Medical Assistance Administration

Washington State DSHS Department of Social & Health Services

Washington State Medical Assistance Administration

Disease Management Program

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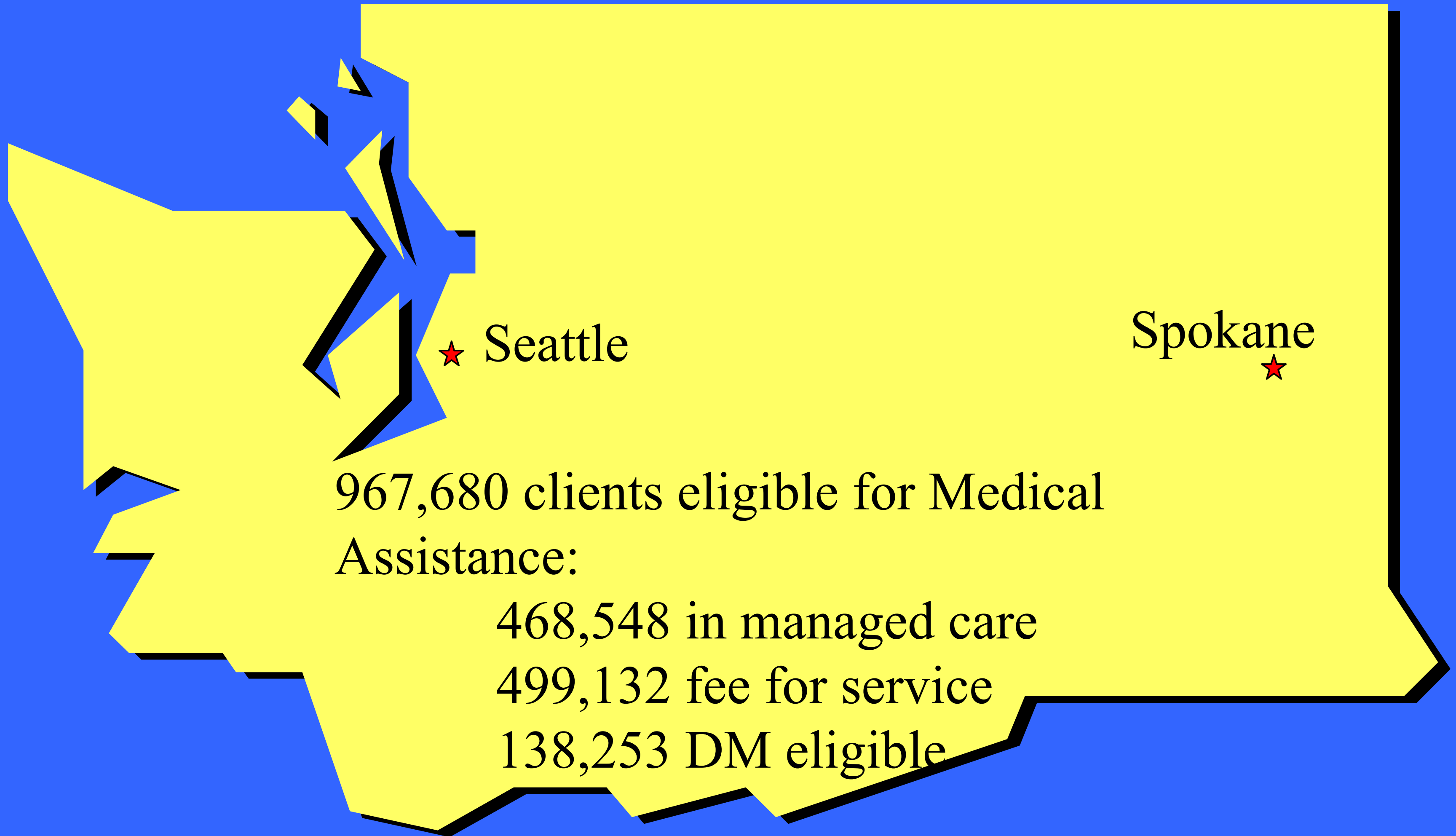
June 2004

Washington State Department of Social & Health Services

Washington State Medicaid Population



Why Disease Management?

