Care Coordination: Improving Health Care and Lowering Costs

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Illinois Care Coordination Advocates Work Group

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This webinar is brought to you by the Illinois Care Coordination Advocates Work Group

- The **Illinois Care Coordination Advocates workgroup** is comprised of health, housing, and human service providers and advocates interested in educating stakeholders about Care Coordination, including the Illinois Health Care and Family Services’ (HFS) Care Coordination Innovations Project.

- If you are interested in learning more about this work group and/or participating in future care coordination advocacy efforts, please email Nadeen Israel, **nisrael@heartlandalliance.org**
Today’s Webinar

- **Part One:** Overview/Introduction – Care Coordination & HFS Innovations Project (Nadeen Israel, Heartland Alliance for Human Needs and Human Rights)
- **Part Two:** Care Coordination from the perspective of a:
  - **Legislator:** State Senator Heather Steans, 7th District
  - **Primary Health Care Provider:** Stephanie Luther, Heartland Health Outreach
  - **Behavioral Health Care Provider:** Mark Ishaug, Thresholds
  - **Hospital:** Scott A. Ziomek, Northwestern Memorial Hospital
  - **Pharmacy:** Denise Scarpelli, Walgreens
  - **Housing/Human Services:** Sarah Grebasch, Heartland Human Care Services
- **Part Three:** Audience Q&A
PART ONE

Overview/Introduction – Care Coordination & HFS Innovations Project

Nadeen Israel

Heartland Alliance

Shriver Center
Sargent Shriver National Center on Poverty Law
2011 Illinois Medicaid Reform Law

- **PA96-1501 (pdf)** (also known as "Medicaid Reform") requires that 50% of Medicaid clients be enrolled in a care coordination program by January 2015

- In Illinois, care coordination will be provided to most Medicaid clients by “managed care entities,” a general term that will include Coordinated Care Entities (CCEs), Managed Care Community Networks (MCCNs) and Managed Care Organizations (MCOs)
What is Care Coordination?

• Care coordination is a multifaceted process wherein a team takes responsibility for the care of an individual, coordinating medical and social support services across different providers and organizations.

• Care coordination involves communicating, networking, educating, and advocating for resources and facilitating access to those resources, resulting in improved health and quality of life.
Coordinated Care connects all aspects of an individual’s health care needs:

- Primary Care
- Specialty Care
- Housing
- Human Services & Supports
- Hospitalizations
- Long-Term Care
- Behavioral Healthcare

What is Care Coordination?
HFS Care Coordination Innovations Project - Basics

• Initially focused on most complex, expensive clients (Seniors and Adults with Disabilities)

• Provider-organized networks of care through Care Coordination Entities (CCEs) and Managed Care Community Networks (MCCNs)

• Hospital, Primary Care provider, and Behavioral Care provider (MH/SA) are a must; non-traditional health care providers allowed and encouraged to partner (e.g. oral health care providers, human service, housing)

• Projected start date for CCEs/MCCNs: January 2013

• Six Innovations Project awards announced on Tuesday, October 16th: http://www.illinois.gov/PressReleases/ShowPressRelease.cfm?SubjectID=1&RecNum=10634
PART TWO

Care Coordination from the perspective of a:

– **Legislator:** State Senator Heather Steans, 7th District

– **Primary Care Provider:** Stephanie Luther, Heartland Health Outreach

– **Behavioral Health Provider:** Mark Ishaug, Thresholds

– **Hospital:** Scott A. Ziomek, Northwestern Memorial Hospital

– **Pharmacy:** Denise Scarpelli, Walgreens

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Care Coordination from the Perspective of a Legislator

Senator Heather Steans
Care Coordination from the Perspective of a:
Legislator

• Why the legislature enacted care coordination
  – As fee-for-service, Medicaid system is fragmented and difficult to manage for clients, resulting in ineffective and wasteful spending
  – Illinois is one of the last major states to operate primarily as fee-for-service: only 2.5% of Illinois Medicaid costs under full risk capitated managed care
  – Illinois’ hospital readmissions rates for Medicaid patients among the worst in the nation: 45% of Medicaid spending in Illinois on inpatient hospital procedures compared to national average of 25%
  – While Illinois has a tough history with HMO’s, other states have developed ways to manage them for quality health care results as well as costs
Care Coordination from the Perspective of a: Legislator

- How can a state legislator impact the Care Coordination Innovations Project?
  - Created the framework for Care Coordination (PA 96-1501)
    - Percent of Medicaid population into care coordination and timeline for implementation
    - Definition of care coordination and services to be included
    - Requirement to ensure recipients have choice, receive quality care, and options meet diverse needs
    - Risk-based payment structure: Beyond add-on fees for coordinating care
  - Monitor and advise implementation of care coordination
  - Revise statutory framework if needed
Care Coordination from the Perspective of a: Legislator

