MO HEALTHNET OVERSIGHT COMMITTEE
NOVEMBER 18, 2008
MEETING HANDOUTS

This packet contains the following information:

1. Biography of Newly Appointed Member Representative Rebecca McClanahan

2. Enrollment by Eligibility Category

3. CCIP ASO Outcome Overview – Presentation by George L. Oestreich, Pharm.D., M.P.A., Deputy Division Director, Clinical Services

4. How Are Our Patients Best Served? – Presentation by Ian McCaslin, M.D., M.P.H., Director, MO HealthNet Division

5. Biography of guest speaker Karen Edison, M.D., University of Missouri

6. Missouri Telehealth Network: Advancing Healthcare through Telecommunication – Presentation by Karen Edison, M.D.

7. Section 208.978, RSMo Supp 2007

Representative Rebecca McClanahan
Missouri House of Representatives, District 2

Representative Rebecca McClanahan was elected to the House of Representatives in November 2006. She represents District 2, which includes parts of Adair, Putnam and Sullivan Counties. She serves on the House committees of Health Appropriations, Higher Education and Agriculture Policy. She is the third nurse to serve in the Missouri General Assembly.

In addition to her legislative duties, Representative McClanahan is a Mental Health Nursing Consultant. She has spent over 30 years as a Nurse Educator at Truman State University in Kirksville where she was nominated for the Allen Fellowship for Excellence in Teaching and for the William Lee O'Donnell Advising Award.

Representative McClanahan is the Immediate Past Vice-President of the Missouri Nurses Association. She is a charter member of the Rho Omega Chapter of Sigma Theta Tau International Honor Society of Nursing and received the chapter's first award for Leadership Excellence.

A 1969 graduate of Mt. Zion Bible School in Ava, Missouri, Representative McClanahan received her Bachelor of Science Degree in Nursing from Truman State University in 1975. She received her Masters Degree in Nursing from the University of Missouri-Columbia in 1982 and has achieved Doctoral Candidacy at the University of Kansas. Her presentations and publications include analysis of models of health care reform and research regarding substance abuse among nurses.

Representative McClanahan currently resides in Kirksville with her husband, Marvin. They have two children: Andrew and his wife Astrid, and Bryan.

Participation

	Participants as of March 2008	Participants as of June 2008	Participants as of October 2008	Percentage of October 2008 Participants	Income Eligibility Maximums (Shown as a Percentage of Federal Poverty Level)
Children	484,750	485,522	488,293	58.4%	300%
Persons with Disabilities	147,208	148,754	150,495	18.0%	85%
Custodial Parents	94,392	92,894	91,936	11.0%	TANF level (approximately 21%)
Seniors	76,808	76,425	76,698	9.2%	85%
Pregnant Women	28,301	28,344	28,707	3.4%	185%
Total	831,459	831,939	836,129		

Source: Missouri Department of Social Services, Family Support Division/MO HealthNet Division, Monthly Management Report

CCIP ASO Outcome Overview

Oversight Committee

November 18, 2008

George L. Oestreich, Pharm.D., MPA
Deputy Division Director, Clinical Services
MO HealthNet Division

Chelmer Barrow, DO
Medical Director, APS Healthcare

Program History

- CCIP began enrolling participants in November 2006 (January 2007 patient management began)
- General ASO Enrollment began in June 2008
- As ASO contracting continues regionally, CCIP will merge into the ASO contracts
- MCO's cover only the TANF population (largely mothers and children), therefore ASO or FFS programs will need to provide coordination care for Non-MCO patients in MCO regions

Hypothetical (Desired) Outcomes

- Expected Impacts from CCIP/ ASO interventions:
  - Healthcare outcomes
    - Improved adherence to objective monitoring
    - Improved medication adherence
    - Improvement of “in-range” monitoring parameters
  - Financial expenditures impact
    - Appropriate service access utilization
    - Appropriate trending of total cost of care
  - Integrated electronic record impact
    - Provider use of electronic tools
    - Provider participation/use of electronic tools
    - Actual use and support of key case management tools
  - Participant/Provider Feedback
    - Recognition/knowledge/acceptance of program
    - Impression of program activities
    - Critical analysis of program and components

Program Engagement Process

- Identify new eligibles from MOHealthNet Data
- Mail welcome letters to new eligibles
- Conduct telephone outreach campaigns to new eligibles
- Engage participants
- Conduct general and/or disease specific assessments
- Evaluate risk score and assessment findings to assign risk level
- Assign to High, Moderate, or Low Risk Level
- Schedule follow-ups consistent with the risk level, e.g. every 30 days for high risk (case management), every 90 days for moderate risk level (disease management), and every 90 day outreach for health and wellness mailings (low risk level and the case and disease management level).
- Services are provided on an ongoing basis as long as the participant remains eligible for MOHealthNet.

Direct Services Provided During Engagement Process

- Included But Not Limited To:
  - Identification of gaps in care, e.g. medications, tests for condition monitoring, preventive care services, and compliance.
  - Assistance in locating resources to address social barriers affecting ability to seek appropriate medical / behavioral health care and close gaps in care, e.g. transportation, food, clothing, housing, etc.
  - Addressing self-care issues with behavioral change coaching with the goal of increasing compliance with prescribed plans of care.
  - Coordinating with the health care team (physicians, social workers, community support workers, etc.) to increase compliance with the plan of care.
  - Services described may be provided telephonically or onsite in clinics or health centers

Outcome Reports

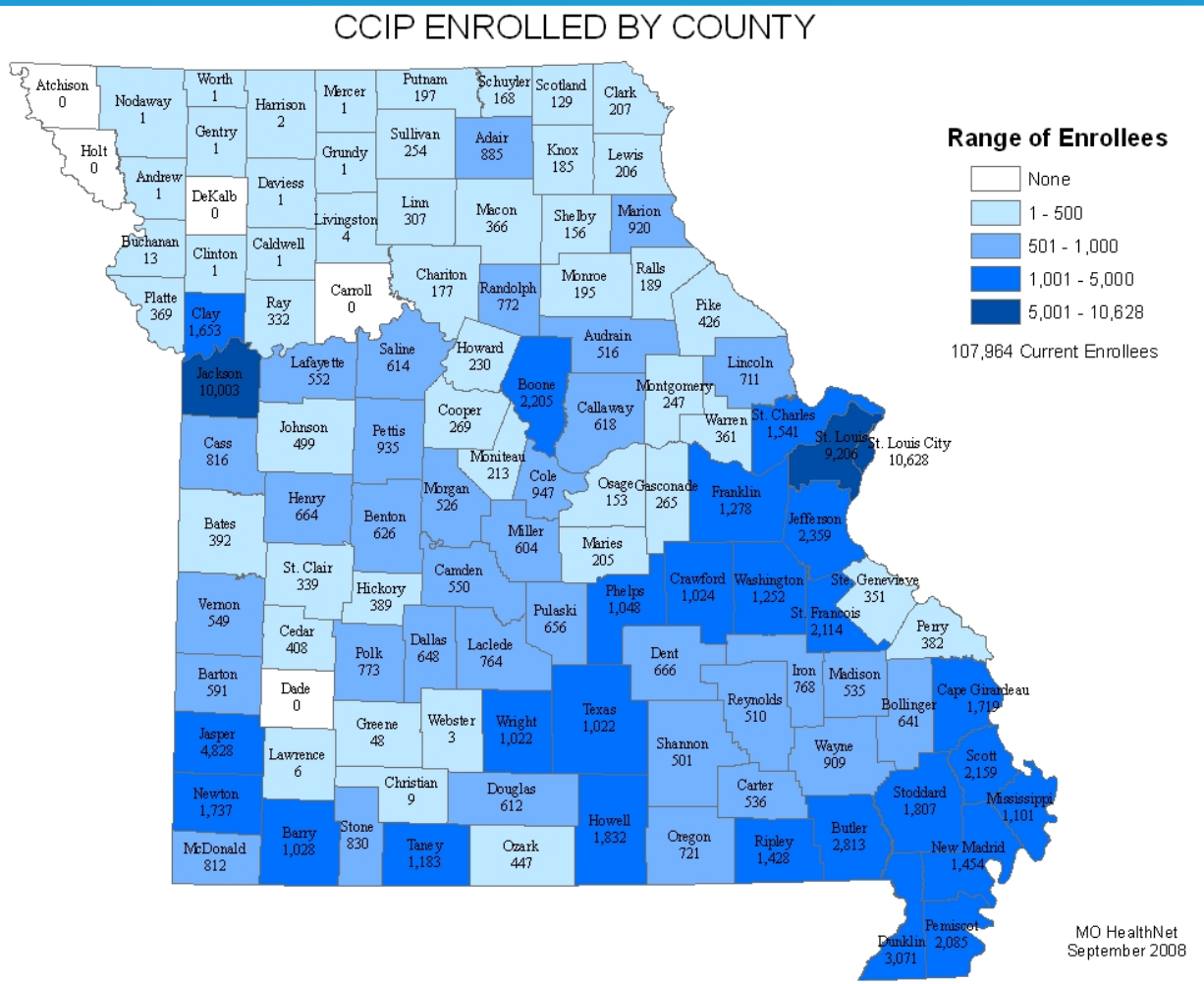
- Medical Outcomes Metrics
- Financial Outcome Metrics
- HealthCare Home Metrics
- Provider Metrics

CCIP

Metrics Outcomes Report

Through 2nd Qtr - 2008

Where CCIP Patients Reside



Methodology and Report Parameters

Overview of Population

- The total number of participants in the Chronic Care Improvement Program (CCIP) at the end of the reporting period was 103,308.
- The time period analyzed was July 1, 2007- June 30, 2008.
- Of these, 24,700 had been continuously enrolled for at least 12 consecutive months.

Methodology and Report Parameters

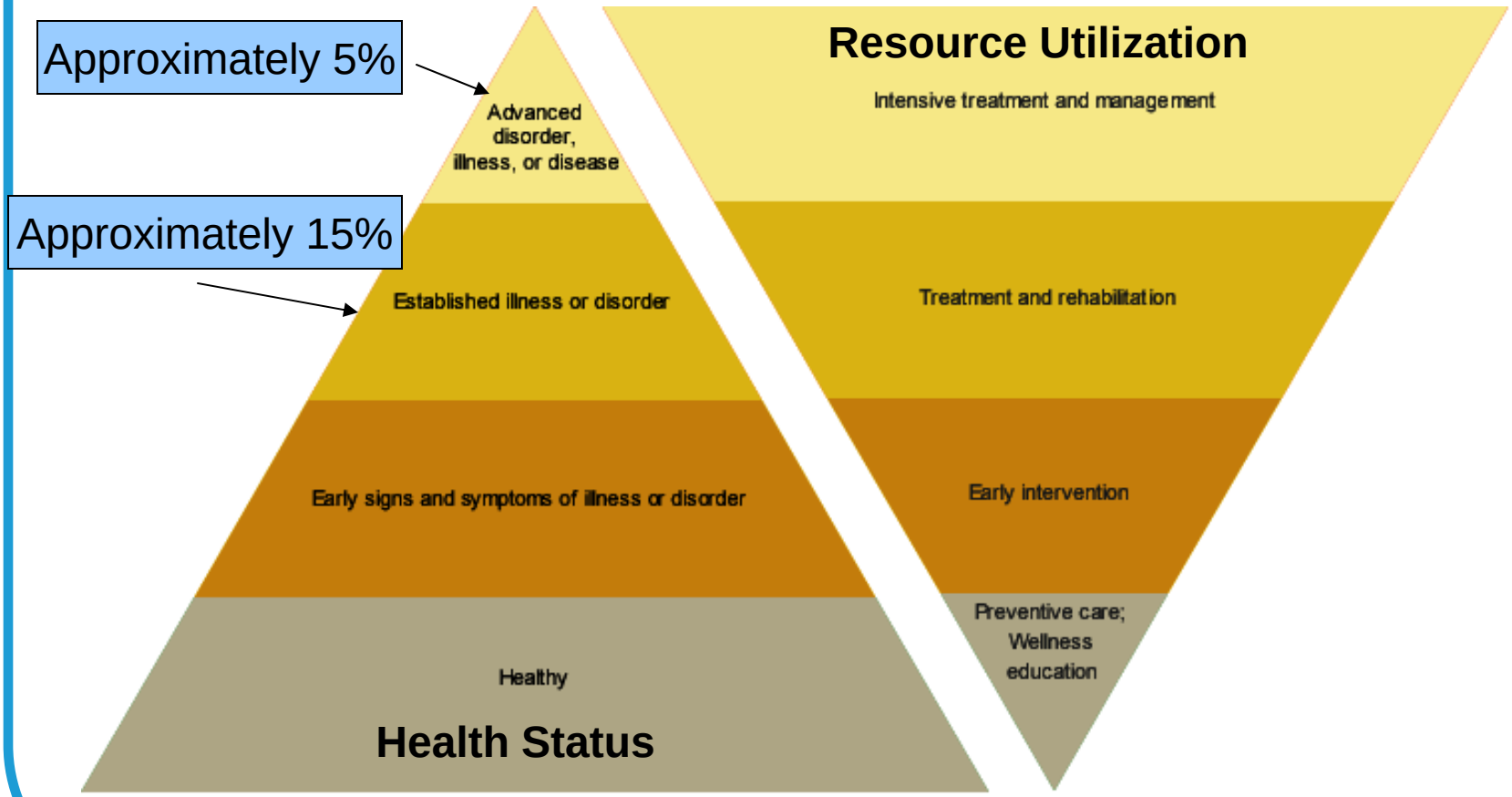
- The outcomes of the 24,700 continuously enrolled participants were compared to 97,665 MO HealthNet participants who have the same condition and submitted at least one claim for medical services to MOHealthNet during the analysis period, but are not enrolled in CCIP.

- Non-enrolled MO HealthNet participants include those who:
  - Reside in geographic areas that are ineligible for participation in CCIP
  - Are eligible for CCIP but opted out of the program

Report Parameters

- Period definitions
  - Program Performance
    - Baseline: Jan. 2006 – Jan. 2007
    - Evaluation: Feb. 2007 – Mar. 2008
- Conditions being managed
  - Asthma
  - CAD
  - CHF
  - Diabetes
  - COPD
  - GERD
  - Sickle Cell Anemia
- Eligible membership
  - Feb. 2007: 87,201 participants
  - March 2008: 141,420 participants
- Enrolled membership
  - Feb. 2007: 5,225 participants
  - March 2008: 97,790 participants
- Demographics
  - Average Age 51, (Male 47, Female 53)
  - Male 35% Female 65%

Deployment of Case Management/Disease Management Resources, Target Intensity of effort to Health Status



A Typical Participant in This Overview

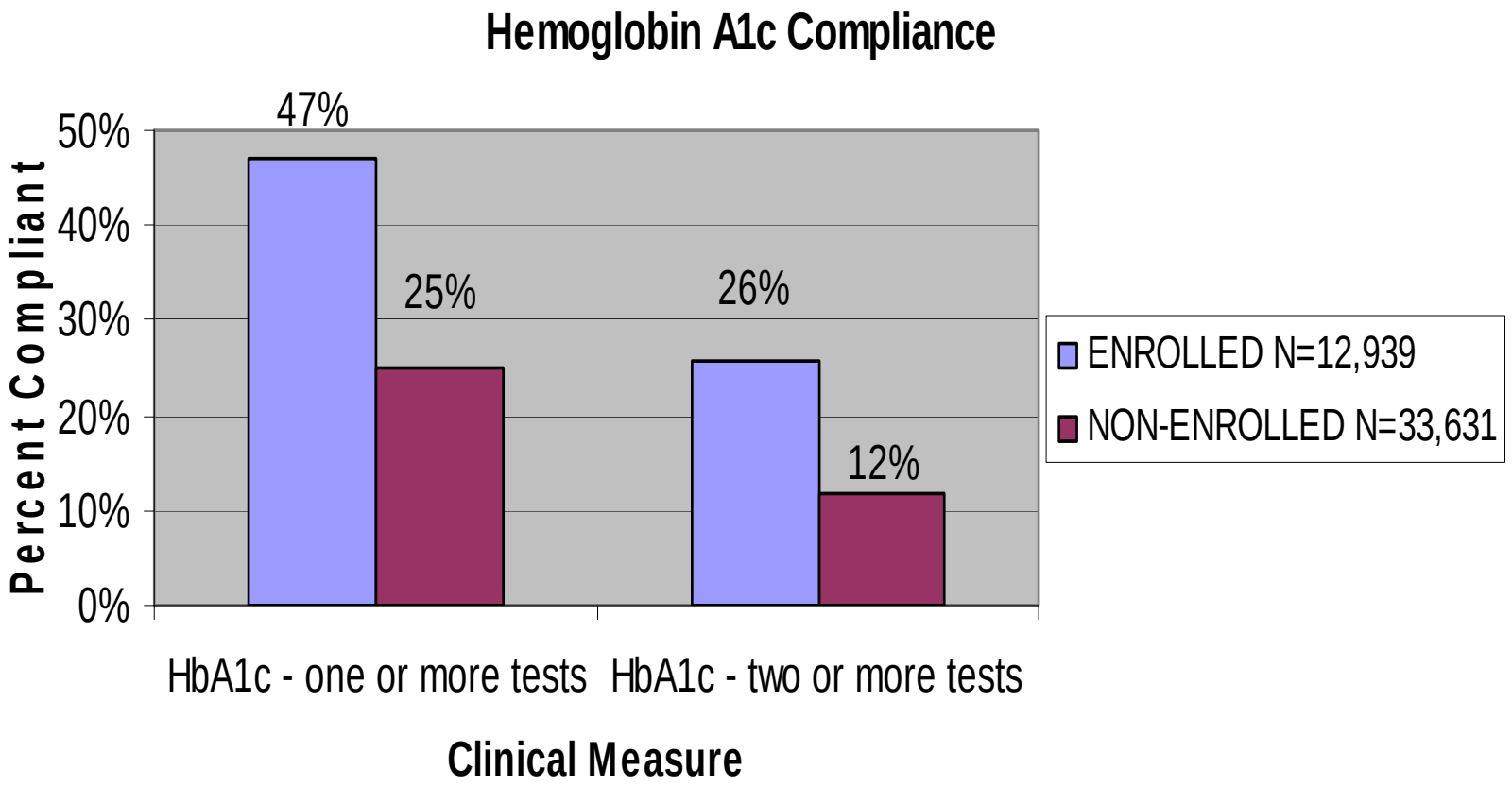
- A 47 year old male
- More than one major targeted disease
- Likely has a major cardiovascular diagnosis and diabetes
- Likely has experienced a major cardiac event
- A third have a major behavior health co-morbidity
- A generally motivated cohort

Continuously Enrolled 7/1/2007 - 6/30/2008
24,700

Disease	Number of Individuals	Percentage
Asthma	9,817	39.7%
CAD	16,982	68.8%
CHF	5,746	23.3%
COPD	8,155	33.0%
Diabetes	12,939	52.4%
GERD	12,592	51.0%
Sickle Cell	558	2.3%
Behavioral Disability	8,395	34.0%

