

Addressing Access, Quality & Health Equity for Individuals with IDD

Financial Manager Association- FMA Conference
Cooperstown, NY

May 2023



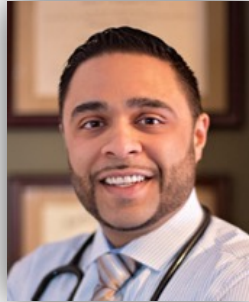
Founders

Our Story



Dr. Matthew Kaufman
Chief Executive Officer
Founder

-Leader in health Innovation initiatives and emergency medicine



Dr. Deven Unadkat
Chief Medical Officer
Founder

-over 10 years leading large ERs



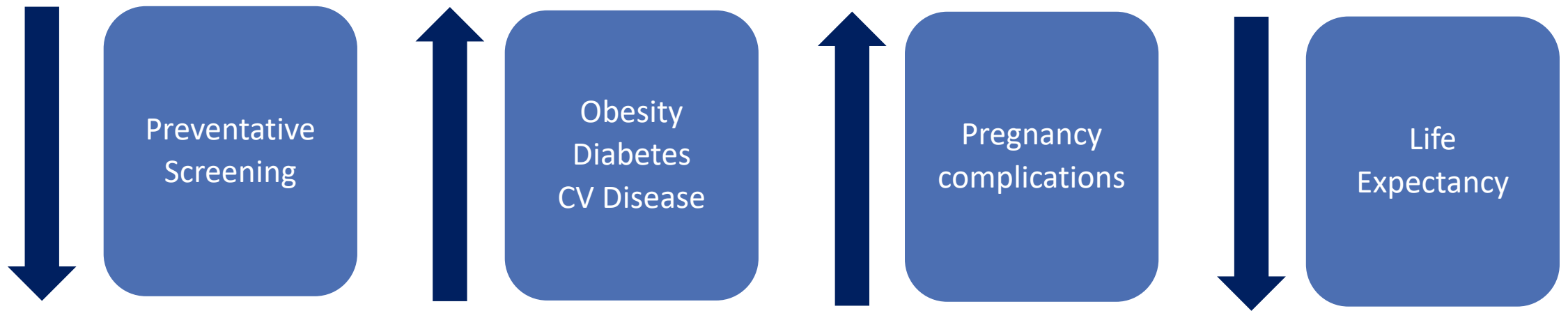
Dr. Maulik Trivedi
Chief Strategy Officer
Founder

-20 years of leadership positions in emergency medicine

Emergency Medicine Physicians witnessed poor care for people with IDD in ERs for years

- Created: 24/7 access to ER doctors via telemedicine for People with IDD

People with intellectual and developmental disabilities experience



THE PRACTICE OF MEDICINE

By Tara Lagu, Carol Haywood, Kimberly Reimold, Christene DeJong, Robin Walker Sterling, and Lisa I. Iezzoni

'I Am Not The Doctor For You': Physicians' Attitudes About Caring For People With Disabilities

ABSTRACT People with disabilities face barriers when attempting to gain access to health care settings. Using qualitative analysis of three physician focus groups, we identified physical, communication, knowledge, structural, and attitudinal barriers to care for people with disabilities. Physicians reported feeling overwhelmed by the demands of practicing medicine in general and the requirements of the Americans with Disabilities Act of 1990 specifically; in particular, they felt that they were inadequately reimbursed for accommodations. Some physicians reported that because of these concerns, they attempted to discharge people with disabilities from their practices. Increasing health care access for people with disabilities will require increasing the accessibility of space and the availability of proper equipment, improving the education of clinicians about the care of people with disabilities, and removing structural barriers in the health care delivery system. Our findings also suggest that physicians' bias and general reluctance to care for people with disabilities play a role in perpetuating the health care disparities they experience.

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Tara Lagu (Tara.lagu@northwestern.edu), Northwestern University, Chicago, Illinois.

Carol Haywood, Northwestern University.

Kimberly Reimold, University of Massachusetts, Worcester, Massachusetts.

Christene DeJong, Baystate Health, Springfield, Massachusetts.

Robin Walker Sterling, Northwestern University.

Lisa I. Iezzoni, Harvard University and Massachusetts General Hospital, Boston, Massachusetts.

In the News

The Washington Post
Democracy Dies in Darkness

EXCLUSIVE

An autistic teen needed mental health help. He spent weeks in an ER instead.

Zach Chafos languished for a total of 76 days in a Maryland ER waiting for a psychiatric bed – part of a growing mental health treatment crisis for teens across the country

By William Wan

October 20, 2022 at 7:00 a.m. EDT



The New York Times

These Doctors Admit They Don't Want Patients With Disabilities

When granted anonymity in focus groups, physicians let their guards down and shared opinions consistent with experiences of many people with disabilities.

