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Innovation in MLTSS Care Coordination: In-Home Monitoring

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NASUAD HCBS Conference, August 31, 2016

Agenda

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- Introductions
- Overview of the Healthsense product
- Pilot design
- Successes & lessons learned
- Q & A

Centene Overview

WHO WE ARE

St. Louis

based company founded in Wisconsin in 1984

28,000 employees

#124

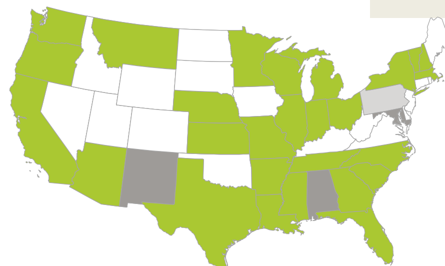
on the

Fortune 500 list

$39.4 – 40.0 billion

Expected revenue for 2016

WHAT WE DO



28 states

with government sponsored healthcare programs & implementations, including:

Medicaid (24 states)

MLTSS & MMP (9 States)

MA SNP (8 States)

ABD Non-Dual (17 States)

11.5 million members

includes 210,000 MLTSS Members

248,000 Physicians & 2,300 Hospitals

In our provider networks

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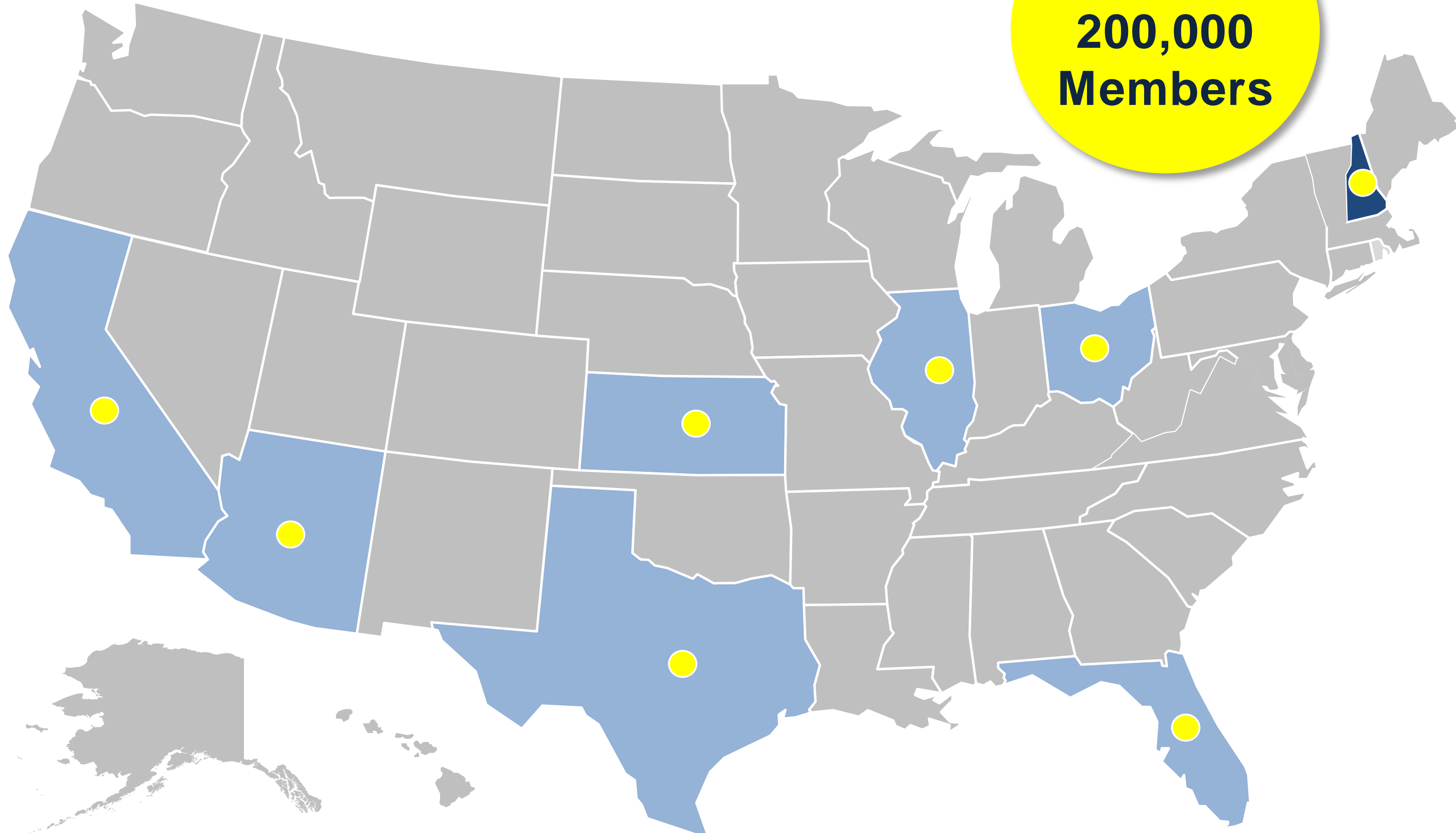
Long-Term Services and Supports

Waiver HCBS services and nursing facility services are anticipated to go-live July 1, 2017



