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**DEVELOPING A  
COMMUNITY-BASED  
HIV/AIDS MANAGED CARE  
PROGRAM: ISSUES AND  
LESSONS**

**EAST BOSTON NEIGHBORHOOD  
HEALTH CENTER**

**Judith L. Steinberg, MD**

# **EAST BOSTON NEIGHBORHOOD HEALTH CENTER**

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- ◆ **Full service**
- ◆ **Community owned and operated**
- ◆ **Serves a working class to poor community; multicultural**
- ◆ **Largest community health center in New England, providing >250,000 visits annually**

# PROJECT SHINE

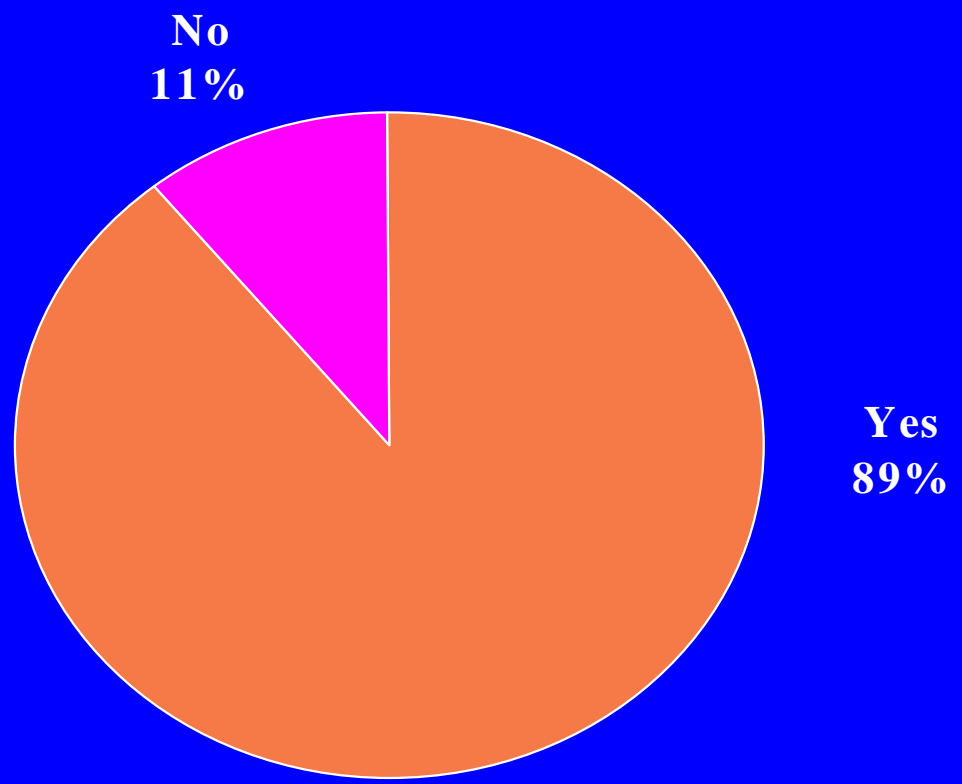
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- ◆ **HIV Services division of Adult Medicine**
- ◆ **Supported in part by Ryan White funding, including Special Projects of National Significance (SPNS)**
- ◆ **Goals: patient focused care that is comprehensive, community-based, seamless, high quality, cost-effective**



# ACTIVE MENTAL HEALTH/SUBSTANCE ABUSE ISSUE

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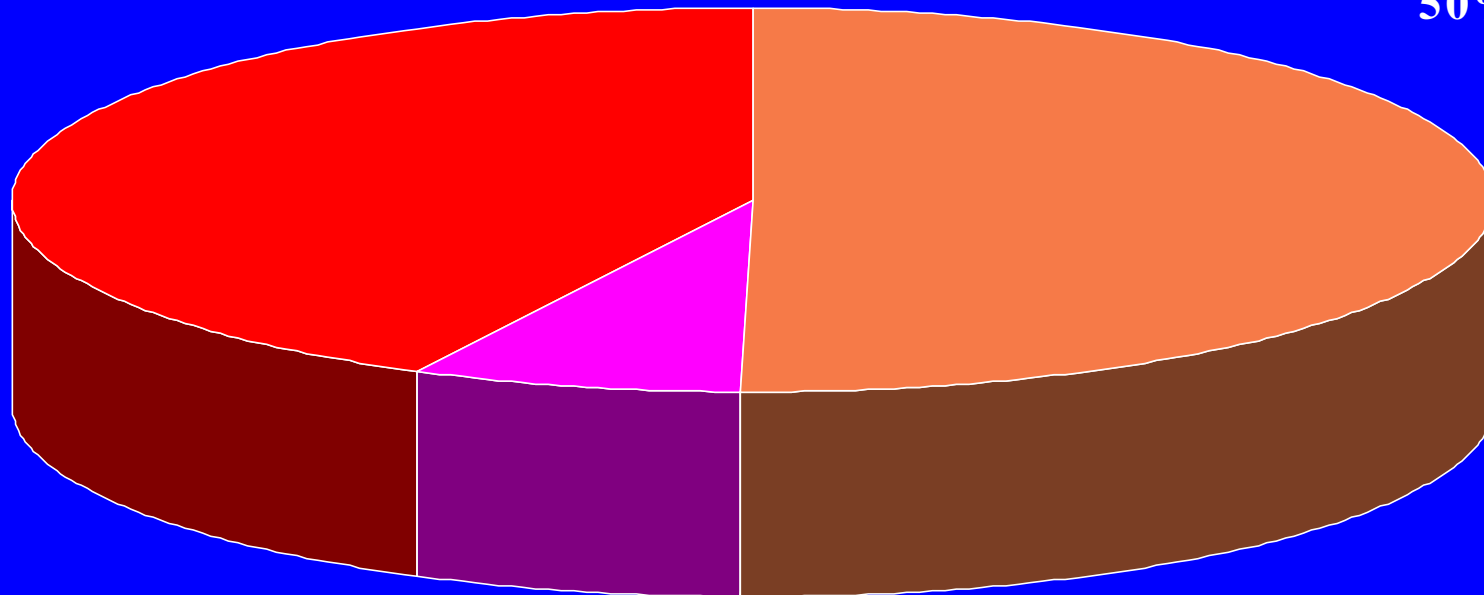
10/1/94 - 9/30/97

