MEDICAL HOMES FOR THOSE WITH DISABLING CONDITIONS

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American Hospital Association

Patient Centered Medical Homes: Key Attributes

1. Person-centered
2. Comprehensive
3. Accessible
4. Coordinated
5. Committed to quality and safety through a systems approach

Source: Agency for Healthcare Research and Quality

Patient Centered Medical Homes Certification and Accreditation

1. Accreditation Association for Ambulatory Health Care
2. The Joint Commission
3. National Committee for Quality Assurance
4. Utilization Review Accreditation Commission

Source: The Patient-Centered Medical Home's Impact on Cost & Quality, January 2014

Three Post-Acute Care Patient Centered Medical Home Models

1. AXIS Healthcare
2. Courage Kenny Rehabilitation Institute
3. Community Care Alliance of Illinois

AXIS Healthcare: Background

- 1991 - Institute of Medicine proposes disability care coordination organization
- Contract with state Medicaid programs and managed care organizations to arrange or provide disability-competence health and social services
- People with disabilities have generally high health care costs and lower health-related quality of life, so reasonable conclusion that these individuals would benefit program

AXIS Healthcare: Disability Care Coordination in Minnesota

- Minnesota on vanguard of statewide health improvement initiatives (e.g., Minnesota community measures)

- Midwest culture + rehabilitation organizations + IOM challenge = Minnesota Disability Health Options (MnDHO)

AXIS Healthcare: MnDHO Constituents

- AXIS Healthcare is care coordination company started by two leading rehabilitation providers in MN: Courage Center and Sister Kenny Rehabilitation Institute. Each put in $250,000 to start AXIS www.**axis**health.com

- Ucare is an independent, not-for-profit Minnesota and Wisconsin health plan known for work with Medicaid and dual-eligible beneficiaries https://www.**ucare**.org

- State of Minnesota Department of Human Services

AXIS Healthcare: MnDHO Description

- Voluntary managed care program
- Available to some Minnesota Medicaid and Medi/medi adults 18-65
- And, certified blind or disabled through social security administration or state Medical Review team (SMRT)
- Also open to individuals receiving home and community services through Community Alternatives for Disabled Individuals (CADI) or TBI waiver program enrollees
- Ended 2010

AXIS Healthcare: MnDHO Key Quality Measures

- Compare to historical levels
  - Decreased emergency department use
  - Decreased hospital admissions
  - Increased living in non-institutional settings
  - Increased generic use
- Two sided risk contract for AXIS
  - If goals met, AXIS got a financial bonus
  - If not, AXIS paid state and UCare

AXIS Healthcare: Services

- RN or social worker case manager/trusted advisor ("Call AXIS first")
  - Accompanied MD visits
  - Develop individual plan with beneficiary ("AXIS: where care revolves around you")
  - Disability competency (longevity, lived experience)
  - Phone and in-person coordination with beneficiary
- No providing of care; parlayed informal network
- Always a question of what the magic ingredient(s) is(are)

AXIS Healthcare: Payment

- Approximately $600 PMPM for care coordination (initially high)
- Resulted in:
  - Lots of services provided to every beneficiary (no risk or need stratification)
  - In some cases unnecessary paternalism
  - Bloated office

AXIS Healthcare: Business Results

- Higher costs during first year of enrollment than received as part of PMPM
  - Mean expenditures increased by factor 1.75 after enrollment due to care coordinators' proactivity to reduce disparities (DME, services, etc.)
  - If individuals persisted in program 3 years or more, medical costs dropped by more than the cost of care coordination
  - Fragile business model

AXIS Healthcare: Changed Market Conditions

- Financial Crisis of 2009
- State says “we’re broke”
- Eliminate at risk relationship and drop PMPM to ~$180/month
- New position as physician-in-chief Sister Kenny Rehabilitation Institute and “other duties as assigned” include becoming board chair of AXIS

AXIS Healthcare: Next Steps

- Bridge infusion of $200,000 from each owner
- Determined through many face to face meetings that certain AXIS team members were not able to see a way forward with marked PMPM reduction and changed financial arrangements (lost some experienced case managers and executive director)
- Developed new business model

AXIS Healthcare: New Model

- Relationships with multiple insurers and directly with counties
- Need stratified beneficiaries (silver lining)
- Jettisoned accompanied visits
- Changed ratio of case manager : beneficiaries from ~1:25 to ~1:50
- FTE count for organization dropped by 40%
- Lean office space to reduce rent costs

