

EDWARD THOMAS HOUSE MCO COLLABORATION



HOMELESS IN SEATTLE
ED DWYER-O'CONNOR, RN

MR. EDWARD THOMAS



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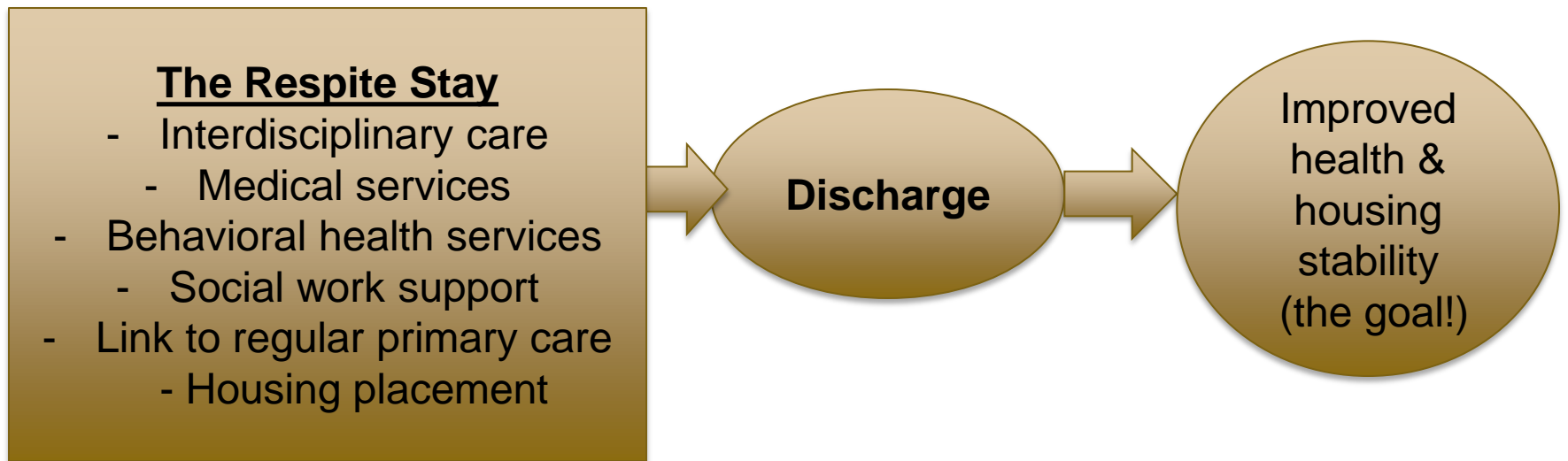
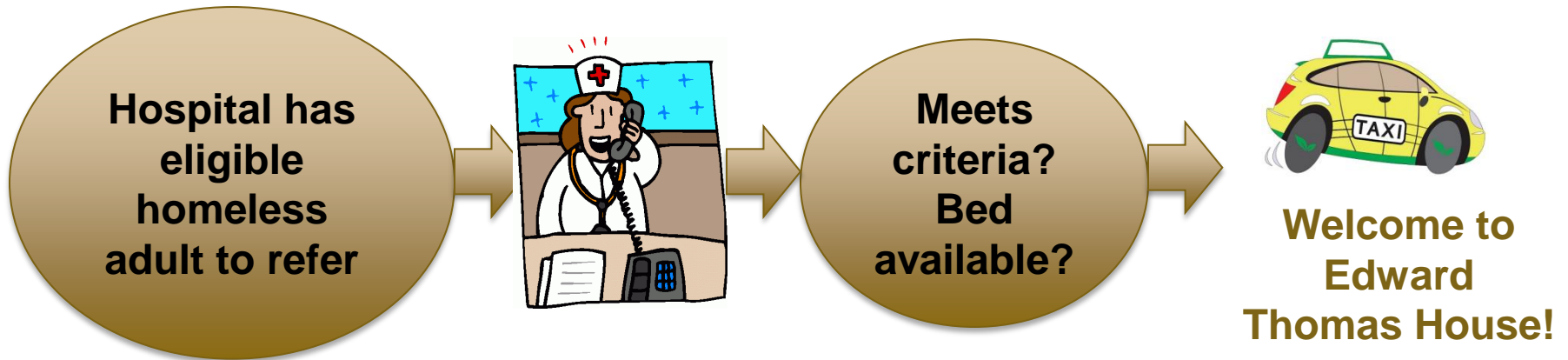
- Free-standing
- 34 beds
- Harm Reduction Program
- High medical and behavioral acuity
- Braided funding includes money from 7 hospitals, PH, HUD, local and MCOs
- IV antibiotics
- 24/7 staffing
- 473 patients in 2014



WHO DOES RESPITE SERVE?

