MATCH Sustainability: Lessons Learned

RAMP Webinar
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Sustainability

- Where does it work?
- Contracting
- Partnerships & Connections
- The future is flexible?
- The long haul
Background – MATCH model
Managing Asthma Through Case-management in Homes

- Standard program elements:
  - ≥ 3 Home visits (education & environmental assessment)
  - ≥ 1 Social worker home visit/contact for psychosocial intervention
  - ≥ 1 Physician care conference (new/updated asthma action plan)
  - ≥ 1 visit to school/daycare as appropriate, work visit if requested
  - Case manager providing service is an AE-C (RN or RT- CHW?)

- MATCH programs currently in 5 communities

- Outcomes ↓: 70% in hospitalizations, 51% in ED visits, 
  40% missed school days, 57% missed work days

★ Visits/care conferences are reimbursed by some health plans, which contract directly with MATCH programs.
Location, location, location

- High burden- in top 10 for at least 2 indicators
  - BRFS current asthma prevalence (adult)
  - Hospitalization rate (adult and children)
  - All resident asthma hospitalizations
  - Medicaid asthma ED rate (children)

- Interested lead organization
- Neutral organization
- High population in reasonable travel zone

**Lessons learned** Referrals are critical; anticipate conflicts of interest and travel-cost challenges
Contracts

- Individual to each health plan and local program
- MI Medicaid health plans are regional: of the 11 plans, 7 of them contract, or are in contract negotiations, with at least 1 MATCH program
- 3 commercial plans now contract with MATCH programs
- $80-120 per visit

**Lessons learned**
- Negotiating contract is a very slow process
- Contracting has gotten (slightly) easier, each one is unique
- Share lessons learned!
Partnerships & Connections: MDHHS Role (1)

- Ambassadors of the MATCH model
  - In new communities
  - With new partners
  - MATCH promotion to health plans

- Big picture

Lessons learned
- Have elevator speech, data & outcomes ready
- Suggest pilot of program
Partnerships & Connections: MDHHS Role (2)

- Technical assistance for the MATCH programs
  - Fidelity is important
  - Evaluation & data collection
  - Connecting them to each other
  - Contract grid to track potential connections

**Lessons Learned**
- Connecting MATCH programs promotes fidelity to the model, helps solve problems
- Program and statewide-level data are both important, tell the success story
Partnerships & Connections: MATCH Programs

- Behavioral health resources
- Trigger reduction resources
- Other community resources
  - Food
  - Legal
  - Tenant/landlord

**Lessons Learned**
- Anticipate needs and create relationships with community organizations that can help your clients
The future is... flexible?

- Community Health Workers (CHWs)
- Community Paramedics
- Local Public Health
- Telemedicine

**Lessons Learned**
- Keep the model, but explore ways it can grow and change with the times

*There is nothing permanent except change.*

Heraclitus
MATCH success is an iceberg

- Began in one community in 1996
- First contract with health plan in 1999
- Started meeting with Medicaid about it in 2006
- Two programs have folded, others failed to start

**Lessons Learned**
- Model is solid, sustainable
- Patience
- Talk to EVERYONE
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