Realizing Rural Care Coordination: Considerations and Action Steps for State Policymakers

April 2, 2014
2:00-3:15pm EST

National Academy for State Health Policy

Supported by the Robert Wood Johnson Foundation's State Health and Value Strategies

The audio portion of this web event can be accessed through your computer or by dialing: 1-800-709-0218

NATIONAL ACADEMY *for* STATE HEALTH POLICY®

Agenda

2:00-2:05 ET	Welcome *Carrie Hanlon, NASHP* *Heather Howard, Princeton*
2:05-2:15 ET	Importance of Care Coordination in Rural Environments *Mike Stanek, NASHP*
2:15-2:55	Panel Discussion: Insights from States *Kathryn Jantz, Colorado* *Nancy Smith-Leslie, New Mexico* *Wendy Sturn, Montana*
2:55-3:10 ET	Audience Q&A
3:10-3:15 ET	Closing Comments *Carrie Hanlon, NASHP*

Robert Wood Johnson Foundation's State Health Value Strategies Program

- Committed to providing technical assistance to support state efforts to enhance the quality and value of health care by improving population health and reforming the delivery of care services
- Connects states with experts and their peers to develop tools to undertake new quality improvement initiatives
- Places an emphasis on building systems capacity, engaging stakeholders, and promoting payment and purchasing reforms
- http://www.rwjf.org/en/grants/grantees/state-health-and-value-strategies--shvs.html

Background: Care Coordination

- Care Coordination Definition
- Benefits of Care Coordination
  - Fully informed providers
  - Support for patient self-management
  - Enhanced patient experience

Background: Rural Populations and Coordination

- Rural Definition
- Rural Health Disparities
- Rural Care Coordination Considerations:
  - Local relationships and resources
  - Provider shortages
  - Provider isolation
- Rural physicians receive nearly 20% of income from Medicaid patients

Action Steps for States

- Assemble key stakeholders in rural areas and in state government that serve rural populations
- Survey existing infrastructure in rural areas
  - Leverage previous collaboration and experience
  - Consider rural staffing needs and readiness
  - Recognize and address HIT gaps in rural areas
- Design state-level policy
  - Build on or create new Medicaid policy
  - Create plans to assess impact
- Balance state and local needs
  - Local autonomy helps individualize care coordination strategies

Areas for Improvement

- Engaging and utilizing specialists more effectively
- Innovative approaches to addressing rural provider shortages
- Methods to provide financial supports to providers who extend their after-work hours
- Effectively integrating behavioral health with primary care

Today's Panel

Moderator: Carrie Hanlon
Program Manager, NASHP

Kathryn Jantz, Colorado
Program Lead, Colorado Accountable Care Collaborative

Nancy Smith-Leslie, New Mexico
Deputy Director, Medical Assistance Division,
New Mexico Department of Human Service

Wendy Sturn, Montana
Program Officer, Montana Health Improvement Program

Please provide a brief snapshot of your state care coordination model and how it affects rural populations.

Montana Health Improvement Program

Introduction

- **Cornerstone of the program is a partnership between Medicaid and Montana's Community and Tribal health centers to provide care management to the highest risk members**
- **Care management is provided on a regional basis and covers all 56 counties - health centers provide care management through specially trained nurses and health coaches to members who do not necessarily receive primary care at their clinic**
- **Predictive modeling software identifies high risk members – rather than focusing on a few disease states, the new model focuses on overall health and risk of each member**
- **Care managers reach out to those identified members to find out what is needed to lower their risk**
- **Care managers, hired by the health centers, work with primary care providers to develop care plans**
- **Care is delivered in person, telephonically and in writing**
- **Health centers report data monthly**

Health Improvement Program

New Mexico Human Services Department Medical Assistance Division

Nancy Smith-Leslie, Deputy Director

Centennial Care

- New Mexico's Medicaid managed care program integrates physical, behavioral and long-term healthcare services
- All members receive comprehensive risk assessments
- Care coordinators and members develop individualized care plans
- In New Mexico, 27 out of 33 counties are rural or frontier and account for 34% of the State's population.

