Partnership HealthPlan of CA

Presentation to the

Sonoma County Managed Care Planning Group

May 26, 2006

Today's Presentation

- Background on PHC
- Major Focus Areas
  - Quality
  - Information Technology
  - Expansion
  - Viability
- Conclusion/Q&A

PARTNERSHIP
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Background

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What is the Partnership HealthPlan of California (PHC)?

- Began service in Solano in 1994; Napa 1998; Yolo 2001
- Our goal is to serve our members in a collaborative fashion with an emphasis on quality, access and cost effectiveness
- 86,000 members (MediCal and Healthy Kids)
- Non-profit, public entity, locally governed
- 130 employees
- $250 million annual budget

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MediCal Managed Care Models

- Geographic Managed Care (San Diego, Sac)
- Two Plan Model (LA, Central Valley, Bay)
- County Organized Health Systems
  - Santa Barbara
  - San Mateo
  - Partnership HealthPlan (Solano, Napa, Yolo)
  - Orange County
  - Santa Cruz, Monterey

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Starting PHC

- Solano Coalition for Better Health founded PHC. Coalition members are:
  - NorthBay Hospital
  - Kaiser Permanente Medical Center
  - Sutter Solano Medical Center
  - Solano County Health & Social Services
  - Community Clinics
  - Solano County Schools
  - Faith Community
  - Legislative Staff

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Our Goals

- Improve access to care
- Focus on primary and preventive care
- Reduce use of Emergency Room for routine care
- Improve the quality of care
- Run a locally responsive organization
- Increase provider reimbursement
- Increase scope of services to the member

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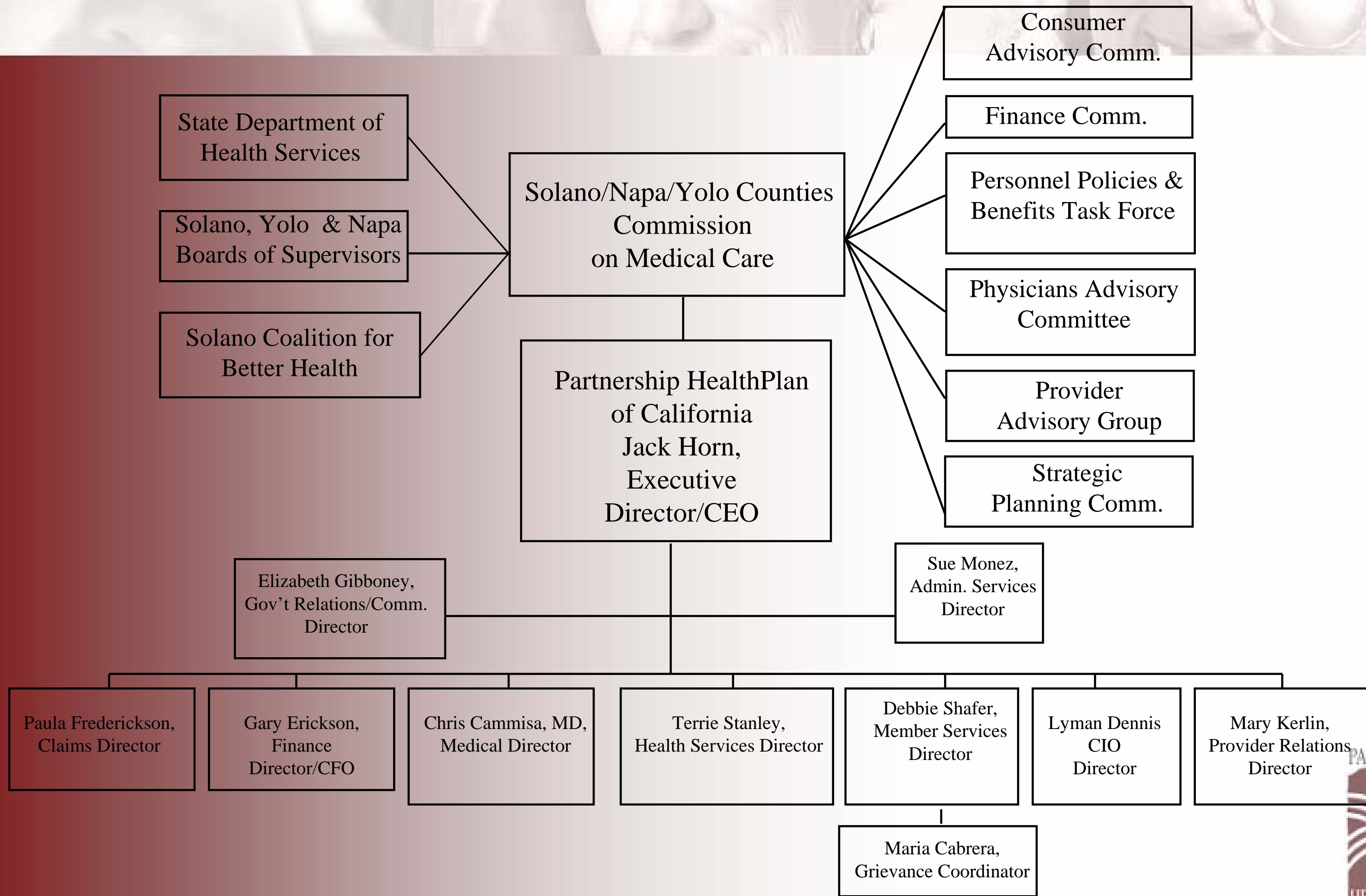
Organizational Structure



