

# **The Dual Agenda: Improving Care for Seniors and People with Disabilities**

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VOICES FOR BETTER HEALTH

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**New Connections for Self-Advocacy and  
Innovation Conference**

**Bloomington, Minnesota**

# About Community Catalyst

- Non-profit health care advocacy organization
- Network of advocates in 40+ states
- Building advocacy infrastructure
- Leading broad-based issue campaigns
- Incubated nationally-recognized delivery system

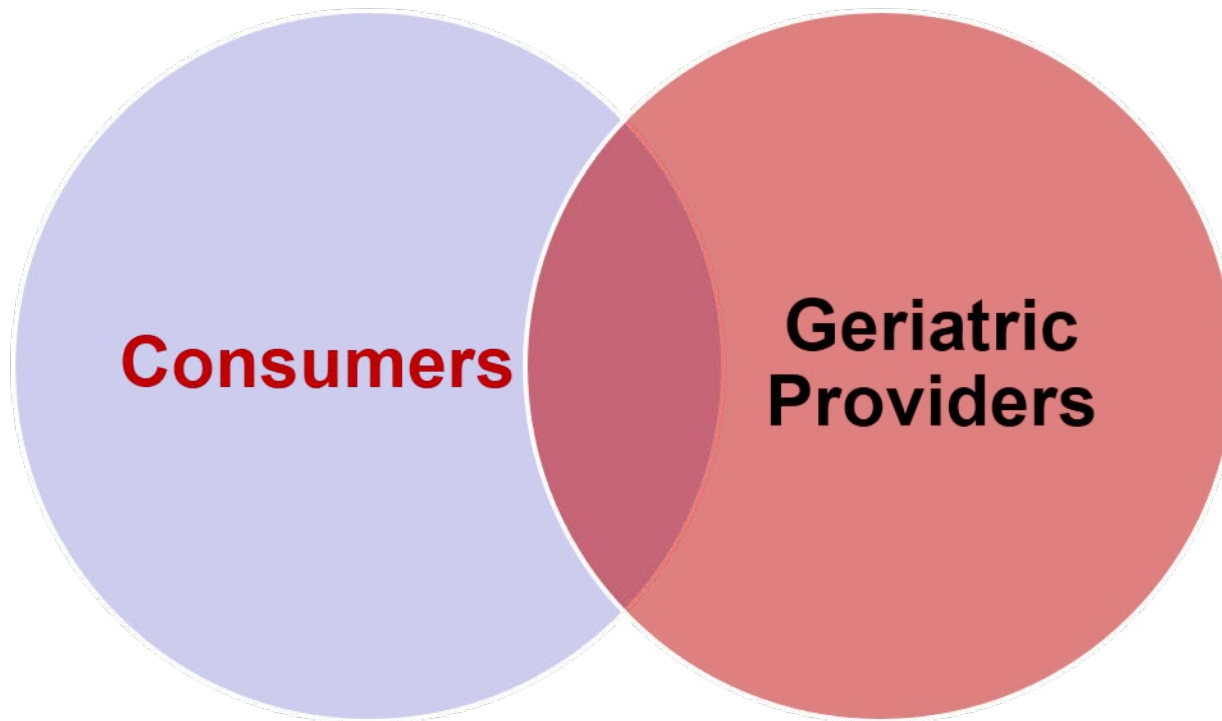
# *Voices for Better Health*

- Advance **policies** that require coordinated, patient-centered care that allows Medicare-Medicaid beneficiaries to have a better quality of life
- Establish a **strong voice** for Medicare-Medicaid beneficiaries and caregivers in the health plans and provider groups that serve them

# Target States



## Union of Policy and Practice



# Center for Consumer and Community Engagement

- Teach, learn, and export knowledge about **transforming the health system**
- Collaborate with and support the work of organizations that represent and advocate for the **most vulnerable**
- Provide consumer health advocates with “**next-generation**” skills

# Center Strategies

- Research and evaluation
- Investments in state advocacy
- Leadership development
- Strengthening state and federal advocacy infrastructure
- Providing support services to delivery systems

# AGENDA

1. The Need
2. ACA-Inspired Innovation
3. Financial Alignment Initiative
4. Opportunities and Risks
5. The Transformative Power of Consumer Engagement
6. Takeaways: The Demos and Beyond



# THE NEED

# “Bill”

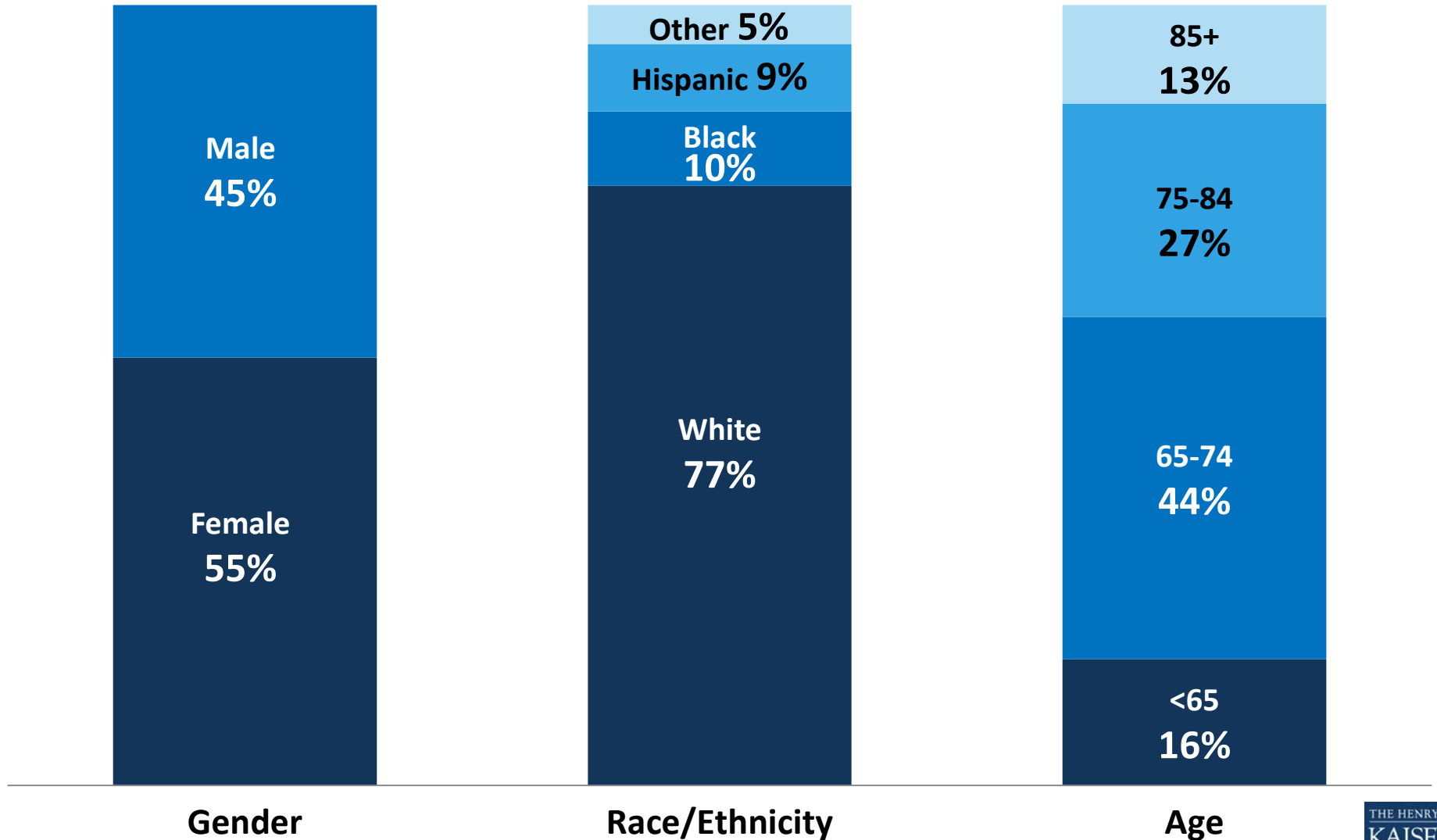
- 56 years old
- Spinal cord injury: quadriplegia
- Recurrent pressure sores
- Lives independently with his wife, who works full-time
- Inconsistent personal care support
- Lifelong asthma, progressive respiratory failure
- Frequent hospitalizations for bronchitis and pneumonia in recent years.

