

From: Rep.Rodriguez

Sent: Tuesday, January 16, 2018 12:59:13 PM (UTC-06:00) Central Time (US & Canada)

To: *Legislative All Assembly; *Legislative All Senate

Subject: Co-sponsorship of LRB 4332/5 and LRB 5259/1 relating to: intensive care coordination program in the Medical Assistance program.

Co-Sponsorship Memorandum

TO: Legislative Colleagues

FROM: Representatives Jessie Rodriguez and Joe Sanfelippo
Senator Alberta Darling

DATE: January 16, 2018

RE: Co-sponsorship of LRB 4332/5 and LRB 5259/1 relating to: intensive care coordination program in the Medical Assistance program.

SHORT DEADLINE: Thursday, January 18, 2018 at 4 pm

Wisconsin's hospitals provide the best health care in the country, according to recent quality reports from the Centers for Medicare and Medicaid Services (CMS) and the Agency for Healthcare Research (AHRQ). Hospitals are also making great progress to keep operating costs low, shown very clearly through data from the Greater Milwaukee Business Foundation on Health as reported on by the Milwaukee Journal Sentinel.

While hospitals continue to work proactively to hold the line on health care costs, inappropriate use of hospital emergency departments continues to be a cost-driver in our state's Medicaid program. While hospitals are not able to control who comes through their emergency room doors, hospitals in Wisconsin have developed models that have shown promising results in lowering inappropriate emergency department utilization by providing intensive care coordination services. This proactive reform, which is currently not a covered service in Medicaid, will save the Medicaid program millions of dollars and is just one forward-looking population health strategy to keep people well.

In 2016 alone, over 10,000 individuals statewide visited emergency departments (EDs) seven or more times, at an estimated cost of \$53.5 million – a 36% increase since 2014. This small population is commonly referred to as “high utilizers,” and accounted for over 111,000 ED encounters last year. The trend of continued use of the ED for primary care needs coupled with over utilization by a small number of Medicaid beneficiaries reflects not only costly and inefficient use of Medicaid dollars, but also puts a strain on hospital resources for those who truly have emergent needs.

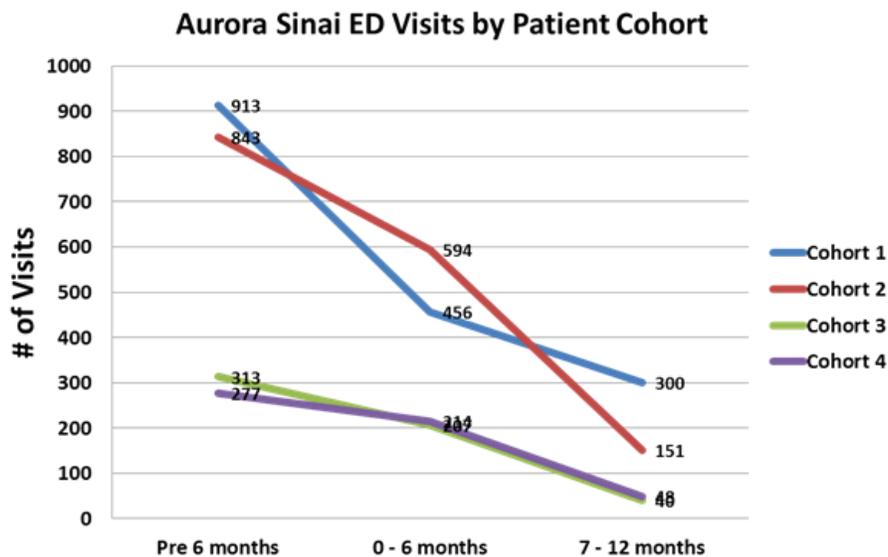
It is time for an innovative solution. The status quo is not working for this small but costly population of Medicaid enrollees who continue to access their health care through hospital emergency departments.

This legislation creates a time limited pilot program to encourage hospitals across the state to create innovative intensive care coordination programs.

With data and support from the Wisconsin Hospital Association, the Milwaukee Health Care Partnership, Aurora Health Care, and Ascension Wisconsin, we developed a Medicaid pilot to bridge the care coordination gap that exists for these patients, many of whom have complex health needs or are otherwise high-cost patients who have not responded to traditional case management. The pilot funds reimbursement for hospitals to provide intensive care coordination to high utilizers for up to two six month periods.

These coordinators will help Medicaid patients understand and effectively interact with Wisconsin’s high quality, integrated health care delivery system, establish and maintain a relationship with a primary care provider, connect with the enrollee’s managed care organization, and ensure appropriate supports exist outside of the hospital. As several presenters discussed during a recent legislative briefing hosted by Senators Vukmir and Erpenbach and Representatives Sanfelippo and Kolste, this kind of intensive care coordination shows an effective means of using hospital resources to improve population health, improve outcomes for patients, keep patients out of the hospital when their visit isn’t necessary and lower costs for the Medicaid program.

By addressing these needs, data shows that we can make great strides in reducing ED visits with a relatively short intervention. For example, of 255 patients treated at two Milwaukee hospitals (Aurora St. Luke’s and Sinai), there was an **average reduction in ED visits of 44%** after 6 months. For those patients for whom there are now longer-term results, there was a **stunning 77% reduction in ED visits** between months 7-12. Wheaton Franciscan St. Joseph Campus, part of Ascension in Milwaukee also implemented a care coordination program which had tremendous results, lowering hospital emergency department visits by 5,000 after the program was implemented, reducing readmissions for patients with chronic heart failure by 10%.



The goal of this pilot is to provide support for hospitals to create new programs that would work for their unique populations and support further innovation and refinement of models currently in place. This pilot program was already approved by the legislature in the 2017-19 biennial budget bill, but was vetoed by Governor Walker citing concerns raised by the Department of Health Services. Since then, we have worked with the Department for several months to address issues that were raised in the Governor's veto message. While the program was vetoed, funding for the program was not vetoed in the budget bill. This legislation uses funding already provided to the Department by the legislature for the purposes of implementing a Medicaid intensive care coordination program.

Please join us in supporting innovation at hospitals across the state to improve outcomes for patients and reduce unnecessary spending by the Medicaid program for over utilization of hospital emergency departments. For more information, please see this short [video](#) highlighting one patient's recent experience, produced by the United Way of Greater Milwaukee and Waukesha County.

Finally, this pilot is intended to work in harmony with current managed care models, not in competition with them. As a comparison, think of this model as similar to the way a tutor supplements the work of a student's regular teacher. The tutor steps in just long enough to get the student up to par and then moves on.

Contact Nick Bentz in Representative Rodriguez's office at Nick.Bentz@legis.wisconsin.gov (6-0610) or Rachel Keith in Senator Darling's office at Rachel.Keith@legis.wisconsin.gov (6-5830) to be added to the bill.