

# **Survey of CT ACOs on Services for Members with Complex Conditions**

MAPOC Complex Care Committee

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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

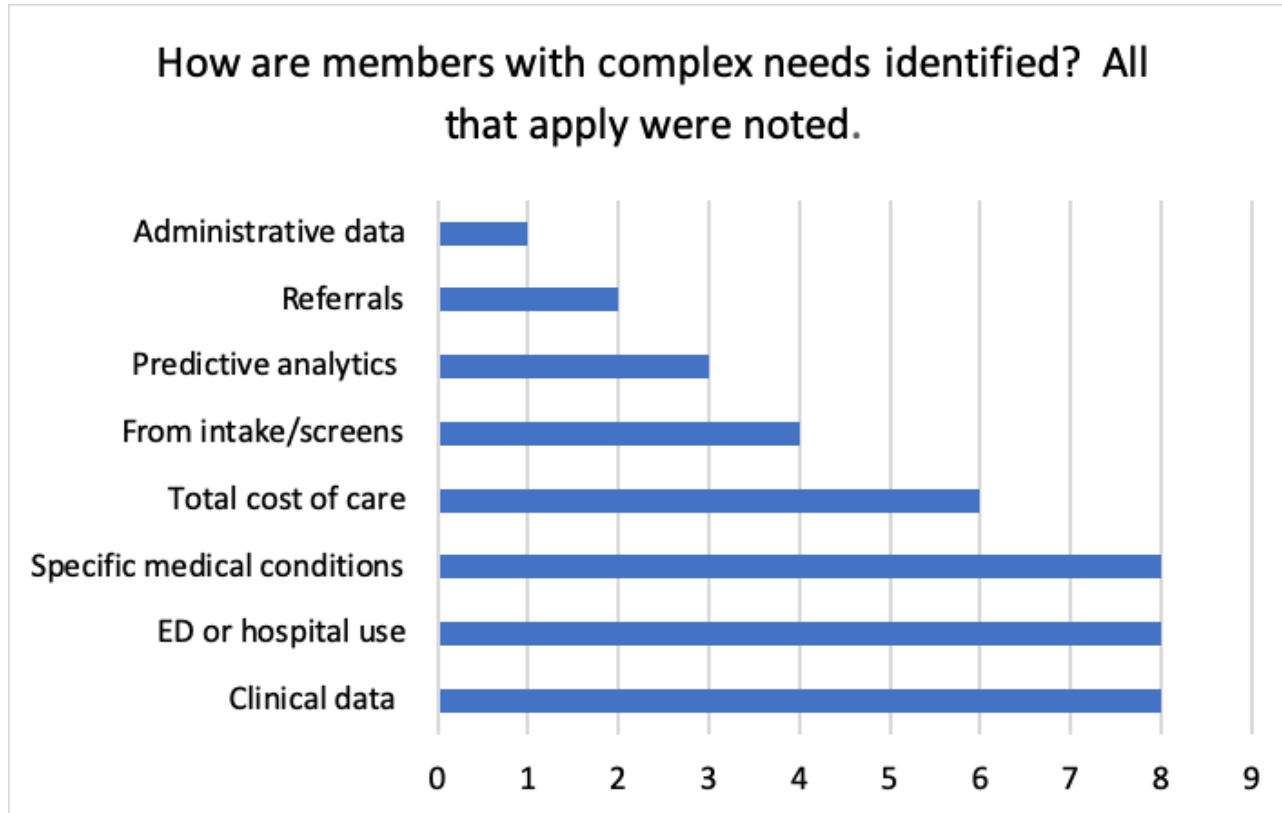
- Most interventions are not condition-specific and are provided by ACOs directly rather than by providers or consultants
- Most common interventions
  - care transition services
  - intensive care management
  - medication management
  - help accessing social services
- Care planning details were sparse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