# INSURANCE COVERAGE AT ENROLLMENT

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**Uninsured**  
43%

**Medicaid**  
50%



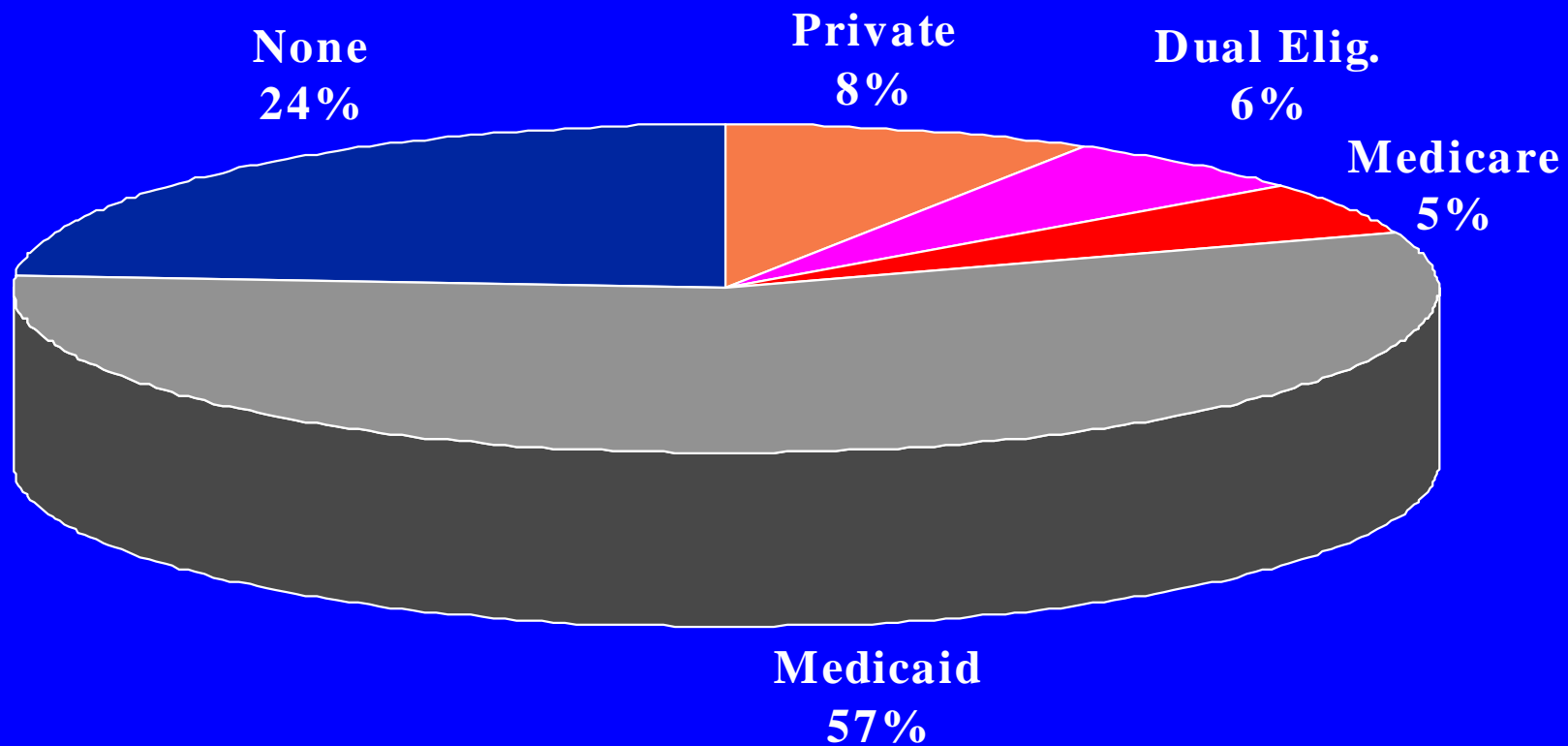
**Private**  
7%

1/1/95 - 12/31/97

EBNHC

# INSURANCE COVERAGE AT ENROLLMENT

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10/1/94 - 9/30/97

EBNHC

# **PROJECT SHINE: MODEL OF CARE**

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- ◆ **PCP manages care**
- ◆ **HIV Nurse works in partnership with PCP, providing:**
  - clinical care management
  - HIV education, adherence counseling and monitoring
  - quality assurance monitoring
- ◆ **Multidisciplinary team: infectious disease specialist, concrete services case manager, mental health providers**

# PROJECT SHINE: MODEL OF CARE, CONTINUED

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- ◆ **Multidisciplinary team: may also include nutritionist, home care nurse, outside service providers**
- ◆ **Coordination of care through team meetings**
- ◆ **HIV nurse is responsible for ensuring care plan is implemented**

# COMPREHENSIVE SERVICES

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- ◆ **Outreach/HIV Counseling and Testing**
- ◆ **Primary, specialty and urgent care**
- ◆ **Laboratory and expanded radiology**
- ◆ **24 hour access to an HIV nurse**
- ◆ **Clinical Care Management**
- ◆ **Managed care inpatient units**
- ◆ **Chronic care facilities**

# COMPREHENSIVE SERVICES CONTINUED

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- ◆ Home and hospice care
- ◆ Primary care based mental health and social services, including concrete services case management
- ◆ Pastoral care program
- ◆ Volunteer program
- ◆ Consumer Advisory Board

# PROJECT SHINE: FISCAL ISSUES

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- ◆ **Preparing for capitation: remain fee for service currently**
- ◆ **Provider for CMA, billing CMA fee for service**
- ◆ **Health Center at large has been preparing for capitation; increasing number of patients enrolled in capitated plans**

# ISSUES IN DEVELOPING A CAPITATED PROGRAM

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- ◆ Need for seed or start-up money
- ◆ Developing a model of care
- ◆ Addressing mental health/substance abuse issues
- ◆ Making clinical practice changes
- ◆ Network development
- ◆ Evaluation of service utilization, costs and outcomes
- ◆ Moving towards capitation

# NEED FOR SEED OR START-UP MONEY

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- ◆ To develop, support and evaluate model of care
- ◆ To develop and support evaluation and utilization monitoring tool: patient database
- ◆ To perform evaluation of service utilization, costs, outcomes

# DEVELOPING A MODEL OF CARE

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- ◆ **Categorical vs integrated:**
  - categorical programs require large enrollment for financial viability
  - integrated programs must HIV specialty support and expertise
  - integrated programs can benefit from health center wide services/practice changes
- ◆ **Need for clinical case management**

# ADDRESSING MENTAL HEALTH/SUBSTANCE ABUSE

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- ◆ **Must address these issues to have effective medical care**
- ◆ **Even if not capitated for MH/SA; if not addressed adequately, affects medical utilization and outcomes**
- ◆ **Our intervention, SPNS 2: Better integrating MH/SA into primary care**

# CLINICAL PRACTICE CHANGES

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- ◆ **Hospitalization is most costly:**
  - managed care inpatient units
  - alternatives to hospitalization
  - tight primary/specialty care teaming
- ◆ **Emphasize illness prevention**
- ◆ **Clinical care management to reduce fragmentation/duplication**
- ◆ **Practice changes based on lessons learned: case reviews, utilization review**

