CHI SNAC LABS 2015

Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

SNAC Lab Takes a Look Back and a Look Ahead at the ACC

NOVEMBER 18, 2015

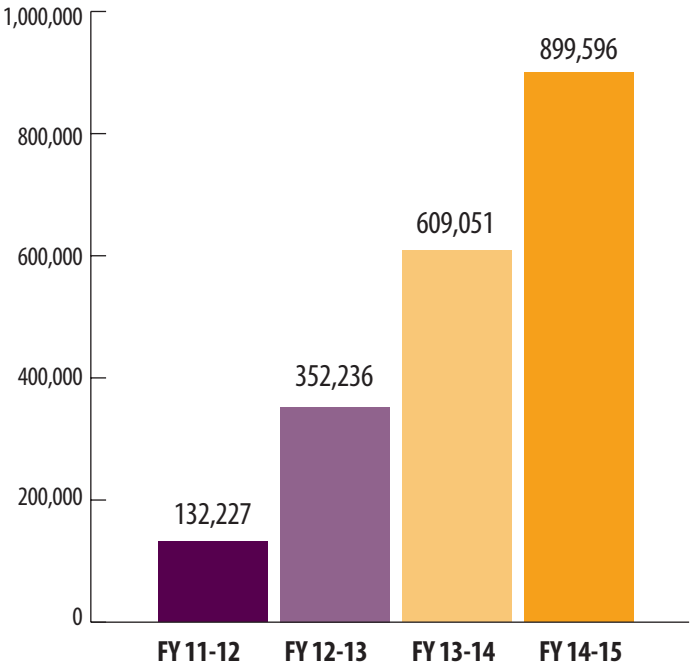
Introduction

Colorado Medicaid's Accountable Care Collaborative (ACC) has a lot going on. It can be hard to keep up with enrollment numbers, the first results from a major evaluation, and plans for the future. The November 18 Safety Net Advisory Committee (SNAC) Learning Lab rounded up the latest news and looked at the ACC in the past, present and future.

Primary Themes

- ACC enrollment has grown nearly six times from its 2011-12 level, while cost savings have expanded.
- An academic evaluation of the ACC shows cost savings and an overall positive impression of the program by providers.
- The next version of the ACC will seek to integrate patient care through Health Teams and Health Neighborhoods.

Figure 1. ACC Enrollment



Source: Department of Health Care Policy and FInancing

ACC Enrollment Climbs

The ACC is the Department of Health Care Policy and Financing's (HCPF) major initiative to provide patient-centered, cost-effective care to Medicaid clients. It began enrolling clients in 2011.

By the end of June 2015, ACC enrollment had grown to nearly 900,000, meaning that a large majority of all Colorado Medicaid members now are enrolled in the ACC. (Figure 1.) Nearly half of them are children.

HCPF estimates that the ACC returned a net savings of $38 million in Fiscal Year 2014-15, up from about $30 million the year before. The net savings include increased administrative costs of $84 million and avoided medical costs of about $121 million.

HCPF released its fourth annual report to the legislature (available here) and a Concept Paper for Phase II of the ACC in October. It can be read here.[1]

[1] Web links for ACC reports from HCPF:

Report to legislature: http://1.usa.gov/1OyoICs

Concept Paper: http://1.usa.gov/1OlKp9Z

Evaluation Returns Positive Results

The Colorado School of Public Health has begun a multi-year evaluation of the ACC, and project leaders shared their early results with the SNAC Lab audience.

Overall, the evaluation found both cost savings and a positive reception by medical providers who treat ACC clients. Providers say it is a good first step, but more improvements could be made.

The evaluation combines quantitative and qualitative methods. Researchers examined claims data from July 2009 to June 2015. They also conducted a poll of 41 primary care medical providers, and they plan to follow up with targeted interviews in the next year.

The evaluation credits the ACC with saving a per-capita average of $14 to $16 per month for standard enrollees. Spending for Medicare-Medicaid enrollees follows a different path, dropping at first and then flattening or increasing, according to the evaluation.

Large practices (those with at least 5,000 patients) were the most enthusiastic about the ACC, though they would like to see the ACC become more streamlined and contract directly with the state, taking out the "middleman" — the Regional Care Collaborative Organizations (RCCOs).

$14 to $16 per month:

Per-capita cost savings for standard enrollees of the ACC, according to an academic evaluation

Medium-sized practices (those with 500 to 5,000 patients) told the evaluators about significant efforts they made to comply with the ACC, including hiring new staff to handle care coordination. The ACC's per member per month payments were insufficient to cover the increased costs for mid-sized practices. Outside grants played a big role in helping these practices comply.

Smaller practices (with less than 500 patients) had varied results, and some were less up-to-speed and not very knowledgeable about the ACC or their RCCO.

