



Promoting Transformation in the Safety Net Through Performance Measurement and Payment Reform

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Pay for Performance Summit

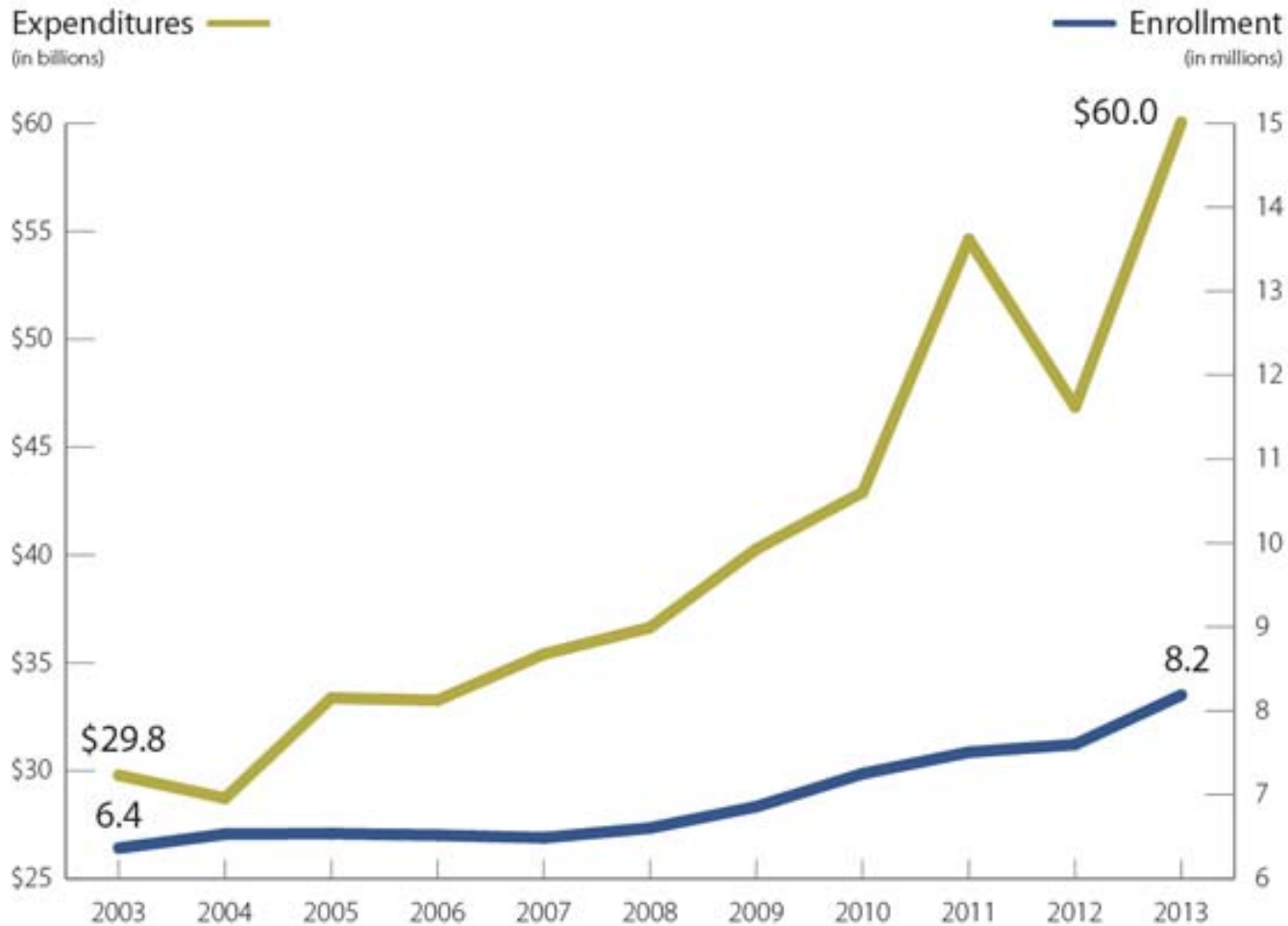
Overview

- (Very) Brief introduction to California's Medi-Cal program and community clinics
- Introduce panelists
- Overview of IHA's pilot for physician organization-level performance measurement in Medi-Cal managed care
- Note -- focus is on California

California's Medi-Cal Program

- Largest in the U.S. – and growing
 - 8.2 million beneficiaries in 2013, \$60B budget
 - Enrollment projected to reach 10.1 million with \$74 B budget in FY 2014-2015
- Increases due to:
 - State Medicaid expansion under ACA
 - Transition of Healthy Families (SCHIP) population to Medi-Cal
- Growing role for managed care
 - Transition to managed care in rural areas
 - Mandatory managed care for seniors and disabled persons
 - Medicare-Medicaid (“duals”) demonstration

