

This Presentation is Prepared  
Exclusively for:  
6th Annual Florida Medicaid Policy and  
Research Conference, 2007



Alachua County's  
**CHOICES**  
Health Services



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# **CHOICES - History**



*A society or government is  
measured by what it does for the  
people who have the least.*



# CHOICES Legislation

- On August 31, 2004 the voters of Alachua County approved Chapter 39.10 – Indigent Health Care Surtax
- They imposed a  $\frac{1}{4}$  of a cent sales tax to fund healthcare for the working uninsured
- It was approved for seven (7) years starting on January 1, 2005 until December 31, 2011



# Eligibility

- Working uninsured residents between 18 and 64 not eligible for Medicare, Medicaid or VA benefits
- U.S, Citizens
- Resident of Alachua County
- Meets income limits
- Works at least 25 hours per week



# Benefits

- Primary Provider coverage – OV with a co-pay of \$10.00
- Diagnostic Procedures – Lab and x-ray
- Pharmacy Benefits – co-pay of \$5.00
- Dental Coverage – maximum of \$800.00 with a co-pay of \$10.00



# Changes

- Initially the plan covered a limited number of benefits
- It was expanded this year and changed from a list of covered services to a range of CPT codes
- There is a list of excluded diagnosis
- Dental benefits have also been recommended to expand



# CHOICES TODAY





## Premise

- How can the **CHOICES** Program help individuals and families to become healthy, successful employees or self employed entrepreneurs?

## Conclusion

- When we help the working uninsured to improve or to maintain their health – we help all of the residents and the institutions
- **CHOICES** can help transform them from those who are recipients of tax dollars – to contributing citizens who help *supply* more of the tax dollars for the State.
- It is assured that there will always be a transitional element in the working uninsured who can be helped by access to care and educational tools. **CHOICES** needs to provide the tools for the residents to improve their ability to control their destiny.



# **Today's Health Care Challenges...**



# How the *Working Uninsured* are Healthcare Disadvantaged ...

- Disconnected from Health Care Providers
- Education – understanding proper self-care
- Financial Resources
- In some cases, geographic boundaries
- Understanding of how to access healthcare



# Objectives for 2007

- Implement the Disease Management program
- Increase the education of the participants in the **CHOICES** Program.

## Critical areas:

- Access – Medical Necessity
- Education – multiple topics



# What are the Points of Contact to Affect Change?

- Health Care Providers
- The Individual



# Identify and Treat Health Related Problems.

- Identify a subset of common diseases that have high dollar impact (*Asthma, Coronary Artery Disease, Chronic Heart Failure, Chronic Obstructive Pulmonary Disease, Diabetes, Hypertension and Obesity*)
- Use of Health Risk Assessment
- Use claims data to identify (*i.e. CPT, Rx, Lab test, etc.*) the candidates most likely to have one of the previously identified diagnosis
- Establish Profile of disease and likely candidates
- Establish a strong Disease Management (DM) program
- Monitor candidates



# Improve Health Related Behavior Through Education.

- Program design to include:
  - Internet Access
  - Consumer Directed Health Plan educational tools
  - Web MD – or similar program that has an extensive library that covers health conditions from A to Z. It should also provide directories for the enrollees to access toll free on various health related topic
  - Disease Management – URAC accredited
  - Predictive Modeling
  - Integrated single source solution using claims, pharmacy and other data
  - Develop an electronic health record – this has been increasingly important due to the loss of the information on patients during the Katrina disaster in the Gulf. It is critical that it have capabilities to obtain prescriptions, consult over a secure line with the PCP and accessible 24/7 for the enrollee
  - Enrollees should have access to 24/7 nursing support via a nurse care line



# Fixing the Problem

- Gather all medical and Rx data to create episodic profiles
- Use these profiles to:
  - Determine which physicians need intervention
  - Review prescribing patterns
  - Determine which members need disease management intervention
  - Determine who needs additional resources to appropriately assist in quality of life or future well-being
  - Integrate information into Pre-certification, and Case Management efforts
- Integrate Data to Care Management
- High Touch Contact