Give this article



1.2K



Managed Care and Value-Based Payment: The Relationship Between Quality of Life Outcomes and Emergency Room Utilization

Carli Friedman ¹

Affiliations + expand

PMID: 33543275 DOI: [10.1352/1934-9556-59.1.22](https://doi.org/10.1352/1934-9556-59.1.22)

Abstract

Although Medicaid managed care is a growing service model, there is a limited evidence base regarding quality and value-based payment standards for people with intellectual and developmental disabilities (IDD). This study examined the relationship between emergency room utilization and quality of life outcomes. We analyzed secondary Personal Outcome Measures quality of life and emergency room utilization data from 251 people with IDD. According to our findings, people with IDD with continuity and security in their lives and/or who participated in the life of the community had fewer emergency room visits, regardless of their impairment severity or dual diagnosis status. As such, the number of emergency room visits needed, and the potential expenditures associated, may be reduced by focusing on quality outcomes.

Keywords: Medicaid managed care; emergency room utilization; long-term services and supports; quality of life.

The DSP's and Caregiver's Impossible Dilemma:
Ignoring vs. Overreacting to Health Concerns

In seemingly minor or ambiguous concerns a caregiver can:

- Go to ER (and endure trauma and risk)
or
- Hope it goes away

The Problem with the ER – Expensive yet Suboptimal Care

patient trauma
exposure to
infection

+

unspecialized care
disruption of
routine

=

SUBOPTIMAL CARE

unnecessary tests

+

unnecessary
hospitalizations

=

EXCESSIVE COSTS

Hoping something is not serious may be worse.....

StationMD's Solution - The Right Care at the Right Moment

StationMD's solution provides 24/7 immediate access to high-quality doctors, specially trained in the care of people with I/DD

StationMD's Managed Service Platform



Copyrighted treatment guidelines



Doctor training in IDD/client training



Robust technology with data collection and reporting



Follow-up process/care coordination

Case: Man banging his head in group home

The Clinical Guidelines/Training

- Every provider undergoes specific training curriculum
- Every provider has access to guidelines

StationMD

Management of chronic GERD

- A presumptive diagnosis of GERD can be established in the setting of typical symptoms of heartburn and regurgitation. Empiric medical therapy with an 8 week course of PPI is recommended in this setting. All PPIs are equally effective. Long-term maintenance therapy with PPI may be necessary if symptoms persist.
- A PPI trial is also recommended to treat extraesophageal (or non-specific) symptoms in patients who also have typical symptoms of GERD.
- H₂-receptor antagonist therapy can be used as a maintenance option in patients without erosive disease if patients experience heartburn relief.
- Head of bed elevation and avoidance of meals 2–3 h before bedtime should be recommended for patients with nocturnal GERD

Management of acute symptoms of GERD

- The patient is likely already on a PPI or H₂ blocker, but if not, these may be initiated
- Antacids, such as Mylanta, Roloids and Tums, may provide additional, quick relief.

Management of Aspiration: See Aspiration Guideline

References:

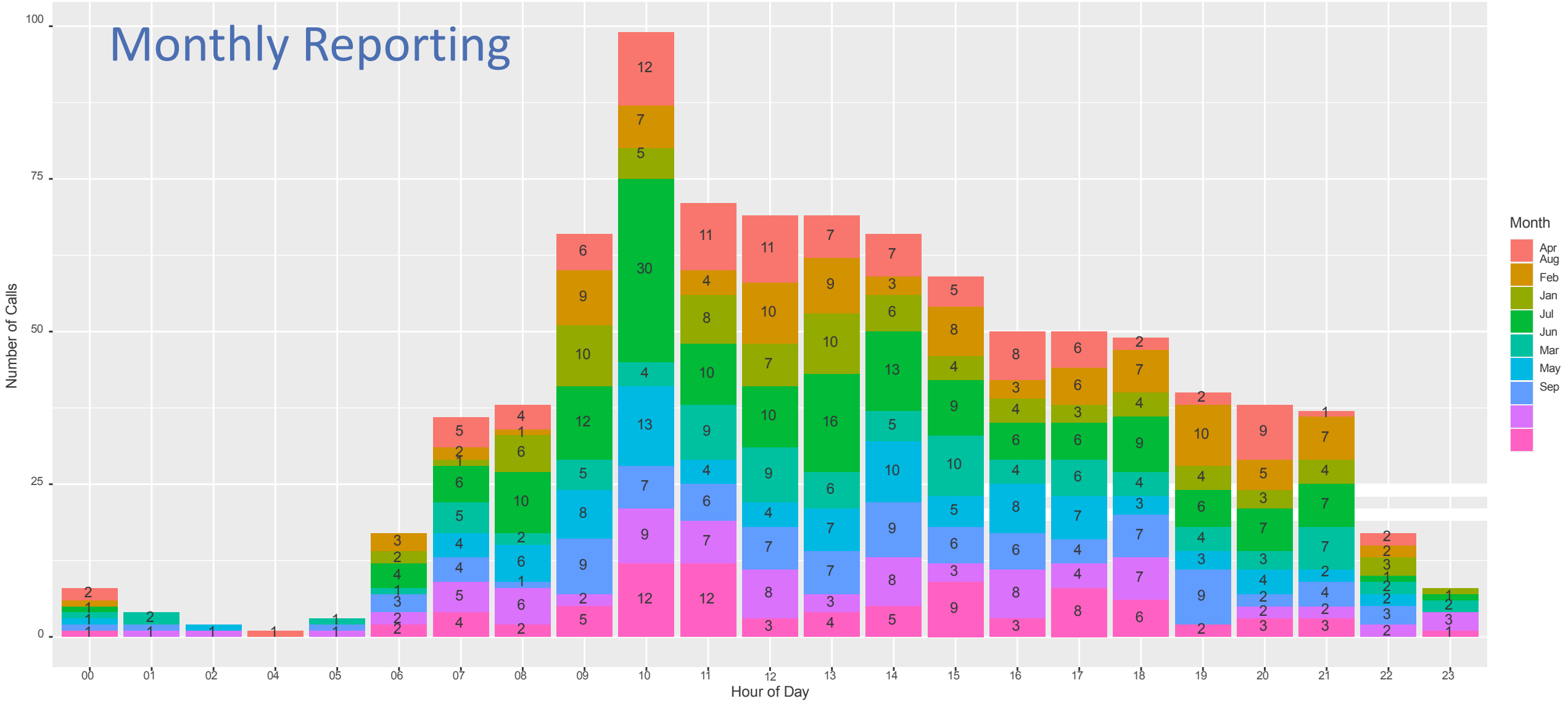
H Hood, P May. The Significance Of Enamel Erosion As An Indication Of "Gastro- Oropharyngeal Reflux Disease" (GORD) In Adults With Intellectual And Developmental Disabilities (IDD). The Internet Journal of Dental Science. 2018 Volume 15 Number 1.

Documentation and Wrap around Service

- Every Encounter is documented in real-time
- Sent to all appropriate stakeholders (primary care providers, facility, state)
- Coordination of care when needed
- Follow up exams scheduled as needed
- Warm hand-offs to the ER

Calls by Hour of Day

Monthly Reporting



Top Diagnoses

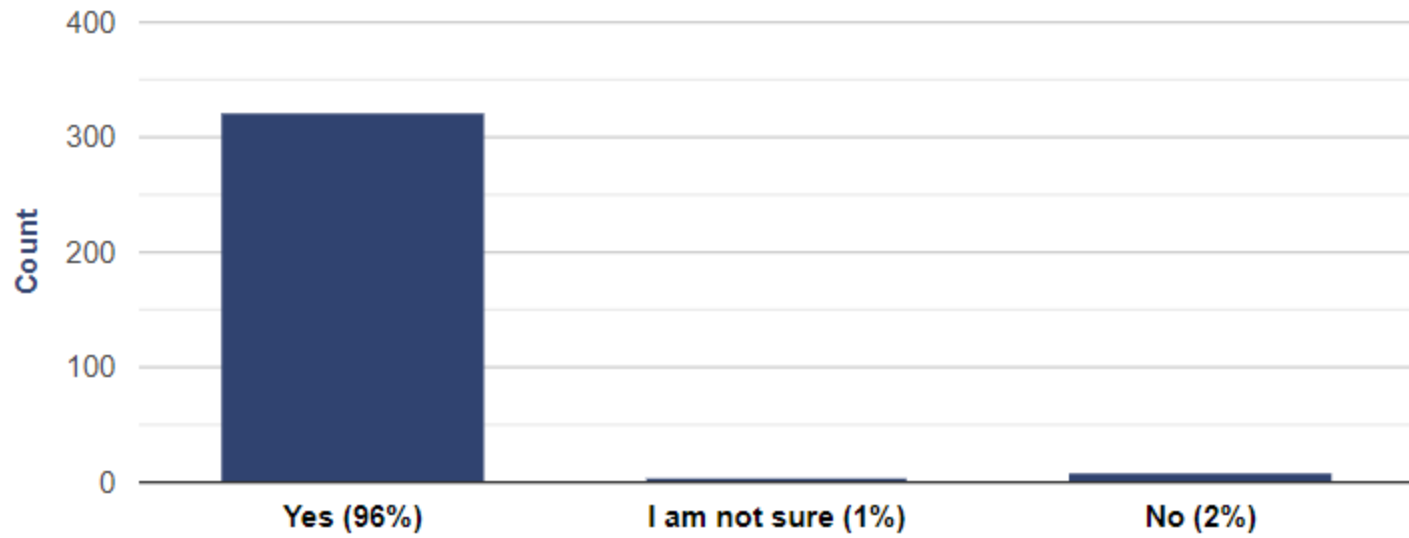
Diagnosis
Cough, unspecified
Urinary tract infection, site not specified
Rash and other nonspecific skin eruption
Disorder of the skin and subcutaneous tissue, unspecified
Unspecified conjunctivitis
Unspecified injury of head, initial encounter
Nausea
Other injury of unspecified body region, initial encounter
Cellulitis, unspecified
Acute upper respiratory infection, unspecified
Unspecified intellectual disabilities
Other seizures
Edema, unspecified
Essential (primary) hypertension
Unspecified abdominal pain
Poisoning by unspecified drugs, medicaments and biological substances, accidental (unintentional), initial encounter
Other hypotension
Vomiting, unspecified
Fever, unspecified
Other fatigue

