

A high-angle, close-up photograph of a silver-colored metal stethoscope resting on a white computer keyboard. The stethoscope's chest piece is positioned in the lower-left quadrant, while its two ear tubes extend towards the bottom right. The keyboard, which has white keys with black lettering, occupies the upper half of the frame. The background is a plain, light-colored surface, and the overall lighting is soft and even.

September 2021

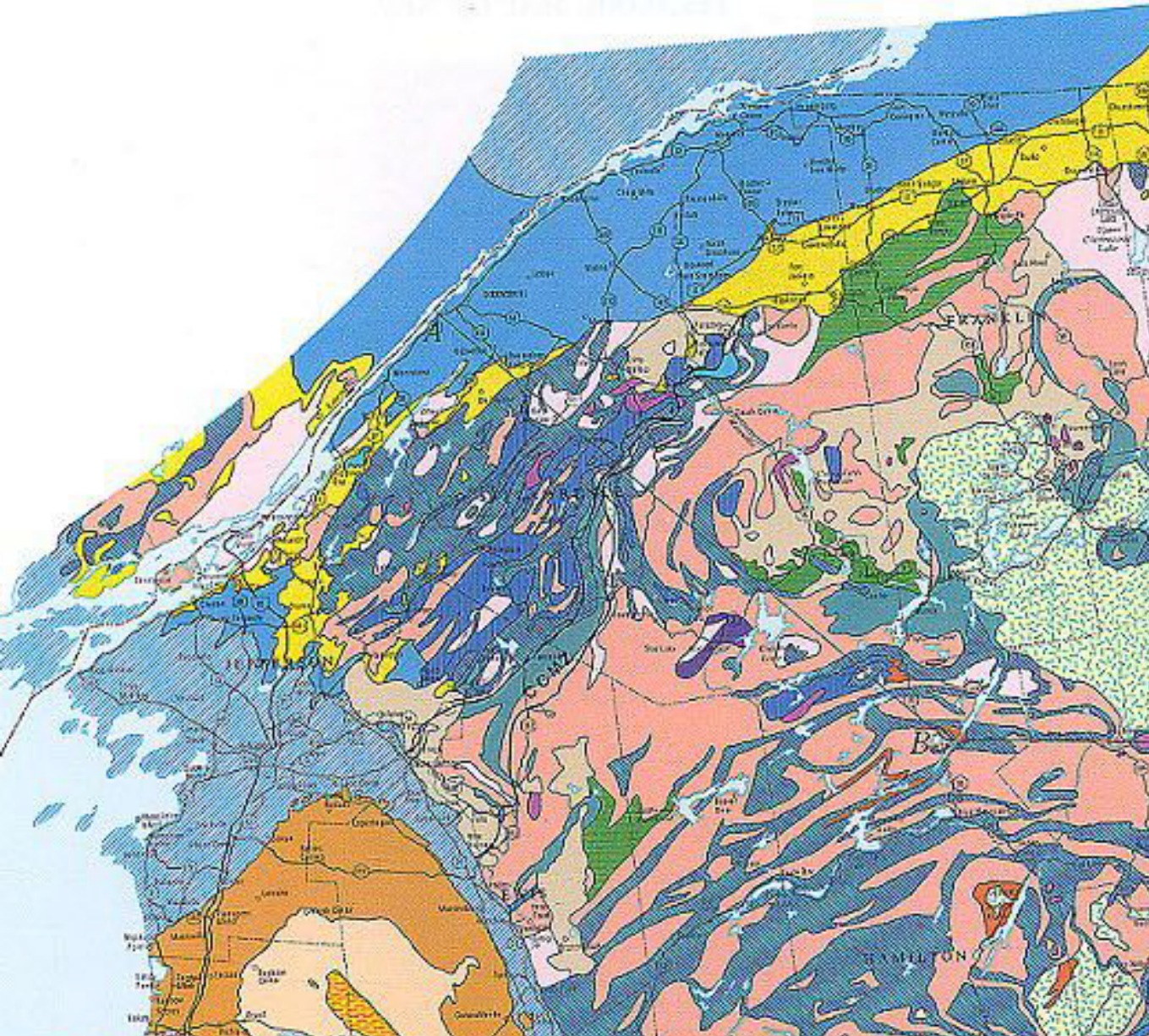
Presenters



Dr. Steven Lyndaker, M.D. is the Medical Director for Fort Drum Regional Health Planning Organization and North Country Initiative. He provides clinical leadership and serves as a liaison to