



LONG-TERM
QUALITY ALLIANCE

Integrated Care for Individuals with Dual Eligibility

December 9, 2019
Kaiser Center for Total Health

Join the conversation:



@LTQA

#IntegratedCare

Sponsored by:

manatt

UPMC HEALTH PLAN

What Matters to Consumers

The background features a cluster of interlocking gears in various shades of blue. Each gear contains a white icon representing a different aspect of healthcare or science, such as a heart with a pulse line, a microscope, a pill, a wheelchair, a laboratory flask, a medical bag, a stethoscope, and a person in a wheelchair.

Wendy Fox-Grage – National Academy for State Health Policy

Carol Regan – Community Catalyst

Leena Sharma – Community Catalyst

Larry Gottlieb – Commonwealth Care Alliance and Center to Advance Consumer Partnership

WHAT MATTERS TO CONSUMERS

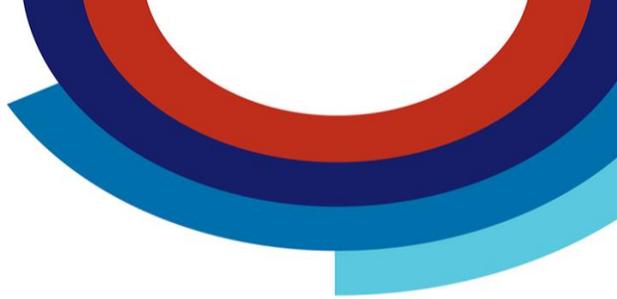
LTQA Symposium | December 9, 2019 | Washington DC

Carol Regan, Senior Advisor

Leena Sharma, Project Manager/Senior Policy Analyst



Community Catalyst



Our Mission

To organize and sustain a powerful consumer voice to ensure that all individuals and communities can influence the local, state and national decisions that affect their health.

Our History

Since 1998, Community Catalyst has worked to build a consumer health advocacy movement from the ground up.

The Center for Consumer Engagement in Health Innovation

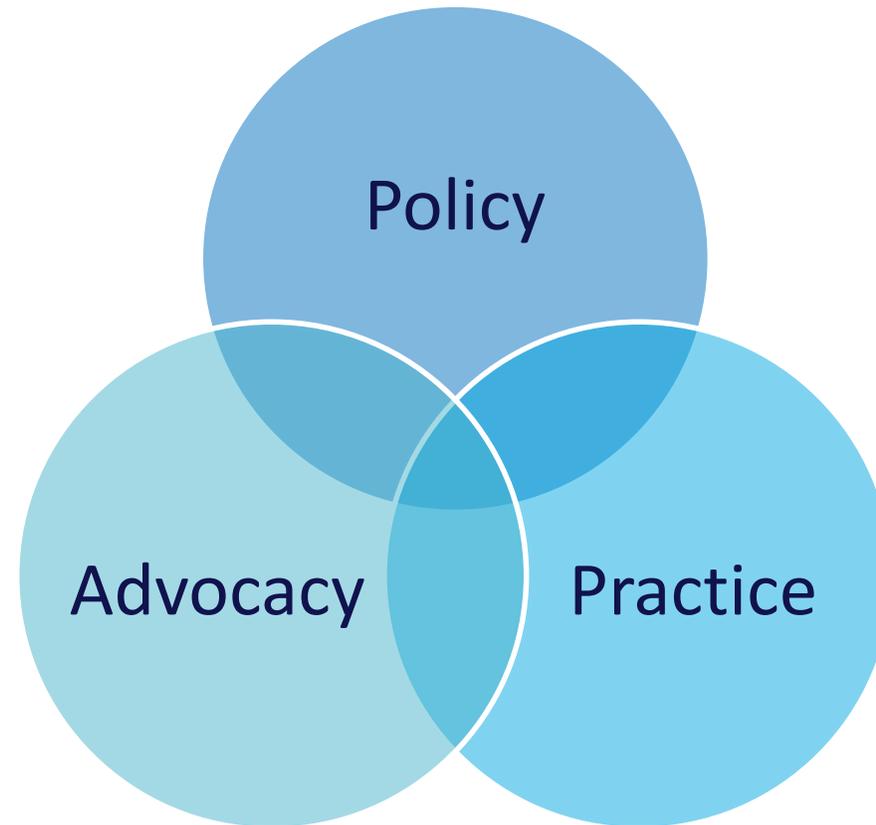
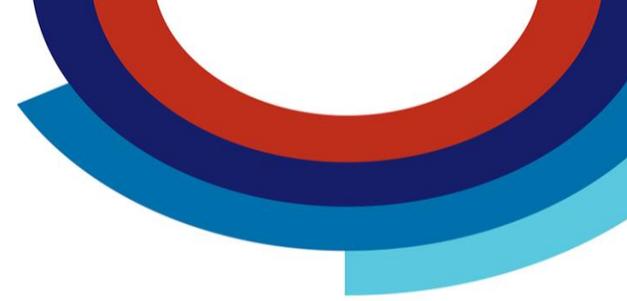
We Start Here....



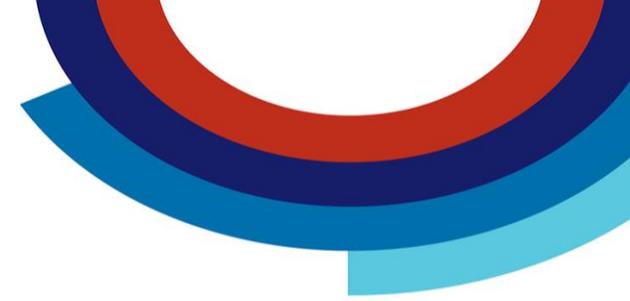
...And Go Here



Our Sandbox



Integrated Care: What Matters to Consumers



Photos by: Kristin Chalmers

Don

I am: “Free, Creative, Adapting, Affordable, Compensating”

“I had a stroke due to a dissection of my carotid artery after a bike accident in 2002. What matters is being in control of my health, being the one who decides along with my caregiver what’s best for me, not being told what I need.”

healthinnovation.org

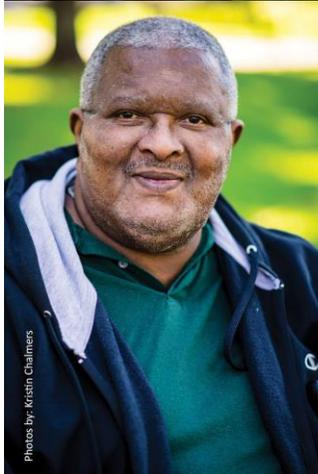


healthinnovation.org

Crystal

I am: “Creative, Energetic, Passionate, Activist”

“What matters most to me is being able to live independently and actively and raise my daughter in the community; having access to health care I need at home versus being stuck in facilities for weeks and months at a time. I have a very complex medical situation, so accessing health care that understands my needs and meets them is critical.”



Photos by: Kristin Chalmers

Sherman

I am: “Active, An Advocate, Someone Who Cares About People”

“Having Medicare and Medicaid is big. It really matters because it pays for bills that I couldn’t otherwise afford, especially at my age. When you can’t afford insurance, you can’t afford health.”

healthinnovation.org



Photos by: Kristin Chalmers

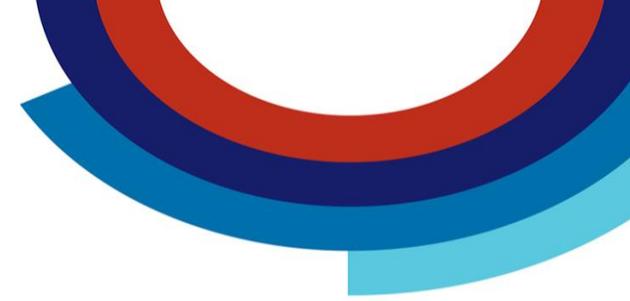
Lois

I am: “Kind, Someone Who Tries to Behave Myself, Outspoken, a Pain in the Ass”

“Because I have Medicare and Medicaid, even though I’ve had medical problems, I haven’t got a care, because everything I need is covered and I’ve had very good care for everything I need and am able to keep living here in my apartment.”