Patient Satisfaction Survey

333 Results

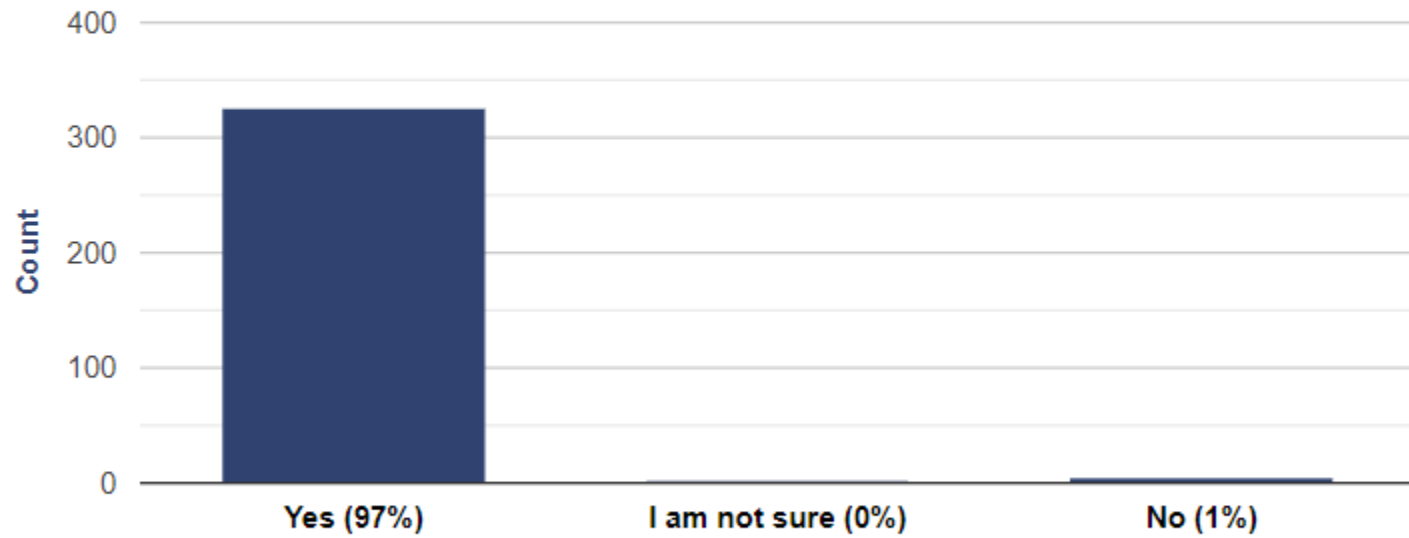


1. Was it easy to connect with the StationMD doctor?



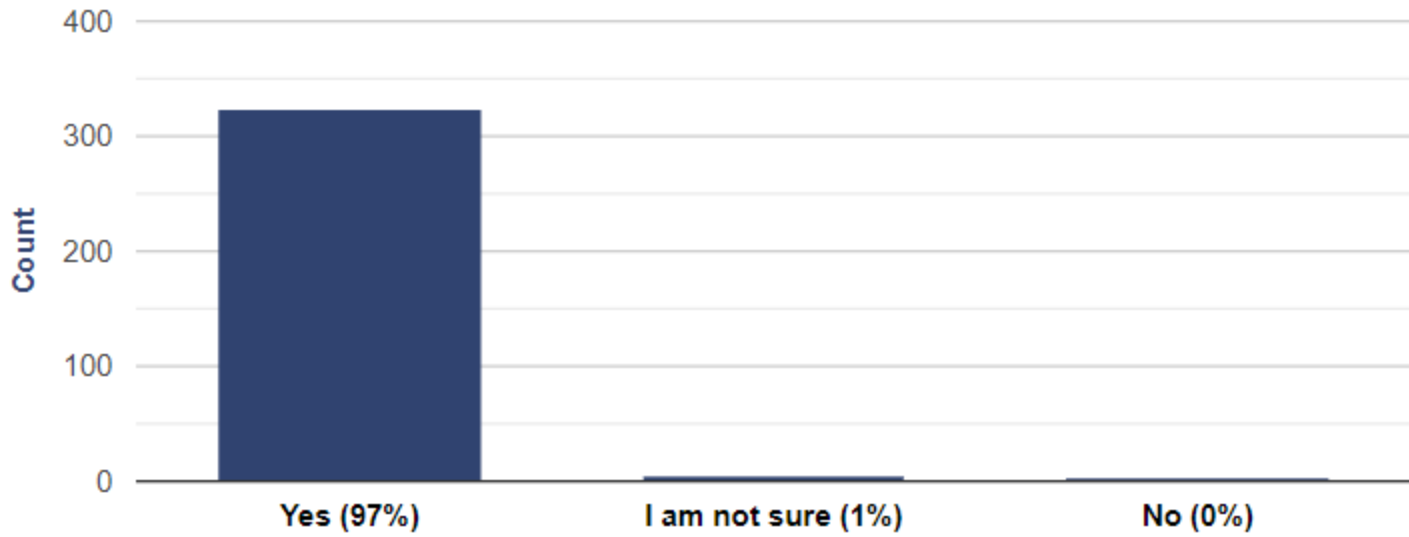
Please mouse-over each bar for more details.