- Gaps between recommended & actual care
- Increasing costs in health care utilization
- Cost savings guarantee available

Gaps between recommended and actual care

Asthma study:

- 30 – 50% had no provider visit in 6 months
- 1/3 with no PCP had ER visits (median 2/ 6 months, max 24 visits)
- 18% children exposed to smoke at homes
- 33% of adults smoked every day

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Gaps between recommended and actual care

Diabetes study:

- Fewer than 20% had dilated eye exam in previous year (chart review)
- Only 60% had HgbA1c (chart review)
- Fewer than half had received diabetic education past year (client survey)

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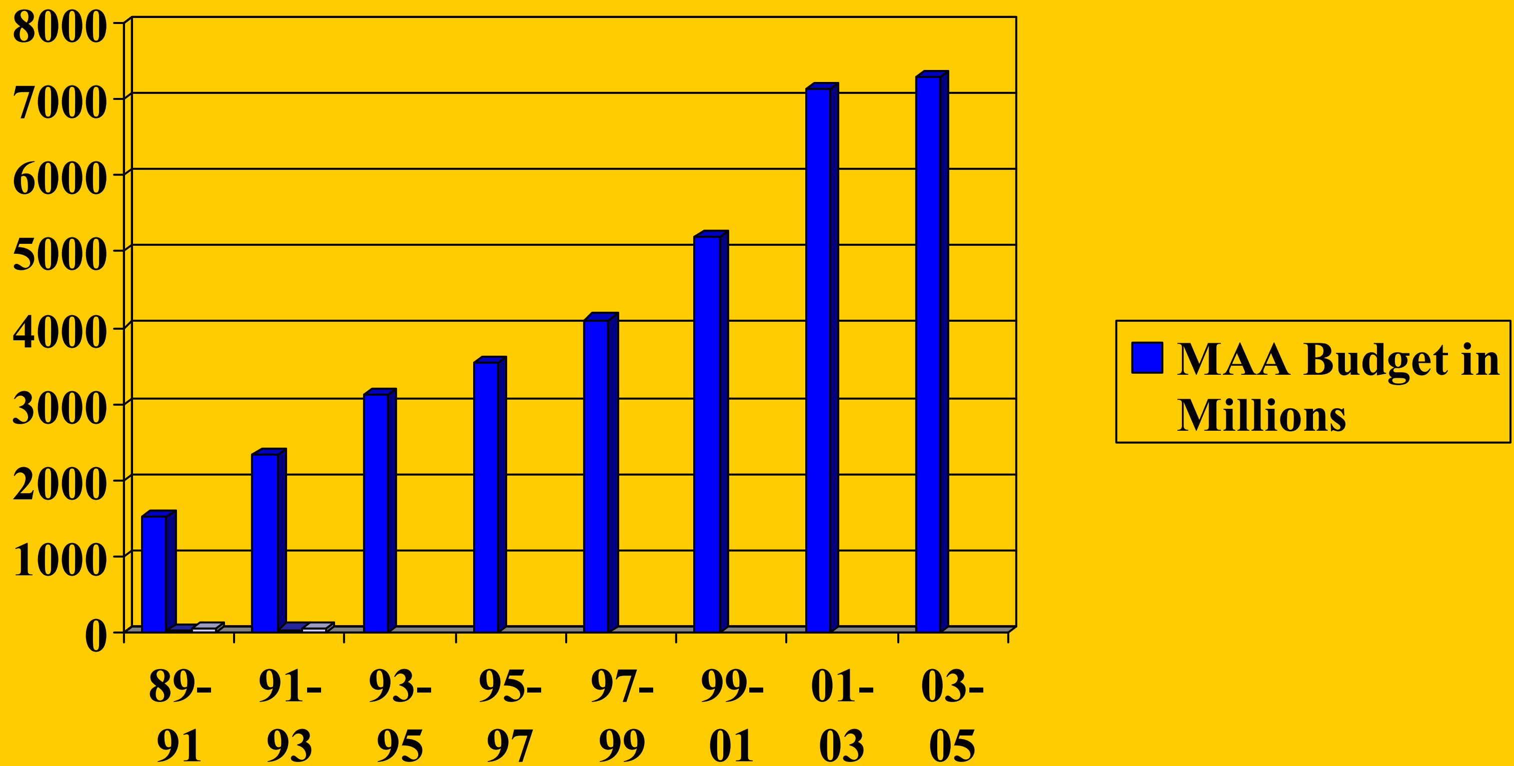
Increasing costs in health care utilization