The Commission (Board)

- 22 Positions
  - 4 Physicians
  - 5 Hospitals
  - 3 County
  - 3 Consumer Advocate
  - 1 Nurse
  - 1 Community Clinic
  - 1 HMO (Kaiser)
  - 1 City
  - 1 Consumer Representative
  - 1 Business
  - 1 Board of Supervisors

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Committee Structure

- **Finance Committee**
  - Budget
  - Financial Planning
- **Strategic Planning Committee**
  - Long Range Plan
  - Strategy
- **Consumer Advisory Committee (CAC)**
  - Advice on Literature and Policy
  - Feedback from Members
- **Provider Advisory Group (PAG)**
  - Group to Advise on Provider Policy
- **Personnel Policies & Benefits Task Force**
  - Human Resources

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Committee Structure *cont*

- **Physicians Advisory Committee**
  - Advise Board and Management on Policy
    - Credentialing Committee
      - Credentialing
      - Policy
    - Pharmacy and Therapeutics Committee
      - Formulary Revision
      - Drug Utilization Review
    - Quality Utilization Advisory Committee
      - Quality Standards
      - Access Review
      - Cost Appropriateness
      - Peer Review
- **Internal Quality Improvement**
  - Process Improvement
  - Multidisciplinary Improvement Efforts
  - Staff Support for Q.U.A.C.

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Benefits for Members

- Member Services Department
- Better access to primary care and specialty physicians
- Provide added services for members (beyond FFS MediCal)
  - Advice Nurse
  - Comprehensive Substance Abuse services
  - Transportation
  - Nutrition Counseling
- Coordination of care services
- Quarterly member newsletter
- New Member welcome calls
- Appointment reminder calls

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Relationship with Members

- Consumer & Consumer Advocate board seats from each county
- Annual Member Focus Groups
- Member Satisfaction Surveys
- Advocacy function within Member Services Dept.
- Collaboration with outreach efforts (such as "SKIP")

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Cultural and Linguistic Competency

- Internal C&L Work Group
- Bi-annual needs assessments (provider and member)
- Provider Education
- Member Outreach
- PHC staff training
  - Annual for all employees
  - Certified translators (Spanish, Tagalog, Russian)
- State Office of the Patient Advocate "Quality of Care Report Card's" rating

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Serving Seniors and Persons with Disabilities

- Reimbursement systems encourage providers to see complex members
- Focus on pharmacy w/ academic detailing
- Chronic care coordination model:
  - LifeMasters (Congestive Heart Failure, Diabetes)
  - Optimal (End Stage Renal Disease)
- Behavioral Health coordination of care
- Strong relationship with CCS, regional centers, county mental health
- In-home evaluations for wheelchairs
- Special Projects, such as Senior Risk Screen

