San Diego Long-Term Care Integration Project: Stakeholder Retrospective & Updates

Mark R. Meiners, Ph. D.

George Mason University

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Background

- Senate Bill 208 requires the California Department of Health Care Services (DHCS) to implement integrated care pilots for full benefit dual eligibles in four counties.

- At least one of those pilot programs will be managed by a County Organized Health System (COHS) and at least one will be piloted within a Two-Plan County Model. DHCS plans to implement these four pilots during 2012.

- By 2015, DHCS hopes to expand integrated care statewide based on successes and lessons learned in these pilots.

Potential roles of the County

- **Convener**: bringing all interested health plans to the table with LTCIP stakeholders
- **Educator**: providing LTCIP stakeholder vision for a better system of care
- **Supporter**: supporting collaboration between health plans and advising DHCS of County's support for design and implementation of a pilot in San Diego
- **Collaborator or Contractor**: providing information about long term services and supports through the ADRC or contracting with plans within County capacity to be one of many different agencies to provide services including case management, evidence-based prevention education, health promotion, care transitions, options counseling, short term service coordination, congregate and home delivered meals, and caregiver support.
- **Enrollment and Quality Oversight:** providing the same functions currently performed for HSD: options counseling and quality oversight.

University of Maryland Center on Aging

Medicare/Medicaid Integration Program

UMCA

Managed FFS

Issues/Features

- Medicaid and Medicare reimbursed FFS
- No waivers required
- Care coordinator link between programs and providers
- Use of incentives (fees, co-location, reporting)

Medicare Coordination

Issues/Features

- Medicaid LTC capitated
- Medicare HMO enroll encouraged
- Various Medicaid waivers/authorities
- Inability to capture Medicare savings
- Case management lacks authority over Medicare

Medicare Integration

Issues/Features

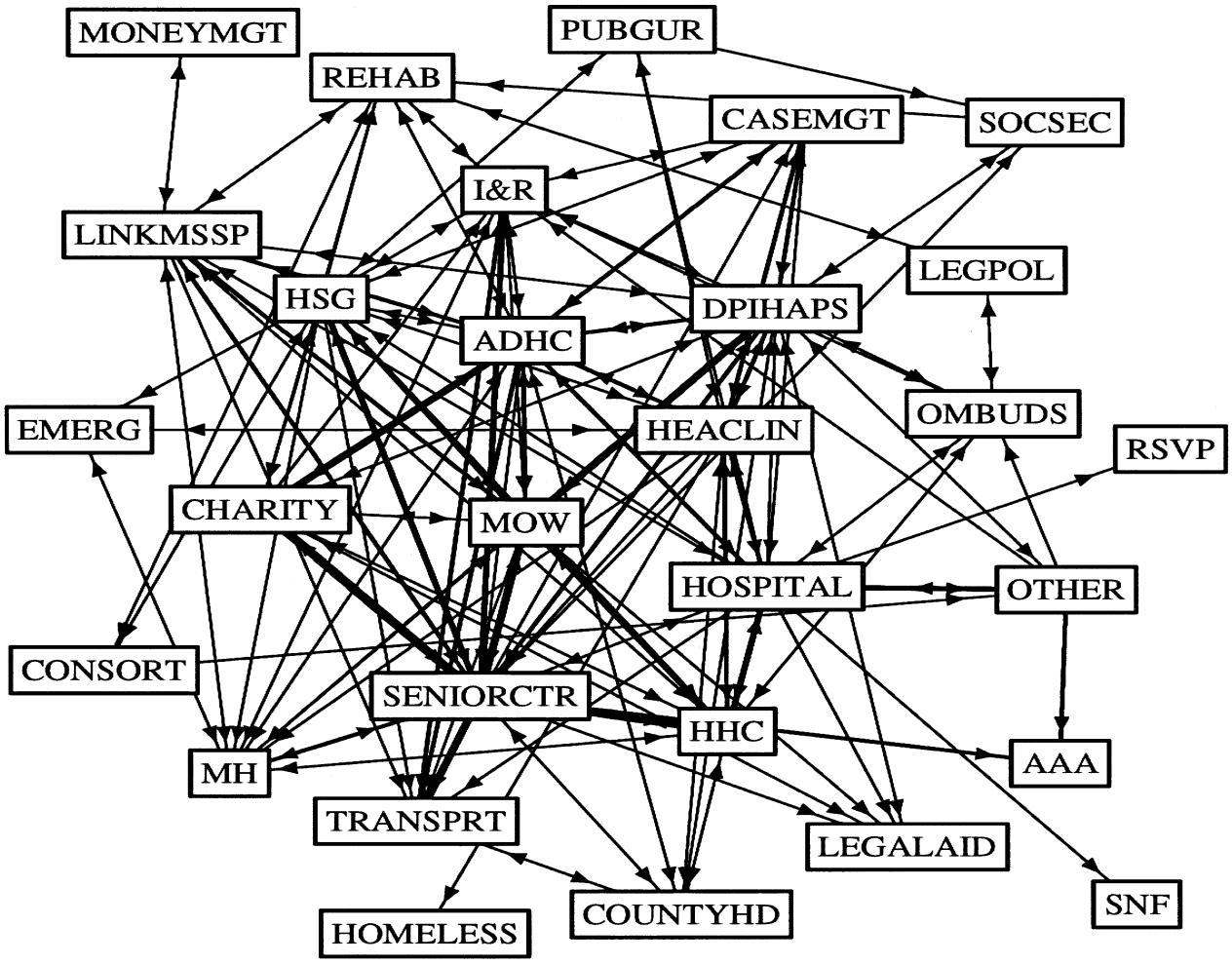
- 222 Medicare payment waiver &
- Various Medicaid waivers
- One contract for both payers
- Flexibility to use savings for non-traditional services
- Case management has control over both programs