Pediatric practices told evaluators they would like the ACC to be more flexible for their young patients. These providers said it seems like the ACC was built for an adult population.

Practices of all sizes struggled to make use of the data sharing the ACC is supposed to provide. Medical providers want to use patient data, but they need it to be reported in a more timely way in order to act on it.

Many practices see care coordination as fundamental to the ACC. They were more supportive of care coordination efforts done within the practice than they were for coordinators from outside the practice.

Providers also reported a need for more patient education. Several practices reported taking steps to ensure same-day and after-hours appointments, but patients are still going to the emergency department.

New Focus on Health Teams

HCPF is planning to overhaul the ACC's structure. The department released a concept paper on its plan in October, which has generated much discussion. HCPF presented an overview at the October 8 SNAC Lab, and HCPF's Mark Queirolo returned for the November 18 SNAC Lab to talk in greater detail about the department's thinking.

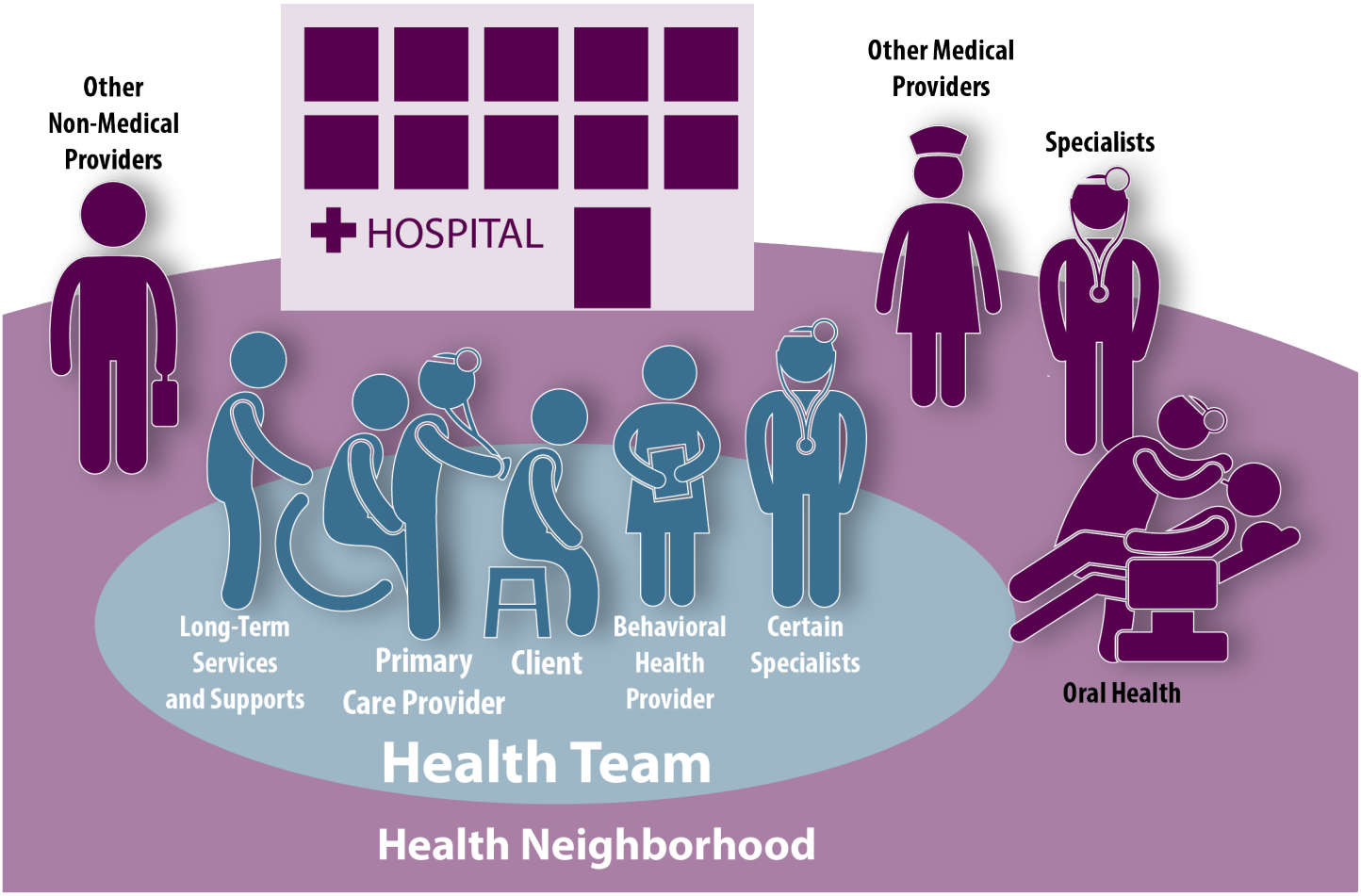
Phase II of the ACC will seek to integrate behavioral health providers. Behavioral and physical health providers will work side-by-side on Health Teams. Seven new Regional Accountable Entities (RAEs) will replace the RCCOs and coordinate both physical and behavioral health in each region.