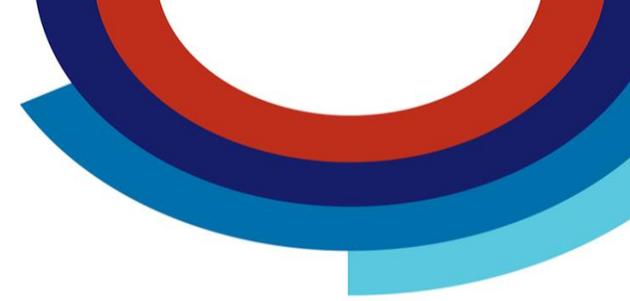
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Getting to What Matters : Building Consumer Leadership in Integrated Care



- Collaborate with local and state advocates to make policy and systems change
- Provide advocates with the skills and power to have a voice at all levels of the health care system
- Voices for Better Health and Consumer Voices for Innovation Program

Getting to What Matters: Building Consumer Leadership



Christina

I am: “Committed, Honest, Dependable, Someone Who Enjoys Trying New Things”

“Thank God for Medicare and Medicaid. They get me all the medicines I need, especially to control my HIV, and also medicines to manage my high blood pressure.”

healthinnovation.org

Getting to What Matters : Policy and Research

The Role of Consumer Advisory Councils in the Financial Alignment Initiative



As part of the CMS Medicare-Medicaid Financial Alignment Initiative, Medicare-Medicaid Plans in 10 states are required to create Consumer Advisory Councils. These Councils provide feedback on enrollees' care experience and as such, are a crucial component of person-centered care. The Center for Consumer Engagement in Health Innovation surveyed participating plans with enrollment greater than 5,000 about their Councils, and received responses from 21 plans. These results provide a snapshot of current Council structures, impacts and challenges, and serve as a roadmap for health plans – whether part of the initiative or not – to strengthen their meaningful engagement of consumers. The information below is drawn from the Center's full report, *"The Biggest Value is Getting the Voice of the Member: An Exploration of Consumer Advisory Councils within Medicare-Medicaid Plans Participating in the Financial Alignment Initiative."*



COUNCILS DRIVE CHANGE

Health plans have...

79% changed their outreach or communications

42% made changes to benefits

26% began to address social determinants of health

21% changed transportation policy



PLAN LEADERSHIP IS LISTENING

Health plans...

71% share Council feedback at executive meetings

62% have executives participate in Council meetings



COUNCIL MEMBER DIVERSITY NEEDS IMPROVEMENT

Enrollee diversity is under-represented in some respects, especially Hispanic/Latino, Asians, and Native American/Alaska Native/Pacific Islanders



SUPPORTING COUNCIL MEMBERS IS KEY TO SUCCESS

Health plans...

95% provide transportation and food

65% provide training to help consumers work effectively on Councils

62% provide translation services

Supported by a grant from The SCAN Foundation

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ISSUE BRIEF
NOVEMBER 2019

Improving Care for Individuals Dually Eligible for Medicare and Medicaid Preliminary Findings from Recent Evaluations of the Financial Alignment Initiative

Ann Huang
Director
Center for Consumer Engagement in Health Innovation

Laura M. Keohane
Assistant Professor
Department of Health Policy
Vanderbilt University School of Medicine

Leena Sharma
Senior Policy Analyst
Center for Consumer Engagement in Health Innovation



Person-Centered Enrollment Strategies for Integrated Care

The Dual Imperative:
What's Next for Medicare-Medicaid Enrollees
Wednesday, November 28, 2018
12pm - 4:30pm (lunch will be served at 12pm)
Center for Total Health, Washington, DC 20002

Click here to RSVP by Friday, October 26

In partnership with:
The Commonwealth Fund, The John A. Hartford Foundation, PETERSON CENTER ON HEALTHCARE, The SCAN FOUNDATION, National Health Policy Fellowship Fund

THE FUTURE OF CARE FOR MEDICARE-MEDICAID ENROLLEES



TODAY

12 million Medicare-Medicaid enrollees

2 separate programs

7% in integrated programs

High cost and distinct spending trends compared to Medicare-only enrollees

WHAT'S NEEDED

- Keep consumers front and center: in program design, implementation, continuous quality improvement, and oversight
- Focus on the development of robust and person-centered care coordination
- Segment programmatic data to understand the drivers of cost, utilization and quality; customize care based on consumer's needs and preferences
- Accelerate evaluation efforts to understand program impact and make needed programmatic adjustments
- Pay attention to savings, but don't lose sight of the broader goals of improving care and social supports for individuals who are dually eligible
- Address health holistically, including social determinants like transportation, food, and housing
- Invest in the development and retention of the long-term services and supports workforce
- Ensure accountability through quality measurements, active feedback loops, and timely attention to grievances and complaints
- Continue to encourage provider best practices by assuring that financial incentives are related to outcomes that matter most to consumers
- Expand access to integrated care, through consumer engagement and education, state capacity development and technical assistance, and continued development and coordination of related federal and state policies



In Their Words: Consumers' Vision for a Person-Centered Primary Care System

NOVEMBER 2019



Because we all should have a say in decisions that affect our health



Research bridging policy and practice

Key Takeaways

- Engage consumers, their families and caregivers in decisions that impact their health and well-being
- Build in time and resources for outreach and education
- Assess programs continuously and undertake midcourse corrections to ensure needs are met

THANK YOU

For more information:

Visit us on the Web!

healthinnovation.org

Follow us on Twitter!

[@CCEHI](https://twitter.com/CCEHI)



LTQA Member Symposium
Integrated Care for Individuals with Dual Eligibility
December 9, 2019
What Matters to Consumers?



Commonwealth Care Alliance

Vision

To lead the way in transforming the nation's healthcare for individuals with the most significant needs



One Care
21,920
Dually Eligible
Members
< Age 65



Senior
Care Options
11,276
Dually Eligible
Members
≥ Age 65

Mission

To improve the health and well-being of people with significant needs by innovating, coordinating and providing the highest quality, individualized care

Center to Advance Consumer Partnership



Seeing consumers as experts in their own lives and partnering with members every day to design and deliver outstanding care and service



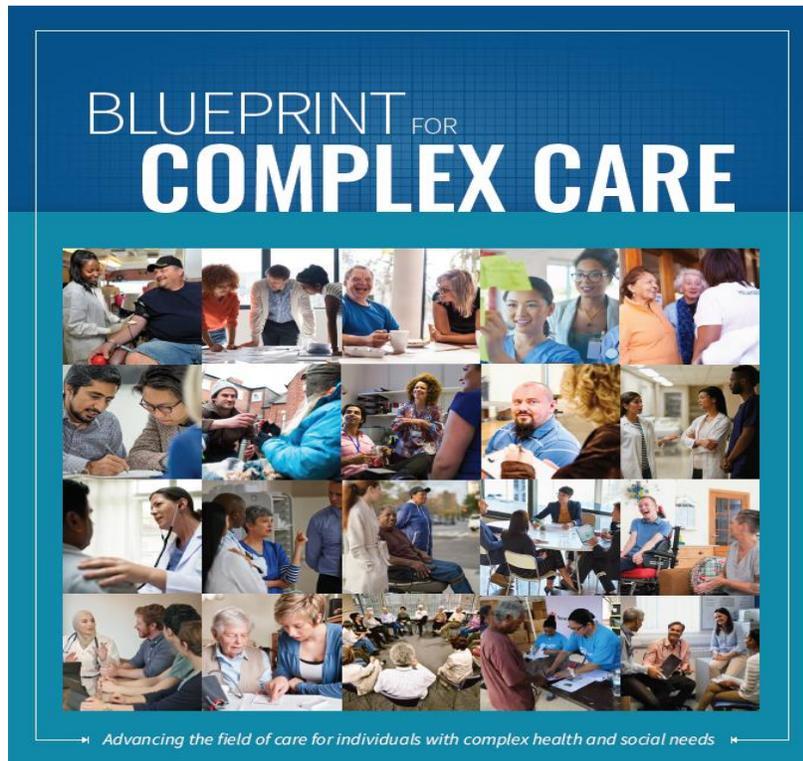
Fostering widespread adoption of authentic consumer partnerships between care systems and consumers with complex health & social needs



What Matters to Consumers?

