

Super-utilizer clinic

► Intervention in brief

<p>High risk:</p>	<p>A super-utilizer clinic is a multidisciplinary clinic dedicated to comprehensive chronic condition and primary care management of high-risk patients who are frequent users of emergency department and inpatient care. The goal is to provide comprehensive clinical and psychosocial support to improve health outcomes and reduce utilization.</p>
<p>Strength of evidence</p>	<p> Intervention has only recently been studied with evidence based only on individual case studies. However, individual case studies consistently result in reduced utilization and costs for enrolled patients</p> <p>Medium</p>
<p>Impact</p>	<ul style="list-style-type: none"> • Decreased cost: 23-41.5% decrease in total costs • Decreased utilization (wide range): 70.4% increase to 54% decrease in hospitalization; 25-38% decrease in ED use • Improved quality, clinical outcomes: 1.1 percentage point reduction in one-year mortality; 0.6 reduced HbA1c; 16% increased share of patients with diabetes with blood pressure $\leq 140/90$ and $\leq 160/100$; 33% increased diabetic retinal exam completion, 6% increased colorectal care screening; insignificant change in screenings for breast cancer, cervical cancer, and diabetic foot exams • Increased access: 36 percentage point increased referrals to psychiatric care • Improved stakeholder satisfaction: Not demonstrated
<p>How to succeed</p>	<p>To build a sustainable super-utilizer clinic program:</p> <ul style="list-style-type: none"> • Determine whether the program owns or supplements patients' primary care • Co-locate the unit with an emergency department to facilitate effective transfers • Consider prominent patient needs when composing the care team (e.g., behavioral health specialist, community health worker, pharmacist) for patient-centered, multidisciplinary care • Keep care team's panel sizes small, often not exceeding 200 patients • Select clear patient identification and exclusion criteria to offer services to high-risk, high-cost patients interested in additional support • Manage patients with the ultimate goal of graduation to self-management, but recognize that some patients may require services indefinitely • Supplement offerings by partnering with community-based organizations to fulfill pressing social needs (e.g., housing instability, transportation services) • Secure sustainable funding sources and track downstream cost savings to scale program over time <p>To learn more about developing an evidence-based approach, check out our Strategic Blueprint: Advancing a Super-Utilizer Program brief here.</p>

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▶ Demonstrated impact

Literature review summary

Title: The Impact of Tailored Intervention Services on Charges and Mortality for Adult Super-Utilizers

Publication: Healthcare

Date: 2018

Type: Case study

Study population: 1,457 patients (53.3% male, 46.6% Medicaid, 35.7% experiencing homeless) at Denver Health receiving care at the intensive outpatient clinic and/or at least one new clinical intervention

Major findings: Compared with a historical control group, services in a dedicated intensive outpatient clinic:

- Reduced cost avoidance (26 million total; 41.5%) including reduced inpatient (\$15.5 million), intensive-care unit (\$4.7 million), and surgery (\$6.9 million) charges
- Increased admissions (79.4%)
- Reduced one-year mortality (12.6% vs. 11.5%)

Source: Full article [here](#).

Title: How We Promoted Sustainable Super-Utilizer Care through Teamwork and Taking Time to Listen

Publication: New England Journal and Medicine Catalyst

Date: 2017

Type: Case study

Study population: 186 super-utilizers enrolled in the clinic over the course of two years. 93% had a mental health diagnosis, 66% had a substance use disorder, and 40% were uninsured.

Major findings: After six months, UF Health's Care One Clinic resulted in:

- Reduced hospitalizations (25%)
- Reduced inpatient hospital days (23%)
- Reduced ED visits (23%)

Source: Full article [here](#).

Title: Rethinking Care for Emergency Department Super Utilizers in a Value-Based World

Publication: ECG Management Consultants

Date: 2016

Type: Case study

Study population: Patients identified using a county-wide data system with an average of 2.5 visits with the Ambulatory Intensive Care Unit per month.

Major findings: The unit is co-located with the ED and provides primary care, behavioral health and social services, medication management, and care management. Hennepin County Medical Center's ambulatory intensive care program resulted in:

- Decreased costs: 23%
- Decreased hospitalization: 25%
- Decreased ED use: 38%

Source: Full article [here](#).

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Title: Implementation Science Workshop: A Novel Multidisciplinary Primary Care Program to Improve Care and Outcomes for Super-Utilizers

Publication: Journal for General Internal Medicine

Date: 2016

Type: Case study

Study population: 171 patients were on average 63 years old, female (63%), black (49%) or Hispanic (46%), and dual eligible (45%) with 7 comorbidities

Major findings: Mount Sinai Hospital's PACT Clinic, co-located at the primary care practice, resulted in:

- Reduced 30-day readmission rates
- Decreased hospitalization rates (54%)
- Decreased ED utilization (25%)

Source: Full article [here](#).

Title: Improvement in Quality Metrics by the UPMC Enhanced Care Program: A Novel Super-Utilizer Program

Publication: Population Health Management

Date: 2018

Type: Case study

Study population: 144 patients (≥ 2 inpatient admissions and/or 6 ED visits over the past year) enrolled in the Enhanced Care Program (ECP) at the University of Pittsburgh General Internal Medicine clinic

Major findings: Services from the ECP team (including PCPs, nurse care manager, a social worker, and an administrative assistant.), including a care management, a walk-in clinic, home visits, 24/7 telephonic support, medication delivery, and psychiatric referrals, resulted in:

- Reduced HbA1c (7.7 vs. 8.3)
- Increased diabetic retinal exam completion (33%)
- Increased share of patients with diabetes with blood pressure $\leq 140/90$ and $\leq 160/100$ (16%)
- Increased colorectal cancer screening (6%)
- Increased referrals to psychiatric care (36 percentage points)
- 19% of patients using opioids were weaned off
- Insignificant change in breast cancer screening, cervical cancer screening, and diabetic foot exams

Source: Full article [here](#).

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Appendix

- Durfee J, et al., "The Impact of Tailored Intervention Services on Charges and Mortality for Adult Super-Utilizers," *Healthcare*, 6, no. 4 (2018), <https://www.sciencedirect.com/science/article/pii/S221307641730057X>
- "Strategic Blueprint: Advancing a Super-Utilizer Program," Population Health Advisor, Advisory Board, <https://www.advisory.com/research/population-health-advisor/white-papers/2016/strategic-blueprint-advancing-a-super-utilizer-program>.
- Henkel A, et al., "Rethinking Care for Emergency Department Super Utilizers in a Value-Based World," *ECG Management Consultants*, <http://www.ecgmc.com/thought-leadership/articles/rethinking-care-for-emergency-department-super-utilizers-in-a-value-based-world>.
- Lynch C, et al., "Implementation Science Workshop: A Novel Multidisciplinary Primary Care Program to Improve Care and Outcomes for Super-Utilizers," *Journal for General Internal Medicine*, 31, no. 7 (2016): 797-802, <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4907941/>.
- Borde D, et al., "How We Promoted Sustainable Super-Utilizer Care through Teamwork and Taking Time to Listen," *NEJM Catalyst*, <http://catalyst.nejm.org/superutilizer-care-teamwork-barriers-to-care/>.
- Bryk J, et al., "Improvement in Quality Metrics by the UPMC Enhanced Care Program: A Novel Super-Utilizer Program," *Population Health Management*, 21, no. 3 (2018), <https://www.ncbi.nlm.nih.gov/pubmed/28945512>.