

Health Care Policy & Financing and CU School of Medicine Interagency Agreement

Presented By:
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Overview

- Funding & Background
- Community Engagement
- Specialty Care Access
- Telehealth Expansion



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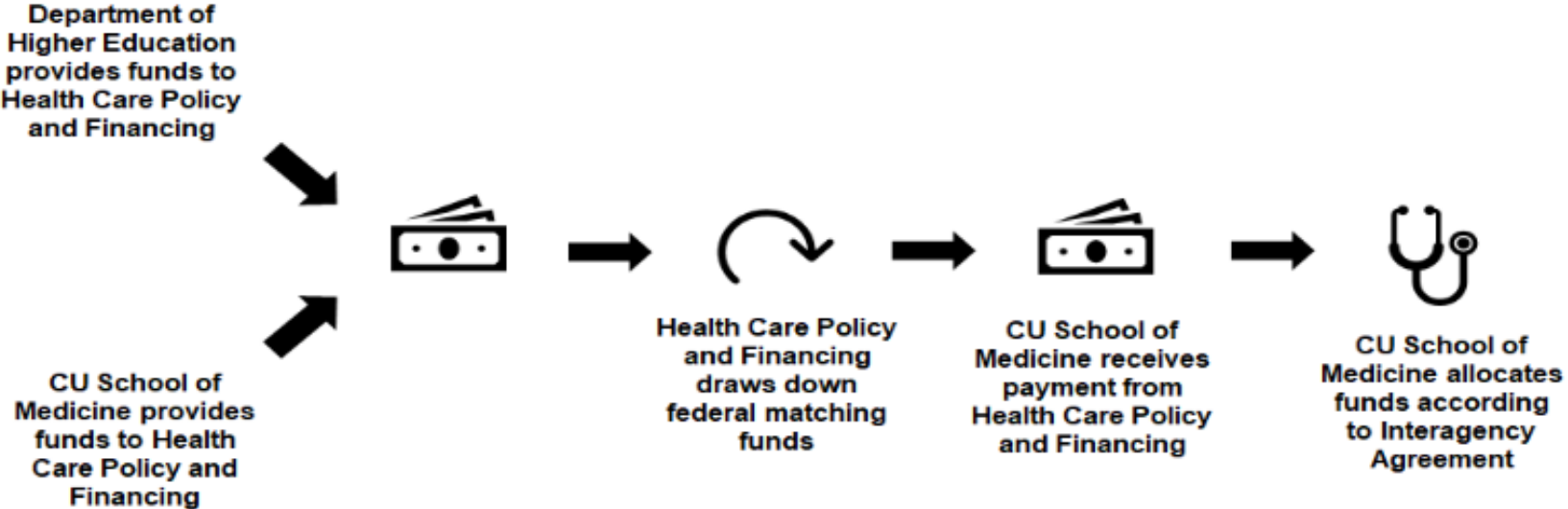
Partnership between CUSOM and HCPF

The Department will partner with the University of Colorado School of Medicine (CUSOM) to improve access to primary and specialty care for Medicaid members in Colorado.

- Requirement for Upper Payment Limit funds: Must be an academic medical center. Colorado: CU School of Medicine is the only entity eligible
- Nationally: Over 30 academic medical centers receiving funding. Colorado, (CUSOM/HCPF) only state doing a project based model, not just supplemental payments



Funding Mechanism



Timeline

- ❖ FY17-18 - Building Year
- ❖ FY18-19 - Needs Assessment & Roadmaps
- ❖ FY19-20 - Specialty Care Access
- ❖ FY20-21 - Specialty Care, Telehealth, & Evaluation and Process Improvement





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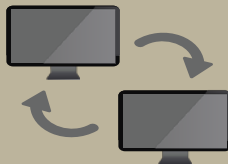
Medicaid Supplemental Funding Program Fiscal Year 2020 Highlights



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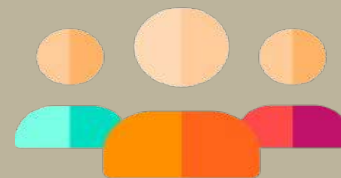
Unique Medicaid Investments

including numerous access projects, expansion of care delivery, diversity scholarships, and much more



21 x

Increase in Medicaid Telemedicine Visits from FY19



134,221

Unique Medicaid Members Served



All 64
Colorado Counties served

503

eConsults sent for Medicaid Members

38

COVID-19 ECHO Sessions Provided



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Priority Areas FY20-21

- ❖ Specialty Care
- ❖ Community Engagement
- ❖ eConsults
- ❖ ECHO (Extension for Community Health Outcomes)
- ❖ Evaluation and Process Improvement





Community Engagement

Key Pillars

Inform

Engage

Consistent Feedback Loop

Engage and consult with the community through ongoing stakeholder meetings, development of a community feedback process, and by increasing transparency through informational materials outlining Interagency Agreement outcomes and activity.

