

Applying Data & Technology to Help I/DD Service Providers Integrate Care in NY in the Age of COVID

AADMD Virtual Conference

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Presenters and Agenda



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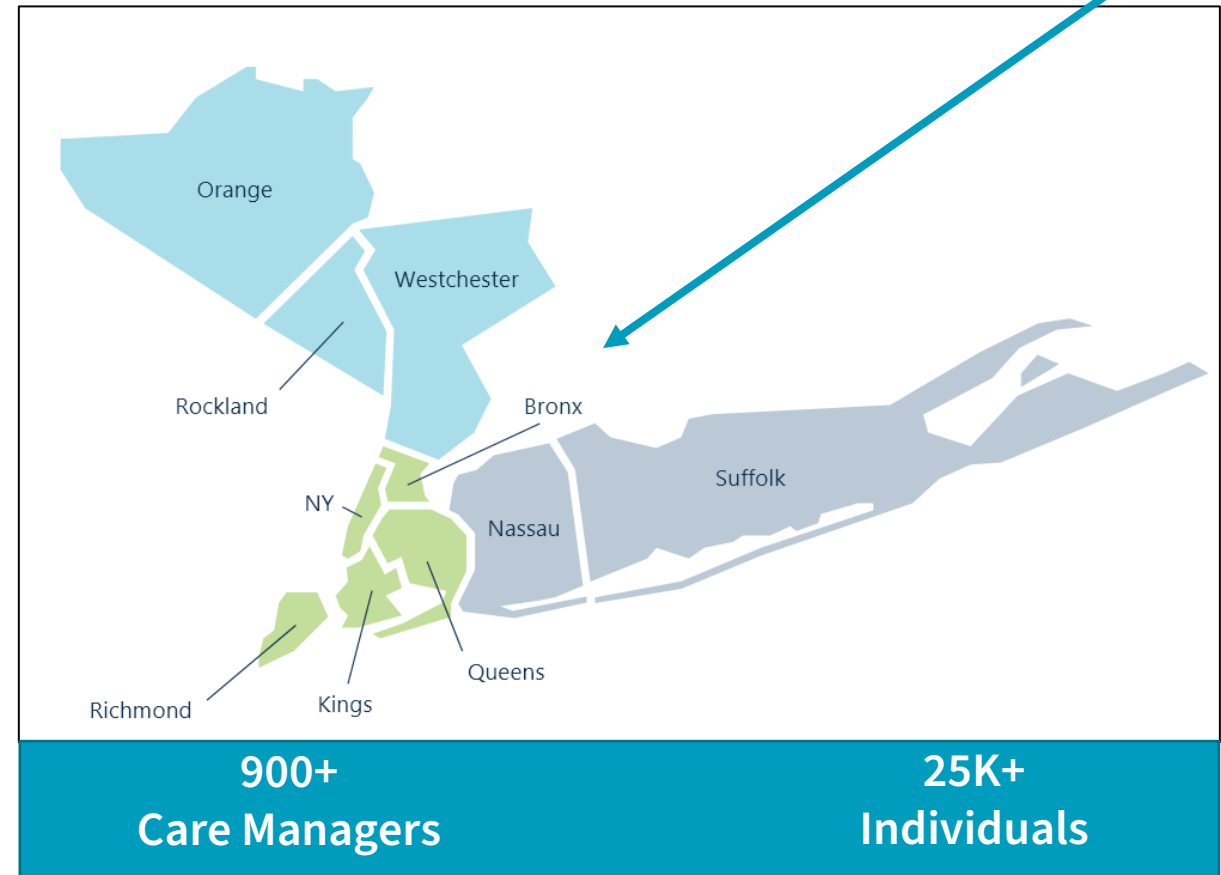
- Benchmarking outcomes for people with I/DD in New York prior to the pandemic
- The impact of COVID-19 on supports and services
 - Data about individuals' health status and support services across various settings.
- Adapting and changing in a post-pandemic world

Disclaimers

The information provided in this presentation is only intended for New York Intellectual and Developmental Disability Care Coordination Organization Health Homes (NY IDD CCO HHs) benchmarking and overall systems improvement purposes. It is not intended for use in clinical decision-making and the findings have not been independently validated. Where noted, data has been self-reported and captured by care managers.

Advance Care Alliance of New York (ACA/NY)

- NY developed health homes through Section 2703 of the Affordable Care Act to **improve care coordination** and **care management** for Medicaid beneficiaries with complex needs.
- **CCO/HH** that supports over **25,000 people** with I/DD and their families across New York City, Long Island, and the Lower Hudson Valley.
- A NY not-for-profit CCO, ACA is a mission-centered organization dedicated to providing the support and services people need to lead an active, healthy, and fulfilling life.
- **100+ affiliate agencies** were brought together to form ACA.
- ACA's agencies provide high-quality services to people with I/DD and their families, funded and overseen by NY OPWDD.

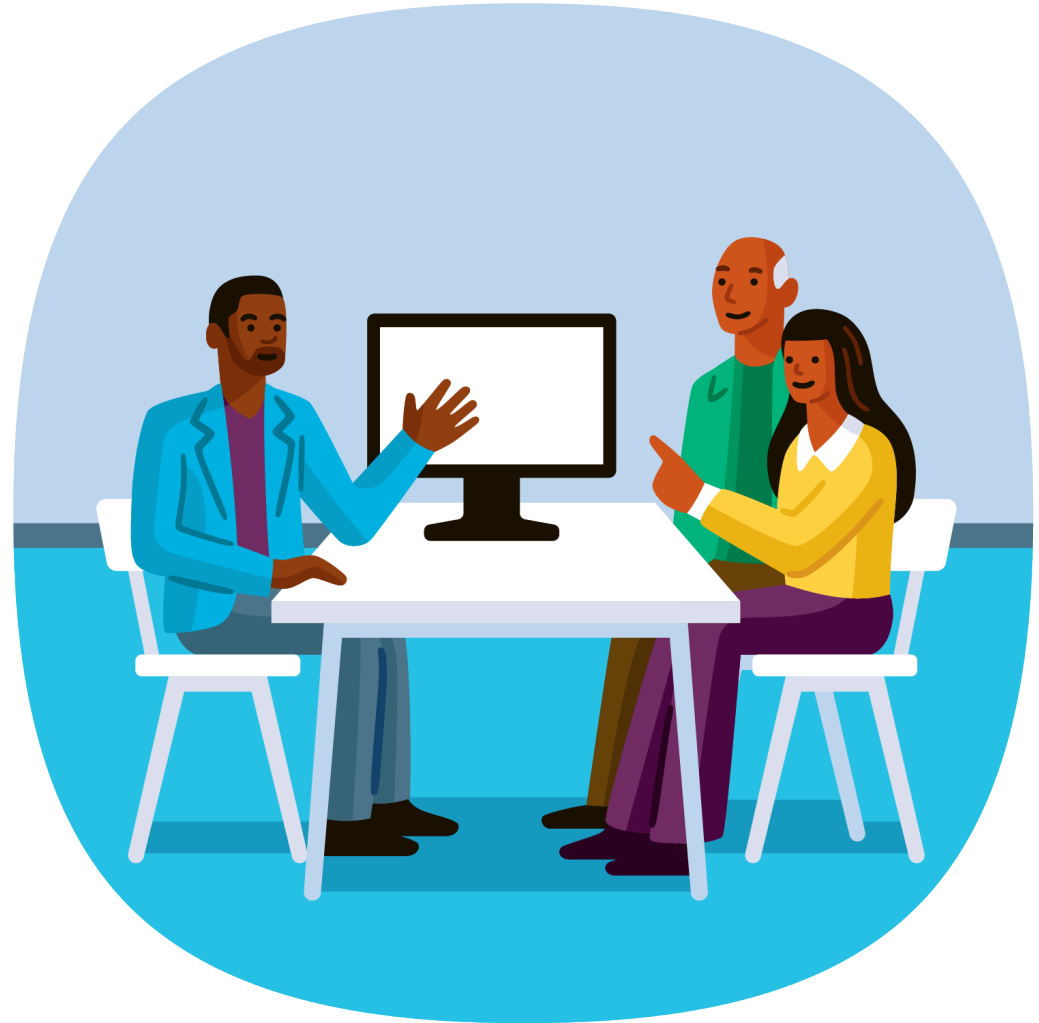


MediSked: Delivering Solutions that Improve Lives



- We help drive efficiencies and innovations for human service organizations that support our community.
- We partner with providers, MCOs, states, and counties to move the needle forward to help people live better lives and improve service delivery and cost efficacy.
- Our enhanced research and systems capabilities centralize, aggregate, and analyze data from disparate sources across the continuum of care.
- Security comes first and is constantly evolving; MediSked's Care Coordination Suite is certified by:

The Technology Tools



MediSked Care Coordination Suite

Supports the daily activities of Care Management and is used daily by Care Managers, along with other CCO/HH employees. It enables real-time population management and enterprise reporting for CCO/HH across their membership. Includes powerful reporting tools and a custom report builder to allow CCO/HH entities to view trends and outcomes across the state.

Activities include:

- Individual Record Management
- Plan Development
- Event/Contact Logging
- Information Sharing
- Reporting
- Task Workflows
- Note Audit
- Billing

The screenshot displays the MediSked Care Coordination Suite interface. The top navigation bar includes links for People, Planning, Billing, Calendar, Reporting, Messaging Center, Setup, Admin, and Add Care Coordination Note. The user is logged in as Carrie Manager, and the session expires in 19:54. The main content area is divided into two sections: a calendar view on the left and a 'My Caseload' view on the right.

Calendar View: The calendar shows events for the week of August 24, 2017. The events are as follows:

Date	Time	Event
25 Friday August, 2017	8:30 AM-9:15 AM	↓ (K.Smith) Face-to-Face Meeting with Member
	2:00 PM-2:30 PM	✓ (R.McDowell) Face-to-Face Meeting with Member
	2:30 PM-3:30 PM	⚠ (R.McDowell) Begin Hospital Discharge Planning
28 Monday August, 2017	8:00 AM-9:00 AM	✓ (E.Avalon) Schedule Life Plan Meeting
	10:00 AM-11:00 AM	↓ (K.Smith) Annual Wellness Visit, Initial
29 Tuesday August, 2017	9:00 AM-10:00 AM	↓ (J.Carter) Identify Housing Placement Needs
30 Wednesday August, 2017	9:00 AM-9:30 AM	⚠ (E.Matthews) Complete Member Assessment
	9:45 AM-10:15 AM	⚠ (E.Matthews) Document Plan Team
31 Thursday August, 2017	9:00 AM-9:00 AM	⚠ (E.Matthews) Schedule Life Plan Meeting

My Caseload View: This view displays a grid of member profiles. Each profile includes a circular photo and the member's name. The members listed are:

- Matthews, Edyth
- McDowell, Robert
- Avalon, Ella
- Smith, Katherine
- Carter, Jake
- Allen, Barry
- Martin, Mary
- Timmons, Helen

The interface also includes a search bar and pagination controls for the caseload view.

IAM Assessment

- Determines services to meet people's hopes and dreams as well as traditional health and safety requirements.
- Provides a list of specific goals and actions for natural supports and service providers to follow.
- Integrates the Council for Quality and Leadership's Personal Outcome Measures (CQL POMs).
- Gathers important information into standard printouts.
- Provides a list of preferences and supportive routines for individuals with more significant challenges.
- Represents the powerful voice of the person with I/DD.

