Legislative Health and Human Services Committee: July 17, 2015

Addressing Barriers and Increasing Access to Care in Rural New Mexico

Mary Stoecker, BSN,CHES

SW Region, NMDOH, Community Health Promotion Team

K'Dawn Jackson, BS, Interim Community & Organizational Development Director, Hidalgo Medical Services

Topics for Discussion

- New Mexico Health System Innovation Design (DOH/HSD)
- Hidalgo Medical Services Community Health Worker Model
- Grant County Transit Consortium: Working to Improve Transportation Options in SWNM and to Improve Access to Health Care

New Mexico Health System Innovation

Design Phase

Improving health outcomes and population health to achieve

"*For A Healthier New Mexico*"

STATE INNOVATION MODEL (SIM) INITIATIVE

FUNDED BY THE CENTERS FOR MEDICARE AND MEDICAID SERVICES, CMS INNOVATION CENTER

What is the State Innovation Model [SIM] Initiative?

- Created by the Affordable Care Act (ACA); administered by the Centers for Medicare and Medicaid Services (CMS) Innovation Center
- To test innovative health delivery & payment models that reduce spending, enhance the quality of care & improve population health
- Since 2012, more than $1 billion awarded to 34 States, 3 territories and the District of Columbia
- Two phases: Design (1-2 years to develop the design of proposed transformation model); Testing of design (3 years)

New Mexico Health System Innovation

The Design

- **Based on "The Triple Aim"**
  - **Enhancing the consumer's experience of care**
  - **Reducing health care costs**
  - **Improving population health and health outcomes.**

Examples of Triple Aim Goals

Enhanced experience of care

Improved primary care with patient-centered medical homes (PCMH) model - integration of primary care, behavioral health services and social services

Reduction of costs

Reimbursement of services is value (outcome)-based vs. fee-for-service (volume)

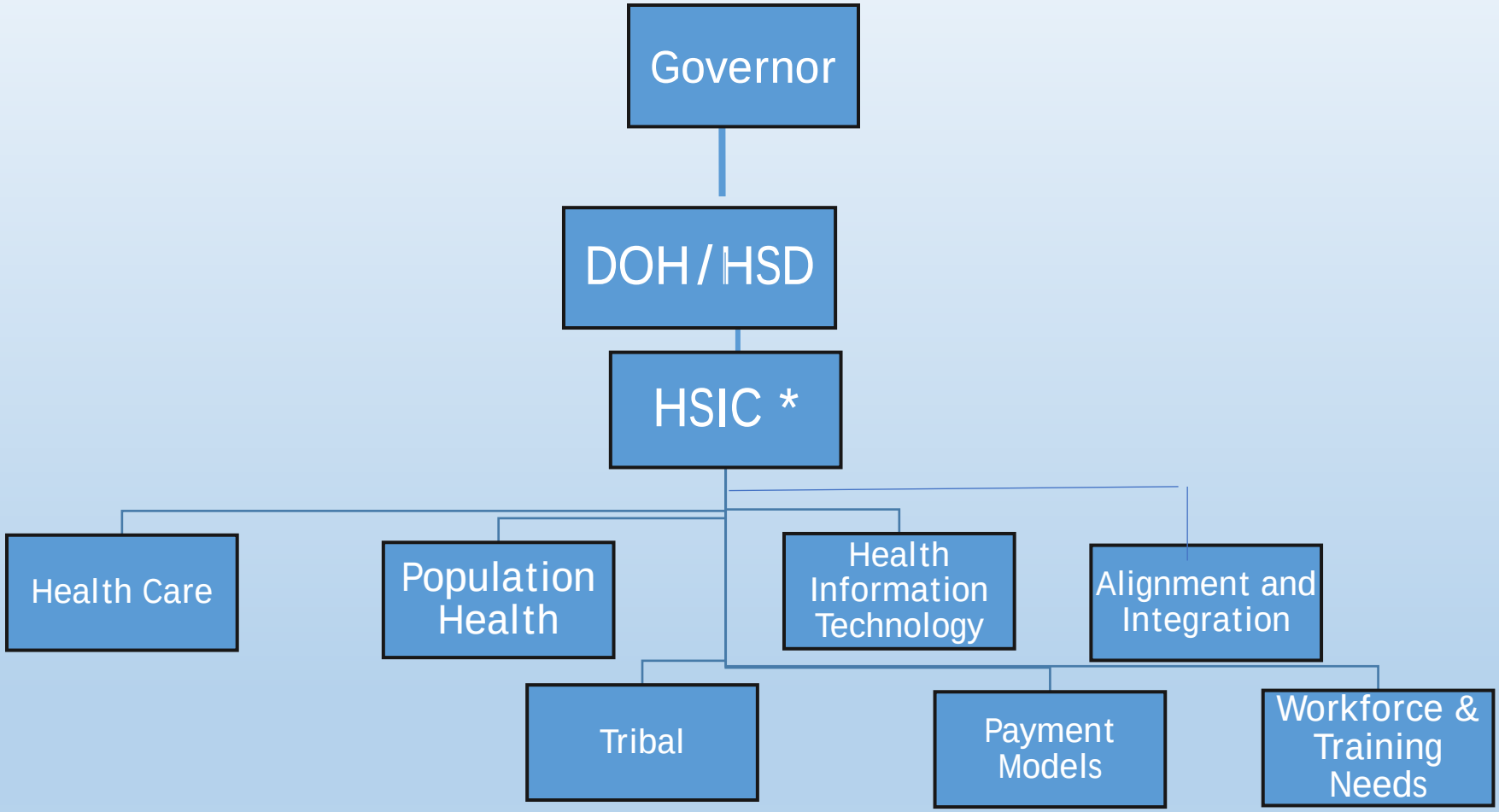
May include reimbursement for "non-traditional" services, i.e., those provided by community health workers, social services, etc.

