

Challenge and Promise in Medicaid Telehealth Program Design

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Engage Your Patients
ON A **WHOLE NEW LEVEL**



Character

Build capacity with partner organizations to deliver effective, personalized health improvement and chronic care strategies that reduce the burden of chronic conditions in populations.

- use networks and teams
- leverage technology
- evaluate around Clinical Value Compass
- employ coaching strategies



Intent

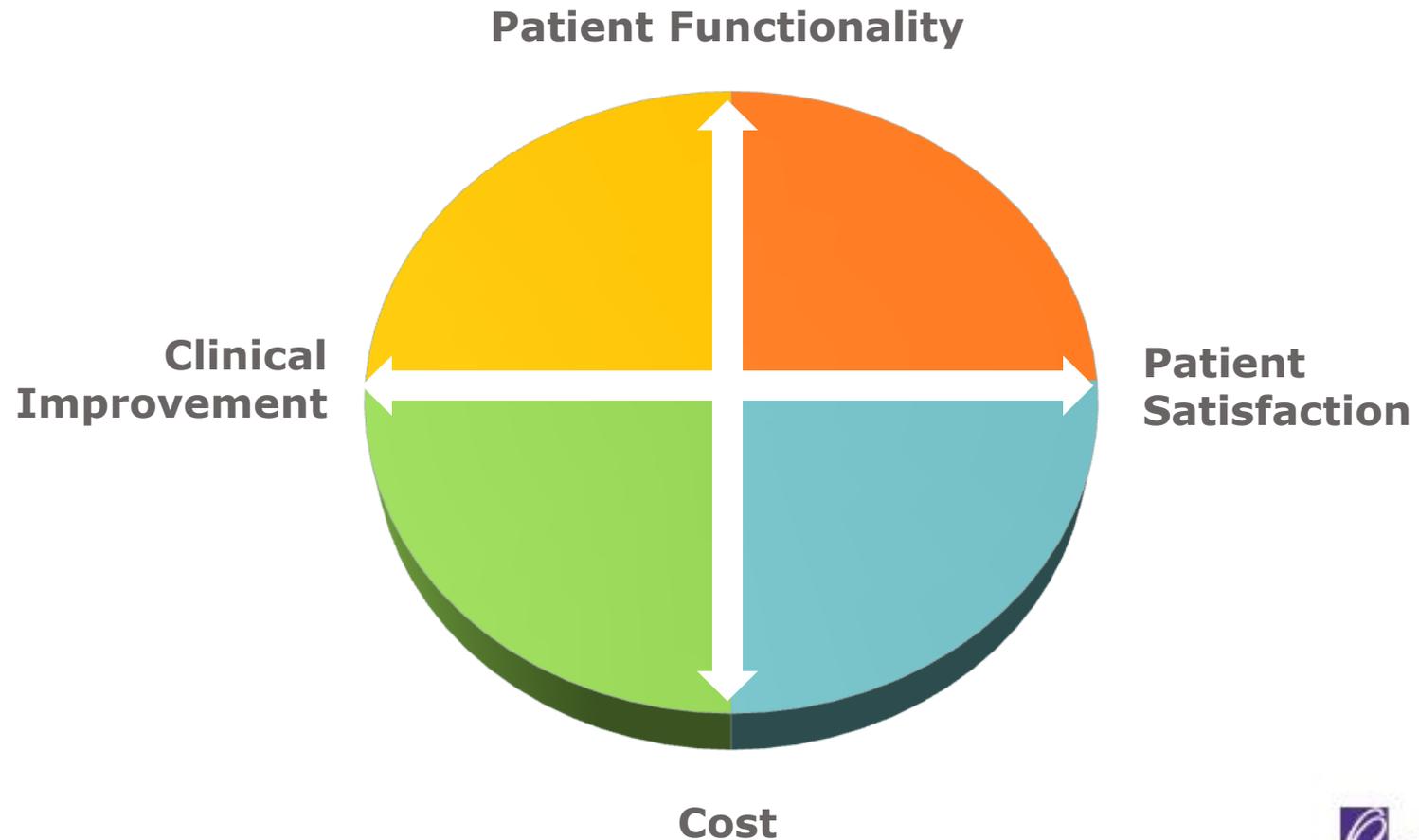
1. Define challenges in effective conduct of Medicaid health plans across U.S.
2. Describe 3 promising telehealth programs in Medicaid with notes on why they work.
1. Explore details of one telehealth program and its impact with Medicaid members.



