

# Wyoming Super-Utilizer Program (WySUP)

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Wyoming  
Department  
of Health

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# Agenda

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## **1. Background**

- What are “Super-Utilizers”?
- Program development

## **2. Objectives**

- Decrease overall Medicaid costs
- Improve clinical quality outcomes for participants
- Build care coordination capacity in Wyoming

## **3. Method**

- Identification and risk-scoring
- Intensive care coordination
- Tracking outcomes
- Regionalization

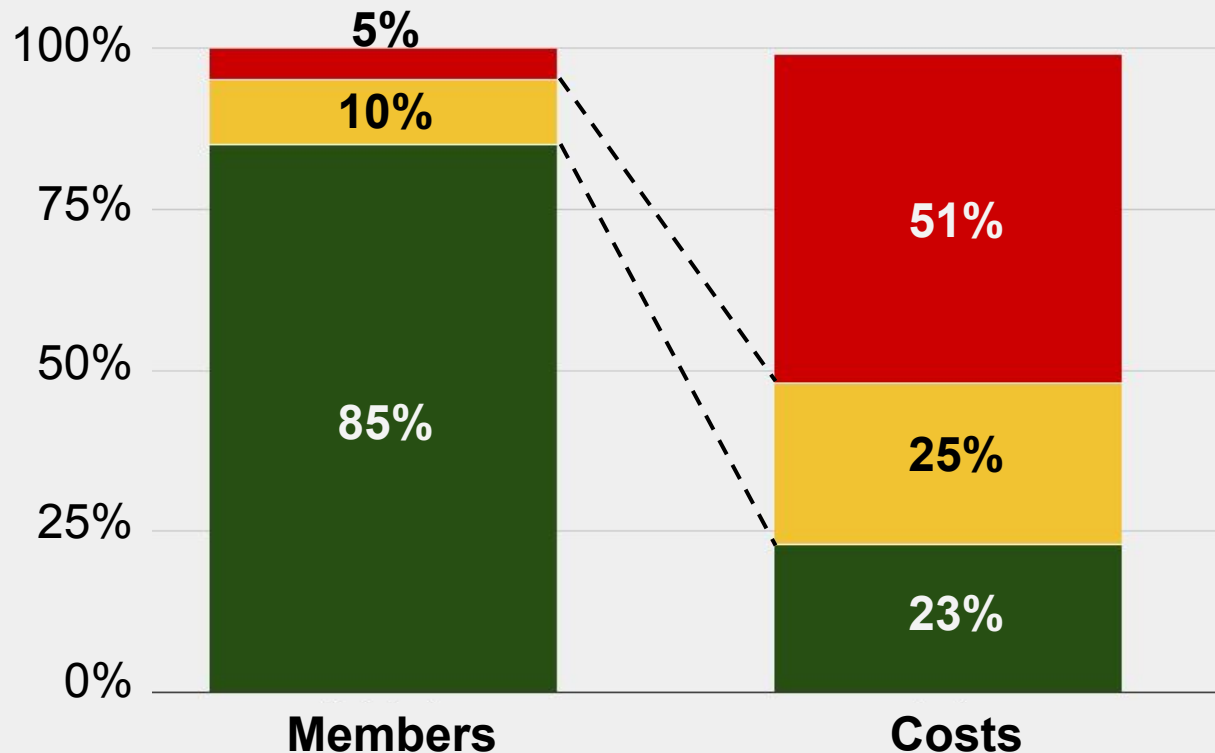
# Background



# This story is familiar

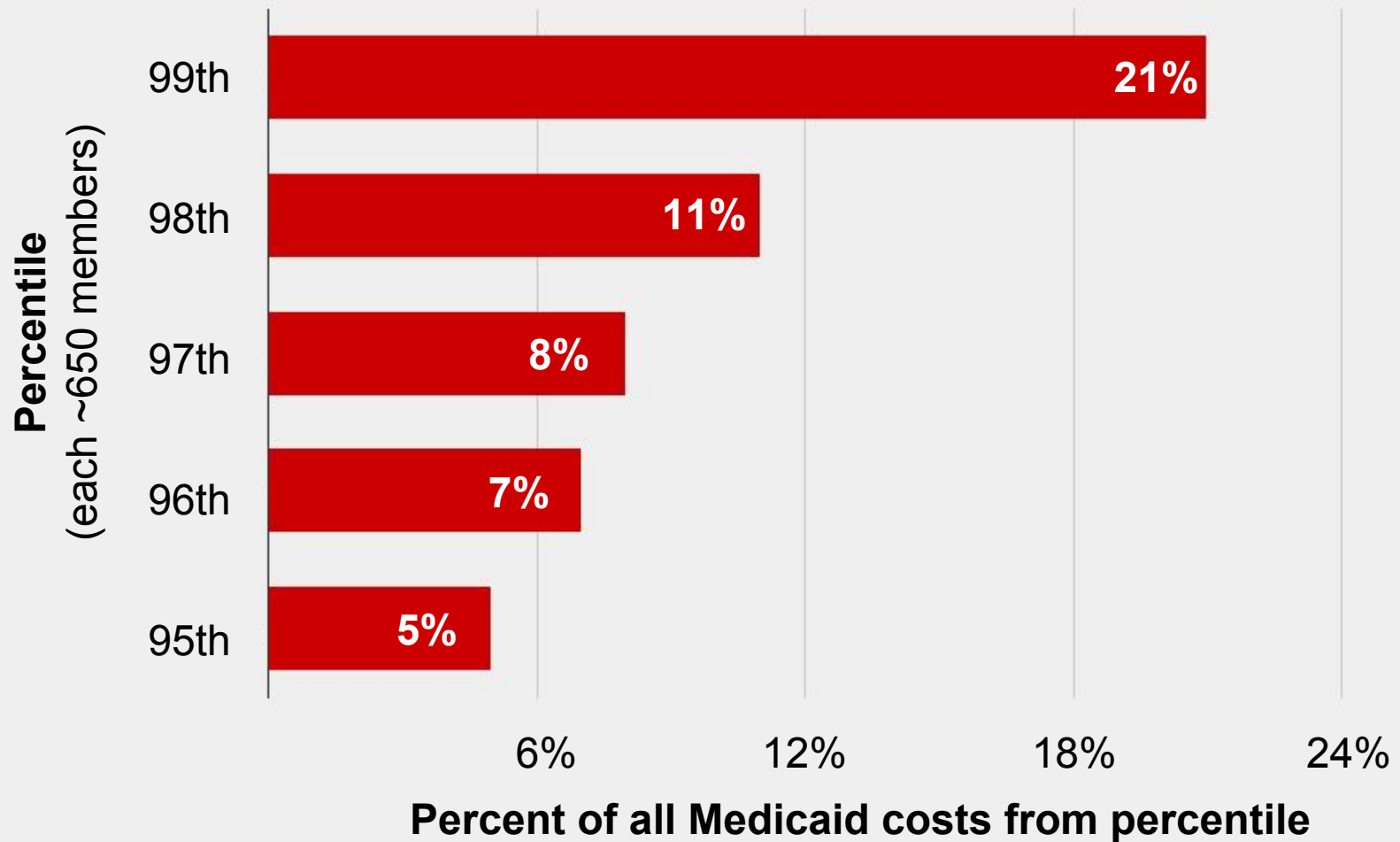
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The top 5% of members accounted for 51% of costs in SFY 2015.



