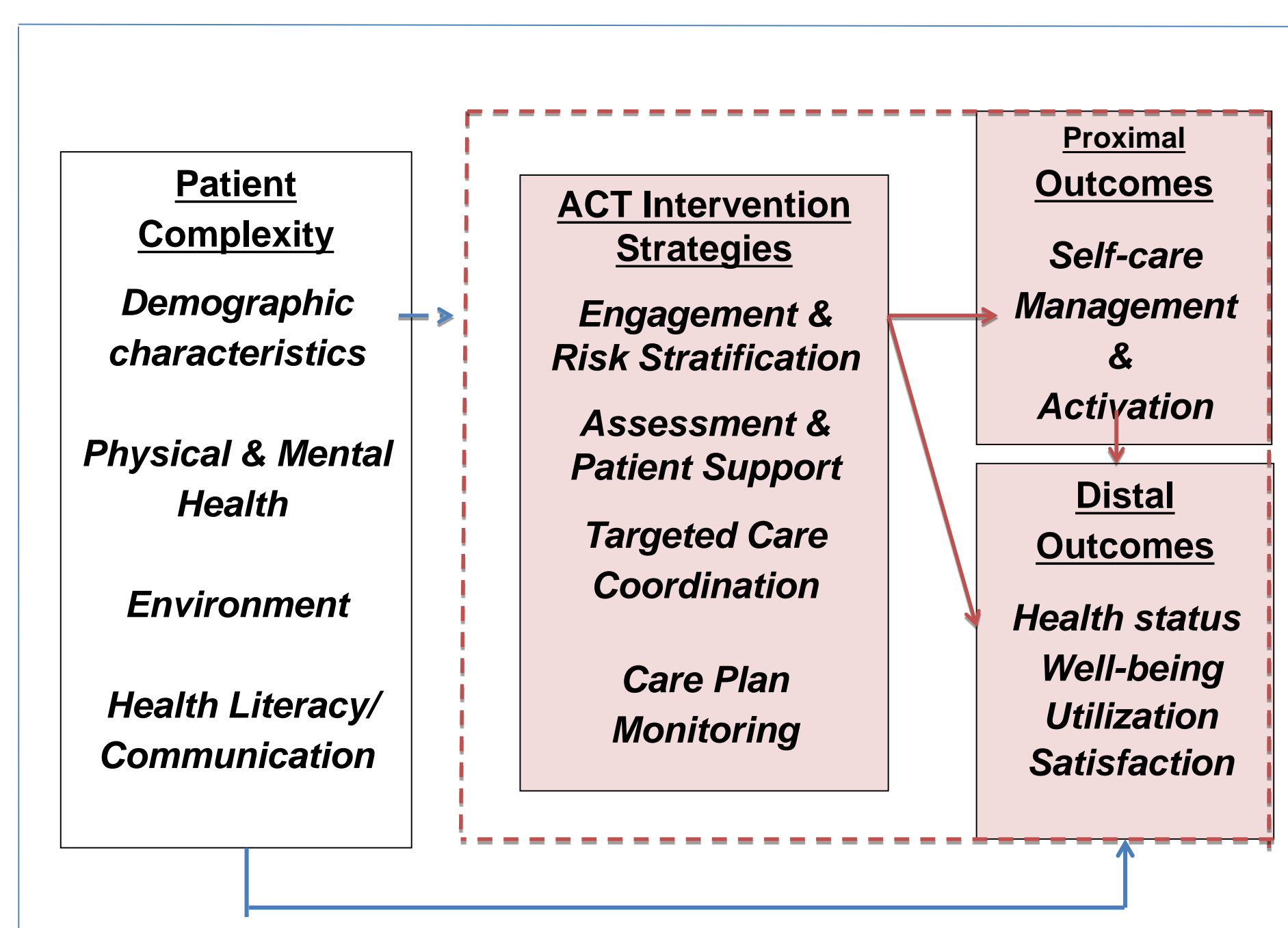


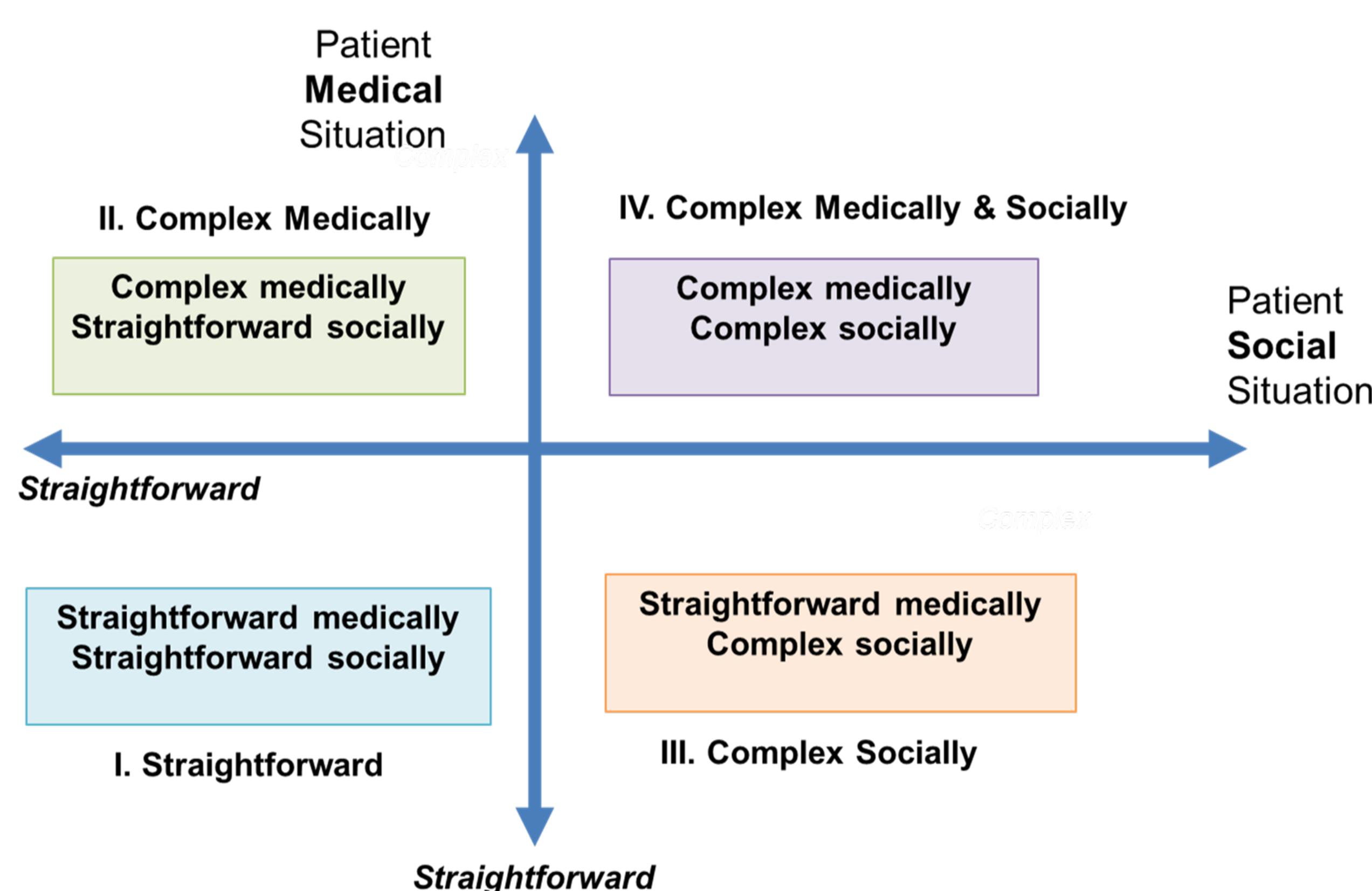
Background

- Complex treatment needs for people with multiple chronic conditions may lead to disorganized care, re-hospitalization, and inappropriate ED use. Poor coordination costs \$25-45B per year; effective coordination can decrease hospitalizations and ED visits by 50%
- RUSH Activation and Management Team (ACT) Model includes *social determinants of health* to assess complexity and guide care management for individuals with MCCs in primary care