# Results summary

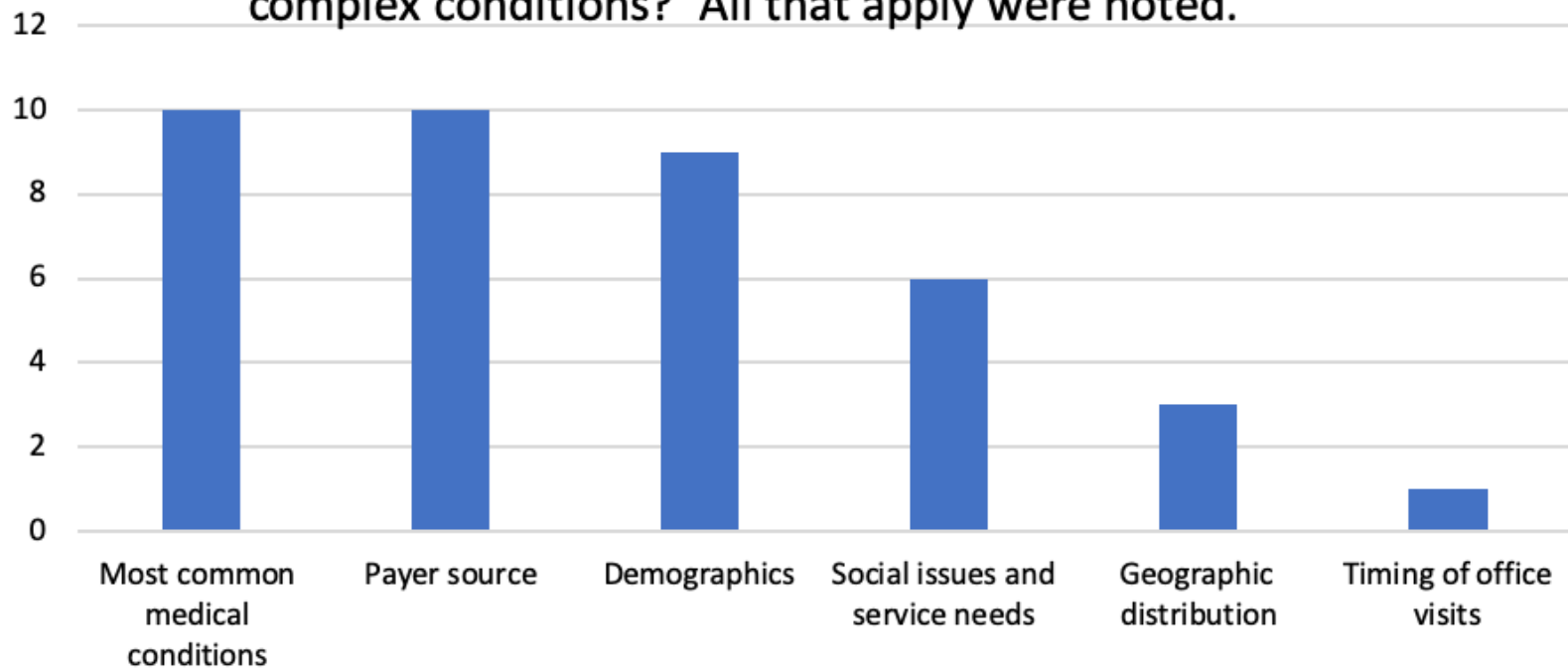
- Greatest challenge was patient engagement
- Lessons learned
  - The power of team-based care
  - Resources for outreach
  - Personal face-to-face contact
  - ID high-risk members for “intensive attention” wherever they touch the system
  - Use wellness visits as a care planning opportunity
  - Integrated care meetings
- From state policymakers they asked for resources and support for best practices

