Wisconsin Complex Care Management Project

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Agenda

- Overview of NGA Policy Academy
- National Super-Utilizer Models
- Vision and Goals
- Wisconsin's Proposed Approach
- Process to Date
  - Stakeholder Engagement
  - Defining the Target Population
  - NGA White Paper Development
- Next Steps

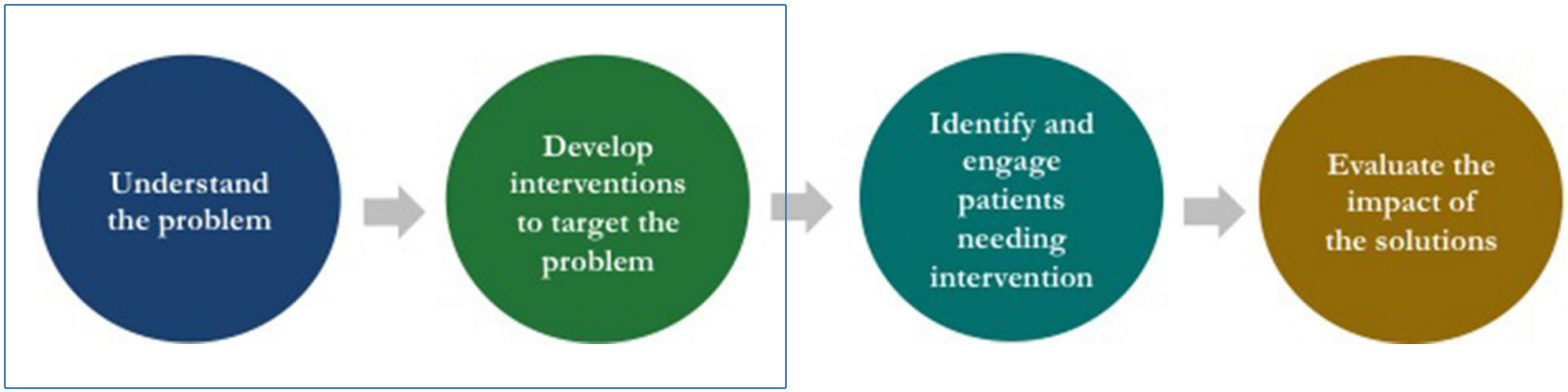
NGA Super Utilizer Policy Academy: Overview

- **Background:** In June of 2013, the State of Wisconsin was invited to submit a proposal to the National Governor's Association to participate in their Policy Academy on "Super-Utilizers." An NGA Policy Academy is a highly interactive process designed to assist states in developing and implementing strategic action plans that build on research and best practices. States participating in the Policy Academy are expected to address a host of issues related to how state governments can systematically support community-based, provider-led super-utilizer models

- **Purpose:** To assist governors in designing and improving systems at the state level to ensure better provision of coordinated and targeted services for people who are high-utilizers of health care services (super-utilizers)

- **Expectations:** States participating in the NGA Policy Academy will develop proficiency and best practices around how to improve their systems to allow for 1) better and timely identification of super- utilizers through data analytics; 2) seamless provision of intensive clinical and non-clinical interventions; 3) financing of provider and community-based super-utilizer models; and 4) deployment and use of care teams, which could include community health workers

NGA Super Utilizer Policy Academy: Objectives



- Over past year, Wisconsin was tasked with designing a program to address “super-utilizers”
- The past year was intended to focus on the two circles on the left of the above process flow
- NGA expectations were that Wisconsin would:
  - Develop a Wisconsin Strategic Plan by July 2014
  - By September of 2014, report on key action steps towards implementation of the strategic plan

National Models for Super Utilizers

- Camden, New Jersey
  - The original “super-utilizer” program
  - Camden Coalition developed a system of “hot-spotting” high-needs patients by looking at individuals with high inpatient admissions and high ER usage
  - Embedded care managers and health coaches into primary care settings to work one-on-one with identified patients
- The Camden Coalition/RWJF has helped to establish several similar pilot programs across the country
  - Allentown, PA
  - Aurora, CO
  - Boston, MA
  - Cincinnati and Cleveland, OH
  - Humboldt County and San Diego, CA
  - Kansas City, MO
  - Maine
  - Western Michigan
- Other pilots have also been established in MN, WA and NC