ACT Intervention Framework



- ACT Quadrant stratification is intended to proactively match individuals to services that vary by leadership and resource intensity
- Care Management Teams include RNs, LCSWs, and Pt. Navigators



Purpose

- Describe the Activation and Management Team (ACT) model
- Present data supporting the validity of the model
- Present survey findings regarding care management functions and patient satisfaction

ACKNOWLEDGEMENTS:

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Methods

Design: Cross-sectional, correlational design

Setting: Chicago Medical Home Network (MHN), an ACO that includes Medicaid recipients through County Care. Patients receive initial Health Risk Assessment (HRA) screening to determine risk level (low, medium, high) and are re-evaluated annually

- Low risk patients do not automatically receive care management
- Medium/high risk patients receive additional comprehensive health assessment (CRA) and are eligible for care management by ACT Team

Sample: Convenience sample of **210** (Phase 1) and **113** (Phase 2) Medical Home Network (MHN) Medicaid recipients aged 21-65 empaneled to RUSH primary care practices

Phase 1 Measures: MHN Health Risk Assessment (HRA), MHN Comprehensive Risk Assessment (CRA), ACT Complexity Quadrant criteria

Phase 2 Measures:

- Consumer Assessment of Health Plans Study Clinician Survey (CAHPS®)** (10 items, 0=no; 1=yes)
- Patient Assessment of Chronic Illness Care (PACIC)** (5 items, 0=no; 1=yes)
- Scale To Assess the Therapeutic Relationship (STAR-P)** (6 items, 0=Never, 4=Always)
- Patient Care Manager Satisfaction Scale** (7 items, 1=dissatisfied, 5=Completely satisfied)

Procedures

- Surveys regarding health, psychosocial, and self-management characteristics administered by phone to 210 and 113 patients
- Care management surveys administered to 77 patients

Results (Phase 1)

- Mean age: 41.74 (SD 12.37)
- 74% women, 26% men
- 69% AA, 14% White, 17% Hispanic or other
- 70% single, divorced or widowed; 30% married
- 18% have BMI>40
- 40% self-rated their health as fair or poor
- 47% regularly have pain
- 28% had >4 days of poor health in the past month
- 31% had >3 ER visit in past 6 months

Quadrant placement: Quadrant I: 15.6% Quadrant III: 12%
Quadrant II: 29.9% Quadrant IV: 42.5%