# Costs are skewed even in Top 5%

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# What “Super-Utilizers” are not

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- “Super-utilizers” are *not necessarily* in the top percentiles of overall Medicaid spending. These tend to be:
  - Institutional (hospital inpatient or WLRC)
  - Nursing home / long-term care clients
  - Clients with developmental disabilities
- They are *not* people with catastrophic medical expenditures (e.g. “hit by a bus”)
- They are *not* people with unavoidable high medical costs (e.g. hemophiliacs)

# What “Super-Utilizers” are

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- “Super-utilizers” are individuals with a set of interacting **physical** and **behavioral health** problems.
  - Chronic diseases - diabetes, asthma, CHF, COPD
  - Co-occurring substance abuse, mental health issues.
- Limited ability to **self-manage** their own conditions.
- Medical care is often over-utilized, avoidable, or inappropriate.

# Program Development

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- Legislature mandated Medicaid reform (SEA 82 - 2013)
  - Among other reforms, required study of managed care
- Managed care study (2014)
  - Department should continue Patient-Centered Medical Home (PCMH) initiative.
  - The State should not pursue full-risk managed care.
  - State should develop Super-Utilizer Program (SUP)
- National Governors' Association Policy Academy (2015)
  - WySUP concept developed



# Objectives and Method



# Objectives

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- Lower overall Medicaid costs
  - Includes **both** medical costs and WySUP costs. There must be a demonstrated return on investment.
  - “Insulation may save you money on heat, but it doesn’t save you money on insulation.”
- Improve clinical outcomes
  - Using claims data (e.g. emergency room use, hospital re-admissions) and Electronic Health Record (EHR) data.
- Build care coordination capacity in State
  - Longer-term: regional entities with boards made up of primary care, mental health/substance abuse, EMS agencies, hospitals

# Phase I - Design (2015-16)

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- Developed WySUP plan
  - In collaboration with Governor's Office and National Governors' Association.
- Developed two prospective risk-scoring methods
  - **Purpose:** to predict future health care costs from demographics and past experience.
  - Models fit using Wyoming Medicaid claims data.
  - **Model No. 1: Clinical risk** uses open-source *Chronic Illness and Disability Payment System* (UCSD) applied to previous 13 months of all recorded diagnoses.
  - **Model No. 2: Utilization risk** uses past 13 months of emergency department and inpatient use, as well as overall costs.

# Phase II (2016 - 2018)

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- State identifies clients
  - 1,500 highest-risk clients randomly assigned into “treatment” and “control” groups (750 people in each group)
  - Completed June 2016.
- “Treatment” list is given to care management organization
  - Optum
  - 500 clients receive intensive, **in-person** care coordination.
  - Focus is on building self-management and resilience.
  - Completed July 2016.
- State tracks outcomes for clients
  - Randomized design allows rigorous evaluation of return on investment and improvement in clinical outcomes.
  - Ongoing. Expected outcomes by August, 2017.

# Current List

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- Demographics

- Mostly low-income (“Family Care”) adults (36%) and Supplemental Security Income (SSI) (58%)
- From all counties (e.g., 206 from Laramie County, 7 in Niobrara, 1 in Sublette)
- Average age - 44
- 73% female

# Phase III (2018 -)

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- State identifies clients prospectively
  - Results from evaluations will allow State to **iterate** towards better risk-scoring algorithms.
  - Begin including Title 25 (mental health) clients.
- Regional entities are formed to conduct care coordination activities
  - Entities made up of **primary care, behavioral health, EMS, hospitals, case managers** and other providers.
  - Optum (or other vendor) conducts activities in areas where regional entities haven't formed.
  - Begin with cost-based and shared savings models, gradually move to **shared-risk** models.

# Questions?



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