

Applying Data & Technology to Help I/DD Service Providers Integrate Care in NY in the Age of COVID

HCBS Virtual Conference

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Presenters and Agenda



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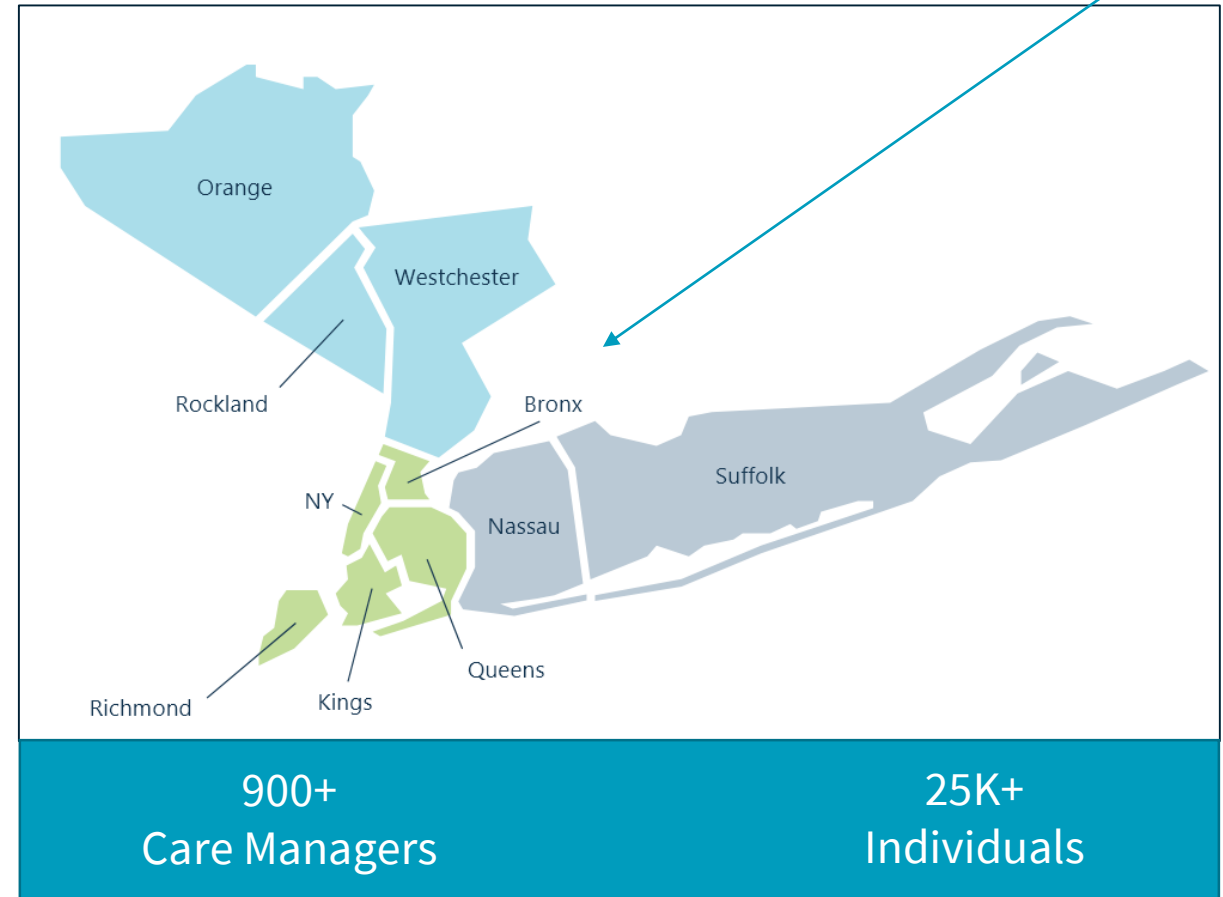
- Overview of Medicaid Redesign in NY.
- Data about individuals' health status and support services across various settings.
- How data are being used for planning and management purposes.
- How data are being applied to operational improvements to identify solutions during the pandemic.

Disclaimers

The information provided in this presentation is only intended for New York Intellectual and Developmental Disability Care Coordination Organization Health Homes (NY IDD CCO HHs) benchmarking and overall systems improvement purposes. It is not intended for use in clinical decision-making and the findings have not been independently validated. Where noted, data has been self-reported and captured by care managers.

Advance Care Alliance of New York (ACA/NY)

- NY developed health homes through Section 2703 of the Affordable Care Act to **improve care coordination** and **care management** for Medicaid beneficiaries with complex needs.
- **CCO/HH** that supports over **25,000 people** with I/DD and their families across New York City, Long Island, and the Lower Hudson Valley.
- A NY not-for-profit CCO, ACA is a mission-centered organization dedicated to providing the support and services people need to lead an active, healthy, and fulfilling life.
- **100+ affiliate agencies** were brought together to form ACA.
- ACA's agencies provide high-quality services to people with I/DD and their families, funded and overseen by NY OPWDD.



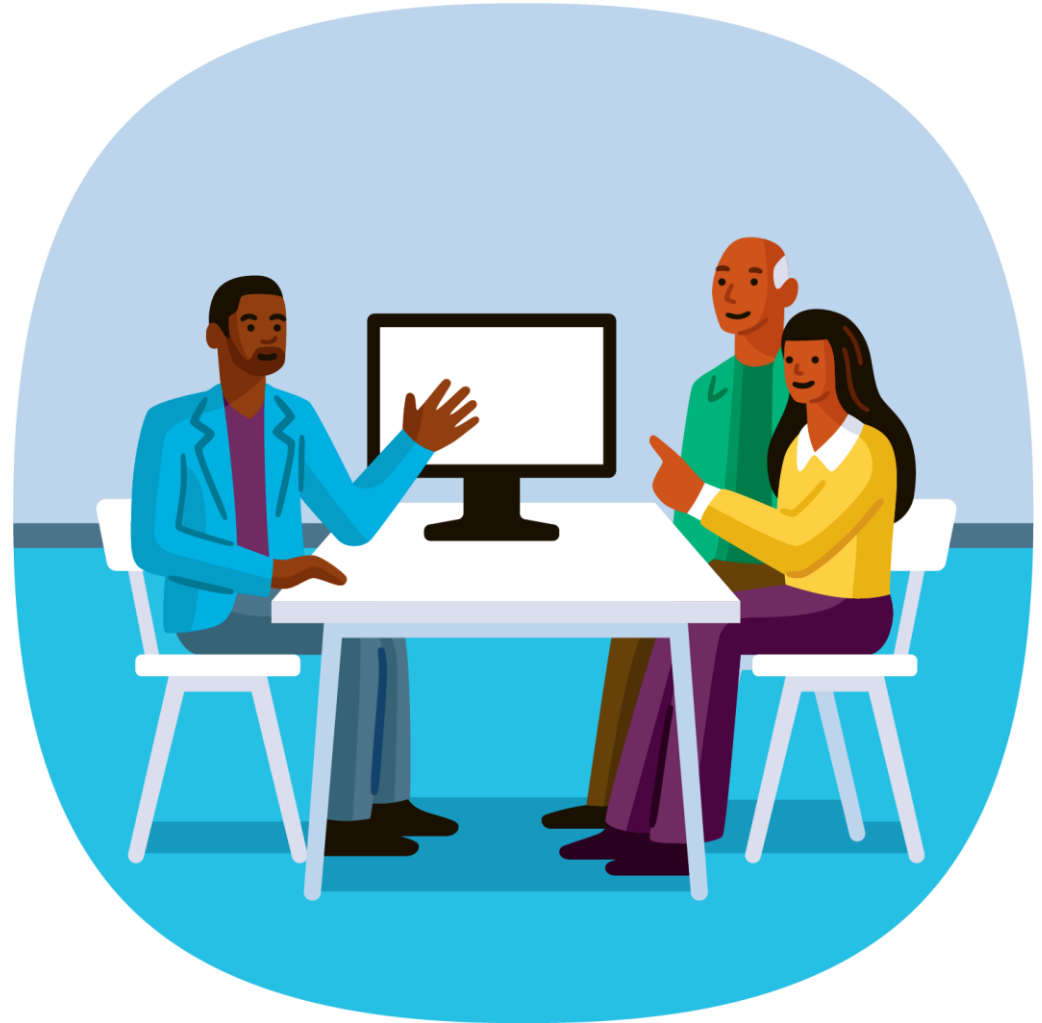
MediSked: Delivering Solutions that Improve Lives



- We help drive efficiencies and innovations for human service organizations that support our community.
- We partner with providers, MCOs, states, and counties to move the needle forward to help people live better lives and improve service delivery and cost efficacy.
- Our enhanced research and systems capabilities centralize, aggregate, and analyze data from disparate sources across the continuum of care.
- Security comes first and is constantly evolving; MediSked's Care Coordination Suite is certified by:



The Technology Solution



MediSked Coordinate – Care Management Platform

MediSked Coordinate is the platform dedicated to the daily activities of Care Management and is used daily by Care Managers, along with other CCO/HH employees.

Activities include:

- Individual Record Management
- Plan Development
- Event/Contact Logging
- Information Sharing
- Reporting
- Task Workflows
- Note Audit
- Billing

Date	Time	Event
25 Friday August, 2017	8:30 AM-9:15 AM	↓ (K.Smith) Face-to-Face Meeting with Member
	2:00 PM-2:30 PM	✓ (R.McDowell) Face-to-Face Meeting with Member
	2:30 PM-3:30 PM	▲ (R.McDowell) Begin Hospital Discharge Planning
28 Monday August, 2017	8:00 AM-9:00 AM	✓ (E.Avalon) Schedule Life Plan Meeting
	10:00 AM-11:00 AM	↓ (K.Smith) Annual Wellness Visit, Initial
29 Tuesday August, 2017	9:00 AM-10:00 AM	↓ (J.Carter) Identify Housing Placement Needs
30 Wednesday August, 2017	9:00 AM-9:30 AM	▲ (E.Matthews) Complete Member Assessment
	9:45 AM-10:15 AM	▲ (E.Matthews) Document Plan Team
31 Thursday August, 2017	9:00 AM-9:00 AM	▲ (E.Matthews) Schedule Life Plan Meeting

