IRHA Fellowship Program 2019 Cohort

Telemedicine

E-Cigarettes

Medicaid ACO

IRHA Fellowship Mentors

Becky Sanders, MBA, Director of Operations, IRHA

Cody Mullen, PhD, Policy, Research, and Development Officer, IHRA

Nikki King, MHSA, MBA, DHA ‘20, Manager of Behavioral Health and Addiction Services, Margaret Mary Health

Trevor Cunningham, Project Coordinator, IRHA

Telelactation

Lauren Majors, IBCLC, RLC, Co-Founder, President,
Sonder Health

Lactation Analysis

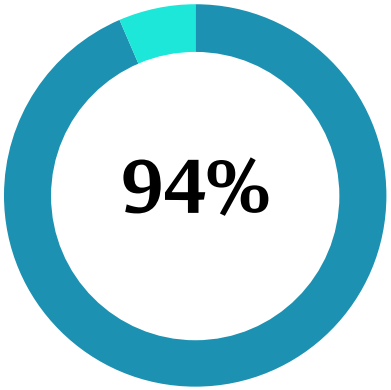
Patient by State

Patients by State

Of 603 patients who completed a telemedicine visit, 433 patients were counted and sorted. Those highlighted by state show the highest by visit volume.

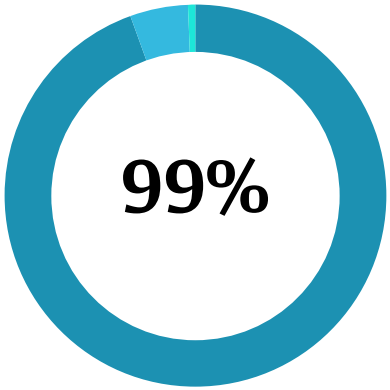
Patient by State / Highlight Top 5 States by Patient Count	
State	Count of Patient by State
AZ	4
CA	43
CO	2
CT	6
DC	1
DE	1
FL	26
GA	50
IA	1
ID	2
IL	8
IN	14
KY	2
LA	1
MA	3
MD	8
ME	2
MI	11
MN	2
MO	6
MS	4
NC	11
NE	1
NJ	21
NM	3
NV	4
NY	46
OH	21
OK	2
OR	2
PA	10
SC	4
SD	5
TN	6
TX	51
UT	2
VA	44
WA	2
WI	1
Grand Total	433

Lactation Analysis



Initial vs. Follow Up

Initial visits made up 94% of all visits with follow up visits accounting for 6%.



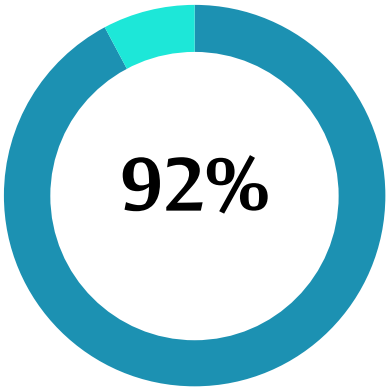
Rating of Provider

94% of patients rated the provider with 5 stars.

5% rated the provider with 4 stars.

1% rated the provider with 1 star.

Overall 99% of patients gave the provider a 4 or 5 star rating.



Provider Connection Type

92% of providers used a computer web connection to perform consultations.

8% of providers utilized a mobile device.

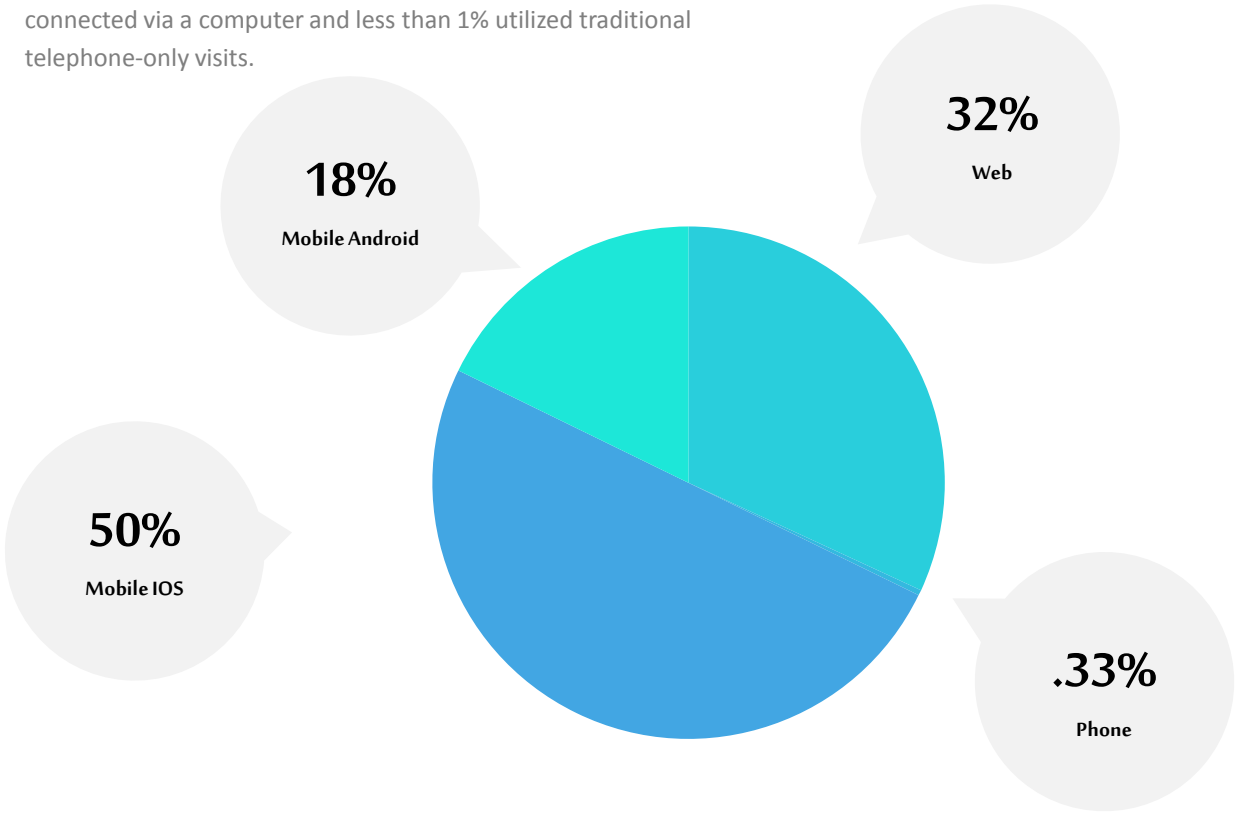
Lactation Analysis

Patient Connection

Patient Connection Type

Patients had the option to connection for a consultation through a traditional telephone call, their web-enabled computer, or via a phone.