University of Maryland Center on Aging
Medicare/Medicaid Integration Program
UMCA

Core Building Blocks

- Targeting Beneficiaries: Risk vs. Reward
- Case Management / Care Coordination
- Integrating Information
- Quality Methods and Measures
- Primary Care / Chronic Care Management

Client Referral Patterns



Medical Care


Medical Monitoring


Physician / Primary Care


Therapy/ Ancillary Care


Pharmacy


Diagnostic Services


Mental Health


Acute/ Hospital Care


Dental


Medical Transportation

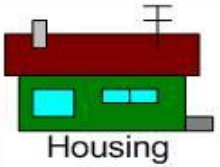

Education


Vision Care

Supportive Services


Personal Assistance


Protective Supervision


Housing


Laundry


Shopping


Meals


Financial Assistance


Housekeeping


Home Maintenance


Home Modification


Intellectual Stimulation


Pet Care


Transportation

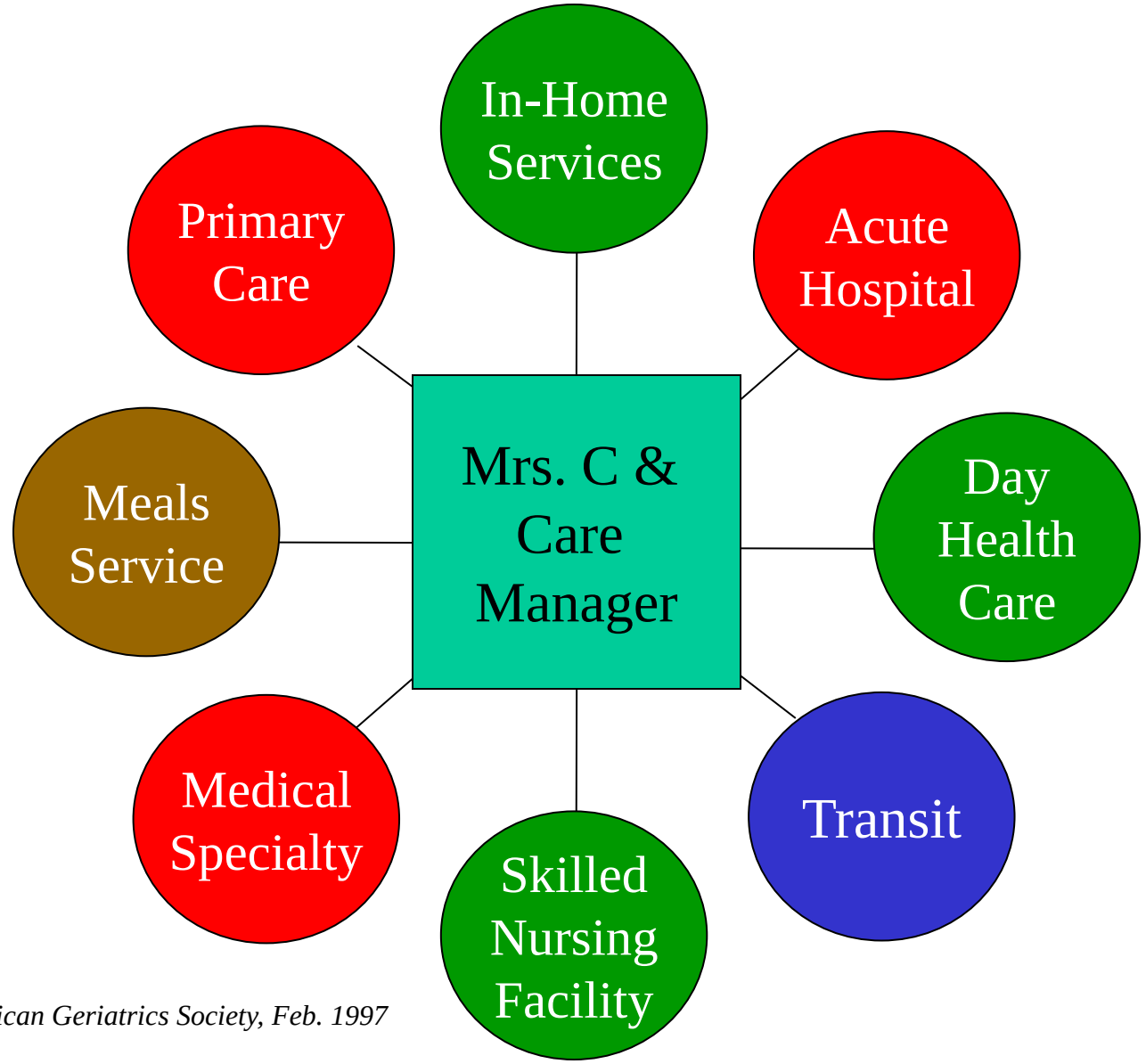

Companionship


Money Management


Recreation

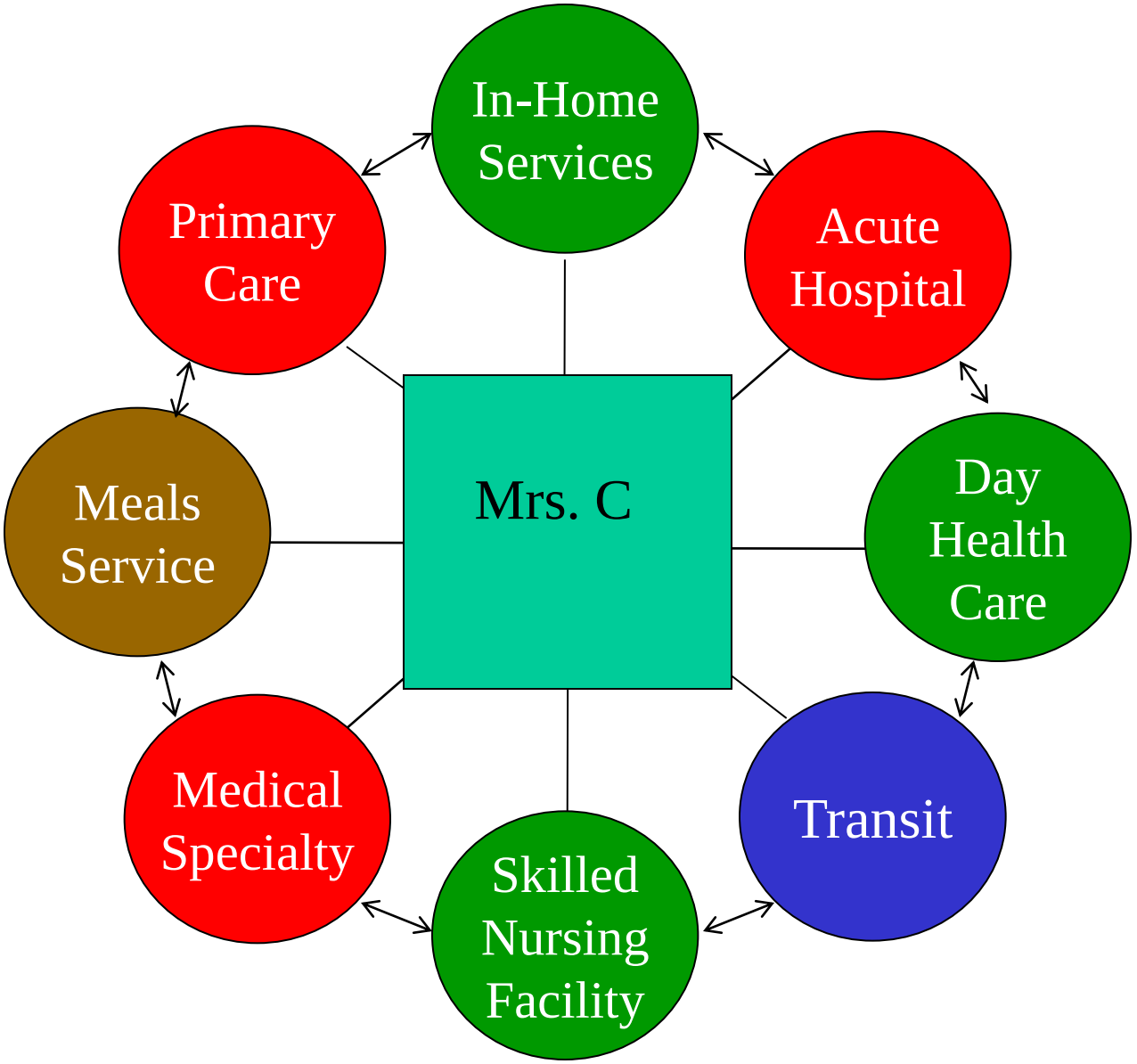
Picture the Problem: Medical and Social Service System Silos