AXIS Healthcare: Consequences

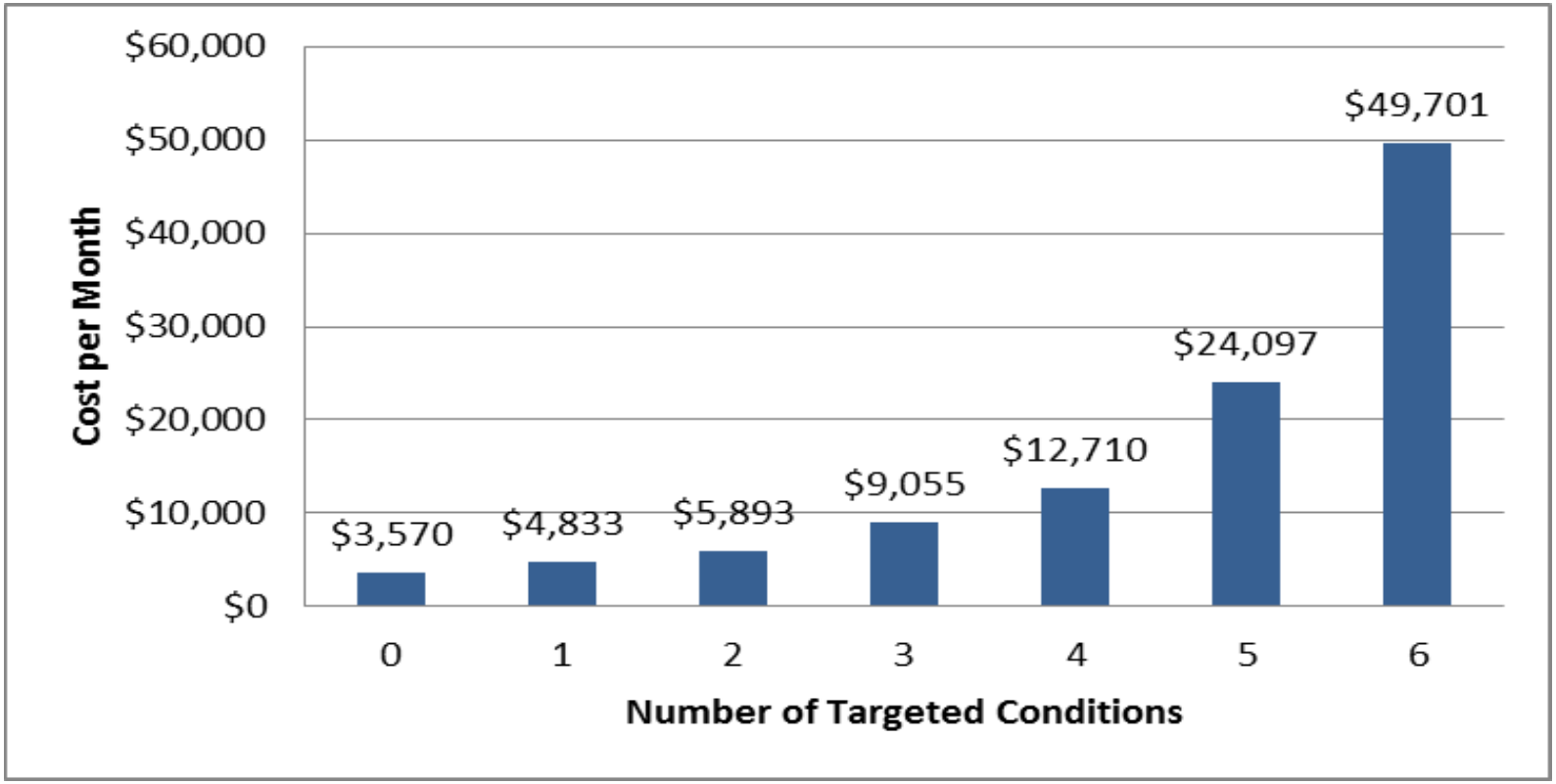
- Whether at higher or lower PMPM, quality measures typically met:
  - ✓ Reduced ED visits
  - ✓ Reduced LOS >> reduced admissions
  - ✓ Increased generic use
  - ✓ Increased community-dwelling
- Increased engagement
- Increased financial stability
- Grew from 1,200 enrollees to 3,000

AXIS Healthcare: What MnDHO Did Not Do

- Provide healthcare
  - ✓ Informal relationships with community and rehabilitation providers, primary and specialist physicians
- Actively work to change patient engagement

Consequently:
Left space for others more committed to holistic care to develop medical homes for individuals with disabling conditions, which to a degree duplicated, subsumed, and augmented AXIS' work

Courage Kenny Rehabilitation Institute: Health Care Costs Across the Population



Tillit Report on 1250 clients in integrated managed care program, 2007.

