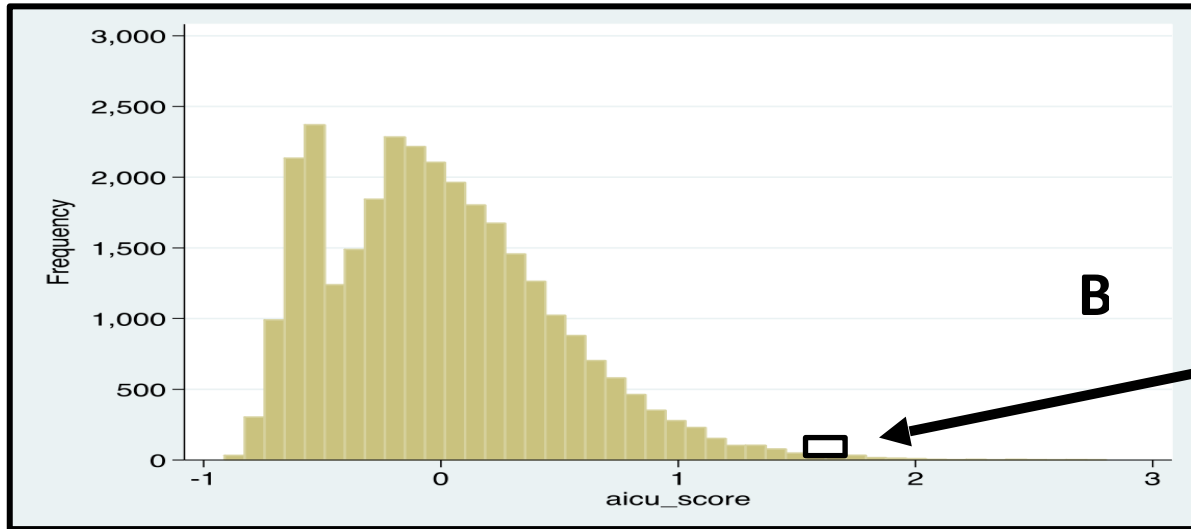
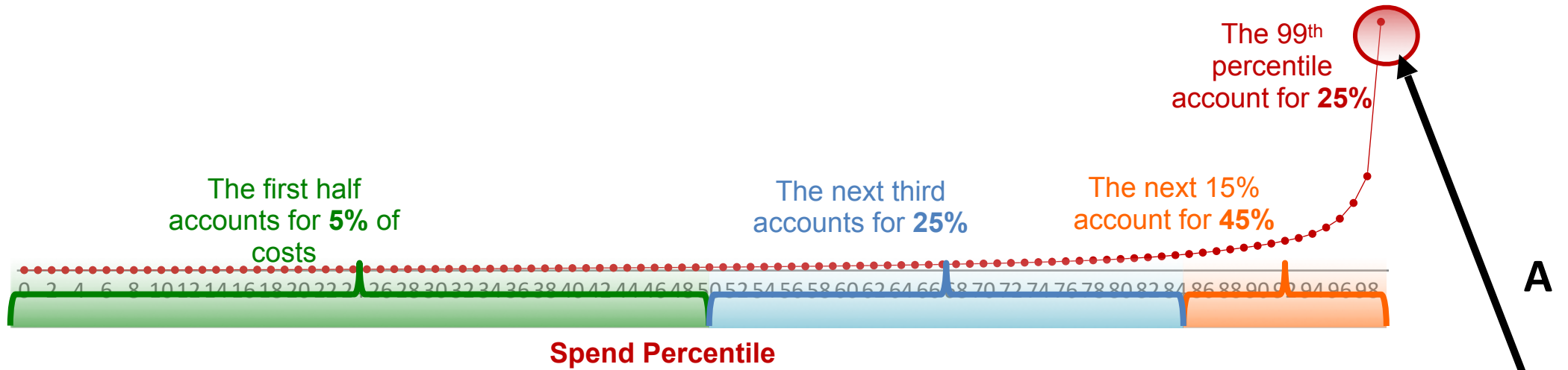


# U of U Intensive Outpatient Clinic: A Comprehensive-Care Medical Home

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# INTENSIVE OUTPATIENT CLINIC (IOC)



## Define the population:

- A. Small number of patients who account for a large proportion of healthcare costs
- B. Assign a risk score and stratify the population

## INTENSIVE OUTPATIENT CLINIC

**Our Mission:** To provide high quality, high value, coordinated medical care for patients with chronic complex conditions resulting in high utilization.

# WHO WE ARE

Small integrated team of medical and mental health professionals

**Medical Providers**



**Social Workers**



**Case Manager**



**Medical Assistants**



**Psychiatrist  
(consultative)**



**Home  
Health RN**



**Clinical Admin**

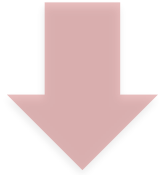


## COST OF CARE AT THE IOC

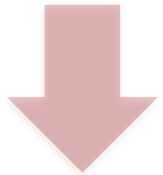
- Not generating income by billing
- Relationship with U of U health plan covers the cost of clinic
- “All-inclusive” care for patient
- Goal is cost-savings while providing quality care

