

Evaluation of Cal MediConnect: The Beneficiary Perspective

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Overview of UC Evaluation

- **AIM 1: Engage meaningful stakeholder and policymaker input.**
 - Convene stakeholder advisory group 2x year
- **AIM 2: Identify the impact of Cal MediConnect on experiences with access to, quality of, and coordination of care for dual beneficiaries**
 - 14 Focus Groups with beneficiaries (Year 1)
 - Longitudinal telephone survey with beneficiaries (Year 1 & 2)
- **AIM 3: Examine organizational impacts and health system responses to the demonstration**
 - Key Informant Interviews with Cal MediConnect Stakeholders
 - Case studies (Year 3)

Results of Beneficiary Survey & Focus Groups

- I. Overview of research with dually eligible beneficiaries
- II. Notification and Opting out
- III. Overall Satisfaction with Cal MediConnect
- IV. Continuity of Care and Disruptions
- V. Care Coordination
- VI. Long Term Services and Supports
- VII. Next Steps

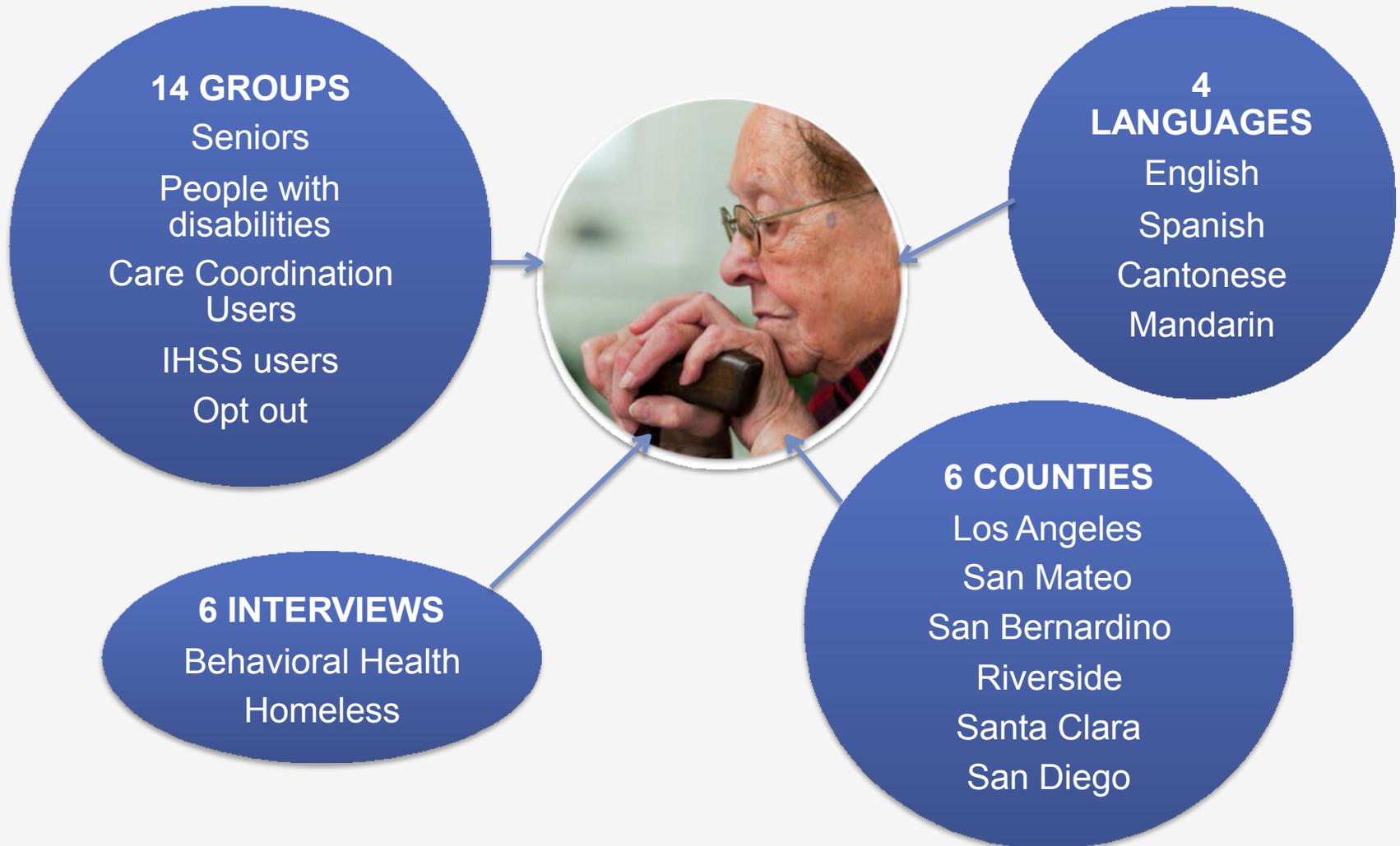
Cal MediConnect Evaluation

Focus Groups with Beneficiaries