# “Alice”

- 90 years old
- Lives alone
- Multiple chronic conditions
- Mobility issues
- Virtually no supportive services
- Isolation

Figure 12

# Selected Demographic Characteristics of Medicare Beneficiaries, 2010

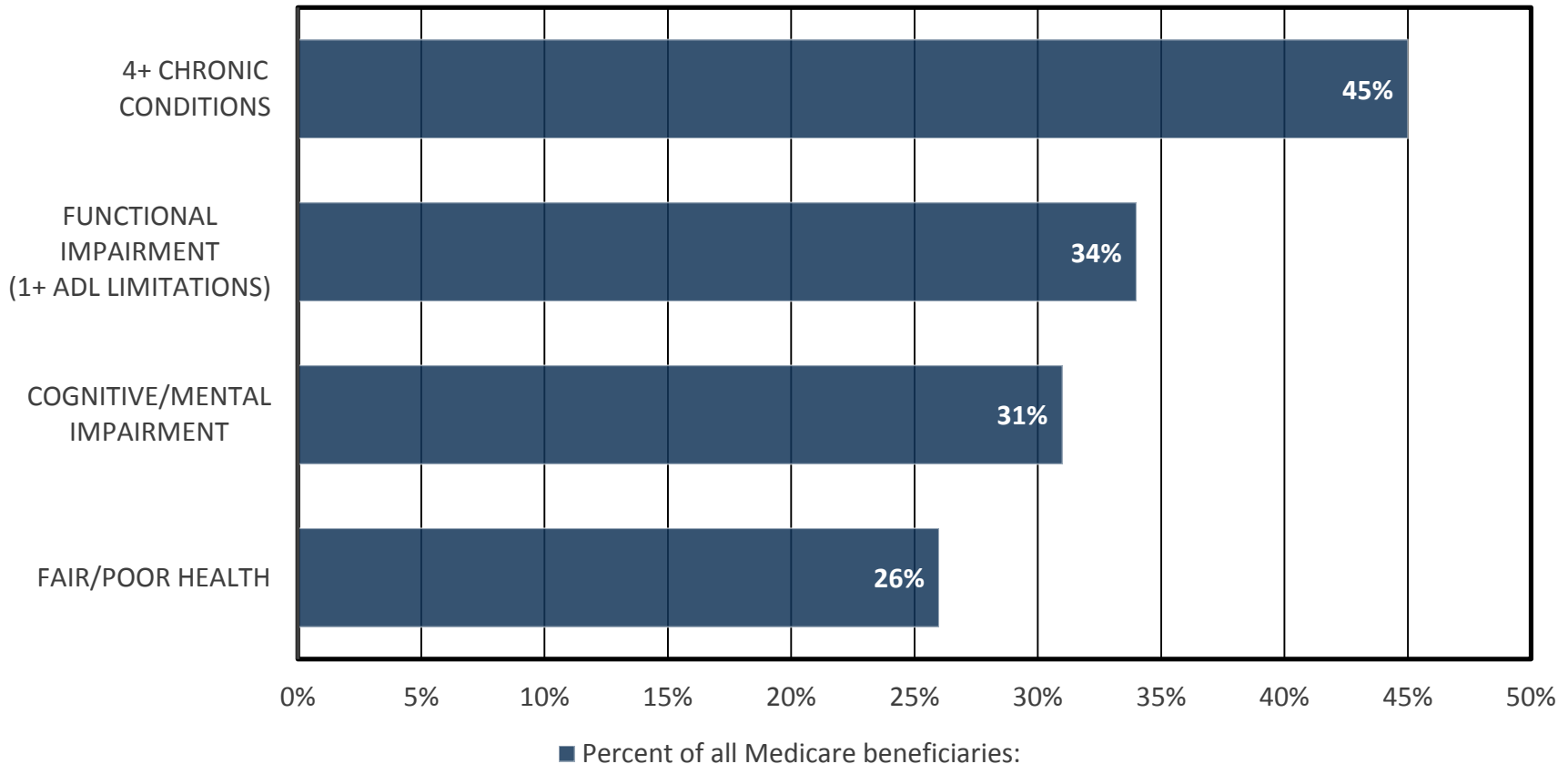


SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey 2010 Cost and Use file.

Figure 13

# Selected Measures of Health Status of the Medicare Population, 2010

Percent of all Medicare beneficiaries:

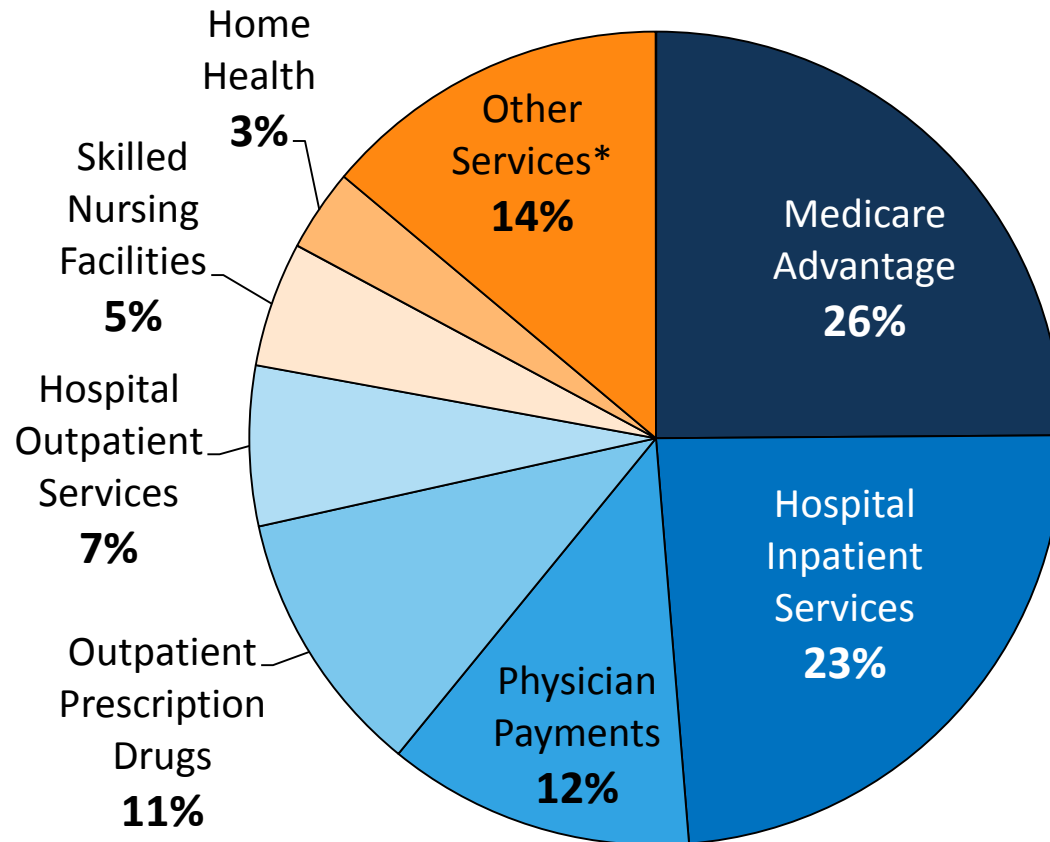


NOTE: ADL is activity of daily living.

SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey 2010 Cost and Use file.

Figure 14

# Distribution of Medicare Benefit Payments, 2014



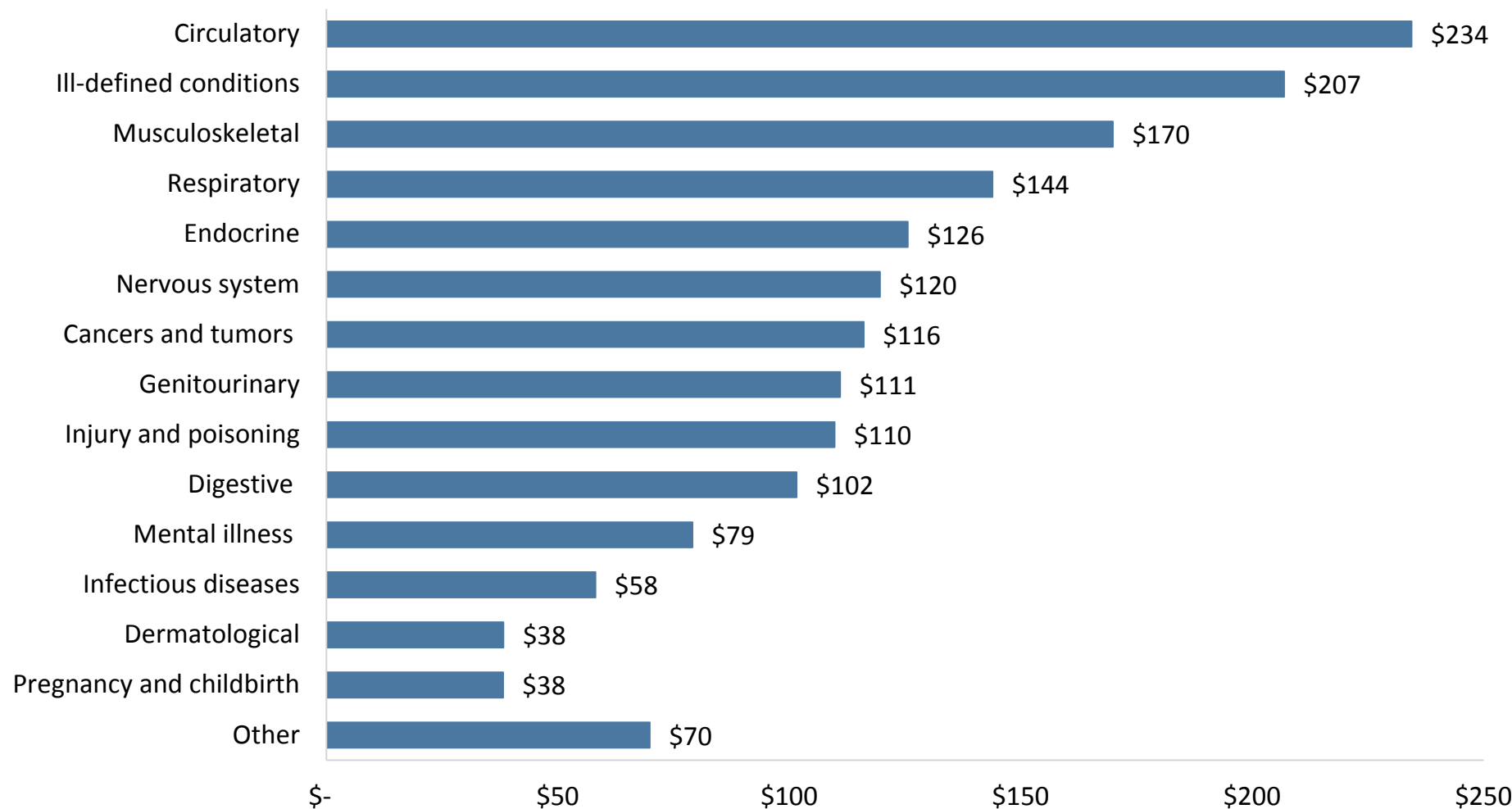
**Total Medicare Benefit Payments, 2014 = \$597 billion**

NOTE: \*Other services includes ambulance services, ambulatory surgical centers, community mental health centers, durable medical equipment, federally qualified health centers, hospice, hospital outpatient services not paid for using the outpatient prospective payment system, outpatient dialysis, outpatient therapy services, lab services, rural health clinics, Part B drugs; also includes amounts paid to providers and recovered.

SOURCE: Kaiser Family Foundation analysis of data from Congressional Budget Office, 2015 Medicare Baseline (March 2015).

