AHCCCS Initiatives

HEALTHY TOGETHER CARE PARTNERSHIP

"Since I started my new insulin I have stopped having high highs and low lows. My sugars are level. I feel better with my diabetes. Thank you for all of the support. I feel better just knowing people are looking out for me."- Mr. K

Mr. K is a 30 year-old with Type I Diabetes who was hospitalized four times within six months prior to meeting his healthcare partners in the Healthy Together Care Partnership program. He is one of the half of American adults with one or more chronic health conditions who account for 84% of all healthcare costs (Source: Centers for Disease Control and Prevention, 2014).

DESCRIPTION: The Healthy Together Care Partnership (HTCP) is a home-based, interdisciplinary, collaborative care management program, established in January 2013 to service the most high-need, vulnerable, and costly adult members enrolled with University Family Care or University Care Advantage, HMO SNP. This care model employs medical and behavioral interventions aimed at improving self-efficacy of condition management for Health Plan members ages 21 and over, who have a primary care provider at Banner University Medical Group-Tucson.

WINTER 2015/2016

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KEY OBJECTIVES: The program purpose is to promote and facilitate health and well-being through an integrated, personalized, collaborative care partnership among patients, caregivers, and their healthcare community while reducing avoidable hospital utilization and improving patient self-management.

The program strives to achieve the quadruple aim of reducing unnecessary healthcare costs, improving patient-perceived health status, increasing access to and effective engagement with primary care, and extending primary care into the home, enabling PCPs to be more effective and productive.

CORE PROGRAM COMPONENTS:

The HTCP program employs a curriculum, called Healthy University (Healthy U) based on the following principles:

- Support for sustainable health behavior change through integrated, patient-centered approaches
- Establishment of a patient empowerment 'curriculum' focused on the psychosocial and environmental barriers to care
- Utilization of evidence-based community health and peer support practices
- Reinforcement of positive health behaviors and intrinsic rewards received through accomplishment of goals (completion of Healthy U)

HEALTHY U LEARNING OBJECTIVES:

- Patient can articulate **medical conditions** and how to recognize and manage red flags
- Patient can articulate **medications**, what they are for, and how to use them
- Patient has set at least one **health management goal**
- Patient has had a visit with **designated PCP** and knows how to access care
- Patient can articulate relevant **preventive health measures** and advance care planning
- Patient can articulate **support systems** (family, health, community)

PROGRAM OUTCOMES:

As of August 2015, the program has served over 800 members and has realized a reduction of 24% in hospital admissions and 16% in emergency department utilization over the baseline year. Program participants have also reported a 97% satisfaction rate, with 92% reporting increased ability to manage health conditions and 87% reporting an improved health status.

SATISFACTION:

97% Very Satisfied

97% Likely to Recommend

HEALTH MANAGEMENT

91% Improved understanding of condition

92% Better able to manage heath

HEALTH STATUS

87% Health improved

Please visit the following link to meet the HTCP team and a few patient partners:

https://www.youtube.com/watch?v=OCrSfNFCzso&feature=youtu.be

Mr. P, Healthy Together Patient Partner, meets with Dorothy Terrazas, Nurse Practitioner, and pharmacy resident in his home to discuss medication management and optimization.

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