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Senior Risk Screen

- Long Term Care Integration project (DHS funded)
- Worked with Marin County Health Dept.
- Surveyed 5102 members over age 65 (w/ 40% response rate)
- Notable findings were:
  - Most rate their overall health as fair to good.
  - See a doctor on average 1-3 times per year
  - 14% were hospitalized and 22% used the ER in the last year
  - Chronic diseases common: 35% said they had diabetes and 27% said they had heart disease
  - 29% reported a behavioral health condition
  - 74% take 2 or more chronic medications
  - Many have chronic pain issues

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Their major needs were:

- 39% do not have enough money to buy food
- 45% have a fear of falling
- Help with Activities of Daily Living (ADLs):
  - shopping (33%)
  - light housework (33%)
  - managing meds (28%)
  - bathing (29%)

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Member Satisfaction

- 2005 Survey w/ 870 PHC respondents
- Covers topics such as: Rx access, DME access, PHC, Member Services, the member’s own doctor/clinic
- Overall satisfaction with:
  – Partnership HealthPlan: **91%**
  – Personal doctor or nurse: **90%**
  – Specialist: **88%**
  – Health care received: **88%**

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Relationship with Providers

- Contract with majority of primary care providers (PCPs) in each county
- Have returned $73 million in provider incentives over 11 years
- Physicians and other providers involved in all aspects of governance
- High provider satisfaction

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Provider Satisfaction

Question	PCP	Specialist
✓Overall satisfaction with PHC	97%	99%
✓The Plan processes my claim appeals w/in 45 days	86%	85%
✓I am satisfied with the Plan's referral auth. process (RAF)	84%	92%
✓I am satisfied with the PHC e-eligibility system	95%	96%
✓Rating the helpfulness of PHC newsletter	96%	97%
✓Rating the responsiveness of phone calls	98%	94%
✓Rating the helpfulness of the Plan's staff	98%	96%

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Benefits to Providers

- Increased Reimbursement, including as an FQHC clinic
- Quicker claims payment
- Improved specialist referral network
- Added benefits and services to members
- Customer Service for providers

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Delivery System

1. Full Risk HealthPlan (Kaiser, Molina)
2. Multi-Specialty Medical Groups
3. Clinics & Community Physicians
4. Special Case Managed Members

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Primary Care Provider (PCP) Case Managed

- Receive capitation on a monthly basis with a 10% withhold
- Each PCP assigned to a risk group
- Allocated a PMPM budget for inpatient, referral, Rx and other medical services
- How well the PCP and risk group performs…determines the risk sharing
- PCPs > 100 patients also participate in the Quality Incentive Program…50% of total incentive (goes into effect 12 months after start)

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Network Stats

- Hospitals: 7
- Medical Groups: 3
- Community Clinics: 17
- Kaiser & Molina
- Individual Contracts
  - PCPs: 99
  - Specialists: 306

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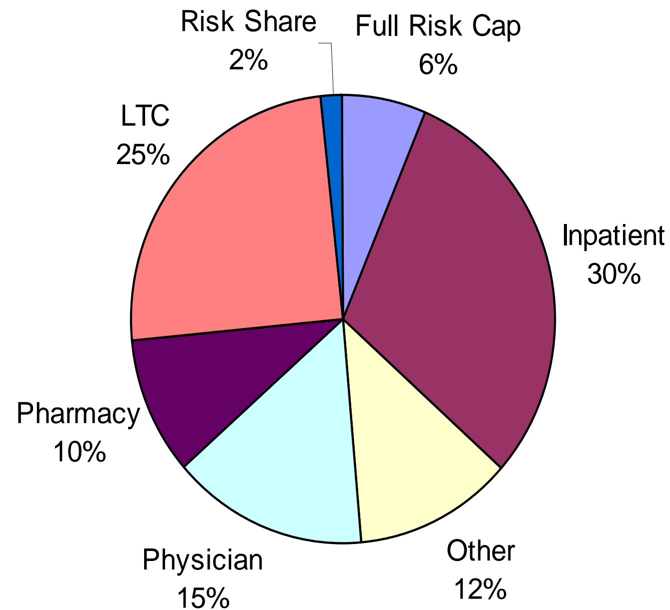
Health Care Expenditures

