

The Medicaid Population: Identifying, Locating, and Engaging a Hard-to-Reach Population for Disease Management Success

LAURA GREENE: This is Laura Greene from the Healthcare Intelligence Network. Today I am speaking with Dr. Phillip Bonaparte, who is the chief medical officer of Horizon New Jersey Health; New Jersey's largest managed health care company serving the publicly insured. Dr. Bonaparte is presenting at HIN'S audio conference, on "The Medicaid Population: Identifying, Locating, and Engaging a Hard-to-Reach Population for Disease Management Success", a July 25th 2007 audio conference. Welcome back and thanks for joining me today.

DR. PHILLIP BONAPARTE, CHIEF MEDICAL OFFICER OF HORIZON NEW JERSEY HEALTH: Thank you for having me.

LAURA GREENE: To begin with, when we last spoke with you your organization was getting ready to expand it's successful ER based caseworker initiative to a fourth hospital. Has that program expanded further? And are you seeing the same payoff in reduced return visits?

DR. PHILLIP BONAPARTE: Yes. We have. We expanded it. We have someone on site. We are looking at some of the data we typically need at least 6 months before we can speak of significant changes. So right now we are certainly crunching and looking at some of the data. It certainly is living up to our expectation.

LAURA GREENE: Have you expanded or revised the caseworker's hours at any of the hospitals?

DR. PHILLIP BONAPARTE: Yes we have, including the one that we have currently. Typically we had staff work Monday to Friday either from 11-7 or 12-8 or even 10 o'clock at night. Now we have staff working on weekends in one particular, we have one of

our staff members working on Sundays because that seems to be a busy day as well.

LAURA GREENE: Thank you Dr. Bonaparte. You mentioned last time that the ER caseworker gives the members a packet of information. Could you describe the kind of information that is provided during that encounter?

DR. PHILLIP BONAPARTE: We give information such as all of our disease management programs. For example, a diabetic will receive information pertinent to diabetes and on the importance of having a hemoglobin A1C check. And what we call "know your numbers". Knowing what your blood pressure is and what controls, what your blood sugar is and what your control should be, knowing what your cholesterol is and with simple to analyze and read at 5th grade level material with colorful flyers that simplifies the program. An asthmatic, for example, would be the importance of having a controlled substance not just rescue medication. And also to give contact information that he can call an 800 number, call one of the care manager, one of the caseworkers either a nurse or a social caseworker that can assist them as relates to navigating the health care system and further understand their particular health care needs.

LAURA GREENE: Okay. Thank you. And finally, do you think that the emergence of retail clinics or convenient care clinics will help or hurt health plans efforts to improve contacts with the Medicaid population?

DR. PHILLIP BONAPARTE: Well I think it's too early to make a verdict on this. I think the verdict is still out on that. In New Jersey, it's just picking up, we don't have a current contract with them. Access is great. I think it serves a role. It may assist with those who don't have insurance and or those who have any more like what we call Medicare fee for service. But for those who have a managed care plan we believe in having a

medical home. In one service, one area where one can go to their primary care doctor who serves as a gatekeeper, who pretty much keeps in one place all pertinent medical information. And although those med-clinics and appropriate and someone has a cold, they have easy access they can go in and be treated for those simple things, in my clinical experience and medical practice I've seen where those simple things mean bigger things, and often times they're treated as simple and it delays the workup and diagnosis of more complex and complicated things. So I think there is a role. I'm not saying no. There is a role. I would say the verdict is still out on that on exactly what positive impact it will have. Our main concern is when immunizations and that other kind of care is given, is there a good coordination so that the primary care physician the one who has the medical history and most of the coordination of that care has that information readily accessible to him or her. I think the future is certainly electronic medical records. It doesn't matter where an individual is seen as long as you have some linkage so to speak, you can get that information entered into your primary care. So I think we're on to something. I think there's a lot of good that can happen.

One area I see that health plans can benefit from this and this is across the board, reduction of emergency room visits, with the Medicaid population in particular and most of our acute care, we believe that a lot of the emergency room visits were not emergent. In other words it may be urgent, but these are ambulatory settings type of complaints that most likely can be handled at an urgent center or a primary care doctors office. To clog emergency rooms that prevents true emergency like car accident, with wounds, lacerations, and acute stroke or acute myocardial infraction or heart attack from getting the adequate and timely care because there's just so much cases ahead of them and you have to do the triage and assessment. I think it certainly has a role in reducing that type of emergency room beyond necessary, non-emergent visits to the emergency room. I

think they still need to be seen even if the doctor's office is closed and it's accessible. Usually these medi-clinics are in locations where it's easy access. It's at a mall. It's at a pharmacist's. So they're there for something else. It makes it a little bit easier for them to access care.

LAURA GREENE: Okay. Those are all the questions that I have today Dr. Bonaparte. Thanks for being with us and we're looking forward to hearing from you during the audio conference.

DR. PHILLIP BONAPARTE: No problem and thank you.

LAURA GREENE: To register or get more information about this conference, please call 1-888-446-3530. This is Laura Greene for the Healthcare Intelligence Network.