2. Did the StationMD doctor listen to you?



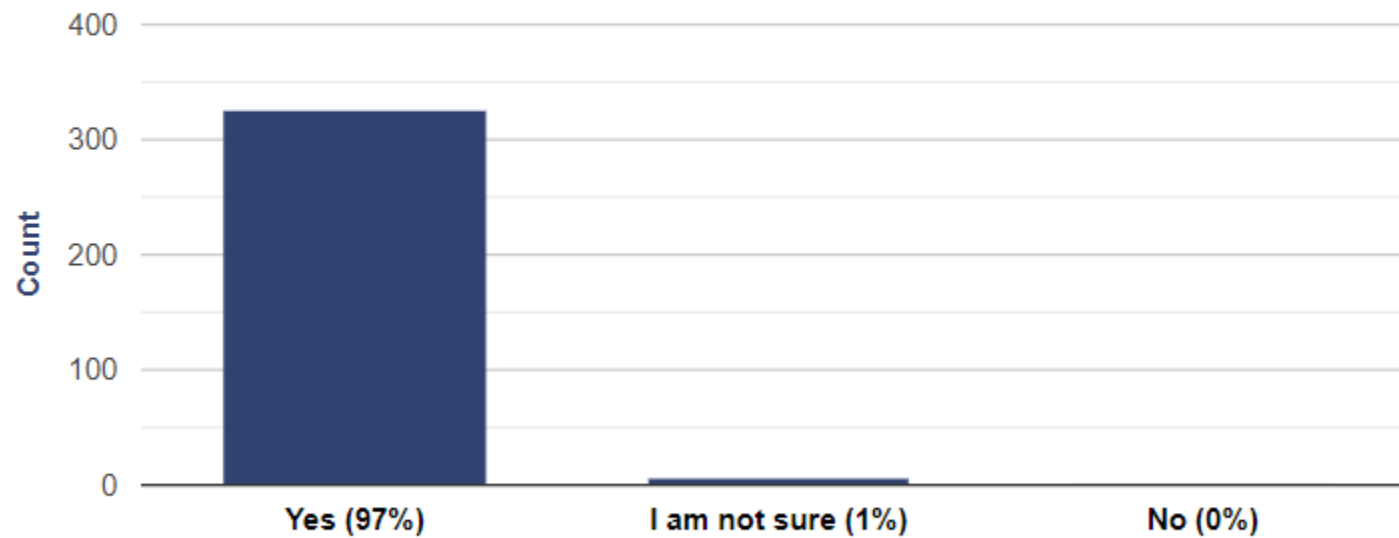
Please mouse-over each bar for more details.

3. Did the StationMD doctor help you?



Please mouse-over each bar for more details.

4. Would you use StationMD again if you needed to?



Please mouse-over each bar for more details.

The Caregiver / Support Staff

Peace of Mind

Reduced Anxiety and
Stress

Reduced Exposure

Aids with Caregiver
Burnout

Loved Ones Can Age in
Place Longer

Personal Engagement
without Taking Away
from Other Family
Members and/or Work

Reduction of Adverse
Behaviors When
Healthy

DSP/Caregiver Survey

338 Responses

- 70% feel more job satisfaction with access to StationMD
- 77% feel they get answers to health questions through StationMD
- 77% feel access to StationMD improves the lives of their clients

Results of the StationMD System

- **Measurable Person-Centered Success**
 - More time to do what people enjoy
 - Easier access to the right kind of care how/when people want/need
- **Measurably Improved Quality Medical Care**
 - Fewer unnecessary ER visits
 - More compliance with medications
 - Warm handoffs and continuity of care
- **Measurably Lower Costs**
 - Fewer ER visits and hospitalizations
 - Less staff overtime