Guidance from the Blueprint for Complex Care: **“Ask Them!”**

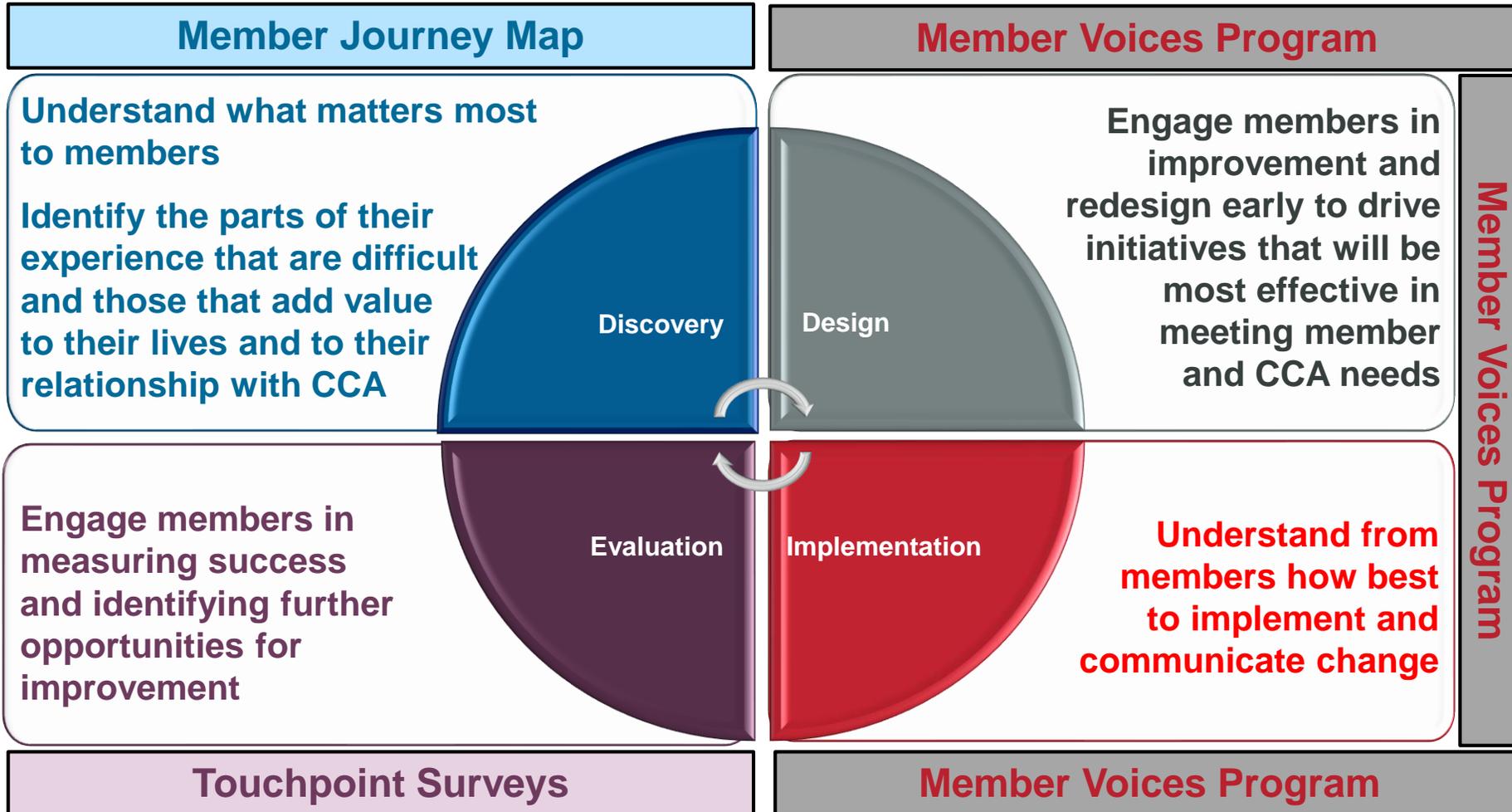
The field of complex care has not yet done a good job incorporating lived experiences of persons with complex needs in the design, implementation, and evaluation of their care



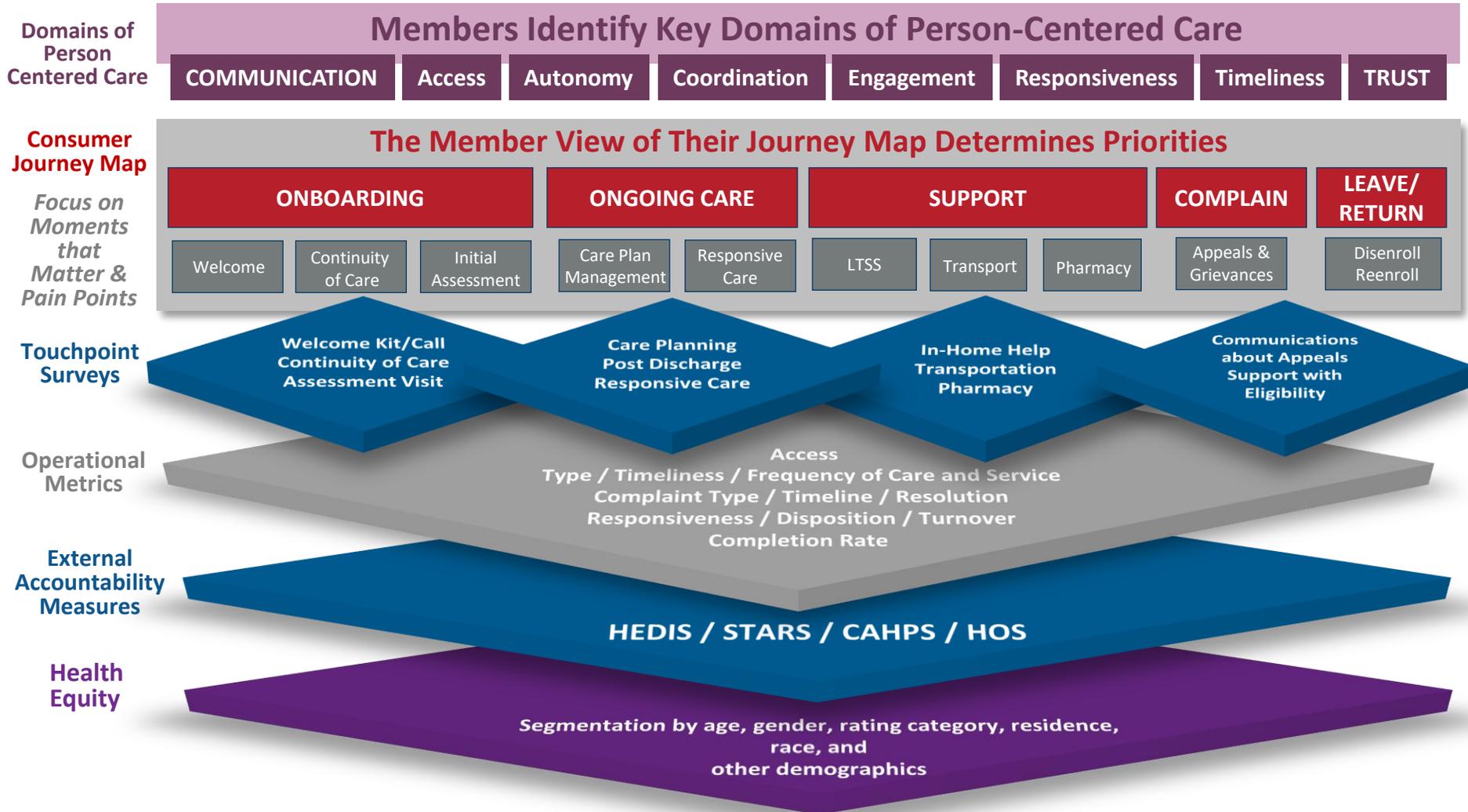
Key challenges include:

- identifying and recruiting individuals with lived experience
- maintaining their active involvement
- providing tools and preparation necessary for full participation
- ensuring these individuals have equal voice
- changing potentially alienating language and practices

CCA's Model for Consumer Partnership



Member Experience Measurement and Improvement Aligning with What Matters Most to Consumers



What Matters To Consumers? - Person Centered Care

Domains of Person Centered Care

Members Identify Key Domains of Person-Centered Care

COMMUNICATION

Access

Autonomy

Coordination

Engagement

Responsiveness

Timeliness

TRUST

How Do CCA Members Define Person Centered Care?

Maintaining autonomy, dignity, and self-determination

Encouraging engagement and self management

Providing emotional support and alleviating fear and anxiety

Creating easy access to understandable information

Respecting member values, preferences, and expressed needs

Sharing decision-making and co-creating goals

Facilitating community integration, inclusion, and participation

Striving for optimal functioning

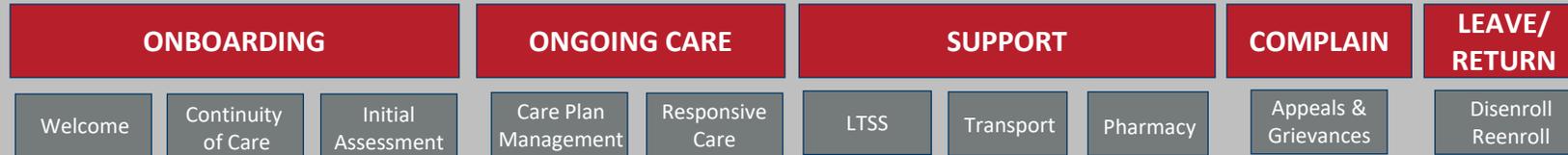


What Matters To Consumers? – Their Journey

Consumer Journey Map

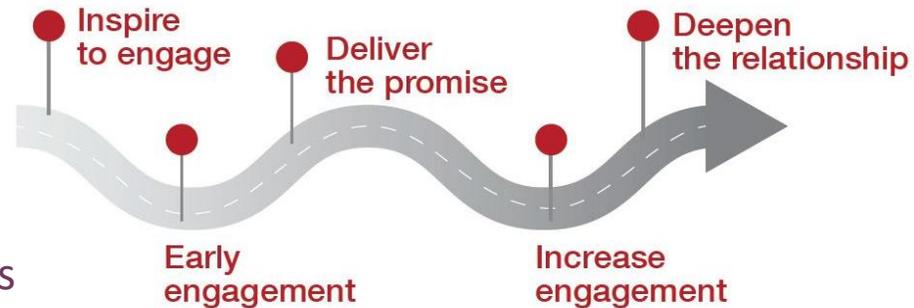
Focus on Moments that Matter & Pain Points

The Member View of Their Journey Map Determines Priorities



Journey Mapping – a critical tool for understanding the consumer’s end-to-end journey through the organization

- Captures experiences at a **touchpoint level**
- Establishes a consumer centered framework for the organization
- Provides insights into what matters most to consumers
- Identifies key opportunities



