Duals Innovation Grant

Joint Select Committee on Health Reform Implementation
November 8, 2011

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What is the Duals Innovation Grant

An opportunity to design innovative care model(s) for serving individuals who are dually eligible for Medicare and Medicaid

- Washington is one of 15 participating states
- The Health Care Authority and DSHS share governance and leadership responsibilities
- CMS will determine whether or not to fund implementation of our design plan
What is the Duals Innovation Grant

Goals:

• Improve quality of care
• Improve coordination of care
• Reduce expenditures
• Share savings with the federal government
• Foster relationships with diverse groups of stakeholders
Grant Timeline

- Identify Options: August to October 2011
- Analyze Options: October through November 2011
- Select: December 2011 through January 2012
- Add Detail: February to March 2012

NOTE: Not all tasks sequential

- Washington’s Proposal is due April 12, 2012
- CMS has up to 6 months thereafter to decide if they will authorize – October 2012

4/12/12
Grant Deliverables

Design plan must detail elements such as:

• How we will improve and coordinate care
• What services will be included
• What population(s) will be served
• Performance measures and outcomes
• A description of proposed payment reform and how we will achieve savings
What does care look like now?

- Fragmented
- Not Coordinated
- Complicated
- Difficult to Navigate
- Not Focused on the Individual
- Gaps in Care

**WITHOUT INTEGRATED CARE INDIVIDUALS MAY HAVE:**

- Three ID cards: Medicare, Medicaid, and prescription drugs
- Three different sets of benefits
- Multiple providers who rarely communicate
- Health care decisions uncoordinated and not made from the patient-centered perspective
- Serious consideration for nursing home placement; Medicare/Medicaid only pays for very limited home health aide services
Stakeholder Engagement

Activities:

• Informant interviews - complete
• Engagement forums - 4 of 4 complete
• Focus groups
  - beneficiaries – 8 of 20 complete
  - service expertise - 4 of 5 complete
  - additional will be scheduled as needed throughout the project
• Forums to occur in March
What are we hearing from Stakeholders?

• Core elements & consumer protections of an effective delivery system
• What is working, what is not working and how to increase beneficiary self-management
• How to increase coordination, decrease fragmentation and increase accountability
• Ideas to align incentives to improve outcomes and reduce costs
Engagement Forum Feedback

Consumer Protections

• Information that is clear and high quality
• Beneficiary choice and voice
• Access and service equity
• Clear & understandable appeal & grievance processes
• Quality of care measures & oversight
• Confidentiality & privacy
• Continuity of care
• Emphasis on prevention and health promotion
Engagement Forum Feedback
Core Elements

• Least restrictive and most appropriate setting
• Comprehensive data systems (health IT)
• Evidence based/informed practices and outcomes
• Personalized plan of care
• Beneficiary voice and participation
• Multi-disciplinary team
• Care coordination
Themes from Focus Groups

• To improve coordination and align incentives, services need to be integrated across medical and social services

• Single point of contact

• Flexibility to allow for local variances based upon population need and provider network

• Fear that we will break what is working while trying to improve the overall service delivery system that is viewed as broken
Centers for Health Care Strategies
Present 3 Strategies for Integration

STRATEGY 1:
– States that have a strong managed care system for medical services, but lack a robust long-term supports and services (LTSS) program, should consider building on their existing managed care system to serve dual eligibles.

STRATEGY 2:
– States that have a strong system for LTSS, but lack a strong managed care system for medical services, should consider broadening their LTSS system to include managed medical services for dual eligibles.

STRATEGY 3:
– States with both a strong medical care system and a strong LTSS program should consider bridging these systems to integrate services.
Health Homes for Duals

• Comprehensive care management and coordination
• Focus on beneficiaries with multiple chronic and complex conditions
• Coordinate across medical, behavioral and long term care
• Build linkages to community and social supports
Health Homes for Duals

• Phase 1 strategy to integrate care
• First 2703 Health Homes SPA submitted October 25th
• Targeted to individuals with chronic conditions, in top 20% medical risk & receiving community based LTC services
• CMS is indicating that phased roll-out of health homes puts at risk 90% match – phase would have to be based upon chronic conditions or geography
Next Steps

• Analyzing options for this SPA
• Health home planning grant to determine state strategy for health home services
• Continue discussion with CMS on health homes and financial alignment models for duals
• Coordinating stakeholder feedback and planning with 1738 and health homes initiatives
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Resources

Washington State duals website: www.adsa.dshs.wa.gov/duals

Center for Health Care Strategies website: www.chcs.org

National Senior Citizens Law Center issue briefs: www.nsclc.org

CMS innovations website: www.cms.gov/medicare-medicaid-coordination/10_IntegratedCareResourceCenterAvailabletoAllStates.asp#TopOfPage

Integrated Care Resource Center: http://www.integratedcareresourcecenter.com