

# **Mountain-Pacific** *Quality Health*

2016



**IMPACTING HEALTH CARE DELIVERY**

**IMPACTING HEALTH CARE QUALITY**

**IMPACTING OUTCOMES**

**IMPACTING COSTS**



## ABOUT MOUNTAIN-PACIFIC

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Mountain-Pacific Quality Health is a 501(c)(3) nonprofit corporation that strives to be the “go-to” resource for driving innovation in health care systems in the states and jurisdictions we serve. We first began partnering with providers, practitioners and patients in Montana in 1973. We now support the health care communities of Montana, Wyoming, Hawaii, Alaska, the U.S. Pacific Territories of Guam and American Samoa and the Commonwealth of the Northern Mariana Islands.

Mountain-Pacific holds state and federal contracts that allow us to oversee the quality of care for Medicaid and Medicare members. We work within our communities to help improve the delivery of health care and the systems that provide it. Our goal is to increase access to high quality health care that is affordable, safe and of value to the patients we serve.

Under contract with the Centers for Medicare & Medicaid Services (CMS), we are one of 14 Quality Innovation Network-Quality Improvement Organizations (QIN-QIOs) in the nation. We partner with health care providers, practitioners, stakeholders and patients on a variety of quality improvement initiatives to achieve better care, better population health and lower health care costs.

Mountain-Pacific also provides Medicaid utilization review and management services for the Montana Department of Public Health and Human Services. Through our review process, we strive to enable each Medicaid client to get his or her needs met in the most appropriate, cost-effective setting, using the most appropriate medical service, equipment and supplies.

Health Technology Services (HTS), a department of Mountain-Pacific Quality Health, offers technical assistance, guidance and information on best practices to support and accelerate health care providers’ efforts to become meaningful users of electronic health records (EHRs).

## UNNECESSARY READMISSIONS—THE IMPACT ON QUALITY AND COST

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Preventable hospital readmissions are an unnecessary cost to Medicare and an unnecessary stress on Medicare patients—subjecting them to health risks in the form of healthcare-associated infections, medication errors and loss of function. They can also leave patients and families scrambling to prepare for adequate care and support services once the patient leaves the hospital.

*Preventable hospital readmissions cost Medicare over \$15 billion annually, but many can be prevented through improved communication and coordination—saving health care dollars and enhancing the patient experience.*

Mountain-Pacific ensures that Medicare beneficiaries receive cost-effective quality health care by sharing best practices for facilitating communication between health care partners and providers when transitioning Medicare patients from one care setting to another. Better communication and coordination mean patients are less likely to be readmitted to the hospital because of miscommunication or a lack of support services post discharge. Reducing readmissions saves precious health care dollars, and working with our partners to build networks for sustaining improvement helps set the standard for future patient care.

***Mountain-Pacific was nationally recognized for having the most improved hospital admission and readmission rates in the nation.***

Mountain-Pacific and its partners work together to improve hospital admission and readmission rates and, in fact, were nationally recognized on several occasions for having the most improved hospital admission and readmission rates in the nation.



*Mountain-Pacific also works with several communities in Montana to address the needs of “super utilizers” of health care. These individuals usually have multiple emergency room visits, hospital admissions, multiple chronic conditions, mental health and/or substance abuse concerns and complex social barriers to care. Because the cycle of health care delivery for these patients is often fragmented or does not meet all their needs, we are working within our communities at all levels to wrap services around the patient. This may prove a viable solution for improving outcomes, eliminating duplication of services and lowering costs that result in emergency room visits and unnecessary readmissions.*

## Return on investment (ROI) — Savings from avoided readmissions

The following table illustrates a savings of more than \$5 million in the last year (Jan. 1, 2015-Dec. 31, 2015).

