

Minimally Disruptive Medicine from policy to practice

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Hennepin County **Medical Center**

Learning objectives

1. Understand how policies may open up opportunity to practice MDM
2. Describe the varied practice of MDM within these policy settings
3. Define and commit to one to two ways you will advance the practice of MDM upon your return home

**INTRODUCTIONS:
NAME, INSTITUTION,
WHAT BROUGHT YOU HERE**

Policy



the personal and professional context within which
we practice medicine



My example: the Coordinated Care Center

HCMC gives a new push to prevention, with smiles

A highly personal approach is helping Hennepin County Medical Center keep the poorest patients healthier - and out of the hospital.



Policy 1:





Coordinated Care Delivery System

June 2010 – February 2011

MINNPOST

Four hospitals testing new health-care approach for 35,000 of the state's most medically vulnerable poor

By Cynthia Boyd | 07/29/10

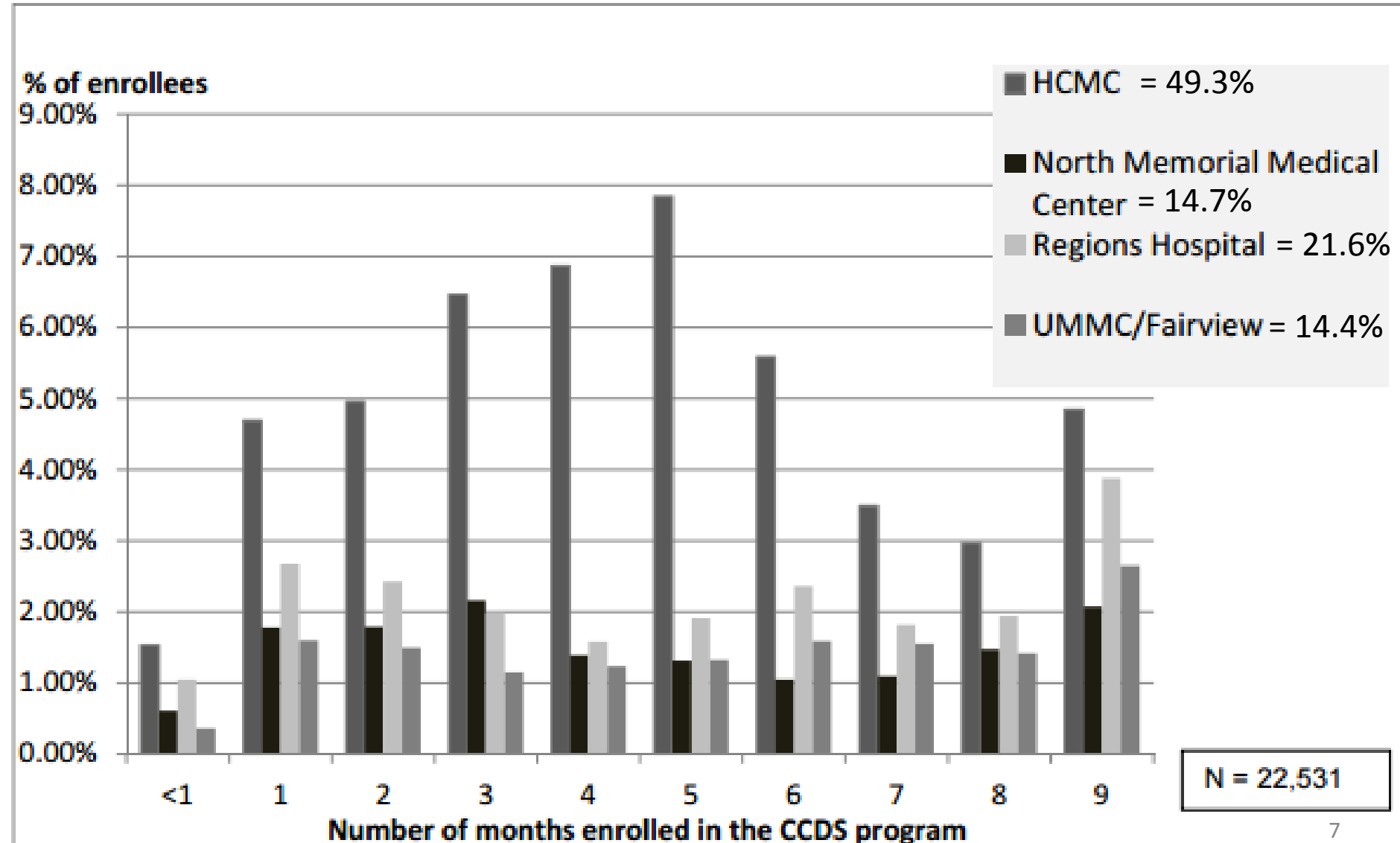
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Four hundred of the poorest adults in our community — those for whom the state picks up the medical bills — were hospitalized 10 times or more at Hennepin County Medical Center last year.