## Data Integrated with UM, CM & DM:

- Lab Values
- Risk Index
- Clinical Failures
- DM Indicators
- Full Rx History
- Narcotic Indicators
- OTC Substitutions
- Rx taken 1st time
- Rx taken over ext. time
- DUR Codes
- \$ Threshold
- Rx Compliance
- Multiple Rx Providers
- Specialty Disp. Notes
- Medical PA placement

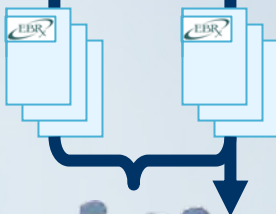


Enhanced  
Episodic  
Profile

RDUR  
Profile

Medical / Rx  
Physician  
Letters

R-DUR  
Physician  
Letters





# Program Evaluation

- Organizational effectiveness
- Program activities
- Increased access
- Quality Assurance
- Reports to County Commissioners



# Key Measurements

- Avoiding hospitalization
- Reduce ER visits
- Services used compared to dollars spent
- Lower absenteeism
- Enrollee level of satisfaction
- Results of medical test validating health status of enrollees
- Provider feedback
- Perception in the community



# Education Plan

**Primary components of our Educational Outreach activity:**

- 1. Community awareness and image building**
- 2. Partnerships**
- 3. Grassroots recruitment activities**