healthcare partners in the region. He is also an internist/partner at Lowville Medical Associates in Lewis County.



Joanna Loomis is the Deputy Director at North Country Initiative. She works with clinical and community-based partners to design, implement, and monitor healthcare transformation & value-based contract initiatives in Jefferson, Lewis, and St. Lawrence counties.



About Us

- Jefferson, Lewis, St. Lawrence counties
- Former DSRIP PPS
- Operate an ACO & IPA: VBP arrangements with Medicare (MSSP Level 1 since 2015) and Medicaid (NYS – 2 Level 1 contracts)
- 80+ partners
- 20,000 covered lives

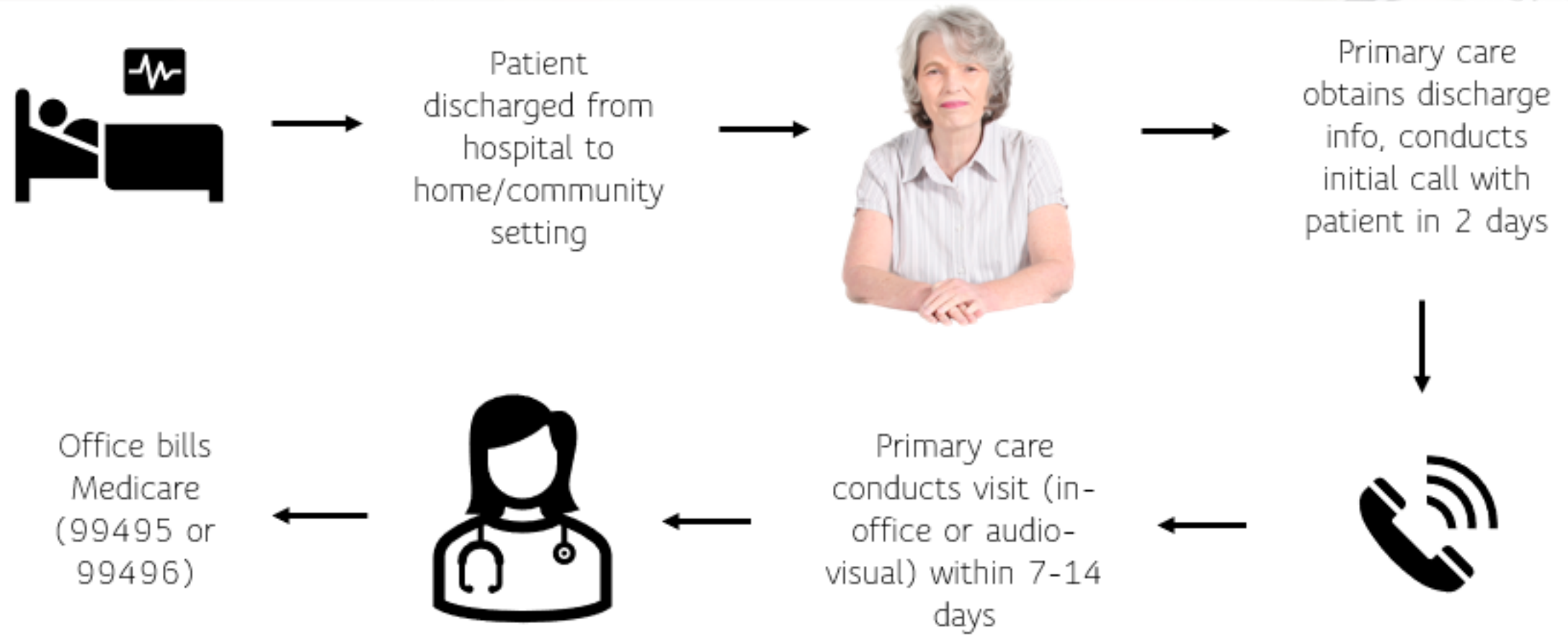
From TCM → “mTCM”



What is TCM?

