

# Agenda

1. Welcome!
2. Objectives of the SNAC Labs
3. Presentation
4. Facilitated discussion
  - Notes from the front lines
  - Critical success factors
  - Implications for the safety net
  - Opportunities for payment reform
5. Next steps



# Where is Colorado Headed?

*The Medicaid  
Accountable Care  
Collaborative*

April 4, 2012



# Goals of Today's Presentation

- Provide a foundation of understanding
- Share what CHI has learned
- Ultimately, improve health outcomes among vulnerable Coloradans
  - *What's working*
  - *Sharing the knowledge*



# CHI's Work on the ACC

- Key informant interviews with all Regional Care Coordination Organizations (RCCOs), HCPF, providers
- Monitoring relevant legislation
- Examination of other state models
- Legislative roundtable



# Three Take-Aways

- The current ACC represents an incremental approach to health system reform
- Colorado's safety net providers vary in their ability to be involved
- New models and new populations will raise the stakes

*Bonus: Despite challenges, there is a commitment to seeing this through*

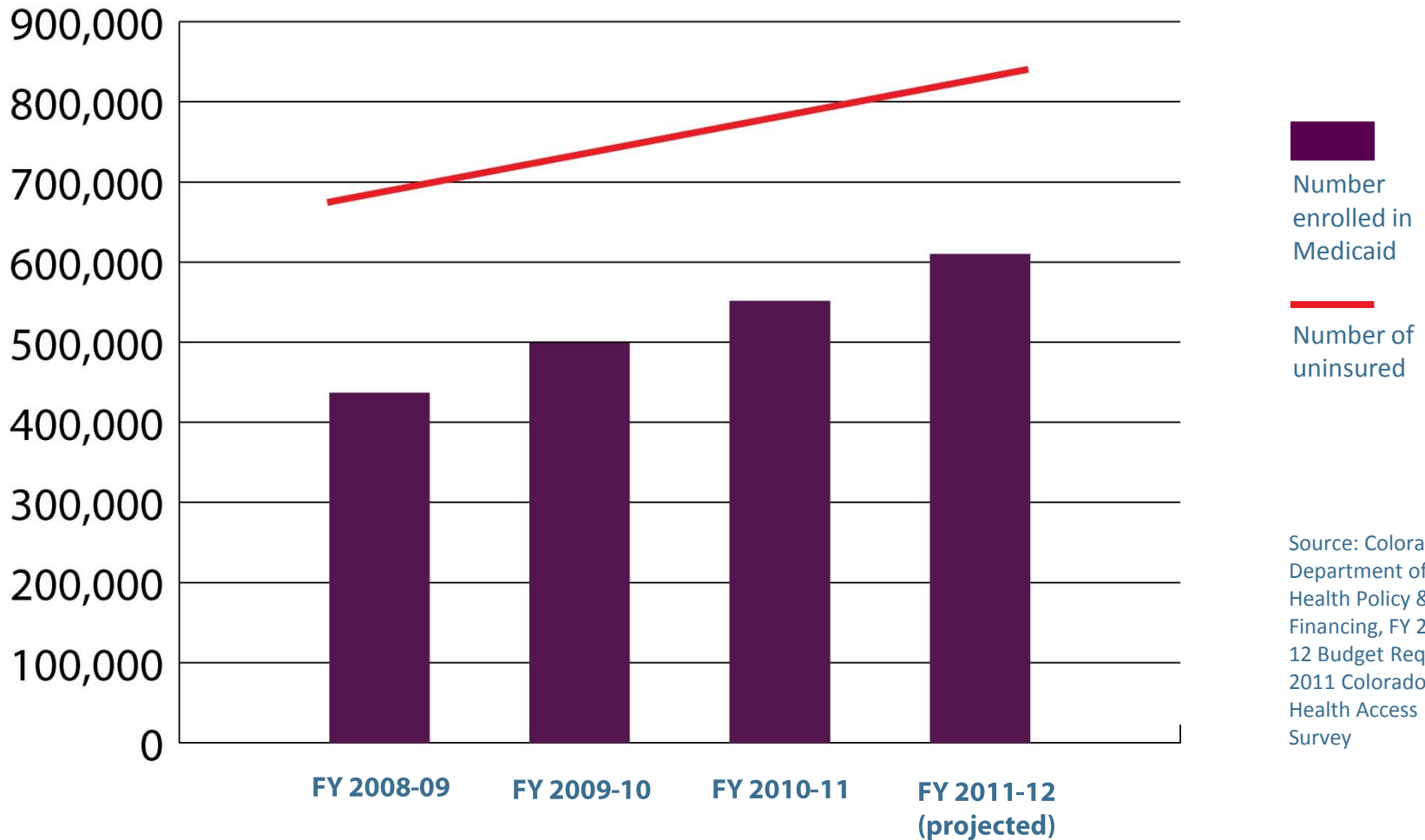




*ACC 101:  
A High-Level Overview*

# Genesis of ACC: Rising Costs, Rising Caseload

Number of Medicaid enrollees and uninsured, Colorado, 2008-2012



# Medicaid Community Care of North Carolina

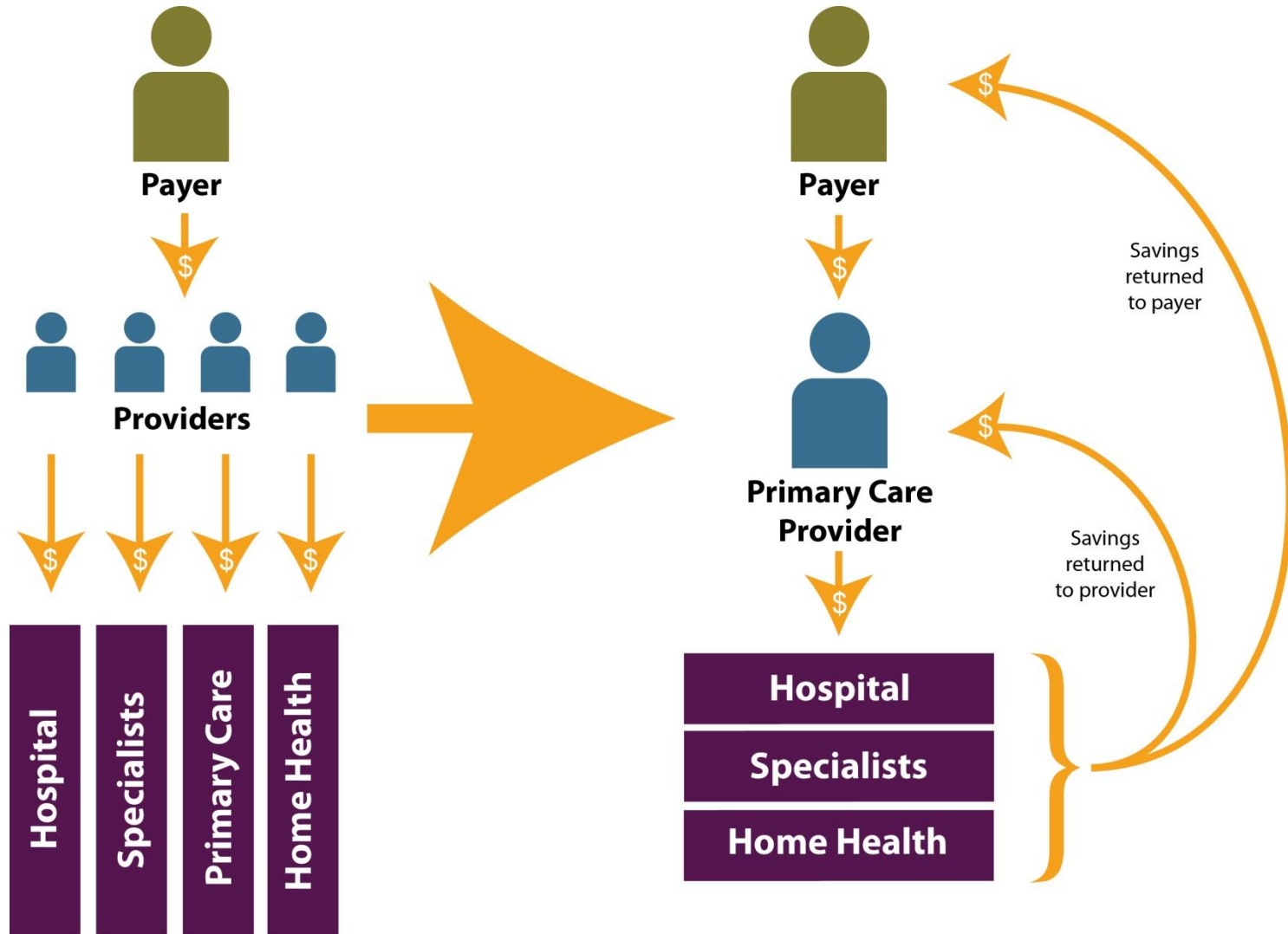
- Three decades of experience
- Began in 1980s in a single county, expanded to regional networks covering the state
- Wide engagement of primary care physicians (92%)
- \$1.5 B in savings attributable 2007-2009

