

Data-Driven Identification of High Risk Individuals to Assist County Service Planning

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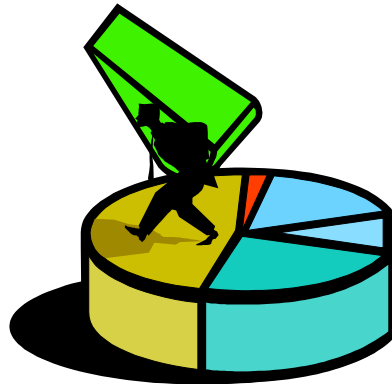
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Our Situation

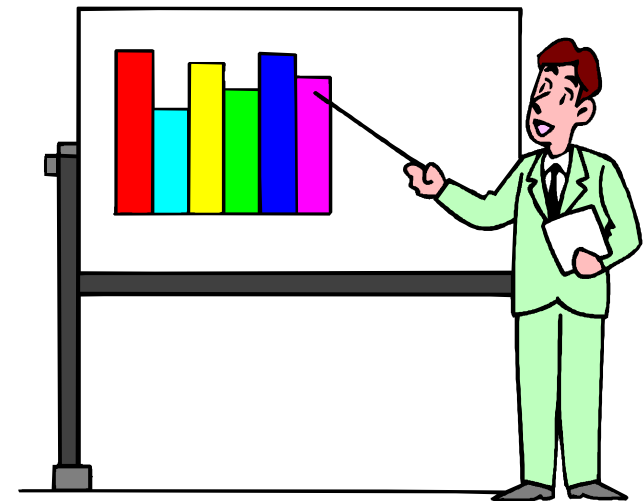
- ***The Challenge:***

- Allocate 120 additional Adult Case Management slots to 5 providers across our County system
 - Use available data to assist county service planning



Available Data

- Behavioral Health Community Database (BHCD)
- Medicaid Claims
- Staff Knowledge



1. Using BHCD Data

Assumption:

The greater the number of SMI clients connected with a particular provider, the greater the need for case management slots by that provider.

Goal:

Determine the number of SMI clients connected with each agency.

- *First:* Determine overall # of SMI clients
- *Then:* 'Assign' them to specific providers

Defining SMI via the BHCD

Start with total population in database
(N=29,250)



Identify those with CSS activity during the year
(n=3879)



Add those with ICM or SCM activity (who did not have CSS activity)
(n=395)



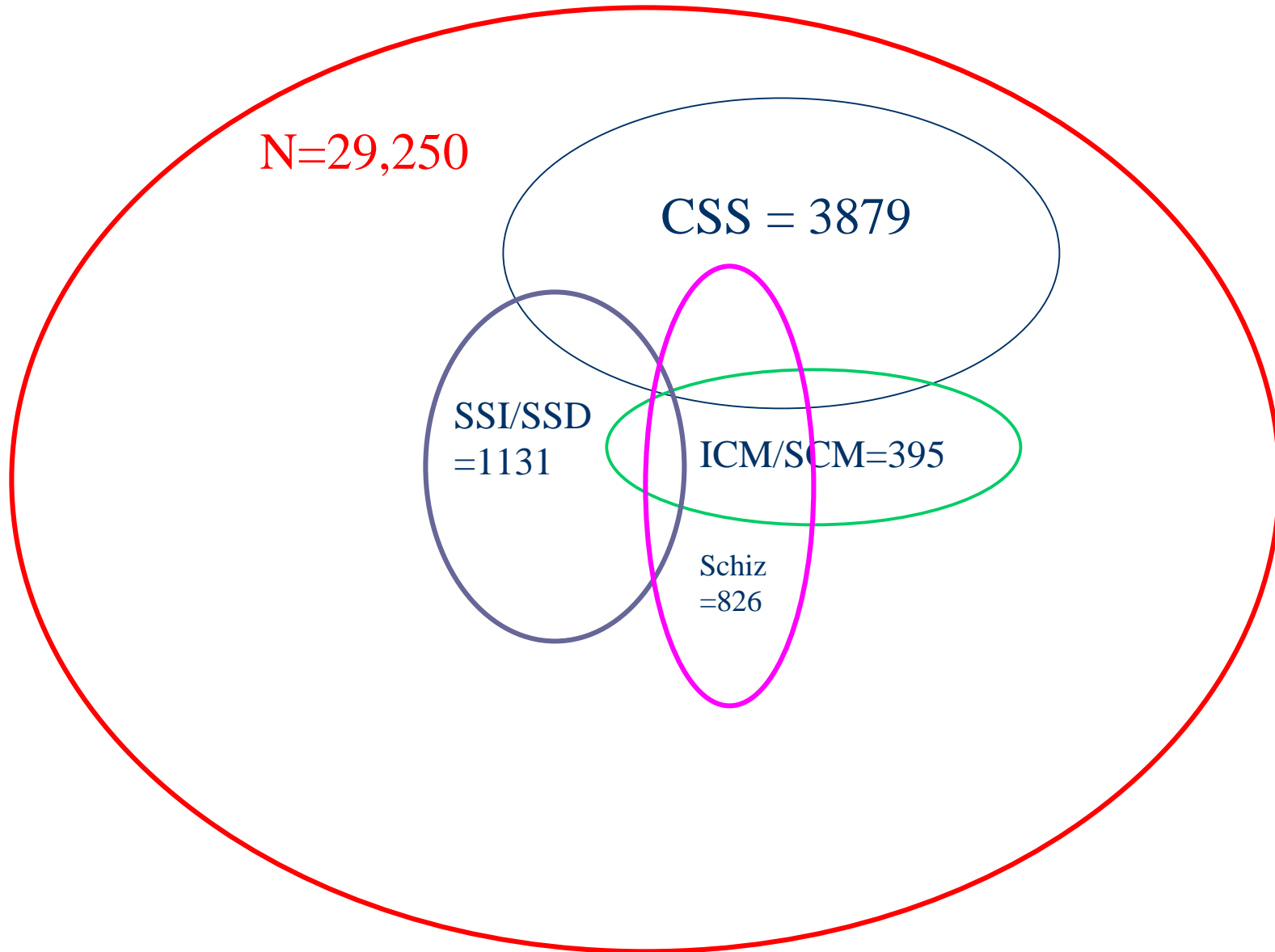
Add individuals with SSI/SSD as 'payor source'
(n=1131)



