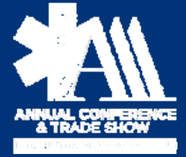
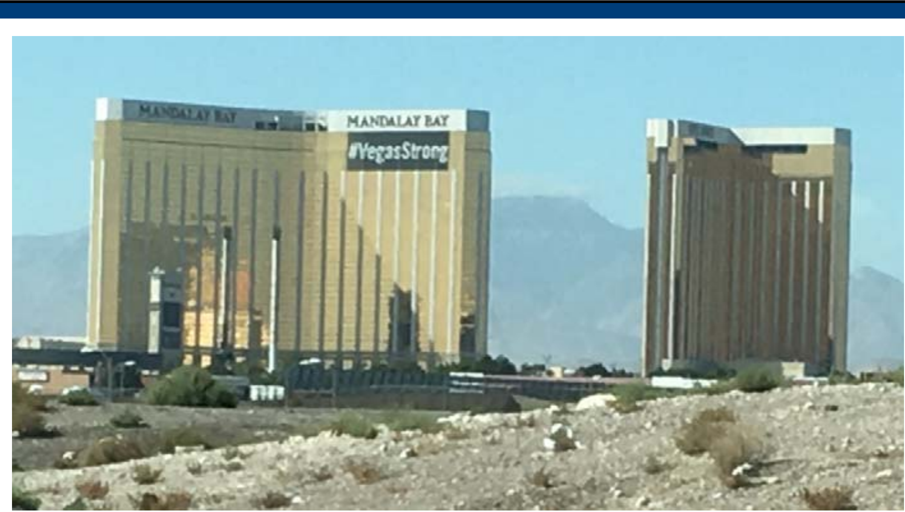
The Holy Grail:

Financial Sustainability for MIH-CP Programs



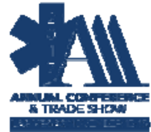
Doug Hooten, MBA

November 15, 2017



Why would a ***HOSPITAL*** pay us to ***NOT*** bring them patients?

- Increasing financial pressures
  - Reduce arrivals of unfunded patients
- Shared-Risk arrangements
  - ACO or other
- CMS bonus and penalties
  - Readmits
  - Value-Based Purchasing (HCAHPS)
  - Medicare Spending Per Beneficiary
  - Reduced length of stay

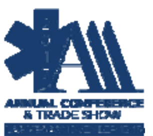


Hospitals Are Paying For…

- 9-1-1 Nurse Triage
  - Direct funding for personnel
  - Per call fee
- High Utilizer Group (HUG) patients
  - Enrollment fees
  - Patient contact fees

Hospitals Are Paying For…

- Readmission prevention programs
  - Enrollment Fees
  - Patient Contact Fees
- Transitional response units (medic w/NP)
  - Fund the Mid-Level provider
  - In return for billing rights

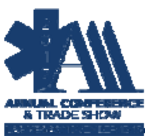


Why would *a Physician IPA* pay us to ***NOT*** transport patients?

- Reduce spend
  - Full risk contract with 3rd party payer
- Improve patient experience
  - NCQA Accreditation standards
  - PCAHPS scores (MIPS & MACRA)
- Improve outcomes
  - Fewer hospitalizations
  - Fewer Hospital Acquired Conditions (HAC)
  - Improve HEDIS measures

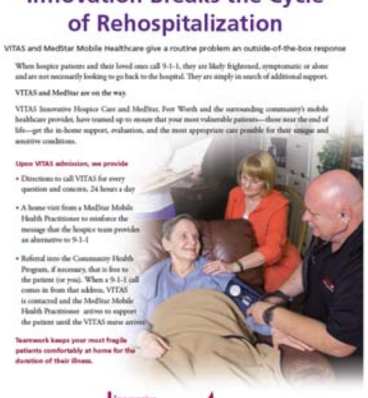
IPA is Paying For…

- High Utilizer Group (HUG) patients
  - Enrollment fees
- Admission/Readmission prevention programs
  - Enrollment fees
- Observation admission avoidance
  - Enrollment fees
- Palliative Care project
  - Enrollment fees



Why would *Hospice* pay us *NOT* transport patients?