# PATIENT SELECTION PROCESS

Claims  
Analysis



Clinical  
Analysis



Outreach

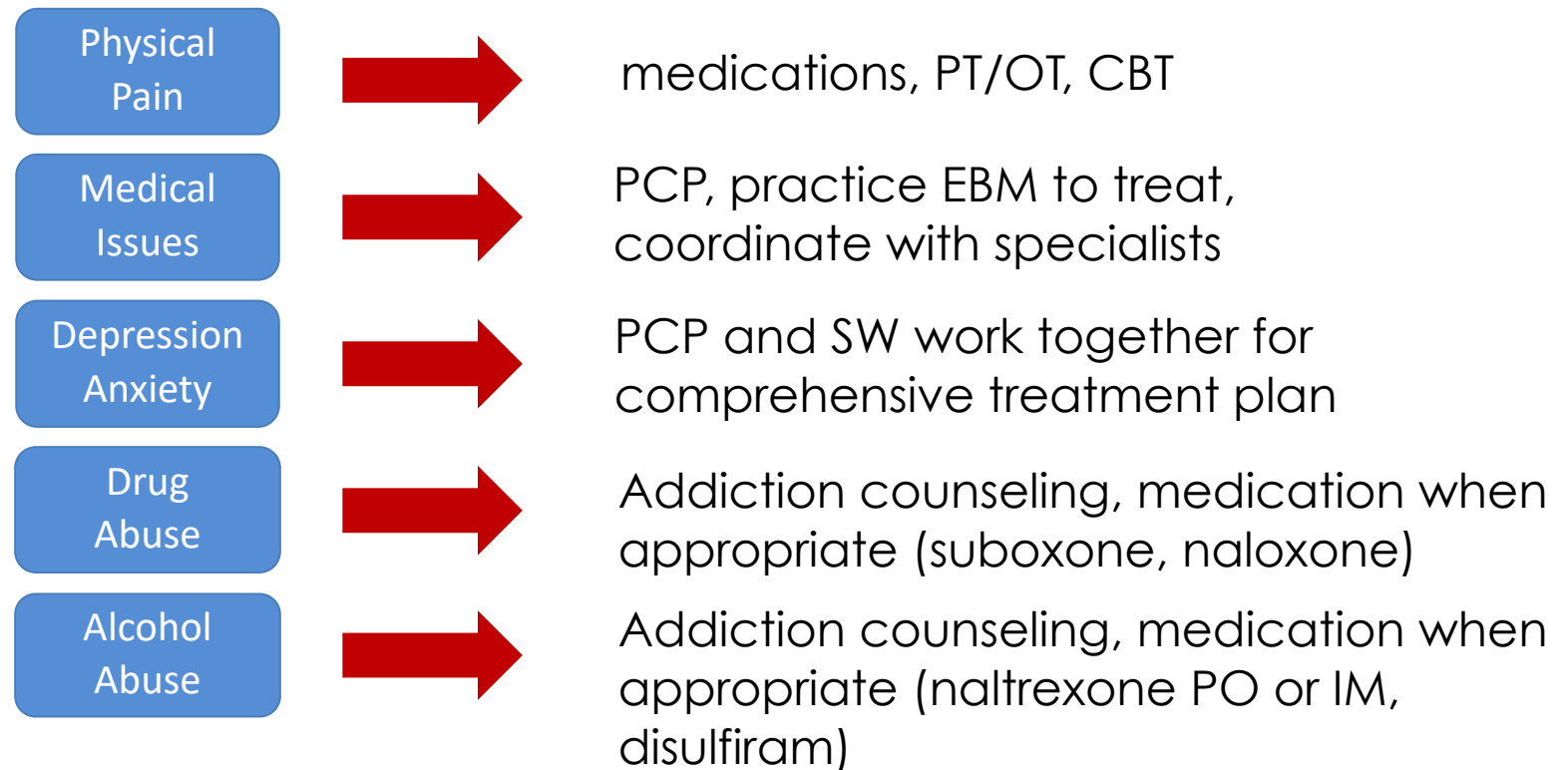
Identify **high-risk** patients for whom **intervention** is highly effective using criteria such as:

- Medical complexity
- Behavioral health issues
- Addiction issues
- Social disruption
- Difficulty engaging with the system
- Inappropriate utilization

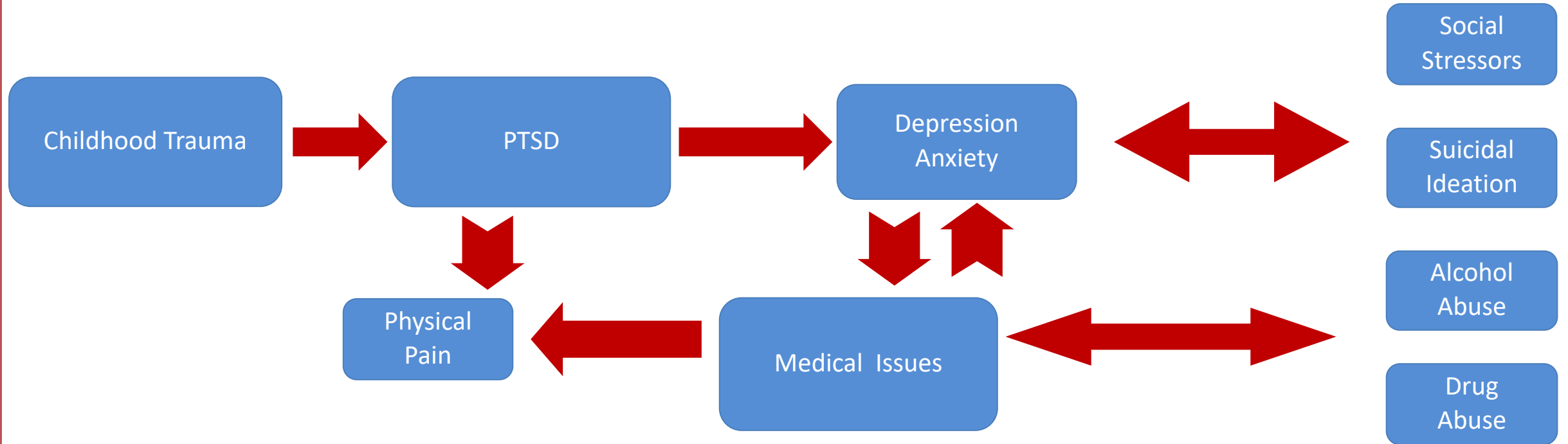
# PATIENT PRESENTATION

38 year old female with multiple ED visits and admissions for chronic abdominal pain, back pain, recurrent pyelonephritis. Also with h/o depression, anxiety, and polysubstance abuse (oral pain meds, alcohol, daily marijuana). As a single mother, has limited income, limited social support, and relies on public transportation.

Start with typical approach to care:



# LOOKING DEEPER

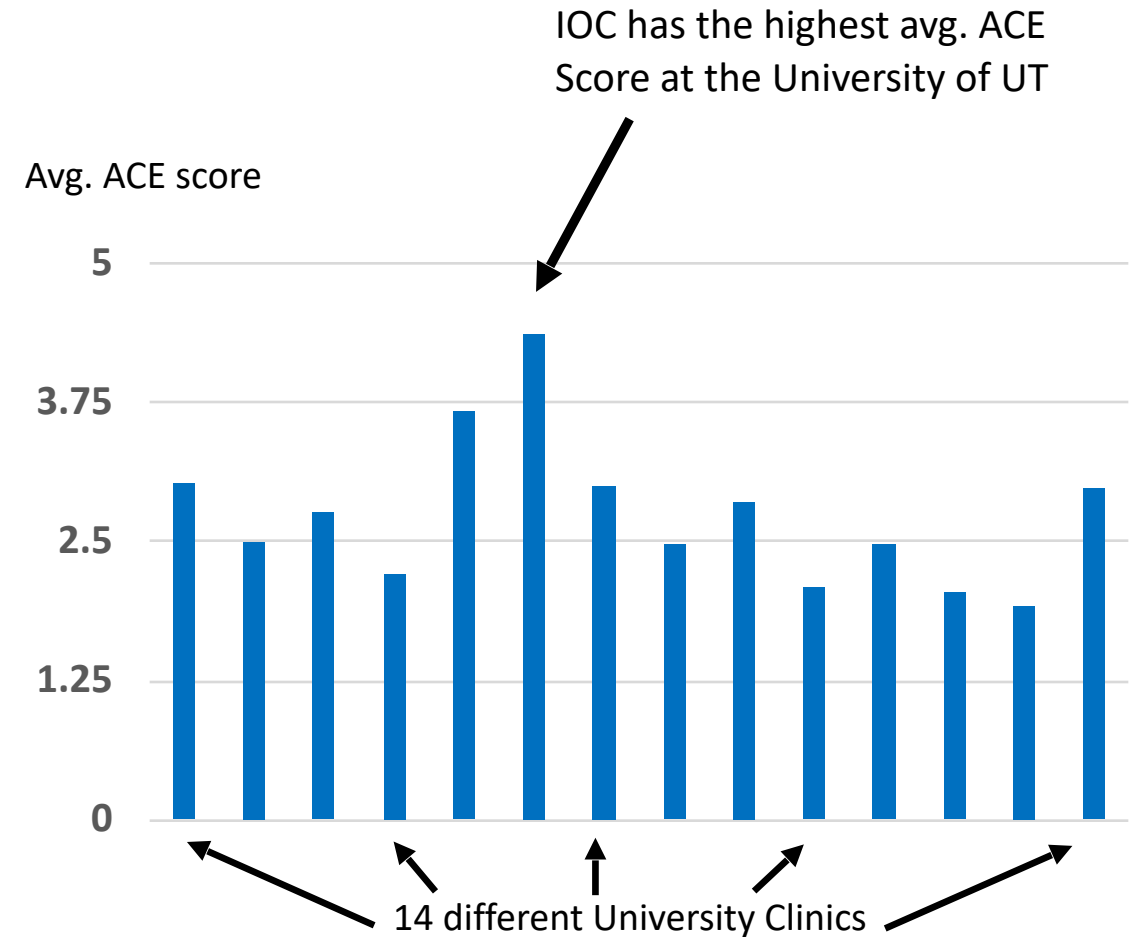


Most issues are interconnected and each clinical “road map” is completely unique



# CARE MODEL

- **Address Social Determinants** – homelessness, financial resources, transportation, food
- **Mental Health Integration** – medical, mental health, and addiction treatment under one roof
- **Engagement** – home visits, hospital, phone and tele-health visits, regular outreach by medical and behavioral health



# CARE MODEL

**Accountability** – team success hinges on outcomes

**Rapid Response** – 24 hrs/day care team, same day appointments, home-based response

**Partnerships with Community Nursing Services**– lab draws, vitals, medication assistance, IVs, home health checks can all be done same-day in patient's home

# CARE MODEL

**Psychiatric support** – psychiatric consultation available whenever needed for mental health and addiction issues

**Highly integrated team**– Morning and afternoon huddle, once weekly interdisciplinary team meeting, all team members have a voice

## Patient feedback

“When I was just going to the ER, it’s just like I really wasn’t getting the help that I needed, it was just something right then and there, not the long-term help.

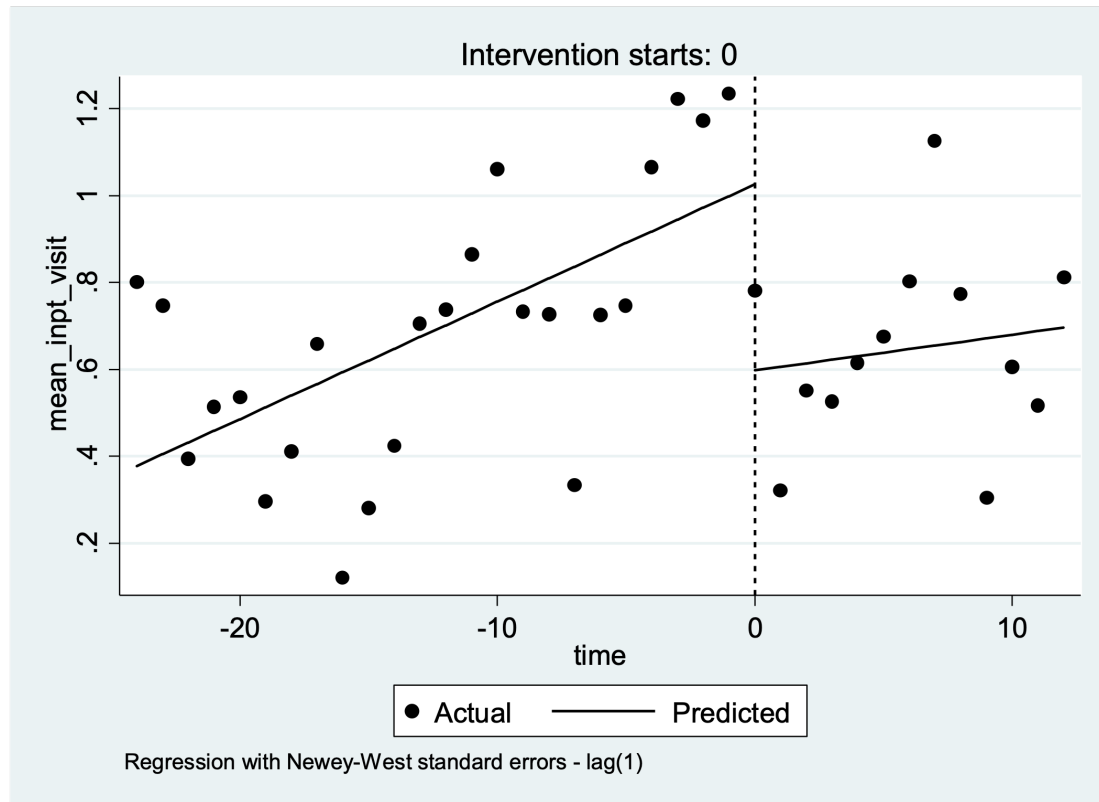
(At the IOC), I’m actually getting the help I need.”