Add those with schizophrenic spectrum diagnosis
(n=826)

TOTAL "SMI" Individuals = 6,231

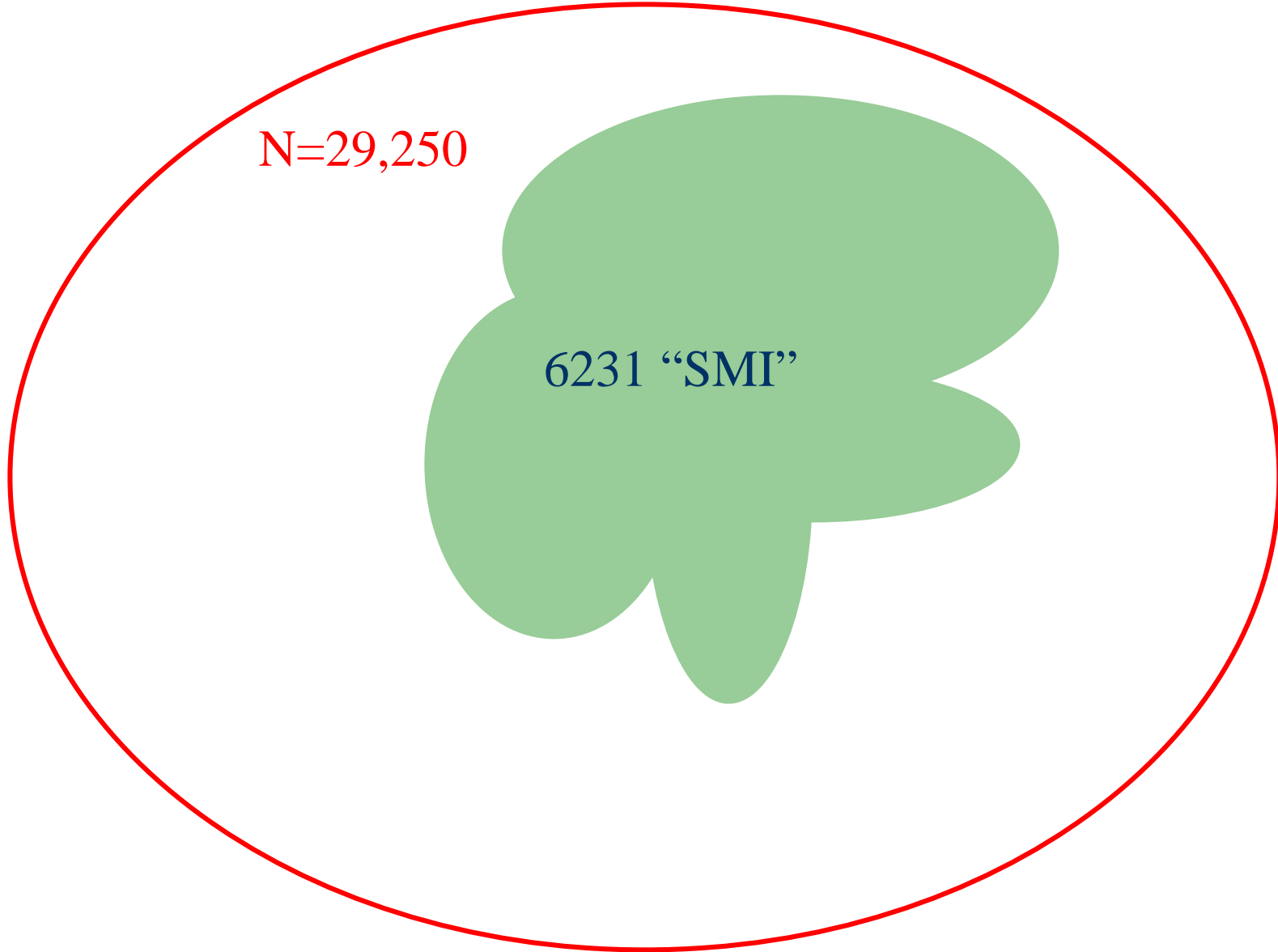
Defining SMI via the BHCD



Defining SMI via the BHCD

N=29,250

6231 "SMI"



Assignment of SMI individuals to specific providers

- Sum Clinic & CDT encounters at each agency for each individual person
- Assign each person to the agency with whom they had the greatest number of encounters
- Results in measure of “potential need”

“Assigning” SMI Individuals to Specific Providers

Provider	# SMI	% of assigned SMI
St. Mary's	346	7%
Park Ridge	747	14%
RMHC	975	19%
Genesee	1116	21%
Strong	1486	28%

Allocation Methodology

% SMI X total available CM slots =
ideal slot allocation per agency

❖ 1058 CM slots + 120 New Slots = **1178** available

- Compare to Current Slot Allocation
- Assign additional slots to adjust for discrepancies

Allocations based on % SMI

<u>Provider</u>	<u># SMI</u>	<u>% SMI</u>	<u>current</u> <u>CM</u>	<u>total #</u> <u>x</u> <u>% SMI</u>	<u># under</u>	<u>% under</u>	<u>% under</u> <u>x 120 =</u> <u># added</u>	<u>new</u> <u>totals</u>
St. Mary's	346	7%	0	82	82	33%	40	40
Park	747	16%	288	188	0	0%	0	288
RMHC	975	21%	116	247	131	52%	62	178
Genesee	1116	24%	246	283	37	15%	18	264
Strong	1486	32%	408	377	0	0%	0	408
TOTAL	4670	100%	1058	1178	250	100	120	1178