- **14 focus groups and individual interviews**
 - Included 120 dually eligible beneficiaries in 6 Coordinated Care Initiative (CCI) counties** who enrolled, disenrolled or opted out
 - Goal was to gather rich, qualitative data from beneficiaries about their experiences with...
 - The transition to Cal MediConnect
 - How the program has impacted their quality of, access to, and continuity of care
 - The experiences of those who opted out or disenrolled
 - Results informed the topics and wording of the survey

** Orange County was excluded due to delayed transition.

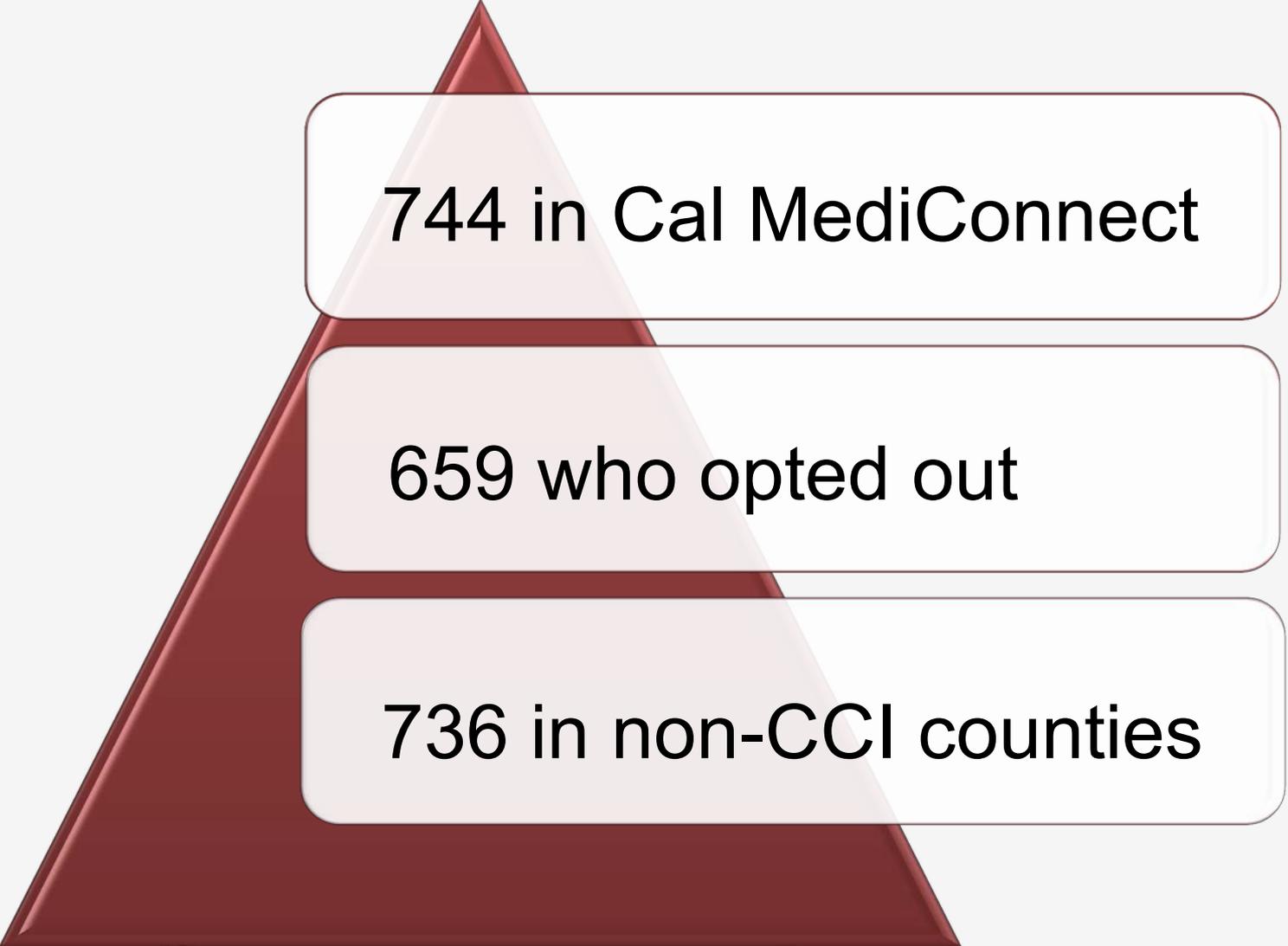
Focus Groups & Interviews with 120 CCI Dual Beneficiaries



Telephone Survey

- **2,139 dually eligible beneficiaries interviewed between January 2016 and March 2016**
- **Purpose:**
 - To collect quantitative, generalizable data to measure the experiences of Cal MediConnect beneficiaries on access to, quality of, and coordination of care.
 - Compare CMC experiences with those who opted out and those in non-CCI counties.
- **Longitudinal analysis:** A follow up survey will be conducted in early 2017 to measure change over time.

