The MetroHealth System and The Impacts of Medicaid Reform

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The MetroHealth System

- 550 bed tertiary care academic medical center with 27 satellite facilities and an additional 20 sites served through community partnerships

- 157 primary care physicians
- 490 specialty physicians
- 213 advanced practice nurses
- 108 physician assistants
- 300+ resident/fellow physicians
- 1,100 nurses

- 25,896 discharges in 2016
- 124,539 ED visits in 2016
- 1,200,000 outpatient visits in 2016

- Affiliated with Case Western Reserve University School of Medicine
- Special Population Health Expertise: Medicaid, school-based health, corrections, foster care populations, value-based risk-sharing models
- The state's only Special Emerging Infectious Disease Center and it's first Office of Opioid Safety

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MetroHealth's Medicaid Experience: Comprehensive Care, Payment Reform

The MetroHealth System has extensive experience with Medicaid care delivery and payment reform through multiple initiatives:

- One of Ohio's largest Medicaid providers
- 175 plus year history of caring for uninsured patients
- Operating successful pre-expansion 1115 Medicaid Waiver, *MetroHealth Care Plus,* in 2013
- Supporting the State's exploration of risk-based evolution
- Designing advanced provider-payer collaborations
- Managing Medicaid HMO Value-Based Total Cost of Care initiatives for CareSource Medicaid population attributed to MetroHealth

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Key MetroHealth Medicaid Initiatives

Technology, Informatics, Operations & Patient Experience

- Single electronic medical record across providers (Epic system)
- Operational focus on comprehensive primary care, ambulatory outreach, and the delivery of appropriate preventive care and control of chronic diseases
- Care coordination interventions tailored to identify and remove multi-source barriers to care for Medicaid beneficiaries
- Meaningful metrics to monitor clinical, quality, patient experience and process results

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MetroHealth Care Plus Results: Better Health, Better Care, Lower Costs

Many Enrollees Were Working Poor

Up to 40% of enrollees were employed and reported income, but had no coverage.

Demand Was High

- Nearly 1 in 4 enrollees were screened for a behavioral health issue
- Utilization of behavioral health services increased over the course of the program
- Dental and inpatient utilization increased early in the program, indicating many persons may have been foregoing important medical procedures

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MetroHealth Care Plus Results: Better Health, Better Care, Lower Costs

Health Outcomes Improved

- Fully enrolled individuals exceeded benchmarks for diabetes, blood pressure, and hypertension, and significantly improved their utilization of regular preventative care such as flu vaccination and breast cancer screening.

Utilization of Health Care Was Appropriate

- Fully enrolled individuals' outcomes were better, their costs were lower, and ED utilization went down
- In fact 4 out of 5 fully enrolled Care Plus patients were in a medical home, actively choosing a Primary Care Provider

Costs Were Contained

Costs for the demonstration were nearly 30% below budget estimates – roughly $42 million under the projected cost of the program.

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Medicaid Expansion at MetroHealth

Expanded access to cost-effective care

- 36,173 new patients enrolled under expansion
- Average yearly per capita rate reimbursement: $2,245.77
- Average per member per month reimbursement: $187.15

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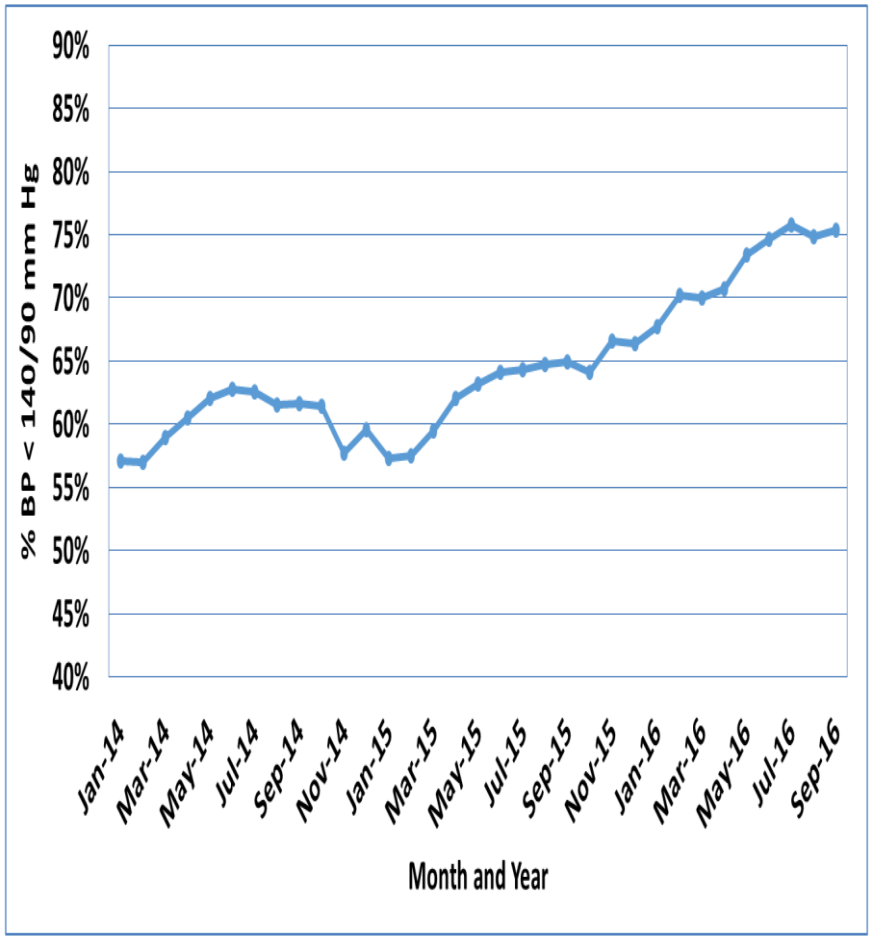
Coverage + Care = Results:
High Blood Pressure Control Saves Lives



11,800 Medicaid Expansion adults with hypertension x 75% with hypertension in control =

8,900 Lives

50 Cardiovascular events averted x $15,000 average cost per event =

$750,000 estimated avoided cost

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Lessons Learned from Medicaid Expansion

1. Continuous coverage of Medicaid expansion enrollees can achieve the “triple aim” of improved care, improved population health, lower total cost of care.
2. Not just care, but the *right* care, in the right place at the right time, is what matters. Disrupted coverage leads to barriers to the right care, worse control of chronic conditions, more avoidable complications, and higher cost.
3. Provider quality improvement initiatives, combined with continuous access to coverage and care, can deliver substantial health benefits to the expansion population.
4. Payment reform at the provider level is the most effective driver of improvements in the value of care.

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Achieving Maximum Benefit from Ohio's Health Care Investment

- **Recognize multi-faceted provider-payer relationships**
  - Adding risk-based financials alone will not change the history
  - Essential for provider/payer partners to get re-acquainted for the collaboration's necessary trust and dependencies to occur
  - Leverage collective resources
  - Align incentives between the organizations
- **Provide critical assistance to patients in their real-life environments: meet patients where they are**
- **Encourage enduring investment in population health and effective community partnerships**
- **Actively listen to Medicaid patients & their families as advisors; act on suggestions to improve access to care**

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Thank You. Questions or Comments?

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