- Voluntary disenrollment
  - Patient wishes not met
  - High cost / lost revenue
  - CMS penalty
- Involuntary revocation
  - Patient wishes not met
  - High cost / lost revenue
  - CMS penalty



Hospice is Paying For…

- Notification of response
  - Start the hospice nurse enroute to scene
- Back-up episodic intervention
  - While awaiting Hospice nurse
- 9-1-1 redirection
  - Respond/assess/consult
  - Care at home or direct admit to inpatient hospice
- Economic Model
  - Per enrolled patient, per month fee

Why would ***HOME HEALTH*** pay us to see ***their*** patients?

- Improve outcomes
  - Fewer re-hospitalizations
    - Increased referrals from referring agencies?
    - Narrow Network agreements with payers based on ↓ spend
- Reduce their spend
  - After hours RN home visits
  - Avoid sending RN to patient not at home
- Improve patient/customer satisfaction
  - Referring agency referral source
  - NCQA Accreditation standards

Home Health is Paying For…

- Register patients on their service in our CAD
  - Notify them if we respond to the residence
  - On-scene care coordination with MHP
    - < transport rate
- Provide after hours home visits
  - Intervene to prevent HH visit & ED transport
- Economic Models
  - Patient contact fees
  - Per enrolled patient, per month fees

Why would a *3rd Party Payer* Pay for us to ***NOT*** transport Patients?

- Reduce spend for unnecessary ambulance transports
- Reduce spend for unnecessary ED visits
- Reduce spend for preventable admissions
- Improve patient experience of care
  - HEDIS measures/NCQA

How 3rd *Party Payers* *are* Paying…

- Response fee
  - Regardless of transport
- No transport fee
  - Funded A0998 HCPS code
- Patient contact fee
- Enrollment fees for High Utilizer Group (HUG) patient
- Capitated rate
  - PMPM for population

Blue Cross paramedic program cuts ER overuse

By Steve Sinovic / Journal Staff Writer

May 18, 2017

ALBUQUERQUE, N.M. — *Getting the people who overuse emergency services under control has been an uphill battle, but one major health insurer has been teaming with metro area emergency medical services agencies for over a year to put a dent in the numbers of ER visits by some of its Medicaid members*.

During that time, a handful of Albuquerque paramedics have been making house calls through a program designed to reduce hospital readmission rates while helping discharged patients stay on the road to good health.

It seems to be working.

The insurer saw an almost 62 percent drop in emergency room visits and a 63 percent decrease in ambulance use by frequent flyers, many of whom live alone, have a limited support network, lack transportation or have a housing situation that's in flux.

The insurer is in contract talks with ambulance and fire agencies to expand the program to other New Mexico communities.

AlbuquerqueJournal

https://www.abqjournal.com/1005425/blue-cross-paramedic-program-cuts-er-overuse.html?__prclt=ifWRWVO1

New Riders of the Purple Sage: Community Paramedicine

BCBS of New Mexico Blog
March 31, 2017

Say the word "paramedic" and most people think of the men and women who respond with flashing lights and screaming sirens when someone suffers a medical crisis. ***But what if there were a way to provide help before the crisis happens?***

Across the country, health care companies are implementing a new strategy to deliver help to the people who need it most, and in some cases prevent needless and costly trips to the emergency room. And it's paramedics who are providing the help – without the drama of a speeding ambulance.

Providing a Solution
Realizing that prevention and education are critical to reversing costly, inappropriate ER usage and hospital readmission, the team at BCBSNM had a hunch. In a pilot program, it contracted with two state-based emergency medical service companies to assign a paramedic to each of the 15 members. It was one of New Mexico's first ventures into community paramedicine, and it was a perfect match. Since they had frequently relied on paramedics to get to the hospital, these members trusted their new medical guardians.

https://connect.bcbsnm.com/making-it-work/b/weblog/posts/community-paramedicine

The clients saw paramedics as healers rather than paper pushers, Clear said. The results were impressive. We were able to reduce ER visits for all 15 members from 686 visits to an average of 115 visits per month within the first couple of months.