- Transitional Care Management
- For patients discharged from an inpatient setting (hospital, SNF, observation, etc.) to their home/community setting
- Healthcare providers (typically, primary care) engage the patient in services in the days and weeks following a discharge
- Generally reimbursed by Medicare, Medicare Advantage, many commercial plans

“Traditional” TCM



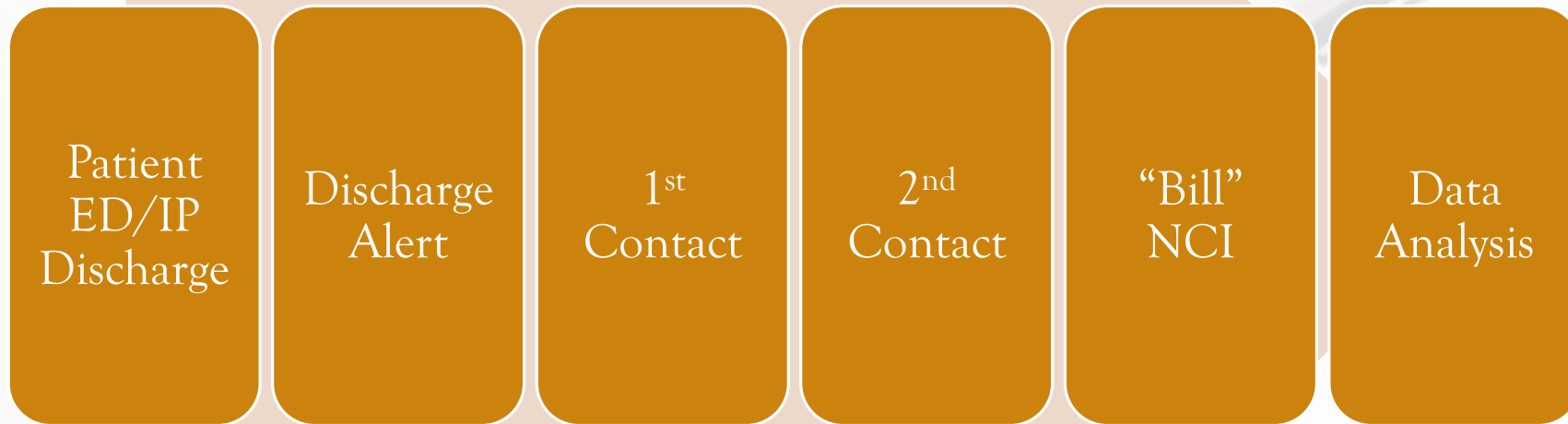
TCM & Our Medicare Population

- TCMs conducted on 6% of discharges in 2017 → 36% in 2018 → 52% in 2019 → 52% in 2020
- “Win-win-win” for patients, primary care, and the ACO
- Patients who have a TCM after discharge vs. those who do not:
 - ~4% lower 90-day post-discharge readmission rate
 - ~\$8,000 lower 90-day post-discharge total cost of care

mTCM Pilot

- Medicaid does not reimburse for TCM
- Medicaid considerations:
 - High ED volume
 - SDH
 - Low primary care engagement & high contact info turnover
- 2021 mTCM Pilot – self-funded by NCI
 - For inpatient & ED discharges
 - Initial contact within 4 days
 - 2nd contact: in office, audio-visual connection, or phone call
 - SDH screening, coding, referrals

mTCM Process



- Med reconciliation
- Clinical needs, referrals
- SDH screening, coding, referrals

mTCM: Discharge Notifications

- HIE
- Internal Application
- Send to partners via fax or secure email

North Country IPA - PATIENT DISCHARGE NOTIFICATION

Facility : {facility}

Attention : {attention}

Fax : {fax}

Notification Date: {notification date}

You are receiving this notification to inform you that one or more of your IPA attributed beneficiaries have been discharged from an inpatient facility or emergency department.