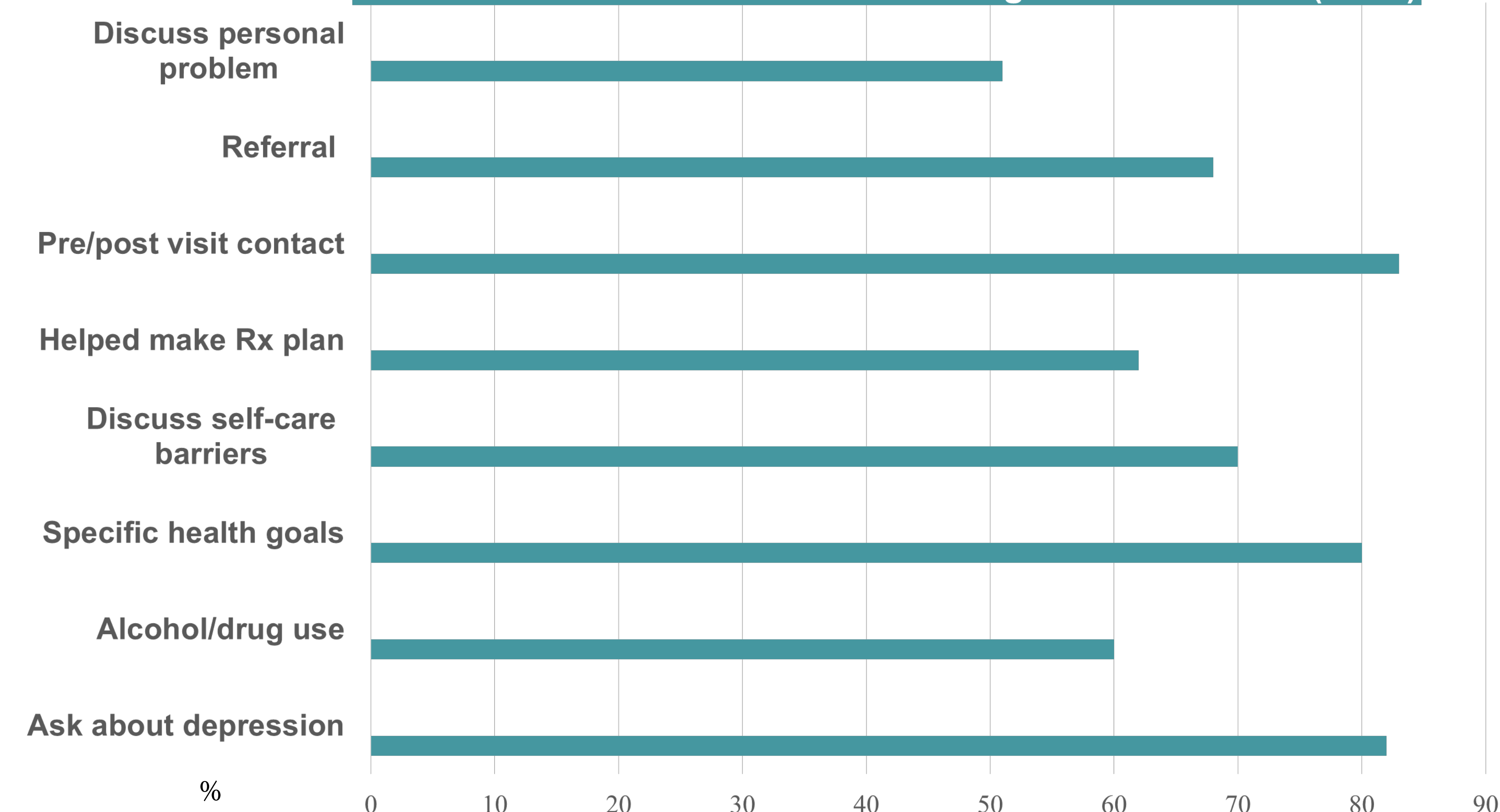
- Quadrants differed significantly by self-rated health, days of poor health in past month, ER visits

- Quadrants differed significantly by HRA level (p<.001)

- As expected, the majority of patients in medium and high HRA risk levels (88.58%) placed into Quadrants II, III or IV.
- Unexpectedly, only 20% of patients in low-social or low HRA risk levels placed into Quadrant I

Results (Phase 2)

Selected CAHPS and PACIC Care Management Functions (N=77)



Mean Scores for Patients Receiving Care Management by ACT Quadrant (N=77)

| | CAHPS® * | PACIC | STAR-P** | Pt Satisfaction |
|---|----------|-------|----------|-----------------|
| Quadrant I (13, 17%) Low medical/low social | 3.0 | 2.3 | 2.9 | 4.9 |
| Quadrant II (20, 26%) High medical/low social | 6.6 | 4.0 | 3.5 | 4.6 |
| Quadrant III (7, 9%) Low medical/high social | 4.8 | 3.2 | 2.3 | 4.2 |
| Quadrant IV (37, 48%) High medical/high social | 5.6 | 3.5 | 3.0 | 4.4 |
| Total | 5.6 | 3.5 | 3.1 | 4.5 |

*p<.01; **p<.05

Conclusions

- Depression should be screened for and addressed regularly in this population
- Additional studies are needed to examine the high prevalence of chronic pain
- The most frequent care management functions are pre/post visit plan, setting goals, & depression screening; discussing personal problems may be an area to focus on for future training
- Increased social and medical complexity (ACT Quadrants II & IV) is associated with increased perceived care manager functions and patient engagement
- Patients are highly satisfied with care management received in the ACT Model
- The program demonstrates important roles for ambulatory care nurses and social workers in an innovative model that addresses integration of primary care and public health