

West Virginia Health Innovation Collaborative
Lower Cost Workgroup
Meeting Notes
April 16, 2014

Attending In-Person: Tina Bailes, Ellen Potter, Dan Foster, Tony Gregory, Sharon Carte, Jason Roush, Ted Cheatham, John Wiesendanger, Phil Weikle, Anne Williams, Hilary Payne, Pam King, John Moore, Bob Whitler, John Earles, Perry Bryant, Brandon Merritt, Jeremy Smith, Kristi Walker, Renate Pore, Louise Reese, Dana Singer, Dave Campbell, Debbie Waller

Attending By Phone: Larry Malone, Chris Budig, Arnie Hassen, Jerry Stover, Sarah Chouinard, Wendy King, Dan Mace

Jeremiah Samples opened the meeting and welcomed everyone in attendance. At this meeting will be having presentations by Dr. Dan Foster on the Choosing Wisely Initiative; Ellen Potter, Coverage to Care Initiative and In Person Assister Program; and John Moore and Bob Whitler reporting on findings related to an ER utilization study conducted at CAMC.

We want to be able to reach out to consumers and inform them on how to appropriately use the health care system which can range from not inappropriately using the ER for issues that can be addressed by PCPs, to engaging in preventative check-ups and following physician recommendations.

- Questions:
- 1) What is the message?
 - 2) Who are the populations we are trying to reach?
 - 3) By what means do we promote message?

Jeremiah turned the meeting over to Dr. Foster to speak on the Choosing Wisely Initiative. A powerpoint presentation was emailed to everyone in advance of the meeting.

Dr. Foster reported that 20% of US total health care cost is waste, including \$102 billion in failure of delivery of care, and \$158 billion in overtreatment

Choosing Wisely was started by the National Alliance of Physicians. Three physician organizations each submit 5 procedures in their area of expertise that have questionable value. It is now operated by the American Board of Internal Medicine Foundation and has identified from more than 50 physician speciality organizations, 270 low-value procedures. Examples of selected procedures include: using antibiotics for a viral infection is ineffective and potentially harmful; ordering imaging for uncomplicated low-back pain; use Pap test appropriately; and imaging for headaches is ineffective. Some of the major partners include: Consumer Reports, AARP, National Business Group on Health, Puget Sound Health Alliance, National Hospice and others.

Consumer Reports has written 31 two-page summaries for consumers on the low-value procedures plus other helpful discussion guides for consumers. They recommend five questions to ask a physician from the consumer perspective.

- Do I really need this procedure?
- What are the risks?
- Are there simpler, safer options?
- What happens if I don't do anything?
- How much does it cost? There was a question if doctors would know how much it costs and Dr. Foster reported that they should.

Dr. Foster reported that coalition of providers, consumers, payers, and state agencies are working to engage providers and consumer on avoiding low value procedures. Physician education is through their associations and presentations at conferences. West Virginians for Affordable Health Care (WVAHC) is applying for a grant with Consumer Reports to help achieve these goals. WVAHC's goal is to distribute 50k two-page summaries to physician offices across the state. Also, Sara Chouinard is pushing out the physician education.

Some challenges to the initiatives:

- Evaluation: currently only process evaluations have been identified. Real goal is to reduce the number of inappropriate low-value procedures.
- Claims data is inadequate to determine appropriateness of a procedure (lacks clinical data).
- Changing physician behavior is difficult, particularly for dispersed, independently practicing physicians.
- Reaching the subset of 1.8 million West Virginia consumers who may use low-value procedures is difficult.
- Messaging that more health care is not necessarily better health care is counter-intuitive.

Dr. Foster will get more specifics about outreach and focus groups.

Mr. Samples introduced Ellen Potter, WV Insurance Commission to talk about the Coverage to Care Initiative and In-Person Assister Program. A powerpoint presentation was distributed to everyone prior to the meeting.

Ms. Potter shared a newsletter from CMS, "From Coverage to Care". It is an initiative sponsored by CMS, Office of Minority Health, designed to help the newly insured understand 1) what it means to have health insurance, 2) how to find a provider, 3) when and where to get health services, and 4) why prevention and partnering with a provider is important for achieving optimal health. To get more information on this initiative, you can visit the website at coveragetocare@cma.hhs.gov

Ms. Potter reported that as of March 31, 2014, 14,839 signed up on the exchange and 5,292 signed up off the exchange. The timeframe has been extended to April 15, so numbers will be a little higher. They will most likely have final numbers in May or June.

The Insurance Commission has partnered with MAXIMUS to help oversee the State's In-Person Assistance Program (IPA program). MAXIMUS made recommendations on how many IPAs to keep on board to help provide coverage for the state. There will be 23 IPAs statewide and 7 supervisors. Each of the offices will have coverage form 1-5 days a week on a regular schedule. The DHHR offices can set appointments for the IPA or refer consumers to other assisters in the area.