FY 2006/07 - Budget



*For PHC's MediCal line of business

Relationship with the County

- County approves HealthPlan offering in County
- Memoranda of Understanding with County health programs
  - CHDP (Well-Child visits)
  - CCS (children with serious medical conditions)
  - CPSP (perinatal services)
  - Mental Health
- County not at financial/legal risk for HealthPlan operations
- Boards of Supervisors in each county appoint PHC Board members

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Relationship with the Community

- Diversity in Board members from all 3 counties
- Significant work done by committees
- Most meetings open to the public (Brown Act)
- PHC participates in local health access committees
- Better use of taxpayer dollars
- Support for safety net providers

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Major Focus Areas

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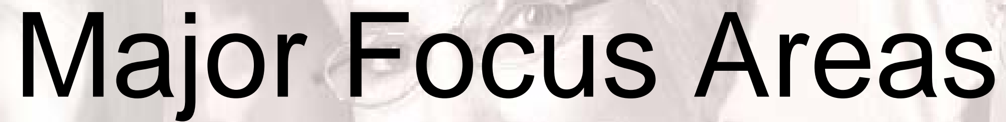

- Quality Improvement
- Technology
- Expansion
- Financial Viability

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Objectives

- Present an overview of our quality program
- Present HEDIS results
- Highlight diabetes - our successes and challenges
- Highlight the PHC QBI
- Discuss future directions

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HEDIS Measures (2005 MY)

- Well-Infant
- Well Adolescent
- PNC/PPC
- Childhood Iz
- Breast Cancer
- Cervical Cancer
- Chlamydia screen
- Lead screen
- Asthma (2 process, 2 outcome)
- Diabetes (HbA1c, LDL-C, Eye exam, Nephropathy screen, glucose & cholesterol control)

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HEDIS measures with improvement in 2005 MY compared to 2004 MY

- Well-Infant
- Well Adolescent
- PNC/PPC
- Childhood Iz
- Breast Cancer
- Cervical Cancer
- Chlamydia screen
- Lead screen
- Diabetes - LDL-C, Eye exam, Nephropathy screen, & cholesterol control)

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HEDIS measures with no improvement in 2005 MY compared to 2004 MY

- Diabetes - HbA1c & glucose control stayed the same)
- Asthma – Rescue medication use stayed the same, controller use, inpatient admits, & ED use were not as good

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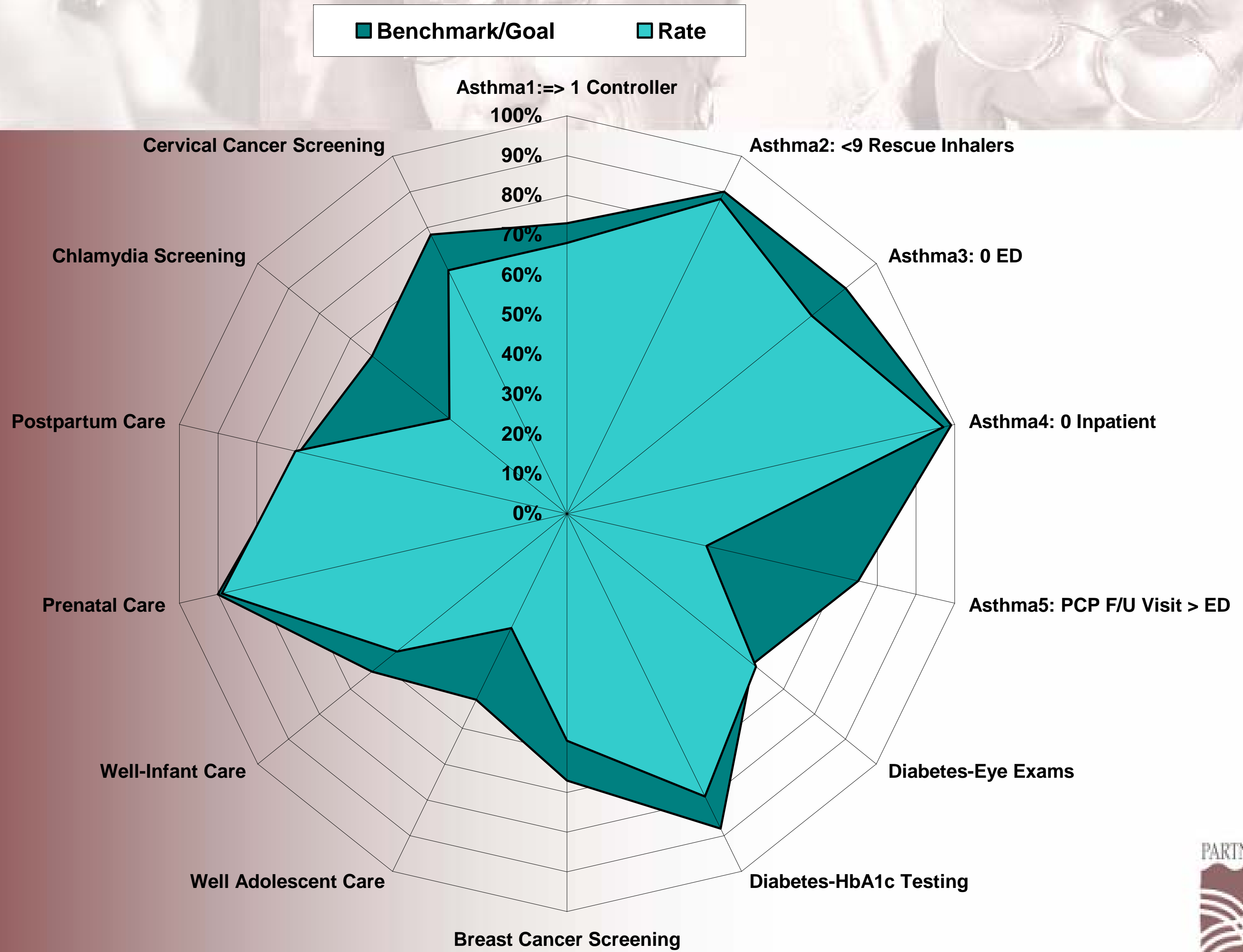