Courage Kenny Rehabilitation Institute: Starting the Clinic

- Reverse engineered medical home into existing specialty clinic

- Business model
  - ✓ 1/3 of Courage Center budget was funded by philanthropy
  - ✓ Clinic was started with $200,000 from Mn DHS
  - ✓ Centers for Medicare and Medicaid Innovation Health Care Innovation Grant $1.8 M over 3 years
  - ✓ Courage Center merged with Allina Health Sister Kenny Institute in June 2013

- Negotiated with individual insurers, able to develop incentive contract/payment plan with 2 of 4 plans

Courage Kenny Rehabilitation Institute: Clinic Model

- Client centered
- Fully accessible – turning radius, lifts, scales, 6 X 8 high/low mats as exam tables
- RN Care Coordinators (ratio 1:60)
- Motivational Interviewing – Clinic staff fully trained, focused on long-term outcomes and relationships
- Outcomes are client-centered
- Client Advisory Committee/focus groups

Courage Kenny Rehabilitation Institute: Expanded Services through CMS Grant

- Community Based Services – long-term in-home waiver funded support for persons at high risk for institutionalization (Independent Living Skills Services) – CMS grant funds for non-waiver eligible
- Telemedicine to circumvent transportation challenges
- Chronic Disease Self-Management Program through CMS grant

Courage Kenny Rehabilitation Institute:

	Goal	Measure	Outcomes
Better Health	Improve patient's perception of health	CDC Healthy Days	40% of patients enter with 0/30 healthy days After 6 months, average patients had increased from 14.9 healthy days a month to 17.2 healthy days a month
	Decrease severity of depression	PHQ-9	For those patients with depression, decrease in depression score by 5.4 points in first year of enrollment
Decreased Cost	Decrease the rate of hospitalizations	PMPY hospitalization days	Reduced hospital days by 58% after admission to primary care clinic Saved $12,400 per person per year *Not independently verified, methodology verified by MN DHS 2010
Better Experience of Care	Improved patient engagement	Patient Activation Measure	85% of patients are in top 2 tiers of activation at 6 months
	Satisfaction Surveys	Courage Kenny Satisfaction Surveys	84% of patients would recommend Courage Kenny Advanced Primary Care clinic to others

Courage Kenny Rehabilitation Institute: Sustainability Plan

1. Negotiate better reimbursement with MN DHS, as a part of a Minnesota Medicaid contract to expand services

2. Contract with private payers for improved reimbursement to cover costs and share savings

3. Seek out other private donors to help cover costs

4. Appeal to Courage Kenny Foundation and the Allina Foundation for support

Courage Kenny Rehabilitation Institute: Recommendations

- Know your population
  - ✓ Most common causes of avoidable hospitalization
  - ✓ Accessibility needs
  - ✓ Highest cost events
- Identify the sources of cost
  - ✓ Hospitalizations are the biggest drivers of health costs for our target population
- Focus on social determinants of health
  - ✓ Housing, transportation, access to food, health care, and medication

Community Care Alliance of Illinois

Community Care Alliance of Illinois:
Overview of Illinois' Medicaid Integrated Care Program (ICP)

- Public Act 96-1501 (also known as "Medicaid Reform") requires that 50% of Medicaid clients be enrolled in care coordination programs by 2015.
- Illinois elected to start with seniors and adults with disabilities with the Integrated Care Program in 2010 (e.g., the highest utilizers of services and the most expensive).
- There is also a Dual Alignment (Medicare- edicaid) initiative

Community Care Alliance of Illinois

Community Care Alliance of Illinois:

Integrated Care Program (ICP)

- The Integrated Care Program (ICP): an Illinois program for older adults, and adults with disabilities, who are eligible for Medicaid, but not eligible for Medicare

- ICP brings together local PCP's, specialists, hospitals, nursing homes and other providers to organize care through "managed care entities" which include:
  - ✓ Coordinated Care Entities (CCEs)
  - ✓ Managed Care Community Networks (MCCNs)★
  - ✓ Health Maintenance Organizations (HMOs)
  - ✓ Accountable Care Entities (ACEs)