Challenges for Medicaid Health Plans

- Large and diverse populations.
- Largest expenditure of states.
- Members tend to be higher risk.
- Proven effective strategies often undermined by political or special interests.
- Attention too often focused upon total cost, access and price.

Clinical Value Compass



Developed by Hitchcock Clinic

Promising Telehealth Programs

1. United's Telemedicine Program in Tennessee Medicaid
2. Office for the Advancement of Telehealth (HRSA) Telehomecare Strategies in Several States
3. Carena's 24/7/365 Health Connection in Washington and California

Unbridled Telemedicine

In 2009, AmeriChoice a UnitedHealth Group program providing Medicaid managed care in Tennessee (TennCare) rolled out a collaborative initiative for its members across the state to provide telemedicine services, particularly to rural communities. It collaborated with the Tennessee Primary Care Association and Primary Care Association in delivery service in behavioral health, dermatology, perinatal and pediatrics. The object as seen by AmeriChoice, was to make it work for patients and for the bottom line (reducing costs). Dominant use was behavioral health. Structured protocols; limited stringent doc to doc requirements.

Why It Works

1. **Cost Avoidance** – limited unnecessary doc to doc requirements; no first in-person visits or annual visit requirements.
2. **Clinical** – early diagnosis led mitigated exacerbations and prompted timely treatments; improved follow-up with local (known) physician.
3. **Patient Quality of Life** – time and travel reduced.
4. **Patient Experience** – good to excellent ratings by patients.

Telehomecare Strategies

The Office for the Advancement of Telehealth in the Office of Rural Health Policy (HRSA) has explored a variety of telehomecare program strategies across the country. Some were with Medicaid programs, most had applicability in Medicaid health plans. The common theme in these programs increased the teleconnection with patients with chronic conditions. Telephone contact, remote monitoring, and self-care support directly to patients and through providers were utilized.

Why It Works

1. **Cost Containment** – chronic conditions are the big cost in healthcare – hospitalizations and ER visits.
2. **Clinical** – many chronic conditions are asymptomatic on a daily basis – frequent contact even of a non-clinical nature queues-up knowledge of exacerbations and health professional intervention prevents same.
3. **Patient Experience** – in healthcare, relationships are important, even those by phone – patients felt they had better connections to the health care system.
4. **Quality of Life** – not going to the hospital or ER has a distinct quality of life improvement value.

Carena Connection

Carena, Inc. is a Seattle-based team of medical, consumer service, and technology professionals delivering health care differently. The technology-enabled care delivery model provides access to healthcare 24 hours a day, 365 days a year via phone, video chat, and the traditional house call. Carena's health care solutions to patients have resulted in lower medical costs and high patient satisfaction. Carena's 24/7 services support the patient primary care provider relationship by providing care and education when the patient's primary care provider is not available. Carena is redefining health care by changing how patients access care and providers deliver it. Since 2010, Carena has provided virtual medical care to about 500,000 workers at major employers in Washington and California.

Why It Works

1. **Cost Avoidance** – reduces most expensive component cost in health care: ER visits and hospitalizations.
2. **Patient Experience** – gives access on-demand but to low alternative cost healthcare professionals – refers to primary care, community resources.
3. **Clinical** – early contact mitigates exacerbations of condition – detailed evidence based protocols guide responding health care professionals.