HCPF plans to update the process for joining the ACC. Clients will be enrolled automatically and assigned a medical provider as soon as they sign up for Medicaid. New patients will be screened for special health needs after enrollment, with the goal of identifying the highest-risk patients and providing needed services as soon as possible.

The Health Team concept is based on the patient-centered medical home model that the original ACC embraced. Care is centered on members and their families, and providers are expected to address all of a person's health needs, not just physical conditions. The Health Team will have the patient and primary care provider at its center. The team also includes behavioral health providers, certain specialists and organizations that provide long-term services and supports.

RAEs will be responsible for providing practice support and care coordination support to the Health Teams. Every member of the Health Team also will have access to patient data through an online portal.

Figure 2. Concept for Health Teams and Health Neighborhoods in the New ACC



A broader Health Neighborhood will include other specialists, oral health, non-medical providers and hospitals.

The ACC is an iterative program, Queirolo said. The current focus is on integrating behavioral health providers, but HCPF is thinking about future steps to weave in important services such as oral health and social supports.

The SNAC Lab Discussion

The audience had plenty to say about both the evaluation and HCPF's plans for Phase II of the ACC.

Evaluation

Professor Greg Tung of the Colorado School of Public Health answered questions about the evaluation.

When a questioner noted the evaluation did not measure patient satisfaction, Tung said he frequently gets "zinged" for not addressing the topic. Project leaders are looking for funding to add patient satisfaction with the ACC to their study, he said.

One audience member suggested the evaluation look at the cost savings associated with different key performance indicators (KPIs). He said his organization performs poorly on the KPI for emergency department use among its patients, but saves money overall. That could mean that other potential KPIs are more important to saving money than the emergency department measurement.

Phase II

The first question for HCPF was about how providers will be paid. Queirolo said the department will pay providers directly, instead of sending payments through the RAEs. There will no longer be a capitated payment for

behavioral health. HCPF's goal is a "fee for value" system, rather than a fee-for-service system.

Another audience member wanted clarification on whether there would be a Health Team for each client, or one team at each practice. Queirolo said the Health Team is a client-centered concept. Not every client will need a complicated Health Team, but at a minimum every team will include the client and a primary care provider.

Queirolo was asked what happens when a client refuses to participate in care coordination. He said HCPF would respect that decision because the ACC is a client-focused system. He asked the members of the audience how they handle that situation now. One member of the SNAC Lab audience said that if clients want to opt out, the RCCO will contact them and try to persuade them to stay. The RCCO will keep contacting them and continue to take responsibility for all clients as long as they are enrolled.

Attendees also discussed the role of hospitals, which are often the first point of contact for patients who have not been using a regular source of care.

RCCO representatives said they have the best luck engaging these patients when they are still in the hospital, and a RCCO care coordinator can be there to talk to the patient, nurse and discharge planner. It's harder to find patients once they leave the hospital. Others said hospitals are highly motivated to coordinate post-discharge care, because Medicare is judging them on their readmission rates. One audience member indicated that hospitals do not seem as motivated to work with others in the community on care coordination. RAEs will be tasked with building a Health Neighborhood that includes hospitals.

SNAC Labs 2016

Mark your calendar for these six dates:

- January 27
- March 17
- May 19
- July 13
- September 22
- November 17

All SNAC Labs are from 12-1:30 p.m. at the Colorado Health Institute.

Conclusion

The ACC is moving fast. With membership approaching one million Coloradans, it is preparing for a major update that will integrate behavioral health providers and change the way all providers are paid.

Initial results from an ongoing evaluation suggest that the ACC is saving money and that providers are satisfied overall with the direction of the ACC's reforms.

Organizations Represented at the November 19, 2015, SNAC Lab

- 3M
- Children's Hospital Colorado
- ClinicNET
- Colorado Access
- Colorado Association for School-Based Health Care
- Colorado Children's Campaign
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Alliance
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- The Colorado Health Foundation
- Colorado Hospital Association
- Colorado School of Public Health
- Delta Dental Foundation
- Inner City Health Center
- Jefferson Center for Mental Health
- Kaiser Permanente
- Mile High Health Alliance
- North Colorado Health Alliance
- Oral Health Colorado
- Rocky Mountain Youth Clinics
- SIM-State of Colorado
- Steadman Group
- Telligen
- The Independence Center
- University of Colorado Denver
- Value Options

Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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