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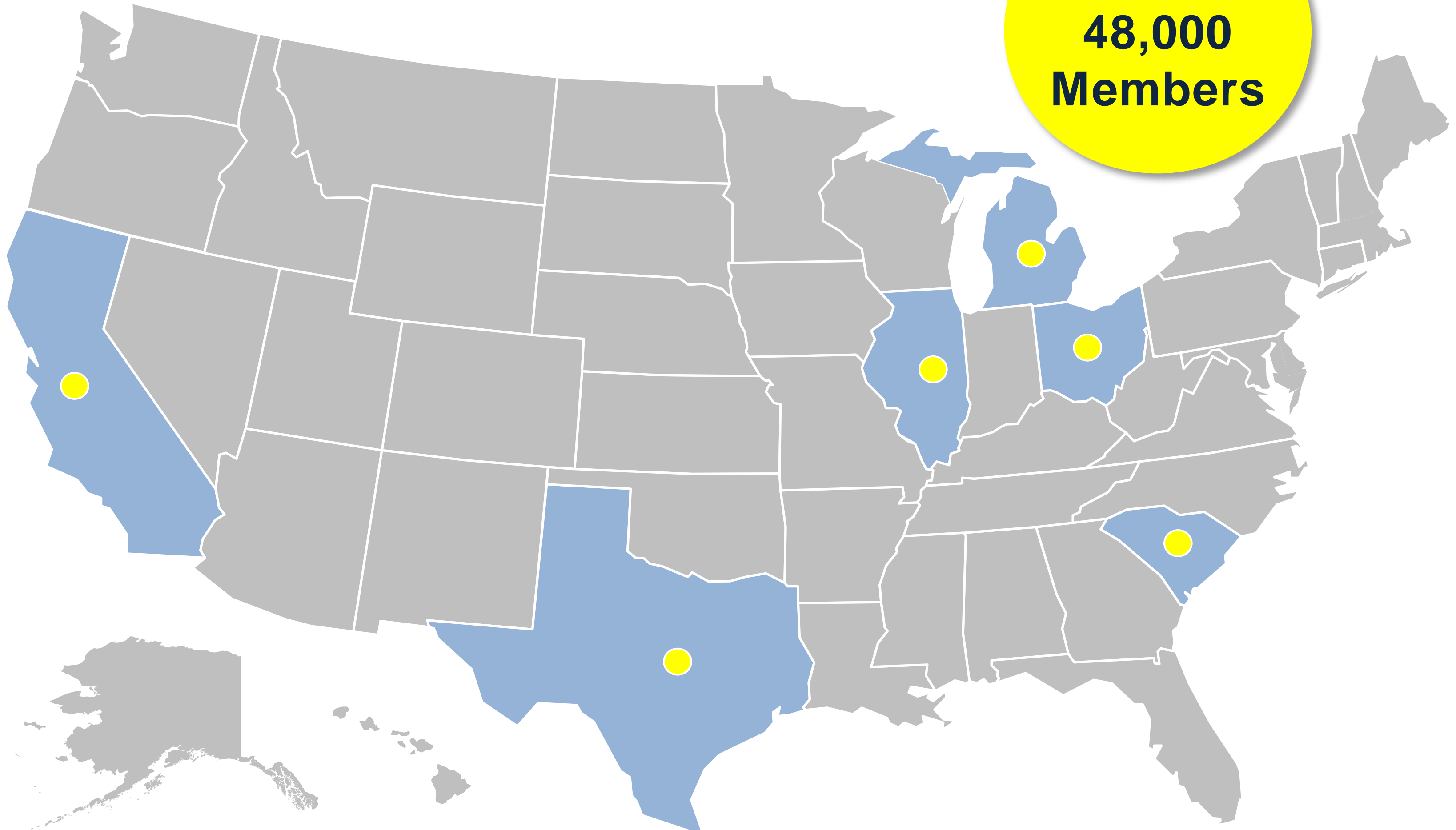
Medicare Medicaid Plans

(Dual Demonstrations)



Bridgeway Health Solutions Overview

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Bridgeway Health Solutions (Bridgeway) - contracted Long Term Care managed health plan (Medicaid) in Arizona

Contracted to provide services to people who are enrolled in the Arizona Health Care Cost Containment System (AHCCCS)

Bridgeway is a wholly-owned subsidiary of Centene Corporation

Established in 2006

Bridgeway Health Solutions Advantage is a HMO D-SNP plan

Services and Census

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Bridgeway – Medicaid (Arizona Long Term Care – ALTCS)

Services Provided:

- Acute Care
  - 70 Members
- Long Term Care
  - 4,725 Members
- Behavioral Health
  - 450 Members
- Case Management
  - 5,500 Members

Bridgeway Advantage – Medicare

- 775 Members

Snapshot of Healthsense Today

Healthsense was established in 2003 with the mission of enabling caregivers to provide the right care at the right time, in the preferred setting:

Improve **Observation** through remote monitoring combined with analytics

- Accelerate **Action** based on early, improved observation
- Drive better **Outcomes**, reduce costs, and improve care

Healthsense Customer Base Today

- Over 27,000 lives monitored
- Customers in 33 states
- 343+ senior living communities
- 3 Active Managed Care Pilots (with 1 completed)
- Proven ROI in Senior Living and Managed Care

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Healthsense Health Monitoring

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A passive, unobtrusive remote monitoring health information service focused on reducing:

- Hospitalizations/inpatient admissions
- Emergency room visits & associated ambulance costs
- Transitions from home to long-term care
- Family and caregiver stress & anxiety

How Healthsense Supports Aging in Place

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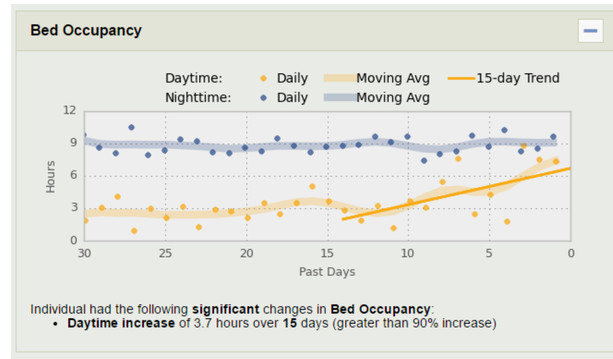
Seniors often lose independence for avoidable reasons. Healthsense identifies the seniors who are at risk for an avoidable change in care setting and allows caregivers to substitute a low cost intervention for a high-cost transition in care.



1. Sensors detect activity; algorithms detect change
2. Caregiver receives alerts with actionable information
3. Caregiver provides an appropriate intervention

Installing Sensors and Gathering Data

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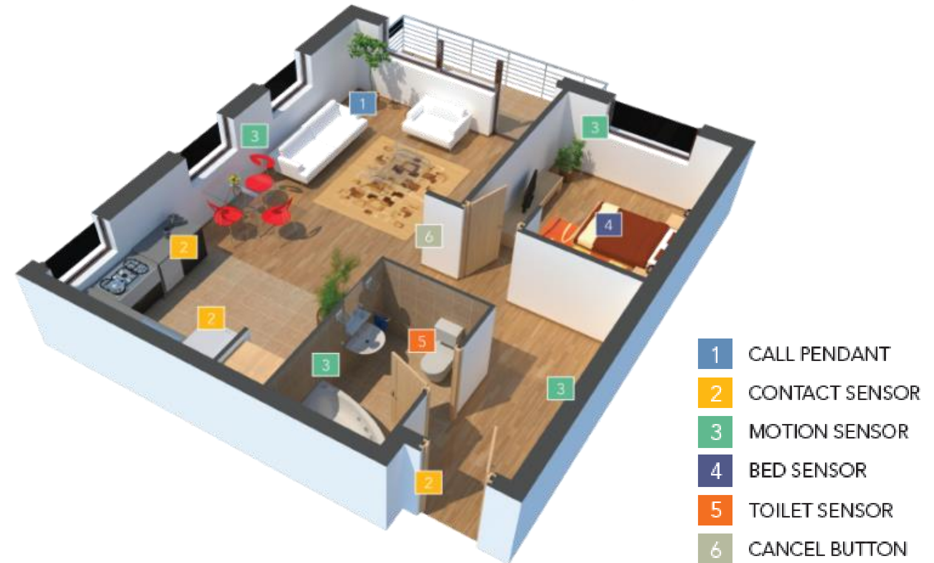
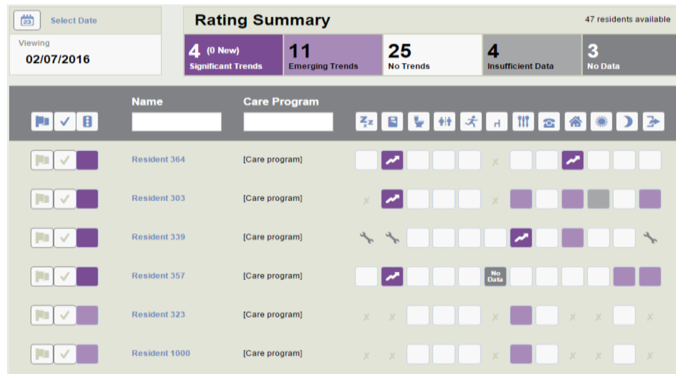
- 10 sensors passively collect data in home
- “Security System” style sensors
  - Motion, Contact
  - Bed, Toilet
  - Emergency Pendants available
- Easy, Quick Install
  - No internet required
  - Installation in < 30 minutes
  - No cameras or microphones



Using the Dashboard To Provide Better Care

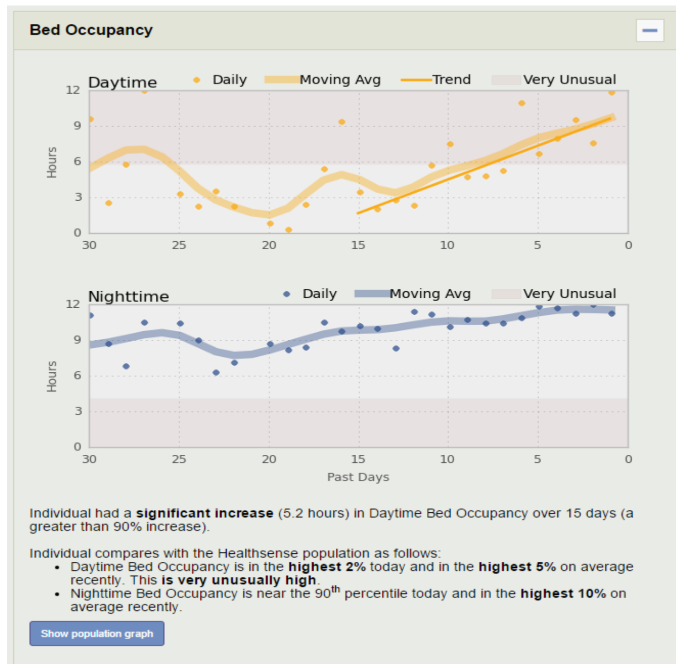
DASHBOARD



Dashboard Home Page Provides A Prioritized List

- Ordered by estimated risk of incident
- Categories according to ADL to provide at-a-glance summary of changes