More about StationMD

Common Diagnoses

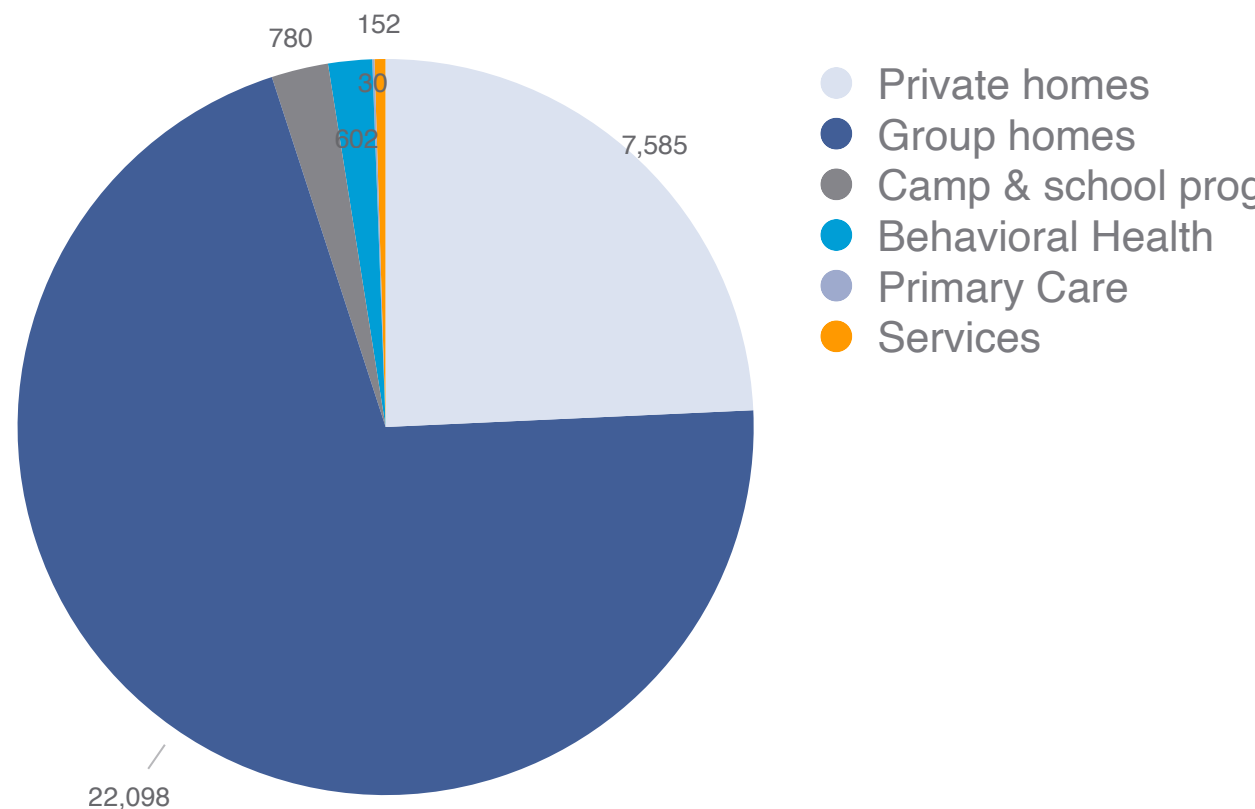
- Medication issues
- Skin conditions/cellulitis
- Respiratory conditions/Infections
- Falls/injuries
- GI conditions/diarrhea/constipation
- Eye conditions/conjunctivitis
- Behavior issues/altered mental status

MCO Case Study

- 1100 members over 2 years 13x ROI
- \$5.7 million saved over 24 months
- Cost reduction of >\$2500/member/year
- Total cost for SMD service= \$162,000

- **>32,000 encounters in 2022**
- **>100,000 encounters total**
- **>88 % of encounters, issue is resolved without going to ER/Urgent Care**

32,000 Patients



Special Programs

- Outreach programs for “check-ins” in Group Homes and other residences where there is concern
- Wellness Nurse Practitioner visits
- Caregiver/DSP lectures and educational programs
- Medical Directorships

The Specialized Telemedicine Response System



Physician Assessment

- Telemedicine consultation initiated
- A physical exam is performed using Telemedicine Device



Treat Patient

- Noted that she has been taking Benadryl since yesterday given by PMD for a rash
- Hold Benadryl is treatment

Share Treatment Plan/Follow-up

- Follow-up exam by StationMD doctor
- In 3 hours, patient is awake and at baseline



Unnecessary trip to ER avoided

If patient had not improved- StationMD would contact ER to expedite visit & review history

