

STATE HOUSE NEWS SERVICE

COST-SAVING CARE PROGRAM APPROVED FOR STATEWIDE EXPANSION

By Katie Lannan
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About a year after lawmakers funded the development of a state program focused on treating patients outside of hospitals, the head of a nonprofit that has been approved to expand its effort statewide sees an opportunity for more urgent care delivery with less frustration.

Last year's state budget included \$500,000 for the development and implementation of a mobile integrated health care program. Mobile integrated health involves dispatching emergency medical services personnel to care for a patient inside their home or in another non-hospital location, with goals including reducing avoidable emergency room visits or hospital readmissions, decreasing cost, and improving coordination with follow-up or other care.

"We think the uptake will be quite significant," Commonwealth Care Alliance President and CEO Chris Palmieri said in a recent interview. "You're talking about breaking consumers' pattern of behavior. I think it's harder to get someone to stop smoking or to eat healthy, because they're engaged in behaviors that they like even though it may not be right. I don't think anyone likes going to the emergency room."

Commonwealth Care Alliance launched a mobile integrated health pilot in parts of Suffolk County five years ago, and in late May received Department of Public Health approval to expand its program to CCA-insured customers statewide. Palmieri said the alliance will also be looking to sell the service to other entities, like accountable care organizations and managed care organizations, that have an interest in cutting down on unnecessary emergency room trips.

Cutting down on avoidable visits to hospital emergency departments has been repeatedly targeted as one way Massachusetts can reduce its health care costs -- total health care spending in the state grew to \$61.1 billion in 2017, according to the Center for Health Information and Analysis.

An employer coalition that launched last year to focus on shifting avoidable emergency room visits to other, less costly settings developed a series of resources for businesses to help show their workers what kinds of conditions can be treated outside the ER with lower copays and overall costs.

In its annual cost trends report, published in February, the Health Policy Commission recommended the state focus on "reducing unnecessary utilization" of higher-cost health care options, like making avoidable emergency department trips and choosing more expensive academic medical centers for care that could instead be delivered at a community hospital.

The commission also flagged telehealth and mobile integrated health as innovative models in which the state should continue to invest, noting that 2018 Department of Public Health regulations on mobile integrated health allow EMS providers to deliver care outside of the hospital and avoid a trip to an acute care facility.

"Providers and local communities should collaborate to implement and evaluate this model to meet the needs of vulnerable populations in the community, and payers should consider efficient methods of payment for such care given its cost savings potential," the report said.

Palmieri said many of the cases CCA's mobile health program deals with are pain-related, including chest pain, back pain and headaches. Other common calls involve respiratory issues and urinary tract infections.

The process starts with a magnet on a patient's fridge with a phone number for the program, "and the person's been educated to say, if you have an issue that you think is going to result in you needing to call 911, call this number first," Palmieri said.

A clinician greets the caller and runs through "a comprehensive telephonic triage," involving a series of questions overseen by a physician, he said. If it's determined the patient can be safely seen in their home or whatever location they're calling from, a paramedic is dispatched to diagnose and treat them.

Palmieri said the cost for such an experience is about \$450. By contrast, the Health Policy Commission has reported that the average total spending for an emergency department visit was \$1,220, with \$164 in patient cost-sharing.

"With our consumers, because they're on Medicaid, there's no copay and there's no coinsurance, but you think about any one of us that has these huge coinsurances and deductibles to go to the emergency room, now you have a solution that will have less cost-sharing by the patient and will be more convenient," Palmieri said. "We think that the opportunity continues to advance to move services back to the community. It's been a national movement, but it's also a local movement here."

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