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Collector: Web Link (Web Link)
Started: Wednesday, November 26, 2014 8:17:16 AM
Last Modified: Wednesday, November 26, 2014 12:46:09 PM
Time Spent: 04:28:53
IP Address: 66.194.132.74

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Q1: OPTIONAL: This recommendation was submitted by (please provide your first and last name, affiliation, and email address)

First Name	Kenneth
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Q2: Title of your recommendation	Treatment Adherence through the advanced use of Technology

Q3: Please provide a description of your proposed recommendation

Our CMS (Centers for Medicare and Medicaid Services) "Wellness Innovations", IE., Treatment Adherence through Advanced Use of Technology program falls within the model to improve care for populations with specialized needs. The delivery and payment model target the priority area of persons living with HIV/AIDS. The success of Antiretroviral (ARV) therapy has been shown to hinge on near-perfect adherence. To help patients meet their goals of care adherence and viral suppression, we will employ technology in innovative ways to:(1) Increase engagement and retention in care; (2) Improve adherence by providing timely, tailored interventions; (3) Provide meaningful incentives to patients to encourage participation in the program.

A private social network will act as the hub from which patients will access peer support, relevant information, and services from our Wellness Innovation services. The clinician and patient consoles integrated with the platform allow Treatment Adherence Professionals to collect assessment data, stratify patient needs, develop care plans, monitor adherence, and respond to information in a timely manner. Patients will have the ability to access tailored information and education targeted to their specific barriers to treatment and health goals on a 24/7 basis. Access to additional Wellness Innovation services embedded within the platform includes: Remote consultation via live chat with Treatment Adherence Professionals; Connection with one-to-one peer mentorship: Video-based virtual treatment adherence support groups; Customized automated text reminders focused on treatment adherence and self-care management; Directly Observed Therapy using video technology.

Patients participating in the Wellness Innovation Program will access these services with mobile devices that will be partially supported by the program; the program will pay for the patients' monthly data and text plans as a meaningful incentive for them to meet specific retention/adherence goals.

While each of these components has already been deployed to help people with chronic illnesses improve their health status and well being, the Wellness Innovations Program is innovative in that it combines all of them together to provide a seamless technology-enabled service delivery
program.

This integrated, scalable platform is a model for providers and payers who want to provide a cost-effective care management service patients or members with any chronic illness.
The Treatment Adherence Professional will work the patient to develop a treatment adherence care plan, link patients to Wellness Innovations and community-based services, and monitor their adherence. The level, intensity and duration of services will vary and be tailored to the needs of the patient. However, our Wellness Innovations Treatment Adherence Program is targeting active participation from enrollees for a period of 12 months. After the 12-month intervention period ends, patients will be encouraged to continue to access the social community component and leverage the available planners and trackers for continued support.

Q4: For which goal outlined in the Governor's plan to end the epidemic in New York State does this recommendation apply? (Select all that apply)	Linking and retaining persons diagnosed with HIV to health care and getting them on anti-HIV therapy to maximize HIV virus suppression so they remain healthy and prevent further transmission

Q5: This recommendation should be considered by the following Ending the Epidemic Task Force Committee (Select all that apply)	Care Committee: Develop recommendations to support access to care and treatment in order to maximize the rate of HIV viral suppression. The Committee will promote linkages and retention in care to achieve viral suppression and promote the highest quality of life while significantly decreasing the risks of HIV transmission. Recommendations will also ensure a person centered approach is taken and that access to culturally and linguistically appropriate prevention and health care services is available.
Q6: Does this recommendation require a change to an existing policy or program, or the creation of a new policy or program?	New program
Q7: Would implementation of this recommendation be permitted under current laws or would a statutory change be required?	Permitted under current law
Q8: Is this recommendation something that could feasibly be implemented in the short-term (within the next year) or long-term (within the next three to six years)?	Within the next year

Q9: What are the perceived benefits of implementing this recommendation?

~Increase the participating population's CD-4 counts;
~Increase the proportion undetectables in the population;
~Increase the length-of-time on first-line (and/or second-line) treatment regimens;
~Reduce total cost of care for HIV+ Medicaid beneficiaries;
Also, this pilot seeks to define a sustainable chronic disease management program, by:
~Identifying the 'value-added' features of the package;
~Determining the most cost-effective means to operate treatment adherence support.
Because of this second goal, we will enroll all beneficiaries, regardless of their current compliance and viral loads.

Q10: Are there any concerns with implementing this recommendation that should be considered?

The sole concern is getting providers to receive and value the added on services that we offer. It is critical to this program that hospital and care management providers believe that we are an added value as an added team member, that we will not "take" their clients, and that their patients will produce positive outcomes by means of our value added services.

Q11: What is the estimated cost of implementing this recommendation and how was this estimate calculated?

Our "Wellness Innovations" project is an 8.7 million dollar pilot project of the Centers for Medicare and Medicaid Services (CMS) for three years treating 5,000 persons with HIV/AIDS. The costs are primarily supported by CMS.

Additional costs that may be incurred by referring partners will be due to provider staff resources in identifying and communicating necessary data on provider patients to this program. However, such potential costs will be ameliorated by a PMPM stipend (approximately $6.00 to $7.00) allowed to the provider for each of the provider's patient's enrolled in our Wellness Innovations Program.

Q12: What is the estimated return on investment (ROI) for this recommendation and how was the ROI calculated?

We estimate that we will reduce the total cost of care for a population of HIV+ Medicaid and Medicare beneficiaries by improving treatment adherence. We are estimating a $195.00 PMPM savings.

Q13: Who are the key individuals/stakeholders who would benefit from this recommendation?

The key individuals/stakeholders benefitting from our Wellness Innovations Program are:
~ the individual with HIV/AIDS;
~ the providers whose primary patients are the persons we will serve;
~ The payors who will gradually have a lower cost of care;
~ and, persons who are HIV negative, as we assist persons who are HIV+ to self-manage and adhere to treatment and become undetectable, we will prevent the further spread of HIV.

Q14: Are there suggested measures to accompany this recommendation that would assist in monitoring its impact?

• Average number of months patients utilizing platform: 6.4 months
• % of patients with monthly tracking activity: 30%
• % of patients using text medication reminders: 50%
• % of patients with at least 2 PCP visits within 12 months: 80%
• % patients with CD4 cell count >300: 58%
• % patients with undetectable viral load: 58%
• Operation of the Wellness Innovations Platform and Virtual Support Groups at 99%
• Average number of virtual support groups per week: 40
• % of patients sitting in on at least one virtual support group per week: 40%
• % of patients participating to twice-monthly peer support calls: 30%
• % of patients logging in to the social network at least twice monthly: 80%
• % of patients who post questions or comments: 60%
• Informed consents signed and platform log-ins created per month: 117, climbing to 195 in year 3
• % of patients participating in DOT: 10%

Q15: This recommendation was submitted by one of the following Advocate