JOHNS HOPKINS ACG® SYSTEM

Improving Care for Returning Citizens: How Patient Sortal Used the ACG System to Deliver Better Health Care for Justice-Involved Individuals

The Landscape

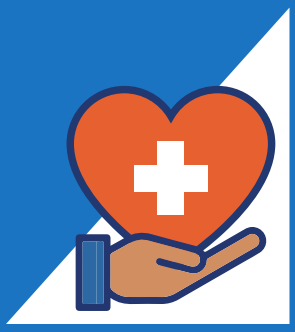
For justice-involved individuals, returning to the community after incarceration presents significant challenges. This population has disproportionately high rates of mental health and substance abuse issues, chronic physical health conditions, as well as barriers to housing, jobs and other social needs that can affect health. It is also often disproportionately affected by trauma and violence and **is at a much higher risk for poor health outcomes, injury and death than the general public.** Many justice-involved individuals — often lacking a connection to community-based providers or a care plan — experience gaps in care despite their high needs.

States have a wide variety of strategies to connect these individuals to Medicaid benefits. Some states have taken actions to make it easier for newly released prisoners to obtain, maintain or reactivate Medicaid benefits in preparation for returning to the community. California recently became the first state to offer a set of Medicaid services to individuals in correctional facilities for 90 days prior to their release, but it is the only state in the country to do so.

Introduction to Patient Sortal

Patient Sortal® is a health care data management system, management service organization, and a primary care / internal medicine practice — working with over 30 Medicaid, Medicare and Commercial insurance plans — that ensures returning citizens have necessary health care, care management and medical coverage as they re-enter their community. The term "returning citizen" replaces stigmatizing words like 'ex-con' or 'ex-felon'. Patient Sortal is dedicated to ensuring these individuals receive optimal health care as they rejoin their community.

Patient Sortal has been focusing on health care for justice-involved individuals for over 5 years and currently operates in Pennsylvania and Delaware. They are growing across the country to service the needs of over 630,000 returning citizens released from incarceration each year. They provide evidence-based, data-driven population health management, care management and case management, and primary care / internal medicine to the formerly incarcerated while reducing unnecessary costs associated with continuity of care during community reintegration.



Patient Sortal provides health care services for justice-involved individuals.

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The Challenge

Transitioning from incarceration back to the community presents significant challenges. While incarcerated, these citizens are on a rigid schedule and rely on others to meet their basic needs. This includes health care, insurance and medication.

Once these citizens return to the community, it's usually the first time they have become responsible for their own care. In some cases, it has been years since they had to manage these details. This represents a significant barrier to obtaining medical care, maintaining prescriptions, taking medication appropriately, finding providers that are accepting new patients, and managing chronic conditions on their own.

As of January 2023, an estimated 80% of returning community members have chronic medical, psychiatric or substance use disorders.[1]

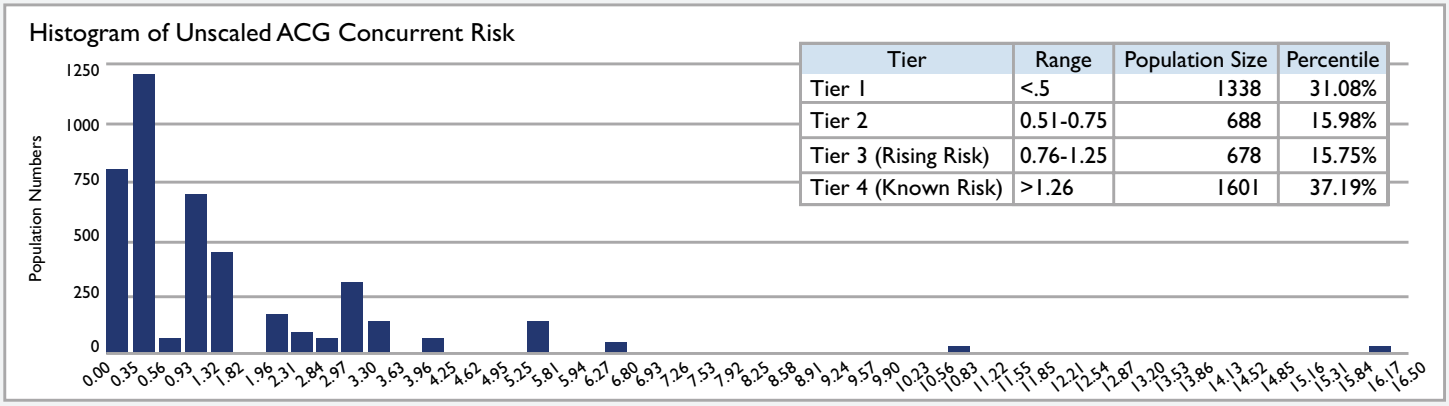
Half of the individuals in state and federal prisons report a chronic condition including cancer, high blood pressure, diabetes, heart or kidney problems, arthritis, asthma and cirrhosis.