Improving population health & health outcomes

Local community health workers & paramedics who participate in the delivery of primary care

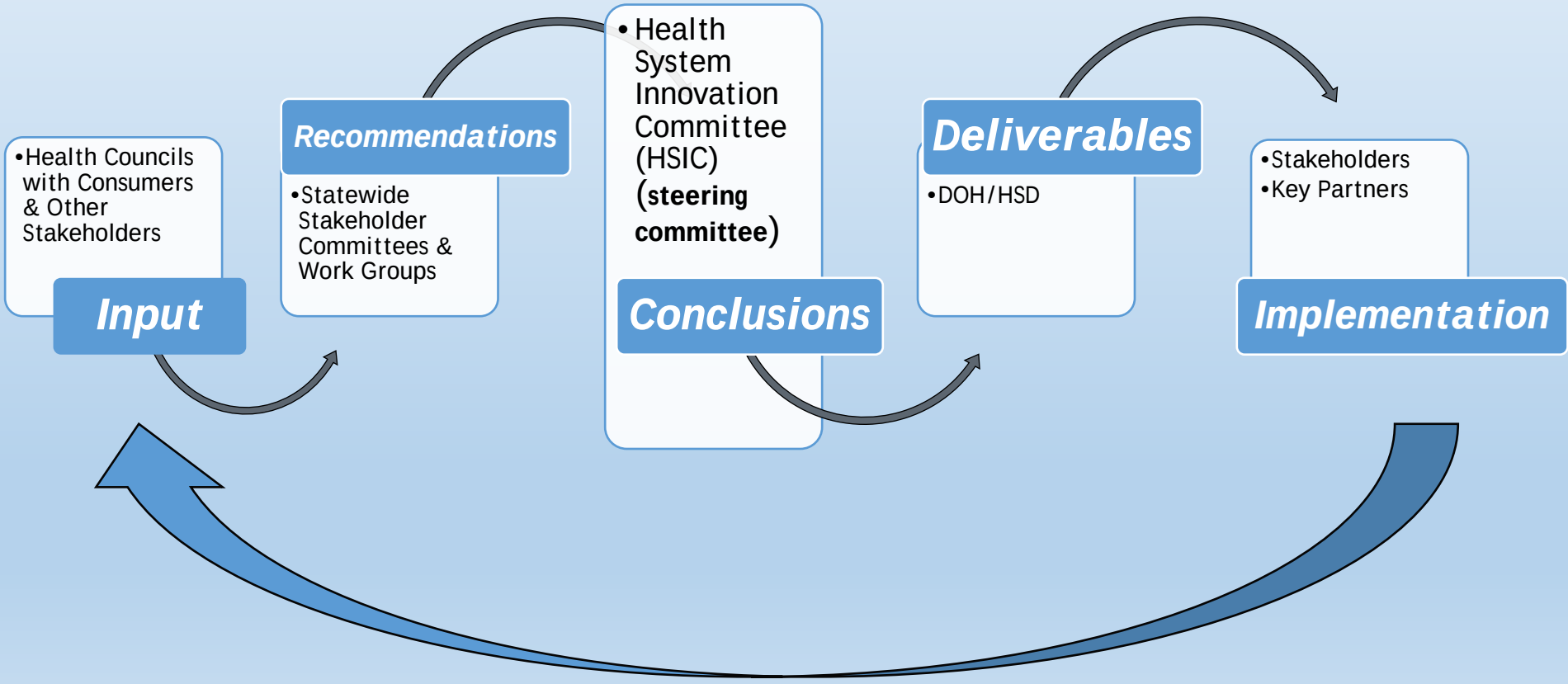
Interoperability of health information systems

