FREQUENT USERS of HEALTH SERVICES INITIATIVE

Promoting new ways to provide health and social services to benefit individuals and communities

The Issue

Hospital emergency departments and inpatient services are inundated with large numbers of patients, many of whom have complex, unmet needs not effectively or efficiently dealt with in high-cost, acute care settings. The *Initiative's* goal was to create a more responsive system that would proactively address patient needs, produce better outcomes, and free up emergency department resources for acute medical crises.

Who are Frequent Users?

Frequent users are a small group of people who often have serious health conditions and also have psychosocial risk factors, including mental health disorders, substance abuse, and homelessness. Frequent users often account for disproportionate costs and time for emergency departments. The frequent users served by the Frequent Users of Health Services Initiative (the *Initiative*) averaged:

- 10.3 ED visits each annually, with average annual charges of $11,388 per patient;
- 1.5 hospital admissions annually; and
- 6.3 inpatient days each, with average annual charges of $46,826 per patient.

Promising Models of Care

In order to address the issue of avoidable emergency department use by these high-risk patients, the *Initiative* was created to test solutions for better medical and non-medical care delivery and promote promising models that could be replicated in other communities. The *Initiative* supported innovative approaches that address clients' multiple needs through data sharing, multidisciplinary care, adoption of best practices, and effective engagement of patients in the most appropriate setting.

Program Outcomes

Results from the *Initiative* programs have shown that a multi-disciplinary, coordinated care approach can reduce emergency department visits and costs, while improving the stability and quality of life for patients.

Two Years in Program	One Year Pre-Enrollment	One Year in Program	Two Years in Program	% Change Over Two Years
Average ED Visits	10.3	6.7	4	**↓ 61%***
Average ED Charges	$11,388	$8,191	$4,697	**↓ 59%***
Average Inpatient Admits	1.5	1.2	0.5	**↓ 64%***
Average Inpatient Days	6.3	6.5	2.4	**↓ 62%***
Average Inpatient Charges	$46,826	$40,270	$14,684	**↓ 69%***

* statistically significant

In addition:

- 68% of uninsured and eligible clients were approved for Medi-Cal;
- 64% of those uninsured and ineligible for Medi-Cal were linked to county indigent health care programs;
- 61% were connected to a community clinic and 31% were assigned a primary care provider;
- 53% of eligible clients were approved for SSI;
- 42% with mental health issues at enrollment were connected to services;
- 20% with substance use issues were connected to substance abuse treatment; and
- 12% of homeless clients were connected to permanent housing.

One of the sites, Project Connect in Santa Cruz, has data showing utilization across multiple systems. Results show that, in addition to decreases in emergency department visits and hospitalizations, enrolled clients experienced declines in ambulance use (55 percent), jail bookings (51 percent) and jail days (37 percent).

The Initiative Pilot Programs

Urban and rural sites were selected to identify frequent users, implement new models of care coordination and determine best practices for both reducing avoidable use of emergency departments and increasing the quality of life for frequent users. The *Initiative* projects brought together multiple service providers and streamlined care for this high risk population.

In 2003 and 2004, the *Initiative* selected six communities in California for three-year programs to test different approaches for addressing the needs of frequent users:

- Alameda County - Project RESPECT (Alameda Health Consortium)
- Los Angeles County - Project Improving Access to Care (Tarzana Treatment Centers)
- Sacramento County - The Care Connection (UC Davis Health System)
- Santa Clara County - New Directions (Hospital Council of Northern and Central California)
- Santa Cruz County - Project Connect (Santa Cruz County Health Services Agency)
- Tulare County - The Bridge (Kaweah Delta Hospital Foundation)

Most of the programs continue today using other sources of funding (e.g., Medi-Cal billing, contributions from relevant agencies, and case rates paid by hospitals for case management of their frequent users).

Profile of Frequent Users

The profile of the population enrolled in these programs varies from site to site, but overall, people identified as frequent users possess the following characteristics:

- 65% have unmanaged chronic illness — most commonly diabetes, cardiovascular disease, chronic pain, cirrhosis and other liver disease, asthma and other respiratory conditions, seizures, Hepatitis C, and HIV;
- 53% have an alcohol or substance use disorder;
- 45% are homeless; and
- 32% have mental illness.

More than one third (36%) of frequent users had three or more conditions (some combination of mental illness, substance use, homelessness and medical conditions), and 32% had two conditions.

Initiative Background

The *Initiative* was a six-year, $10-million joint project of The California Endowment and the California HealthCare Foundation, and the program office was based at the California Program of the Corporation for Supportive Housing. The Foundations created the Initiative to encourage innovative, integrated approaches to serving frequent users, and to stimulate the development of a cost-effective, comprehensive, coordinated delivery system for health and social services.

For More Information

Visit **www.frequenthealthusers.org** for more about the *Initiative* or to download the following materials:

- *A Dollars and Sense Strategy to Reducing Frequent Use of Hospital Services*
- *Meeting the Needs of Frequent Users: Building Blocks for Success*
- *Frequent Users of Health Services Initiative: Final Evaluation Report*