Attachment A: **TEMPLATE FOR TRANSFORMATION PROJECT SUGGESTIONS**

For projects to be considered for inclusion in the Medicaid Transformation Project List, please provide the information requested in the template. We are looking for summarized information – **2-3 pages maximum per project**. Please email completed templates by **January 15, 2016,** to MedicaidTransformation@hca.wa.gov with the subject **Medicaid Waiver Project**. Thank you for your interest and support.

Contact Information	Molina Healthcare of Washington – Elise Reich 425-424-7145. elise.reich@molinahealthcare.com *Which organizations were involved in developing this project suggestion?* Snohomish Human Services; Snohomish County Fire District 1; Central Pierce Fire and Rescue
Project Title	Care Coordination for High EMS and ED Utilizers

Rationale for the Project *Problem statement – why this project is needed.*

- *Supporting research (evidence-based and promising practices) for the value of the proposed project.*[i]
- *Relationship to federal objectives for Medicaid*[ii] *with particular attention to how this project benefits Medicaid beneficiaries.*

Problem Statement: Emergency medical services, such as 911 EMS responders and emergency departments, were designed to provide services to those who are most critically ill. However, EMS and ED services are frequently used by those with non-urgent, avoidable and preventable situations. This is especially true for Medicaid beneficiaries as evidenced in the *Potentially Avoidable Emergency Room Visits in Washington State Report* 2015 which indicated that **nearly 12% of all ED visits by Medicaid patients could have been potentially avoided**. Additionally, a study published in the Annals of Emergency Medicine found that **frequent ED users comprise between 4.5 to 8 percent of all ED patients, yet account for 21 to 28 percent of all visits.** According to a study by the RAND Corp, between **14 and 27 percent of all ED visits are for non-urgent care and could take place in a different, less expensive setting resulting in a potential cost savings of $4.4 billion annually**.

EMS systems possess early information about these frequent users long before the rest of the healthcare delivery system. Examples include Snohomish Fire District 1 and Central Pierce Fire and Rescue reporting approximately **25% and 42% of EMS calls result in no medical transport** respectively, which means that while frequent EMS users are extremely visible to the EMS system, they are virtually "invisible" to the rest of the healthcare delivery system. This "invisibility" is a precursor to unnecessary EMS and ED utilization as it often results in missed opportunities to provide early intervention such as engagement, care coordination, and support which are essential for helping reduce disease progression, service delays, and healthcare costs system-wide.

Evidence Base: In addition to a number of published studies highlighting the benefits of care coordination for reducing unnecessary EMS and ED utilization and cost, this program is modeled after a highly successful, innovative, cross-sector care coordination collaborative between Molina Healthcare of Washington, Snohomish County Human Services Dept., and Snohomish EMS. **When comparing utilization costs pre- and post-intervention for those Molina members identified as high EMS utilizers (defined as clients with three 911 calls in three months or four 911 calls in six months), unnecessary calls to EMS dropped by 45% and unnecessary ED visits for all but two members dropped by 73%**.

Federal Objectives: This project meets three of the objectives in GAO-15-239: 1) strengthen the provider network supporting high cost, high utilizers of EMS, 2) improve health outcomes for these individuals by linking them with their PCP for chronic disease care management, and 3) increase the efficiency and quality of care for Medicaid and other low-income populations by creating clinical-community linkages between EMS, health plans, and care coordinators.

Project Description

Which Medicaid Transformation Goals[i] are supported by this project/intervention? Check box(es)

- ✓ Reduce avoidable use of intensive services
- ✓ Improve population health, focused on prevention
- ✓ Accelerate transition to value-based payment
- ✓ Ensure Medicaid per-capita growth is below national trends

Which Transformation Project Domain(s) are involved? Check box(es)

- ✓ Health Systems Capacity Building
- ✓ Care Delivery Redesign
- ✓ Population Health Improvement – prevention activities

Describe:

