PARTNERS HEALTH PLAN

The Role of Telemedicine in Healthcare Management of the IDD Population

The Arc National Conference of Executives

Summer Leadership Institute

Breakout Session 6: 07/19/2022 4:45pm – 6:00pm

ABOUT PARTNERS HEALH PLAN (PHP)

- PHP is a Managed Care Plan founded by providers of home and community-based services for people with intellectual and developmental disabilities (I/DD).
- PHP went live April 2016, serving individuals with I/DD in the nine downstate counties with current membership at 1,750, offering all Medicare and Medicaid benefits; and Waiver services such as residential, day habilitation, respite Community Habilitation etc.
- PHP is the only Fully Integrated Duals Advantage (FIDA) Plan in the nation designed specifically for adults with I/DD.
- PHP's unique model of care has been successful in improving health outcomes as well as quality of care and access to services for it's members.

PHP's Mission Statement

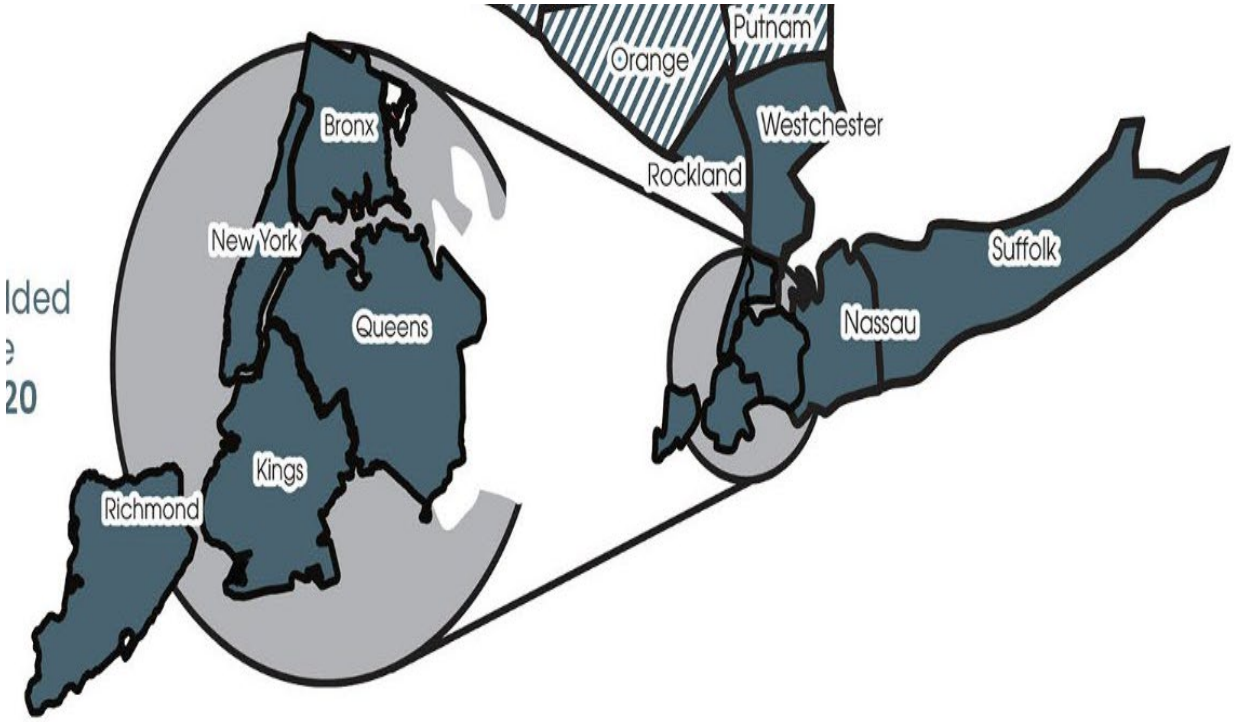
PHP PARTNERS HEALTH PLAN™ Your Plan YOUR WAY

PHP is committed to person-centered care planning that provides support to assist our members in accessing the highest quality healthcare and services, promoting good health and wellness, improving quality of life and supporting each member to live the life they choose.

PHP Coverage Area

PHP currently operates in the following downstate regions:

- *Nassau County*
- *Suffolk County*
- *New York City (5 boroughs)*
- *Westchester County*
- *Rockland County*



An Overview of PHPs Approach to Healthcare Management

- Managed Care provides the appropriate setting to gather key data elements regarding health Issues, utilization and cost
- Analysis of this data provides the basis for development of prospective programs to mitigate suboptimal outcomes as defined by the data and creates the ultimate measurable quality of care improvement process
- In the context of the IDD population, optimal management of these programs is best achieved when individuals receive care through a collaborative clinical approach
- PHP achieves prospective management of our members' care through collaboration in the following key areas:

Hospital & Skilled Facility Nursing (SNF) Management

Medication Management

Care Management

Telemedicine Outpatient Management

Hospital & Skilled Nursing Facility Management (SNF)

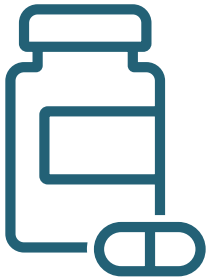
Clinical Rounds: the basis for hospital and SNF management

Weekly virtual meeting to review members who are inpatients in hospitals and skilled nursing facilities (SNF)

The Team

- Physician
- Clinical Team Leaders (Nurses & LMSWs)
- Clinical Pharmacist
- Utilization Review Nurses
- Chief of Quality Initiatives

Medication Management



Clinical Pharmacy Program

Applications

- Transitions of care
- Polypharmacy
- Chronic Care Improvement Program
- Statins in Diabetics
- Staff / provider requests

Program Objective:

A Comprehensive Medication Therapy Review (CMTR) Performed by a Clinical Pharmacist

- Based on current outpatient / inpatient medications
- Based on PDE files showing fills/refills
- Based on review of clinical medical record
  - PHP Patient profile built from claims data

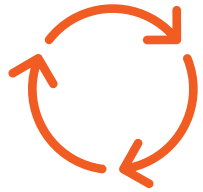
Care Management

Care Management provides a comprehensive **prospective** and integrated approach aimed at ensuring individuals receive the right type of services and support at the right time regardless of their circumstance

Key Elements:

Assignment of two-person Care Coordination team with distinct, yet collaborative roles to each member.

Person-centered, prospective planning, including assessment and dynamic risk stratification to drive interventions.



Ongoing collaboration between Care Management and Medical Management/Healthcare programs to support member needs.

The Genesis of PHP's Telemedicine Program

- Data analysis defined the need for a telemedicine pilot program in 2018
  - Review of SPARCS (New York State Department of Health's Statewide Planning and Research Cooperative System) 2015 Data:
    - ED visits resulted in an inpatient admission for 16% of non-IDD patients compared to 40% to 45% for patients with IDD
  - Analysis of PHP data 2016 / 2017
    - 86% of ED visits and 90% of admissions were related to 486 members in IDD provider sponsored ICF's and residences
    - 53% of PHP members who were seen in the emergency room were admitted
    - 69 members in three facilities accounted for 37% of ED visits and admissions

Principles for PHP's Pilot Telemedicine Program

- The program was designed by defining principles for a Telemedicine Program that could manage healthcare for the IDD population
  - The providers needed to have experience in managing IDD patients and experience in emergency medicine
  - There needed to be "hands on" capabilities for accessing patients when necessary
  - The providers needed to have immediate access to updated patients' medical histories
  - Coverage parameters needed to be defined along with time to answer etc.
  - The providers needed to commit to communication if patient sent to ER
  - The providers needed to commit to follow up
  - The providers needed to share information with the patient's primary care provider

The Vendor Choice for PHP's Pilot Telemedicine Program

- Based on program principles PHP chose StationMD
  - StationMD is an Urgent and Emergent Telehealth provider.
    - All of StationMD' s Doctors are Board Certified in Emergency Medicine; and also have additional training in caring for individuals with an IDD diagnosis.
  - StationMD developed equipment kiosks that allow the physician to perform remote physical examinations.
  - StationMD developed an App that allowed members in the community to initiate video conference calls 24 hours per day, 365 days per year.
  - StationMD physicians on call are dedicated to covering program
  - StationMD had technology to access electronic member profiles built by PHP
    - Updated biweekly profiles contain members diagnoses, hospitalizations, SNF stays, physician office visits, emergency room visits, specific tests, medications filled on a monthly basis, evidence of medication compliance and findings related to high-risk medications

