State of Connecticut

Solution to Reduce Non-Emergent Medicaid Visits to the Emergency Department and Establish Primary Care Alternatives

State of Connecticut
Department of Social Services
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Applicant Preference

The State of Connecticut Department of Social Services requests consideration for preference based on two factors.

Underserved Areas
The project will be conducted in underserved areas in partnership with federally qualified community health centers. Each serves a health professional shortage area for primary care according to census tract and has been designated by HRSA (datawarehouse.hrsa.gov) as a comprehensive health center or federally qualified health center look-alike and assigned a facility HPSA designation.

Health Center Name	Area	HPSA Score	Date
Fair Haven Community Health Center	10947	12	8/29/03
Hill Health Corporation	10948	6	8/29/03
Generations Family Health Center	10949	4	8/29/03
Community Health Services	10951	5	8/29/03
Optimus Health Care	10952	6	8/29/03
Charter Oak Health Center	10953	6	9/4/03
StayWell Health Center	10954	6	9/4/03
East Hartford Community Health Care	10955	6	9/4/03
Norwalk Community Health Center	10959	19	3/11/05
United Community and Family Services	10961	1	9/30/05
Community Health & Wellness Center	10962	0	9/30/05
Southwest Community Health Center	10963	3	10/26/02

Partnerships with Local Community Hospitals
The Federally Qualified Health Centers (FQHCs) in Connecticut are engaged a wide variety of partnerships with hospitals in their communities. Examples of these partnerships include:

Waterbury, CT – StayWell Health Center (FQHC), St. Mary's Hospital and Waterbury Hospital received a Community Access Plan (CAP) grant to develop an interoperable system for health information exchange.

Stamford, CT – Optimus Health Care (FQHC) now operates the Stamford Hospital outpatient primary care service

Bridgeport, CT – Southwest Community Health Center (FQHC) and Optimus Health Care (FQHC) partner with St. Vincent's Hospital and Bridgeport Hospital in the use of a web-based tool to track and treat pediatric asthma patients.

Hartford, CT – Charter Oak Health Center (FQHC) now operates the Children's Medical Center outpatient pediatric services department.

As the letters of support from both the Connecticut Hospital Association and the Connecticut Primary Care Association demonstrate, these existing partnerships will be leveraged to implement My Health Direct in these communities.

Statement of Need

There are currently 250,000 individuals enrolled in Connecticut's Medicaid Program. Data from the Connecticut Hospital Association (CHA) (2005) shows that 26% of all ED visits were made by Medicaid Enrollees compared to 21.4% nationally (CDC National Hospital Ambulatory Medical Care Survey, 2003). In fact in CT, Medicaid enrolled patients are 4 times more likely to rely on the Emergency Department (ED) for non-urgent care (CHA, 2005). Of the 1.2 million patients treated and sent home from a CT ED in 2005, 1/3 or 400,000 were for non-urgent care (CHA, 2005). Of those 400,000 non-urgent services, 60% occurred between 8 a.m. and 6:00 p.m. when other primary care providers are available in the community (CHA, 2005). Further analysis shows that 30% of those non-urgent services provided during daytime hours were to Medicaid enrolled patients (CHA, 2005).

Federally Qualified Health Centers provide services in many of the same communities where Emergency Departments operate. Established to provide primary care to the medically underserved, FQHC's face scheduling challenges of a different nature. Circumstances that lead patients not to show for appointments or walk-in with no scheduled appointment lead to chaotic systems that would be alleviated with the coordination of scheduling provided by the proposed project. The FQHCs would also further their mission by creating medical homes for more people in their service areas.

Project Justification

My Health Direct is a web-based tool that organizes open and available health care appointments in the community into a searchable and schedulable inventory of health

care services and eligibility and enrollment support for all residents. *My Health Direct* is a simple approach that uses existing technology (fax machine and an internet connection) to organize existing resources in a manner that improves access to care without expensive investments in new hardware or software.

My Health Direct helps facilitate access to primary care for Medicaid recipients because it removes barriers. Patients often utilize the emergency room for non-emergent conditions because they simply do not have the tools to overcome the barriers that prevent their access to a primary care provider. Despite the waiting times and episodic nature of the emergency department, it is often selected by patients because it is a convenient alternative to overcoming the barriers to accessing primary care.

When a referred patient leaves the emergency department, they will have a written confirmation of their primary care appointment in hand. Patient confirmations are printed in the patient's language of choice, and contain the day and time of the appointment, along with the name, address, and telephone number of the provider. The confirmation specifies the bus lines that operate near the clinic. The confirmation contains all of the information that the patient needs in relation to the appointment, and increases the likelihood that they will attend their appointment.

Another reason that My Health Direct is effective in establishing primary care alternatives to the emergency room is ease of use among the providers. Many hospital emergency rooms face overcrowding and ambulance diversion and are seeking ways to

establish primary care medical homes for non-emergent patients. FQHCs that post time on the system have ongoing control of their calendars, with the ability to add or delete an appointment at any time.