Figure 1 - How is PHC doing on quality measures compared to benchmarks in 2005?
Benchmark/Goal
Rate
Asthma1:=> 1 Controller
Asthma2: <9 Rescue Inhalers
Asthma3: 0 ED
Asthma4: 0 Inpatient
Asthma5: PCP F/U Visit > ED
Diabetes-Eye Exams
Diabetes-HbA1c Testing
Breast Cancer Screening
Well Adolescent Care
Well-Infant Care
Prenatal Care
Postpartum Care
Chlamydia Screening
Cervical Cancer Screening
100%
90%
80%
70%
60%
50%
40%
30%
20%
10%
0%
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Summary of Major Projects

Topic
Asthma care
Diabetes care
Breast Cancer Screening
Coordination of Care Between BHP & PCP
Prenatal Care/Postpartum Care

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Diabetes Interventions

- Annual practitioner education
- TA to practice sites for registries
- Practice site collaboratives
  - Clinic collaborative 2004 (5 sites, ~600 diabetics)
  - Business case for quality (5 sites, ~600 diabetics)
  - Multiple Chronic Diseases (8 sites, ~700 diabetics) with diabetes and CVD (including hypertension)
- QBI measure DSDFs – response rate xx in 2005
- Implemented Lifemasters 7/05

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Diabetes care – next steps

- Technology assessments
- DocSite contract signed – ready to begin implementation at pilot sites
- Focus on patient self management
- Communication/data exchange between LM and practices
- Screening and treatment of depression

