Back to the Future with the Medicaid ACC

What Have We Learned and What's Ahead?

Safety Net Advisory Committee (SNAC) Lab

November 19, 2015

coloradohealthinstitute.org

Getting Up to Speed on The ACC

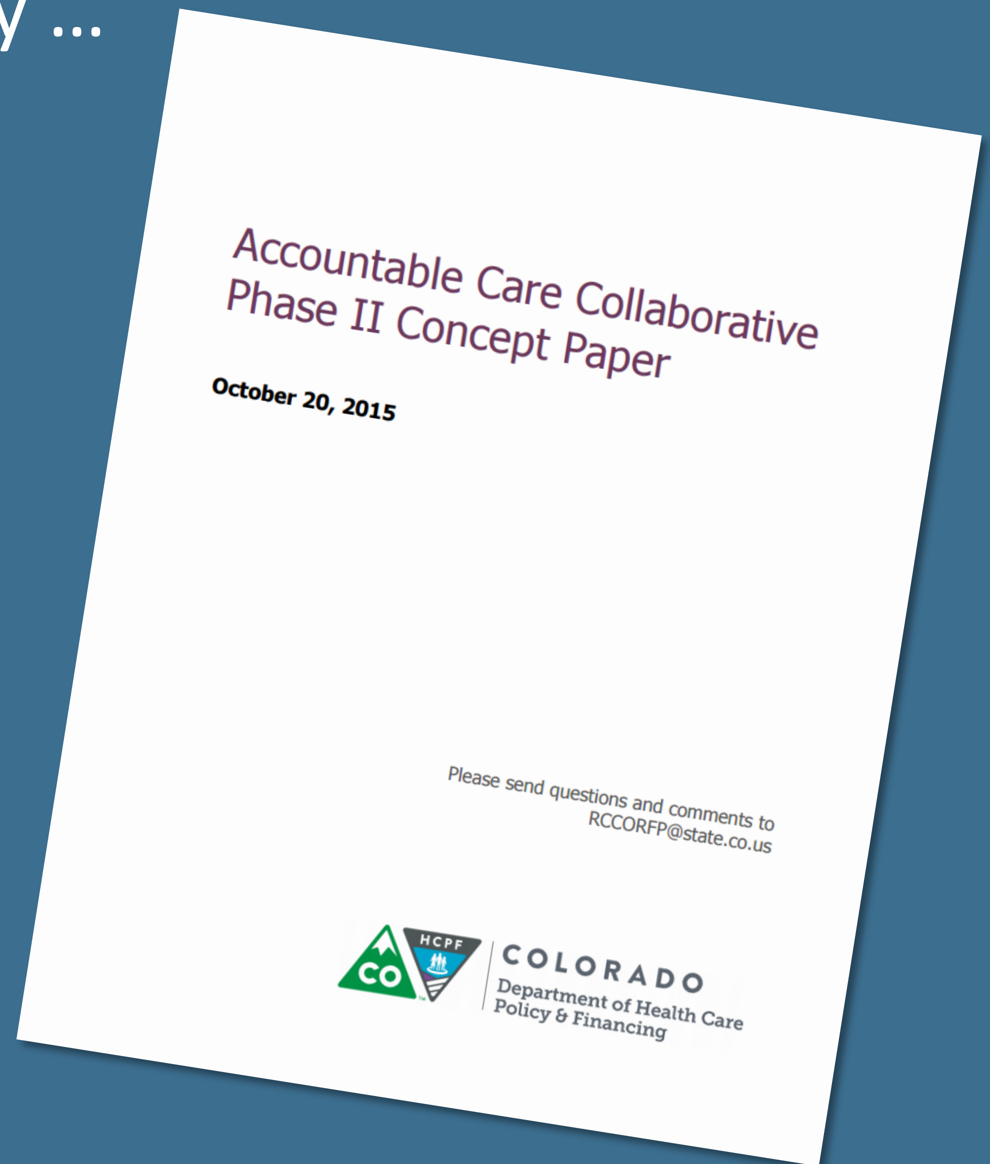
Looking Back: ACC Evaluation Year I Findings

Looking Ahead: The Health Team in Phase II

Bringing Us Up to Speed on the Medicaid Accountable Care Collaborative (ACC) and Other Developments

While You Were Away …

… HCPF released the ACC Phase II Concept Paper.