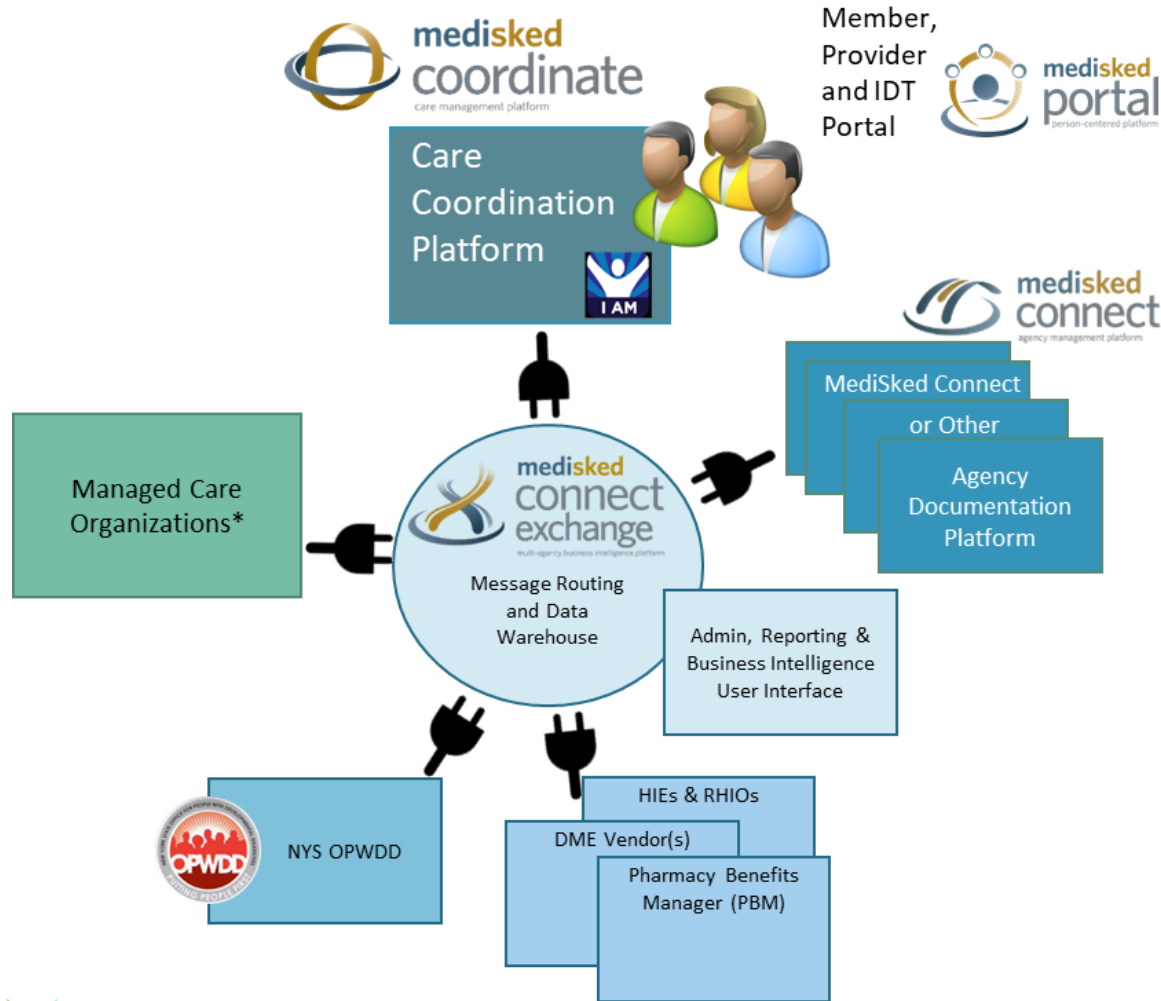
My Caseload

Member Name	Notification Count
Matthews, Edyth	0
McDowell, Robert	1
Avalon, Ella	1
Smith, Katherine	2
Carter, Jake	1
Allen, Barry	0
Martin, Mary	0
Timmons, Helen	0

IAM Assessment

- Determines services to meet people's hopes and dreams as well as traditional health and safety requirements.
- Provides a list of specific goals and actions for natural supports and service providers to follow.
- Integrates the Council for Quality and Leadership's Personal Outcome Measures (CQL POMs).
- Gathers important information into standard printouts.
- Provides a list of preferences and supportive routines for individuals with more significant challenges.
- Represents the powerful voice of the person with I/DD.

MediSked Connect Exchange



A multi-agency business intelligence platform being leveraged to expand the breadth of available data and supercharge traditional care coordination tools and workflows in New York and beyond.

- Enables real-time population management and enterprise reporting for CCO/HH across their membership.
- Includes powerful reporting tools and a custom report builder to allow CCO/HH entities to view trends and outcomes across the state.

NY IDD CCO HH Quality Measures

Inpatient stays

Emergency room visits

Disease-Related Care for Chronic Conditions

Preventive Care

Transitional Care

CQL POMs (3 Personal Goals, 2 POMs)

Implementation of Personal Safeguards (IPOP)

Transitioning to a More Integrated Setting

Employment

Self Direction

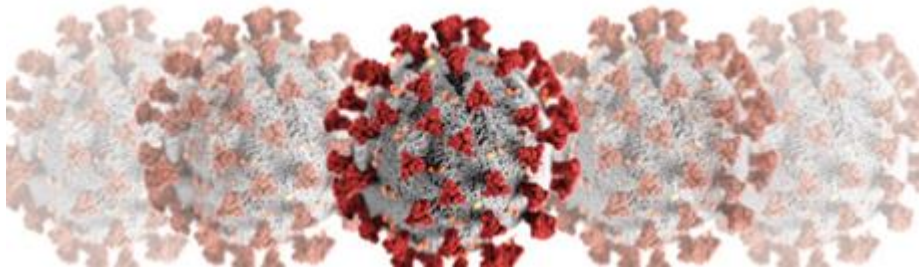
Bladder and Bowel Continence

Falls

Choking

Supporting Individuals' Transition from Institutional Settings to Community Settings

COVID Data Findings



ACA's 2020 COVID Journey and Lessons Learned

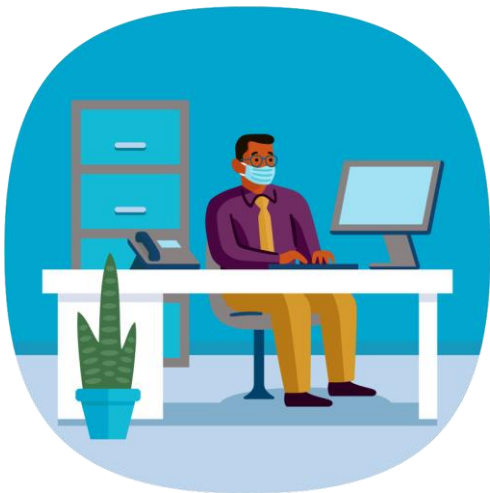
- COVID created significant consequences that resulted in evergreen changes to the ways organizations will operate:
 - Helping people move to more integrated settings and increase self-directed services.
 - Widespread use of telemedicine.
 - Workforce flexibility.
 - 85% remote and 15% on-site.
 - Development culture and identity for remote workforce.
 - Expansion of ways to ensure quality and compliance.
 - Implementation of risk assessment and monitoring tools in MediSked.
 - Regulatory changes and relief from CMS.



Changes for ACA's Members and Families

- Implemented COVID-19 Risk Assessment and monitoring tools, built into MediSked, to determine areas of risk and to provide support to our members and families.
- Implemented **telemedicine** with the individuals, families, and providers ensuring continuity of care during the pandemic (i.e. Microsoft Teams, WhatsApp, Zoom, etc.).
- Hosted family forums via WebEx to share statewide updates with our members and families.
- Provided **no-contact drops** of items such as medication and food when individuals/families were in crisis.
- Coordination of PPE for members and their families that reside in community settings.
- **Expanded emergency/urgent needs** for on-call system to ensure members/families ability to connect with ACA 24/7.





ACA COVID Vulnerability Risk Assessment and Monitoring

At the start of the COVID-19 pandemic, ACA instituted weekly check-ins and reviews of key concerns and follow-up actions. Of the 18,286 individuals ACA supported living in **non-certified settings**:

- Mar/Apr 2020: 44.8%
- Oct 2020: **96.9%** Improvement!

Food Insecurity Concerns



- Mar/Apr 2020: 26.6%
- Oct 2020: **98%** Improvement!

Medicine / Medication Concerns



- Mar/Apr 2020: 15.5%
- Oct 2020: **98.4%** Improvement!

Transportation Concerns



- Mar/Apr 2020: 2.6%
- Oct 2020: **36.3%** Improvement!

Housing / Household Concerns



- Mar/Apr 2020: 3.4%
- Oct 2020: Increase to **4.4%**

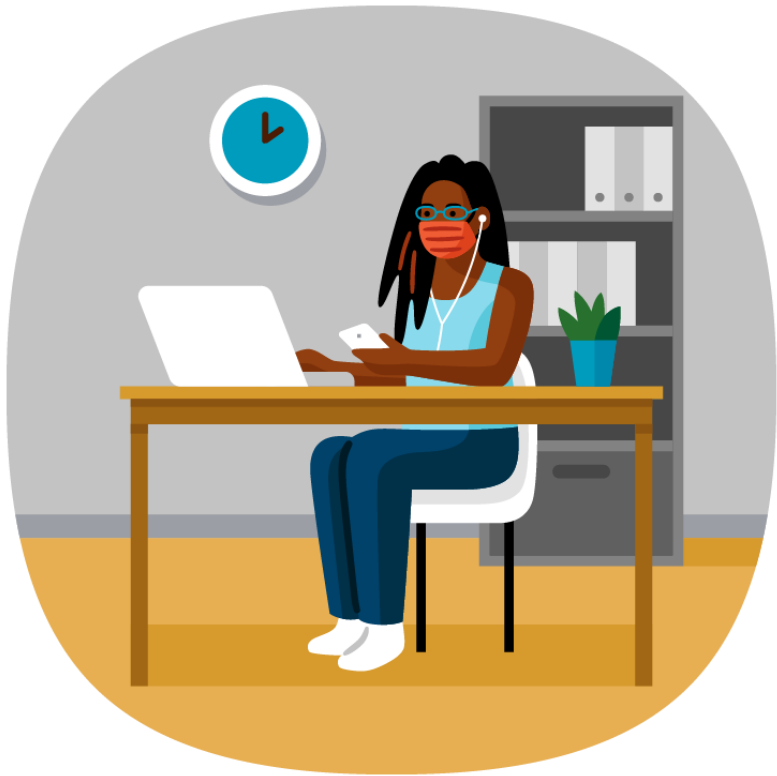
Caregiver Concerns



Is your home a safe environment?
Do you have a safe place to stay?

Do you have a backup plan for support?
Are your natural supports unable to provide support because of illness?

