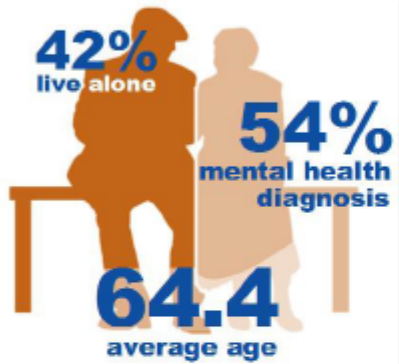


MIH Program Evaluation

Dan Swayze DrPH, MBA, MEMS
VP | COO, Center for Emergency Medicine
Project Manager, CONNECT Community Paramedic Program

CONNECT Community Paramedic Snapshot

Our Patients



Our Process

In-home assessment



- Community Engagement
- Economic Constraints
- Transportation Barriers
- Environmental Issues
- Social Support
- Mental Health
- Medical History



Our Outcomes



269 Patients
\$8,560 savings per patient
\$1.8 million in net savings

- education
- navigation
- advocacy
- care coordination





Your customer isn't sure your MH program has worked.
How do you respond?



Marketing

**Needs
Assessment**

**Define
Goals**

**Customize
Program**

**Define
Baseline**

**Implement
Program**

**Collect
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**Report
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Marketing

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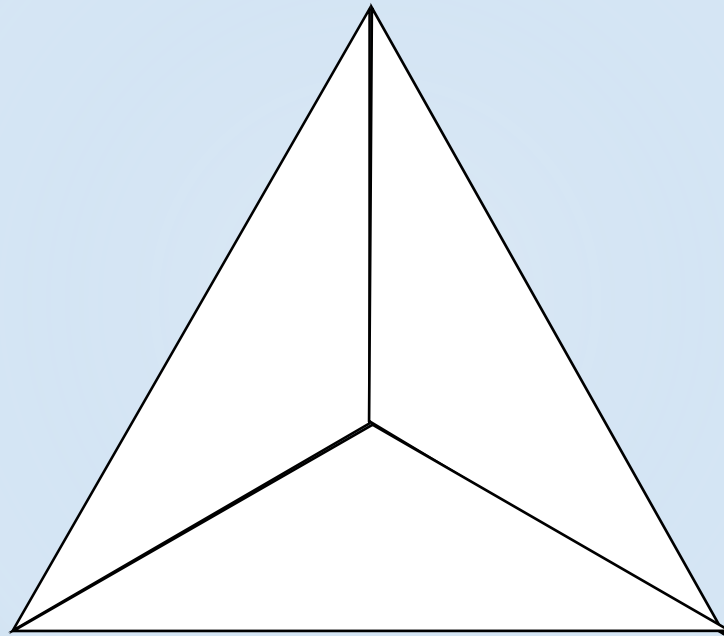
**Customize
Program**