- How can a legislator’s support of the Care Coordination Innovations Project impact health outcomes of Medicaid patients and maintain/reduce costs in the IL Medicaid Program?
  - These projects should provide a variety of models to best meet needs of clients
  - Data will show if health outcomes are improved and if costs have been impacted
  - Legislature will review implementation of care coordination (innovations and traditional HMOs)
Care Coordination from the Perspective of a:
Legislator

• How can a legislator’s support of the Care Coordination Innovations Project impact health outcomes of Medicaid patients and maintain/reduce costs in the IL Medicaid Program?
  – Results of innovations projects will help determine future direction of care coordination
    • Service delivery models
    • Services to be covered
    • Payment methodologies
  – Successful implementation of innovations projects can reduce need for alternative Medicaid cost reductions and make case for Medicaid expansion
  – Legislators who understand benefits of innovate approaches can help ensure their expansion
Care Coordination from the Perspective of a Primary Care Provider

Dr. Stephanie Luther

Heartland Health Outreach, Inc.
Care Coordination from the Perspective of a:
Primary Care Provider

• What role can a primary care provider play in the Care Coordination Innovations Projects?
  – Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. (Institute of Medicine)
  – Medical Home vs. Health Neighborhood
  – Expanding Medicaid coverage to many of the uninsured
Care Coordination from the Perspective of a: Primary Care Provider

• How can participation of primary care providers in the Care Coordination Innovations Project impact Medicaid patients’ health outcomes and maintain/reduce costs in the IL Medicaid Program?
  – Increased primary care to population ratios are associated with reduced hospitalization rates (Parchman and Culler. J Fam Pract 1994;39:123)
  – Adults with a primary care physician rather than a specialist as their personal physician have:
    • 33% lower annual adjusted cost of care
    • 19% lower adjusted mortality, controlling for age, gender, income, insurance, smoking, perceived health (SF SF-36) and 11 major health conditions (Franks and Fiscella Fiscella. J. Fam Pract 1998;47:103)
Care Coordination from the Perspective of a Primary Care Provider

• “John” in a new Coordinated Care Entity (CCE)
  – Health care when John wants it and needs it by providers he knows and who know him
  – Single, Integrated Health Care Plan
  – Shared data in real time
  – Whole person approach to his health conditions
Care Coordination from the Perspective of a Behavioral Health Provider

Mark Ishaug

Thresholds
Bright Futures for People with Mental Illness
Care Coordination from the Perspective of a: Behavioral Health Provider

- What role can a behavioral health provider play in the Care Coordination Innovations Projects?
  - There is a need for coordinated care, especially in behavioral health
  - The term “behavioral health” is a general term that encompasses the promotion of emotional health; the prevention of mental illnesses and substance use disorders; and treatments and services for substance abuse, addiction, substance use disorders, mental illness, and/or mental disorders (SAMHSA)
The Need for Coordinated Care

Context: Mental Illness

- Persons with mental illness die 25 years younger
- 10% of children have mental illness
- 75% of mental illnesses manifest before age 24
- Between 70% and 90% of individuals who receive treatment for mental illness see a reduction in symptoms and improvement in quality of life

1 in 4 Adults Struggle With Mental Illness: 57 million people
The Need for Coordinated Care

Context: Substance Use Disorder

- Nearly 20% of persons with SMI have co-occurring substance use disorders
- A recent national study estimates nearly 23 million people are current illicit drug users
- 90% of the 20+ million individuals who need substance use care do not receive it
The Need for Coordinated Care

Context: Mental Illness in Illinois

The direct and indirect cost of mental illness in Illinois is more than $2.6 billion
- Over 700,000 of Illinois’ adult residents have a serious mental illness (SMI)
- An estimated 240,000 Illinois children and adolescents have a severe emotional disturbance
- Of the state’s 720,000 homeless residents, about 140,000 have SMI
- Over 100,000 lives are lost each year nationally due to alcohol and drug abuse

Source: NAMI
The Need for Coordinated Care

• Between 70% and 90% of individuals who receive treatment see a reduction in symptoms and improvement in quality of life.
Care Coordination from the Perspective of a: Behavioral Health Provider

- How can participation of behavioral health providers in the Care Coordination Innovations Project impact Medicaid patients’ health outcomes and maintain/reduce costs in the IL Medicaid Program?

Coordinated care incentivizes good health outcomes; fee-for-service incentivizes volume

Coordinated Care

Fee-For-Service (FFS)
Care Coordination from the Perspective of a Behavioral Health Provider

Why Care Coordination with a Focus on Behavioral Health is Needed

Coordination between Behavioral and Physical Health is critical due to the prevalence of complex, co-occurring conditions

Example: Lack of coordination between psychiatry and primary health

Anti-psychotic medication

Diabetes medication
Care Coordination from the Perspective of a Hospital

Scott Ziomek

Northwestern Memorial Hospital
Care Coordination from the Perspective of a: Hospital

• What role can a hospital play in the Care Coordination Innovations Projects?