# Identification

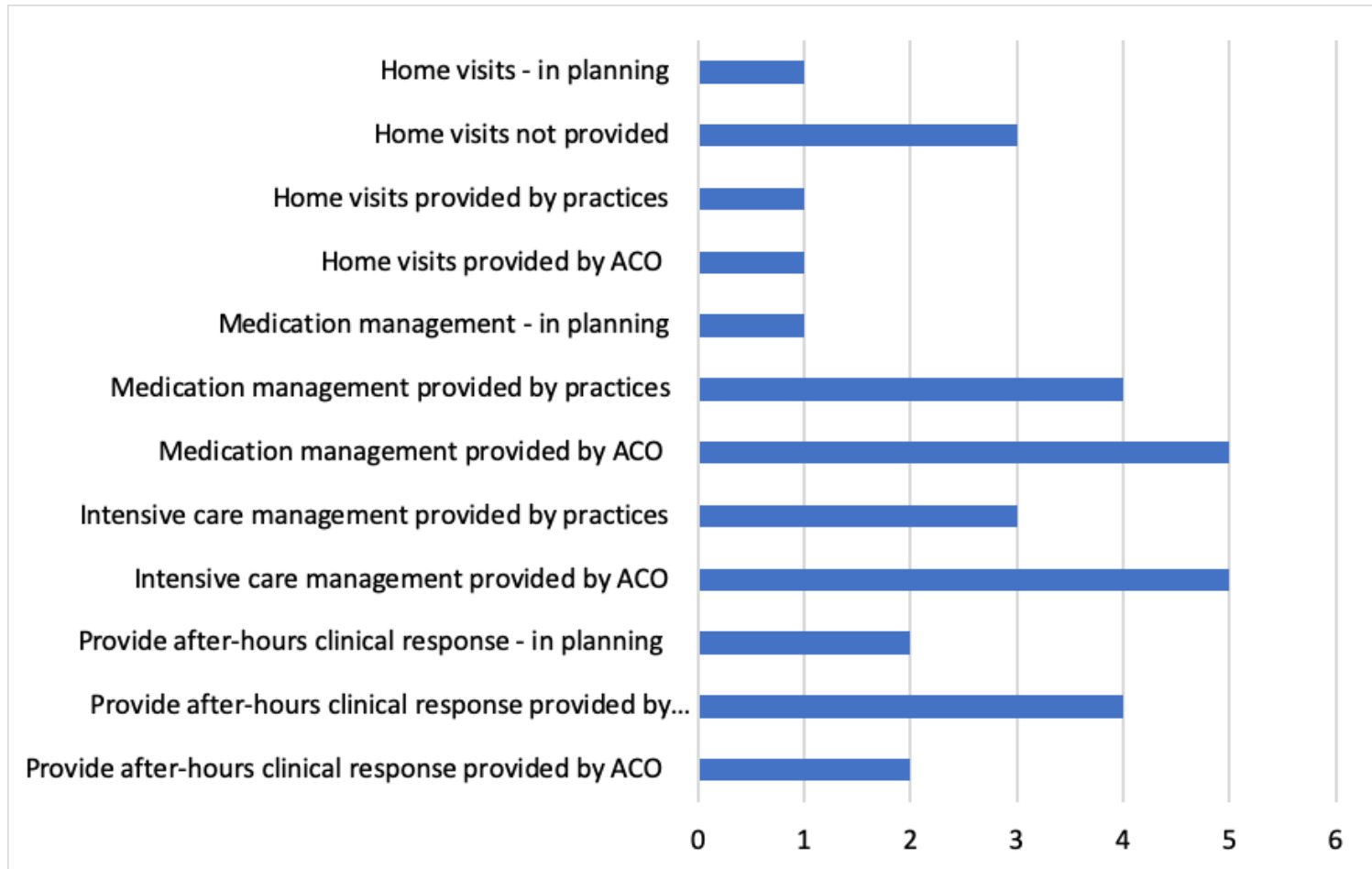


# Identification

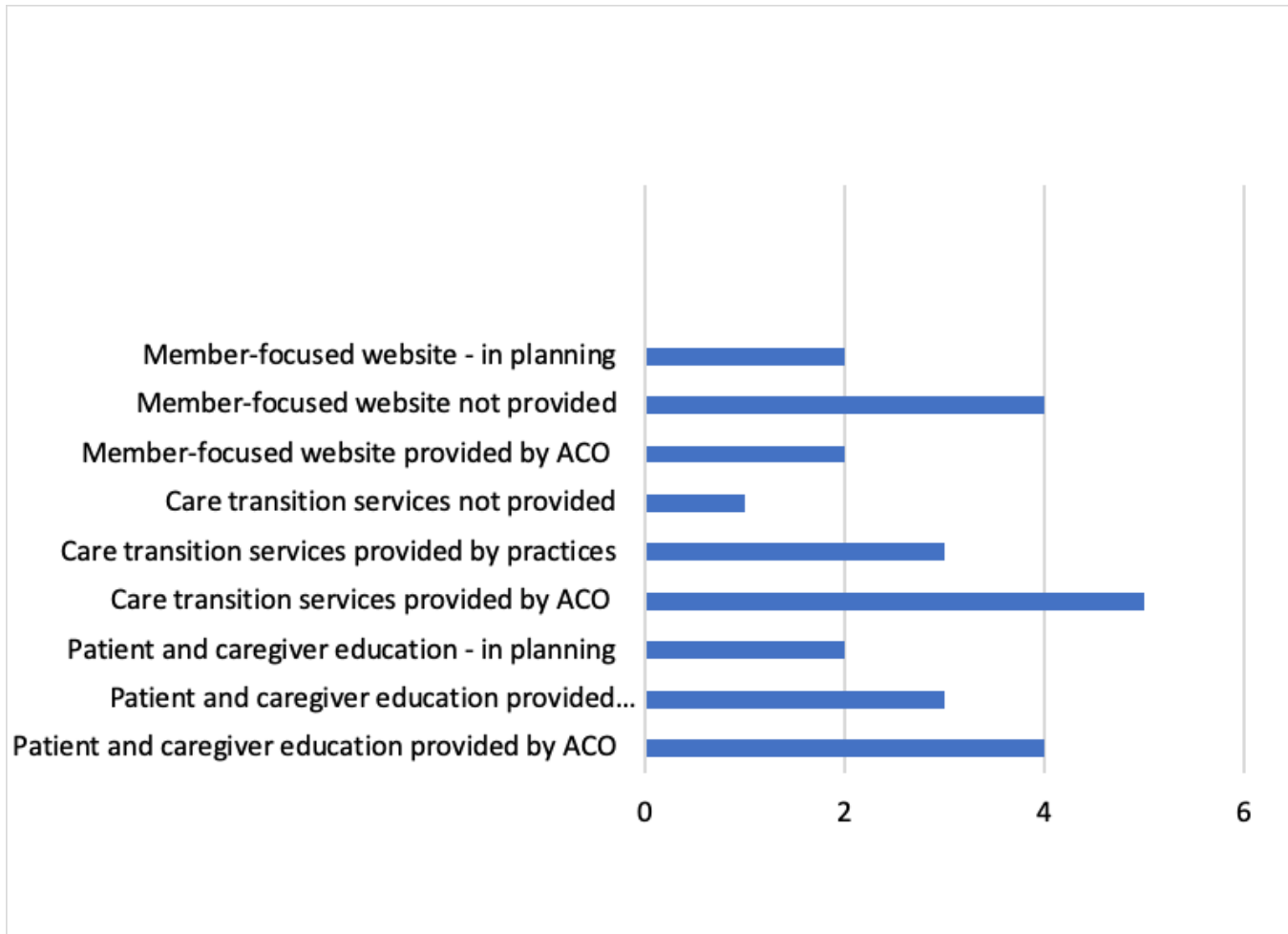
What do you know about your population of members with complex conditions? All that apply were noted.