- Homeless men and women with complex needs:
 - Acute medical issues
 - IV antibiotics
 - Multiple chronic conditions
 - Chemical dependency and mental illness
- Must be independent in mobility (wheelchair OK)
- Behavior appropriate to the setting
- Able to serve higher acuity patients than previous Respite site

THE PROGRAM MODEL



APPROACH

- Risk-sharing agreement [collaboration]
- Innovative ways to provide care
- Manage the whole person
- Look for leverage points in the Triple Aim
- Reducing cost
- Improve outcomes
- Find data to support outcomes and decreased cost



G9006

- MCOs could not pay for respite
- Needed to get State Health Care Authority to release HCPCS G9006 to allow for payment
- Presented proposal to state for Recuperative Care to allow G9006
- Covers Coordinated care fee, home monitoring
- We could now turn on flow of dollars

OUTCOMES

- MCOs like numbers
- 2012 report from 69 respite patients
- Measured ED/hospital utilization 6 mo before and 6 mo after respite; 70% reduction in inpatient days, 57% reduction in inpatient admissions, 10% reduction in ED visits [of those admits reduced by half]
- 15% increase in outpatient visits
- In 2014 measured same data and found closely supporting results

MEET AND GREET [HANDOUTS]

- Get the right players to the table [MCO medical director, nurses, case managers] also Public Health, local big shots
- Provide professional written materials
- Tour the unit
- Give an overview with anecdotes
- Highlight the clinical work
- Highlight the acuity
- Highlight the utilization
- Highlight the outcomes

meet+greet



TOUR

- Tell them a story
- Answer clinical questions
- Talk about challenges but highlight successes
- Show them the care [PICC lines, nursing, mental health teams]
- Talk about outcomes; primary housing, case management
- Schmooze



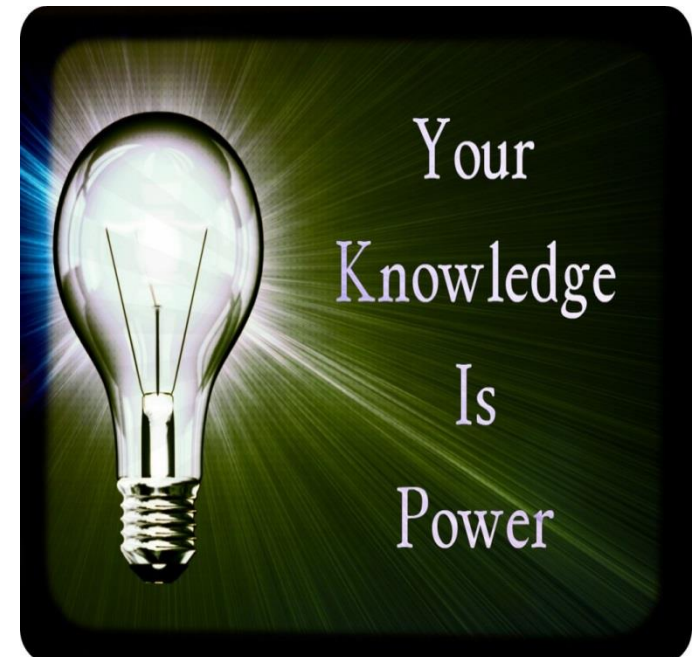
THE MCOS

- United Health Care
- Molina
- Amerigroup
- CHPW [Community Health Plan of Washington]
- Coordinated Care



CONTRACTING: SELLING THE PRODUCT

- Present as amendment to core contract
- Use their format
- Allow them to massage the contract
- Focus on low cost
- Shared interests
- Sell as partnership
- No take it or leave it
- Keep a lid on the costs



MORE

- Keep in touch during process
- We can enhance outcomes [IV study]
- Potential as pilot program
- Highlight voluntary nature of program
- Natural cap – 34 beds



Ka-ching