New Mexico Health System Innovation Design Organization Chart



***HSIC – Health System Innovation Committee**

NM HEALTH SYSTEM INNOVATION DESIGN RECOMMENDATION PATHWAY



Important Considerations

Social Determinants of Health

Social Determinants of Health include:

- Rural/Urban
- Gender
- Race
- Ethnicity
- Age
- Education
- Income
- Ability/Disability
- Insurance Status
- Sexual Orientation
- Housing Status
- Occupation

Hidalgo Medical Services

- **Mission:** Hidalgo Medical Services positively impacts the health, well-being and quality of life for the people we serve through comprehensive, affordable and integrated personal and community health.

Hidalgo Medical Services provides a broad range of comprehensive community preventive, medical, dental primary care services, as well as inpatient services including deliveries. Behavioral health services are currently undergoing expansion at HMS and are focused on meeting the needs of our patients at the time of their primary medical or dental health visits.

Integrated into our medical services is the HMS Family Support Services program. Family support is a critical part of our overall effort to serve the community and our patients with comprehensive assistance.

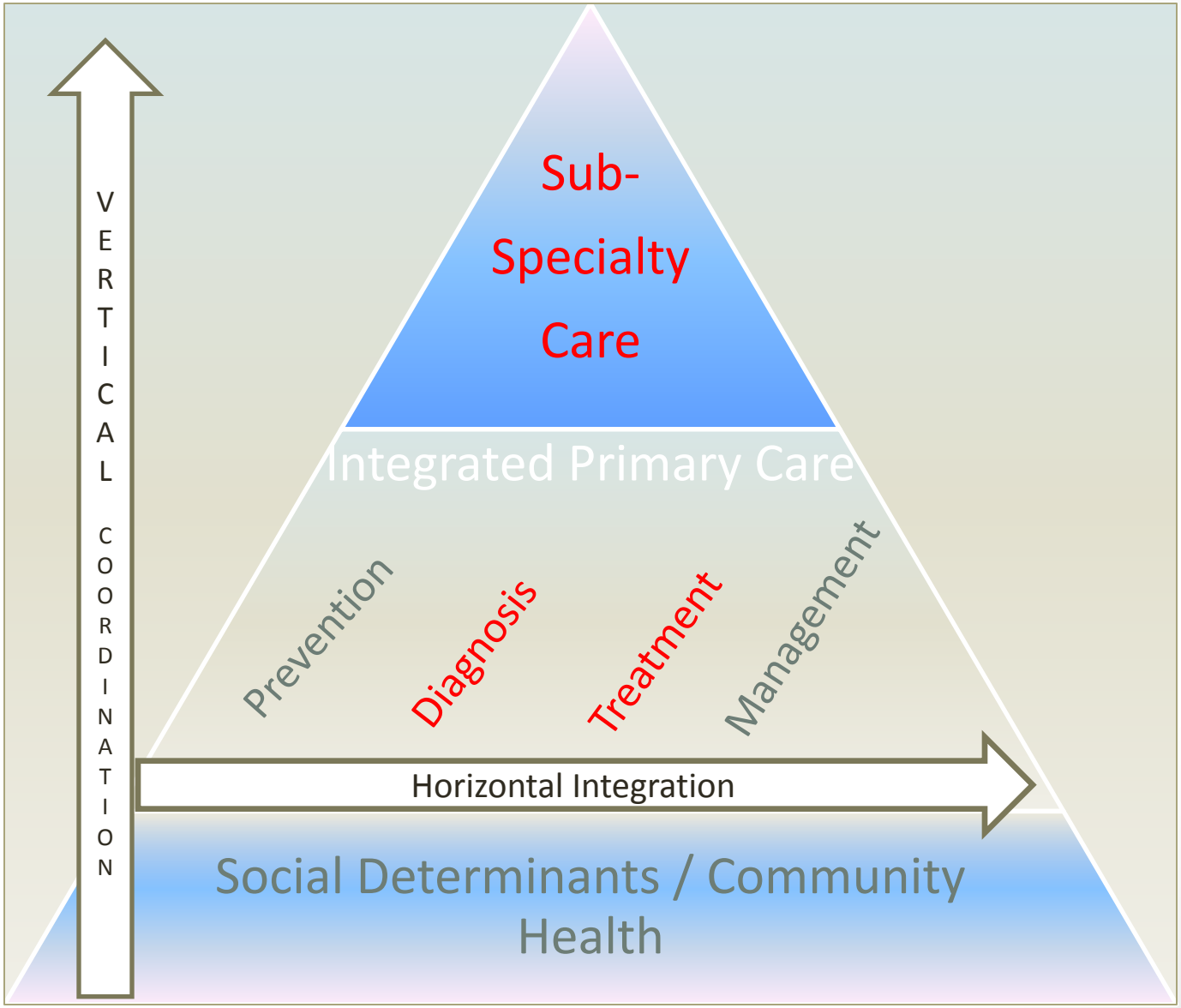
Removing barriers, and addressing social determinants