… CHI Released the Children's Access to Care Index

COLORADO ACCESS TO CARE INDEX **Children Statewide 2015**

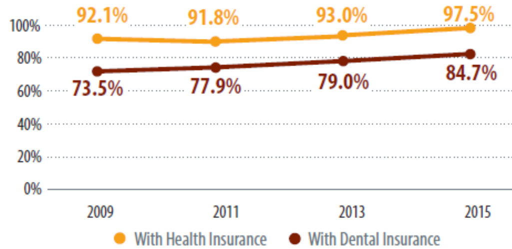
Overall Index Score

Potential Access

Adequate insurance coverage and enough local care providers make it more likely that kids will get care when they need it.

Index Score

With Insurance, 2009-2015



Health Care Workforce

Per 1,000 Residents

Pediatricians

0.5

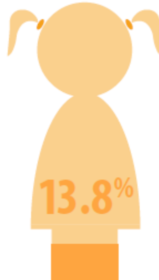
Child and Adolescent Psychiatrists

.05

*2013 data

Underinsured Children, 0-18

Percentage of Population

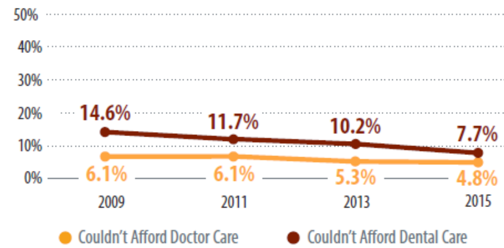


Barriers to Care

But many obstacles make it hard for kids and their families to get health care – even if they have insurance.

Index Score

Couldn't Afford Medical or Dental Care in Past 12 Months, 2009-2015



Percent of Colorado Children Facing Barrier in Last 12 Months, 2015

Barrier	Percent
Couldn't afford a prescription	5.0%
Couldn't afford specialist care	4.9%
Couldn't get a doctor appointment when needed	16.0%
Doesn't have a medical home	35.8%
Provider wouldn't accept insurance	7.9%
Didn't get needed mental health care	6.5%
Couldn't take time off from work	7.1%
Didn't go to doctor due to lack of transportation	3.7%

Realized Access

When people obtain preventive services, it's a good indication they have access to care. But hospitalizations or emergency room visits may indicate inadequate access.

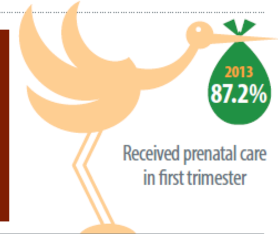
Index Score

Preventive Care

	2011	2013	2015
Pre-school aged kids who received all recommended doses of six key vaccines	75.8%	69.2%	72.8%
Well-child visits in the past year for those under 19 years	72.3%	72.4%	75.9%