National Models: Key Lessons Learned

- Across the several pilot projects that have been implemented, key themes have developed in common:
  - Aligning incentives across multiple stakeholders is essential
    - Changes in the traditional payment model are necessary to achieve success
  - The population must be clearly defined and segmented, however segmentation based on diagnosis is not ideal
  - Care models must incorporate not only the medical/clinical component, but also other social needs that may impact health (food, housing, transportation, etc.)
  - Data is integral to both start-up and ongoing processes

Wisconsin's Vision and Goals

- Vision: Creating a fiscally sustainable Medical Assistance program by better managing members with complex conditions
- Goals:
  - Improve overall quality of life and reduce expenditures for high-needs, high-cost population
  - Establish a new model of care delivery that incorporates high-touch, high-intensity interventions
  - Develop a reimbursement structure that will ultimately lead to lower costs over time
- Strategy: Contract with an entity(s) to deliver a new comprehensive integrated care model, incorporating social, behavioral and medical needs of a defined set of high-needs members
  - Options include: Provider-based or HMO-led delivery system

Wisconsin's Proposed Approach

- Wisconsin's proposal seeks to address the unique population and needs of Southeast Wisconsin, particularly Milwaukee County
- Build off of the significant community engagement and critical partnerships that have been established in this area, such as the ED Care Coordination initiative through Milwaukee Health Care Partnership, as well as leverage the existing networks and successful care delivery models in place in Milwaukee
- DHS also proposes to build on the experiences of successful implementations of other initiatives promoting integrated care, such as Care4Kids and the AIDS/HIV Health Home
- Convene a group of multi-stakeholder working groups comprised of advocates, community partners, providers, payers and health systems to help develop and implement a strategy related to the overall mission of improving quality of care and reducing overall health care costs for identified high-cost, high-needs individuals