BCBSNM has seen similar success. Since January, contracted paramedics have visited more than 1,100 high-ER users and Medicaid recipients recently discharged from the hospital. Of those visited, repeat visits to the ER have dropped 61 percent while hospital readmission rates have dropped to where just 9.7 percent of the members are readmitted The company is hoping soon to expand community paramedicine to San Juan County and the cities of Santa Fe and Taos.

To serve its Medicaid members, BCBSNM has contracted with three ambulance companies – Albuquerque Ambulance, American Medical Response and Rio Rancho Fire Department. Currently 18 full- and part-time paramedics serve Medicaid recipients in areas most in need: Bernalillo County, which includes Albuquerque and the nearby East Mountains; parts of Sandoval County, which includes Rio Rancho, Corrales and Bernalillo; Valencia County to the southwest; and Doña Ana and Otero counties to the south, home to Las Cruces and Alamogordo.

Making the Health Care System Work

https://connect.bcbsnm.com/making-it-work/b/weblog/posts/community-paramedicine

'The Moment We've Been Waiting For': Anthem to Compensate EMS Care Without Transport
By John Erich
Oct 20, 2017

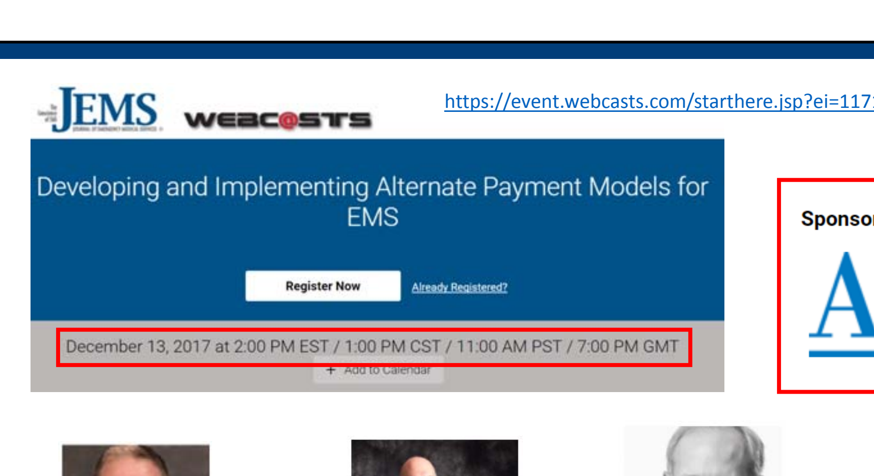
The quest of American EMS providers for more sensible reimbursement will reach a key threshold on January 1, 2018, when *Anthem BlueCross BlueShield begins paying for treatment without transport for patients in states where it offers commercial coverage*.

The major insurer's new policy marks a vital step toward the goal of sustaining community paramedicine and mobile integrated healthcare programs that have sometimes struggled to find ongoing financial footing.

"We spend a lot of money in this country on healthcare, and our quality outcomes are not as good as other industrialized countries that spend less," says Jay Moore, MD, senior clinical director for Anthem in Missouri. "We need to figure out a way to get a handle on that. *We want to be able to provide healthcare in a way that's affordable for people and sustainable for the future, and I think the only way to do that is to involve people at all levels of healthcare. Whether it's physicians, nurses, paramedics, EMTs, whomever it might be, it's something all of us are going to have to work together to solve. In my view this is definitely a step in the right direction*."

