Wraparound services hold great promise for reducing health costs and improving outcomes

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Eskenazi Health Campus. Credit: Eskenazi Health

When Eskenazi Health in Indianapolis began offering on-site dietetics,

social work and other wraparound services at its clinics, it did more than improve patient outcomes. It potentially saved millions of dollars in hospitalization costs.

A new paper co-authored by Lisa Harris, CEO of Eskenazi Health, Paul Halverson, founding dean of the Richard M. Fairbanks School of Public Health at IUPUI, and Joshua Vest, lead author of the paper and an associate professor of health policy and management at the Fairbanks School of Public Health, finds that the wraparound services, co-located within the primary care setting of the large urban safety-net health provider, were associated with a reduction in the number of hospitalizations and emergency room visits.

"Providing nonmedical wraparound services in conjunction with primary care is one strategy to improve patient outcomes and reduce overall health care spending," Vest said.

Researchers estimated that wraparound services potentially saved $8.2 million from 2011 to 2016, based on median hospitalization costs. The estimate represents an average of $1.4 to $2.4 million potential cost savings per year.

Researchers calculated the potential savings by estimating the number of hospitalizations that could have been expected among those receiving wraparound services had the services not been offered.

"Early intervention and effective chronic disease management are vital to keeping people out of the hospital and reducing the burden of illness on the patient and on the health care system," said Dr. Lisa Harris, CEO of Eskenazi Health. "We know, based on our research, that our best opportunity to improve the lives of our patients and, by extension, the health and vitality of our community lies in helping individuals stay well."

In 2011, Eskenazi Health began employing various providers of wraparound services including behavioral health, social work, dietetics, respiratory therapy for asthma education, patient navigation, pharmacist education, financial counseling and a medical-legal partnership.

Wraparound services were also associated with a 5 percent reduction in the number of emergency department visits in the year after the services were provided. Researchers did not estimate potential cost savings for emergency department visits because emergency department costs were not available.

"Given that health and health care use are largely driven by social situations, environmental context and individual behavior, we believe that addressing these issues holds great promise for reducing costs and improving health outcomes," Halverson said.

"Historically, the health care system has not addressed these drivers of health and health care costs," Halverson said.

All patients in the study received at least one wraparound service. Counseling from a dietitian was the most common wraparound service, at 49 percent, followed by consultation with a social worker at 29 percent and behavioral health at 10 percent.

Given that wraparound services were co-located with primary care, caution must be taken in generalizing the study's findings to settings that rely on referrals to outside social service providers, the researchers said.

More information: Joshua R. Vest et al, Indianapolis Provider's Use Of Wraparound Services Associated With Reduced Hospitalizations And Emergency Department Visits, *Health Affairs* (2018). DOI: 10.1377/hlthaff.2018.0075

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