Section Index

Core

Assessment

Current Durable Medical Equipment/POS

How I Communicate

The People In My Life

The People In My Life - An Overview

Where I Live

Where I Work

My Diagnosis

Legal

Self Direction

My Happiness

In the Way of My Happiness

Supervision

My Health - Review of Preventative Services

My Health - History and Current Conditions

My Health - Medications

My Health - Goals and Actions

My Health - An Overview

My Nutrition

My Vision

Assessment

Name of Individual: Katherine Smith

PHP ID: 100100234

Assessment Type

Initial

Assessment Location

☒ At Home

☐ At Work

☐ Other

Date

July 21, 2015

Did the member participate in the assessment?

Yes No

This is what I want you to know about me

My name is Katherine but people call me Katie. I have lived in an IFA really want my own room. I can tell you yes by giving a thumbs up or thumbs down. I have a great smile, so everybody loves me. I use a v can't get around because I only have the use of my right hand. Some to live in a smaller home with my friends. I have terrible seizures and when they are going to happen. It is scary. I often have bad headaches which make me cry. I wish I could have a puppy. Something that is just parents visit me every Sunday, but they are getting older so it is difficult around. I am worried about them. I have a sister Jane who lives in C...

Previous Save

Section Index

My Health - An Overview

My Nutrition

My Vision

My Mobility

Toileting

My Skill Matrix - Personal Hygiene

My Skill Matrix - Daily Living

Supportive Routines for PHS ADLS

Safety Plans

Reasonable Accommodations

Durable Medical Equipment/POS Summary

Preferences

Notes

Assessment Summary

Profile Summary

Allergies Summary

Durable Medical Equipment/POS

Supportive Routines Summary

Preference Summary

Goals and Actions Summary

POMs Preview

IPOP Preview

IPOP Preview

Name of Individual: Katherine Smith

PHP ID: 100100234

I would like to communicate better

Complete hearing assessment

I want to feel better

Other: Support pecs plan

Training to staff

Provide Functional Behavior Assessment (FBA)

An interdisciplinary evaluation

A new challenge or group to join (for some positive attention)

Behavior Support Plan Chart, with Documentation of Replacement Behavior

I need supervision in the community

Eyes on at all times

I need help to take my medication

Provide total assistance

I want to be healthy

Implement seizure charting (Chart 11)

Complete Braden Scale (Chart 19)

Check for pressure sores with charting (Chart 10)

Bowel management with charting (Chart 12)

Eating Guidelines

Implement the following diet Gluten free diet, High calcium diet, High fiber diet with charting (Chart 13), Allergic to: Peanuts, Allergic to: Shellfish, Food Cut to liquids should be the consistency of: Nectar, Provide the following supports Eat friend(s), Need some assistance, Stay Upright for 30 minutes after eating

I want to move safely

Only lift with two people or transfer device

I would like assistance with toileting

Check that I am not wet or soiled every two hours w/charting (Chart 7)

Evacuate in an emergency

Physically remove

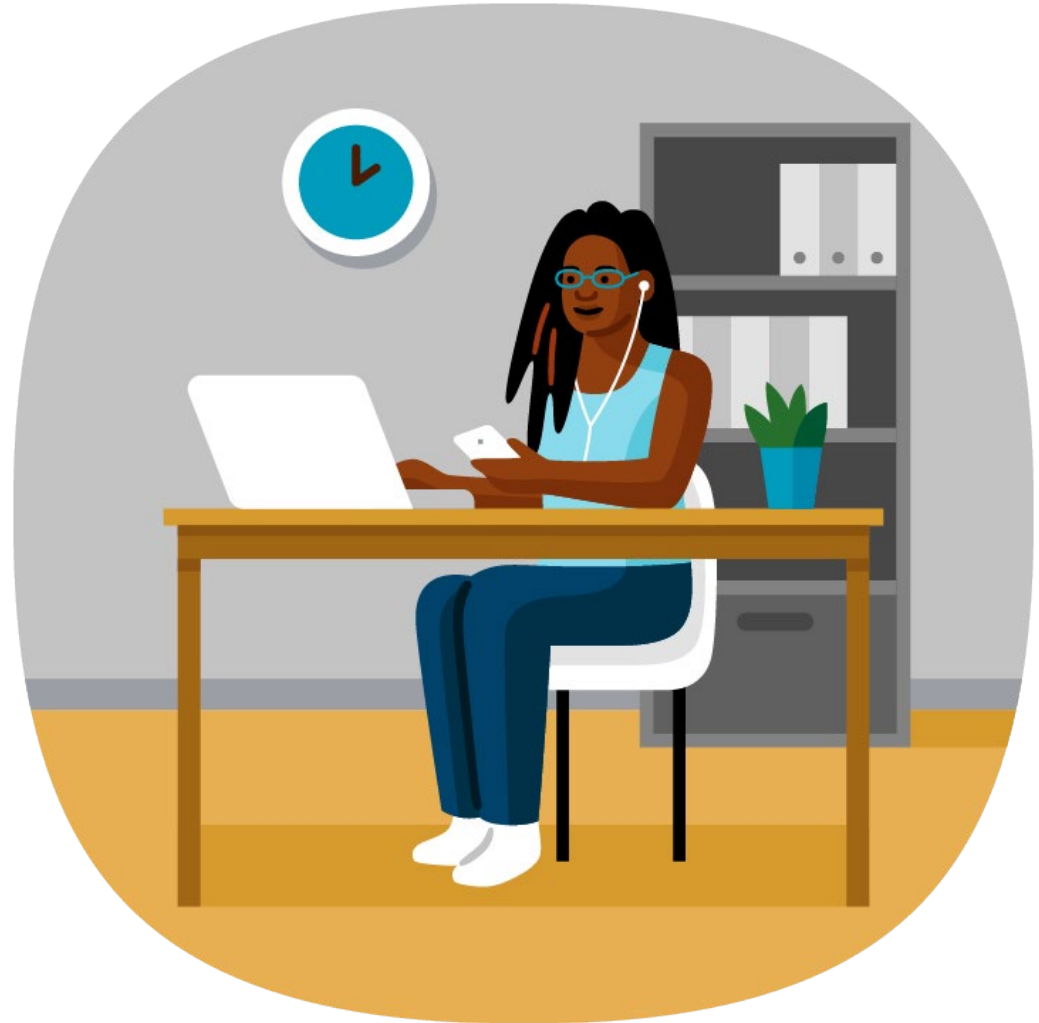
Call for help

Cannot call for help without assistance

POMs Preview Complete Assessment

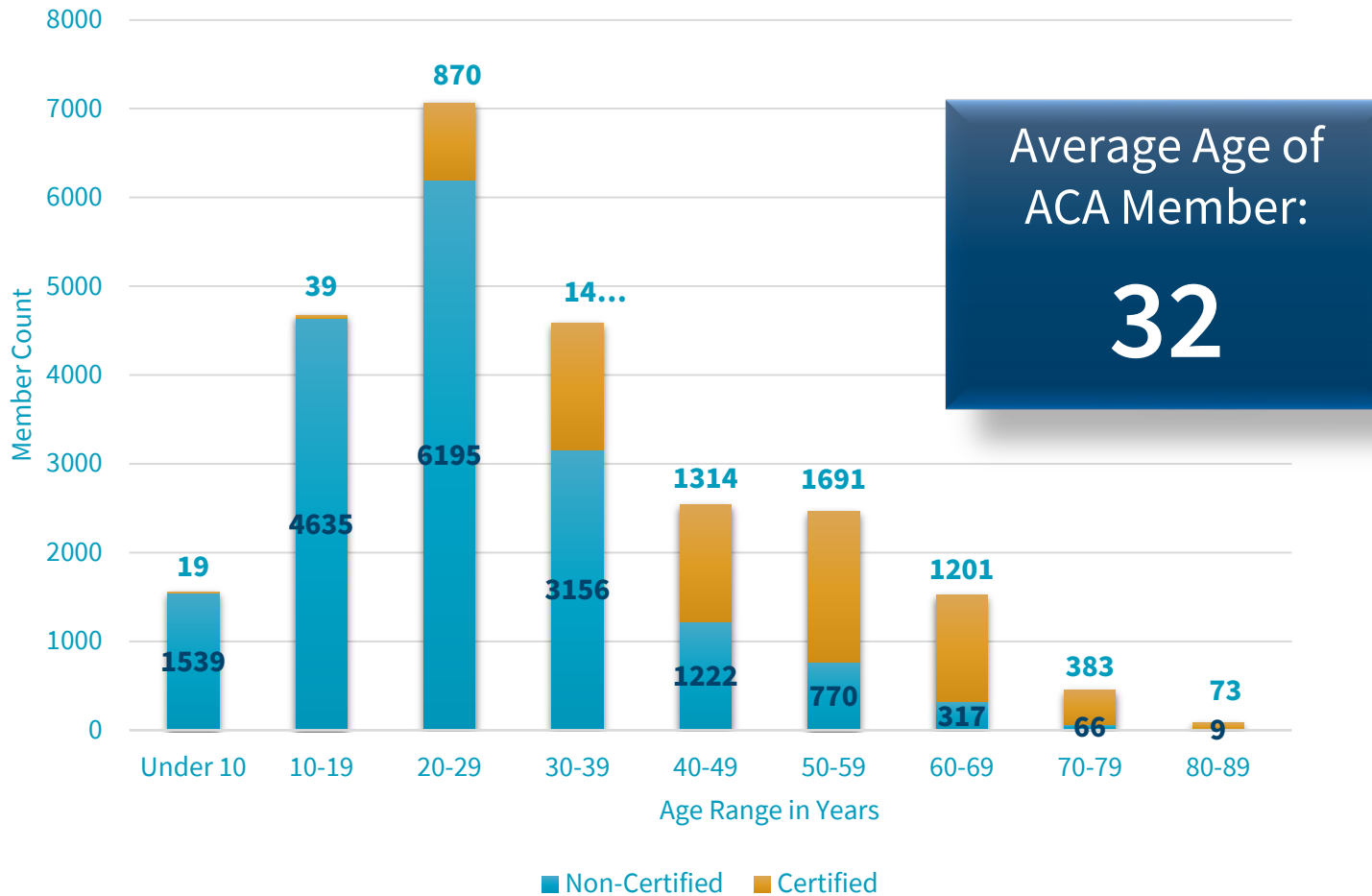


Outcomes

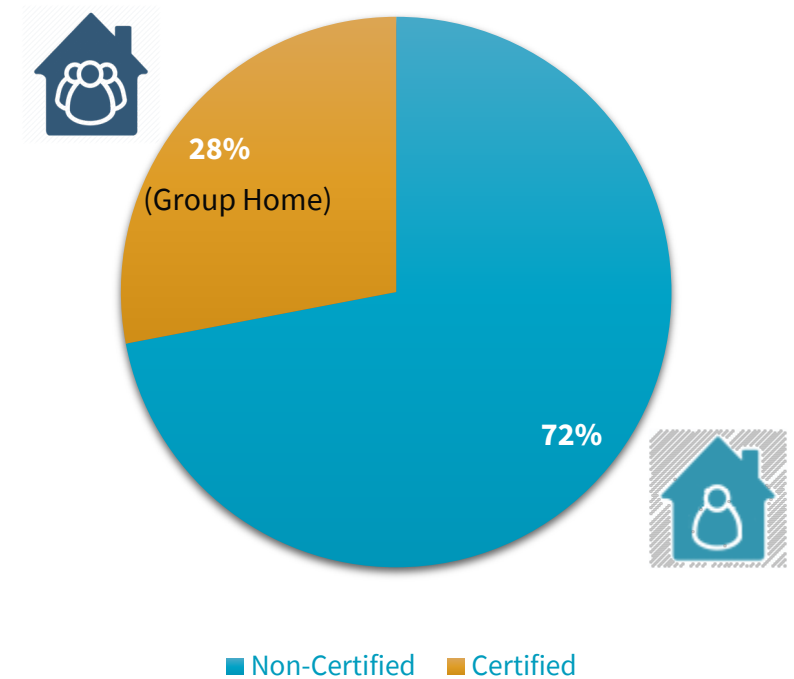


Describing the Population: Advance Care Alliance Demographic Data (n=24,934)