Source: Milliman, Inc. (2011). *Analysis of CCNC Cost Savings.*

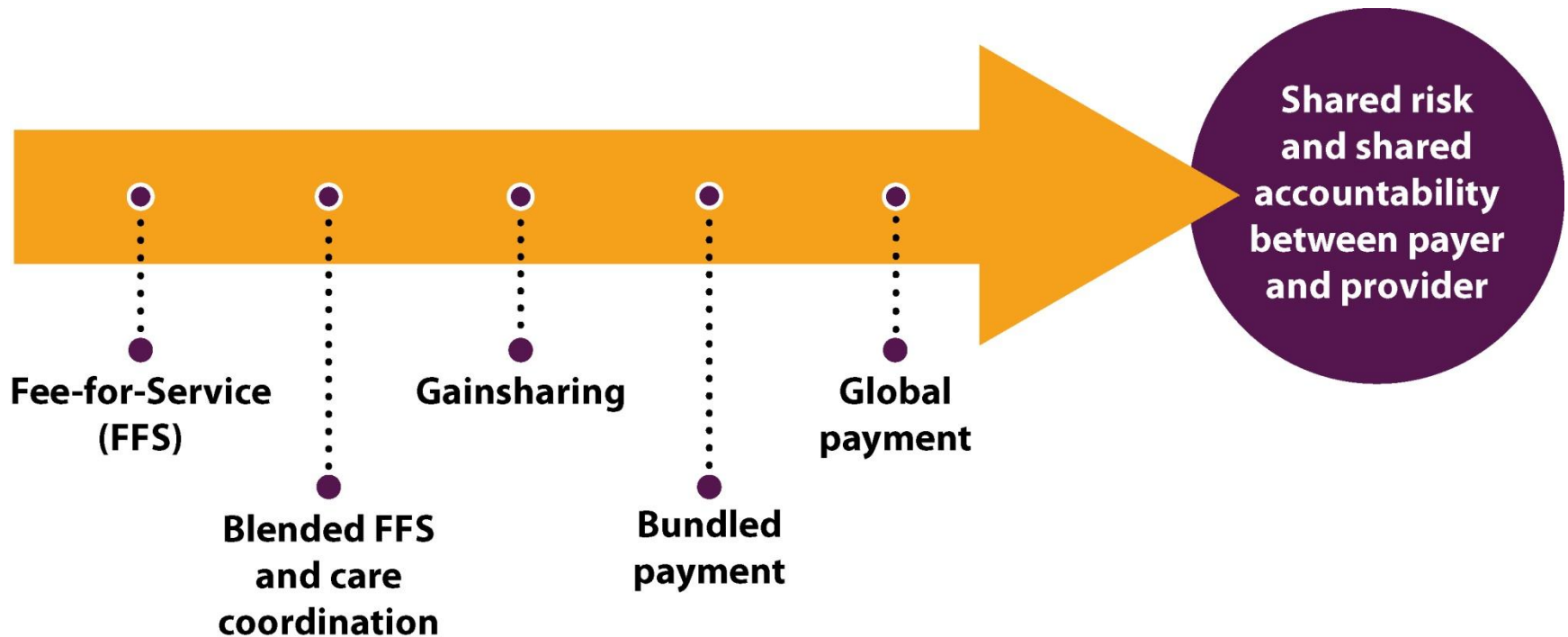




# Payment Reform under Accountable Care

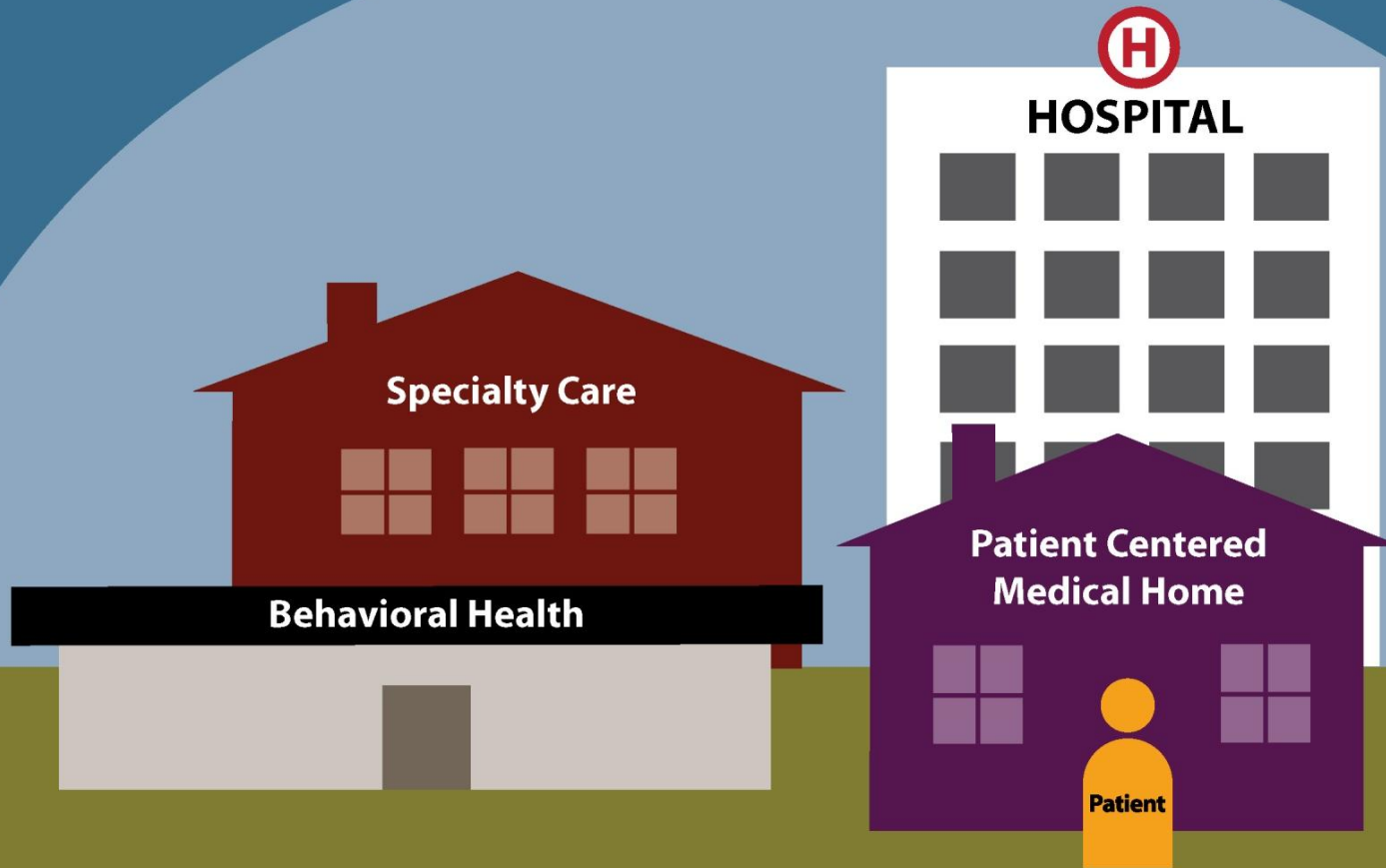