Visited a dentist or dental hygienist in past year, ages 0-18

2013	2015
74.8%	77.2%



Received prenatal care in first trimester

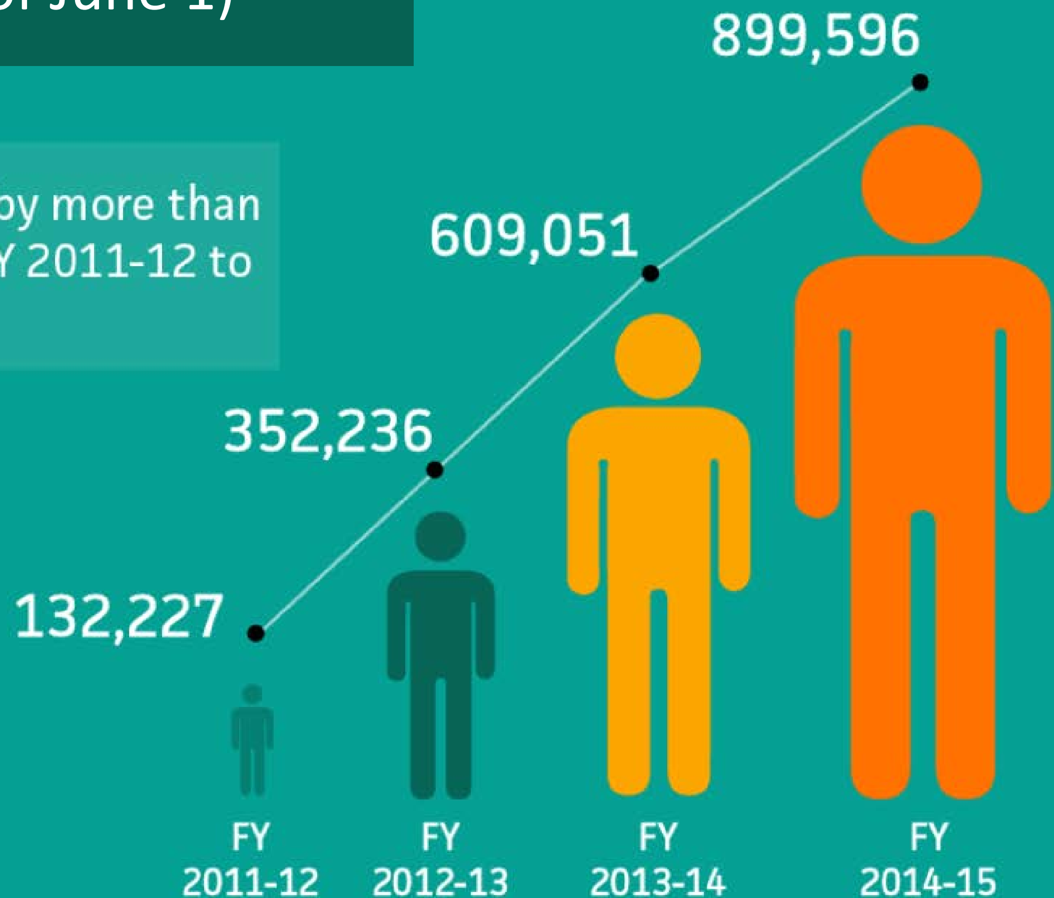
Avoidable Care

Of those who went to the ER, went for a condition that could have been treated by a regular doctor **51.6%**