  — Hospitals and health systems are essential to making care coordination effective in Illinois; hospitals serve diverse communities with diverse needs

  — Hospitals help provide the backbone for the State’s health care delivery system

  — Hospitals support HFS’ effort to successfully transition to improved models of care for patients; we share the same goals of better outcomes, improved access to quality care, and being good stewards of public resources
Care Coordination from the Perspective of a: Hospital

- How can participation of hospitals in the Care Coordination Innovations Project impact Medicaid patients’ health outcomes and maintain/reduce costs in the IL Medicaid Program?
  
  — Care coordination should focus on the entire spectrum of a patient’s needs; it can reduce hospitalizations, lower the rate of complications from chronic conditions and help eliminate health disparities

  — Strategies to reduce over-utilization/avoidable utilization of health care services provide opportunity for cost savings
Care Coordination from the Perspective of a: Hospital

• How can participation of hospitals in the Care Coordination Innovations Project impact Medicaid patients’ health outcomes and maintain/reduce costs in the IL Medicaid Program?
  – Need flexibility for both care coordination and financial risk
  • Care coordination offers better ways to manage Medicaid costs than simply moving folks into Medicaid HMOs
  – Need to leverage these types of care coordination efforts to take advantage of additional opportunities (in addition to the Hospital Assessment Program) for enhanced federal grants/matching funds
Care Coordination from the Perspective of a Pharmacy

Denise Scarpelli

Walgreens
Care Coordination from the Perspective of a: Pharmacy

What role can a pharmacy play in the Care Coordination Innovations Projects?

- Pharmacy Care Extenders
- Pharmacists can provide:
  - Adherence and counseling programs
  - Medication Therapy Management
  - Medication Reconciliation
  - Immunizations
  - Health Testing
  - Transitions of Care programs

- Clinics within a Pharmacy can Provide ER Diversion Support for care plans Gap Reduction
Care Coordination from the Perspective of a Pharmacy

- How can participation of pharmacies in the Care Coordination Innovations Project impact Medicaid patients’ health outcomes and maintain/reduce costs in the IL Medicaid Program?

Clinical Saving Accelerators

- Patient satisfaction
- Administrative burden
- Costs

Care Gaps
- Screening
- Drug dose
- Biometrics
- Immunization
- Adherence
- Copay assistance Programs

Clinical Programs
- End of Life
- Chronic Kidney Disease
- Acute Coronary Syndrome
- HIV
- Hep C
- Transplant

Care Transitions
- Well-Transitions
- MedGap Analysis
- ReadyDose-Special Packaging
Care Coordination from the Perspective of a Housing/Human Service Provider

Sarah Grebasch
Care Coordination from the Perspective of a: Housing/Human Service Provider

• What role can a housing/human service provider play in the Care Coordination Innovations Projects?
  – Supportive Housing
  – Care Coordination
  – Provide home-based services
  – Provide services from a holistic approach
Care Coordination from the Perspective of a: Housing/Human Service Provider

- What role can a housing/human service provider play in the Care Coordination Innovations Projects?
  - Comprehensive Human Services/Supportive Housing
    - Case Management
    - Health Education and Services
    - Housing
    - Tenant Education/Advocacy
    - Violence Recovery Services
    - Housing Inspections
    - HIV/STI Prevention, Testing, and Education
    - Employment and Asset Development Services
    - Enrollment in Medicaid (Point of Access)
    - Mental Health/Substance Use Services
    - Linkage to Community Support Networks
How can participation of housing/human service providers in the Care Coordination Innovations Project impact Medicaid patients’ health outcomes and maintain/reduce costs in the IL Medicaid Program?

- Health Outcomes and Cost Benefit: Housing Services
- Health Outcomes and Cost Benefit: Human Services
Resources

• **HFS Care Coordination Website:**
  http://www2.illinois.gov/hfs/PublicInvolvement/cc/Pages/default.aspx

• **Illinois Medicaid Reform Law – 2011:**
  http://www2.illinois.gov/hfs/PublicInvolvement/cc/Documents/096_1501cc.pdf

• **KFF Brief on ACOs and Managed Care:**
  http://www.kff.org/medicaid/upload/8319.pdf

• **NASHP Brief on Integrated Delivery Systems and Safety-Net Providers:**
  http://nashp.org/sites/default/files/Including.SN_.Providers.in_.IDS_.pdf
PART 3

Audience Q&A
Thank you!

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