Patient Profile – Member Overview & Pharmacy Variables

Patient Information

Summary

ID:		Name:		Gender:	FEMALE
Date of Birth:		Age:	79	State:	New York
County:		ZIP Code:		Previous Year Total Medical Paid:	
Months Enrolled:	75	Current Year Total Medical Paid:		Street:	
Current Year Pharmacy Patient Paid:		Previous Year Pharmacy Patient Paid:		City:	
Begin Date:		Residence:	ICF/DD	PHP Care Coordinator:	
PHP Care Manager:		Willow Brook Status:		PHP Care Coordinator Email:	
PHP Care Manager Email:		Medisked PCP:		Medisked PCP NPI:	
		Attributed PCP:		Attributed PCP NPI:	

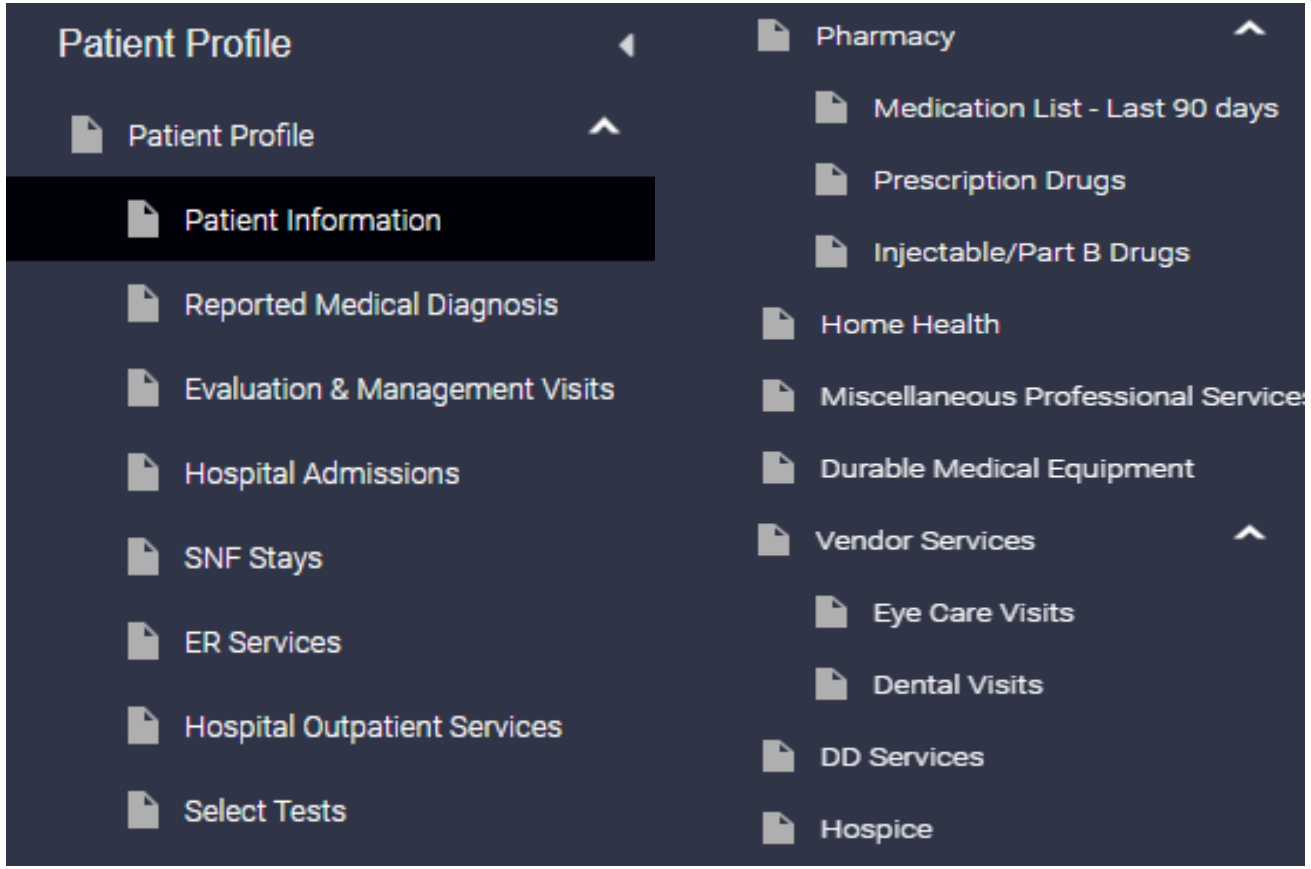
Positive Medical & Pharmacy Variables

Anticoagulants Oral:	Yes	Asthma Medications:	Drugs	Biological Products:	Yes
COPD Chronic Medications:	Drugs	Drug Disease Interaction (highly plausible) :	Yes	Drug Interaction, MONITOR:	Yes
Drugs requiring a Risk Evaluation and Mitigation Strategy ..:	Yes	Drug Spend > 1K Per Fill:	Yes	Drugs With Monitoring Recommendations:	Yes
Drugs with US Black Box Warning:	Yes	Duplicate Drug Therapy:	Yes	Osteoporosis Medications:	Yes

Patient Profile – Deep Dive Options

The Member profile is generated through claims data from various sources. The system complies the data into a user-friendly profile that allows the end user easy access to look at up to date clinical information by category.

- Each category listed here will provide a detailed report on the member by clinical area.



PHP's Telemedicine Pilot Program Management Criteria

- The Program
  - If medically appropriate the physician will treat in place, including prescribing the appropriate medications
    - When this occurs, the treating physician will follow up with the patient after treatment is started
  - If the physician advises that a member should be transferred to the ER for further tests or treatment, they will call the ER ahead of time and let the physician in the Emergency Room know the member is on the way, why they have advised the patient to go and what tests/treatment they are recommending.
    - The physician will follow up with the ER physician to discuss whether the patient should be admitted or discharged
      - If the patient can be discharged the StationMD physician will commit to follow up with the patient
  - The StationMD physician will send an encrypted report of the encounter to the member's **PCP** and **PHP's Care Management Clinical Team Leader** for follow up

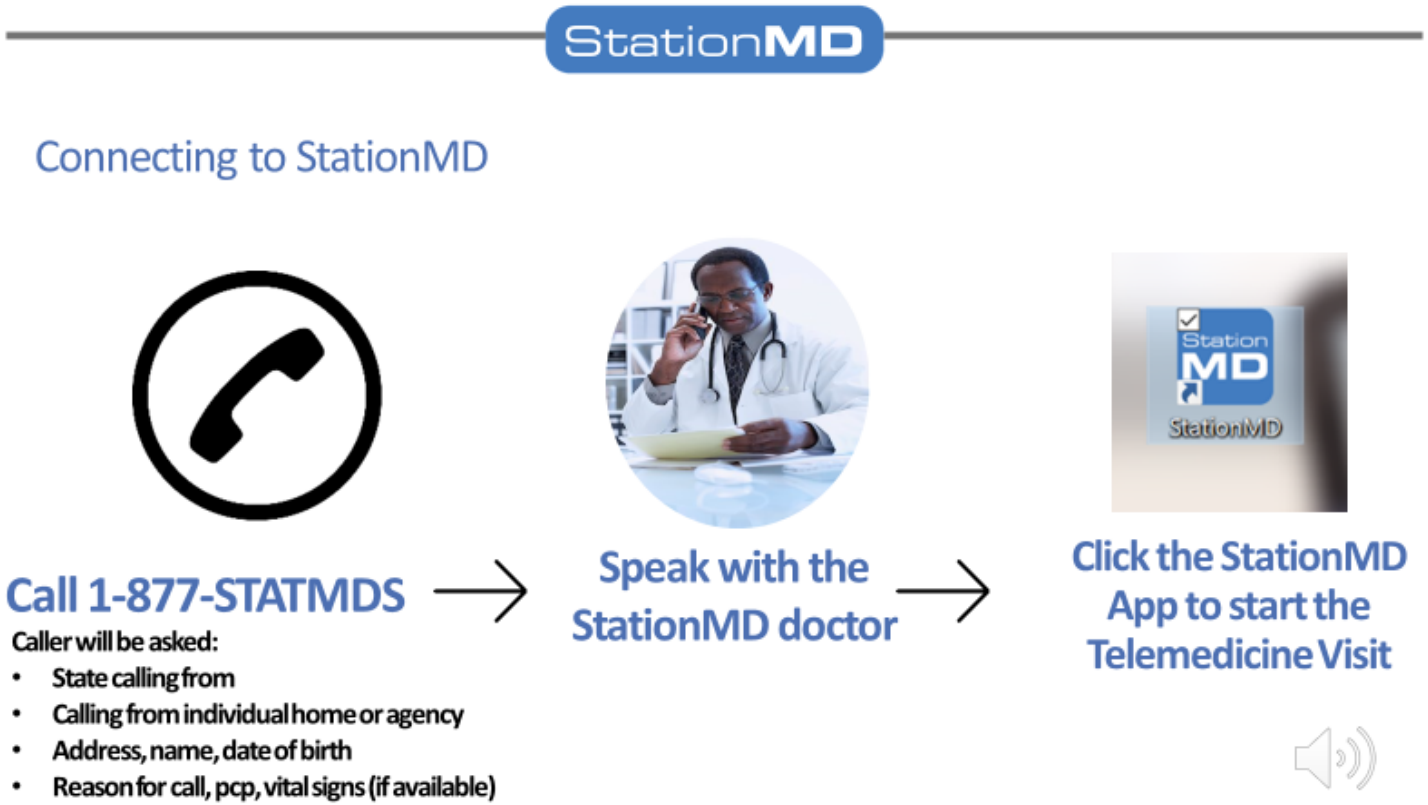
PHP's Pilot Telemedicine Program Outcomes