# NETWORK DEVELOPMENT

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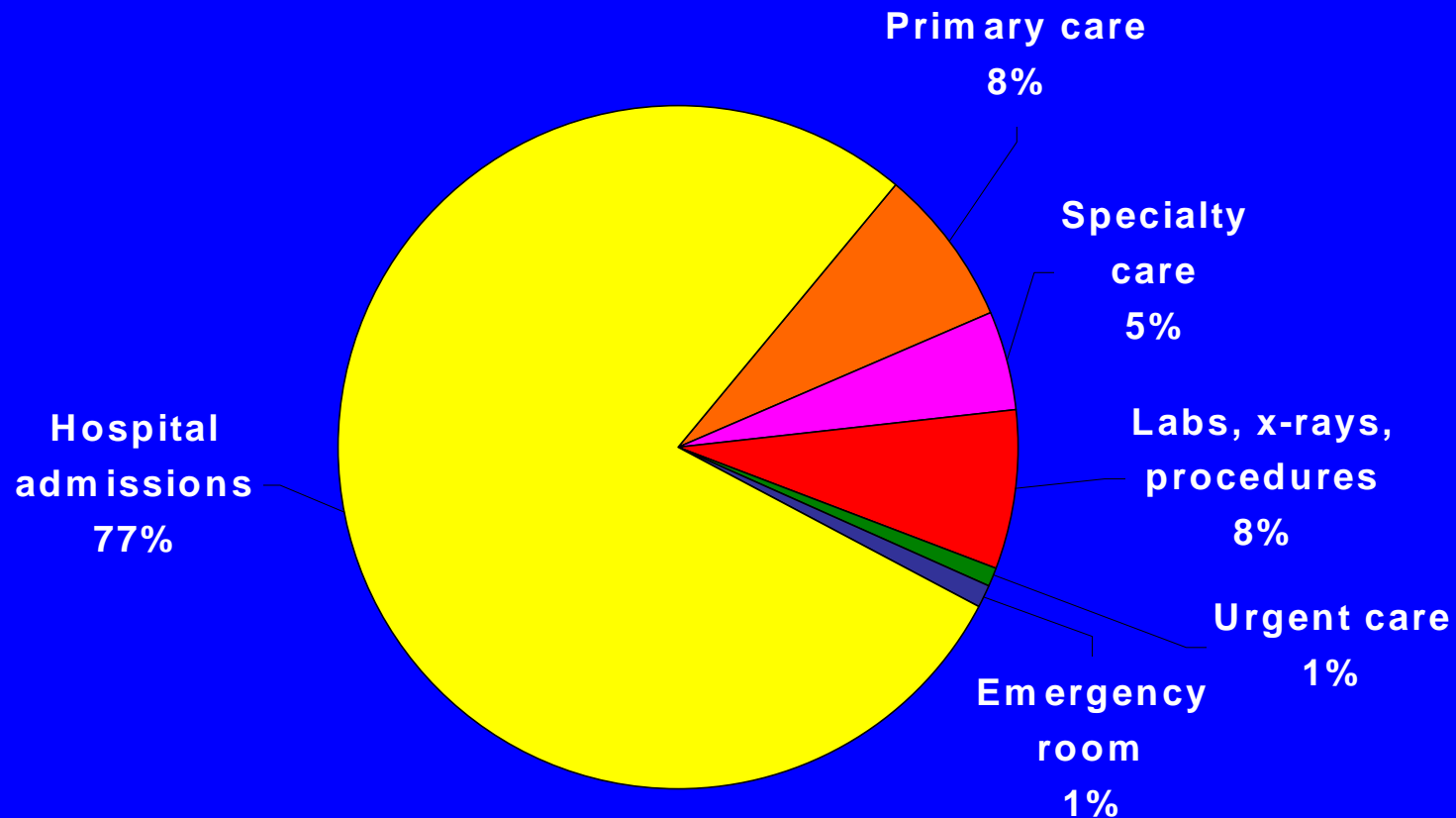
- ◆ **Managed care inpatient units**
- ◆ **Chronic care facilities**
- ◆ **Specialists**
- ◆ **Mental health/substance abuse services**
- ◆ **Pharmacy**

# UTILIZATION, COSTS AND OUTCOMES EVALUATION

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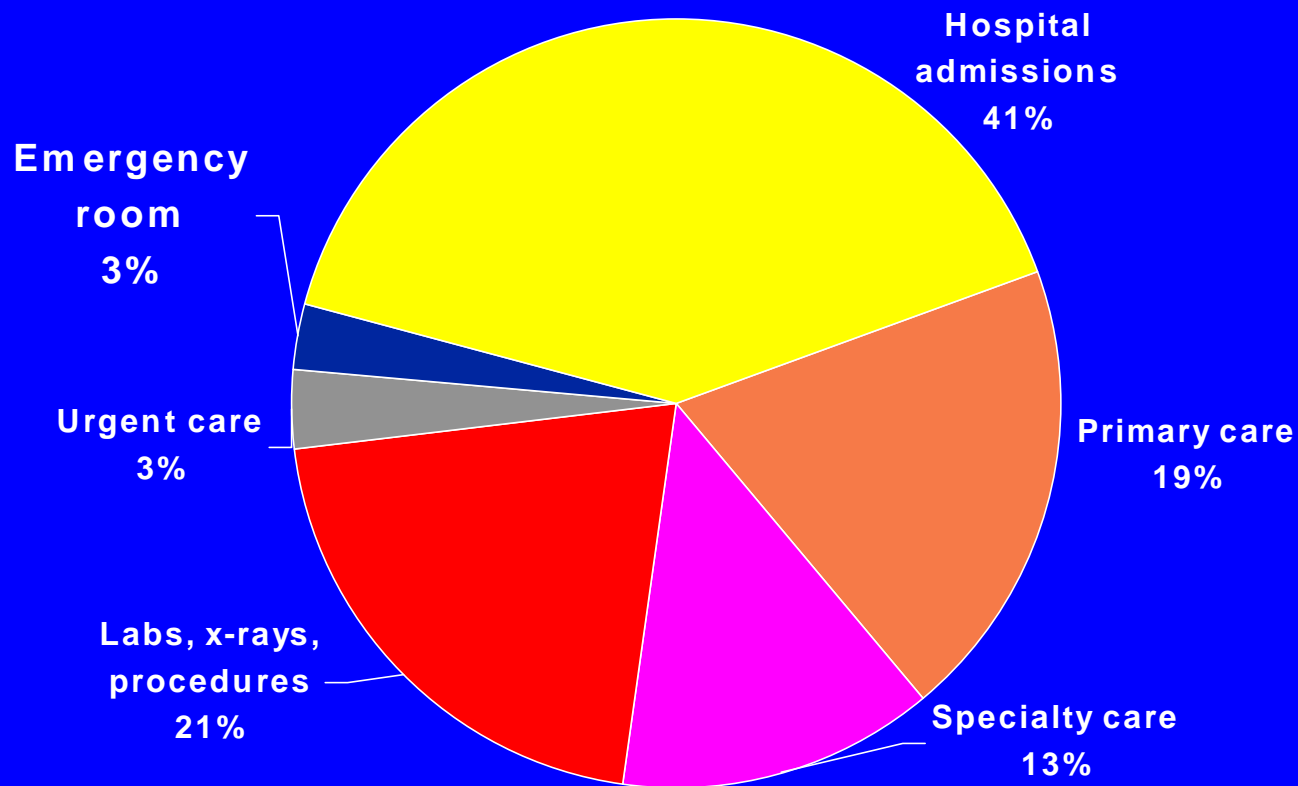
- ◆ **Problem: It's difficult when you are not the payer and it's needed before becoming the payer**
- ◆ **Use various approaches to data collection**
- ◆ **Some data will be better than others: pharmacy and outside services are problems**