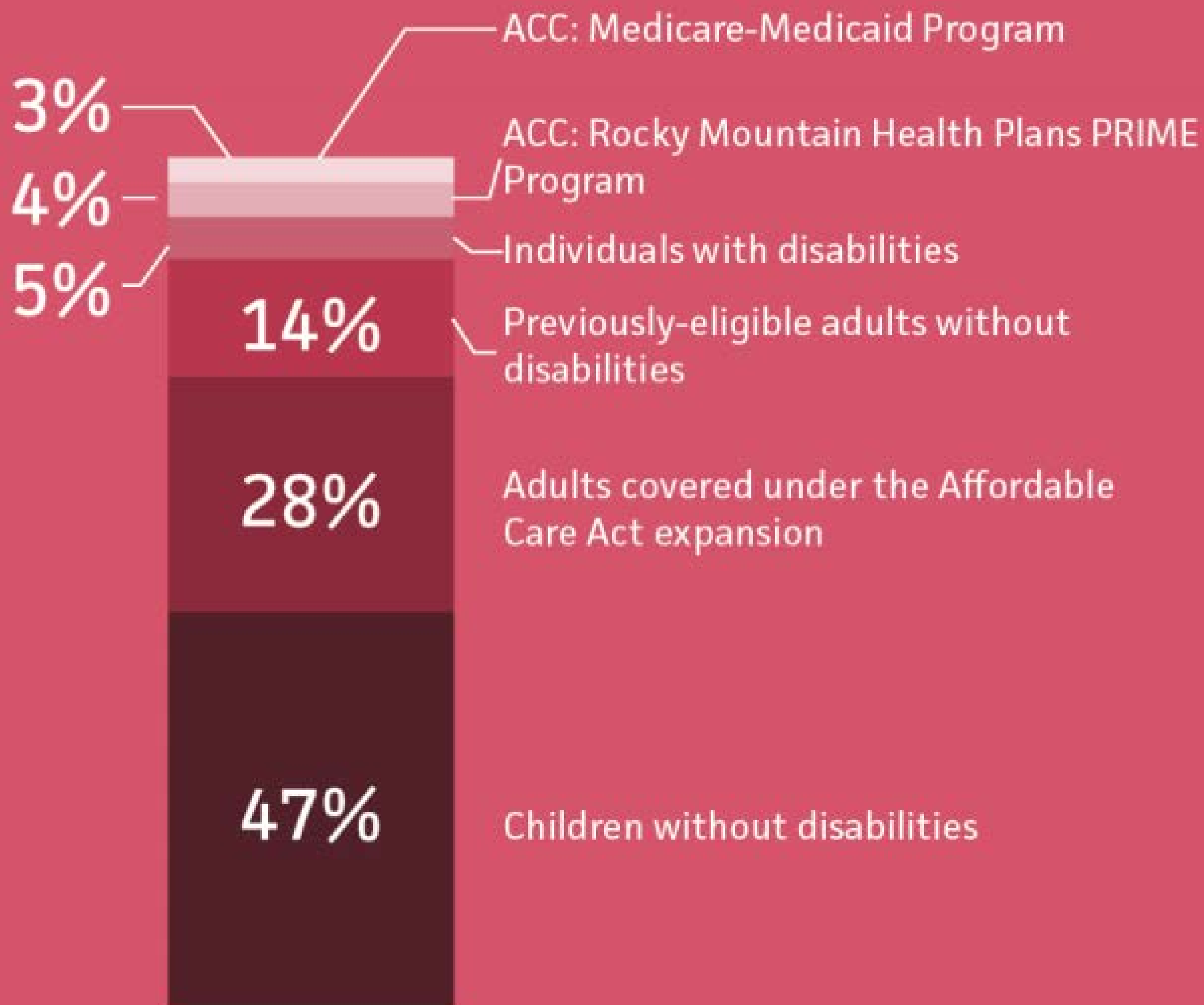
Updated October 2015 • Data source details available at ColoradoHealthInstitute.org/COAccessIndex