- During 2018/19 PHP partnered with StationMD to run a pilot program for a group of high utilizing residential facilities.
  - Results
    - 81% reduction in ER transfers
    - Admission rate from emergency room 10%
- Based on these results PHP decided to offer this benefit to all our members regardless of whether they lived in the community or a certified residence
- PHP began rolling out this program in the 4th quarter of 2019
- PHP was in a unique position that when COVID -19 struck to provide coverage to all community members by March 2020 and many residential facilities.

How StationMD Telemedicine Works

How StationMD Telemedicine works

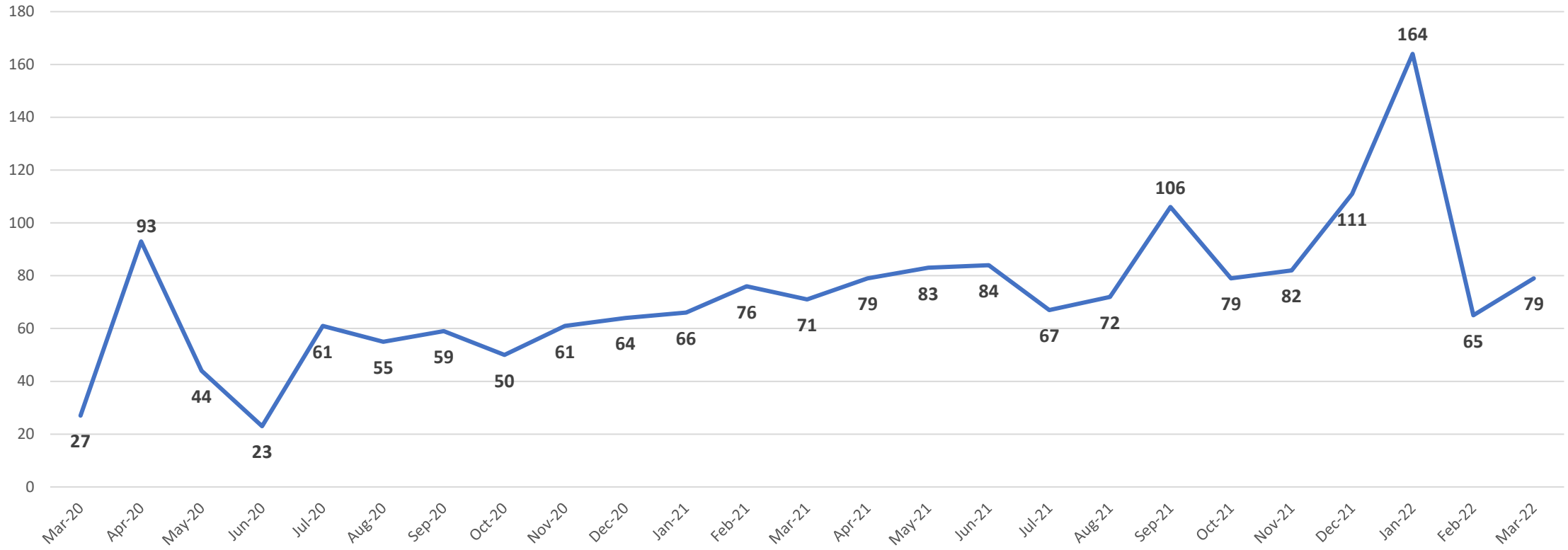
- Members can access Telemedicine through StationMD in a variety of ways:
  - Using the App built into the StationMD Kiosk *(most commonly available in residential settings)*
  - Using the StationMD App on a smartphone *(Preferrable for community members)*
  - If the App is not an option for a member, they can also call from a Landline or non-smartphone cell.



The Call with StationMD

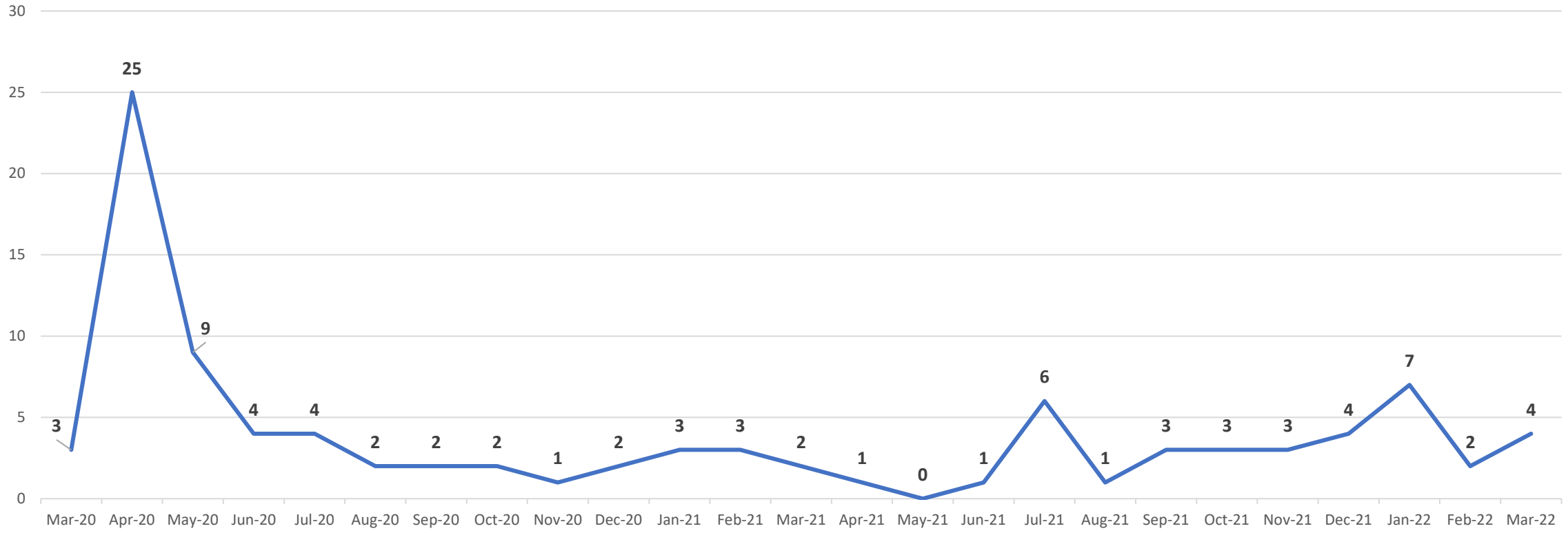
- Step 1:
  - Staff / Caregiver / Member calls StationMD and lets them know who they are and why they are calling
- Step 2:
  - If indicated the StationMD Doctor will initiate a Telehealth visit through the App, this will allow the Doctor to see and hear during the exam allowing for a more complete examination.
- Step 3:
  - If the StationMD Kiosk is available (in most residential settings), the doctor can walk a DSP/caregiver through how to assist with using this equipment (or other equipment available in the home) and their hands to complete a comprehensive examination.
  - The Kiosk equipment includes:
    - A Pulse Oximeter – checks the Oxygen levels in the blood
    - A stethoscope – Allows the doctor to listen to the heart, lungs or abdomen
    - ECG – The same piece of equipment as the Statoscope can also be used to allow the doctor to check Heart
    - A Blood Pressure cuff – Allows the doctor to check Blood Pressure
  - If a Kiosk is not available but other equipment is such as a Blood Pressure cuff, thermometer etc.. The doctor may ask to use this equipment during the call.

