

Organizations step up to help stem the tide of drug addiction

By AMARIS ELLIOTT-ENGEL

The Rochester area is replete with innovative partnerships to help patients receive care that they wouldn't otherwise receive — whether it's a new mobile medical clinic serving underserved LGBTQ communities, a data exchange ensuring Medicaid recipients being released from jail are connected immediately to substance abuse treatment or ensuring low-income mothers are able to get transportation to their prenatal and pediatric appointments.

Going mobile

Just last month, Trillium Health did a soft launch for its clinic-on-wheels, rotating among four sites, including the Out Alliance, the Center for Youth, a harm reduction program and the MOCHA Center of Rochester.

"For us, this is really an extension of the medical care that we already provide, and our experience has proven that many of the communities we serve face transportation barriers for care and quite often there is stigma for the communities that are in the most need of care," Andrea DeMeo, president and chief executive officer of Trillium Health, says.

The stigma for receiving healthcare in the communities that Trillium Health serves can be related to substance abuse disorder, sexual orientation or not having the means to afford healthcare or transportation to healthcare, DeMeo says.

DeMeo says Trillium Health has partnered with the OUT Alliance, Center for Youth and the city of Rochester to identify approved places in Rochester's urban core to park the mobile clinic to provide health care.



DeMeo

"By bringing care to trusted places

where individuals are already connected, it's building upon trust that has already been solidified and will be able to address trauma that many individuals have already experienced in their lives," DeMeo says.

DeMeo notes that national statistics show that there are 6.5 million visits to mobile access clinics annually.

There is evidence that bringing mobile access clinics to areas that are impoverished or to where communities of people who face health disparities congregate can reduce unnecessary visits to the emergency department, DeMeo says.

The 39-foot mobile clinic that Trillium Health has put on the street has two fully equipped exam rooms, a bathroom area and a waiting room.

The clinic will provide general wellness visits, treat mild acute needs like sore throats and earaches, provide HIV and other STD testing, connections to specialists for more complex health care needs, help with insurance enrollment and connecting patients to social supports for food or housing, DeMeo says.

Using data to fight the opioid epidemic

When Medicaid recipients with addiction issues are incarcerated and released from jail, their care managers rarely know. A new local partnership is aiming to change that.

According to research in Addiction Science & Clinical Practice, the leading cause of death for people released from jail is overdosing on opioids.

Research shows that people who are addicted to opioids will start using at the same level they were using before they were incarcerated, says Jill Eisenstein, chief executive



Trillium Health's mobile clinic debuted late last year.

Provided Photo

officer and president of the Rochester Regional Health Information Organization (RHIO), a secure, electronic health information exchange. But after having been off the drugs while in jail, using at the same level will cause them to overdose, she says.

As a result, RHIO has partnered with a local health home care management agency, Huther Doyle, and Monroe County to create an electronic alert system that will alert care managers that their clients have been released from jail. Health Homes of Upstate New York (HHUNY) also is involved as the organization that provides administrative support and governance to Huther Doyle and three other similar care management agencies.

"There is a lot of research that shows that people who have an opioid addiction problem, are incarcerated and end up in jail often have a Medicaid case manager who doesn't know they are in jail," Eisenstein says.

Medicaid case managers, also known as health home care managers, have an important role because some Medicaid beneficiaries suffer from multiple chronic conditions and they can benefit from coordination and management of their care.

The difference that these care managers can make in saving the lives of Medicaid recipients with addiction issues is that they can connect them to substance abuse services immediately by being alerted that their clients have been released from jail, Eisenstein says.

The collaboration, which is being funded by a New York eHealth Collaborative grant, is going to expand to the jail systems in Ontario County and Wayne County shortly, Eisenstein says.

RHIO is not a care manager so its role is to provide the right data to figure out what is causing the opioid epidemic, Eisenstein says.

"Everybody in law enforcement and public health is very motivated to support this population and help reduce deaths due to opioid overdose," Eisenstein says.

Connecting moms to care

When pregnant women are not going to prenatal appointments, they are not getting ultrasounds to make sure everything is OK with their babies. They are not getting testing to make sure their blood pressure is OK or to ensure they don't have gestational diabetes. They are not getting help with their smoking

to avoid having their babies born with low birthweight.

Due to the barriers that low-income women face in getting access to prenatal and pediatric care, Rochester Regional Health launched a program, paid for by funds based on performance in improvements on the health of Medicaid recipients, to provide community health workers to women who are pregnant to ensure that they receive the care they need during their pregnancies and during the first two years of the lives of their children, according to MaryAnn Brady, interim manager of the Baby & Me Tobacco Free and Babies 1st Maternal Infant Community Health Collaborative.

"It's wonderful to be able to work with a mom from pregnancy until they are able to take care of themselves and their children," Brady says. "It's wonderful to be able to see the joy they have to be able to care for their children. The help we're able to give is just priceless."

There are approximately 160 women being served by the Babies 1st Maternal Infant Community Health Collaborative with five community health workers based in Rochester, one in Newark and one in Batavia, Brady says.

The community health workers transport the moms they work with to their prenatal and pediatric appointments, help them get to their local Department Social Services offices and help them get access to other social services they need, Brady says. The community health workers also do home visits, get their clients connected to health insurance, provide emotional support and parenting education, Brady says.

Brady also runs a parallel program, the Baby & ME Tobacco Free program, which is funded by the Greater Rochester Health Foundation, is a smoking cessation program for pregnant mothers.

Both programs help moms overcome the social determinants of health that they are facing like poverty and provides "cost savings, to not only our community, but the insurance companies and the health care system," Brady says.

Prioritizing quality, not quantity

Before the Affordable Care Act was incentivizing payments to health care providers

based on quality, Excellus BlueCross BlueShield started a value-based partnership with local primary care physicians to improve health care outcomes and control health care costs.

"We started that even before there was an industry term for it," says Melissa Gardner, senior vice president of strategic business programs for Excellus BlueCross BlueShield. "We are one of the few health plans exceeding the targets the government has laid out for us in terms of paying for quality instead of" quantity.

Under Excellus BCBS' Accountable Cost and Quality Arrangements (ACQA), the incentive for payments has shifted from paying per-service to paying based on quality metrics like the number of preventive services like flu shots, vaccinations, cancer screenings and well child visits that are provided, Gardner says.

Health care providers receive enhanced payments for doing more comprehensive screenings for their patients and for providing preventive care that will help keep patients healthier, as part of a partnership between Excellus BCBS and healthcare providers to improve treatment quality and to control costs, Gardner says.

For example, \$20 million in pharmacy costs were saved since 2016 because participating physicians prescribe lower cost medications, Gardner says. "The doctors get a share of the savings they get from coordinating care," she adds.

Excellus BCBS also incentivizes participation by health care providers by providing data on their patients so that they can choose the best treatments for them, Gardner says.

As a result of this model, Excellus BCBS patients are more likely to get preventive and chronic care treatment, Gardner says.

"Health care costs continue to rise and are taking up a bigger and bigger part of the cost of the economy," Gardner says. "Those costs are increasing in part because of technology and also because 30 percent of all health care delivery is actually considered wasted care that wasn't valuable to the members in supporting them. Our approach is tackling that."

Amaris Elliott-Engel is a Rochester-area freelance writer.