RESIDENT DETAILS



Resident Details Allow A Deeper Dive with Greater Context

- 30-day graphs present overall activity trends
- Daily timelines with detailed information
- Population comparisons for outlier identification
- Shareable, visual information with family, members, providers as appropriate

Mitigating Expensive Episodes of Care

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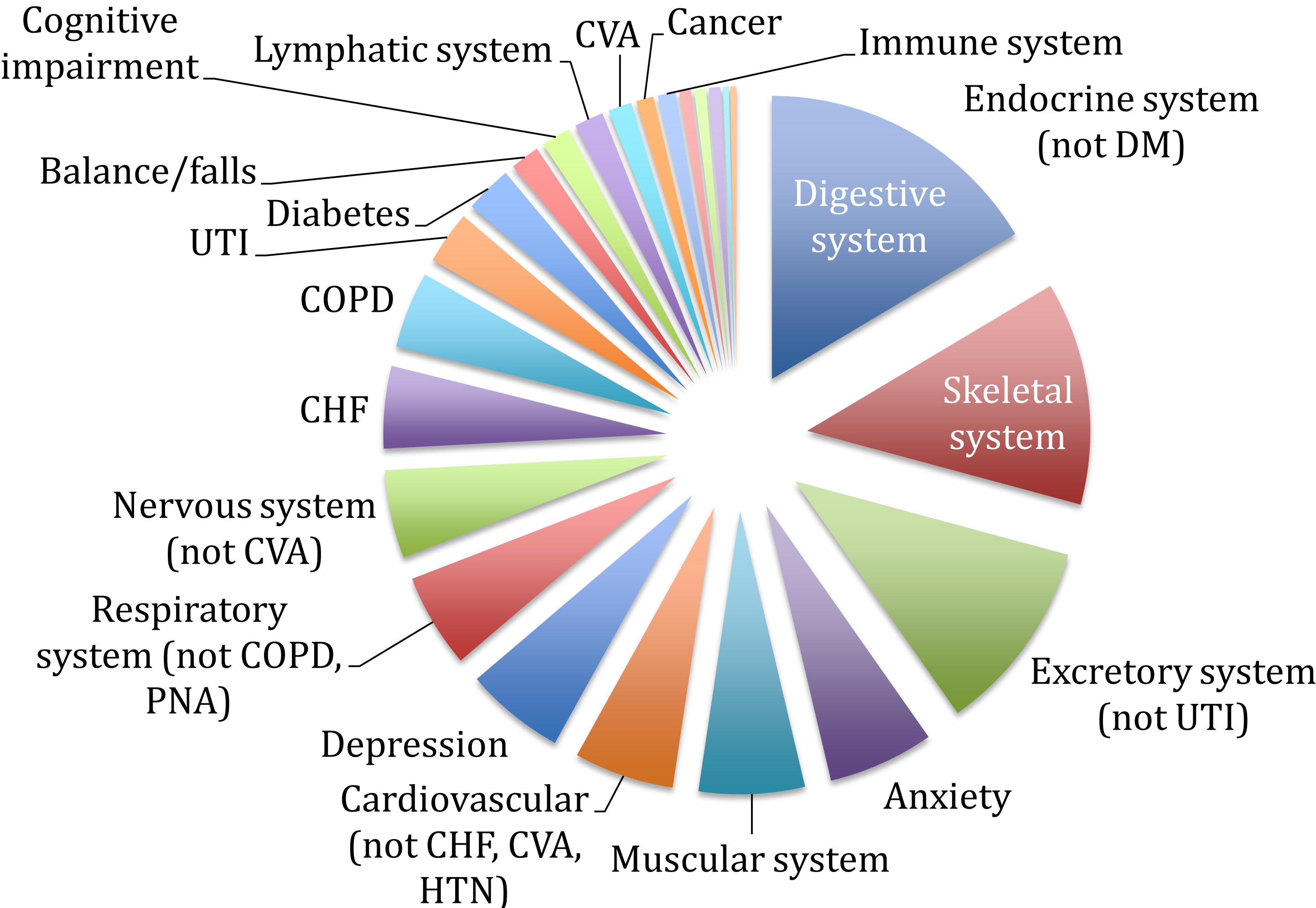
Top Health Events Observed During Healthsense Pilots



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Previous Managed Care Study Results

100% of surveyed members would recommend Healthsense to a friend.