The Accountable Care Collaborative (Colorado)

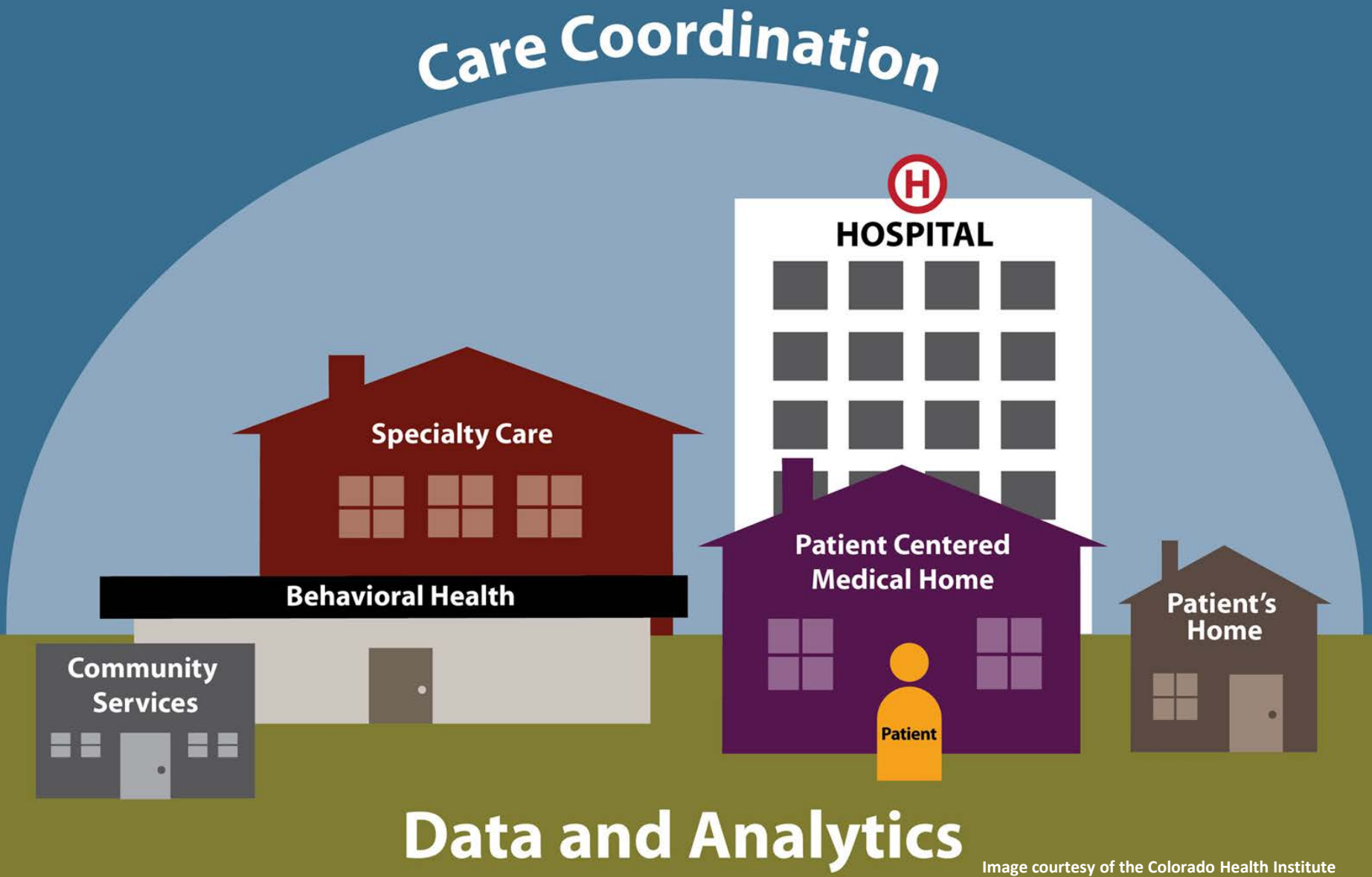


Image courtesy of the Colorado Health Institute

What steps did you take to develop and implement this model?