Location	Relative improvement rate (RIR)	Readmits avoided in 2015	Estimated savings per avoided readmissions	Estimated savings in 2015
Alaska	6.19%	139	\$10,000.00	\$1,390,000.00
Hawaii and the Territories	5.09%	179	\$10,000.00	\$1,790,000.00
Montana	3.88%	193	\$10,000.00	\$1,930,000.00
Wyoming	-4.03%	0	\$10,000.00	\$0
<b>Totals</b>	<b>3.03%</b>	<b>511</b>	<b>\$10,000.00</b>	<b>\$5,110,000.00</b>

## IMPROVING HEALTH OUTCOMES FOR PEOPLE WITH DIABETES

In the U.S., nearly one-third of adults 65 years and older have diabetes, according to the National Institutes of Health (NIH, 2011). Diabetes is the most common cause of blindness, kidney failure and amputations in adults, and a leading cause of heart disease and stroke. Through our contract with the Centers for Medicare & Medicaid Services (CMS), we help educate Medicare beneficiaries about their diabetes and how they can improve their lives while living with diabetes.

The Diabetes Empowerment Education Program (DEEP)<sup>™</sup> is a series of fun, interactive classes that help people with diabetes or those at risk for developing diabetes get the knowledge and the skills they need to live healthier lives. The classes are meant to support—not replace—education from a health care provider or a certified diabetes educator. The classes do offer supportive, informative and interactive ways to understand the benefits of making healthy lifestyle changes and choices. So what are we hearing?

*“They listen to me, explain things clearly. I have learned way more than I even thought I would.”*

*“The diabetes class was very knowledgeable (sic) and enjoyable. I learned many important facts to help my diabetes. The material covered had many answers to questions I didn’t know I had.”*

*“Everything I wondered about was answered. I learned so much – thank you.”*

## IMMUNIZATIONS & THEIR IMPACT ON HEALTH



Influenza and pneumonia are vaccine-preventable diseases. However, together they are the eighth leading cause of death in the United States. Although all immunization rates need to increase to meet the Healthy People 2020 goals, the greatest increase is needed in pneumonia vaccination.

By working with our providers, patients and stakeholders in our four-state region, 77,056 patients received the pneumonia vaccination and 208,538 patients received the influenza vaccination between October 2014 and September 2015.

## DECREASING USE OF ANTIPSYCHOTICS IN NURSING HOMES

More than three million Americans rely on services provided by nursing homes at some point during the year. About 1.4 million Americans reside in the nation's 15,600 nursing homes on any given day. Those individuals, along with their family members, friends and relatives, must be able to count on nursing homes to provide reliable, high-quality care.

More than half of nursing home residents have some form of dementia and associated behavioral and psychological problems that pose significant challenges for those who care for them. Unfortunately, many nursing homes cite giving residents unnecessary antipsychotics as their main means of dealing with behavioral problems. In fact, in the nation's 15,000 plus nursing homes, one in five residents receives antipsychotic drugs they do not need.



Antipsychotics are intended for patients with schizophrenia or other severe mental illness and are not intended for use in frail and elderly residents with dementia. They not only rob residents of their independence, they also cause confusion, respiratory infections, falls and strokes. More and more, use of these drugs has become an acceptable but costly alternative to providing one-on-one, compassionate and respectful care.

Most nursing homes working with Mountain-Pacific that availed themselves of Mountain-Pacific's resources and support saw a drop in the number of long-stay nursing home residents receiving antipsychotic medications from the baseline period (Q1-Q4 2013) compared to the most recent calendar year (Q1-Q4 2015).

Alaska saw .....	<b>an increase of 14 residents receiving antipsychotic medications.</b>
Hawaii saw.....	<b>a decrease of 112 residents receiving antipsychotic medications.</b>
Montana saw .....	<b>a decrease of 136 residents receiving antipsychotic medications.</b>
Wyoming saw .....	<b>a decrease of 107 residents receiving antipsychotic medications.</b>

# THE IMPACT OF THE POSITIVE APPROACH TO CARE

Mountain-Pacific is spreading a Positive Approach to Care (PAC)<sup>TM</sup> in Montana nursing homes and learning a lot about its impact on residents with dementia along the way. Our certified PAC trainer provides nursing homes with proven techniques and strategies that enable them to focus on residents' abilities and strengths, and to connect with and guide them in a comforting and nonthreatening way.

Ultimately, the goal of the training is to help residents live well with dementia while reducing or eliminating the use of antipsychotic medications. This person-centered, individualized means of addressing behavioral health in nursing homes is right in line with the CMS goal to improve dementia care by using person-centered, individualized interventions that address behavioral health.

