

Update on the Evaluation of Cal MediConnect

Beneficiary experiences one year later...

Telephone Survey Preliminary Results

CCI Stakeholder Meeting July 20, 2017

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Longitudinal telephone survey of dually eligible beneficiaries

- Time 1 survey conducted with CMC, Opt-out, and non-CCI beneficiaries in 2016
- Time 2 survey followed up with same beneficiaries in 2017.
- Research question:
 - How did CMC beneficiaries experiences with care change over time compared to those who opted out (MMC/MLTSS), and those in non-CCI counties?

Survey Respondents

	T1 (2016)	T2 (2017)	Retention rate (T2/T1)
CMC	744 (35%)	488 (38%)	66%
Opt-out	659 (31%)	330 (26%)	50%
NON-CCI	736 (34%)	473 (37%)	64%
Total	2,139 (100%)	1,291 (100%)	60%

753 beneficiaries did not take T2 survey...

- Phone disconnected (n=184)
- Answering machine (n=178)
- Refusal (n=168)
- Not eligible (n=65)
- Beneficiary passed away or incapacitated (n=61)
- No answer (n=40)
- Language barrier (n=15)
- Made an appointment but did not follow (n=14)
- Mailbox full (n=13)
- Fast busy (n=11)
- Cognitive barrier (n=4)

78 beneficiaries re-enrolled in CMC after opting out

- **Can you tell me the main reason you enrolled into [CMC plan name]?**
 - Improved general health care coverage
 - Referrals by professionals or trusted sources
 - Required to enroll to continue receiving care

17 beneficiaries dis-enrolled from CMC

- **Can you tell me the main reason you dis-enrolled from [CMC plan name]?**
 - Dissatisfaction with providers' availability through CMC
 - Lack of desired benefits and services covered by CMC

Increased overall satisfaction for CMC and Opt-Out

- **Overall, are you currently satisfied or dissatisfied with your health insurance benefits?**

	T1 Very & Somewhat Satisfied	T2 Very & Somewhat Satisfied	<i>p</i> value
CMC	409 (84%)	446 (91%)	.000
Opt-out	281 (85%)	297 (90%)	.032
NON-CCI	417 (88%)	437 (92%)	.205

Red font = statistically significant change between T1 and T2 (paired analysis)

Increased perception of quality of care for CMC

- **How would you rate the overall quality of care you are currently receiving?**

	T1 Excellent	T2 Excellent	<i>p</i> value
CMC	205 (43%)	236 (49%)	.045
Opt-out	135 (42%)	154 (48%)	.185
NON-CCI	210 (45%)	241 (51%)	.219

Decrease use of ER among CMC

- In the last six months, how many times did you visit the emergency room for your own health?

	T1 Times	T2 Times	<i>p</i> value
CMC	.82	.58	.022
Opt-out	1.03	.89	.596
NON-CCI	.52	.83	.019

Decreased use of specialty care for CMC

- **Do you use specialty care ?**

	T1 Yes	T2 Yes	<i>p</i> value
CMC	339 (73%)	305 (67%)	.014
Opt-out	221 (67%)	229 (70%)	.474
NON-CCI	314 (68%)	312 (67%)	.941

Other CMC specialty care results	T1	T2	<i>p</i> value
Number of specialty care visit	4.08 times	4.05 times	.971
Access to specialty care appointment	52% always easy	52% always easy	.486

Decrease use of behavioral health care for CMC and Opt-Out

- **Do you/R use mental health care?**

	T1 Yes	T2 Yes	<i>p</i> value
CMC	138 (29%)	104 (21%)	.017
Opt-out	96 (29%)	73 (22%)	.055
NON-CCI	58 (12%)	97 (21%)	.000

Other CMC behavioral health results	T1	T2	<i>p</i> value
Number of behavioral health visit	6.13 times	2.48 times	.051
Unmet behavioral health needs	11% said yes	9% said yes	.571

Easier access to prescription medication for CMC and Opt-Out

- In the last six months, how often was it easy to get your prescription medications?

	T1 Always Easy	T2 Always Easy	<i>p</i> value
CMC	320 (68%)	357 (76%)	.012
Opt-out	221 (68%)	246 (76%)	.018
NON-CCI	349 (79%)	331 (72%)	.018

Other CMC prescription medication results	T1	T2	<i>p</i> value
Number of prescription medications	6.16	6.31	.724

Increased unmet need for DME in all groups

- **Do you need any medical equipment or supplies that you currently cannot get through your health insurance?**

	T1 Yes	T2 Yes	<i>p</i> value
CMC	95 (20%)	109 (23%)	.001
Opt-out	63 (20%)	71 (22%)	.009
NON-CCI	237 (50%)	250 (53%)	.000

Decreased perception of communication between providers for CMC and NON-CCI

- In the past 6 months how often did doctors or other health care professionals share important information about your medical history or treatment with each other?**

	T1 Never	T2 Never	<i>p</i> value
CMC	19 (8%)	76 (21%)	.000
Opt-out	22 (13%)	46 (18%)	.056
NON-CCI	20 (9%)	77 (20%)	.000