Over 65% of patients connected via a mobile device, while 32% connected via a computer and less than 1% utilized traditional telephone-only visits.



38 Minutes

50% of Initial visits were between 38 – 96 minutes long.

Appointment scheduled times were 50 minutes.

Average Initial Visit

28 Minutes

50% were between 28-75 minutes long.

Appointment scheduled times were 25 minutes.

Average Follow up Visit

Lactation Analysis

82%

Wait time of 5 minutes or less

Lactation Telemedicine Visit

13%

Wait time of 10 minutes or less

Lactation Telemedicine Visit

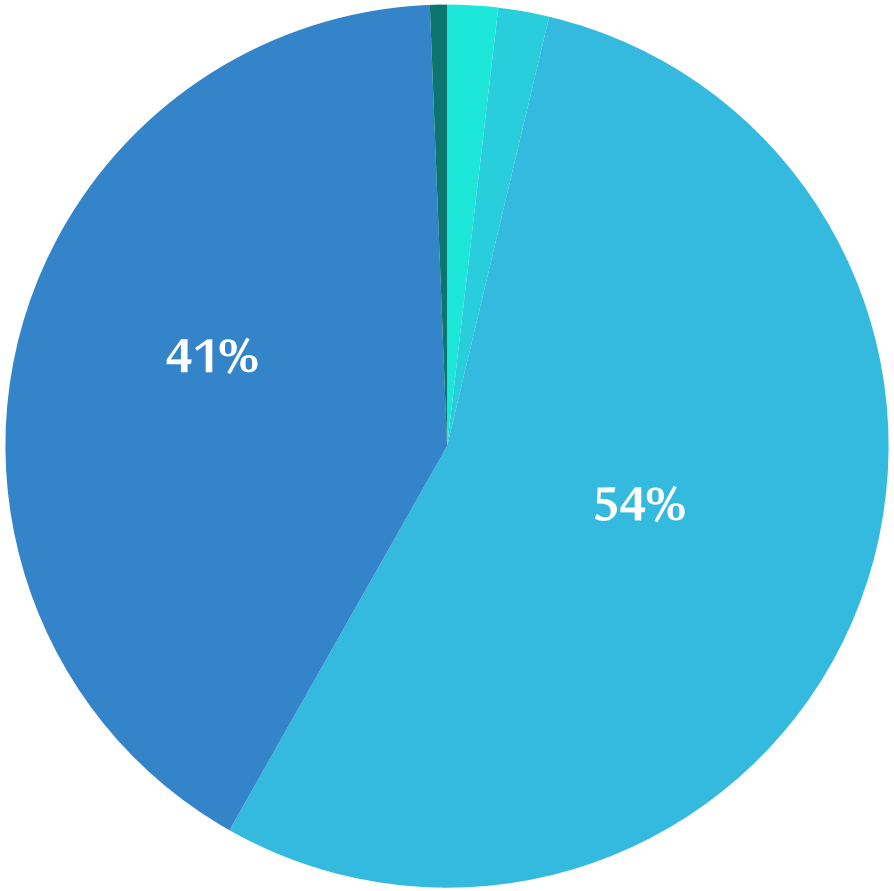
5%

Wait time of 10+ minutes

Lactation Telemedicine Visit

Lactation Analysis

Where would they have gone had they not had a telemedicine lactation visit?



54%

Made an Office Appointment

41%

Would have gone nowhere

2%

Would have gone to a Retail Health Clinic

2%

Would have gone to and Urgent Care Center

.06%

Would have gone to the Emergency Room

Telenutrition

Michele Clark, Market Director of Business Development, Sycamore Springs

Maria Szeszol, Pharm D ’20, Butler University

Nutrition Analysis

Patient by State

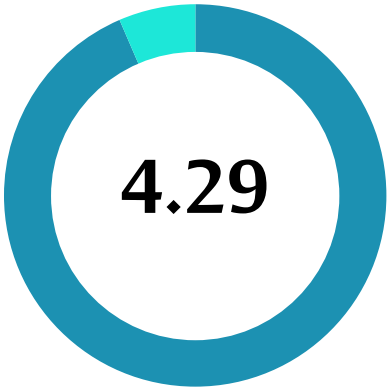
Patients by State

Of 9,666 patients who completed a telemedicine visit, 7,889 patients were counted and sorted. Those highlighted by state show the highest by visit volume.

State	Count of Patient by State
AL	89
AR	5
AZ	22
CA	449
CO	263
CT	120
DE	2
FL	303
GA	830
IA	99
ID	2
IL	214
IN	870
KS	48
KY	332
LA	59
MA	20
MD	88
ME	99
MI	17
MN	53
MO	255
MS	11
NC	64
NE	5
NH	45
NJ	66
NV	158
NY	387
OH	580
OK	4
OR	3
PA	81
RI	9
SC	25
SD	9
TN	175
TX	476
UT	4
VA	1278
WA	42
WI	189
WV	39
Grand Total	7889

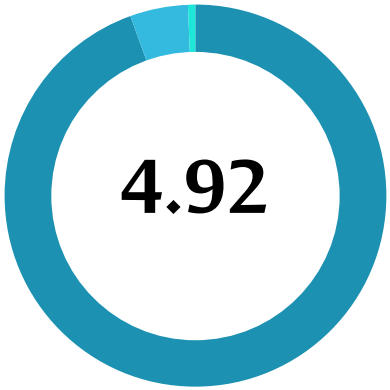
Nutrition Analysis

National Data



Wait Time

Average wait time for each visit was approximately 4.29 minutes.



