HEALTH MANAGEMENT ASSOCIATES

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Care Coordination Infrastructure Cost

HealthManagement.com

Purpose

- Develop high level budget for care coordination and infrastructure that could support needs of high risk patients and community based chronic care management for Maryland Medicare population
- High level infrastructure estimates based on PMPM models

Use

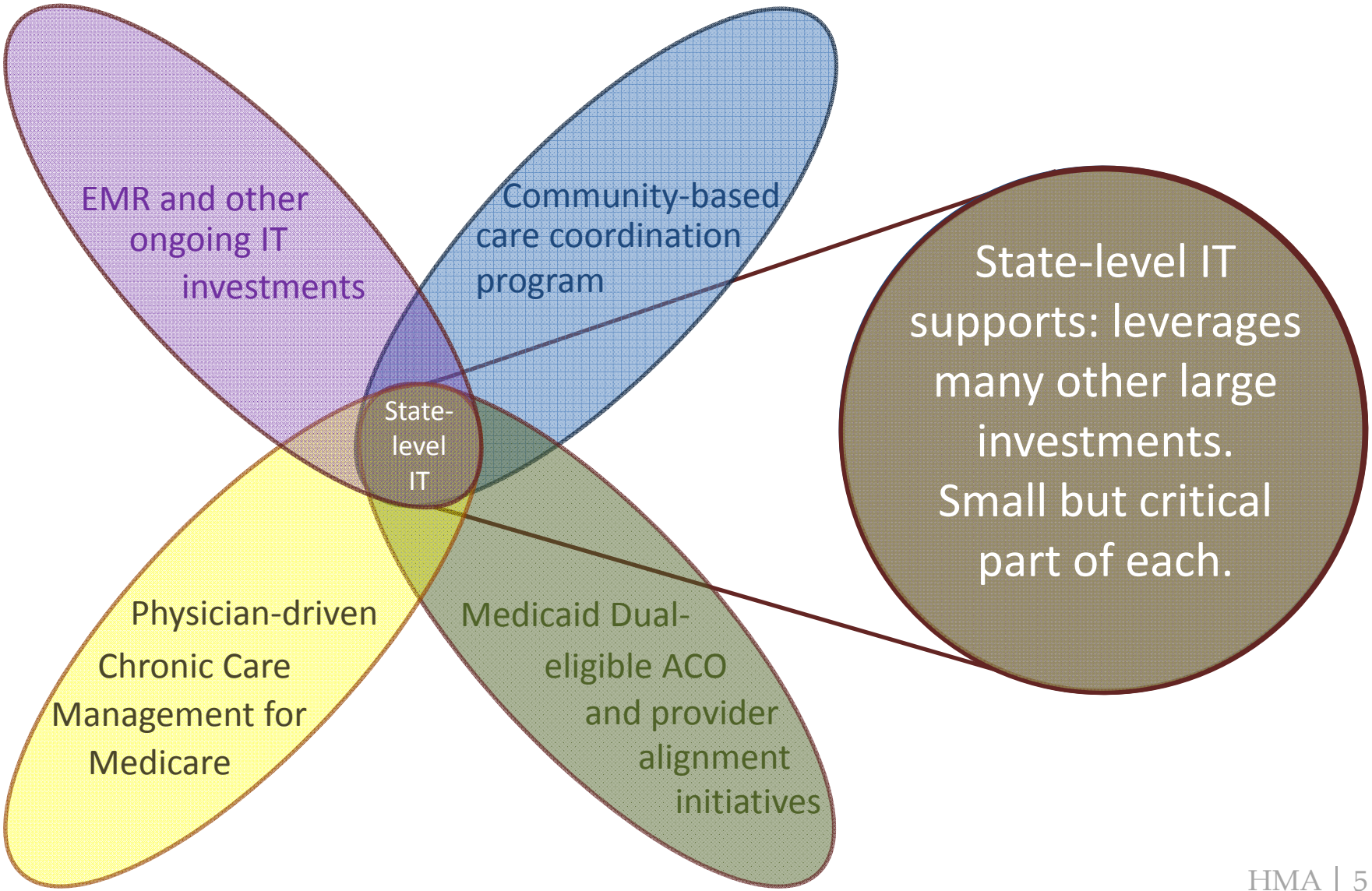
- Help frame the conversation of cost and approach
  - Regional and local providers will need to develop specific plans, budgets, and funding sources for staffing. BRFA funds can help support planning effort.
  - IT and analytic resources can be addressed through statewide approach, will need additional refinement and support beyond BRFA, but establishes framework for initial use of BRFA funds for state-wide infrastructure and implementation support