Global Health Direct has demonstrated the effective use of *My Health Direct* to locate primary care alternatives to hospital emergency departments in Milwaukee. Since inception in June 2006, approximately 5,500 individuals have been referred to primary care homes in the Milwaukee community.

Goals and Objectives

Goal One; Reduce repeated utilization of hospital emergency departments by non-emergent Medicaid patients and thereby allow hospital emergency departments to allocate a greater share of its resources on patients with emergent conditions and reduce overall emergency room expenses for the Medicaid program.

Objective: Provide access to Federally Qualified Health Centers to post their inventory of available appointments on *My Health Direct*.

Objective: Provide training and access to *My Health Direct's* web-based application to emergency room staff

Goal Two; Engage patients in the selection of their primary care medical home to ensure that the medical home meets their immediate and ongoing needs.

Objective: Emergency room staff uses *My Health Direct* to search for the primary care provider that best meets the patient's need in terms of timeliness of appointment, geographic proximity to home, language, and public transportation.

Goal Three; Establish primary care medical homes for Medicaid patients who are utilizing the emergency department for non-emergent care.

Objective: Emergency department staff routinely uses My Health Direct to schedule appointments with primary care medical homes that best meets the needs of the patient.

Goal Four; Generate data and reports that can be used to improve access to care.

Objective: Generate reports that show the peak days and times of non-emergent utilization of emergency departments. Generate maps that plot the home address of non-emergent Medicaid patients seeking care in the emergency department. Share this information with providers and develop strategies to increase or re-allocate resources to meet these high demand areas.

Objective: Assess the amount of primary care that is actually available based upon the real time availability of appointments on My Health Direct.

Impact to Beneficiaries

The project will be implemented in 6 communities state wide, including the three largest metropolitan areas of Bridgeport, New Haven and Hartford. The communities selected each contain a minimum of one Federally Qualified Health Center and will therefore impact each primary care HPSA in Connecticut. The potential reach of this project

includes ten hospital partners and twelve FQHC partners with locations in Fairfield County, New Haven County, New London County, Windham County, Hartford County and Litchfield County.

Impact to Medicaid

My Health Direct impacts emergency department use of Medicaid recipients through a web based referral process that takes the user approximately **two minutes** to complete. The application creates a common platform throughout a community to search for and schedule health care appointments for Medicaid enrollees. Appointments are scheduled in a manner that requires little time or effort from the emergency room staff that make appointments on behalf on non-emergent patients. Appointments can also be secured for patients that need follow up care following discharge from an inpatient status. Patients will only obtain appointments with clinics that accept their health plan coverage and meet their access needs.

My Health Direct has been designed to easily establish read-only interoperability with master patient indexes. With permission from the State, Global Health Direct would seek to obtain read-only access to the State's Medicaid enrollment database. This interoperability would enhance functionality of the system for users in a number of ways. It would expedite the data entry of patient specific information required by emergency department staff (ie. address, telephone number, health plan, etc.). Once a patient is identified, their information would populate the required data fields, saving date-entry time. Although the data-entry process only takes a few minutes, access to

the Medicaid enrollment database will further reduce data-entry time. In addition, read-access to the state's Medicaid enrollment database will help ensure that patients are categorized with the appropriate insurance type and health plan as that information is communicated to the receiving clinics.

Step 1: Appointment inventory is created on-line by primary care providers ("receivers")

A. Participating providers create a profile of their practice in My Health Direct that includes:
    1. Clinic name and address
    2. Languages spoken at the clinic
    3. Accepted Medicaid Managed Care Organizations
    4. Public transportation routes that serve the clinic
B. Clinic staff enter their available appointments on the My Health Direct calendar. Appointment availability can be made for each individual clinician that practices at the clinic, or the clinics can choose to make the appointments available for a practice type at that clinic (such as "East Clinic FP MD") and assign the patient to an individual clinician when the patient arrives for the appointment. Appointments can be set for an specific day and time, as well as on a recurring basis. For example, an appointment could be made available at 9:00 am on Monday April 2. A clinic could also select to make an appointment available for each Monday at 9:00 am on a recurring basis. Clinics can make their appointments available to the community at large, or they can make their appointments available only to selected "senders" (ie. hospitals and community organizations). Clinics may modify

their appointment availability at any time, adding or deleting available appointments times at will.

Step 2: Appointment inventory is searched by hospitals and community organizations ("senders)

A. HOSPITAL USE: My Health Direct can be used with any formal or informal triage process within the emergency department. Once the patient is identified and acknowledges their interest in obtaining an appointment with a primary care provider, the emergency room staff logs on to My Health Direct and enters the patient's name and date of birth. The patient is either in the data base or the patient's demographics must be added to the data base.

