



Program Overview and Results

Enhanced Care Program (ECP) Overview

The Enhanced Care Program (ECP) was a selective healthcare pilot program sponsored by Ford Motor Company and the URM Trust and, in collaboration with the UAW, which sought to support and redefine primary care delivery in Southeastern Michigan. The ECP model has been implemented with success in other practice areas across the United States. Oakland Southfield Physicians was one of only five provider organizations in Southeast Michigan selected to participate.

Timeline and significant dates

- Program Pilot and Study Period (Internal Analysis and Johns Hopkins Evaluation)
 - July 1, 2013 until July 1, 2015
- Program Extension (Internal Analysis only)
 - July 2, 2015 until December 31, 2016

Program elements

The concept of the ECP is to create an ambulatory intensive care coordination and management experience. In this program, the sickest ambulatory patients receive holistic and comprehensive care through dedicated nurse care managers, under the leadership of the patient's personal primary care physician.

- **Patient engagement:** increased patient engagement with primary care team
- **Care management:** personalized patient care plan, assessment and support for medical, behavioral health, and social issues
- **Enhanced care coordination:** stronger transitions management, care at the most appropriate level
- **Physician support:** nurse care manager resource to leverage physician directed care and enhance patient access
- **Reimbursement incentives:** financial support to practices to reward care management activities

Intervention

Only a specific subset of practice patients were eligible for program, based on payer specific criteria for disease burden, cost, and acuity. Longitudinal care management relationships were launched with a shared patient visit called the "Supervisit." This visit included both the nurse care manager and the PCP to create the shared care plan. Once enrolled, patients were contacted at least monthly, and supported for the 2-year study period, as well as the 1.5-year extension period.



Johns Hopkins Analysis

Study Design

Intention-to-treat analysis was conducted on a case-control study, with 1:1 propensity matching. Controls were selected eligible patients (same automotive population and health plan enrollment) from local practices that were not selected for pilot participation. Matching adjusted for age, gender, total costs, utilization, drug days supply (use), Charlson Comorbidity index, psychiatric diagnosis groups, and overall health plan risk score. Exclusions were limited to End Stage Renal Disease, pregnant, recent organ transplant prior to start. Patients did undergo transplant during the study period.

Utilization Results

- 8% greater reduction in ER usage relative to control group. 14% reduction compared to 6% reduction in control.
- 3% greater reduction in inpatient utilization relative to control group. Inpatient use was reduced by 5% compared to 2% in control.
- Smaller increase in average length of stay relative to control. Average length of stay increased from 3.6 to 4.0 days in study group, whereas control group increased from 3.7 to 4.4 days.
- Small decrease in office visit use was seen in both groups; 7.3 visits to 6.4 in intervention, 7.3 visits to 7.0 in control.

Total Cost Results

- Study group had a \$479 per member savings over the 2-year study period.
- Matched controls had a \$1,631 per member *increase* in costs over the 2-year study period.

	Baseline per patient total cost	2-year study close per patient total cost
Study Group	\$ 14,786	\$ 14,307
Matched Control	\$ 14,814	\$ 16,445

Total cost includes all medication costs and medical expenses

- Per member unadjusted savings were \$2574 per patient compared to the control group.
- After confounder adjustments and the addition of all pilot costs, the ECP intervention retained a \$300 per member savings.

Conclusion

Results will be published by Johns Hopkins. The collaborative of Ford Motor Company, URM Trust, the UAW, and the participating health plans (BCN, BCBSM, HAP), are currently in the planning stages to launch ECP Phase 2. The next phase will seek to spread the intervention and support sustainability.