Fewer CMC beneficiaries reported getting additional help from plan at T2

- In the past year, has your CMC plan done anything to make it safer or easier for you to live in your own home?**

	T1 Yes	T2 Yes	<i>p</i> value
CMC	39 (22%)	20 (11%)	.013

CMC results that did not differ

	T1	T2
Number of primary care visit	3.36 times	3.33 times
Access to primary care appointment	46% same day	50% same day
Number of hospital stay	.51 times	.63 times
Access to desired hospital	81% all the time	68% all the time
Providers' understanding in your care	43% excellent	45% excellent
Health plan provided transportation	37% said yes	31% said yes
Unmet transportation need	82% said yes	87% said yes
DME usage	56%	56%
IHSS usage	12%	7%
Number of IHSS hours	97 hours/month	93 hours/month
Care coordinator from CMC	30%	31%
Experienced delays/disruptions in care	20%	21%

Questions?

As we continue data analysis of our T1 and T2 survey, your thoughts and questions will inform our next steps.

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Causes and Consequences of Unmet need for LTSS

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Unmet need for long-term services and supports

- Analysis of data from the T2 beneficiary survey of the Cal MediConnect Evaluation
- T1 survey revealed high levels of unmet need for LTSS
- T2 survey further addresses unmet LTSS need
- Research question: What are the causes & consequences of unmet LTSS need among CA duals?

Unmet LTSS need

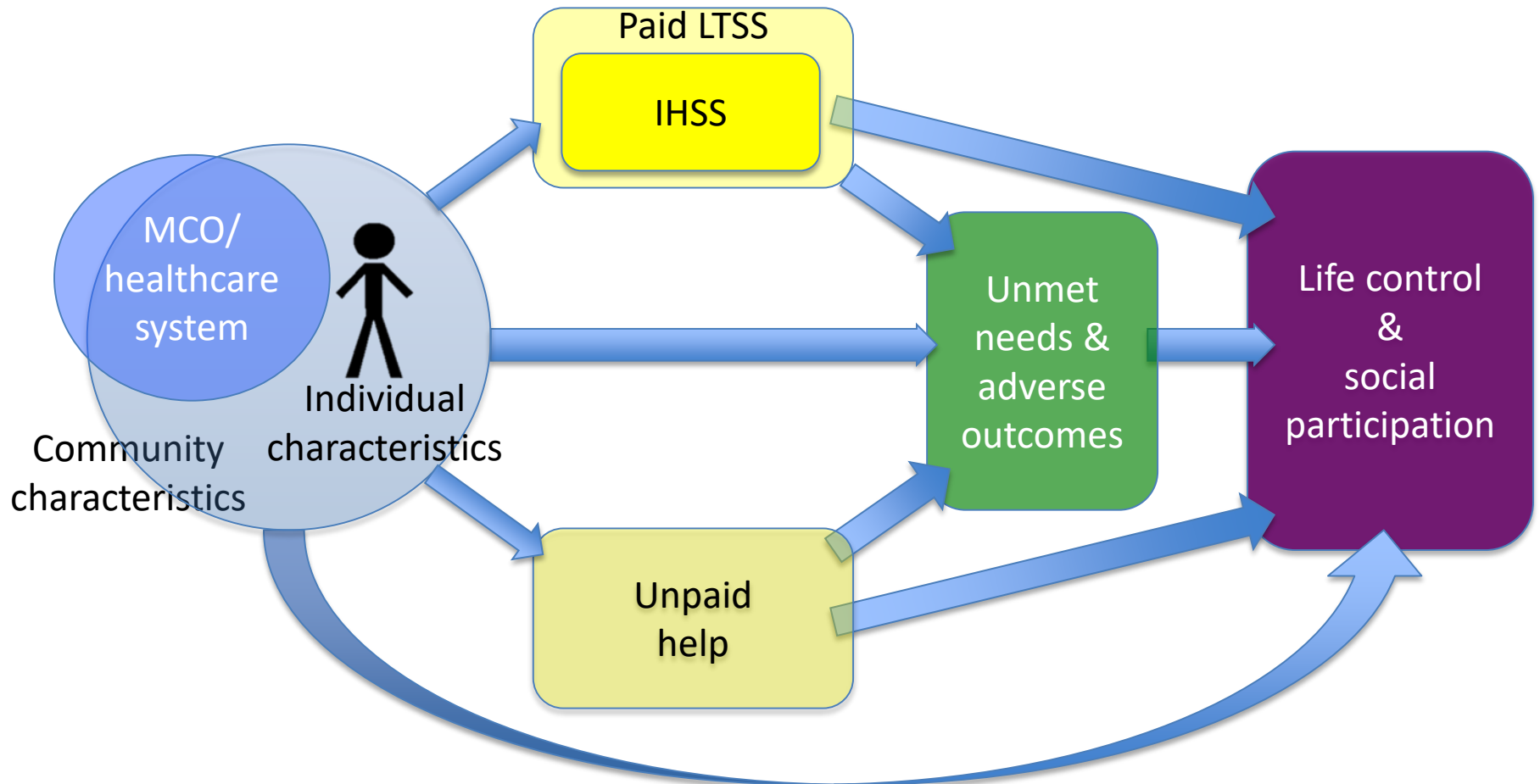
among **T2 respondents** needing ADL/IADL help