ACA Population by Age and Residential Setting Type



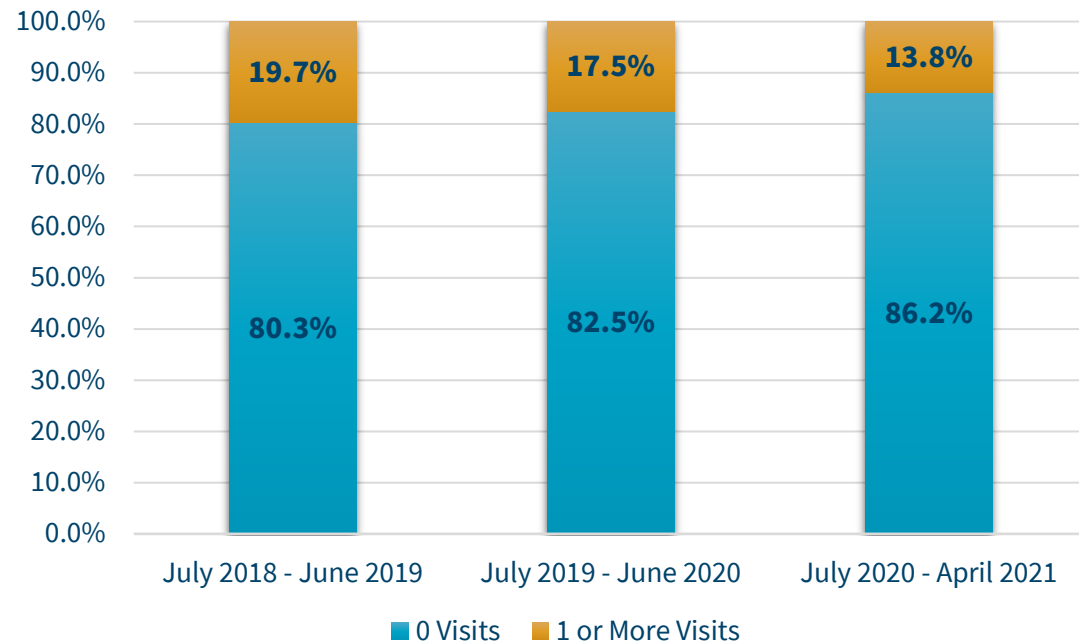
ACA 2020 Enrolled Population - Residential Type



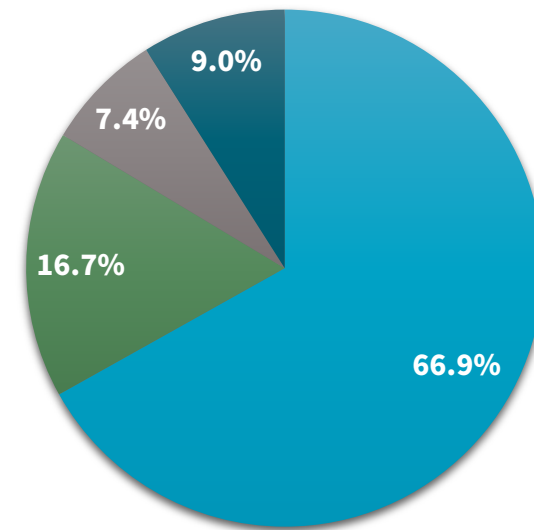
Health Homes Have a Goal to Decrease Preventable ER Visits

At ACA, Number of ER Visits Declined Year-Over-Year

Number of ER Visits Per Health Home Enrollee at ACA



Number of ER Visits Per Health Home Enrollee at ACA



Most enrollees have **not** been to the ER in the past 12 months:

- There is almost a 20% drop in the number of people who went to the ER in 2018-2019 in comparison to 2020-2021

■ 1 Visit ■ 2 Visits ■ 3 Visits ■ 4+ Visits

Self-Reported
Data Powered by
as of 4/30/2021



Top Reasons for Hospitalizations Differ Between I/DD Populations and the General Population

Top Reasons for Hospitalizations - General Population

1. Liveborn
2. Septicemia
3. Osteoarthritis
4. Heart Failure
5. Chronic obstructive pulmonary disease and bronchiectasis
6. Complications specified during childbirth
7. Acute myocardial infarction
8. Diabetes mellitus with complication
9. Pneumonia (except that caused by tuberculosis)
10. Cardiac dysrhythmias

National Data is not yet available past 2018

Source: AHRQ, Healthcare Cost and Utilization Project

<https://www.hcup-us.ahrq.gov/faststats/NationalDiagnosesServlet>

Top Reasons for Hospitalizations – ACA

1. Unspecified Illness
2. Psychiatric/Behavioral Episode
3. Surgery
4. Seizure
5. **Covid-19**
6. Fracture
7. Pneumonia
8. Abdominal Pain
9. EEG
10. Asthma and/or Breathing Problems

Source: NY IDD CCO HH – results have not been formally validated

ACA and its partner provider agencies have protocols in place based on patterns with an I/DD population (including high rates of seizures, falls).

Self-Reported
Data Powered by
as of 4/30/2021



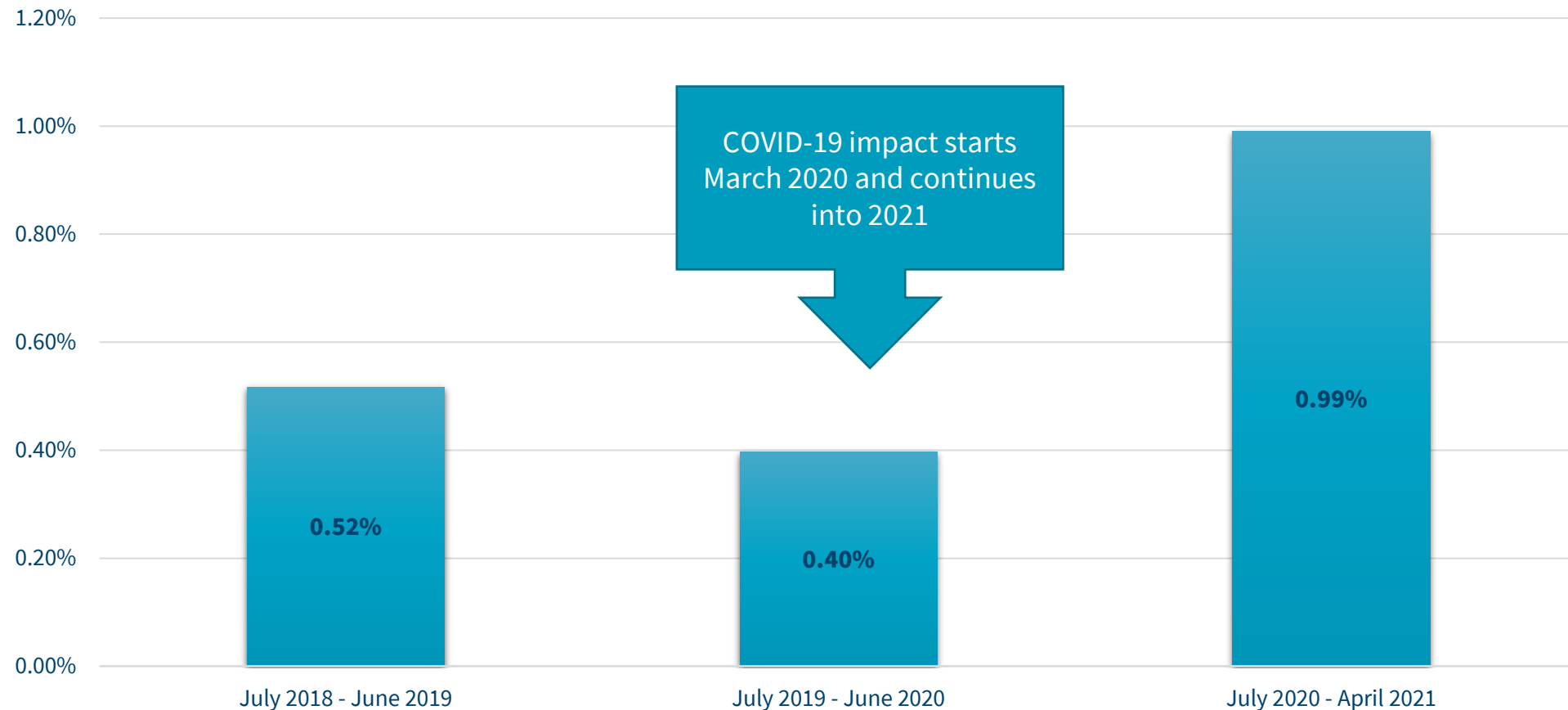
Preventing Choking ER Visits/Hospitalizations

ER/Hospitalizations Due to Choking for Enrollees at ACA

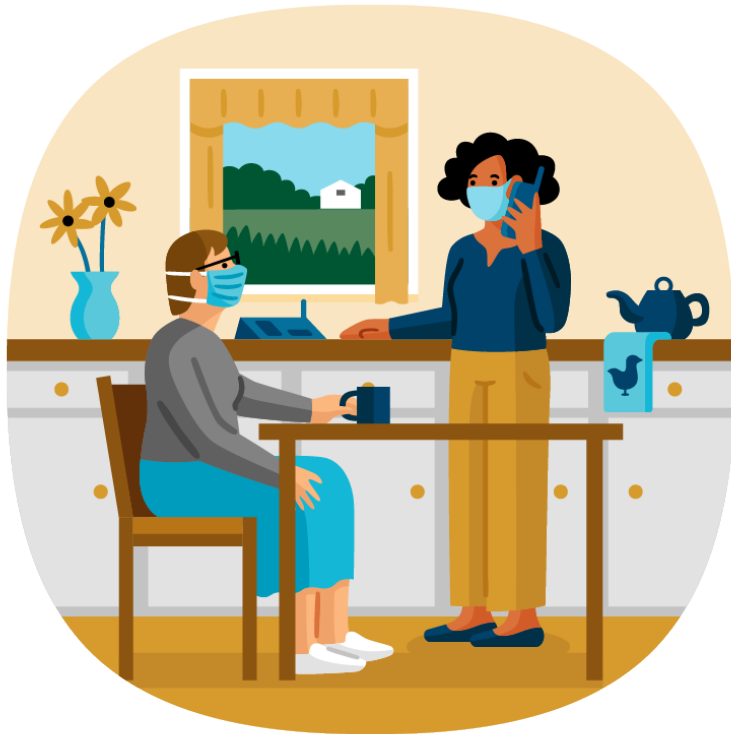
During the safer, at home periods, incidences of choking increased including those that required hospitalization.