Community Care Alliance of Illinois

Community Care Alliance of Illinois:

Integrated Care Program (ICP) 2 Service Packages

- Package I includes medical and behavioral health services.
- Package II includes long-term supports and services (LTSS), including nursing home care and home- and community-based ("waiver services")

Community Care Alliance of Illinois

Community Care Alliance of Illinois:
Integrated Care Expansion Options

- Coordinated Care Entities (CCEs)
  - ✓ Together4Health

- Managed Care Community Networks
  Community Care Alliance of Illinois ★

- Health Maintenance Organizations (HMOs)

Aetna	Humana
BCBS	IlliniCare
Cigna/Health Spring	Meridian

Community Care Alliance of Illinois

Health & Medicine
POLICY RESEARCH GROUP

ACCESS LIVING

SINAI

Sinai Health Systems and Schwab Rehabilitation Hospital

FAMILY HEALTH NETWORK

Community Care Alliance of Illinois

Community Care Alliance of Illinois

- Only managed community care network; also now an HMO (Medicare Advantage Plan)
- Wholly owned by Family Health Network
- Not for profit health plan
- Designed to provide comprehensive person-centered care to seniors and adults with disabilities for the Medicaid and Medicare Advantage population in Illinois

Community Care Alliance of Illinois

Community Care Alliance of Illinois

Mission Statement

The Community Care Alliance of Illinois is a health plan dedicated to consumer-directed, community-based innovative health services specializing in the care of seniors and people with disabilities.

https://www.ccaillinois.com

Community Care Alliance of Illinois

Community Care Alliance of Illinois: Underlying Philosophy ★

- Higher quality care, improved patient satisfaction and cost savings can be achieved by:
  - ✓ Preventing secondary complications through care coordination
  - ✓ Empowering consumer voice and utilizing community peer resources
  - ✓ Facilitating life as part of the community with needed supports and out of institutions
  - ✓ Decreasing ER visits
  - ✓ Decreasing hospitalization rates

★Adapted from the model of care of the Boston Commonwealth Care Alliance and Disability Practice Institute Principles

