FCEP Recommendations for Florida Medicaid Savings

1) Implement statewide access to Surescripts or another central database to assist in hospital and nursing home medication reconciliation, thereby preventing medical errors and lowering costs.
  - Require all providers to participate in the sharing of Electronic Medical Records
  - Implement a stakeholders meeting under the Florida Health Information Network to eliminate the current fragmented behavior among different hospitals while also addressing sustainability and funding.

2) Call for the creation of a Legislative Task force to evaluate solutions to improve patient outcomes and quality and reduce cost from other state models, such as the state of Washington.
  - Potential savings measures:
    º Establish a state database of Emergency Department visits
    º Set up an education and follow-up program for frequent ED utilizers to ensure appropriate use
    º Assemble coordination teams to ensure proper coordination of care

3) Potential Funding Sources
  - Federal Government funding:
    º Petition to use ACA money ear-marked for expansion of Medicaid to pilot programs which would improve current Medicaid, improve patient care and coordination, and improve overall health of Floridians
    º Instead of expanding a broken system, why not "fix" Florida Medicaid, then use costs savings to expand a more efficient and reliable healthcare to Floridians in need
      » Use free-market efficiencies to improve cost-effectiveness of insurance
  - Hospitals:
    º Use Medicare PQRI system to incentivize hospitals to buy-in for Medicaid patients
      » Eg Medicaid patient 0.5% bonus first year for helping establish, fund, and participate in patient database which shares records through systems
        › Increase to 1% years 2 and 3, then switch to a 2.5% punishment by year 4 and 5 for not participating in healthcare system
        › Utilize EHR databases to encourage information exchange and discourage unnecessary testing
  - FCEP/FMA/Other Physician Groups
    º Establish Task Force to oversee implementation and improvement of Records and Medicaid coordination
  - Insurances
    º Aid in funding and sharing medical records in HIPPA compliant manner
  - Electronic Health Record Providers
    º Engage Private Companies to set up HIPPA-compliant database to hold and store data
  - Local Communities – at very least regionalize Health care databases
    º Provide grants for local communities and University systems to establish Databases

4) Telemedicine – utilize to maximize home care and minimize more costly inpatient care
  - Call to implement online case management support to reduce super-use care in the Emergency Department, minimize bounce backs to hospitals after discharge, and to assist in mental healthcare and palliative care support
  - Develop telemedicine technology to assure appropriate home monitoring of patients, prevent costly

readmissions, and supplement overburdened emergency psychiatric care

5) Consider incentives to increase Medicaid provider access
- Incentives might include student loan repayment for physicians working in medically underserved areas and establishment of abridged primary care programs in Florida medical schools

ACEP Focus Groups - Medicaid

ACEP conducted two focus groups for two hours each in Washington, DC, to test messages and get feedback from key target audiences. Participants included Congressional staff, lobbyists from other medical and health care organizations and federal government staff, including the HHS Obamacare Enrollment.

Participants in both groups had trouble agreeing with most of the messages about Medicaid patients. Most believed that Medicaid patients overuse emergency care and need education not to use the emergency department.

- 4 of 18 agreed: Medicaid patients visit the emergency department for the same reasons that other patients do.
- 2 of 18 agreed: Most emergency visits by Medicaid patients are for urgent or serious symptoms, according to the Center for Studying Health System Change.
- 6 of 18 agreed: The expansion of Medicaid is increasing visits to emergency departments, because of the nation's shortages of primary care physicians, and because many physicians refuse to accept Medicaid patients because reimbursements are so low.
- 14 of 18 agreed: Emergency visits are going to increase -- in part because of the expansion of health insurance, but also because the population is aging.
- 14 of 18 agreed: Emergency departments play a critical role in responding to disasters and infectious disease outbreaks, such as Ebola. (one person didn't like it because they said disasters "should be prevented")
- 5 of 18 agreed: Medicaid reimbursement rates must increase so that emergency departments can adequately handle the increased patient load.

Relevant Comments:

- "Is funding the answer?"
- "Patients need to be educated on when to use the emergency room."
- "I don't want to give more money to Medicaid. The Medicaid population is overusing the system."
- Second Group: "Asking for more funding is impossible."
- Second Group: "We need to give emergency departments what they need."
- Second Group "Find a better way to state this: Most folks on Capitol Hill don't make as much as doctors — they don't sympathize with doctors making more money."
- Second Group: "Medicaid reimbursements have to be commensurate for EDs to do their jobs."
- Second Group "Never use the word 'Must' to a policymaker."