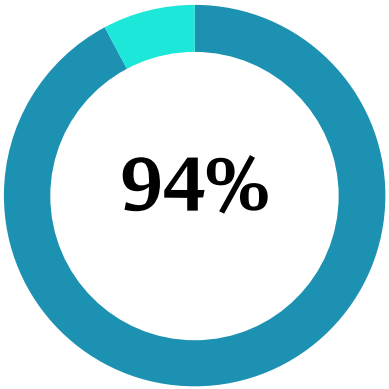
Rating of Provider

93% of patients rated the provider with 5 stars.

6.5% rated the provider with 4 stars.

Less than 1% rated the provider with 1, 2, or 3 stars.

Overall 99% of patients gave the provider a 4 or 5 star rating.



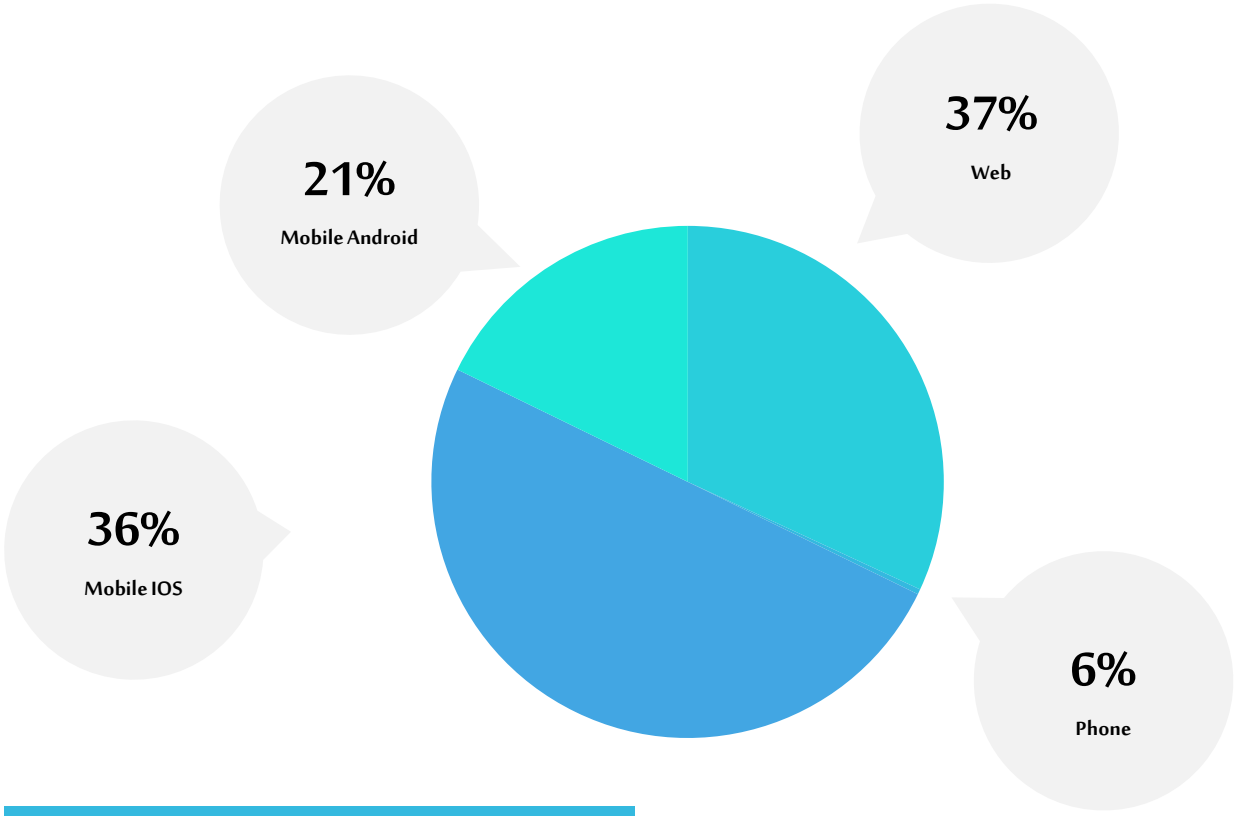
Provider Connection Type

94% of providers used a computer web connection to perform consultations.

6% of providers utilized a mobile device.

Nutrition Analysis

Patient Connection – NATIONAL



8,796 NATIONAL PATIENTS

Patient Connection Type

Patients had the option to connection for a consultation through a traditional telephone call, their web-enabled computer, or via a phone.

Over 57% of patients connected via a mobile device, while 37% connected via a computer and 6% utilized traditional telephone-only visits.