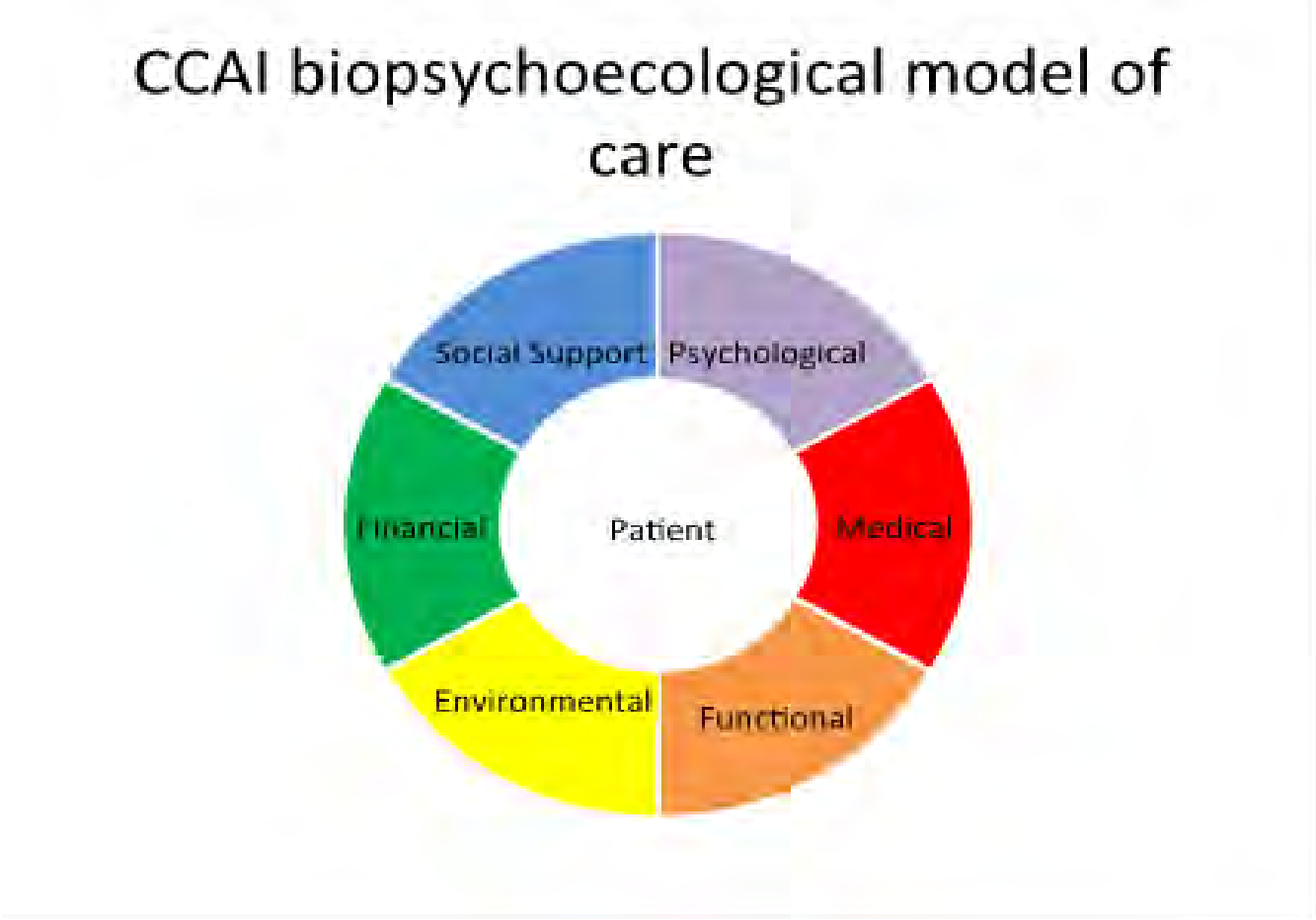
Community Care Alliance of Illinois

Community Care Alliance of Illinois: Clinical Care Model

- Comprehensive care coordination across all levels of care
- Stakeholder representation throughout– including board of trustees
- Integration of medical & long-term care services
- Focus on prevention, health and wellness
- Anchor Medical Homes - specialized primary care networks: Disability accessible, knowledgeable
- Interdisciplinary Care Team: Disability Competent, Specialized Primary Care Team

Community Care Alliance of Illinois

Community Care Alliance of Illinois



Community Care Alliance of Illinois

ICT: Disability competent, specialized primary care team

- PCP (either NP or MD/DO- Family medicine, internal medicine)
- Nurse care coordinator
- LTSS coordinator (usu. SW)
- Others as needed:
  - ✓ Rehab professionals
  - ✓ Behavioral/ mental health providers
  - ✓ Specialists (ortho, neurosurg, pulmonary, etc)

Community Care Alliance of Illinois

Anchor Health Homes: Gold Star Designation

- Fully accessible and user-friendly environment for people with disabilities and complex needs, Anchor Health Homes will provide the following:

  - ✓ Physical access (parking, entrance, clinic space, bathrooms)
  - ✓ Communication access including interpreting services
  - ✓ Accessible medical equipment including exam tables, wheelchair accessible scales, transfer equipment and staff training
  - ✓ Staff knowledgeable regarding disability care and accommodations