Specialty Care Access

FY20/21 Action Plan: Urology, Rheumatology, Dermatology

- In FY21, the organizations will be partnering to undergo a root cause analysis and develop strategic goals to address potential barriers to care and process improvement opportunities.
- Greater access to specialty care is now being offered through eConsults, a new Dermatology clinic in Aurora, streamlined referral systems and telehealth visits.

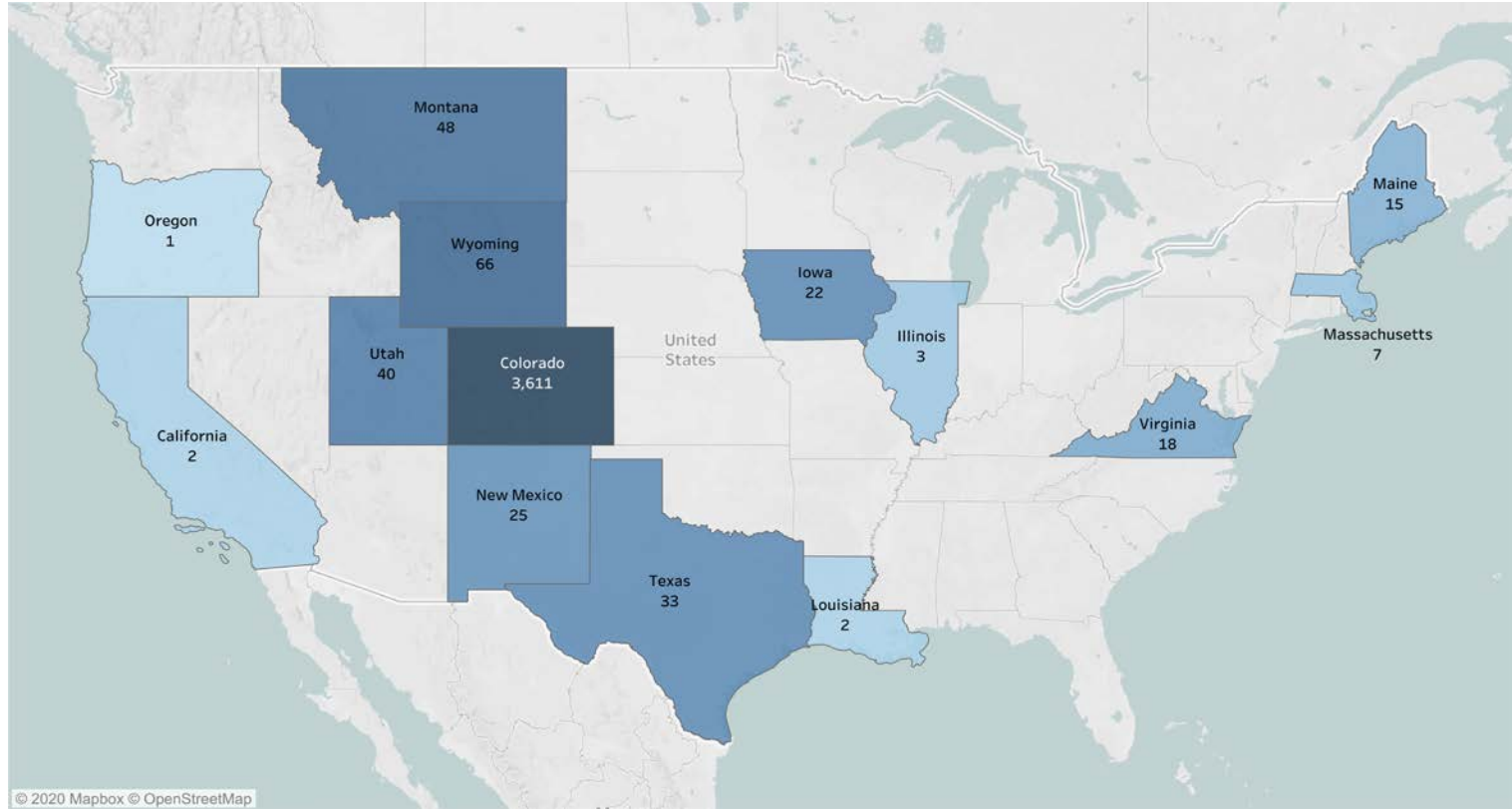


Telehealth Expansion

- Telemedicine
 - CUSOM provided over 18,000 telemedicine visits to Medicaid members in FY20
- eConsults
 - Funded by the Interagency Agreement
 - Data Analysis & Best Practices
 - Presenter today: Matt Thompson
- ECHO
 - COVID-19 ECHO Series
 - Over 38 COVID19 sessions have engaged 400+ unique providers and members of the community in FY20



ECHO Total Participation: All Sessions





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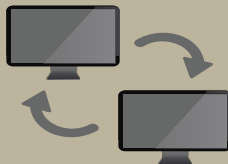