- *Region(s) and sub-population(s) impacted by the project. Include a description of the target population (e.g., persons discharged from local jail facilities with serious mental illness and or substance use disorders).*
- *Relationship to Washington's Medicaid Transformation goals.*
- *Project goals, interventions and outcomes expected during the waiver period, including relationship to improving health equity /reducing health disparities.*
- *Links to complementary transformation initiatives - those funded through other local, state or federal authorities (such as the health home program and Early Adopter/Behavioral Health Organization regional purchasing) and/or Medicaid Transformation initiatives # 2 and 3.*
- *Potential partners, systems, and organizations (e.g., health and social service providers, ACH participants) needed to be engaged to achieve the results of the proposed project.*

Target Population: One of the greatest opportunities to reduce tax payer supported Medicaid costs, such as unnecessary EMS and ED utilization, is to identify and connect members to appropriate health care services at the right place, in the right way, and the right time in a coordinated, systematic way. Our original program, which identifies high utilizers of EMS services, is already implemented in Snohomish County and is expanding throughout the North Sound region through adoption by the North Sound ACH. While our vision is to ultimately expand this program throughout the State for reducing both unnecessary ED and EMS utilization, this transformation project will help support expansion of the program to high utilizers of EMS services first in Pierce County where Molina has substantial membership, high EMS utilization, and support from EMS providers in the region.

Intervention: Through this program, high EMS and ED utilizers are identified in three ways: 1) a data analyst with access to EMS services identifies members with high EMS utilization; 2) EMS and Community Paramedics identify members they have encountered and deemed in need of support and 3) Emergency Department Information Exchange (EDIE) system-generated reports. Once identified, Molina staff outreaches to the member and conducts appropriate screenings and assessments for identifying barriers to care and needed services. Once informed, staff connects the member to a host of telephonic and face-face services and supports including but not limited to: medical and behavioral health providers; care management (case management, disease management, Health Home CCO Care Managers, etc.) for health promotion, disease prevention, care plan development, management and coaching; Health Home Care Managers if the member is eligible; Community Health Workers for assistance with public benefits including long-term care, food, housing, and transportation resources; and a variety of community-based resources such as telemedicine and community paramedics, support groups, and chronic disease self-management programs. Additionally, and perhaps the most unique and beneficial aspects of this program is the breakdown of silos that exist between entities through effective communication, collaboration and coordination with Care Management staff, EMS staff, community medical and mental health providers including ED staff, and the member.

Outcomes: Reductions in expensive and unnecessary EMS and ED utilization as a result of: 1) Identification of members with barriers to care and in need of services; 2) Increases in medical and mental health screenings and referrals to needed services; 3) Increases in preventative healthcare, treatment adherence support, and participation in chronic disease self-management programs and 4)

communication, coordination and collaboration with EMS and ED staff, community providers and care managers.

Potential Partners: Snohomish County Human Services Department and Everett Fire District 1 are in complete support of program expansion into Pierce County. Central Pierce Fire and Rescue, which provides EMS services covering 21% of Pierce County, has committed to further developing this program in their region.

Health Disparities: The project focus is on Medicaid and Medicare Dual Eligible individuals who have major health disparities based on their socioeconomic and health status.

Core Investment Components

Describe:
• *Proposed activities and cost estimates ("order of magnitude") for the project.*
• *Best estimate (or ballpark if unknown) for:*
  o How many people you expect to serve, on a monthly or annual basis, when fully implemented.
  o How much you expect the program to cost per person served, on a monthly or annual basis.
• *How long it will take to fully implement the project within a region where you expect it will have to be phased in.*
• *The financial return on investment (ROI) opportunity, including estimated amounts and associated ROI timeline.*

Best Estimate: Our goal for this program is to identify 1000 high frequency EMS and ED utilizers and reduce unnecessary EMS and ED admissions by 50% within the first year. In 2015, Central Pierce Fire and Rescue had 22,534 calls of which 42% were not transported. Given that Central Pierce Fire and Rescue currently serve a significant percentage of the Pierce County Medicaid population, and there are approximately 91,500 Molina members in the region, this program is targeted to serve an estimate of 1000 members the first year of the program.