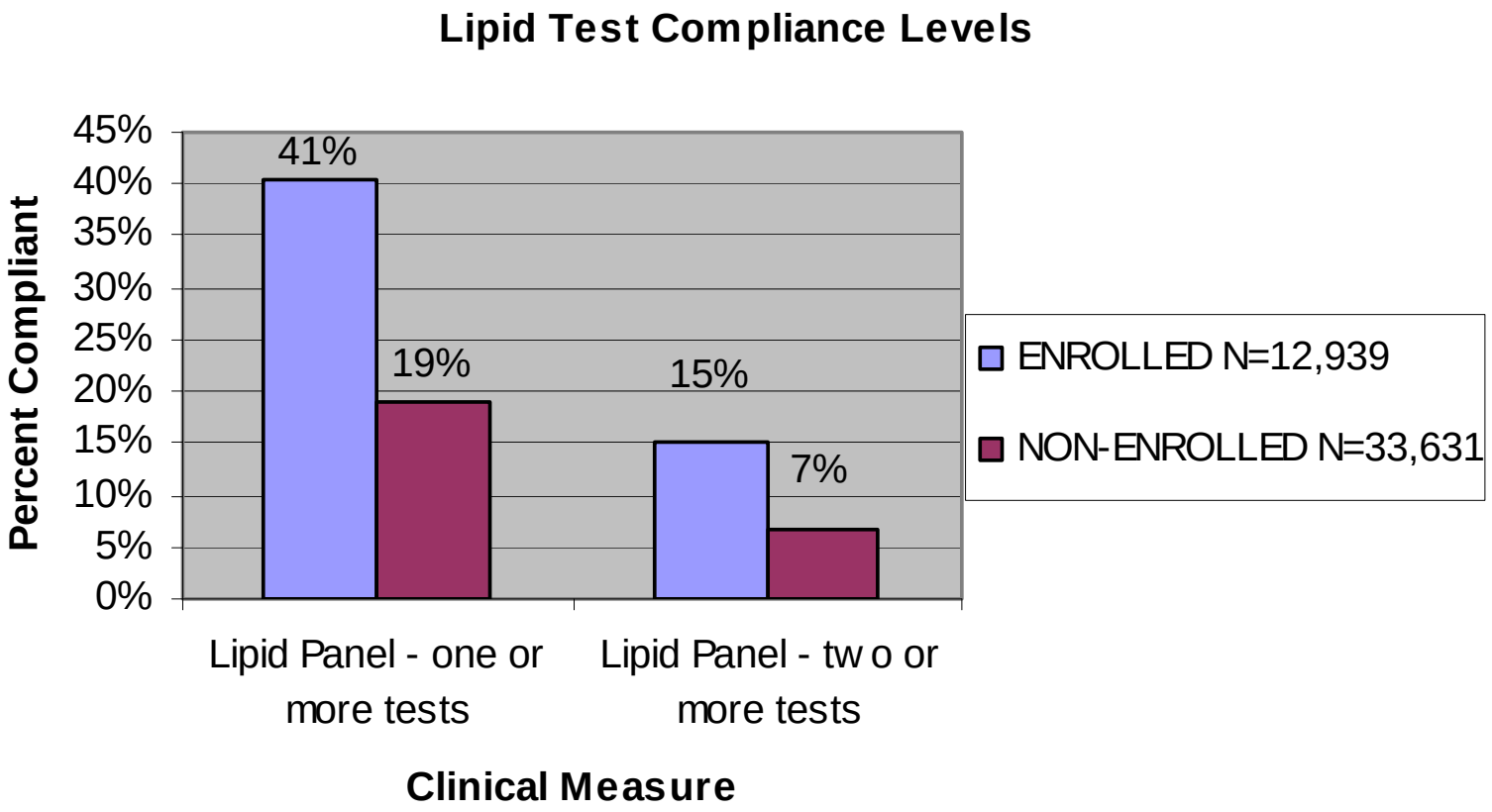
*Includes co-morbid conditions

Missouri CCIP Diabetes Outcomes



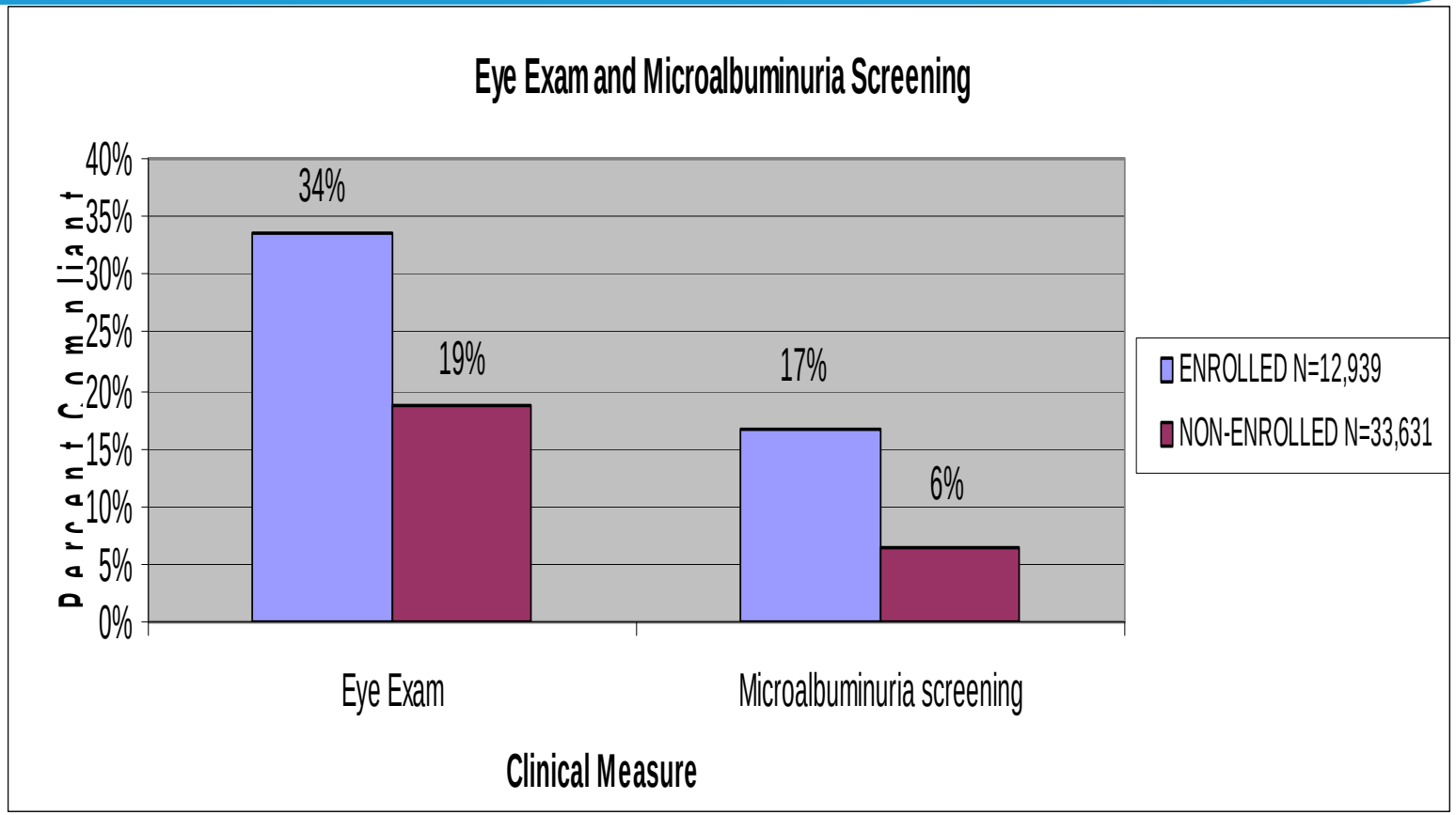
HbA1c testing provides an estimation of average blood glucose values in people with diabetes. Enrollees in the CCIP program received substantially more HbA1c testing than those not enrolled.

Missouri CCIP Diabetes Outcomes



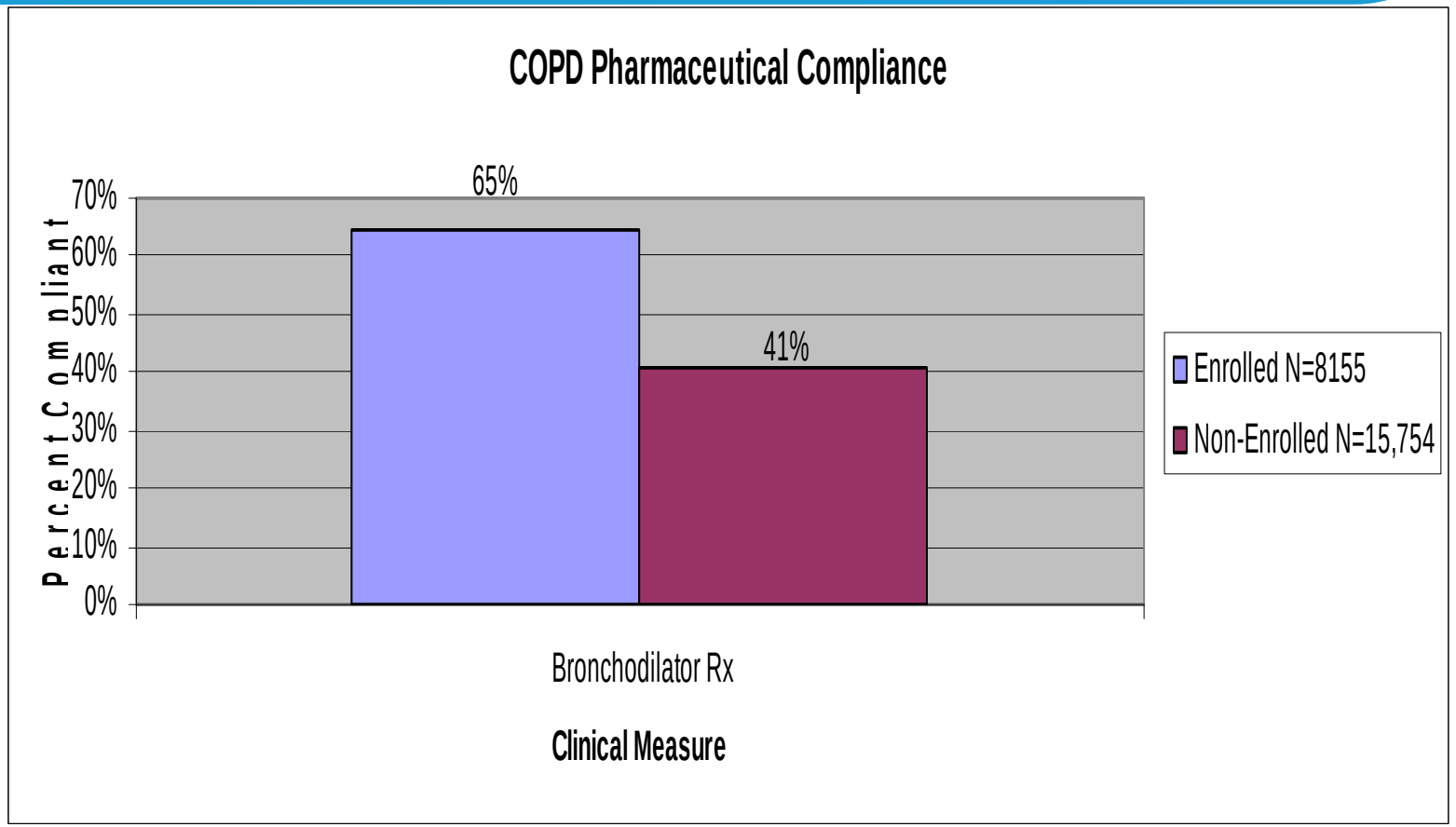
Lipid (cholesterol) testing is recommended for people with diabetes. CCIP enrollees received lipid testing at more than twice the rate of non-enrollees.

Missouri CCIP Diabetes Outcomes



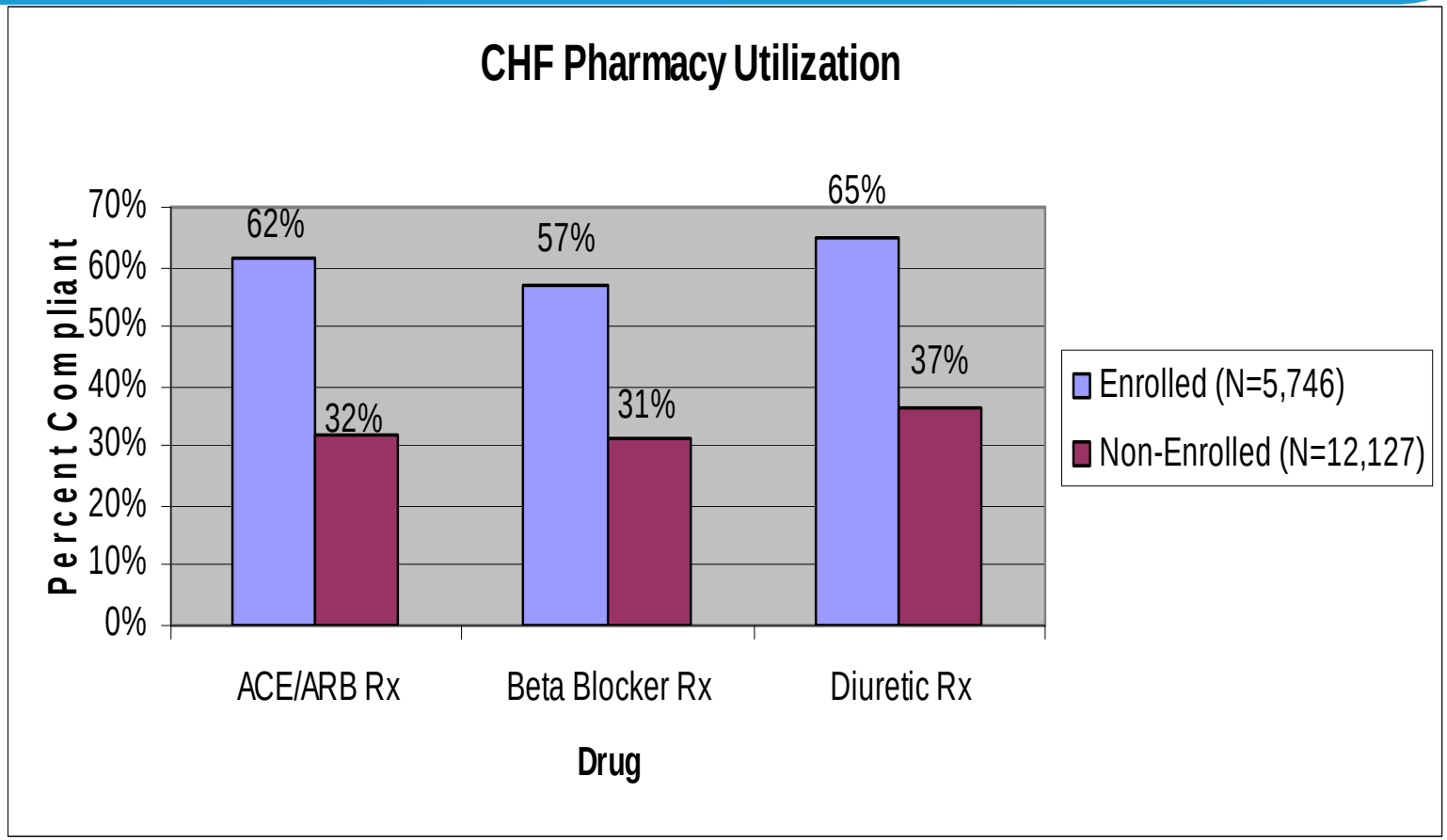
A Dilated Eye Exam and Microalbuminuria testing are two other recommended clinical assessments that should be performed annually on people with diabetes.

Missouri CCIP COPD Pharmacy Utilization



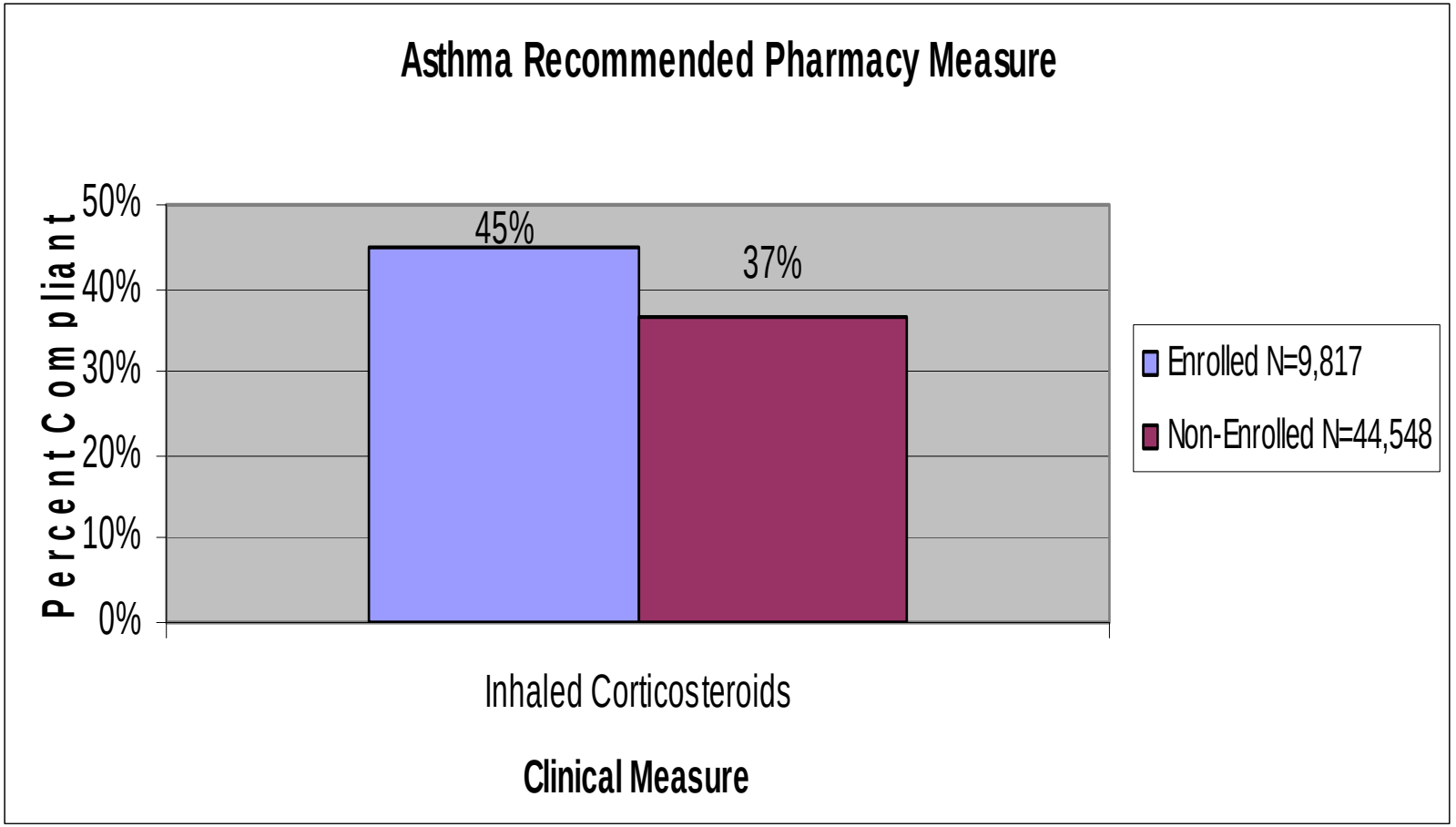
Nearly two-thirds of CCIP enrollees with COPD (emphysema) received treatment with bronchodilator medications, compared to 41% of non-enrollees.

Missouri CCIP CHF Pharmacy Utilization



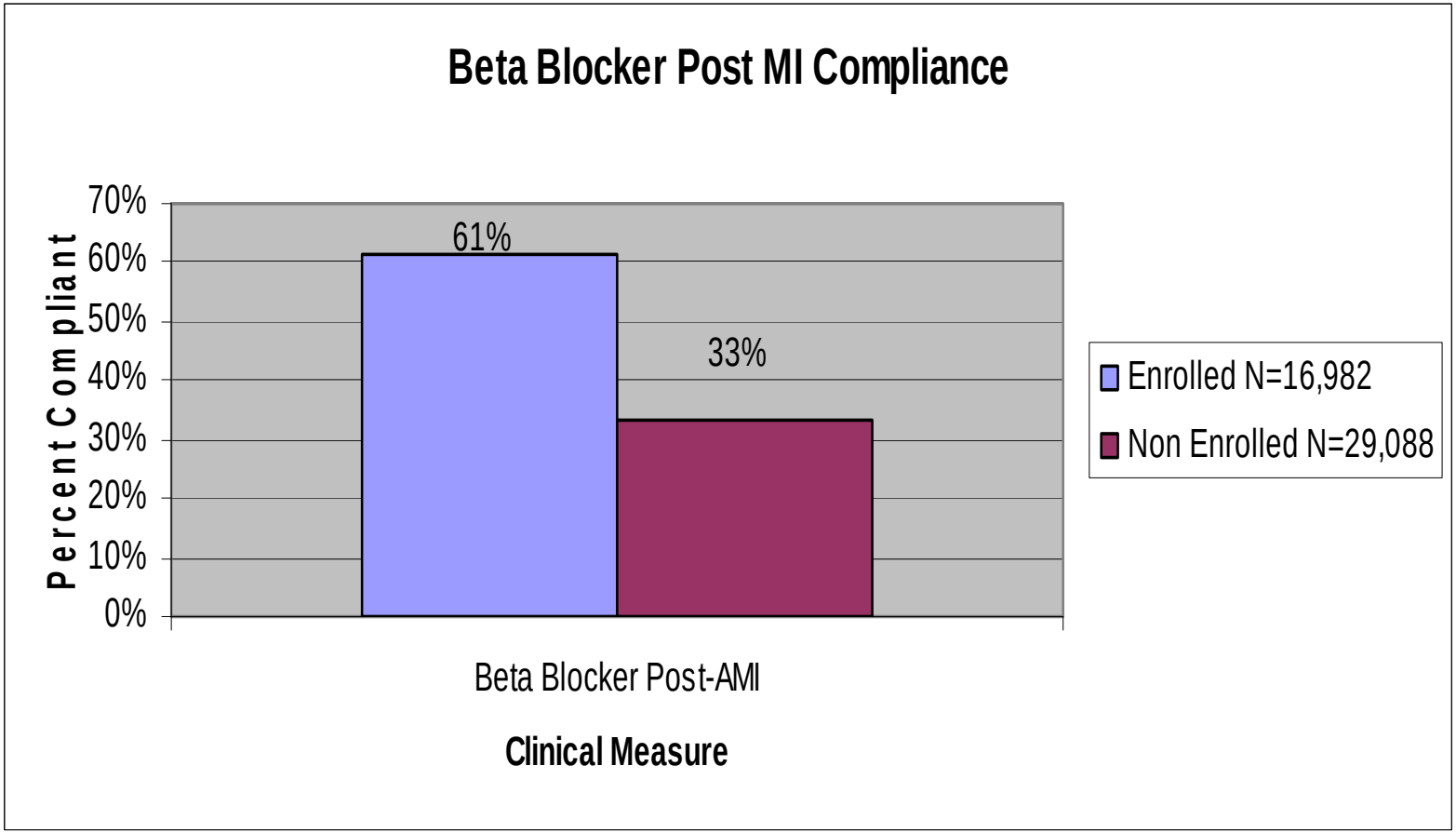
Substantially more CCIP enrollees than non-enrollees with congestive heart failure (CHF) received treatment with recommended cardiac medications.

