BUILDING STRONG FOUNDATIONS ON UNEVEN GROUND:

OVERCOMING THE BARRIERS TO PROVIDING COMPREHENSIVE CARE

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COURSE GOALS

Learning objectives:

- Identify systemic benefits to providing expanded care for complex populations

- Identify benefits of value based care to supporting care model

- Identify benefits of shared community medical resources.

- Define Separate and Special

OVERVIEW

- Center Health Care's goal is to continue a multi-specialty practice model that allows enhanced access, medical education, sustainability and reduced systemic cost in a challenging and competitive healthcare environment. Center Health Care, a division of the Center for Disability in Albany, New York is partnering with our local medical school, Albany Medical College and its health system, for specialty care providers and future provider education

- Dr Tiffany Pulcino has developed a multidisciplinary care model in Rochester NY that provides integrated comprehensive medical care for individuals with pediatric onset medical disorders that leverages a multidisciplinary model, sustainable payment models, and system integration to have significant impacts in health and quality outcomes for the population.

CHALLENGES TO CARE AND ACCESS
INNOVATIVE SOLUTIONS-
CURRENT AND IMAGINED TO MEET CHALLENGES NOW AND IN THE FUTURE

CHALLENGES AND BARRIERS TO COMPLEX CARE

- Barriers for Patients

- Staffing Barriers

- Article 28 Regulations and Funding

- Funding

BARRIERS FOR PATIENTS- WHY SPECIALTY CLINICS ARE IMPORTANT

- Physical access

- Insurance barriers to access-Dental, Dermatology, Private primary care

- Challenges to outpatient services- imaging, labs

- Capable and willing staff $$$

- Transportation dependency

- Need for extra time and space $$$

- Need for extra care coordination- transportation arrangement, home services, referral coordination, paperwork completion $$$

STAFFING BARRIERS

- Increased need for support staff- 2:1 support to provider ratio $$$

- Cost of providers and tripled in last 2 decades $$$

- Student debt for new providers- repayment incentives is not built into Article 28

- Cost of benefits $$$

- Competition with local health systems $$$

- **Willing, interested and able**

ARTICLE 28 BARRIERS

- Article 28 in New York state law was designed to support people with developmental disabilities

- Rates at onset were higher than straight Medicaid but have not been adjusted since 2014

- Telehealth is only reimbursable at APG rate if staff or patient is on site, decreases the flexibility of telehealth

- Complexity of APG billing requires specialty billing software, most EMRs are not capable

- APG billing makes tracking of actual practice cost and reimbursements nearly impossible

- Regulations are designed for hospitals and are costly and challenging to implement in an outpatient setting
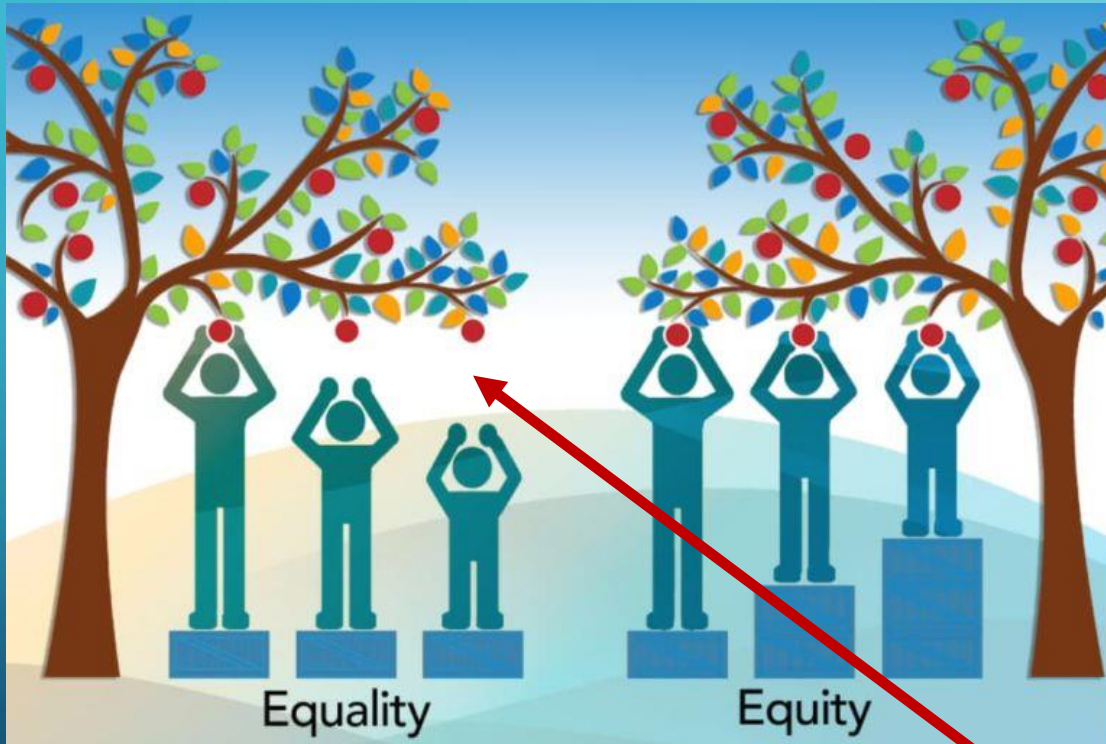
FUNDING BARRIERS

