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Cal MediConnect enrollees are expressing increased satisfaction with their health care services over time

In April 2016, Field Research (Field) completed Wave 3 of the Rapid Cycle Polling Project, an ongoing tracking survey of the state's dual Medicare and Medi-Cal beneficiaries enrolled in Cal MediConnect (CMC) to evaluate their transitioning to the new program. The latest survey follows two previous waves of interviews with the same population completed in the summer and winter of 2015 by Field. All surveys were conducted on behalf of The SCAN Foundation, in conjunction with the California Department of Health Care Services. The opinions of beneficiaries eligible for CMC but who chose not to participate (i.e., opt-outs)¹ and beneficiaries living in non-CMC counties were also measured in each survey for comparative purposes.

Increasing proportions of Cal MediConnect enrollees are satisfied with the health care services they are receiving

There has been a small, but statistically significant increase in the proportions of CMC enrollees who say they are satisfied with their health care service in each of the six areas measured across the three survey waves. These include enrollees' satisfaction with:

	<u>% Satisfied</u>		
	<u>W1</u>	<u>W2</u>	<u>W3</u>
▪ The amount of time their doctor or other staff spends with them	83%	85%	87%
▪ The information their health plan gives them explaining their benefits	76%	73%	84%
▪ Their choice of doctors	77%	78%	83%
▪ Their choice of hospitals	76%	77%	81%
▪ The way different health providers work together	77%	78%	82%
▪ How long they have to wait to see a doctor when they need an appointment	73%	76%	77%

¹ *Opt-outs refer to dual eligible beneficiaries who are eligible for, but not participating in, CMC at the time the survey was administered. This includes beneficiaries who may have enrolled in CMC at an earlier date, but later disenrolled from the program.*

“We’re pleased to see another round of strong evidence that Cal MediConnect is having a positive impact on the lives of dual eligible Californians,” said Jennifer Kent, Director of the Department of Health Care Services. “We are working with the health plans and other partners to continue to improve the program and ensure that more eligible beneficiaries understand how opting for the coordinated care provided by Cal MediConnect can improve their health and quality of life.

“Californians in the Medicare-Medicaid demonstration are more confident and satisfied than ever with key elements of their health care,” said Dr. Bruce Chernof, president and CEO of The SCAN Foundation. “For a person living with high-care needs, having ample time with their doctor and having that doctor work together with other providers can make all the difference.”

Confidence in managing their health conditions

Similar to previous survey waves, large majorities of CMC enrollees (or their proxies) express confidence in their ability to manage their health conditions. In addition, compared to Wave 2, more CMC enrollees now report being confident that they know how to manage their health conditions (81% vs. 77%) and know who to call if they have a health need or question (86% vs. 80%).

Beneficiaries who are in poor health, or who require assistance for common daily activities, or who have no more than a high school education express less confidence in their ability to manage their health conditions and in getting questions about their health needs answered. This is true not only among CMC enrollees, but also among opt-outs and beneficiaries living in the non-CMC control counties.

CMC enrollees and opt-outs report similar levels of satisfaction and confidence, but these populations differ in various respects

Results from the Wave 3 survey indicate that CMC enrollees and opt-outs do not differ significantly in their levels of confidence and satisfaction with the health care services they are receiving. However, there are differences in the characteristics of each population. For example, compared to opt-outs:

- A larger proportion of CMC enrollees has been going to their personal doctor for less than one year (23% vs. 13% among opt-outs) and a smaller proportion have been going to that doctor for 10 or more years (14% vs. 20%).
- A smaller proportion of CMC enrollees are female (53% vs. 60% among opt-outs) or are age 75 or older (31% vs. 36%).
- Of CMC enrollees, a smaller proportion requires assistance to perform common daily activities (40% vs. 46%) or uses specialized equipment, i.e., a cane, wheelchair, scooter, or special bed (47% vs. 53%).
- Of CMC enrollees, a smaller proportion had an overnight hospital stay in the past 12 months (25% vs. 31%).

Problems most commonly reported by CMC enrollees

The two most common problems reported by CMC enrollees since changing over to Cal MediConnect in the Wave 3 survey were that the doctor they had been seeing was not available through their plan (20%), and that they had a misunderstanding about their health care services or coverages (18%).

