Applying Data & Technology to Help I/DD Service Providers Integrate Care in NY in the Age of COVID

HCBS Virtual Conference
December 2020
Presenters and Agenda

- Overview of Medicaid Redesign in NY.
- Data about individuals’ health status and support services across various settings.
- How data are being used for planning and management purposes.
- How data are being applied to operational improvements to identify solutions during the pandemic.
Disclaimers

The information provided in this presentation is only intended for New York Intellectual and Developmental Disability Care Coordination Organization Health Homes (NY IDD CCO HHs) benchmarking and overall systems improvement purposes. It is not intended for use in clinical decision-making and the findings have not been independently validated. Where noted, data has been self-reported and captured by care managers.
Advance Care Alliance of New York (ACA/NY)

- NY developed health homes through Section 2703 of the Affordable Care Act to improve care coordination and care management for Medicaid beneficiaries with complex needs.

- **CCO/HH** that supports over **25,000 people** with I/DD and their families across New York City, Long Island, and the Lower Hudson Valley.

- A NY not-for-profit CCO, ACA is a mission-centered organization dedicated to providing the support and services people need to lead an active, healthy, and fulfilling life.

- **100+ affiliate agencies** were brought together to form ACA.

- ACA's agencies provide high-quality services to people with I/DD and their families, funded and overseen by NY OPWDD.
MediSked: Delivering Solutions that Improve Lives

• We help drive efficiencies and innovations for human service organizations that support our community.
• We partner with providers, MCOs, states, and counties to move the needle forward to help people live better lives and improve service delivery and cost efficacy.
• Our enhanced research and systems capabilities centralize, aggregate, and analyze data from disparate sources across the continuum of care.
• Security comes first and is constantly evolving; MediSked’s Care Coordination Suite is certified by:

[Logos for ACA/NY, HITRUST CSF Certified, and mediSked]
The Technology Solution
MediSked Coordinate is the platform dedicated to the daily activities of Care Management and is used daily by Care Managers, along with other CCO/HH employees.

Activities include:

- Individual Record Management
- Plan Development
- Event/Contact Logging
- Information Sharing
- Reporting
- Task Workflows
- Note Audit
- Billing
IAM Assessment

- Determines services to meet people's hopes and dreams as well as traditional health and safety requirements.
- Provides a list of specific goals and actions for natural supports and service providers to follow.
- Integrates the Council for Quality and Leadership’s Personal Outcome Measures (CQL POMs).
- Gathers important information into standard printouts.
- Provides a list of preferences and supportive routines for individuals with more significant challenges.
- Represents the powerful voice of the person with I/DD.

### IAM Assessment

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<th>Menu</th>
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<td>The People in My Life</td>
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<td>The People in My Life - At Home</td>
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<td>Where I Live</td>
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<td>Where I Work</td>
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<td>My Diagnosis</td>
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<td>IEP</td>
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<td>Self Direction</td>
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<td>My Happy Life</td>
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<td>In the Way of My Happiness</td>
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<td>Supervision</td>
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<td>My Health - Physical Health and Safety</td>
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<td>My Health - History and Current Conditions</td>
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<td>My Health - Goals and Activities</td>
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<td>My Health - At Home</td>
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<td>My Nutrition</td>
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<td>My Vision</td>
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### Assessment

<table>
<thead>
<tr>
<th>Assessment Type</th>
<th>Location</th>
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<tbody>
<tr>
<td>INK3</td>
<td>At Home</td>
<td>July 21, 2015</td>
</tr>
</tbody>
</table>

### Decision

**This is what I want you to know about me**

My name is Katherine but people call me Katie. I live in an IMA and really want my own room. I like to play with my friends and do things that make me happy. I have a special smile, so everybody loves me. I can't find anything because I often lose my things. Sometimes I am very happy and other times I am very sad. I get angry when something goes wrong which makes me cry. I wish I could have a puppy. Sometimes that is a big problem, but I try to be nice and listen to others who care about me. I have a sister and I love her.
MediSked Connect Exchange

A multi-agency business intelligence platform being leveraged to expand the breadth of available data and supercharge traditional care coordination tools and workflows in New York and beyond.