Decreasing the use of antipsychotic medication in nursing homes is only one measure organizations like ours work on with nursing homes. The National Nursing Home Quality Care Collaborative's composite

**“ MEET MY FRIEND AL ”**

- Active and involved in the community
- Began having memory problems
- Developed **Alzheimer's** disease
- Had to be admitted to a nursing home
- Acted out with **negative behaviors**
- Could be very difficult, **short-tempered** and even **combative**



*“Since I have changed my approach and the way I communicate with Al, our relationship has greatly improved. [The training] has helped me become a more compassionate and empathetic caregiver.”* SARAH NORDLUND director of nursing, Jordan, MT (pictured with Al).

score comprises 13 long-stay quality measures that are part of the long-term care setting. The score is calculated by summing the 13 numerators to obtain the composite numerator, summing the 13 denominators to obtain the composite

denominator, then dividing the composite numerator by the composite denominator and multiplying by 100. The goal is to achieve a composite rate of 6.0 or less. By July 2016, 15 percent of all recruited homes must achieve a composite score of 6.0 or less. All of our states exceeded the target as noted below.

State	Nursing homes achieving a composite score of ≤ 6.0	Percent achieving a composite score of ≤ 6.0
Alaska	5 of 12	41.7%
Hawaii	26 of 34	76.5%
Montana	13 of 61	21.3%
Wyoming	8 of 28	28.6%

## IMPACTING CARE FOR MEDICAID MEMBERS

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### *Montana Medicaid and Other Contracts: Savings in Cost, Quality and Satisfaction*

In addition to the work we do under contract with CMS, Mountain-Pacific holds seven Medicaid contracts through the Montana Department of Public Health and Human Services (DPHHS). The scope of the Medicaid contracts varies. We conduct drug prior authorization and medical utilization review. We also assess requests from people needing home, community-based or nursing facility services. Additionally, our transportation staff serves as a checkpoint for ensuring Medicaid members use the most appropriate means of transportation for their medical appointments/ services.



Examples of improving care and providing stellar customer service while providing a significant ROI to the state of Montana follow.

### *Medicaid Programs Overview (excluding pharmacy programs)*

Our Medicaid programs staff includes 34 nurses, social workers and other specially trained staff working across five contracts: Home and Community Services, Transportation, Utilization Review, Severe Disabling Mental Illness and Developmental Disabilities. Since 2009, Mountain-Pacific has experienced a 114 percent growth in work across the Medicaid contracts and a 30 percent growth in reimbursement.

### **HOME AND COMMUNITY SERVICES (HACS) CONTRACT**

The HACS contract is our largest Medicaid contract and includes six different programs: Continued Stay, Level of Care, Readmission Screening, Home Health, Personal Assistance Services and Community First Choice.

These programs, which directly contribute to patients receiving an optimized and coordinated continuum of care, focus on assessing Medicaid consumers' personal and level-of-care needs. These assessments, previously conducted independently for each program, have been redesigned, consolidated and standardized, resulting in consistent and coordinated evaluations by our clinical staff for all programs under the HACS contract. This has produced improved communication and accurate referrals of consumers to the services that best meet their needs. Additionally, these assessments are now utilized by case management teams throughout the state and by each Medicaid consumer to establish an individualized, person-centered care plan.

- **Long-Term Care Programs**

(Include Continued Stay, Level of Care, Readmission Screening and Home Health)

In fiscal year (FY) 2016 (July 1, 2015-June 30, 2016), Mountain-Pacific's long-term care staff is on par to complete more than 26,500 case reviews to assess level of care needs for people requesting home, community-based or nursing facility services. Current federal rules require that all states have a process in place to evaluate if an individual's medical, physical or cognitive needs warrant long-term care placement and if a person entering a long-term care facility has a mental illness or intellectual disability.

While conducting these reviews, we identify the need for additional services in these settings.

- **Personal Assistance Services (PAS)/Community First Choice (CFC) Programs**

Mountain-Pacific completed the transition to CFC in July 2015. Without additional staffing and in addition to completing 3,679 initial and annual member reviews, Mountain-Pacific staff performed 3,850 amendment assessments during the transition period, accounting for an increase in volume of 110 percent from the previous fiscal year. Projections show an increase of more than 20 percent in the number of referrals to the PAS/CFC programs in FY 2016.

