

Example “Root Cause Analysis” of Superutilization

Root Cause Analyses are performed on PCIC clients to identify underlying issues that cause superutilization, and target these social, behavioral and clinical barriers. The “causes” colored in purple are areas that PCIC is working on with the patient. Analogous to icebergs, these issues don’t show up on the surface, but are discovered after multiple interventions and building a trusting relationship with the client.

“I don’t trust everybody, and whenever my mind begins to wander, or I get sick, you all were just a phone call away. Thank you for helping me in almost my darkest hour.”

- A PCIC Patient

P - (713) 798 3652

F - (866) 864-3034

3701 Kirby Dr. Suite 600, Houston TX 77098

<http://www.pcictx.org>

info@pcictx.org

 <https://www.facebook.com/pcictx>

 <https://www.linkedin.com/company/9374784>



Patient Care Intervention Center



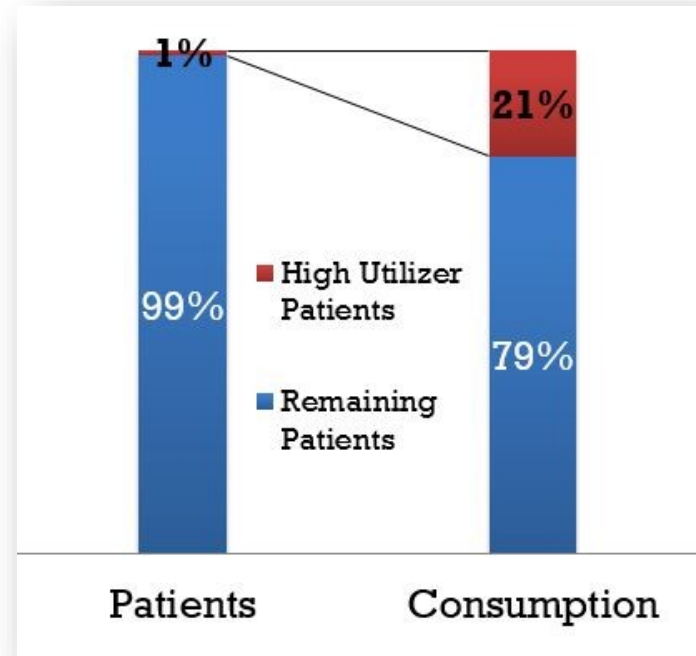
Patient Care Intervention Center



Our Mission: To **improve healthcare quality and costs** for the vulnerable in our community through **data integration** and **care coordination**.

SUPER-UTILIZATION

Small portion of the patient population that incurs the highest healthcare costs.