# DISTRIBUTION OF COSTS FOR ENROLLEES WITH AIDS: 3 YEAR AVERAGE, 1995-1997\*



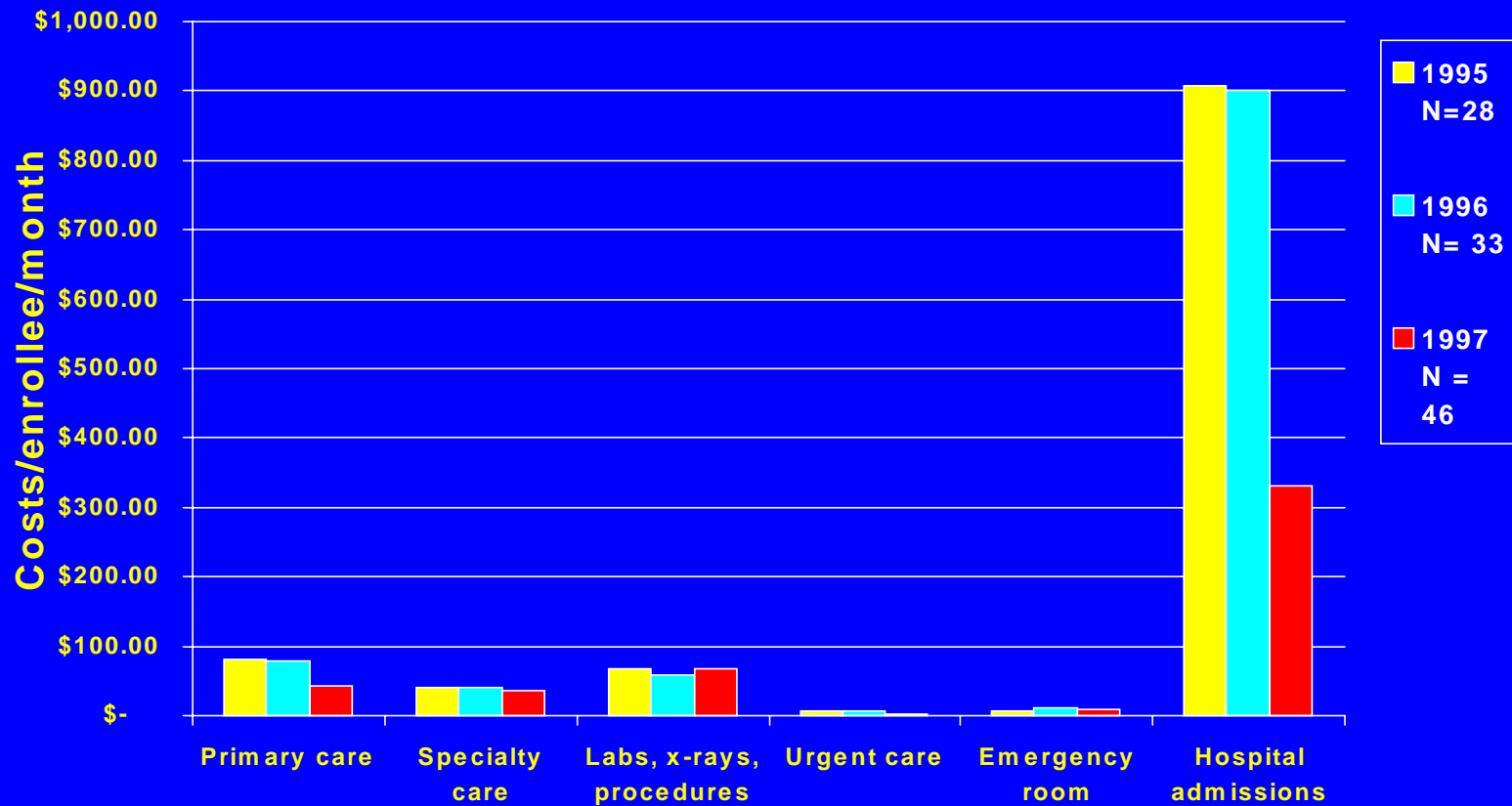
\* Excluding pharmacy, home health, mental health and addiction treatment services