As part of the 2021 Medicaid TCM (mTCM) pilot, **your practice will receive reimbursement** for performing mTCM services on the patients below.

In order to bill NCI for mTCM, you must:

1. Conduct an interactive contact (phone, portal, email, or in person) within 4 business days after discharge to address immediate patient status & needs, & conduct an SDH screen;
2. Complete other applicable non face-to-face services (ex: med reconciliation, referrals, etc.); and
3. Have a separate visit (in person, video visit, or audio-only call) with the patient within 10 business days after discharge.

See the NCI mTCM 'fact sheet' for complete details.

If applicable, please contact the following patients as soon as possible:

Patient Information
(Patient Insurance: - (FirstName LastName), DOB (DOB), Discharged on (Date), (Time), from (discharge facility); discharge type: (IP or ED).
Jane Doe, DOB 5/14/1984, Discharged on 2/11/21, 08:55 AM, from Claxton-Hepburn Medical Center; discharge type: IP.

mTCM: SDH

- Screening
 - Standardized tool adapted from AAFP
 - During 1st or 2nd contact; via phone, self-guided in person, or guided in person
- Coding
 - Positive screen → list of potentially applicable ZCodes
- Referral
 - Positive screen → list of community resources
 - Closed-loop referral



Patient Name: _____

Patient DOB: _____

Today's Date: _____



Housing

1. Are you worried that in the next 12 months, you may not have stable housing?

- ☐ a. Yes
☐ b. No

2. Think about the place you live. Do you have problems with any of the following? (Check all that apply)

- ☐ a. Bug infestation
☐ b. Mold
☐ c. Lead paint or pipes
☐ d. Inadequate heat
☐ e. Oven or stove not working
☐ f. No or not working smoke detectors
☐ g. Water leaks
☐ h. None of the above

3. Where do you live now?

- ☐ a. Own my home/apartment
☐ b. Rent my home/apartment
☐ c. Live in a friend or relative's house
☐ d. Shelter
☐ e. Street homeless
☐ f. Supportive housing
☐ g. Other: _____



Food & Nutrition

4. In the last 12 months, did you eat less than you felt you should because there wasn't enough money for food?

- ☐ a. Often True
☐ b. Sometimes True
☐ c. Never True

5. Do you wish you could eat healthier, but have trouble getting healthy foods and/or making meals? (Check all that apply)

- ☐ a. I can't afford healthy foods
☐ b. I can't get transportation to buy healthy foods
☐ c. I'm not sure what/how to make healthy meals
☐ d. None of the above