	T1 (%)	T2 (%)
Needs more help	42	42
CMC	34†	40†
Opt-out (Medicaid managed care)	39†	40†
Non-CCI	52*	47†
Needs more help (among those getting paid help)	40	39
CMC	33†	34†
Opt-out (Medicaid managed care)	38†	39†
Non-CCI	48*	43†
Needs more help (among IHSS recipients)	40	38
CMC	33†	34†
Opt-out (Medicaid managed care)	38†	38†
Non-CCI	50*	43†

*CCI/Non-CCI difference is statistically significant.

†Differences across groups are NOT statistically significant.

Unmet LTSS need & adverse outcomes



Outcomes of interest: Gets paid LTSS

Outcome	Denominator	Percent
In-Home Supportive Services (IHSS) participant	Needs help in ADL/IADL	58
IHSS hours	Needs help in ADL/IADL & gets IHSS	—
Gets paid services other than IHSS	Needs help in ADL/IADL	3

Outcomes of interest: Unmet need

Outcome	Denominator	Percent
Needs more* ADL/IADL help	Needs ADL/IADL help	42
Needs more* ADL help	Needs ADL help	33
& discomfort due to infrequent bathing	Needs help bathing	18
& discomfort due to not changing clothes	Needs help dressing	15
& discomfort related to lack of help toileting	Needs help toileting	17
& had to stay in bed due to lack of help	Needs help transferring	11
& any of the above adverse consequences	Needs ADL help	17
Needs more* IADL help	Needs IADL help	40
& made medication mistakes	Needs IADL help	12
& had to stay home due to lack of help	Needs IADL help	15
& went without groceries/personal items	Needs IADL help	11
& any of the above adverse consequences	Needs IADL help	22

*Includes people who need help but get no help.

Outcomes of interest: Life control & participation

Outcome	Denominator	Percent
Has desired level of control over own life	Self-respondents needing help in ADL/IADL	Overall: 58 <ul style="list-style-type: none">Needs met: 70Needs unmet: 43
Participates in social activities as often as desired (strongly agrees)	Self-respondents needing help in ADL/IADL	Overall: 34 <ul style="list-style-type: none">Needs met: 45Needs unmet: 20

Explanatory variables tested

- Individual characteristics
 - **Number of ADL (0–5)**
 - **Self-rated health** at T1 (excellent/good, fair, poor)
 - Has hearing, **vision**, mobility, **cognitive** limitation
 - **Age**, gender, Latino/a, **African American**, AIAN, API
 - **Educational attainment** (not hs grad, hs grad, college grad)
 - **Lives with other adults**
 - Lives in own home, home of family/friends, **non-household** (assisted living, congregate housing, other)
 - **Needs more ADL/IADL help** (models of control over life and social participation only)
- Community characteristics
 - **County wealth** (terciles of county median income)
 - **Neighborhood wealth** (terciles of zip code median income)

Explanatory variables tested

- Healthcare/managed care
 - **Cal Medi-Connect, opt-out (Medicaid managed care), non-CCI**
 - Plan helped with IHSS†
 - **Plan talked to helpers/workers**
 - **Talked w/ plan about LTSS**
 - Contact with any care coordinator in prior 6 mos.
 - Main care coordinator is from a health plan, provider, or agency
- Service reciprocity†
 - **Gets paid help***
 - **Level of IHSS*** (none, low, average/high)
 - Paid help other than IHSS
 - **Gets unpaid help**

*High correlation between IHSS & any paid help precludes using both in same model.

†Not used in models of IHSS/paid help.