# TRAUMA-INFORMED CARE

- Shifts focus from “what’s wrong with you?” to “what happened to you?”
- assumes that an individual is more likely than not to have a trauma history
- An understanding of the impact of trauma on physical, emotional, and mental health as well as on behaviors and engagement
- An understanding that current service systems can retraumatize individuals including staff members
- can potentially improve patient engagement, treatment adherence, and health outcomes, as well as provider and staff wellness

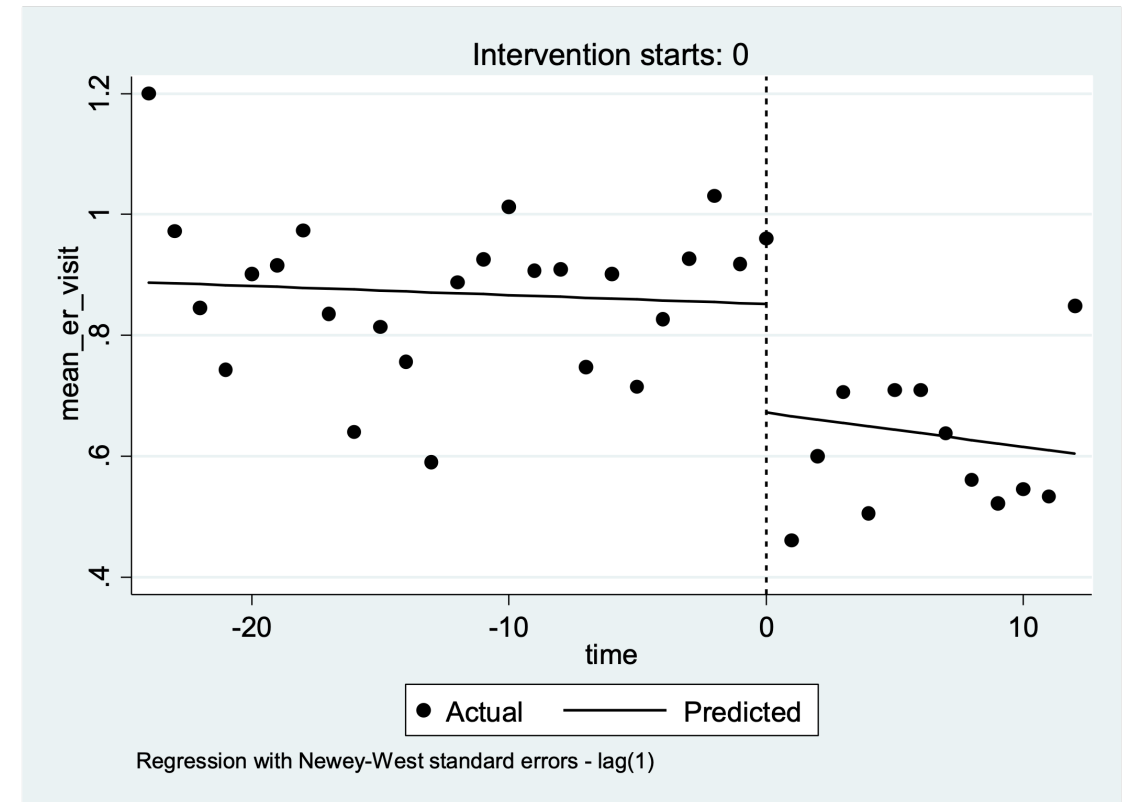
# ER and Hospital Utilization

## Hospital Admissions



**29% drop** in hospitalizations

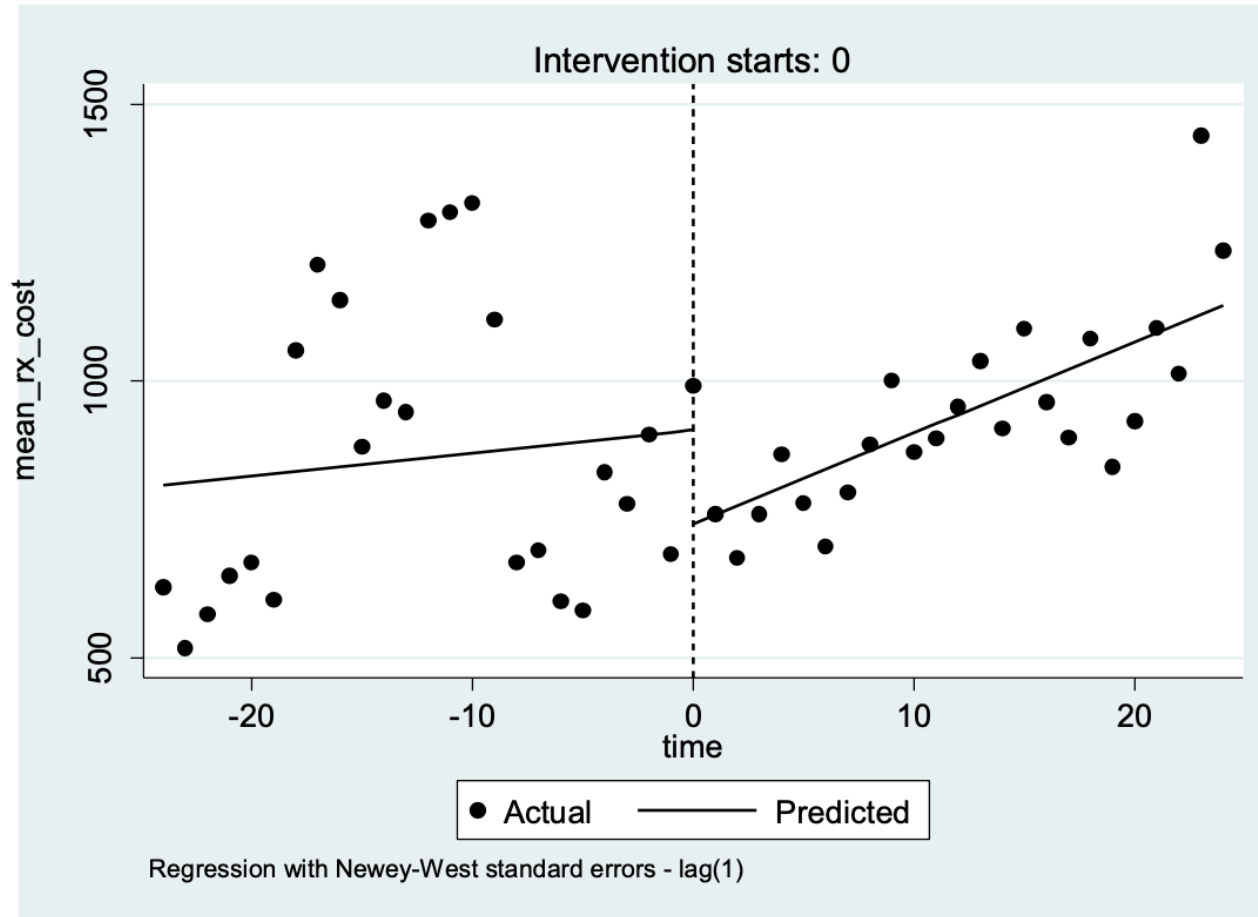
## ER Visits



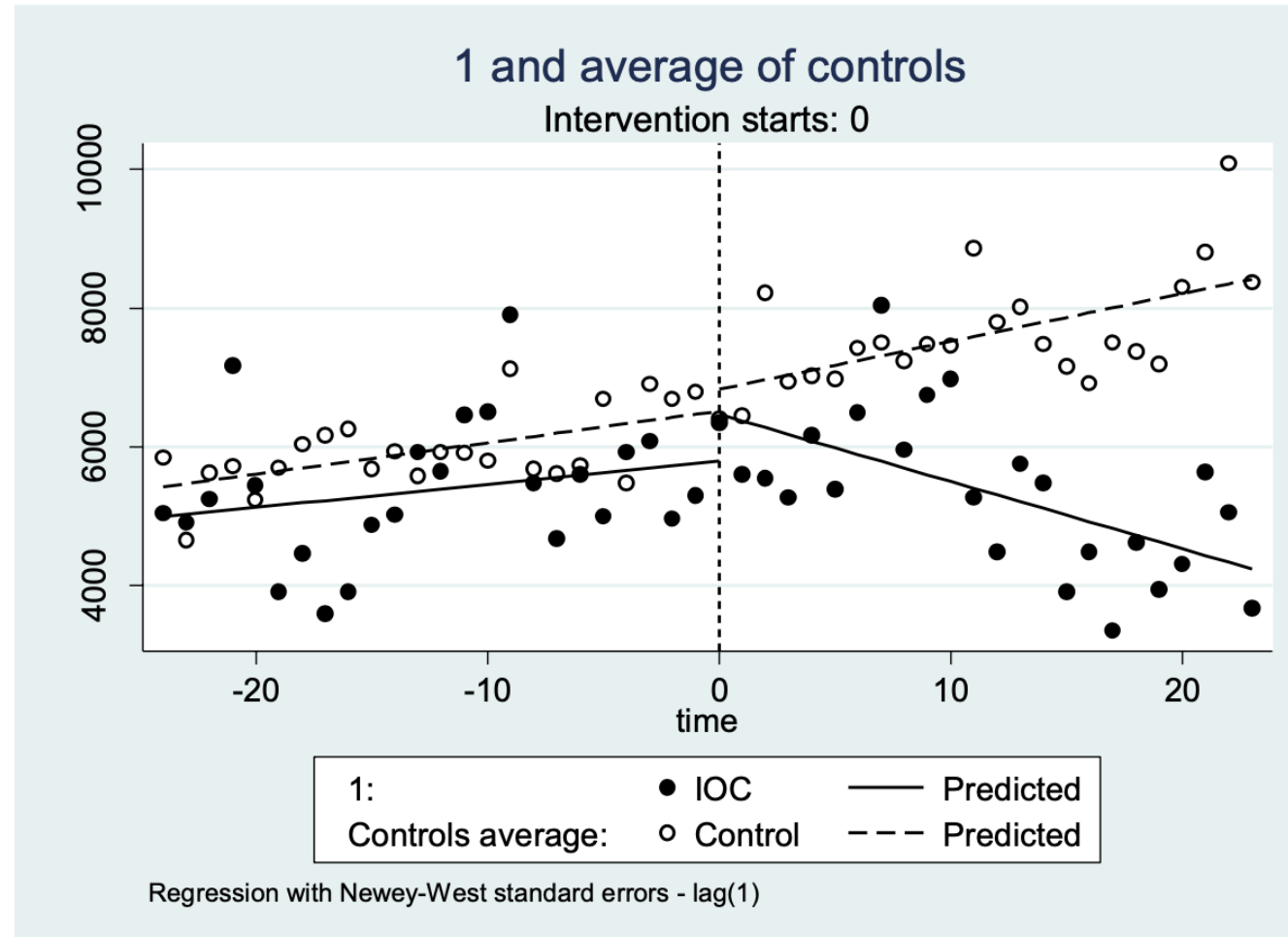
**37% drop** in ER Visits

# Pharmacy Costs

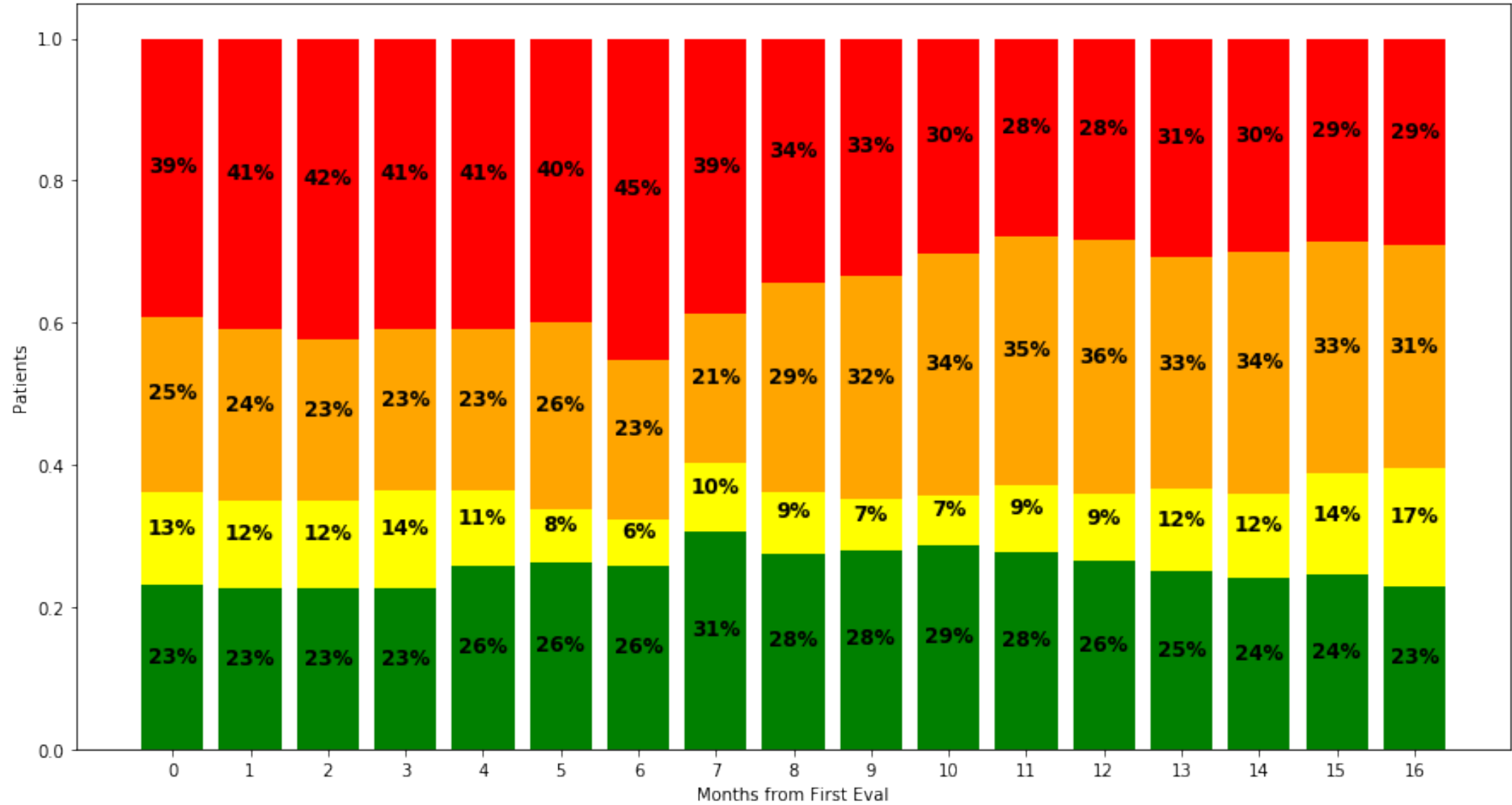
Rx cost (-24 to 24 months)