Utilization Data 2020 to 2022 – Total Calls



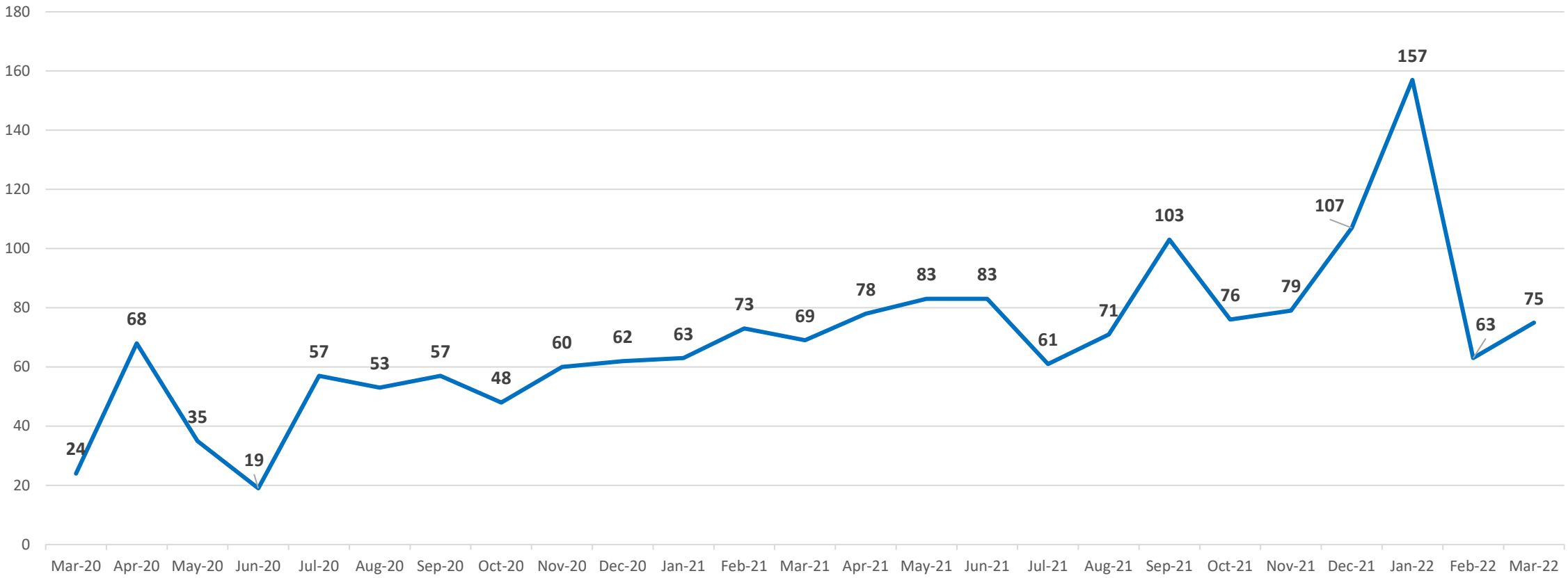
Total calls March 2020 to March 2022 – 1,821

Utilization Data 2020 to 2022 – Community



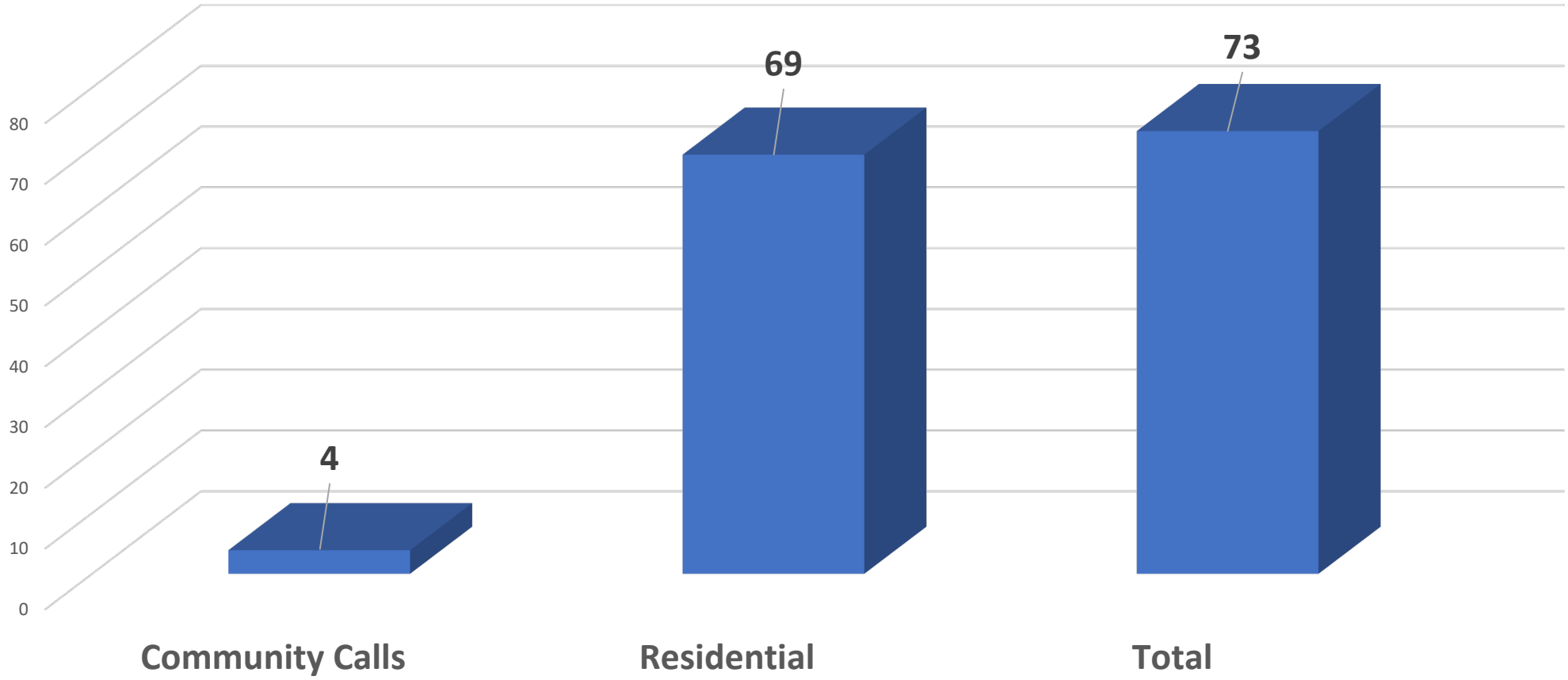
Total Community Calls March2020 to March 2022 – 97