Bold = significant in at least one model

Models of getting paid help

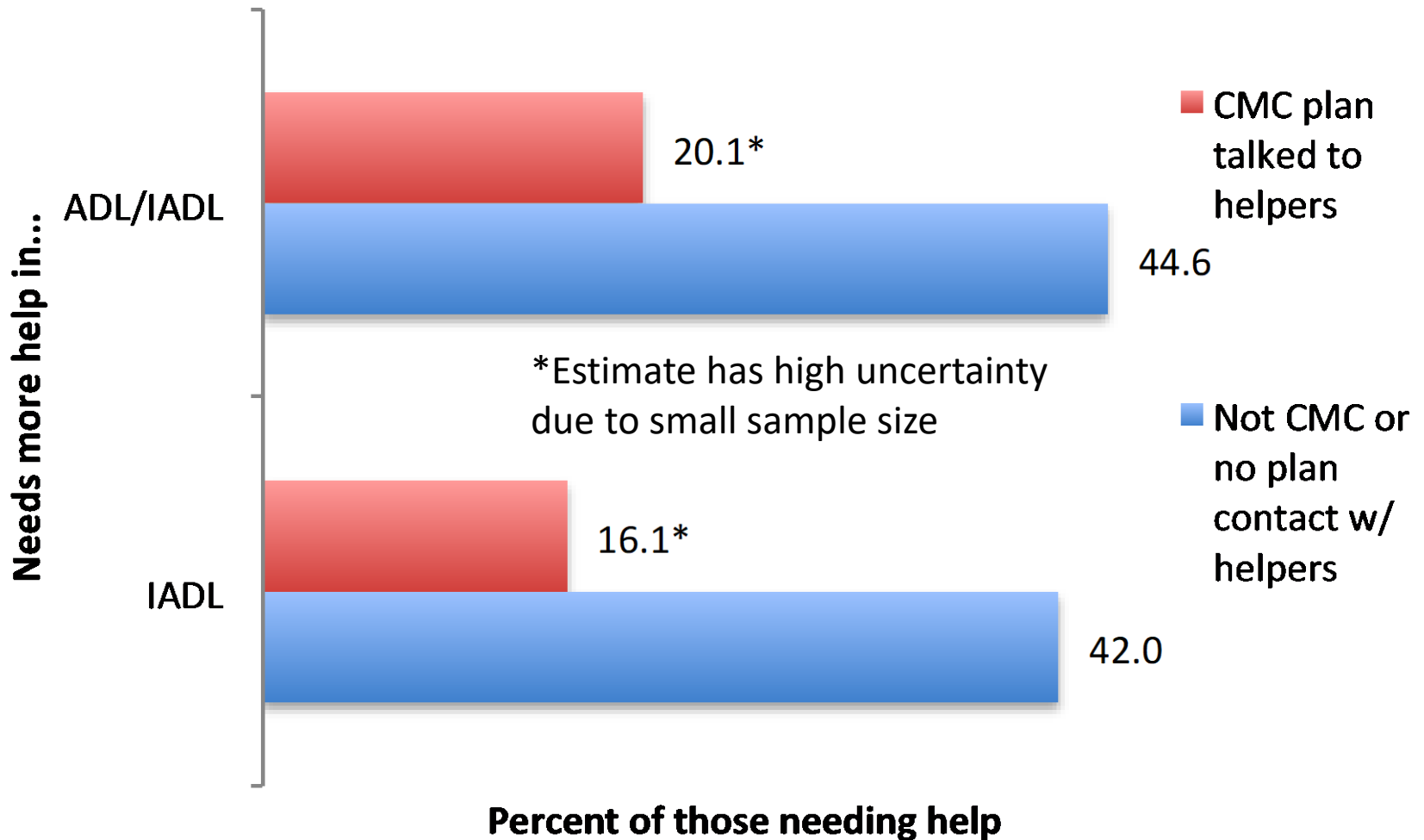
Predictor	N=	Gets paid help...		
		IHSS	# of IHSS hours*	Non-IHSS paid help
	578	287	578	
Greater # of ADLs	+	+		
Cognitive limitation	-			
Greater age				+
African American	+			
Lives w/ other adults	-			
Lives in household				-
Wealthy neighborhood			+	
Plan discussed LTSS	+			
Gets IHSS				-
Gets unpaid help	-			