For the Montana DPHHS to receive federal funding, Mountain-Pacific completed extensive system programming to capture required data and generate necessary reports that provided a snapshot of monthly enrollment, satisfaction and demographics.

We accomplished the goal of implementing the first phase of electronic data collection and documentation by our remote nursing staff by the beginning of FY 2016.

- In June 2015, information technology (IT) staff completed system programming, and all PAS/CFC nurse coordinators received laptops and training on the new process.
- In July 2015, we initiated electronic collection and documentation of all initial client assessments. We determined the implementation of this electronic process has reduced data collection and entry time by half. In 2016, we plan to expand the electronic system capabilities to annual reviews.

In January 2015, we began authorizing personal emergency response systems (PERS) for Medicaid members at risk for falls. PERS are personal alarm systems that can be activated with a simple push of a button to summon help. Between January and June of 2015, we authorized more than 400 systems and are projecting authorization of more than 1,000 by the end of June 2016.

#### **TRANSPORTATION CONTRACT**

Transportation staff processed nearly 91,000 requests during FY 2015, with a cost savings of more than \$1.3 million and an ROI approaching two to one. This means that for every contract dollar the Department spent, Mountain-Pacific saved them \$1.78 for an ROI of 78 percent.

In FY 2016 the number of requests is projected to exceed 107,000 with a cost savings of more than \$1.5 million.

In February 2015, we upgraded our call center telephone system by incorporating state-of-the-art monitoring, tracking, reporting and recording features.

#### **UTILIZATION REVIEW (UR) CONTRACT**

In FY 2015, Mountain-Pacific's utilization review nursing staff processed 2,400 authorizations for out-of-state inpatient admissions, transplants, durable medical equipment (DME), medical/surgical services and private duty nursing. This number is expected to reach nearly 3,300 in FY 2016, representing an increase of 39 percent, with cost savings exceeding \$2 million. In FY 2015, for every contract dollar the Department spent, Mountain-Pacific saved them \$5.55 for an ROI of 455 percent.

The scope of services performed under the UR contract expanded to include new clinical and peer review of pediatric mental health inpatient admissions, mastectomies, breast reconstructions, pulmonary and cardiac rehabilitation and ear cartilage grafting.

In the coming year, we will be adding programming enhancements to our case management system, which will lead to uninterrupted claims processing and improved customer service.

In other news, our staff developed a provider tool that lists Montana Medicaid-enrolled physicians who perform specialized services for adult and pediatric care. This provider tool is housed on our website and serves as a quick reference for physician practices and hospitals to use when determining where to send Medicaid clients for specialized services if they cannot be provided in the current facility.

Mountain-Pacific's contract with DPHHS for UR activities ended June 30, 2016. A request for proposal (RFP) for this work was released nationally for competitive bid in February. Mountain-Pacific was again awarded this work, which may be renewed annually for a total of seven years.

### **URAC Accreditation**

In 2013, Mountain-Pacific was awarded Health Utilization Management Accreditation from URAC. URAC is a leader in the accreditation of health and managed care organizations and offers the largest array of accreditation programs in the United States with more than 22 accreditation and certification programs that span a broad spectrum of health care services.

### **Medicaid Expansion (HELP Act)**

Based on State of Montana projections, we expect to see an addition of 45,000 to 70,000 lives covered over a four-year period. This is on top of the 135,000 lives covered prior to expansion. In the first year it was expected that approximately 34,000 new people would become enrolled in the Montana Medicaid HELP Act. However, the enrollment within the first five months has reached 47,000, which has impacted and increased the services provided by all our Medicaid contracts.

### ***Pharmacy Programs Overview***

Total pharmacy program staff includes 10 pharmacists and one certified pharmacy technician. We have experienced a 94 percent growth in total pharmacy program contract dollars since 2011.

#### **MONTANA MEDICAID DRUG PRIOR AUTHORIZATION (PA)**

The drug PA call center processed nearly 41,000 drug PAs during FY 2015 and documented nearly \$14 million in annualized cost savings for the State of Montana. ROI for the State was 21 to one.