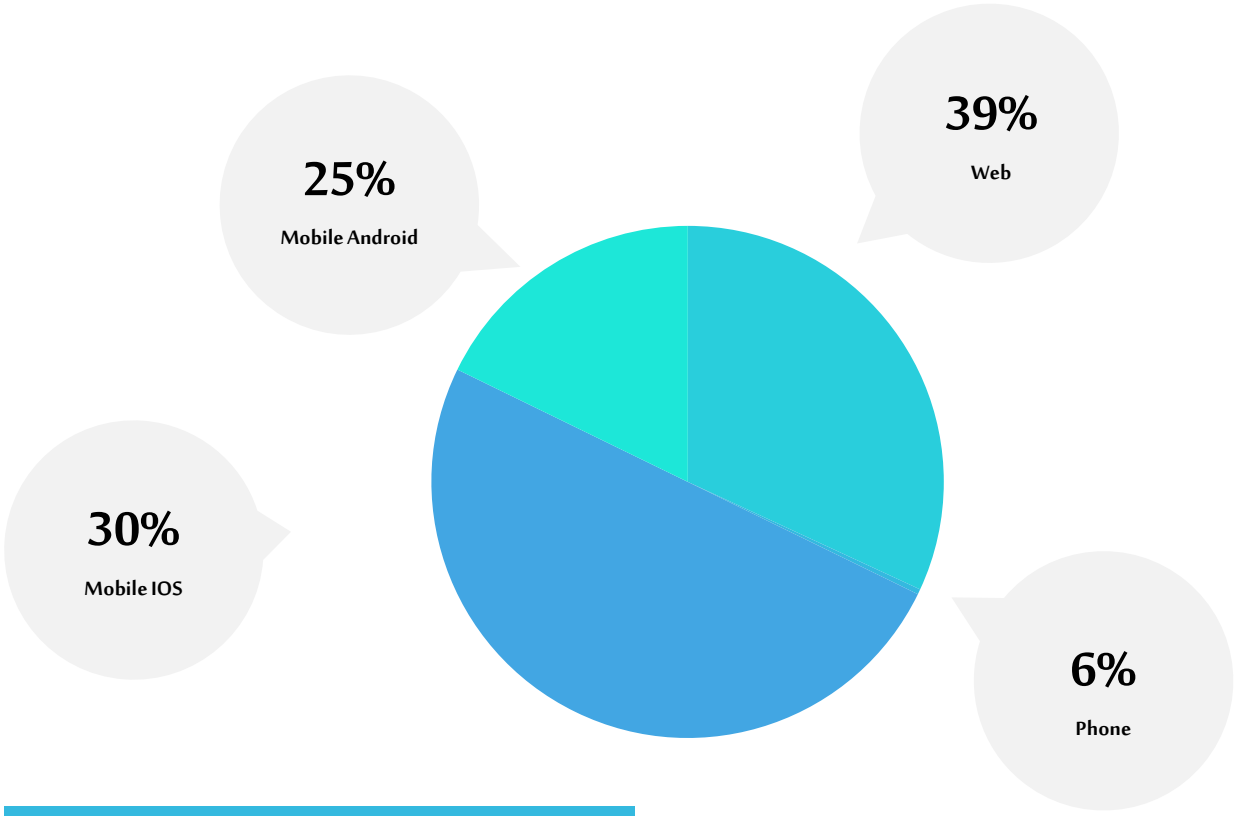
17 Minutes

Appointment scheduled times were 25 minutes.

Average Visit Length

Nutrition Analysis

Patient Connection — INDIANA



870 INDIANA PATIENTS

Patient Connection Type

Patients had the option to connection for a consultation through a traditional telephone call, their web-enabled computer, or via a phone.

Over 55% of patients connected via a mobile device, while 39% connected via a computer and 6% utilized traditional telephone-only visits.

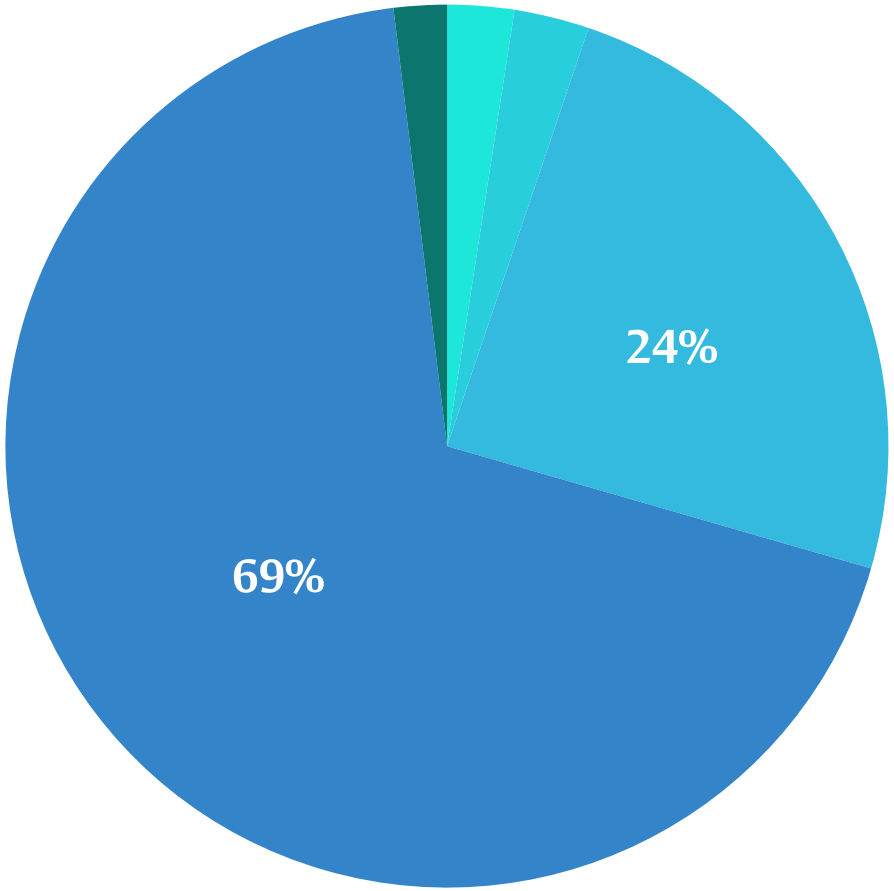
17 Minutes

Appointment scheduled times were 25 minutes.

Average Visit Length

Nutrition Analysis

Where would they have gone had they not had a telemedicine nutrition visit?



69%

Would have gone nowhere

24%

Made an Office Appointment

3%

Would have gone to and Urgent Care Center

2%

Would have gone to a Retail Health Clinic

2%

Would have gone to the Emergency Room

Questions

E-cigarette Use in Rural Indiana

IRHA Fellowship
Desmond Atem
Katie Lugar
Mitchell Western
MacKenzie Whitener

Background

“Tobacco use among youth and young adults in any form, including e-cigarettes, is not safe. In recent years, e-cigarette use by youth and young adults has increased at an alarming rate. E-cigarettes are now the most commonly used tobacco product among youth in the United States.”

Recent increases in the use of e-cigarettes is driving increases in tobacco product use among youth.[6,7]The number of middle and high school students using e-cigarettes rose from 2.1 million in 2017 to 3.6 million in 2018—a difference of about 1.5 million youth.