Changes Implemented Within ACA's Workforce

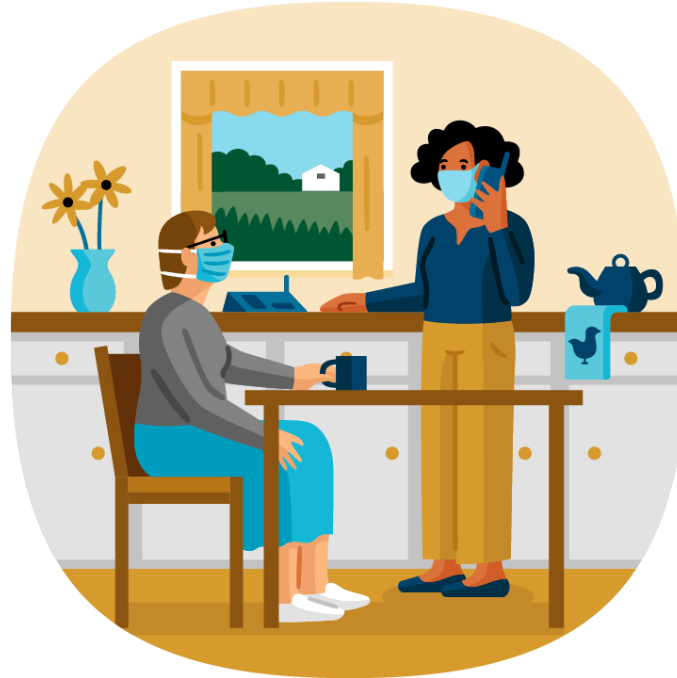


- COVID-19 Standard Operating Procedures to supply workforce with current regulatory changes and implementation guidelines
- Implementation of **electronic signatures** to limit exposure and supporting at home job functions.
- Distribution of technology to all staff to set up home offices.
- Increased use of Microsoft Teams.
- **Increased collaboration** with the other CCOs and MediSked to uniformly address monitoring of high-risk members within the community.
- Implemented weekly webinars for staff to remain current on regulatory relief.
- Implemented **flexible work schedules** to accommodate Care Management staff with families.

COVID Success Stories: Care Manager Efforts Above and Beyond; Locating O₂ Concentrator

Challenge

- A member tested COVID positive and was hospitalized.
- The hospital was having difficulty locating an oxygen concentrator to accompany the discharged member home.
- Care Manager called the residence to inquire if they had oxygen the member could use, but they did not.
- The discharge plan would have to change to transfer to skilled nursing facility.



Solution

- The Care Manager sought assistance from other ACA team members.
- Sent referrals to > 30 resources.
- Care Manager located a supplier.
- The Care Manager coordinated with hospital social worker and the residence.
- Oxygen was delivered and later that evening the member arrived home.

COVID Success Stories: Care Manager Advocacy Effect on Changing NY DOH Guidance

Challenge

- A member was accompanied by residence staff to the emergency room for breathing difficulty.
- Upon arrival to the emergency room, residential staff was not permitted to enter.
- An ACA Care Manager and the member's sister attempted to contact the hospital to get an update but were not successful in reaching anyone.



Solution

- The Care Manager and the member's sister contacted New York Lawyers for the Public Interest (NYPLI).
- Lawyer advocated to the Deputy Commissioner at OPWDD to change guidelines for hospital visits during COVID.
- NY DOH submitted guidance that support staff for individuals with I/DD were exempt from visitation restrictions.
- Care Manager advocacy was critical in changing regulations.

COVID Success Stories: Food Security

Challenge

- After completing their COVID-19 assessments, a Care Manager recognized that she had six families who were experiencing food insecurity.
- Initially, she shared resources via text to food pantries in the community with her members/families.
- Due to transportation challenges these families would not be able to go to the pantries to pick up the food needed.

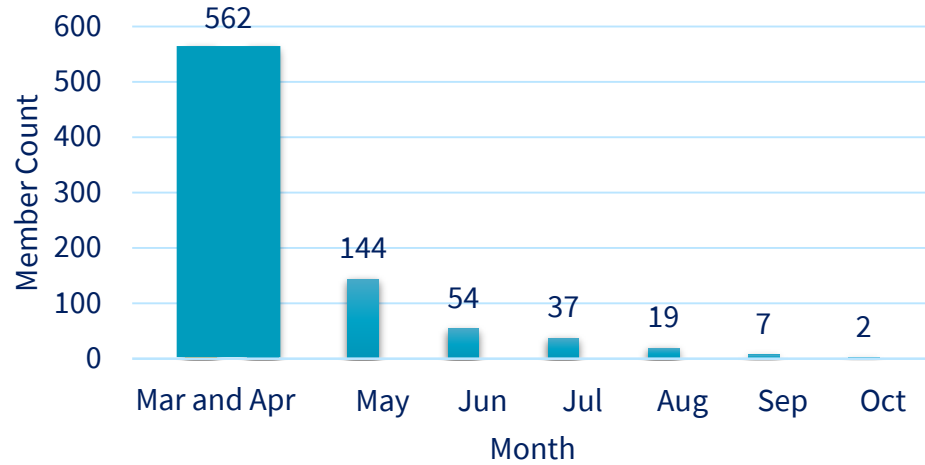


Solution

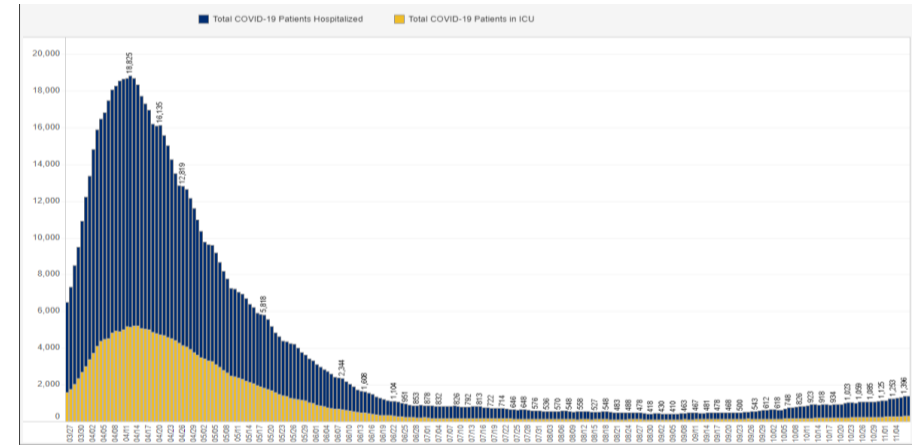
- The Care Manager located a food pantry and secured the food, but due to overwhelming needs in the community, the food pantry couldn't deliver.
- The Care Manager picked up the food and made six separate personal deliveries to each of these families.
- The families expressed gratitude for her support.

ACA Member COVID Trends Aligned with ACA Coverage Area

ACA COVID Positive Rates March-October 2020 (n=825)

