

Integrated Care

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Why integrated care?

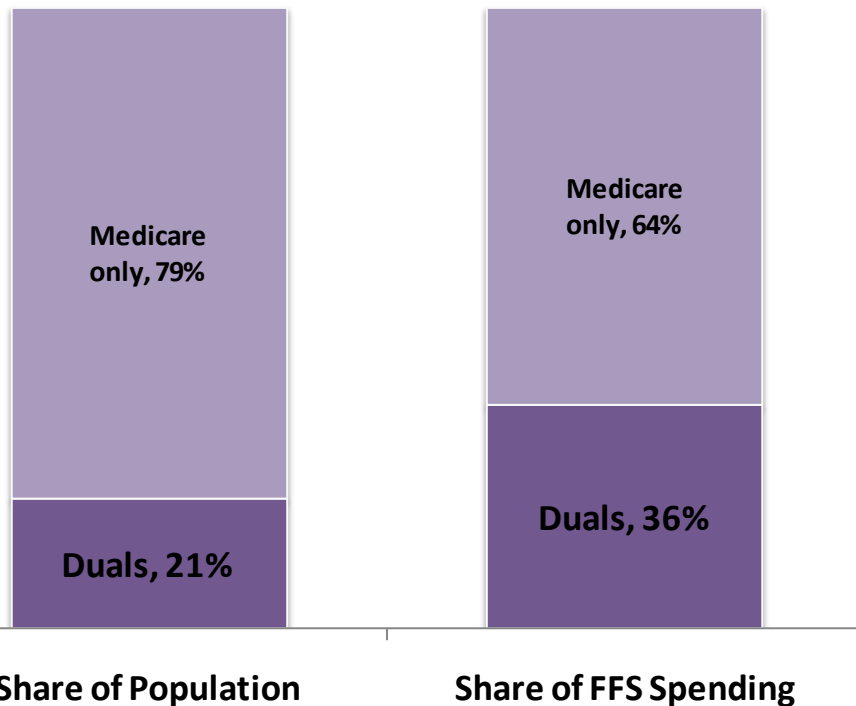
Federal Perspectives on Dual Eligibles

- 9.2 million people (2008) eligible for *both* Medicare and Medicaid
- Dual Eligibles are more likely:
 - To have mental illness
 - Limitations in activities of daily living
 - Multiple chronic conditions
- Few are served by coordinated care models
- Even fewer are served in integrated models that align Medicare and Medicaid

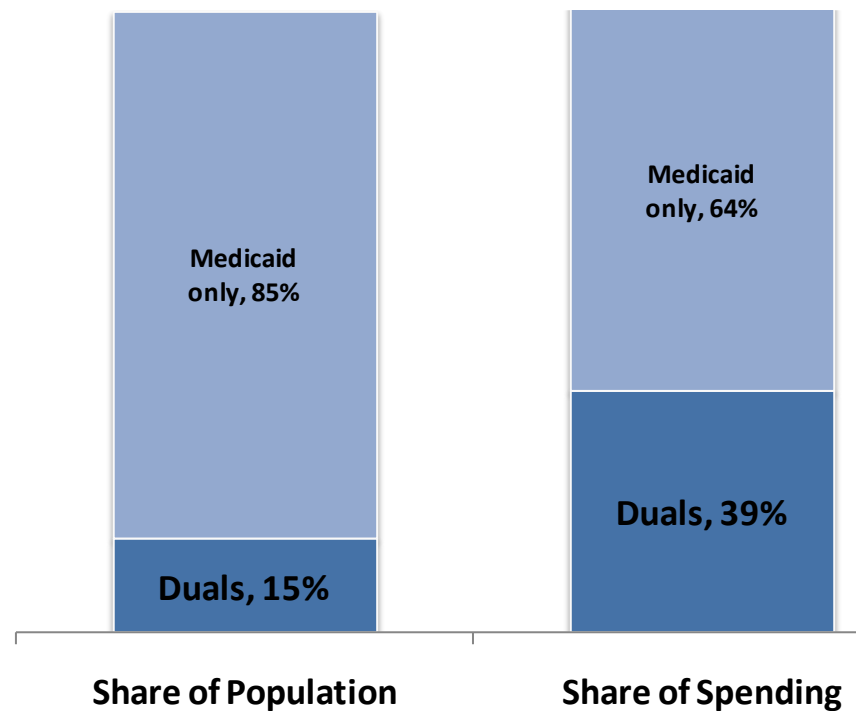
Source: CMS March, 2011

Dual Eligibles account for a disproportionate share of Medicare & Medicaid spending

