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Large majorities of Cal MediConnect enrollees continue to report confidence in their ability to manage their health conditions and satisfaction with their health care services

In September 2016, Field Research (Field) completed Wave 4 of the Rapid Cycle Polling Project, a tracking survey of the state's dual Medicare and Medi-Cal beneficiaries enrolled in Cal MediConnect (CMC) to evaluate their transitioning to and experiences with the new program. The latest survey follows three previous waves of interviews with the same population completed in the spring of 2016, winter of 2015 and summer 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.

Enrollee confidence in managing their health conditions and satisfaction with their health services remain at high levels

Very large majorities of enrollees in Cal MediConnect in the Wave 4 survey continue to express confidence that they know how to manage their health conditions (83%), can get questions about their health needs answered (83%), and know who to call if they have a health need or question (84%). These proportions are similar to the levels of confidence expressed by enrollees in the Wave 3 survey earlier this year, but are somewhat higher than what enrollees reported in the first two survey waves in 2015.

	% Confident			
	<u>W1</u>	<u>W2</u>	<u>W3</u>	<u>W4</u>
▪ Know how to manage their health condition	79%	77%	81%	83%
▪ Can get questions about health needs answered	80%	79%	81%	83%
▪ Know who to call if they have a health need or question	81%	80%	86%	84%

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.*

Large majorities of CMC enrollees in Wave 4 also continue to report being satisfied with the health services they are receiving in each of seven areas tracked by the survey. These include: the amount of time their doctor or other staff spends with them (86%); the way different providers work together (83%); their choice of doctors (83%); the information their health plan gives explaining their benefits (81%); their choice of hospitals (79%); how long they have to wait to see a doctor when they need an appointment (78%); and their ability to call a health provider regardless of the time of day (76%). These satisfaction levels are again similar to what was observed in Wave 3, but are higher than those observed in Waves 1 and 2 with regard to their choice of doctors, the way different providers work together, and the information their health plan gives explaining their benefits.

"We're pleased to continue to see strong evidence of Cal MediConnect's positive impact on the lives of dual eligible Californians," said Jennifer Kent, Director of the Department of Health Care Services. "The decrease in hospital stays for Cal MediConnect enrollees is a sign that coordinated care can improve the health outcomes and quality of life of enrollees. We will continue to work with the health plans and other stakeholders to improve the program and ensure that more eligible beneficiaries learn about and enroll in this important program."

"We've heard from thousands of Cal MediConnect members who report increasing satisfaction and confidence in their health care," said Dr. Bruce Chernof, president and CEO of The SCAN Foundation. "Polling results also show that members experience fewer hospitalizations than their counterparts. While it takes time to launch integrated care, these results show it makes a real difference in people's daily lives."

Fewer enrollees than opt-outs report being hospitalized in the past 12 months

When examining the results of enrollees and opt-outs across all survey waves, fewer enrollees (24%) than opt-outs (30%) report having been an overnight patient at a hospital in the previous 12 months. Similar differences are observed when examining the results from the Wave 4 survey only. The differences in hospitalization between enrollees and opt-outs are noteworthy, especially given that there are no significant differences in the self-reported health status of the two populations, with 49% of enrollees and 50% of opt-outs saying they are in fair or poor health. However, compared to enrollees, opt-outs do include a somewhat larger percentage of beneficiaries receiving Long-Term Services and Supports and those using specialized equipment, such as a cane, wheelchair, scooter or special bed.

Lower hospitalization rates are reported by enrollees than opt-outs in three of the seven CMC counties – Los Angeles, San Diego and Orange.

Use of single care managers and personal care plans by enrollees and opt-outs

No differences are found between enrollees and opt-outs in Wave 4 with regard to the use of single care managers² or personal care plans³. About one in three enrollees and opt-outs (34% each) report having a single care manager, and similar proportions say they have a personal care plan (36% among enrollees and 38% for opt-outs). When asked what impact having a single care manager or personal care plan has on their care, about two in three in each group say they believe it improved their care "a lot."

Demographic characteristics of the enrollee and opt-out populations

One of the more distinguishing demographic characteristics of the dual eligible population across the seven CMC counties relates to their relatively low levels of educational attainment. Greater than four in ten of both enrollees and opt-outs have not graduated from high school, and another one in five have no more than a high school education.

Six in ten enrollees (62%) and opt-outs (63%) also report receiving Supplemental Security Income assistance from the federal government.

Large majorities of both enrollees and opt-outs are people of color, with Latinos comprising, by far, the largest segment of both groups. Just 26% of enrollees and 22% of opt-outs across the seven CMC counties are white non-Hispanic.

About a third of the enrollee and opt-out populations are under age 65, a third are age 65-74 and another third are age 75 or older. Dual eligibles in Orange County tend to be older than in other counties, with larger proportions age 75 or older. By contrast, dual eligibles in San Bernardino County tend to be younger and include more beneficiaries under age 65 than other counties.

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Note: A PowerPoint report containing a detailed accounting of the results summarized in this release, as well as the topline findings from all four waves of the study, can be found at The SCAN Foundation's webpage, [Evaluating Medicare-Medicaid Integration](#).

² *Single care managers* were defined as 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.

³ *Personal care plans* were defined as a plan designed to take into account each beneficiary's own individual health goals, needs, and preferences.

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 (DHCS). Four waves of the survey have been conducted as part of the study. All survey waves were conducted by means of telephone interviews with stratified random samples of CMC enrollees and opt-outs across five counties participating in the Cal MediConnect demonstration project – Los Angeles, Riverside, San Bernardino, San Diego, and Santa Clara. Two additional CMC counties, San Mateo and Orange, were added to the survey for Waves 3 and 4. Each survey also included interviews with samples of dual eligible beneficiaries in two non-CMC counties, San Francisco and Alameda. 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 4 survey was administered to 3,212 dual eligible beneficiaries or their proxies July 25-September 19, 2016, and included 1,647 Cal MediConnect enrollees, 1,005 of those who opted out of CMC in the same counties, and 560 beneficiaries in non-CMC counties. Over the course of the four survey waves, interviews have been completed with a total of 6,115 enrollees, 3,399 opt-outs and 2,001 beneficiaries in non-CMC counties. Each survey was administered in four languages and dialects – English, Spanish, Cantonese, and Mandarin. 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 allocation of interviews for each survey was stratified 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 applied to return these stratified sample allocations to population estimates of the share of beneficiaries in each county as reported by DHCS. Post-stratification weights were also applied to align each sample to the demographic characteristics of each population. In addition, weights were assigned to the sample of beneficiaries in the two control counties to match the demographic characteristics of dual eligible beneficiaries in 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.