Possible Causes:

- Different staff providing supervision
- People were at home unsupervised for longer stretches of time

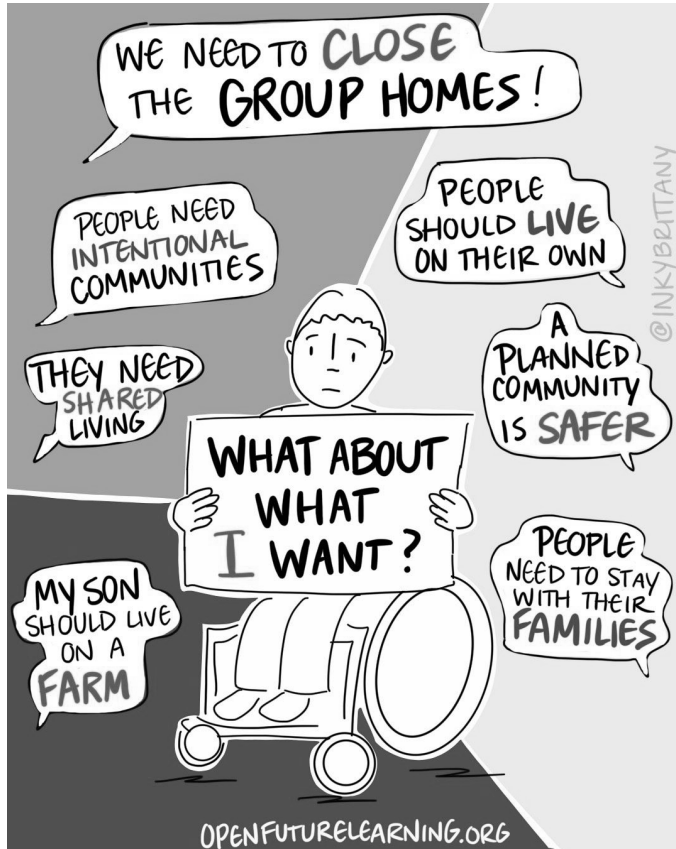


Interest in Self-Direction Led to Increase in Self-Directed Services



- Since its inception, 1,617 ACA members expressed interest in self-direction on their assessment who didn't already have it.
- ACA helped **490 (+30.3%)** – an increase of 107 people since the start of the pandemic – of those people sign up for self-directed services allowing them increased flexibility to choose the life, services, and schedule that they want.
- Self direction is an important tool to help individuals live in more integrated settings.

ACA Helped Members Move to More Integrated Settings



Last year, we identified individuals that:

- Live in a supervised group home setting.
- Have indicated they want to change their living situation.
- Can reportedly be left alone for 4+ hours.

Since last year, ACA helped 4 out of 12 (33%) of these individuals move to more integrated settings (non-certified).

The cost for certified residential services often exceeds \$120,000 per person, per year.

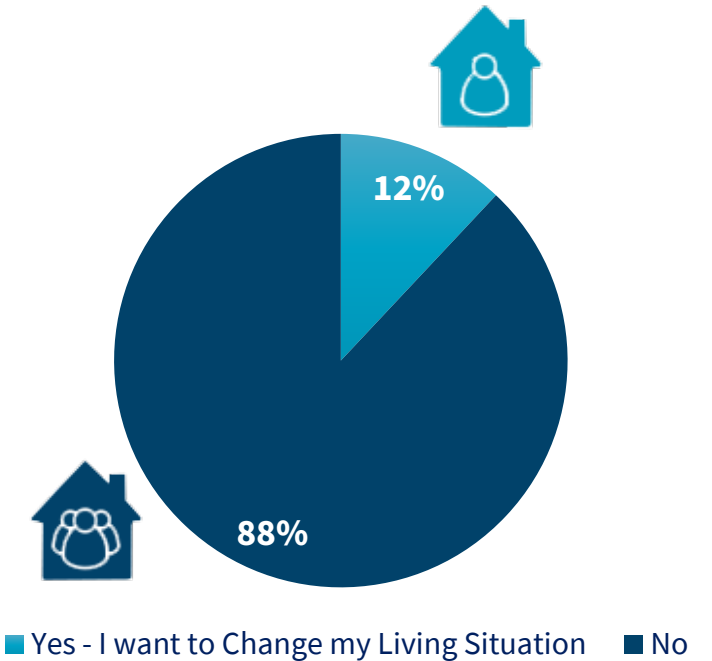
- For these 12 people, that could exceed \$1.4M/year.

Since 1/1/2019, 284 individuals have moved out of certified settings to more integrated settings!

The initial cost of these services exceeded \$10.2M/year.

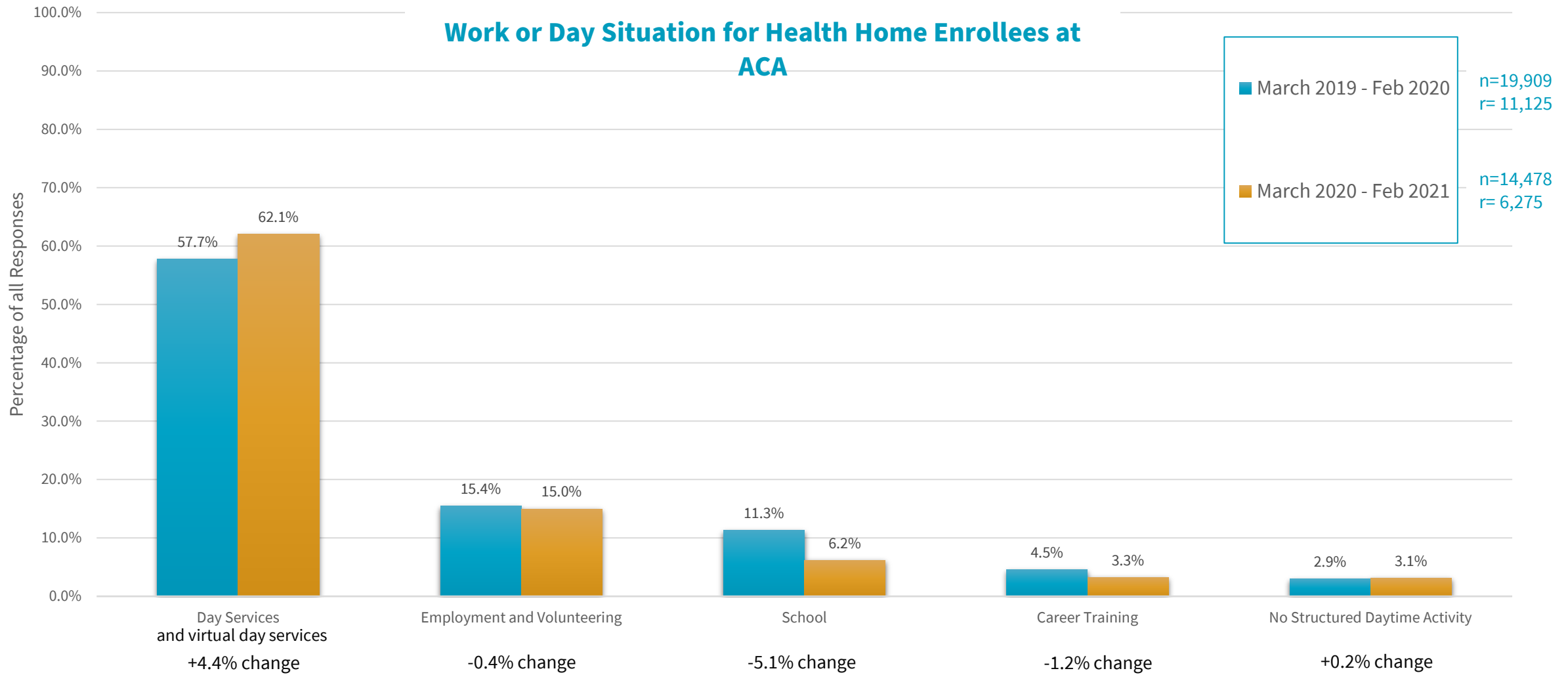
- More integrated settings see >50% cost savings.

% of Health Home Enrollees at ACA Who Want to Improve Their Living Situation



2019: 14.1% of people wanted change
2020: 12% = 2.1% of people happier

How ACA Members Spend their Day: Benchmarking as COVID-19 Changes the Approach to Services

