Care Coordination Programs for Improving Outcomes for High-Need Beneficiaries: What's the Evidence?

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Randy Brown

MATHEMATICA
Policy Research, Inc.

Overview

1. **What does the evidence tell us about likely care coordination effects in fee-for-service Medicare?**
2. **What can we do to enhance the likelihood of success?**
3. **What are the major barriers to success?**

The Best Evidence on Effective Care Coordination

- **CBO review of 30+ programs (1/12) found little favorable evidence**
  - Telephonic-only disease management programs didn't work
  - More personal care coordination programs didn't save enough
  - Value-based purchasing yielded little or no savings
- **Other studies show some significant favorable effects—but only for high risk patients**
  - Transitional care (Naylor, Coleman, RED)
  - Medicare Coordinated Care Demonstration—4 sites
  - Care Management Plus model (Dorr; OHSU)
  - Geriatric Resources for Assessment and Care of Elders (GRACE) model (Counsell)
  - Mass. General Hospital high cost program

Estimates from Medicare Care Coordination Demo

		Annualized Number of Hospital Admissions, 2002-2008			
	Number of High-risk Enrollees (and % of all enrollees)	Control-Group Mean	Treatment-Control Difference	% Differ-ence	P Value
Health Quality Partners	273 (17)	0.90	-.30	-33	0.02
Hospice of the Valley	1,138 (71)	1.34	-.16	-12	0.07
Mercy Medical Center	904 (79)	1.03	-.15	-15	0.02
Washington University	1,975 (71)	1.64	-.13	-8	0.10
Combined	4,290 (60)	1.38	-.15	-11	0.001

What distinguishes successful interventions?

Care Coordinators:

1. **Have frequent face-to-face contact with patients (~ 1/month)**
2. **Build strong rapport with patients' physicians through face-to-face contact at hospital or office**
3. **Use behavior-change techniques to help patients increase adherence to medications and self-care**
4. **Know when patients are hospitalized and provide support for transition home**
5. **Act as a communications hub among providers and between patient and providers**
6. **Have reliable information about patients' Rx and access to pharmacists or medical director**

Best Approach Varies Across Subpopulations

- **Different solutions, based on type of needs**
- **Need both managed care and fee-for-service models**

Beneficiaries	Managed Care	Fee-for-service
In nursing homes	Evercare	INTERACT II
In community, using LTSS	PACE, CCA	GRACE
Severe chronic illnesses, no LTSS	CareMore	MCCD, Mass. Gen.
Less severe chronic illness	??	PGP

How Can We Increase Likelihood of Success?

Whether FFS, shared savings, or managed care solutions are tried:

- **Require key features of successful past programs**
- **Focus effort on high risk patients**
- **Feed back information to programs and physicians**
- **Build in studies of operational issues**
- **Test replicability of proven features in other settings**

Potential Barriers to Success

1. **Excessive attention to rapid cycle learning**
   - Quick answers are often wrong answers
   - Takes time to learn, train, adapt, build rapport
   - So use intermediate outcomes and build in tests of program implementation issues (Mahoney)
   - Don’t sacrifice rigor of evidence for speed
   - Building on prior successes should shorten time to improvement

2. **Lack of political will**
   - Failure to withstand pressure from special interests will thwart attempt to save—fees/premiums have to be set low enough

3. **Lack of information and incentives for providers**
   - Payments or sharing of savings should focus on high risk patients
   - Physicians need data on *quality and efficiency* (own and others)
   - Payment to providers should be tied to both factors

Collaborators and Funding

- **Co-authors of papers on which this was based:**
  - Debbie Peikes, Greg Peterson, Jennifer Schore, Arnold Chen
- **Funders**
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  - National Coalition for Care Coordination

Key References and Contact Information

- **Key papers on which this presentation is based:**

  - Brown, R, D Peikes, G Peterson, J Schore, and C Razafindrakoto. "Six Features of Medicare Coordinated Care Demonstration Programs that Cut Hospital Admissions of High-Risk Patients." *Health Affairs* June 2012
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  - Brown, R, A Ghosh, C Schraeder, and P Shelton. "Promising Practices in Acute/Primary Care." In *Comprehensive Care Coordination for Chronically Ill Adults,* edited by C Schraeder, and P Shelton. Ames, IA: Wiley-Blackwell, 2011.

- **For more information, please contact:**

  - Randy Brown: rbrown@mathematica-mpr.com