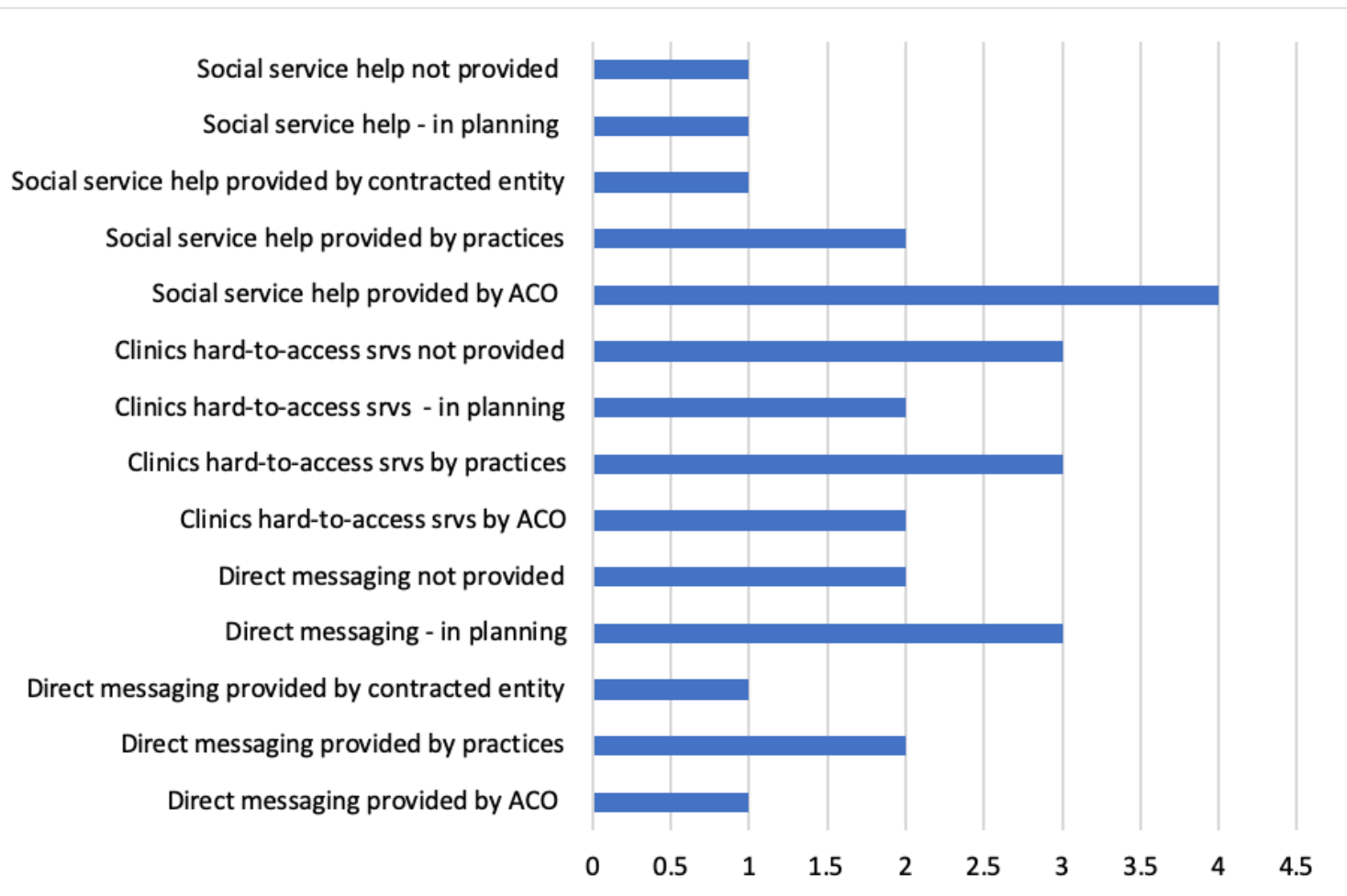
# Strategies for members with complex needs