Utilization Data 2020 to 2022 – Residential



Total Residential Calls March 2020 to March 2022 – 1,724

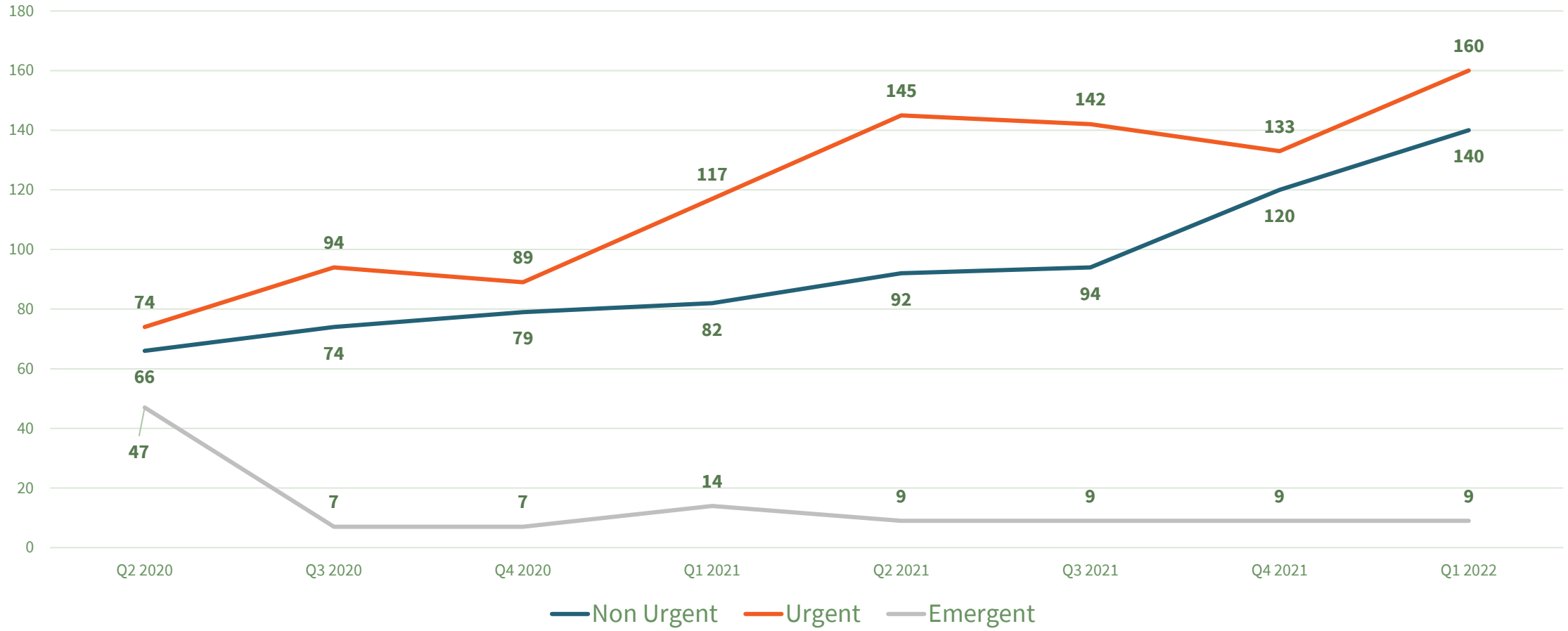
Average Calls per Month



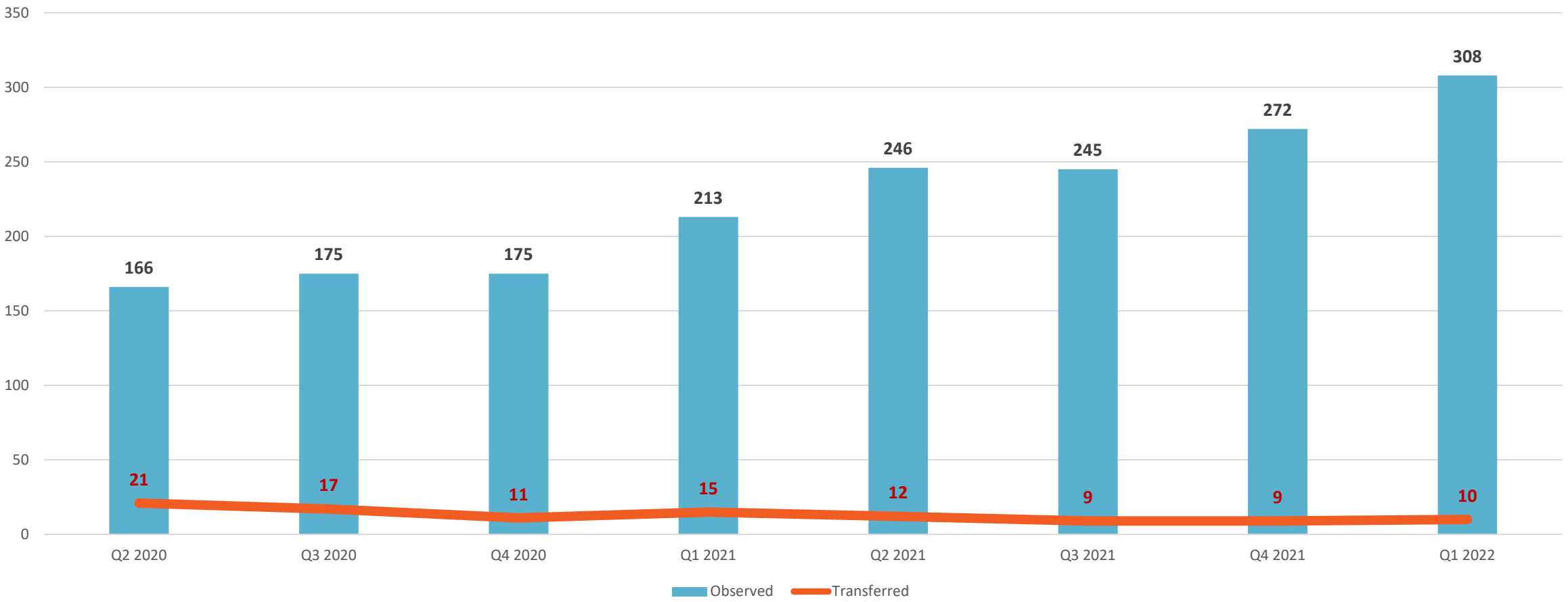
Definition of Call Categories

- Calls placed to StationMD for PHP members are categorized by the StationMD physician based on the reported and assessed condition of the member.
  - Categories are:
    - Emergent
      - Potentially life-threatening issue and should be seen as quickly as possible.
    - Urgent
      - Not life threatening, but requires care in a timely manner (within 24 hours)
    - Non-Urgent
      - Care for stable patients whose condition will not deteriorate over time and/or will typically resolve on its own

