North Sound ACH Care Coordination via EMS Transformation Project Suggestion

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.

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Project Title	Care Coordination for high EMS and ED Utilizers

Rationale for the Project

Problem Statement: For many who have never had health insurance, or are not connected with a primary care physician (PCP), the emergency department (ED) often serves as the entry point into the healthcare system – even when the level of care and costs of the ED are not necessary. This results in overuse of 911 EMS and ED visits for non-emergent conditions and avoidable costs.

Molina's Medicaid members in the North Sound region who accessed the ED between July 2014 and June 2015 had 4,139 avoidable ED visits or 13.4% of total visits were classified as "preventable" using the California algorithm. These appear to be conservative, based on other studies conducted. On average, an ED visit for Molina's Medicaid members is approximately $350 per patient per visit. Given Molina's reimbursement rate for primary care is approximately $50, a cost savings of 86% could be obtained if members accessed routine care when needed. This cost savings is comparable to other studies conducted. For example, approximately 71% of ED visits are deemed unnecessary or could have been avoided if patients sought care for non-emergent issues at the PCP office instead of the ED. According to a 2010 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 setting, such as a doctor's office, after-hours clinic or retail clinic, resulting in a potential cost savings of $4.4 billion annually. Inappropriate use of the emergency department comprises a relatively small, but disproportionate share of health care resources. Additionally, a 2010 study published in the *Annals of Emergency Medicine* found that frequent users comprise 4.5 percent to 8 percent of all ED patients, yet account for 21 to 28 percent of all visits.

Evidence Base: The health plan, County and EMS collaboration as described here is an innovative, cross sector approach to reducing ED and EMS costs. For those members identified and enrolled in care management services, and with community paramedic support, unnecessary calls to EMS dropped by 45.3% and unnecessary ED visits for all but two members dropped by 73.3% when comparing utilization pre-and post-intervention. Additionally, other pilot programs such as the California CP Pilot program and efforts to support expand community paramedic programs are occurring nationwide.

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

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- ✓ Care Delivery Redesign
- ☐ Population Health Improvement – prevention activities

Target Population: All persons receiving Managed Medicaid and Medicare D-SNP benefits that call 911 three or more times in one month or four times in six months.

One of the greatest opportunities to reduce tax payer supported Medicaid costs is to reduce unnecessary ED utilization. In an innovative public/private partnership between Molina, the Research Division of Snohomish County Human Services and Everett Fire and Fire District 1 EMS, an agreement was reached to safely and proactively share HIPAA information between the parties with the express goal of collaborating to improve the health of high needs patients. This partnership resulted in a pilot program designed to proactively identify high EMS utilizers who are Molina members. The goal was to connect these high-utilizing members with Molina after just a few calls to 911, so that Molina could provide appropriate referrals, and actively engage in follow up. "High EMS utilizers" were defined as those Molina members who called 911 three or more times within a month or called four or more times in three months.

Intervention: Care management includes case management and disease management services and support. Once a patient is identified and engaged, a variety of screenings and assessments are conducted to better understand the patient's knowledge, attitudes, beliefs, practices, barriers and readiness for developing the most appropriate intervention. Participation with Care Management staff, Community Paramedic, patient and/or his/her community provider(s) are part of the interventional approach; appropriate resources and referrals are provided to the patient; and care plans are developed with the patient and share as appropriate to guide goal planning and development. Care managers can also tap into existing health plan resources, such as health home care coordinators and community connectors, to help support the patient.

Outcomes: Reductions in expensive and unnecessary EMS and ED visits as a result of:

- Increases in medical and mental health screenings and referrals to services
- Increases in preventative healthcare such as routine scheduled office visits (general and specific to the chronic disease), preventative exams and diagnostics, immunizations, & dental referrals and care
- Increases in treatment adherence
- Increases in self-efficacy and management of chronic disease due to increases in knowledge and support of the chronic disease, medications and management.

*Increases in PCP visits, preventative diagnostics and screenings, and costs related to pharmacy will result.

Potential Partners: All MCOs, EMS and fire districts across the region, and counties for data and evaluation support (if EMS does not have or cannot access patient's health plan information)

Health Disparities: The project could begin by focusing on Medicaid and Medicare Dual Eligible individuals who have major health disparities based on their socioeconomic and health status. Care management can provide patients with the information, education, guidance, support, referrals and resources needed to reduce health disparities. Examples include access to housing, food, clothing, transportation, medical equipment and supplies, etc.

Core Investment Components

Best Estimate: The full scale of this project would depend on the participating plans and EMS districts.

Costs: For expansion to other MCOs in Snohomish: $5,000 per MCO to Snohomish Human Services for analyst time. Dedicated in-kind personnel such as data managers, from EMS and health plans will also be required. Costs for expansion in other counties would depend on availability of similar analyst capacity. Future funding can help support or expand a community paramedic program.

Full implementation: Many factors affect the time to full implementation including MCO interest, the availability of similar analytic capacity in other counties, and political support from fire commissioners

and mayors. Program ramp up will be rolling, with some partners coming on line quickly. Molina was engaged in the initial pilot of this program. Based on this initial pilot, lessons learned regarding the sharing of patient identified service utilization and cost data as well as coordinating efforts between EMS agencies and MCOs will allow a more seamless transition when bringing other MCOs and EMS agencies on board.

ROI: Medicare allowable Basic Life Support (BLS) ambulance rates are $363.37. If 100 people are enrolled in this program, and there is a 45% reduction of BLS calls, ROI of $16,335 in EMS expenditure alone. For ED visits at an average cost of $300, even a 50% reduction will result in costs savings of $15,000.

Relationship to Washington's Medicaid Transformation goals:

- Reduces avoidable use of emergency department and ambulance system
- Improve population health by identifying the highest users of EMS and linking them with care coordinators to focus on chronic disease management
- Accelerate the transition to value-based payment by measuring return-on-investment through cross-sector collaboration
- Helps minimize per-capita cost growth by correctly targeting the highest utilizers and connecting them with the appropriate level of care

Project Metrics

This project is aligned with the State's priority to reduce avoidable use of intensive high cost services) and we will gauge success using the WA Common Measure Set: potentially avoidable ED visits. Secondary project measures include:

- Access to medical and behavioral health referrals and support (also in the Common Measure Set)
- Care coordination of services (NSACH Priority)
- 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.