These medical conditions, compounded with behavioral and mental health challenges and adjustment disorders, would present an issue for anyone. Returning citizens may be less self-sufficient, have lower health literacy and have Social Determinants of Health needs. These challenges strongly correlate to significant over-utilization if the patient is not managed properly.

The Solution

Applying best practices from the Johns Hopkins Bloomberg School of Public Health, Patient Sortal formulated a data-driven care model by leveraging various data analytics, including the Johns Hopkins ACG system. In the model, Patient Sortal obtained risk-stratified medical records from prison clinical encounters up to 12 months prior to the citizen's release. Using the ACG System, Patient Sortal grouped patients into one of four tiers based on the unscaled concurrent risk score from the ACG System. This risk score was correlated to a resource utilization band (RUB) to predict the intensity of future care management needs.

ACG BREAKDOWN



Tier	Range	Population Size	Percentile
Tier 1	<.5	1338	31.08%
Tier 2	0.51-0.75	688	15.98%
Tier 3 (Rising Risk)	0.76-1.25	678	15.75%
Tier 4 (Known Risk)	>1.26	1601	37.19%

*Histogram is derived from Pennsylvania members pre-release medical records
*This reflects an initial distribution that is further refined by Patient Sortal post release

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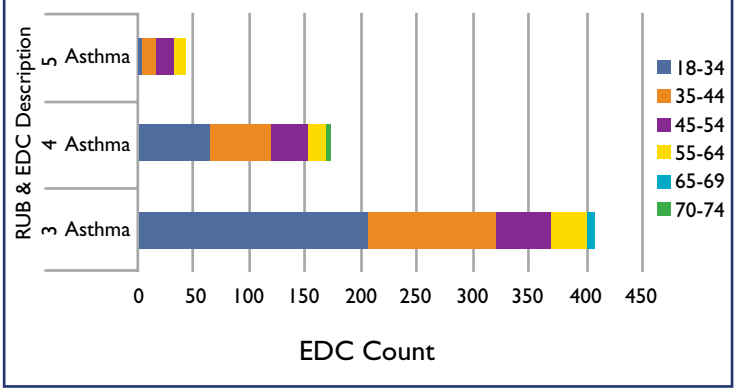
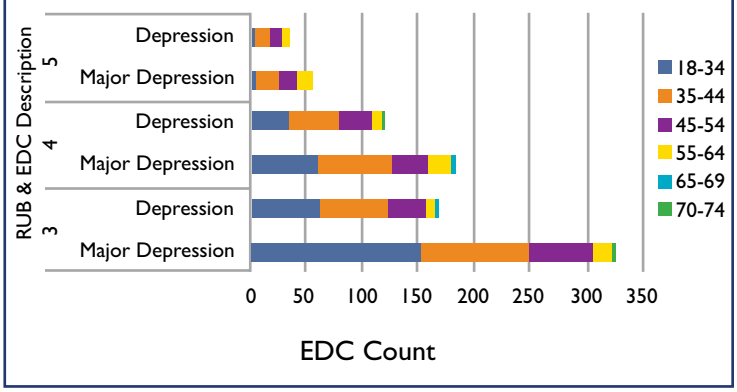
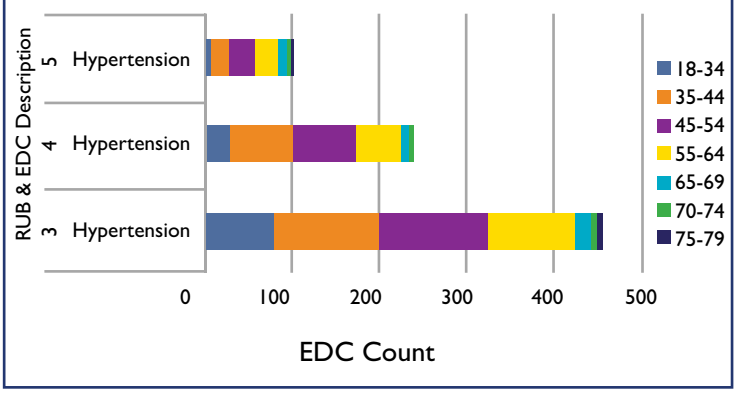
Asthma: RUB by EDC