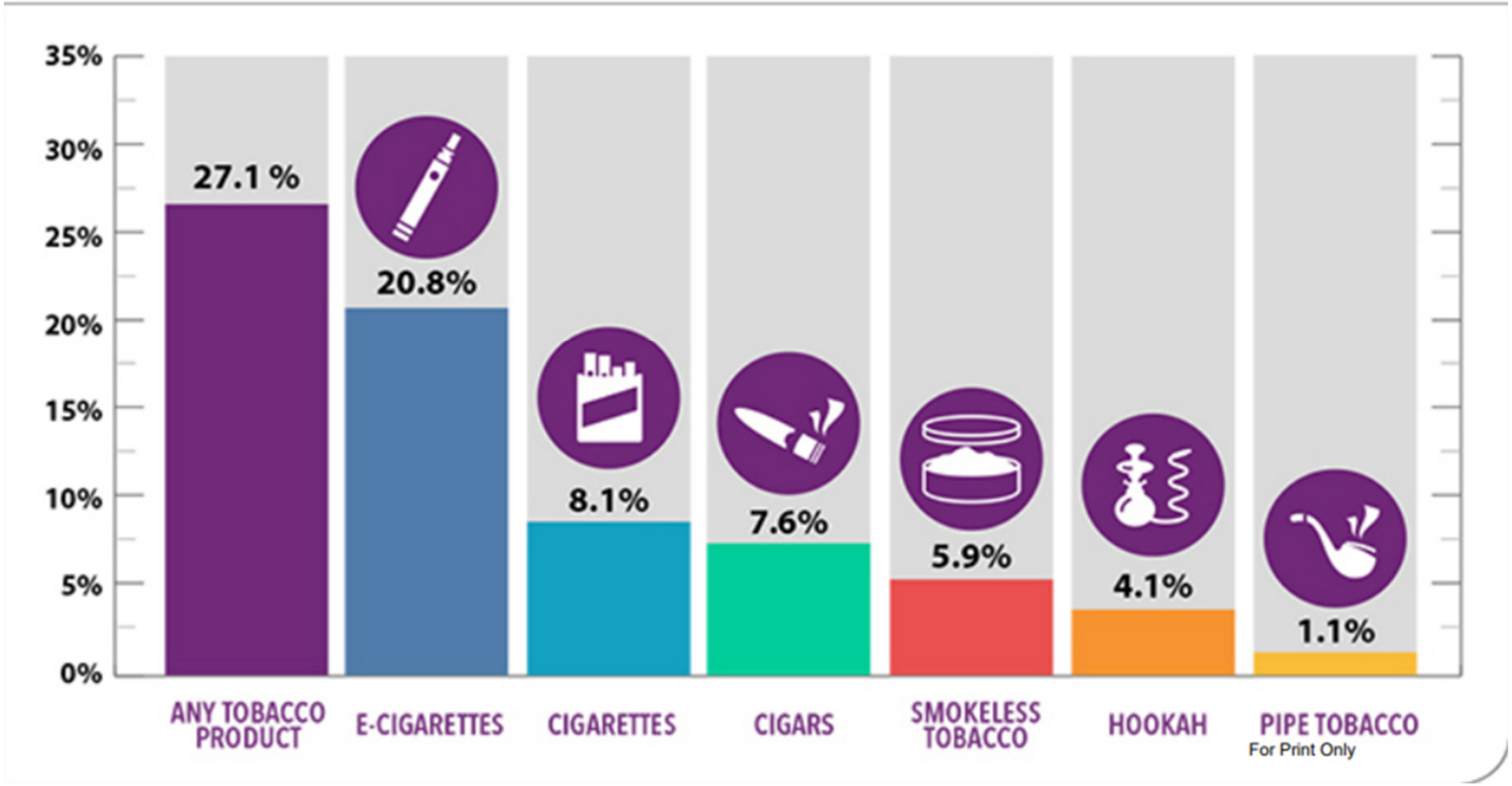
Current (past 30 day) use of e-cigarettes went up among middle and high school students from 2011 to 2018.[6,9]

Nearly 1 of every 5 high school students (20.8%) reported in 2018 that they used electronic cigarettes in the past 30 days—an increase from 1.5% in 2011.

Young people that use e-cigarettes are four times more likely to use combustible cigarettes.

https://e-cigarettes.surgeongeneral.gov/documents/2016_SGR_Exec_Summ_508.pdf https://www.cdc.gov/tobacco/basic_information/e-cigarettes/index.htm

Tobacco Product Use Among High School Students – 2018



https://www.cdc.gov/tobacco/infographics/youth/pdfs/vs-infographic-2018-p.pdf?s_cid=bb-osh-youth-graphic-008

Current Policies

15/50 States have a law defining an e- cigarette – Indiana does

9/50 States have a law taxing e- cigarettes – Indiana does not

27/50 States have laws on Product Packaging of E-Cigarettes

48/50 States have laws on Youth Access to E-Cigarettes (Varies 18-21) Indiana is 18

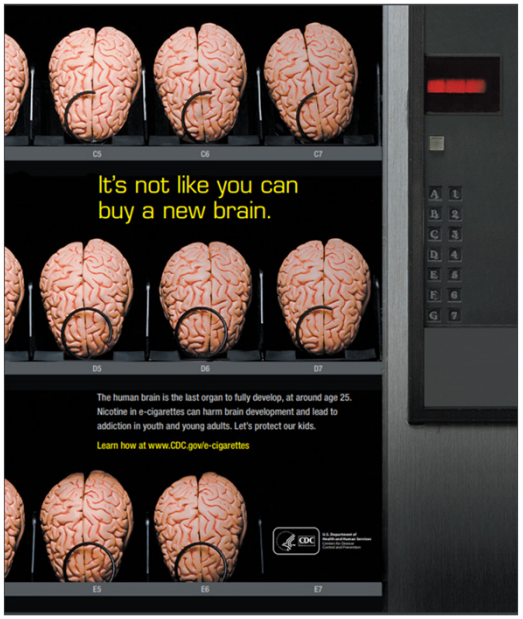
19/50 States have laws on Retail licensure on E-Cigarettes

www.publichealthlawcenter.org

Proposed Legislation

- Tobacco to 21
- Raise It for Health
- Marketing Law Change

Current Educational Programs



More Informational – PSA: Parents / Teachers Etc. (Infographics)

Radio Infomercial / “New Brain” Ad

General Surgeon Site “Know the Risks”

Truth Initiative

Smoking Cessation Education

Is this information being correctly presented to the youth population. The greatest at risk age group?