# Circulatory conditions, such as heart attacks and high blood pressure, are the largest category of spending

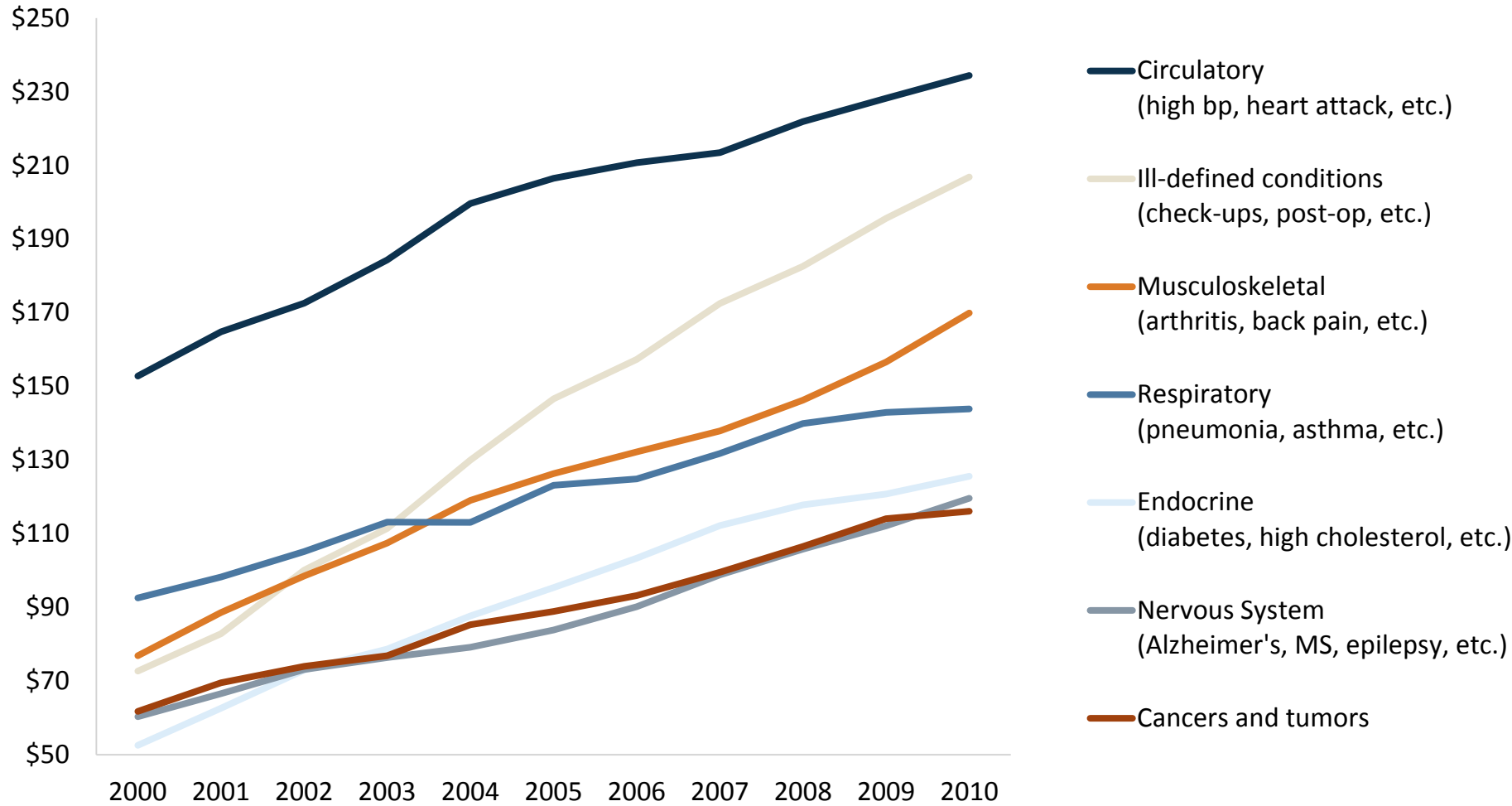
Total expenditures in \$ billions by disease category, 2010



**Source:** Bureau of Economic Analysis Health Care Satellite Account (Blended Account)  
**Note:** Expenditures on nursing home and dental care are not included in health services spending by disease.

# Spending on the highest cost diseases has increased at varying rates

Total expenditures in \$ billions by disease category, 2000 - 2010

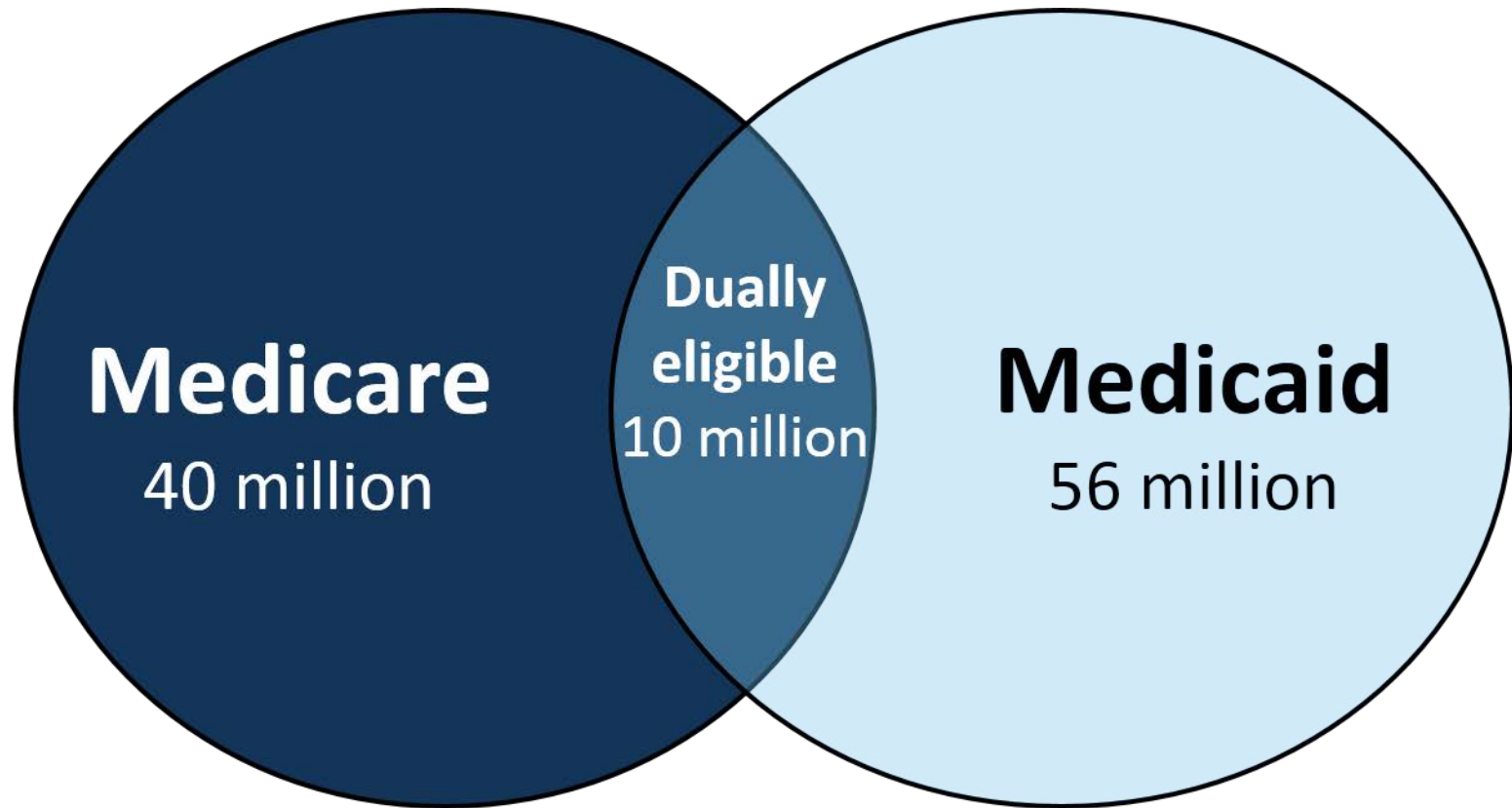


**Source:** Bureau of Economic Analysis Health Care Satellite Account (Blended Account)  
**Note:** Expenditures on nursing home and dental care are not included in health services spending by disease.