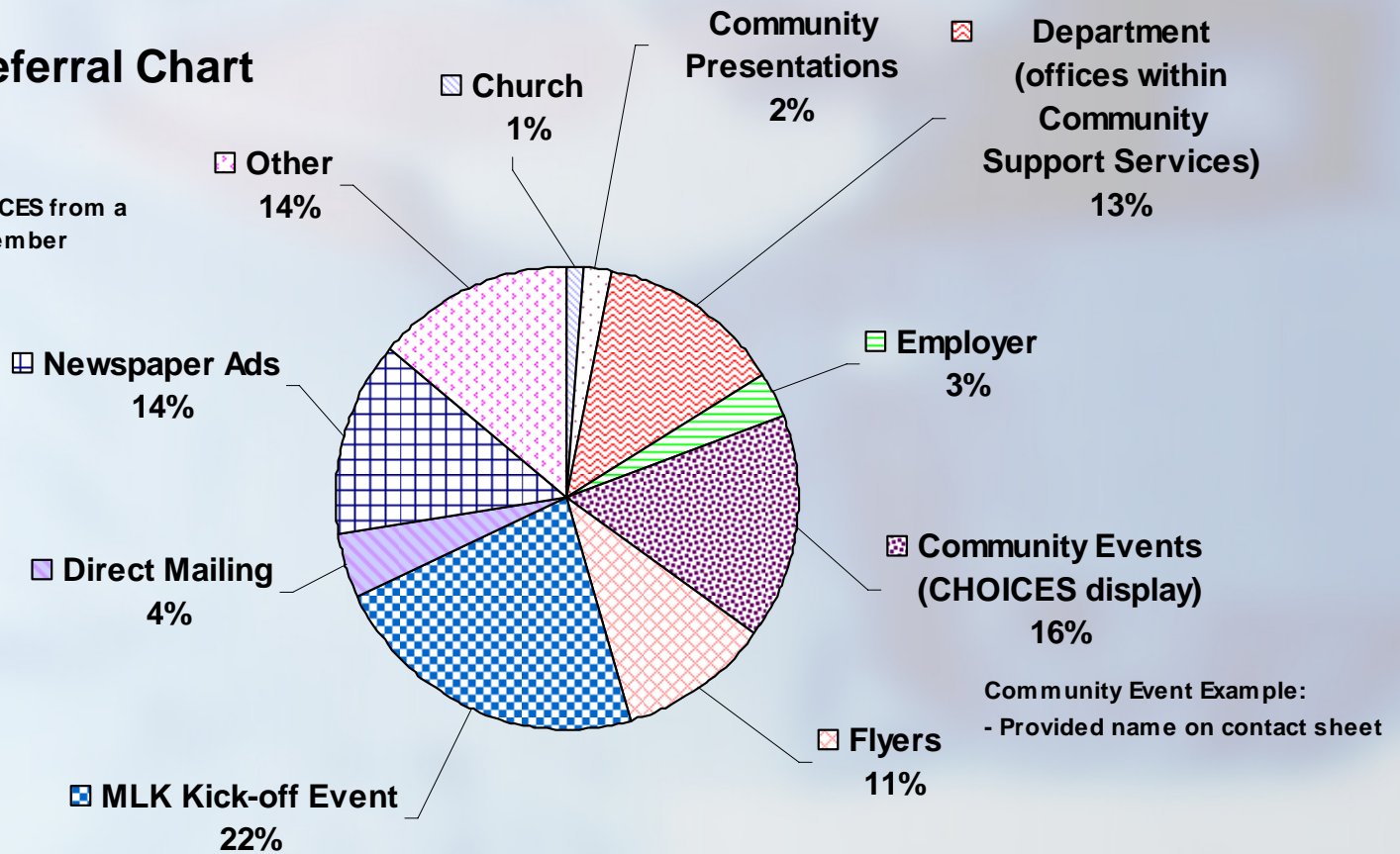


# Education & Outreach

## CHOICES Referral Chart

Other Examples:

- County Calendar
- Heard about CHOICES from a friend or family member





## **Tools:**

- **Educational collaterals (logo, print materials, premiums, booth display)**
- **Booth at community events, health fairs, etc.**
- **Presentations**
- **Joined Chamber of Commerce**
- **Community walks**
- **Direct mail (citizens, targeted businesses, Alachua County Medical Society and Dental Associations, etc.)**
