From: Enrique Enguidanos <enrique@cbc-solutions.org>
Sent: Tuesday, November 06, 2018 2:35 PM
To: ASPE SES IMPACT Study (OS/ASPE)
Subject: Response to Request for Information

Tuesday, November 6th, 2018

Dear Assistant Secretary for Planning and Evaluation,

I am responding to the Request For Information recently issues by your office: ASPE Request for Information: IMPACT ACT Research Study – Provider and Health Plan Approaches to Improve Care for Medicare Beneficiaries with Social Risk Factors.

I am an emergency physician based in Seattle Washington. Over the last decade I have been evolving community alternatives of care for individuals who frequent emergency departments for their care needs. My organization – Community Based Coordination Solutions, LLC – specializes in community resource management for frequent emergency department utilizers. My work over the last decade has exposed me to many of the issues you are seeking feedback on in the aforementioned RFI. I hope you and your team may find some of my feedback here of value in seeking solutions for this important issue.

Why base enrollment on emergency department visits? Emergency departments (EDs) serve individuals in crisis, but they are also the 'safety net' point of entry for individuals that can't access care elsewhere, be it due to lack of coverage, poor access to care, or even poor insight into how best to navigate the health care system. The threshold for access to care through emergency departments is often much easier for clients, even if said care is not the most appropriate option for their needs. As a cohort frequent ED utilizers are certainly experiencing social crisis. Amongst this patient cohort:

- 30% of patients are homeless

- 40% of patients suffer from a primary mental health disorder

- 50% of patients suffer from some form of substance addiction

- Over 60% of patients are Medicaid funded

Frequent emergency department visits are certainly not the only important social determinant of health, but as a metric it arguably identifies those clients in highest crisis and those most costly to our healthcare system. I have found that addressing this issues provides a valuable approach to development of community systems of care. Frequent ED utilization is the only metric we recommend for enrollment into our program (specifically, we target individuals with 5 or more ED visits within the last 12 months). The community systems approach we subsequently implement can then address diverse client needs, irrespective of their medical, social, or financial nature.

We have identified 7 factors that should be prioritized in establishing effective community systems of care to address the needs of frequent ED utilizers:

1. Direct patient engagement – Staff present within the community that can provide direct patient engagement

2. Customized Care Plans – Individualized care plans created through direct involvement with patients, providers and community resources

3. IT Solutions – Communities need a "common language" via which to exchange basic information. Several community solutions exist; we are strong proponents of Collective Medical Technologies' Emergency Department Information Exchange and PreManage tools, which provide HIPPA compliant information sharing across various community EMRS, monitors ED visits and state prescribing data in real time, and provides a portal for immediate community care plan access (please note, CBCS has no fiduciary relationship with CMT)

4. Community Resource Engagement – Clients' needs will be met most effectively when community resources are all engaged in a common plan of care for them. Resources that I advocate be engaged across the community of care include emergency department personnel, hospitalist and hospital resources (discharge planners and social workers), community providers (primary care and specialists), Emergency Medical Services and law enforcement personnel, jail programs, court advocacy programs, community behavioral health and chemical dependency resources, housing entities, community protective services (child and adult) and community transportation services, amongst others. Community resource engagement typically is most helpful at time of client enrollment and care plan development, although there is also tremendous value in bringing together said resources on a regular basis (we typically host a monthly community resource meeting) to discuss community issues of care.

5. Immediate Access Fund – Program staff need access to a pool of monies that are immediately available to provide for target client needs. Our staff typically use said funds to help with immediate housing and transportation needs, meals, clothing, phones, and medications, amongst other items.

6. Telemedicine – Can be very helpful in providing immediate "bridge" access until local provider access can be obtained.

7. At-risk reimbursement model – I have found payers to be much more interested in our product by providing at-risk (or pay-for-performance) contracts, which I am very comfortable doing. I typically base our contracts on a guaranteed ED visit reduction of 30% within first year of patient enrollment.

I have been very successful with this approach in programs across Washington state and Alaska. Our most recent launch in Mat-Su, Alaska showed over 45% reduction in ED visits, over 25% reduction in controlled substance pills provided (opioids and benzodiazepines), and over $3 million in costs savings within the first year of program implementation (70+ clients enrolled). Recently I have begun engaging state Medicaid agencies, as well as health and community-based organizations (e.g. Accountable Communities of Health, Community Care Organizations, and/or Managed Care Organizations) across the country. I feel this model of care is ideally suited for communities with high Medicaid enrollments (recall that over 60% of frequent utilizers across the country are Medicaid insured), and particularly valuable for communities with capitated or "at-risk" models of health management such as the aforementioned ACHs, CCOs and MCOs.

I hope you and your team find this information of some value. I would be more than willing to participate in further discussions at your request.

Sincerely,

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