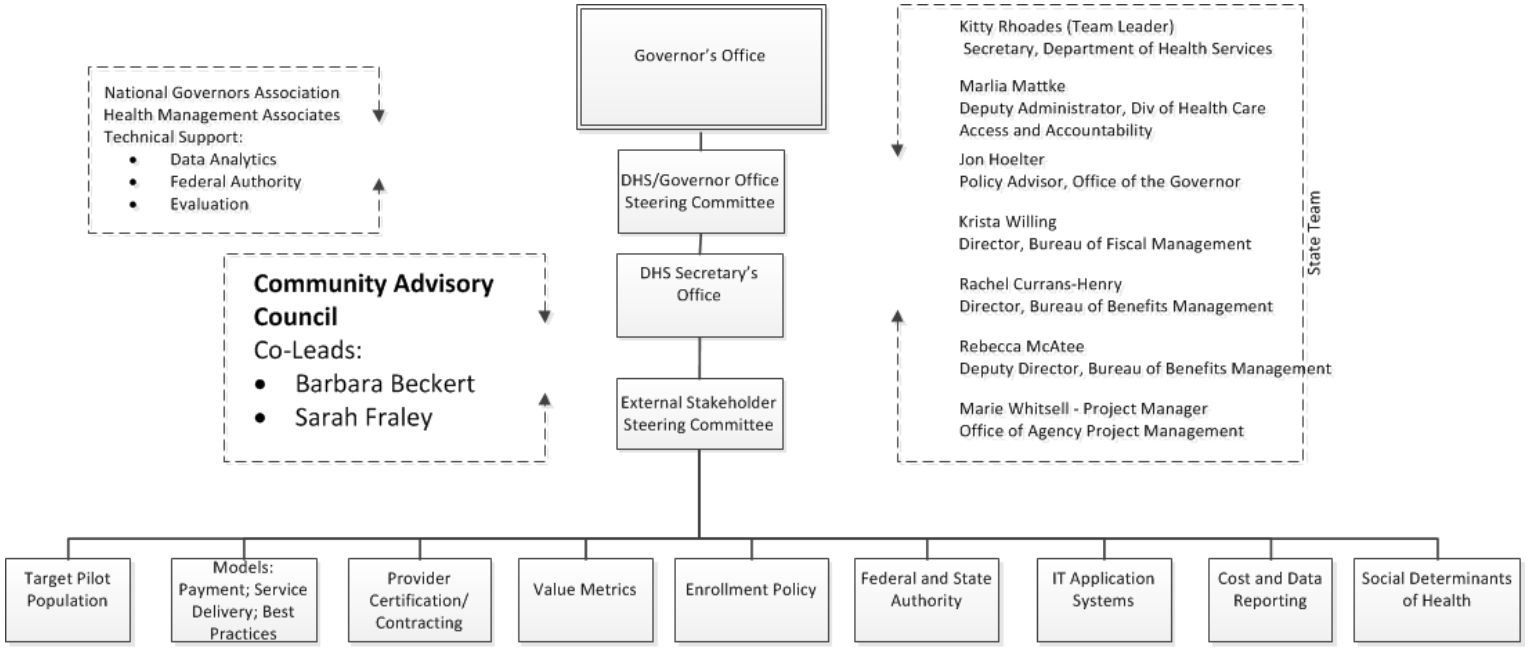
Process to Date

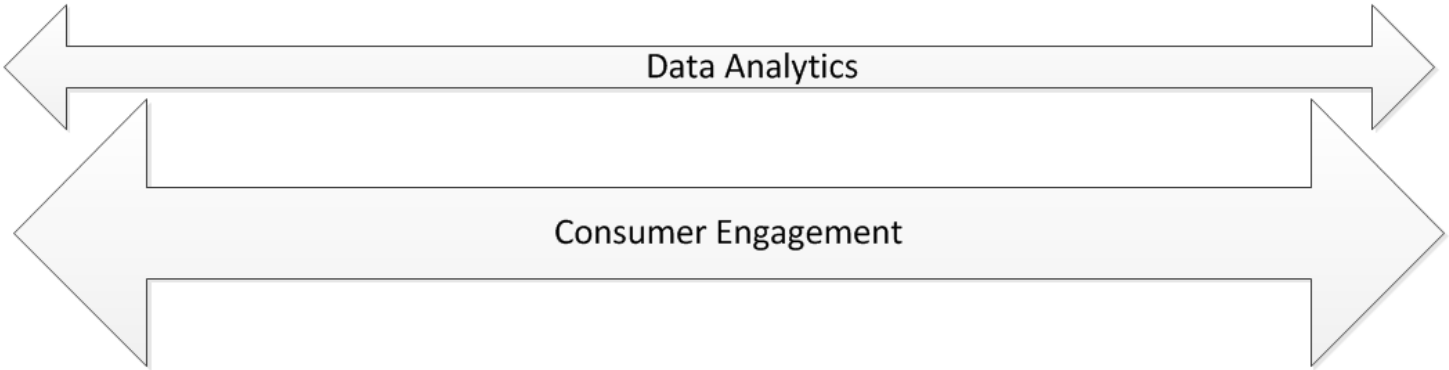
- Stakeholder Engagement
- Defining the Target Population
- NGA White Paper Development