Total Estimated Costs: 1) .5 FTE data analyst with access to EMS data and can identify eligible members and conduct a pre-post intervention evaluation during the program for a cost of $50K including benefits. 2) .5 FTE of a Project Manager for program coordination for a cost of $35K. Note: Care management staff is already provided by Molina and is not an added cost to this program.

Full implementation: No barriers for immediate implementation in Pierce County as we already have signed BAA and NDA from Central Pierce Fire and Rescue. Additionally, Molina has met with Choice Regional Health Network and Signal Health and both have expressed interest in expanding this program in Thurston-Mason and Yakima Counties respectively. And although Molina developed this program, all Managed Care organizations could adopt this program which could ultimately lead to servicing all Medicaid members throughout Washington.

ROI: Since this program started as a very successful pilot program and is therefore a promising practice rather than evidenced-based, and EMS data is limited, specific ROI is not available at this time. However, given costs for an ED visit for Molina Medicaid members is approximately $350 per patient/visit and Basic Life Support (BLS) ambulance rates are $363, and reimbursement rate for primary care is approximately $50, a **cost savings of 86%** could be obtained if members accessed routine care when needed. Conservatively, if we assume each enrolled member reduces ED and BLS by even one visit, for 1000 members participating in this program, and including a PCP visit for each at $50, a projected total savings would equal $613,000.

Relationship to Washington's Medicaid Transformation goals: 1) Reduces avoidable use of emergency department and ambulance system; 2) Improve population health by identifying the highest users of EMS and linking them with care coordinators to focus on chronic disease management; 3) Accelerate the transition to value-based payment by measuring return-on-investment through cross-

sector collaboration; 4) Helps minimize per-capita cost growth by correctly targeting the highest utilizers and connecting them with the appropriate level of care.

Project Metrics
The state will monitor implementation of transformation projects at regional and statewide levels through process and outcome measures. Each project will require clearly defined outcomes that relate to the goals and specific process steps. Wherever possible describe: • *Key process and outcome measures (and specific benchmark performance data if known) against which the performance of the project would be measured. Include priority measures sets described in the Waiver application* http://www.hca.wa.gov/hw/Documents/waiverappl.pdf *pages 46-47*[ii]. • *If no specific benchmark performance data are currently available, what efforts will be undertaken to establish benchmark performance ahead of any proposed project implementation*?

As a State Priority area to reduce avoidable use of intensive high cost services (EMS & Avoidable Emergency Room Services), identifying patients in need of and enrollment into care management provides patients with:

- Access to medical and behavioral health referrals and support
- Care coordination of services
- Treatment adherence and health management coaching and support
- Housing, food, clothing, transportation resources

[i] Transformation goals as stated in Washington's Medicaid Transformation waiver, http://www.hca.wa.gov/hw/Documents/waiverappl.pdf:

- Reduce avoidable use of intensive services and settings such as acute care hospitals, nursing facilities, psychiatric hospitals, traditional LTSS and jails.
- Improve population health, with a focus on prevention and management of diabetes, cardiovascular disease, pediatric obesity, smoking, mental illness, substance use disorders and oral health; that is coordinated and whole-person centered.
- Accelerate the transition to value-based payment, while ensuring that access to specialty and community services outside the Indian Health system are maintained for Washington's tribal members.
- Ensure that Medicaid per-capita cost growth is two percentage points below national trends.

[ii] This includes the statewide common measure set for tracking health care quality and cost across multi-payer public and private health delivery systems: http://www.hca.wa.gov/hw/Documents/pmcc_final_core_measure_set_approved_121714.pdf and the subset of 2016 Medicaid contract common performance metrics. It also includes priority measures for critical behavioral health and community support services recommended by the 5732/1519 Steering Committee and reported to the Legislature in "*Service Coordination Organizations – Accountability Measures Implementation Status*", (page 36) at: http://www.hca.wa.gov/documents_legislative/ServiceCoordinationOrgAccountability.pdf.