

Evaluation of Cal MediConnect: *Key Findings from Phase One*

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Overview of UC Evaluation

- **AIM 1: Engage meaningful stakeholder and policymaker input.**
 - Convene stakeholder advisory group 2 times a year
- **AIM 2: Examine organizational impacts and health system responses to the demonstration**
 - Interviews with CMC plans and stakeholders (Year 1 & 2)
 - Case studies (Year 3)
- **AIM 3: Identify the impact of Cal MediConnect on beneficiaries' experiences with access to, quality of, and coordination of care.**
 - Focus Groups with beneficiaries (Year 1)
 - Telephone surveys with beneficiaries (Year 2 & 3)

Health System Response Study: 36 Key Informant Interviews

- **Described Key Successes/Progress made**
 - Integration of care coordination and LTSS impacted the workforce and “culture of care” at health plans
 - CMC encouraged collaboration across the health system, especially In Home Supportive Services
 - Implementation encouraged innovative programs for care coordination, HCBS referral, transitional care, and housing
- **Described Key Challenges and room for improvement**
 - CMC could improve access and referral to HCBS
 - CMC education and outreach can be improved
 - Some populations (i.e., homeless) were difficult to reach
 - Health plans competing challenges to both invest and save
 - HRAs and other assessments were challenging

Telephone Survey: Duals Beneficiary Perspective

- **2,139 beneficiaries interviewed January -- March 2016**
- **3-group comparison**
 - 744 enrolled in Cal MediConnect between 6-19 months
 - 659 who opted out of Cal MediConnect (but enrolled in Medi-Cal managed care and managed LTSS)
 - 736 in non-demonstration counties (some with FFS Medicare, some with Medicare Advantage, some in Medi-Cal managed care plans)
- **Longitudinal analysis:**
 - A follow up survey will be conducted with same beneficiaries in early 2017 to measure change over time.

Half of eligible beneficiaries opted out of Cal MediConnect

- **Notification letters impacted opting out**
 - People who opted out were more likely to remember getting a letter about CMC, but more likely to say the letter was “not at all useful” (22% vs. 7%)
- **Females and people with disabilities more likely to opt out**
- **Only 28% said they were advised by someone else to opt out**
- **Reasons for opting out included: continuity, choice, satisfaction with current benefits, and lack of understanding of the program.**
- **Most said it was very easy (48%) or somewhat easy (28%) to opt out**
- **Only 14% said they might consider re-enrolling**
- **43% of those who opted out were “unaware” that they had**

Beneficiaries' Satisfaction

N=2,139	CMC	Opt-Out	Non-CCI
Very or somewhat satisfied with health insurance benefits?	89%	89%	88%
Overall quality of care rated “excellent” or “good”	83%	83%	86%
Since switching to CCI, quality of care is “better.” **	36%	21%	N/A
Provider’s understanding of condition or disability is “excellent” or “good”	81%	84%	84%
Have NOT filed a grievance or complaint in the last 6 months	96%	97%	97%

**indicates statistical significance, p-value <.05

Who are dissatisfied in CMC?

More likely to rate their quality of care as “poor/fair” ...

- Those in poor health; and those with a disability
- Those 65 and younger (compared with seniors) Males
- Those using specialty care LESS frequently; and ER more frequently
- Those using behavioral health services more frequently
- Those taking LESS prescription medication
- Those with limited health literacy
- Those without a care coordinator

More likely to say their provider’s knowledge of their condition is “poor”..

- Those in poor health; and those with a disability
- Those 65 and younger (compared with seniors)
- Those using specialty care LESS frequently; and ER more frequently
- Those taking LESS prescription medication

More likely to say they were dissatisfied with insurance benefits..

- Those in poor health; and those with a disability
- Those NOT receiving vision care

Continuity of Care

Since you switched?	CMC	Opt-Out
Kept same primary care provider	77%	86%
Kept all specialists **	66%	79%
No change in mental health care	83%	68%
No change in prescription medications	74%	80%

****Indicates statistically significant difference, p-value < .05**

- Beneficiaries were most satisfied with benefits when they kept the same primary care provider, specialists, mental health care, or prescription medications
- 47% of opt-outs said they did so to keep their providers
- Of those who switched providers, 73% were not aware of continuity of care provisions they could have requested.