Development of Centennial Care

- Section 1115 demonstration waiver
  - Developed in 2011
  - Submitted August 2012
  - CMS approval July 2013
- Request for proposals to procure new health plans in September 2012
- Launched program in January 2014
- Year-long readiness review: Key to successful implementation of a program of this magnitude
- MCO contracts define specific care coordination activities that must be conducted based upon level of care coordination required

The Accountable Care Collaborative (Colorado)

- **Building the ACC: Colorado's vehicle for delivery system reform**
  - **Governor's Agenda**
  - **Stakeholder input**
  - **Budget action**
  - **Developed prior to ACA & federal ACO concept**
  - **RFP development / procurement process and the importance of regional flexibility**

- **Spotlight: RCCO 4**

Development and Implementation of the Montana Health Improvement Model

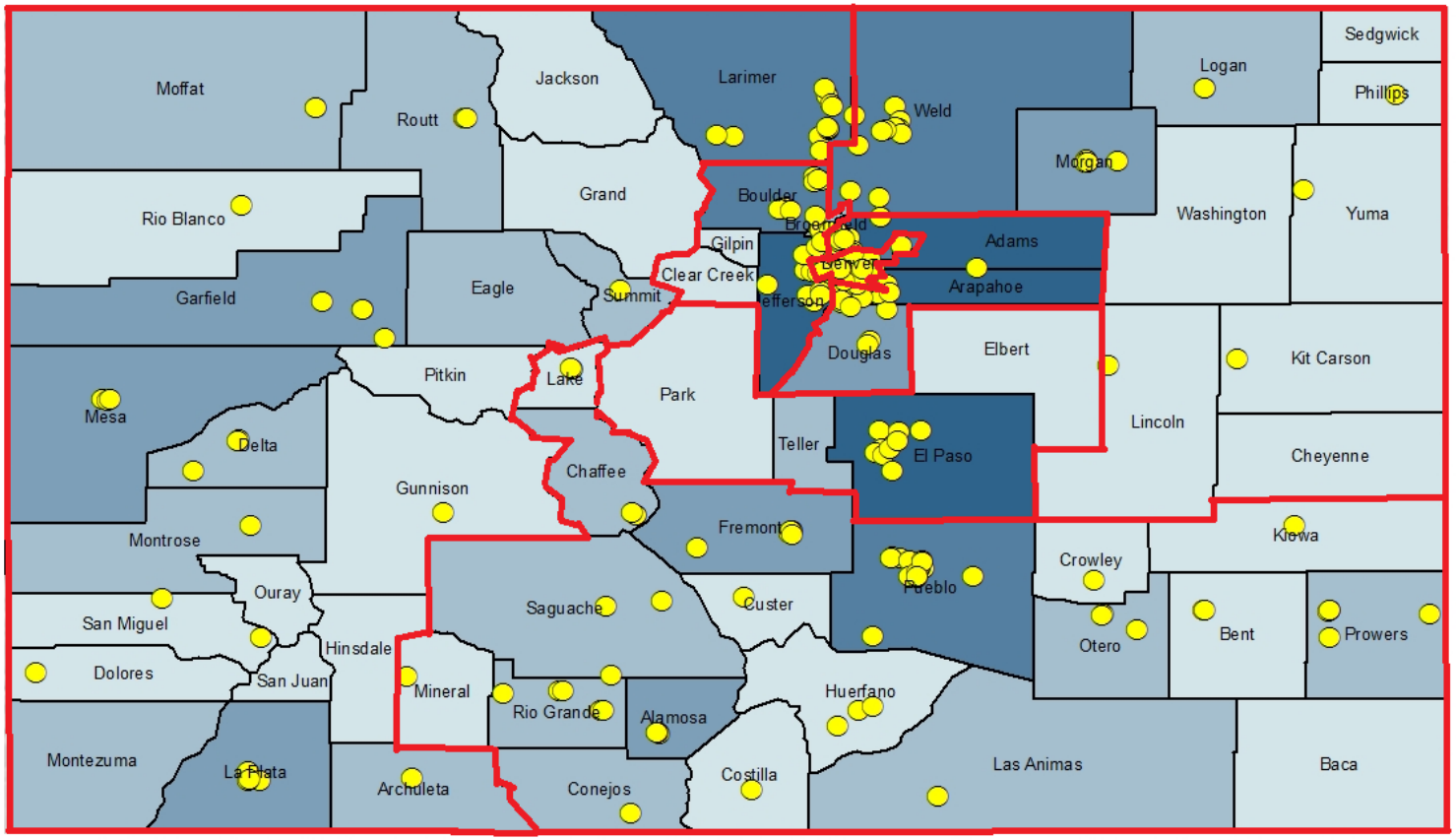
- **Started discussions and negotiations with CMS to determine how we could provide and pay for this model – 1915(b) Waiver – Enhanced Primary Care Case Management Program**
- **Changed from using a disease management vendor to partnering with our local community health centers**
- **Held in-person meetings with the health centers - experts from our Primary Care Association helped facilitate discussions**
- **Submission of proposals from the health centers**
- **Established how we would identify high risk and at-risk patients**
- **Determined the best way to pay providers**

Health Improvement Program

How is your program different in rural areas than in urban areas?