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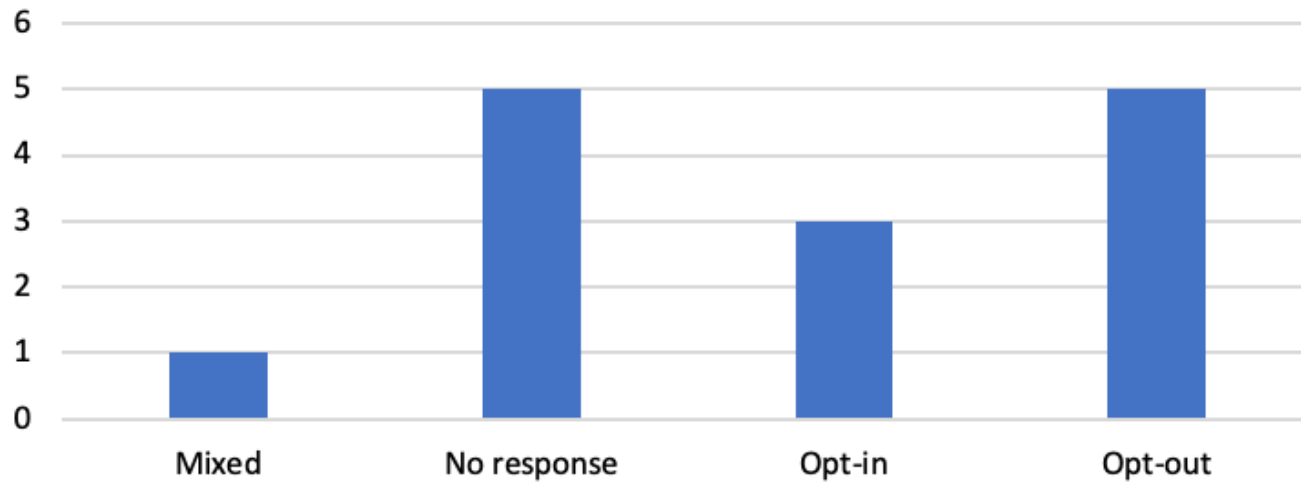