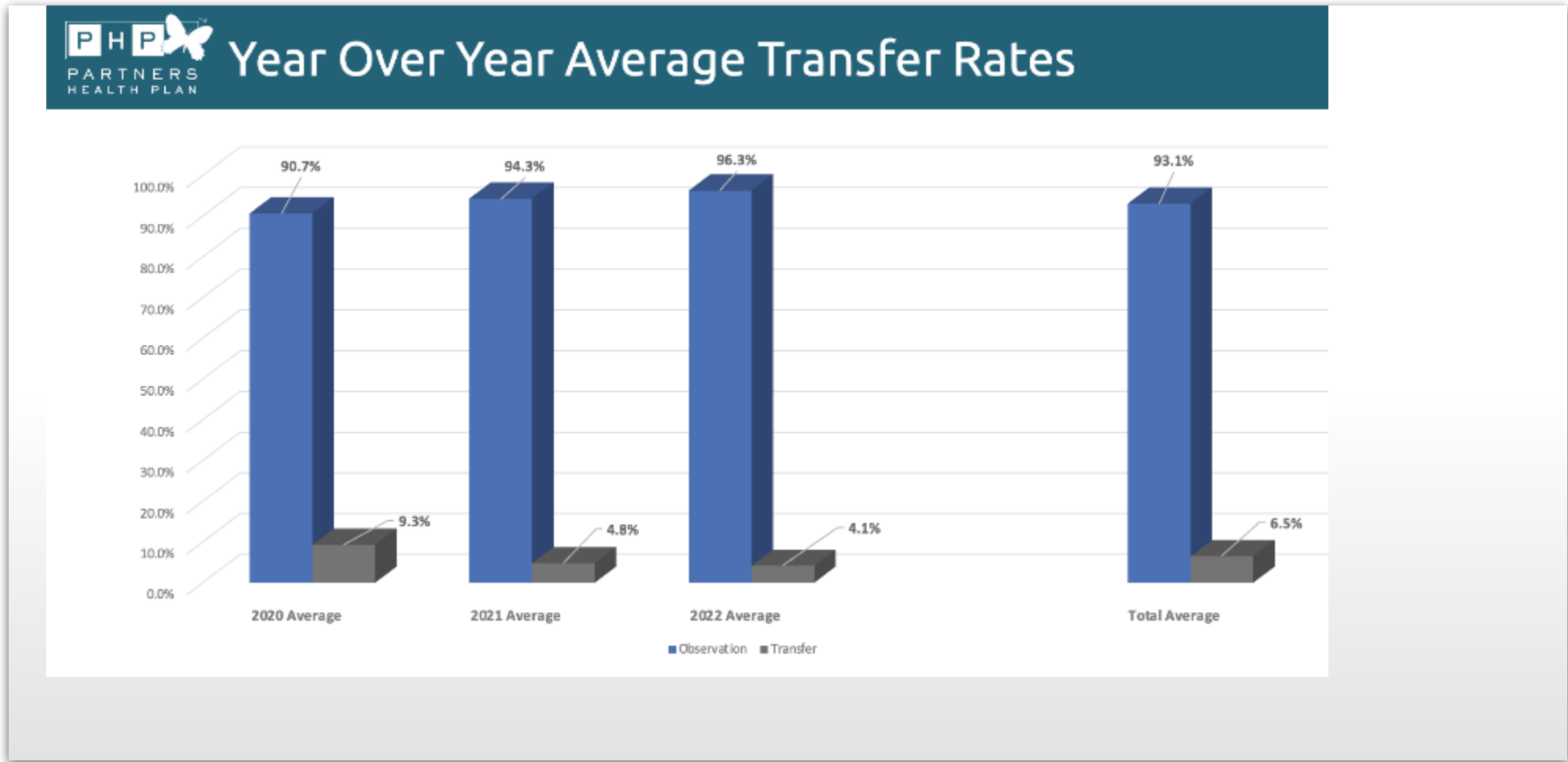
Managed Care Data



Background

- StationMD covered all 1100 MCO members
- Members reside in both residential homes and family(community) homes
- FIDA Plan (all dual-eligible), New York State
- StationMD fees: rate of \$7 PMPM (from sticker-price \$30)
- Data over 24-month period in 2020-22