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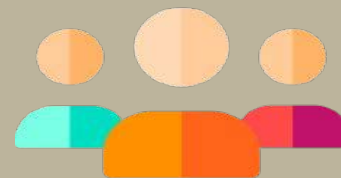
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Project CORE

(Coordinating Optimal Referral Experiences)
A Value Add to Patients and Providers

HCPF Provider and Community Engagement Committee
August 13, 2020

Matthew A. Thompson, MBA
Operations Administrator, Peer Mentored Care Collaborative
University of Colorado, School of Medicine

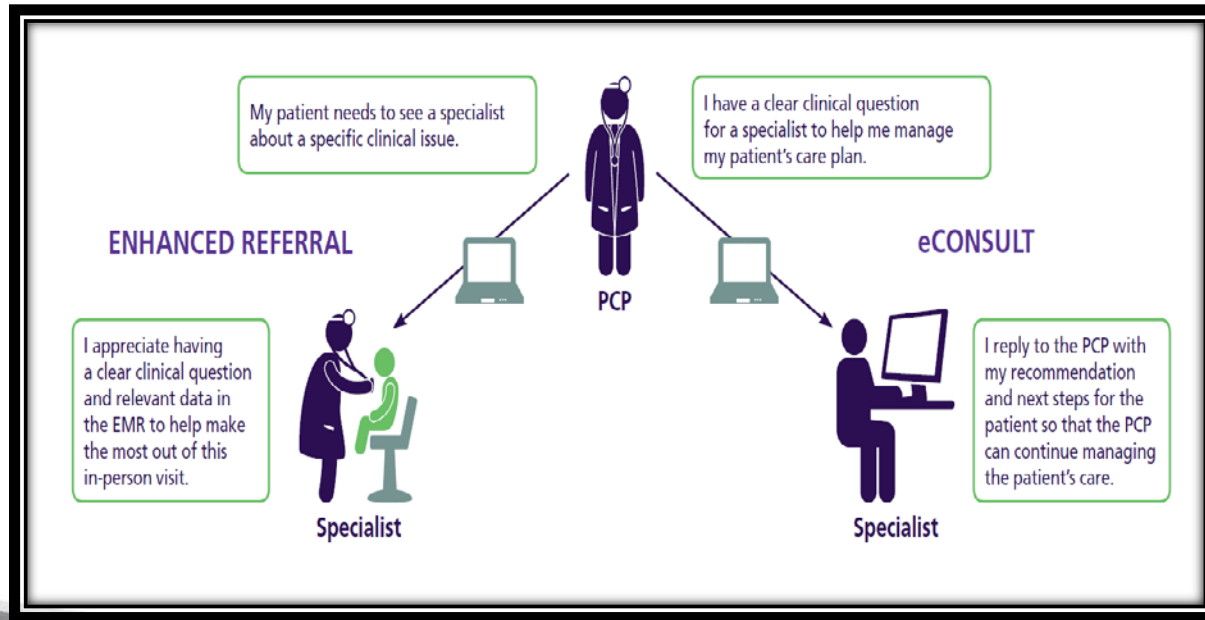


Background

- High demand for specialty care
 - More than 1/3 of patients are referred to a specialist each year
- Provider shortage in the US
 - Further exacerbating the problem with specialty care access
- More than 40% of the U.S. population has one or more chronic conditions
 - Accounting for 81% of hospital admissions, 91% of all prescriptions filled, 76% of all physician visits
- eConsults are an effective way to address these referrals without requiring that the patient be seen face-to-face.