ADDED			120					
TOTAL			1178					

2. Using Medicaid Claims Data

Assumption:

The greater the number of *highest cost* clients connected with a particular provider, the greater the need for case management slots by that provider.

Goal:

Determine the number of *highest cost* clients connected with each agency.

- *First:* Determine overall # of highest cost clients
- *Then:* 'Assign' them to specific providers



Defining Highest Cost Clients via Medicaid Data

Paid Medicaid Claims for Full Year

Behavioral Health Claims (n=18,004; \$64.1 Million)

Quartiled; 25% account for 80% of expense

Quartiled top Quartile; 6% account for 42% of expense

Exclude Community Residence Cost

768 Highest Cost Clients Had \$16.9 Million in BH Medicaid Costs

Divided into 3 groups: MH only, MH + CD, CD Only

Assignment of Highest Cost Individuals (MH & MH+CD) to Specific Providers

- Considered Clinical & Regulatory Issues. Examined frequency distribution for MH Clinic. 4 visits set as threshold for Clinic; 19 for CDT.
- 549 'assigned' or 'attached' individuals.
 - 403 assigned to 5 major providers
- Assign to provider with whom they had most visits
- Differences between 'assigned' & 'unassigned':
 - Unassigned: More inpatient admissions, LOS 2x longer
 - Assigned: More Case Management