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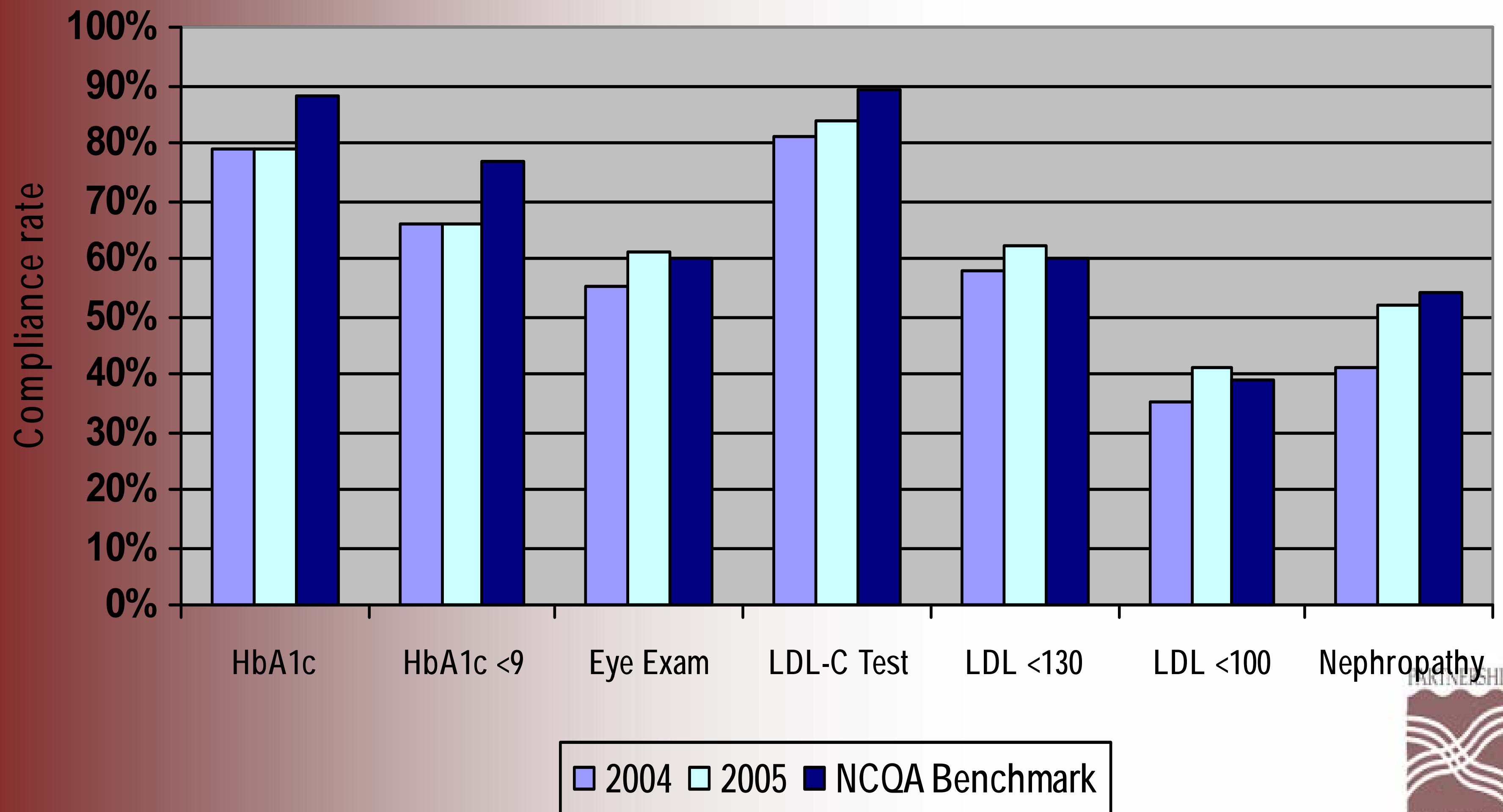
How do PHC Comprehensive Diabetes Care measures compare to NCQA 90th percentile for Medicaid?



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Other QI Activities

- Asthma
- Breast Cancer Screening
- Behavioral Health Coordination
- Prenatal/Post Partum Care
- Cervical cancer screening
- Childhood Immunizations
- Adolescent care
- Children with special needs
- Initial health assessments
- Member Satisfaction
- Provider Satisfaction

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Quality Bonus

- QBI estimated at $1.67 pmpm and is 51.4% of CM risk pool
- Major revision of indicators based on advice/direction of PAC
- Four indicators, equally weighted:
  - Preventive (mammo, well-infant)
  - Asthma Rx measure
  - Diabetes DSDF (comprehensive)
  - Practice selected QIP

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Grants 2005-2006

- **PALS ($75k)** – collaborate with 5 Solano clinics to start diabetes registries & GMA
- **Leveraging Leadership ($50k)** – Engage patients in self-management of diabetes through GMA & promotores with clinics in Napa & Yolo
- **BCQ ($50k)** – demonstrate ROI through QEI for patients with diabetes in above projects
- **MVP ($50k)** – include private practices in diabetes collaborative, focus diabetics with CVD