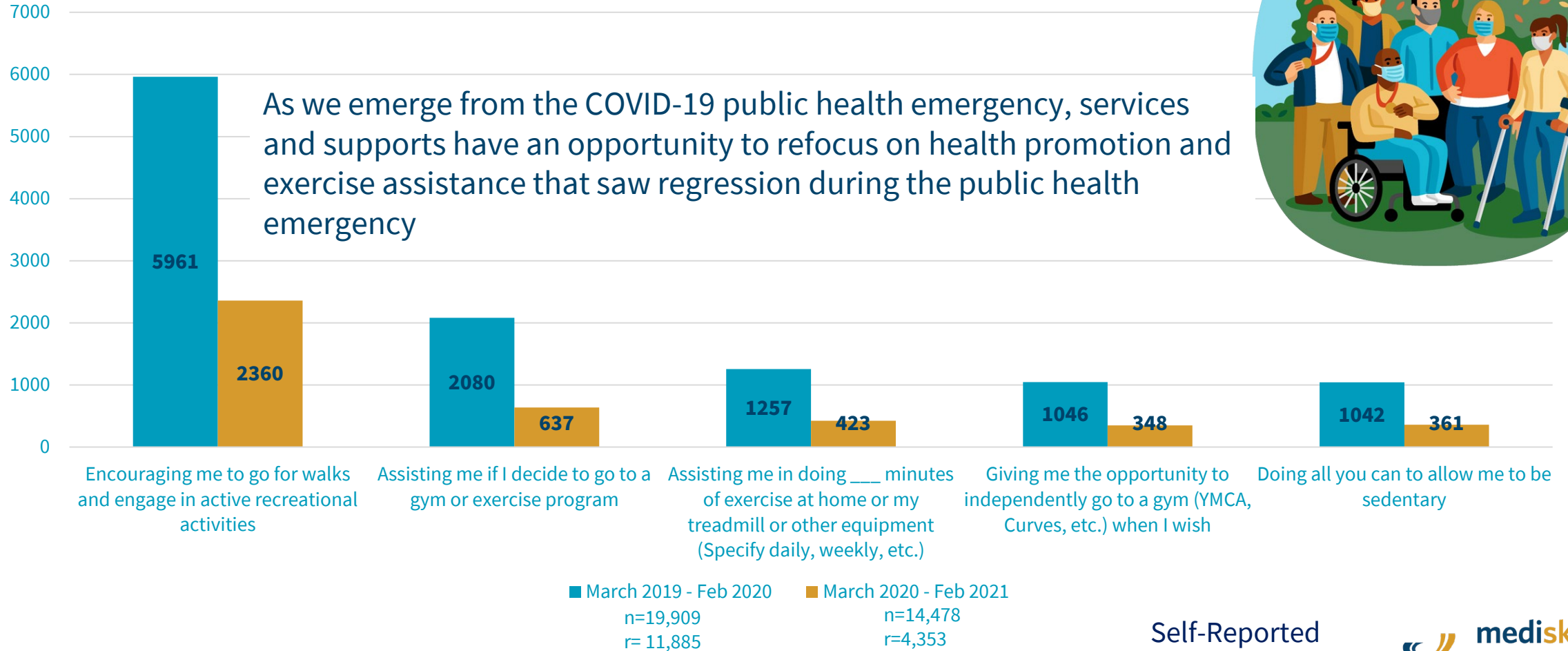


Self-Reported
Data Powered by
as of 4/30/2021



Health Promotion: Exercise Assistance

Assistance Desired by Health Home Enrollees with Exercise at ACA

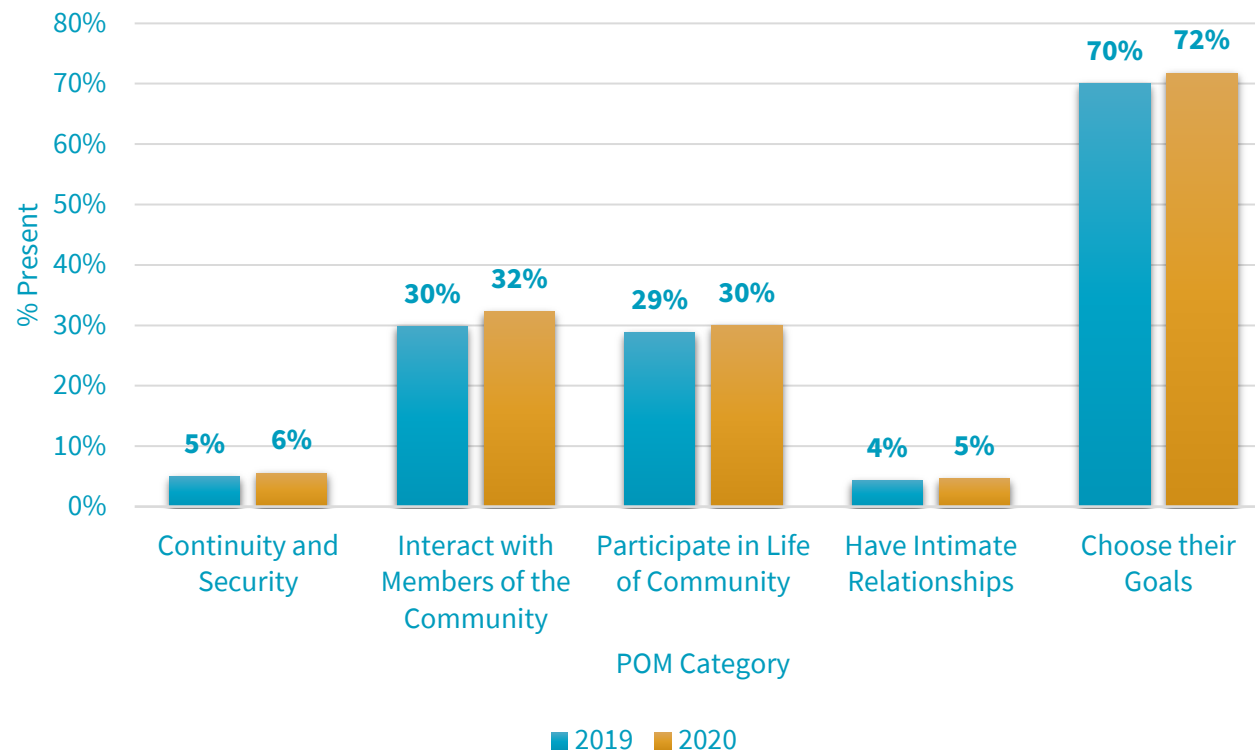


Self-Reported
Data Powered by
as of 4/30/2021

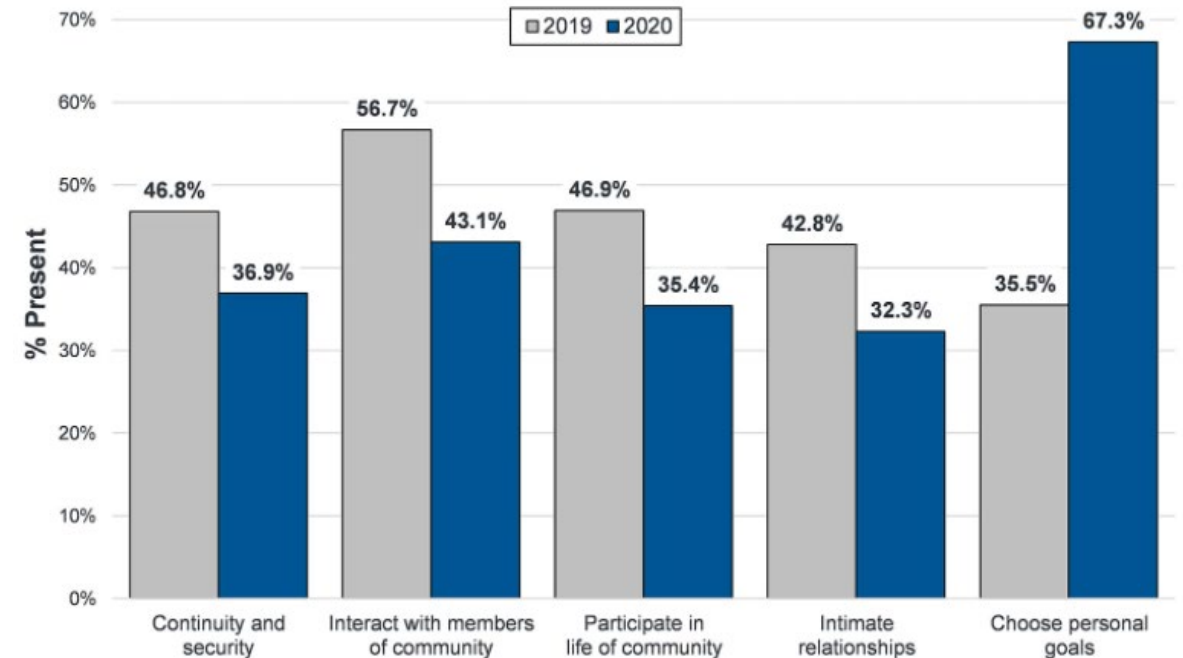


ACA has Improved Integration of CQL Personal Outcome Measures into ISP/Life Plans Year Over Year

Differences in Quality of Life Supports Present at ACA During the Pandemic



Differences in Quality of Life Outcomes Present on National Level During the Pandemic



Source: <https://www.c-q-l.org/resources/articles/the-impact-of-the-covid-19-pandemic-on-the-quality-of-life-of-people-with-idd/>



COVID Data Findings



ACA's 2020 COVID Journey and Lessons Learned

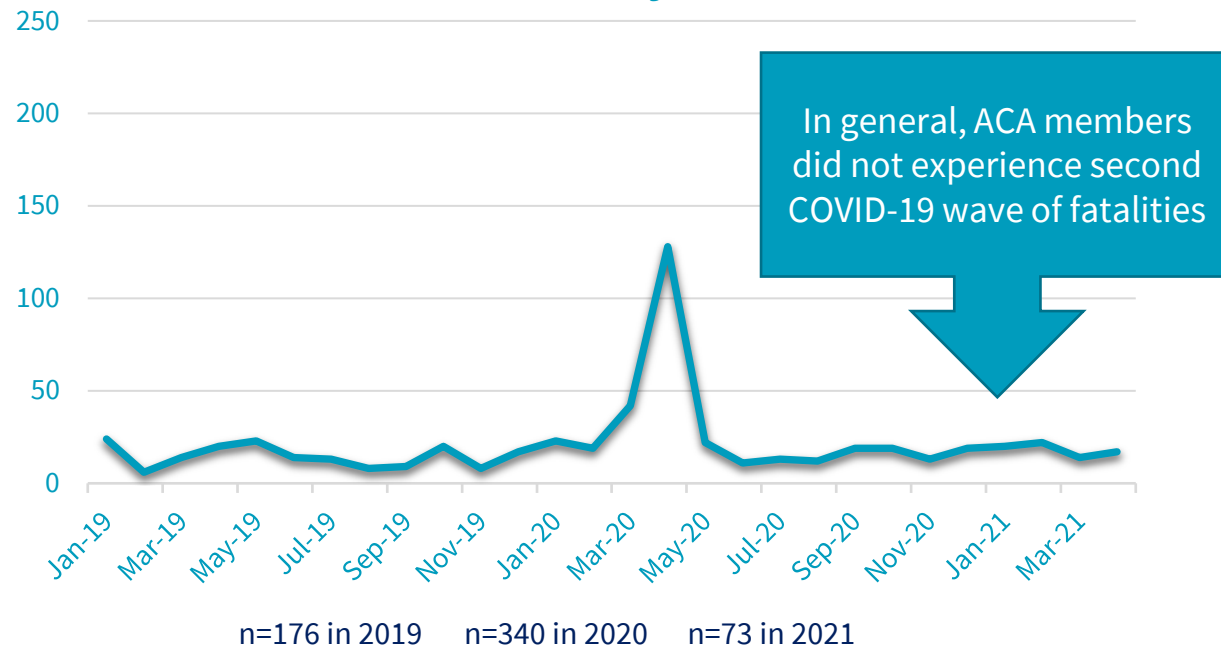
COVID created significant consequences that resulted in evergreen changes to the ways organizations will operate:

- Helping people move to more integrated settings and increase self-directed services.
- Widespread use of telemedicine.
- Workforce flexibility.
- 85% remote and 15% on-site.
- Development culture and identity for remote workforce.
- Expansion of ways to ensure quality and compliance.
- Implementation of risk assessment and monitoring tools in MediSked.
- Regulatory changes and relief from CMS.

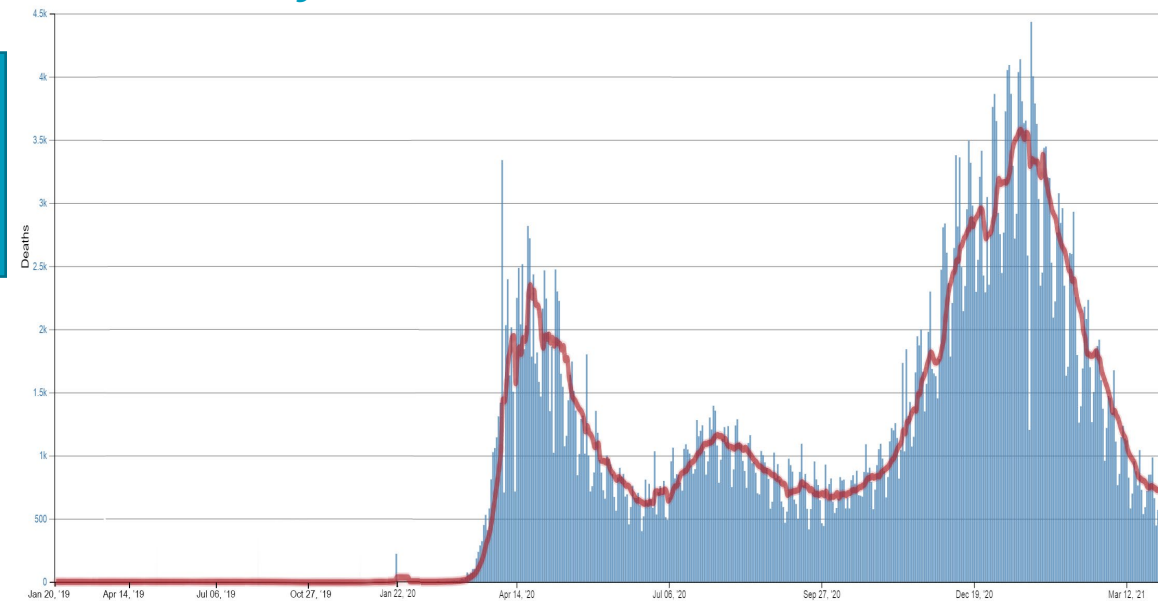


Health, Welfare, and Safety: ACA Members Had a Spike in Fatalities During the Initial Outbreak in Spring 2020 but Avoided the Winter 2021 Peak

Roster Fatality Count



Daily Trends in COVID Fatalities in the US



Source: https://covid.cdc.gov/covid-data-tracker/#trends_dailytrendscases

- This may be attributable to PPE preparedness, social distancing, change to services to better use telehealth/teleservices
- Improved hospital techniques like Proning and avoiding ventilators



ACA COVID Vulnerability Risk Assessment and Monitoring

At the start of the COVID-19 pandemic, ACA instituted weekly check-ins and reviews of key concerns and follow-up actions. Of the 18,286 individuals ACA supported living in **non-certified settings**:

- Mar/Apr 2020: 44.8%
- Oct 2020: **96.9% Improvement!**

Food Insecurity Concerns



- Mar/Apr 2020: 26.6%
- Oct 2020: **98% Improvement!**

Medicine / Medication Concerns



- Mar/Apr 2020: 15.5%
- Oct 2020: **98.4% Improvement!**

Transportation Concerns



- Mar/Apr 2020: 2.6%
- Oct 2020: **36.3% Improvement!**

Housing / Household Concerns



- Mar/Apr 2020: 3.4%
- Oct 2020: **Increase to 4.4%**

Caregiver Concerns



Is your home a safe environment? Do you have a safe place to stay?

