Montana Frontier Community Health Care Coordination Demonstration Grant

A demonstration project funded by the U.S. Department of Health and Human Services Office of Rural Health Policy through the Montana Department of Public Health and Human Services, subcontracted to MHA's Montana Health Research and Education Foundation

Background

- Montana Frontier Community Health Care Coordination Demonstration Grant was awarded in 2011.
- The purpose of this grant is to improve the health status of clients with multiple chronic conditions who are Medicare and Medicaid beneficiaries living in frontier areas

Structure of Project

- Minimal part-time (10 hours per week) Community Health Workers hired at about $10-$12/hour
- Frontier/very small rural communities
- Supervision from the hiring healthcare facility
- Training, overall project supervision from MHREF (Heidi Blossom, Care Transitions Coordinator)

Project Structure, con't.

- Generally, no hospital offices or equipment available to Community Health Workers
- No benefits
- Profile of those accepting the 10-hour/week, $10/hour position: usually retired; almost all non-clinically-trained; a few affiliated with the healthcare facilities in other capacities

Project structure, con't.

- Curriculum modeled on Minnesota's
- Emphasis is on non-clinical intervention and care coordination
- Multiple trainings and ad hoc trainings offered to accommodate rapid turn-over in CHWs

Project structure, con't.

- Budget for first year $194,954
- Budget for second year $171,040
- Budget for third year $146,602


LINCOLN
Libby
FLATHEAD
Kalispell
GLACIER
Cut Bank
Shelby
TOOLE
LIBERTY
Chester
HILL
Havre
Chinook
BLAINE
PONDERA
Conrad
TETON
Choteau
CHOUTEAU
Fort Benton
Malta
PHILLIPS
VALLEY
Glasgow
Wolf Point
ROOSEVELT
SCOBEY
DANIELS
SHERIDAN
SANDERS
Thompson Falls
Polson
LAKE
Great Falls
LEWIS
AND
CLARK
CASCADE
FERGUS
Stanford
Lewistown
JUDITH
BASIN
PETROLEUM
Winnett
GARFIELD
Jordan
MCCONE
RICHLAND
Sidney
DAWSON
Glendive
WIBAUX
PRAIRIE
Terry
MINERAL
MISSOULA
Missoula
GRANITE
Philipsburg
POWELL
Deer Lodge
MEAGHER
White Sulphur Springs
WHEATLAND
Harlowton
BROADWATER
Townsend
Boulder
Anaconda
JEFFERSON
Butte
Hamilton
RAVALLI
SILVER BOW
GALLATIN
Bozemen
Livingston
SWEETGRASS
Big Timber
STILLWATER
Columbus
MUSSELSHELL
Roundup
Ryegate
YELLOWSTONE
Billings
VALLEY
TREASURE
ROSEBUD
Hysham
Forsyth
Miles City
CUSTER
FALLON
Baker
Ekalaka
Hardin
BEAVERHEAD
Dillon
Ennis
MADISON
PARK
CARBON
Red Lodge
BIG HORN
POWDER RIVER
Broadus
CARTER

Community Health Workers

- CHWs are paraprofessionals who work directly with members of the community with chronic conditions and are preferably Medicare or Medicaid beneficiaries, to support clients in improving their health, reducing avoidable hospitalizations, and readmissions as well as to link these individuals with health and social services needed to achieve wellness.

What do the CHWs Do?

- Preform face-to-face and phone contact with their clients on a scheduled basis and as needed.
- Supports and educated clients in medication management and adherence; exercise; nutrition; health care system navigation; health promotion and management of chronic illnesses.
- Provides support and notifies clinical team and program manager regarding changes in: behavior, medication compliance, and other issues as related to the established care plans.
- Help and coordinate patient transportation and accompaniment as needed to scheduled appointments.

What CHWs Do

- Assure patients get appropriate and timely services by making referrals and motivating/teaching people to seek care.
- Participate in regularly scheduled staff development training to improve self-knowledge of chronic illness
- Communicate all concerns to the Care Transition Coordinator.
- Communicate with patients, families, and providers to keep them informed and help bridge barriers to patient's health care goals.
- Create a non-judgmental atmosphere in interactions with individuals and their identified families

Community Outreach

- Red Hat Ladies
- Pot-Luck Dinners
- Transportation Coordination
- “Stepping on Program”
- City Planning
- Harlowton Neighbors Helping Neighbors

Who Provides Referrals

- Providers
- Senior Centers
- Low Income Housing directors
- Sherif
- Communities of Faith
- Families and Friends

Barriers

- Clients
  - Like being ill
  - Will not participate because this is a grant
  - Do not believe they need help
- Facilities
  - Unsure why they participated
  - Are fearful that this will impact the bottom line
  - No space for the CHWs to work
  - Poor communication between the CEO and the providers
  - Champion for the program has left the facility

Barriers

- Providers
  - Believe that anyone dealing with "patients" should be nurses
  - Do not want the government telling them what to do
  - Lack of control
  - Fearful that this will impact the bottom line

Successes

- Prevented elder abuse
- Prevented disaster
- Lowered ER visits and EMS calls
- Assisted clients to receive needed care
- Helped clients understand their disease and treatment

Successes

- We do believe we've been able to collect enough information concerning the client base and enough information about their outcomes to provide indicators that a CHW project holds huge promise in both frontier and other communities.

- Information is anecdotal

- Information is assessed based on reports from CHWs, clinic managers and DoNs, public safety personnel (e.g. county Sheriffs) and some client self-reports

Successes

- While some outcomes are speculative ("we believe we've saved this much money because we believe the client would have returned to the ED or clinic without this intervention") the projection methods used are not dissimilar to the assumptions used in putting together CMMI proposals or those recommended as estimates for preparing FCHIP waiver proposals.

- The savings and health impacts reported here are therefore not empirically validated, but are conservative estimates and judgments about program impact which we believe warrant further exploration of this model.

Cost Savings

Cost savings calculated from Comp Data, MT DPHHS Medicaid data, survey of sites for average clinic visit costs; est. cost on 911 calls (no state or national data available, see footnote and website)

- Calculations for 26 out of the 113 total cases
- 6-month Costs saved, CMS/Medicaid $513,725
- 6-month Costs saved, other tax sources $23,000
- One year (2012-13) full program cost $171,040
- **6-month Medicare-Medicaid estimated costs saved minus one full year program expenses (2012-13) $342,725**

Lessons Learned

- Need a champion in each facility
- Community Health Workers should be from the community they serve
- Turn-over is a constant
- People with a medical or social work back ground do not make the best Community Health Workers

Billing for CHW Services

- **Medicare Benefit Policy Manual-** Chapter 13-Rural Health Clinic (RHC) and Federally Qualified Health Center (FQHC)
- 100.4-Transitional Care Management (TCM) Services (rev.201, Issued: 12-12-14, Effective: 01901-15, Implementation: 01-05-15)

Billing Cont.

- Billing for TCM services must be within 30 days of the date of discharge from a hospital, SNF or Community Mental Health Center.
- Communication must happen within 2 business days of discharge and a face-to-face visit must occur with 14 days of discharge.
- CHW have to work under the supervision/direction of a licensed provider