- The Promotore(a)/Community Health Worker Model
- What is a CHW? "The heart of the program" 

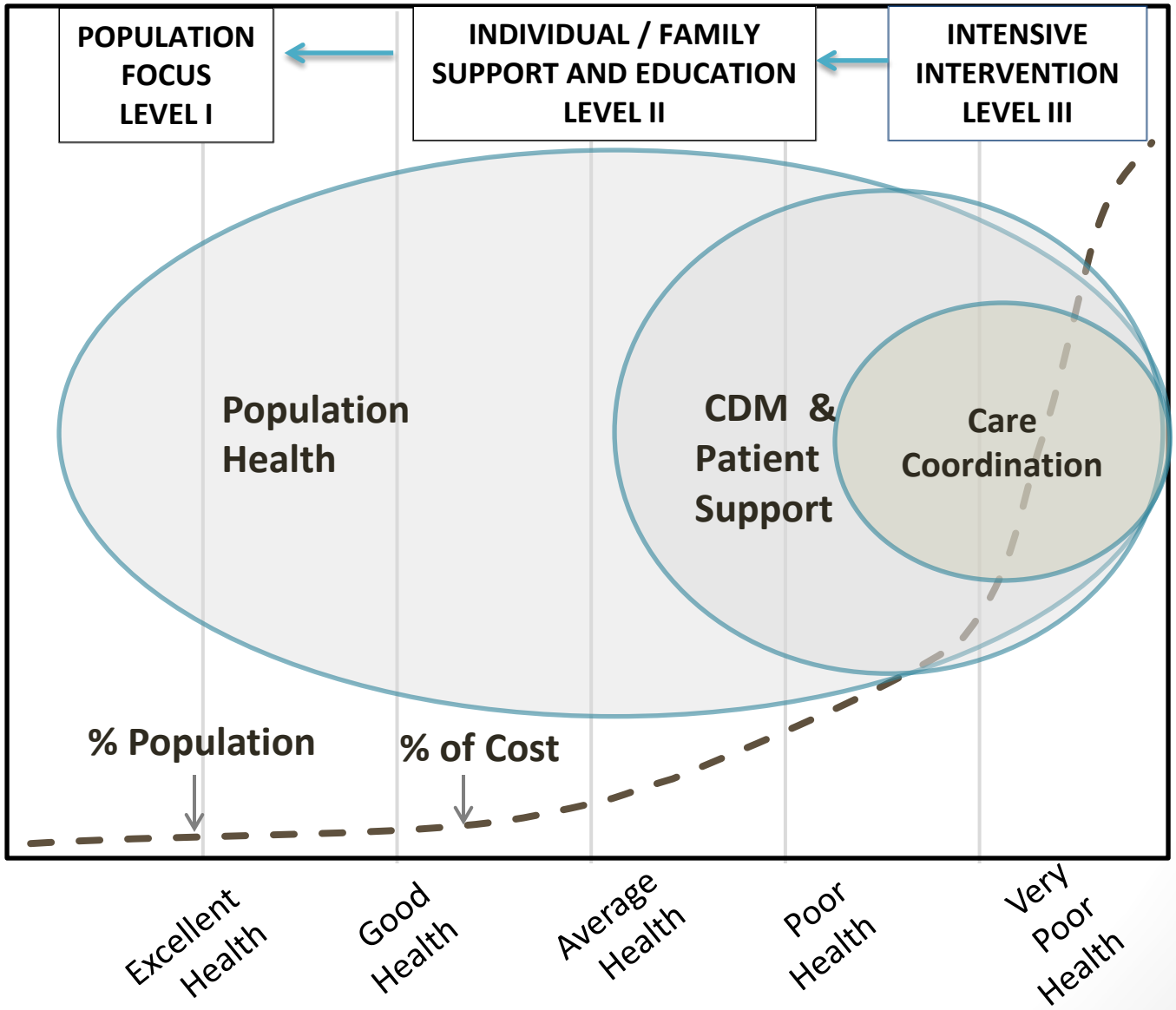
  Trusted members of the communities they serve, through shared ethnicity, culture, language, and life experiences. This trusting relationship enables them to **bridge** social and cultural barriers between communities and health or social service systems.