A significant reduction in transfers to nursing homes has been demonstrated … and can be safely called "proven" and attributable.
-- Al Lewis, Validation Institute

STUDY CONFIGURATION

- Matched cohort comparing claims and survey data between the study group (2014 – 2015) and a historical control group (2013)
- 12-month study, N=139 (74 enrolled, 65 control)
- Predicted fewer claims and lower dollars for
  - Long-term care & SNF
  - Inpatient
  - Emergency

HIGH-LEVEL FINANCIAL RESULTS

- Members with Healthsense saw an average **$687 PMPM** reduction (-15.8%)
  - 67.7% reduction in LTC costs
  - 39.4% reduction in ER costs
  - 32.2% reduction in acute hospitalizations

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Pilot Goals

- Understand the value of the Healthsense tool for Bridgeway's LTC care managers and members
  - Reduce total costs through early detection of emerging health issues
  - Enable member to remain in his/her current setting for as long as possible
  - Maintain member satisfaction and quality of life

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Study Design

Compare overall PMPM spend for members with Healthsense vs. comparison

- Calculate total spend during 12 months with Healthsense system
- Look across three sub-groups based on coverage type:
  1. Dual eligibles with Bridgeway coverage for both Medicare & Medicaid
  2. Dual eligibles with Bridgeway Medicaid coverage only
  3. Non-duals with Bridgeway Medicaid coverage

Member Engagement

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Method 1: Bridgeway LTC Case Managers engaged members at quarterly in-home visits

Method 2: Healthsense made follow-up calls to all members who initially opted out

Method 3: Healthsense dedicated an Engagement Specialist to call all new Bridgeway members

HELP YOU AND YOUR LOVED ONES LIVE WITH INDEPENDENCE, PRIVACY, PEACE OF MIND AND A HIGHER STANDARD OF CARE.

A program brought to you by Bridgeway Health Solutions

What is the Healthsense Program?

The Healthsense Program is a personal health support tool provided to you by Bridgeway Health Solutions. It is a remote monitoring system that is designed to help you or your loved one stay healthy and independent at home. The system is made up of a few small devices that are placed in your home in out of the way locations. There are no cameras, microphones, beeps or buzzers.

How does the Healthsense Program work?

The system "learns" your daily patterns of activity within your home and then notifies your case manager when patterns significantly change. Changes in activity patterns can sometimes signal an oncoming illness and your case manager will call you if there is a healthcare concern.

Why should I participate in this program?

The Healthsense Program allows for early intervention of health concerns and as a result, you may have:

- Fewer trips to the Emergency Room
- Fewer inpatient stays in the hospital
- Increased ability to remain independent and living in your own home rather than have to relocate to a facility.

Many people say they like the program not only because it helps them live on their own, but it helps their family members know that they are okay, too.

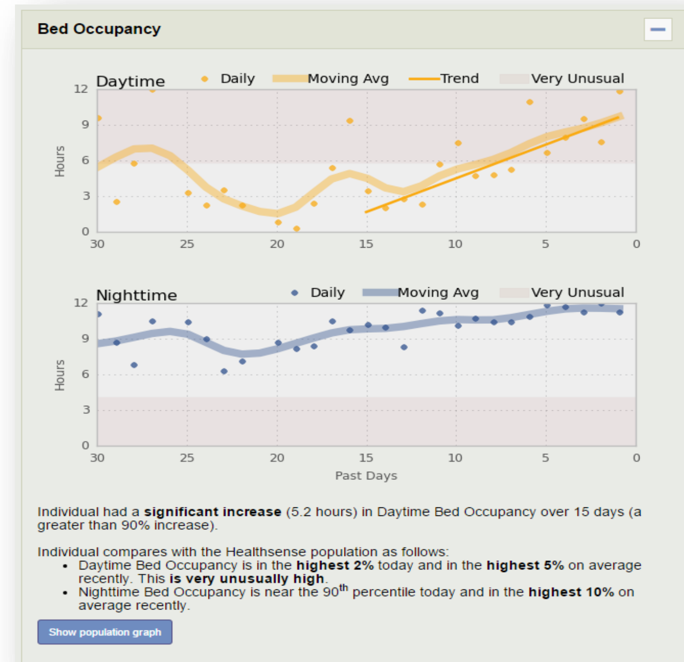
Your privacy is ensured with the Healthsense Program and is offered at no cost, to you, by Bridgeway Health solutions.

To answer your questions, please call: 1-877-476-4299

bridgeway health solutions

Monitoring Process

- **Method 1:** Bridgeway RN Case Managers reviewed alerts and engaged members
- **Method 2:** Healthsense triage team reviews alert and makes initial member outreach call; Bridgeway LTC Case Manager follows up as needed
- Alerts began December 17, 2015
- Average of 2-3 alerts per week across 80+ members