What Matters To Consumers? – Touchpoint Experience

Consumer Journey Map

Focus on Moments that Matter & Pain Points

The Member View of Their Journey Map Determines Priorities

	ONBOARDING			ONGOING CARE			SUPPORT			COMPLAIN	LEAVE/ RETURN		
	Aware	Interest	Join	Onboard	Onboard Cont	Care Plan Management	Responsive Care	Support	Support 2	Support 3	Complain	Deepen	Leave Return
See Community Marketing Outreach	Research CCA/Follow Up from State Mailing	Prospective Member Enrolls in SCO Voluntarily	Rec. New Member Welcome Call	Rec. Assessment "Call Me" Letter	Rec. Annual / Semi Annual Assessment (CCA)	Make Responsive Care Inquiry	Make General Inquiry / Update with Member Services	Request Pharmacy Prior Auth	Request Transportation Authorization	Complain to Member Services	See Brand Advertising	Rec. Pending Loss Of Coverage Letter	
See Community Outreach Vans	Complete Web Form	Attend Passive Enrollment Outreach Event	Rec. Welcome "Call Me" Letter	Rec. CCA Assessment Visit	Rec. Annual / Semi Annual Assessment (3rd Party)	Be Warm Transferred to CRU	Leave Voicemail	Fill Prescription At Pharmacy	Make Single Transportation Request (greater than 48 hrs)	Complain to Care Management	Inquire About New Benefit	Req. Disenrollment with CCA	
See Advertising	Rec. Wasform Call Back	Rec. Summary of Benefits	Be Assigned Onboarding Specialist	Sign Permission To Share information Form	Participate In Updating Care Plan	Rec. Urgent Clinical In-Home Support	Rec. Supporting Using Social Media	Rec. Auto Fill Prescription	Make Urgent Transportation Request (within 48 hrs)	Complain to Transportation	Be Informed About New Benefit	Req. One Care Disenrollment Via MassHealth	
Rec. Direct Mail	Make Enrollment Inquiry	Rec. SCO Ineligibility Call	Rec. Clinical Engagement Welcome	Rec. Third Party Assessment Visit	Rec. Ongoing Care	Rec. Urgent Clinical Telephonic Support	Make Third Party General Inquiry / Update	Fill Prescription Via Mail Order	Make Multiple Transportation Request	Complain Via Social Media	Participate in Marketing Initiatives	Make Disenrollment Inquiry	
See Internet Search Results	Call As A Result of Direct Marketing Campaign	Rec. SCO Ineligibility Letter	Rec. Welcome Letter	Rec. Prioritized Assessment	Define New Provider	Rec. In-ED Paramedic Home Visit	Visit CCA.org	Rec. Medication Denial at Pharmacy	Make Standing Transportation Request	Rec. Acknowledgement Call	Participate in Innovation Pilots	Rec. Confirmation of Disenrollment	
View CCA Website	Visit Van										Rec. Health Education	Rec. Disenrollment Call	
See Social Media	See OC/SCO Plan Brochure										Rec. Health Education	Rec. Disenrollment Visit	
See Sponsorship	Rec. CCA Outreach	Rec. State 30 Day Passive Enrollment Notice	Rec. CMS Confirmation Letter	Sign LTSS Consent Form	Rec. New Care Partner Intro	Rec. DME Urgent Support	Interact With CCA Care Support Technology	Rec. Formulary Change Call	Rec. VIP Support	Rec. Complaint Response	Rec. Holiday Cards	Rec. Post-Disenrollment Marketing Letter	
See Public Relations	Rec. Third Party Education	Rec. State Passive Enrollment Acceptance Notice	Rec. Contact for Enrollment Discrepancy	Rec. Clinical Response Unit Help During Onboarding	Rec. New Care Partner Letter	Rec. Post Discharge Follow-Up	Review Member Handbook	Rec. Medication Therapy Review Offer	Rec. Day Before Reminder	See Social Media Response	Rec. Preventive Care Outreach Call	Rec. Retro Disenrollment Communication	
See Informational State Mailing	Complete OC Eligibility Form Online	Inquire to Opt Out of OC	Define Primary Care Providers	Meet Assigned Care Partner	Rec. New Care Partner Letter	Rec. Responsive Care Follow Up	Rec. "Check Up" Newsletter	Rec. Medication Therapy Scheduling Call	Rec. Dispatch Notice	Launch Appeal	Rec. Clinical/Dental Care Reminder Outreach Call	Re-Enroll Within Grace Period	
Receive Professional Referral to CCA		Member Enrolls in One Care Voluntarily	Rec. Medication Change Requirement	Co-Develop Care Plan	Engage with LTSC/GSSC	Be Referred to BH	Rec. Annual Notices	Rec. Medication Review	Rec. Transportation Ride Adherence Follow Up	Make Standard Grievance	Rec. Touchpoint Survey	Re-Enroll After Gap Period	
Rec. Third Party Attribution Communication		Req. Opt Out of Passive Enrollment	Rec. Pharmacy Mail Order Enrollment Form	Sign Off/Rec. Care Plan		Rec. BH Care Assessment	Rec. Provider Termination Letter	Rec. Medication Education	Take Trip to Destination	Make Expedited Grievance	Rec. ADA Compliance Survey	Transition to SCO from OC	
Hear Word of Mouth		Call CCA To Accelerate SCO Enrollment	Rec. Enrollment Mail Order Confirmation			Be Connected to Local BH Support	Make Member Service/Needs Request	Rec. Medication Action Plan / List	User Initiated Pick Up Request	Escalate to Management	Complete CAHPS Survey	Rec. Concurrence Letter	
				Make Assessment Scheduling Inquiry to CCA		Rec. Ongoing BH Support	Rec. Member Req. Approval Call	Rec. Medication Adherence Communication	Take Trip Home	Make External Complaint	Complete HOS Survey		
			Rec. Initial OSBC Assessment Scheduling Call			Be Referred to Palliative Care	Rec. Member Req. Approval Call	Rec. Medication Adherence Communication	Take Trip Home	Make External Complaint	Complete HOS Survey		
			Rec. Initial HMO/Delegate Assessment Scheduling Call			Sign Palliative Care Decision Maker Consent Form	Rec. Prior Authorization Denial Call	Rec. Family Support/Education	Rec. Trip Completion Notification/5-Star Call	Launch State Complaint			
			Rec. Continuity of Past Services			Rec. Palliative Care Assessment	Rec. Prior Authorization Denial Letter	Rec. Eligibility Re-determination Form	Connect to 5 Question Transportation Survey	External Medicaid/Medicare Appeal			
						Develop Palliative Care Plan	Rec. Verbal Service Denial	Rec. Redetermination Support	Rec. One Time Transportation Reimbursement	Move to District/Federal Court			
						Rec. Ongoing Palliative Care	Send Receipts For Reimbursement	Rec. Language Support	Rec. Ongoing LTSS Support	Rec. Formal Judgement			
							Rec. Reimbursement	Rec. Bill	Req. LTSS Closure	Rec. Goodwill Adjustment			
							Rec. Reimbursement Denial	See Provider PCA Payment Issue					

For illustrative purposes; not intended to be readable

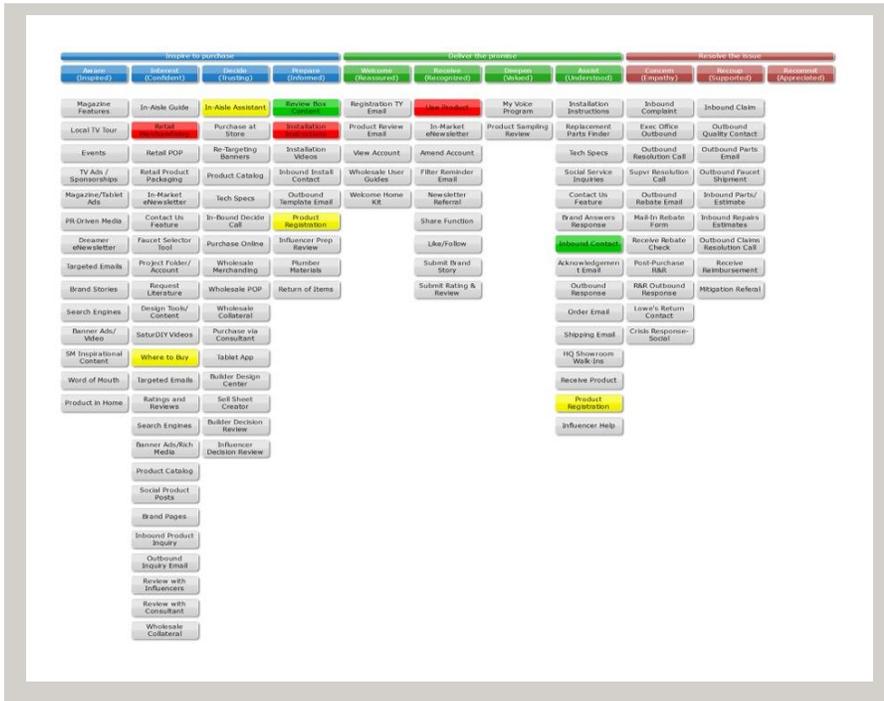
- Member Outreach and Marketing
- Third Party
- Member Services
- Clinical Engagement Team
- Care Management Organization
- Member Enrollment
- Care Planning Unit
- Clinical Response Unit
- Pharmacy
- Behavioral Health Services
- Palliative Care
- Transportation
- Quality
- Clinical Education Department
- Appeals and Grievances
- Multiple Owner