#COHealthInst

… and HCPF Released the 2015 ACC Annual Report

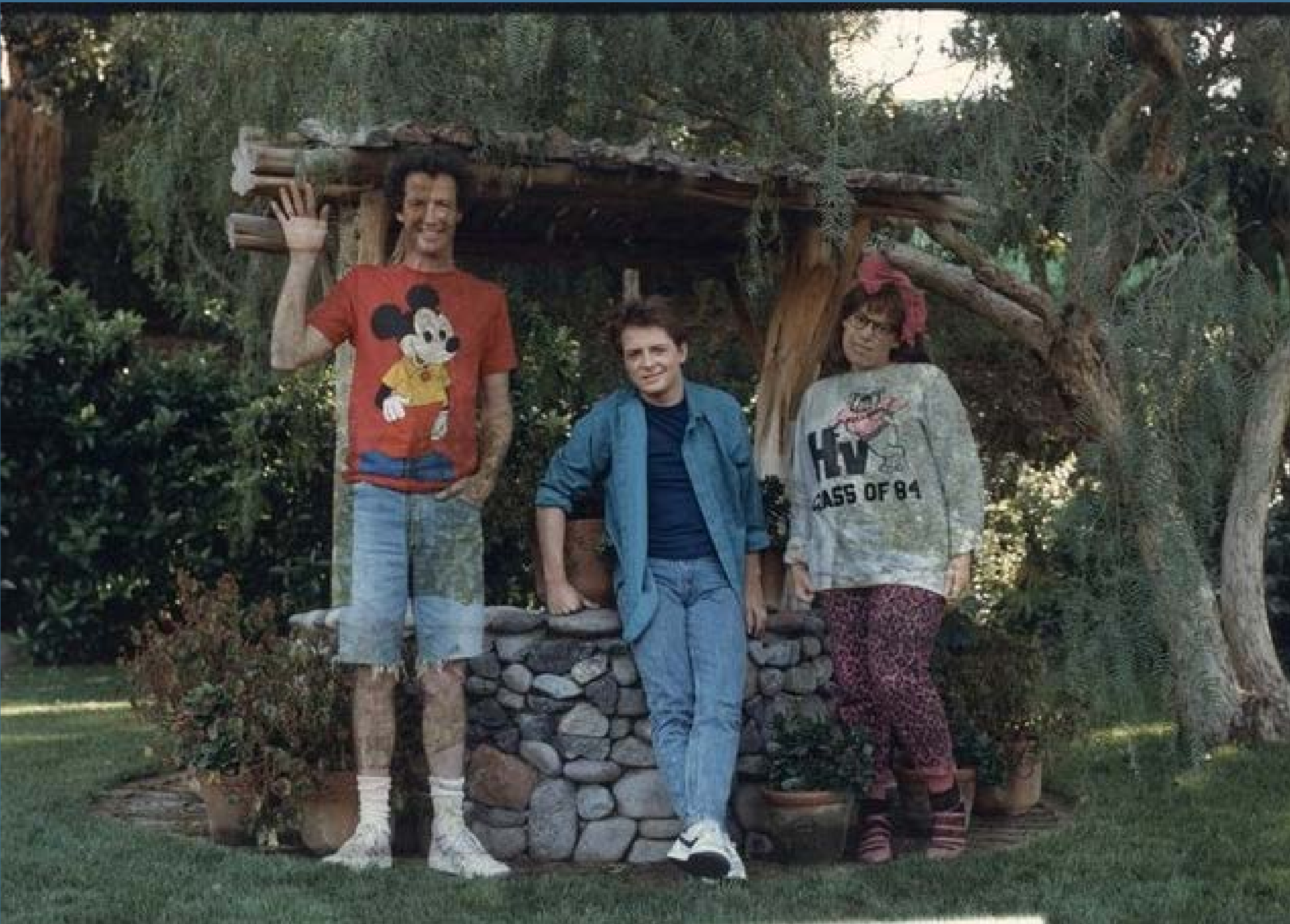


ACC Enrollment as of June 2015



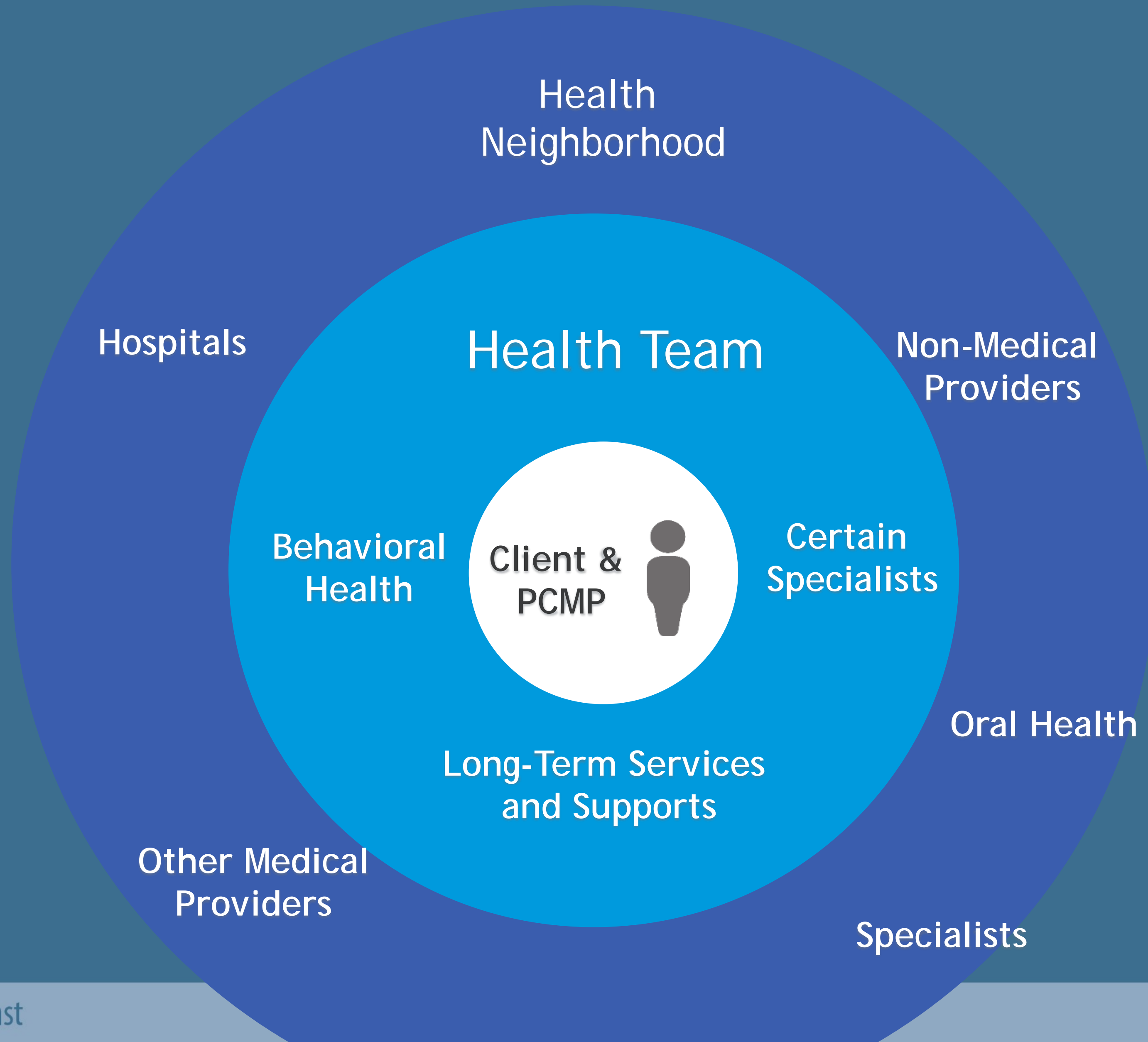
Estimated ACC Savings: FY2014-15

- Estimated avoided medical costs = **$121 million**
- Administrative costs = **$84 million**
- Estimated savings = **$38 million**



Introduction to the Health Team

Phase II Health Team and Health Neighborhood



Health Teams in the ACC Phase II

- The core Health Team includes the Client and the Primary Care Medical Provider.
- Other members may include behavioral health providers, LTSS provider or specialists responsible for the majority of the client's care.

Responsibilities of the Health Team

- Develop a care plan if needed.
- Provide team-based care, which may include primary and non-primary care providers, front desk staff, pharmacists, behavioral health specialists, lay health workers and social workers, among others.
- Coordinate care.

Looking Back:
The Medicaid Accountable Care Collaborative Evaluation Year 1 Findings

Colorado School of Public Health

ACC Evaluation

Year 1 Summary

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University of Northern Colorado

Funder Sponsors

ACC evaluation is supported by the Colorado Health Foundation and Rose Community Foundation

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Project Summary: Mixed Methods

Quantitative Analysis

- Year 1: Sample Period: July, 2009 – June, 2014
  - Impact on utilization and spending, total and by service type
  - E&M visits to attributed PCMP vs. other PCP
  - Preliminary estimates on quality/outcomes and dual-eligible