# DISTRIBUTION OF COSTS FOR ENROLLEES WITH HIV: 3 YEAR AVERAGE, 1995-1997\*

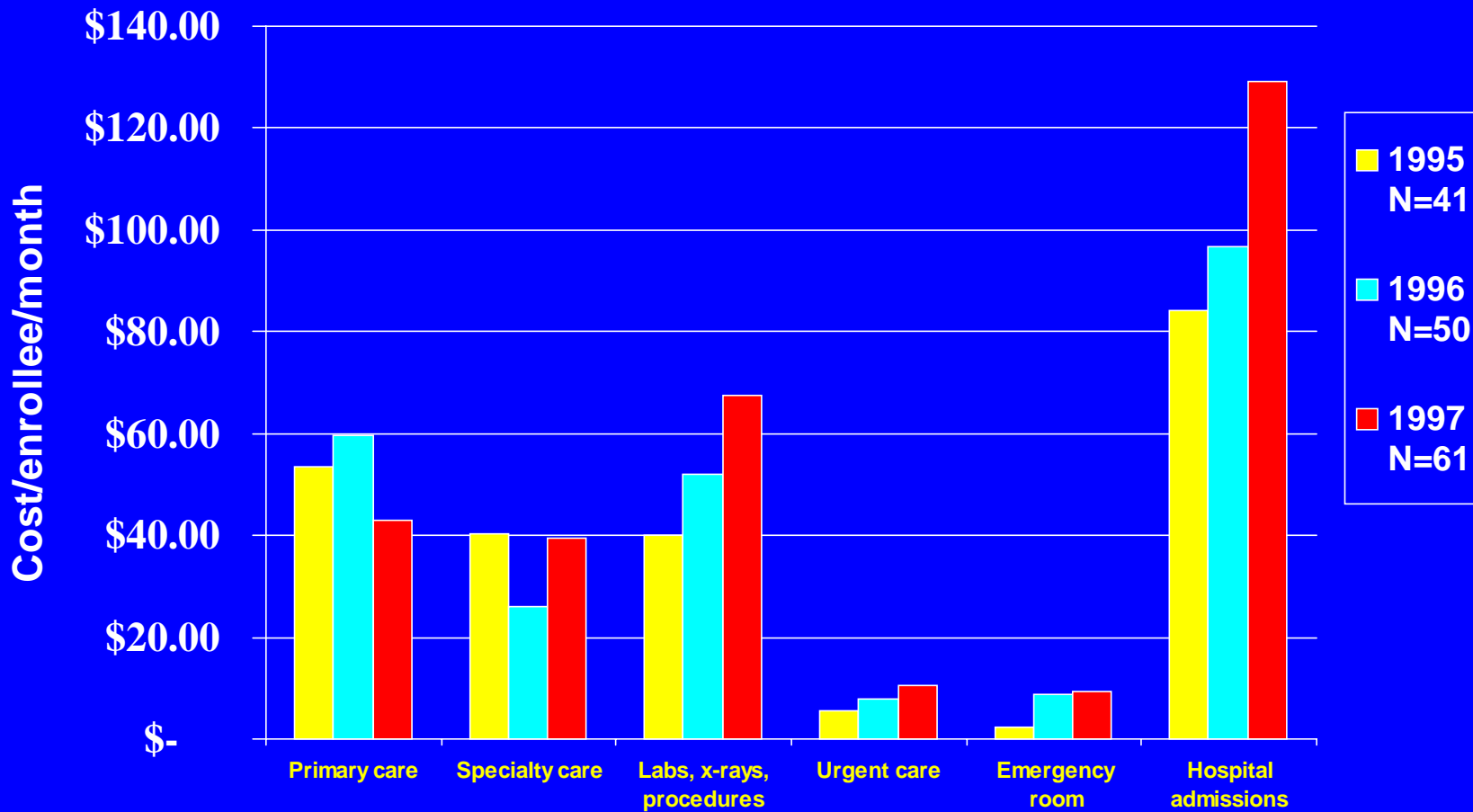


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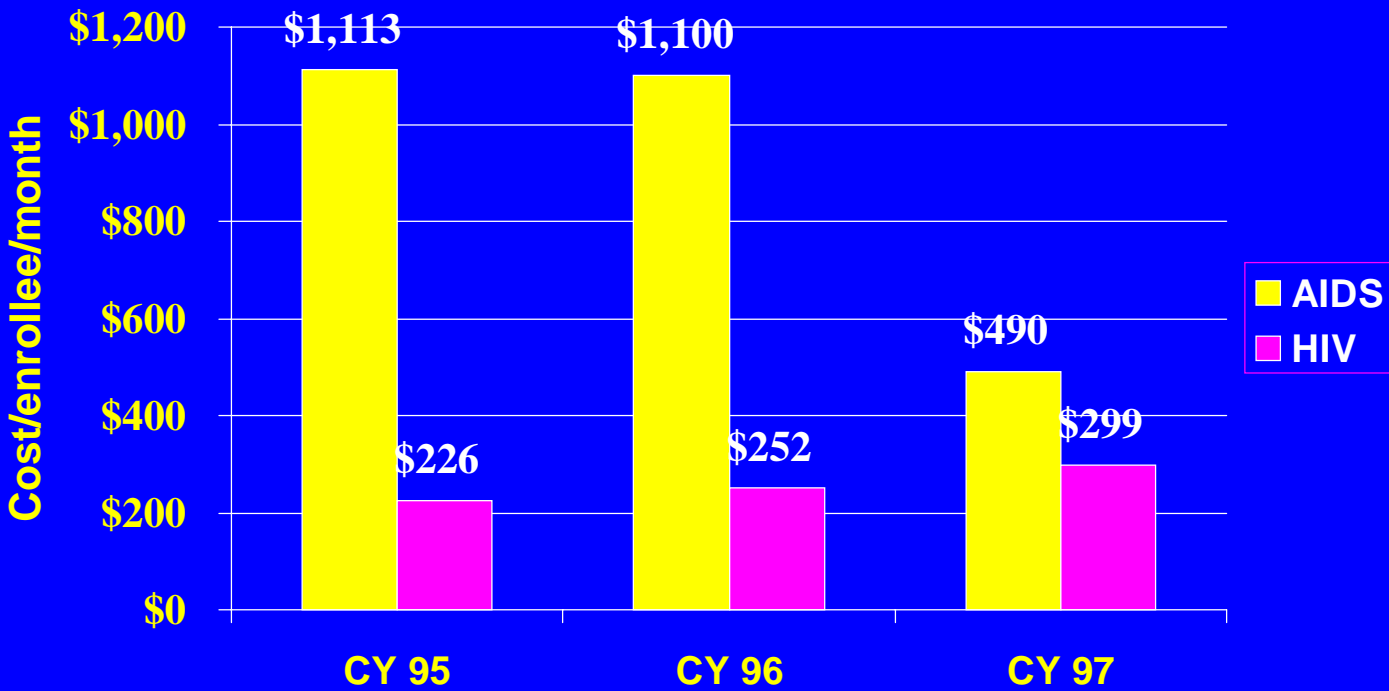
# TRENDS IN COSTS FOR ENROLLEES WITH AIDS: 1995-1997