Spending and Enrollment Trends, 2003 to 2013

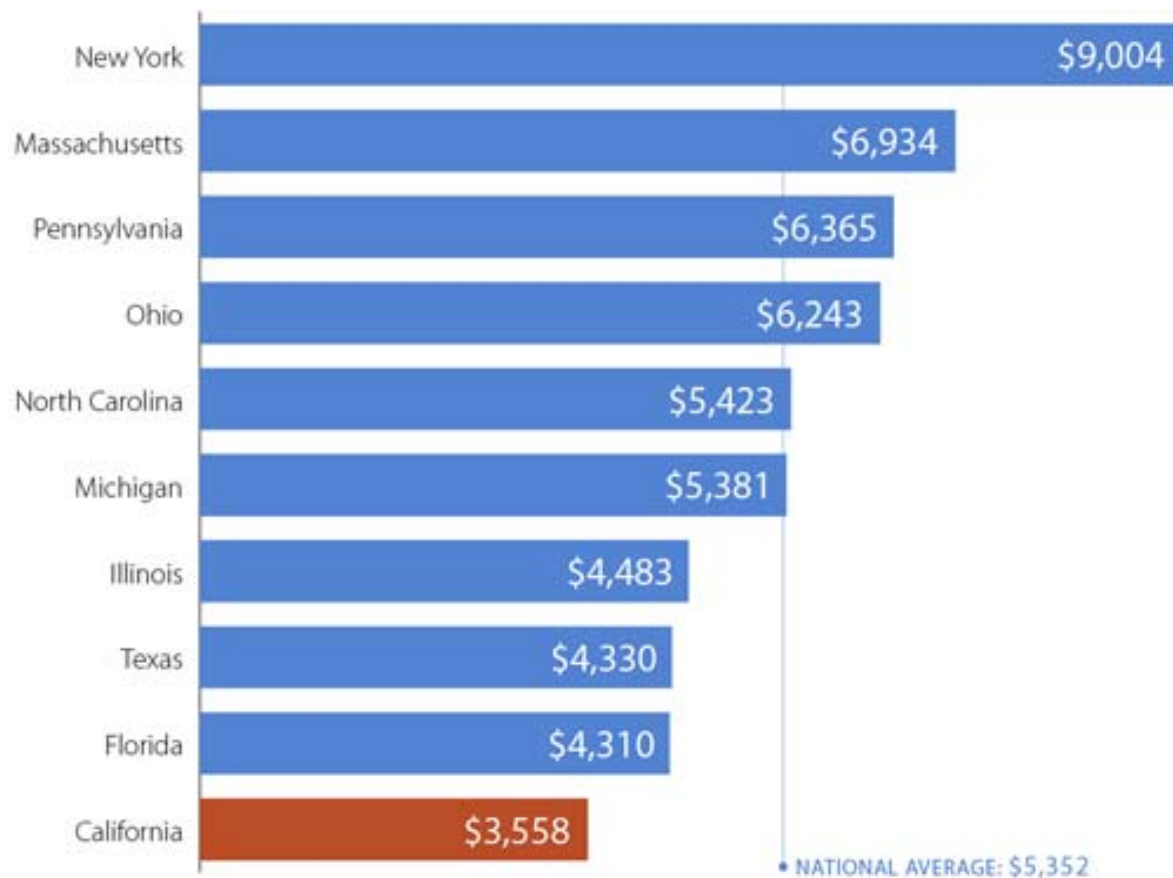


Notes: Expenditures include total Medi-Cal spending. For FY2002-03 to FY2011-12, enrollment estimates are for the month of January for the corresponding fiscal year. The enrollment estimate for FY2012-13 is a projection based on the November 2012 Local Assistance Estimate from the California Department of Health Care Services (DHCS).

Sources: DHCS, *Medical Certified Eligibles, Summary Pivot Table, Most Recent 24 Months, January 2012*, www.dhcs.ca.gov. DHCS, Fiscal Forecasting and Data Management Branch, *Medi-Cal Local Assistance Estimates, FY2002-03 through FY2011-12*, www.dhcs.ca.gov, and FY2012-2013, www.dhcs.ca.gov. DHCS, Research and Analytical Studies Branch, *Trend in Total Medi-Cal Certified Eligibles: 2000-2011*, www.dhcs.ca.gov.

Annual State Spending per Beneficiary

Compared to Other States, FY2009



Notes: States with the 10 largest Medicaid programs based on FY2009 expenditures are represented along with the national average. The Medicaid Statistical Information System (MSIS) Total Medicaid Paid Amount excludes Disproportionate Share Hospital payments, other supplemental payments to providers, Medicare premium payments, administrative expenses, and accounting adjustments. Estimates include some beneficiaries who are eligible for a limited set of benefits through restricted-scope Medi-Cal, including undocumented immigrants but excluding Planning, Access, Care and Treatment (PACT) beneficiaries.