Proposed Project

Quantitative Data Collection-Survey (Primary)

Understand the issue in rural in Indiana

Quantitative Data Analysis-CDC BRFSS

Understand the use of e-cigarettes in the national data and other associated risk factors

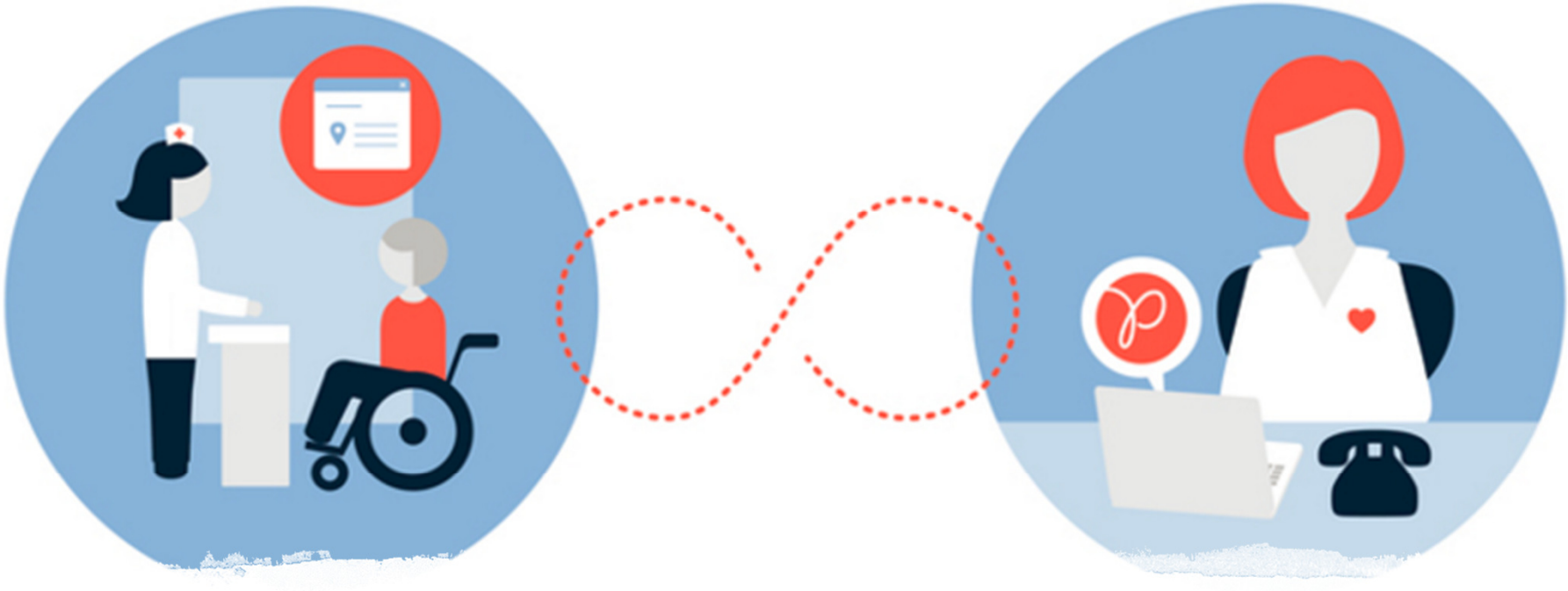
Educational Campaign Creation/Partnership

Based on finding of survey, development of educational campaign.

Questions

Indiana Medicaid ACOs

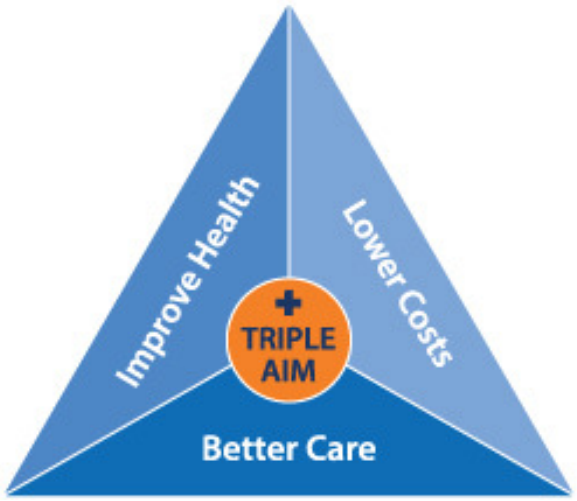
Lara Kish, Tracy Craft
IRHA Fellowship Program
June, 2019