It is for them and for 9,100 other needy, medically vulnerable people who hospital staff expect on their doorstep that HCMC this week kicked off its own version of the new hospital-based care approach being provided under the state's revised General Assistance Medical Care (GAMC) program.

Most CCDS patients came to HCMC

Figure 1: Total Length of Enrollment in Months and Percent by CCDS



CCDS patients had high rates of behavioral health & chronic conditions

Table 6: Percent of Enrollees with Diagnoses in Selected Categories

CCDS	Chemical Dependency	Mental Health	Injury and Poisoning	Chronic Diseases					
				Asthma	Diabetes / Retinopathy	Heart	Hypertension	Cirrhosis and Chronic Liver Disease	Kidney Disease
HCMC	32.5%	30.1%	26.4%	8.0%	8.5%	9.6%	20.0%	4.7%	3.2%
North Memorial Medical Center	27.6%	27.2%	21.8%	8.0%	7.4%	5.6%	18.1%	3.7%	3.4%
Regions Hospital	29.9%	37.8%	29.3%	7.4%	8.8%	9.3%	19.4%	3.8%	4.6%
UMMC/Fairview	30.3%	34.9%	20.7%	6.1%	8.4%	6.7%	15.7%	5.9%	3.4%

Policy 2: Super-utilizers



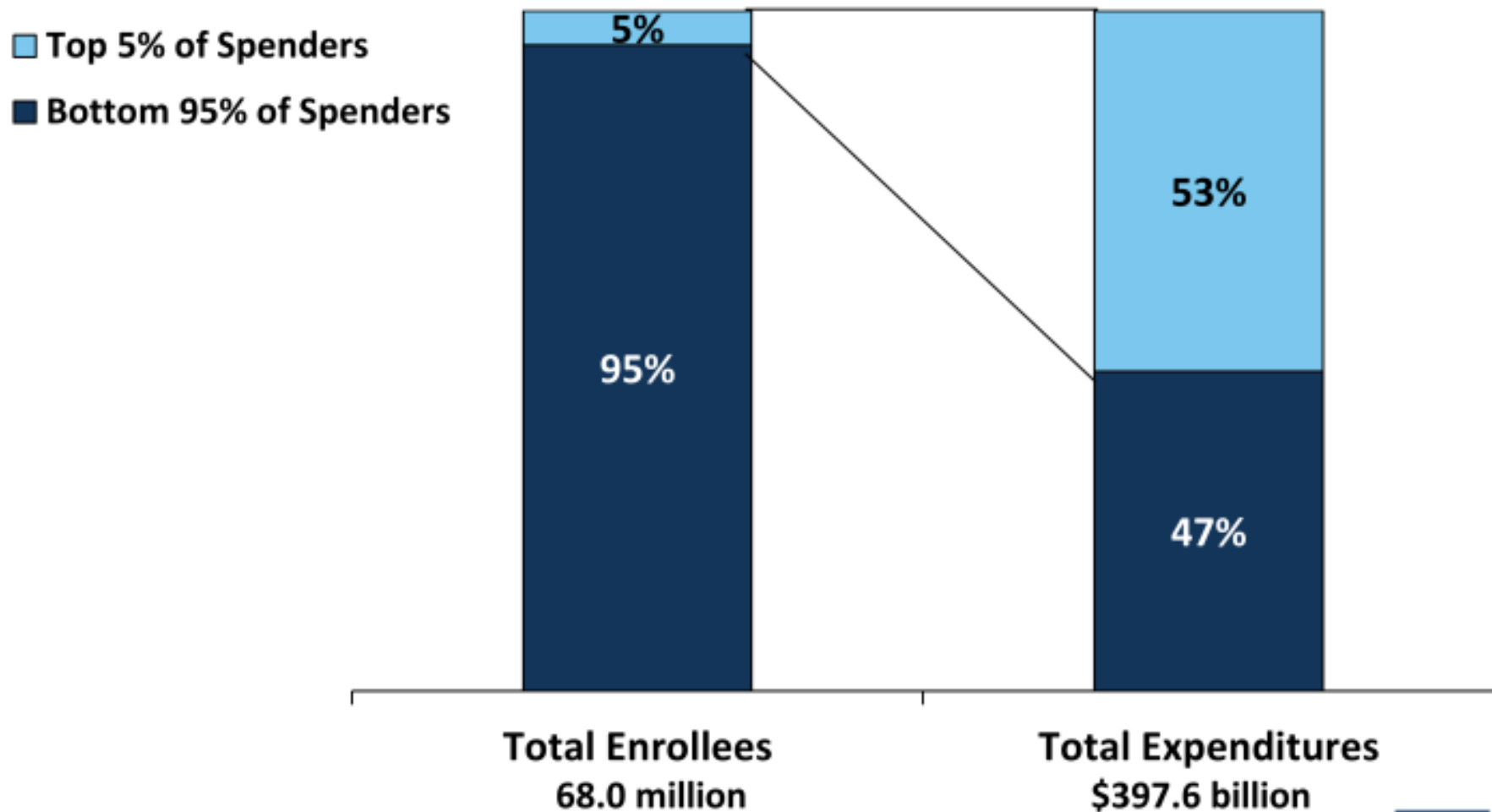
MEDICAL REPORT JANUARY 24, 2011 ISSUE

THE HOT SPOTTERS

Can we lower medical costs by giving the neediest patients better care?

By Atul Gawande

Top 5% of Enrollees Accounted for More than Half of Medicaid Spending, FY 2011



SOURCE: KCMU/Urban Institute estimates based on data from FY 2011 MSIS and CMS-64. MSIS FY 2010 data were used for FL, KS, ME, MD, MT, NM, NJ, OK, TX, and UT, but adjusted to 2011 CMS-64.

Policy 3: Accountable Care Organizations in Medicaid



- Hennepin Health:
 - Address social and human services barriers for early Medicaid expansion enrollees (former CCDS population)
 - Encouraged broader adoption of care coordinators, in-reach workers, social workers, integrated behavioral health within primary care