Expected versus Actual Readmission Rate



The IHI Triple Aim

Improve Health of the Population

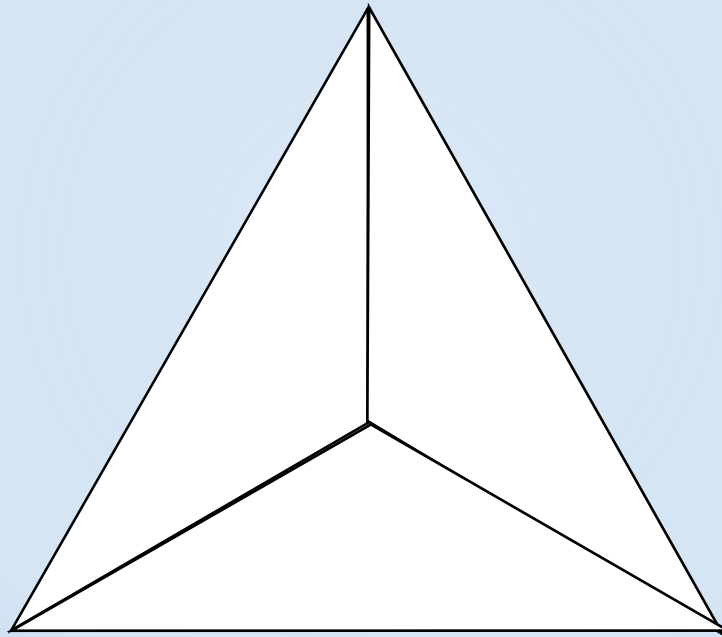


Improve the
Experience of Care

Lower Cost
Of Care

Payor Aims

Make Money



Increase
Satisfaction

Decrease
Medical Expense

Payor Aims



97%

This 50% of the population only spends 3%

This 50% of the population spends 97%

1

Well
Members

2

Low Risk
Members

3

Medium Risk
Members

4

High Risk
Members

5

Advanced
Illness
Members

Utilization

Provider Type

Procedures

Venue

Cost of Care

A diagram illustrating the components of the Cost of Care. On the left, four light green rectangular boxes are stacked vertically, each containing a factor: 'Utilization', 'Provider Type', 'Procedures', and 'Venue'. These boxes are connected to a large, dark green arrow that points to the right. The arrow is labeled 'Cost of Care' in white text. The background is a light blue gradient.



