MEXCARE

Using a Case Management Process in the care for the Undocumented Mexican National

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University of Colorado Hospital Case Management Model

Collaborative team model

- Case/Utilization Manager, RN
- Social Worker
- Home Health Coordinator, RN

Unit based and Service based

- Carve outs for medicine, cardiology, CT surgery

Skill Sets required for the team

- Clinical expertise
- Cultural competency
- Good Counseling skills
- Access to interpreter services

Case Management Process

Initial High Risk Assessment – key to process

- Who: patient demographics
- What: admitting diagnosis
- Where: point of entry for the admission
- Why: does the patient need case management services
- When: identify anticipated discharge date
- How: will the hospital be re-imbursed for the care
- Who: does the patient have a support system, decision maker

Who is the patient?

Challenges for the Care team

- Identity is not always known: "john doe", no ID found
- Name is not always accurate: often have a hyphenated name, spelling challenges
- No permanent address: "live with a friend", apt on the corner of 11th/Colfax", "can't remember phone number"
- Social Security # provided but not valid
- Contact information: "can't remember phone number", no response at home, family in Mexico
- VALIDATION: UNDOCUMENTED MEXICAN NATIONAL

What is the diagnosis / anticipated discharge date?

Often trauma related

- Assault with multiple trauma
- Hit and Run victim
- Spontaneous head bleed

Admitted to ICU

- High costs during first few days of admission: ventilator support, imaging, labs, multiple drips for sedation & pain control, antibiotics, dialysis, etc.

Discharge date unknown but based on diagnosis, treatment plan, often involves an extended length of stay

Where was the point of entry?

- Most often come in through the Emergency Room via ambulance / 911
- Transferred for higher level of care, specialty services
- Frequent flyer to ER due to no insurance, no Primary Care Provider

Why are case management services needed?

- ICU admission should trigger automatic high risk assessment
- Demographic / contact information incomplete and/or inaccurate
- Insurance issues
- Life threatening diagnosis
- Family support / counseling needs

How is the hospital reimbursed?

Self pay status

- Little chance of receiving any payment

Medicaid – Emergency only

- Qualifications must be met
  - 12 month disability
  - 30 day continuous hospital stay
- Payment for inpatient admission only

No funding available for:

- LTAC,SNF, NHP, DME, follow-up clinic appointments

Who is the support system?

- Family members often remain in Mexico as patient working in United States and sends money back home
- Language barriers – often Spanish-speaking only
- No official resident – often here working and living with friends / extended family members
- Friends uncomfortable with decision making issues

Ethical / Legal Barriers

- Opinions related to the care are vast
  - "Why keep providing all this expensive care when we won't see a penny in return?"
  - "We should be able to bill Mexico"
  - "Can't we just drive them to the border and drop them off?"
  - "Mexico hospitals can't care for this type of patient"
  - "Patient is being "kicked out" of the hospital because he/she is from Mexico and has no insurance"
  - "We have spent all this time and money – lets just continue"

Ethical & Legal Barriers

PRO

CON

Discharge Planning Challenges

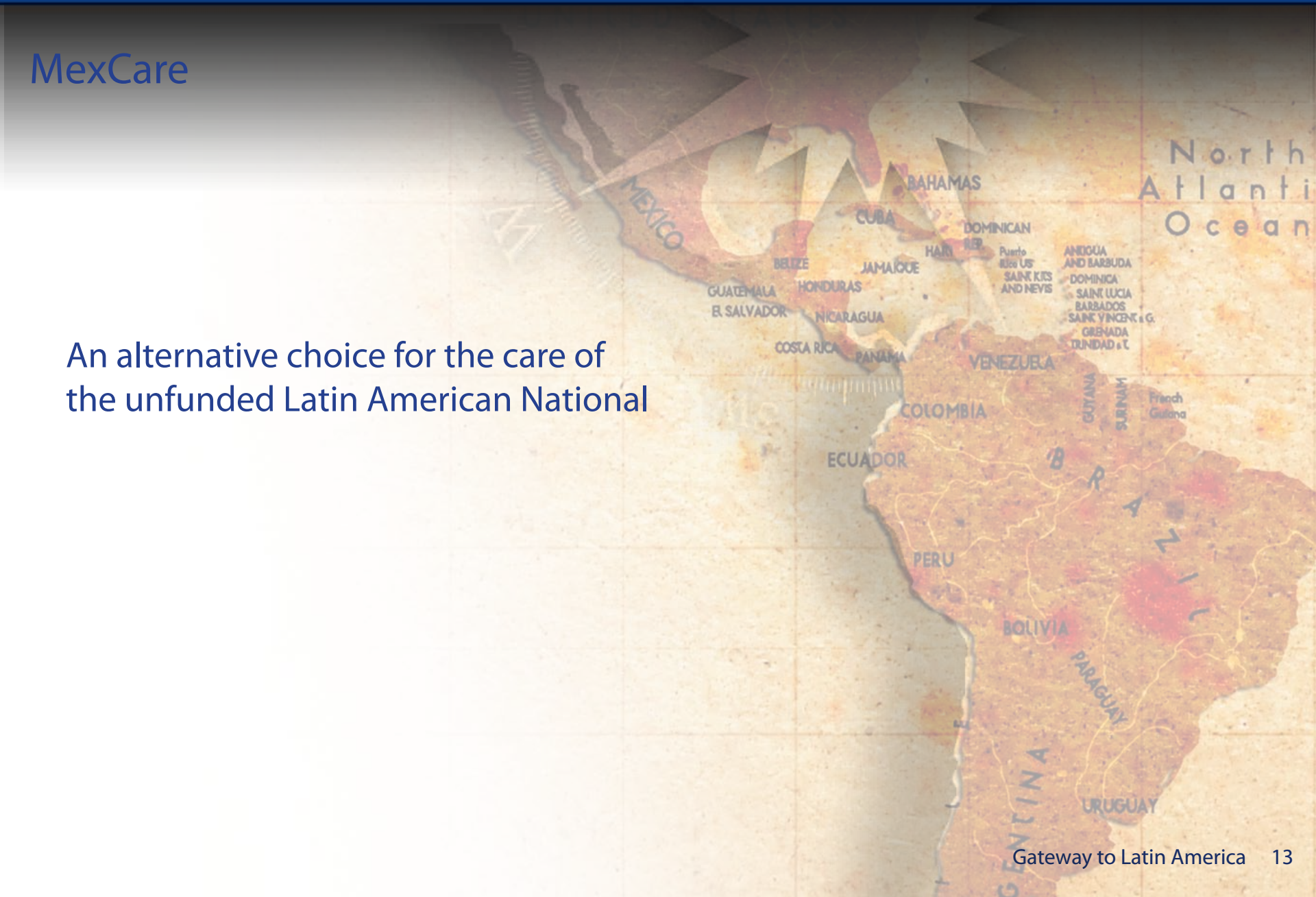
Summary of DC Issues:

- Long length of stay
- High use of resources
- No payer for placement
- Require 24/7 care
- Language / Culture
- “pressure from MD’s to discharge patient”
- Family in Mexico
- Find hospital / MD in Mexico
- Consult help = involved & lengthy process
- Still have financial implications

Discharge Planning Solutions

- Discuss all possible discharge solutions with patient, family, friends
  - Local home available?
  - Self pay for all therapies, follow-up care, DME, supplies
  - 24/7 care most likely required
  - No alternative placement options due to lack of funds

MexCare



An alternative choice for the care of the unfunded Latin American National

What is MexCare ?

- A network of hospitals and physicians in Latin America
- Offer placement in facilities closer to patients home
- Significant reduction in the cost of unpaid services

MexCare Services

- MexCare contacts patient / family to discuss hospital placement based on required care and family location
- Develop a plan for transfer, care and discharge
- Coordinate bed to bed transfer

Make referral to MexCare

- Provide Clinical Documentation
- Obtain proposal
- Coordinate bed to bed transfer
  - Agreed upon care plan
  - Cost per day to include all services required
  - Transportation
  - Discharge day

Administration Approval Process

- Review Bill to Date
- Analyze cost/day
- Estimate continued LOS for patient
- Cost comparison between patient remaining in hospital versus outsourcing care with MexCare
- Capacity Management / Throughput issues

Patient Profiles

Patient A: 41 year old male

- Diagnosis: Intra cranial hemorrhage, craniotomy, multiple complications
- Admitted 11/27/05 Discharged 04/10/06
- Total charges: $1,0677,184 (as of 3/30/06)
  - Using cost to charge ratio: $2,400 cost/day
- Discharge Needs: continued acute medical needs, rehab, follow-up care;
- Support System: "wife" in CO, family in Mexico
- Outsourced to MexCare: $75,800 (reimbursed $5,650)
  - $650/day (vent) x 90 days = $58,500
  - Air Ambulance $17,300
- Medicaid (Emergency) approved & paid: $120,486 December 2006

Patient Profiles

Patient B: 52 year old male

- Diagnosis: Anerusym s/p clipping, pleural effusions s/p VATs
- Admitted 6/08/06 Discharged 08/15/06
- Total Charges: $719,725
  - Using cost to charge ratio: $4,153 cost/day
- Discharge Needs: SNF, medication management, 24/7 care
- Support System: ex-girlfriend in CO, estranged family in Mexico
- Outsourced to MexCare: $36,950
  - $450/day x 60 days= $27,00
  - Air Ambulance (split with Patient C): $9,950
- Medicaid (Emergency) not approved, $0 reimbursed

Patient Profiles

Patient C: 22 year old male

- Admitted 7/9/06 Discharged 8/15/16
- Diagnosis: SAH s/p severe assault to head, craniotomy, multiple orbital fractures,
- Total Charges: $317,476 (as of 8/4/06)
  - Using cost to charge ratio: $2,637 cost/day
- Discharge Needs: continued acute medical needs include OR to replace skull bones, SNF, 24/7 care,
- Support system: involved extended family in CO, add'l family in Mexico
- Outsourced to MexCare: $65,850
  - $450/day x 90 days = $40,500
  - Surgical fees for neuro / plastic surgery: $15,400
  - Air Ambulance (split with Patient B): $9,950
- Medicaid (Emergency): not approved as over income $0 reimbursed

Patient Profiles

Patient D: 50 years old "unknown john doe"

- Diagnosis: Blunt abdominal trauma, cervical spine fracture, colon injury, multiple organ failure
- Admitted: 9/16/06 Discharged 11/11/06,
- Total Charges: 468,837.08 (as of 11/11/06)
  - Using cost to charge ratio: $2,528 cost/day
- Discharge Needs: continued medical care, SNF, medication adjustment, nutrition f/u
- Support System: family in Mexico
- Outsourced to MexCare: $45,000
  - $450/day x 60 days=$27,000
  - Air ambulance = $18,000
- Medicaid (Emergency): status pending approval / denial

Lessons Learned

- Don't wait to explore outsourcing the continued care – once patient is medically stable and safe to transfer to alternate setting, start the process!
- Communication / Education
  - Key to success is buy-in by the medical team
  - Begin dc planning options with patient & support system early on: Request updates on patient's condition and outcomes from MexCare,
  - Keep Administration informed of patient, dc planning & options