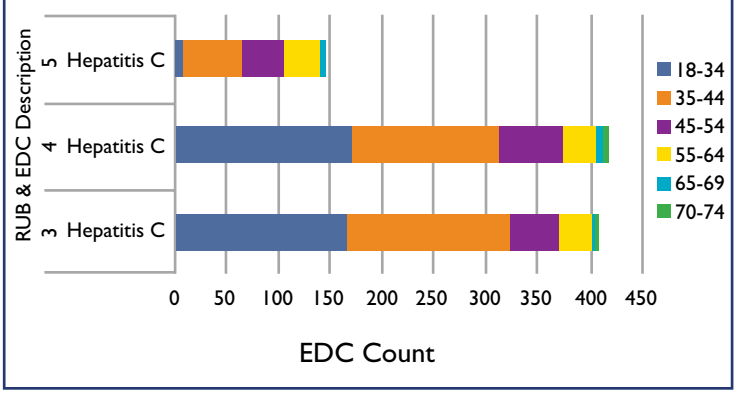
Depression: RUB by EDC



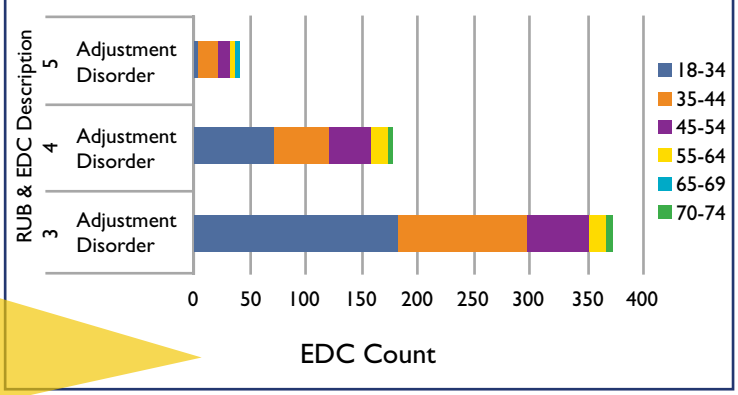
Hypertension: RUB by EDC



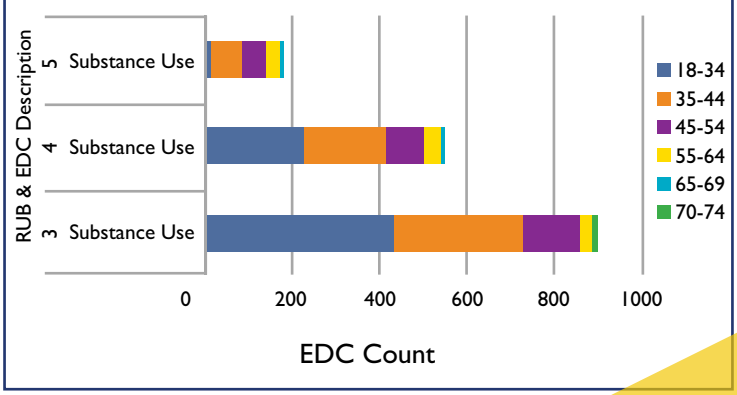
Hepatitis C: RUB by EDC



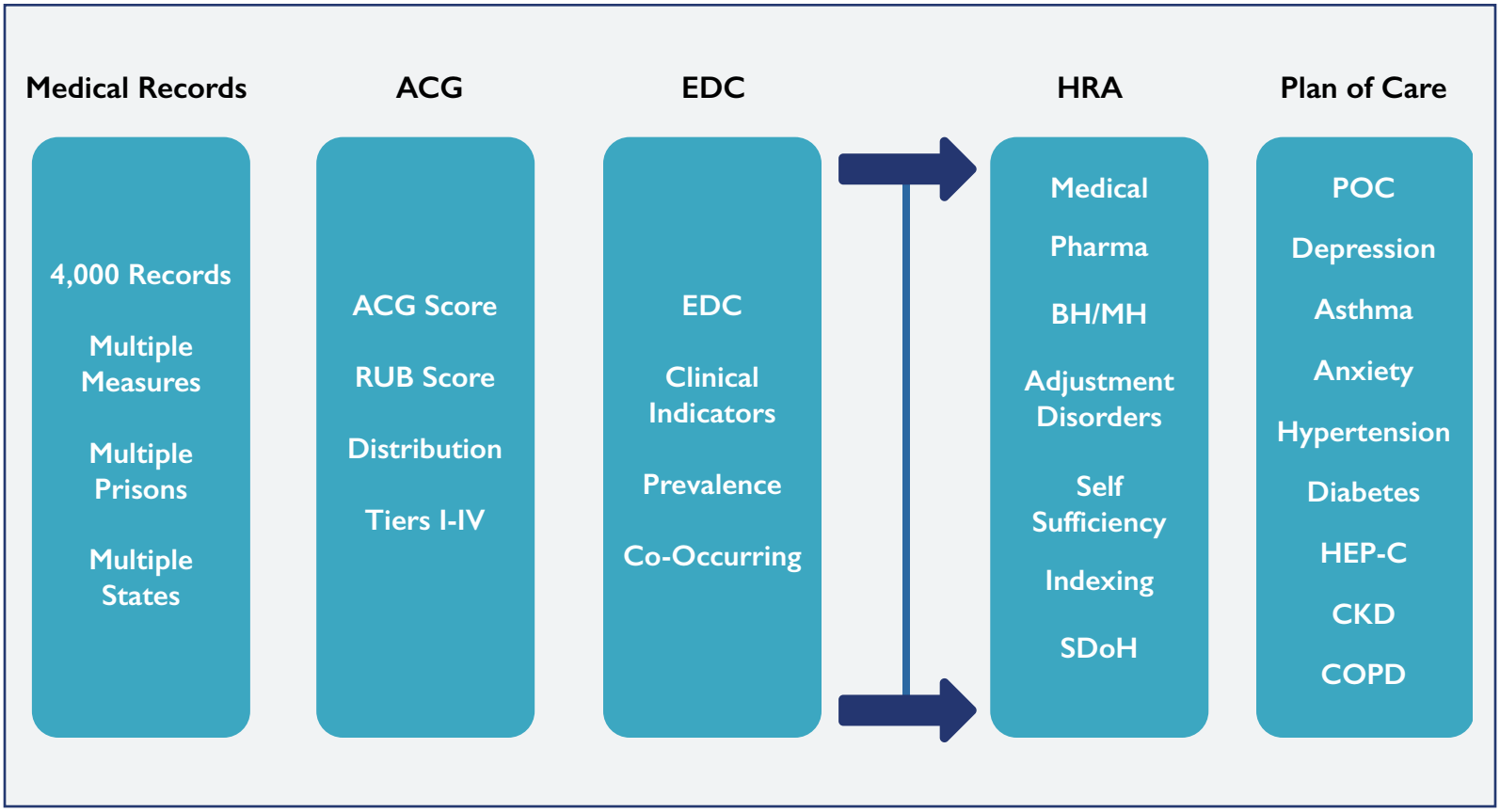
Adjustment Disorder: RUB by EDC



Substance Use: RUB by EDC



In addition, Extended Diagnosis Clusters (EDCs) were evaluated to determine the root cause for the ACG System tier. For example, if patients have diabetes coupled with hypertension, depression or another chronic illness, those needs are evaluated at the EDC-level through the ACG System.