Marketing

Needs Assessment

Define Goals

Customize Program

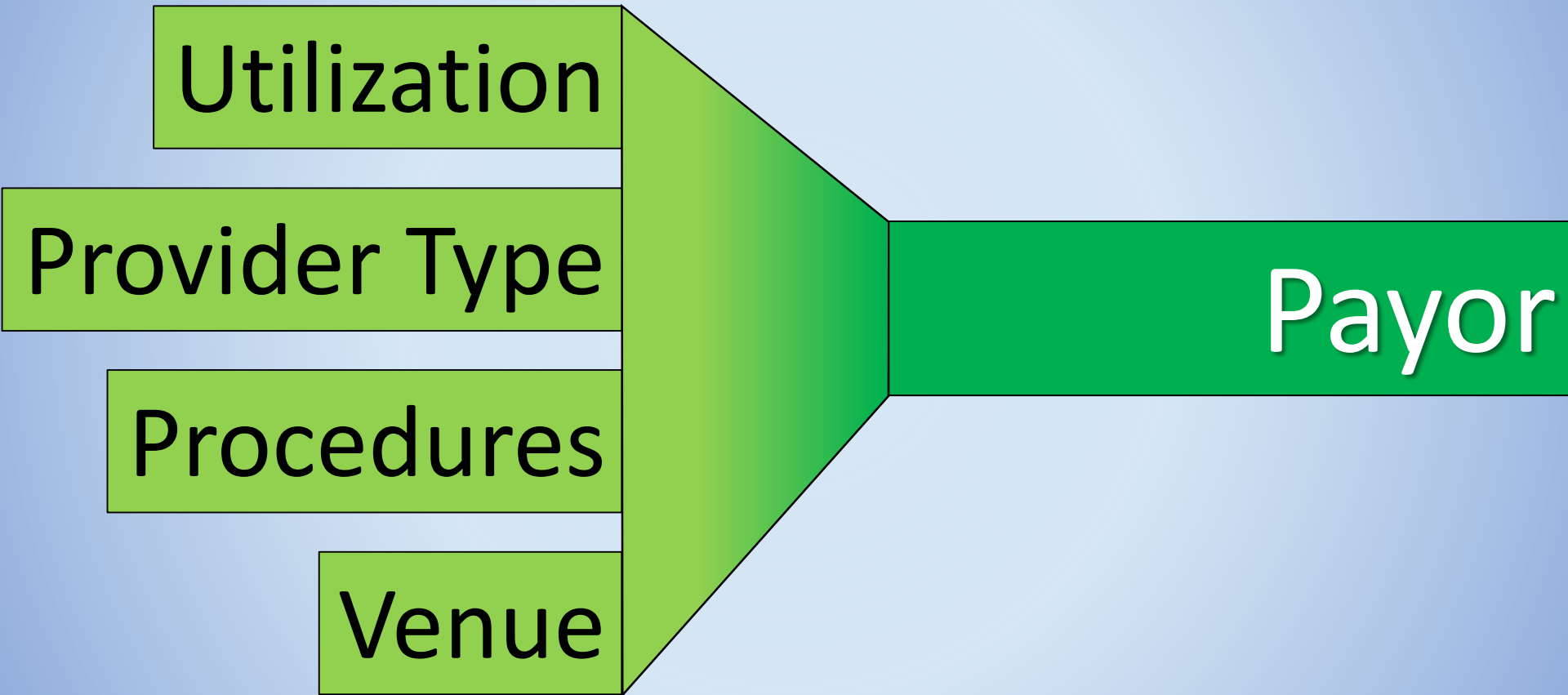
Define Baseline

Implement Program

Collect Data

Report Outcomes





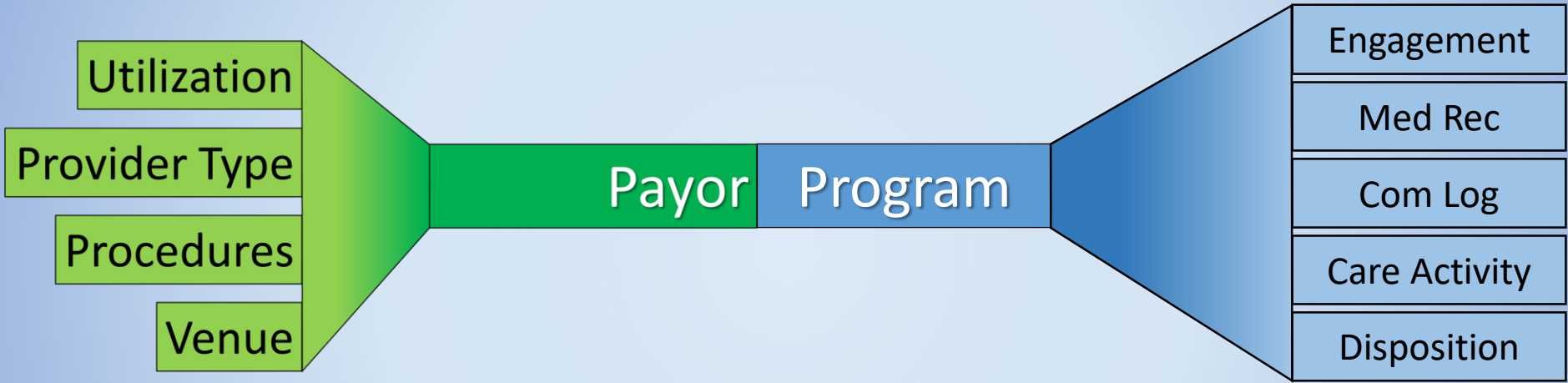
Utilization

Provider Type

Procedures

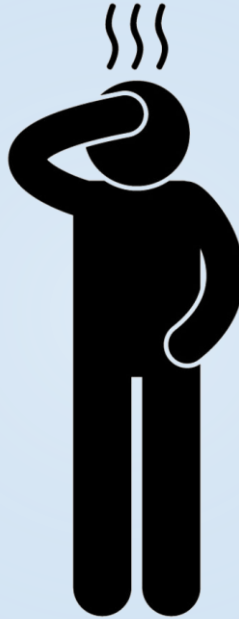
Venue

Payor



?

911



Predictive Modeling

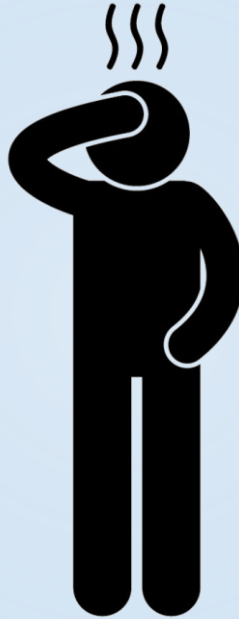
Provider Referral



Historical Claims

Outreach







HELP!