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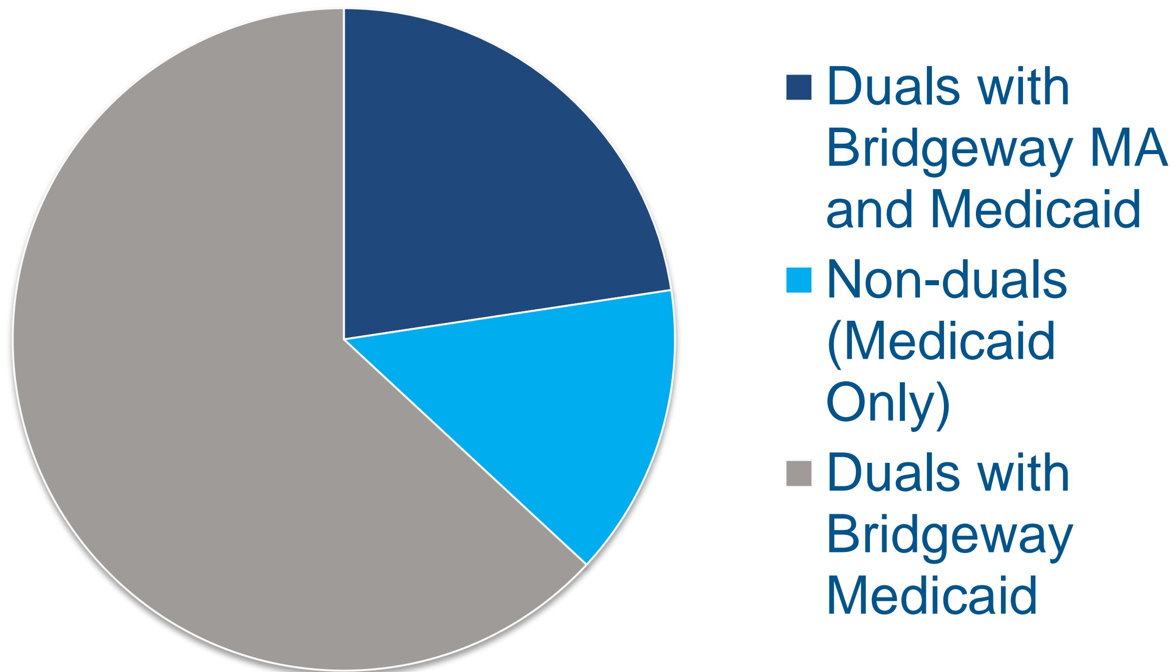
Current Pilot Membership

Current pilot population: **86**

Average length of time in pilot: **~6 months**

Total pilot participants, since the beginning: **117**



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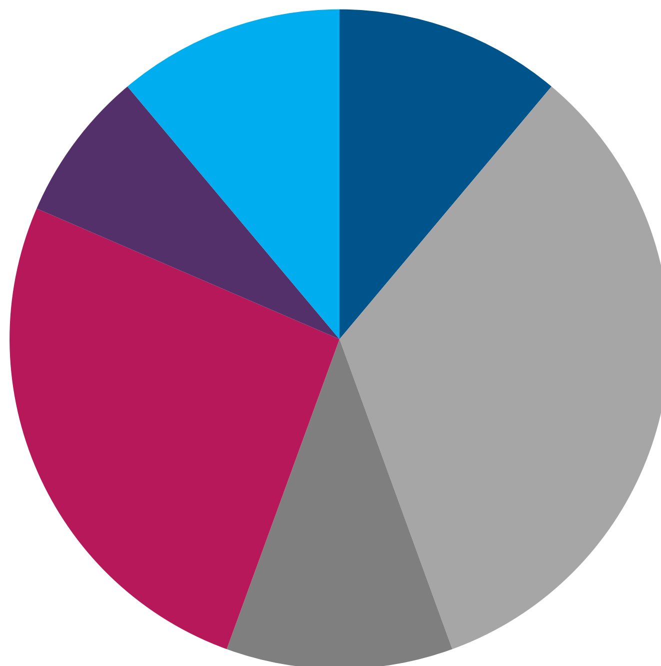
Pilot Disenrollment

Overall Disenrollment Rate: **26%**

Disenrollment Reasons



- Deceased
- No longer fits criteria
- Member moving
- Uncomfortable with system
- Member did not find value
- Unknown

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Centene Bridgeway Diabetes/Depression Intervention

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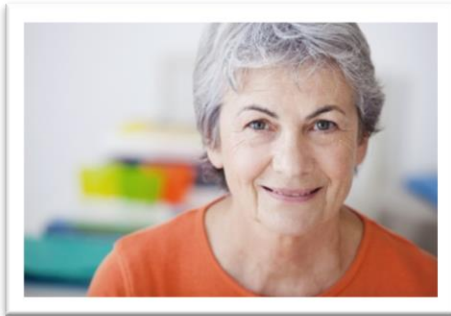
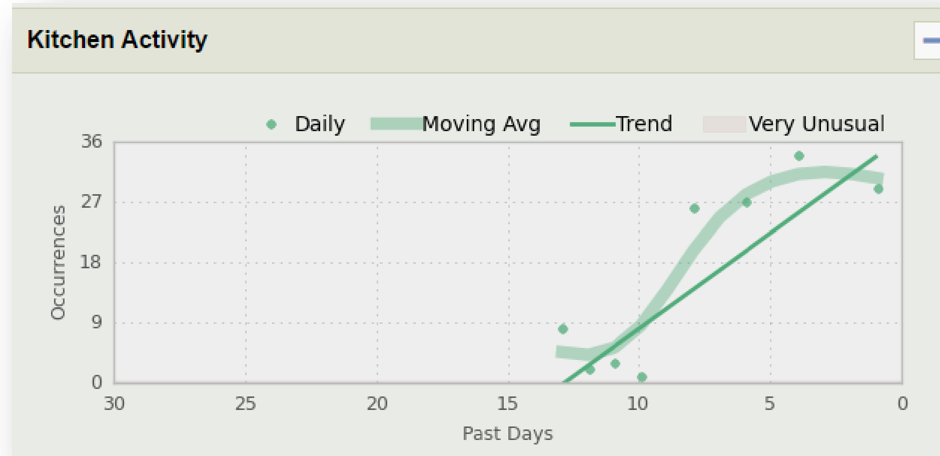


“Caroline,” 65



ADL Change: Significant increase in kitchen activity in first two weeks in program

Assessment: She was experiencing loneliness and depression and coping by snacking more both day and night, which affected her diabetes . Weight gain was also reported.

