High Needs Patients Work Group
Data Pilot Project

The High Needs Workgroup (HN) brought together a diverse group of stakeholders to work on a data-sharing pilot among a cohort of our members to better understand the needs of this population in order to improve service delivery and health outcomes.

Hypothesis for the pilot
- Individuals with high needs seek care at various sites in Denver and in the Metro area
- Medical sites may not be aware of patient healthcare-seeking activity

Objective
- What can we learn about individuals that have high needs?
- Pilot data-sharing among MHHA members.

The collaborators in this pilot include Denver Health (DH), Colorado Coalition for the Homeless (CCH), Mental Health Center of Denver (MHCD), and Colorado Access. The first three were selected because they were interested in the pilot, share patients, and we expected that there would be overlap. Denver Health and CCH worked together in the summer of 2017 to create an arrangement that allowed them to share data. MHCD did not share its data but participated in the discussion about the process.

The pilot period was from Jan 1-Oct 31, 2016. CCH identified around 6000 Medicaid patients and matched them to Denver Health Medicaid patients. Of the 6000 patients 2500 were identified as seeking care both at CCH and DH. 343 of those patients were identified as needing care management. This group was sorted by key performance indicators that were determined by the group: total claims paid, most ER visits and highest cost imaging. 42 patients were identified as having the highest total claims, most ER visits and highest imaging. Through Colorado Access it was found that 30 out of 42 had behavioral health claims in 2016. There is no information on patients that received behavioral care outside the CCH system. We reviewed those 30 patients for medical information at CCH, Denver Health and information available through EPIC (DH).

The analysis of the results revealed that all study patients have housing instability, mental health issues and are high utilizers of medical care. For most of the patients, there was no indication that they were accessing more extensive services at other clinics. In 70% of this study group, alcohol was the primary substance of abuse, driving high utilization and costs, and associated poor health outcomes.