



ALL ABOARD! DESTINATION: HEALTH REFORM

THE NATIONAL ACADEMY FOR STATE HEALTH POLICY 22ND ANNUAL STATE HEALTH POLICY CONFERENCE

OCTOBER 5-7, 2009 / LONG BEACH, CALIFORNIA

NATIONAL ACADEMY
for STATE HEALTH POLICY

Georgia's SOURCE Program: Navigating Chronic and Acute Care Needs within a Primary Care Case Management Program

Presentation to the
National Academy for State Health Policy
22nd Annual State Health Policy Conference
October 6, 2009



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SOURCE History

- Service Options Using Resources in a Community Environment (SOURCE)
- Funding mechanism:
 - State Plan Amendment
 - Enhanced Primary Care Case Management
 - Designed to reduce health care costs, prevent health complications, improve health outcomes for the chronically ill
- Implementation March 1997

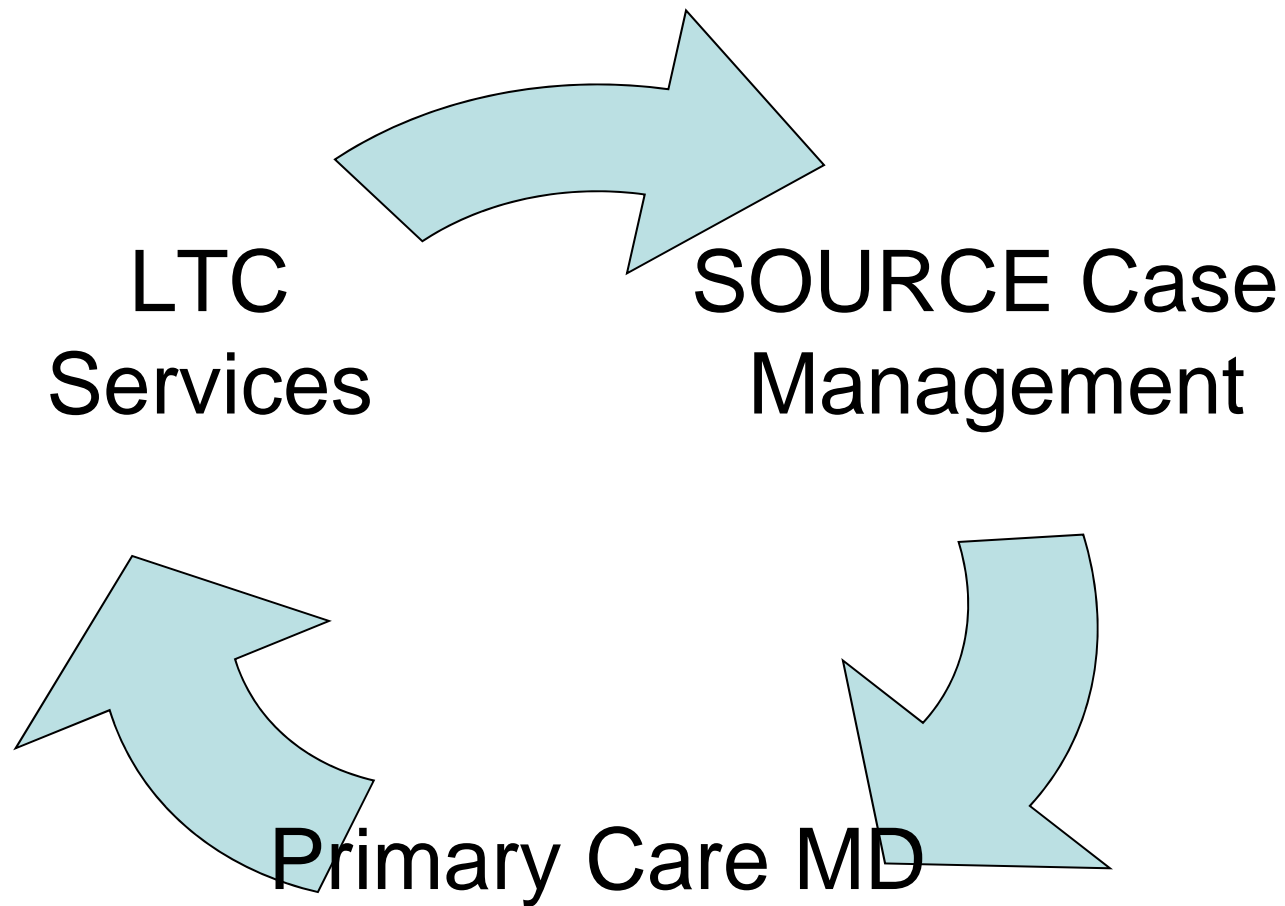
SOURCE Implementation

- 4 Regional Sites in 1997
- Built around the Primary Care Case Management hub
- Used the existing network of HCBS providers
- Developed preferred provider network
 - Primary Care Physicians
 - Hospitals
 - LTC Service Providers

Response To:

- Disconnect between primary, acute and long term care needs
- Poor communication between providers
- Lack of coordination of care
- High risk and high cost of the low income disabled and frail elder population in Georgia