Stakeholder Engagement

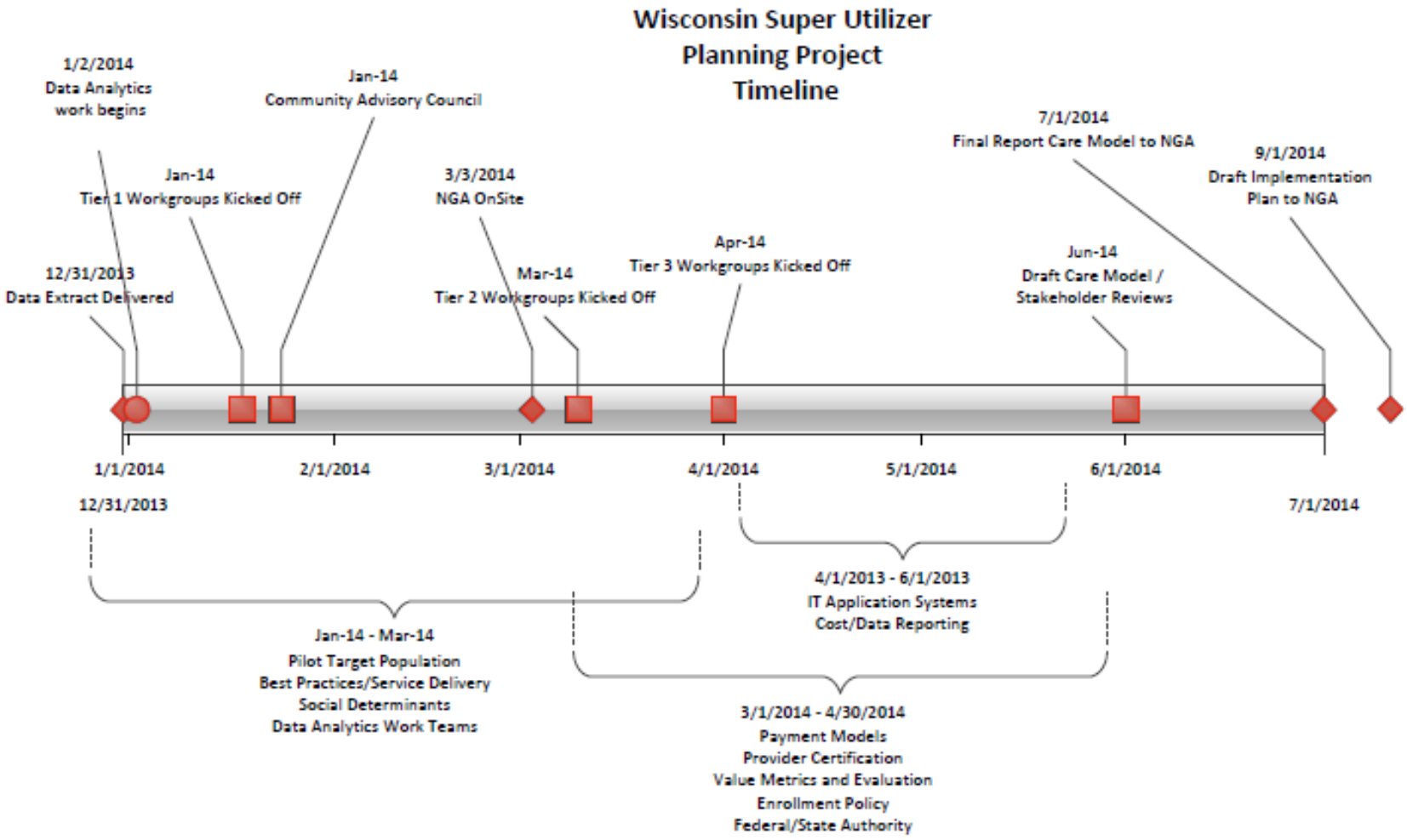
- September 25th Kick-off Meeting
  - Met with key stakeholders in the Milwaukee region
  - Introduced concept
  - Received feedback on organizational structure
  - Validated initial data approach for target population
- Established stakeholder workgroups and tiered schedule for workgroup engagement
  - Began meetings of the Community Advisory Council
  - Kicked off “Tier 1” Workgroups (Target Population, Social Determinants, Clinical and Best Practice Models)
- Since September 25th, the State has held over 30 meetings with stakeholders related to the Complex Care Management project

Organizational Structure





Initial Project Timeline



Defining the Target Population

- Initial primary focus on the Target Population
  - Began refining definitions in October
  - Full extract developed by our fiscal agent
  - Extract completed in January
  - Delivered to PwC to perform additional analysis
  - Worked collaboratively with PwC to establish appropriate filters and further refine the data and identify a potentially “impactable” population
  - Completed first cut of the target population was developed for a March 3rd stakeholder meeting

Defining the Target Population

Population specifications for initial extract:

- SSI/EBD Medicaid enrollees
- Not enrolled in Managed Care/HMO (less than 5 months in an HMO)
- Ages 19 and over
- Non-institutional setting
- Based off of member county of residence
- CY 2010-2012

The full extract includes data Statewide, but for the purposes of this initiative's target population, the following criteria was also applied:

- No dual eligibility
- Southeast Wisconsin

Defining the Target Population: Selection Criteria

- For analysis, Super Utilizers were identified as individuals with multiple emergency room (ER) visits or very high annual costs (hereafter referred to as the target population)
  - ER visits are identified by a revenue code of 450-459 or 981, or procedure code of 99281-99288 on a claim
  - All claims on the day of an ER visit were combined for counting and cost determination
  - Approximately 46-48% of the total SSI eligible population have at least one ER visit across the three-year period

Distribution of Region 6 claimants by number of ER visits

- Percent that are high ER utilizers is consistent across years
- About 40% of ER users have one visit in a year, while 60% have two or more

Annual ER Visits	Claimant Count			% of Claimants		
	2010	2011	2012	2010	2011	2012
41+	10	6	16	0.3%	0.2%	0.4%
31-40	13	12	15	0.4%	0.3%	0.4%
21-30	24	26	34	0.7%	0.7%	0.8%
11-20	120	140	151	3.3%	3.9%	3.6%
6-10	330	335	423	9.1%	9.3%	10.2%
5	207	164	227	5.7%	4.6%	5.5%
4	274	249	307	7.6%	6.9%	7.4%
3	429	456	493	11.9%	12.7%	11.9%
2	778	754	841	21.5%	21.0%	20.3%
1	1,429	1,446	1,632	39.5%	40.3%	39.4%
Total	**3,614**	**3,588**	**4,139**	**100%**	**100%**	**100%**

