

Mountain-Pacific *Quality Health*

2016



IMPACTING HEALTH CARE DELIVERY

IMPACTING HEALTH CARE QUALITY

IMPACTING OUTCOMES

IMPACTING COSTS



Mountain-Pacific *Quality Health*

LOCAL ROOTS • LOCAL CREDIBILITY • LOCAL SUCCESS

Our Mission: *Partnering within our communities to provide solutions for better health*
Our Vision: *Mountain-Pacific—a recognized leader for driving innovation in health care*

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 regions 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.

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. Our goal is to increase access to high quality health care that is affordable, safe and of value to the patients we serve.

Mountain-Pacific also provides Medicaid utilization and pharmacy review and management services for the Montana Department of Public Health and Human Services. Through our review and authorization process, we strive to ensure each Medicaid client gets his or her needs met in the most appropriate, cost-effective setting, using the most appropriate medical, transportation and community support services, prescription drugs, equipment and supplies.

Under contract with the Montana Association of Health Care Purchasers (MAHCP), Mountain-Pacific serves as a pharmacy resource for members of their prescription drug program by providing a customer support call center for program employers, their employees and their health care providers.

Clinical best practices and clinical expertise are no longer enough to successfully compel quality improvement and improved outcomes. Clinical quality improvement now requires both clinical and health information technology (HIT) expertise. Our Health Technology Services (HTS) department is a vehicle for driving data-driven practices into health care settings where both providers and patients can benefit. Learn more by contacting Colleen Roylance, Mountain-Pacific’s COO, at croylance@mpqhf.org.

Visit our website at www.mpqhf.org or like us on Facebook.



UNNECESSARY READMISSIONS—THE IMPACT ON QUALITY AND COST

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 more than \$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 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 “superutilizers” 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. The cycle of health care delivery for these patients is often fragmented or does not meet all their needs. Mountain-Pacific works within our communities—at all levels—to wrap services around the patient to improve outcomes, eliminate duplication of services and lower costs that result in emergency room visits and unnecessary readmissions.

Return on investment (ROI) — Savings from avoided readmissions

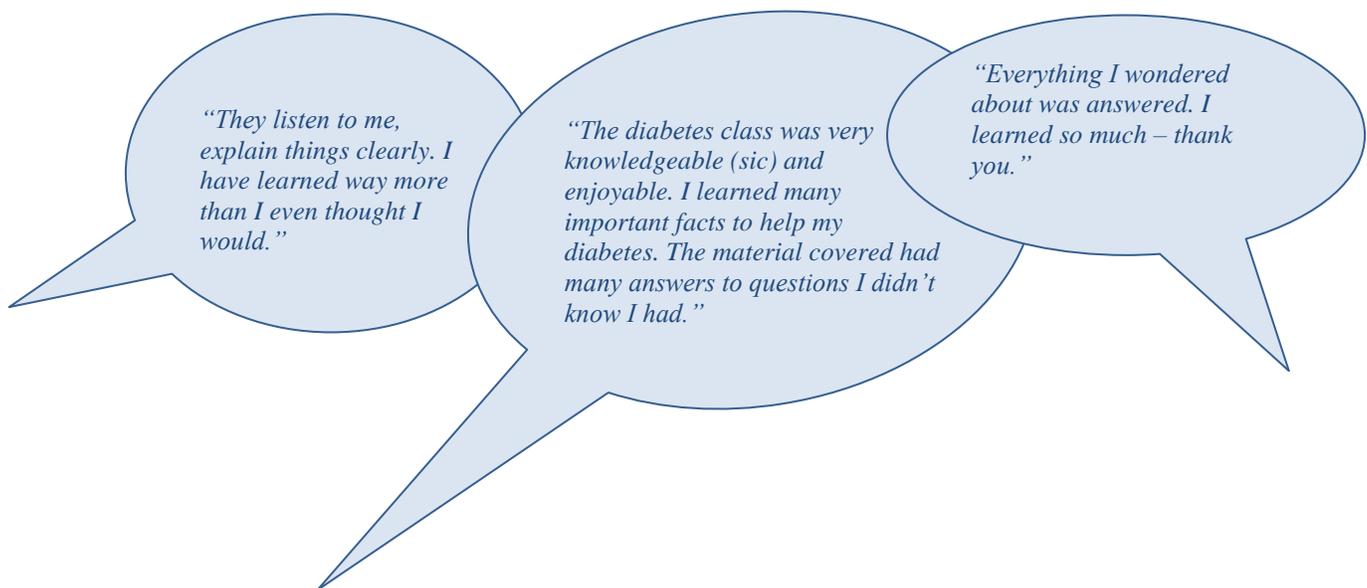
The following table illustrates a savings of \$5.8 million over the course of one year (July 1, 2015 through June 30, 2016).

