Survey of CT ACOs on Services for Members with Complex Conditions

MAPOC Complex Care Committee
Beth Plitzuweit, MHA
Ellen Andrews, PhD
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Accountable Care Organizations

- Relatively new healthcare organizations
- Voluntary associations of providers, health systems accountable for the total cost of members’ care
- Potential to improve the health of people with complex conditions through identification, monitoring, and care coordination
- Generally paid fee-for-service, plus a share of savings from expected costs
- Incentive to invest in care for members with complex, expensive conditions
- Quality benchmarks to receive savings, usually low, few disqualified from savings payments
- Medicare, Medicaid and private insurance
National best practices

- Identification, monitoring, assess outcomes (ED, readmissions) very common
- Only 8 to 12% have fully implemented programs for members with complex conditions
- Few know which interventions are working and which aren’t
- Recent study of AI used to target care coordination could be harming racial equity, unintentional
- ACOs with shared savings are not the only practices and systems providing care to members with complex conditions
Promising practices

- Identifying members with complex medical needs
- Targeting interventions to those who can benefit
- Patient-centered goals and needs in care planning
- Team-based care
- Integrating medical, social and behavioral healthcare
- Robust links to community services
- After hours clinical response
Promising practices

- Intensive care management
- Medication management
- Home visits by ACO representatives
- Care transition services
- Patient engagement, member-focused education and outreach
- Scheduled medical clinics for hard-to-access services
- Workforce recruitment, training and retention
Survey methodology

• 26 ACOs serving CT residents invited
• From Medicare, Medicaid, and commercial payer lists
• 14 responded (54%)
• Online survey
• June and July 2019
• Not all ACOs responded to every question
• Three agreed to meet with the Committee to discuss further, others said maybe
Results summary

- Most CT ACOs are very interested but just beginning to address needs of members with complex conditions
- Most common identification – clinical data, ED or hospital utilization, and by specific medical conditions
- Vary in how much they know about members with complex conditions
- Most dedicate specific staff to engage members with complex needs
- Most often by phone and at provider visits
- Most provide team-based care, team members varied
Results summary

- Most interventions are not condition-specific and are provided by ACOs directly rather than by providers or consultants.
- Most common interventions:
  - care transition services
  - intensive care management
  - medication management
  - help accessing social services
- Care planning details were sparse.
- Two use a patient-directed process, one uses technology.
- Evaluation of initiatives varied.
Results summary

• Greatest challenge was patient engagement
• Lessons learned
  – The power of team-based care
  – Resources for outreach
  – Personal face-to-face contact
  – ID high-risk members for “intensive attention” wherever they touch the system
  – Use wellness visits as a care planning opportunity
  – Integrated care meetings
• From state policymakers they asked for resources and support for best practices
How are members with complex needs identified? All that apply were noted.

- Administrative data
- Referrals
- Predictive analytics
- From intake/screens
- Total cost of care
- Specific medical conditions
- ED or hospital use
- Clinical data
What do you know about your population of members with complex conditions? All that apply were noted.
Strategies for members with complex needs

- Home visits - in planning
- Home visits not provided
- Home visits provided by practices
- Home visits provided by ACO
- Medication management - in planning
- Medication management provided by practices
- Medication management provided by ACO
- Intensive care management provided by practices
- Intensive care management provided by ACO
- Provide after-hours clinical response - in planning
- Provide after-hours clinical response provided by...
- Provide after-hours clinical response provided by ACO
Strategies for members with complex needs

- Member-focused website - in planning
- Member-focused website not provided
- Member-focused website provided by ACO
- Care transition services not provided
- Care transition services provided by practices
- Care transition services provided by ACO
- Patient and caregiver education - in planning
- Patient and caregiver education provided...
- Patient and caregiver education provided by ACO
Strategies for members with complex needs

- Social service help not provided
- Social service help - in planning
- Social service help provided by contracted entity
- Social service help provided by practices
- Social service help provided by ACO
- Clinics hard-to-access srvs not provided
- Clinics hard-to-access srvs - in planning
- Clinics hard-to-access srvs by practices
- Clinics hard-to-access srvs by ACO
- Direct messaging not provided
- Direct messaging - in planning
- Direct messaging provided by contracted entity
- Direct messaging provided by practices
- Direct messaging provided by ACO
Are your services provided to identified/at-risk members unless they refuse (opt-out) or do members have to affirmatively agree and commit to participate (opt-in)?
Do you develop comprehensive, patient-centered care plans for members with complex needs?

- Yes
- No response
- In planning
Teams

Is care coordination delivered by a team?

<table>
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<th>Yes</th>
<th>No response</th>
<th>In planning</th>
<th>No</th>
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<tbody>
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<td>5</td>
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Challenges

- Staff recruitment
- Payer interest, investment
- State/federal regulations, contracts, monitoring
- Identifying and connecting with community service...
- IT, analytic resources
- Risk Adjustment
- Data
- Attribution
- Clinician, Staff or institutional commitment
- Member Engagement
Connecticut’s ACOs are interested and working to address the needs of complex patients. Many are using national best practices. It is early and they need support from the state to continue making progress.