- Enables real-time population management and enterprise reporting for CCO/HH across their membership.
- Includes powerful reporting tools and a custom report builder to allow CCO/HH entities to view trends and outcomes across the state.
## NY IDD CCO HH Quality Measures

<table>
<thead>
<tr>
<th>Quality Measure</th>
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</thead>
<tbody>
<tr>
<td>Inpatient stays</td>
</tr>
<tr>
<td>Emergency room visits</td>
</tr>
<tr>
<td>Disease-Related Care for Chronic Conditions</td>
</tr>
<tr>
<td>Preventive Care</td>
</tr>
<tr>
<td>Transitional Care</td>
</tr>
<tr>
<td>CQL POMs (3 Personal Goals, 2 POMs)</td>
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<tr>
<td>Implementation of Personal Safeguards (IPOP)</td>
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<tr>
<td>Transitioning to a More Integrated Setting</td>
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<td>Employment</td>
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<td>Self Direction</td>
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<td>Bladder and Bowel Continence</td>
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<td>Falls</td>
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<tr>
<td>Choking</td>
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<tr>
<td>Supporting Individuals’ Transition from Institutional Settings to Community Settings</td>
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</tbody>
</table>
COVID Data Findings
ACA’s 2020 COVID Journey and Lessons Learned

- COVID created significant consequences that resulted in evergreen changes to the ways organizations will operate:
  - Helping people move to more integrated settings and increase self-directed services.
  - Widespread use of telemedicine.
  - Workforce flexibility.
  - 85% remote and 15% on-site.
  - Development culture and identity for remote workforce.
  - Expansion of ways to ensure quality and compliance.
  - Implementation of risk assessment and monitoring tools in MediSked.
  - Regulatory changes and relief from CMS.
Changes for ACA’s Members and Families

• Implemented COVID-19 Risk Assessment and monitoring tools, built into MediSked, to determine areas of risk and to provide support to our members and families.
• Implemented telemedicine with the individuals, families, and providers ensuring continuity of care during the pandemic (i.e. Microsoft Teams, WhatsApp, Zoom, etc.).
• Hosted family forums via WebEx to share statewide updates with our members and families.
• Provided no-contact drops of items such as medication and food when individuals/families were in crisis.
• Coordination of PPE for members and their families that reside in community settings.
• **Expanded emergency/urgent needs** for on-call system to ensure members/families ability to connect with ACA 24/7.
ACA COVID Vulnerability Risk Assessment and Monitoring

At the start of the COVID-19 pandemic, ACA instituted weekly check-ins and reviews of key concerns and follow-up actions. Of the 18,286 individuals ACA supported living in non-certified settings:

- **Food Insecurity Concerns**
  - Mar/Apr 2020: 44.8%
  - Oct 2020: 96.9%
  - Improvement: 96.9%

- **Medicine / Medication Concerns**
  - Mar/Apr 2020: 26.6%
  - Oct 2020: 98%
  - Improvement: 98%

- **Transportation Concerns**
  - Mar/Apr 2020: 15.5%
  - Oct 2020: 98.4%
  - Improvement: 98.4%

- **Housing / Household Concerns**
  - Mar/Apr 2020: 2.6%
  - Oct 2020: 36.3%
  - Improvement: 36.3%
  - Increase to 4.4%

- **Caregiver Concerns**
  - Mar/Apr 2020: 3.4%
  - Oct 2020: 4.4%

Is your home a safe environment?
Do you have a safe place to stay?
Do you have a backup plan for support?
Are your natural supports unable to provide support because of illness?
Changes Implemented Within ACA’s Workforce

- COVID-19 Standard Operating Procedures to supply workforce with current regulatory changes and implementation guidelines.
- Implementation of electronic signatures to limit exposure and supporting at home job functions.
- Distribution of technology to all staff to set up home offices.
- Increased use of Microsoft Teams.
- Increased collaboration with the other CCOs and MediSked to uniformly address monitoring of high-risk members within the community.
- Implemented weekly webinars for staff to remain current on regulatory relief.
- Implemented flexible work schedules to accommodate Care Management staff with families.
COVID Success Stories: Care Manager Efforts Above and Beyond; Locating O₂ Concentrator

**Challenge**
- A member tested COVID positive and was hospitalized.
- The hospital was having difficulty locating an oxygen concentrator to accompany the discharged member home.
- Care Manager called the residence to inquire if they had oxygen the member could use, but they did not.
- The discharge plan would have to change to transfer to skilled nursing facility.

**Solution**
- The Care Manager sought assistance from other ACA team members.
- Sent referrals to > 30 resources.
- Care Manager located a supplier.
- The Care Manager coordinated with hospital social worker and the residence.
- Oxygen was delivered and later that evening the member arrived home.
COVID Success Stories: Care Manager Advocacy Effect on Changing NY DOH Guidance

**Challenge**
- A member was accompanied by residence staff to the emergency room for breathing difficulty.
- Upon arrival to the emergency room, residential staff was not permitted to enter.
- An ACA Care Manager and the member’s sister attempted to contact the hospital to get an update but were not successful in reaching anyone.

