



**MICMT Annual Meeting  
November 1, 2019**

**Topic Discussion Summary: Inpatient Utilization**

**Suggestions:**

- Weekly meeting with CM to discuss prior week admissions
- Patient to call office before ED visit, build rapport with patient
- Embedded CM in ED
- Looking upstream – rising risk patients
- ED utilization in rural areas/diagnostic center
- In home CM team – work as an interdisciplinary care team
- Central nurse triage – fast care/urgent care. Copays/deductible education
- TOC – reduce risk of admission
- Embed CM inpatient – leverage relationship with health system
- Improve relationship with hospital, prevent primary care sensitive conditions
- Identify chronic conditions/drivers for inpatient admissions. MA training, care coordination
- Leverage technology. Touch points – initial ED/hospital admission and discharge
- Whatever it takes – paramedic care in home
- Centralized TOC
- Payer report – highest inpatient diagnosis
- TOC support for non-TOC support practices.
  - Ambulatory care sensitive education for patients.
  - CM – telehealth
  - Light beam – focus on high utilizers
  - Population health – create cohorts – inpatient diagnosis
- Initial patient trust/relationship building
- Involvement of caregiver – education and resources

**Risk Tools:**

- Johns Hopkins – build use cases
- AAFP – general risk stratification
- LACE – Michigan Medicine – pharmacy review, care manager care within 48 hours, warm handoffs
- 30-day readmission tool – EPIC

**Resources:**

- Great Lakes Health Connect program - VIPR – Virtual Integrated Patient Record