Application to Patients

As unmanaged patients, most returning citizens are more likely to use the emergency department (ED) as their primary care medical home. Additionally, up to 65% of all returning citizen ED visits result in an in-patient admission due to co-occurring behavioral issues, substance use and medical issues. Patient Sortal alleviates this by ensuring patients are properly evaluated and managed upon their release.

Upon release, care management assessments begin within 48 hours of release and Patient Sortal conducts an extensive health risk assessment (HRA) on the returning citizen within the first 30 days of community reintegration. The HRA evaluates a spectrum of health needs and risks, including behavioral health needs, self-sufficiency, social determinant needs and presence of an adjustment disorder. Upon completion of the HRA, Patient Sortal places the patient with a case manager. Each case placement and supporting ACG System and EDC documentation is shared with the contracted Medicare or Medicaid MCO that provides insurance for the returning citizen.

Patient Sortal's clinical care coordinators have years of experience managing complex disease states and have a passion for working with justice-involved individuals. Research has found that many care providers report feeling that they lack cultural competency in dealing with individuals who have been incarcerated.[2] Patient Sortal's structure allows their user population to overcome access to care barriers through their data-driven care model. Patient Sortal has also demonstrated engagement rates over 85%, with population retention exceeding 95%.

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A Future of Better Care for Returning Citizens

Patient Sortal used the ACG System to create a focused and highly effective model for justice-involved individuals returning to their community. Patient Sortal's providers now have a better understanding of the returning citizen population and the risks they encounter upon release. This population can be managed more effectively, resulting in a reduction in ED visits, inpatient admissions and negative outcomes.

Patient Sortal also used the ACG System to evaluate total risk, high utilizers, high cost and other indicators. This lets Patient Sortal and their MCO plan appropriately and set expectations for their key population.

Historically, care and case management has focused on managing individuals with complex medical conditions and high medical needs. Predictive models allow this management to go a step further to evaluate possible future risk. However, the impact of release on a returning citizen's health status cannot be understated. These cases are often significantly complex and require a nuanced understanding of their specific barriers and experiences. Positive improvements in quality and cost outcomes require a whole person care model that is culturally sensitive.

Leading with ACG System data, Patient Sortal solved the care gap for innovative payers seeking to reduce the total cost of care while improving quality of care for these individuals. In Patient Sortal's payer agreements, a foundational fee-for-service schedule is supported by a risk-bearing and pay-for-performance value-based contract structure which incentivizes Patient Sortal to reduce the number of ED visits and corresponding admissions into an inpatient setting.

PS Patient Sortal®

About the Johns Hopkins ACG System:

The Johns Hopkins ACG System is the world's leading population health analytics software. The System continues to evolve, providing ever-more refined tools used in the U.S. and across the globe for over 30 years, from commercial health plans and governments to health systems and large employers. The beauty of the ACG System is its ability to combine data from an array of sources to reveal powerful insights that go beyond just medical records.

By identifying risk and tracking patients over time, the ACG System can help you plan ahead and reduce health care costs – especially valuable to risk-bearing health systems and provider organizations.

Most importantly, the ACG System allows you to be proactive, rather than reactive, when it comes to your population's unique health care needs. The System helps you combine a population-level perspective with patient-level behaviors and conditions. And because the System is incredibly flexible and responsive to new information, you can rest assured that no matter what comes next, the ACG System will continuously adapt to your health care management needs.

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To learn more about how the ACG System can support your organization, visit: hopkinsacg.org or contact us at acginfo@jh.edu. If you are an ACG customer, reach out to your Account Manager.

Sources
1 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4069256/
2 https://aspe.hhs.gov/reports/medicaid-reentry-stakeholder-group-rtc