# Total Cost of Care

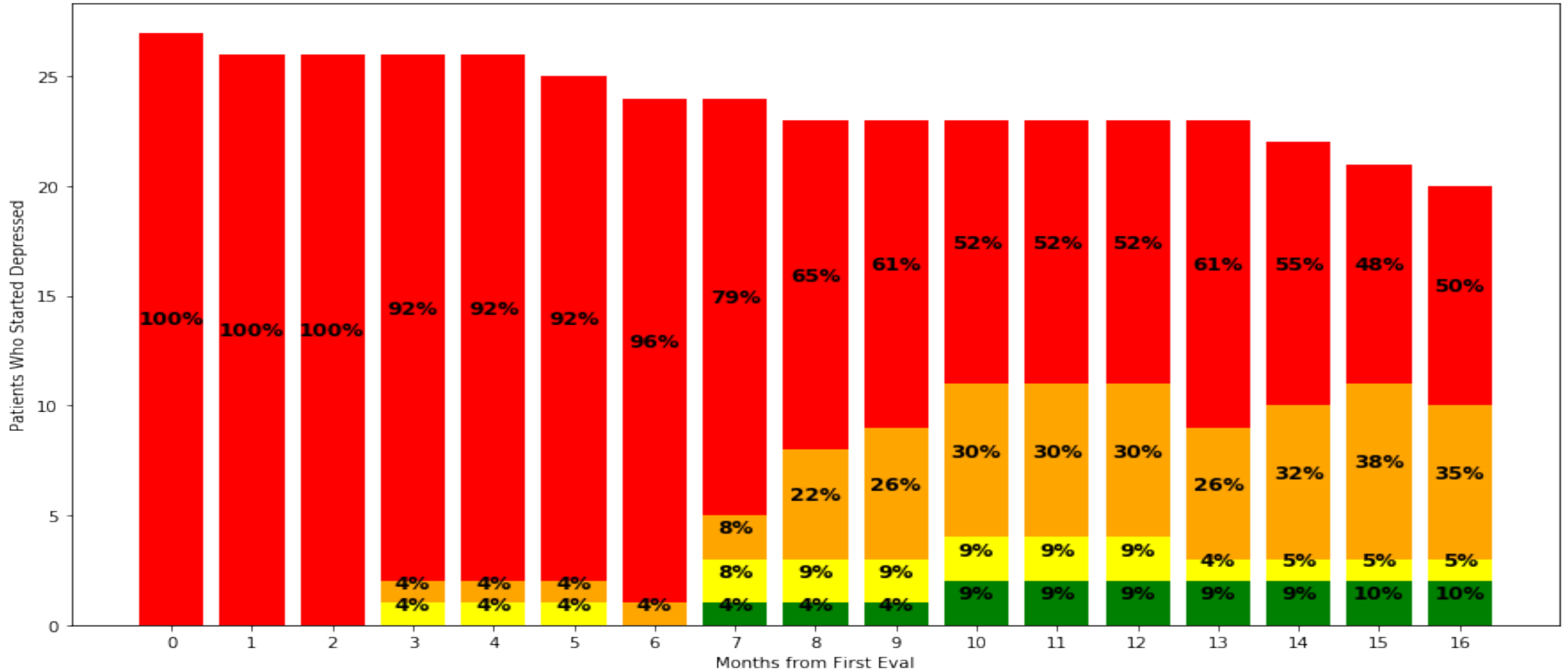


# PRO - DEPRESSION

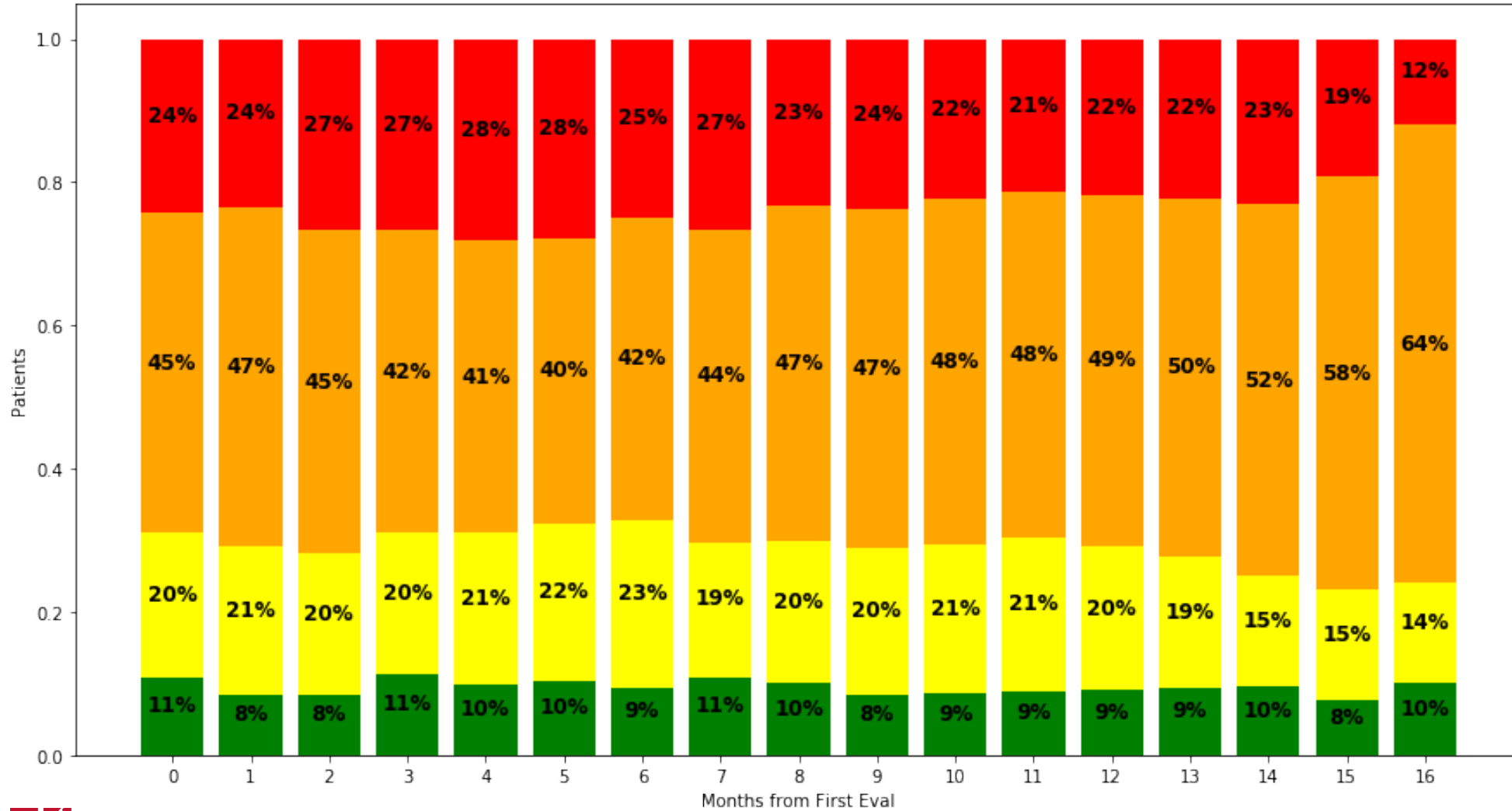




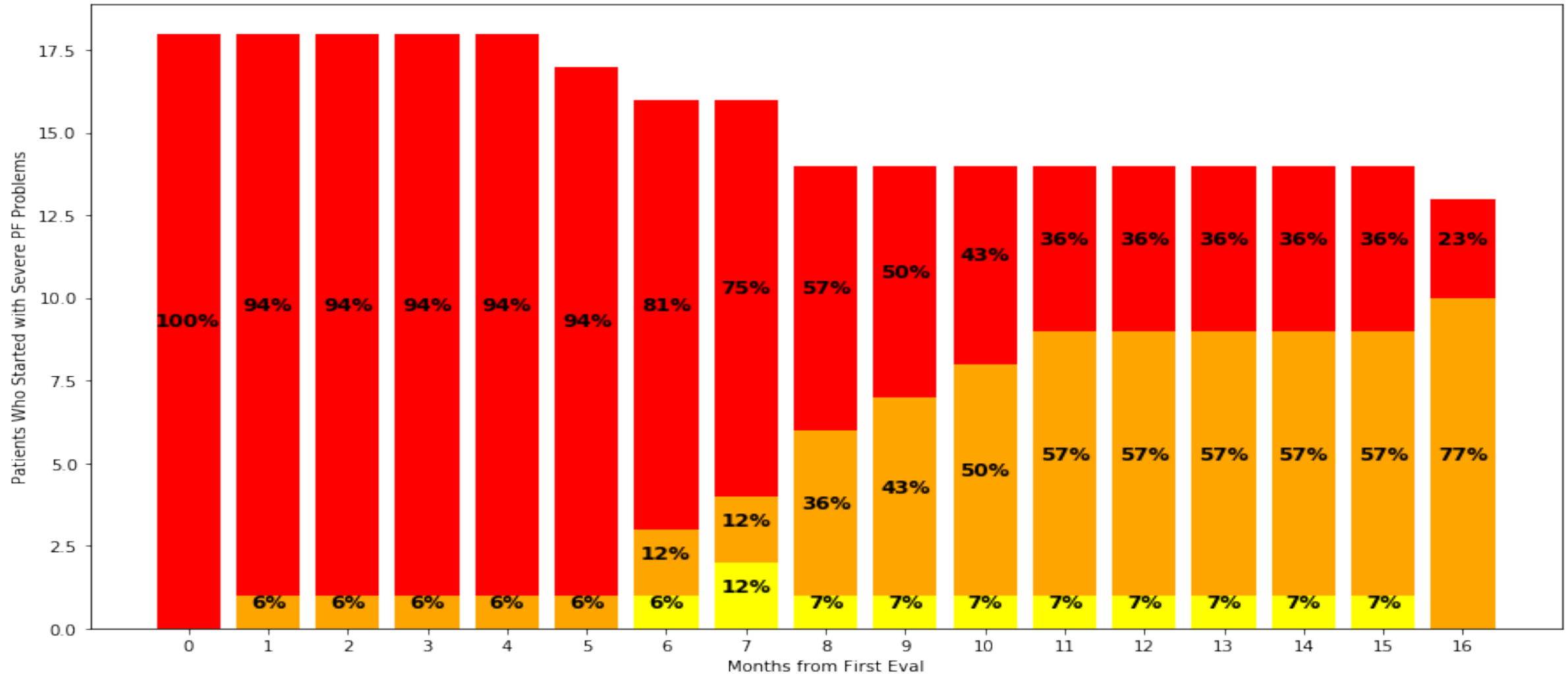
# PRO – SEVERELY DEPRESSED



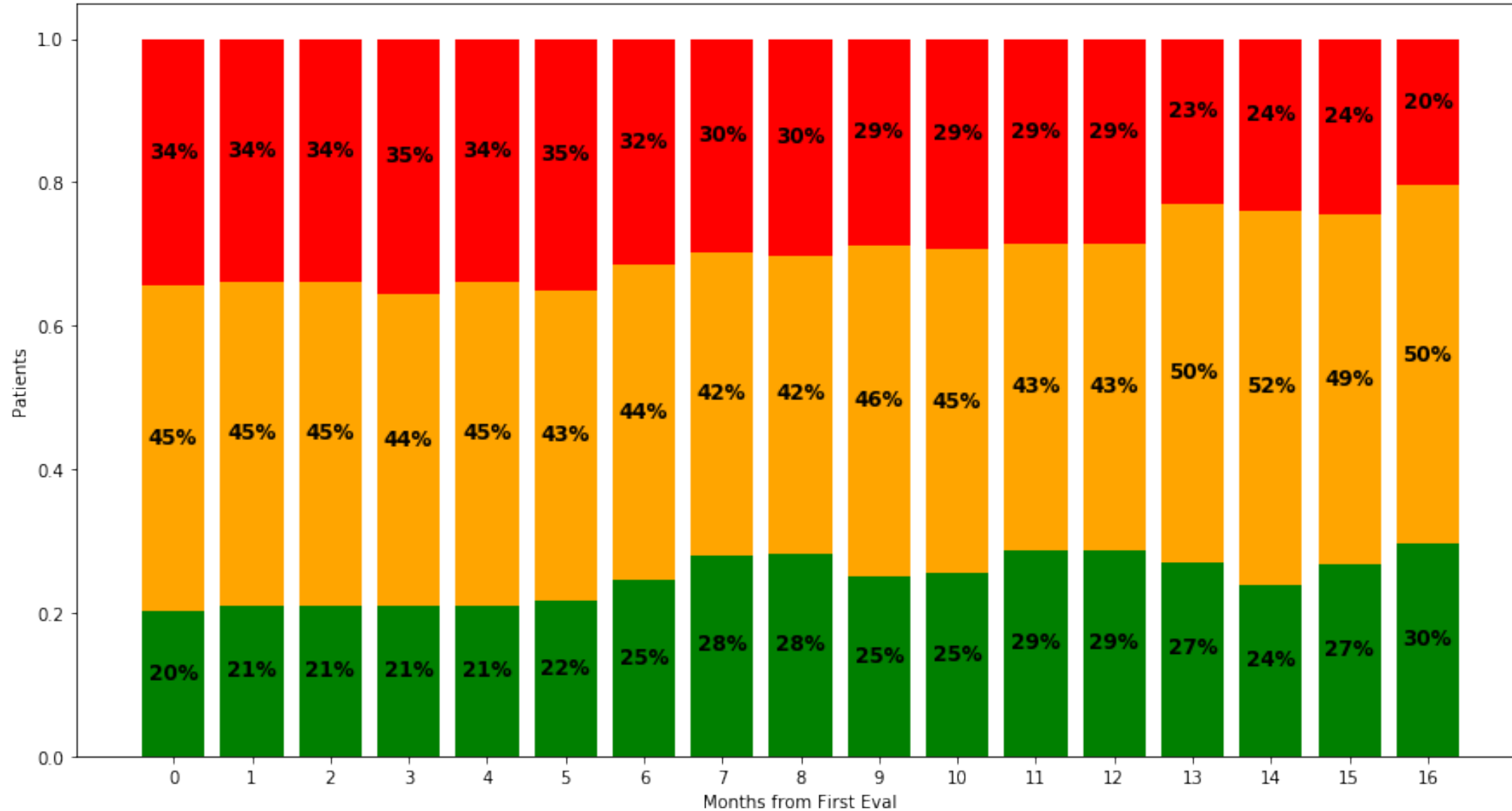
# PRO – PHYSICAL FUNCTION



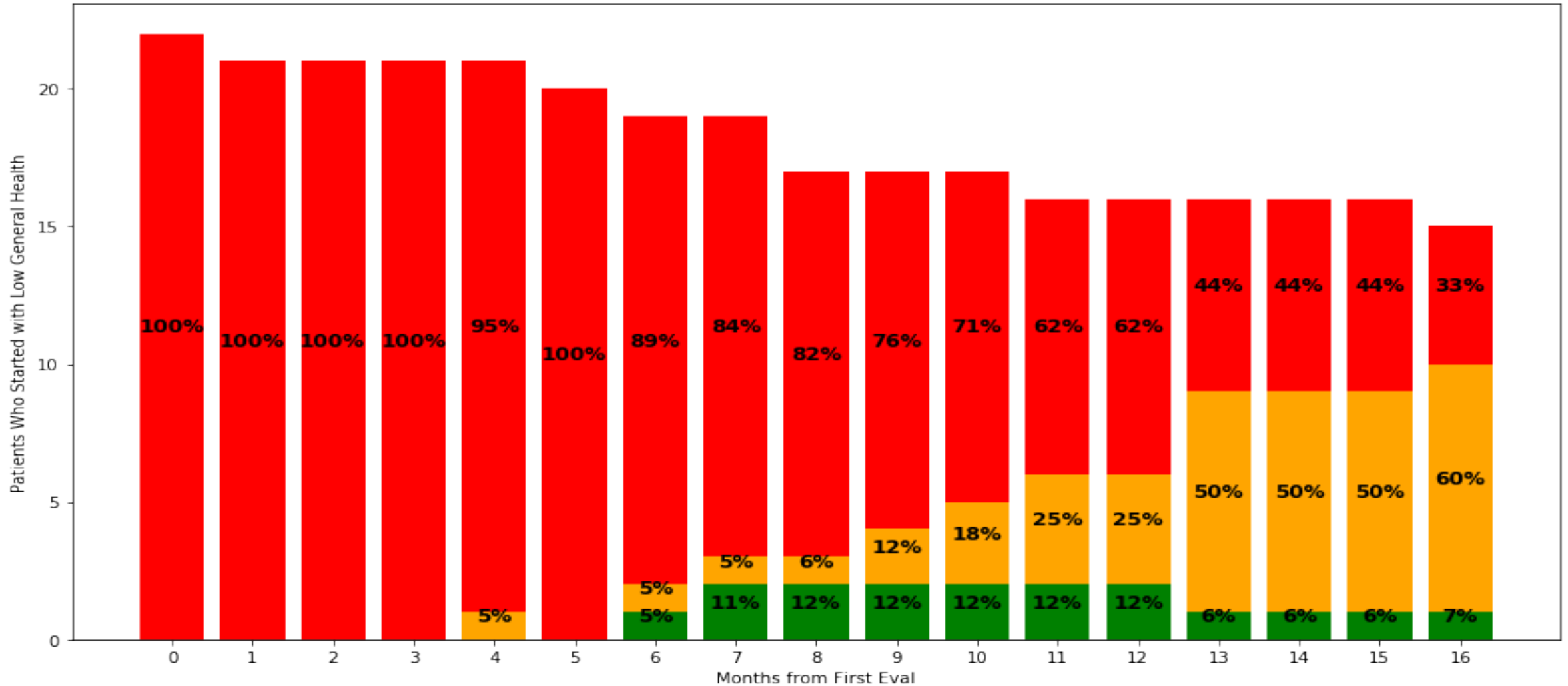
# PRO – POOR PHYSICAL FUNCTION



# PRO – GENERAL HEALTH



# PRO – “POOR” GENERAL HEALTH



## PHYSICIAN REPORTED OUTCOME (N OF 1)

- Is this care model an antidote for burnout?
  - Small patient panel, plenty of time to manage complex care
  - No billing, no productivity pressure
  - Remain incentivized by mission of clinic and need to be successful to exist
  - Close relationships with colleagues
  - Motivated by positive patient outcomes

# Thank you

Please complete your evaluation

Send any questions to:  
[stacey.bank@hsc.utah.edu](mailto:stacey.bank@hsc.utah.edu)