Missouri CCIP Asthma Pharmacy Utilization



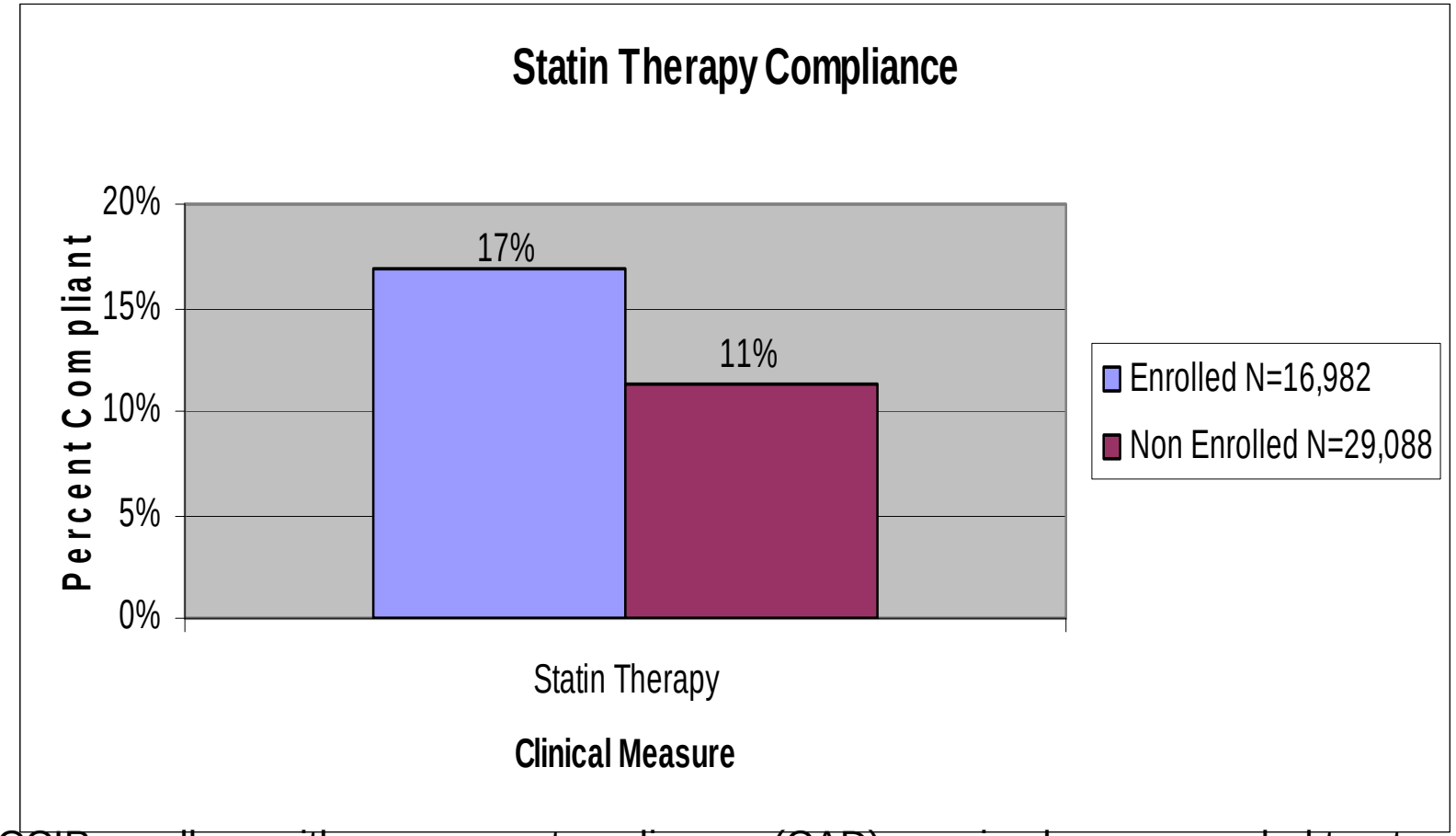
CCIP enrollees with asthma received recommended treatment with inhaled corticosteroids at a greater rate than non-enrollees.

Missouri CCIP Coronary Artery Disease (CAD) Outcomes



CCIP enrollees with coronary artery disease (CAD) received recommended treatment with beta blocker medications at nearly twice the rate of non-enrollees.

Missouri CCIP Coronary Artery Disease (CAD) Outcomes

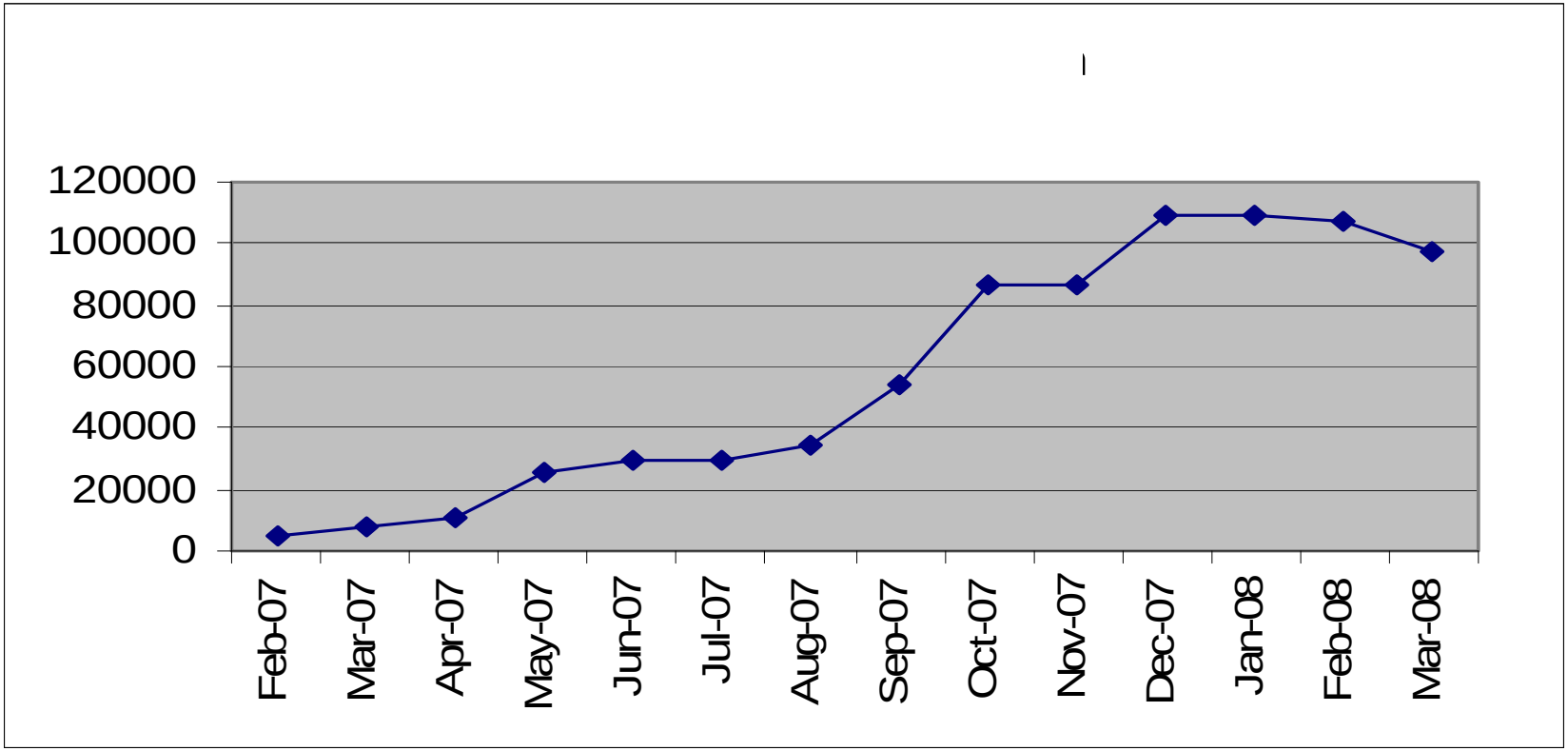


CCIP enrollees with coronary artery disease (CAD) received recommended treatment with statin medications at a greater rate than non-enrollees.

Utilization of Services

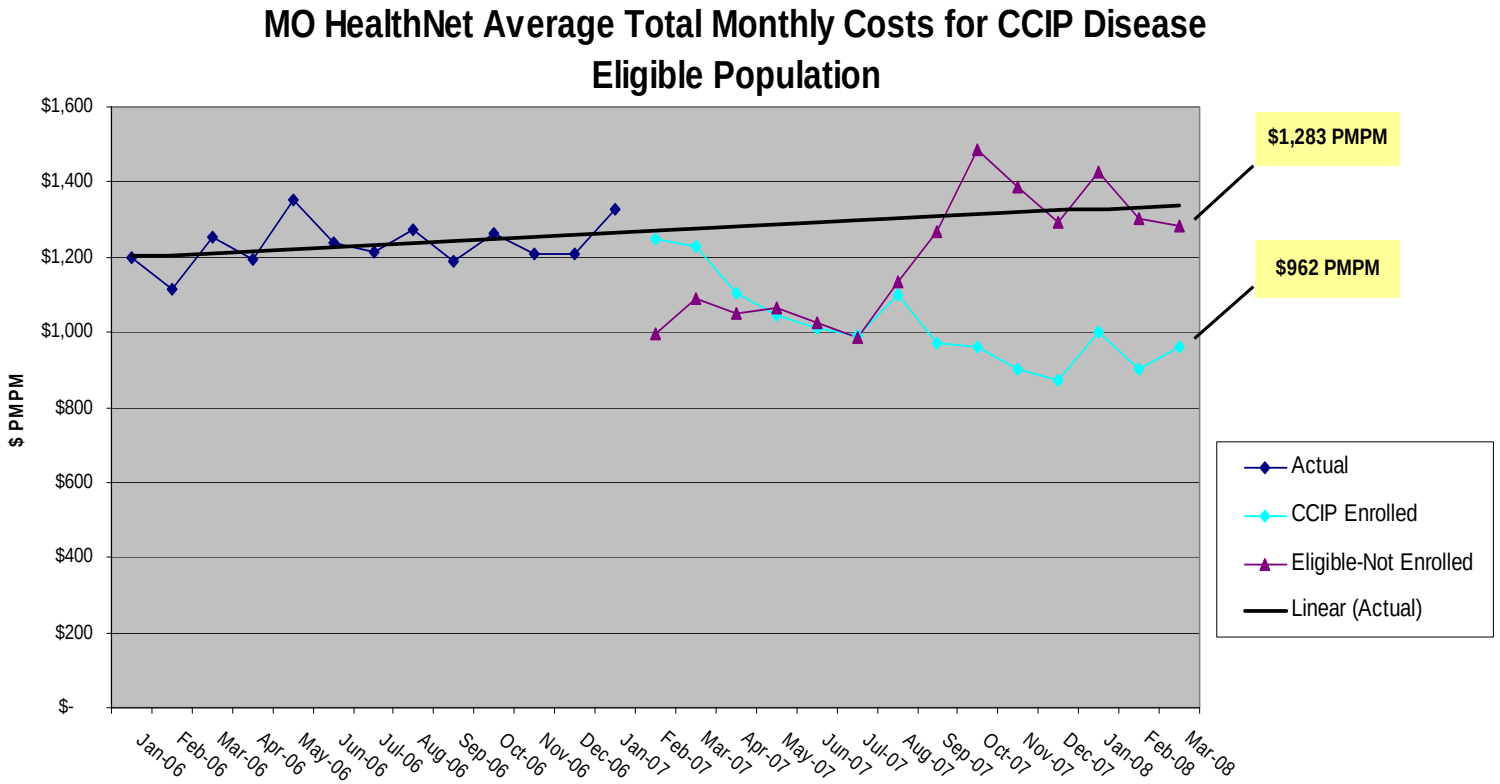
- Use of major interventions
- Relative cost impact “off trend” of utilization changes

Program Eligibility



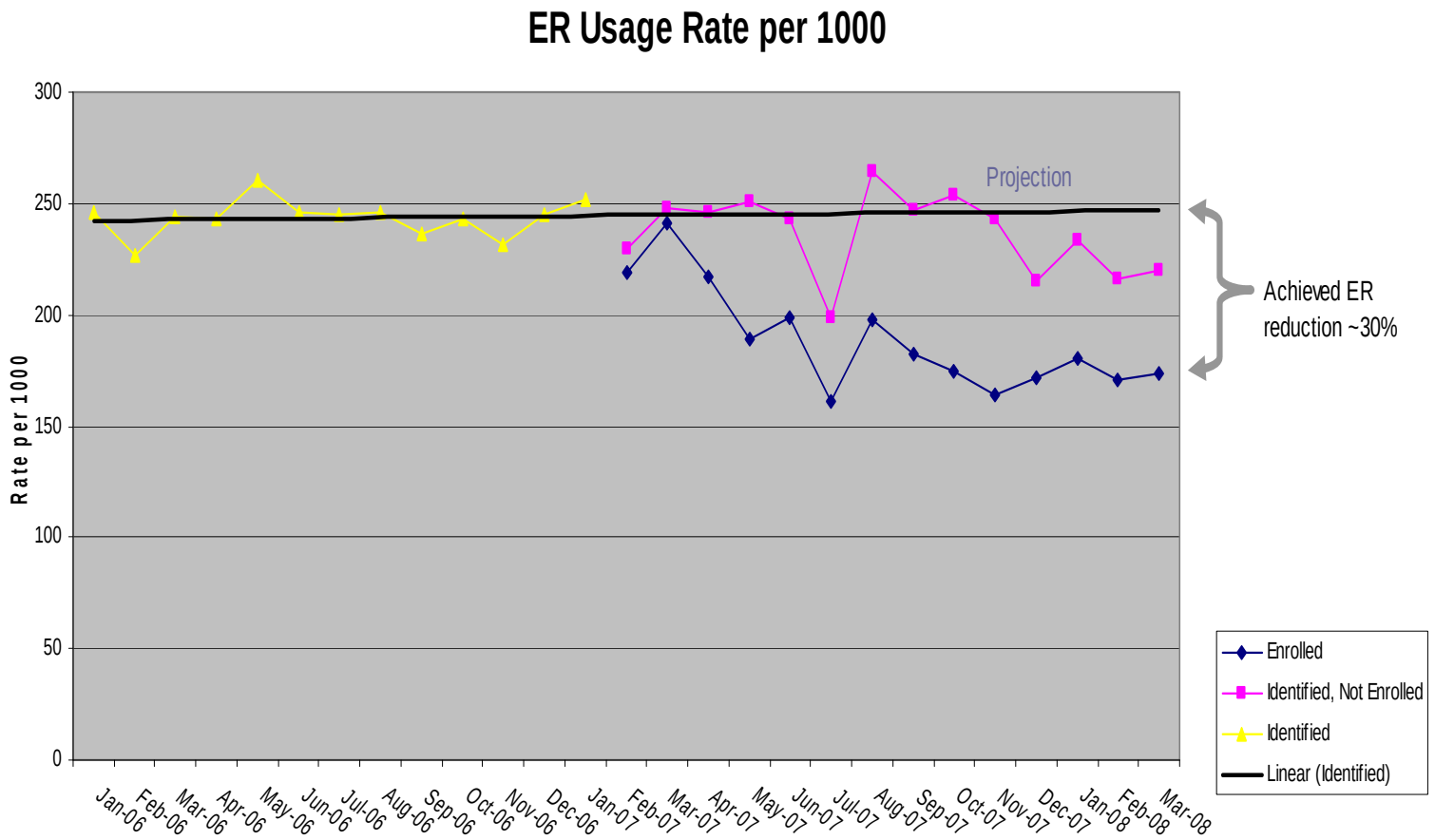
Enrollment in CCIP began in the I-70 corridor (Feb to July 2007) and then grew regionally with the addition of the Northeast (Aug), Southeast (Sept) and Southwest (Oct) regions. December increase due to updated eligibility determinations.

Trend Analysis of Total Costs



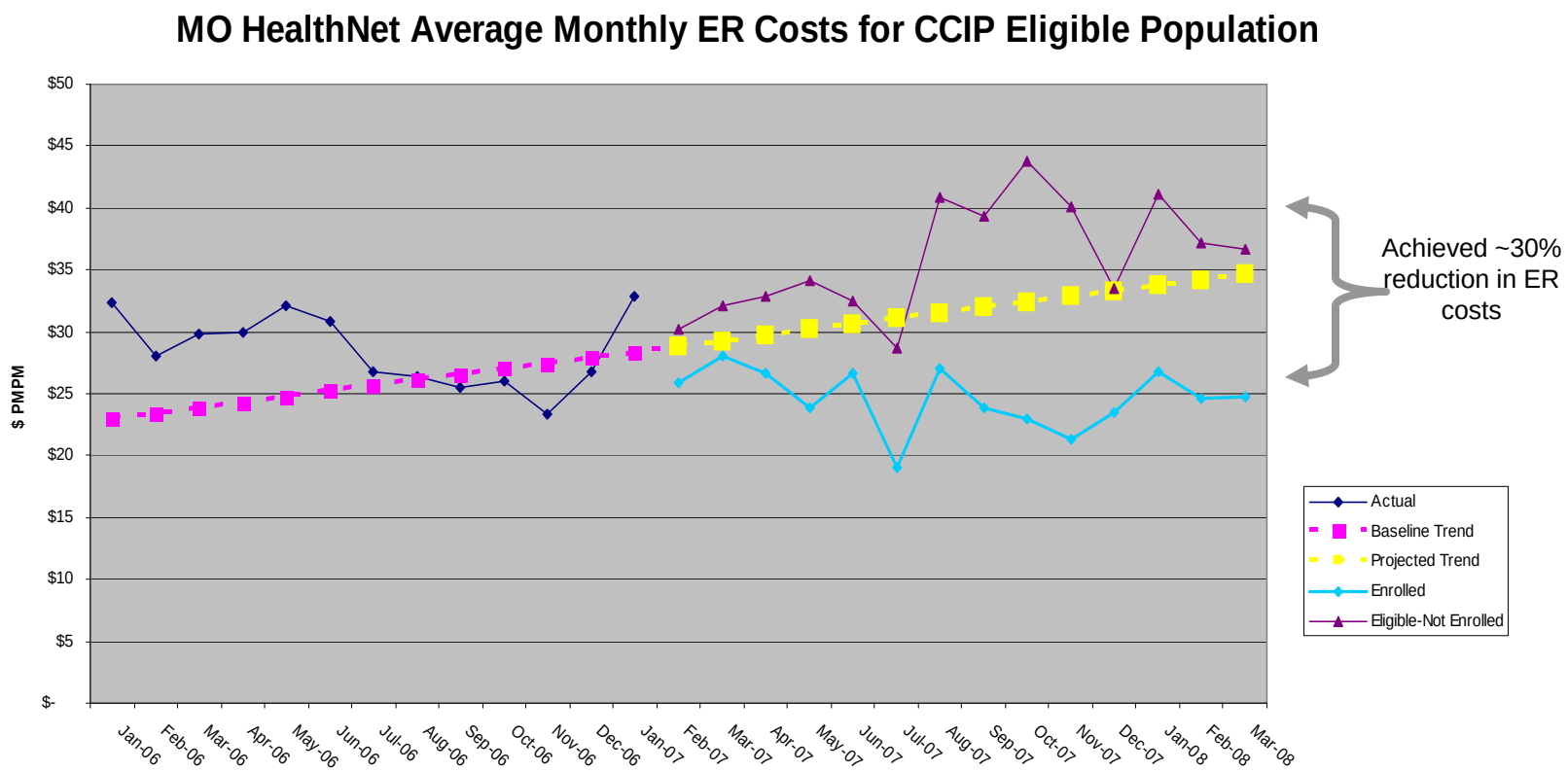
Average Total Monthly Costs for CCIP-enrolled participants were below projection. March 2008 demonstrates a $321 PMPM savings.