- **Qualifying telephone contacts**
- **Media**



## **Continue maintenance media activity:**

- **Print ads in weekly newspapers**
- **County media**
- **PSAs (radio and TV) using refreshed media**
- **Press releases**



## **Measurable objectives: Outputs**

- **Events, presentations, businesses, enrollment meetings, etc.**

## **Goal:**

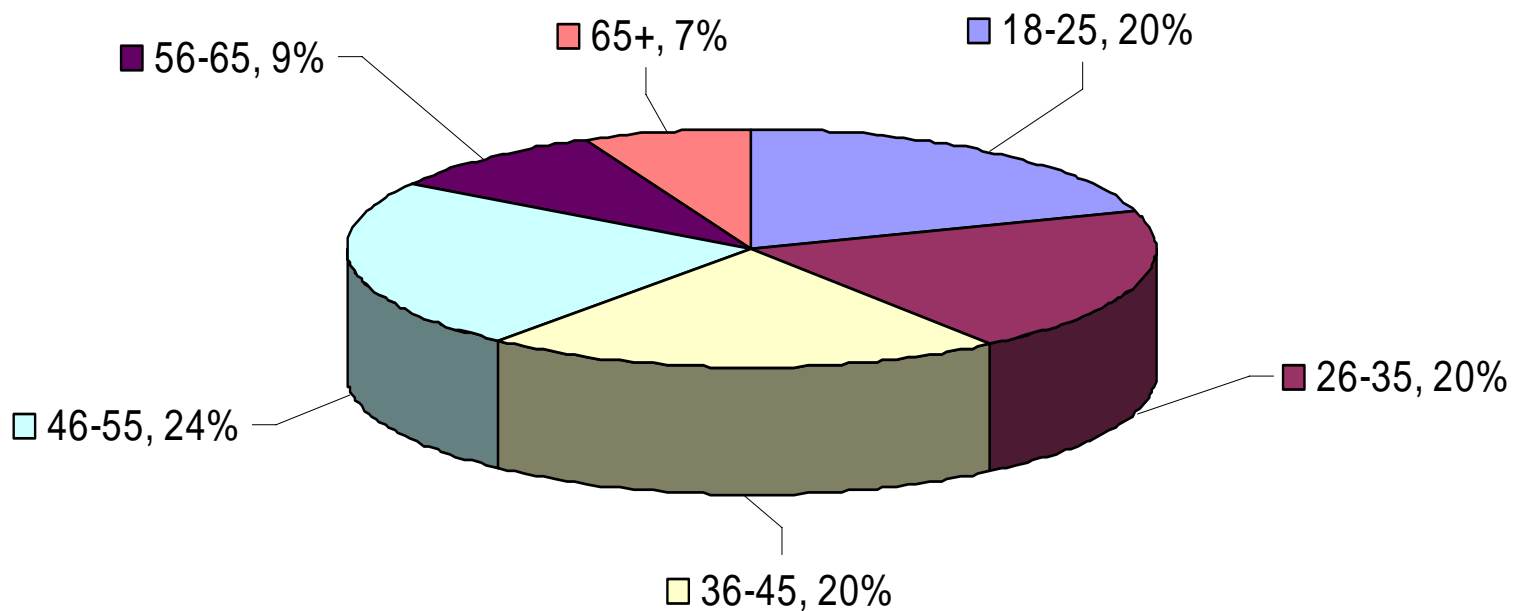
- **Increase overall community contacts by 100% and sustain this level through September 2007**