2,139 Telephone Surveys with Dually Eligible Beneficiaries



744 in Cal MediConnect

659 who opted out

736 in non-CCI counties

Telephone Survey Recruitment

- **Beneficiaries were sent a letter letting them know:**
 - You were selected randomly from DHCS list.
 - Your answers and identity will be confidential.
 - You can request any accommodations needed to complete the survey (relay communication, readable PDF).
 - You can nominate a “proxy” to take the survey for you.
 - You will get a \$10 gift card for participating.
 - You can text or email us if you need accommodations, have a new phone number or don't want to be called.

Telephone Survey Exclusion

- **Some people were excluded from the survey:**
 - If they hadn't been in Cal MediConnect for at least 6 months
 - If their contact information was "missing" in DHCS database
 - If their phone was disconnected, they still got the letter and could contact us if they wanted to participate
 - If they have cognitive impairment and no "proxy" to designate
 - If "all care" came from the Veteran's Administration
 - Very few nursing home residents participated
 - Orange County was excluded due to later transition

Telephone Survey Participants

N=2,139	CMC	Opt-out	Non-CCI
Race **			
White	22%	26%	34%
African American	15%	17%	17%
Latino/Hispanic	50%	44%	33%
Asian/Pacific Islander	5%	3%	6%
Language spoken at home **			
English	56%	62%	73%
Spanish	38%	30%	21%
Other	6%	8%	6%
Graduated high school **	57%	61%	69%
Limited health literacy: need help reading instructions from MD or Rx	31%	32%	30%

**indicates statistical significance, p-value <.05 10

Telephone Survey Participants

N=2,139	CMC	Opt-out	Non-CCI
Disability status			
Difficulty bathing or dressing **	25%	38%	31%
Difficulty with routine chores, shopping, etc. **	41%	49%	45%
Difficulty concentrating or remembering	33%	35%	39%
Difficulty walking or climbing stairs**	53%	65%	63%
Deaf or serious difficulty hearing	17%	18%	19%
Blind or difficulty seeing while wearing glasses	20%	19%	19%
Currently using In Home Supportive Services	19%	30%	22%

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

Notification & Opting out

Beneficiaries' Experiences with Notification

- In both focus groups and the telephone survey CCI beneficiaries were asked about the notification letters.
 - Whether they remembered getting the letters
 - How useful were they?
 - How could they be improved?

N=1,403	CMC	Opt-out
Received letter in mail about CMC program **	66%	78%
Of those, rated letter as "very useful"*	51%	27%
Rated letter as "not at all useful" **	7%	22%

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

Beneficiaries Suggestions for Improving Notification Information

Tell me what Cal MediConnect is and how it works.

What new benefits will I get and what benefits will I lose?

How will Cal MediConnect impact my individual care?

Can I keep my doctors?
Medicines? Hospitals?
Equipment the same?

Make the information easy to read and understand.

50% of Eligible Beneficiaries Opted Out of Cal MediConnect

43% of those who opted out were unaware they had!

Of those who were aware, 28% were advised by someone else, most typically MD, RN or MA.

Females were more likely to opt out than males.

People who opted out were more likely to have functional impairment.

Most said that opting out was very easy (48%) or somewhat easy (24%).

14% say they may re-enroll.

Top Reasons for Opting Out

Uncertainty

“I did not understand it, [and] what the purpose of participating in the plan.”

Choice

“I have more choices sticking to what I have.”

Satisfaction

“I wanted to keep what I had. It was working really good for me so I just decided to keep that.”

Continuity

“Because it does not give me the same doctor that I had before, they would send me to another place.”

Disruption

“[The plan] wouldn't cover some prescriptions and medical equipment.”