# TRENDS IN COSTS FOR ENROLLEES WITH HIV: 1995-1997

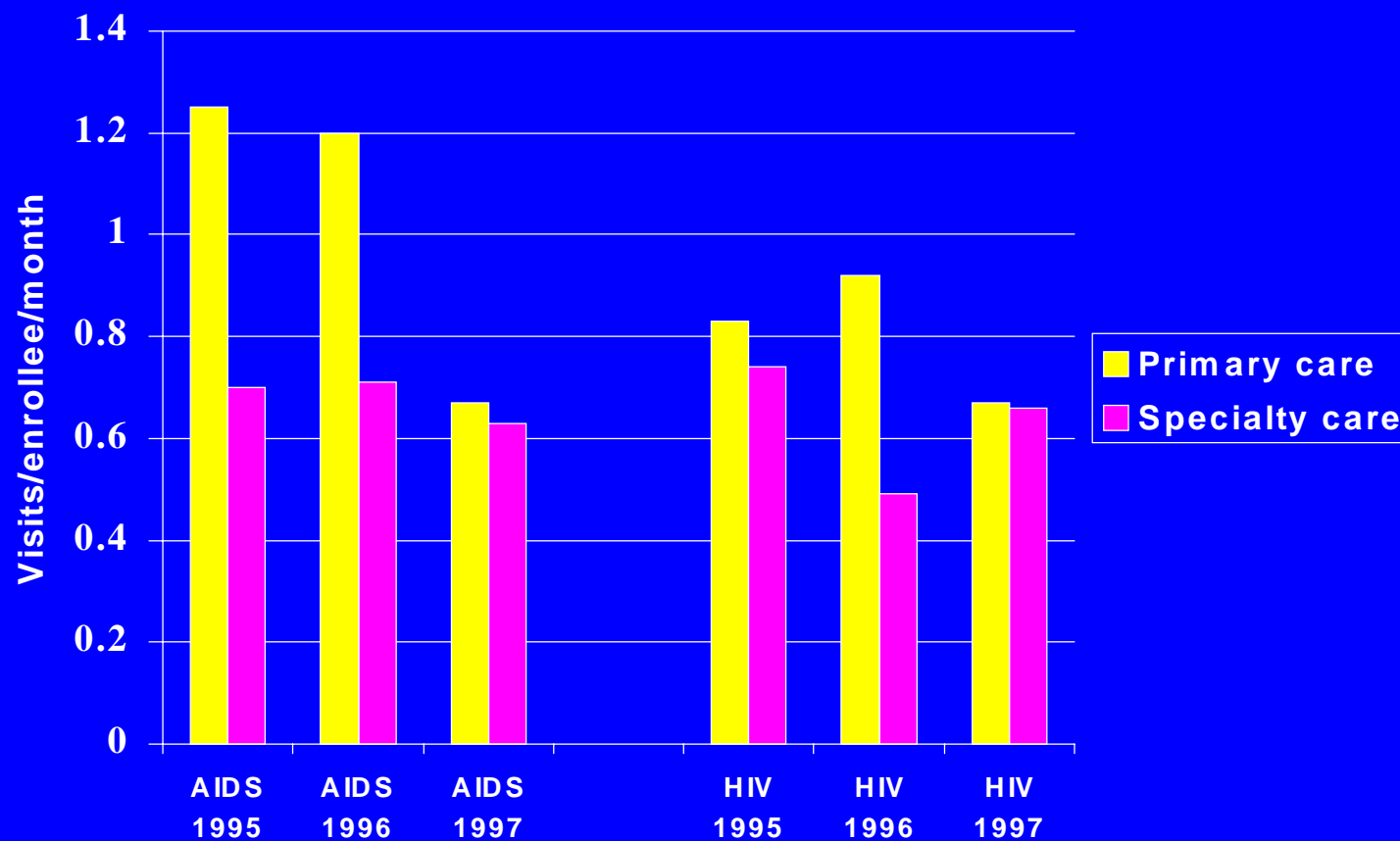


# COST COMPARISON: ENROLLEES WITH HIV AND AIDS\*

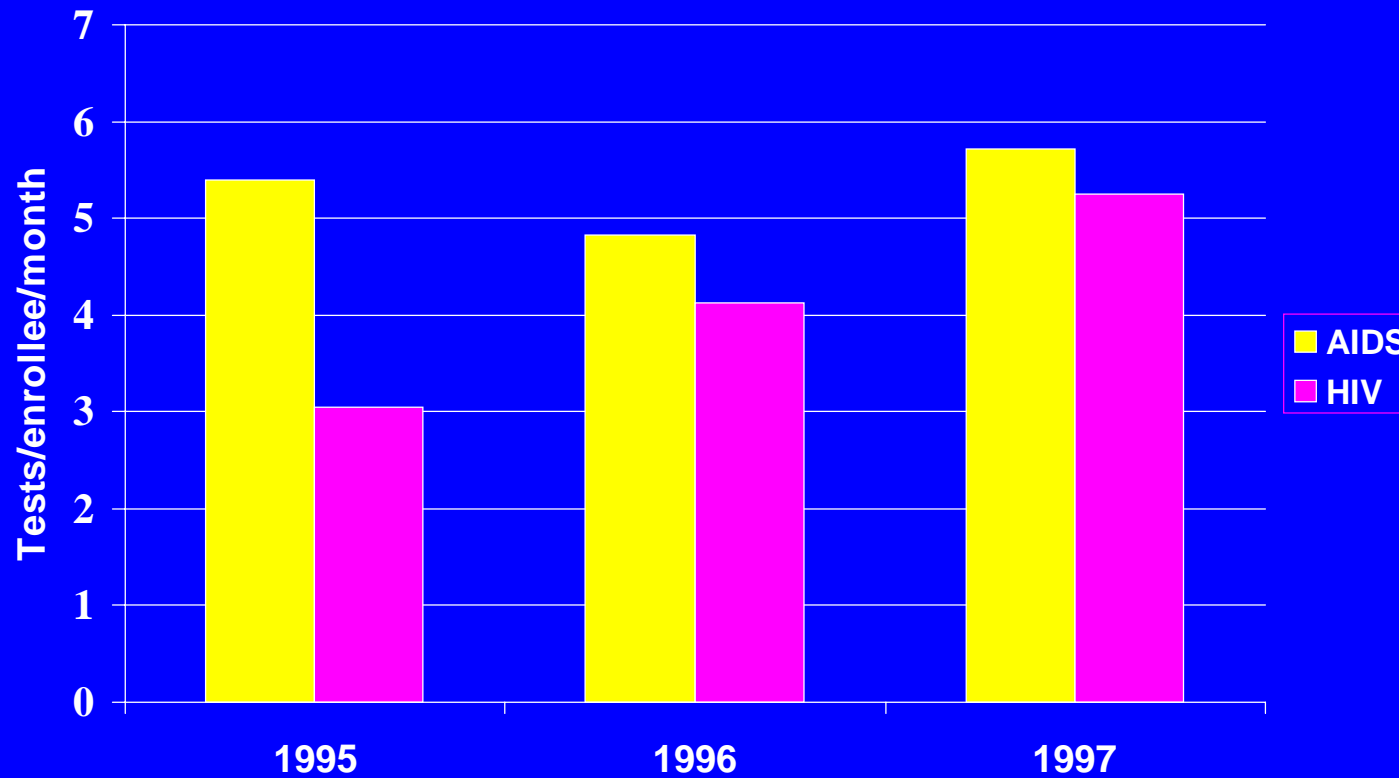


