

DISEASE MANAGEMENT PROJECT 3700

January 24, 2012

Overview

The 3700 Project, implemented in November 2010, is a two-year collaborative project between MO HealthNet (MHN) and the Department of Mental Health (DMH) to provide health care coordination for high cost, high risk Medicaid recipients. Instead of waiting for the consumer to seek care individuals are identified by MHN every four months and assigned to the Community Mental Health Centers (CMHCs) for outreach. The CMHCs attempt to find the individuals and enroll them in the Community Psychiatric Rehabilitation (CPR) program where they are assigned intensive community support workers who assist them in managing their total health care needs (behavioral and physical). Approximately half of those identified agree to receive CMHC disease management services.

Targeted Population for Enrollment. Individuals who:

- Incur \$30,000 and higher annual total Medicaid costs (average cost is \$50,000 per year), and
- Have co-occurring chronic medical and serious and persistent mental illness conditions, and
- Are not currently enrolled as clients of DMH (likely to have histories of being treatment resistant).

Project Goals:

- Decrease early death of persons with co-occurring mental illness and chronic medical conditions.
- Improve other health outcomes for participants (less use of ERs and unplanned inpatient, less use of nursing home, etc.
- Reduce the total annual per participant Medicaid cost.

Project Status:

- To date, 1,872 individuals have been identified and enrolled in a CPR program and are receiving care coordination services.
- ***Data to date for 1298 enrollees who have been in the program for 6 months or more indicates a savings of \$3566 per participant in annualized Medicaid costs, or \$5.4 million annually for the 1298 participants.***

Outcome Success Stories

- One individual enrolled had been in two serious accidents and suffered from chronic, severe pain. He was scheduled to have a \$300,000 procedure to implant a device into his back. The CMHC staff went to doctor's appointments with him. It was agreed that a second opinion was needed. Following that opinion, the patient learned that the surgery posed more risks than potential good, so decided against it, thereby avoiding unnecessarily dangerous and highly expensive procedure.
- A woman enrolled in the program was a "frequent flyer" in Emergency Rooms and physician offices. She agreed to have the mental health case manager meet her doctors, has started seeing the mental health center psychiatrist, and has not gone to the ER or another doctor since enrollment.