**Solution**
- The Care Manager and the member’s sister contacted New York Lawyers for the Public Interest (NYPLI).
- Lawyer advocated to the Deputy Commissioner at OPWDD to change guidelines for hospital visits during COVID.
- NY DOH submitted guidance that support staff for individuals with I/DD were exempt from visitation restrictions.
- Care Manager advocacy was critical in changing regulations.
COVID Success Stories: Food Security

**Challenge**
- After completing their COVID-19 assessments, a Care Manager recognized that she had six families who were experiencing food insecurity.
- Initially, she shared resources via text to food pantries in the community with her members/families.
- Due to transportation challenges these families would not be able to go to the pantries to pick up the food needed.

**Solution**
- The Care Manager located a food pantry and secured the food, but due to overwhelming needs in the community, the food pantry couldn’t deliver.
- The Care Manager picked up the food and made six separate personal deliveries to each of these families.
- The families expressed gratitude for her support.
ACA Member COVID Trends Aligned with ACA Coverage Area

ACA COVID Positive Rates March-October 2020 (n=825)

- Mar and Apr: 562
- May: 144
- Jun: 54
- Jul: 37
- Aug: 19
- Sep: 7
- Oct: 2

Month

ACA’s Service Area – Downstate NY

Hospitalization Trend in New York – March-October 2020

- Source: https://forward.ny.gov/daily-hospitalization-summary-region

New York COVID Positive Rates by County

- Source: https://covid19tracker.health.ny.gov/
ACA Members Had a Spike in Fatalities During the Peak of COVID-19 in 2020, Compared with 2019

Roster Fatality Count

Data as of 11/30/20

n=175 in 2019  n=266 in 2020

ACA/NY
ADVANCE CARE ALLIANCE

medisked
Data as of 11/30/20
People With Comorbidities Have Proven to Have Higher Risk of Severe Outcomes and Fatality

74% of ACA fatalities had one or more chronic conditions:
- 69% for 60+ population
- 77% for <60 population

People with I/DD have 3.06 higher chance of mortality from COVID.
Individuals with I/DD Living in Residential Group Homes are at Higher Risk of Severe Outcomes From COVID-19

(Landes, et.al, 2020) https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7245650/

ACA members living in certified settings account for 28% of ACA’s members but 70% of COVID-related deaths.

Data as of 10/31/20
ACA Members Living in Smaller, More Integrated Settings Were More Likely to Avoid COVID Infection and Recover When Infected

Data as of 10/31/20

Non-Certified settings include:
• Own home
• Family care
• With friend
• With others
• Homeless

COVID Cases by Residential Type

- Certified Group Home > 4 Beds: 22% Total Population (n=25,708), 50% Documented Positive (n=825), 55% Deceased (n=152)
- Certified Group Home <= 4 Beds: 6% Total Population (n=25,708), 11% Documented Positive (n=825), 7% Deceased (n=152)
- Non-Certified Setting: 72% Total Population (n=25,708), 39% Documented Positive (n=825), 38% Deceased (n=152)

Total Population: 25,708
Documented Positive: 825
Deceased: 152

medisked
Data as of 10/31/20
Last year, we identified individuals that:
  • Live in a supervised group home setting.
  • Have indicated they want to change their living situation.
  • Can reportedly be left alone for 4+ hours.

Since last year, ACA helped 4 out of 12 (33%) of these individuals move to more integrated settings (non-certified).

The cost for certified residential services often exceeds $120,000 per person, per year.
  • For these 12 people, that could exceed $1.4M/year.

Of the overall population, ACA has helped 85 individuals from certified to non-certified settings (including this focus group).

The initial cost of these services exceeded $10.2M/year.
  • More integrated settings see >50% cost savings.
Interest in Self-Direction Led to Increase in Self-Directed Services

- Since its inception, 1,528 ACA members expressed interest in self-direction on their assessment.
- ACA helped **383 (25.1%)** of those people sign up for self-directed services allowing them increased flexibility to choose the life, services, and schedule that they want.
- Self direction is an important tool to help individuals live in more integrated settings.
### Analyzing COVID Rates by Setting and County