*Square root transform

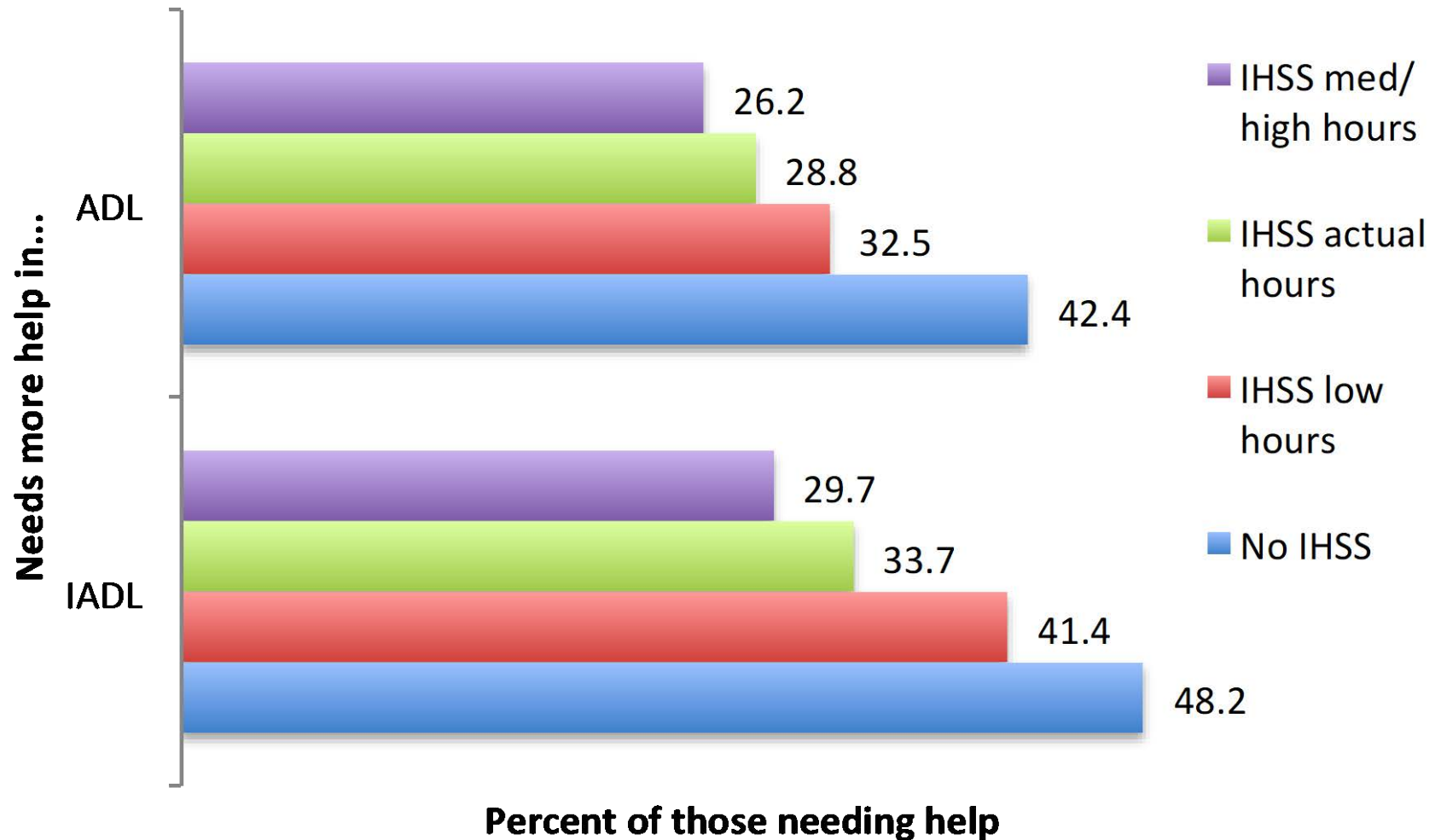
Models of unmet need

Predictor	N=	Unmet need in...				
		ADL/I ADL	ADL	IADL	ADL + any adverse outcome	IADL
		575	357	500	290	502
Better health		-	-	-	-	-
Cognitive limitation						+
More education						+
Lives w/ other adults		-			-	
CCI (CMC or MMC)			-			
Plan talked to helpers		-		-		
Gets IHSS @ higher level		-	-	-	-	-