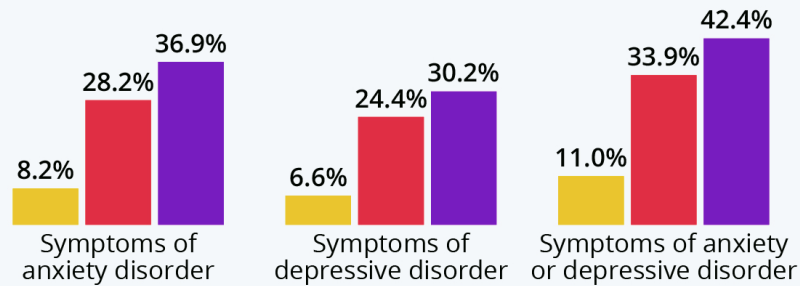
Do you have a backup plan for support? Are your natural supports unable to provide support because of illness?

Individuals with I/DD Supported by ACA Saw Increased Anxiety & Depression at the start of COVID-19 but Recent Improvement

Pandemic Causes Spike in Anxiety & Depression

% of U.S. adults showing symptoms of anxiety and/or depressive disorder*

■ January-June 2019 ■ May 14-19, 2020 ■ December 9-21, 2020



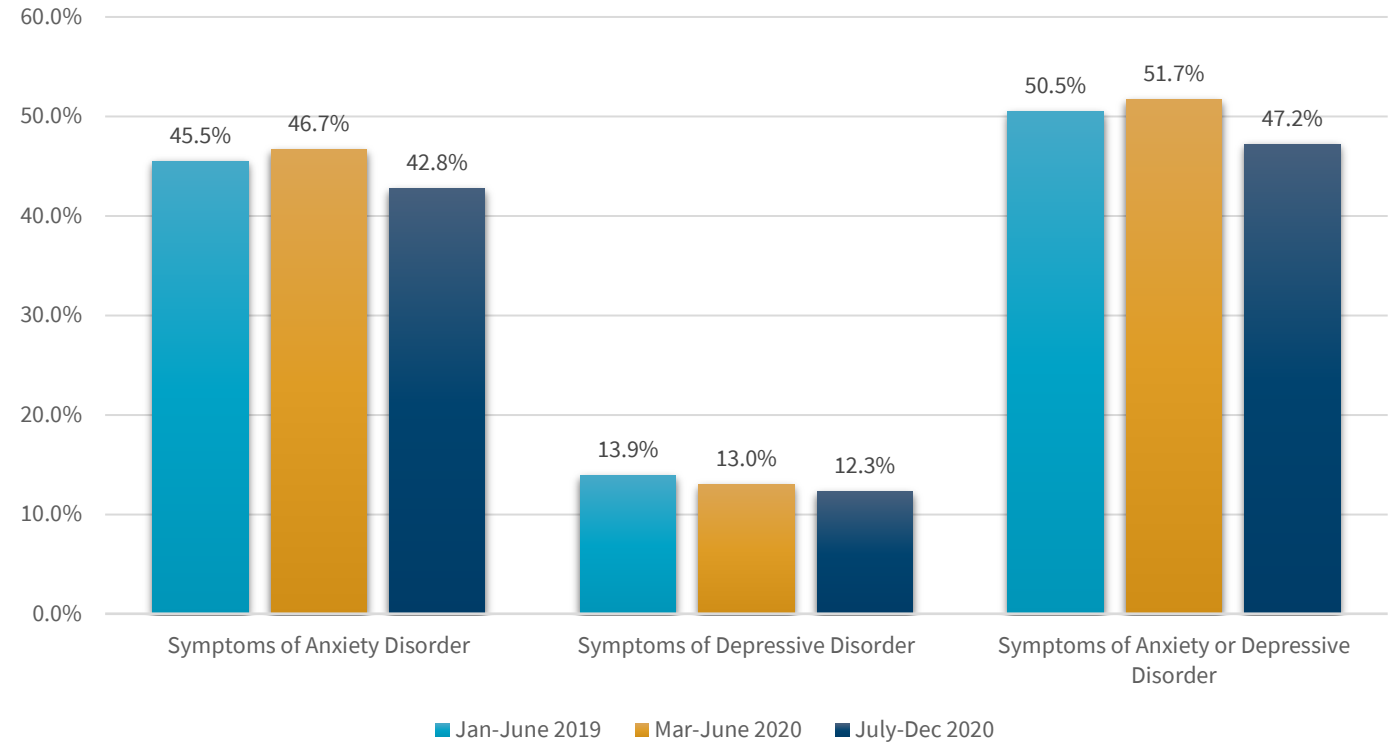
* Based on self-reported frequency of anxiety and depression symptoms. They are derived from responses to the first two questions of the eight-item Patient Health Questionnaire (PHQ-2) and the seven-item Generalized Anxiety Disorder (GAD-2) scale.

Sources: CDC, NCHS, U.S. Census Bureau



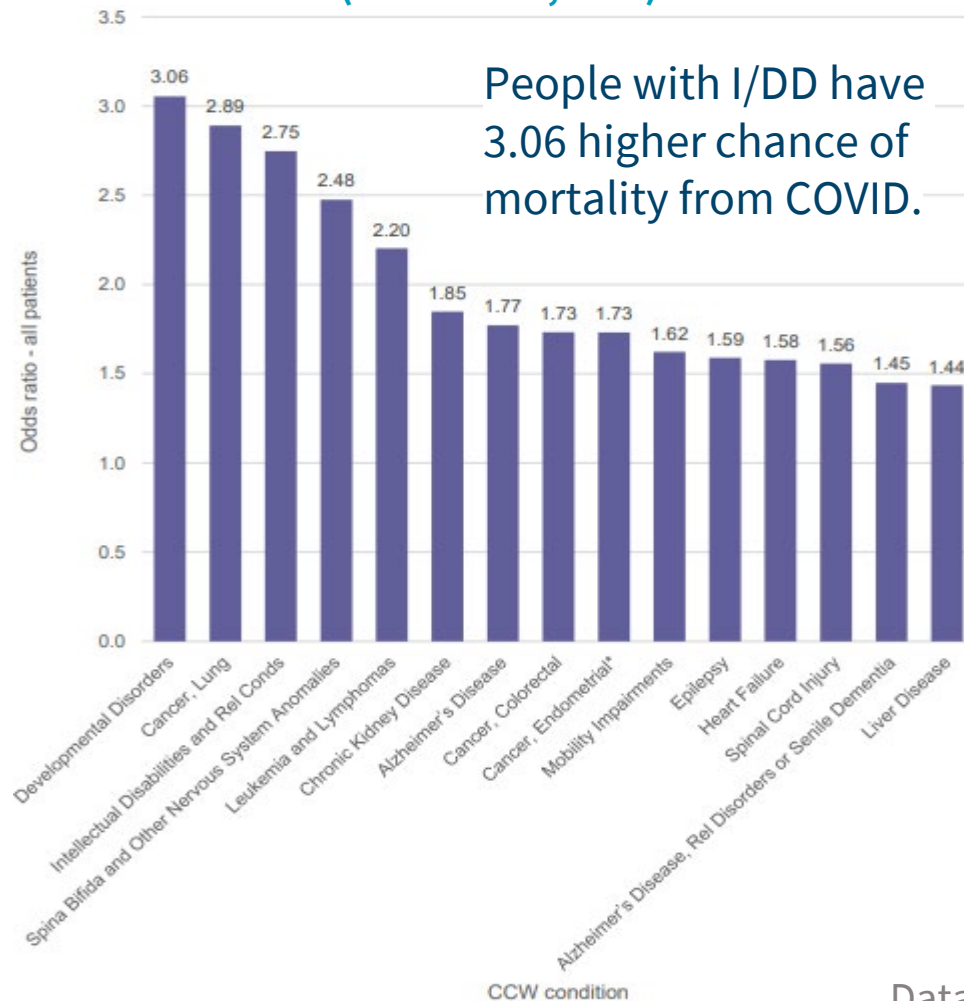
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Assessment Responses - Too Often I Feel

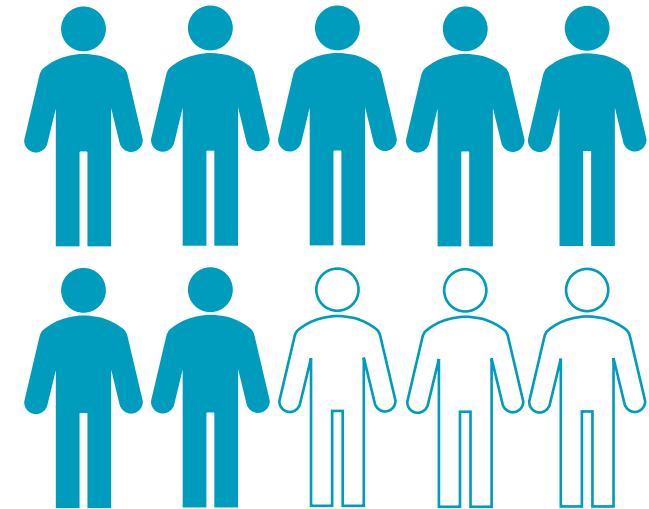


People With Comorbidities Have Proven to Have Higher Risk of Severe Outcomes and Fatality

Comorbidities as Risk Factors for COVID-19 Mortality
(FAIR Health, 2020)



67% of ACA COVID-19 fatalities had one or more chronic medical conditions



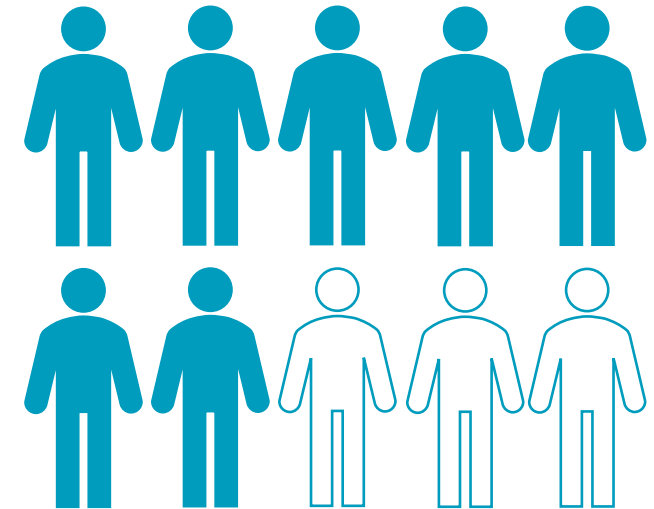
Data as of 04/30/2021

People With Comorbidities Have Proven to Have Higher Risk of Severe Outcomes and Fatality

Top Chronic Medical Comorbidities with COVID-19 Fatalities at ACA (2020-present)