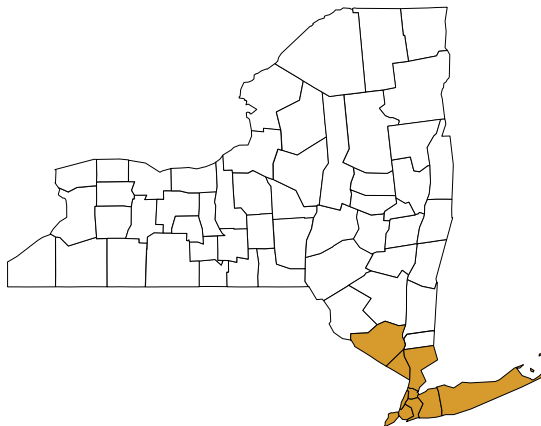


Hospitalization Trend in New York – March-October 2020

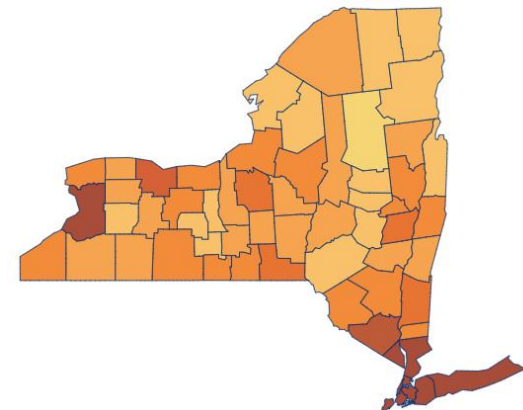


Source: <https://forward.ny.gov/daily-hospitalization-summary-region>

ACA’s Service Area – Downstate NY



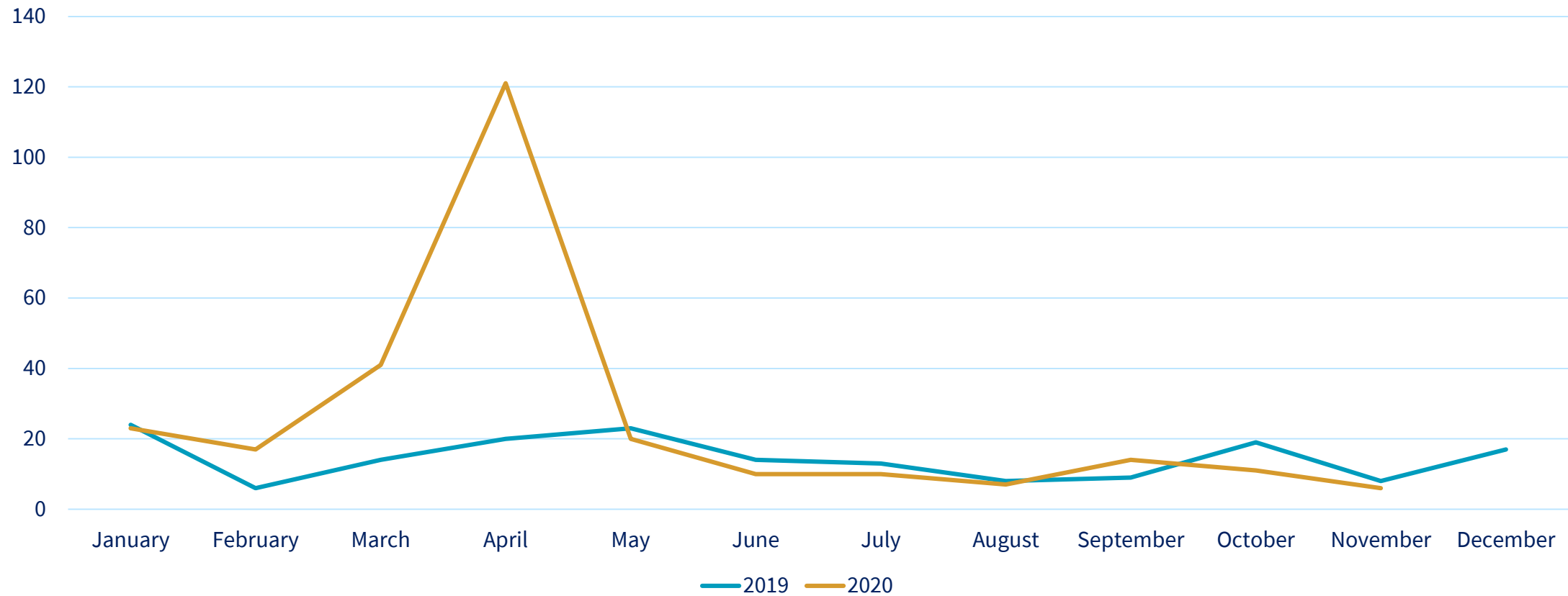
New York COVID Positive Rates by County



Source: <https://covid19tracker.health.ny.gov/>

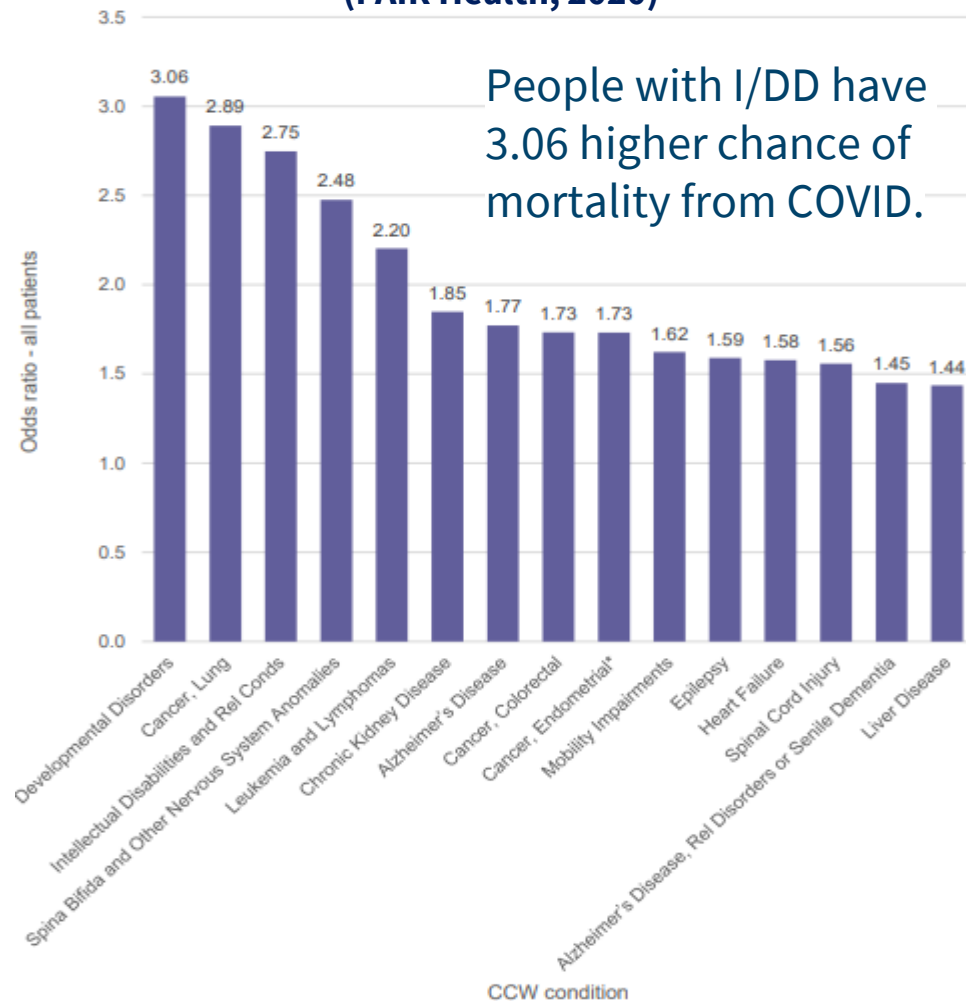
ACA Members Had a Spike in Fatalities During the Peak of COVID-19 in 2020, Compared with 2019

Roster Fatality Count



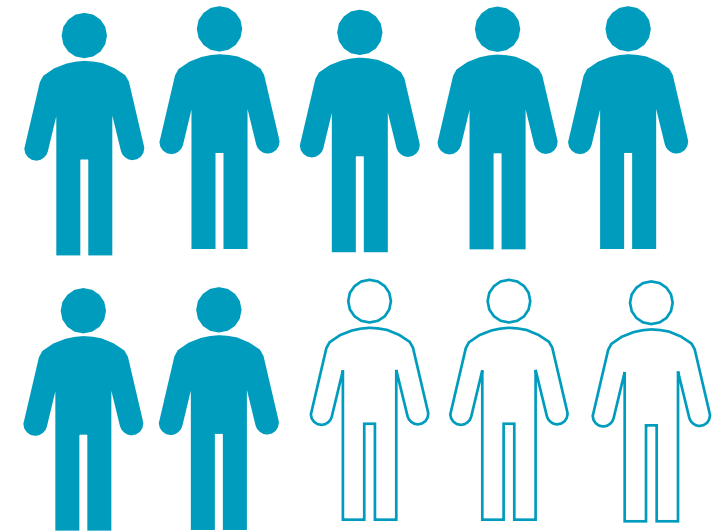
People With Comorbidities Have Proven to Have Higher Risk of Severe Outcomes and Fatality

Comorbidities as Risk Factors for COVID-19 Mortality (FAIR Health, 2020)



74% of ACA fatalities had one or more chronic conditions:

- 69% for 60+ population
- 77% for <60 population



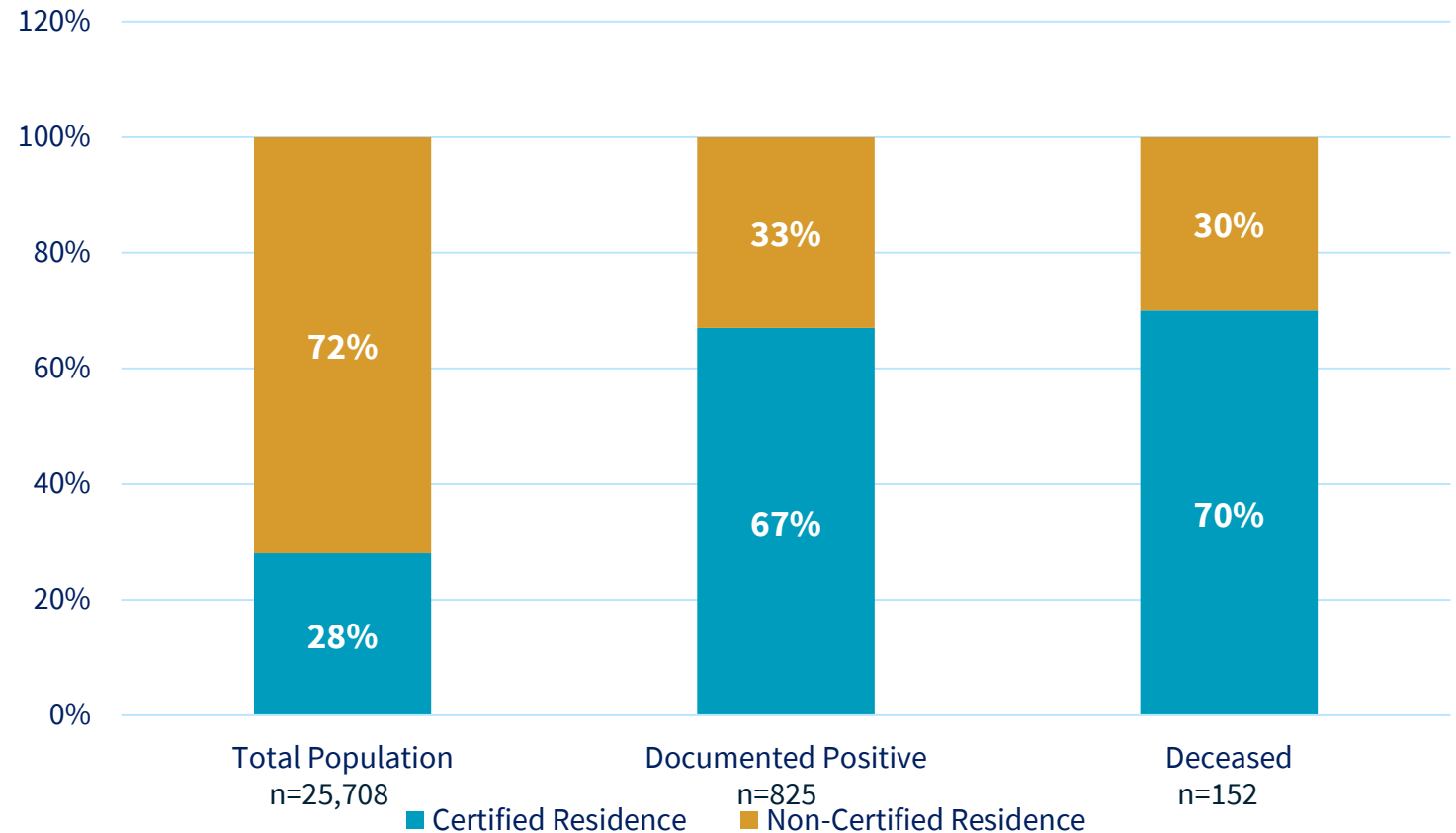
Individuals with I/DD Living in Residential Group Homes are at Higher Risk of Severe Outcomes From COVID-19

(Landes, et.al, 2020)