Care Coordination Cost Summary
Common State Level Support + Regional Planning

Annual Operating Cost: $8m (low) to $28m	Start-up Cost: $51m ($41m is IT/data)
• $3.7m Data analytics/infrastructure • $0.6m Data Sharing • $1m QA/QI staff (including training/support/TA) • $1.5m Provider Connectivity • $1m Profile of common care plan elements	• $8.5m Build/secure data infrastructure (includes analytics) • $4.2m Data sharing (patient-centered care/engagement) • $7m, Collaboration (training, support, TA) ($4m regional planning & support) • $31m Provider Connectivity (ambulatory and LTCF EMR interfaces)

BASIS:

- Alternative approaches to IT, connectivity & analytics will have varying costs
- Connectivity to 4000 (80%) non-hospital based practices and 200 (80%) long-term care facilities
- Analytics that produce timely, actionable data and reports for provider community
- 332k patients in care coordination program (40% of 800k Medicare FFS)


EMR and other ongoing IT investments
Community-based care coordination program
State-level IT
Physician-driven Chronic Care Management for Medicare
Medicaid Dual-eligible ACO and provider alignment initiatives
State-level IT supports: leverages many other large investments. Small but critical part of each.

Start $	Ops$ (Low)	INVESTMENTS IN CARE COORDINATION
8.5m	3.7m	**Build/secure a data infrastructure to facilitate identification of individuals who would benefit from care coordination** • Develop patient consent polices/procedures • Combine existing data to identify care coordination candidates • Secure new data. First priority is Medicare data • Engage a vendor to store, clean, normalize new (Medicare) data • Develop model of attribution to hospitals, PCPs, and other providers • Store care profile, HRA and develop alter mechanisms
4.2m	1.6m	**Encourage Patient-centered care** • Standardize (1) care profile elements (2) health risk assessment elements (3) discharge summaries • Make these readily accessible and evaluate use • Develop approach to identify patients for whom care profile viewing is relevant
7m	1m (& TBD at region level)	**Encourage Collaboration and patient engagement** • State-level education campaign to encourage individuals to participate in care coordination effort • Facilitate somatic and behavioral health integration • Facilitate care integration between hospitals and long-term care/post-acute services • Create standard gain-share and pay-for-performance programs • Facilitate collaborations among providers, advocates, public health, faith-based organizations • Develop processes to avoid duplication of resources across provider systems • Support practice transformation through technical assistance and best practice • Encourage providers to take advantage of Medicare Chronic Care Management payments
31.5m	1.5m	**Connect Providers** • Develop plans to connect community-based, LTC, post-acute providers to CRISP • Purchase/deploy applications to facilitate interoperability among providers' EMRs • Purchase application to facilitate collection of EMR data for population health measures

Two Ends of a Spectrum

Hire multiple "Best in Breed" vendors with CRISP providing integration

(Approach used for this cost analysis)

- Invests more money in CRISP integration and multiple vendors
- Can IT, analytics and support tools be sophisticated enough, fast enough to meet demo goals?

Hire one large vendor who can "Plug and Play" (Significantly different approach from current cost analysis)

- Turns most of the money over to a vendor with a pre-baked integrated solution
- The goal would be to implement more integrated, sophisticated IT, analytics & support tools faster
- Will we be able to use all of investments already in place?
- Does any one organization have all of the right capabilities?
- Do we want to put all of our eggs in one basket?

A sophisticated method is needed to assess, scope and decide on the best approach to IT, analytics and connectivity. An expert committee of CRISP should work expeditiously to address these technical implications and select vendors.

Potential Revenue to Pay for Costs

- $12m remaining through BRFA or other assessments
- $30m TCPI grant for training and technical assistance
- Other grant funds that may be available
- Hospital rates
- Hospital savings due to reductions in admits/readmits