Access to Care Improves for 1 in 4

Since you switched to CMC/MMC?	CMC	Opt-out	Non-CCI
Getting apt with a PCP is easier	28%	22%	NA
Getting an apt with specialist is easier	26%	23%	NA
Getting DME is easier	26%	12%	NA
Getting apt with BH provider is easier	24%	16%	NA
I use the ER less than before	34%	28%	NA
Dental benefits are better	24%	12%	NA
Vision benefits are better	26%	12%	NA
I pay less for prescriptions	23%	16%	NA
In the last six months....?	CMC	Opt-out	Non-CCI
Apt with specialist is “always easy”	59%	61%	59%
Getting prescriptions is “always easy”	78%	72%	70%
Always able to go to the hospital I prefer	76%	80%	80%

****Indicates statistically significant difference, p-value < .05**

1 in 5 experienced disruptions in care after transition

N=1,403	CMC	Opt-Out
Reported delays in accessing care, services, or supplies needed after transition	19%	22%
Of those, all delays/problems resolved	35%	47%
Some delays/problems resolved	21%	15%
No delays/problems resolved	44%	38%

- People with “poor” health, DME use, and disabilities were more likely to report disruptions.
- Education and limited health literacy do NOT predict disruptions.
- Having a care coordinator is the ONLY predictor of resolution.

CMC increased Access to Care Coordination

N=2,139	CMC	Opt-out	Non CCI
I have someone coordinating my care... **	35%	20%	18%
Care is being coordinated by CMC or other health plan **	68%	20%	28%
Care is being coordinated by providers office or other community agency **	13%	45%	51%
I could use more help with care coordination	22%	23%	31%

**Indicates statistically significant difference, p-value < .05

Care Coordination improves experiences with CMC

N= 744 in CMC	Had a CC	No CC
Very satisfied with CMC benefits	72%	50%
Plan has done something to make it safer or easier to live in my own home	31%	18%
More aware of CMC benefits like transportation	66%	41%
Experienced a disruption after transition	17%	20%
Any disruption after transition was resolved	63%	29%

Is care coordination targeting the right people?

- The only characteristic that predicts getting care coordination is using behavioral health care.
- All the things that predict disruptions, like DME use, disabilities, poor health do NOT predict getting care coordination.

Beneficiaries with disabilities more likely to have negative experiences

Beneficiaries who “needed assistance bathing, dressing” were more likely to ...

- Change specialists after switching to CMC
- Have trouble getting a specialty care appointment
- Have unmet behavioral health needs
- Have trouble getting prescription medications
- Have unmet DME needs
- Have unmet dental needs
- Experience disruption in care, services, or supplies
- Say they had duplicate tests or procedures