Defining the Target Population: Selection Criteria

- The pilot population was defined based on occurrence of at least 3 ER visits in a 6-month period or annual cost greater than $100,000
- In Region 6:
  - The percentage of ER users in the pilot population increased from 10.4% in the first half of 2010 to 11.5% by the second half of 2012
  - About one third of the high cost claimants were identified as having 3 or more ER visits in a 6-month period
  - Target population costs have increased over the three-year period from 35% in CY2010 to nearly 41% in CY2012 of total SSI costs

Period / Year	Claimant with 3 or more ER	% of all claimant
Region 6		
2010 Jan-Jun	571	10.4%
2010 Jul-Dec	627	10.7%
2011 Jan-Jun	540	9.9%
2011 Jul-Dec	643	10.7%
2012 Jan-Jun	674	11.0%
2012 Jul-Dec	769	11.5%

Period / Year	Claimant	Claimant >$100k Allowed	% of all claimant
Region 6			
2010 Jan-Dec	6,511	96	1.47%
2011 Jan-Dec	6,631	107	1.61%
2012 Jan-Dec	7,360	141	1.92%

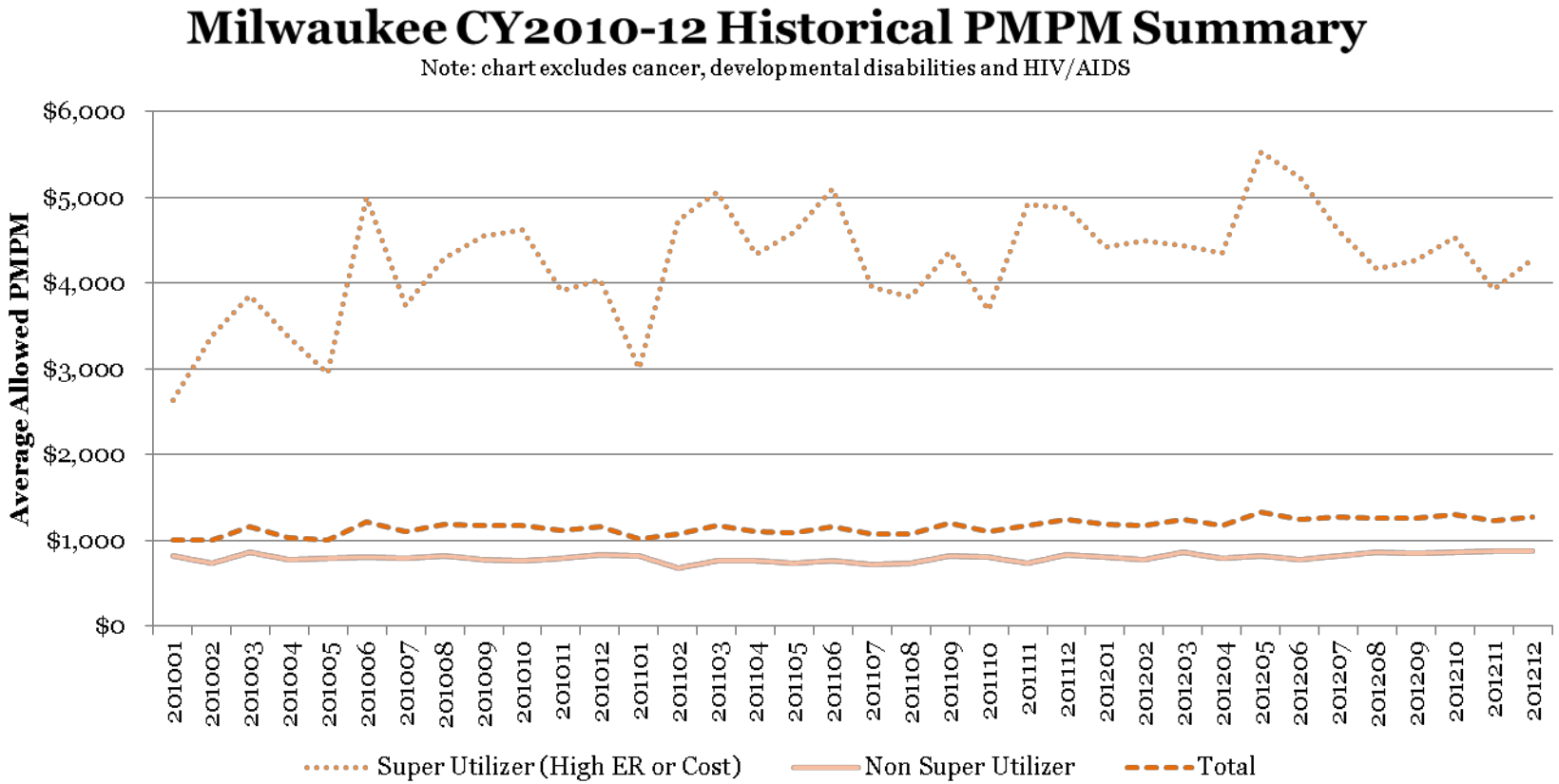
Note: claimants were limited to those who do not have cancer, HIV, AIDS, or developmental disabilities

