UNIVERSITY OF CALIFORNIA
EVALUATION OF CAL MEDICONNECT

The SCAN Foundation LTSS Summit

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UC San Francisco
Community Living Policy Center and Institute for Health and Aging
UC Berkeley
School of Public Health, Health Research for Action

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Overview of UC Evaluation

- 3 year evaluation Jan 2015 – Dec 2017
- Meet with stakeholder advisory group 2 times per year
- Completed in Year 1
  - 14 focus groups (plus interviews) with beneficiaries
  - 10 Interviews with 7 Cal MediConnect Health Plans
- Coming up:
  - Longitudinal telephone survey with beneficiaries (Year 1 & 2)
  - Additional key informant interviews with stakeholders (Year 1 & 2)
  - Case studies (Year 3)

Completed Beneficiary Focus Groups

Group	Number of FGs/Interviews	Counties	Languages	# of beneficiaries
Seniors & people with disabilities	8 focus groups	San Bernardino, Riverside, LA San Diego, San Mateo, Santa Clara	5 English 1 Mandarin 1 Cantonese 1 Spanish	59
IHSS users	2 focus groups	San Bernardino, Riverside	1 English 1 Spanish	13
Care Coordination	2 focus groups	San Bernardino, Riverside	1 English 1 Spanish	18
Opted out	2 focus groups	Riverside, LA	2 English	16
Behavioral Health	interviews	San Bernardino, Riverside, San Diego	English	5
Homeless	interviews	All counties	English	TBD
TOTAL	14			119

Focus Group Themes

- **On a scale from 1-10, average overall satisfaction with Cal MediConnect is a 7.8**

- **Most satisfied with…**
  - Care coordinators
  - Having one phone number to call
  - Member services handling problems

- **Most dissatisfied with….**
  - Notification and information provided ahead of time
  - Delays in care due to referrals and authorizations
  - Having to change doctors
  - Problems getting prescriptions and DME covered in the beginning
  - Lack of autonomy and control due to passive enrollment

Focus Groups Themes:
Discontinuity and Resolution

- **Disruptions in care due to transition**
  - Lack of access to needed medication like insulin
  - Changes in quantity of medical supplies
  - Cancellation of surgery
  - Switching doctors in the middle of cancer treatment

- **Many problems experienced in the beginning have been solved**

"**P1:** In the beginning I was very skeptical. Then I had some disruptions.—the beginning for me I had problems, yeah, but it's good now.

P9: At the beginning it sucked.

P1: Turned out to be perfect.. Everything was resolved … whenever I called [CMC health plan name] they—everybody would be very nice and direct. So and they handled my problems very nicely to my satisfaction."

—Care coordination users

Focus Group Themes:
Care Coordination

- **Very high satisfaction with care coordinators**
  - Those who use it are very satisfied
  - Care coordinators helping with typical things like referrals, authorizations and smoothing over early disruptions
  - Care coordinators also helping with things like preventing ER visits
  - Care coordinators educating beneficiaries about the services available in CMC

"And then—and then after when I got the letter on, uh, my transportation and stuff like that, they—they sent somebody to my house and they explained to me what, uh, this and that." **—Care coordination user**

- **Unfortunately…**
  - Many are unaware of care coordination services
  - Many who seem like they could use it haven't received it

Focus Group Themes
Communication between Sites

- **Some reports of more streamlined services**

"I just know that like, I'll go to my specialist—to see my specialist—and they take care of connecting with my primary doctor to get my referral, and then I just get a letter in the mail saying, "Here's your referral from this month to—this month you have to go to your—' and I hadn't done anything. I don't have to get on a phone and make that happen. They make it happen for me."

—Care coordination user

- **Some report better communication between providers**

"[Before CMC] I had to inform [doctors] exactly what was happening. And not now. Everything is through the computer. They just enter it in the computer and they start to—'ah, you have this, you have this other thing, you have this other thing.' There's no need for so much paperwork. The advantage that it has is that one avoids a lot of questions that maybe one doesn't even remember one of the questions."

—Spanish-speaking IHSS user

Focus Group Themes
Communication in Cal MediConnect

- **More communication between plan and beneficiary**

"What I have noticed is that since we have had the CMC plan, uh, there is more communication with them. More—more focus. They are constantly contacting one, as the—as the woman said, to see the people's needs. They're constantly interview us."

—Spanish-speaking care coordination user

"I want to give thanks to [CMC plan name] for their Chinese service. If I don't understand, then I call. They are very responsive with calls. I call them if I have any questions."

—Cantonese-speaking senior

Focus Group Themes:
Problems with Referrals

- **Problems with referrals to specialty services**

"And then …I call the dermatologist and I say, 'My doctor made a referral, can I make an appointment?' and he says, 'No, I don't see any referral. I don't see any authorization.' And I go back to the doctor's office. And this conversation happens, like, I have it every time. It's like they don't know the rules of the game."