http://www.emsworld.com/news/218925/moment-weve-been-waiting-anthem-compensate-ems-care-without-transport

https://event.webcasts.com/starthere.jsp?ei=1171786&tp_key=24ca682872&sti=anthem

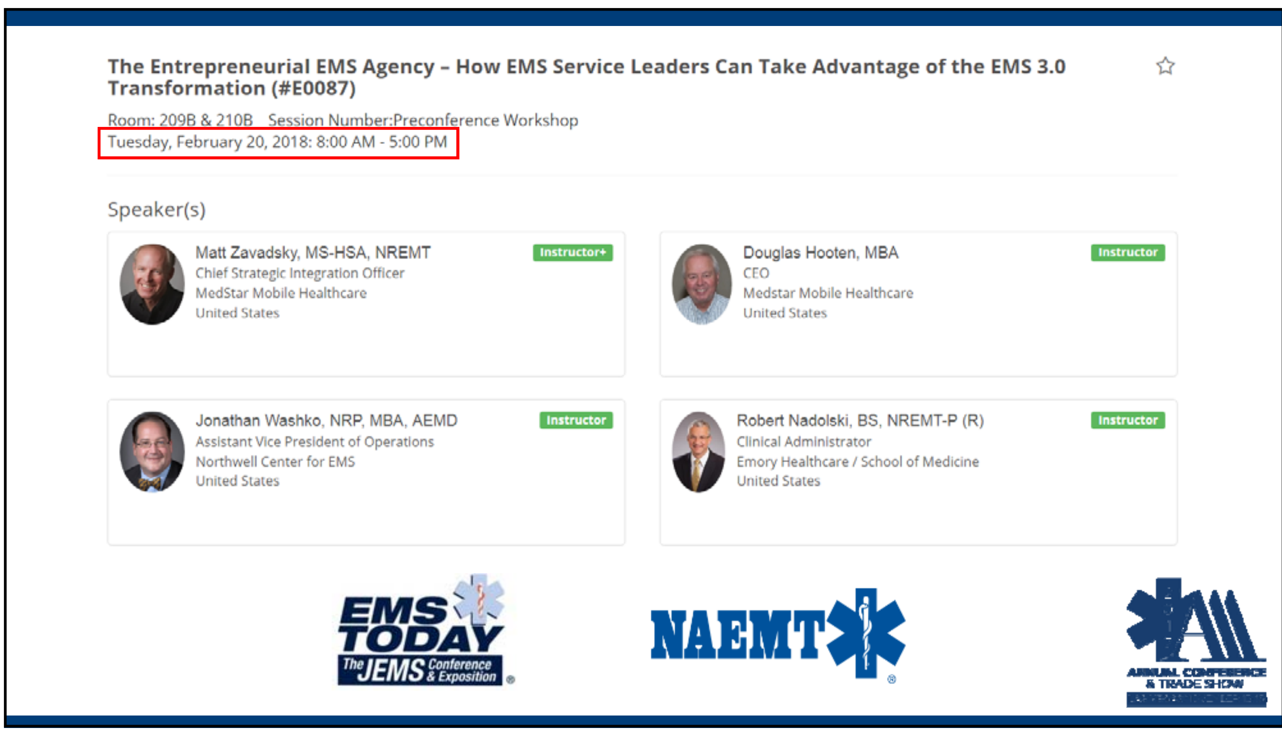


Sponsored by:

Jay Moore, MD
Senior Clinical Officer
Anthem Blue Cross Blue Shield

Chris Cebollero
Senior Partner
Cebollero & Associates

Matt Zavadsky, MS-HSA, NREMT
Chief Strategic Integration Officer
MedStar Mobile Healthcare