Figure 17

# Number of Beneficiaries Enrolled in Medicare, Medicaid, and Both Programs, 2010

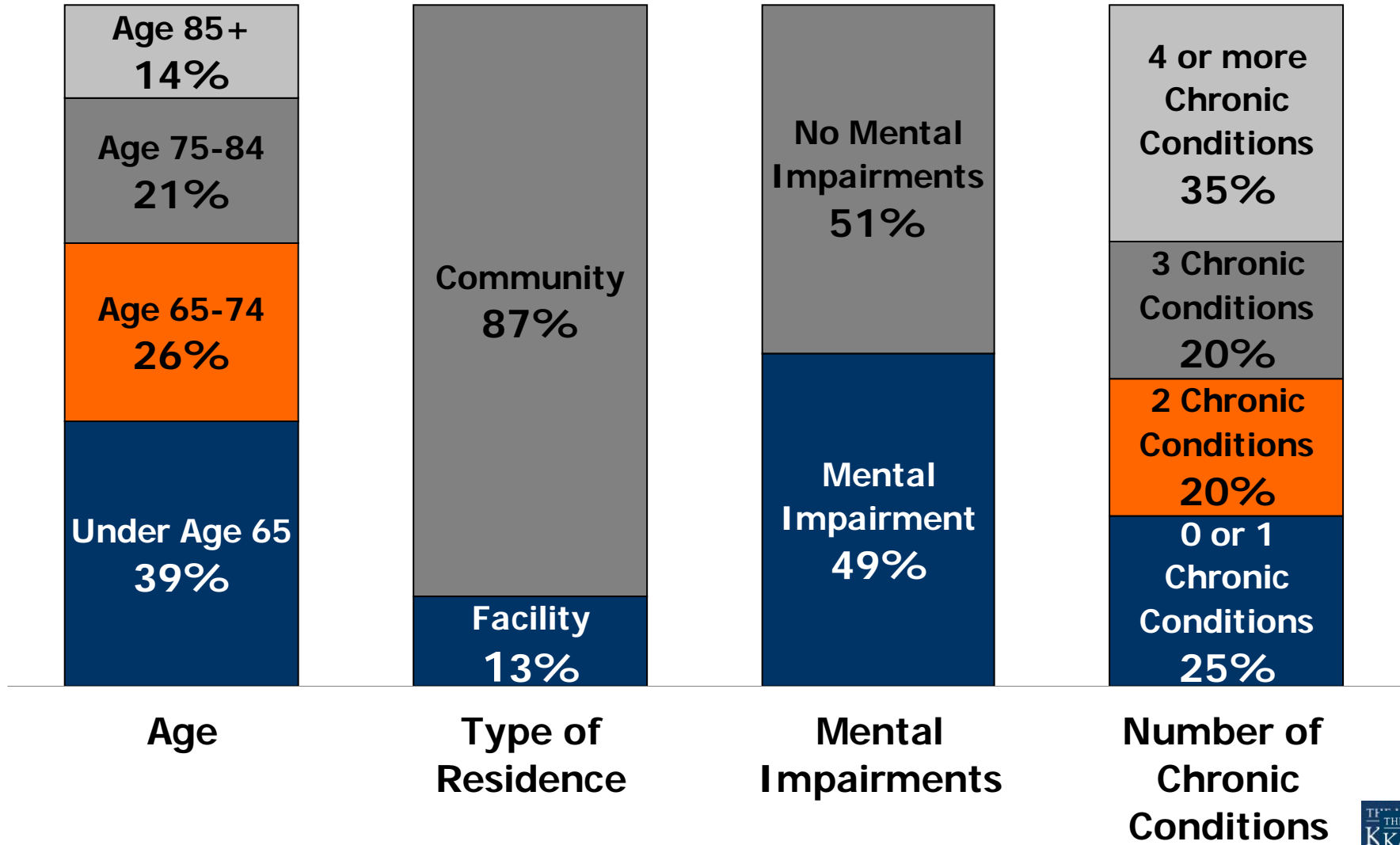


**Total Medicare beneficiaries, 2010:  
50 million**

**Total Medicaid beneficiaries, 2010:  
66 million**

SOURCE: Kaiser Family Foundation analysis of a 5 percent sample of Medicare claims from the Chronic Conditions Data Warehouse, 2010, and Kaiser Commission on Medicaid and the Uninsured and Urban Institute estimates based on FY2010 MSIS.

# Figure 18 Dual Eligible Beneficiaries are a Diverse Population



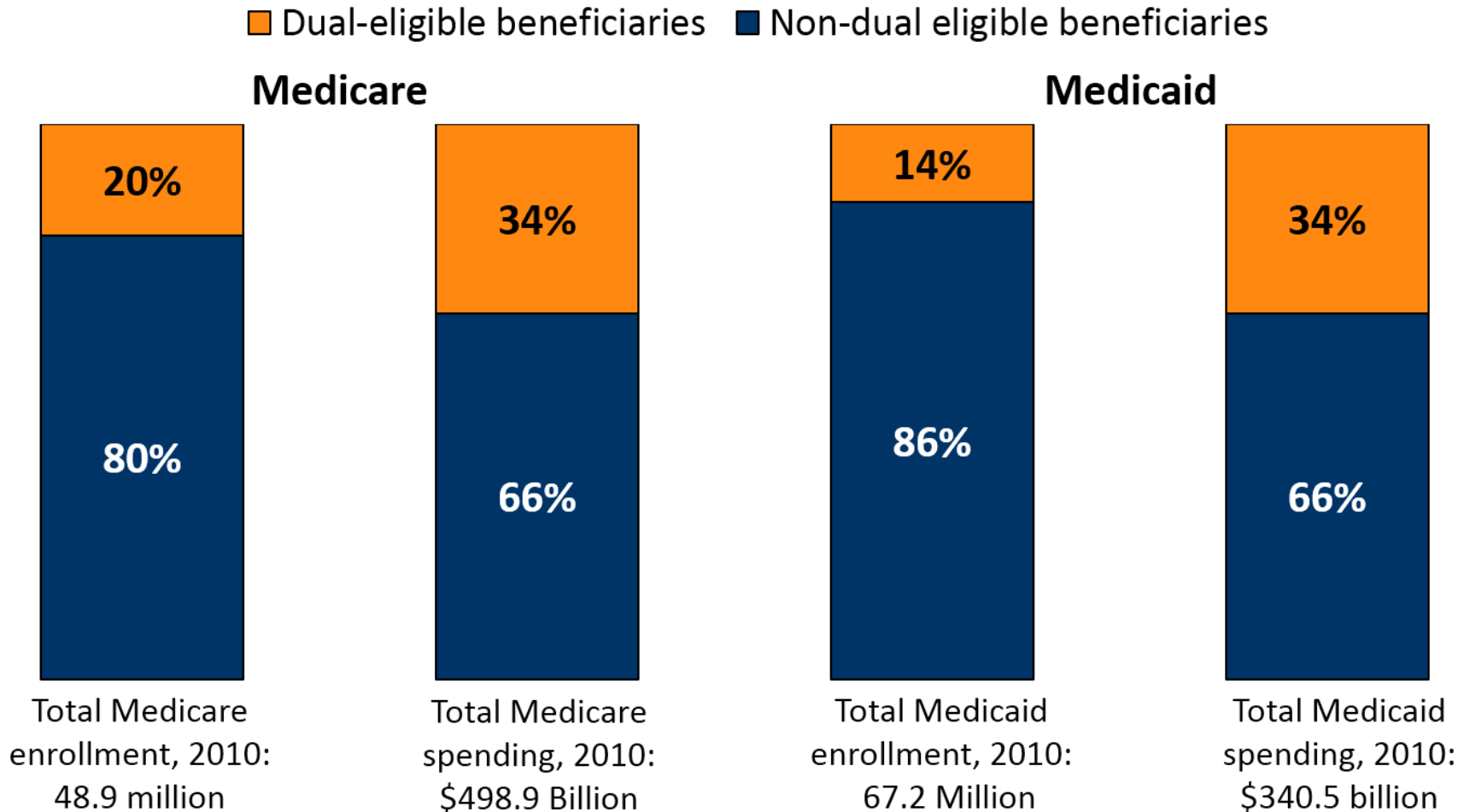
NOTE: Mental impairments were defined as Alzheimer's disease, dementia, depression, bipolar, schizophrenia, or mental retardation.