Trend Analysis of Emergency Room Utilization



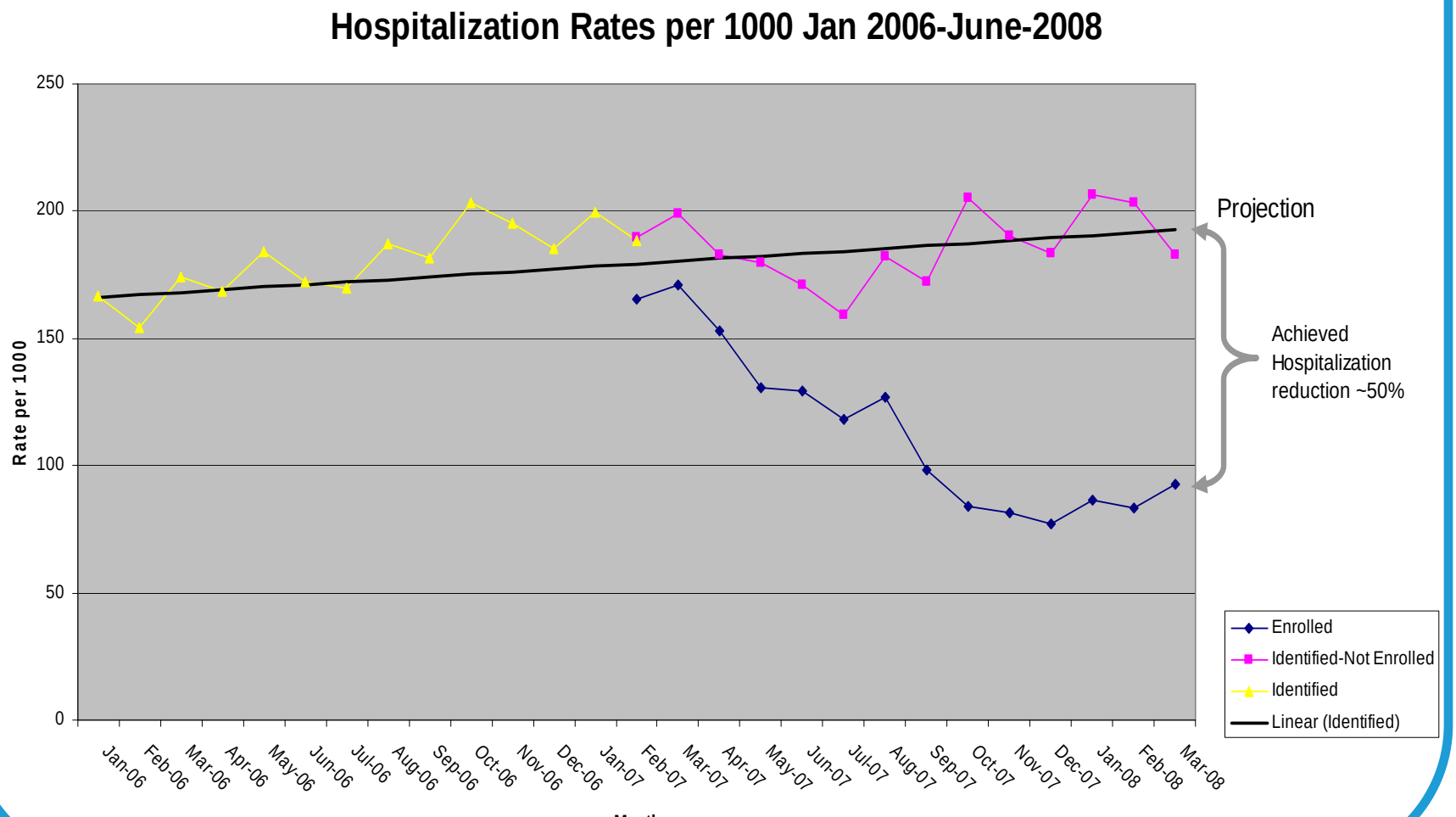
ER visits decreased more substantially than projected representing another key cost driver for savings

Trend Analysis of Emergency Room Costs



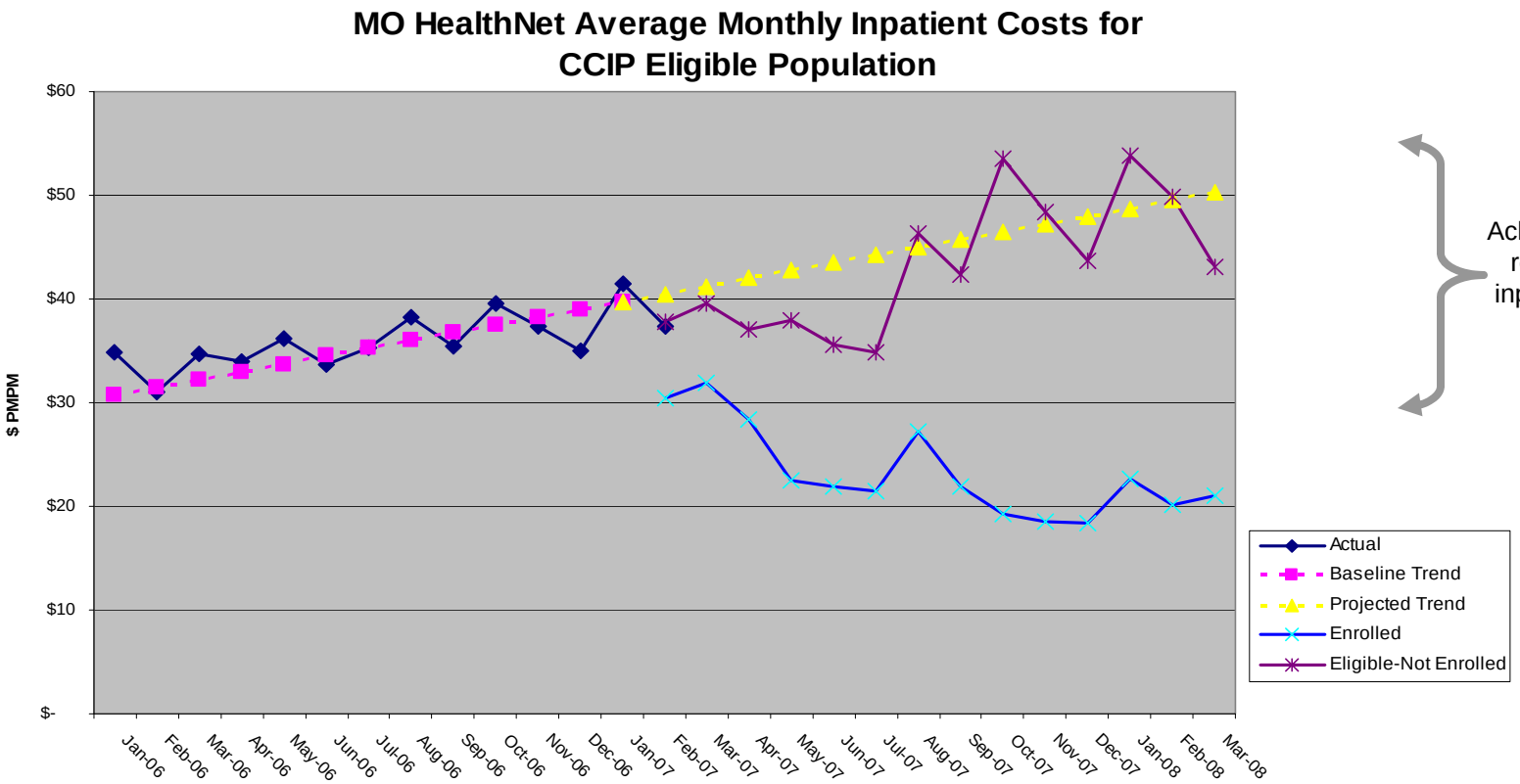
CCIP enrollees had lower-than-projected ER costs and lower ER costs than MO HealthNet participants eligible for, but not enrolled in, CCIP.

Trend Analysis of Hospital Utilization



- Hospitalizations declined substantially more than projected helping to drive overall cost savings

Trend Analysis of Inpatient Costs

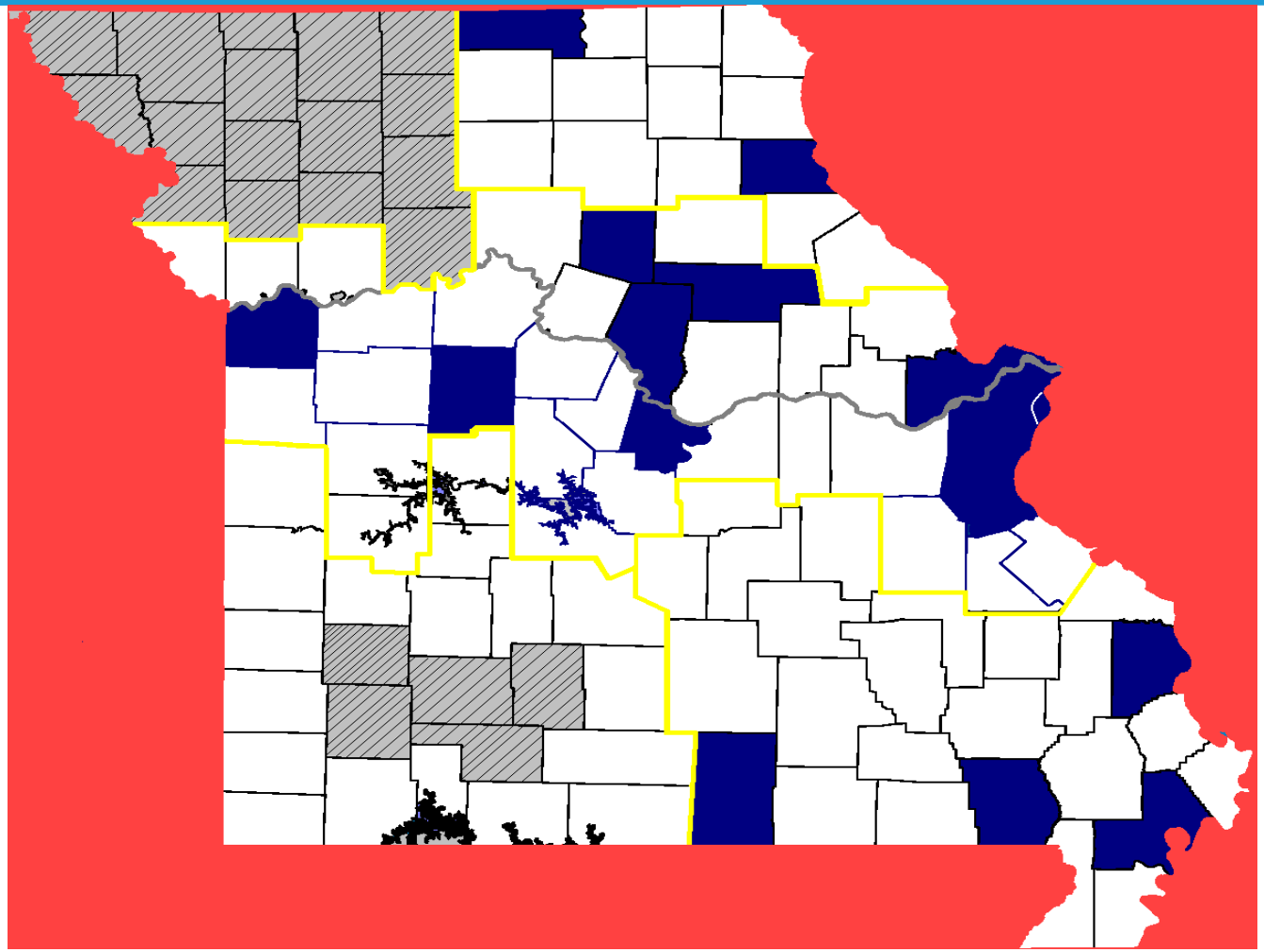


While average inpatient costs had increased during the baseline period, CCIP enrollees have had average inpatient costs below projection and below the inpatient costs of Mo HealthNet participants who are eligible for, but are not enrolled in CCIP.

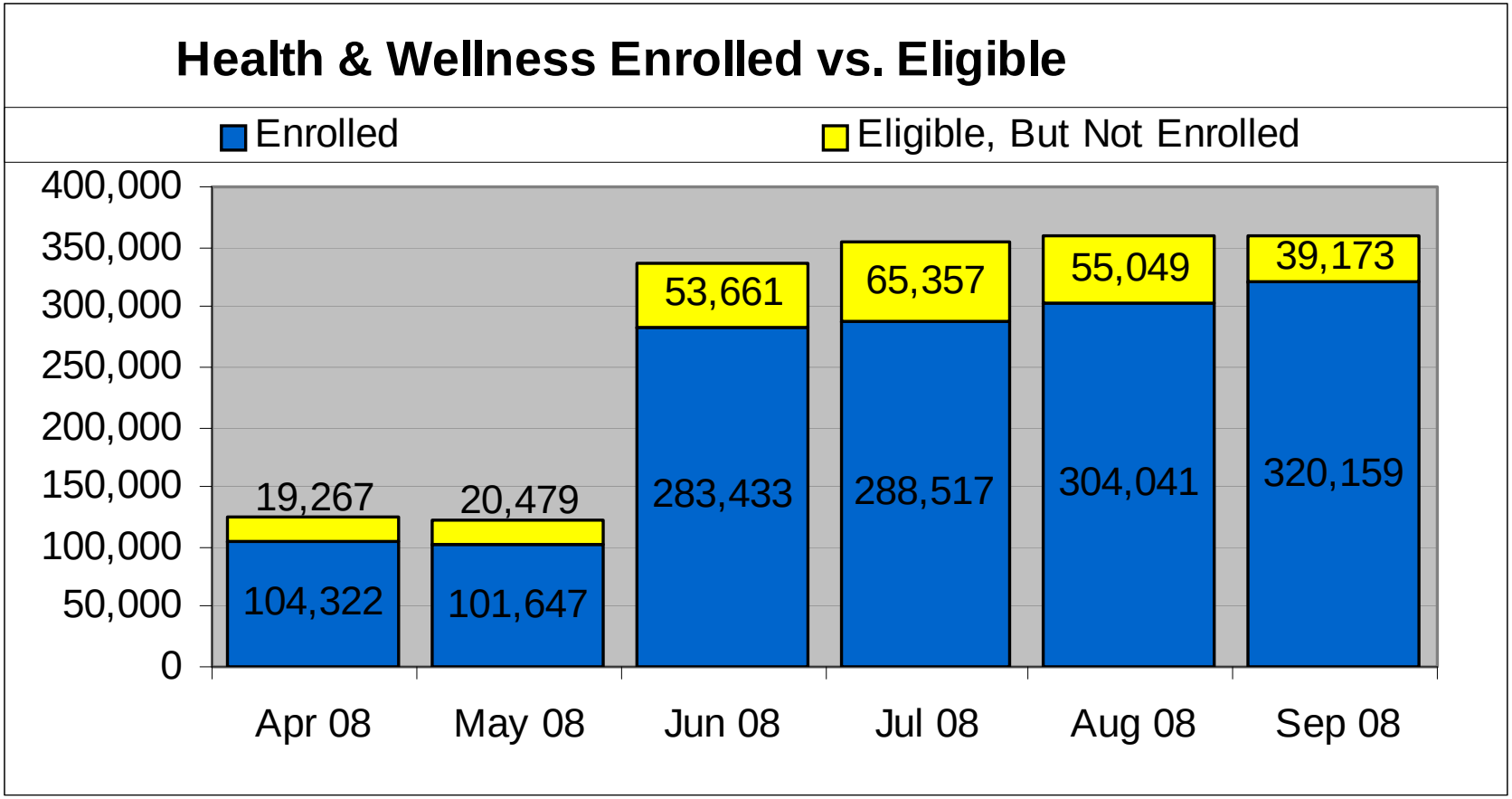
Health and Wellness Total Program Parameters

- Includes all patients
- Dashboard metrics begin in April 2008
- Targeted at monitoring program vendor outputs

CCIP/Health & Wellness Program Employees by County



Health and Wellness Enrollees



Enrollees by Risk Level

Period	High	Mod High	Mod	Low	Totals
Apr 08	3,749	33,382	45,748	21,443	104,322
May 08	3,756	32,454	44,542	20,895	101,647
Jun 08	15,094	20,679	24,678	222,982	283,433
Jul 08	15,881	21,673	26,401	224,562	288,517
Aug 08	15,666	21,551	26,376	240,448	304,041
Sep 08	15,667	21,505	26,445	256,542	320,159

4.9%

15%
(6.7 & 8.3%)

Identified Healthcare Homes

Period	Health Care Homes Identified	Identified by Participant Interview	% Identified by Participant Interview	Total Enrollment	% HCH Coverage	Projected HCHs Identified
Apr 08	104,322	18,724	17.95%	104,322	100%	
May 08	101,647	19,028	18.72%	101,647	100%	
Jun 08	99,620	19,938	20.01%	283,433	35%	
Jul 08	205,633	26,896	13.08%	288,517	71%	
Aug 08	225,903	28,716	12.71%	304,041	74%	
Sep 08	234,951	21,561	9.18%	320,159	73%	
Oct 08	245,575	45,066	18.35%	319,671	77%	
Nov 08						244,952
Dec 08						255,773

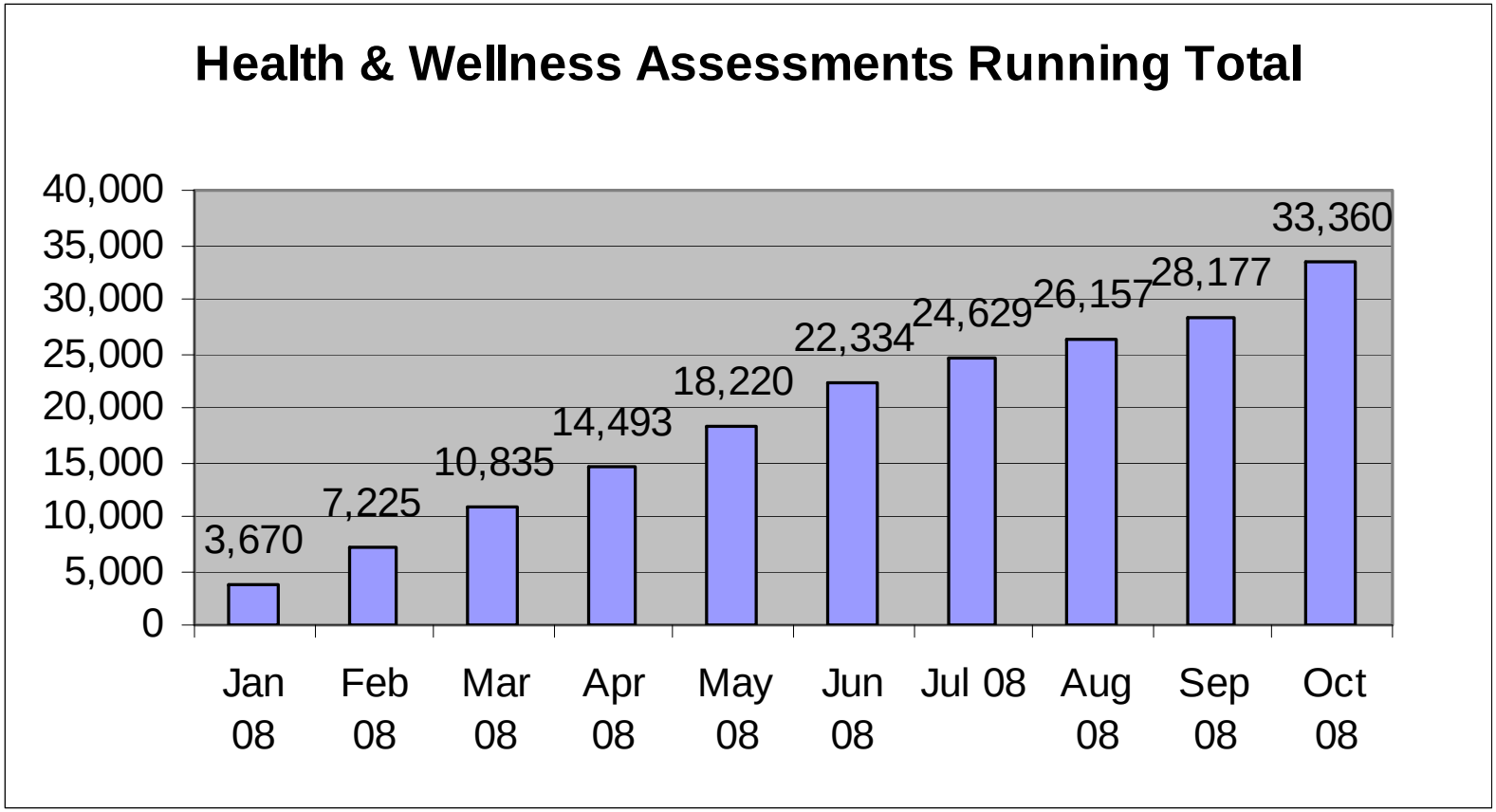
Primary Disease Identified

Disease	Primary	Secondary	Combined
CAD	38,393	25,354	63,747
Diabetes	26,909	10,463	37,372
Asthma	21,212	13,121	34,333
GERD	15,841	20,855	36,696
Schizophrenia	4,336	6,815	11,151
Maternity	3,972	6,230	10,202
COPD	3,846	16,346	20,192
Depression	3,477	15,409	18,886
Low Back Pain	1,692	11,345	13,037
Sickle Cell	892	0	892
Cancer - Breast	553	1,675	2,228
Cancer - Colon	161	670	831
Cancer - Prostate	113	561	674
Cancer - Lung	112	778	890
Hemophilia	90	198	288
	121,599	129,820	251,419