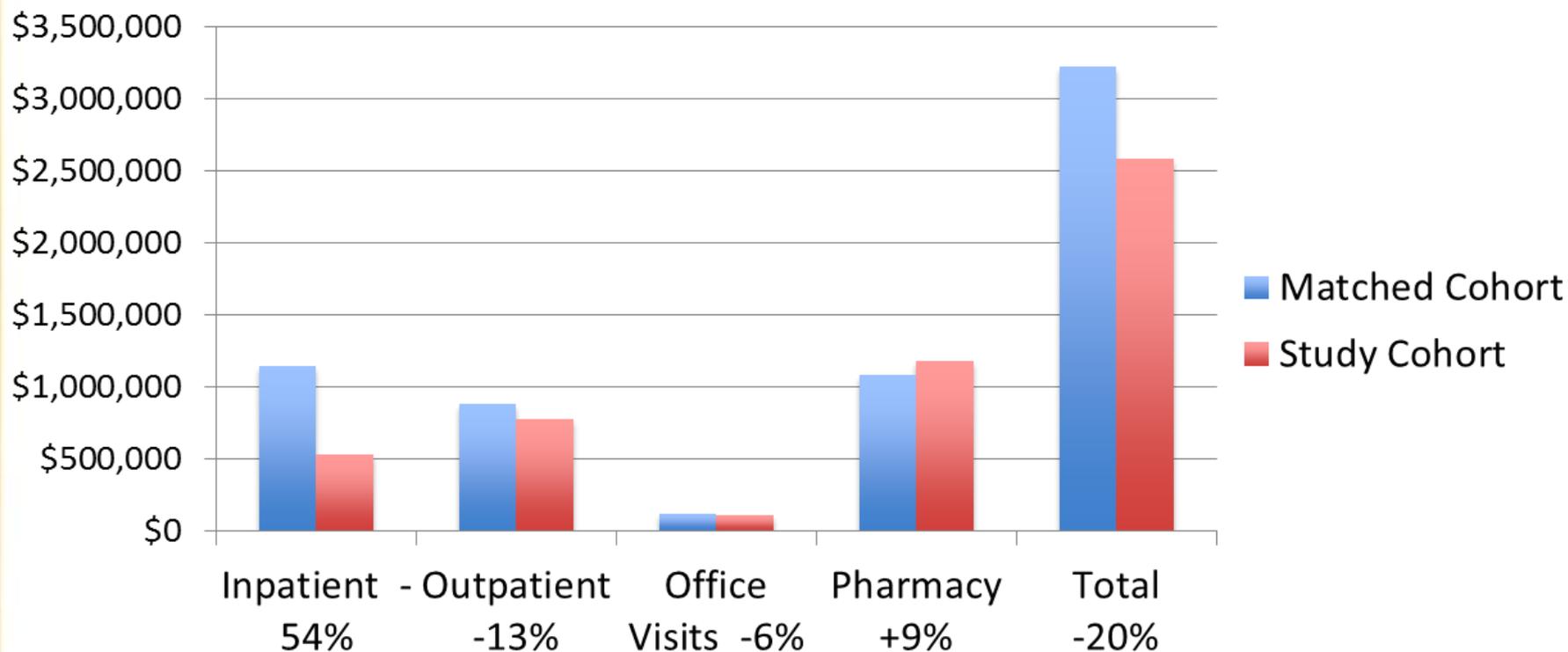
Medicaid Diabetes Telehomecare: Situation

- Diabetes patients cost 3X others in a health plan
- Evidence based guidelines for managing diabetes have been around for 22 years
- Most diabetes care is self-care (95%)
- Majority cost of diabetes in Medicaid comes from hospitalizations and ER visits
- Many Medicaid members with diabetes did not have a health home
- Only 4% of Medicaid members had formal diabetes education
- Exacerbations of uncontrolled blood sugars and A1c measures often lead to hospitalizations and ER visits

Medicaid Diabetes Telehomecare: Program

- Selected 600+ Medicaid members with diabetes and matched cohort
- Engaged them with care coordinator with health coaching skills
- Members answered 5 questions each day via an IVR system (simple telephone)
- If answer indicated change in condition web-based data system reported same with flags (clinical variance)
- Care coordinator/coach connected with member for coaching, information sharing, referral
- Care coordinator/coach managed 250–300 individuals
- Regular assessment for depression and behavioral health

Medicaid Diabetes Telehomecare Project (OAT) Preliminary Cost Data Results 2010-12



How It Worked

1. 93% of respondents felt that they benefited from the program while improving their quality of life
2. 71% of respondents felt the interaction with the care manager was the key to improving their health
3. Quarterly depression screenings showed a reduction over a period of time
4. Hospitalizations were reduced by 54% against controls
5. Total cost of care was reduced by 18% the first year and 32% the second year
6. Total claims paid for the treatment group was \$1,520,479 less than that of a control group over a two year intervention period

Population Health Learnings

- Engaging and inspiring individuals in self-management of their health is the priority; 98% of healthcare takes place in the home
- Simple technology approaches with frequency of contact, support from health professionals, queues exacerbations and builds self-management skills and habits
- Use of telehealth strategies for Medicaid members with chronic conditions prove valuable around the Clinical Value Compass – that's where the cost is
- Patient is greatest under utilized resource in healthcare

Questions

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