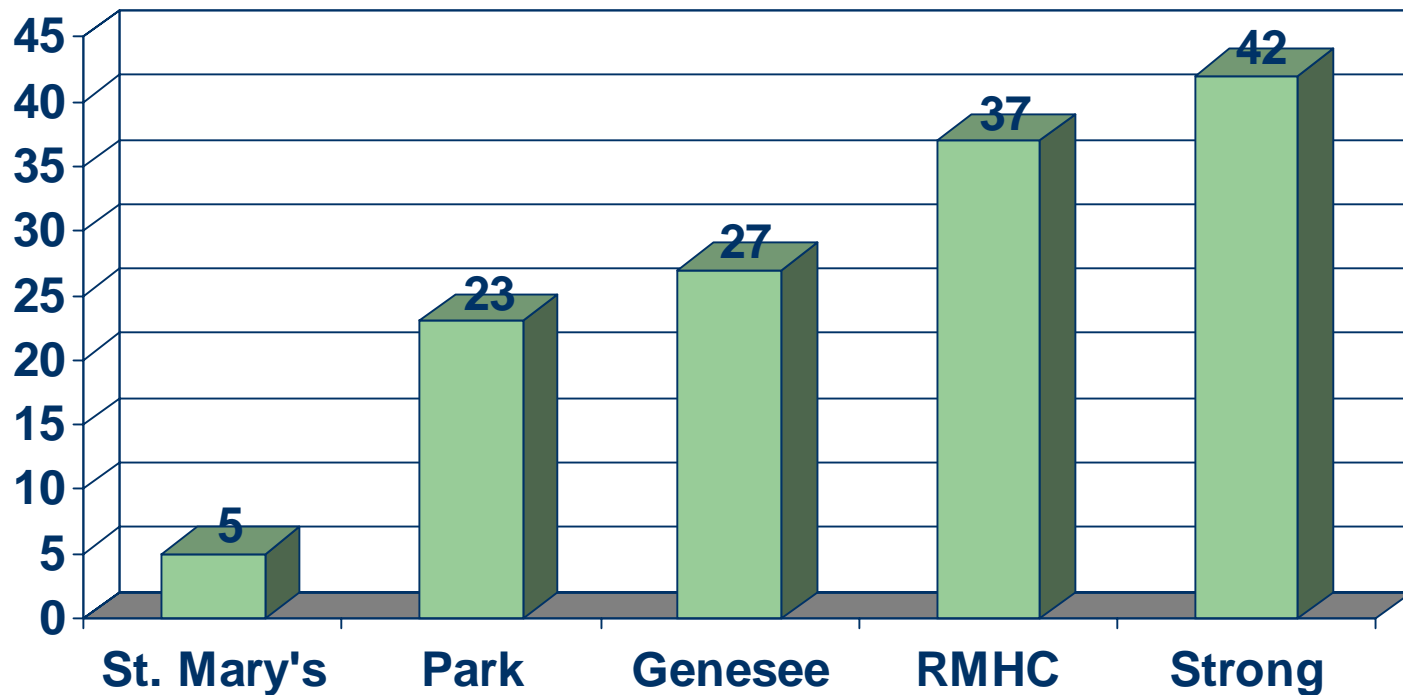
“Assigning” Highest Cost Clients to Specific Providers

Provider	# Highest cost	% of total
St. Mary's	72	13%
Park Ridge	112	20%
RMHC	24	4%
Genesee	103	19%
Strong	92	23%

Allocations based on # of Highest Cost (HC) Clients

<u>Provider</u>	<u># HC</u>	<u>% HC</u>	<u>current</u> <u>CM</u>	<u>total #</u> x <u>% HC</u>	<u># under</u>	<u>% under</u>	<u>% under</u> x 120 = <u># added</u>	<u>new</u> <u>totals</u>
St. Mary's	72	18%	0	212	212	70%	84	84
Park	112	28%	288	330	42	14%	17	305
RMHC	24	6%	116	71	0	0%	0	116
Genesee	103	25%	246	294	48	16%	19	265
Strong	92	23%	408	271	0	0%	0	408
TOTAL	403	100	1058	1178	302	100	120	1178
ADDED			120					
TOTAL			1178					