Defining the Target Population: CDPS Conditions

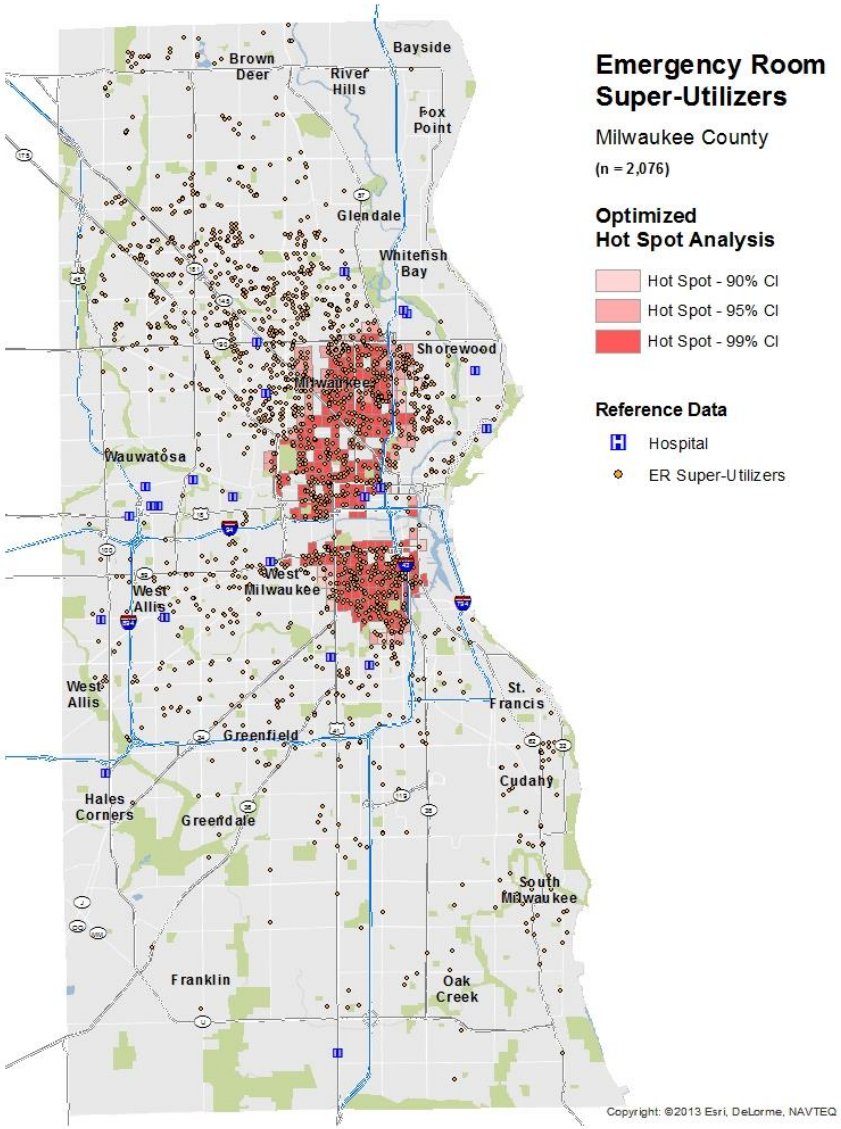
- The Chronic Illness and Disability Payment System (CDPS) was used to identify the diagnostic conditions
- Claimants with HIV, AIDS, and developmental disabilities were carved out as existing programs target these individuals; individuals with cancer as a primary diagnosis without the presence of other co-morbidities were also excluded
- Most prevalent and often co-morbid CDPS conditions
  - Cardiovascular
  - Psychiatric
  - Pulmonary
  - Skeletal
  - Gastrointestinal
  - Substance
  - Central Nervous System
  - Diabetes
  - Metabolic
  - Additional CDPS conditions to be considered: Renal and Depression Psychosis Bipolar
- An additional analysis was done on severity within the CDPS conditions – showing that many of the conditions within the population were at low or moderate severity.