The SOURCE Care Team



SOURCE in 2009

Consumers

- As of June 30, 2009
15,139 active
- Total served in 2009
18,928

Expenditures

- Case Management
\$30,310,175
- Long Term Care Svcs
\$144,491,225

Case Management Providers

- 12 SOURCE “sites”
- 2 statewide
 - Local offices
- 10 serve regional areas
- Relationships with local hospitals
- Preferred provider relationships with physicians
- Oversight by a Medical Director

Integration of Traditional LTC, Chronic and Acute Care

- Quarterly case conference with PCP
 - Review medical chart, labs, medications
- Manage 2-3 chronic disease states
 - Tracks incidents of:
 - Emergency department visits
 - Outpatient services
 - Inpatient hospitalization
- Monitor repeated hospital encounters

SOURCE Hospital Tracking Form

Patient: _____ Date of admission: _____
Hospital _____ Date of discharge: _____

_____ Room no. _____ and Discharge Planner assigned

_____ Follow-up with discharge planner if indicated/date _____

_____ Admitting Diagnosis _____

_____ Discharge diagnosis _____

_____ Date of discharge _____

_____ NOTIFICATION PRIOR TO MEMBER DISCHARGE for coordination

_____ Fax current SOURCE services and PCP to discharge planner

_____ Notify SOURCE PCP of hospitalization ____/____/____

_____ Contact family/informal support _____

_____ Attend Case Conference if indicated

_____ Copy of discharge summary received

NOTES:

Program Evaluation

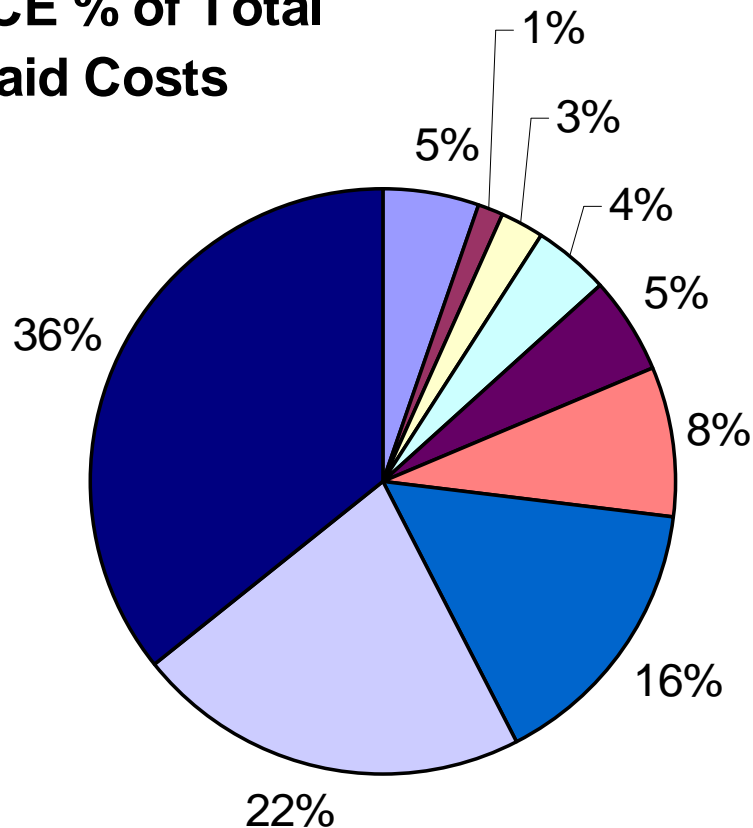
- April 1997
 - Analyzed expenditures and utilization
 - Compared 270 SOURCE participants to 2,000 ABD eligibles
 - Expected ↑ preventive care expenses
 - Expected ↓ hospitalization
 - Inconclusive outcomes

Program Evaluation

- May 2006
 - Analyzed expenditures and utilization
 - Claims data represented costs of HCB services and all other Medicaid costs (pharmacy, physician, hospital, dialysis, etc.)
 - Compared SOURCE participants to NH residents
 - Significant demographic differences: SOURCE serves younger, disabled population