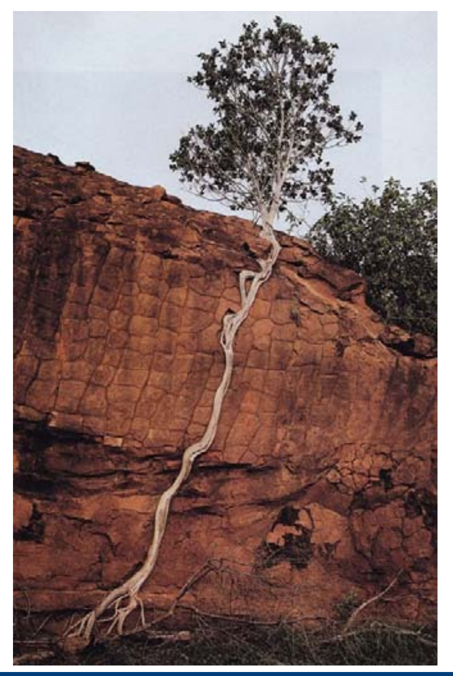
Why would *Post-Acute Care Providers* pay us?

- Engaged in shared risk contracts with payers
- Need a provider in the community
  - Primarily data analytic firms
- Paying for:
  - 9-1-1 response and redirection
  - HUG interventions
  - Episodic home visits on demand
  - Outbound wellness phone calls
  - Inbound nurse triage calls
- Economic Model
  - Per member, per month fees