Defining the Target Population: PMPM Summaries

Average PMPM of the target population cohort is increasing more rapidly compared to the non-targeted group



Defining the Target Population: Demographics



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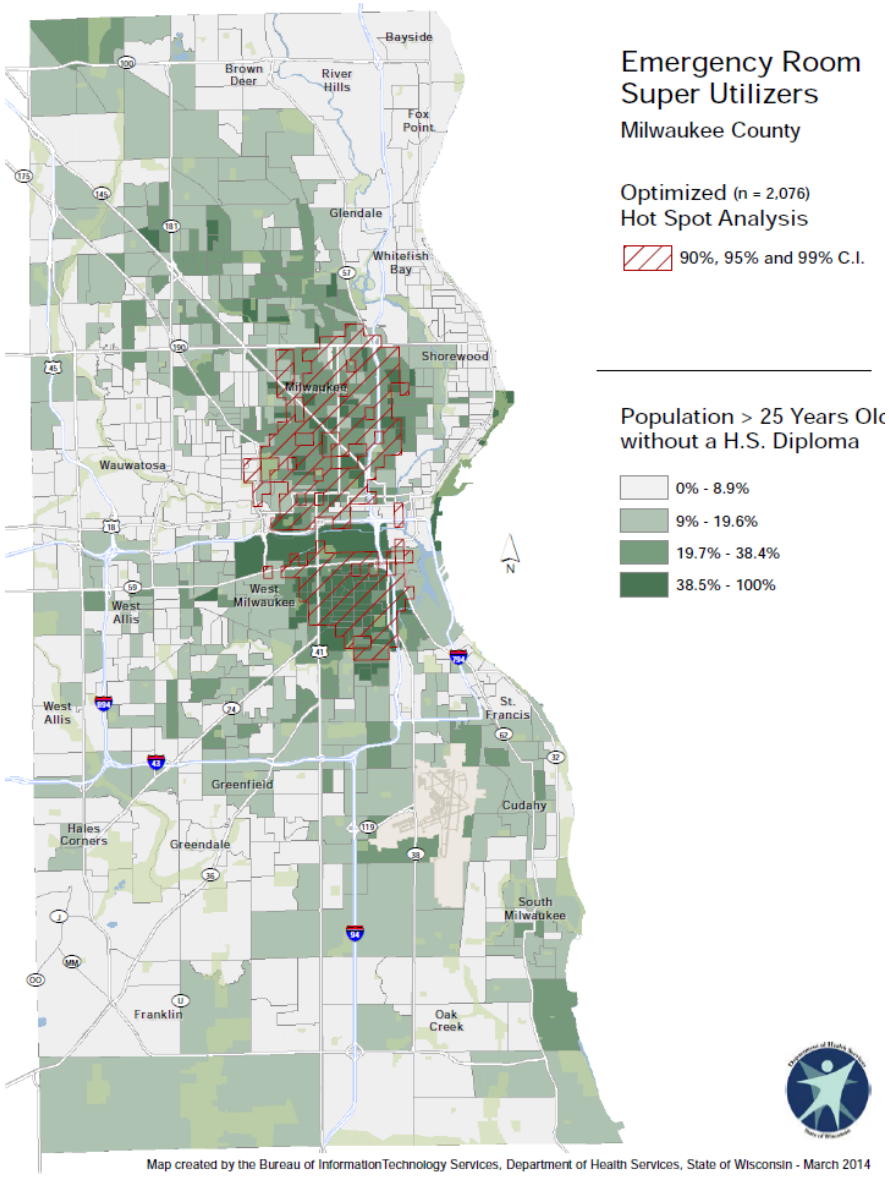
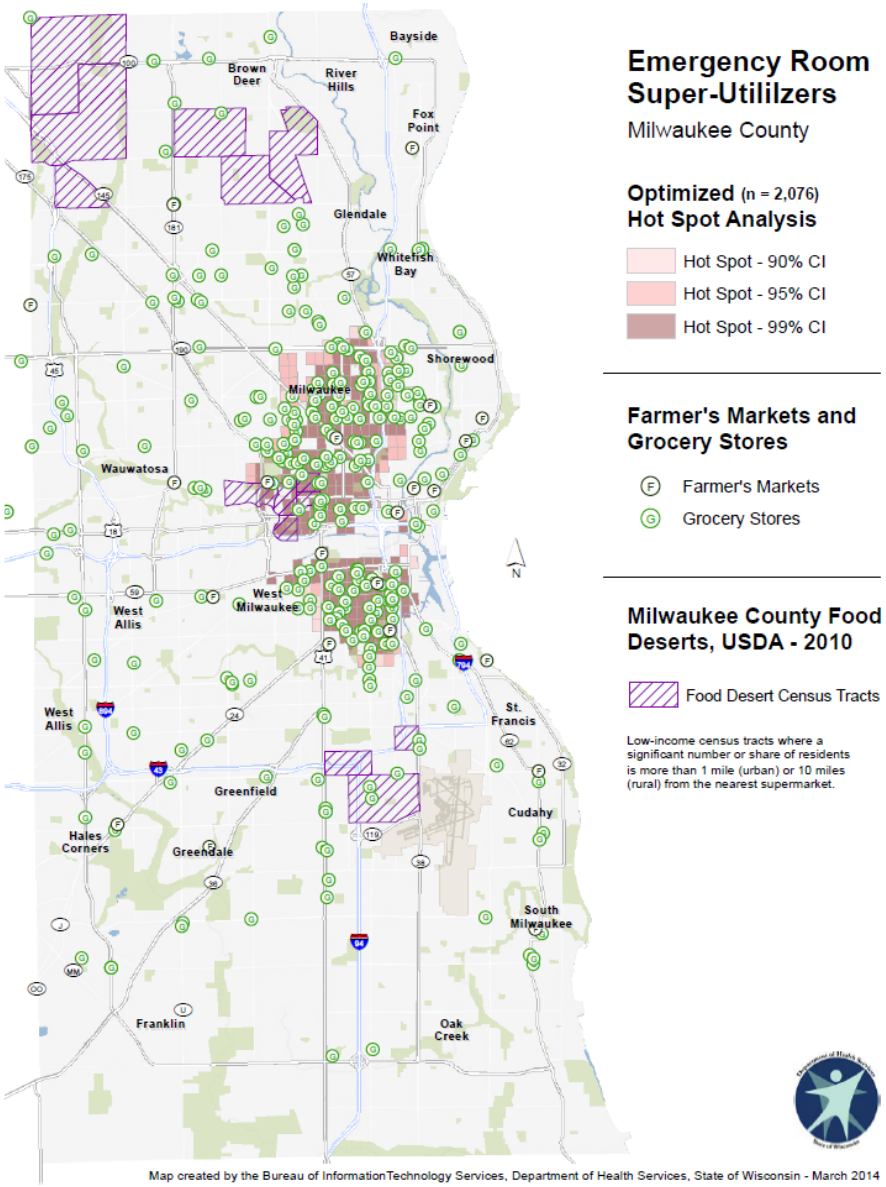