What Matters To Consumers? – Touchpoint Experience

Consumer Journey Map

Focus on Moments that Matter & Pain Points

The Member View of Their Journey Map Determines Priorities



Moments That Matter

Pain Point

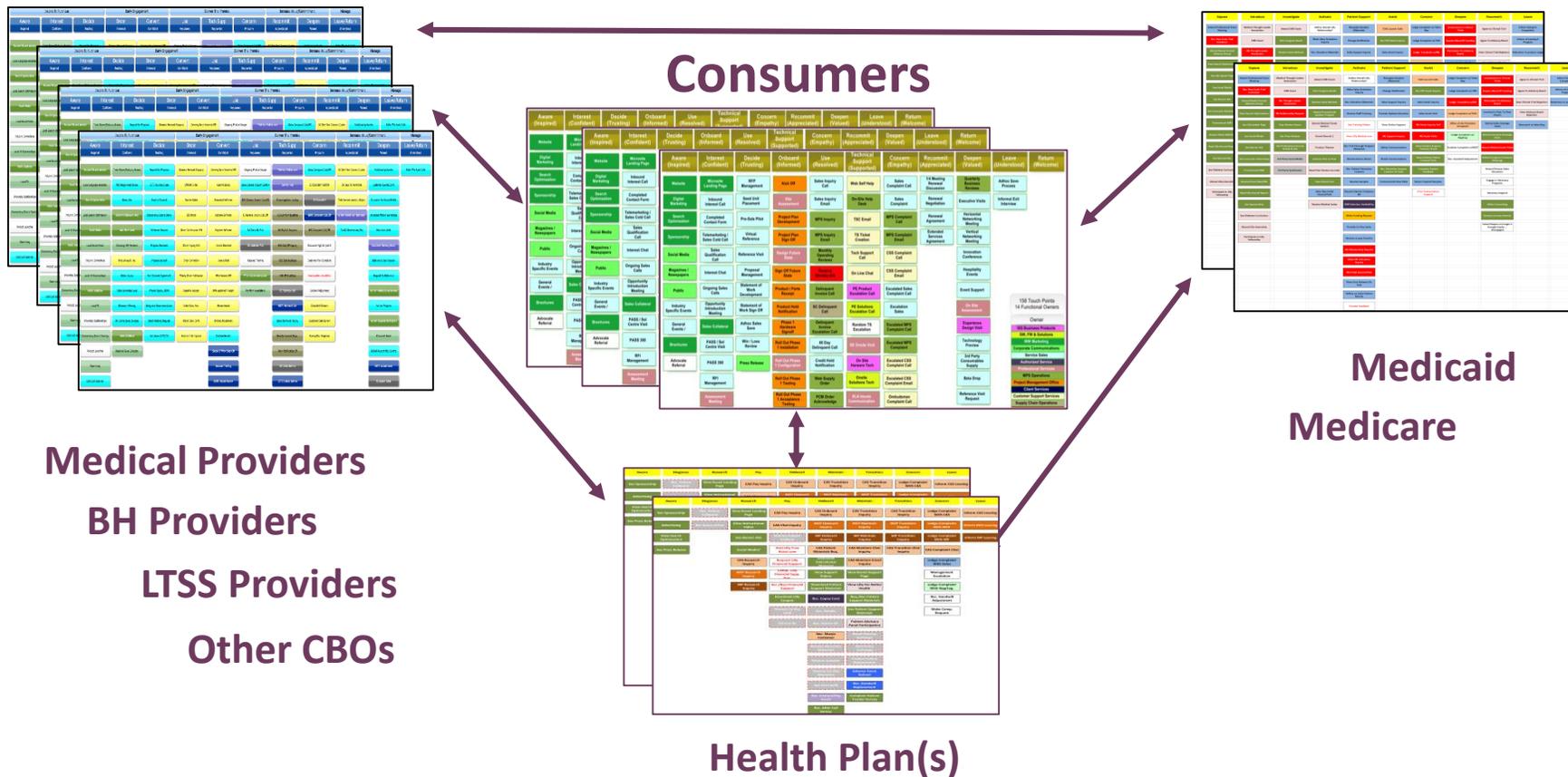
BOTH

- High Emotions
- Significant Expectations
- Critical Needs
- Not able to achieve what consumer needs
- Too difficult to achieve what consumer needs

What Matters to Consumers? - Integration



Healthcare journeys represent a series of highly complex, inter-related relationships



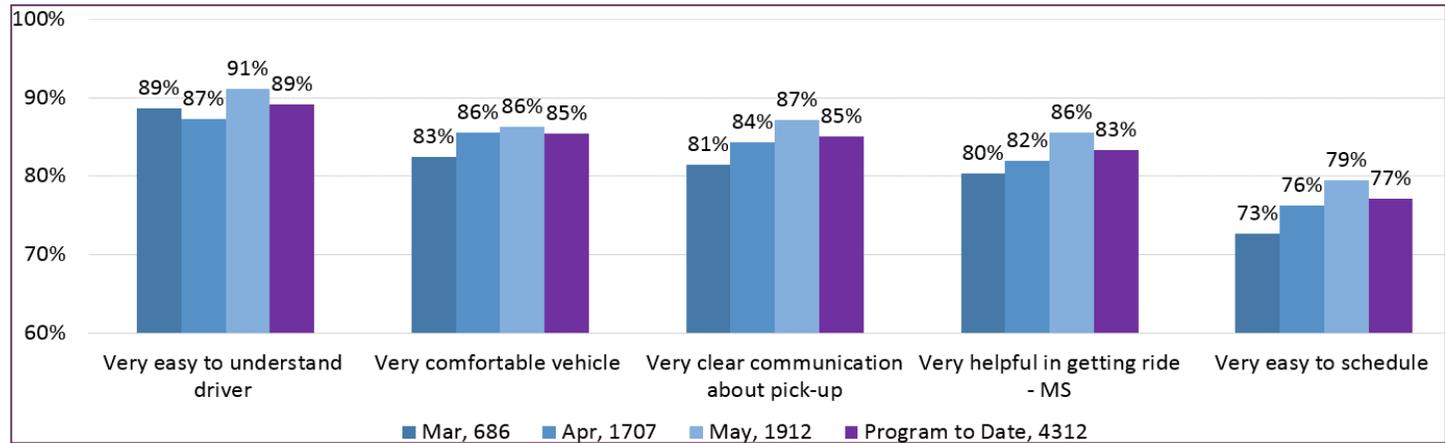
Measuring What Matters - Touchpoint Surveys



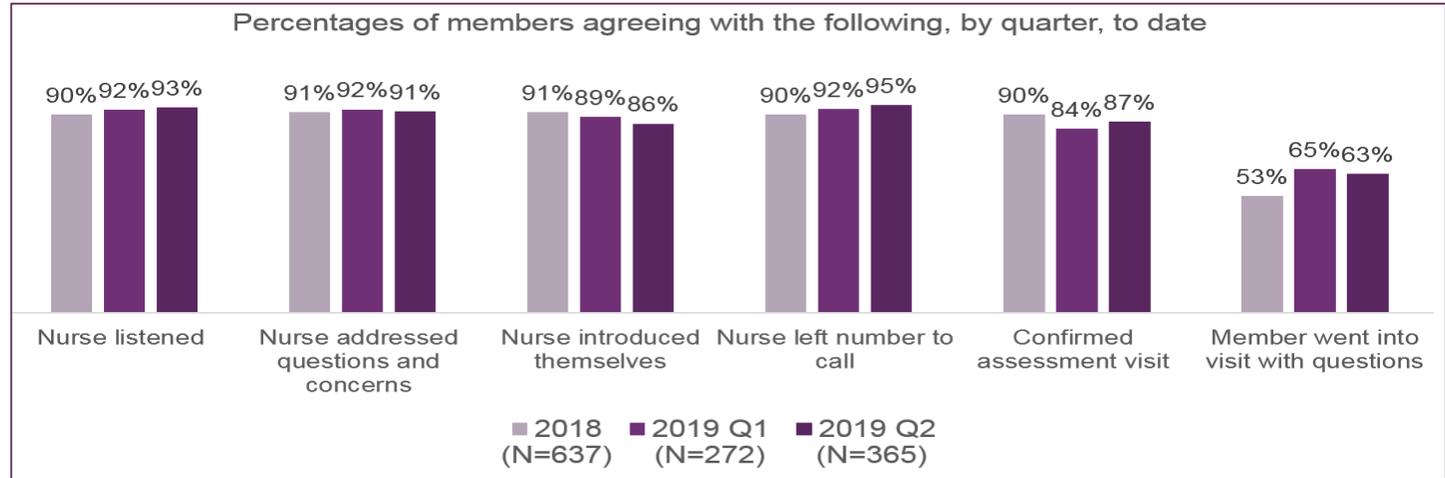
JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
✓	✓	✓	✓	NEW MEMBER ONBOARDING				✓	✓	✓	✓
✓	✓	✓	✓	INITIAL ASSESSMENT				✓	✓	✓	✓
✓			✓	YOUR CARE TEAM					✓		
✓	✓	✓	✓	POST DISCHARGE CARE				✓	✓	✓	✓
✓	✓	✓	✓	TRANSPORTATION				✓	✓	✓	✓
HOME HELP			PHARMACY			MINI-CAHPS			DME		