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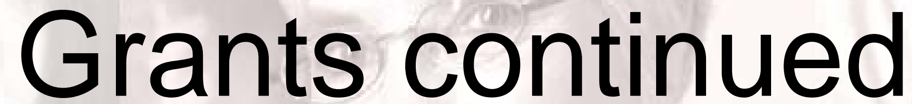

- **Self-management ($65k)** – train pilot practices in techniques to engage patients in self management of diabetes & CVD
- **Immunization Registries ($49k)** – electronic registry implementation at practices in Solano & Napa
- **Epilepsy ($60k)** – conduct needs assessments and implement interventions to improve care for children with epilepsy
- **Network technology assessment ($58k) – from CHCF –** to assess readiness of practice sites to adopt IT systems.
- **Better Ideas in Chronic Care ($20K) – from CHCF** - to host a regional conference.

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Care Coordination

- Asthma
- Diabetes
- Health Education
- Perinatal
- ESRD
- Congestive Heart Failure

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Future Direction for PHC Quality Program

- New measures for HK and Medicare
- Efficiency
- Practice site development
  - Practice Site Assessments
  - Registry implementation
  - Self management
- Expand DM as resources allow
- Assess grant opportunities
- NCQA mock survey
- Focus on ROI

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Major Focus Areas

- Quality Improvement
- **Information Technology**
- Expansion
- Financial Viability

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Major New Programs

- Implemented Ver 10 of AMISYS & Inpatient Medical Management
- Healthy Kids
- Medicare Advantage planning
- AMISYS Advance
- Designed & developed new website

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- eClaims Routing expansion to MS, Finance
- ePreventive Prompts
- eCIF (claims inquiry form – claims appeal)
- TAR Electronic Attachments
- TAR Status Checking
- eCall
- Secure eMail

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Other Applications

- eEligibility
- Appointment Scheduling
- Virtual Clinical Network

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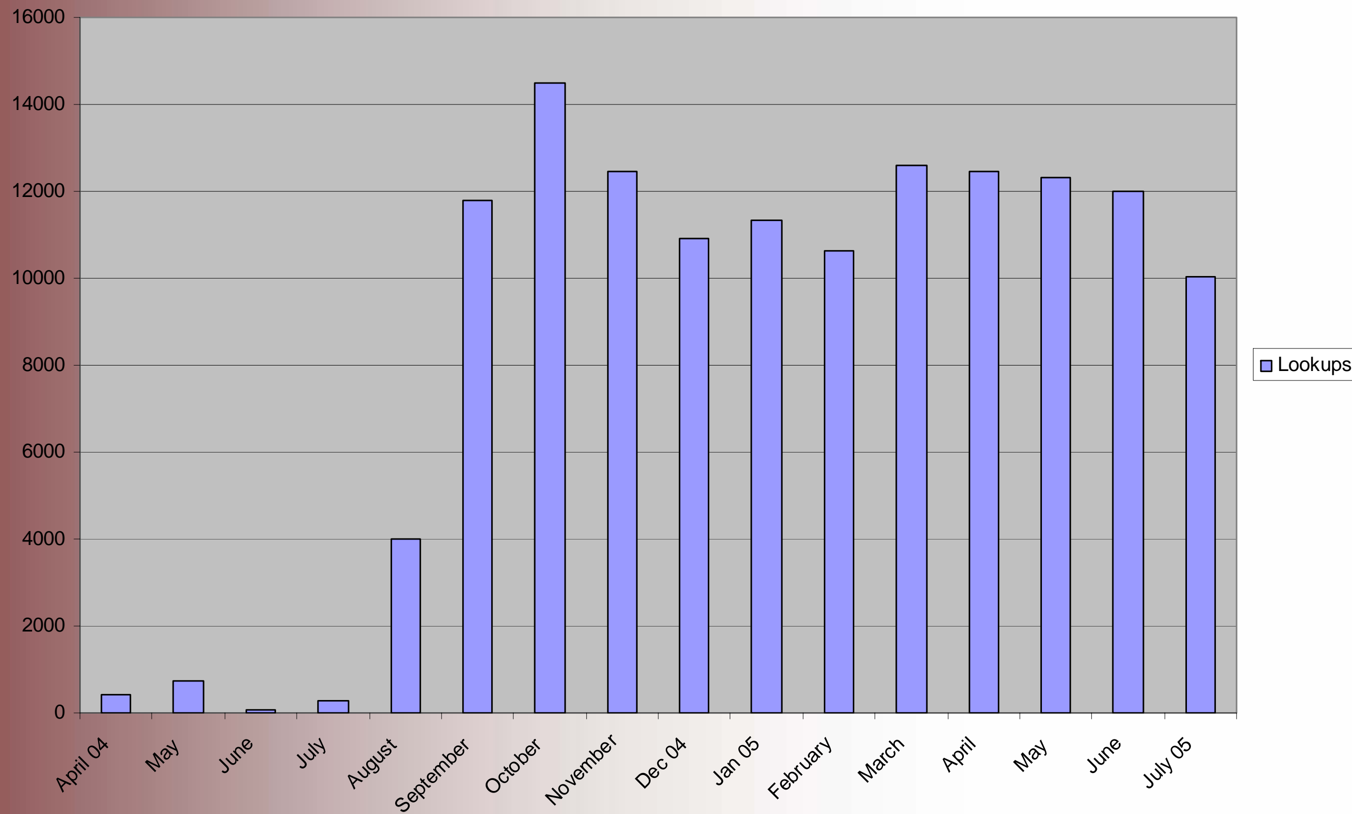
Lookups on VCN



