Nurse Practitioners Bridging the Gap:
The Impact of a Nurse Practitioner Managed Transitional Care Chronic Disease Management Clinic on Low Income and Uninsured Patients in Southeast Texas
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Disclosures
Nothing to disclose.

Objectives
• Recognize the importance of the 1115 Medicaid Waiver program and how Nurse Practitioners are participating in waiver programs to transform healthcare in Texas.
• Define patient and community activation.
• Summarize Wagner’s Chronic Care Model.
• Describe the strategies utilized by the SmartHealth Clinic to reduce hospital readmission and ED utilization.
• Describe how Nurse Practitioners might utilize their professional expertise to achieve the IHI Triple Aim.

What is an 1115 Medicaid Waiver?
Section 1115 of the Social Security Act gives the Secretary of Health and Human Services authority to approve experimental, pilot, or demonstration projects that promote the objectives of the Medicaid and CHIP programs. The purpose of these demonstrations, which give states additional flexibility to design and improve their programs, is to demonstrate and evaluate policy approaches such as:
• Expanding eligibility to individuals who are not otherwise Medicaid or CHIP eligible;
• Providing services not typically covered by Medicaid; or
• Using innovative service delivery systems that improve care, increase efficiency, and reduce costs.

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There are general criteria CMS uses to determine whether Medicaid/CHIP program objectives are met. These criteria include whether the demonstration will:
• increase and strengthen overall coverage of low-income individuals in the state;
• increase access to, stabilize, and strengthen providers and provider networks available to serve Medicaid and low-income populations in the state;
• improve health outcomes for Medicaid and other low-income populations in the state, or
• increase efficiency and quality of care for Medicaid and other low-income populations through initiatives to transform service delivery networks.

• Demonstrations must also be “budget neutral” to the Federal government, which means that during the course of the project Federal Medicaid expenditures will not be more than Federal spending without the waiver.
• Generally, section 1115 demonstrations are approved for an initial five-year period and can be extended for an additional three years. States commonly request and receive additional 3-year extension approvals.
What is an 1115 Medicaid Waiver?

Public Comment

• The Affordable Care Act requires opportunity for public comment and greater transparency of the section 1115 demonstration projects.
• A final rule, effective on April 27, 2012, establishes a process for ensuring public input into the development and approval of new section 1115 demonstrations as well as extensions of existing demonstrations.
• The final rule sets standards for making information about Medicaid and CHIP demonstration applications and approved demonstration projects publicly available at the State and Federal levels.

The Texas 1115 Medicaid Waiver

• In December 2011, Texas received federal approval of an 1115 waiver that would preserve Upper Payment Limit (UPL) funding under a new methodology, but allow for managed care expansion to additional areas of the state.
• The purpose of the 1115 Healthcare Transformation waiver, supplemental payment funding, managed care savings, and negotiated funding will go into two statewide pools now worth $29 billion (all funds) over five years. Funding from the pools will be distributed to hospitals and other providers to support the following objectives: (1) an uncompensated care (UC) pool to reimburse uncompensated care costs as reported in the annual waiver application/UC cost report; and (2) a Delivery System Reform Incentive Payment (DSRIP) pool to incentivize hospitals and other providers to transform their service delivery practices to improve quality, health status, patient experience, coordination, and cost-effectiveness.

The Texas 1115 Medicaid Waiver

• Uncompensated Care Pool Payments are designed to help offset the costs of uncompensated care provided by the hospital or other providers.
• DSRIP Pool Payments are incentive payments to hospitals and other providers that develop programs or strategies to enhance access to health care, increase the quality of care, the cost-effectiveness of care provided and the health of the patients and families served.
• Under the transformation waiver, eligibility to get Uncompensated Care or DSRIP payments will require participation in a regional healthcare partnership. Within a partnership, participants include governmental entities providing public funds known as intergovernmental transfers (IIT), Medicaid providers and other stakeholders. Participants will develop a regional plan identifying partners, community needs, the proposed projects and funding distribution. Each partnership must have one anchoring entity, which acts as a primary point of contact for HHSC in the region and is responsible for seeking regional stakeholder engagement and coordinating development of a regional plan.