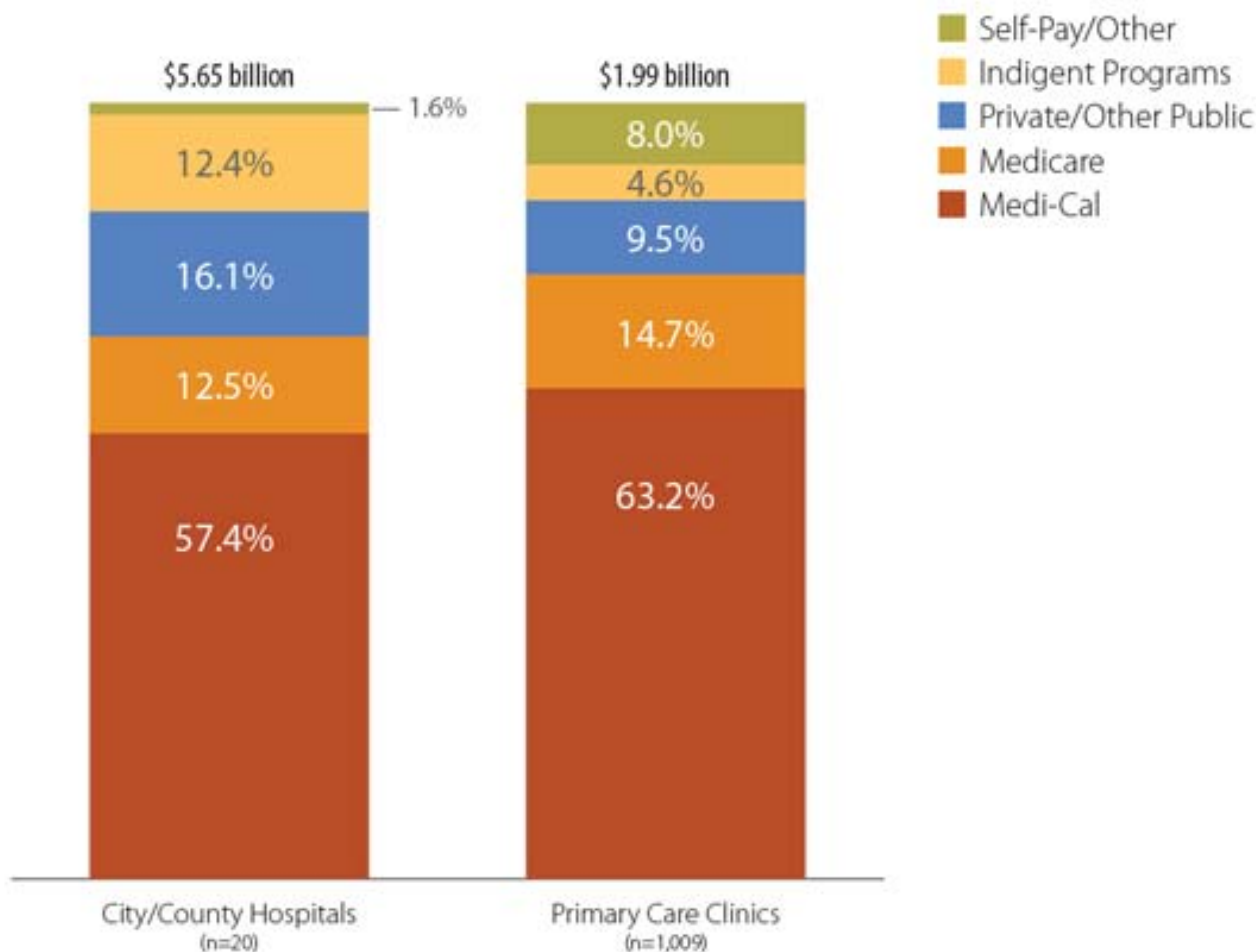
Source: Lewin analysis of MSIS data for 12-month period ending September 30, 2009.

California's Safety Net Clinics

- Community clinics and health centers
 - Available at 995 sites across the state, including 570 FQHCs
 - Serve 5.5 million Californians, 16 million encounters
 - Provide over half of all Medi-Cal primary care visits
 - Over 30% of patients uninsured (pre-2014)
 - For 39% of patients, English is a second language

Source: California Primary Care Association, 2013 State Profile of CCHCs

Safety-Net Revenues, 2011



Notes: Includes gross inpatient and outpatient revenue after accounting for deductions from revenue and capitation premium revenue but prior to expenses. Medi-Cal as reported for primary care clinics includes traditional fee-for-service, managed care, Breast and Cervical Cancer Treatment Program, Alameda Alliance for Health, and Family Planning, Access, Care, and Treatment (FACT) programs. Indigent Programs for primary care clinics include County Medical Services Program/Medically Indigent Services Program, LA County Partnership, and other county programs. Private/Other Public includes Healthy Families and Child Health and Disability Prevention. Primary Care Clinics that failed to provide their utilization data and/or were not in operation in 2011 are excluded.