However, the proportion of CMC enrollees who report having a misunderstanding with their health care services or coverages was slightly less the proportions of opt-outs (22%) and beneficiaries in non-CMC counties (23%) citing this problem. Also, fewer CMC enrollees in Wave 3 (11%) than opt-outs (16%) and those living in non-CMC counties (18%) reported that transportation problems kept them from getting needed health care.

Perceptions of single care managers and personal care plans

Two new areas of inquiry were also added to the Wave 3 survey to examine the perceptions of CMC enrollees, opt-outs and beneficiaries in non-CMC counties about: 1) single care managers, which refers to a nurse or other helper from their health plan who serves as the beneficiary's main point of contact to arrange all aspects of their care; and 2) personal care plans, which are plans designed to take into account each beneficiary's individual health goals, needs, and preferences.

Slightly more than one in three CMC enrollees (36%), opt-outs (35%), and beneficiaries in non-CMC counties (38%) say they currently have a *single care manager*. Among those who do, about two-thirds of the beneficiaries across each segment report that having such a manager has improved their care "a lot."

Similarly, about one in three dual eligible beneficiaries across all segments report having a *personal care plan*. Slightly fewer CMC enrollees (33%) report this compared to opt-outs (38%) and beneficiaries in non-CMC counties (40%). About two-thirds of beneficiaries with a personal care plan across each segment also report that having such a plan has improved their care "a lot."

–30–

Note: A PowerPoint presentation containing a more detailed accounting of the results summarized in this release is [available for download](#) from Field Research's website. [Topline findings](#) are also available.

About the Survey

The results reported in this release come from a large-scale tracking survey of the state’s dual Medicare and Medi-Cal beneficiaries conducted by [Field Research Corporation](#) on behalf of The SCAN Foundation and the California Department of Health Care Services. Three waves of the survey have been conducted to date as part of the survey. Each survey wave has been conducted by telephone with stratified random samples of dual eligible beneficiaries across five California counties participating in the Cal MediConnect demonstration project — Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara — and two counties not participating in the program, Alameda and San Francisco. The Wave 3 survey was expanded to also include CMC enrollees and opt-outs in two additional counties – San Mateo and Orange.

Each survey was administered by telephone in four languages and dialects – English, Spanish, Cantonese and Mandarin – among stratified random samples of CMC enrollees, opt-outs and beneficiaries in the non-CMC counties. Interviewing for the Wave 3 survey was completed between February 17 and April 11, 2016. To enable the study to include the opinions of dual eligible beneficiaries who were either unable or found it difficult to complete the telephone interview themselves, the survey offered those chosen to participate the option of naming another individual who assisted them in making their health care decisions to complete the survey on their behalf (a proxy).

The Wave 3 survey included interviews with 3,301 dual eligible beneficiaries or their proxies, including 1,704 Cal MediConnect enrollees, 1,020 of those who chose to opt of Cal MediConnect living in the same counties, and 571 beneficiaries in non-CMC counties. The Wave 2 survey included interviews with 2,500 dual eligible beneficiaries or their proxies, including 1,370 CMC enrollees, 690 opt-outs and 440 of those who lived in non-CMC counties, while the Wave 1 survey interviews 2,502 beneficiaries or their proxies, including 1,394 CMC enrollees, 678 opt-outs and 430 beneficiaries in non-CMC counties.

In each survey, up to eight attempts were made to reach and complete an interview with each randomly selected dual eligible beneficiary or their proxy on different days and times of day during the interviewing period.

The samples of each survey were stratified both by county and within the CMC counties between enrollees and those who had opted out of the program. After the completion of interviewing, weights were developed to return these stratified sample allocations to overall characteristics of the dual eligible beneficiary population in each county. In addition, weights were assigned to the sample of beneficiaries in the two control counties to match the demographic characteristics of dual eligible beneficiaries across the Cal MediConnect counties for comparative purposes.

About the Rapid Cycle Polling Project

The Rapid Cycle Polling Project is supported by a grant from [The SCAN Foundation](#) – advancing a coordinated and easily navigated system of high-quality services for older adults that preserve dignity and independence.