Map created by the Bureau of InformationTechnology Services, Department of Health Services, State of Wisconsin - March 2014

Defining the Target Population: Demographics



Map created by the Bureau of InformationTechnology Services, Department of Health Services, State of Wisconsin - March 2014

NGA White Paper Development

- As a requirement of the Policy Academy, each participating state must submit a draft strategic plan to the NGA incorporating the following components:
  - Vision for the program
  - Stakeholder Engagement
  - Target Patient Population
  - Model Design (including delivery model and payment approach)
  - Information Exchange
  - Evaluation Methodology
  - Lessons Learned

NGA White Paper Development

- DHS has taken the approach to use the white paper as a description of an “ideal state,” which will help us to further define measurable, long-term goals for the project.
- The paper also reviews the feasibility of various options for addressing the complex needs of the target population based on feedback that we have already gathered from our stakeholders.
- The paper does not pinpoint one specific option as the best or only option. Rather, it presents a variety of options that have been identified as feasible strategies for stakeholders to consider.

Highlights of NGA White Paper

- Care Model: Wisconsin identified themes common to successful models both within the State and nationally
  - Team-based care that is flexible to meet specific member needs
  - Rapid access to multiple services, co-location of services is ideal
  - Care teams must have access to patient medical record
  - Tiered program where level of engagement will decrease as member takes control of their care
- HMOs would most likely serve as the administrative entity for implementation in SE Wisconsin
- Payment: Considering a “shared savings” concept

Lessons Learned and Next Steps

- Timelines have shifted
  - Competing priorities
  - Alignment with other state initiatives
  - Tier 2 and 3 workgroups have not yet convened
- After submission of the concept paper to the NGA, DHS will continue to work with external stakeholders to arrive at a final recommendation and implementation strategy
- At this time, DHS does not intend to implement the pilot any earlier than January 2016.

QUESTIONS?