# Strategies for members with complex needs

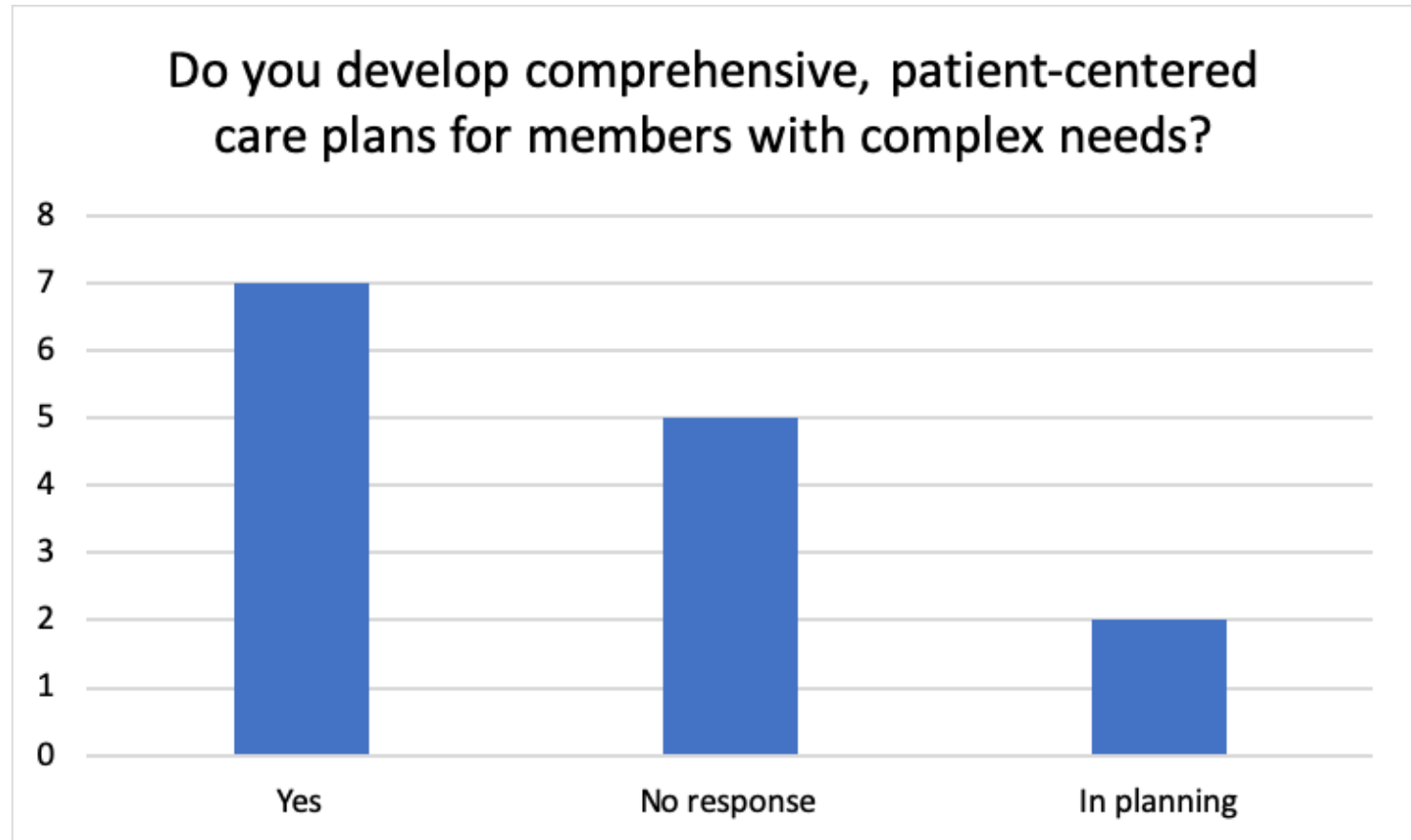


# Consumer choice

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)?