  - CHWs provide non-medical support services to improve health outcomes, not only assisting clients in accessing services, but also in removing barriers.
  - CHWs are lay people hired from the community they are serving, assuring cultural competence
  - HMS Community Health Workers provide referral, education, and advocacy services, beginning with intake and assessment.
  - They act as a point of entry to connect patients to services and as a central node in a complex health care system.

The Flow of Patient Support and Costs



Context for Medicaid Patient Support



CHW Model of Care for Contract Services

- Level I- Community Health priorities, Outreach, Enrollment, Eligibility for Social Services, Health Fairs, Prevention and Education
- Level II- Chronic Disease Management(Warm hand-offs, integrated care teams, MCO referrals), Clinical Preventive Services, MCO Quality Indicators, Primary Care and Behavioral Health Coordination, Patient Education, Aggregated Compliance Monitoring and Reporting
- Level III- MCO Identified High Risk/High Cost Patients(ER, in-Patient, Pharmacy-Other-Case Load of 25-30 per CHW), Individual Care Plans and Monitoring(100% Case Review and Pre-Approved Payments) and Cost Monitoring and Reporting

Outcomes….

- Reduction in ER use, pharmacy costs and inpatient services
- Reduction in HbA1C Levels
- Increase in health awareness
- Decrease in no shows*(Patients are showing up for appointments)*
- Increase in Preventative screenings such as colorectal screening, mammograms, and pap smears
- Increase in patient compliance such as regular HbA1c, eye screenings, dental care
- Increase in patient customer satisfaction
- Increase in Provider satisfaction
- Positive lifestyle/behavior changes through CHW intervention

Discussion and Recommendations that support and sustain the CHW model

- Support and strongly encourage Medicaid MCOs per member per month reimbursement contracts for CHW work in integrated primary care setting in order to strengthen the ability of Providers in their efforts to keep people healthy and assist in addressing the social determinants of health while reducing health care costs.

Grant County Transit Consortium: Working to Improve Transportation Options in SWNM

Public and private representatives working with staff from the 3-County Corre Caminos public transportation system (Grant, Luna, Hidalgo)

1. Improve usage of appropriate transportation:
   - Education and marketing to community, service consumers, and behavioral health and medical care providers
   - To include a “transit triage” script and Corre Caminos/Area Transportation Authority WEBSITE
   - Utilize local providers for MCO contracted “non-emergency medical transportation.”