Ideal System ?

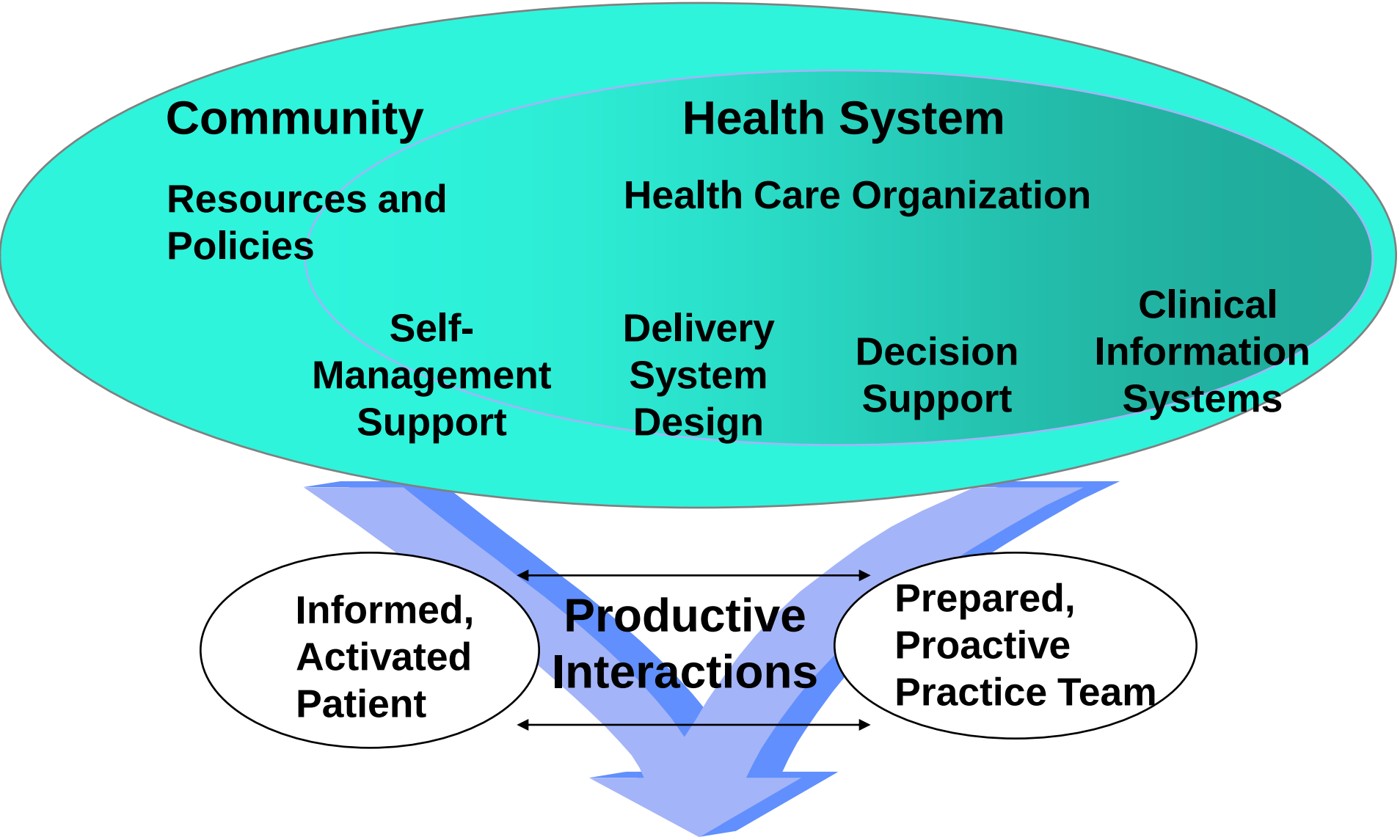


Journal of the American Geriatrics Society, Feb. 1997

System Improvements