Intervention: She discussed issue with PCP. PCP adjusted her insulin, provided a referral to a nutritionist and adjusted her antidepressant

Centene Bridgeway Chronic Pain

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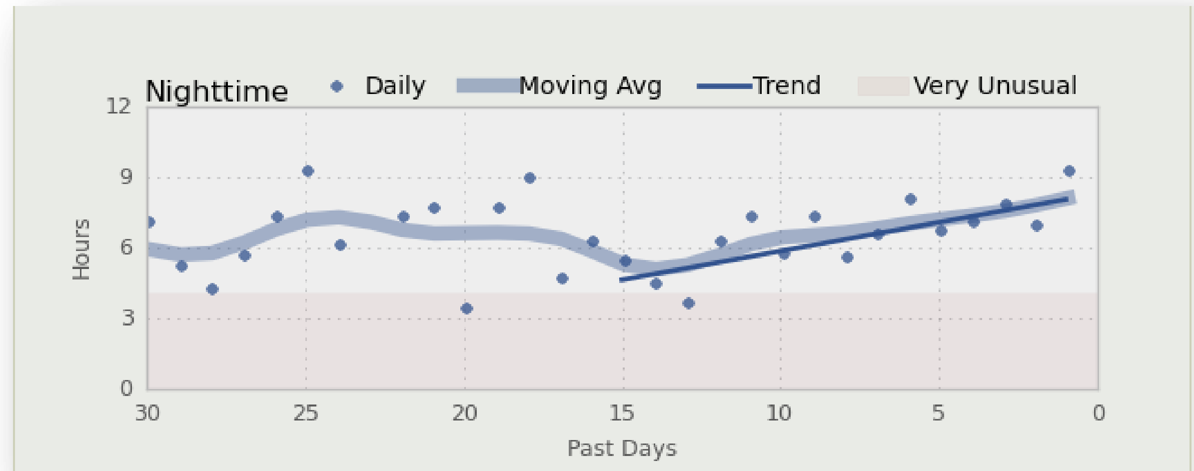

"Doris," 60

ADL Change: Significant increase in time in bed

Assessment: She is in pain due to degenerative disc disease and rheumatoid arthritis and is staying in bed longer during the day and night. She is also experiencing an allergic reaction to medication for the arthritis.

Intervention: MD visit for allergic reaction and to discuss optimal pain control.

Centene Bridgeway Need of Basic Essentials

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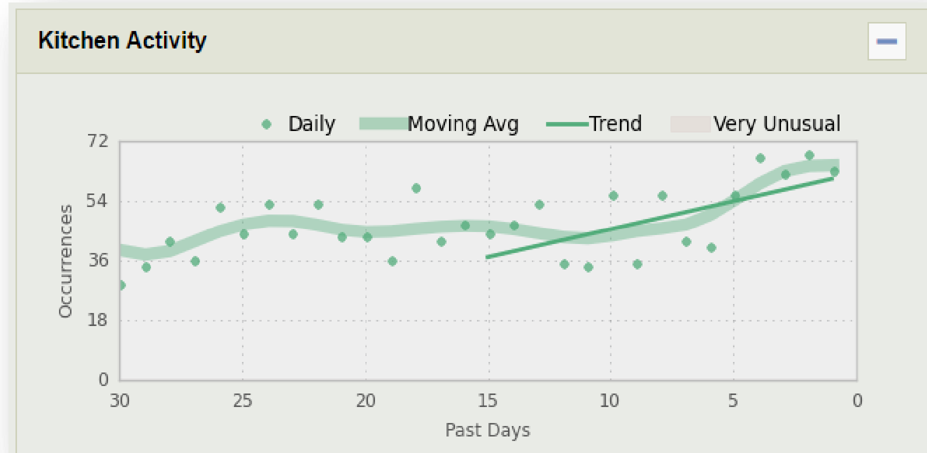
"Sharon," 65



ADL Change: Significant increase in kitchen activity.

Assessment: She's eating more due to stress and eating ice cream for breakfast. This is of concern because she is diabetic. She is stressed over caregivers that do not show up to care for her. She has not been bathed for an extended time. Hygiene is declining, causing relationship issues with her husband.

Intervention: Case Manager called the agency, reported the issue and obtained a new caregiver for Sharon.