SmartHealth

Patient Navigation

• What is Patient Navigation?
  • The patient navigators build relationships with patients through education and counseling; they serve as cultural experts to patients, help patients understand and achieve outcomes, and they facilitate seamless care transitions.

• Why is Patient Navigation necessary?
  • Risk factors for receiving fragmented care.
  • Sociocultural, economic, and racial issues creating barriers to care.

Patient Navigation

• Community Outreach

Patient Care Navigation

• FREE Health Fair
  • FREE Health Fair for low-income individuals
  • FREE Health Fair with various health-related services

Dillon, 2006 & Natalie Pereira, et al., 2011
Chronic Disease Management

- Transitional Care, Chronic Disease Management
  - Heart Failure
  - Cardiac Risk reduction
  - Hypertension
  - Dyslipidemia
  - Thrombosis
  - Anticoagulation
  - Acute Myocardial Infarction (AMI)
  - COPD
  - Renal Failure
  - Sepsis
  - Diabetes Mellitus

Chronic Disease Management

- The Dispensary of Hope

As a charitable medication distributor, we connect surplus medications from manufacturers, distributors, and providers to clinics and pharmacies serving the poor and uninsured.

Patient Activation

- Emphasizes patients' willingness and ability to take independent actions to manage their health and care.
- Understanding one's role in the care process and having the knowledge, skill, and confidence to manage one's health and health care.
- Activation differs from compliance, in which the emphasis is on getting patients to follow medical advice.

Research shows that more activated patients have better health outcomes and better care experiences than patients who are less activated.

This has been shown with medically indigent patients, different racial and ethnic groups, and patients with multiple chronic conditions.

Community Activation

- As a health promotion strategy, includes organized efforts to increase community awareness and consensus about health problems, coordinated planning of prevention and environmental change programs, interorganizational allocation of resources, and citizen involvement in the process.
- Emphasis on organizational change and the development of rational planning strategies to achieve change goals.

- Identification of stakeholders
- Creation of partnerships
- Free exchange of information
- Organizational services and goals
Wagner's Chronic Care Model

The Chronic Care Model (CCM) identifies the essential elements of a health care system that encourage high-quality chronic disease care.
- The community
- The healthcare system
- Self-management support
- Delivery system design
- Decision support and clinical information systems.

The Model can be applied to a variety of chronic illnesses, healthcare settings, and target populations. The bottom line is healthier patients, more satisfied providers, and cost savings.

The Institute for Healthcare Improvement Triple Aim

- What is the Triple Aim?
  - The IHI Triple Aim is a framework developed by the Institute for Healthcare Improvement that describes an approach to optimizing health system performance.
- Why do we need it?
  - The US health care system is the most costly in the world, accounting for 17% of the gross domestic product with estimates that percentage will grow to nearly 20% by 2020

SmartHealth Outcomes: Clinic Visits

- 2014 Visits- 1840
- 2015 Visits- 2572
- 2016 Visits YTD- 1288

SmartHealth Outcomes

- Payor Mix
SmartHealth Outcomes: Medical Diagnoses

- CHF: 26%
- COPD: 18%
- DM: 32%
- HTN: 12%
- MI: 8%
- PNA: 3%
- ESRD: 1%

SmartHealth Outcomes: Dispensary of Hope

- Dispensary of Hope
- 2014 >$250,000
- 2015 $407,495
- Diabetic Supplies
  - 2014 $7,000
  - 2015 $8,755

SmartHealth Outcomes: Hospital Encounters

• Statistically significant decrease in Inpatient and Observation hospitalizations after entering the SmartHealth Program.
  - Avg pre 1.01 vs Avg post 0.31
  - n = 729
  \[ t(728) = 17.943 \quad p = .000 \]

SmartHealth Outcomes: Hospital Encounters

• Average reduction of IP/OBS encounters by 0.7 per patient.
• Average cost per encounter: $3317.00
• Total Cost savings in reduction of P/OBS visits: $1,692,665.10