Satisfaction with Cal MediConnect

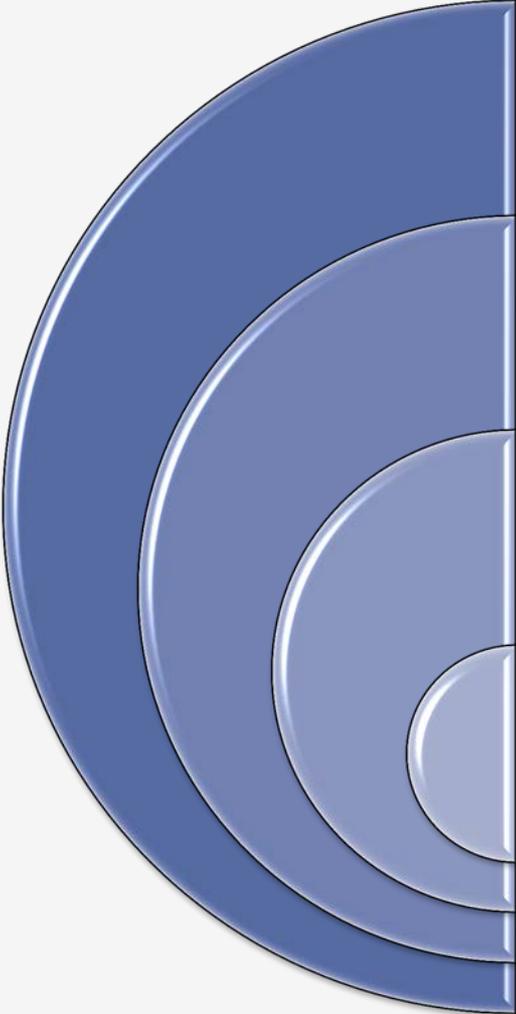
Beneficiaries' Satisfaction

Cal MediConnect vs. Opt-Out vs. Non-CCI

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

Why Was Care Better in Cal MediConnect?



My quality of care was better in Cal MediConnect
Care was simpler with one card and one phone number
It was easier to speak with someone about my care
I had more access to specialists

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Experiences with Behavioral Health

- In focus groups, many beneficiaries reported increased access to specialty behavioral health providers such as psychiatrists, more frequent appointments for therapy, and easier access to psychiatric medications.
- Regarding telephone survey data, no significant differences across groups in experiences with behavioral health care.

N=2,139	CMC	Opt-out	Non-CCI
Use behavioral health care	22%	22%	24%
Mean visits in the last six months	5	7	6
Has unmet behavior health needs	8%	11%	11%
Getting appointments with mental health providers is “easier”	24%	16%	NA
Getting appointments with mental health providers is the “same”	62%	69%	NA

Coordination of Care in Cal MediConnect

Care Coordination

Who is Providing 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

Experiences with Care Coordination in CMC

Use

- **34% of CMC beneficiaries reported having a CMC care coordinator.**
- Were more likely to be using behavioral health (33% vs. 20%, $p=.00$).
- CMC beneficiaries were more likely to be getting care coordination at all.

Impact

- **92% of CMC beneficiaries were very or somewhat satisfied with their care coordinator.**
- 96% said coordinator was “very or somewhat well informed” about their health and service needs.
- 78% said coordinator took into account their wishes for their care.

Unmet Need

- **40% of CMC beneficiaries did not know they could get care coordination.**
- People in worse health, with more visits to specialists were NOT more likely to get care coordination.

Impact of Cal MediConnect Care Coordination

N= 744	Had a Care Coordinator	No Care Coordinator
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%

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

Perceptions of Integration and Coordination

74% say their doctors “usually” or “always” share important information about medical history or treatment with each other

15% say there was a time when test results, medical records were not available at the time of the scheduled doctors appointment

10% say MD ordered a medical test or procedure that was unnecessary because it had already been done

- No differences between CMC vs. Opt-out vs. Non-CCI

Continuity and Disruption

Continuity of Care

- In focus groups, keeping past providers was very important to beneficiaries
- In telephone survey...

Since you switched to CMC/MMC?	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%

- Beneficiaries were most satisfied with benefits when they kept the same primary care provider, specialists, mental health care, or prescription medications
- 47% opt outs said they did so to keep their providers

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

Beneficiaries' Experiences: Continuity of Care Provision

- Among Cal MediConnect beneficiaries who changed either their primary care provider or any specialist, over 73% were not aware of the continuity of care provision.
- In focus groups, those who opted out said they preferred to keep their provider indefinitely.

Disruptions in Care after Transition

- In focus groups, disruptions in care were reported, but many also reported they had since been resolved by the plan or provider.

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 (OR 2.6).

Most Typical Disruptions Reported

Delay in care

“There was a month where I wasn't able to see my hematologist. They automatically enrolled me in MediConnect so it blocked my Medicare. That was scary”

Equipment and Supplies

“...in getting my medical supplies, its called a colostomy bag, I had a delay and they don't give enough.”