- APG rates

- MEDICAID rates

- Provider participation

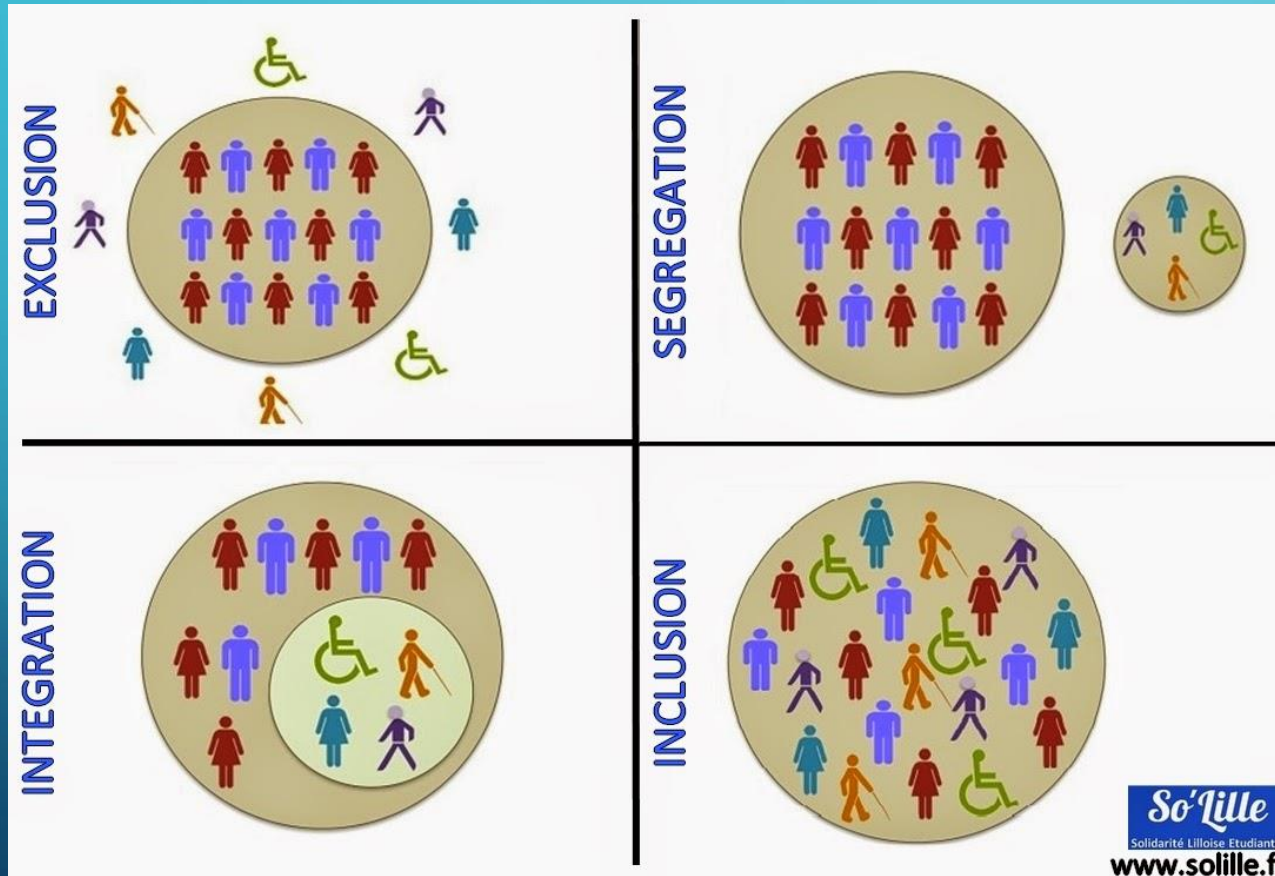- Pay for performance models

- ACOs

DEFINE THE GAP

- Data analytics of the population
- Quality outcome comparison in different settings

