

Health Management Collaborative for the Indigent (HMCi)

Healthcare is (too) expensive and threatening the viability of hospitals, hospital systems, state and federal governments. This fact drives us to construct a solution to this problem in a world of constrained (not unlimited) resources.

Our goal is to form an organization similar to an HMO that we have termed a health management collaborative (HMC). The HMC will be, in part, an “insurance” organization that will process claims data for those who have no insurance and collate essential data on patient utilization and outcomes. Likely, a single commercial insurance company or a government entity (CMS) will serve as the clearinghouse for such information.

There are other examples of health information exchanges (HIE) across the country that attempt to acquire and manage data, often amongst competitors, to increase efficiency and decrease costs.

Our vision is that similar infrastructure would be expanded to capture and track:

- *encounters in clinics, EDs, and hospitals;*
- *utilization and results of diagnostic tests;*
- *prescribed medications.*

Such a system will help eliminate waste and redundancies. Criteria necessary for testing and treatment might also be built-in.

The data obtained from the HMC will serve to identify and better understand the uninsured and self-pay populations. Once those populations are isolated, then case or population management may be brought to bear to try and improve health of individuals and the community in a more cost-effective manner.

Case management in our model is based on the premise that a holistic understanding of a patient must necessarily address social context. The solution to health is more than medical. Medical home is their home, their community. Simply, the community must be the extended case management team. In our model, the point person will likely be a clinician who will oversee and coordinate a cadre of volunteers from both the healthcare and lay communities.