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AMISYS Advance

- New version of managed care system
- Supported by vendor
- Current hardware
- Runs on HP 9000 system – Unix operating system, Oracle database
- Graphical user interface

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MS HUG
ANNUAL AWARDS
Microsoft® Health Plan of the Year '05
WINNER

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- 18 conditions detectable from claims data
- Design assistance from Dr. Jeff Gee at Kaiser Oakland
- Printable when eEligibility checked at provider's front desk

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Functions of IMM

- Add a TAR
- Manage a patient
  - Indicate level of care
  - Deny a day or change level of care
  - Move to/from acute care
- Modify a TAR
- Detect and managed duplicate TARs (merge or deny)

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- Can be used to notify members of preventive care that is due
- Can be used for any reminder activity
- eRAF and eTAR collect current member phone numbers – about 900 numbers updated per month
- In La Clinica tests, 85% of 200+ members were reached in 2-3 days by phone
- Learning: telephone contact of Medi-Cal members does work!

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Secure eMail

- Operational in June
- Very powerful tool for providers to share information on patients seen
- Can even email a member securely and receive a secure response

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TAR Status Checking

- Allows a provider to check the status of a TAR they requested
- Complex as want to be sure that provider does not conclude TAR is granted when still in review

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Major Focus Areas

- Quality Improvement
- Information Technology
- **Expansion**
- Financial Viability

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Expansions

- Knox Keene license - 05
- Regional Healthy Kids - 05
- Medicare Special Needs Plan – 07
- Possible MediCal expansion in Sonoma, Marin, Mendocino, Lake - 08

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Key MediCal Expansion Activities

- Development Committee formed
- Rates developed by DHS
- PHC Budget developed
- Provider contracting
- Outreach to the community
- MOUs developed
- Provider site visits/credentialing
- Notification to members in advance
- Governance changes
- Waiver submitted/approved

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Major Focus Areas

- Quality Improvement
- **Information Technology**
- Expansion
- **Financial Viability**

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Financial Viability

- Significant cost containment efforts in place for last three years
- Fifth lowest administrative cost (4.3%) in state of non-profit health plans (source: CMA) Significant rate increase in May Revise
- DHS Rate Study (Mercer) due this year

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Conclusion

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Working with PHC

- Quality and service to members is a major focus
- Non-profit, low administrative costs and strong business focus
- Extensive IT applications
- Positive reputation in the communities we serve
- Established networks, including traditional/safety net providers
- COHS have the infrastructure and specialist networks for SPD members
- Skilled at dealing with a variety of cultural and linguistic needs
- Local governance and administration which give local government, community agencies, members and providers access to policy making and management

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