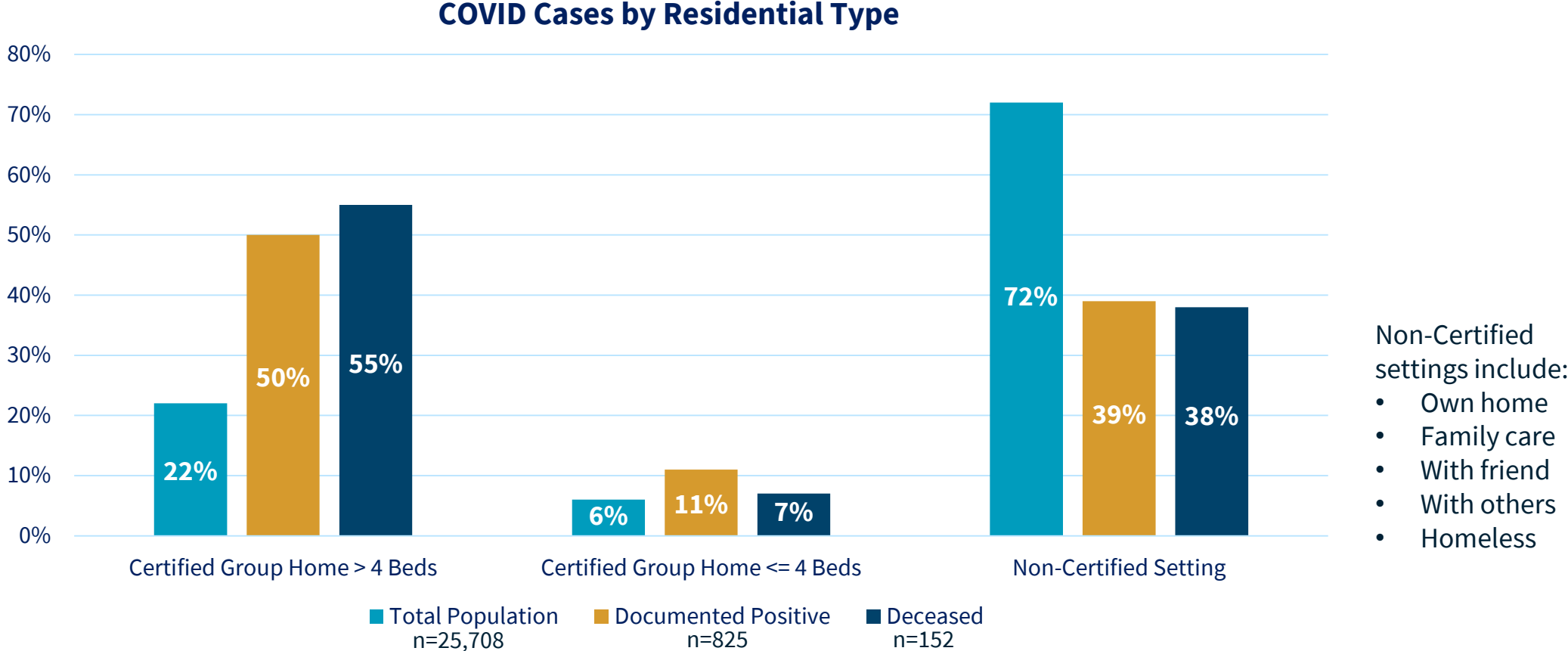
<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7245650/>

ACA members living in certified settings account for 28% of ACA's members but 70% of COVID-related deaths.

COVID Cases by Residential Setting Type



ACA Members Living in Smaller, More Integrated Settings Were More Likely to Avoid COVID Infection and Recover When Infected



ACA Helped Members Move to More Integrated Settings

Last year, we identified individuals that:

- Live in a supervised group home setting.
- Have indicated they want to change their living situation.
- Can reportedly be left alone for 4+ hours.

Since last year, ACA helped 4 out of 12 (33%) of these individuals move to more integrated settings (non-certified).

The cost for certified residential services often exceeds \$120,000 per person, per year.

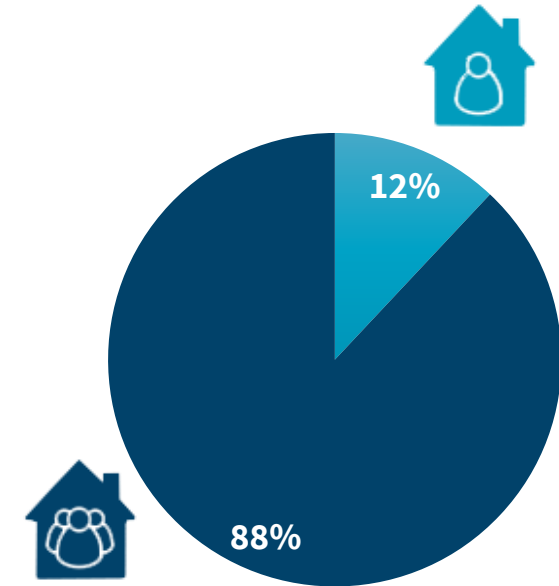
- For these 12 people, that could exceed **\$1.4M/year**.

Of the overall population, ACA has helped **85 individuals from certified to non-certified settings** (including this focus group).

The initial cost of these services exceeded \$10.2M/year.

- **More integrated settings see >50% cost savings.**

% of Tier 1-4 Enrollees at ACA Who Want to Improve Their Living Situation



■ Yes - I want to Change my Living Situation ■ No

2019: 14.1% of people wanted change
2020: 12% = 2.1% of people happier

Interest in Self-Direction Led to Increase in Self-Directed Services

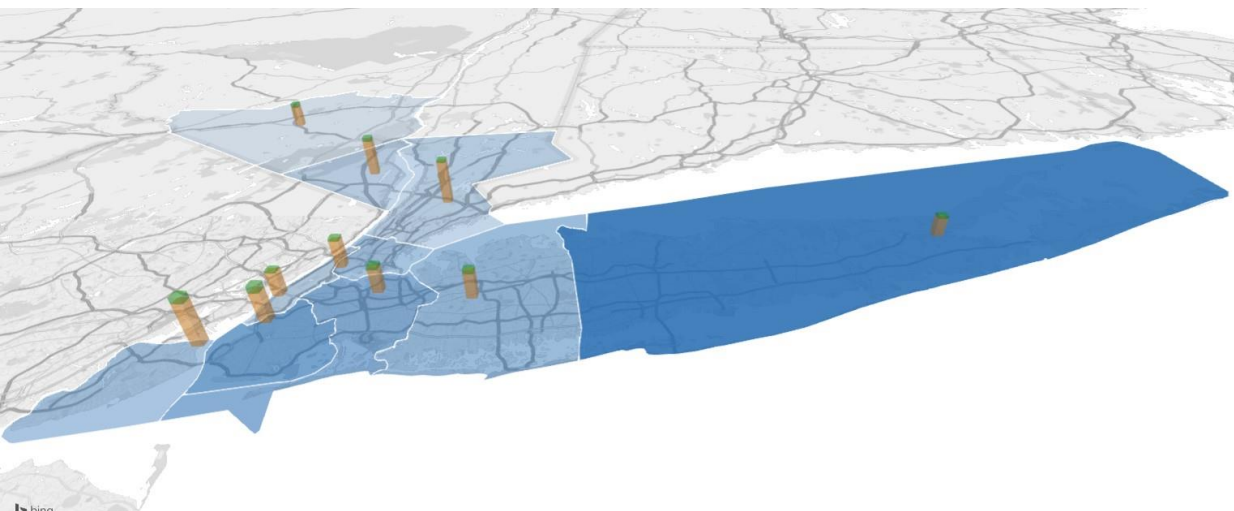


- Since its inception, 1,528 ACA members expressed interest in self-direction on their assessment.
- ACA helped **383 (25.1%)** of those people sign up for self-directed services allowing them increased flexibility to choose the life, services, and schedule that they want.
- Self direction is an important tool to help individuals live in more integrated settings.

Analyzing COVID Rates by Setting and County



Certified Residential Settings



County	Population Quotient (per 1000)	Positive (per 1000)	Deceased (per 1000)
Westchester County, NY	0.248	157	8
Richmond County, NY	0.586	137	20
Rockland County, NY	0.236	136	17
Kings County, NY	1.324	98	22
Bronx County, NY	0.642	92	11
Nassau County, NY	0.779	86	13
Suffolk County, NY	2.034	65	12
Orange County, NY	0.059	85	17
Queens County, NY	1.059	80	12
New York County, NY	0.282	78	7



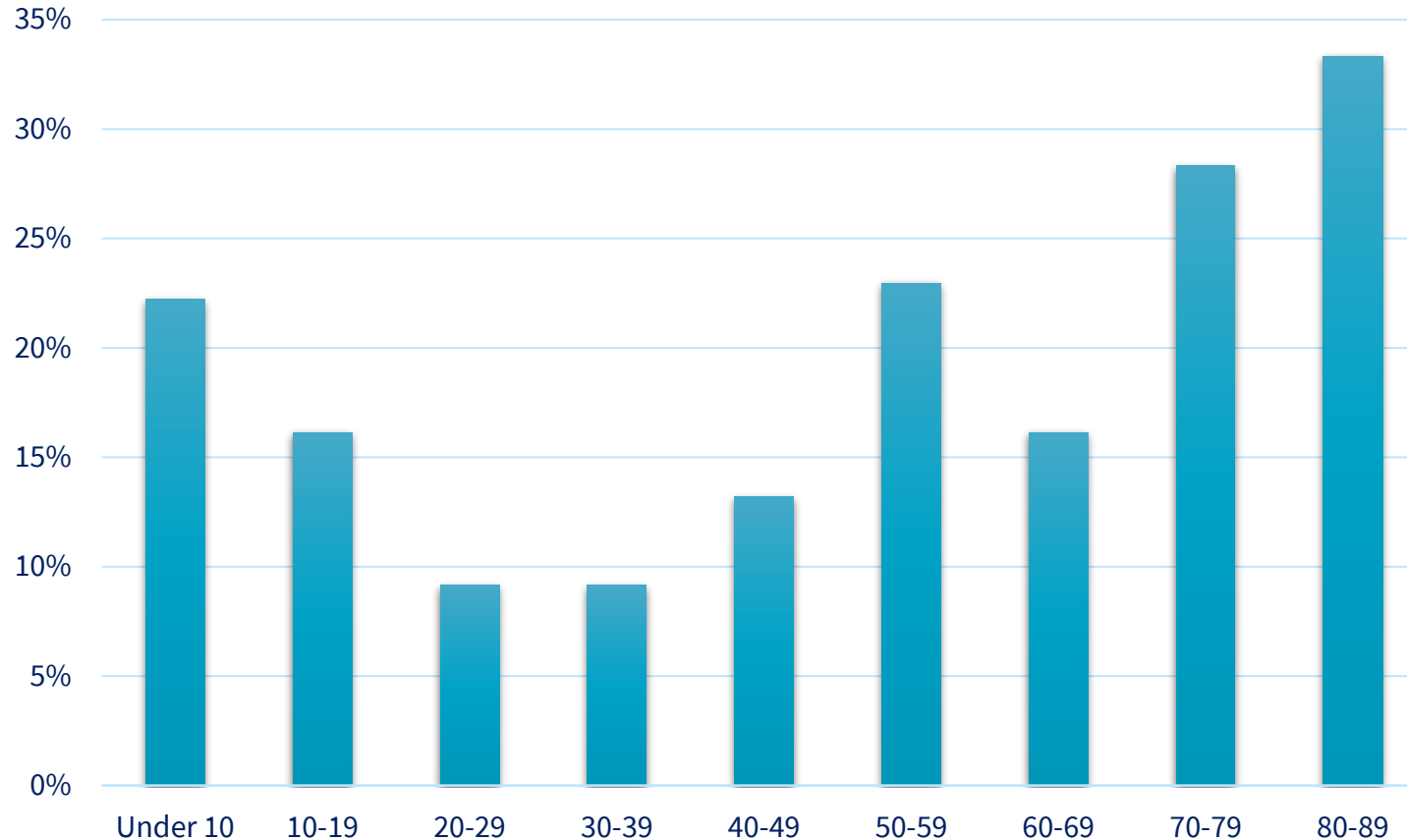
Non-Certified Residential Settings



County	Population Quotient (per 1000)	Positive (per 1000)	Deceased (per 1000)
Orange County, NY	0.209	48	0
Kings County, NY	2.942	21	2
Suffolk County, NY	2.907	19	4
Bronx County, NY	2.034	19	2
Queens County, NY	2.968	18	5
Richmond County, NY	1.522	17	2
Nassau County, NY	2.484	15	2
Rockland County, NY	0.341	15	3
Westchester County, NY	0.308	13	3
New York County, NY	1.348	10	0