Prescription Medication

“I have been trying for 2 weeks to get my patch for pain and that is the only solution that eases the pain of my back...”

Referrals and authorizations

“When I needed a catheters they had trouble getting approvals, so I had to wait longer causing me more pain.”

Finding specialists

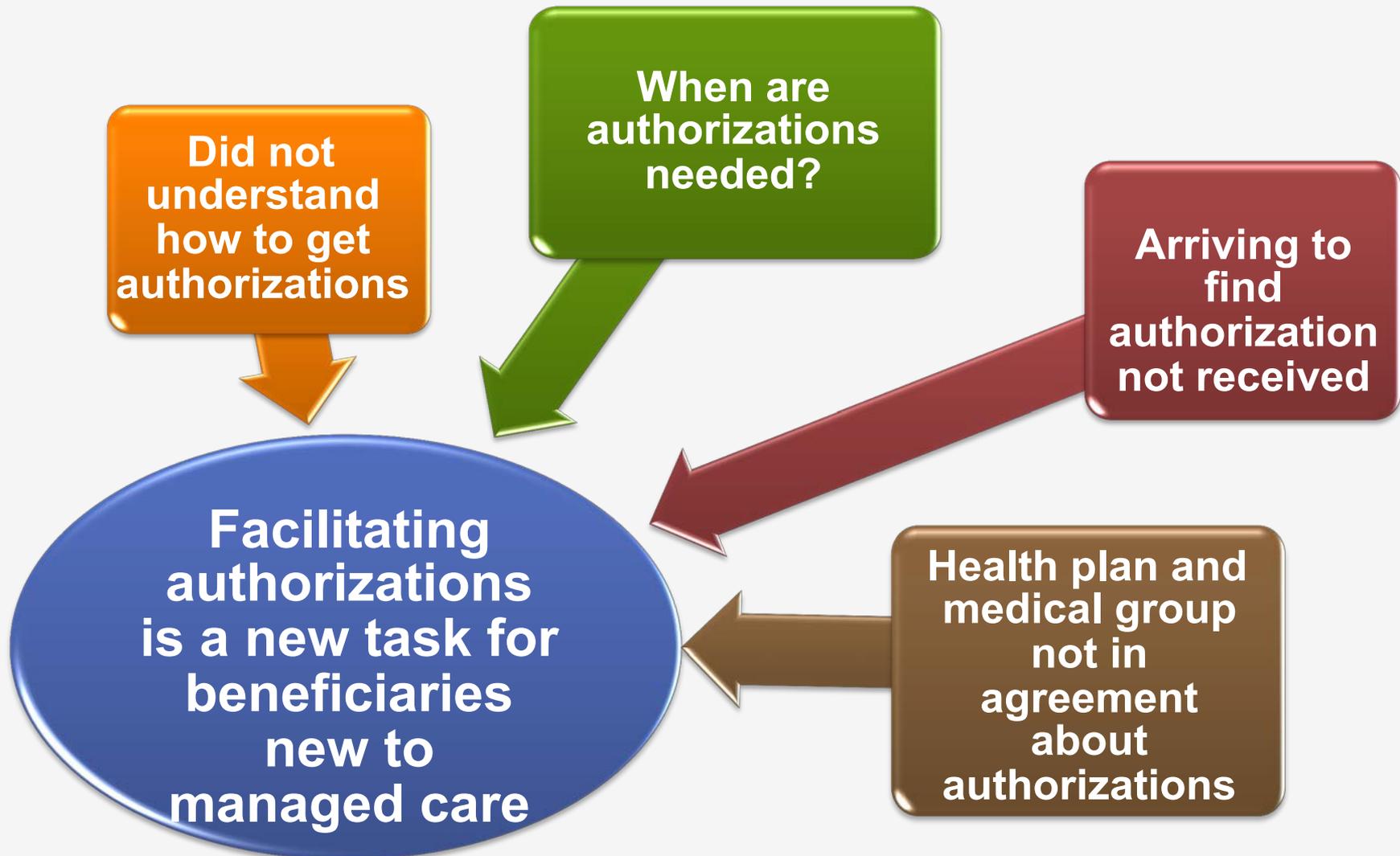
“I had problems with my eyes. And I needed to find an...ophthalmologist? Optometrist. And half of them didn't accept the Medi-Cal..”

Timely appointments

“They gave me a very late appointment about 6 months later.”