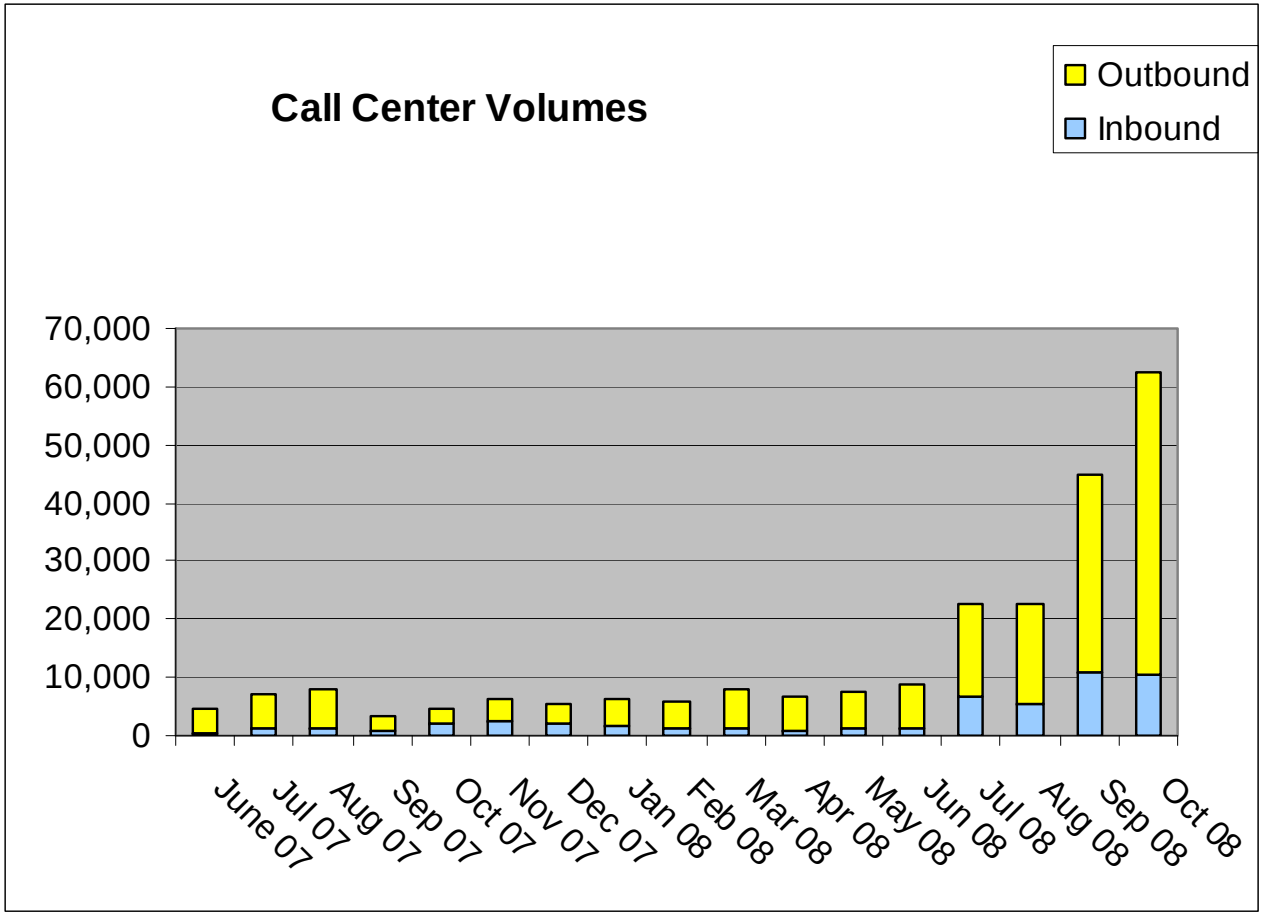
Health and Wellness Breakdown by Region

Region	CCIP	ASO	Totals
I-70 Corridor	55,084	77,483	132,567
Northeastern	4,619	8,929	13,548
Northwestern	20		20
Southeastern	29,645	72,419	102,064
Southwestern	17,686	54,235	71,960
Springfield Area	39	0	39
Totals	107,093	213,066	320,198

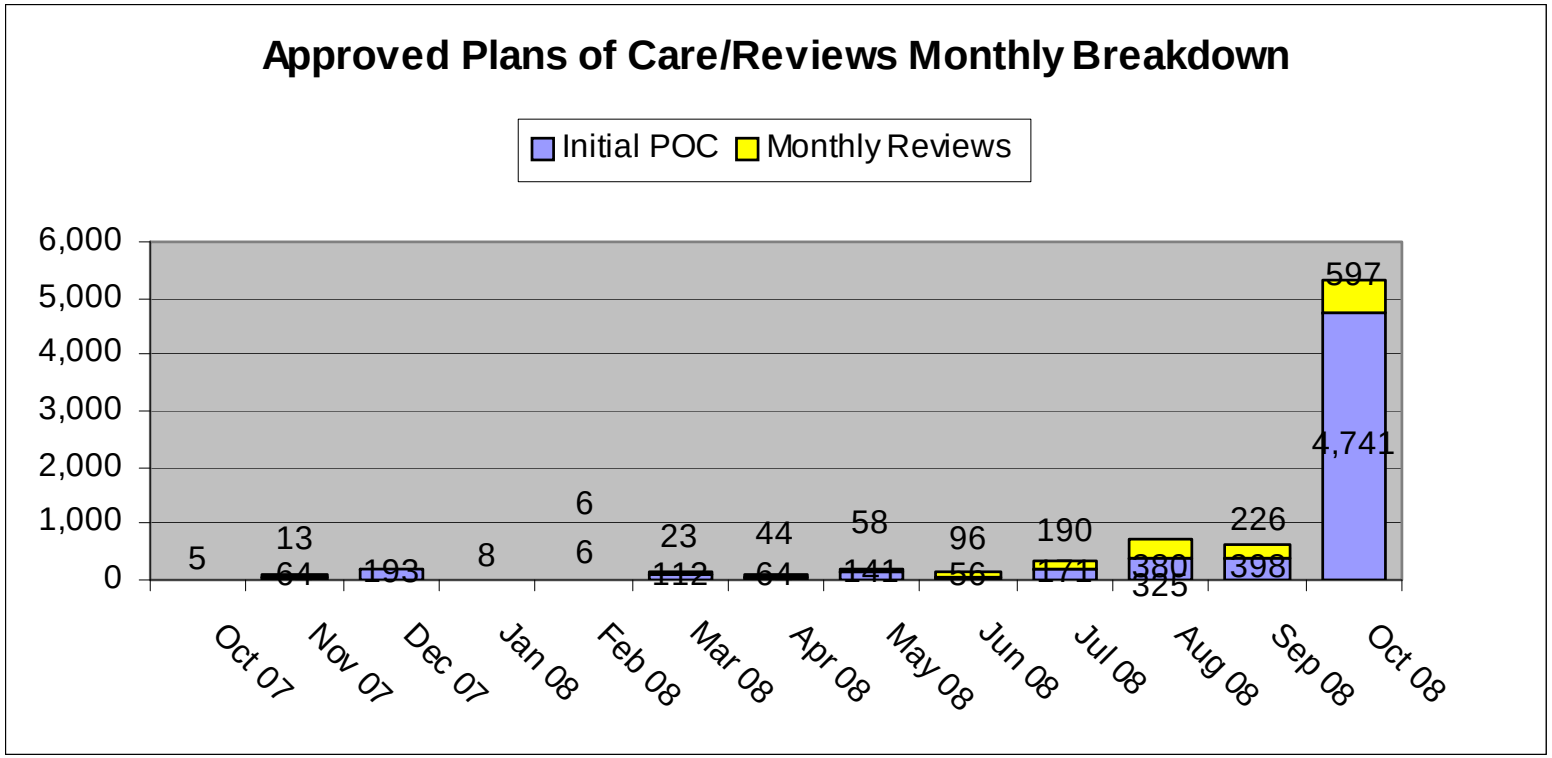
Running Assessment Totals



Call Center Activity

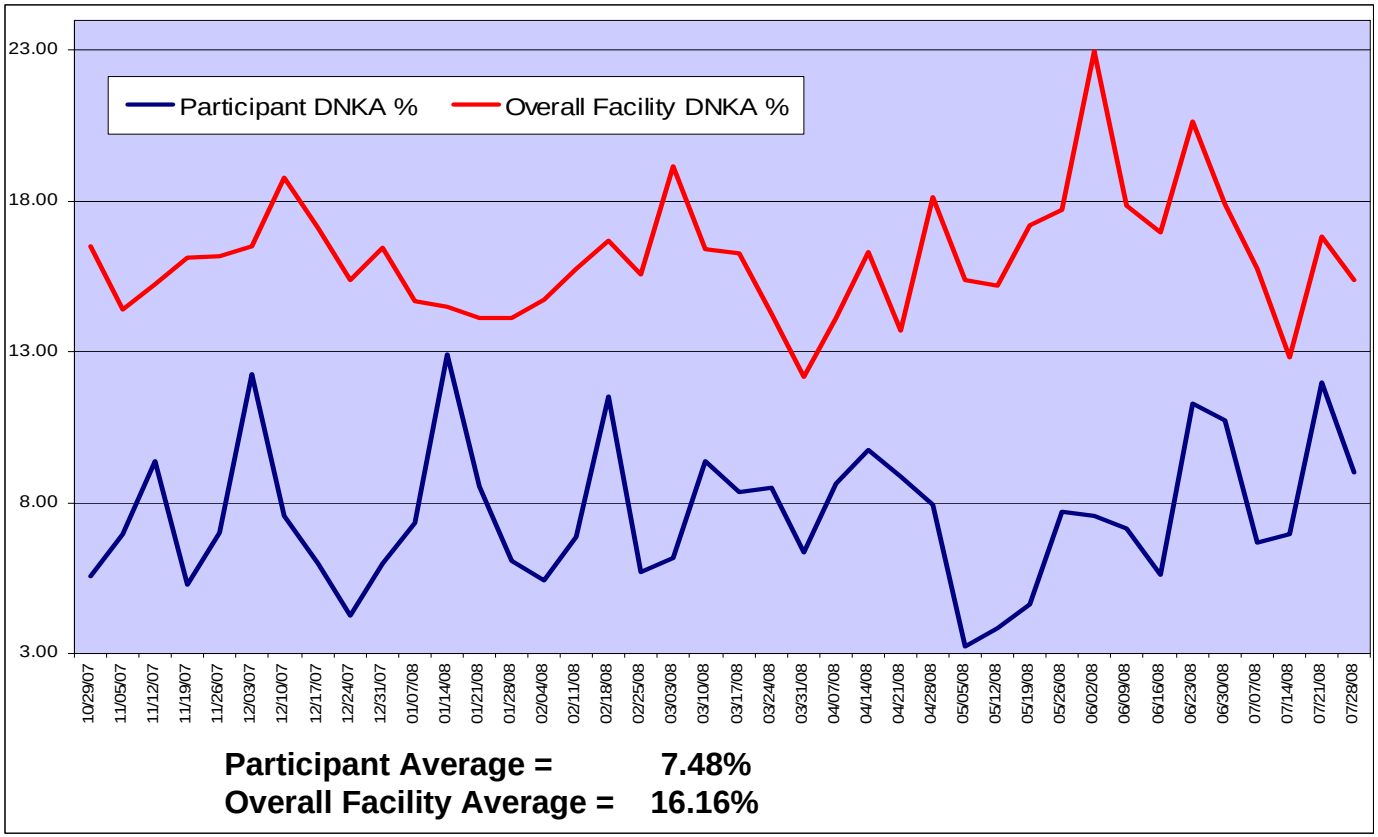


Approved Plans of Care (POC)



Aggregate total, initial 6339
Update reviews 1578

Outreach Quality Indicator Program



"Did Not Keep Appointment" (DNKA) Averages…Mo HealthNet Health & Wellness Program vs. General Clinic Population Oct. '07 - July '08. (Columbia FQHC)

Observations

- **The frequency of recommended diagnostic testing and pharmacy utilization was consistently greater among program participants than non-enrollees.**
- **When compared to non-enrollees, program participants also experienced:**
  - **Decreased average monthly treatment costs**
  - **Decreased emergency room utilization**
  - **Decreased inpatient hospital admissions**
  - **Decreased no-show rates by > 50%**

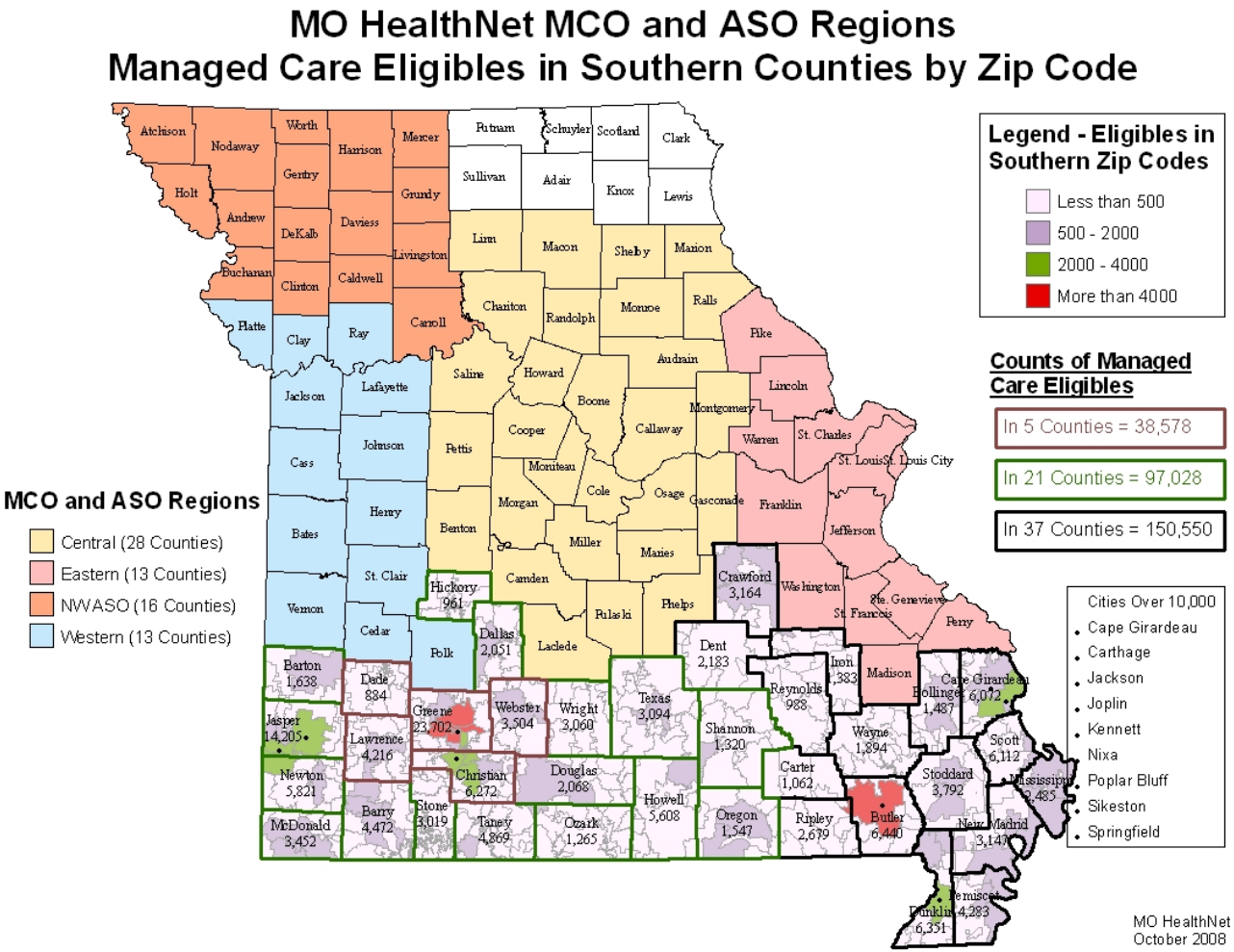
Issues and Concerns

- Changes in contractor leadership
- Slope of the ePOC approvals
- General provider relations
- Communication and coordination of resources
- IT coordination and relationships
- Confirming (cross validation) of report data

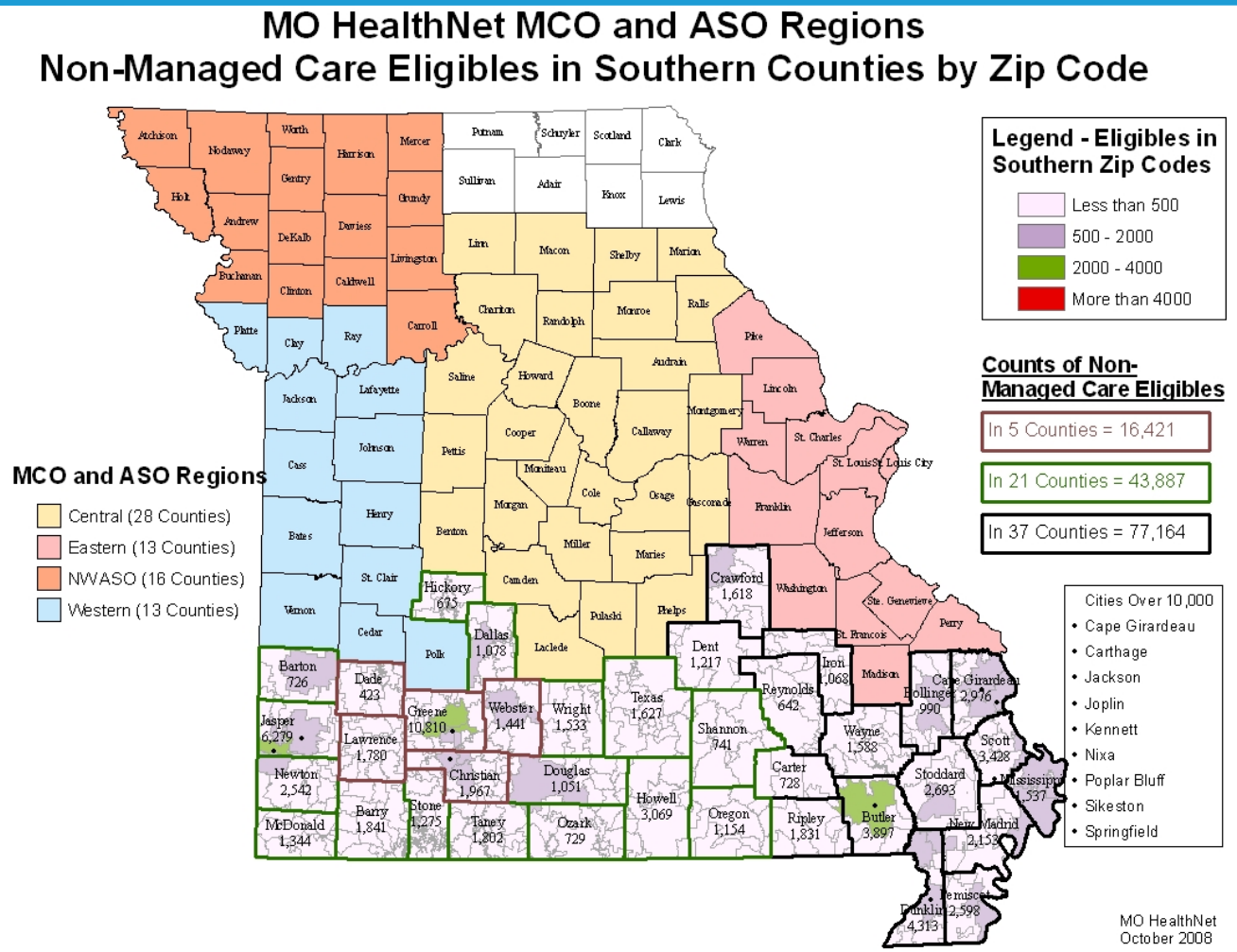
The Southern Tier of MO HealthNet

- Geo Mapping of Eligible Participants
  - MCO candidates
  - ASO candidates
  - All eligible participants
- Includes Current Eligible (10/2008) Participants with No SCHIP Projections