# A Step in Payment Reform



# How Accountable Care Works

Care Coordination



Data and Analytics

# Principles of Accountable Care

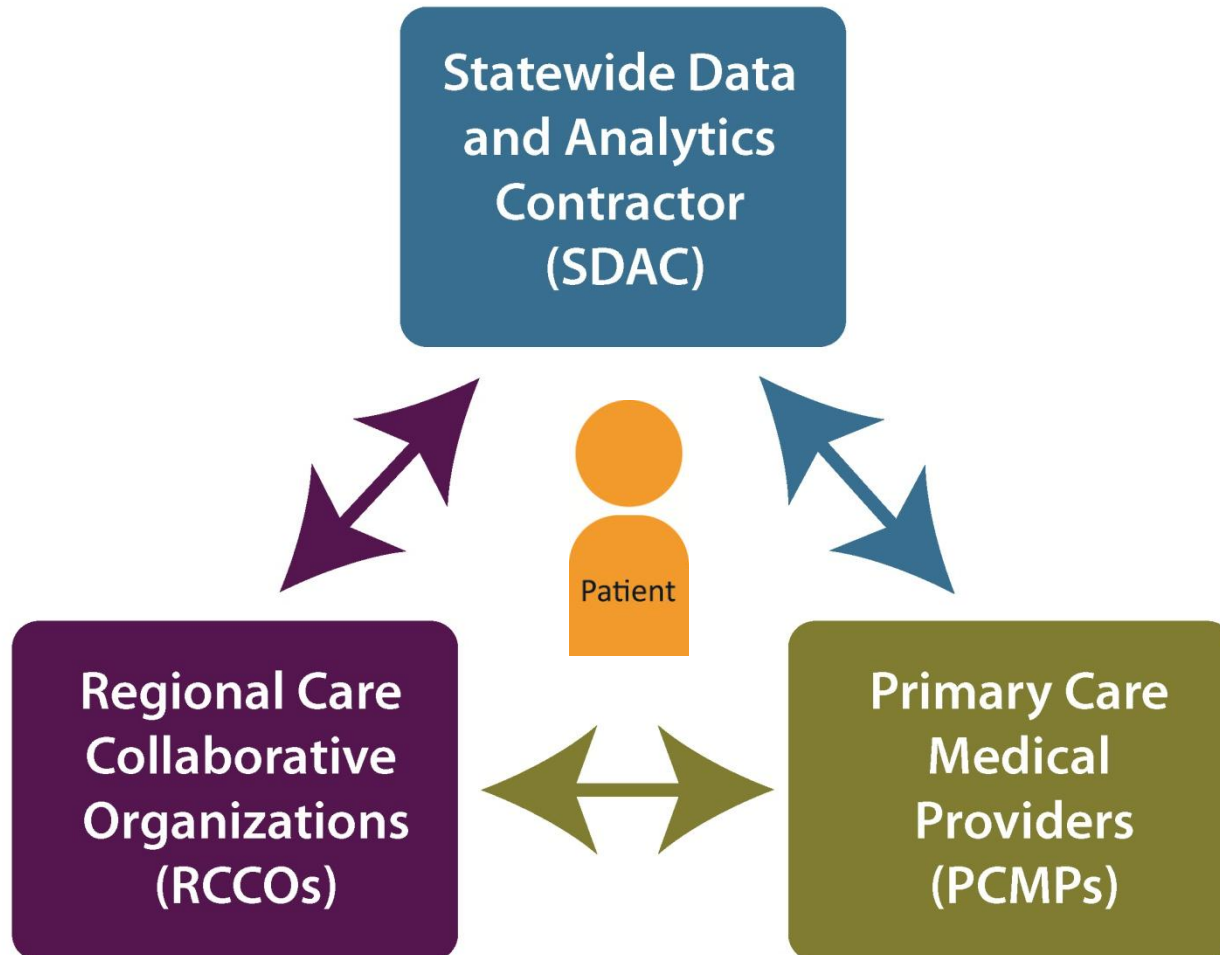
- Provider leadership
- Emphasis on primary care
- Care coordination, medical home
- Electronic Health Records + data
- Community-based collaboration
- Payment reform