Possible impact of MCO outreach to helpers/workers to improve care



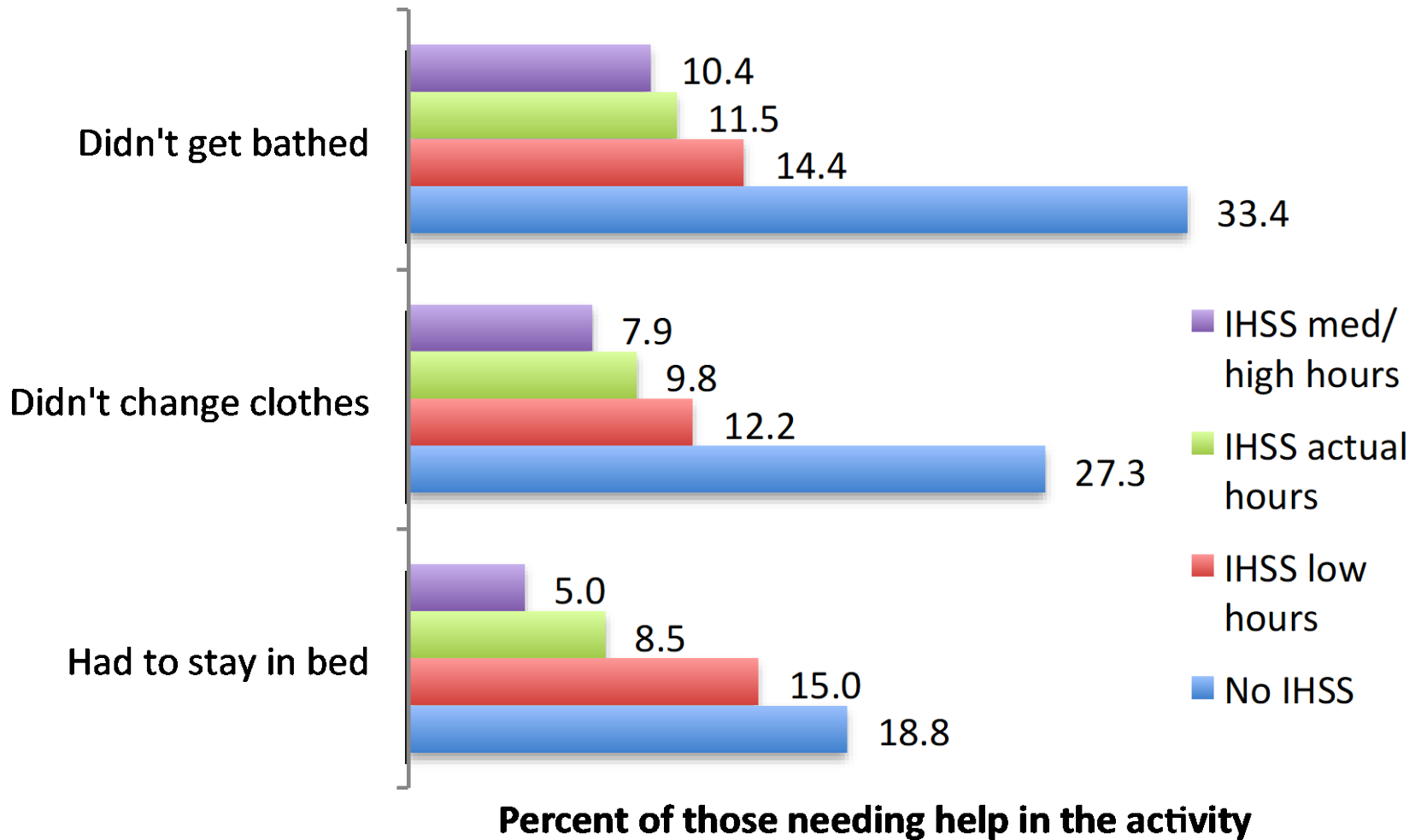
Impact of IHSS on unmet need



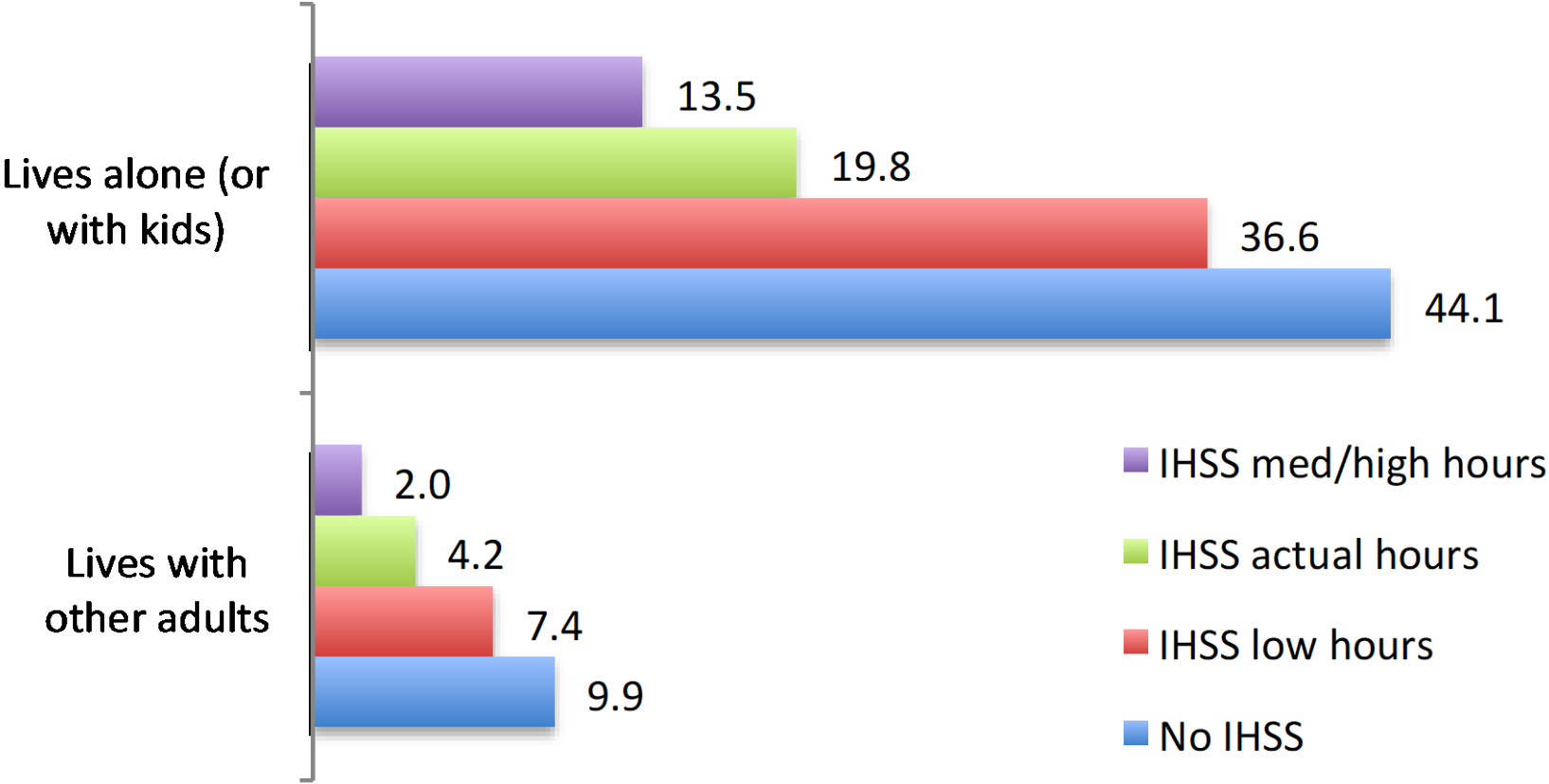
Models of adverse outcomes

Unmet need + adverse outcomes related to...								
Predictor				Getting	Leaving			
	Bathing	Dressing	Toileting	out of bed	Meds	home	Groceries	
N=	298	296	169	211	564	511	563	
Better health	–	–			–	–	–	
Visual limitation			+					
Cognitive lim.					+	+		
Greater age			–	–				
Lives w/ adults		–	–	–			–	
Gets paid LTSS	–	–						
Gets IHSS @ higher level				–	–	–	–	
Gets unpaid help	–							30