#### Certified Residential Settings

<table>
<thead>
<tr>
<th>County</th>
<th>Population Quotient (per 1000)</th>
<th>Positive (per 1000)</th>
<th>Deceased (per 1000)</th>
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</thead>
<tbody>
<tr>
<td>Orange County, NY</td>
<td>0.059</td>
<td>85</td>
<td>17</td>
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<tr>
<td>Queens County, NY</td>
<td>1.059</td>
<td>80</td>
<td>12</td>
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<tr>
<td>New York County, NY</td>
<td>0.282</td>
<td>78</td>
<td>7</td>
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<tr>
<td>Rockland County, NY</td>
<td>0.236</td>
<td>136</td>
<td>17</td>
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<tr>
<td>Kings County, NY</td>
<td>1.324</td>
<td>98</td>
<td>22</td>
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<tr>
<td>Bronx County, NY</td>
<td>0.642</td>
<td>92</td>
<td>11</td>
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<tr>
<td>Nassau County, NY</td>
<td>0.779</td>
<td>86</td>
<td>13</td>
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<tr>
<td>Suffolk County, NY</td>
<td>2.034</td>
<td>65</td>
<td>12</td>
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<tr>
<td>Westchester County, NY</td>
<td>0.248</td>
<td>157</td>
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#### Non-Certified Residential Settings

<table>
<thead>
<tr>
<th>County</th>
<th>Population Quotient (per 1000)</th>
<th>Positive (per 1000)</th>
<th>Deceased (per 1000)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orange County, NY</td>
<td>0.209</td>
<td>48</td>
<td>0</td>
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<tr>
<td>Kings County, NY</td>
<td>2.942</td>
<td>21</td>
<td>2</td>
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<tr>
<td>Suffolk County, NY</td>
<td>2.907</td>
<td>19</td>
<td>4</td>
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<tr>
<td>Bronx County, NY</td>
<td>2.034</td>
<td>19</td>
<td>2</td>
</tr>
<tr>
<td>Queens County, NY</td>
<td>2.968</td>
<td>18</td>
<td>5</td>
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<td>Richmond County, NY</td>
<td>1.522</td>
<td>17</td>
<td>2</td>
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<td>Nassau County, NY</td>
<td>0.779</td>
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<td>Orange County, NY</td>
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<tr>
<td>Queens County, NY</td>
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<tr>
<td>New York County, NY</td>
<td>1.348</td>
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COVID presents a greater risk to people with IDD, especially at younger ages. “The age-related distribution is comparatively higher for those with IDD at ages 0–17, and comparatively lower at ages 75 and over” (Turk, et al., 2020).
Preparing for COVID Vaccinations

• ACA uses MediSked solutions to track flu vaccinations for members and COVID-19 infections, recoveries and care coordination efforts.

• ACA is anticipating COVID-19 vaccinations beginning shortly and this functionality is critical to an effective vaccination program at ACA.
  • It will be imperative to record that all 25,000+ individuals have received both doses of the COVID vaccine.
  • Additionally, tracking the record for the workforce will be considered.
Outcomes
Describing the Population:
Advance Care Alliance Demographic Data (n=25,708)

**ACA Population by Age and Residential Setting Type**

- **Non-Certified**
  - Under 10: 1,545
  - 10-19: 4,741
  - 20-29: 6,361
  - 30-39: 1,451
  - 40-49: 1,363
  - 50-59: 1,772
  - 60-69: 1,272
  - 70-79: 608
  - 80-89: 54
  - 90-99: 97

- **Certified**
  - Under 10: 40
  - 10-19: 72
  - 20-29: 19
  - 30-39: 35
  - 40-49: 795
  - 50-59: 440
  - 60-69: 97
  - 70-79: 11

**Average Age of ACA Member**

32

**ACA 2020 Enrolled Population – Residential Type**

- **Non-Certified**
  - Residential Type: 72%

- **Certified**
  - Residential Type: 28%
Health Homes Have a Goal to Decrease Preventable ER Visits

*At ACA, Number of ER Visits Declined Year-Over-Year*

Most enrollees have **not** been hospitalized in the past 12 months:

- **17.5%** were admitted to the ED in the last year, but of those **62.3%** only had to do so **once**.
- Fewer ACA members visited the ED in Year two. Members with 0 visits **increased 2.2%**.