How has the program successfully confronted challenges specific to rural areas?

The Accountable Care Collaborative (Colorado)



ACC Caseload

- 9 - 1,000
- 1,001 - 3,000
- 3,001 - 7,000
- 7,001 - 30,000
- 30,001 - 70,000
- Service Locations

Project Tracking #: 3892 Map Created on: 9/11/2013

Minimum: 9 Maximum: 65,254
Mean: 6,323 Median: 1,090

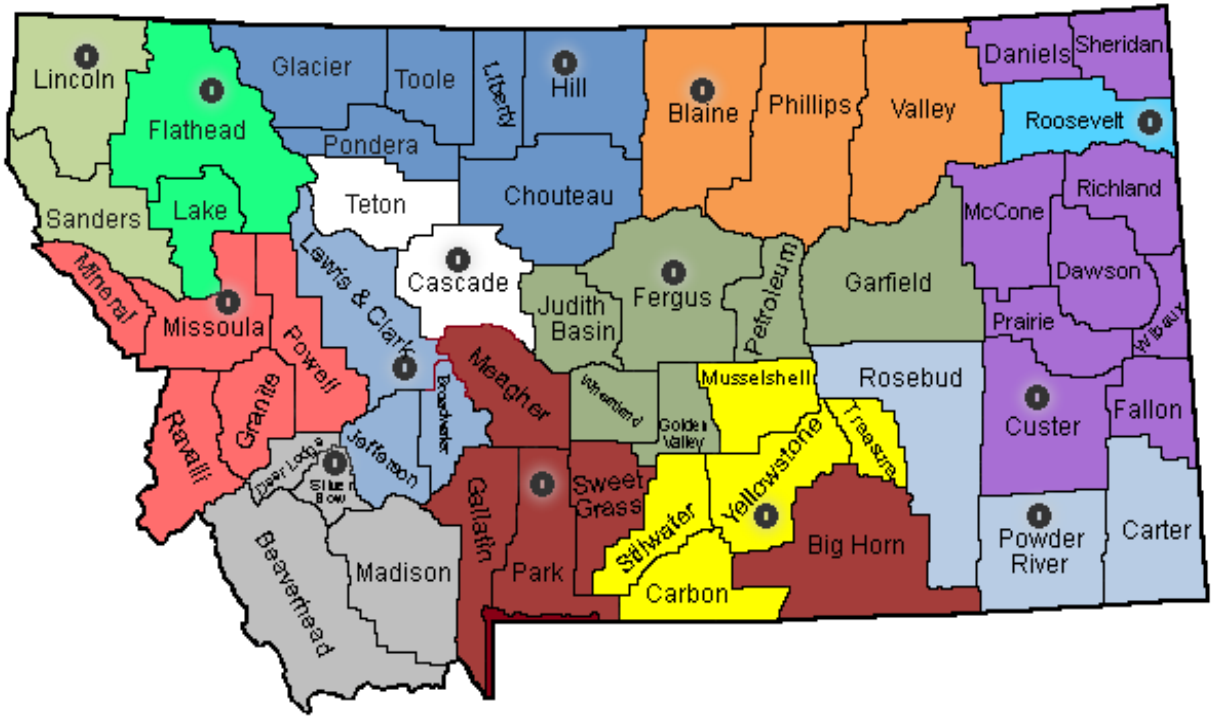
Access to Care—Rural vs. Urban

- New Mexico MCOs contractually required to make best efforts to contract with: FQHCs (15), RHCs (11), IHS/Tribal 638 facilities

  and public health offices, school-based health centers, and community mental health centers in the State.
- Molina's Community Connector program with bilingual paraprofessionals
- In tribal areas, MCOs hiring native-speaking drivers
- Several MCOs providing cell phones and home monitoring devices to members in rural areas
- MCO contracts include a delivery system improvement fund. One of the fund's targets is a 15% annual increase in specialists interactions using telehealth for rural and frontier members.

In a frontier state like Montana, can you tell us about the challenges of coordinating care?

