The Medicaid ACC:

Examining the Past, Looking to the Future

Proceedings from the fourth SNAC Lab

January 10, 2013

Introduction

The Colorado Health Institute (CHI) and its Safety Net Advisory Committee (SNAC) convened the fourth SNAC Lab on January 10, 2013. The overarching goal of the learning lab series is to synthesize input from safety net stakeholders and develop a shared body of knowledge on early successes and challenges in the Medicaid Accountable Care Collaborative (ACC) for state health policy leaders and future initiatives.

The specific objectives of the January meeting were to:

- Identify how Regional Care Collaborative Organizations (RCCOs) and providers have leveraged data to inform their care coordination practices and what challenges remain.
- Discuss the ACC cost savings report published in November.
- Brainstorm how the ACC and the SNAC will proceed in the future.

Jeff Bontrager CHI's Director of Research on Coverage and Access, led a discussion based on his presentation, *The Medicaid ACC: Examining the Past, Looking to the Future*.

Ross Brooks, executive director of Mountain Family Health Centers, and Medical Director Ken Davis made a remote presentation from Glenwood Springs, where the rural federally qualified health center is based.

They talked about how their rural community health center has leveraged data to improve health.

They said Mountain Family Health Centers uses a variety of data sources to meet their goal of improving the health of their patients as well as improving the health of their community. In addition to the data indicators provided through the ACC's Statewide Data and Analytic Contractor (SDAC), their toolkit includes:

- NextGen – The electronic medical record (EMR) used by their clinics.
- Quality Health Network (QHN) – A non-profit organization that facilitates health information exchange on Colorado's Western Slope.
- IndiGO – Software that assists physicians, other providers and patients in making medical decisions. The system calculates risk that a patient will have a heart attack, stroke or the onset of diabetes, among other medical conditions.

Brooks and Davis said that these tools have helped with prediction and prioritization of health needs. The data have helped to identify patients that use a high volume of services, known as hot spotting. Also, they said, shared decision-making between patients and providers has increased.

Patrick Gordon, director of government programs for Rocky Mountain Health Plans. pointed to some challenges of the tools, including not having information on an entire population, timeliness and difficulty with connecting to behavioral health organization data.

The Statewide Data and Analytics Contractor, Treo Solutions, has generated an online "dashboard" for viewing selected Medicaid claims-based metrics. These metrics include total cost of care, the number of potentially preventable medical events and utilization, as well as the Key Performance Indicators, which include the number of hospital readmissions, emergency department visits and high cost imaging services.

Because these metrics are claims-based, there is a lag between the time an incident occurs and when it is reported by the SDAC. Some RCCOs are forming relationships with community providers to obtain more real-time data. For example, a RCCO may form a relationship with a community hospital so that when one of their clients visits that hospital's emergency department, the RCCO is notified and can begin to initiate care coordination and patient support services.

Abby Brookover, who represents RCCO 6, said: "We're trying to foster those partnerships with Exempla and Centura hospitals so that when a client arrives at the hospital's doorstep, we're notified."

Still, these relationships can be difficult to arrange. Michele Mills, who represents the Colorado Rural Health Center, said: "Many rural health clinics are still on paper records. They don't have the staff to optimize their data."

Other participants said that providers may operate with different software, making data-sharing more cumbersome.

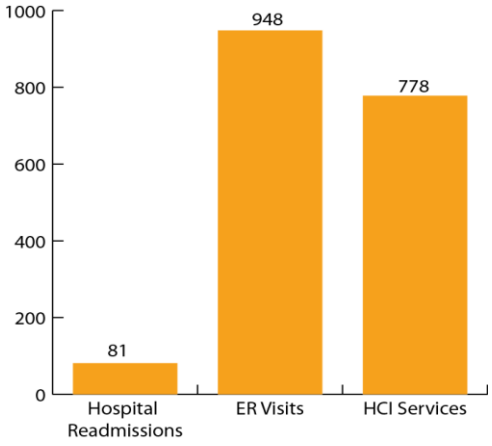
Brandi Haws of RCCO 7, and Terri Hurst Greene, representing the Colorado Behavioral Health Council, said that behavioral health data are an important component for care coordination.

Bob Pirtle, who represents the SDAC, said that data will be reported more quickly, allowing RCCOs to better serve their clients.

Preliminary Analysis of the ACC's Key Performance Indicators

In November 2012, the Colorado Department of Health Care Policy and Financing (HCPF) published the first annual report of the ACC.[1] The report said that the ACC achieved estimated gross savings between $9 and $30 million, with administrative costs totaling $18 million. In other words, the ACC may have saved $12 million or operated at a loss of $9 million. HCPF estimated the net savings during FY2011-12 at about $3 million (the midpoint). The ACC also showed progress on its Key Performance Indicators. Figure 1 illustrates the number of high-cost services avoided by ACC enrollees.