SOURCE: Kaiser Family Foundation analysis of the Medicare Current Beneficiary Survey, 2008



Figure 19

# Dual-Eligible Beneficiaries as a Share of Medicare and Medicaid Enrollment and Spending, 2010



SOURCE Medicare Payment Advisory Commission and Medicaid and CHIP Payment and Access Commission, *Data Book: Beneficiaries Dually Eligible for Medicare and Medicaid* (January 2015).

# ACA-INSPIRED INNOVATION

# ACA: The Other Side of the Law

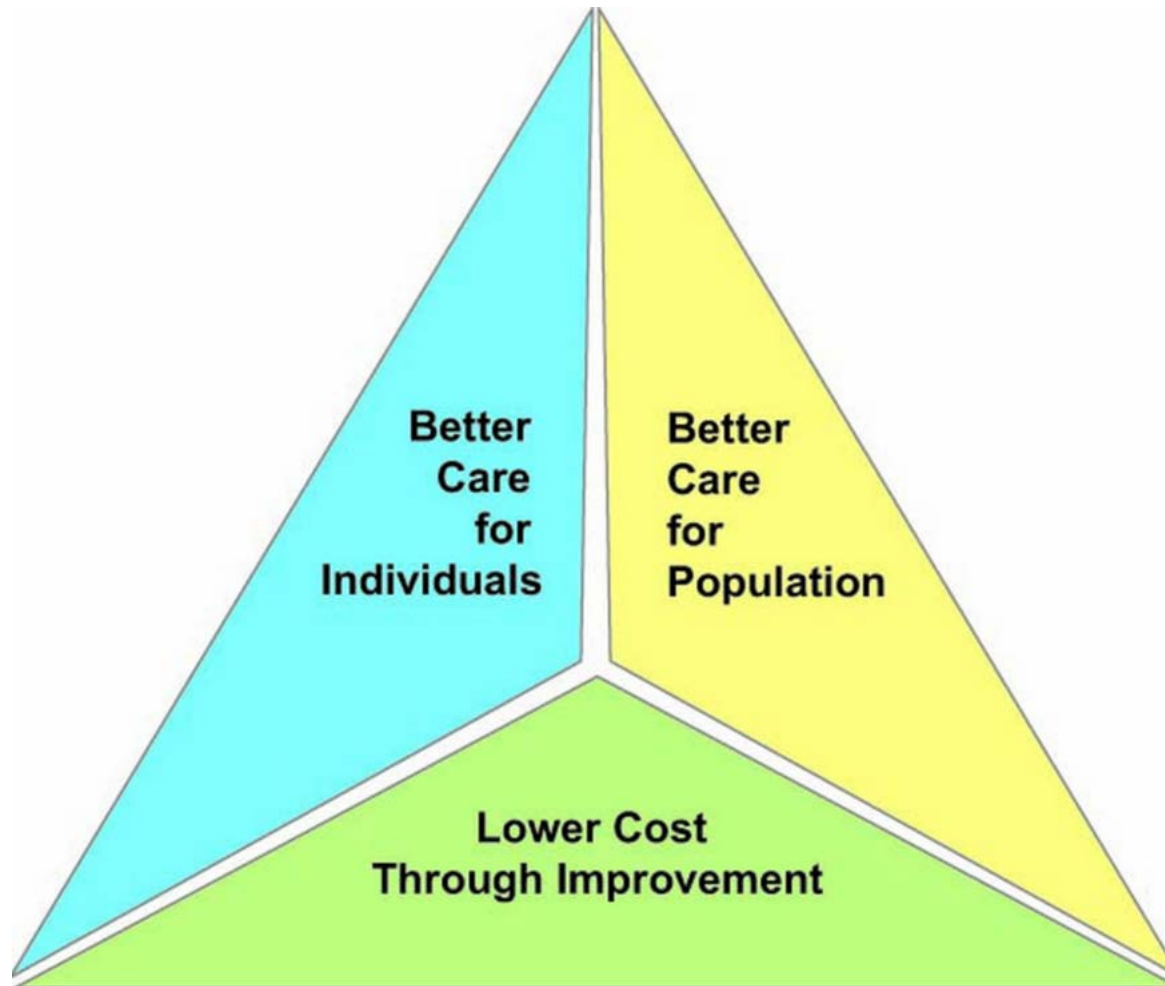
- **Delivery reform:** testing new models and spreading successful ones
- **Payment reform:** encouraging the shift toward payment based on the value of care provided
- **Systemwide reform:** developing resources for systemwide improvement.

# The \$10 Billion Innovation Investment



- Identify new ways to pay for and deliver care
- Rapidly test and evaluate innovations
- Replicate innovations that work
- Lay groundwork for broader transformation

# The “Triple Aim”



# Delivery Reforms

- Accountable Care Organizations **(MN)**
- Comprehensive Primary Care Initiative
- Multi-Payer Advanced Primary Care Program **(MN)**
- Federally Qualified Health Center Advanced Primary Care Practice Demonstration **(MN)**
- Independence at Home Demonstration
- Medicaid Health Homes **(MN)**
- Health Care Innovation Awards **(MN)**
- Community-Based Care Transitions Program
- Medicaid Incentives for the Prevention of Chronic Diseases **(MN)**
- Financial Alignment Initiative **(MN)**



# Payment Reforms

- Medicare Hospital Readmissions Reduction Program
- Medicaid Hospital-Acquired Conditions Reduction Program
- Hospital Value-Based Purchasing Program
- Physician Value-Based Payment Program
- Bundled Payments for Care Improvement Initiative **(MN)**
- Reductions in Growth to Medicare Payment Rates for Certain Services
- Reductions in Payment to Medicare Advantage Plans

# Systemwide Reforms

- State Innovation Models Initiative **(MN)**
- Medicaid Innovation Accelerator Program
- Patient-Centered Outcomes Research Institute
- Prevention and Public Health Fund
- Community Transformation Grants