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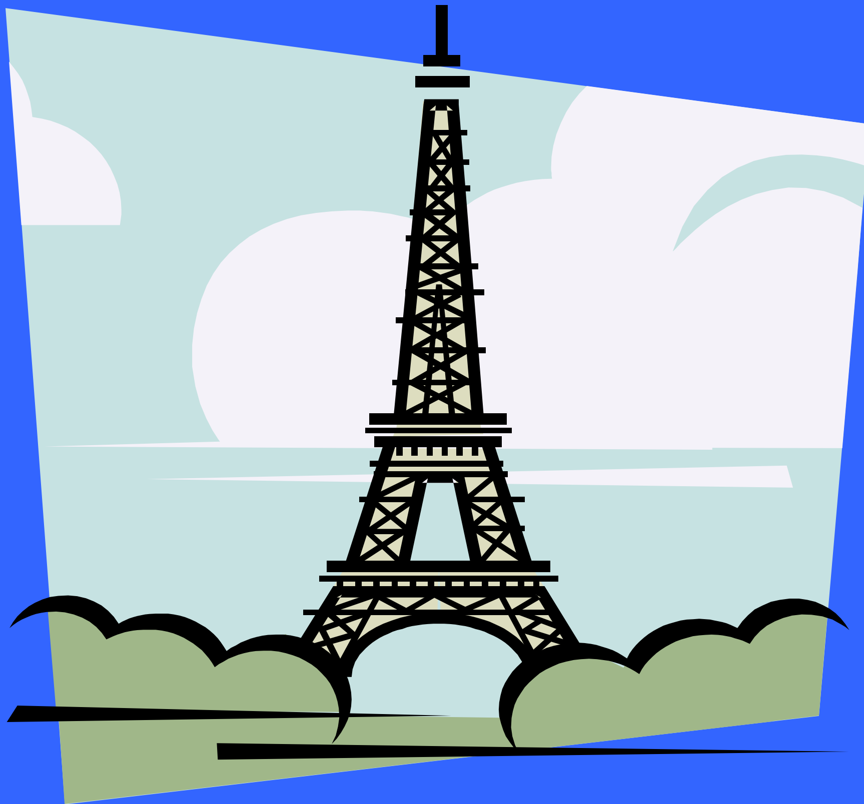
Cost savings guarantee available

- Legislative directive to implement DM for "at least three conditions", improve outcomes and save 5 – 10% of medical expenses.
- Assumption that program implementation is also underwritten by savings in the current fiscal cycle.

RFP Overview: what we asked for



IMPROVED:

- Client health
- Client education
- Access to prevention
- Continuity of care
- Coordination with case managers
- Collaboration with medical providers

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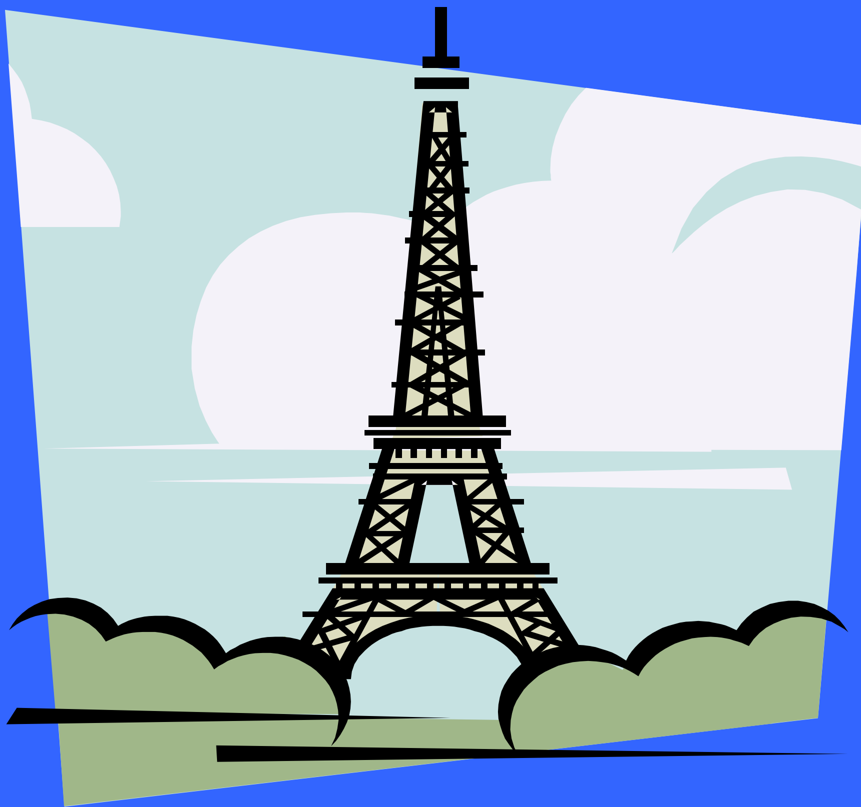
RFP Overview: what we asked for