# Enrollee Demographics

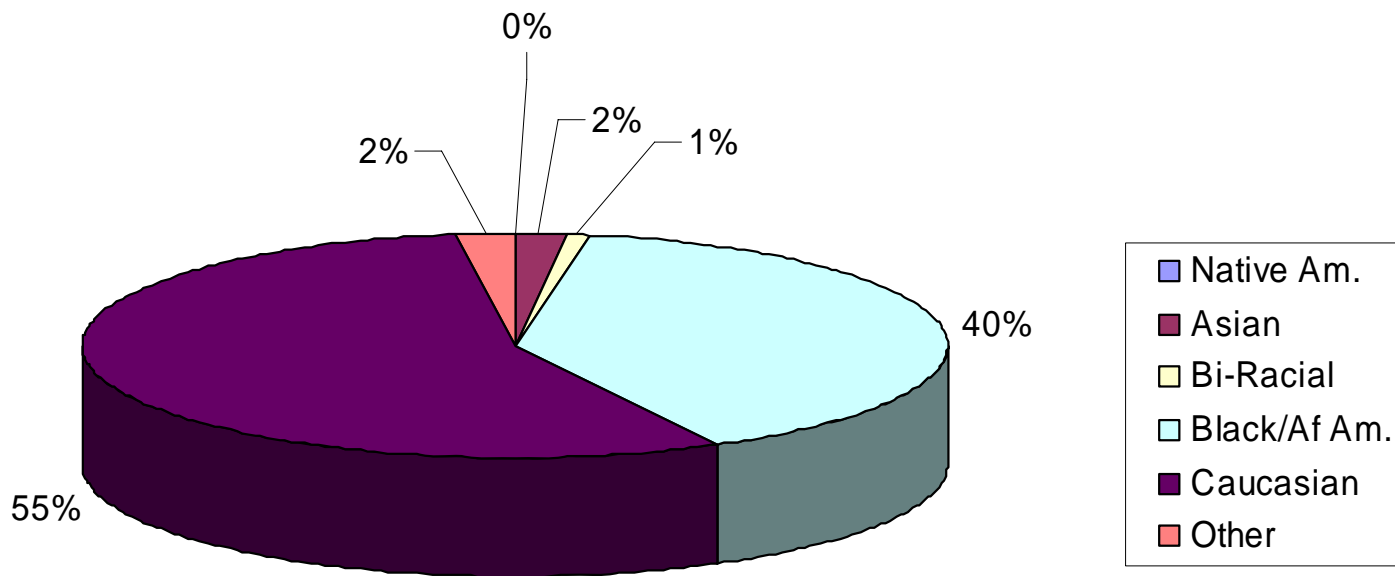
## Enrollee Age Distribution





# Enrollee Demographics

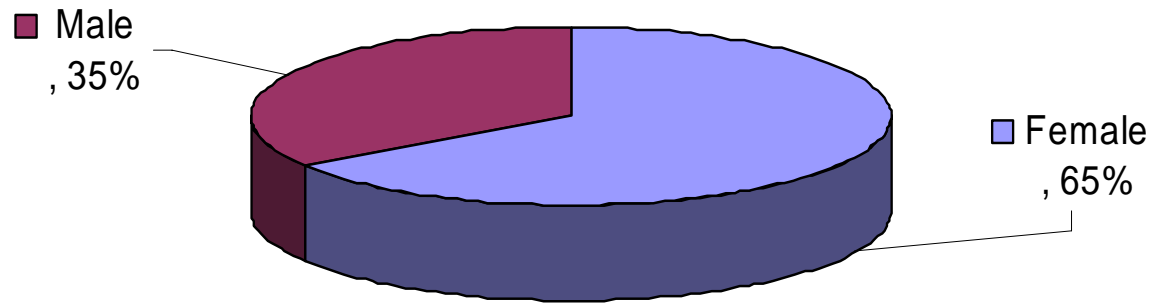
## Enrollee Race and Ethnicity Distribution



# Enrollee Demographics



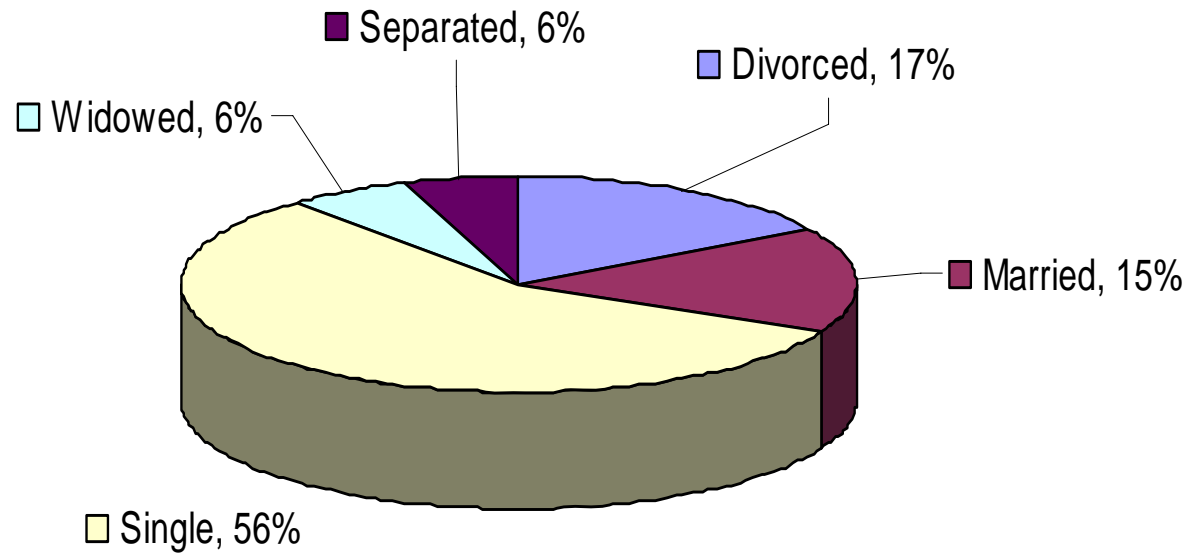
## Enrollee Gender Division



# Enrollee Demographics



**Marital Status Distribution**





# Enrollment Over Time





# Change is inevitable – but to what?

- “Ask not what your Country can do for you but what you can do for your Country” – John F. Kennedy
- “All Politics is Local” – Tip O’Neill
- “There is nothing scarier than someone from the government telling you that they are just here to help” – Ronald Reagan
- I see a future of healthcare as being a local solution with Federal, State and Local governments working with Providers and Employers to solve the needs of the people in their Community.



**QUESTIONS?**