Medicare Dual Eligibles (2006)



Medicaid Dual Eligibles (2007)



Source: Kaiser Family Foundation, January 2011

Federal Coordinated Health Care Office (*the "Duals Office"*)

Affordable Care Act (ACA) section 2602

Purpose: Improve quality, reduce costs, **improve the beneficiary experience.**

- Ensure dual eligibles have full **access** to the services to which they are entitled
- Improve **coordination** between federal government and states
- Develop **innovative** care coordination and integration models
- Eliminate financial **misalignments** that lead to poor quality and cost shifting.

Source: CMS, March 2011

Federal direction: Focus on Beneficiary, Person-Centered Care and Service Delivery

- Improve results for dual eligibles:
 - Program Awareness
 - Health
 - Well-being
 - Function Status
 - Satisfaction
- Assure dual eligibles are receiving high quality, **person-centered** acute, behavioral, and long-term services and supports (LTSS)

Source: CMS, March 2011

Federal level Improvements: “Duals Office” to Assist with Program Alignment

- Pursue opportunities to better align Medicare and Medicaid requirements to advance seamless care for dual eligibles.
- Develop overarching plan to measure quality for duals.
- Coordinate *within* CMS and *across* HHS for efforts to address dual eligible issues
 - Example: reduce potentially avoidable hospitalizations

Potentially Avoidable Hospitalizations:

Five conditions were the reason for admission for over 80%

<u>Condition</u>	<u>Hospitalizations</u>	<u>Percentage</u>
<i>All</i>	<i>700,000</i>	<i>100%</i>
Congestive heart failure	160,000	23%
COPD, Asthma	119,000	17%
Dehydration	103,000	15%
Pneumonia	101,000	14%
Urinary tract infection	87,000	12%
Subtotal	570,000	81%
All others combined	130,000	19%

Source: Office of Policy , Center for Strategic Planning, March 2011 (rounded figures)

Dual Eligibles: Federal Models & Demonstrations

Partnership with the Innovation Center

- Test delivery system and payment reform that improves the quality, coordination, and cost-effectiveness of care.

Planning grants for states

- \$1 Million grants to 15 states, including Washington.
- Design new models of integrated care.

Planning underway for future projects

- Could include a focus on nursing facilities, health homes, and Dual Eligible Special Needs Plans (SNPs).

Source: CMS, March 2011

State Perspectives: Governor Gregoire's 5 Health Care Goals

1. Emphasize evidence-based health care
2. Promote prevention, healthy lifestyles, and healthy choices
3. Better manage chronic care
4. Create more transparency in the health system
5. Make better use of information technology

State Perspectives: *Why Managed Long-Term Care?*

- Build upon existing managed care experience
- Use managed care to decrease waiting lists

In Washington State:

- Provide more flexible sets of benefits and choices
- Achieve a more cost effective LTSS system
- Strengthen the quality of care
- Take an important step toward full integration of long-term care and “other” health care

State Perspectives: *Governor Gregoire's Global Medicaid Modernization Initiative*

Value-based
benefit
payment reform

Delivery system
reforms

Consumer
engagement

Prevention and
wellness

Administrative
simplification

Stakeholder
involvement

CMS “Duals Office” –\$1 Million Planning Grant

State demonstration to integrate care for dual eligibles

States involved:

- CA, CO, CT, MA, MI, MN, NY, NC, OK, OR, SC, TN, VT, **WA**, WI

Goal:

- Design strategies for implementing person-centered models that fully coordinate primary, acute, behavioral health, and LTSS for dual eligibles.