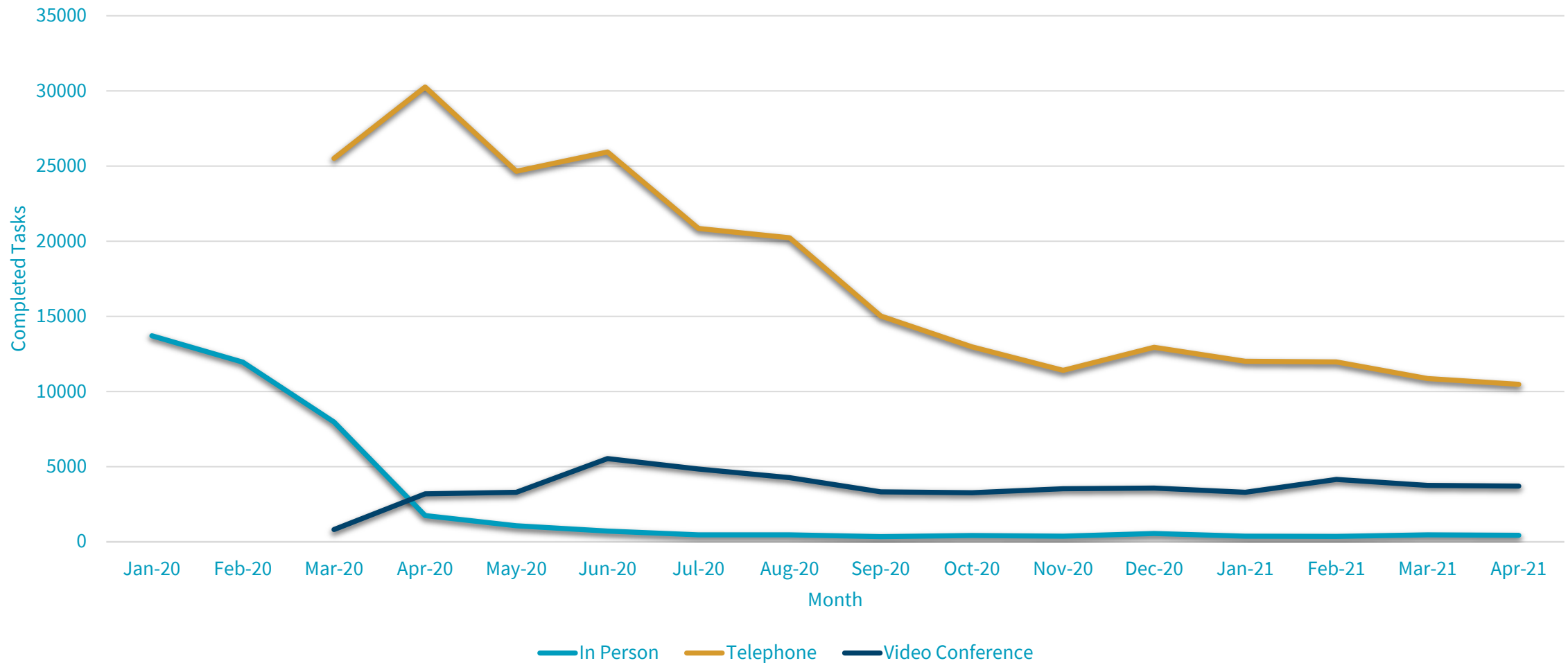
Rank	Chronic Condition
1	Diabetes
2	High blood pressure
3	Osteoporosis
4	Schizophrenia
5	GERD
6	Asthma
7	Dementia
8	Hyperlipidemia
9	Arthritis
10	Cardiac Conditions
11	Hypercholesteremia
12	Hypothyroidism
13	Obesity
14	CKD
15	Hyperthyroidism

67% of ACA COVID-19 fatalities had one or more chronic medical conditions



Care Manager Outreach

Care Manager Task Activity Outreach Type for Health Home Enrollees at ACA



Individuals with I/DD Living in Residential Group Homes are at Higher Risk of Severe Outcomes From COVID-19

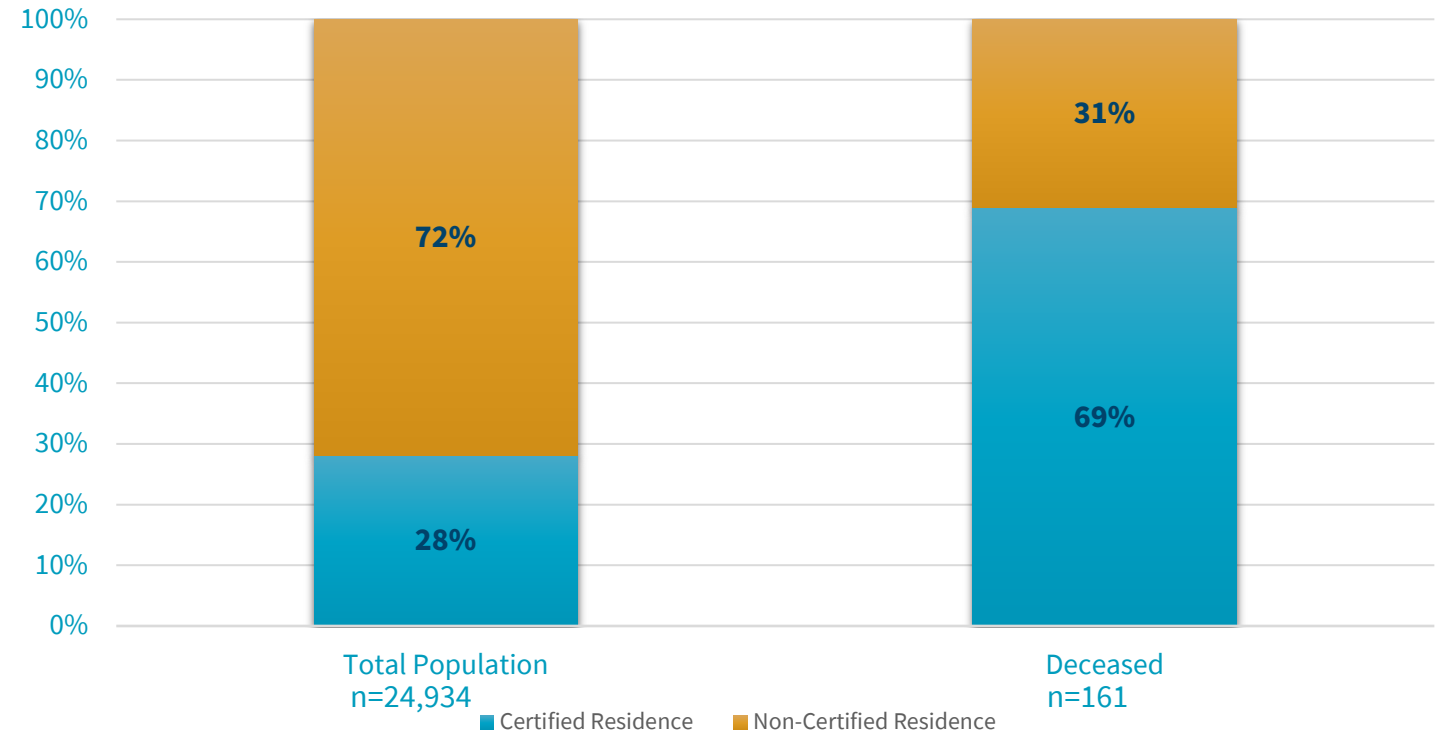
(Landes, et.al, 2020)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7245650/>

ACA members living in certified settings account for 28% of ACA's members but 72% of COVID-related deaths

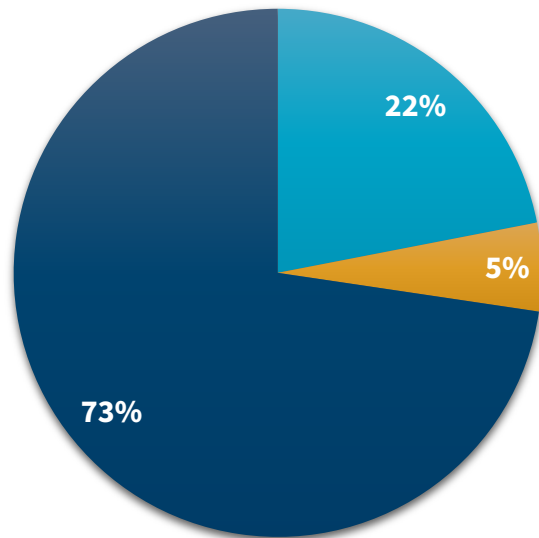
This is why moves to more integrated settings are important for certain people, especially in the time of COVID-19

COVID Cases by Residential Setting Type



ACA Members Living in Smaller, More Integrated Settings Were More Likely to Avoid COVID Infection and Recover When Infected

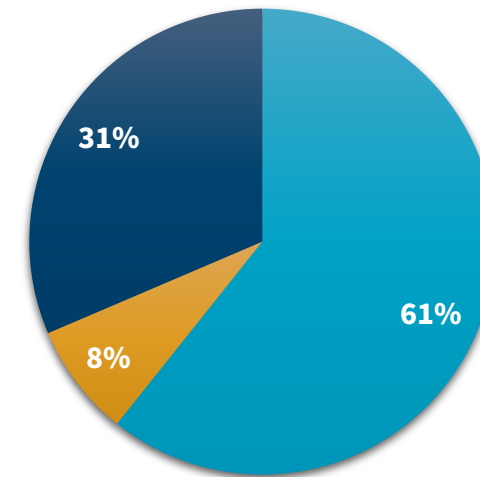
ACA Population by Residential Setting



■ Certified Group Home > 4 Beds ■ Certified Group Home <= 4 Beds ■ Other

n=24,934

ACA COVID Related Deaths by Residential Setting



■ Certified Group Home > 4 Beds ■ Certified Group Home <= 4 Beds ■ Other

n=161

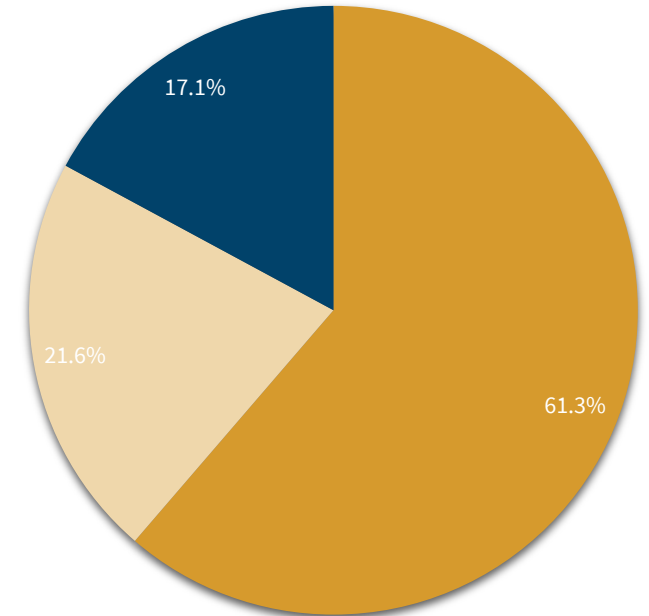
Non-Certified settings include:

- Own home
- Family care
- With friend
- With others

ACA Vaccination Statuses from Reported Data

Just over half of ACA's 24,934 population have filled out a Vaccination Form to indicate their current vaccination status and intentions

Of those who reported, 61.3% have already received their first dose, 17.1% flat out refused, and 21.6% are in a pending state



■ First Dose Received ■ Other Reason ■ Refusal

Data as of May 20th, 2021

In February 2021, the top reasons for no vaccine was availability / eligibility...

