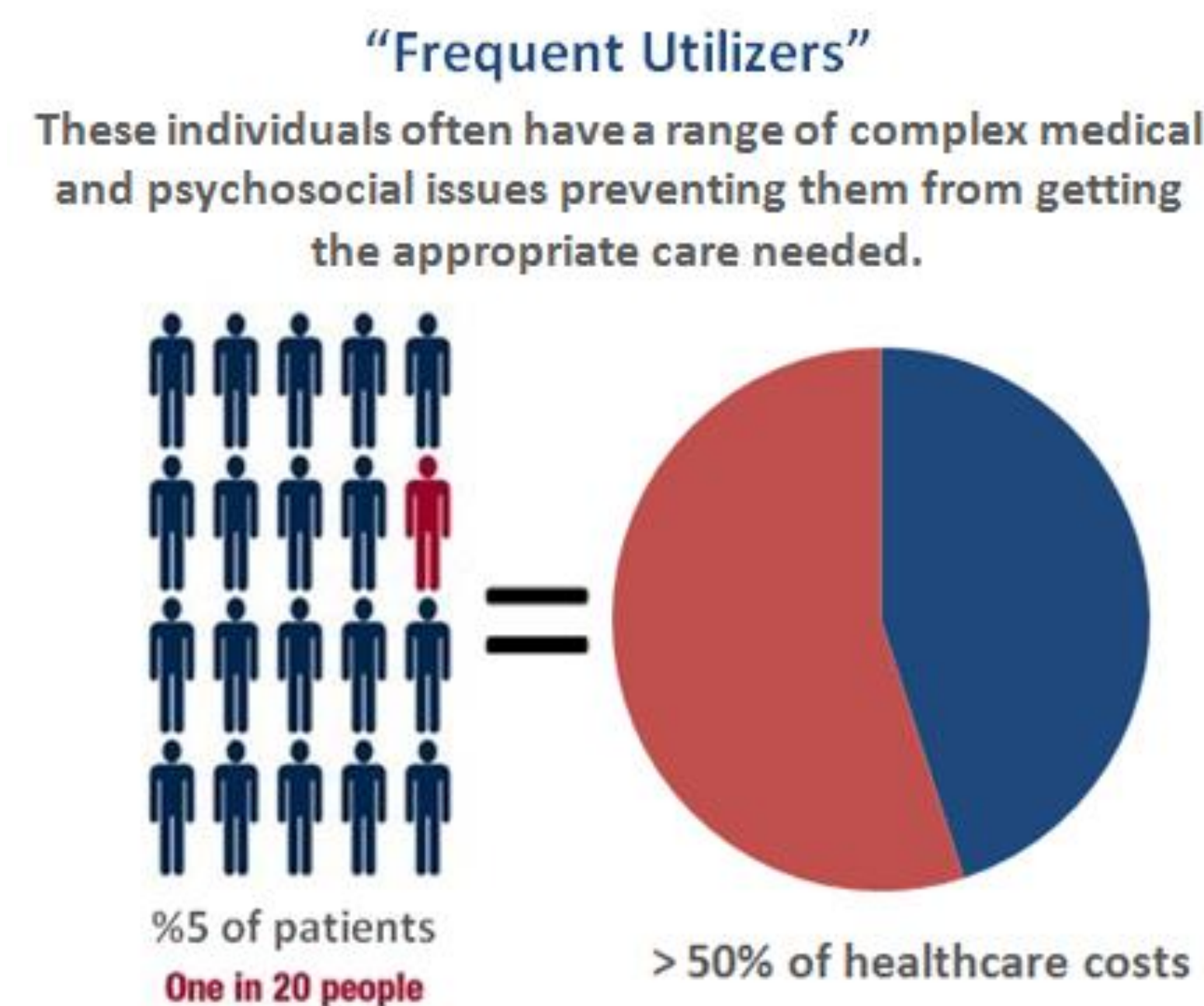


Developing an Alternative Payment Strategy for the Tri-County 911 Service Coordination Program (TC911)

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Background

A small subset of health care consumers account for a disproportionate amount of health resources and expenses. A similar pattern is seen in local emergency medical services. Some refer to these individuals as “frequent utilizers” or “super users” of health care services.



Source data from Dept HHS, 2013.

With the right support, many of the costs generated by these individuals, such as emergency department (ED) visits, can be avoided and care can be directed to the most appropriate services.

About TC911

TC911 serves Multnomah, Washington and Clackamas County residents who use emergency medical services when other services or supports are more appropriate. TC911 staff help people find the right care in the right place by providing short-term intensive case management and multi-system care coordination. TC911 was one of several regional innovation projects developed and funded through a Center for Medicaid and Medicare Innovation grant that ended June 30, 2015.

TC911 Outcomes

In October 2014, Providence Center for Outcomes Research and Education (CORE) conducted an analysis of TC911 program impact and outcomes and found **statistically significant reductions in mortality and health care costs and improvements in care** for the highest risk, highest cost Medicaid enrollees. This analysis showed that TC911 resulted in reductions in:

- ED visits by .35 per member per month (PMPM),
- Inpatient hospitalizations by .45 PMPM, and
- Mortality by almost five times compared to the control group.



The table below shows changes in member cost and utilization before and after TC911 intervention between March 2013 and June 30, 2015 (no control group comparison).

Tri County 911 OUTCOMES MONITORING	PRE-ENROLLMENT BASELINE	POST-ENROLLMENT OUTCOMES	GOAL RELATIVE TO MATCHED COMPARISON GROUP
LOWER COSTS			
PMPM total allowable costs	\$3,453	\$2,384	↓ 9%
Total utilization by care setting			
Average <u>primary care</u> visits per member year	6.5	6.5	↑ 10%
Average <u>outpt. behavioral health</u> visits per member year	15.6	20.0	Not set
Average <u>emergency department</u> visits per member year	12.7	8.6	↓ 20%
Average <u>inpatient</u> visits per member year	1.7	0.9	↓ 20%
Readmission rates: 30-day	44%	28%	↓ 10%
BETTER CARE			
Primary care or specialist visit within 7 days of hospital discharge	n/a	24%	TBD

Source: Providence Center for Outcomes Research and Education (CORE). CMMI grant data ending June 30, 2015.

Problem

Traditional health care payment models don't currently exist to pay for TC911 services. The regional coordinated care organizations (CCOs) agreed to financially support TC911 for FY 2015-2016 while a long-term payer source and payment method are identified.

Project Goals

Implement an alternative, value-based payment structure supported by multiple payers for TC911 long-term sustainability.

Project Objectives

- Sign one-year contracts with CCOs
- Expand TC911 eligibility and capacity to serve more people in need
- Provide clinical intervention to 300+ Medicaid members annually
- Inventory and examine various payment strategies
- Facilitate a TC911 Stakeholder Summit to compare and determine the most appropriate payer(s) and best payment method
- Partner with CORE to reevaluate TC911 patient utilization and program outcomes

Outputs to Date

- Negotiated scope of work and reporting requirements with CCOs (April-July 2015)
- Signed initial contracts with Health Share of Oregon and FamilyCare (September 2015)
- Completed initial inventory of TC911 benefactors and payment models/methods (October 2015)
- Compiled and applied FY 2014-15 TC911 data to various payment options, comparing costs and other impacts (October-November 2015)
- Initial planning of Stakeholder Summit (September 2015-ongoing)

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