>90% Treated without Transfer



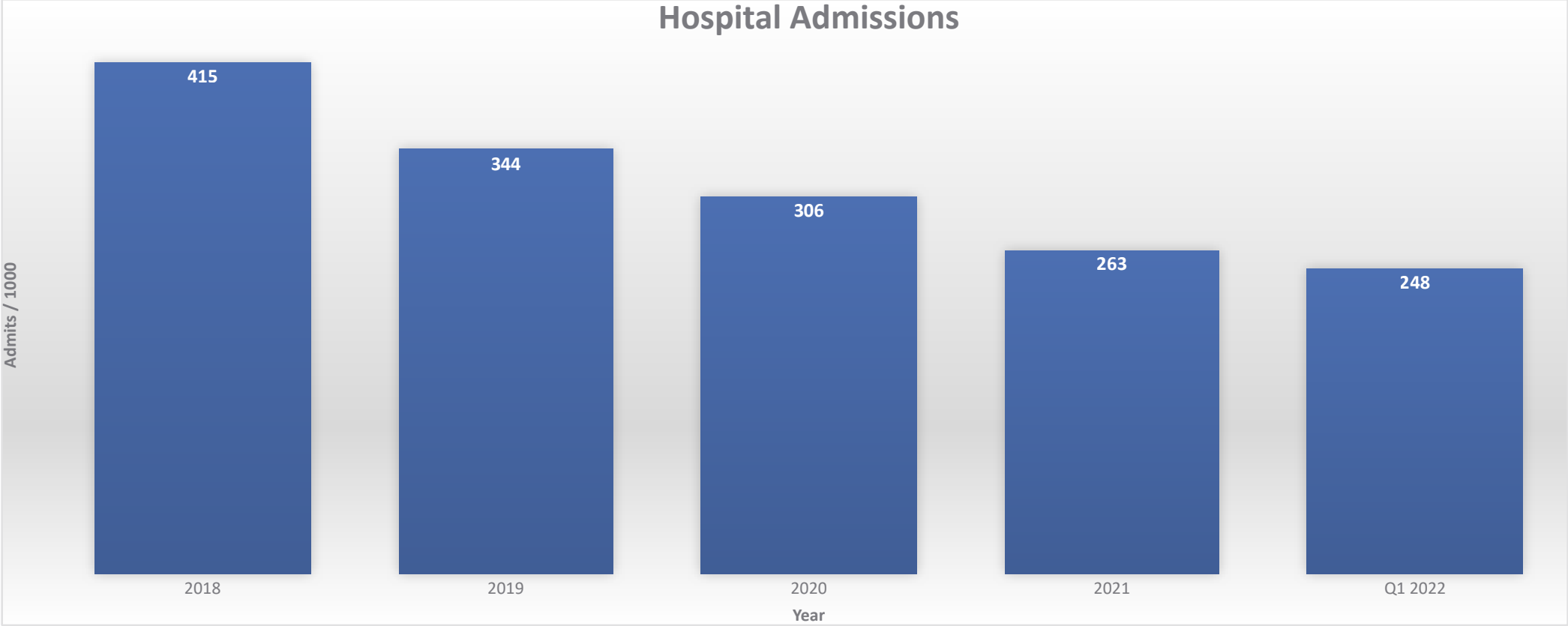
Top Diagnoses Impacted



Top 10 Emergency Room Diagnostic Categories by Year

Diagnosis Category	2018	2019	2020	2021
Injuries to the head	102	119	73	84
Other diseases of the digestive system	34	41	45	62
Symptoms and signs involving the digestive system and abdomen	30	117	48	44
Symptoms and signs involving the circulatory and respiratory systems	40	75	45	34
Episodic and paroxysmal disorders	24	31	33	30
General symptoms and signs	31	51	31	24
Symptoms and signs involving the cognition, perception, emotional state and behavior	17	29	22	20
Other diseases of the urinary system	27	26	18	18
Other joint disorders	24	35	17	17
Other soft tissue disorders	16	13	11	17

PHP Hospital Admission Reductions Since StationMD



Call Categories



Definition of Call Categories

- Calls placed to StationMD for PHP members are categorized by the StationMD physician based on the reported and assessed condition of the member.
 - Categories are:
 - Emergent
 - Potentially life-threatening issue and should be seen as quickly as possible.
 - Urgent
 - Not life threatening, but requires care in a timely manner (within 24 hours)
 - Non-Urgent
 - Care for stable patients whose condition will not deteriorate over time and/or will typically resolve on its own

Cost Avoidance Methodology



Cost Avoidance Calculations

- Parameters
 - Cost Avoidance calculations are based on member calls deemed urgent or emergent
 - Members not included if they were transferred to the ER or calls were classified as Non-Urgent
- Approach
 - Cost Avoidance related to telemedicine program has been calculated across a range:
 - From 100% of urgent or emergent calls that were treated in place seeking healthcare through the ER, reducing to 70% by 5% increments
 - Admission rates from ER are calculated from 20% to 35% admitted in 5% increments
 - Total costs for StationMD services include PMPM rates, Cost per Call and equipment.
- The following cost data illustrates the median cost avoidance calculations based on 85% of members who may have gone to the ER for care without telemedicine in place; and a 30% admission rate from the ER.

Program ROI over 24 Months

 **Program ROI to Date**

Total Costs	\$ 151,579
Total Cost Avoidance	\$ 5,740,639
Return on Investment	36.87

Thank You

Matthew Kaufman, MD, Chief Executive Officer
Email: matthew.Kaufman@stationmd.com

