

## Memorandum

**DATE:** July 28, 2008  
**TO:** Maya Altman, Executive Director  
**FROM:** Vicky Shih, Senior Health Statistician  
**RE:** Evaluation of Care Coordination Program

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This memo describes an evaluation of emergency room and inpatient utilization for those CareAdvantage members enrolled in the Care Coordination (CC) Program. Staff analyzed the number of ER visits and inpatient admission for members six months before and after their enrollment in the CC Program. The evaluation showed a significant decrease in inpatient and ER utilization for those members in the CC program.

### Methodology:

The members included in this study were continuously enrolled in CareAdvantage six months prior to and after their enrollment in the CC Program between January 1, 2006 (the beginning of CareAdvantage) and March 31, 2008. A total of 869 members were included in the study.

The study measured the following:

1. the percentage of members with an inpatient hospital admission six months before and after enrollment in the CC Program, excluding psychiatric inpatient admissions;
2. the average length of the inpatient stay(s);
3. the percentage of members with emergency room visits six months before and after enrollment in the CC Program;
4. the average number of emergency room visits per member six months before and after the enrollment in the CC Program.

### Results:

The statistical analysis of the four measures noted above showed that the rates in all four measures were significantly lower after enrollment in the CC Program. The following table compares the four outcome measures before and after enrollment in the CC Program.

	Before CC	After CC	% decrease
% of at least one non-psychiatric hospital admission	30.5%	16.9%	45%
Average Length of Stay	8.2	7.3	11%
% of at least one ER visit	42.9%	29.8%	31%
Number of ER visits per member	1.2	0.7	42%

Conclusions/Comment:

The result of this study shows a decrease in hospitalizations and emergency room utilization related to enrollment in the Care Coordination Program. Not only was there a decrease in the percentage of members needing hospital admissions and ER visits, but there was also a decrease in the length of related hospital stays. In contrast to these improvements, the staff found no decrease in inpatient hospital and ER usage by non-Care Coordination members. For a more definitive comparison of the groups, additional analysis is planned to adjust for the diagnosis of those members, if any, who had high inpatient and ER utilization due to acute conditions. Pending this further study, the current results indicate a promising impact by Care Coordination.