“LTSS Duals” Experiences with Cal MediConnect

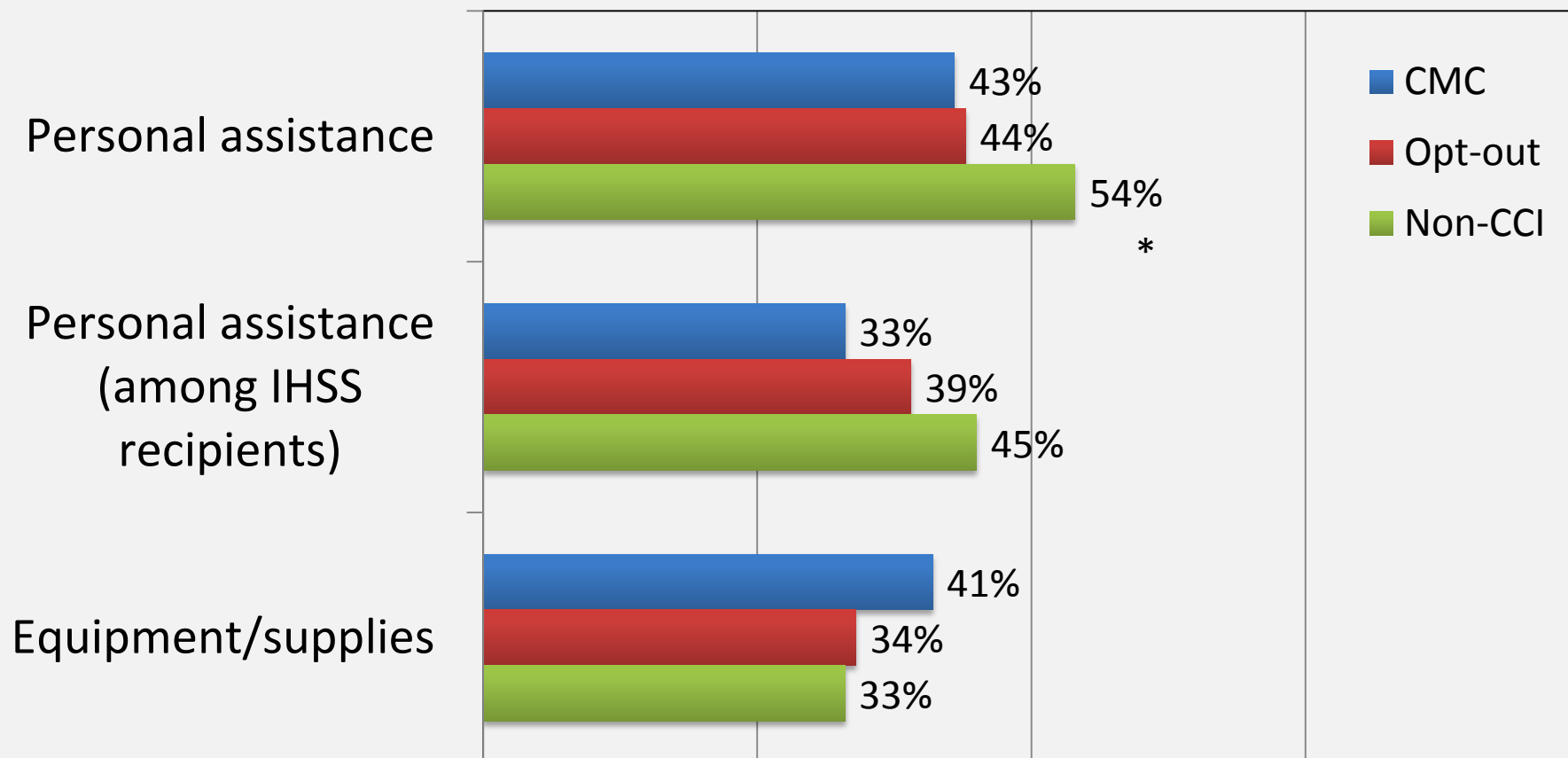
- **We examined people who need help with daily activities (LTSS duals)**
 - “personal care needs, such as eating, bathing, dressing, or getting around inside this home”
 - “routine needs, such as everyday household chores, doing necessary business, shopping, or getting around for other purposes”
- **37% of CMC participants, 49% of Opt-Outs**
- **Median age 66**
- **36% were getting no paid LTSS**
- **55% get In Home Supportive Services**
 - Median hours 88 per month

CMC Involvement in LTSS

- **35% of CMC "LTSS duals" were contacted by a plan care coordinator**
 - Only 15% had contact with care coordinator in past 6 months
- **35% said someone at CMC "talked to them" about their LTSS**
- **24% said the plan had done something to make it "safer or easier for you to live in your own home"**
 - home modification, personal assistance, AT, transportation, information
- **6% said a CMC care coordinators helped them access LTSS**
- **Only 32% remembered getting an individualized plan of care**
 - Only half said the plan mentioned their LTSS
 - Only half said it contained information that was "very important" to them

Unmet needs among LTSS duals

Has unmet need for...



*Difference between CCI & non-CCI counties is statistically significant

Next Steps CMC Evaluation

- Twice yearly meetings with project advisory group
- A follow-up telephone survey in 2017 to measure any differences over time
- Continued key informant interviews with stakeholders to build case studies in 2017

Thank you for your attention...

- For more detailed results from Phase One of the CMC Evaluation, including Focus Group Report, Health System Response Report, and Telephone Survey Key Findings, go to:

<http://www.thescanfoundation.org/evaluating-medicare-medicaid-integration>

- For questions or comments, please contact:

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