DECREASED:

- Use of ER
- Hospitalizations
- Overall expenses by 5%

& Inclusion of co-morbid conditions

Program Description: McKesson

- Four primary conditions: AST, DIA, HF, COPD
  - Manage the "whole" client: co-morbidities and psycho-social issues
  - Supported by 24 x 7 nurse advice line
- Three-level risk stratification, but attempt to contact & directly manage all members

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Program Description: McKesson

- Reinforce national guidelines and provider instructions, with goal of increasing compliance
- Mix of telephonic and face-to-face visits for high-risk/high need clients
- Proprietary clinical application based on national guidelines

Program Description: Renaissance

- Focus on co-morbid conditions – diabetes, CHF, peripheral vascular disease
- Reduce risk of vascular access complications
- Improve member compliance
- Individual multi-disciplinary treatment plans

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Program Description: Renaissance

- Proprietary clinical information systems
- Risk stratification – 5 acuity levels drive interventions which are both face-to-face and telephonic
- Evidence-based protocols

Challenges in Implementation

- Centers for Medicare and Medicaid Services (CMS) issues
- Provider issues
- Data sharing and quality
- Shared case management

Caseload by Condition

Condition	Enrolled	Assessed	Current
Asthma	11,666	5345	2300
Diabetes	11,462	4889	2695
CHF	2568	1200	633
ESRD/CKD			136/4

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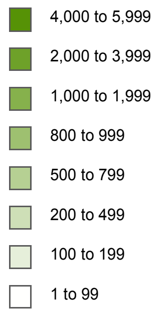
Mapping of Washingtion State Medicaid Referrals
Aggregate Level, by County

Member Count by County



- 4,000 to 5,999
- 2,000 to 3,999
- 1,000 to 1,999
- 800 to 999
- 500 to 799
- 200 to 499
- 100 to 199
- 1 to 99

BRITISH COLUMBIA
CANADA
WASHINGTON
UNITED STATES
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IDAHO
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Strait of Juan de Fuca
Vancouver
Burnaby
Seattle
Bellevue
Tacoma
Spokane
Portland
Whatcom
Skagit
Okanogan
Ferry
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Pend Oreille
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Sherman
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What are the expectations?

Carry 100% Risk for fees:

- 80% based on cost savings guarantee
- 20% based on improvements in clinical indicators

Asthma Clinical Indicators

Clinical Indicator	Initial Assessment	6 Months Assessment	12 Months Assessment
Daily Preventative Medications	63% n=4722	75% n=1652	80% n=944
Client has action plan	12% n=5407	24% n=1997	24% n=1408
Flu vaccine	45% n=5407	60% n=1997	65% n=1408
Not a Current Smoker	61% n=4413	63% n=1997	70% n=1222

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Heart Failure Clinical Indicators

Clinical Indicator	Initial Assessment	6 Months Assessment	12 Months Assessment
ACE inhibitor usage	60% n=1247	70% n=535	72% n=358
Weigh daily	32% n=615	70% n=466	64% n=327
Low sodium diet	66% n=1247	67% n=535	69% n=358
Flu vaccine	51% n=1247	60% n=535	66% n=358

Diabetes Clinical Indicators

Clinical Indicator	Initial Assessment	6 Months Assessment	12 Months Assessment
HbA1c testing rate	40% n=1846	57% n=2476	59% n=1696
Lipid profile	72% n=4986	84% n=2540	88% n=1697
Aspirin/Anti-platelet	41% n=4409	58% n=2164	64% n=1020
Flu vaccine	51% n=4986	67% n=2540	69% n=1697

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Clinical Outcomes: DOQI guidelines for ESRD, Y2Q4

	Clinical Outcome Average	% of Members Achieving Goal	Program Objectives
Albumin	3.75	77%	>= 3.5
KT/V or URR	1.65 74%	93%	>= 1.2 >= 65%
Ca*PO4	47.88	93%	<= 70
Hemoglobin	12.18	97%	>= 10

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Current DM Program impact (Renaissance Year Two)

- 124 average monthly ESRD members –
  95% enrollment rate
- CKD program in development
- Coordination with McKesson on CKD members
- Other Year 2 Results:
  - Increased fistula placement
  - Decreased hospitalization rate
  - Projected savings above fees for ESRD

Evaluation of DM Program

Evaluation will include:

- Health status
- Health processes and outcome indicators
- Utilization of medical services
- Client satisfaction
- Continuity of care
- Cost savings

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THANK YOU!
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