Key Challenge:

Authorizations and Referrals



Integrating Long-Term Services and Supports in Cal MediConnect

LTSS Focus Group Results

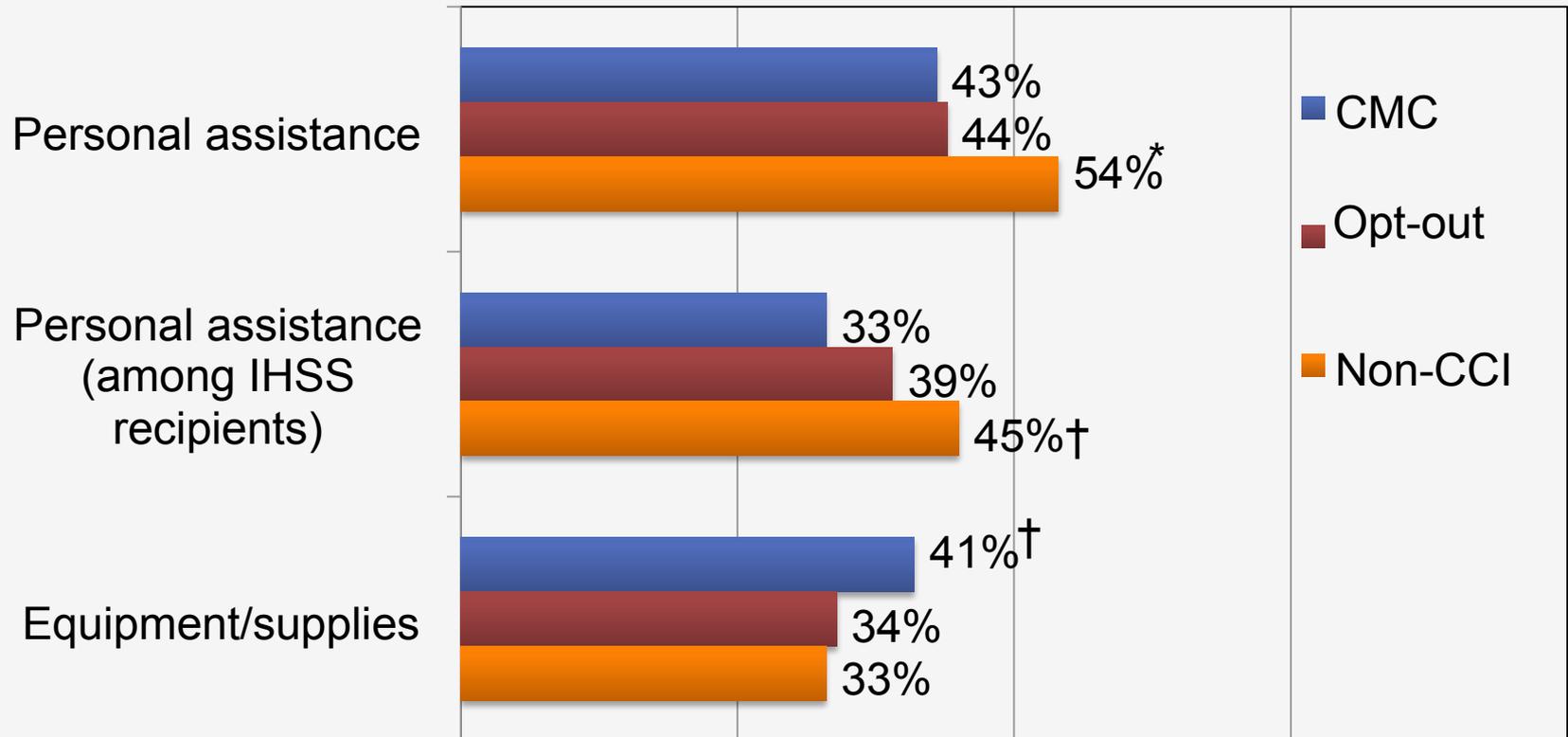
- **In focus groups, beneficiaries were largely unaware of Cal MediConnect's role in their long-term services and supports (LTSS)**
 - Thus, they didn't know to communicate their non-medical needs to the plan
 - A few beneficiaries reported that their plan helped them connect to In-Home Support Services (IHSS) or Community-Based Adult Services (C-BAS) for the first time

LTSS Telephone Survey Results

- **We examined people who need help with daily activities (aka “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

Unmet Needs among LTSS Duals

Has unmet need for...