Measuring What Matters - Touchpoint Surveys

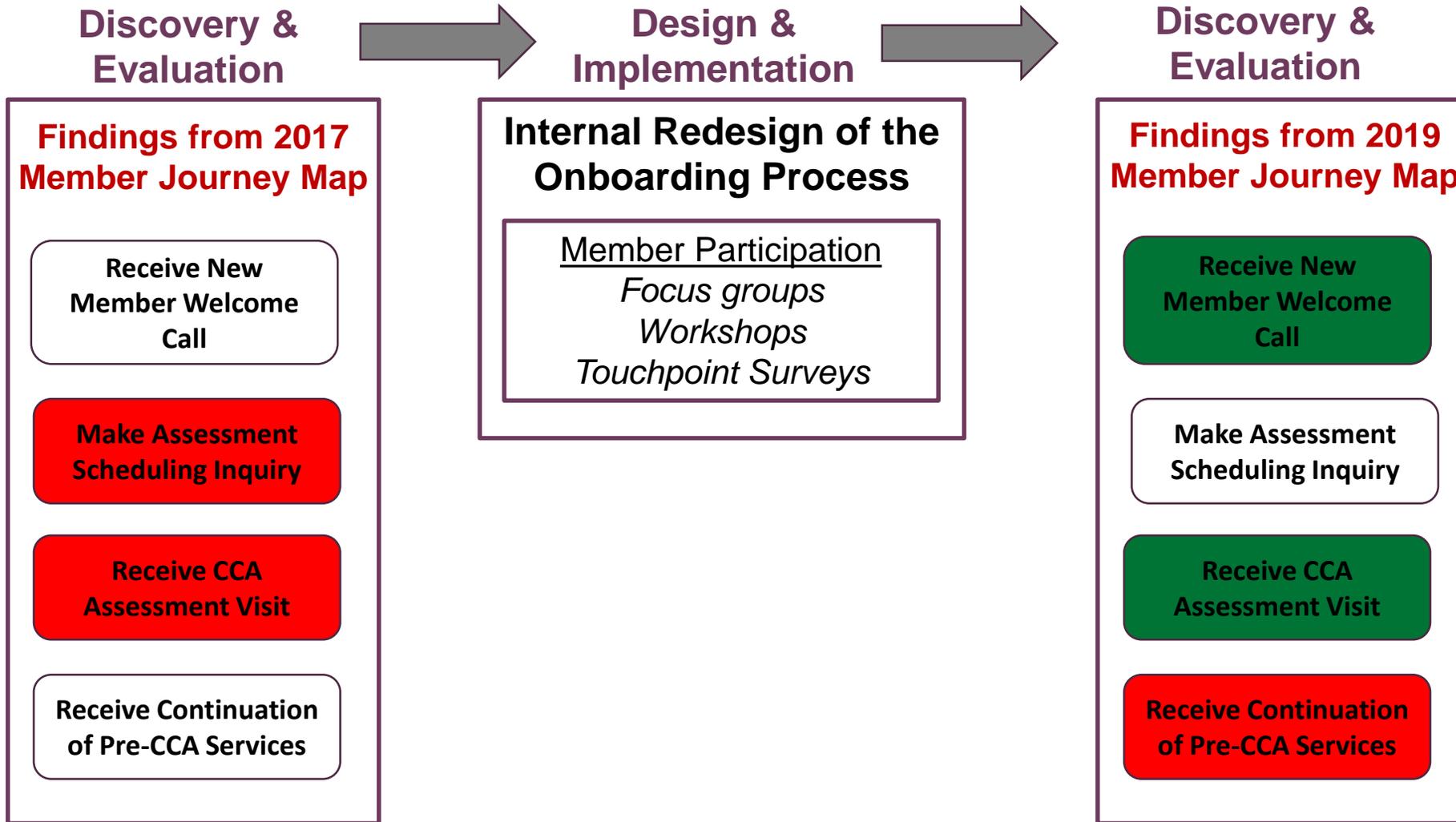
Transportation Experience



Initial Assessment Experience



Improving What Matters: Member Onboarding - A Case Study

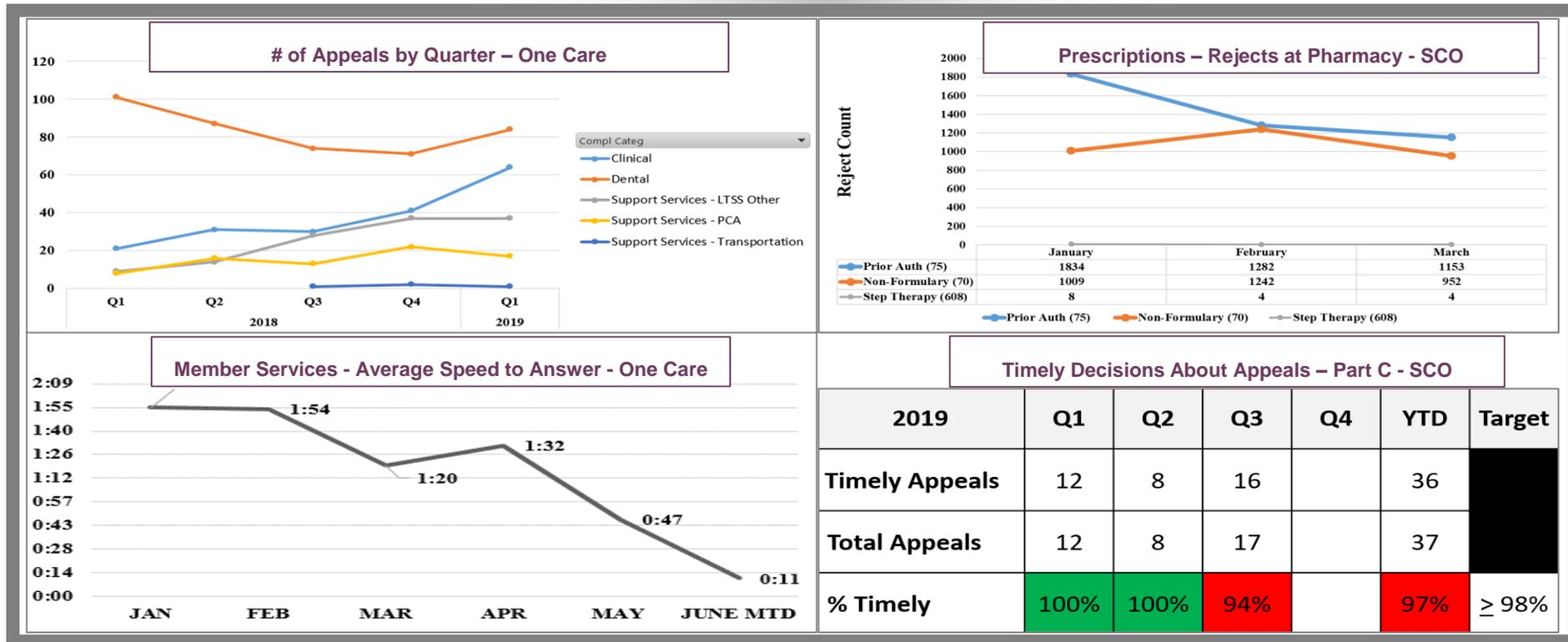


Measuring What Matters – Operational Metrics

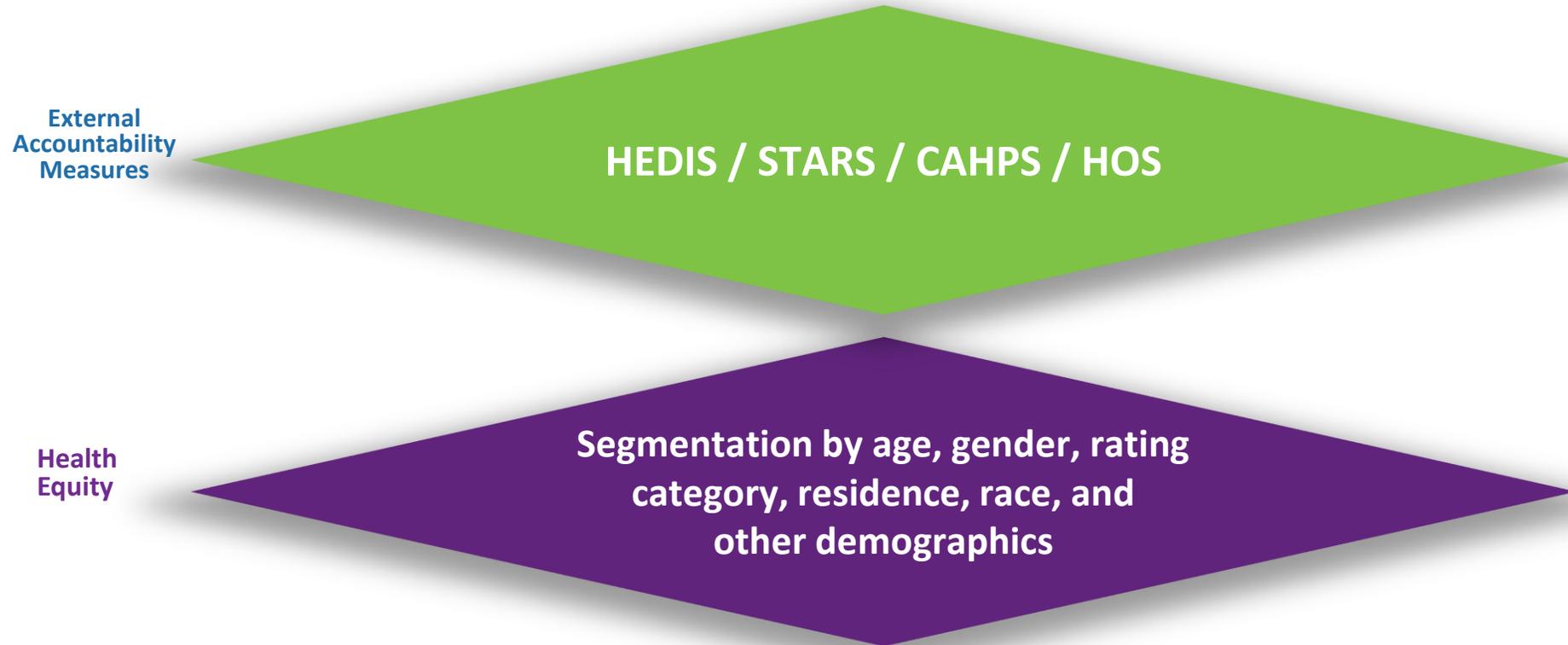
COMMUNICATION Autonomy Coordination **RESPONSIVENESS** **TIMELINESS**

Operational Metrics

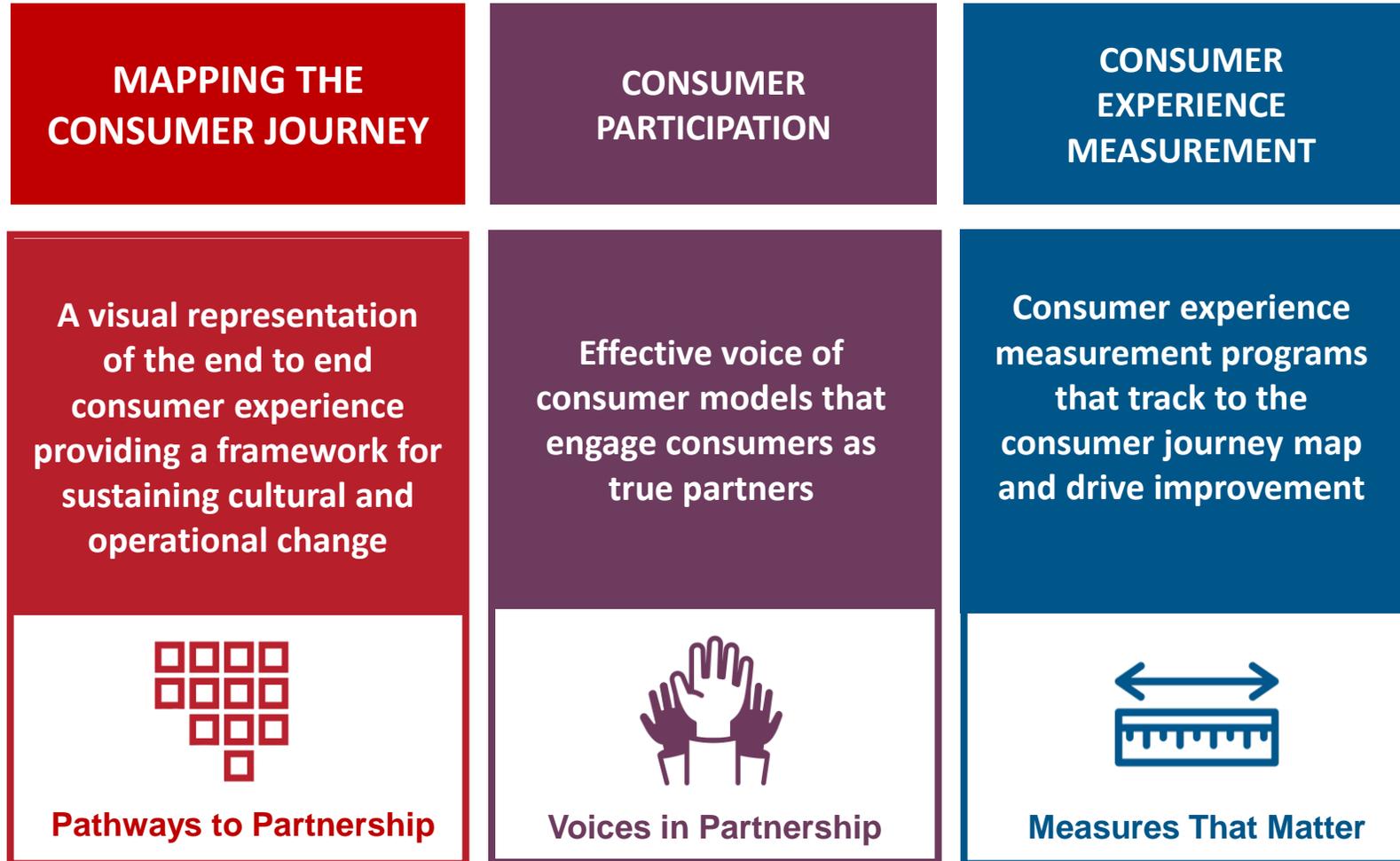
Access
Type / Timeliness / Frequency
Timeline / Resolution
Responsiveness / Disposition / Turnover
Completion Rate



Measuring What Matters – External Accountability & Equity



Aligning with What Matters Most to Consumers





Larry Gottlieb, MD, MPP
Chief Quality Officer, Commonwealth Care Alliance
President & CEO, Center to Advance Consumer Partnership
617.426.0600 x1307 (office) | 617.291.3442 (cell)
lgottlieb@commonwealthcare.org