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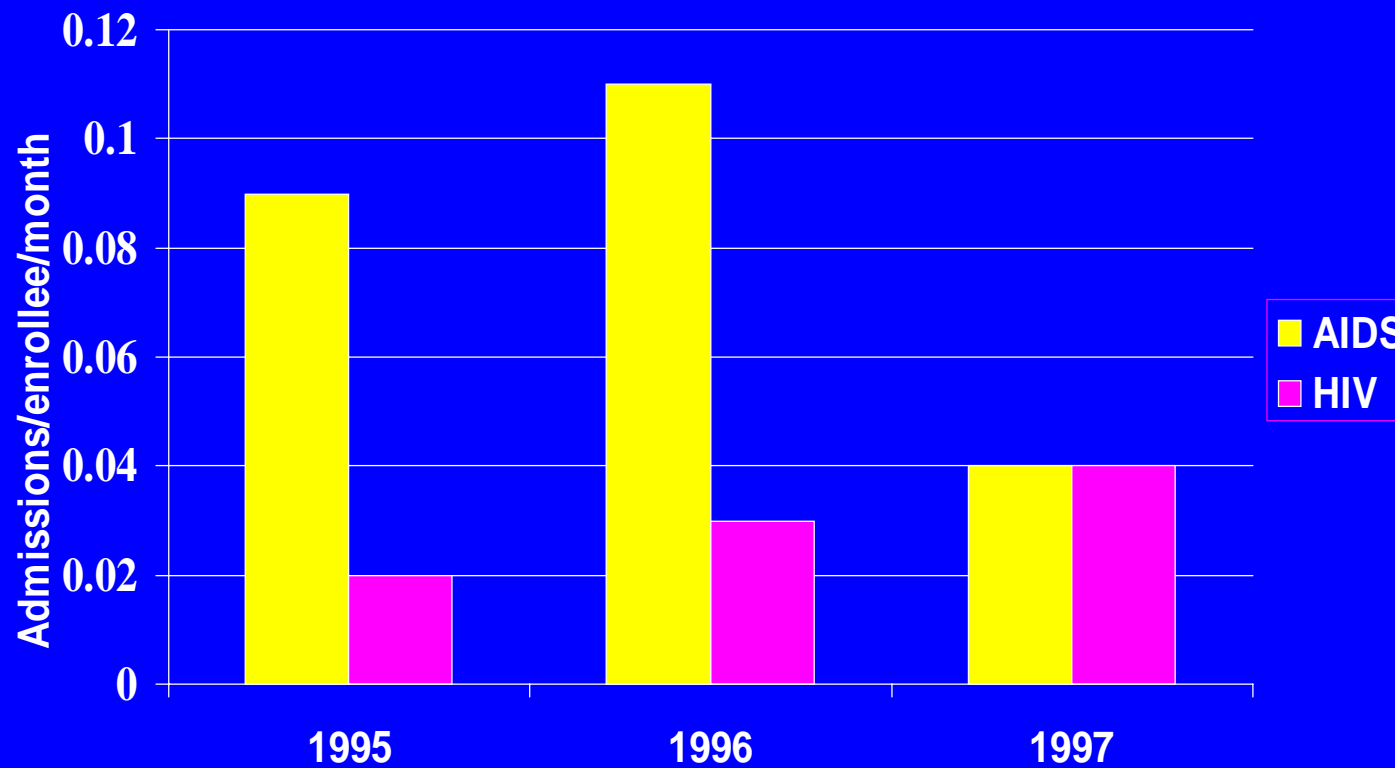
# TRENDS IN MEDICAL VISITS BY DISEASE STAGE