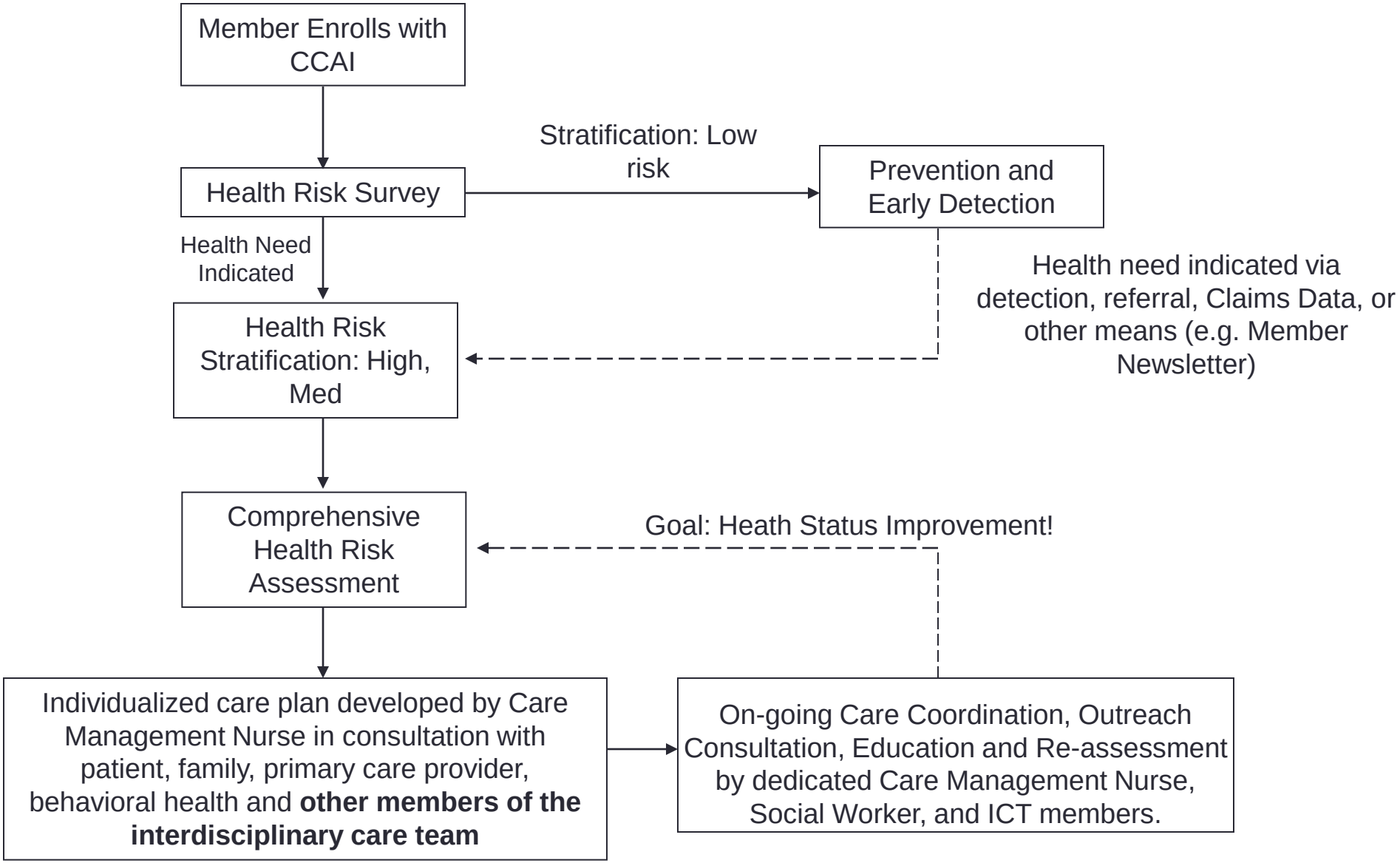
Community Care Alliance of Illinois

Enhanced Care Sites

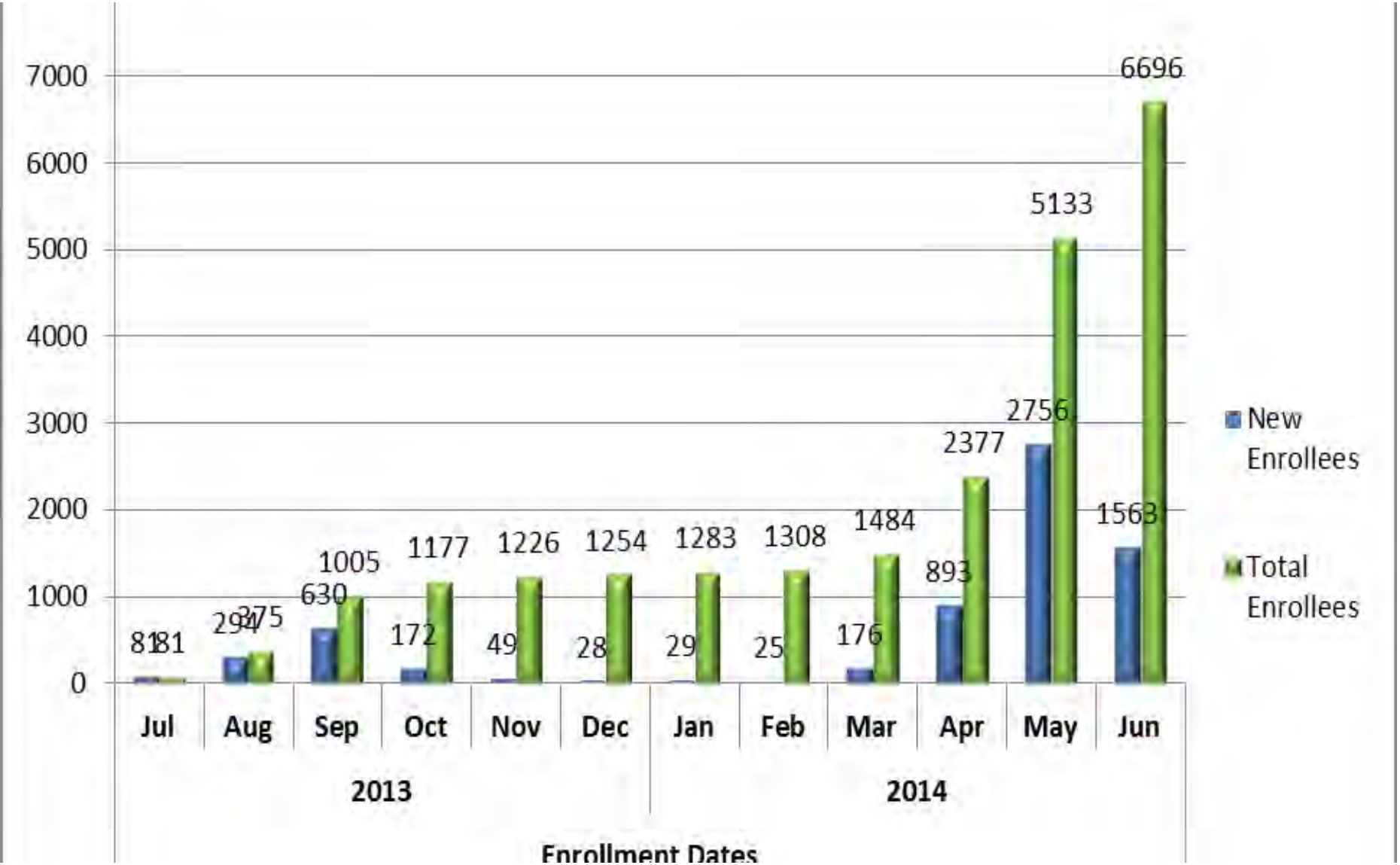
- Pre-existing PCP relationships that member desires to preserve. Will try to get them enrolled in our provider network
- PCP/member can access all CCAI enhanced services (Nurse Care Coordinators, LTSS Care Coordinators available to them)

Community Care Alliance of Illinois

New Enrollee Engagement



Community Care Alliance of Illinois



Community Care Alliance of Illinois

Top Five Most Common Medical Diagnoses of the Population

Top Medical Conditions	Enrollees with Condition	Percentage	Ranking
hypertension	3,364	42.60%	1
dyslipidemia	1,669	21.10%	2
diabetes	1,596	20.20%	3
depression	1,122	14.20%	4
osteoarthritis	839	10.60%	5

Community Care Alliance of Illinois

Top Five Most Common Behavioral Health Diagnoses

Top Behavioral Health Condition	Enrollees with Condition	Percentage	Ranking
depression	1,122	14.20%	1
schizophrenia	729	9.20%	2
bipolar	648	8.20%	3
anxiety	648	8.20%	4
substance abuse	338	4.30%	5

Community Care Alliance of Illinois

Top Five Most Common Diagnoses/Reasons for Inpatient Hospitalizations

Inpatient Diagnosis	Ranking
Acute Respiratory Failure	1
Obstructive Chronic Bronchitis	2
Diabetes Unspecified	3
Sickle Cell Disease	4
Congestive Heart Failure	5

Community Care Alliance of Illinois

Community Care Alliance of Illinois: Challenges

- Multiple MCO's , each with different systems, rules, provider networks
- MCO's now responsible for LTSS (with exception of I/DD). Little to no experience in this area
- Getting specialists and Academic Medical Centers to sign up
- Redesigning care and financing models to reward quality and outcomes, not volume or procedures
- IT/ HIE/ and system fragmentation
- Investing in long terms goals and value when enrollees can change health plans every year or so (the problem of "cherry picking" and "lemon dropping")

Community Care Alliance of Illinois

Community Care Alliance of Illinois: Challenges

- Larger percentage of homeless enrollees
- Serious mental illness
- Substance abuse
- Chronic opioid use
- Difficulty tracking enrollees down and engaging them
- Many providers with few CCAI enrollees
- Hiring and ramping up infrastructure of health plan while getting infusion of complex new enrollees

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QUESTIONS