# FINANCIAL ALIGNMENT INITIATIVE

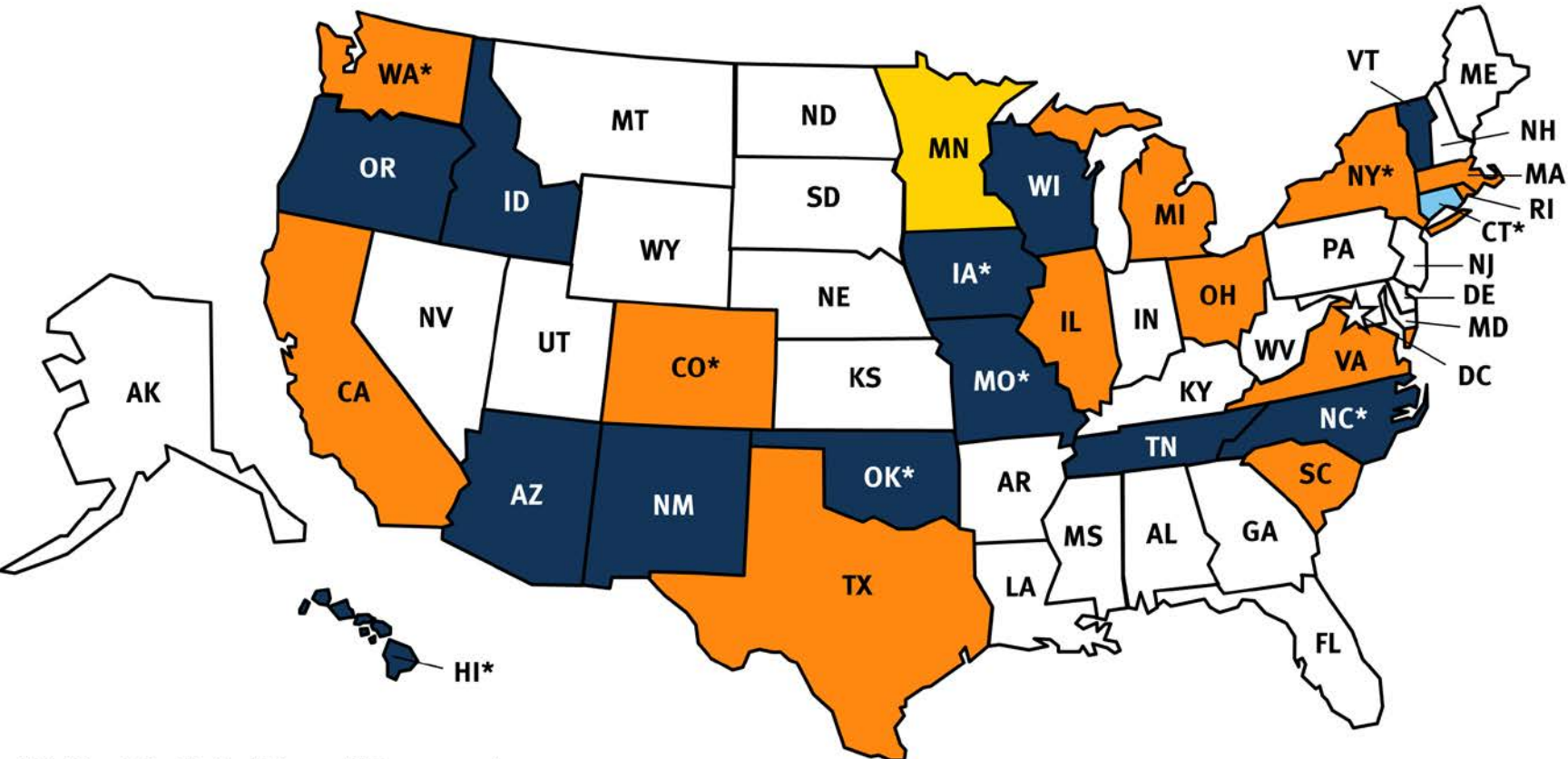
# Medicare-Medicaid Coordination Office

- Improve quality, reduce costs, improve beneficiary experience
- Ensure full access to services
- Improve coordination between federal/states
- Develop innovative care models
- Eliminate program misalignments

# Demonstration Projects

- Design contracts to 15 states
- Two financing options:
  - **Capitated Model:** A state, CMS, and a health plan enter into a three-way contract, and the plan receives a prospective blended payment to provide comprehensive, coordinated care.
  - **Managed Fee-for-Service Model:** A state and CMS enter into an agreement by which the state would be eligible to benefit from savings resulting from initiatives designed to improve quality and reduce costs.

# State Demonstration Proposals to Align Financing and/or Administration for Dual Eligible Beneficiaries, July 2015

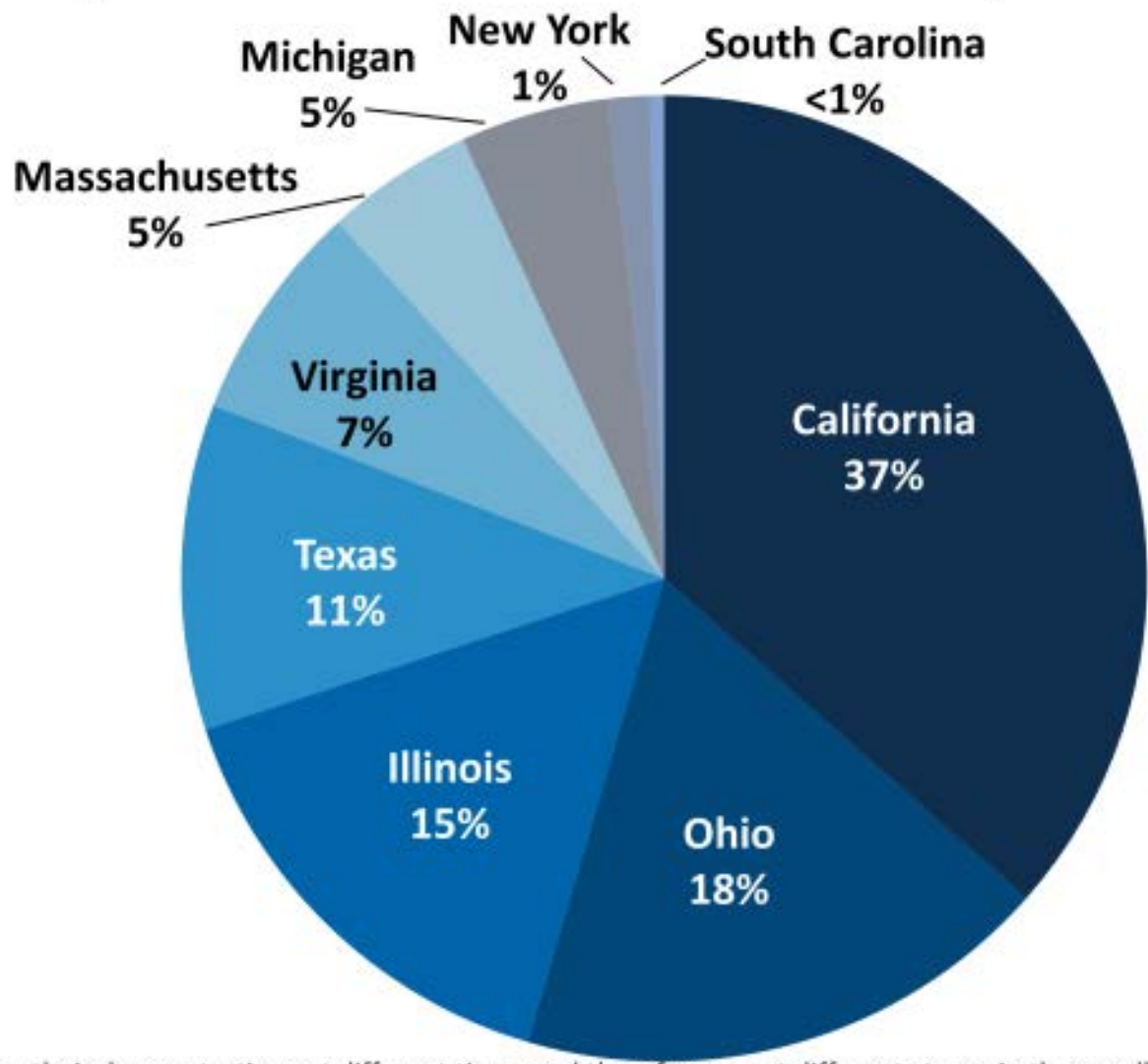


NOTES: \*CO, CT, IA, MO, and NC proposed managed FFS models. NY, OK, and WA proposed both capitated and managed FFS models; WA received approval for both demonstrations, but subsequently withdrew its capitated model; NY withdrew its managed FFS proposal. All other states proposed capitated models.  
SOURCE: [CMS Financial Alignment Initiative](#), [State Financial Alignment Proposals](#) and state websites.