Washington State's CMS Planning Grant

Phase 1 (2012):

Expand existing chronic care management models, implement statewide



Phase 2 (2012 procurement):

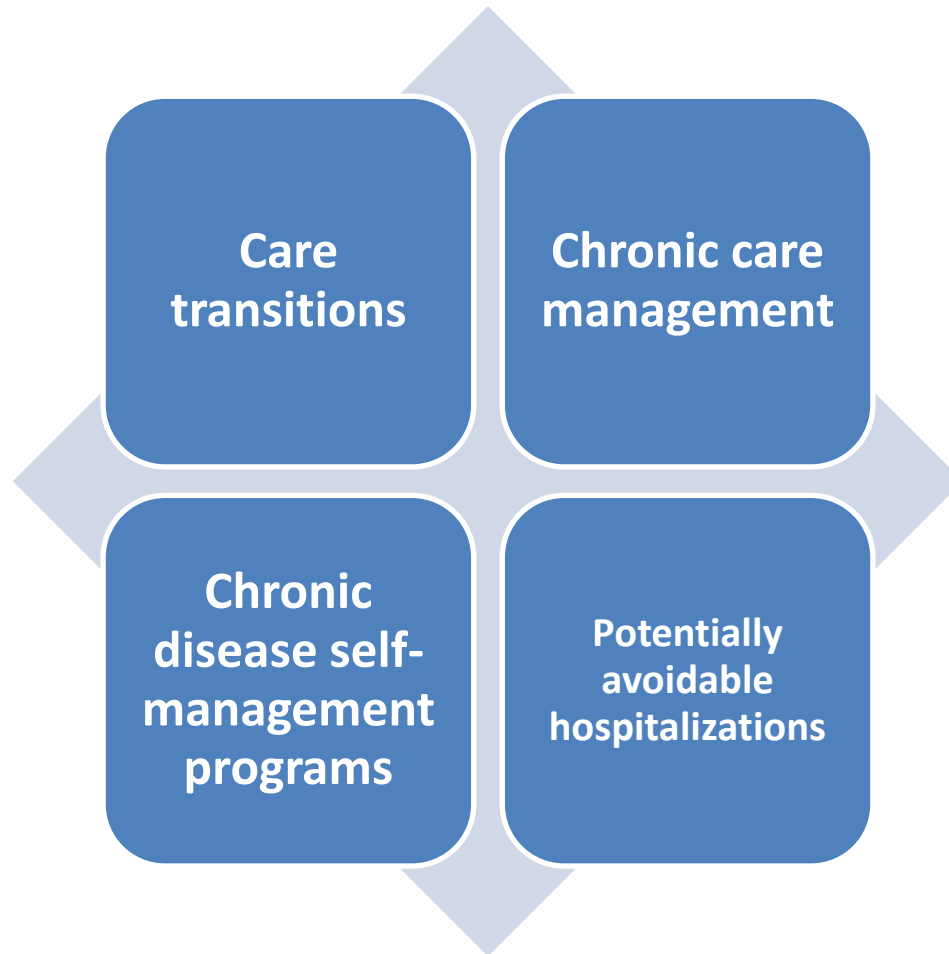
Transfer categorically needy aged/blind/disabled population from fee for service to full managed care



Phase 3 (2016-17):

Fully integrated delivery and financing systems of care for all dual eligibles

Improving Health Care: *Involving the Aging Network*



Consumer Expectations

Developing an Effective Integrated Care Program

1. Communicate a clear vision for managed long-term supports and services (LTSS) to promote program goals
2. Engage stakeholders to achieve buy-in and foster smooth program implementation
3. Use a uniform assessment tool to ensure consistent access to necessary LTSS
4. Structure benefits to appropriately incentivize the right care in the right setting at the right time
5. Include attendant care and/or paid family caregivers in the benefit package

Consumer Expectations

Developing an Effective Integrated Care Program

6. Ensure that program design addresses the varied needs of beneficiaries
7. Recognize that moving from a 1915(c) waiver to risk-based managed care is fundamental shift in how the state and managed care organizations think about LTSS financing and plan accordingly
8. Develop financial incentives to influence behavior and achieve program goals
9. Establish robust contractor oversight and monitoring requirements
10. Recognize that performance measurement is not possible without LTSS-focused measures