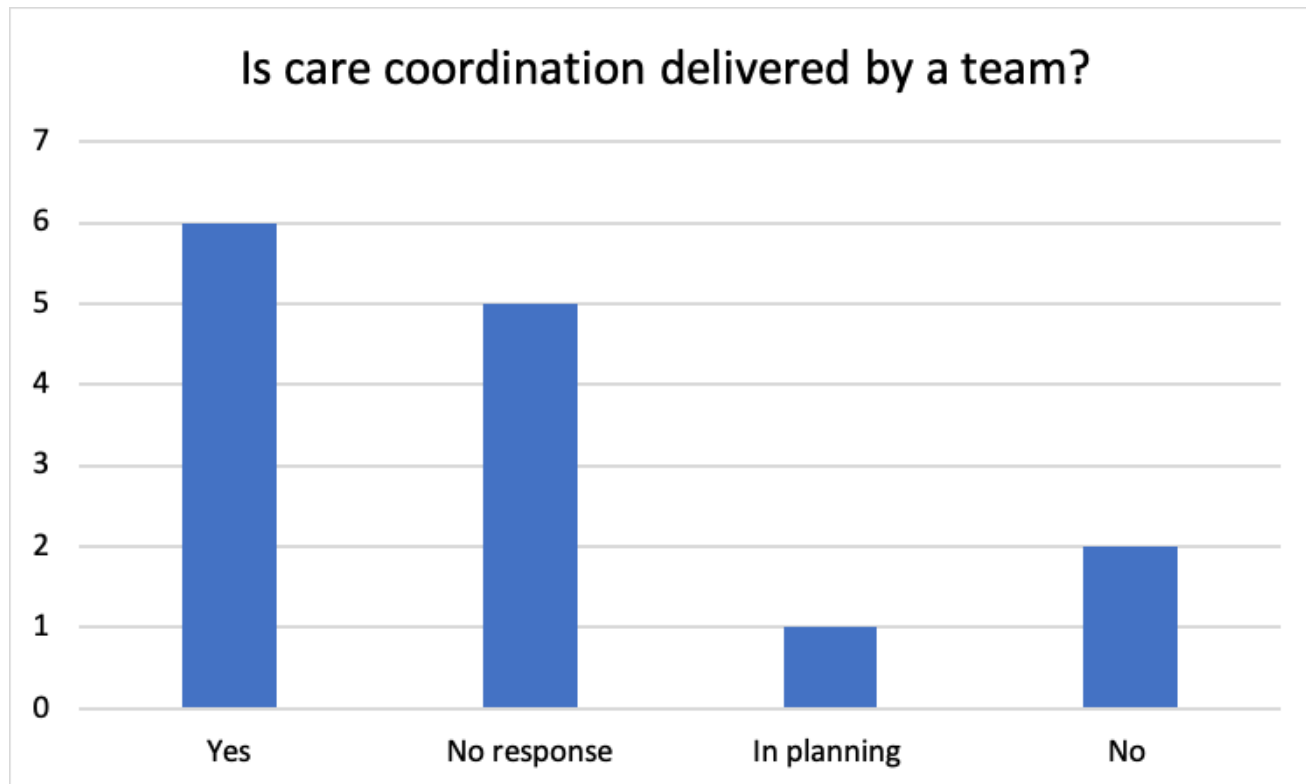


# Care plans

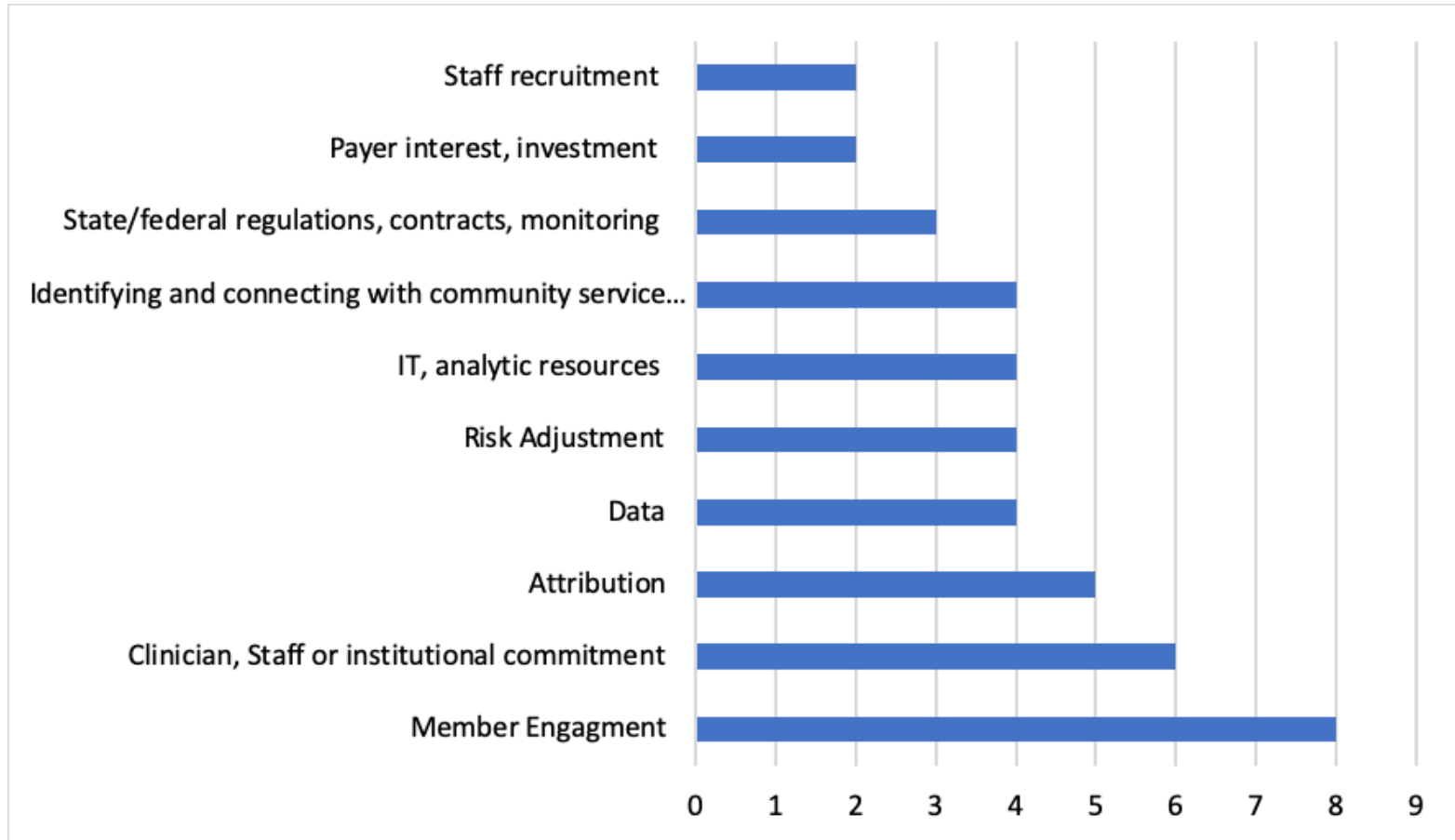




# Teams



# Challenges



# Conclusion

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.