis intervention team, and more to create a working cohort for improving care.

In addition to setting up and facilitating these multidisciplinary cohorts, CBCS provided social workers that were available to meet patients when they

It takes time to create systems that change behavior. Creating a collaborative and better working system was a worthwhile investment because it has proven both immediate and long-term impact once we were willing to put in the effort to bring everyone to the table.

Not only are our patients experiencing better health, but we're able to treat them through primary care, therapy, and SUD treatment centers—reducing the need for acute care and ultimately saving money.

Ray Michaelson, Program Officer, Mat-Su Health Foundation



presented at the hospital, and work with the patient and social worker to get the patient set up for the next step—whether that’s following up with the patient to ensure understanding and adherence to prescribed care and medication plans, arranging transportation to follow-up appointments, or taking the patient to required follow-up MAT or primary care.

Results: Better outcomes for patients and providers

With a multidisciplinary program in place—and the resources needed to properly address social determinants—outcomes improved significantly.

In its first year, HUMS patients saw a 61% reduction in ED utilization for enrolled patients—resulting in \$2.2M in cost avoidance for emergency services and a 21% reduction in prescribed opioids.

By the end of year two, ED utilization had reduced 52.6% overall and led to an additional \$2.1 million in cost avoidance and another 52% reduction in opioid prescriptions.

Ultimately, enrolled patients were not only healthier, but happier, with high patient satisfaction ratings being given.

Ray Michaelson, Program Officer at the Mat-Su Health Foundation, shares:

“When given the opportunity to provide feedback, clients rated the program from B+ to A+. The personal relationships and responsiveness to meet clients in real time have been identified as key program differentiators.”

Over the first two years, HUMS saw an average:

57%

reduction in ED utilization

47%

reduction in opioid prescriptions

\$4.3 Million

in total cost avoidance

Conclusion: Best Practices for Improving care

In an interview following the completion of the first three years of the program, Michaelson shares his key takeaways for others looking to implement similar programs in their own communities:



Identify your assets

"When patients leave the revolving doors of the hospitals, they're need the right conditions for continued health. Know what supports your community has to help your patients."



Find your advocates

"From the Alaska chief medical officer to department heads at local community organizations, we needed advocates across the board that were committed to making the program successful."



Meet your patients where they are

"The HUMS program succeeded where others failed because it had support available to meet these patients and intervene during pivotal crisis moments through CBCS. Fewer patients fell through the cracks and more received follow-up care as needed."



Be patient

"Truly addressing social determinants requires more than a band-aid solution; it requires systemic change and that takes time. While we saw measurable results with just our first pilot of 52 patients, we knew that this would take a three or four year commitment to make the changes last."



Community Based Coordination Solutions (CBCS) is built upon a commitment to help payers and providers support high risk populations.

Learn more about CBCS solutions by contacting us at info@cbc-solutions.org today.