# TRENDS IN LABS, X-RAYS AND PROCEDURES BY DISEASE STAGE

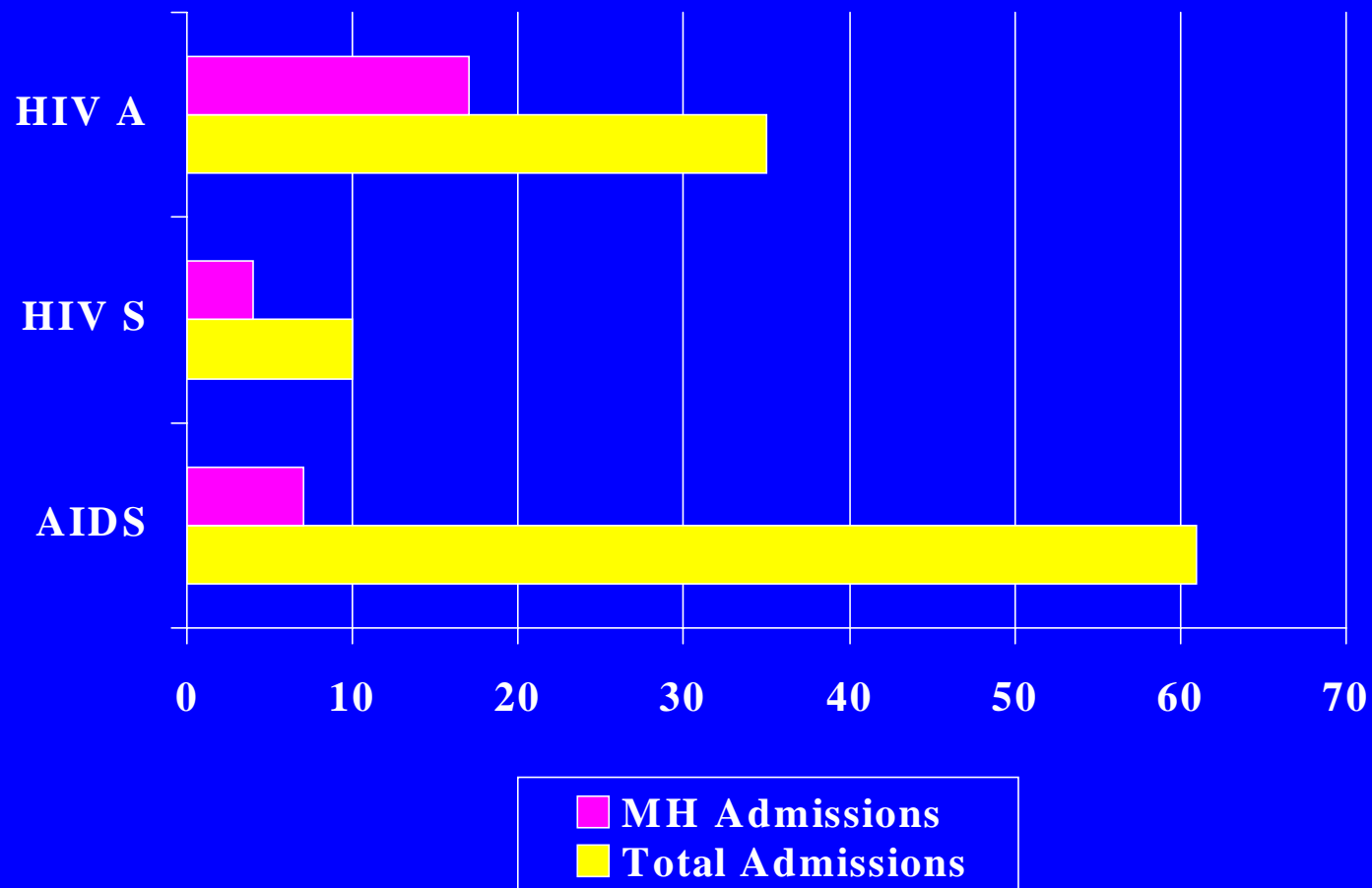


# TRENDS IN HOSPITAL ADMISSIONS BY DISEASE



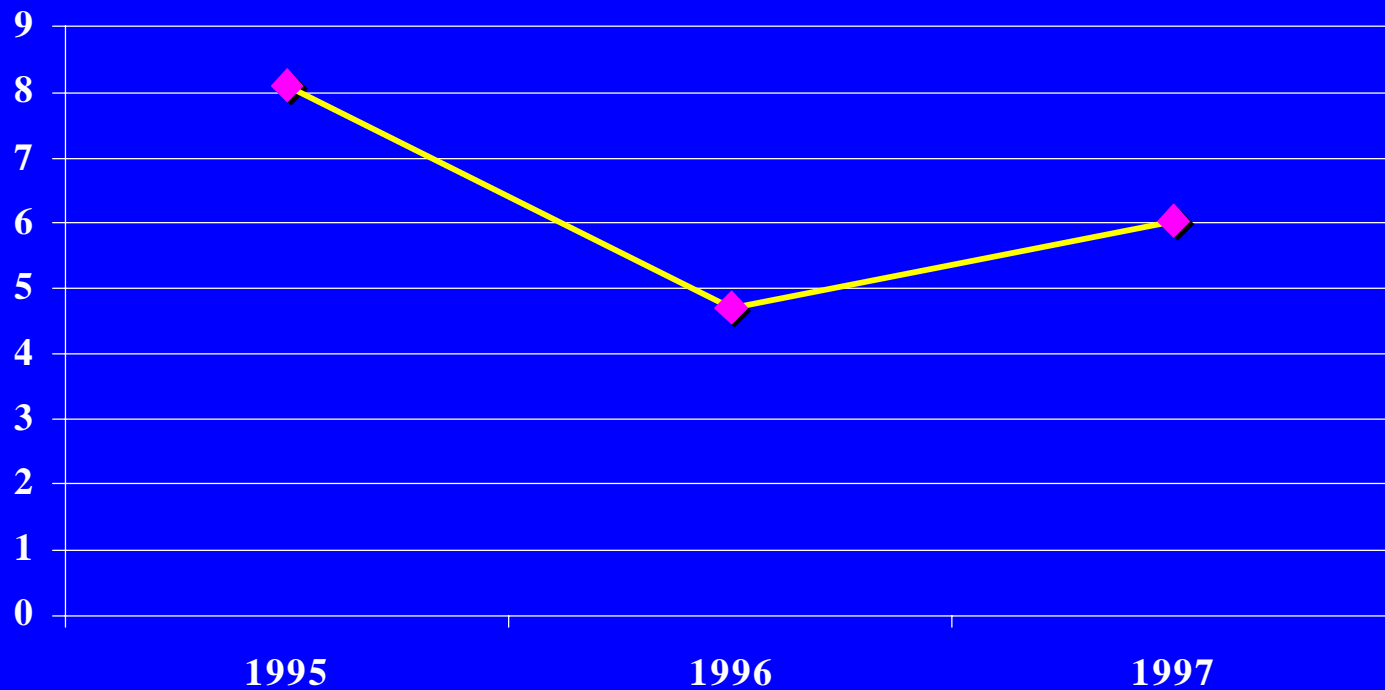
# MENTAL HEALTH ADMISSIONS AS A PERCENT OF ALL ADMISSIONS

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# TRENDS IN AVERAGE HOSPITAL LOS OVER TIME

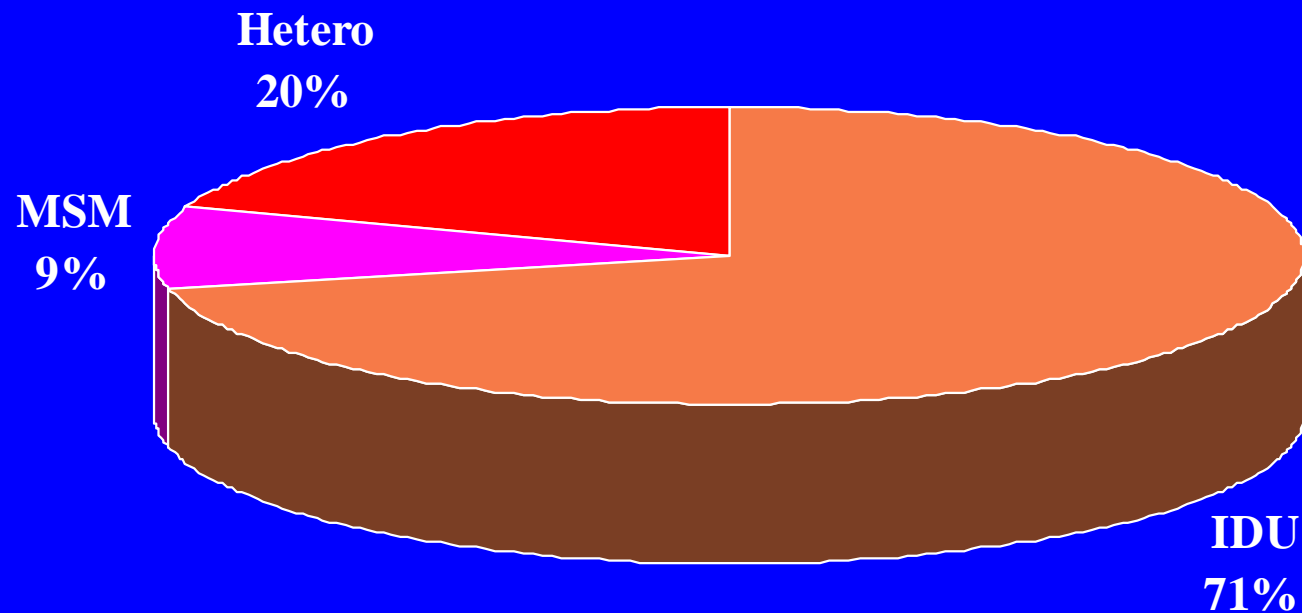
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# Hospital Days By Risk Factor

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Percentage of Hospital Days Used by Each Risk Group



10/1/94 - 9/30/97

# MOVING TOWARDS CAPITATION

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- ◆ **Negotiate capitation from MCO**
- ◆ **Need for risk adjusted capitation rates**
  - **Compare our cost to Mass Medicaid rate**
- ◆ **Possibility of partial capitation**
- ◆ **Need for risk sharing**
- ◆ **Need for ongoing utilization review, QI and outcomes assessment**

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# ACKNOWLEDGMENTS

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