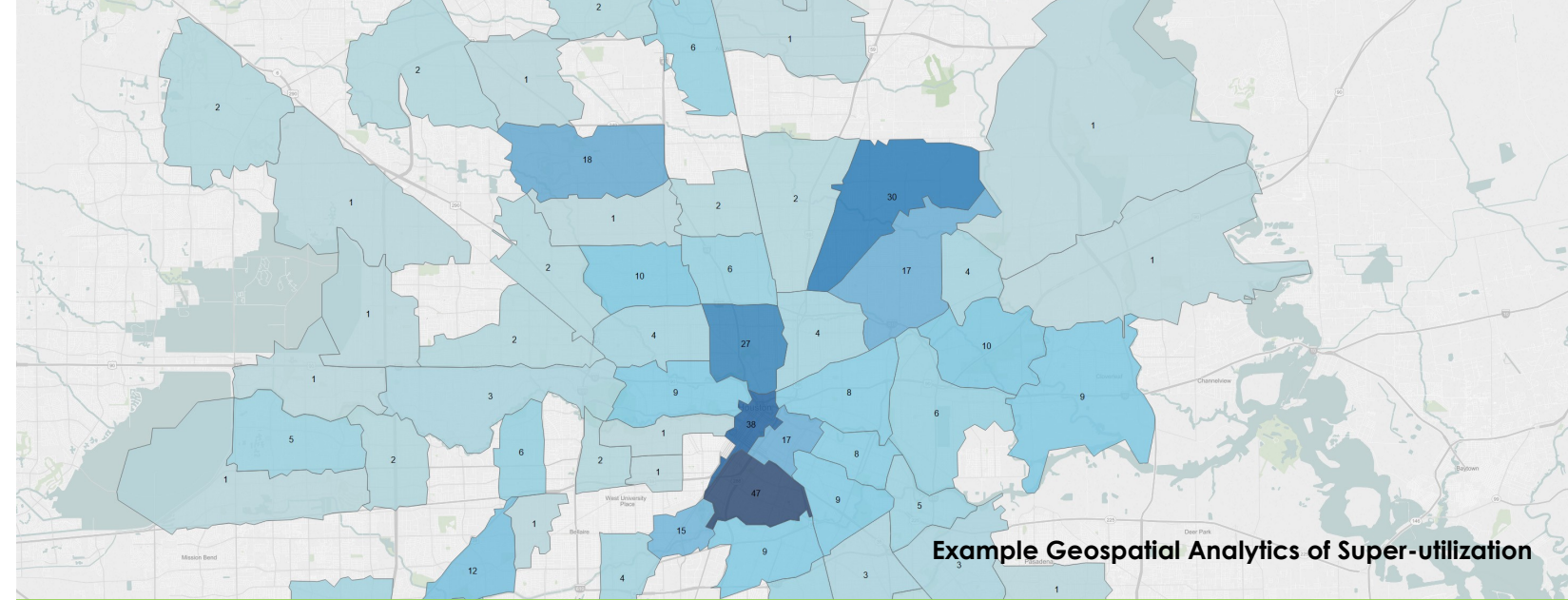


In 2009, 1% of the sickest patients accounted for 20% of the Medicaid budget. That amounts to an avg. expenditure of \$90,000/patient/year nationally. In TX that figure was 134,000 (\$806M in Harris County) and 21% of the 2011 budget.

What is common to these patients?

They tend to be **admitted 4 times or more per year**, use the **emergency room 10 times or more per year**, and are usually suffering from **chronic medical and behavioral conditions**. We refer to this population as **“super utilizers” (SU)**.

SU are the small portion of the patient population that incurs the highest healthcare costs. The cost and percentage of this population nationally is estimated in this graph by the Commonwealth Fund.



Example Geospatial Analytics of Super-utilization

PCIC TECHNOLOGY AND INFRASTRUCTURE

The PCIC technology infrastructure consists of the following 4 major parts:

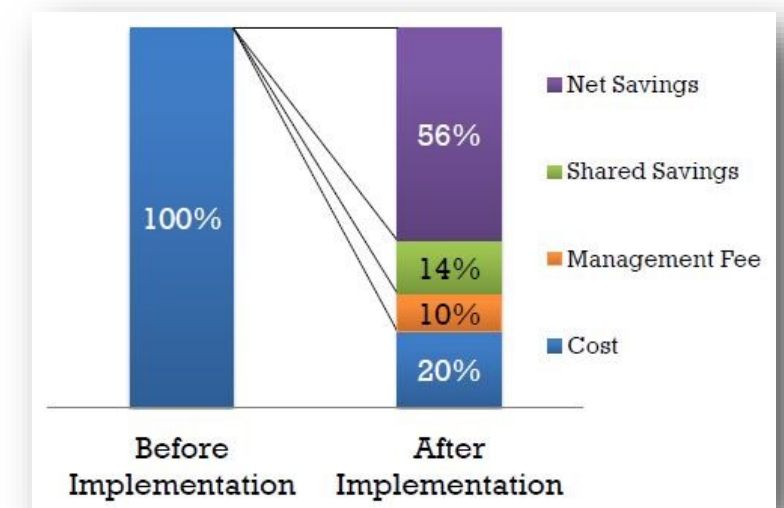
- 1. Data Collection** - First step in the PCIC work process, and consists of querying and identifying SU from the participating organization's EHR, based on the filter criteria.
- 2. Data Clean-up & “Overlap Analysis”** - Data transformation services to migrate records into the PCIC database format and identify overlaps across systems, followed by patient selection for PCIC intervention.
- 3. Tracking** - Tracking of PCIC patients is done in the PCIC StreetEMR - a web based system for care coordination and patient care plan management.
- 4. Reporting** - Data reporting is performed through interactive dashboard visualizations using the Tableau platform. Dashboards provide reports on utilization, outcomes and quality of life measures at a provider level, system level and the patient level. Root cause analysis are performed to better understand the causes of high utilization and barriers to care.

Early results shows 80% cost avoidance

PCIC SUSTAINABILITY MODEL

PCIC has developed a business plan to include insured clients in our sustainability model. Hospitals, ERs and Health insurance companies benefit from our program with the reduction of admissions and ER visits. Even with the increase in primary care visits, the overall cost per patient is significantly lower.

We have developed plans that include the managed care organization participation through a fee per person per month, to include insured clients in our long term sustainability plan.



LEARN MORE AT: <http://www.pcictx.org>

Distribution of Health care Expenditures for the U.S. population, According to Magnitude of Expenditure, 2009

PCIC WORKFLOW

The Patient Care Intervention Center proposes a model that will address the core of the problem experienced by Super Utilizers. By coordinating and analyzing data across multiple systems of care, we identify care coordination strategies and incorporate best practices already successful in other cities.

PCIC identifies the gaps in care coordination and provides a framework for measurable outcomes, improvement and cost reduction. We work across disciplines and create a more effective safety net system for our Harris County patients.