- Year 2: Sample Period: July, 2009 – June, 2015

Project Summary: Mixed Methods

Qualitative Analysis

- Year 1: 41 interviews of PCMP
  - Initial analysis of identified major themes
- Year 2: Targeted interview to fill gaps
  - In-depth analysis using rigorous qualitative methods

Mixed Methods: Quantitative tests of qualitative hypotheses

Quantitative Analysis: Year 1 Results

- Lower spending on AFDC/BC enrollees of $14-$16 PMPM
  - Persistent over time
  - Within the range of HCPF's early estimates
  - Controls for fixed PCMP characteristics (PCMP Selection via Fixed Effects)
  - Controls for patient selection (on observables) w/ inverse probability weighting
- Lower followed by flat/increased spending by Dual (MME) population
  - Relatively small group (both ACC and control group)
  - Dual demo currently not in specification

Quantitative Analysis: Year 1 Results

- PCMP are visited **IF** enrollee has E&M visits
  - Substantial number of enrollees had no E&M visits
  - Ongoing analysis of the impact of any vs. no E&M visits

- Analysis of quality and outcome measures inconclusive
  - Further investigation with more data

Qualitative Analysis: Year 1 Results

- Overall impression of ACC is consistently positive
  - Consistent across practice size (defined using # of attributed ACC enrollees)
  - Large practices already implemented many of aspects of coordinated care
  - Medium-sized practices perhaps most impacted by ACC
  - Smaller-practices aspirational (or, at times apathetic)
- Pediatric practices
  - Would like flexibility for ACC to be more pediatric-centric
  - For example, KPIs could reflect pediatric care as distinct from adults

Qualitative Analysis: Year 1 Results

- SDAC information
  - Useful for benchmarking **but** real-time data is needed to make it actionable
    - Attribution
- Care Coordination
  - Variation
  - Enthusiasm for clinic employed care coordinators (but need scale)
  - Grants were important to set up, BUT can efforts be sustained with PMPM?
- Need more patient education
  - Role of PCMP; understanding of options besides ED; Compliance

Next steps: Quantitative

- Test emerging themes from qualitative analysis
- Examine emerging question to support policy
- Possibilities include:
  - PCMP utilization and outcomes
  - Incorporate MHSA data for baseline on ACC phase II
  - Heterogeneous Effects
  - Quality/utilization measures
  - Alternative control groups—Encounter data; Other states

Next steps: Qualitative

- Incorporate formal coding
  - More nuance and consistency
  - Define gaps to focus next round interviews
    - Gaps in practice type and/or geographic dispersion
    - Follow-up on new themes that emerge
- Variation in practice preferences about RCCOs
- Difference in dual vs. standard population
- Identify specific areas that can inform ACC improvements

Discussion Questions

- In what ways can these findings be operationalized?
- Are there other considerations for Year II of the current evaluation?
- How could rapid cycle evaluation be incorporated?
- What is the role of evaluation in Phase II?