Impact of IHSS on adverse outcomes related to unmet need for ADL help

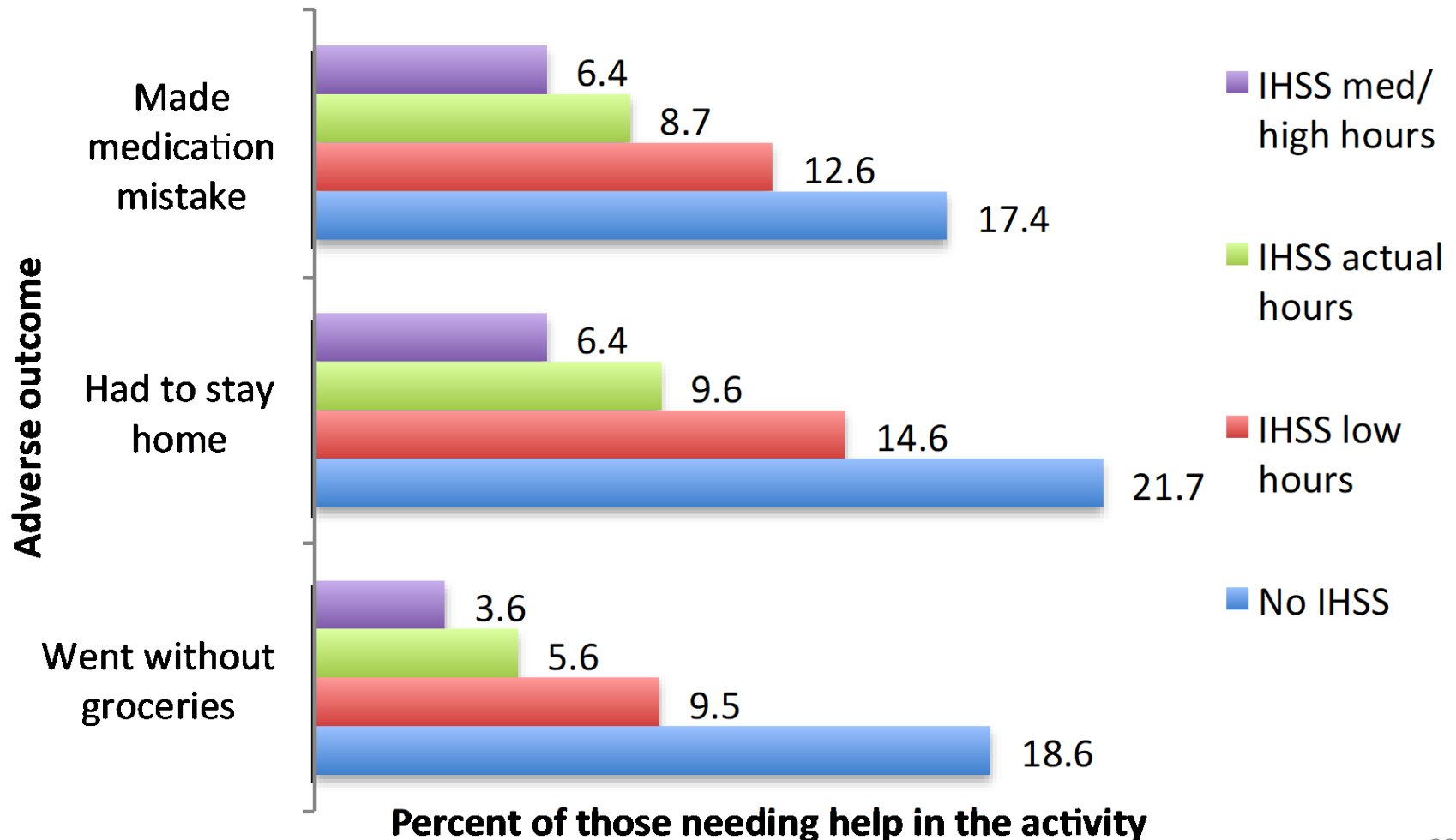


Impact of IHSS & living arrangement on having to stay in bed



Percent of those needing help getting in/out of bed/chairs

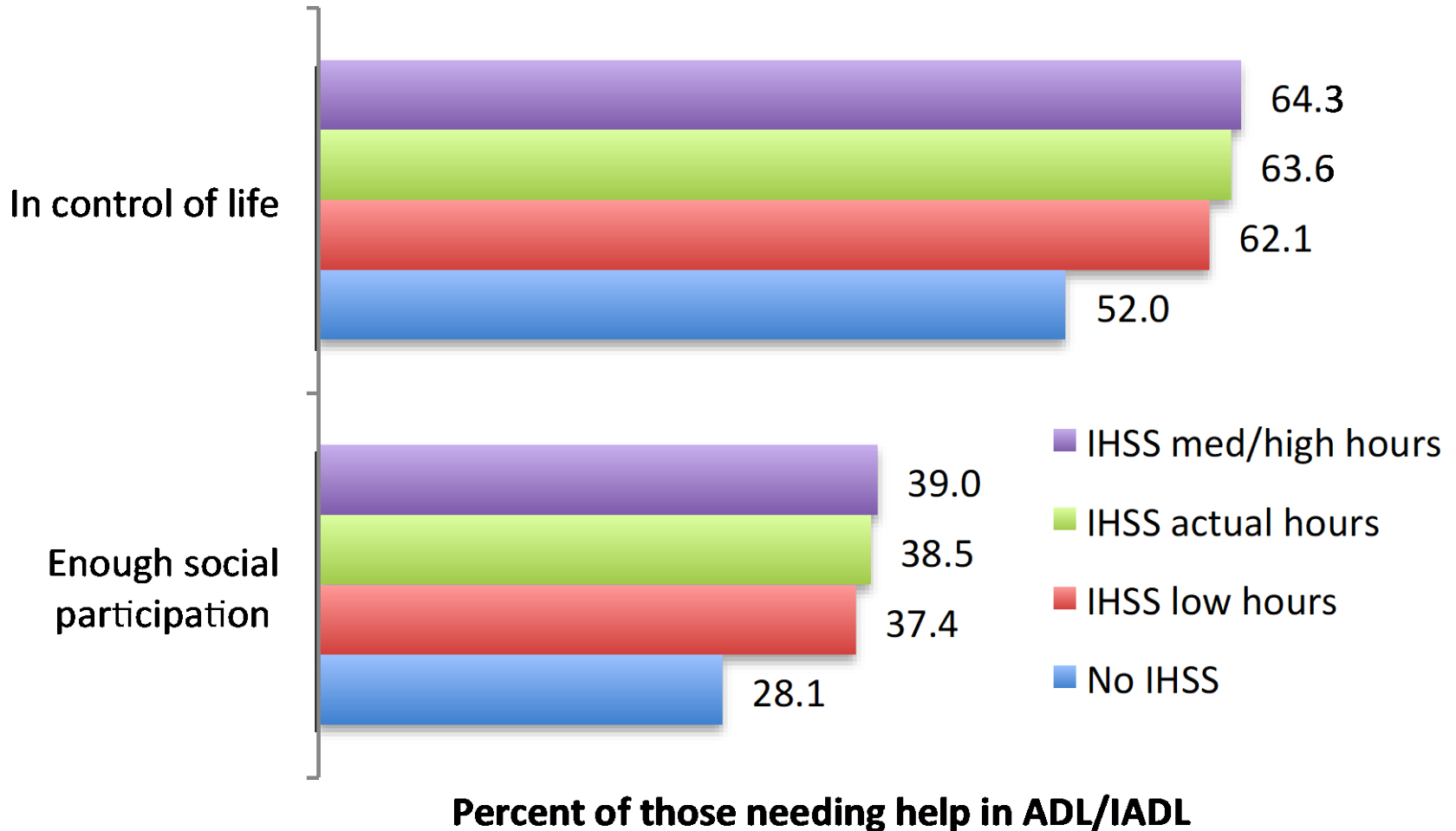
Impact of IHSS on adverse outcomes related to unmet need for IADL help



Models of control & participation

Predictor		In control of life	Enough social participation
	N=	402	375
Better health			+
Older age		+	
Visual limitation			+
Cognitive limitation		-	-
Greater education		-	
Needs more help		-	-
Wealthier county		-	
Gets paid help		+	

Impact of IHSS on life control & social participation



Conclusions

- New survey confirms prior finding of large unmet need for LTSS among CA duals
 - 42% overall; 38% among IHSS recipients
 - Regardless of participation in CMC/CCI
- Unmet LTSS need:
 - Increases with poorer health status (but not level of need!)
 - Decreases with paid services, esp. IHSS
 - Decreases when MCOs reach out to helpers/workers
 - Reduces sense of control over life & extent of participation
- Paid help is crucial
 - Robust HCBS strongly protects against adverse outcomes of unmet need
 - IHSS hours are appropriately allocated by level of need
 - Little evidence of disparities

For additional publications and results from the evaluation of Cal MediConnect, go to The SCAN Foundation webpage

<http://www.thescanfoundation.org/evaluating-medicare-medicaid-integration>