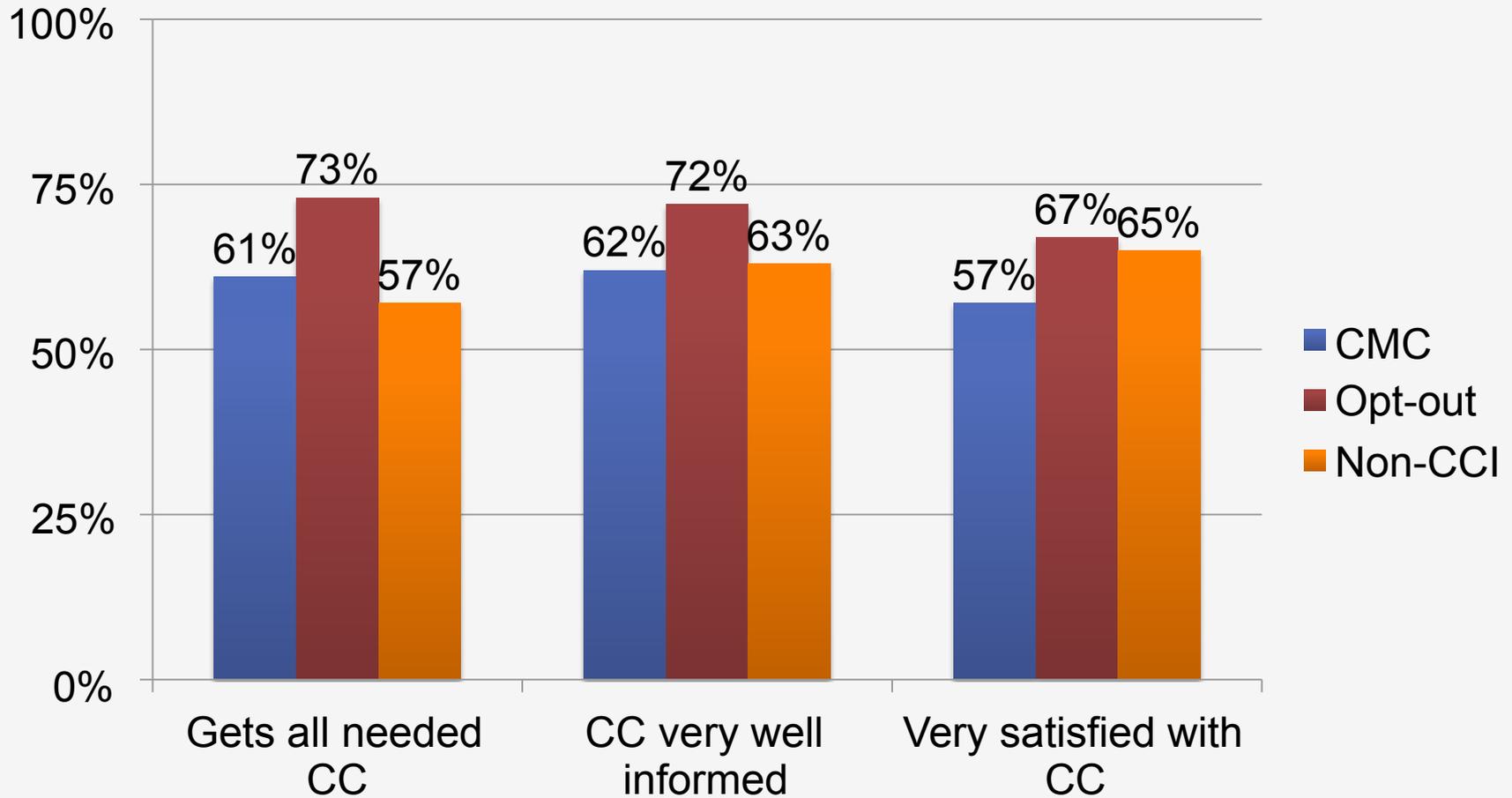
*Difference between CCI & non-CCI counties is statistically significant

†Difference is **not** statistically significant

Care Coordination for LTSS Duals

- 35% of Cal MediConnect LTSS duals had been contacted by a care coordinator from CMC plan
- 20% of all LTSS duals had been in contact with any care coordinator in the prior six months.
 - In CMC, it's 15%, significantly lower than opt-outs & non-CCI
- CMC care coordinators helped only 6 percent of CMC LTSS duals access LTSS