—Senior

- **Physicians and medical groups are often the "hitch" in the coordination**

"The worst thing for me, though, was that the medical group … Even though MediConnect told me that that group that I had been going to will be taking [CMC health plan product name], when I called them—they had no clue. The people that verify the insurance, they were telling me that they were not, um, enrolled with [CMC health plan product name]. So that made it very difficult.

—Care coordination user

Focus Group Themes:
Opting Out

- **Lack of knowledge about opting out**

"It means when you opt not to have any insurance at all."**—CMC Beneficiary**

- **Reasons for opting out**
  - Problematic first call to HCO or health plan
  - Disruptions in care
  - Wanting to keep their same FFS Medicare doctors

"That's what's so important about being able to choose your doctor is like, if—I don't know what I would do if we couldn't see the specialists my parents were seeing and our primary doctor. We actually drive out of the way to where we used to live and it's like a 30-minute drive once a month for my parents. And it's—you know, he knows them. He knows their medical situation. He knows all of their specialists. He talks to them, they all communicate with each other. And—We feel comfortable there. Like, if we hopped around from doctor to doctor, you know, they could fall through the cracks and not get the care they need." **—Beneficiary who opted out**

- **Many who opted out WANT to coordinate their own care**

"As long as I'm able mentally to do it, I would prefer to do it. Because I know my body better than anybody else...So as long as I'm in my right mind and can still make my own choices, I prefer to do that."**— Beneficiary who opted out**

Focus Groups Themes:
Is CMC Person-Centered?

- **Health Risk Assessment not valued by beneficiaries**

"**Moderator:** Okay, um, how many of you have actually filled out that Health Risk Assessment? **P9:** I hate that thing. **P2:** I do too! **P9:** And then they harass you… **P1:** Here it comes all the time. I mean it's like, inundated with paperwork and nothing happens. It's just—what's it for? **P6:** It's geared—it's geared to mental health. I always tell them. They always ask you, "Are you depressed?" This, this, this—I tell 'em, I have medical issues. I'm not depressed! So they really need the—make a questionnaire to everybody." **—IHSS users**

- **Confusion over Health Risk Assessment due to contractors**

- **Low awareness of Individualized Care Plan**
- **Low awareness of Care Plan Options**

Health Plan Interviews

AIM 1: Examine organizational impacts and health system responses to the demonstration

AIM 2: Identify challenges, promising practices and recommendations to improve the coordination of care across sites for dual beneficiaries.

- Conducted 10 interviews with 7 Cal MediConnect Health Plans
- A second round of key informant interviews in year 2-3
- County case studies to examine the relationship between beneficiary experiences and system response

Health Plan Interviews:
Greatest Challenges

- **Beneficiary outreach & notification**
- **Working with LTC facilities for the first time**
- **Data sharing across HCBS agencies**
- **Reporting requirements**
- **Accessible and affordable housing**
- **Steep learning curve for HCBS and social care**
- **Uncertain financial risk for taking on LTSS**
- **Pressure between showing cost savings and making more investments**
- **Provider and beneficiary trust**

Health Plan Interviews: Levels of Care Coordination

- **Low Risk**
  - Yearly HRA, perhaps annual meetings to discuss ICP, referrals to LTSS and specialists as needed
- **Moderate Level**
  - Addition of more in-depth assessments, more complex care plans, more frequent contact with their care manager, possible convening of Interdisciplinary Care Team (ICT)
- **High level /Complex care management**
  - Home visit HRAs, freq contact with care coordinator (1x month or more), detailed care plans, coordinated ICTs, often matched with a more highly trained/specialized care coordinator

"This whole risk stratification thing… it identifies too many people. …we are trying to really figure out who has an actionable care need. We've found that the risk stratification is not a very good predictor. Maybe in 30% of the cases you're correct. We felt like we need to do something on top of that so we've started looking at high-cost members." **—Cal MediConnect Health Plan**

Health Plan Interviews:
Care Coordination Challenges

- **Communication/data sharing across agencies**
  - Varies by county, electronic portals vs. email/phone
- **Beneficiary contact information to conduct HRAs**
- **Care coordination workforce in health plans**
  - Large scale training effort
  - Competitive hiring vs. overhiring v. delegation to medical groups
- **Delegating care coordination**
  - Variety of methods: all in house, all delegated, mixture.
  - Most plans prefer to do complex care management in house or have some oversight
- **Provider and member participation in ICTs**

"It's hard to get doctors to make time to participate. The members generally don't want to participate. It's really a fine idea that everybody would come to a room and spend about an hour talking about the case, and everyone would have a chance to talk. The reality is, there are just too many people, too much going on, and you have to be smart and selective about who you do an extensive ICT for." –**Cal MediConnect Health Plan**

Health Plan Care Coordination Innovative Practices

- **Satellite offices to make care coordination more local**
- **One "prime contact" vs. team approach**
- **Transitional Care programs: hospital or SNF to community**
- **Dementia training for care managers**
- **DME providers who do home assessments during drop off**
- **Non-credentialed care coordinators as "extender" of RN or SW, often bilingual**
- **Impromptu or virtual interdisciplinary care teams**
- **Specialized care coordinators**
  - IHSS, C-BAS, Behavioral Health, LTC residents, people with dementia