State	Relative improvement rate (RIR)	Readmits avoided 7/1/2015 – 6/30/2016	Estimated savings per avoided readmissions	Estimated savings in 2015
Alaska	2.72%	56	\$10,000.00	\$560,000.00
Hawaii and U.S. Pacific Territories	7.41%	228	\$10,000.00	\$2,280,000.00
Montana	7.17%	347	\$10,000.00	\$3,470,000.00
Wyoming	-1.50%	-51	\$10,000.00	-\$510,000.00
Totals	4.71%	580	\$10,000.00	\$5,800,000.00

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)[™] is a series of fun, interactive classes that helps 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 offer supportive, informative and interactive ways to understand the benefits of making healthy lifestyle changes and choices. So what are we hearing from our participants?



IMMUNIZATIONS & THEIR IMPACT ON HEALTH



Influenza and pneumonia are vaccine-preventable diseases. However, combined 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 our 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.

Over half of nursing home residents have some form of dementia and associated behavioral and psychological problems, which 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+ nursing homes, one in five residents receives antipsychotic drugs they do not need.



Antipsychotic medications 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 the resident 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.

In December 2016, Mountain-Pacific was nationally recognized for achieving the second highest relative improvement rate (RIR) in the nation for reducing antipsychotic medication use in nursing homes, achieving almost three times the national goal. Most nursing homes working with Mountain-Pacific have seen a drop in antipsychotic medication use from the baseline period in 2013 to reassessment in 2015.

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

THE **IMPACT** OF THE **POSITIVE APPROACH** TO CARE

Mountain-Pacific is spreading a Positive Approach to Care (PAC)TM 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 had to achieve a composite score of 6.0 or less. All of our states exceeded this target. The below table shows the percentage of our nursing homes with a quality composite score of ≤ 6.0 as of January 2017.

State	Number of nursing homes working with Mountain-Pacific	Percent of nursing homes achieving composite score of ≤ 6.0
Alaska	18	58.33%
Hawaii	37	85.29%
Montana	72	30.00%
Wyoming	34	40.74%

IMPACTING CARE FOR MEDICAID MEMBERS

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 homes, community-based or nursing facility services. Additionally, our transportation staff serves as a checkpoint for ensuring that 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 return on investment (ROI) to the Montana DPHHS follow.

Medicaid Programs Overview (excluding pharmacy programs)

Our Medicaid program staff includes 35 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.

Under the DPHHS Medicaid Expansion Program (HELP Act) in January 2016, Mountain-Pacific anticipated an additional 45,000 to 70,000 Montana lives covered over a four-year period. In the first year, we expected to see approximately 34,000 new enrollees. However, **enrollment for the first year has exceeded 61,000.**

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. This has resulted in 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 individual, person-centered plan of care.

- **Long-Term Care Programs**

(Include Continued Stay, Level of Care, Readmission Screening and Home Health)
In fiscal year (FY) 2016 (July 1, 2015 through June 30, 2016), Mountain-Pacific's long-term care staff **completed more than 27,000 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's team of nurses and support staff received more than 1,600 referrals for in-home assessments of personal care needs. They collectively logged more than 19,000 miles and 1,000 hours traveling across Montana to meet with Medicaid members. They helped people develop individualized care plans with the goal of keeping them in their homes rather than receiving care at an institution. The 2016 monthly average PAS/CFC referrals increased 29 percent from 2015.

TRANSPORTATION CONTRACT

Transportation staff processed nearly 108,000 requests during FY2016 (July 1, 2015 – June 30, 2016), with a *cost savings of more than \$1.3 million*. The monthly average of reviews in 2016 increased 26 percent from 2015.

UTILIZATION REVIEW (UR) CONTRACT

In FY2016, Mountain-Pacific's UR staff processed more than 4,600 authorizations for out-of-state inpatient admissions, transplants, durable medical equipment (DME), medical/surgical services and private duty nursing. *Cost savings tallied to more than \$2.1 million*. The monthly workload increased 72 percent from 2015.

Mountain-Pacific staff developed and implemented a formal education and outreach program for Montana providers to supply training on prior authorization processes, requirements, resources and tools. All sessions are web-based, recorded and available through our website.

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. Our accreditation was due to expire in December 2016, so In October, URAC completed comprehensive desktop and onsite audits of Mountain-Pacific's Medicaid and core programs. *We achieved a perfect overall score of 100 percent to pass the audit* and are reaccredited for another three years.

Pharmacy Programs Overview

Total pharmacy program staff includes 11 pharmacists and two certified pharmacy technicians.

MONTANA MEDICAID DRUG PRIOR AUTHORIZATION (PA)

In FY2016, the call center processed more than 55,000 drug PAs. In the process, Mountain-Pacific documented *\$19 million in annualized cost savings* for the Montana DPHHS. Drug PA program activities *yielded an ROI of \$19.90 for every contract dollar spent*.

MONTANA MEDICAID DRUG UTILIZATION REVIEW (DUR)

Pharmacy case management staff performed more than 2,600 clinical interventions during FY2016 and documented *almost \$19 million in annualized cost savings*. The ROI comes out to \$16.20 to every dollar spent.

Children in foster care represent only three percent of children covered by Medicaid. However, according to a 16-state Medicaid pharmacy claims study, atypical antipsychotics were prescribed for foster care children at nearly nine times the rate of non-foster care children. Atypical antipsychotics may have significant side effects, such as movement disorders, diabetes, cardiovascular disease and joint problems. Mountain-Pacific’s DUR staff help oversee the use of psychotropic medications among these children. We have been successful in decreasing the percentage of children without appropriate lab monitoring from 75 percent of all children in the program to 22 percent.

