

Disease Management NEWS

Independent, timely business intelligence on disease and demand management

Volume 11, Number 12

June 25, 2006

APS to Combine DM with EHR in Novel Medicaid DM Program

The Missouri Division of Medical Services has awarded APS Healthcare a five-year contract to establish and manage a chronic care improvement program (CCIP) for the state's nearly 900,000 Medicaid beneficiaries.

The disease management (DM) program will be similar to Medicaid DM programs launched in other states over the last three years in that it will attempt to cut administrative and medical costs and eliminate waste in caring for Missouri Medicaid beneficiaries with chronic illnesses. However, it will differ markedly in two noteworthy ways. First, APS will employ its favored community-based model, rather than the traditional nurse call center-based approach to DM, to manage the care of Missouri Medicaid beneficiaries enrolled in the program. Second, APS will establish an electronic health record (EHR) for all participants in the statewide DM program and use it as a core management tool to coordinate care for all program participants.

"This is the first foray for a CCIP and an associated EHR that is dealing with patient-specific contacts and the associated coordination with primary care physicians," says David Hunsaker, president of public programs for Silver Spring, Md.-based APS Healthcare. "It is brand new and has some very exciting features to it that are first in the nation. We are extremely pleased to be partnering with the state of Missouri on this."

Hunsaker says the Missouri Medicaid DM program will mark the first time that a comprehensive

EHR will be combined with a CCIP that is "comprehensive and holistic" in its approach to managing the various diseases in a population. Potential contractors had the option on bidding on the care management component, the system component or both. APS opted for the latter.

"We bid on two separate requests for proposal, and we won them both against the most substantial competition in the country in both DM and the electronic health record arena," Hunsaker says.

APS' CCIP will be an enhanced primary care case management program that incorporates the principles of disease management, care coordination and case management to serve patients identified through a risk assessment and disease stratification model, according to Hunsaker. Under the DM initiative, APS will rely on its community-based care management model, which places health coaches and nurse care managers in community health centers and provider locations throughout the state. This decentralized, collaborative care model improves Medicaid beneficiary and provider engagement in care management programs, increases compliance with recommended care plans and improves coordination of care, Hunsaker tells *DM News*.

But the most striking aspect of the Missouri Medicaid DM program will be the use of an EHR to coordinate and manage care for Medicaid beneficiaries, adds Hunsaker, whose division operates 35 government programs in 21 states and reaches about 30 percent of the nation's Medicaid population

with its DM and other care management programs. As part of the overall Missouri CCIP, APS will deploy an Internet-based plan of care using its proprietary online health and care management tool, which it calls APS CareConnection, in tandem with the CCIP.

"Missouri is the first state in the nation to use the care management tool in conjunction with an Internet-based plan of care health information technology to help coordinate care for Medicaid beneficiaries," Hunsaker says. "The Internet-based plan of care enables all participants -- patients, providers and health coaches -- to work more effectively together using a collaborative medical record. We are very excited to partner with the state of Missouri to assist chronically ill Medicaid beneficiaries and, with their providers and natural supports, to facilitate their achievement of better outcomes."

Under the five-year annually renewable contract, APS will attempt to reach about 520,000 Medicaid beneficiaries who will be eligible for the CCIP. The total Medicaid population in Missouri is about 887,000, but the CCIP will exclude about 367,000 Medicaid beneficiaries enrolled in a Medicaid HMO now operating in the state. "It is intended to be a statewide program, but we will be rolling it out in some of the more populated areas of the state first," Hunsaker explains. "This should be one of the largest disease management programs in the country."

The CCIP contract includes no risk components in the initial

stages of the contract and does not specify any financial targets that APS is obligated to hit, according to Hunsaker. "But we have a fiduciary obligation as a contractor to make sure our programs run efficiently and that they are outcomes-focused," he says. "So I anticipate that we will demonstrate a significant value in the program to the state. "We do a good job in administering both ROI and non-risk based disease management programs, and we've been successful universally in both arenas. Many of the programs we do for state governments don't have specified risk parameters, yet we have time and time again saved a considerable amount of money for our clients."

How will Missouri Medicaid measure whether the program is a success? "There are a variety of pretty extensive reports that we will be producing that are based on clinical outcomes, and I'm certain that we will be producing associated cost indicators," he says.

Hunsaker says the CCIP is being rolled out not so much as a DM program as it is a "population-focused health management program as opposed to targeting specific diagnoses. The main target diagnoses that you find in chronic illnesses are important, and we will be reporting on those. But the program is really being rolled out as more of an enhanced care management approach for chronic illness than traditional disease management."

As such, the CCIP will particular focus on community and provider involvement in the program. "The program has a champion provider concept that we're quite excited about," Hunsaker explains. "We will be using various performance metrics and outcomes to identify providers who are doing

an above-average job."

All constituents involved in the CCIP -- providers, consumers, state agencies, allied health agencies and APS itself -- will also be heavily involved in the EHR, Hunsaker adds. "We've designed the electronic health record so that it truly becomes a community document so that anyone with a right and need to know and is a participant in the program can view their information."

For security reasons, the information is arranged for different roles, according to Hunsaker. For example, Missouri Medicaid beneficiaries enrolled in the CCIP will see only their own information. But key representatives from Missouri Medicaid will be able to see everything as will APS as the program administrator. A provider, however, will see only its particular patient panel. "But they will be able to see all of the activity for their panel," Hunsaker says. "So they will be able to see every specialist, every pharmacy order and every claim that has been incurred for their entire patient panel."

A plethora of peer support data will be made available to the CCIP's various community constituents. And it will be available for all constituents involved in the care management process to make sure that duplication is reduced or eliminated and that no safety issues occur. "It gives a great deal of what was previously viewed as research project-oriented critical decision support," Hunsaker says.

For example, the EHR portion of the data contains full demographics for each program participant and two years of health claims. It also includes a comprehensive plan of care that will be maintained by health coaches and community providers, a set disease-specific assessment instruments and

a comprehensive quality management center.

The quality management center has information on general health education topics and specific health education materials that will help a particular patient deal with his or her particular chronic illness, according to Hunsaker. It also will have the performance metrics that APS will use to select "champion" providers, a patient satisfaction survey component and a "profiling center" where providers will be able to view their performance. All of these data will be stored on a server residing at APS' Missouri service center and will meet all security requirements specified under HIPAA. "It is an extraordinarily comprehensive health record," Hunsaker says.

Missouri Medicaid is optimistic that the APS-managed DM initiative will produce benefits for the state. "We are looking forward to our partnership with APS and utilizing its innovative community-based care management program," says Q. Michael Ditmore, M.D., director of the Missouri Division of Medical Services. "APS will be instrumental in helping our Medicaid beneficiaries better manage their chronic diseases and improve their overall health."

Hunsaker agrees. "We believe that this is a great leap forward [in Medicaid DM] and that no one in the industry has a system that is at all comparable. It takes many of the things that have been traditionally used -- both in terms of the health record itself and decision tools -- and removes them from a 'black box' structure and makes them available to the broadest variety of people who are able to impact the care conditions."

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