Age Is Just a Number...Until It Isn't

ACA COVID Deaths by Participant Age (n=152)



Average Age of
ACA Member

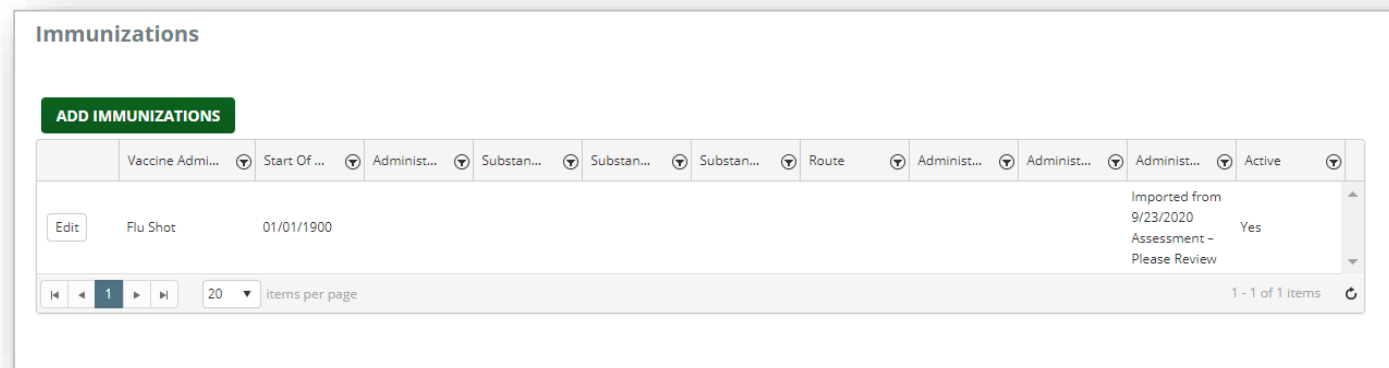
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COVID presents a greater risk to people with IDD, **especially at younger ages**. “The age-related distribution is comparatively higher for those with IDD at ages 0–17, and comparatively lower at ages 75 and over” (Turk, et al., 2020).

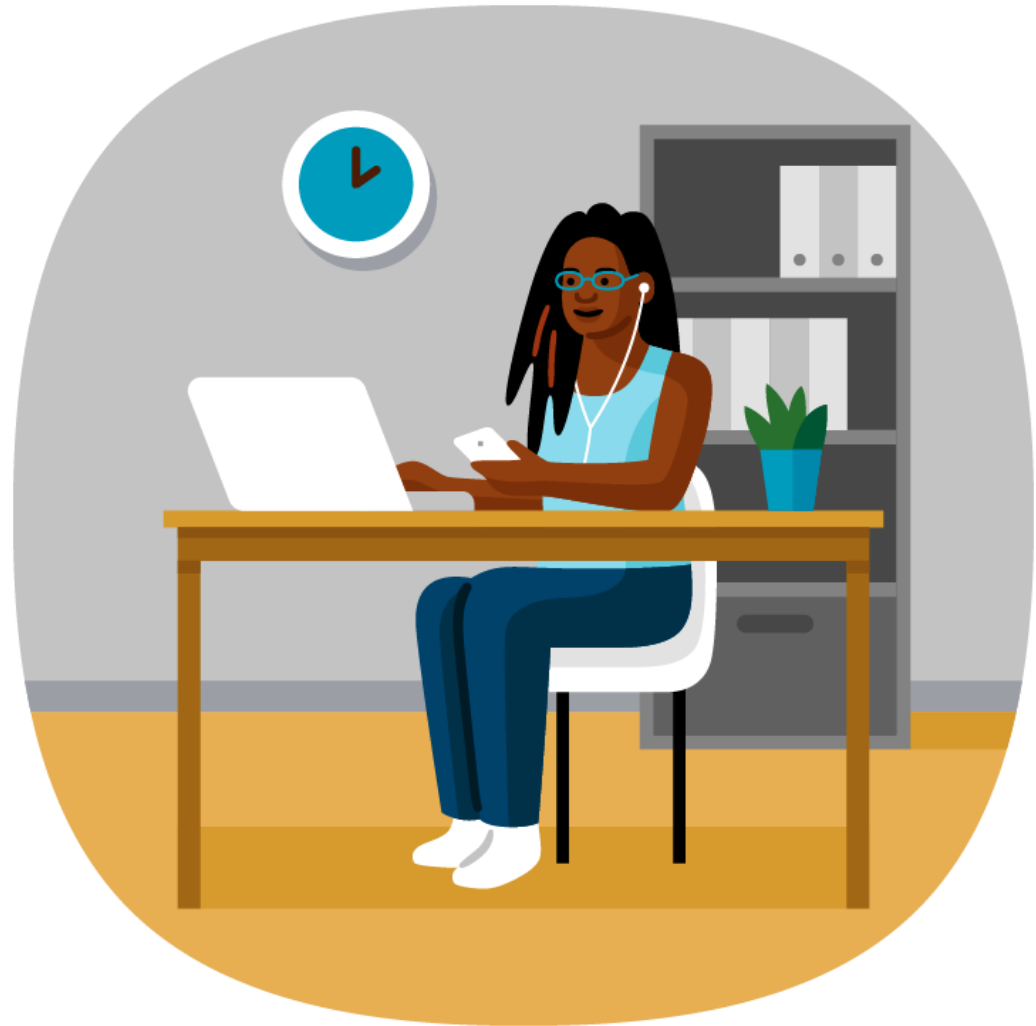
Preparing for COVID Vaccinations



- ACA uses MediSked solutions to track flu vaccinations for members and COVID-19 infections, recoveries and care coordination efforts.
- ACA is anticipating COVID-19 vaccinations beginning shortly and this functionality is critical to an effective vaccination program at ACA.
 - It will be imperative to record that all 25,000+ individuals have received both doses of the COVID vaccine.
 - Additionally, tracking the record for the workforce will be considered.

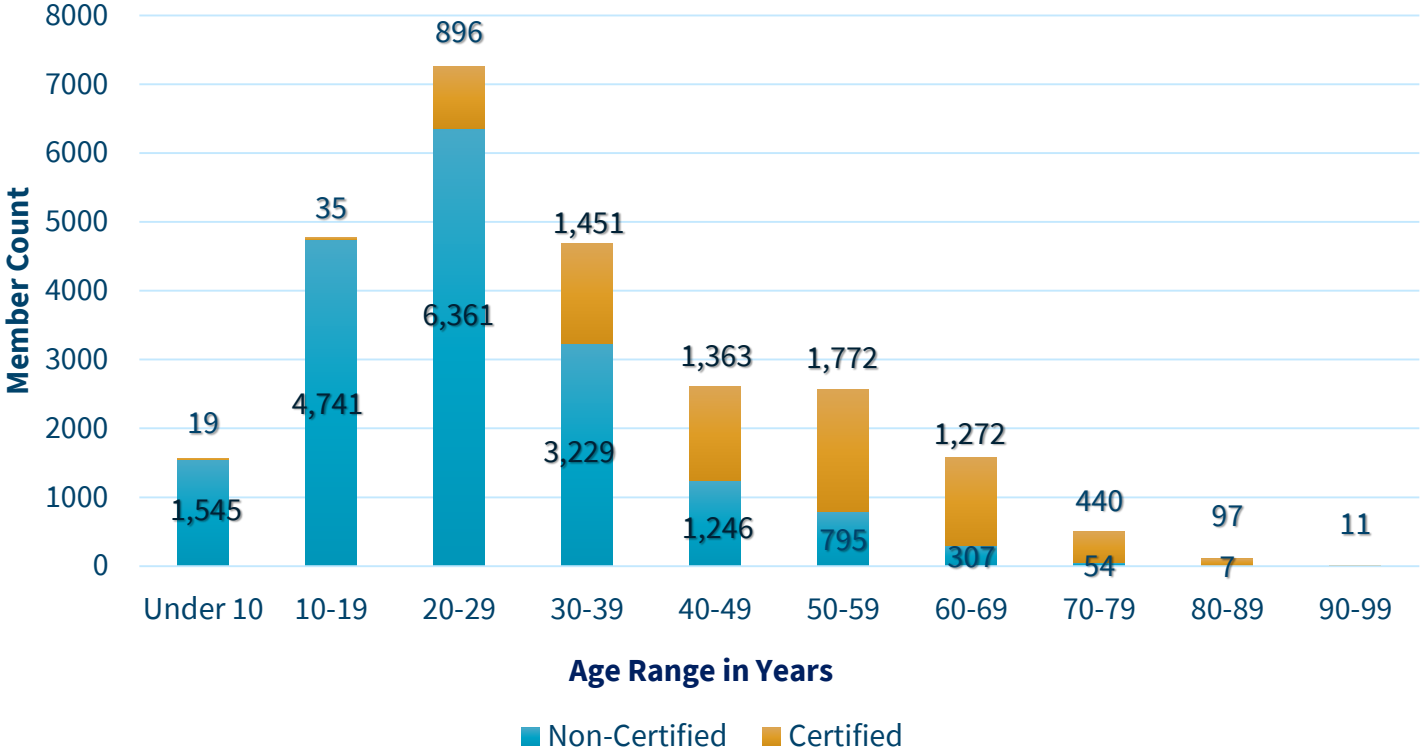


Outcomes

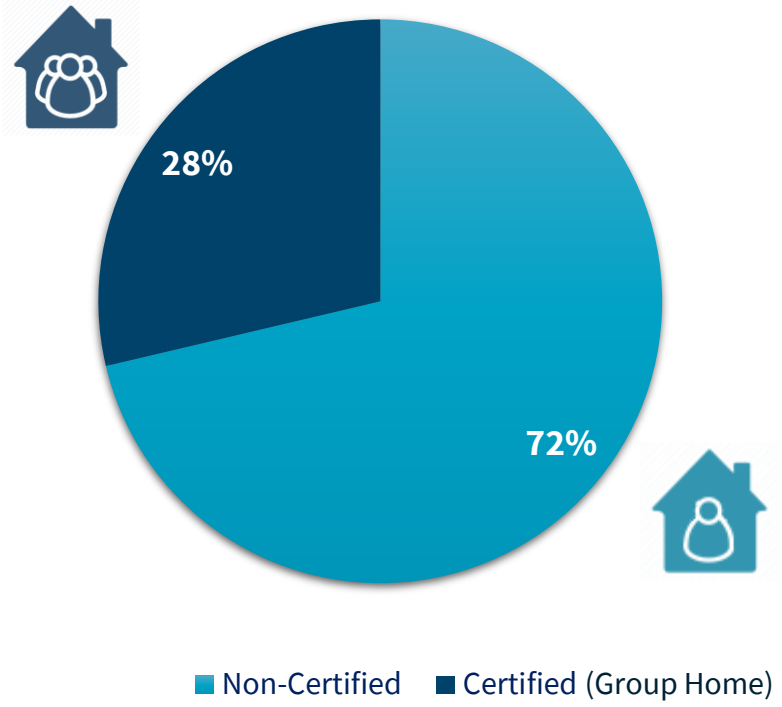


Describing the Population: Advance Care Alliance Demographic Data (n=25,708)