- MOU signed with CMS to implement financial alignment demonstration (12 states)
- MOU signed with CMS to implement administrative alignment demonstration (1 state)
- Proposal pending with CMS (1 state plus NY's capitated DD proposal)
- Proposal withdrawn (12 states plus NY managed FFS and WA capitated)
- Not participating in demonstration (24 states and DC)

Figure 1

# Nearly 355,000 Dual Eligible Beneficiaries Are Enrolled in Capitated Financial Alignment Demonstrations in 9 States, as of June 2015



NOTE: States began their demonstrations at different times and therefore are at different stages in the enrollment process.  
SOURCE: CMS, Medicare-Medicaid Coordination Office, *Plans Participating in the Financial Alignment Initiative, Capitated Model as of June 2015.*

# OPPORTUNITIES AND RISKS



# The Opportunity

- Fewer hospital readmissions
- Integration of long-term services and supports
- Better overall function
- Greater autonomy, dignity and independence
- Smart cost containment

# The Risk – Managing Money not Care



# Consumer Policy Priorities

- Enrollment
- Marketing
- Provider Networks
- Long-Term Services and Supports
- Assessment
- Care Coordination
- Benefits Package
- Consumer Engagement
- Appeals and Grievances
- Payment Rates
- Savings Expectations
- Quality Measurement
- Cultural Competence
- Workforce

# THE TRANSFORMATIVE POWER OF CONSUMER ENGAGEMENT

# Guidance from CMS

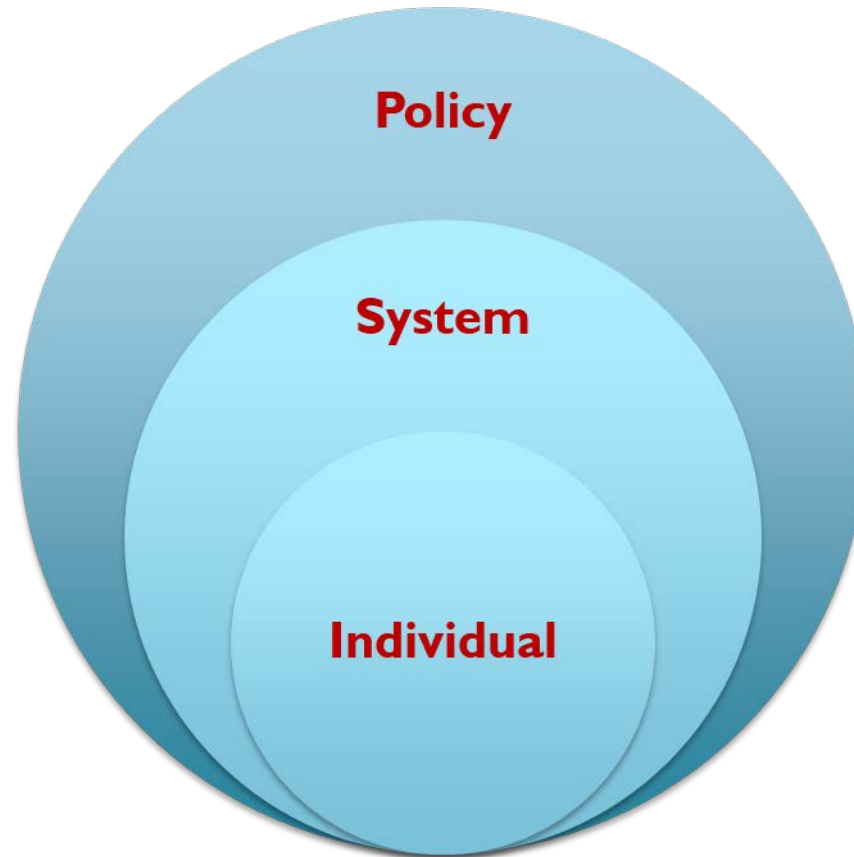
**“Medicare-Medicaid enrollees, their families and consumer organizations working with them... have a central role to play in helping to design a person-centered system of care...”**

~ State Medicaid Director letter  
on Financial Alignment Initiative, July 11, 2011

**“... and we should ensure beneficiaries’ voices are heard in the design, implementation, and oversight of new initiatives.”**

~ State Medicaid Director letter  
on Integrated Care Models, July 10, 2012

# Levels of Engagement



# Policy

- Advocacy at the state and federal levels
- Levers for consumer engagement
- Stakeholder oversight bodies:
  - Massachusetts – One Care Implementation Council
  - Michigan – Stakeholder Advisory Committee
  - Ohio – MyCare Ohio Implementation Team
- Ombudsman offices

# Delivery System

Meaningful consumer engagement is critical to success of any new model of care:

- Improves communication
- Expands promising practices
- Corrects potential, costly problems



# A “Ladder of Engagement”



Newsletters

Surveys

Comment cards



Town hall meetings

Focus groups

Resource fairs



Consumers on board of directors

Consumer advisory board

Committee membership



# Person-Centered Model of Care



- Geriatrics-Competent Care webinars
- Training nurse case managers on geriatrics best practices
- Plans/Providers/Consumer workgroup

# Individual – Patient Empowerment



Types of interventions and tools:

- Patient Activation Measure
- HowsYourHealth.org
- Evidence-based Self-Management Programs
- Patient Reported Outcome Measures

# TAKEAWAYS: THE DEMOS AND BEYOND

# Positive Signs



- Many positive design features
  - Comprehensive assessment
  - Interdisciplinary care team
  - Care coordination
  - Self-determination option
  - Continuity of care provisions
  - Consumer advisory committees
- Course corrections as needed

# Olivia's Story



**Olivia Richard**  
**Boston, MA**

# Challenges

- Enrollment
- Provider outreach/education
- Continuity of care
- Ombudsman outreach
- State capacity
- Cultural competence



# Takeaways, Part 1

- Status quo is unsustainable
- Coordinated care can provide better care at lower costs over the long run; no quick fixes
- Health system transformation is a work in progress
- Outreach/education must be early and often
- Robust federal and state oversight is essential
- Ongoing consumer engagement is key



# Takeaways, Part 2

- Ongoing partnerships are essential
- Measure (and reward) what matters most to patients/families
- Tell the story
- Data/transparency
- Build on what works; change what doesn't
- Be intentional about reducing health disparities
- Keep people at the heart

# Sally and Edna's Story



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