   The provider then uses My Health Direct's search criteria to find an appointment that best meets the needs of the patient. Those criteria include the following;

   1. Reimbursement type – Users select the insurance status of the patient: Medicaid, Medicare, commercially insured, charity care, sliding fee scale. For the purposes of this project, users would select "Medicaid" and system will only search for appointments with providers that accept Medicaid patients.
   2. Insurance program – Users select patient's insurance carrier and system will only search for appointments with providers that accept the patient's Medicaid insurance carrier (if applicable). My Health Direct initiates daily downloads of CT Medicaid enrollees from the CT database so that

verification of Medicaid enrollment is completed at the time an appointment is made.

3. Type of health service required – Users can select a medical office visit or dental office visit, or
4. Specialty of provider – Users select provider specialty
5. Distance from Patients Home – Users select appointments within a set geographic radius of the patient's home.
6. Timing of required appointment – Users select a time frame in which to search for available appointments.
7. Language – Users select providers that speak the patient's language of choice
8. Gender – Users can search for either male or female provider if they choose
9. Public transportation- Users can choose to only select appointments at locations that accommodate public transportation.

Step 3: Appointments are selected on behalf of the patient.

Users select and confirm an actual appointment on behalf of their patient or client. That appointment is removed from further searching and scheduling. Providers must enter their own text describing the patient's needs or condition. An appointment confirmation is automatically sent to the clinic within seconds of selecting the confirm button. The clinic confirmation is sent electronically or via fax, depending upon the preference of the community. The confirmation includes the patient's name, address and contact information, as well as reason for the

referral. The confirmation also specifies the organization and name of the individual who made the referral.

Step 4: Patient Confirmation Is Created:

A written confirmation for the patient is created that contains all of the relevant appointment information. Patient confirmations are printed in the patient's language of choice, and contain the day and time of the appointment, along with the name, address, and telephone number of the clinic. The confirmation specifies the bus lines that operate near the clinic.

Sustainability Plan

Global Health Direct has a clear and direct sustainability plan for the My Health Direct solution. For the first year of operation all hospitals, clinics and community intake points within the defined service area would be covered under the State of Connecticut Department of Social Services/CMS grant. Their cost would be covered under the State of Connecticut Department of Social Services/CMS grant to Global Health Direct.

During the second year of operation each hospital would pay to Global Health Direct one-half of the Company's annual subscription fee of $25,000. Clinics and community intake points would not incur a charge for use of My Health Direct. The remainder of the costs to Global Health Direct would be made through the State of Connecticut Department of Social Services/CMS grant, equal to ½ of the 1st year grant payment. For the third year and beyond each hospital would pay to Global Health Direct the full annual subscription fee.

This methodology of financing provides a strong path to sustainability of My Health Direct. Payment of subscription fees by hospitals has been successfully received by those organizations.

Evaluation Plan

The project will be evaluated to determine whether assisting patients who rely upon the emergency room for non-emergent care for primary care to obtain timely appointments in an appropriate community primary care setting will help patients to make more appropriate ongoing choices about the location in which they are seeking non-emergent care.

Success will be evaluated based on several utilization measures including:

- The active participation of hospitals and FQHCs in the project
- The number of appointments made available by participating FQHCs
- The frequency of hospital emergency room staff in utilizing *My Health Direct* in scheduling appointments on behalf of their patients
- The rate at which patients actually attend the appointments (i.e. show rate) that have been made for them in relation to this project.

The ability of the web-based appointment system to change behaviors of patients who regularly present for care in hospital emergency departments with non-urgent conditions will be assessed. Specifically, we will analyze whether patients remain with a primary care provider for continued primary care subsequent to their initial appointment (achieve a “medical home”). Similarly we will measure whether the project decreases the rate at

which patients continue to utilize the emergency department for non-emergent care subsequent to obtaining a primary care appointment through this initiative.

Project Implementation Readiness

The State of Connecticut Department of Social Services has a history of partnership with the Connecticut Primary Care Association (CPCA). Since 1989, CPCA has administered the Medicaid Program to Out-station Eligibility and Enrollment Workers program on behalf of the State of Connecticut. This existing relationship will expedite the launch of this program and the contracting process. CPCA has drafted contracts with hospitals and MOUs in advance so that they can be moved forward expeditiously for execution upon notice of CMS award.

Experience implementing My Health Direct in Milwaukee and Minneapolis/St. Paul indicate that the project can be launched in a community in 8 weeks. Connecticut's proposal to launch the initiative in 6 communities will be achieved within 6 months of initiation since communities will be launched concurrently rather than sequentially. The project timeline and milestones are summarized in the table below.

	Communities 1-3								Communities 4-6							
Milestones	Month 1				Month 2				Month 3				Month 4			
Contract with CPCA																
Community Partner Meetings																
FQHC Contracts																
Hospital Contracts																
Set Up System for Community																
User Training																
Go Live																