How **Medicare** is Paying…

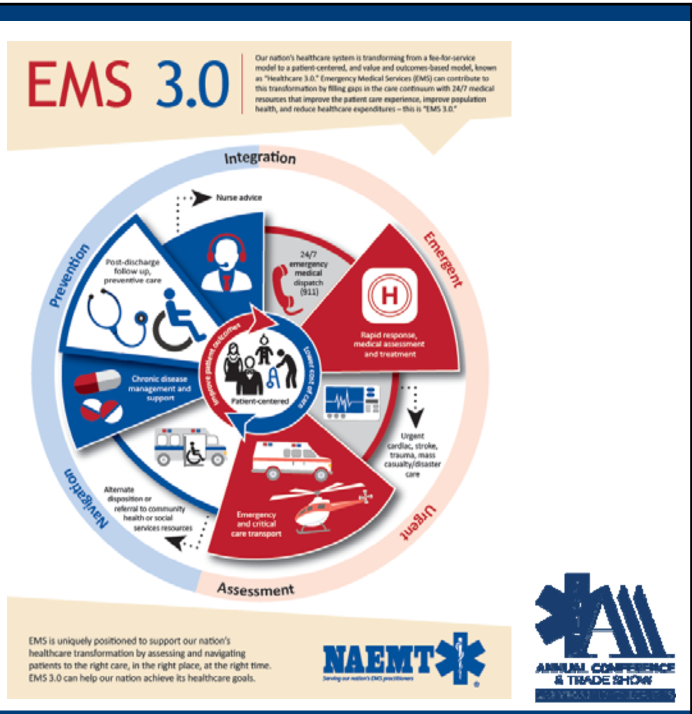
Follow the $$

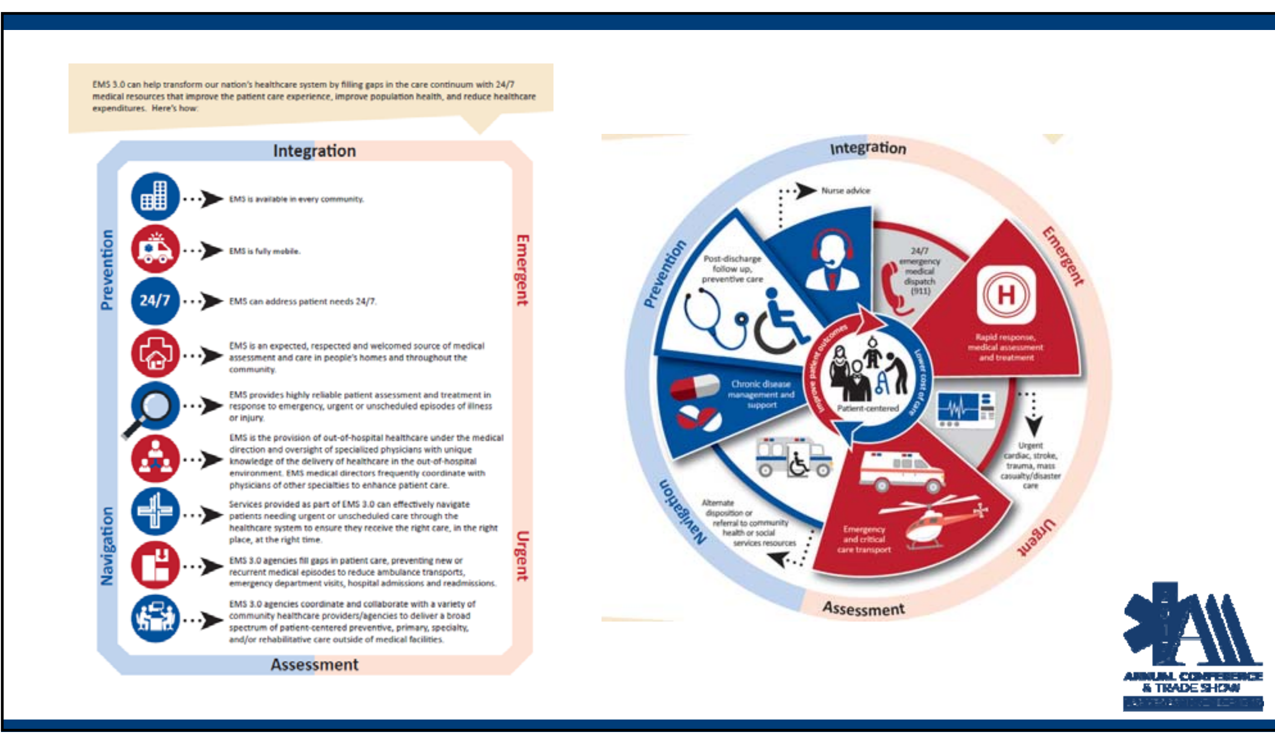
- Who's at risk for the cost/spend
- Who makes the **VALUE** decision
- Don't talk to mid-level managers
  - Perceive this 'work' without reward
  - CFO buy in key



NAEMT Value Statements

- Commercial Insurers
- Hospitals
- Home Health
- Hospice
- Post Acute Care Agencies
- Medicaid
- Medicare
- Taxpayers
- Labor Unions





EMS 3.0 Economic Value Proposition Statements

DRAFT

Hospital

Cost Savings

- Reduces the impact of readmission and value-based purchasing penalties.
- Reduces the consequences of un/under reimbursed care.
  - Appropriately navigating patients through the healthcare system based on medical need and payer source.
- Reduces readmissions and repeat ED visits from patients covered under a bundled payment.

Revenue Generation

- Reduces the length of stay for inpatient admissions.
  - Reduce length of stay for Diagnosis Related Groups (DRG) payment to maximize bed utilization.
- Reduces cost of care to Accountable Care Organization (ACO) or other shared-risk populations.
- Promotes additional payer network contracts based on perceived value of effective care coordination for members.

Patient Satisfaction and HCAPHS

- Enhance patient experience scores for value-based purchasing measures
  - Enhances the patient's perception of the hospital's concern for their wellbeing through post-acute care follow-up on behalf of the hospital by EMS.
  - Improved HCAPHS scores for understanding of discharge instructions by having EMS providers review instructions in the home with patient and their family.

Home Care Agencies

Revenue Generation

- Enhances Referrals
  - Hospitals today want to partner with home care agencies who can help assure patients have safe transitions to avoid preventable ED visits and readmissions.
  - A home health/EMS partnership helps reduce these occurrences and have demonstrated to result in increased referrals to the high-performance home care agency.

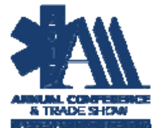
Cost Savings

- Reduces Penalties
  - Partnering with EMS on care coordination for patients on service with the home care agency helps avoid preventable ED visits and hospital admissions.
  - Care coordination with the home care agency can occur on scene through medical interventions and care transition to the home care personnel to avoid a preventable ambulance transport to the ED.
- Enhances Efficiency
  - The EMS agency can notify the home care agency if they are transporting a patient on service to the hospital, avoiding a no-show visit and enhancing schedule efficiency.
  - An EMS agency can also serve as a reliable and readily available back-up provider at the request of the home care agency for patient visits if a patient requests an episodic visit after hours, or during peak demand times.