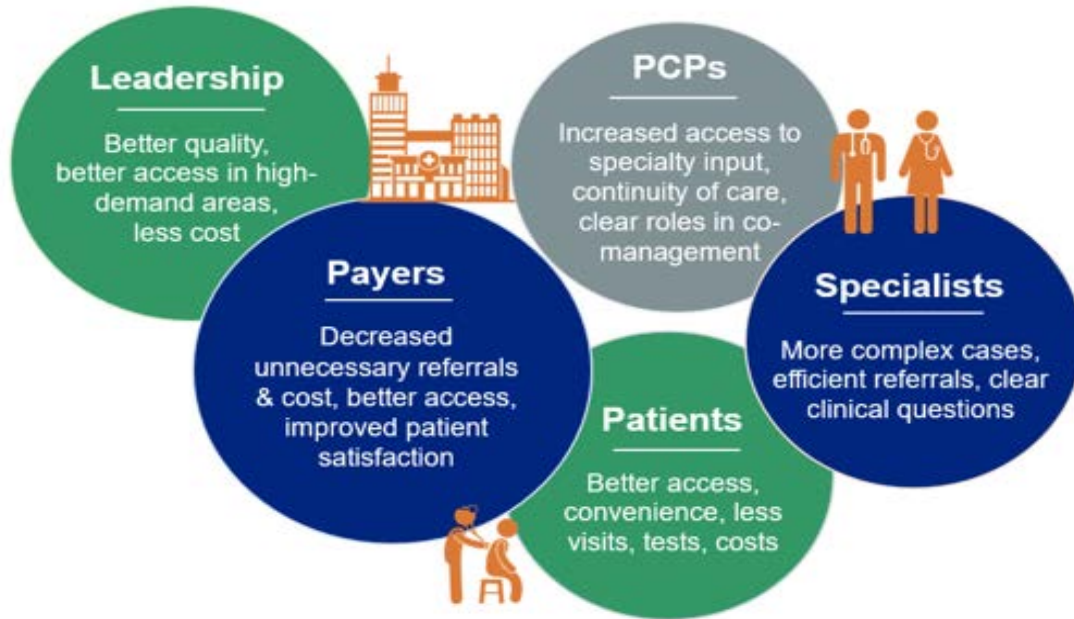
Project CORE

- Tools embedded in the Electronic Medical Record (EMR), that provide point-of-care decision support