Looking Ahead:
The Vision for the Health Team

Colorado's Accountable Care Collaborative Phase II

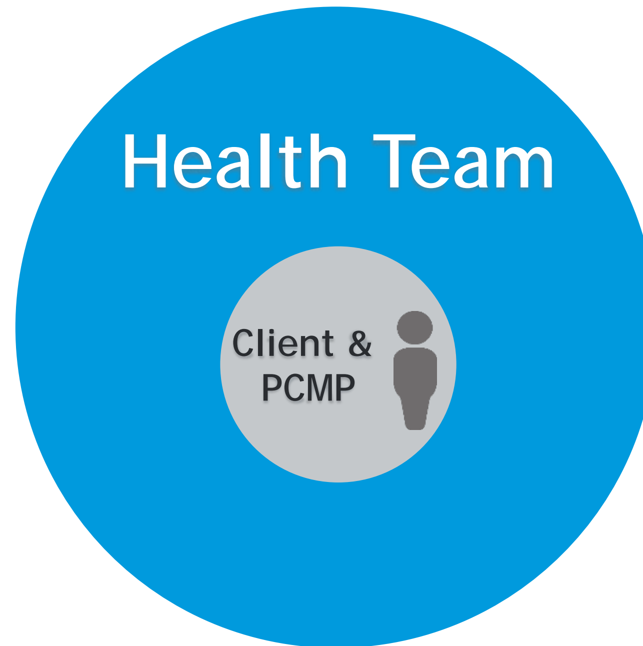
An Overview

Kathryn M. Jantz
ACC Strategy Lead

COLORADO
Department of Health Care Policy & Financing

Current: Primary Care Medical Provider (PCMP) Role

- Approximately 550 PCMPs
- PCMPs serve as Medical Homes
- Member/family centered
- Whole-person oriented
- Promotes client self-management
- Care provided in a culturally and linguistically sensitive manner



Welcome to Medicaid!

Step One: Connect to a Regional Accountable Entity

Step Two: Onboarding

Phase II: Health Team

Integrated

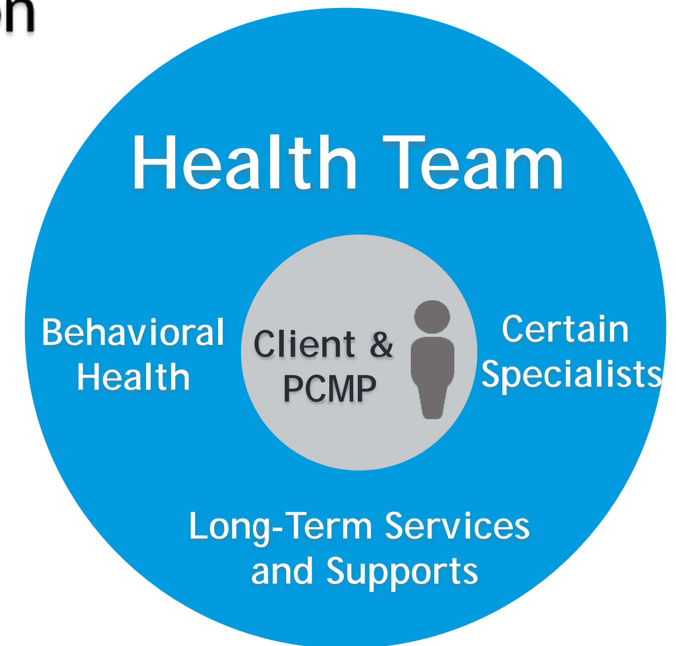
- Integrated physical and behavioral health

Coordinated

- Care Coordination

Efficient

- Team-based care
- Non-traditional health workers



Benefits to the Health Team

- Data
- Practice Support
- Care Coordination support
- Some financial opportunities

Phase II: Health Neighborhood

Thank You

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COLORADO
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Policy & Financing

Hearing From You #1: The Role of Clients

Issue: *In Phase II, clients are core members of the Health Team. Successful client engagement will be become even more crucial.*

- What unique needs of clients should be considered that will enable them to participate as a member of the Health Team?
- What tools or information have you found useful to encourage client engagement?

Hearing from You #2: Attribution

Issue: *In Phase II, clients will be more strongly encouraged to seek care with their attributed PCMP.*

- What incentives or disincentives can be used to encourage clients to seek primary care only within their Health Team?

Hearing from You #3: Health Team Expectations

Issue: *Health Teams will likely involve staff from two or more practice sites.*

- Based on your experience, what resources or support would facilitate coordination among the Health Team members?
- What requirements – if any – should be established for providers to be considered a member of the Health Team?
- What support for wraparound services can the Regional Accountability Entity (RAE) provide to Health Teams?

Additional Questions

- How can the RAE support members of the Health Team?
- What is the role of the specialist in Phase II?
- What data will be necessary to support this effort?

2016 SNAC Lab Dates

- January 27
- March 17
- May 19
- July 13
- Sept 22
- Nov 17

All SNAC Labs scheduled for 12:00-1:30 pm at the Colorado Health Institute.

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