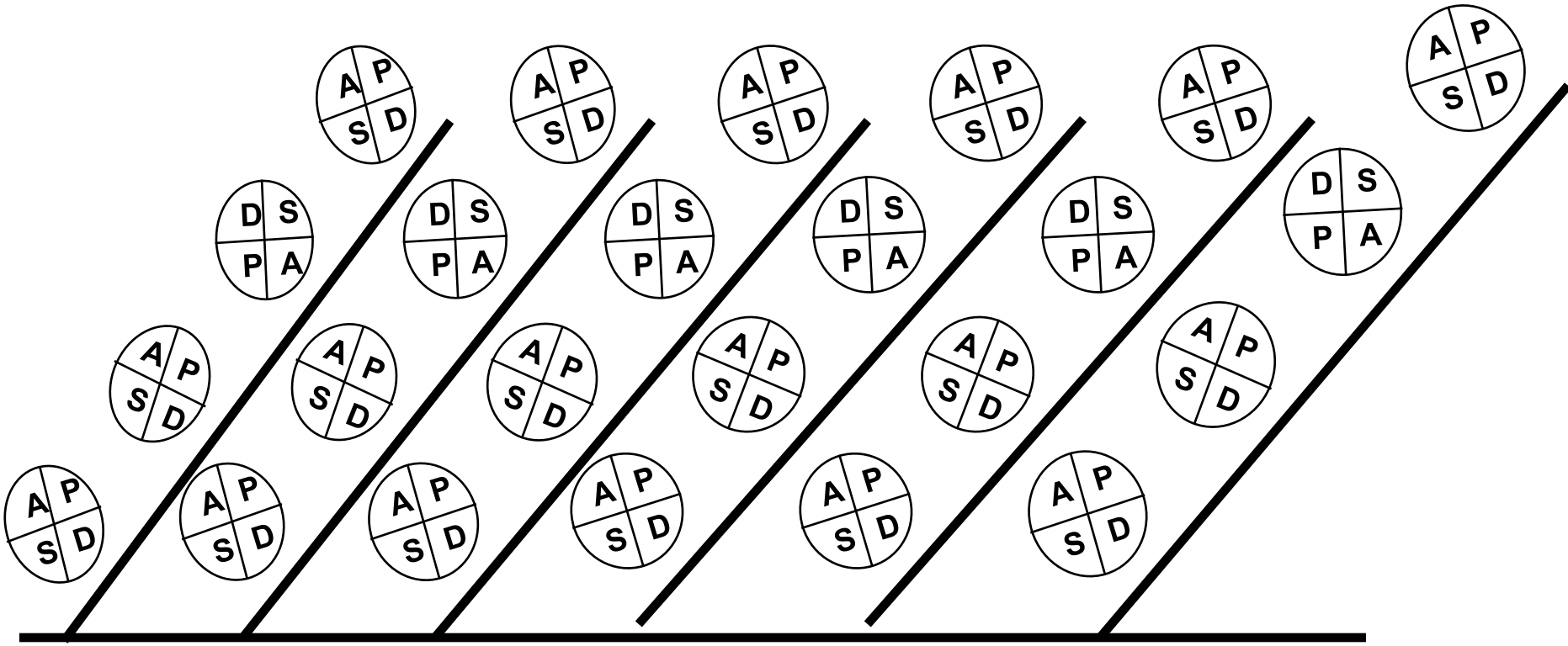


Chronic Care Model



Improved Outcomes

Overall Aim: Implement the CCM for a specific Dual Eligible/Chronic Care Population