2006 Program Evaluation Results

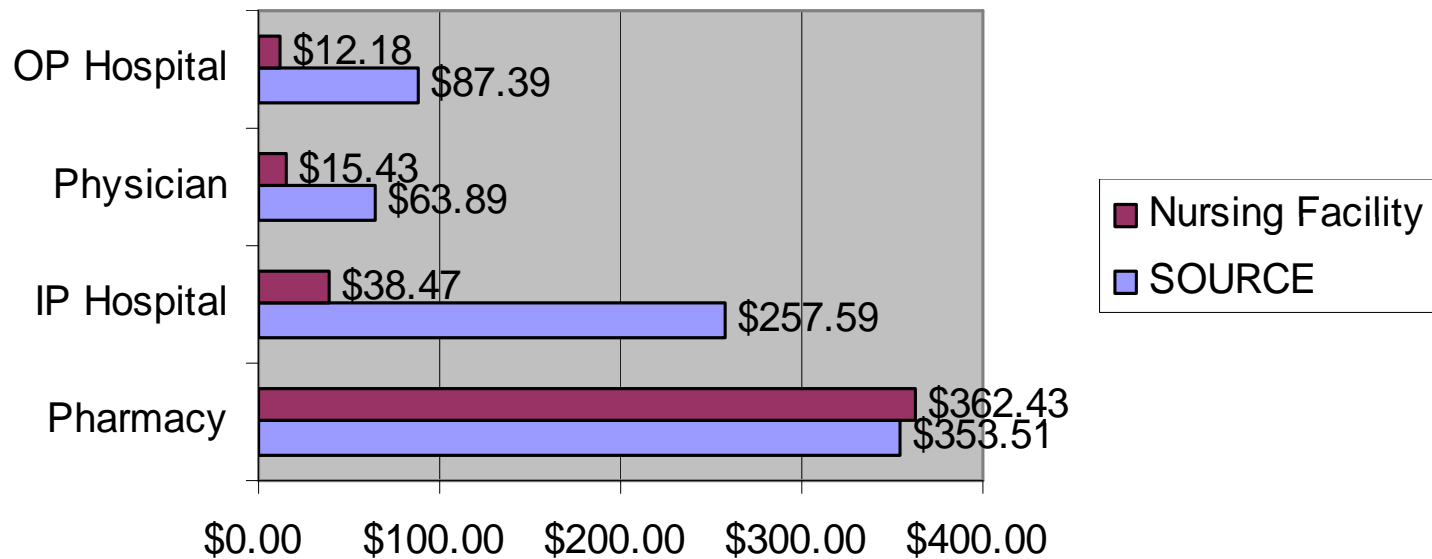
SOURCE % of Total Medicaid Costs



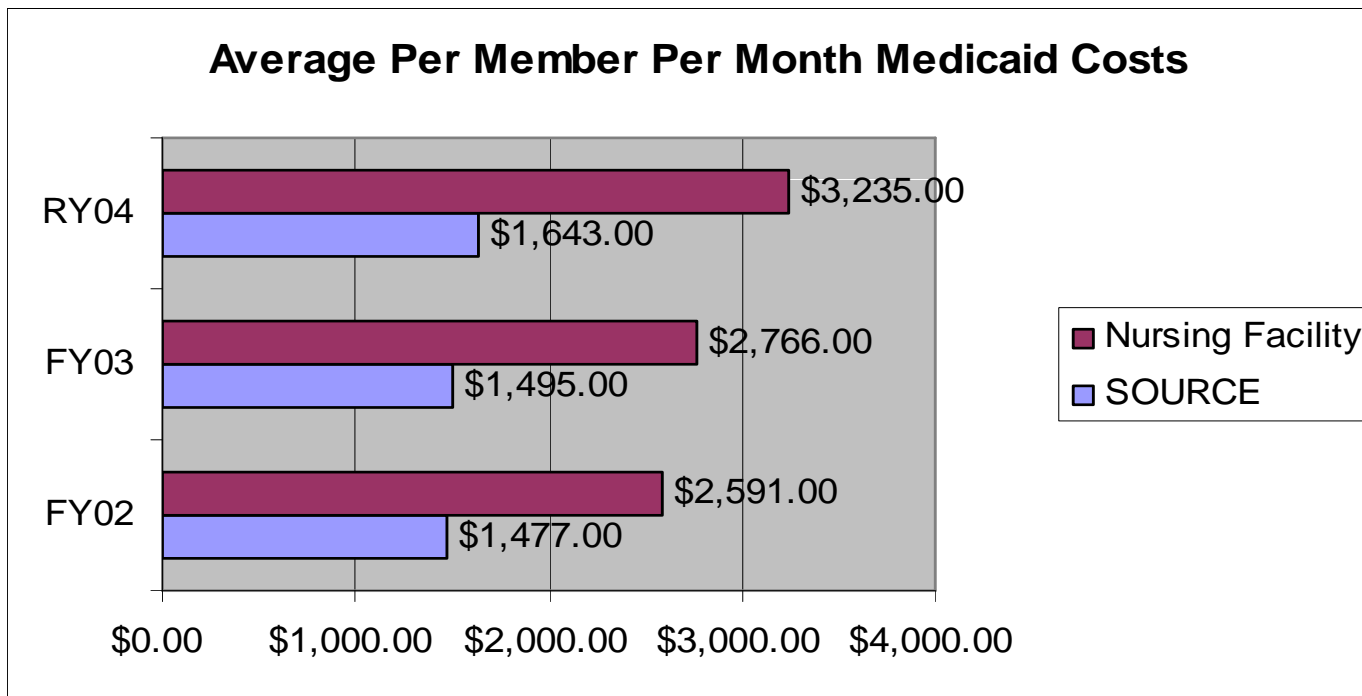
- All Other Categories
- DME
- NH Care
- MD
- OP Hospital
- SOURCE CM
- IP Hospital

2006 Program Evaluation Results

Average Monthly Costs Common to Both SOURCE and Nursing Facility



2006 Program Evaluation Results





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