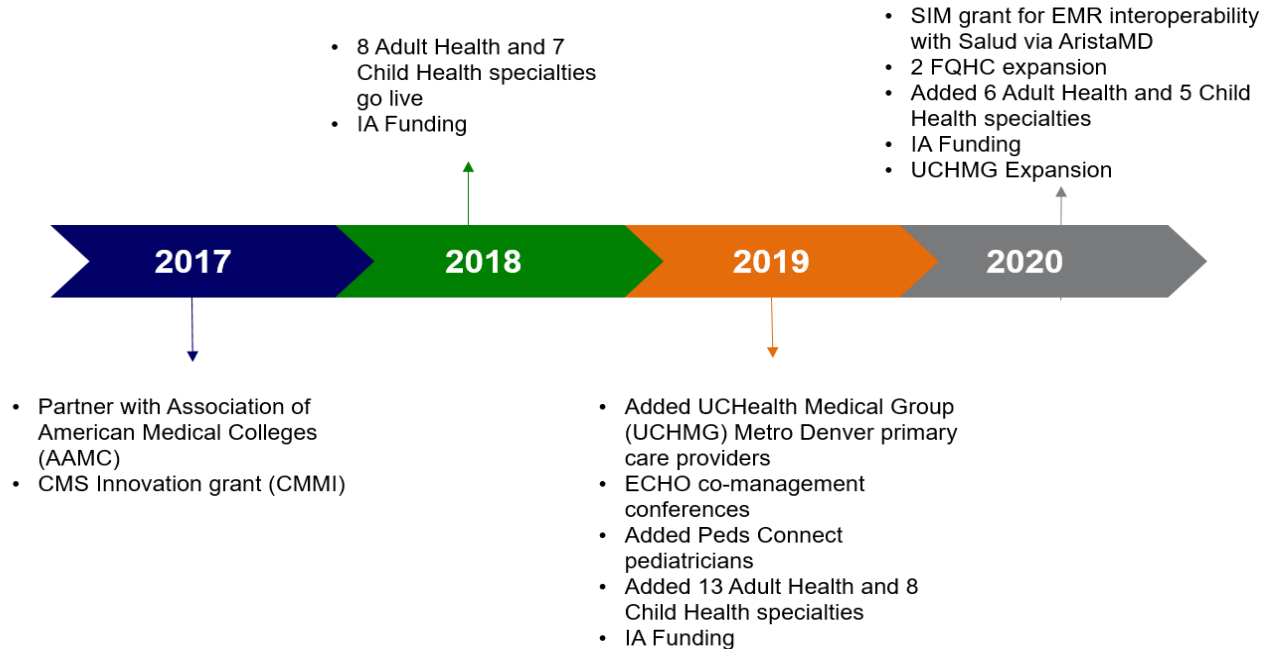


Project CORE

Stakeholder Benefits



Project CORE Timeline



Project CORE Volume

- Nearly 6,500 eConsults placed
 - 75% completion rate
 - 18% conversion rate
 - 9% decline rate
- ~8.5% specialty contact of all CORE patient encounters are eConsults
- Over \$75,000 in gas savings to patients
- Consistent use through COVID

Project CORE Participation

	Primary Care Providers	Specialties
Adult Health	350	26
Child Health	250	21

81% of eConsults are answered within 2 business days

Specialty – Adult Health	Average Time to Appointment
Endocrinology	44 days
Rheumatology	24 days
Gastroenterology	28 days
Cardiology	87 days
Neurology	70 days

Outcomes - Patients

- Cost savings, average all payers
 - \$60 per eConsult direct cost savings to payers
 - \$40 per eConsult indirect cost savings to patients
 - Enhanced referrals increase first visit efficiency
- Quality
 - 2.5% of answered eConsults also had an in-person visit within 30 days
 - 0% of answered eConsult also had an ED visit within 30 day
- Plans to evaluate:
 - No-show rate improvements
 - Improvement in referral completion
 - Improvement in access

Outcomes - Providers

- High levels of Primary Care Provider satisfaction
 - 100% described eConsults as advancing their clinical knowledge and practice
 - 95% described eConsults as easy to use and extremely valuable
 - 70% result in immediate changes to treatment plans including medication management or in-home self-care regimens
 - Rural providers can avoid telecommunication bandwidth issues
- High levels of Specialist satisfaction
 - Complete an eConsult on average in 10-15 minutes
 - Preserves longer, in-clinic appts. for patients with higher acuity needs
- Patient care stays in their Primary Care Medical Home
- Right care, right place, right time

Primary Care Provider Survey Results (October 2019)

Please use the text box to share any positive experiences you or your patients have had from an eConsult.

Answers:

- Saved a patient/family a clinic visit
- I have to hand it to our specialists – they have been great!! And I was skeptical too.
- Many of the responses have provided great reassurance to patients.
- Great experience with psychiatry answering med questions that I have expanded to their parts of my practice.
- Thank you! What a great program!
- Most of us would prefer to manage a problem as far as we can. It is reassuring to families to communicate that we have run a question by the specialist. Grateful.
- It has decreased referrals in instances where I do not feel it is necessary but parent is really pushing for one – and parents seem reassured by getting the specialist’s opinion. Has also been helpful in cases where I am on the fence about what to do – I appreciate the support/confirmation/clarification/etc.
- The turnaround time is sometimes so fast I can call a family back the same day we come up with the question and that is great.

Opportunity for State-wide Rollout

- Strong community interest and demand
- Expand specialist access to areas outside metro-Denver
- CMS has created Interprofessional Internet Consultation (eConsult) codes and reimbursement
- Important option for Value-Based Payment models
- COVID response has increased visibility and value of electronic access to health care

Next Steps

- EHR interoperability
 - Patient information exchange
 - Bi-directional PCP and specialist communication
 - Revenue cycle information exchange
- Reimbursement strategies
 - Professional
 - Technical/Practice Expense
- Specialist recruitment
- Continuous QA to improve use of eConsults
- Expand scope of eConsults (i.e. IP eConsults, specialist to specialist)



Questions?



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