Unable to Reach



Refuse



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No Change



Quit



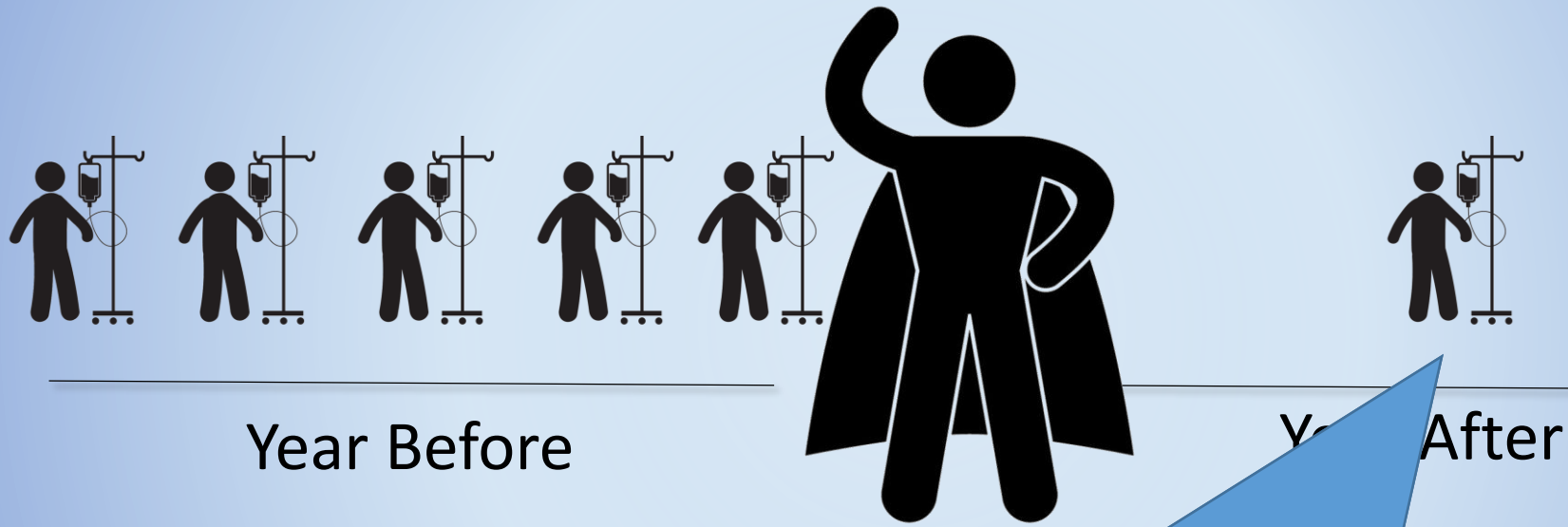
Patient Dispositions



Lost to Follow Up



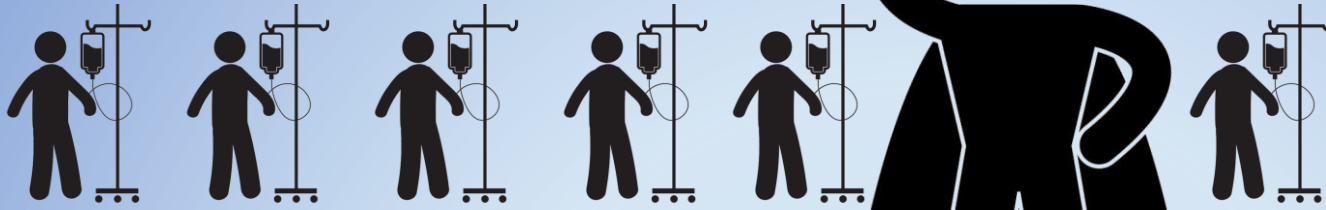
Died



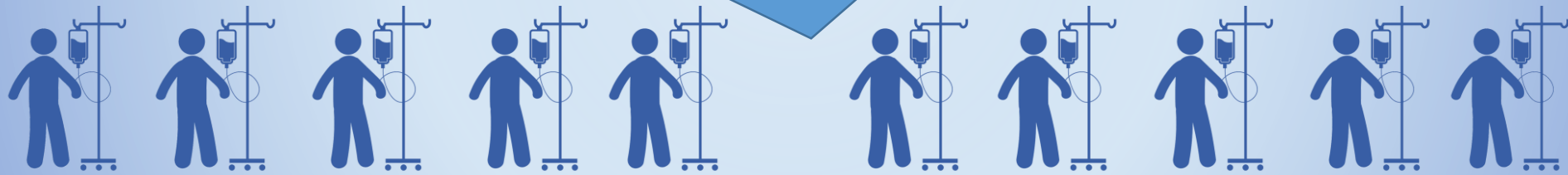
Year Before

Year After

Intervention Succeed?