 - Invested in Coordinated Care Center
- Integrated Health Partnerships

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612-321-3429

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THANKSGIVING DAY (US)

Don't call relay just a year I am done

MDM at the Coordinated Care Center

MDM principle	CCC practice
Achieve patient goals of care with the least possible healthcare footprint	Determine patient goals upon invitation to our center; multiple perspectives from various team members
Prevent and treat workload-capacity imbalance	Identify drivers of over-use of the hospital, emergency department; Address these priorities/barriers aggressively
Use shared decision making	Personalized shared decision making and negotiation around all medical decisions
Use medication therapy management	Heavy involvement of doctors of pharmacy to reduce pill burden, explore atypical regimens, and arrange pillboxes
Referral to resources to support capacity	Multi-disciplinary team at CCC; Coordinate/prioritize referrals to medical, social service, and community supports

Your turn...

- How have policies opened up the ability to practice MDM at your institution?
 - Or how might they...
 - Remember! Policy is the personal and professional context within which we practice medicine
 - Personal circumstances
 - Institutional policies
 - Local, state, and national policies

How will you advance the practice of
MDM upon your return home?

Conclusion

- Policy = the personal and professional context within which we practice medicine
- Policy opens up opportunity to advance the practice of MDM
 - Unique to every person, institution, but common themes
- Learn from each other's perspectives
- Commitments to advance MDM

Be in touch!

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