COMMUNITY PARTNERSHIPS: INVESTMENT

- An early and critical component

- Unique perspective and resource
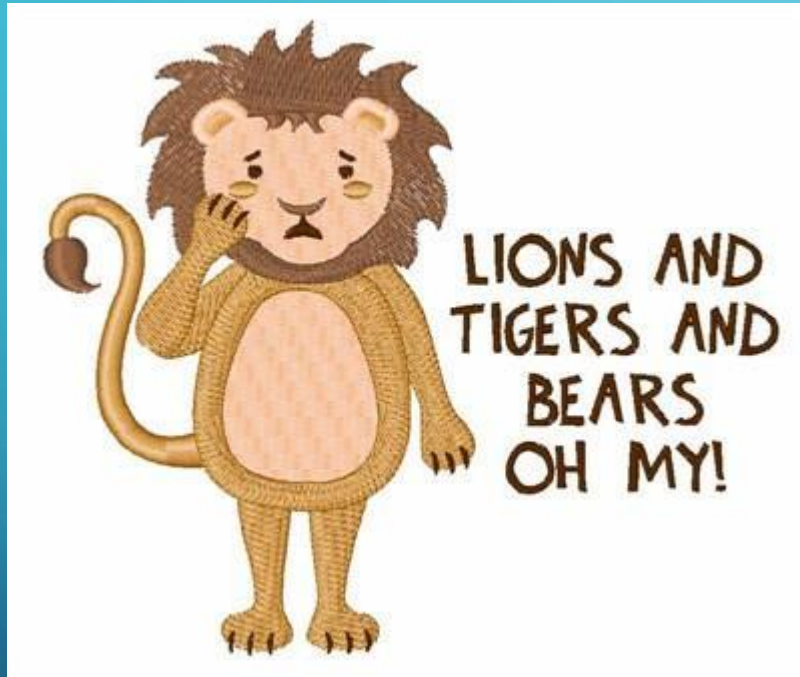
- Starts to build the magic wand

INTEGRATED AND SUPPORTED VS SEPARATE AND SPECIALTY: CONSIDER THE SPACE

- Healthcare as unique environment
- Physical space as a non reimbursable cost
- Regulation setting the standard

SEPARATE AND SPECIAL: THE SPACE

LIONS AND TIGERS AND BEARS OH MY!

- Doorways

- Exam rooms

- Scales

- Counters

- Lights

- Sounds

INTEGRATED AND SUPPORTED: BE THE RESOURCE

- Inpatient care
  - Unique transitions and resources in community
  - Understanding opportunities and limitations

- Specialty care
  - Phone a friend
 - Education
  - Font of knowledge

IMPACT

- Track the impact

- Each quality metric results in $$$ going to a specific health system stakeholder

  - FOLLOW THE MONEY!

    - Prevented emergency room and inpatient visits – PAYERS

    - Decreased length of stay in hospital – HEALTH SYSTEM

    - Improved caregiver support – COMMUNITY

SUSTAINABILITY FINANCIALLY

- **Unique** value based arrangements with payers
  - Small population across multiple contracts gets lost in the Accountable Care Organization models
  - DON'T FORGET THE STATE IS A PAYER!

- Offset of start up costs with grants/philanthropy
  - Avoid the trap of costs spread over years for unique adaptive equipment

- Bill like a ROCKSTAR
  - BE, BE AGGRESSIVE!

- Leverage the interdisciplinary resources you have created

- Take credit for downstream revenue that would not have happened without your model

PROUD RECIPIENT OF THE
SPECIAL SNOWFLAKE AWARD
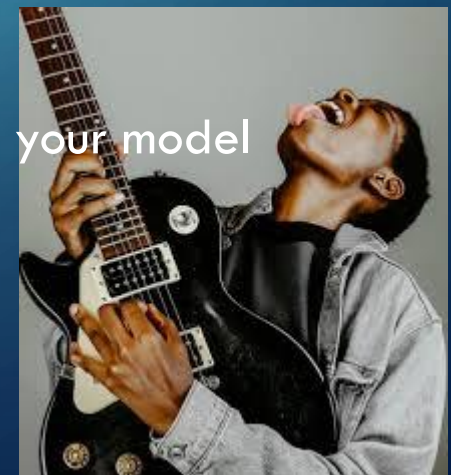
REASSESS TO SUSTAIN

- Healthcare and the community resources are fluid

- Sustain the team

- Maintain the workforce

- Remain flexible

GLOBAL MANAGED CARE- ?THE FUTURE

- The biggest medical spend for the IDD population is **inpatient and ED cost**

- Coordinating care and reducing cost across all care lines will be critical to success

  - Reimagining alternatives to ED and urgent care USE

    - Different residential nursing model?-24 hour coverage

    - Increased medical services available in residence- home care visits, transition of care visits, gastrostomy care, therapies

  - Reimagining and developing Mental Health emergency resources for this population

KEEP YOUR PATIENTS AT THE CORE OF EVERYTHING YOU DO AND MODEL AFTER THEIR STRENGTH AND