SmartHealth Outcomes: 30d readmission Rates

• 4.23% 30d Readmission rate for clinic patients vs 14.84% for patients with like Dx.
• Significant reduction in 30d Readmission rates for MCAID and SelfPay patients with chronic illness.
**SmartHealth Outcomes: Emergency Department Encounters**

- Statistically significant decrease in Emergency Department visits after entering the SmartHealth program.
  - Avg pre 0.5 vs avg post 0.37
  - \( n = 728 \)
  - \( t(727) = 3.288 \) \( p = .001 \)

**SmartHealth Outcomes: Clinical Outcomes**

- Statistically Significant improvement in LVEF in patients with Systolic Heart Failure.
  - Initial LVEF \( M = 32.28 \) Repeat LVEF \( M = 42.41 \)
  - \( n = 64 \)
  - \( t(63) = -6.266 \) \( p = .000 \)

- Statistically Significant improvement in LVEF in patients with initial LVEF less than or equal to 45.
  - Initial LVEF \( M = 29.28 \) Repeat LVEF \( M = 40.14 \)
  - \( n = 57 \)
  - \( t(56) = -6.793 \) \( p = .000 \)

- Clinically significant, though not statistically significant reduction in LDL.
  - Initial LDL \( M = 136.97 \) Repeat LDL \( M = 94.31 \)
  - \( n = 91 \)
  - \( t(90) = 4.833 \) \( p = 0.174 \)

- Statistically significant reduction in HgB A1C in Diabetic patients.
  - Initial A1C \( M = 11.29 \) Repeat A1C \( M = 8.96 \)
  - \( n = 79 \)
  - \( t(78) = 8.338 \) \( p = .000 \)
SmartHealth Outcomes: Clinical Outcomes

- Statistically significant reduction in A1C in Diabetic patients whose initial A1C was greater than 9%.

  - Initial A1C $M = 13.84$
  - Repeat A1C $M = 10.30$
  - $n = 48$
  - $t(47) = 10.690$, $p = .000$

SmartHealth Outcomes: Patient Satisfaction

1. Do you feel that you were included as an active participant during your experience with the SmartHealth Program?
2. Do you feel that you know more about your illness and the warning signs than before you came to the SmartHealth Program?
3. After participating in SmartHealth Program, do you feel more comfortable and/or has your Quality of Life improved?
4. Did the SmartHealth Program provide you and your family with the support and resources you needed to cope with your illness?
5. Do you now have a better understanding of what medications you are taking and how to take them?
6. When you phoned the SmartHealth Clinic to get an appointment, how often did you get an appointment as soon as you thought you needed?
7. When you phoned the SmartHealth Clinic, how often did you get an answer to your medical question that same day?
8. Did you feel that the providers at the SmartHealth Clinic explained things in a way that was easy for you to understand?
9. Using any number from 0 to 10, where 0 is the worst rating possible and 10 is the best rating possible, what number would you use to rate the SmartHealth Program?
SmartHealth Outcomes: Patient Satisfaction

- "Wonderful, compassionate professionals; great all around." 101860361
- "They helped me to live after a heart attack till I got my stent 6 months later and [kept] my kidneys in good shape." 120001959
- "My experience with the SmartHealth program was very good and they saved my life by helping me to get my medicines and get my sugar on track." 120088569
- "With no insurance and the need for medication daily, they saved my life. Forever grateful." 120017458
- "Your PA/Dr was the most honest and straightforward Dr I’ve ever seen… and I loved it." 120014939
- "They did what needed to be done. Very knowledgeable and courteous." 101860364

In Conclusion

- Utilizing funds made available by the Texas 1115 Medicaid Waiver, we designed a Nurse Practitioner driven intervention that addressed the IHI Triple Aim.
- We were able to show statistically significant reductions in IP/OBS hospitalizations and in Emergency department Utilization, which resulted in a cost savings of over $1.7 million over 2 years.
- We were able to improved the health of populations by showing statistically significant improvements in LVEF in patients with Systolic Heart Failure, statistically significant improvement in HgB A1C in Diabetic Patients, and clinically significant improvement in LDL.
- We were also able to demonstrate an improved patient experience via survey responses indicating high patient satisfaction, improved self-care behaviors and improved disease process knowledge.

Questions?