Figure 1. Estimated number of high cost services avoided among ACC enrollees, FY2010-11 to FY2011-12.



Measuring the Success of the ACC

SNAC Lab members discussed additional measurements of ACC performance. Consumer advocates emphasized considering the patient experience of care. HCPF and CHI's work on the 2013 RCCO Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey may become an important tool for assessing patient satisfaction across RCCOs and between ACC enrollees and regular fee-for-service Medicaid clients. Other participants suggested measuring the level of the ACC's engagement across all health providers, including behavioral health, oral health and hospitals.

Whitney Connor, who represents the Rose Community Foundation, asked the group to consider metrics for other patient populations, including children and those dually eligible in Medicare and Medicaid.

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[1] HCPF (2012). *Report to the Joint Budget Committee: Accountable Care Collaborative Annual Report*. Available at http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1233759745246.

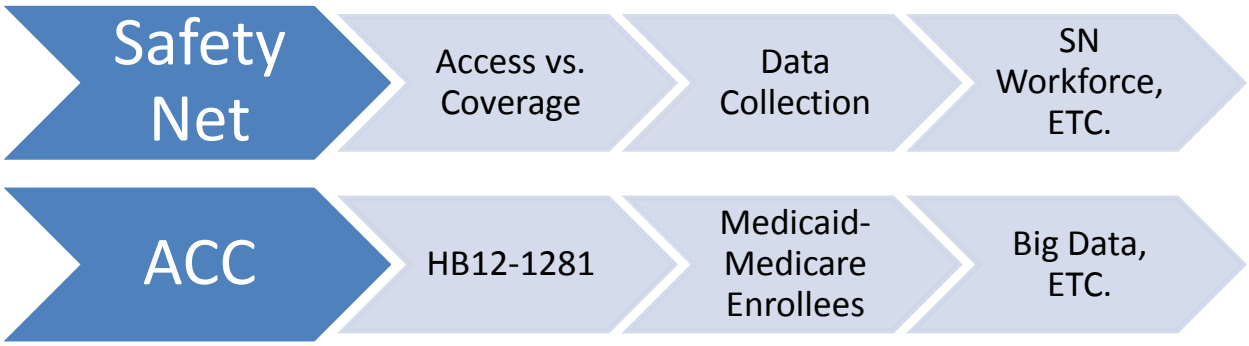
Jenny Nate, who represents the Center for Improving Value in Health Care, suggested compiling the varying interventions going on across the state in the ACC. "We need to build a body of evidence to discover what works," she said.

The SNAC Labs Going Forward

CHI proposed two models for 2013.

Combined Model

Parallel Model



The combined track option would feature alternating quarterly meetings on the ACC or broader safety net issues, including health care access, coverage, data collection and the safety net workforce. SNAC members agreed that there was a need for a forum for general safety net issues outside of the ACC. CHI will present a proposal at the next SNAC Lab meeting on April 25, 2013.

Attachment 1: List of SNAC Lab Attendees—January 10, 2013

Sharon Adams, *ClinicNET*

Abby Brookover, *Colorado Community Health Alliance /Physician Health Partners*

Mary Brown, *Quality Health Network*

Karen Cody Carlson, *Oral Health Colorado*

Whitney Connor, *Rose Community Foundation*

Joel Dalzell, *Colorado Department of Health Care Policy and Financing*

Gail Finley, *Colorado Hospital Association*

Patrick Gordon, *Rocky Mountain Health Plans*

Brandi Haws, *AspenPointe*

Peggy Herbertson, *SET Family Medical Clinic*

Terri Hurst Greene, *Colorado Behavioral Health Council*

Kathryn Jantz, *Colorado Department of Health Care Policy and Financing*

Mark B. Johnson, *Jefferson County Public Health*

Laurel Karabatsos, *Colorado Department of Health Care Policy and Financing*

Erin Lantz, *Colorado Community Health Network*

Marc Lassaux, *Quality Health Network*

Gretchen McGinnis, *Colorado Access*

Michele Mills, *Colorado Rural Health Center*

Jenny Nate, *Center for Improving Value in Health Care*

Aaron Neiderhiser, *Colorado Department of Health Care Policy and Financing*

Maureen O'Brien, *Colorado Foundation for Medical Care*

Bob Pirtle, *Treo Solutions/Statewide Data and Analytics Contractor*

Mark Schifferns, *Fort Collins Family Medicine Center*

Gary VanderArk, *Colorado Coalition for the Medically Underserved/Doctors Care*

CHI Staff:

Jeff Bontrager

Brian Clark

Deb Goeken

Michele Lueck

Westley Mori

Natalie Triedman