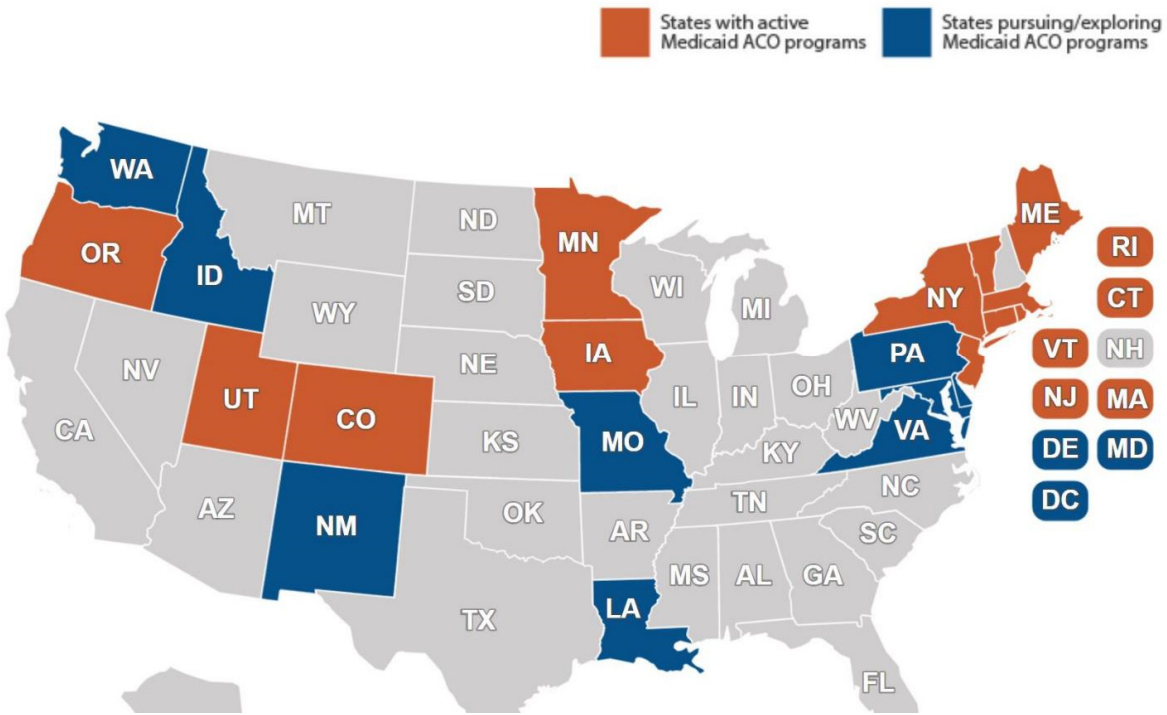
Accountable Care Organizations (ACO)

- Group of health care providers that coordinate care
- Align payer and provider incentives to focus on value-based outcomes instead of volume

ACO Basics



- **Overall Goal**
  1. Better health
  2. Improved patient experience
  3. Lower costs
- **Key Components**
  - Value-based Payment Structure
  - Quality improvement measurement tool
  - Data collection and analysis



Current Implementations

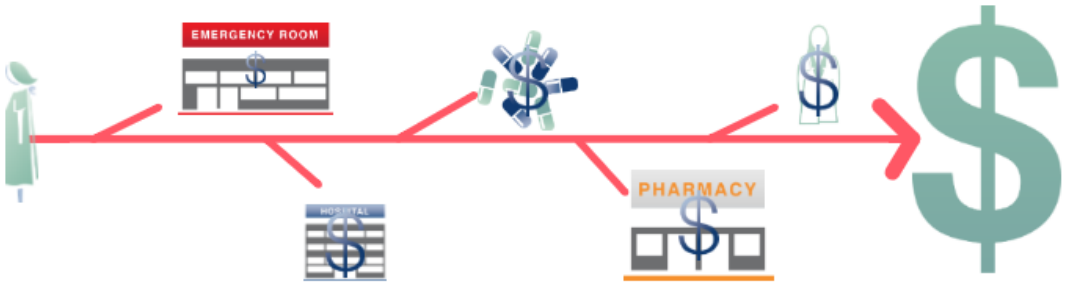
- 12 active Medicaid ACOs
- Variations
  - Governance Structure
  - Payment Structure
  - Scope of Services
  - Quality Measures

Successes in Medicaid ACOs

State	Started	Savings	Notable Improvements
Colorado	2011	$77 million	Lower rates: • ED visits • high-cost imaging • readmittance to hospitals
Maine	2014	$4.56 million	
Minnesota	2012	$213 million	• 14% decrease in hospital admissions • 7% decrease in ED visits
Oregon	2013		• 21% increase screenings for children at risk of developmental, behavioral, and social delays • 19% increase in use of effective contraception in women ages 18-50
Vermont	2016	$15.7 million	

Fee for Service Payment System

- Current Medicaid payment system
- Funds are distributed based upon services rendered



Why is the Fee for Service System Problematic?

- Quality of care and patient outcomes are not incentivized
- Focus is centered on high paying services
- Preventative care is cost prohibitive
- The Social Determinants of Health slip through the cracks

Why is Fee for Service Problematic?

- A system of inefficient, cursory, care is created
- Lives are lost unnecessarily due to lack of coordinated care
- Inefficient use of resources for hospitals AND taxpayers

How can an ACO assist?

Reimbursement relies on outcomes and preventative care

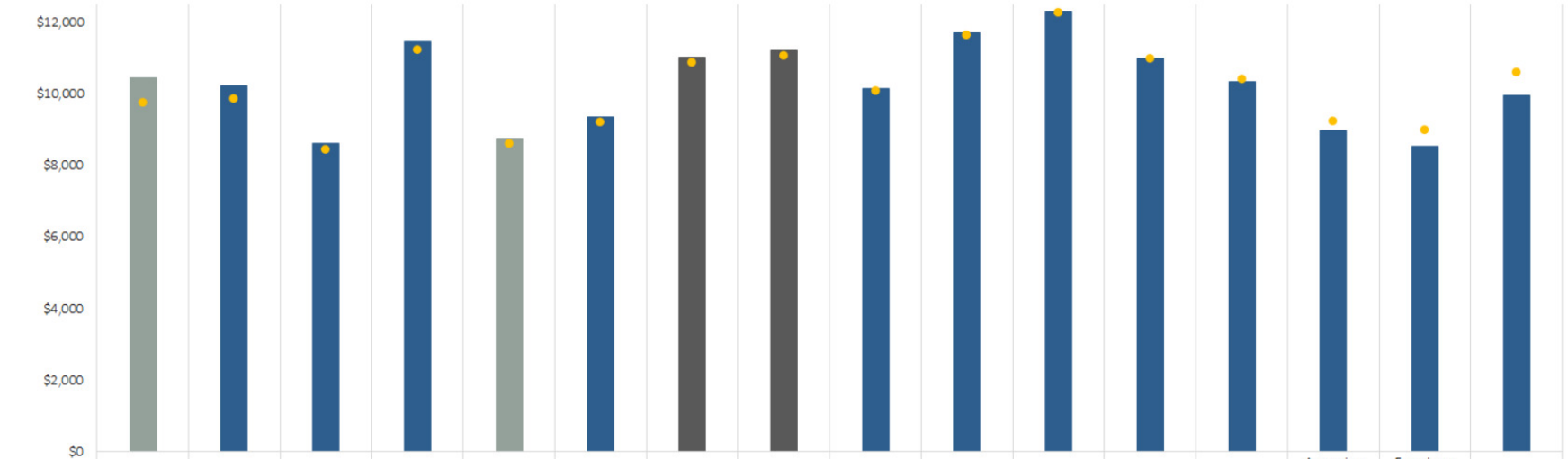
Increased patient access to mental health screenings, physical wellness screenings, and case management services

This increase in care leads to….