Montana Health Improvement Program - Service Network



Montana is ranked 4th in geographic size and 44th in population (just reached 1 million in 2012) – It is approximately 600 miles from the East to West side of the State. Inclement weather for much of the year can make travel difficult.

14 Community and Tribal Health Centers serve all 56 counties. Care Managers (Nurses and Health Coaches) are available through the Health Centers via telephone and in person. Access is less than 200 miles for every eligible member. Nurses and Health Coaches also travel to members as needed and as weather and road conditions permit.

Montana Rural Care Coordination

- **The program accommodates rural members by placing care managers closer to each member's community**
- **Under previous model there were 4 nurses based in 4 communities covering the entire State and now there are more than 30 in 14 regional settings**
- **Care Managers often travel to meet with members and members can receive reimbursement for transportation to Medicaid HIP appointments**
- **Regions with larger urban populations also serve adjoining rural areas. Some of these regions arrange visits with multiple members on the same day at a rural clinic or other local facility**

Health Improvement Program

What have been your greatest successes, and what are remaining challenges?

Centennial Care Greatest Challenges & Successes

- Challenge--locating members to conduct health risk assessments and face to face meetings:
  - MCOs are recruiting care coordinators from rural communities in which they live.
  - MCOs are utilizing promotoras, CHWs and community health representatives with IHS facilities to help locate members and to assist with care coordination activities.
- Successful transition to the new program--
  - From seven to four MCOs;
  - From 11 separate federal waivers to one 1115 waiver;
  - MCOs have hired and trained hundreds of care coordinators;
  - Members receiving comprehensive assessments and care plans;
  - Launched new Medicaid adult expansion with alternative benefit package (current enrollment is about 100,000).

Montana Health Improvement Program Successes and Challenges

SUCCESSES

❖**Member satisfaction with local support and breadth of care coordination**

Member Survey 2012: More than 90% of respondents indicated they are satisfied or very satisfied with the program

❖**Program services flexibility:**

Bringing services to members previously not available through medical providers such as assistance with social and community services and acquiring donations of needed medical and household items. Examples include: cooking , gardening and exercise instruction; help finding appropriate housing, seeking donations for needed household items and medical related items (such as shower grab bars and high quality blenders)

CHALLENGES

❖**Evaluating HIP empirically to show cost savings**

❖**Collecting relevant data**

❖**Creating consistency in program services across regions while maintaining flexibility**

Health Improvement Program

The Accountable Care Collaborative (Colorado)

Challenges in coordinating rural care

- **Growing pains: suspicions about new programs, concerned about relevance**
- **Network development**
- **Stakeholder engagement and shared decision-making**
- **The importance of data and analytics in rural contexts**

What is a lesson learned or piece of advice you would give to other states who want to implement a care coordination program for rural populations?

Montana Health Improvement Program Lessons Learned

- **Meet early and often with intended providers**
- **Start discussions with CMS before you get too far into the planning process**
- **Involve a primary care doctor in planning**
- **Position care managers strategically across all regions of your state to ensure access**
- **Budget for software to gather outcome data and staff to evaluate the data**

Health Improvement Program

The Accountable Care Collaborative (Colorado)

Lessons learned and Advice for Other States

- **Different medical needs in rural areas**
- **Larger mobile/transient population: many drop-ins, difficulty in contacting clients**
- **Planning early for stakeholder engagement and program expansion**
- **Hold meetings regionally, not just in the state capital**
  - **Pay for stakeholders' travel**
- **Embrace regional flexibility, learn to address community needs and leverage existing resources**
- **Streamline provider contracting**

Advice from Centennial Care

- A year-long readiness and planning process key to successful launch
  - Extensive stakeholder meetings held statewide
  - On-site visits with MCOs to provide technical assistance, interview care coordinators, test claims processing and new care coordination software.
  - Five-month long statewide community outreach tour.
    - More than 200 events statewide.
      - Over 50 events were held in Native American communities
      - Advertised in rural newspapers and on community radio stations
    - MCOs in attendance at all events to answer questions about benefits, enrollment, care coordination and transition concerns.

Q&A

Thank you for joining today's webinar!

Look for our Issue Brief:

Realizing Rural Care Coordination: Considerations and Action Steps for State Policy-Makers

Available at www.nashp.org

The webinar recording and slides will be available at www.nashp.org

You will be directed to a short survey. We appreciate your feedback!

For more information or questions, please contact:

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