Satisfaction among LTSS Duals with Care Coordinators



Differences are **not** statistically significant

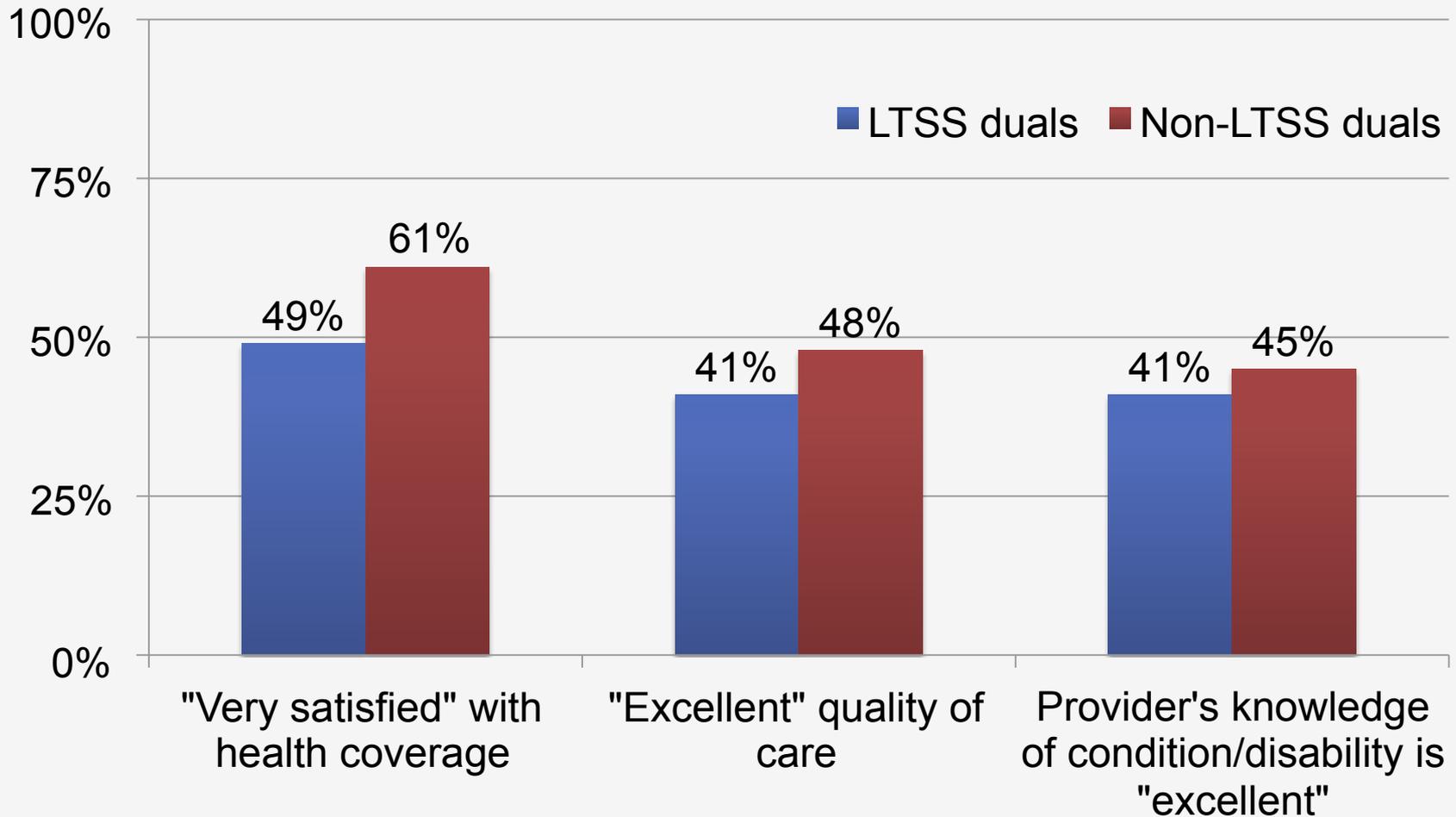
Individualized Care Plan for LTSS CMC Beneficiaries

- **32% of CMC LTSS duals remembered getting an individualized plan of care**
 - 25% didn't know, and 43% didn't get one
- **Of those getting a individualized plan:**
 - 49% said the plan mentioned their LTSS
 - 50% said the plan contained information that was "very important" to them

CMC Involvement in LTSS

- **“Has anyone from CMC talked to you about your [LTSS]?”**
 - 35% of CMC LTSS duals said “yes”
 - 34% of opt outs said “yes”
- **“Have there been changes to your [LTSS] as a result of CMC/opting out?” (increased, decreased, stayed same)**
 - 8% of CMC participants
 - 7% of opt-outs
 - Even fewer have seen increased services
- **“Has the plan done anything to make it safer or easier for you to live in your own home”?**
 - 24% of CMC LTSS users said yes
 - Reported home modification, personal assistance, assistive technology, transportation, information

Consumer Rating of Healthcare



No significant differences between CMC/Opt-out/Non-CCI

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
- Case studies in 2017

Thank you for your attention...

- For questions or comments about the results you saw today, please contact:

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