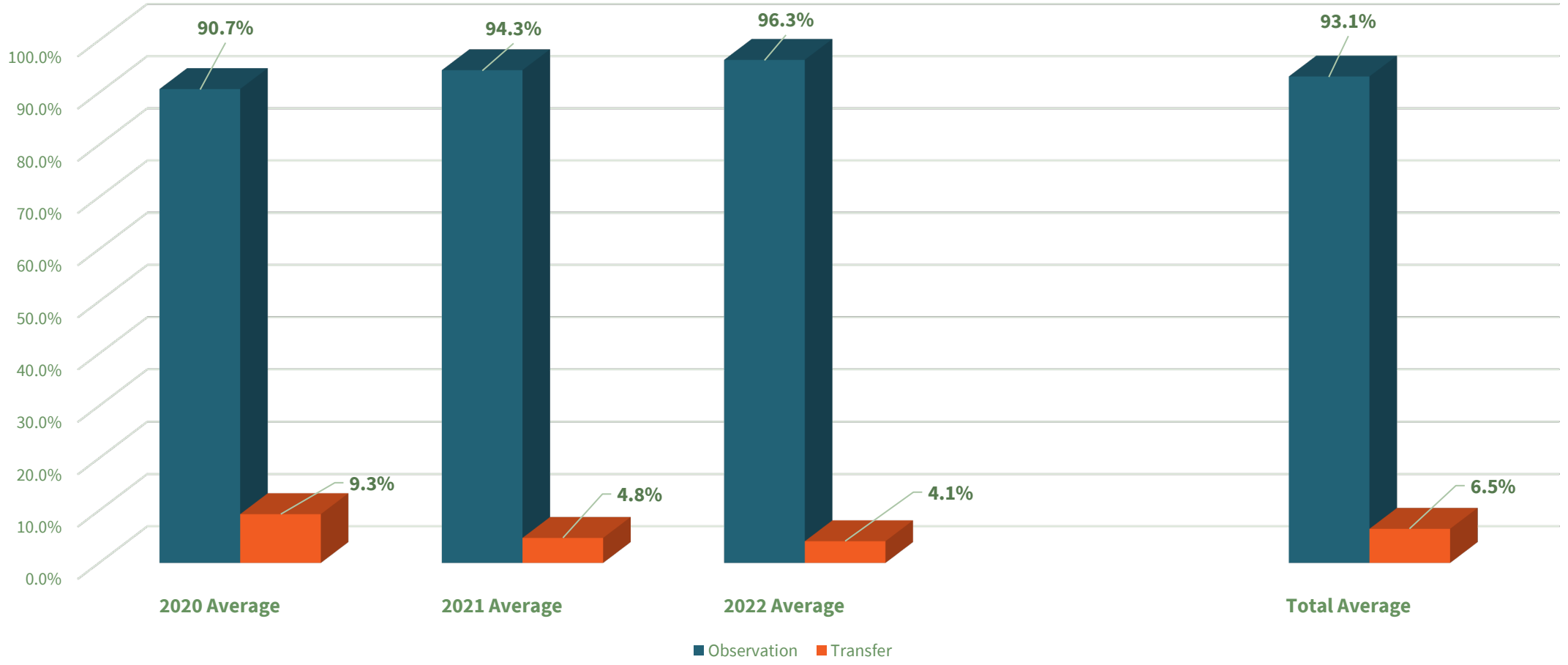
Call by Category



Call Outcome Data



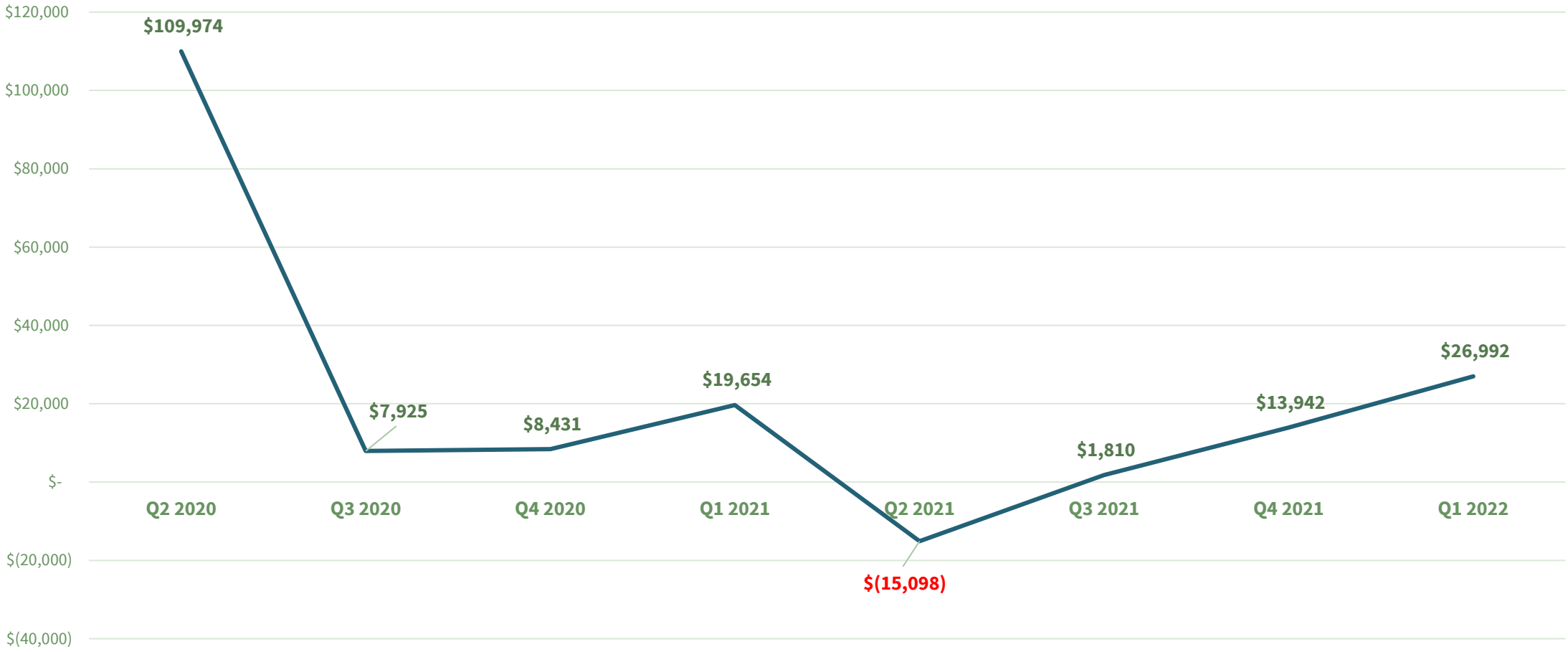
Year Over Year Average Transfer Rates



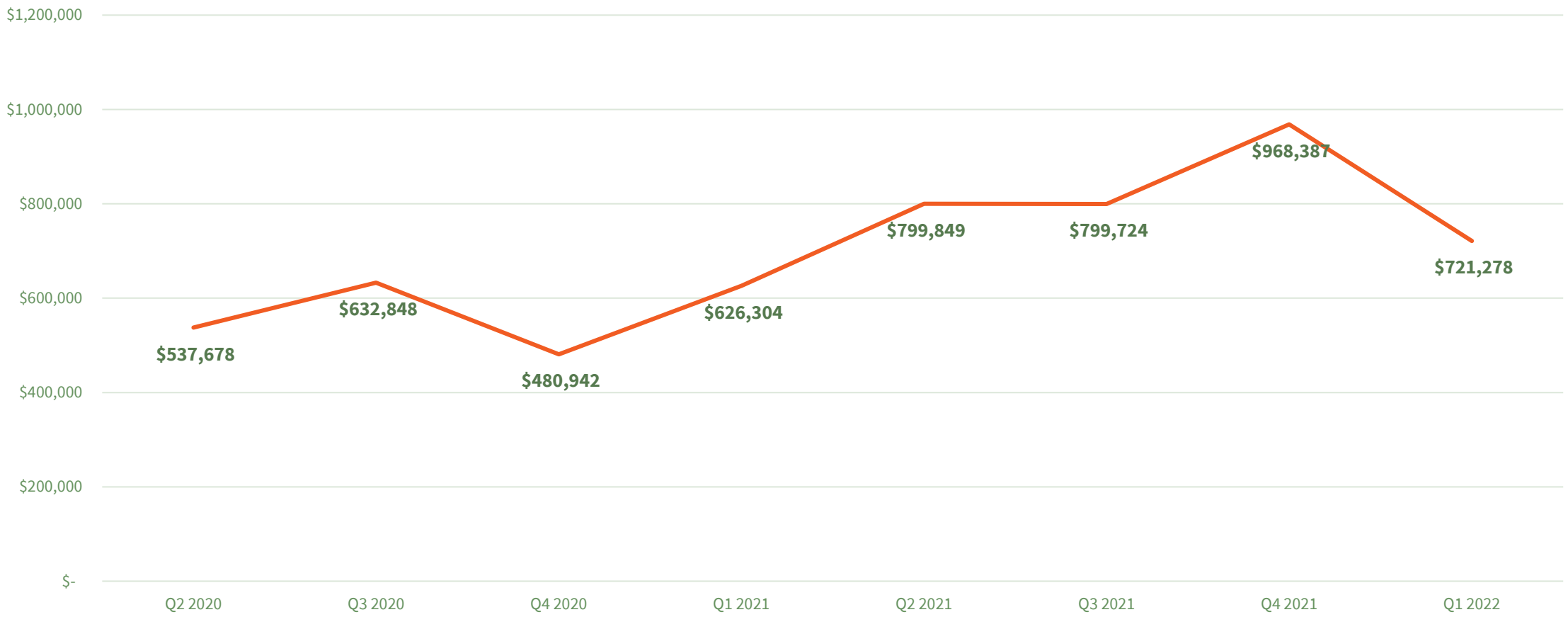
Cost Avoidance Calculations

- Parameters
  - Cost Avoidance calculations are based on member calls deemed urgent or emergent
    - Members not included if they were transferred to the ER or calls were classified as Non-Urgent
- Approach
  - Cost Avoidance related to telemedicine program has been calculated across a range:
    - From 100% of urgent or emergent calls that were treated in place seeking healthcare through the ER, reducing to 70% by 5% increments
    - Admission rates from ER are calculated from 20% to 35% admitted in 5% increments
    - Total costs for StationMD services include PMPM rates, Cost per Call and equipment.
- The following cost data illustrates the median cost avoidance calculations based on 85% of members who may have gone to the ER for care without telemedicine in place; and a 30% admission rate from the ER.