The IPA's will continue to help consumers through the 2nd enrollment. They are scheduled at several Fairs and Festivals throughout West Virginia during the spring and summer. They have interacted with 16,088 consumers; 126 presentations for groups; and 1,255 community events.

OIC has materials on the ACA. They have conducted advertising through IPA entities. Community events have been very successful and TV advertising. There are 340 agents certified to sell on the marketplace. They are developing an ACA educational event for the ACA in the fall. A list of certified professionals is available at www.bewv.com, or by contacting the OIC, or on the CMS website at www.localhelp.healthcare.gov

Only 12% of U.S. adults have proficient health literacy and over 33% of U.S. adults have basic or below basic health literacy.

CMS has launched roadmap for the Coverage to Care Initiative and posters are being printed and other PR information. OIC will be distributing "A Roadmap to Better Care and a Healthier You" brochure and poster. People interested call the Insurance Commissioner's Consumer Services Division at 1-888-879-9842 or TYY: 80-435-7381. The brochures should be ready in the next two to three weeks.

There was discussion about how to convey information to Medicaid staff. One suggestion was placing a sticker on the poster that is DHHR Medicaid focused.

Mr. Samples introduced John Moore, Bowles Rice and Bob Whitler, CAMC, to talk about Frequent Users of Hospital Emergency Departments and findings related to an ER utilization study conducted at CAMC. A powerpoint presentation was distributed prior to the meeting.

Mr. Whitler talked briefly about the Partners in Health Network and several initiatives to provide enhanced care management.

- 1,200 Medicaid Disabled/SSI eligible patients
 - ➔ Family Care Health Center, New River Health Association, Cabin Creek Health Systems had 400 patients each with various conditions such as Diabetes, Hypertension, CHF, Poly Pharmacy

There was a reduction in inpatient utilization at CAMC with an estimated cost savings of 320k. Emergency Room visits were reduced. Thirty-Nine (39%) of emergency room visits were classified as an emergency, with 61% being non-emergencies. 116 patients or 12 percent of the total left the emergency department against medical advise.

- Kanawha County Commission's Task Force on Health Care Reform
 - ➔ This began with an analysis of frequent users of the emergency departments. A total of 36 patients were identified who made numerous visits to the ED in a 6-month period.

There were a total of 978 visits. The range of visits went from 108 in a six month period to 14 visits. Sixty-One percent (61%) could be classified as non-emergencies. Most of the patients were covered by Medicaid.

- Pilot Program with WV Health Right patients

→The Pilot geared to reducing inappropriate utilization. CAMC provided WV Health Right with a listing of its patients using CAMC facilities during one year with 4+ visits. Patients received 1-on-1 in-depth discussion on proper ER use, open access to WVHR without an appointment, etc.

There was improved compliance and decrease in hospital use by patients and there was a cost savings to CAMC.

- Pilot program with Pretera patients

→Pretera initiated an enhanced care management program at CAMC General. Started with 10 MVP patients and added 10 at a time until they reached 50 patients. The program is successful. Some patients visited the Emergency Department only two times in the last 12 months.

- A new study to address patients with mental health or substance abuse problems.

John Moore reported that the pilots show that we are able to achieve some results. He shared with the group that not all Medicaid program beneficiaries share the same MVP issues. Mental health diagnoses appear to be prevalent among MVP populations. Behavioral health providers care will, ideally, be integrated with physical care.

Attended Medicaid's Aetna program and did a complete overall of addressing the Medicaid population, focusing on 20% of highest users. Seventy-Five (75%) of emergency department visits had dual diagnosis with mental health and other users. The highest number of consumers leveraging the ER were consumers with multiple address changes.

CAMC has not been swamped by Medicaid expansion benefits. That may be in a large part due to the free clinics and the FQHCs doing a good job managing problems outside the emergency department.

The Partners in Health Network, primary care and mental health providers, plus Carelink and in the future, WV Family Health will work together in a pilot project to develop cost effective ways to identify and intervene with MVPs.

A question and answer period followed.

Mr. Samples thanked all the presenters for their very informative presentations. It was discussed how to tie these efforts together to make sure we are maximizing our resources and making an impact. It was agreed to put together a sub-group to look at some deliverables in trying to help educate consumer. A message will be sent out to the Lower Cost Workgroup to see who is interested in serving on this sub-group. Jeff Wiseman is working on a work plan and based on conversation today, will update and share with the subgroup. A meeting will be set for the subgroup prior to the May 21, 2014 Lower Cost Workgroup meeting.

Jeremiah shared with the group that the survey is now available on the website. You can view the survey at <https://sites.google.com/site/wwiki/>

Next Meeting: May 21, 2014 – 1:00 – 3:00 p.m., One Davis Square, Suite 100 East, Confernece Room 134