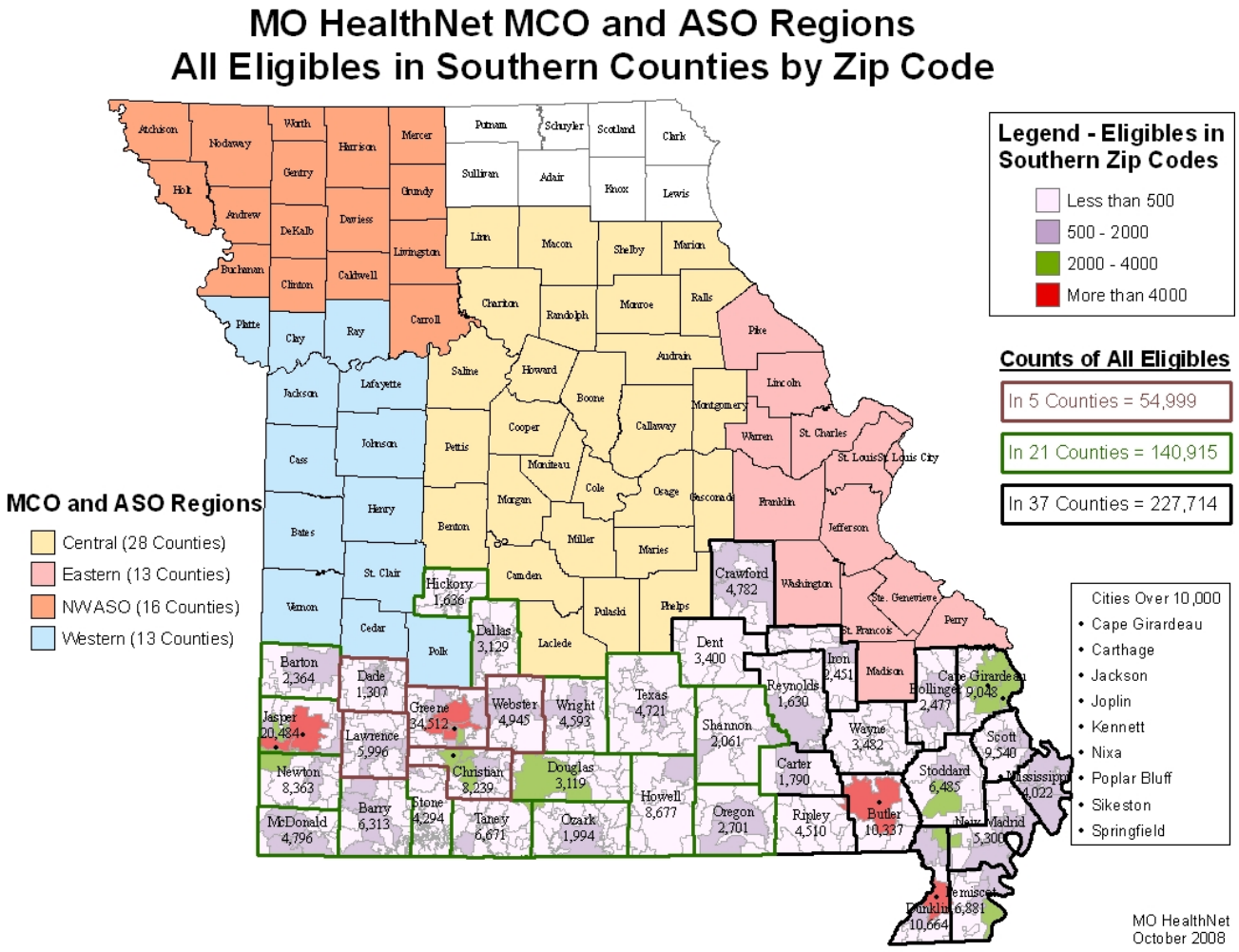
MCO Eligibles Southern Tier



Non-MCO Eligibles Southern MO Tier



All Eligibles Southern Tier



Discussion

- Questions

Thank you

George.L.Oestreich@dss.mo.gov

573.751.6961

How Are Our Patients best Served?

Springfield, Joplin, Branson, West Plains

Public Meetings

November 2008

MoHealthNet Staff

- **Ian McCaslin - Director**
- **Sandra Levels - Director, Operations**
- **George Oestreich - Director, Clinical Services**
- **Karen Lewis - Administrative Liaison**

What Do I Want for MoHealthNet?

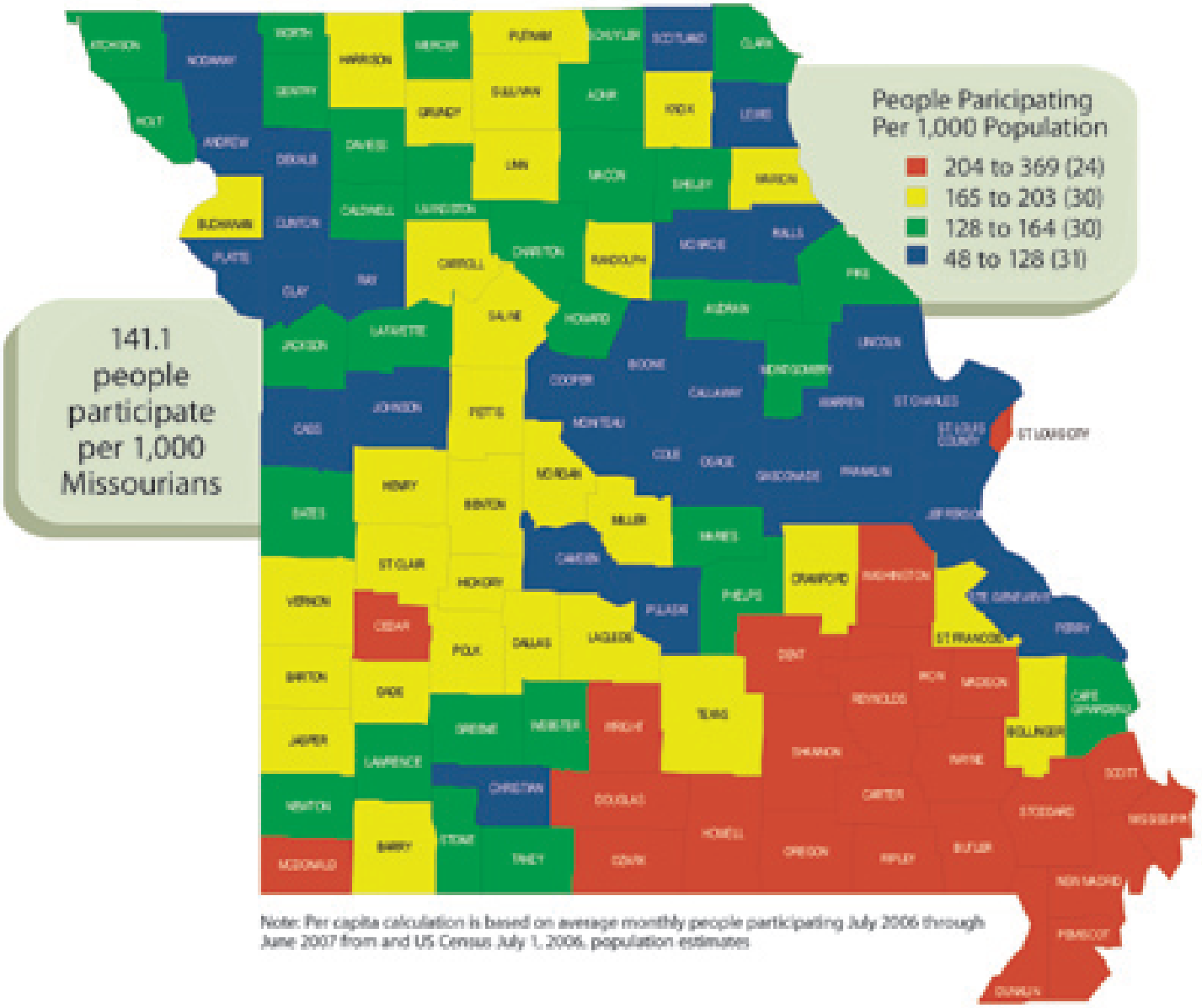
Strong Focus on Improving:

- **Access to Services**
- **The Quality of those Services Provided**
- **Accountability to all Missourians**

Purpose of these Visits

- **We are Here to Discuss the Pros and Cons of Managed Care in the MoHealthNet Program**
- **We are Here to Listen and Learn from You**
- **No Decisions Have Been Made!**
- **There are Many Steps Required to Change**
- **Earliest Possible Start would be July 2010**

2007 MO HealthNet
Participation Per 1,000 Population



Note: Per capita calculation is based on average monthly people participating July 2006 through June 2007 from and US Census July 1, 2006, population estimates

How are Services Delivered Now?

- **Fee for Service**
- **Doctor and the State - no Health Plan**
- **For Example:**
  - **Child visits the Doctor**
  - **The Doctor bills MoHealthNet**
  - **MoHealthNet pays the Doctor**

How about in Managed Care?

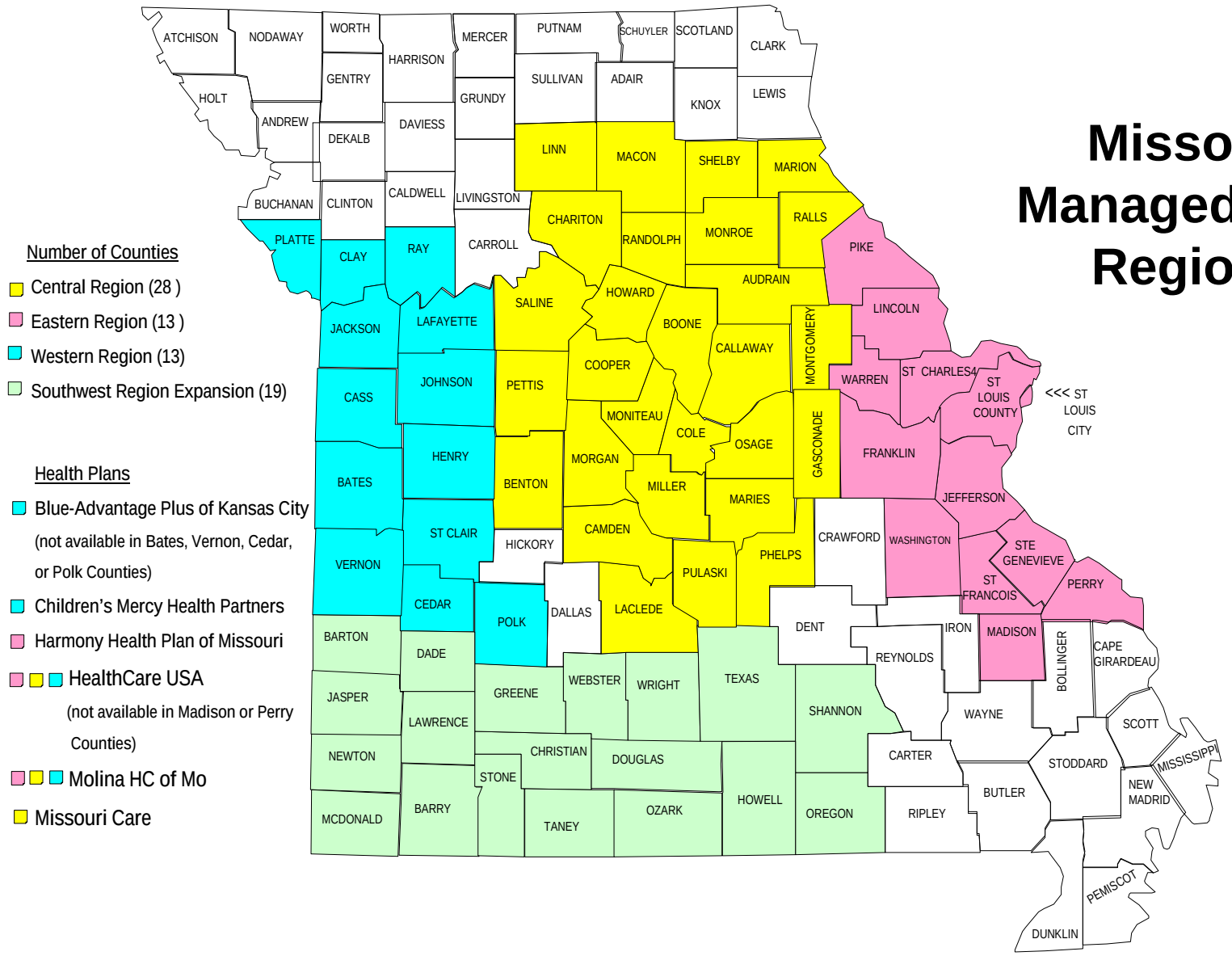
- **Health Plans contract with State to work in various Regions by County**
- **Health Plans paid directly by State for each Covered Member for all Services**
- **Overall these Services are the Same as in Fee for Service**
- **No Changes in Eligibility**

Managed Care Enrollment – 383,517*

- **Eastern Region – 189,472***
  - ***Harmony Health Plan of Missouri***
  - ***HealthCare USA***
  - ***Molina Healthcare of Missouri***
- **Central Region – 73,194***
  - ***HealthCare USA***
  - ***Molina Healthcare of Missouri***
  - ***Missouri Care***
- **Western Region – 120,851***
  - ***Blue-Advantage Plus of Kansas City***
  - ***Children's Mercy Family Health Partners***
  - ***HealthCare USA***
  - ***Molina Healthcare of Missouri***

***source: state managed care provider inquiry (MPRI) screens, current to 08/01/08**

Missouri Managed Care Regions



Who Can be in MoHealthNet Managed Care?

- **Not For:**
  - **Permanent and Totally Disabled**
  - **The Elderly**

- **Covered Include:**
  - **Children**
  - **Pregnant Women**
  - **Some Parents and Caretakers**

Benefits Summary

- Primary and Specialty Physician Care
- Maternity
- Inpatient and Outpatient Hospital
- Mental Health
- Pharmacy
- Home Health
- Laboratory and Diagnostic
- Durable medical equipment (DME)
- And other services listed in contracts

Additional Benefits

Health Plans can offer additional benefits. Examples of some approved additional benefits include:

- **Circumcisions (non-medically necessary)**
- **Childbirth and breastfeeding classes**
- **Smoking cessation classes**
- **Cell phone program for high risk members**
- **Adult physical therapy if medically indicated**
- **Guest pass and waived joining fee at YMCA**

Access and Quality

- **Few Tools to Improve these in Fee For Service (the current model)**
  - **Beg, Cajole, Appeal to Altruistic Tendencies**
  - **Rate Increases**
  - **Public Reporting**
  - **Pay for Performance**

- **Managed Care is only One Way to Improve - There are Other Ways**
  - **ASO**
  - **Primary Care Case Management (PCCM)**

Quality Provisions

- **Service Standards**
  - **Distance to get to a doctor**
  - **Days to get an appointment (30 days or less)**
  - **24 hour telephone availability**

- **Performance Standards**
  - **Well-child visits**
  - **Better Management of Difficult Pregnancy**
  - **Healthcare Effectiveness Measures**

Member Satisfaction

- **Every Year Member Satisfaction Surveys**
- **During the past three years, member satisfaction has ranged between 75% and 81%**
- **Similar Score to those enrolled in Medicare Plans or Standard Insurance Plans**

Concerns with Managed Care

- **Some Doctors and Others don't Like Health Plans being in their Business**
- **Not all Doctors and Others Measure up to Higher Standards and are not Included**
- **In the past we have not done as well as we could have in holding Health Plans fully Accountable to provide Services for People**

So. . . . . .
What did we Hear?

- **Springfield**
  - **> 150 in Attendance**
  - **Signed up in advance to give public comment**
  - **Overwhelming majority behavioral health providers**
  - **Two dental providers, one hospital**

  - **Several requests that the Oversight Committee pass a resolution that a behavioral health provider be named to the Committee**

  - **Uniform opposition to Managed Care:**
    - **Concerns from their patients' perspective**
    - **The administrative burden perspective**
    - **Their livelihood perspective**
    - **Recurring theme of limits on inpatient days**

So. . . . . .
What did we Hear?

- **Joplin**
  - **Approx. 30 in Attendance**
  - **Signed up in advance to give public comment**
  - **Majority, but less so, were behavioral health providers**

  - **Similar concerns and points raised, with additional questions and comments:**

    - **Role of public health departments**
    - **Impact on hospitals of conversion in the FRA accounting**
    - **Questions about transportation to behavioral health services**
    - **Role of provisionally-licensed LPC's and LCSW's**
    - **? ED utilization under Managed care vs FFS**

So. . . . . .
What did we Hear?

- **Branson**
  - **Approx. 15 in Attendance**
  - **Signed up in advance to give public comment**
  - **Mix of providers and elected officials!**

  - **Much more broad-based questions and comments:**

    - **What is the value of a corporate for-profit in the process?**
    - **How does Managed Care save the state money?**
    - **What is the impact on provider payment of restricted panels?**
    - **Urgent Care Centers within Managed Care?**
    - **How is substance abuse handled?**

So. . . . . .
What did we Hear?

- **West Plains**
  - **Approx. 30 in Attendance**
  - **Signed up in advance to give public comment**
  - **Broad-based mix of providers, some patients**

  - **Very broad-based questions and comments:**

    - **What value does Managed Care bring to rural communities, where providers are so very scarce?**
    - **Concern over administrative burden to small practices**
    - **Why is Managed Care a better deal for rural hospitals?**
    - **Impact on CMHC's and public health departments?**
    - **? Demonstrated improvement on no-show rates**

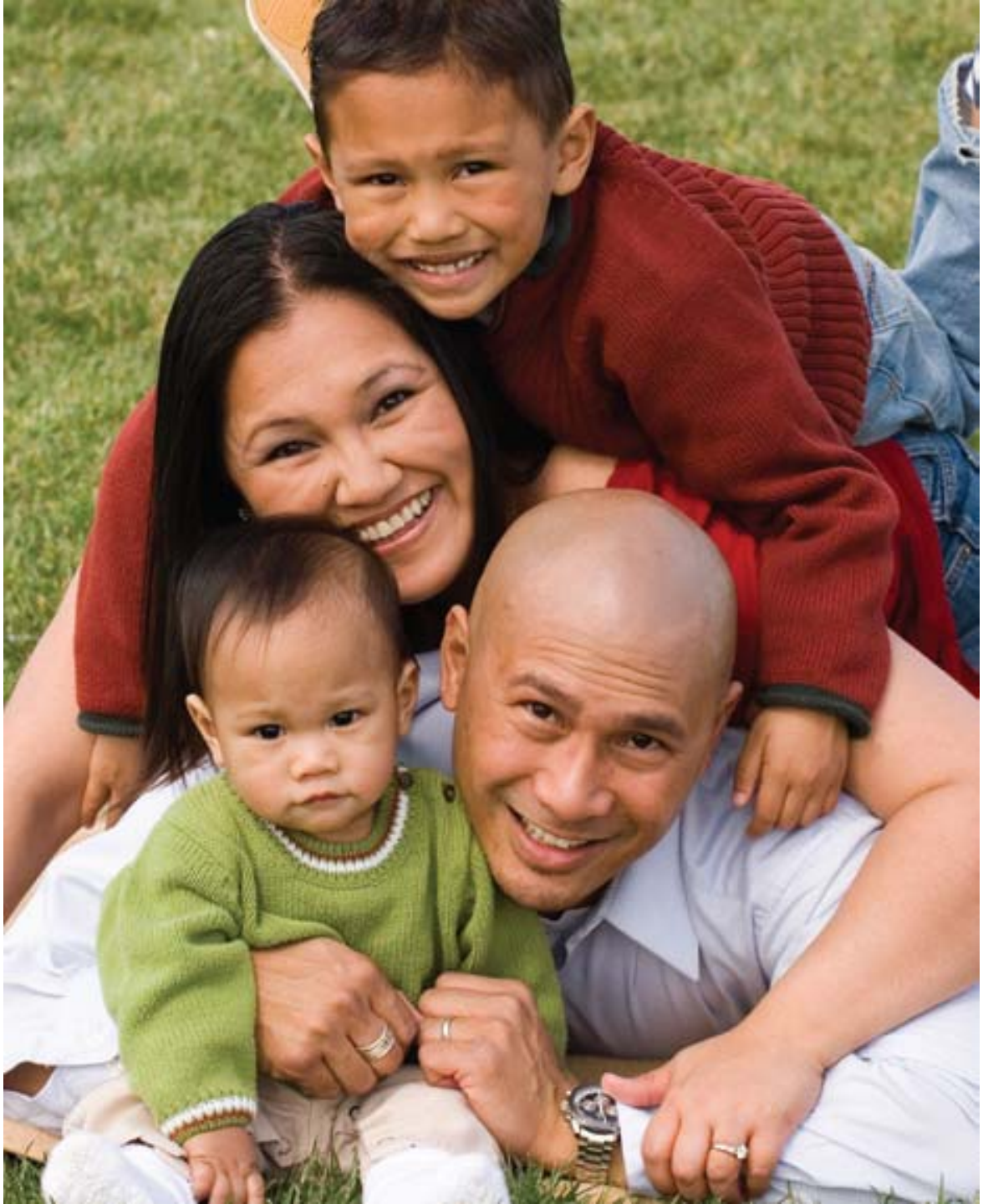
Take Home Points

- **Public Input is Always Valuable**
- **No Champions for Managed Care Heard**
- **Well-organized Behavioral Health Opposition**
- **Perhaps Reflective of Public Sign-up Notice**
- **Less-than-Desired Statements of "What We Have Now is Not Good Enough – the Status Quo Must be Improved"**

Next Steps

- **Oversight Committee Input**
- **Meetings' Minutes to the Website for Review**
- **Timing of ASO Roll-out**
- **Transition Team and Incoming Legislative Opinion**

Southwest Missouri is Beautiful Country



Karen Edison, M.D.