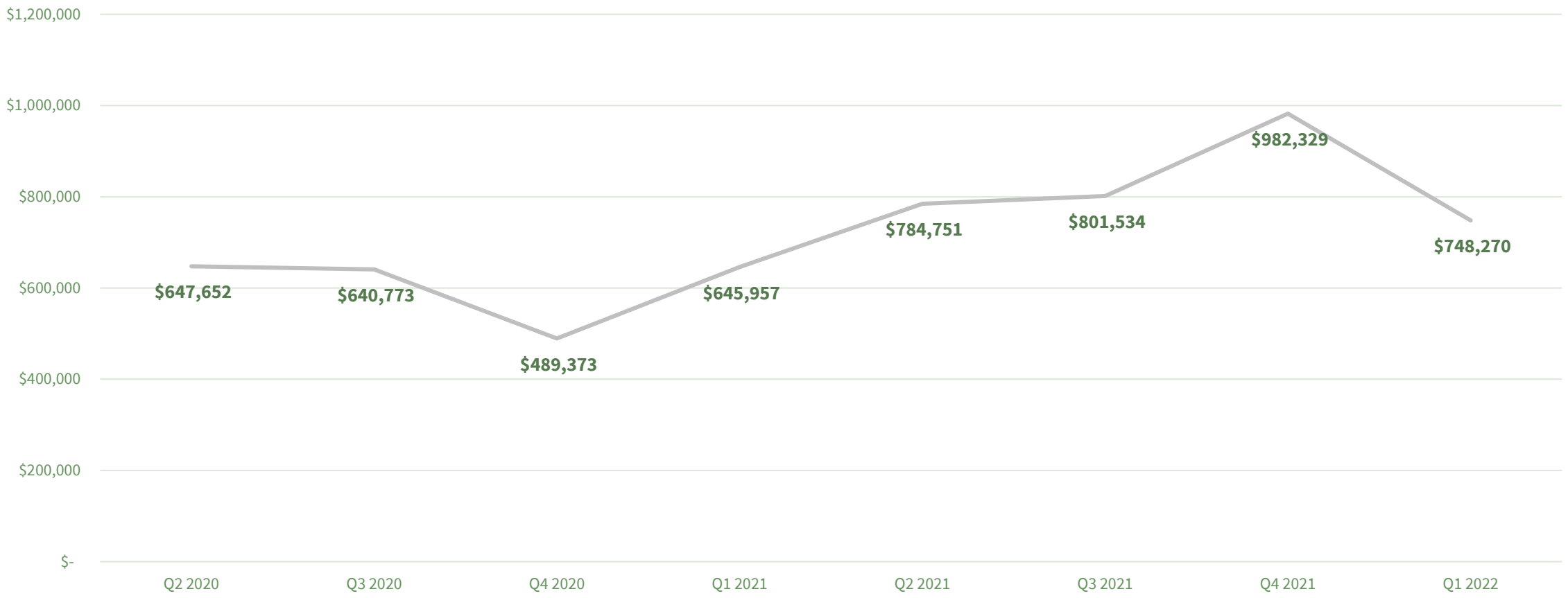
Community Cost Avoidance



Residential Cost Avoidance

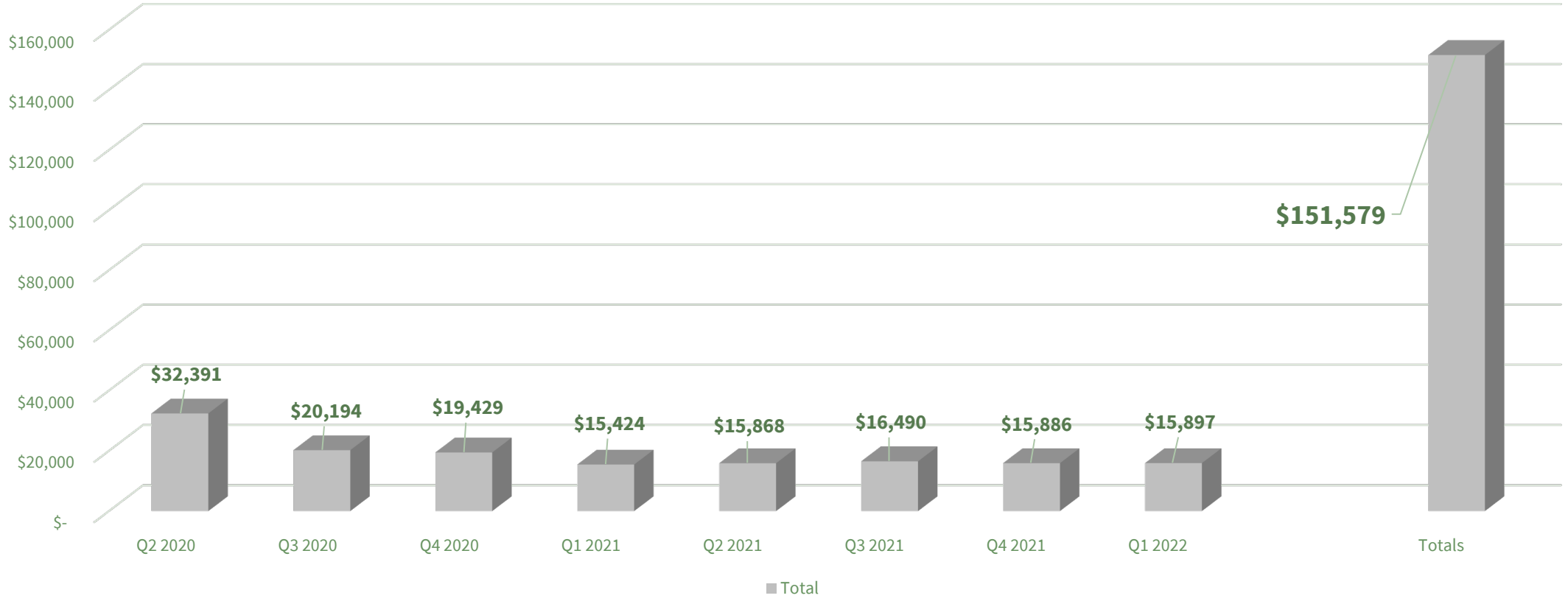


Total Cost Avoidance by Quarter



Overview of Program Costs - Quarterly

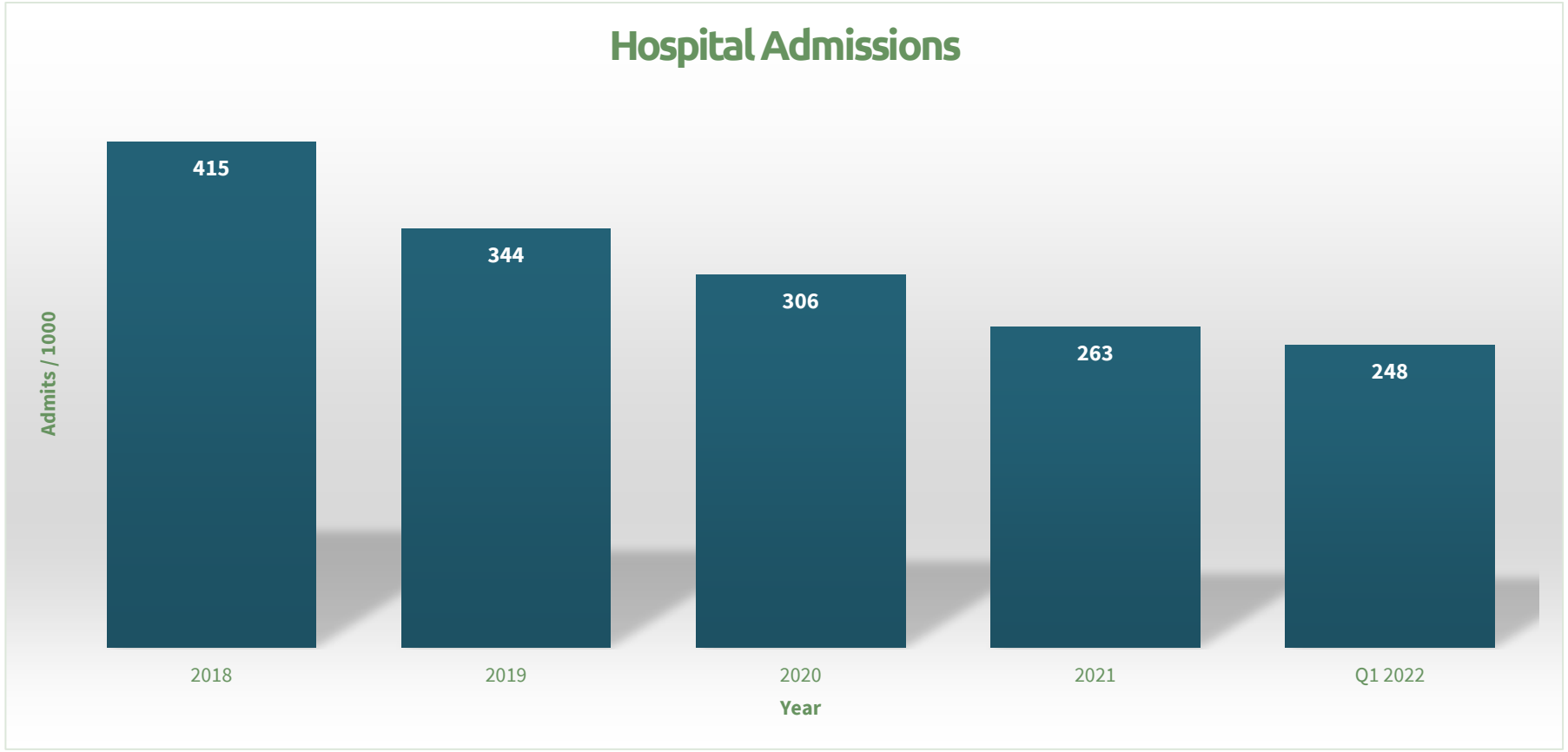
Total Program Costs



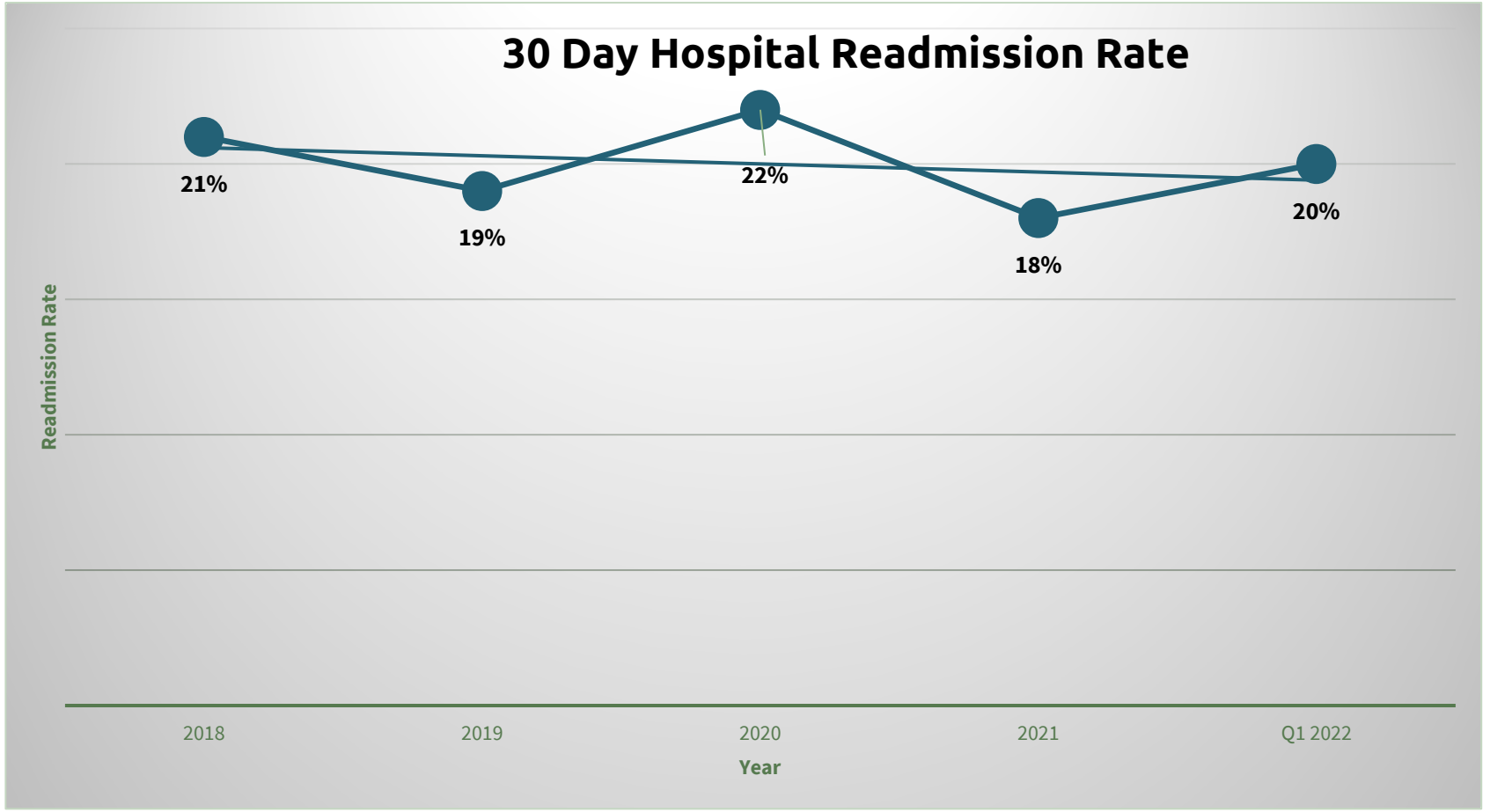
Program ROI to Date

Total Costs	$ 151,579
Total Cost Avoidance	$ 5,740,639
Return on Investment	**36.87**

Clinical Collaboration Outcomes



Clinical Collaboration Outcomes



Overall Program Outcomes

- Utilization trends and outcome data strongly support the continuation of telemedicine, in collaboration with the other PHP healthcare management programs, into the post pandemic healthcare arena for all PHP members.
- The telemedicine program is cost effective and produces a significant ROI.
- Based on the success of the program and the support it provides our members, PHP will continue to offer this benefit for our members.
- Accumulated data will be analyzed to focus on prospective care through telemedicine for specific diagnoses, specific members and specific situations
    - If result of analyses warrant it, develop a Value Based Payment process based on shared savings with our DD providers

Data Analysis Approach

- Data was reviewed to determine frequent emergency room diagnostic categories by year
- Frequent diagnostic categories were chosen for additional review based on prospective targeted clinical interventions supported by telemedicine to prevent ER visits, admissions that might result from them and readmissions
  - Categories included:
    - Head Injury
    - Urinary Tract Infections
    - Diabetes
    - Constipation
- The data was then analyzed for:
    - All Members (including ER and IP visit counts)
    - DD Agencies
    - Specific Residential Addresses
    - Cost

Top 10 Emergency Room Diagnostic Categories by Year

Diagnosis Category	2018	2019	2020	2021
Injuries to the head	102	119	73	84
Other diseases of the digestive system	34	41	45	62
Symptoms and signs involving the digestive system and abdomen	30	117	48	44
Symptoms and signs involving the circulatory and respiratory systems	40	75	45	34
Episodic and paroxysmal disorders	24	31	33	30
General symptoms and signs	31	51	31	24
Symptoms and signs involving the cognition, perception, emotional state and behavior	17	29	22	20
Other diseases of the urinary system	27	26	18	18
Other joint disorders	24	35	17	17
Other soft tissue disorders	16	13	11	17

Results of Diagnoses Reviewed by ER & IP Utilization

Category	ER/IP	Year	Community	IRA	ICF	Total
Head injury	IP	2020	0	1	0	1
		2021	0	0	0	0
	ER	2020	6	132	30	168
		2021	17	137	40	194
Diabetes	IP	2020	7	4	0	11
		2021	6	12	1	19
	ER	2020	4	38	0	42