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**Number of ER Visits Per Tier 1-4 Enrollee at ACA**

- **80.3%** in July 2018 - June 2019
- **82.5%** in July 2019 - June 2020

**Individuals with 1+ ER Visits (2019-2020)**

- **1 Visit**: 62%
- **2 Visits**: 20%
- **3 Visits**: 7%
- **4+ Visits**: 11%

**July 2018 - June 2019**
- 0 Visits: 80.3%
- 1 or More Visits: 19.7%

**July 2019 - June 2020**
- 0 Visits: 82.5%
- 1 or More Visits: 17.5%

Self-Reported Data Powered by as of 10/31/20
Top Reasons for Hospitalizations Differ Between I/DD Populations and the General Population

Top Reasons for Hospitalizations - General Population

1. Liveborn
2. Septicemia
3. Osteoarthritis
4. Heart Failure
5. Chronic obstructive pulmonary disease and bronchiectasis
6. Complications specified during childbirth
7. Acute myocardial infarction
8. Diabetes mellitus with complication
9. Pneumonia (except that caused by tuberculosis)
10. Cardiac dysrhythmias

Top Reasons for Hospitalizations – ACA

1. Unspecified Illness
2. Psychiatric/Behavioral
3. Surgery
4. Seizure
5. Fracture
6. Infection
7. EEG
8. Pneumonia
9. Asthma and/or Breathing Issues
10. Abdominal issues and/or pain

16. COVID-19

Source: AHRQ, Healthcare Cost and Utilization Project
https://www.hcup-us.ahrq.gov/faststats/NationalDiagnosesServlet

ACA and its partner provider agencies have protocols in place based on patterns with an I/DD population (including high rates of seizures, falls).

Source: NY IDD CCO HH – results have not been formally validated

Self-Reported Data Powered by as of 10/31/20
Preventing Choking ER Visits/Hospitalizations

- The number of people with protective oversight to prevent choking hazards increased in 2020.
- Protocols and safeguards were implemented through ISP/Life Plans and as a result, choking decreased.

### ER/Hospitalizations Due to Choking for Tier 1-4 Enrollees at ACA

<table>
<thead>
<tr>
<th></th>
<th>July 2018 - June 2019</th>
<th>July 2019 - June 2020</th>
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<tbody>
<tr>
<td></td>
<td>0.52%</td>
<td>0.40%</td>
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Self-Reported Data Powered by as of 10/31/20
How ACA Members Spend their Day:
Benchmarking as COVID-19 Changes the Approach to Services

### Type of Work for Tier 1-4 Enrollees at ACA

<table>
<thead>
<tr>
<th>Type of Work</th>
<th>Count</th>
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<tbody>
<tr>
<td>I am retired</td>
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<tr>
<td>Pathways to Employment</td>
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<tr>
<td>Self Directed Supportive Employment</td>
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<tr>
<td>Supportive Employment-Not Integrated</td>
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<tr>
<td>Access:VR</td>
<td>86</td>
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<tr>
<td>Day Treatment</td>
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<tr>
<td>Adult Day Services</td>
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<td>Volunteer</td>
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<tr>
<td>Supportive Employment Extended</td>
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<tr>
<td>No structured day time activity</td>
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<td>Pre-Vocational Services</td>
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<td>Community Habilitation</td>
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<tr>
<td>Supportive Integrated Employment</td>
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<tr>
<td>Competitively Employed</td>
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<td>Other</td>
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<td>School</td>
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<tr>
<td>Day Habilitation</td>
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</tbody>
</table>

Self-Reported Data Powered by as of 10/31/20
Health Promotion: Exercise Assistance

Assistance Desired by Tier 1-4 Enrollees with Exercise at ACA

- Encouraging me to go for walks and engage in active recreational activities: 4635
- Assisting me if I decide to go to a gym or exercise program: 1559
- Assisting me in doing ___ minutes of exercise at home or my treadmill or other equipment (Specify daily, weekly, etc.): 937
- Giving me the opportunity to independently go to a gym (YMCA, Curves, etc.) when I wish: 834
- Doing all you can to allow me to be sedentary: 785

Self-Reported Data Powered by as of 10/31/20
ACA has Improved Integration of CQL Personal Outcome Measures into ISP/Life Plans Year Over Year

CQL POM Count of Tier 1-4 Enrollees

- People choose personal goals
- People interact with other members of the community
- People have the best possible health
- People participate in the life of the community
- People realize personal goals
- People are safe
- People have friends
- People choose where they work
- People choose services
- People use their environments
- People experience continuity and security
- People have intimate relationships
- People perform different social roles
- People are respected
- People exercise rights
- People are connected to natural supports
- People live in integrated environments
- People choose where and with whom they live
- People are treated fairly
- People are free from abuse and neglect
- People decide when to share personal information

Source: https://c-q-l.org/the-cql-difference/personal-outcome-measures

Life Plan/ISP Data Powered by as of 10/31/20
Looking to the Future
Challenges Moving Forward

COVID is still a real threat and there are challenges to face as we enter the winter.

- Rate reductions.
- Financial uncertainty from the state and federal government.
- Looming managed care changes in New York.
- Re-envisioning service delivery and staffing in a post-COVID-19 world.
Questions?

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Doug_Golub@medisked.com