Dr. Karen Edison is an academic physician with expertise in health policy and telehealth. She served as Robert Wood Johnson Health Policy Fellow and then majority health policy staff for the Health Education Labor and Pensions (HELP) Committee in the United States Senate from 1999-2001, where she was instrumental in the legislative expansion of Medicare reimbursement for telemedicine services. She was a key member of the legislative team that drafted the reauthorization of the Community Health Center Programs and spent two years as key staff in a bipartisan coalition that developed the "Patient Safety and Quality Improvement Act", which was signed into federal law in 2005. She returned to Missouri in 2001 where her current titles include Philip C. Anderson Professor and Chair of the Department of Dermatology, Medical Director of the Missouri Telehealth Network, and Co-Director of the Center for Health Policy (CHP) at the University of Missouri in Columbia. As Co-Director of the CHP she has helped to lead work on health insurance access, telemedicine policy, and MO HealthNet data analysis, and has worked to improve health equity and ensure adequately health literacy for all Missourians.

Missouri Telehealth Network:

Advancing Healthcare through Telecommunications

November 18, 2008

Karen E. Edison, MD

Chair, Department of Dermatology

Medical Director, Missouri Telehealth Network

Co-Director, Center for Health Policy

University of Missouri

- **Why we do it?**
- **How we do it?**
- **Lessons learned**

MTN aims to …….

- enhance access to care to underserved and captive populations of Missouri,
- provide educational opportunities for health care providers, and
- further homeland security efforts related to disaster preparedness.

Why Telehealth?

- Health care providers are in short supply throughout Missouri
- Many patients have significant barriers to accessing health care
- The technology is more affordable and of better quality now

Why do we do it?

- **Safety Net Hospital – care for uninsured and vulnerable populations**
- **Location – largely rural practice**
- **Academic mission – obligation to find ways to deliver high quality care at lower cost**

Rural Populations

- **Nearly one-third of Missouri's population lives in rural areas**
- **In comparison with urban Missourians, rural residents have**
  - **Higher poverty rates**
  - **A larger percentage of elderly**
  - **Tend to be in poorer health**
  - **Have fewer physicians, hospitals, and other health resources**
  - **Face more difficulty getting to health services**

Diagnosing and treating disease early saves patients from suffering and saves money

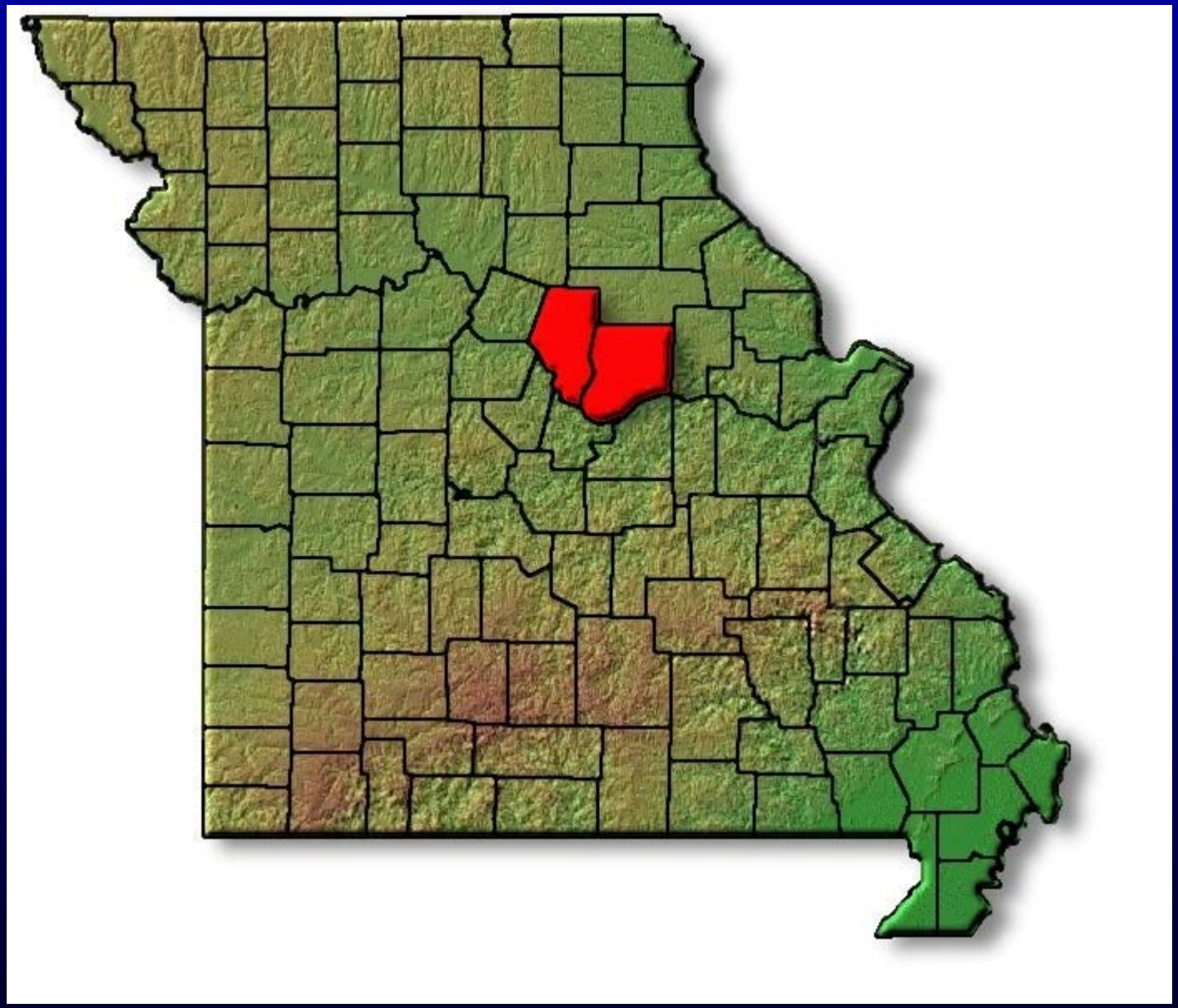
How does it work?

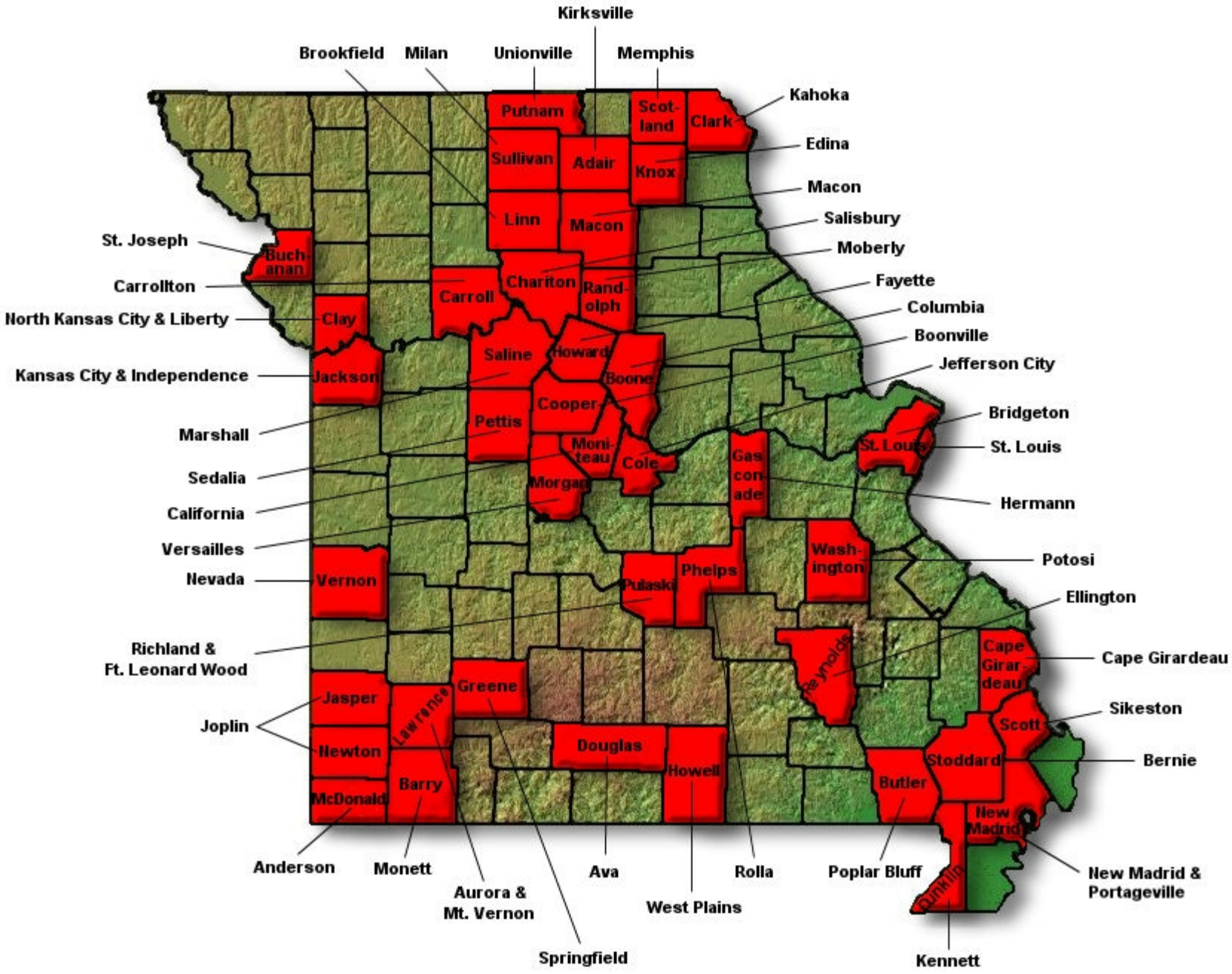
- **A semi-private network using the Internet Protocol (IP) to deliver two way interactive audio and video for clinical encounters**
- **on the Missouri Research and Education Network (MOREnet)**

The Missouri Telehealth Network

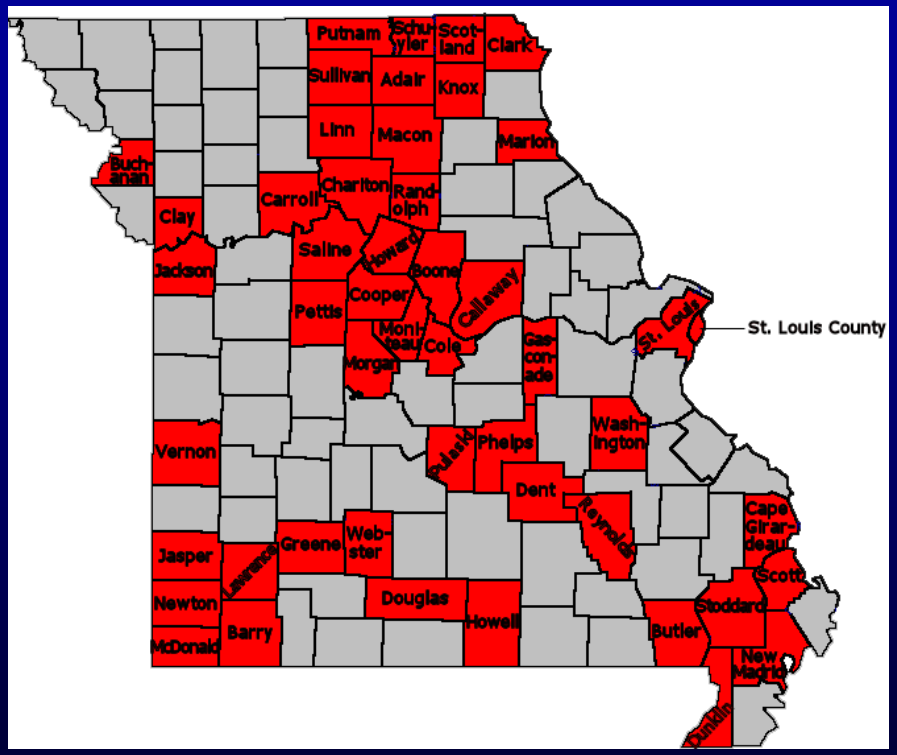
- **Broadband Connections**
- **Any site can call any other site directly**
- **It is now integrated into the everyday practice medicine**

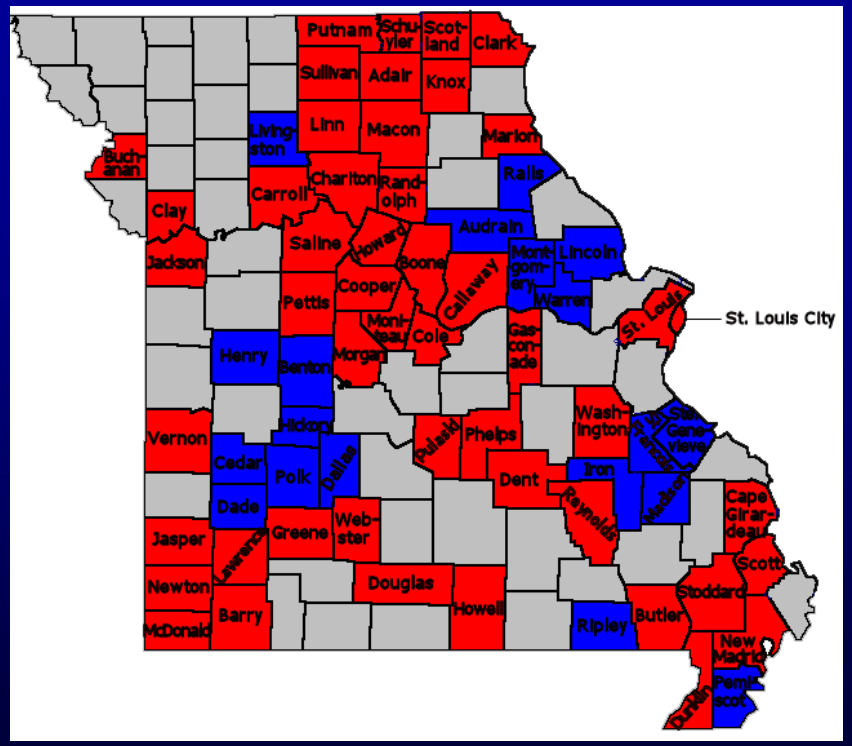
MTN - 1995




Kirksville
Brookfield
Milan
Unionville
Memphis
Kahoka
Edina
Macon
Salisbury
Moberly
Fayette
Columbia
Boonville
Jefferson City
Bridgeton
St. Louis
Hermann
Potosi
Ellington
Cape Girardeau
Sikeston
Bernie
New Madrid & Portageville
Kennett
Poplar Bluff
Rolla
West Plains
Ava
Springfield
Aurora & Mt. Vernon
Monett
Anderson
Joplin
Richland & Ft. Leonard Wood
Nevada
Versailles
California
Sedalia
Marshall
Kansas City & Independence
North Kansas City & Liberty
Carrollton
St. Joseph
Putnam
Scot-land
Clark
Sullivan
Adair
Knox
Linn
Macon
Buch-anan
Carroll
Chariton
Rand-olph
Clay
Saline
Howard
Jackson
Boone
Cooper
Pettis
Moni-teau
Cole
Morgan
Gas con ade
St. Louis
Wash-ington
Phelps
Pulaski
Vernon
Reynolds
Cape Girar-deau
Scott
Stoddard
Butler
New Madrid
Dunklin
Jasper
Newton
McDonald
Lawrence
Barry
Greene
Douglas
Howell

Current MO Telehealth Coverage and Planned Expansion by County





FCC pilot

- Missouri received $2.3 M
- MTN & Pathways
- 3 year project
  - Discounts line charges
  - Builds out networks
- No funds for operations
- MOREnet – creating dedicated health care network – 2G

- **35 Hospitals**
- **27 Federally Qualified Health Care Centers**
- 12 Community Mental Health Centers
- 14 Specialty Medical Clinics
- 1 Cancer Hospital
- 3 Rural Health Clinics
- 2 Rehab Hospitals
- 2 Schools of Medicine
- 2 Mental Health Hospitals
- 1 Army Hospital
- 2 Nursing Home
- 1 State Habilitation Center
- 1 School of Nursing
- 1 School of Health Professions
- 1 Center for Health Ethics

Today’s Environment

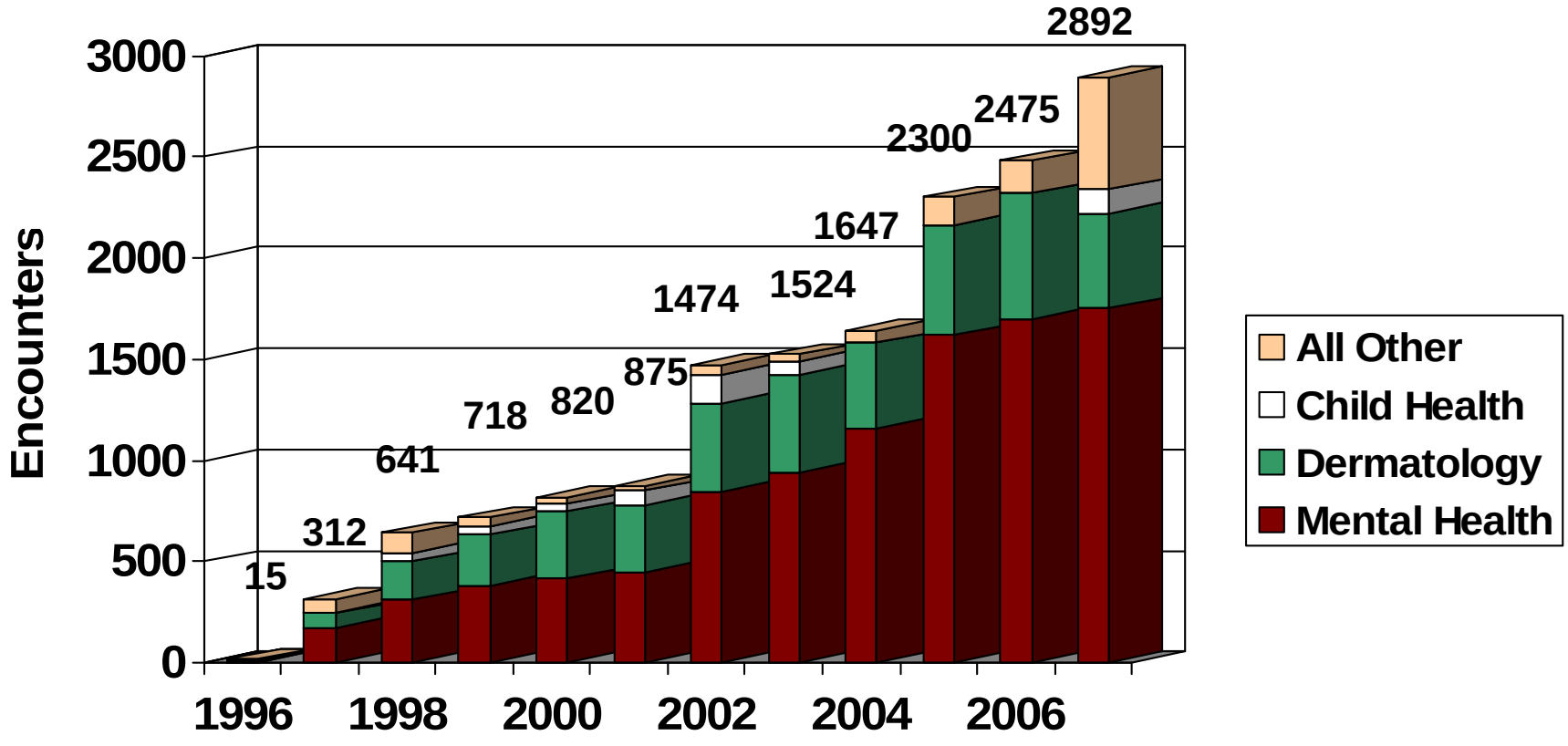
Equipment

- Patient site or provider site
- Approx. $9000 for Polycom, monitor, cart and 3 yr service agreement
- Mobile for use in multiple rooms