ACA Population by Age and Residential Setting Type



ACA 2020 Enrolled Population – Residential Type



Average Age of
ACA Member

32

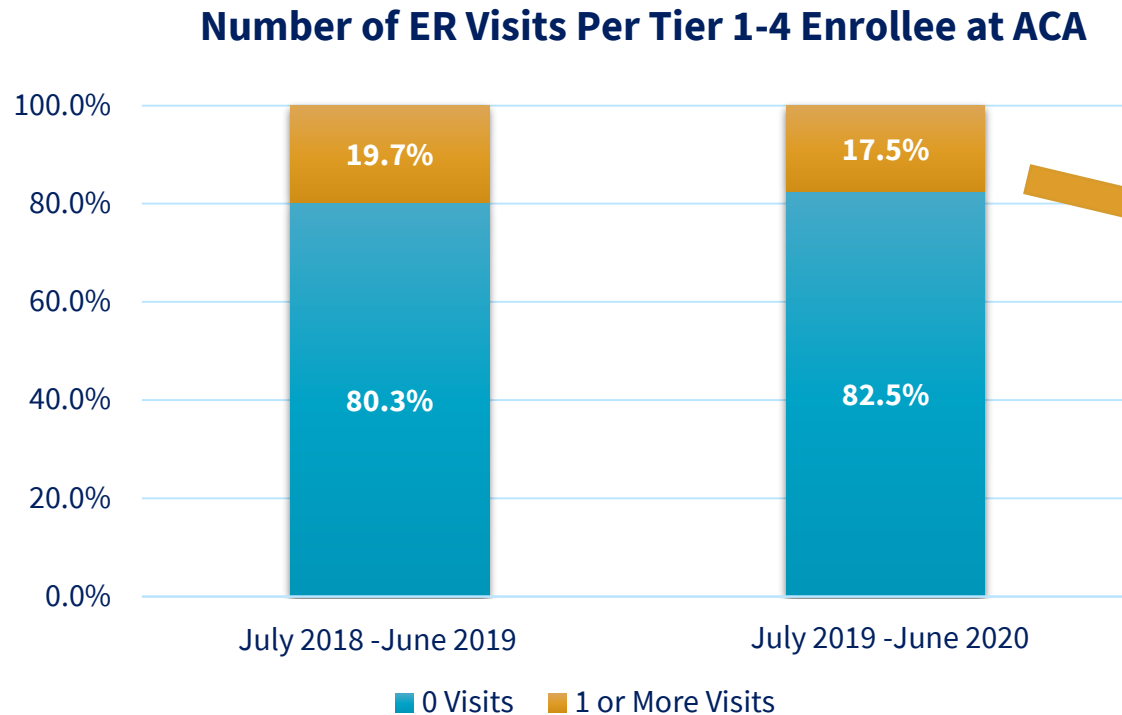


Self-Reported
Data Powered by
as of 10/31/20

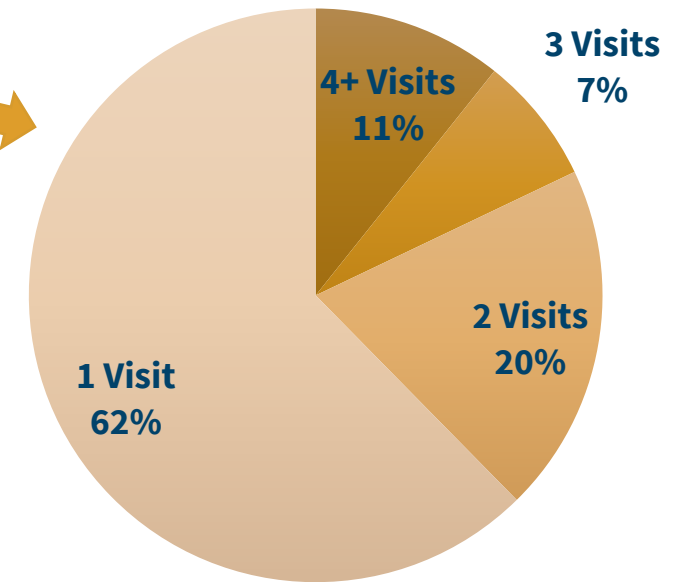


Health Homes Have a Goal to Decrease Preventable ER Visits

At ACA, Number of ER Visits Declined Year-Over-Year



Individuals with 1+ ER Visits (2019-2020)



Most enrollees have **not** been hospitalized in the past 12 months:

- **17.5%** were admitted to the ED in the last year, but of those **62.3%** only had to do so **once**.
- Fewer ACA members visited the ED in Year two. Members with 0 visits **increased 2.2%**.

Self-Reported
Data Powered by
as of 10/31/20



Top Reasons for Hospitalizations Differ Between I/DD Populations and the General Population

Top Reasons for Hospitalizations - General Population

1. Liveborn
2. Septicemia
3. Osteoarthritis
4. Heart Failure
5. Chronic obstructive pulmonary disease and bronchiectasis
6. Complications specified during childbirth
7. Acute myocardial infarction
8. Diabetes mellitus with complication
9. Pneumonia (except that caused by tuberculosis)
10. Cardiac dysrhythmias

Source: AHRQ, Healthcare Cost and Utilization Project
<https://www.hcup-us.ahrq.gov/faststats/NationalDiagnosesServlet>

ACA and its partner provider agencies have protocols in place based on patterns with an I/DD population (including high rates of seizures, falls).

Top Reasons for Hospitalizations – ACA

1. Unspecified Illness
2. Psychiatric/Behavioral
3. Surgery
4. Seizure
5. Fracture
6. Infection
7. EEG
8. Pneumonia
9. Asthma and/or Breathing Issues
10. Abdominal issues and/or pain
- ...
16. COVID-19

Source: NY IDD CCO HH – results have not been formally validated

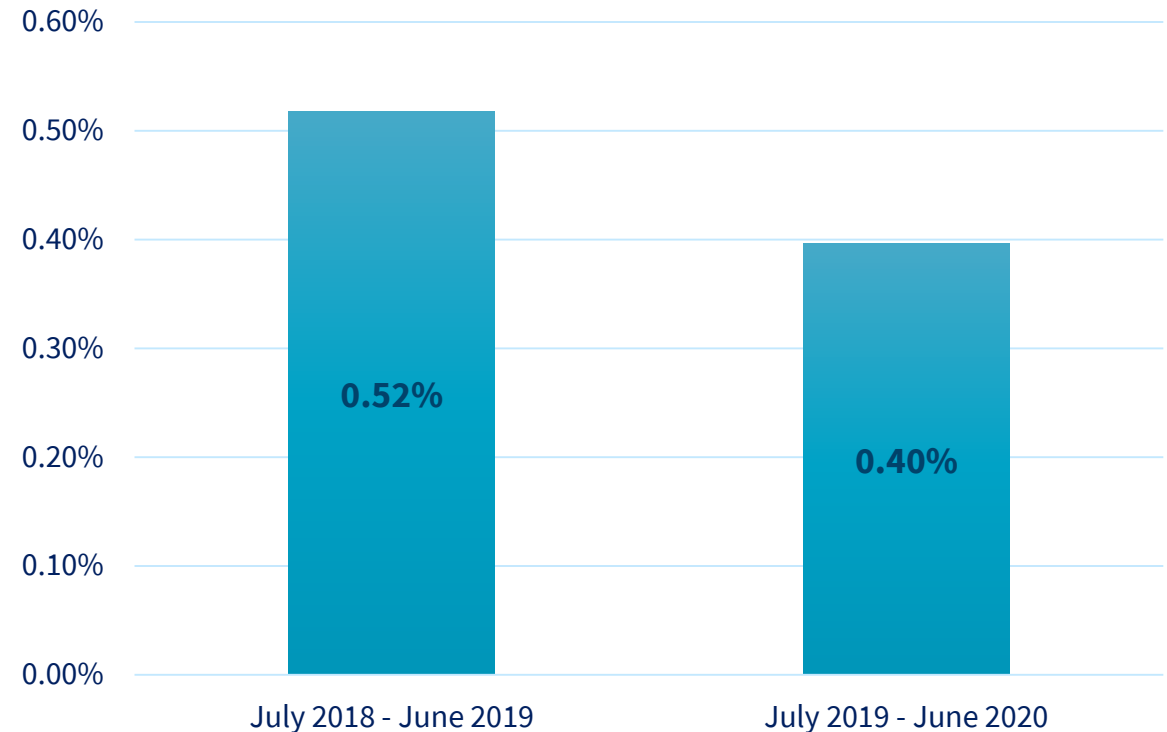
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Preventing Choking ER Visits/Hospitalizations