Centene Bridgeway Depression

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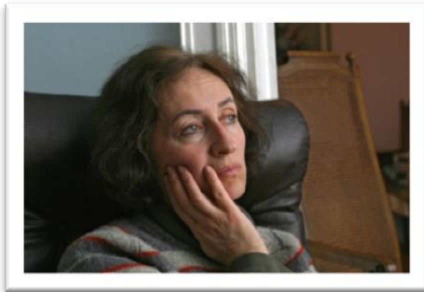
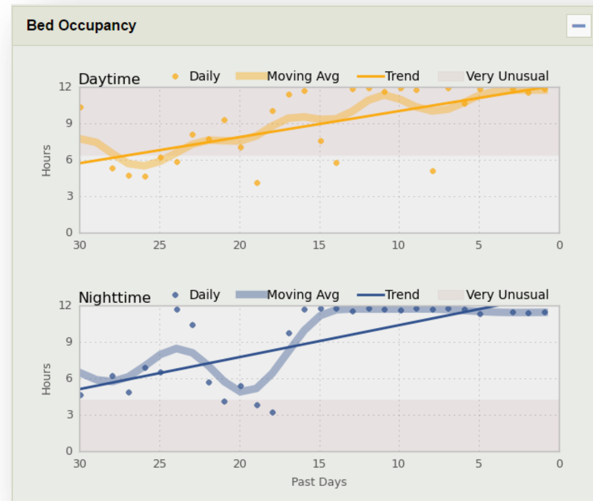
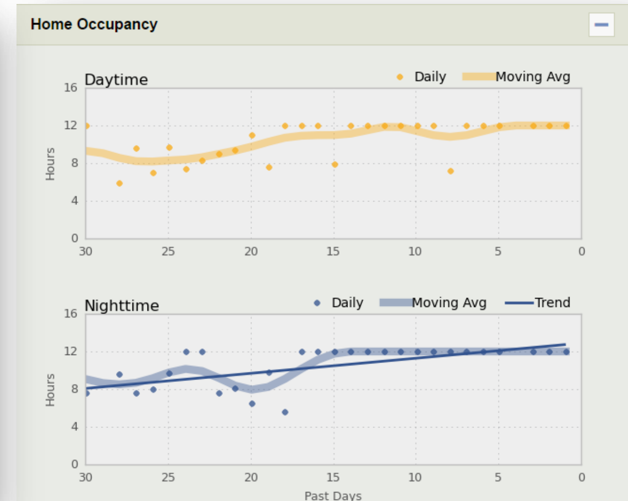


"Rhonda" 56





ADL Change: Significant increase in time at home and in bed.

Assessment: Case Manager identified that she is experiencing depression over the last month due to the anniversary of her husband's death and her wedding anniversary.

Intervention: Antidepressant medication renewed and education provided on grief and loss support groups.

Centene Bridgeway Medication Complication

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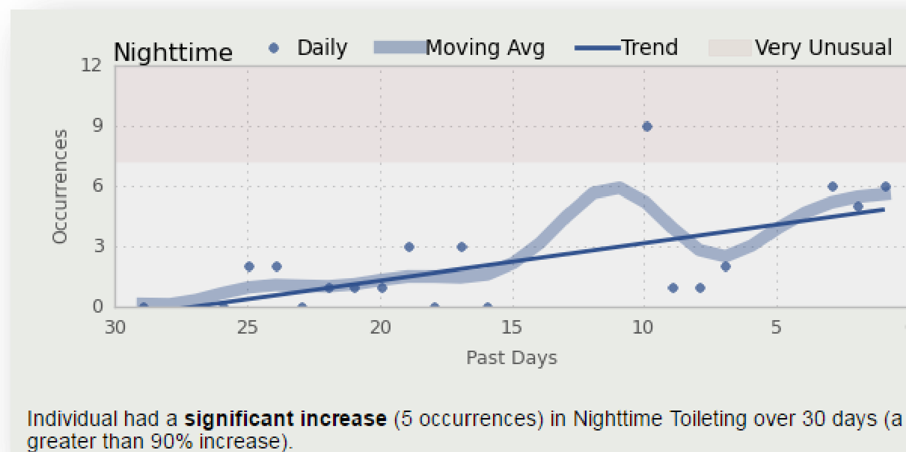

"Gary," 48

ADL Change: Significant increase in nighttime toileting:
Assessment: He was having trouble with diarrhea that he attributed to an antibiotic he is taking for an open wound. Clinician encouraged member to discuss with PCP.
Intervention: PCP discovered that he was taking a stool softener twice a day while taking the antibiotic which exacerbated intestinal effects of the antibiotic. PCP instructed the member to discontinue the stool softener while on the antibiotic.

Lessons learned so far

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- **Structure:** Put structure around the program, take the time to align upfront on how you'll measure success
- **Ownership:** Have designated point people & champions, accountable for the program
- **Training:** Provide formalized training, and re-training, and reminders, and cheat sheets
- **Process design:** Fit this into our existing workflow – nurses vs. CM, not "adding more work to our day"

Lessons learned so far (cont'd)

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- **Flexibility:** If the initial process is not working, don't be afraid to change it
- **Feedback:** Important to have checkpoints along the way, ensuring there is a feedback loop in place
- **Patience:** These programs take time!

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Thank you!

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Other Centene Innovative Initiatives

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Personal Care Aide Data Sharing – IL
Aide reports member changes to care manager to intervene early and prevent hospital and nursing facility admissions

Falls Prevention – SC
Identify members at risk for falls and utilize home health and education to reduce occurrence

Advanced Electronic Visit Verification (EVV) – IL
Ability to broadcast request for services; seamless integration of claims and EVV data

Passive Sensors – AZ
Continuously monitor activity in home to identify deterioration and allow care manager to intervene early to prevent hospital/ nursing facility admissions

Palliative Care – OH
Identify members at end of life and leverage USMM to ensure appropriate planning

Medication Adherence – TX
Utilize smart pill boxes and pre-packaged pills to increase medication compliance

Predictive Analytics – FL
Leverage nursing facility required assessments and care manager assessment data to identify members at risk for nursing facility placement, as well as those ready to transition from nursing facility to community