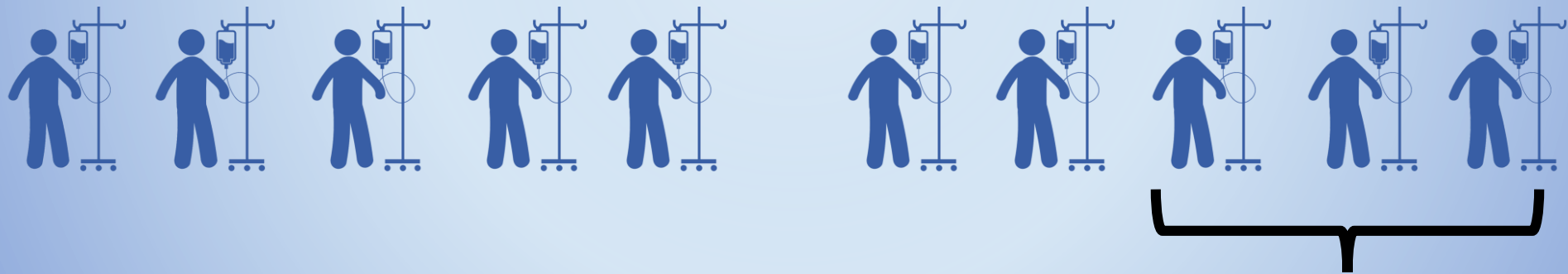


Cohort Analysis





How do we calculate savings?

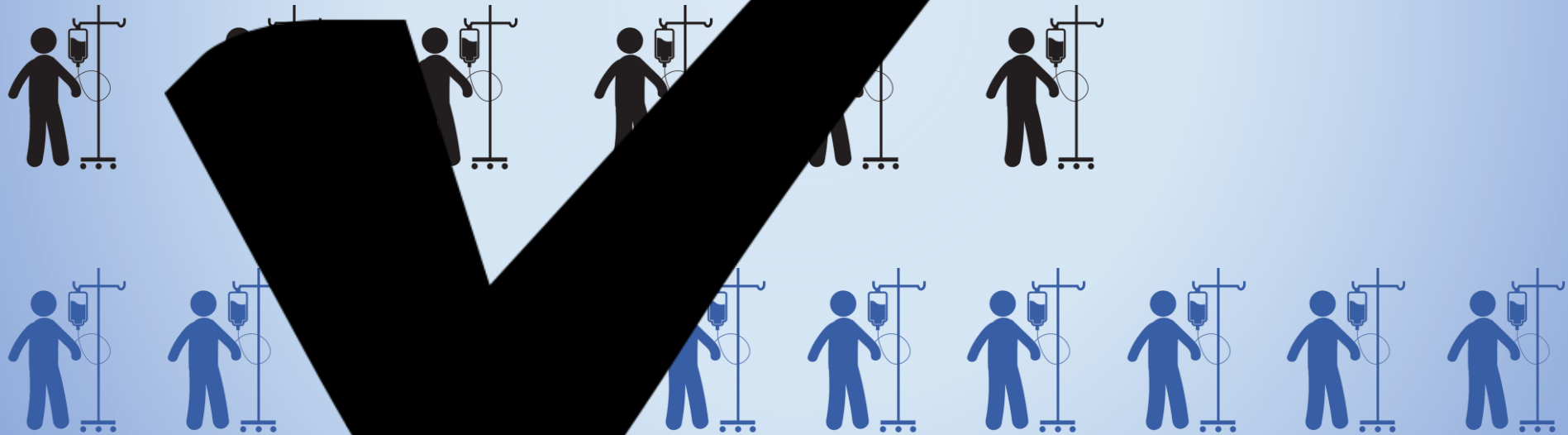


\$avings





Historical Control
Cohort Control





Predictive M

Pro... referral

Historical c












Evidence

The kind you build

Evidence

The kind you find



Existing
MIH-CP Data

Evidence from
other programs

Evidence from
experience





Marketing

Needs Assessment

Define Goals

Customize Program

Define Baseline

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Collect Data

Report Outcomes



Proposed In-home asthma assessment and intervention program

Eligibility Criteria

Community Engagement

- County agencies
- Disease specific charities
- VA eligibility
- Church/ civic group involvement

Assessment

Intervention

Proposed program goals and metrics

1. Decrease ED and ambulance utilization
 - a. pre-post or usual care cohort comparison
2. Return on investment (savings minus cost of intervention)
2. Reduce gaps in care (gaps in care at initial enrollment minus gaps at program discharge)
3. Member satisfaction (member satisfaction with program at discharge)