Transportation

6. Do you put off going to the doctor because of distance or transportation?

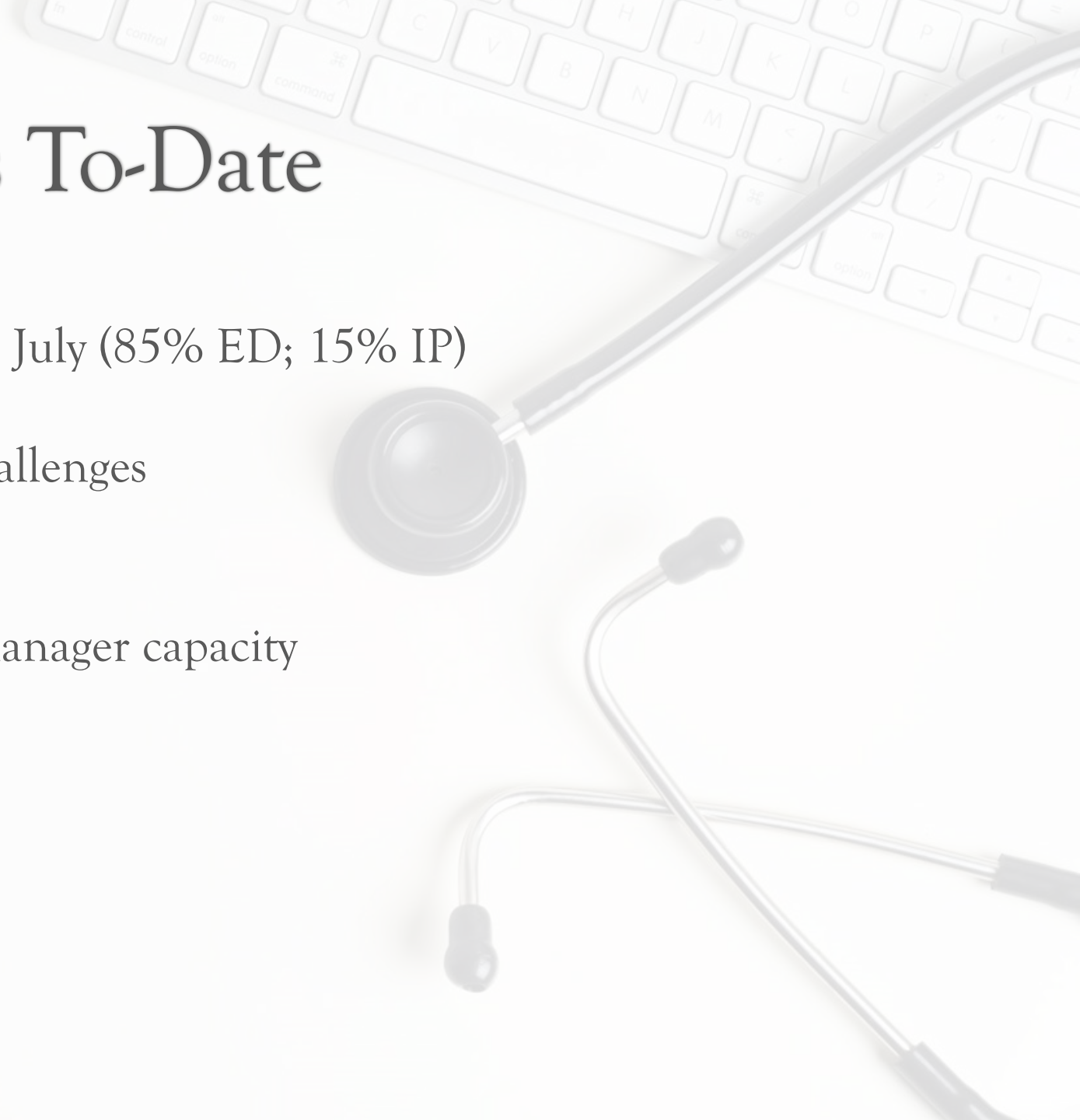
- ☐ a. Yes
☐ b. No

7. Are there other needs you can't meet because of transportation issues?

- ☐ a. Yes: _____
☐ b. No

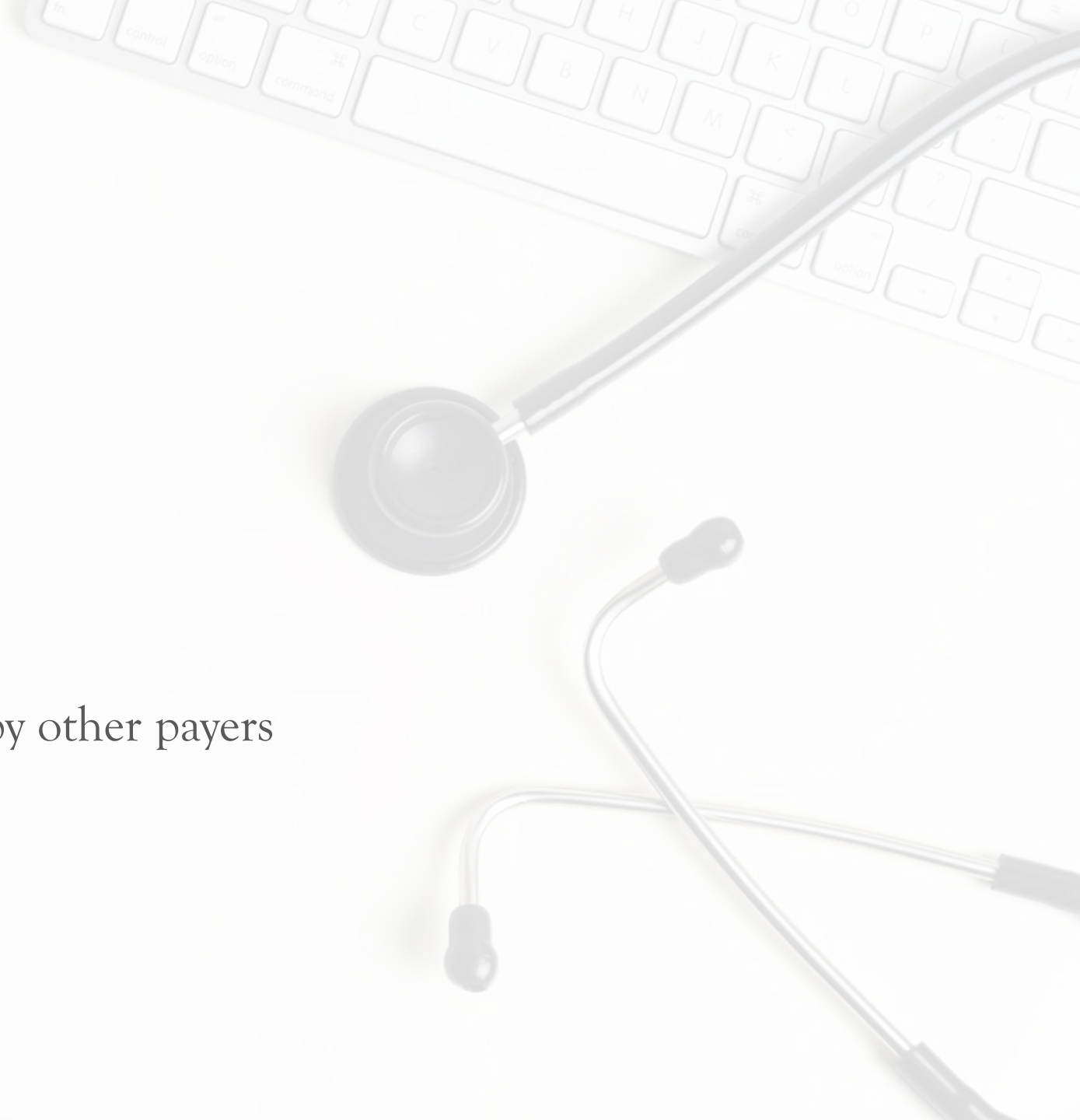
mTCM: Experiences To-Date

- 1,747 notifications sent from April – July (85% ED; 15% IP)
 - 231 billed to NCI
- Unengaged patients; contact info challenges
- Rural considerations
- Use of telehealth
- Staffing: provider availability, care manager capacity
- Initial feedback re: SDH elements
- ED discharge considerations
 - “Call us first” opportunities



mTCM: Next Steps

- Data analysis
 - 90-day post-discharge costs
 - ED vs IP
 - Unengaged patient discharges
- Stakeholder communication
- Would like TCM to be reimbursed by other payers



Discussion & Contact Information

- Dr. Steven Lyndaker: sslynpalm@fdrhpo.org
- Joanna Loomis: jloomis@northcountryinitiative.org