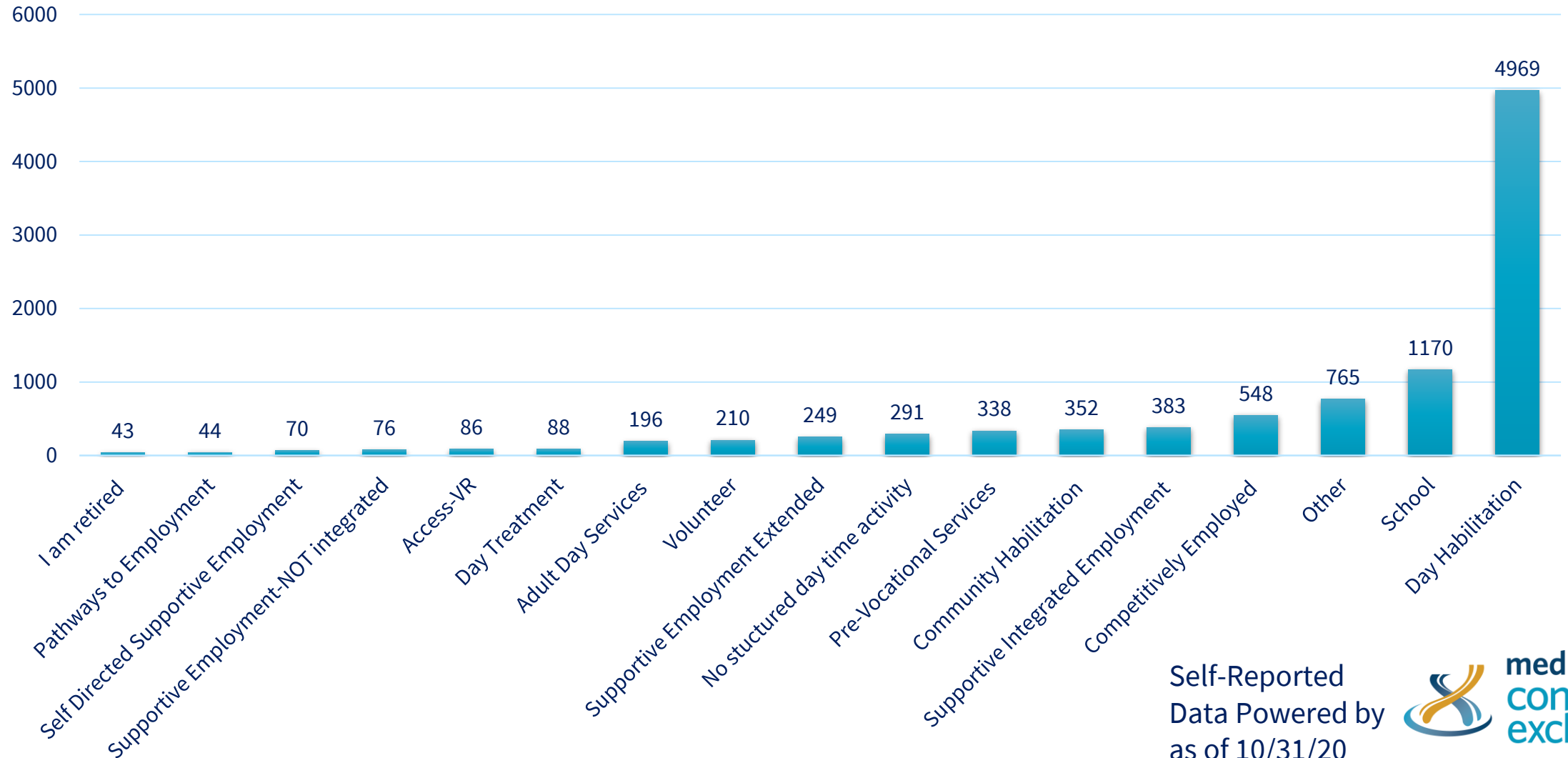
- The number of people with protective oversight to prevent choking hazards increased in 2020.
- Protocols and safeguards were implemented through ISP/Life Plans and as a result, choking **decreased**.

ER/Hospitalizations Due to Choking for Tier 1-4 Enrollees at ACA



How ACA Members Spend their Day: Benchmarking as COVID-19 Changes the Approach to Services

Type of Work for Tier 1-4 Enrollees at ACA

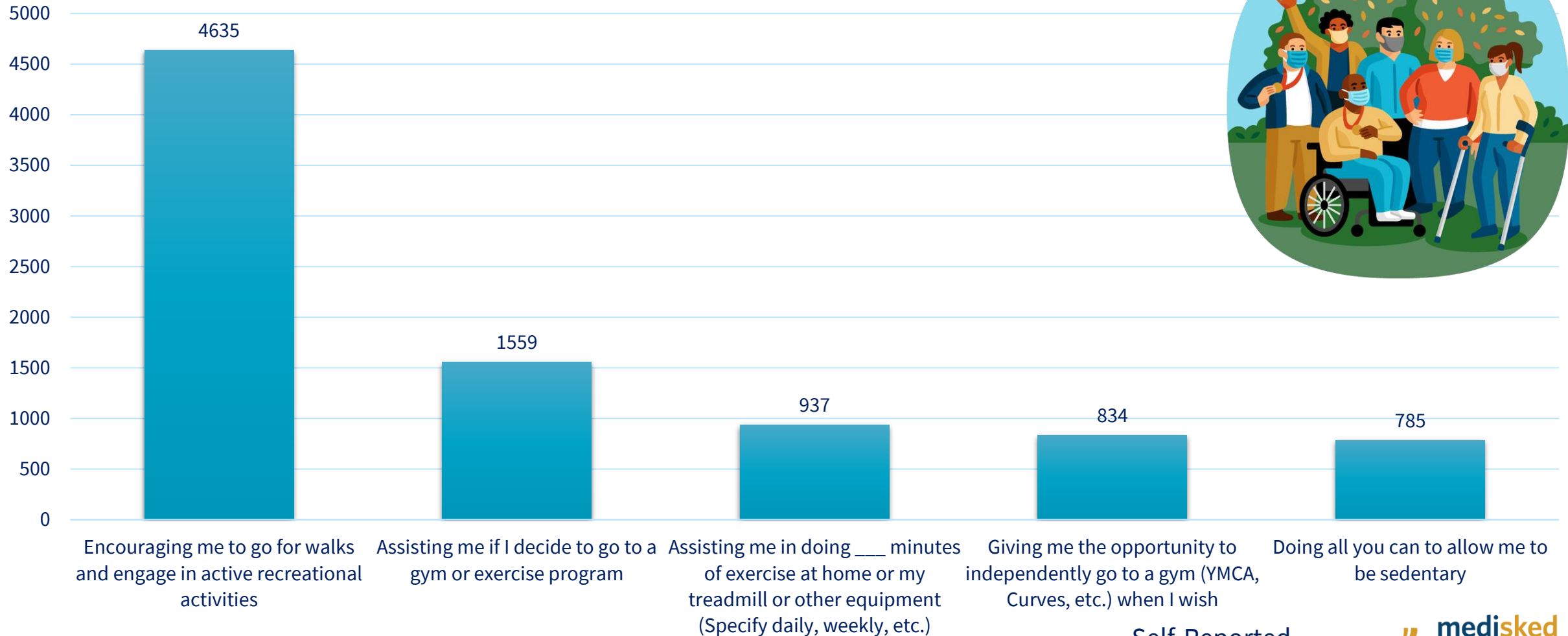


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Health Promotion: Exercise Assistance

Assistance Desired by Tier 1-4 Enrollees with Exercise at ACA

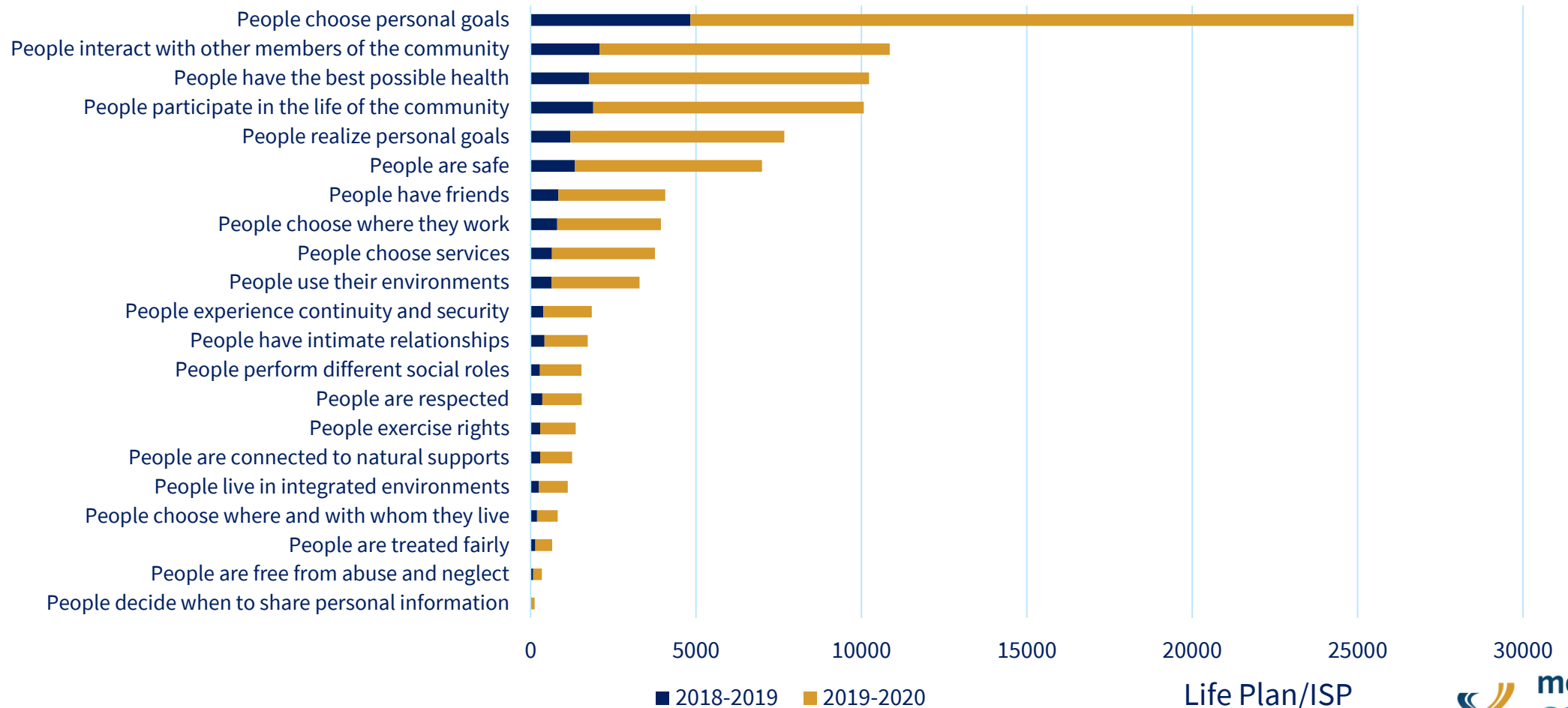


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ACA has Improved Integration of CQL Personal Outcome Measures into ISP/Life Plans Year Over Year

CQL POM Count of Tier 1-4 Enrollees



Life Plan/ISP
Data Powered by
as of 10/31/20



Looking to the Future



Challenges Moving Forward

COVID is still a real threat and there are challenges to face as we enter the winter.

- Rate reductions.
- Financial uncertainty from the state and federal government.
- Looming managed care changes in New York.
- Re-envisioning service delivery and staffing in a post-COVID-19 world.



Questions?

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ACA/NY
ADVANCE CARE ALLIANCE