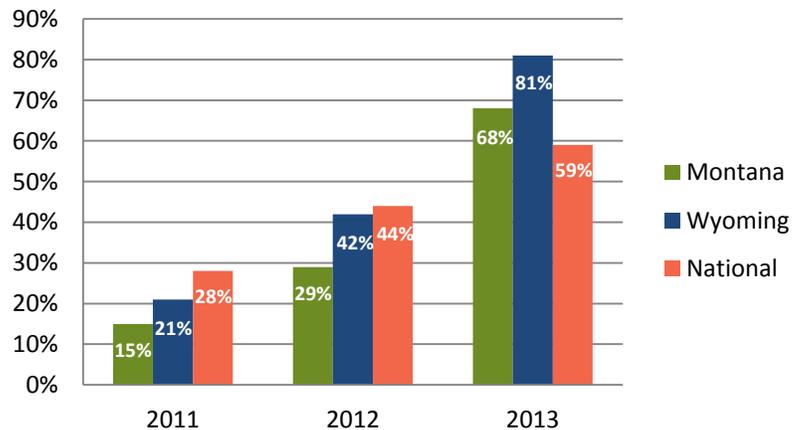
In other areas, our pharmacy case management work with Hepatitis C treatment review saw an increase in cost savings from \$300,000 in 2013 to over \$13 million in 2015.

HEALTH TECHNOLOGY SERVICES (HTS)

Mountain-Pacific’s regional extension center (REC), or Health Technology Services (HTS), has assisted 1,487 primary care providers and 136 critical access hospitals (CAHs) in Montana and Wyoming with implementing certified electronic health record (EHR) systems and achieving Meaningful Use, as required by the Affordable Care Act. Since the REC’s grant period ended January 2016, HTS has worked to become fully sustainable by securing contracts with health care organizations and state and federal agencies. Our service lines and outreach include:

- HTS collaborated with the Montana Department of Health and Humans Services (DPHHS) to share/utilize subject matter experts to advance health quality improvement projects in Montana. With DPHHS funding, HTS created an electronic Clinical Quality Improvement (eCQI) toolkit for Montana clinics and hospitals, designed to improve health outcomes. In 2017, we will move forward with eCQI as a primary service to align quality improvement efforts to achieve the greatest possible return on investment (ROI) and efficiency gains and to reduce burden and duplication of effort between quality reporting/requirements.
- We assist Indian Health Services (IHS) in their efforts to improve their hospital workflows and implement changes to achieve Meaningful Use. We have assisted more than 100 IHS Montana and Wyoming providers and hospitals by bringing in income through the Medicare and Medicaid EHR incentive programs.
- We provide Health Insurance Portability and Accountability Act of 1996 (HIPAA) security risk analysis (SRA) solutions to provider and hospital communities in Montana and Wyoming. In addition, we have leveraged our relationship with privacy and security professionals representing 12 states to ensure high quality service delivery, and benefit from collaboration with industry experts nationwide.

Non-Federal Acute Care Hospital Adoption of at Least a Basic EHR



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 Information Technology (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 Health Care Collaborative status
 - **Health Information Management Systems Society (HIMSS) of Montana** – An HTS staff member was elected as president of the Montana Chapter of HIMSS.
 - **Wyoming Telehealth Consortium** – As a member of the Wyoming Telehealth Consortium
 - **Coral REC Collaboration Group** – 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 February 2017, HTS
 - hosted 47 webinars where 2,824 health care community members registered and 1,611 attended; subjects included EHR Meaningful Use, Clinical Quality Reporting, Physician Quality Reporting System (PQRS), ICD-10, HIPAA Privacy and Security and Telehealth;
 - 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;
 - participated in and/or presented health care topics at 24 community meetings and conferences;
 - sent 26 monthly HTS newsletters to an average of 799 health care clients, stakeholders and partners, emphasizing current and important health care information and issues.

For more information on HTS services, visit our website at www.mpqhf.org/corporate/health-and-technology-services/.

We want to thank our many partners for their devotion to providing optimum patient care. We would not have achieved the impact we have seen in our region had it not been for the dedicated contributions of our stakeholders, our patients and our clinical and provider partners.

Visit us at
www.mpqhf.org

Contact our MT office:	3404 Cooney Drive • Helena, MT 59602 • Local: (406) 443-4020 Toll free: (800) 497-8232 • Fax: (406) 513-1920
Contact our WY office:	145 S. Durbin, Suite 105 • Casper, WY 82601 • Local: (307) 472-0507 Toll free: (877) 810-6248 • Fax: (307) 472-1791
Contact our HI office:	1360 S. Beretania, Suite 501 • Honolulu, HI 96814 • Local: (808) 545-2550 Toll Free: (800) 524-6550 • Fax: (808) 440-6030
Contact our AK office:	4241 B Street, Suite 101 • Anchorage, AK 99503 • Local: (907) 561-3202 Toll Free: (877) 561-3202 • Fax: (907) 561-3204

Like us on Facebook