Health Plan Interviews
Care Plan Options

- **Purpose of CPOs**
  - Prevent a higher level of care or forced move
  - Fill the gaps when relocating people from Hospital/SNF into the community
  - Reduce risk of downstream costs

- **Examples of CPO services**
  - Cleaning & organizing apartments, meals
  - Interim personal care services
  - Home improvement, grab bars, ramps, widened doorways, appliances
  - Respite for caregivers
- **A key piece in repatriation of beneficiaries to community settings**
- **Requires completed HRA, care plan, in-home assessment and sometimes approval from Chief Medical Officer**
- **Contracting with county agencies or CBOs who have established lists of vendors- MSSP or Independent Living Centers**
- **Connecting members with existing services in the community first**

Care Plan Options Example

"…one of our members has been living alone since he came out of jail… When he goes to the doctor's office, the smell is so much that the people in the office will tell him that the doctor can't see him ... He couldn't apply for IHSS because his physician has to sign his papers. The physician couldn't sign the papers without seeing him. We had to have our vendor for CPO service go into his apartment and give him a bath. We worked with the MSSP program …and they were able to really clean the apartment and have it organized. Now he's able to get an IHSS provider that at least is helping him so he doesn't get back to that point where he can't even go to his doctor's office. That is an example of how we are using our CPO services. We really review them and we try to make sure they are meeting the needs of our members."

–Cal MediConnect Health Plan

Health Plan interviews
Home and Community-Based Services

- **Progress communicating with IHSS**
  - Electronic portals to share information
  - Inviting IHSS providers to interdisciplinary care teams
  - Co-locating IHSS staff at the health plan
  - Internal Liaison with IHSS

- **Assisting enrollment or advocating for more hours**

- **Collaborations with CBOs**
  - Contracting with county and community orgs who will refer beneficiaries to vendors for services e.g. MSSP, ILCs, home health agencies

- **Housing initiatives**
  - Working with Section 8 housing/housing retention during short-term institutionalization
  - Working with CBOs that promote community living
  - Replicating affordable assisted living

Health Plan Interviews
Working with Long-Term Care Facilities

- **Challenges**
  - Contracts
  - Establishing good communication
  - LTC facilities advising residents to opt out
  - "perverse" incentives that promote hospitalizations

- **Innovative practices**
  - Promoting more of both acute & primary care in LTC facilities
  - Working with the LTC ombudsman to identify "repatriation" candidates
  - Early intervention in beginning the repatriation process
  - Working with LTC Medical Directors and collaboratives to deepen communication
  - Innovative payment models to prevent hospitalizations

"I have been having conversation with a couple of nursing homes chains about the idea of having a different relationship with them where we would try out some alternative reimbursement models, and they are certainly receptive to it. I think if we can dialog with them, they'd see that without a 3-day rule requirement, they see us as perhaps a better partner payer in the future because they can admit people without coming from the hospital. We can eliminate unnecessary transfers of people who are already in beds in their homes. I think there's opportunity to make the facilities more engaged with us than they have been up until now." **– Cal MediConnect Health Plan**

Is the Health Plan a Gatekeeper or Ally?

- **Stakeholder engagement**
  - County Behavioral Health Collaborative
  - Disability Collaborative
  - LTC facility collaborative
- **Making the case to providers that health plan can provide additional benefits to patients**
- **Trust building with beneficiaries**
  - Knocking on doors, in home visits
  - Efforts toward person-centered planning

"We always are guided by, and our first part of our conversation always starts out with, what do you know about your health situation and what is your biggest concern for your health? We start there."—Cal MediConnect Health Plan

Cal MediConnect Health Plans make Progress toward Managed LTSS

- **Collaboratives were a valuable part of the process**
- **CPOs are a promising avenue for repatriation/person-centered**
- **High level of innovation around care coordination practices**
- **Progress in Cal MediConnect health plans working with LTC facilities**
  - Motivation to relocation out of LTC facilities
  - Focus on preventing cycle of hospitalizations
- **Progress in working with home- and community-based services**
- **Variable success in relocating members into community**

Telephone Survey with Beneficiaries Update

- **Randomly sample 1,400 beneficiaries in CMC counties and 700 beneficiaries in non-CMC counties**
- **First survey calls scheduled for November, 2015**
- **Beneficiaries will be anywhere between 3-18 months post enrollment for the first survey**
- **Comparisons within CMC**
  - Cal Medi-Connect vs. opt out/disenrolled vs. non-CMC
  - Longer enrollment vs. shorter enrollment
  - By services used: LTSS vs. non-LTSS
  - Health status, disability, cognitive impairment, health literacy

UC Cal MediConnect Evaluation

We welcome your questions and comments…

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- For information on the upcoming telephone survey for beneficiaries, contact: pi-ju.liu@ucsf.edu