Care Coordination

- Notification of Patient Transport
  - The EMS agency can notify the home care agency in the event of a patient transport to allow the home care agency to contact the hospital and/or the patient and help assure the patient returns to service by the home care agency when discharged.

DRAFT



Commercial Insurers

Cost savings

- Reduces expenditures for preventable ED visits.
  - Identification and proactive management of super utilizers
  - Effective navigation of patients accessing 911 with low-acuity medical condition through the in-network healthcare resources.
- Reduces expenditures of preventable hospital readmissions through safe transitions.
  - Improve understanding of discharge instructions by having EMS providers review instructions in the home with patient and their family.
  - Enhanced access to 24hr episodic care through the EMS provider.
- Enhances Health Effectiveness Data and Information Set (HEDIS) measures.
  - Improve proper Emergency Department Utilization by allowing non-emergent patients to be scheduled and taken to proper in network treatment centers, such as primary care offices or urgent care centers.
  - Decrease rate of readmission through post discharge follow-up visits by EMS.

Revenue Generation

- Enhances promotion of insurer's health plan by partnering with a trusted community provider
  - Utilize enhanced 24-7 medical services available through the local EMS agency

DRAFT

Hospice

Help Meet Patient and Family Goals

- Aligned Incentives
  - EMS agencies are paid to transport patients to an ED, which is often what happens when the patient or family calls 9-1-1 when they are scared about the patient's medical status.
  - An ambulance trip to the ED often results in a hospice revocation.
  - A hospice/EMS Partnership can avoid preventable transports to the ED for hospice plan of care medical issues, which reduces potential hospice revocations.

Revenue Generation

- Enhances Referrals
  - Hospitals today are looking to partner with hospice agencies who can help assure patients have safe transitions to avoid preventable ED visits and readmissions.
  - A hospice/EMS partnership helps reduce these occurrences and have demonstrated to result in increased referrals to the high-performance hospice agency.

Cost Savings

- Reduces Acute Care Expense
  - A hospice agency is responsive for costs associated with hospice-related acute care services.
  - Partnering with EMS on care coordination for patients on service with the hospice agency helps avoid preventable ED visits and hospital admissions for hospice-related plan of care events.
  - Care coordination with the hospice agency can occur on scene through medical interventions and care transition to the hospice agency personnel to avoid the expenses related to preventable hospice plan of care ambulance transport to the ED.
- Enhances Efficiency
  - The EMS agency can notify the hospice agency if they are transporting a patient on service to the hospital, avoiding a no-show visit and enhancing schedule efficiency
  - An EMS agency can also serve as a reliable and readily available back-up provider at the request of the hospice agency for patient visits if a patient requests an episodic visit after hours, or during peak demand times.

Care Coordination

- Notification of Patient Transport
  - The EMS agency can notify the hospice agency in the event of a patient transport to allow the home care agency to contact the hospital and/or the patient and help assure the patient returns to service by the home care agency when discharged.

DRAFT

Future EMS Economic Models

- ***Supplier*** to ***Provider*** status
- Part of a bundled payment
- Shift to outcome-based payments
  - Like the rest of healthcare
- Shared risk contracting
  - Payers, other providers
  - Part of an ACO (for real)
  - Capitated fees (happening now)
- Pay for performance
  - Adherence to clinical bundles
  - Proven to make a 'clinical' difference
    - STEMI, Stroke, Trauma, COPD clinical bundles

THANK YOU
Doug Hooten
MedStar Mobile Healthcare
@MedStarEMSInfo
DHooten@medstar911.org
thank you!
ANNUAL CONFERENCE
& TRADE SHOW