		2021	19	21	5	45
Urinary	IP	2020	0	9	1	10
		2021	0	4	0	4
	ER	2020	4	18	6	28
		2021	17	39	4	60
Constipation	IP	2020	1	2	0	3
		2021	1	1	0	2
	ER	2020	7	9	4	20
		2021	1	13	1	15

Results of Cost Analysis by Diagnoses

Category	ER/IP	Year	Cost	Total IP	Total ER	ER & IP Total
Head injury	IP	2020	$ 9,830			
		2021	$ -			
				$ 9,830		
	ER	2020	$ 407,192			
		2021	$ 459,524			
					$ 866,716	
Total						**$ 876,546**
Diabetes	IP	2020	$ 165,394			
		2021	$ 281,461			
				$ 446,855		
	ER	2020	$ 86,116			
		2021	$ 144,831			
					$ 230,947	
Total						**$ 677,802**
Urinary	IP	2020	$ 54,954			
		2021	$ 98,373			
				$ 153,327		
	ER	2020	$ 74,750			
		2021	$ 121,066			
					$ 195,816	
Total						**$ 349,143**
Constipation	IP	2020	$ 35,172			
		2021	$ 10,670			
				$ 45,842		
	ER	2020	$ 55,139			
		2021	$ 49,698			
					$ 104,837	
Total						**$ 150,679**

Targeted Approach to reduce ER & IP Utilization

- In collaboration with StationMD, we developed specific interventions to proactively access members for these conditions. This approach will also require collaboration with our IDD providers:
  - UTI's
    - Development of an at home Urinalysis program supported by StationMD
  - Head Injury
    - First line evaluation and follow up for minor head injuries (No loss or change in LOC no open wounds requiring more than fist aid)
  - Diabetes
    - First line for high blood glucose readings for all members with an emphasis on those with a transfer to ER policy
  - Constipation
    - Early intervention with physician oversight to assist with at home management prior to transfer.

- Collaboration from our IDD providers will be rewarded through value-based payments related to shared savings from decreased outpatient and inpatient utilization of identified members and diagnostic categories

Data Analysis to Assess Telemedicine Support for Readmissions

- Based on admissions and re-admission data PHP identified 3 key discharge diagnosis which are drivers of our Plan All Cause Re-Admission rates. The conditions included:
  - Sepsis
  - Urinary Tracy Infection
  - Pneumonia/Aspiration Pneumonia
- These 3 identified conditions accounted for 22% of all readmissions over the previous 18 months
  - 34 unique members accounted for 102 total admissions, with 68 counting as re-admissions (within 30 days of discharge)
  - The total cost of admissions/re-admission for this cohort account for more than $1.8 Million
- Members with these discharge diagnoses will have enhanced post discharge management through Care Management supported by StationMD physicians through telemedicine
- This program will also require collaboration of our DD providers who in turn can participate in shared savings

Questions??