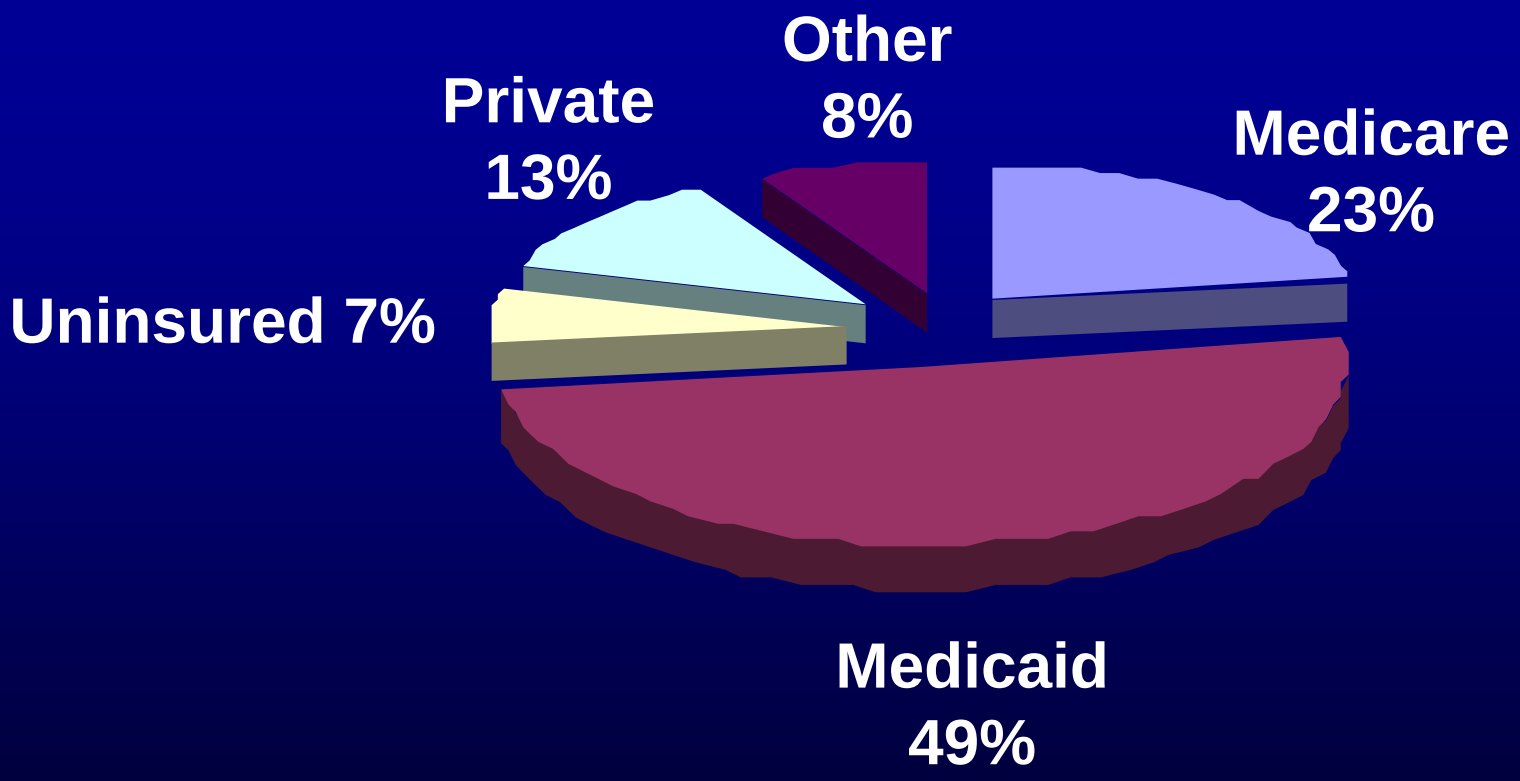
Equipment

- Provider site
- $6620 Polycom HDX4000
- With 3 year service agreement
- Operates as Polycom and computer monitor

Interactive Encounters 1996 – 2007



Telehealth Consultations by Payer Type



To date, more than 15,693 interactive video encounters in 15 specialties and 90,660 teleradiology exams have been conducted.

- Psychiatry
- Dermatology
  - Peds derm
- Radiology
- Neurology
- Child Psychiatry
- Orthopedic surgery
- ENT
- Vascular surgery
- Onc/surgery
- Rheumatology
- Gastroenterology
- Endocrinology
- Autism
- Genetics
- Burn Clinic
- Pediatric Specialty
- Burn Clinic
- Trauma
- Ethics Consultations
- Home Care
  - Dz management
  - Hospice
  - Wound Care

Care for captive or difficult to transport patients

Marshall Habilitation Center

- **90-95% Medicaid**
- **400 severely and permanently disabled**
- **Psychiatry, dermatology, neurology, and general surgery telehealth visits**
- **So far, total transports avoided - 479 with a savings over $200K.**

- **Better Quality at Lower Cost**

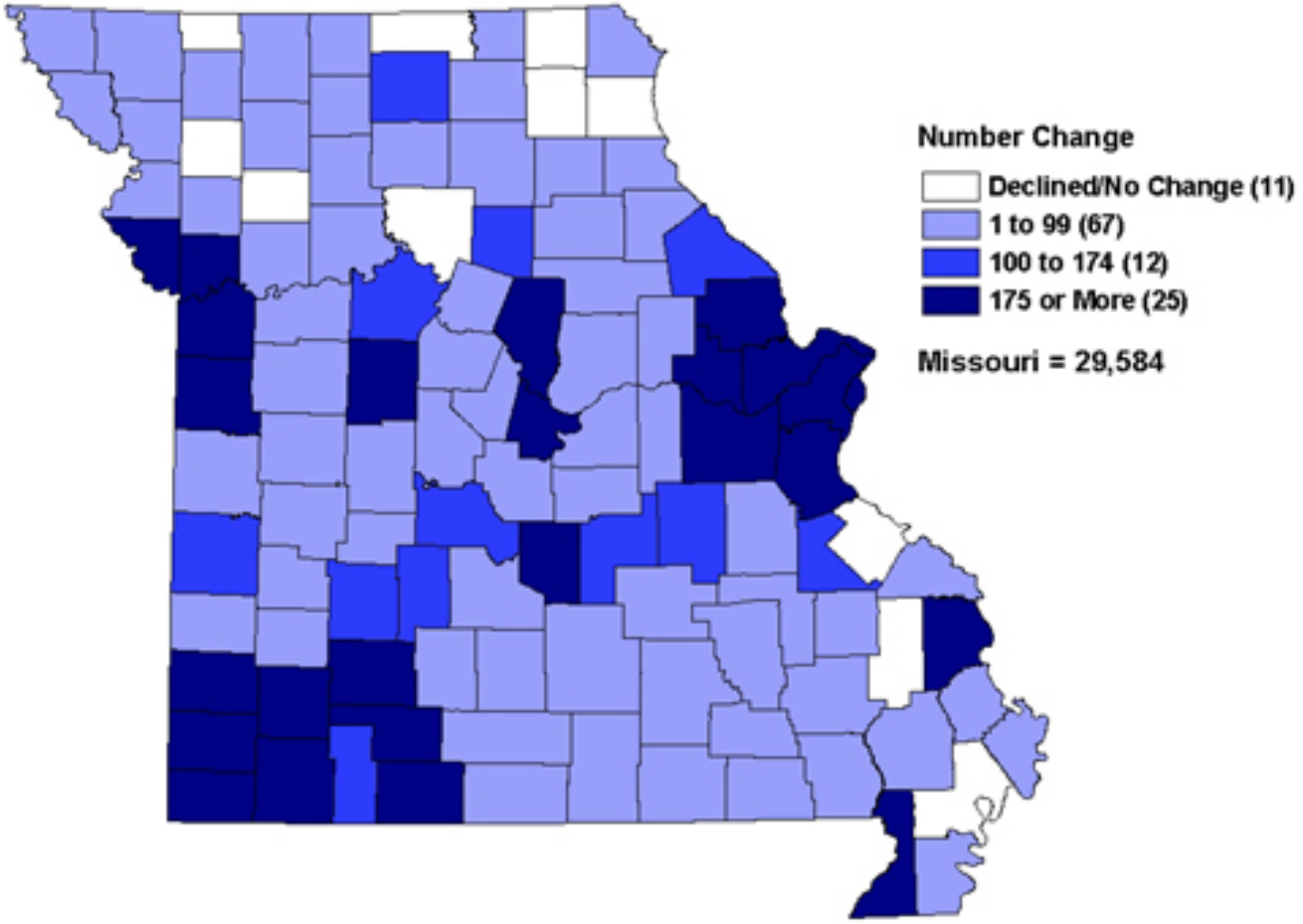
Using technology to meet our growing health care challenges

- Aging population
- Health care workforce shortage and maldistribution
- Racial/ethnic health care equity
  - Cultural competency and low English proficiency
- Bioterror and emerging infectious disease preparedness

Tele-interpretation

Rapidly growing service

Change in Hispanic Population in Missouri, 2000-2004



Source: USDC, Census Bureau, Federal State Cooperative for Population Estimates
Prepared by: University of Missouri Extension, The Office of Social and Economic Data Analysis - (OSEDA)
Map Generated on 08.11.2005

Bioterror and emerging infectious disease preparedness

- **Level 5 – full integration of telehealth with EMR**
- **Level 4 – Hybrid telehealth**
- **Level 3a – Live interactive telehealth**
  - **3b – Store-and-Forward telehealth**
- **Level 2 – Email, fax**
- **Level 1 – Snail mail, telephone**

The Value of Provider-to-Provider Telehealth Technologies, C!TL - 2007

Canon Optura 600

Video/Still camera with a resolution of 4 megapixels for still images.

Why do we love the hybrid model of teledermatology?

- Closely mimics in person care
- Allows for develop of the doctor/patient relationship
- Sometimes you need to talk to the patient

Lessons Learned

- Telemedicine is simply a tool used to deliver health care at a distance
- Use the experts!
- It must be integrated into the everyday way health care providers practice

People are more important than the technology

MTN Team

- **Weldon Webb, Director of Rural Health Programs**
- **Karen Edison, Medical Director**
- **Rachel Mutrux, Director**
- **Pamela Kelly, Assistant Director**
- **Mirna Becevic, Clinical Coordinator**
- **Kyna Bylerly, Clinical Coordinator**
- **Mary Beth Schneider, Training Coordinator**
- **Deb Denham, Administrative Associate**
- **Shanda Cash, Administrative Assistant**
- **Mark Fairley, Head technical dude**
- **Aaron Woolridge, User Support Analyst**

Who Funds Telemedicine?

- Medicare reimburses if the patient is in rural area in an approved originating site.
- MO Health Net reimbursement begins soon…….
- Many private insurers provide telehealth reimbursement coverage.
- Missouri Foundation for Health funded visits for the uninsured if in their service area until earlier this summer.

Who Benefits the Most?

The PATIENT

&

The Taxpayer

Savings to Patients in FY08

	MO HealthNet Patients	All Patients
Number of Trips	764	2,892
Number of Miles	140,748	**577,272**
Total Dollars	$82,337	**$337,704**

“… Telehealth provides a huge savings for our family! My husband takes off a day of work for these trips…

The trip to Columbia is 3 1/2 hours one way for our family. The price of gas, food, etc. makes these trips very difficult at times.

Thank you for providing this cost effective alternative!”

Our Dream……

Every person will have access to quality health care – delivered by the appropriate provider, in a timely and affordable manner, no matter where they choose to live.

Collodion baby

lamellar ichthyosis or non-bullous congenital ichthyosiform erythroderma

Management

emollients and humidified incubator until the “membrane” has time to shed - then aggressive emollient use

Monitor for overheating

sweating is usually impaired and this is a hot climate

Future directions for MTN

- Collaborating with other systems/partners
  - St. Luke's, Pathways, Citizen's Memorial
  - Div. of Youth Services, MHD managed care
- Tele-interpretation
- Diabetic retinopathy screening
- Telestroke

- Telecorrections
- School based telehealth
- TeleICUs
- High risk OB
  - ANGELS in Arkansas

- Funding for uninsured

Premature Births in Missouri

- **The March of Dimes' Premature Birth Report Card**
  - "Healthy People 2010" objective - < 7.6%
- **Missouri's grade in 2008 = F**
  - Preterm birth rate is 13.3%, 34th in the nation
  - MO HealthNet covers 46.82% of all births in Missouri

Arkansas: ANGELS model to improve obstetrical care

- Utilizes statewide telehealth and clinic network, provides education and support for obstetric providers, case management services, 24-hour call center, and evidence-based guidelines development and distribution

- Collaboration between Arkansas Medicaid and the University of Arkansas for Medical Sciences

Missouri Telehealth Roundtable

The objectives…

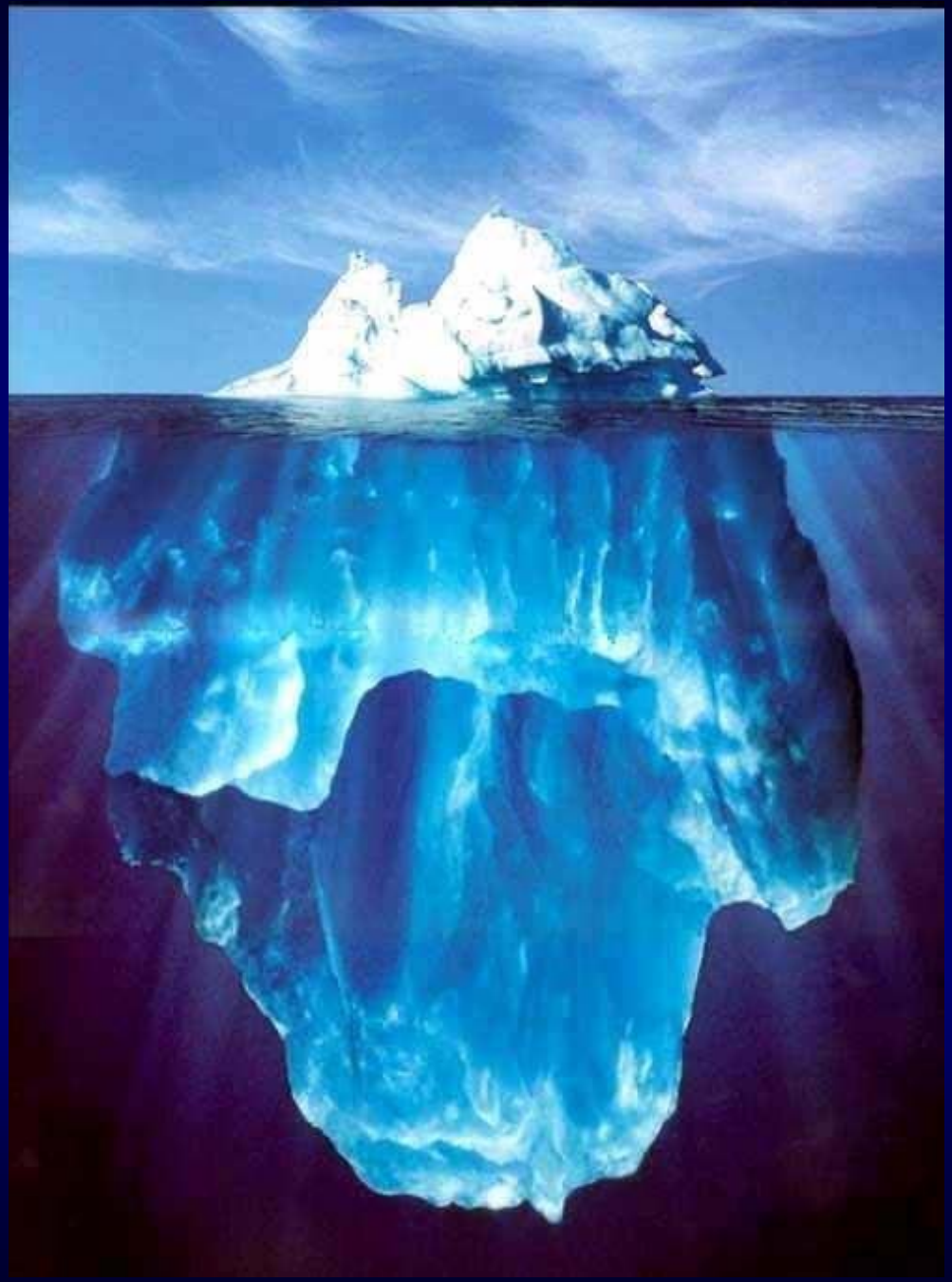
- assessing current telehealth activity in Missouri;
- reviewing recent and pending state and federal telehealth legislation;
- developing and propose state telehealth legislation and public policy; and
- reviewing and discussing current and future state of telehealth infrastructure in the state

Missouri Telehealth Roundtable

• Rachel Mutrux	Missouri Telehealth Network
• Bill Mitchell	MOREnet
• Dan Ross	MO OA
• Debbie Nolan	MO DHSS
• Denni McColm	Citizen’s Memorial Hospital
• Dennis Canote	Pathway’s Behavioral Health
• George Oestreich	MO DSS
• Janice Pirner	MPCA
• John Heard	NEMTN, ATSU
• Keith Crumley	Army, National Guard
• Kevin Cagg	Heartland Health

Missouri Telehealth Roundtable

• Leslie Porth	MHA
• Mark Stansberry	BJC
• Mike Caputo	Wash U
• Pamela Kelly	Missouri Telehealth Network
• Paul Monda	MO DHSS
• Robert Donnelly	MO DED
• Robert Reitz	MO DMH
• Steve Kropp	St. Luke’s
• Weldon Webb	Missouri Telehealth Network
• Bruce Horwitz	University of Missouri
• Ben Colley	MOREnet
• Karen Edison	Missouri Telehealth Network



The technology tidal wave will not stop

We can let it overtake us or we can use it to improve the care we deliver to our patients

It is our choice

Questions?

Missouri Revised Statutes

Chapter 208
Old Age Assistance, Aid to Dependent Children and General Relief
Section *208.978*

August 28, 2008

Report on fund--recommendations--expiration date.

208.978. 1. The MO HealthNet oversight committee shall develop and report upon recommendations to be delivered to the governor and general assembly relating to the expenditure of funds appropriated to the health care technology fund established under section 208.975.

2. Recommendations from the committee shall include an analysis and review, including but not limited to the following:

(1) Reviewing the current status of health care information technology adoption by the health care delivery system in Missouri;

(2) Addressing the potential technical, scientific, economic, security, privacy, and other issues related to the adoption of interoperable health care information technology in Missouri;

(3) Evaluating the cost of using interoperable health care information technology by the health care delivery system in Missouri;

(4) Identifying private resources and public/private partnerships to fund efforts to adopt interoperable health care information technology;

(5) Exploring the use of telemedicine as a vehicle to improve health care access to Missourians;

(6) Identifying methods and requirements for ensuring that not less than ten percent of appropriations within a single fiscal year shall be directed toward the purpose of expanding and developing minority-owned businesses that deliver technological enhancements to health care delivery systems and networks;

(7) Developing requirements to be recommended to the general assembly that ensure not more than twenty-five percent of appropriations from the health care technology fund in any fiscal year shall be contractually awarded to a single entity;

(8) Developing requirements to be recommended to the general assembly that ensure the number of contractual awards provided from the health care technology fund shall not be fewer than the number of congressional districts within Missouri; and

(9) Recommending best practices or policies for state government and private entities to promote the adoption of interoperable health care information technology by the Missouri health care delivery system.

3. The committee shall make and report its recommendations to the governor and general assembly on or before January 1, 2008.

4. This section shall expire on April 15, 2008.

(L. 2007 S.B. 577)

Expires 4-15-08