#### **MONTANA MEDICAID DRUG UTILIZATION REVIEW (DUR)**

Pharmacy case management staff performed more than 2,300 clinical interventions during FY 2015 and documented \$15.6 million in annualized cost savings to the State. ROI for the State was 17 to one.

Children in foster care represent only three percent of children covered by Medicaid. Based on a 16-state Medicaid pharmacy claims study, however, "atypical" antipsychotics were prescribed for foster care children at nearly nine times the rate of non-foster care children receiving Medicaid. "Atypical" antipsychotics may have significant side effects, making routine monitoring essential to reducing the risk of metabolic side effects, movement disorders, diabetes, cardiovascular disease and joint problems. The DUR unit's oversight of psychotropic medications in these children shows positive outcomes, increasing metabolic syndrome monitoring by 34 percent and drug dose reduction/discontinuation in 23 percent of interventions.

In other areas, our pharmacy case management work with Hepatitis C treatment review saw an increase in cost savings from \$300,000 in 2013 to more than \$13 million in 2015.

## **HEALTH TECHNOLOGY SERVICES (HTS)**

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As of December 31, 2015, HTS assisted 1,000 primary care providers and 150 critical access hospitals (CAHs) in Wyoming and Montana with implementing certified electronic health record (EHR) systems and achieving Meaningful Use, as required by the Affordable Care Act.

- HTS collaborated with the Montana Department of Health and Humans Services (DPHHS) to share/utilize subject matter experts as needed to advance health quality improvement projects in Montana. With funding from DPHHS, HTS accomplished the following:
  - Created an electronic Clinical Quality Improvement (eCQI) toolkit for Montana clinics and hospitals designed to improve health outcomes. The toolkit will help clinics and hospitals modify clinic workflow to address care caps, promote evidence-based medicine and bridge the gap between technology and clinical quality.
  - Provided EHR technical assistance to 31 Montana Patient Centered Medical Home (PCMH) clinics.
  - Worked with Montana Hospital Association (MHA) to assist 25 CAHs with electronic Clinical Quality Measures (eCQM) reporting to measure health care processes, observations, treatments and patient outcomes to ensure that patient care is delivered safely, effectively, equitably and timely.
- We were also able to assist Indian Health Services (IHS) in Montana in their efforts to improve their hospital workflows and implement changes to achieve Meaningful Use.

HTS is currently collaborating with the following organizations:

- **Montana State Office of Rural Health IT Workforce** – In an advisory capacity for the Montana Rural Health IT workforce grant.
- **Million Hearts® Workgroup** – As coordinator for the Montana Million Hearts Initiative to identify project alignment and sharing of resources.
- **Regional Rural Healthcare Collaborative** – To help define the use of Regional Rural Healthcare Collaborative status.
- **Health Information Management Systems Society (HIMSS) of Montana** – HTS staff member elected as president of the Montana Chapter of HIMSS.
- **Wyoming Telehealth Consortium** – As a member of the Wyoming Telehealth Consortium.
- **Coral Regional Extension Center (REC) Collaboration Groups** – As a member of the Coral REC group and the Coral REC Privacy and Security group.

- **Health Care Outreach and Education**

From January 2015 to June 2016, HTS accomplished the following:

- Hosted 36 webinars where 1,787 health care community members registered and 1,066 attended. Subjects included EHR Meaningful Use, Clinical Quality Reporting, PQRS, ICD-10, HIPAA Privacy and Security and Telehealth.
- Participated in and/or presented health care topics at 19 community meetings and conferences.
- Delivered one Rural Medicine Hackathon with 126 attendees, three Wyoming and Montana Telehealth/Rural Health Information Technology (HIT) workshops with 95 attendees and one HIT/Quality Improvement workshop with 12 attendees.
- Sent 18 monthly HTS newsletters to an average of 696 health care clients, stakeholders and partners, emphasizing current and important health care information and issues.

For more information on HTS services, visit our [HTS website](#).

We want to thank our many partners for their devotion to providing optimum patient care. We also want to make it clear that we would not have achieved the impact we have seen within the states and territories we serve had it not been for the dedicated contributions of our stakeholders, our patients and our clinical and provider partners.

Visit us at  
[MPQHF.ORG](http://MPQHF.ORG)

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