Percent of Highest Cost Clients with Case Management Claims



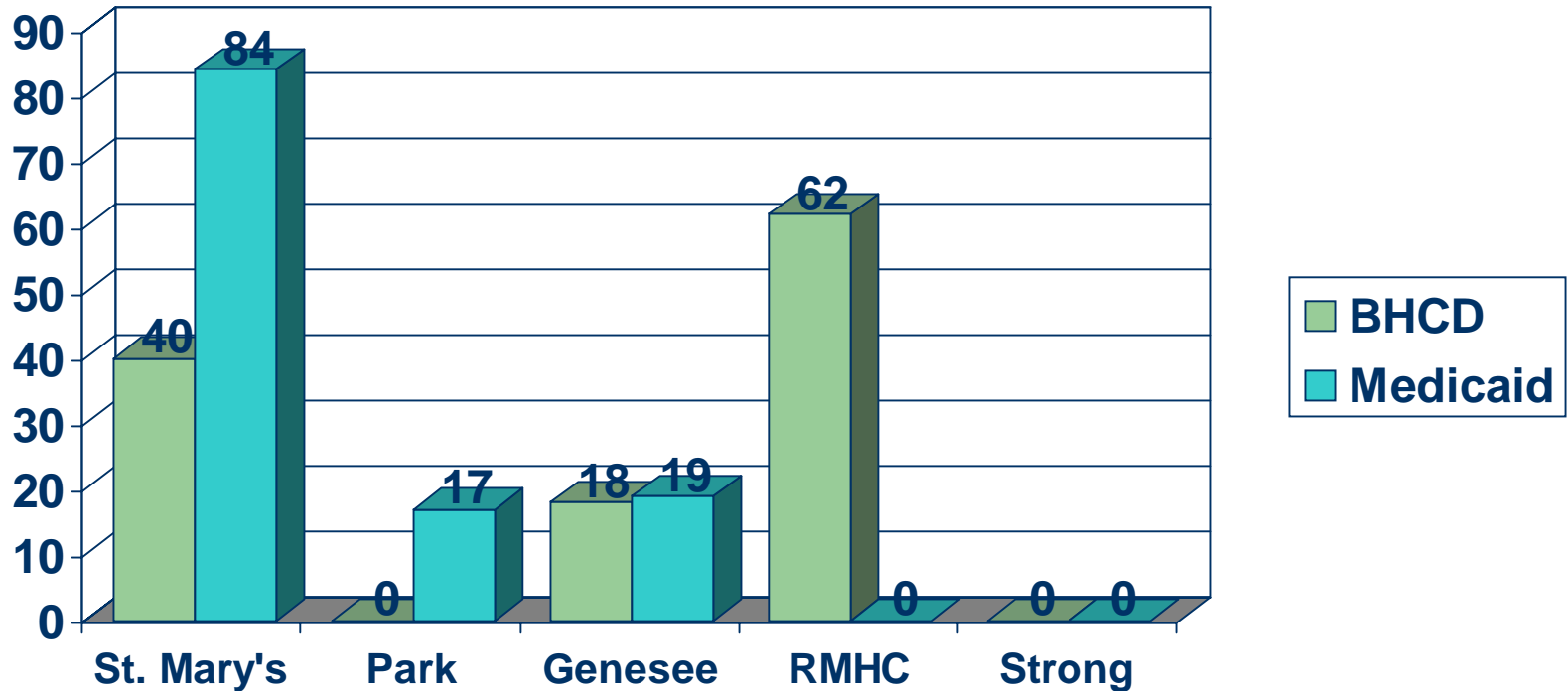
Methodologies Compared: BHCD vs. Medicaid

BHCD

Medicaid

<u>Provider</u>	<u># added</u>	<u>Rank order</u>		<u># added</u>	<u>Rank order</u>
St. Mary's	40	2		84	1
Park	0			17	3
RMHC	62	1		0	
Genesee	18	3		19	2
Strong	0			0	
TOTAL	120			120	

Methodologies Compared: Slot Allocations by Each Method

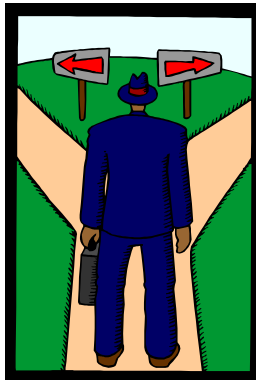


Conclusions & Limitations

- 2 Complementary Strategies
 - ❖ Different Samples
 - ❖ Error variance
 - ❖ Different Methodologies
 - ❖ Threshold vs. No Threshold
 - ❖ Similar Conclusions:
 - ❖ St. Mary's needs CM; Strong does not

Summary

- Use available data to inform planning process
- Compare results from different data sets
- Acknowledge limitations of both
- Remember to consult with clinical staff



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