

# HEALTHY FLORIDA



PROGRAM UPDATE

# PROGRAM OVERVIEW



Our Healthy Florida is a patient centered program designed to engage with patients within Hendry County, through Care Coordination.

The Program's goal is to engage with the safety net population of Hendry County and through Care Coordination, assist them with their healthcare decisions, understanding of their diagnosis and help them to adhere to their doctor's orders.

The Program is expected to result in better outcomes and increased patient satisfaction at a lower cost.

## Key Metrics:

- Reduce inappropriate ED Visits
- Reduce hospitalization admissions
- Increase Primary Care Visits

# PROGRAM STATS



- Program kicked off in January of 2015, in Hendry County.
- Approximately 6,000 patients signed up for program to date.
  - 425 patients are receiving focused engagement.
    - a. Before the program began, these 425 patients represented 64% of costs for all patients in program.
    - b. After 12 months in the program, these 425 patients represent 25% of costs for all patients in program.
  - Remaining patients are engaged through multi channel electronic communications and during normally scheduled physician appointments.
- Focused Patient Program Results Include:
  - Emergency Department reductions of 21%.
  - Inpatient Visits reduced by 35%.
  - Primary Care Visits increased by 76%.
  - 12 month savings of \$6,147 per patient.

# PROGRAM ELEMENTS



- Care Coordinators embedded into our program partners facilities.
  - This onsite Care Coordination facilitates healthy and sustainable behavior change by the program patients.
- Establishment of all-payer data warehouse and analytics infrastructure.
- Use of data analytics to identify super utilizers.
- Communications program with program patients through multiple message themes by way of text messaging, electronic mail and/or telephone, home visits and other access points during the term of the Program.
- Collaboration through the use of a comprehensive electronic health record (EHR) accessible by the stakeholders and patients.

# KEYS TO SUCCESS



- Use of data analytics to identify super utilizers, enabling Focused Patient Engagement.
- Trusted relationship with the Patient.
- In-person interventions with the Patient.
- On-going dialog with the Patient.
- Trusted relationship with the Healthcare Provider.
- Access to the complete medical record of the patient.
- Programs financial success aligned with improved patient outcomes.

# WHO HOLDS THE KEYS



## Managed Care or Healthy Florida

- Managed Care
  - Adversarial relationship with Hospitals and Providers.
  - Patients have no interaction with Managed Care (no personal relationship).
  - Business model succeeds with higher medical cost (must spend 85% on patient care).
- Healthy Florida
  - Patient is introduced to Healthy Florida by Hospitals and Doctors.
  - Trust is established through understanding and supporting patient.
  - Business model succeeds with improved patient outcomes at lower cost.
  - Reduces unnecessary and expensive Emergency Department visits (Hospitals prefer).
  - Increases primary care visits (Doctors prefer).
  - Works with all Managed Care plans (can serve all patients).
  - HIPAA Authorization enables access to patient's complete medical history.

HEALTHY FLORIDA

# CURRENT RESULTS



Key Metric: Reduction of ED Visits

## Focused Patients

2014 Visits	1,055
<u>June '15 – June '16 Visits</u>	<u>835</u>
Reduction of	220

21% Reduction

Numbers are based on 2014 vs. June 2015 – June 2016 numbers of Program Patients that receive focused engagement, starting in June 2015.

# CURRENT RESULTS



Key Metric: Reduction of Inpatient visits

## Focused Patients

2014 Visits	1,734
<u>June '15 – June '16 Visits</u>	<u>1,124</u>
Reduction of	610

35% Reduction

Numbers are based on 2014 vs. June 2015 – June 2016 numbers of Program Patients that receive focused engagement, starting in June 2015.



# CURRENT RESULTS



## Key Metrics: Increase of Primary Care Visits

### Focused Patients

2014 Visits	640
<u>June '15 – June '16 Visits</u>	<u>1,124</u>
Increase of	484

76% Increase

Numbers are based on 2014 vs. June 2015 – June 2016 numbers of Program Patients that receive focused engagement, starting in June 2015.

# CURRENT RESULTS



## Key Metric: Annual Cost Comparison

### Focused Patients

2014 Costs	\$	4,635,857
<u>June '15 – June '16 Costs</u>		<u>2,023,483</u>

Difference: **\$ 2,612,374**

Per Patient: **\$ 6,147**

Numbers are based on 2014 vs. June 2015 – June 2016 numbers of Program Patients that receive focused engagement, starting in June 2015.

# PILOT PROGRAM



- Pilot program spread across 10-12 Florida Counties:
  - Mix of rural and urban counties.
- There are approximately 1,220,000 Medicaid enrollees in these counties:
  - Both MMA and FFS programs.
- This population represents:
  - Approximately 35% of all 2014 State ED visits.
  - Approximately 33% of all 2014 State ED charges.
  - Approximately \$2,894,425,171 in ED charges in 2014.
- Goal would be to have 15-20% of this population in pilot program:
  - Approximately 180,000 – 245,000 participating Medicaid Program patients.
  - The top 5% of the super utilizers account for 54% of the costs.
  - 1% represent of this population account for 25% of the total Medicaid expenditures.

## Example Pilot Counties:

1. Broward
2. Duval
3. Polk
4. Lee
5. Escambia
6. Marion
7. Pasco
8. Lake
9. Seminole
10. Leon
11. Okeechobee
12. Hendry

# PILOT PROGRAM



- Key Program Metrics:
  - Reduce inappropriate emergency department visits.
  - Reduce hospitalization admissions.
  - Increase primary care visits.
- Collaboration with FQHCs, DOH, hospitals and other care access points.
  - Embed Care Coordinators at these facilities, to engage with the Medicaid population.
  - This onsite one-on-one Care Coordination facilitates healthy and sustainable behavior change by the program patients.
- Program goals will be to demonstrate:
  - Minimum 5% reduction in emergency department visits.
  - Minimum 5% reduction in hospital admissions.
  - To save \$60,000,000 per year in Medicaid costs.

# BUSINESS MODEL



- Pilot fees based on meeting Program metrics.
- 36 month Pilot term.
- Program is designed to be revenue positive.
- Pilot fees based on Per person, per month fee.
  - \$5.00 per person per month (\$60.00 per year).
- Savings generated per person:
  - \$240+ per person year.

# CONTACT US



Rick Griffiths  
404-432-3547  
[rickg@ohfla.org](mailto:rickg@ohfla.org)

HEALTHY FLORIDA