Sources: California Office of Statewide Health Planning and Development (OSHPD), Healthcare Information Division, *Annual Financial Data, 2011*, www.oshpd.ca.gov. OSHPD, Healthcare Information Division, *Primary Clinics Annual Financial Data (Section 6-8), 2011*, www.oshpd.ca.gov.

A Changing Environment

- Greater choice of providers due to ACA, Medi-Cal expansion, exchange
- Shift toward managed care model
- Heightened expectations for performance, value, measurement
- Prospective Payment System will be replaced – by what?

Overview of Today's Panel

- Rachel Toby, JSI – efforts to shift the payment structure for CCHCs from cost-based to value-based
- Veenu Aulakh, CCI –work with clinics & public hospitals to adopt innovations that transform delivery and adapt to the changing policy and payment environment
- Grace Wang, AIR – progress toward a tool to support clinics in their efforts to improve care, reduce costs, and enhance population health.
- Mary Maddux Gonzales, M.D., Redwood Community Health Coalition – first-hand report on clinic system efforts at transformation

Managed Medi-Cal Pilot

Managed Medi-Cal Pilot Overview

- Goal
 - Build a statewide framework for standardized performance measurement and public reporting at the physician organization level across Medi-Cal Managed Care health plans
- Participating plans reported data in November 2013
 - LA Care
 - Health Net
 - CalOptima
 - Inland Empire Health Plan
- Funding from Blue Shield of CA Foundation July 1, 2013 – June 30, 2014

Managed Medi-Cal Pilot Measures

Clinical Measures

- Breast Cancer Screening, Cervical Cancer Screening, Chlamydia Screening
- Well-Child Visits 3rd-6th Years of Life, Adolescent Well-Care Visits
- Children & Adolescents' Access to Primary Care Practitioners
- Childhood Immunization Status , Immunizations for Adolescents
- Timeliness of Prenatal Care, Postpartum Care
- Diabetes – Eye Exam, LDL Screening, Nephropathy Monitoring, LDL Control <100, HbA1c testing, HbA1c Control <8.0%, HbA1c Poor Control >9.0%
- Use of Appropriate Medications for People with Asthma
- Annual Monitoring for Patients on Persistent Medications
- Use of Imaging Studies for Low Back Pain
- Avoidance of Antibiotics in Adults with Acute Bronchitis
- Appropriate Testing for Children with Pharyngitis

Resource Use Measures

- ED Visits
- Inpatient Utilization
- All-Cause Readmissions

IHA Web Reporting Platform

- Created Fall 2013
- Will be used to report data to Medi-Cal plans and physician organizations participating in pilot in Spring 2014
- Customized data exports – plans and POs can choose to export and download data from the website
- On-the-fly reporting – users can create customized charts and graphs

“On the Fly” Charts

Summary

AAB

ASM5

ASM12

ASM19

ASM50

ASMOV64

AWC

BCSOV

CAP12M

CAP25M

CAP7Y

CAP12Y

CAPOV

CCS24

CHLAMSCR

CHLAMSCR16

CHLAMSCR21

CISCOMBO

Use of Appropriate Medications for People with Asthma: Ages 19-50

Export

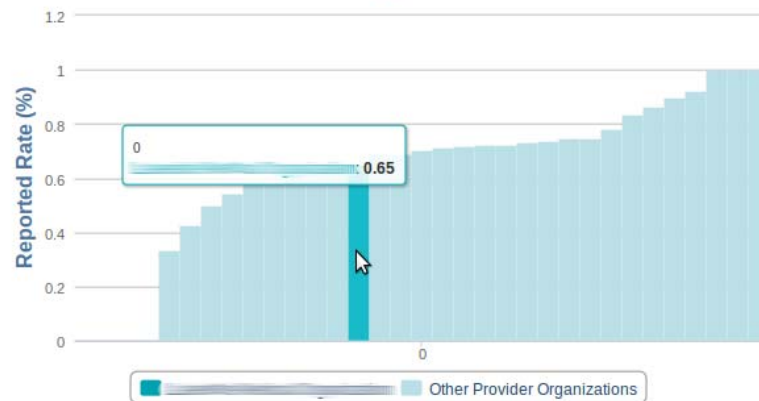
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#	Data Provider	Numerator	Denominator	Ratio
1		13	20	0.65

Hide Graph

Distribution of P4P Reported Rates

Use of Appropriate Medications for People with Asthma: Ages 19-50



Questions?