2. Strengthen local and state financial support for public transportation and other transit services:

- Benefit-Cost assessments from behavioral and medical health and illness care providers
- Public transit route alterations and possible public/private subcontracts to address “demand-response” services
- Potential MCO subcontracts to public transportation
- Research on State Transit Funds nationwide

A Few Recent Statistics

- 2/01 – 5/15 monthly ridership increases from 300 to >9,500 (Grant, Luna, Hidalgo counties)

- Spring '06 – 5/15 monthly ridership on Corre Cantinas increases from >300 to >1000 (primarily Grant county with smaller ridership in Luna and Hidalgo counties)

- FY15 (ends September 30, 2015) projected 37,755 rides given to seniors, disabled, children and the poor

- FY15 projected 13, 290 rides for Job Access Reverse Commute riders (JARC)

- Corre Cantinas/Grant Co.: 2011 20% and 2012 19% of alcohol involved crashes occurred on Friday/Saturday compared to the 2009 NM stats of 43% (the final year I saw stats for this)

- NMDOT has cited an average $.50/mile savings for public transportation riders

- One rider using the bus twice per week cites 100 mile reduction in vehicle miles per week x average 40 weeks per year = 4,000 less vehicle miles and average annual $480 decrease in gasoline costs

- Riders are given opportunities for improved health with rides to dialysis appointments; the cancer center in Grant County; doctor's appointments; hospital and lab appointments; public health office appointments; Life Quest and Hidalgo Medical Services behavioral health consumers are able to get to and from their homes, jobs and training centers.

Example of local Benefit-Cost

- Approximately 10 “no shows” monthly for each behavioral health Community Support Worker at a local behavioral health agency = 40 “no shows” /month
- On Follow-Up, most of these clients state “transportation problems” as their reason
- Use an average of $10 lost for every 15 min. billing unit x 1 hour lost unit per “no show” = $40 lost each = $1600 lost billing each month
- If even one-half of those clients were able to use some form of transit to get to their appointment, $800 in billing would be gained
- If bus passes were provided by the behavioral health agency (costing about $100 for 40,) the agency still is ahead

  $700 - $1500 in billing revenue

Consumer Stories: MCO Transit Contractors

A New Beginnings (NB) Psycho-Social Rehab consumer waited two and one-half hours for his “MCO non-emergency medical transportation” that had to come from out of the county and region. By the time the driver arrived, NB services had closed and it was only luck that one of the staff was able to wait around with the consumer. His appointment was skewed, also.

Another NB client expressed anger at inappropriate comments made by a “MCO” contracted driver. Staff expressed concerns about driver training.

Another story of delayed transportation as described by a Community Health Worker:

“WE CALLED AND RESCHEDULED THE APPT WITH DR. WOODY IN LAS CRUCES FOR JULY 1ST AT 12:30PM. THEN, WE CALLED SUPERIOR TRANSPORTATION FOR AN EXPLANATION OF WHY THE PATIENT DID NOT GET PICKED UP WHEN SHE HAD THE APPT SCHEDULED PREVIOUSLY. MANUEL AT SUPERIOR TRANSPORTATION STATED THE DRIVER WAS "RUNNING LATE". THE PATIENT STATED THE DRIVER WAS 45 MINUTES LATE AND THERE WAS NO WAY SHE COULD HAVE MADE IT TO THE APPT IN LAS CRUCES ON TIME. MANUEL AT SUPERIOR TRANSPORTATION STATED “THE ROUTE STARTED IN ARIZONA, AND THE DRIVER WAS LATE AND GOT OFF SCHEDULE.” MANUEL STATED HE WOULD SCHEDULE THE TRANSPORT WITH “A MORE LOCAL DRIVER FOR THE 2ND ATTEMPT.” THE PATIENT WAS ABLE TO SCHEDULE THE PICK UP FOR AT 10:00 AM ON 7/1/15. ADDRESS & PHONE NUMBERS CONFIRMED.”

Grant Co. Transit Consortium Discussions and Recommendations

If not against Federal regulations for public transportation:

- Support Private/Public partnerships for transportation services
- Support and strongly encourage MCOs use of local contractors to provide “non-emergency medical transportation”
- Consider Benefit-Cost of a State Transit Fund that especially can be utilized by rural public transit providers