Community Resources and Policy

Organiz -ation of health care

Self-Manage-ment Support

Delivery System Design

Decision Support

Clinical Information Systems

Develop Strategies for Each Component of the CCM

3 – FOUR – 50

3 RISK FACTORS

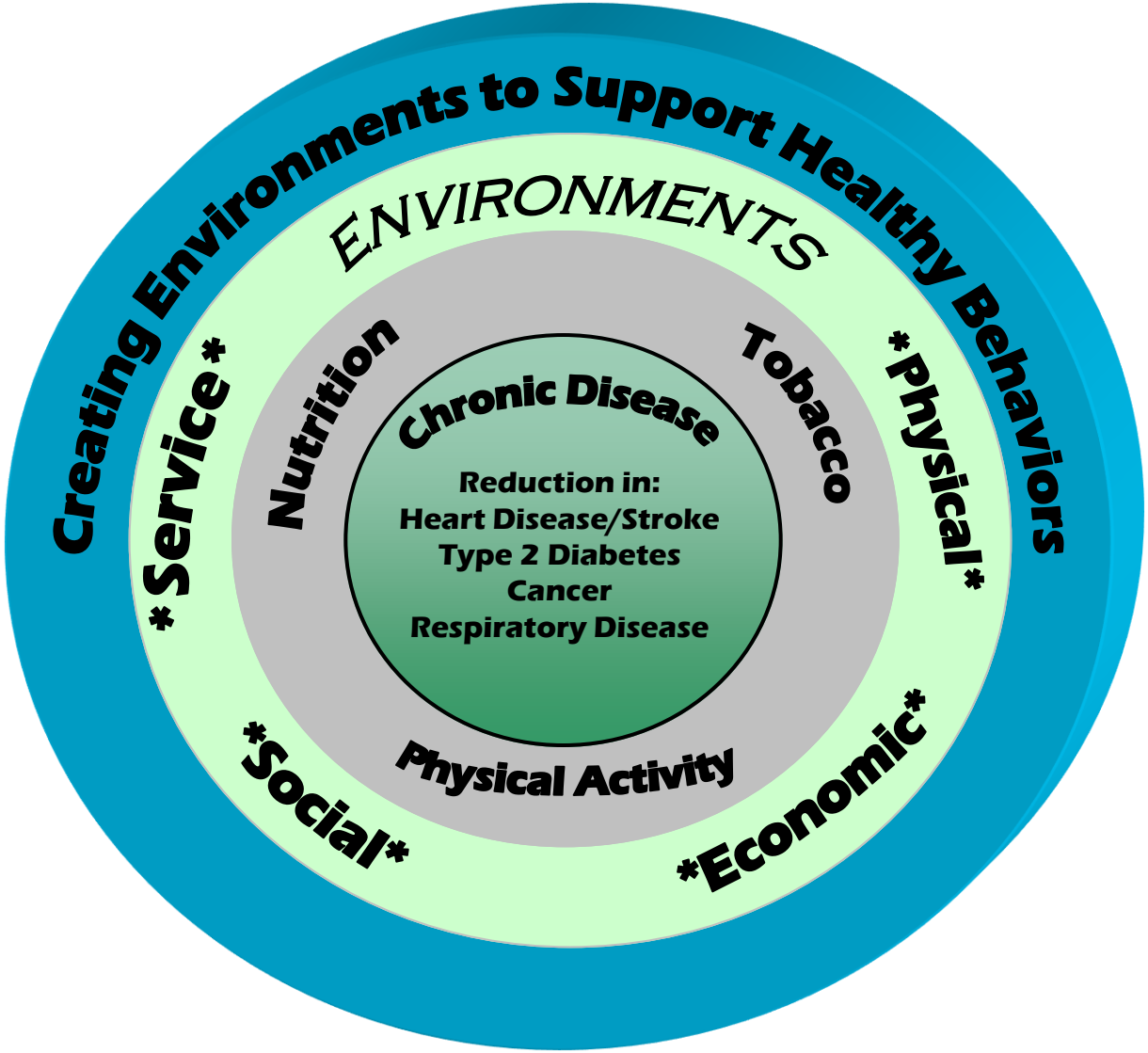
(Tobacco Use, Poor Diet, Lack of Physical Activity)

4 CHRONIC DISEASES

(Heart Disease/Stroke, Type 2 Diabetes, Respiratory Disease, Cancer)

50% of DEATH

Adopting a new solution



Healthy environments ⇨ Healthy Behaviors ⇨ Disease Reduction

Health Strategy Agenda

Healthy

Safe

Thriving

County of San Diego
Health & Human Services Agency

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