...the top reasons have changed by today

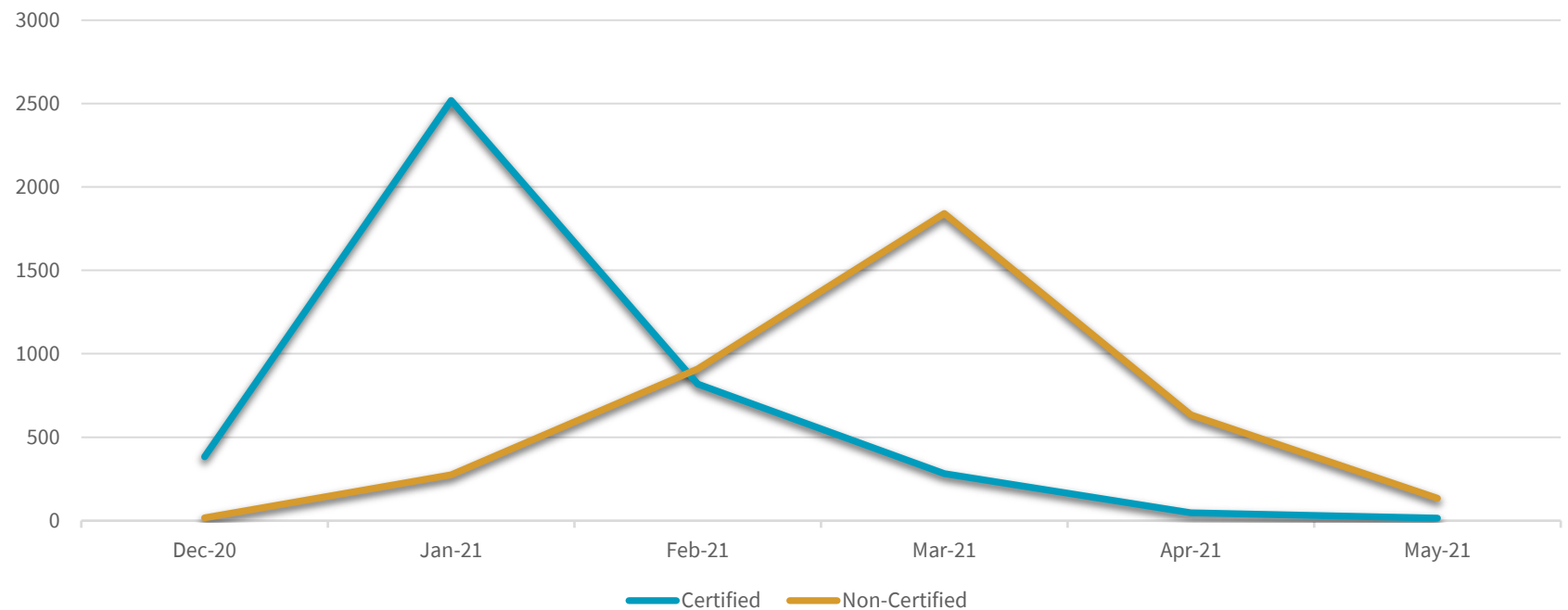


Vaccine Distribution Trends

When the vaccine became available, ACA Members in Certified Group Homes were prioritized as this cohort saw the highest number of COVID-19 cases and deaths

ACA First Dose Dates by Residential Setting

(Data as of 5/20/2021)



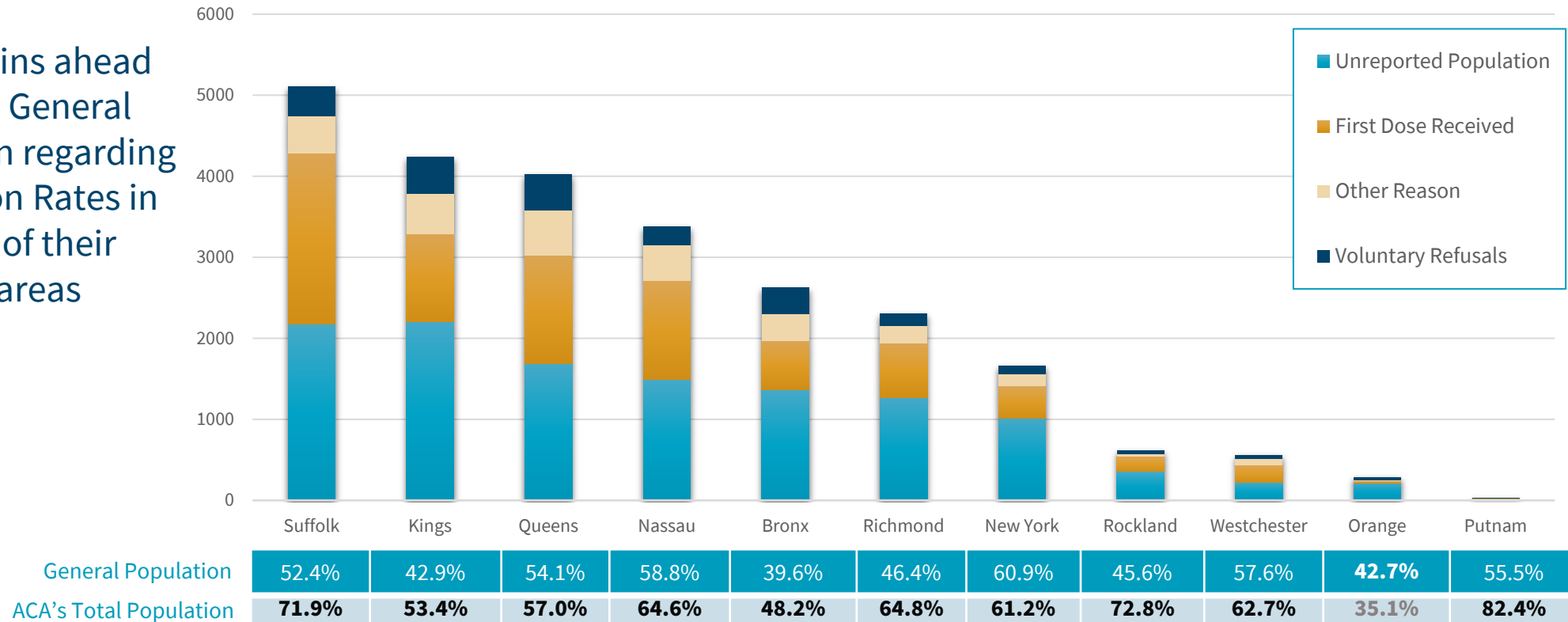
V = 7,873
N = 24,934

Vaccination Differences Between Counties

COVID Vaccine First Dose by County for All ACA Enrollees

Data as of 5/20/2021

ACA Remains ahead of the NYS General Population regarding Vaccination Rates in almost all of their Coverage areas



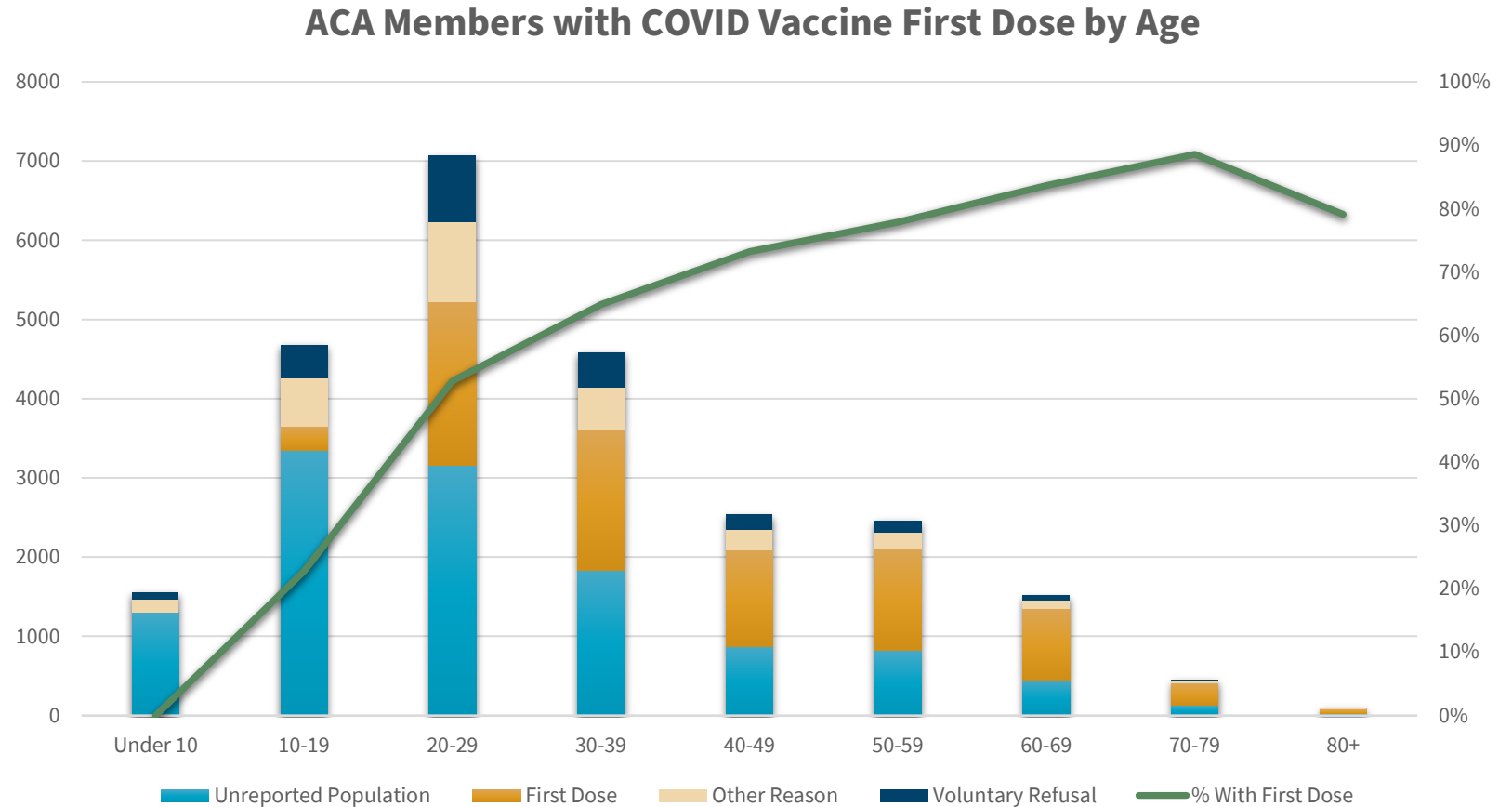
Note: Unreported population excluded from ACA calculations (cannot account for unknown values)

Data as of 05/20/2021

Vaccination Rates Improve with Age

61.1% of ACA Adults 18 and over who submitted a Vaccination Form have already received their first dose [39% of entire population incl. Unreported]

10.7% of ACA Children aged 12-17 who submitted a Vaccination Form have already received their first dose [2% of entire population incl. Unreported]



Note: Unreported population excluded from ACA calculations (cannot account for unknown values)

Why are ACA Members Declining the COVID-19 Vaccine (as of May 2021)?



1	Waiting for More Time/Vaccine Data	32.0%
2	Guardian or Advocate Declined Consent	15.5%
3	Deferring to Advice of Physician	13.5%
4	Could Not Give Informed Consent	9.2%
5	Concern over Side Effects	4.6%
6	Have Not Decided Yet	4.5%
7	Allergy	4.5%
8	Not Interested without Specifying Reason	4.4%
9	Already had COVID-19 So Believe they Have Antibodies	2.5%
10	Don't Think It's Necessary	1.9%
11	Medical/Health Reason	3.5%
12	Religious/Personal Reasons	1.1%
13	Will not Take Needles	1.0%
14	Don't Know What's In It	0.6%
15	Only if it is mandatory	0.4%
16	Think Vaccines Contributed to I/DD	0.4%
17	Only Wants it at Home	0.3%

Looking to the Future



Emerging From the Pandemic

COVID is still a real threat and there are challenges to face

- Looming managed care changes in New York
- Renewed focus on health and exercise post COVID-19
- Tele-services is a viable option now
- Re-envisioning service delivery and staffing in a post-COVID-19 world
- Given the top vaccine decline reasons, we continue to work to educate, make accessible, and work with circles of support; ACA wants to help people get vaccinated!