ACO Improvements

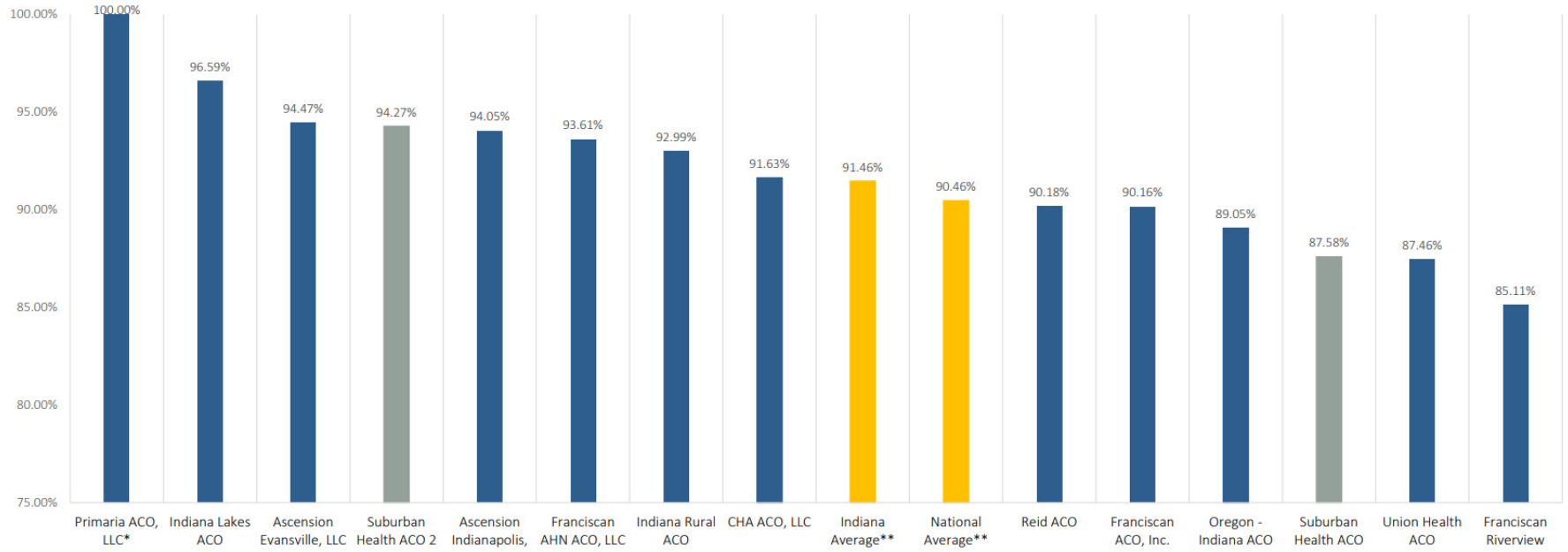
- Improved prognosis
- Improved overall quality of life
- Less uses of healthcare resources
- Higher reimbursement rates

Indiana Hospital Based ACO's 2017 Performance



	Suburban Health ACO 2	Franciscan AHN ACO, LLC	Indiana Lakes ACO	Reid ACO	Suburban Health ACO	CHA ACO, LLC	National Average	Indiana Average	Ascension Evansville, LLC	Union Health ACO	Oregon - Indiana ACO	Indiana Rural ACO	Franciscan ACO, Inc.	Ascension Indianapolis, LLC	Franciscan Riverview Health ACO	Primaria ACO, LLC
Benchmark	$10,431	$10,227	$8,614	$11,448	$8,760	$9,348	$11,022	$11,213	$10,155	$11,711	$12,298	$10,981	$10,329	$8,976	$8,527	$9,943
Performance	$9,740	$9,869	$8,425	$11,229	$8,610	$9,214	$10,865	$11,047	$10,073	$11,645	$12,272	$10,983	$10,406	$9,230	$8,976	$10,589
Savings Rate	6.62%	3.50%	2.19%	1.91%	1.71%	1.44%	1.35%	1.12%	0.81%	0.57%	0.22%	-0.02%	-0.75%	-2.83%	-5.26%	-6.49%
Savings ($)	$3,627,190	$10,012,207	$1,415,701	$2,150,532	$2,215,628	$1,829,156	$2,318,950	$1,408,988	$899,736	$960,827	$179,796	-$21,694	-$4,359,837	-$7,575,789	-$2,440,957	-$20,523,381
Beneficiaries	5,444	28,827	7,691	10,085	15,171	13,870	19,053	19,615	11,277	14,862	7,001	13,004	57,708	30,524	5,585	32,695

Indiana Hospital Based ACO's 2017 Performance
Quality Score



Works Cited

- Accountable Care Organizations Overview. (2019, March 08). Retrieved from https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ACO/
- Houston, R. (2014, August 11). Global Payments: A Key Step toward Totally Accountable Care.
- Retrieved from https://www.chcs.org/global-payments-key-step-toward-totally-accountable-care/
- Matulis, R., & Lloyd, J. (2018, February). The History, Evolution, and Future of Medicaid
- Accountable Care Organizations [PDF]. Center for Health Care Strategies, Inc.
- Medicaid Accountable Care Organizations: State Update [PDF]. (2018, February). Center for Health Care Strategies, Inc.

Questions