Innovation in MLTSS Care Coordination: In-Home Monitoring

Laura Chaise, Centene Corporation
Gail Farmer, Bridgeway Health Solutions
A.R. Weiler, Healthsense

NASUAD HCBS Conference, August 31, 2016
Agenda

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

7 States
200,000 Members
Medicare Medicaid Plans
(Dual Demonstrations)

6 States
48,000 Members
Bridgeway Health Solutions Overview

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

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
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
Agenda

• Introductions
• Overview of the Healthsense product
• Pilot design
• Successes & lessons learned
• Q & A
Healthsense Health Monitoring

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
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

• 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 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 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

Top Health Events Observed During Healthsense Pilots

- Cognitive impairment
- Lymphatic system
- CVA
- Cancer
- Immune system
- Endocrine system (not DM)
- Digestive system
- Skeletal system
- Excretory system (not UTI)
- Muscular system
- Anxiety
- Depression
- Cardiovascular (not CHF, CVA, HTN)
- Respiratory system (not COPD, PNA)
- Nervous system (not CVA)
- Diabetes
- UTI
- Balance/falls
- COPD
- CHF
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
Agenda

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

**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
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
Current Pilot Membership

Current pilot population: **86**

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

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

Overall Disenrollment Rate: **26%**

Disenrollment Reasons

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

• Introductions
• Overview of the Healthsense product
• Pilot design
• Successes & lessons learned
• Q & A
“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.
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**

“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.
“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

“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

• **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)

• **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!
Agenda

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

For more information, please contact:

Laura Chaise  
Senior Director, LTSS  
Centene Corporation  
lchaise@centene.com  
314.445.0585

Gail Farmer  
Director, LTC Care Management  
Bridgeway Health Solutions  
gfarmer@centene.com  
866.475.3129, Ext. 26760

A.R. Weiler  
CEO & President  
Healthsense  
a.r.weiler@healthsense.com  
952.400.7298
Other Centene Innovative Initiatives

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

- **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.

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

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