Patients admitted for asthma in previous 12 months

Trans Access/ subsidized transport

Community Engagement
 County agencies
 Disease specific charities
 VA eligibility
 Church/ civic group involvement

Proposed program goals and metrics
 1. Decrease ED and ambulance utilization
 a. pre-post or usual care cohort comparison
 2. Return on investment (savings minus cost of intervention)
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Advanced
Illness
Members

Payor Aims

Health Screenings

Immunizations

Disease Management

Care Management

End of Life Care

1

Well
Members

2

Low Risk
Members

3

Medium Risk
Members

4

High Risk
Members

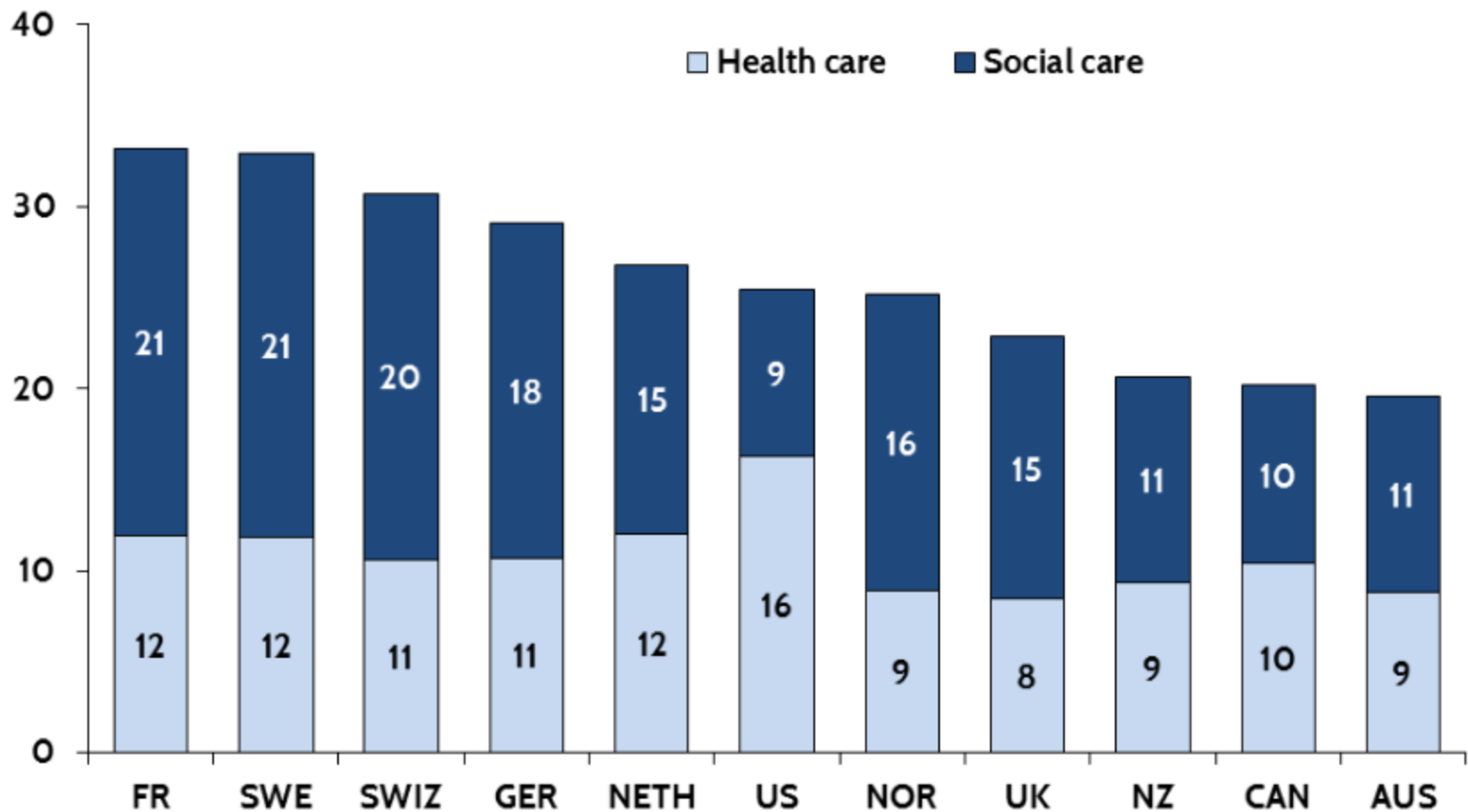
5

Advanced
Illness
Members

Mental Health and Social Determinants of Health

Exhibit 8. Health and Social Care Spending as a Percentage of GDP

Percent



Notes: GDP refers to gross domestic product.

Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs,



Needs

Gaps in Care
HEDIS Measures
Disease Management
Case Finding
Home Assessments

Resources

Telephonic Health Coaches
Telephonic Care Management
PBCM or HBCM
Financial Incentives
Plan Design
Claims Data





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education
navigation
advocacy
care coordination



A group of five people (three women and two men) are seated around a dark wood conference table in a meeting room. They are all wearing black polo shirts. In the background, a large screen displays the logo for 'COMMUNITY PARAMEDIC'. Bookshelves filled with books are visible on either side of the screen. A large, light blue rounded rectangle is overlaid on the center of the image, containing text.

For the patients we have actually
been able to engage,
we've reduced readmissions by
50%.

Your customer isn't sure your MH program has worked.
How do you respond?



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Outcome Measures for Community Paramedic Program Component

Describes how the system impacts the values of patients, their health and well-being

Domain	Name	Description of Goal	Value 1	Value 2	Formula	Evidence-base, Source of Data
Quality of Care & Patient Safety Metrics	Q1: Primary Care Utilization {CORE MEASURE}	Increase the number and percent of patients utilizing a Primary Care Provider (if none upon enrollment)	Number of Enrolled Patients with an established PCP relationship upon graduation	Number of enrolled patients without an established PCP relationship upon enrollment	Value 1 Value 1/Value 2	Agency records
	Q2: Medication Inventory	Increase the number and percent of medication inventories conducted with issues identified and communicated to PCP	Number of medication inventories with issues identified and communicated to PCP	Number of medication inventories completed	Value 1 Value 1/Value 2	Agency records
	Q3.1: Care Plan Developed {CORE MEASURE}	Increase the number and percent of patients who have an identified and documented plan of care with outcome goals established by their PCP and facilitated by the CP	Number of patients with a plan of care communicated by the patient's PCP	All enrolled patients	Value 1 Value 1/Value 2	Agency records
	Q3.2: Care Plan Developed {CORE MEASURE}	Increase the number and percent of patients who have an identified and documented plan of care with outcome goals established by the patient's PCP and facilitated by the CP	Number of patients with a plan of care communicated by the patient's PCP	All enrolled patients	Value 1 Value 1/Value 2	Agency records

Domain	Name	Description of Goal	Value 1	Value 2	Formula	Evidence-base, Source of Data
Cost of Care Metrics -- Expenditure Savings	C1: Ambulance Transport Savings (ATS) {CORE MEASURE}	Reduce Expenditures for unplanned ambulance transports to an ED <i>pre and post enrollment or per event</i>	Ambulance transport utilization change in measure period X average payment per transport for enrolled patients MINUS Expenditure per CP Patient Contact	Number of patients enrolled in the CP program	Value 1 / Value 2	Monthly run chart reporting and/or pre-post intervention comparison CMS Public Use Files (PUF) for ambulance supplier expenditures or locally derived number
	C2: Hospital ED Visit Savings (HEDS) {CORE MEASURE}	Reduce expenditures for ED visits <i>pre and post enrollment or per event</i>	ED utilization change in measure period X average payment per ED visit for enrolled patients MINUS Expenditure per CP patient contact	Number of patients enrolled in the CP program	Value 1/ Value 2	Monthly run chart reporting and/or pre-post intervention comparison Medical Expenditure Panel Survey (MEPS), or individually derived payer data
	C3: All-cause Hospital Admission Savings (ACHAS) {CORE MEASURE}	Reduce expenditures for All-Cause Hospital Admissions <i>pre and post enrollment or per event</i>	Hospital admission change in measure period X average payment per admission for enrolled patients MINUS Expenditure per CP patient contact	Number of patients enrolled in the CP program	Value 1/ Value 2	Monthly run chart reporting and/or pre-post intervention comparison Medical Expenditure Panel Survey (MEPS), or individually derived payer data



Structure

Process

Outcomes