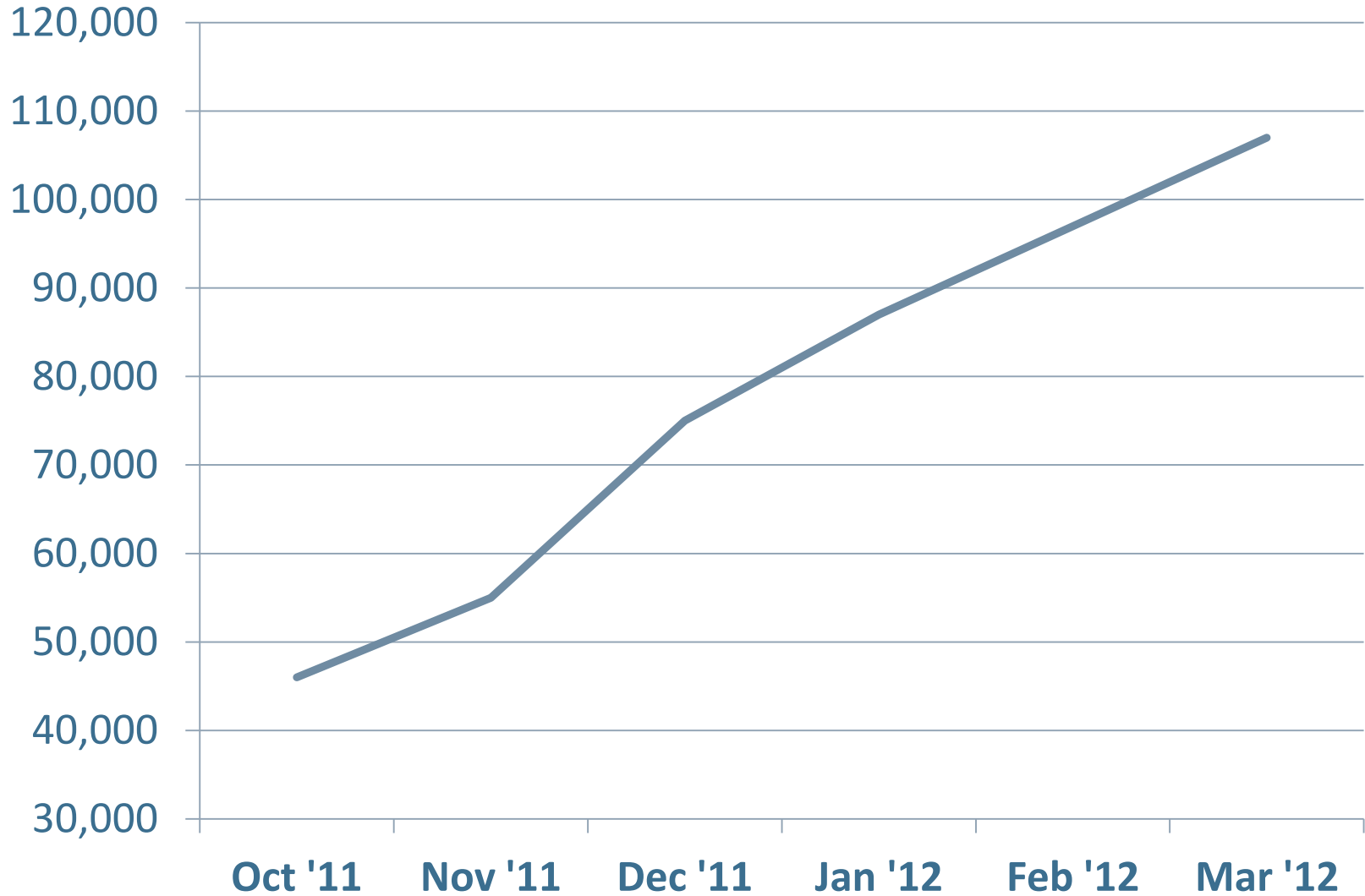


*The ACCs: Up and Running*

# Colorado's ACC Model



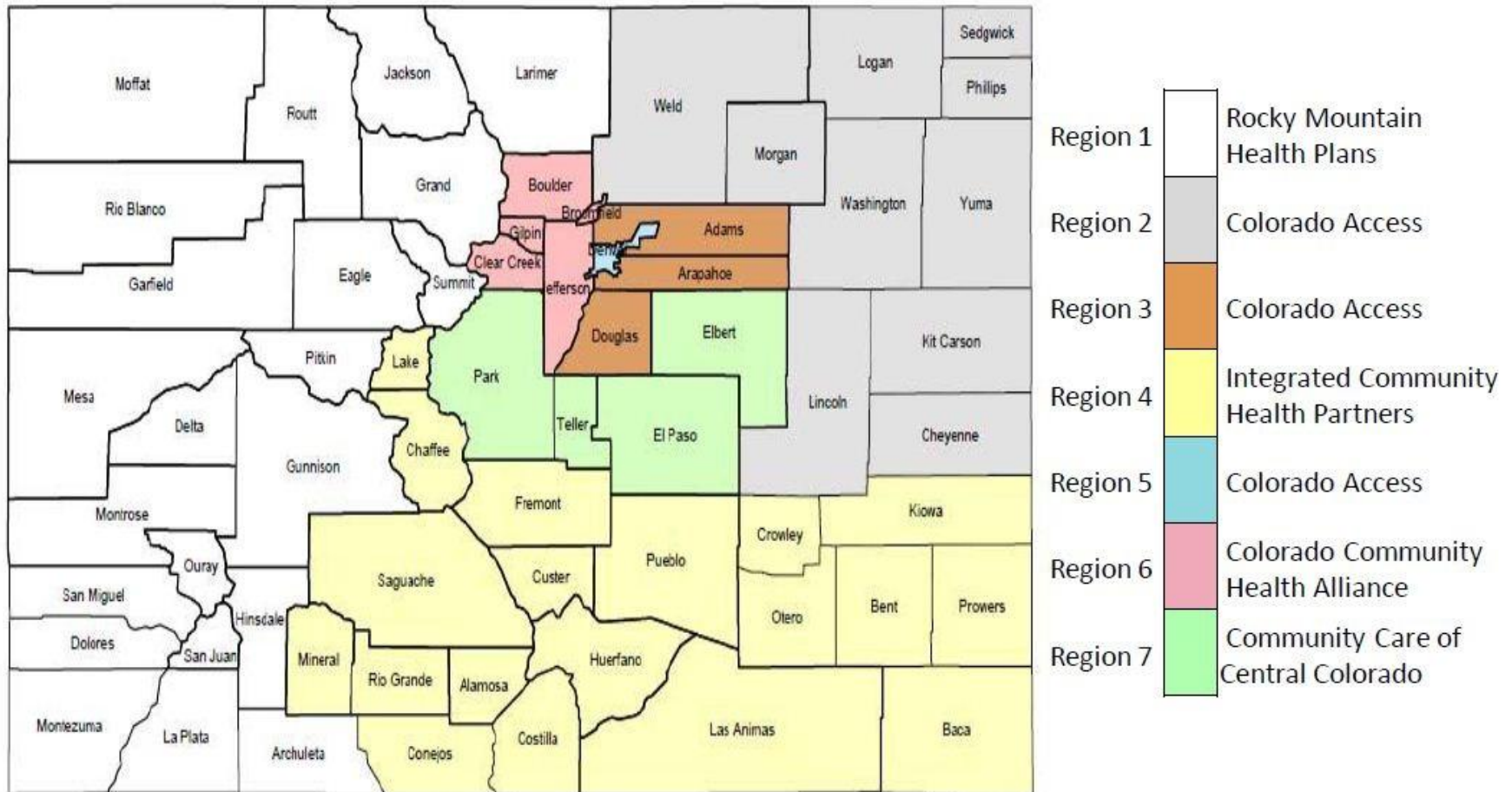
# ACC Enrollment



Source: Colorado Department of Health Care Policy and Financing



# Colorado's RCCOs





# Organizational Variability

- Uniqueness of each RCCO
- Some are well-established managed care entities, others are new community-driven collaboratives
  - *Examples: Rocky Mountain Health Plans, Integrated Community Health Partners*



# Variability in Care Coordination Approaches

- Often team-based
- Delegation between RCCO and provider
- Medical and non-medical



# Accountable Care: Challenges and Opportunities

- Culture change
- Initial investment
- Attribution process
  - Preserving choice of provider
  - Maintaining pre-existing relationships
- Real-time health information



# The Role of Safety Net Providers

- Involvement, experience varies
- Challenge of making financially feasible
- Role of rural clinics
- Integration of behavioral health





*What Does the Future Hold?*

# Future Directions and Opportunities

## ***New populations:***

- Adults without dependent children
- Dual eligibles

## ***New models:***

- HB12-1281
- Improve population health?

## ***New data sources:***

- All Payer Claims Database





*Salud Family Health Centers,  
Commerce City*



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# Hearing from You

- Notes from the front lines: Hearing from you
- What are some initial success factors and lessons learned?
- What are the implications and impacts on Colorado's health care safety net?
- What are the opportunities for payment reform?





# Save the Dates! Upcoming SNAC Labs



**June 28:** The Patient/Consumer Experience

**Sept. 27:** Quality and Care Coordination

**Jan. 10, 2013:** The Data Story

*All SNAC Labs are from 12:00 – 2:00 pm at CHI*



# Bonus Slide: Medicaid ACC Implementation

