

## Health Plans/Pilots Strategy Group Meeting Notes

August 5, 2002

### I. Welcome and Introductions

Participants in attendance: Leane Marchese, Ruth Kaplan, Teresa Graves, Jennifer Guthrie, Julie Johnston, Betty London, John Pierce, Sophia Nguyen, Cheryl Wilson, Berry Crow, Anne DeMeules, Sara Barnett.

Following introductions, Leane Marchese, chair, reviewed the goals and objectives for the Health Plans/Pilots strategy sub-committee. The purpose of the group is to address two key areas for options development suggested by Mark Meiners:

#### 1. Assessment survey for Aged, Blind and Disabled (ABD) enrollees in Healthy San Diego (HSD). Goals:

- Examine and estimate the resources needed to survey and compile data from ABDs in HSD.
- Design and develop survey model, content and desired outcomes.

#### 2. Identify voluntary pilots to test integration models in San Diego. Goals:

- Identify potential pilots & assess resources needed to assist in implementation.
- Design cost and quality indicators for the pilots.

### II. Survey Methodology

The first task for this group is to be able to generate mailing/phone lists for the HSD ABD population. At this time, HSD is not able to break down the ABD population into aide categories, so other options for obtaining the mailing lists include:

- **Contacting health plans.** *Concerns*- new HIPPA regulation that is scheduled to go into effect in approximately 3 weeks may make it problematic for health plans to do this type of client sorting and mailing.
  - *Action Item*: Teresa and Ruth will ask for more clarification regarding the specific restrictions of the new law and report back to group at the next meeting.
- **Contacting the State.** *Concerns* – time (will probably take 4-5 months).
  - *Action Item*: John will contact state about feasibility and time frame.

### III. Survey Models

- **Consumer Assessment Population Survey (CAPS)** -contains consumer satisfaction questions that can be modified and adapted for ABD population.
  - *Action Item*: Jen will try and get copy.
- **Texas Star Plus Survey** – Texas recently conducted an independent study of consumer satisfaction, quality and cost-effectiveness.
  - *Action Item*: Julie and Jen will obtain copy.
- **Recently published eight question survey regarding frailty assessment.**
  - *Action Item*: Teresa will obtain copy and distribute to group.
- **Phone survey** – may want to consider only doing a phone survey or a phone survey in conjunction with mailing. *Issues to address*: (1) Are there enough reliable phone numbers? (2) What is the desired response rate? (75%?). Send introduction mail piece (brief flyer) to households to notify them that they will be receiving a phone call. List current phone number

and ask enrollee and /or caregiver to update number if it is incorrect. (3) How many translators will be necessary? (4) Who will make the calls? (5) What about enrollees without phones or unable to use a phone? (6) What percent of the 9,000 HSD ABDs will be sampled? (7) Will home visits still be necessary for some enrollees? What percent? (~10%)? (8) What is a realistic time frame for completion?

- Action item: Teresa will ask bio-statistician to run a power analysis on the sample size needed for survey.

#### IV. Survey Content

##### Sample Questions for enrollees and health plan:

1. How did you hear about the program?
2. What factors did you use in choosing your plan?
3. What is your age?
4. How would you rate your current health? Chronic problems/pain? Functional status?
5. Ethnic background?
6. Financial/economic status?
7. Were you able to stay with your doctor when you enrolled in this plan?
8. How satisfied are you with the care you receive?
9. How well are the services coordinated?
10. How many times have you visited your doctor in the last year, 6 months...?
11. Do you have any current unmet needs? If so, what are they?
12. How long have you been enrolled in the plan? (Outcome- average number of member months).
13. How many times have you changed plans? If you changed, why?
14. What are some of your complaints and grievances (sort by aid code via health plan...is this possible?).
15. How frail are current enrollees? (Use IHSS match for frailty indicators).
16. What is the voluntary disenrollment rate of the plan?
  - Action Items: Teresa and Ruth - find out disenrollment rate for Sharp and Community Health.
  - Ruth – report back to group regarding the percent of managed care enrollees receiving IHSS compared to percent of non-managed care enrollees receiving IHSS.

#### V. Pilots

1. **St. Paul's PACE**- PACE is an all-inclusive health plan for nursing home-certified frail seniors. The 1997 Balanced Budget Act established PACE as a permanent provider under Medicare, and increased the number of PACE sites allowed in the country. PACE helps seniors remain in their homes and community, enhances their quality of life and sense of independence, and optimizes their physical, social and cognitive function.

- Benefits - comprehensive range of acute and long-term care services, including all Medicare and Medicaid benefits – delivered in the PACE center, the member's home, and inpatient facilities. PACE sites contract with other community providers to offer inpatient, diagnostic and specialty services.
- Interdisciplinary team : physicians, nurses, social workers, physical, occupational and recreational therapists, dietitians and transportation and home care workers care for seniors.

St. Paul's long-term business plan includes five sites, with each site assuming risk. During the first year, approximately 100 clients will be served (~300 by year two). St. Paul's has had a difficult time obtaining support and funding from the State for their proposed PACE site. They are currently in the process of completing their application, but it is still unclear whether or not the governor will keep the \$100,000 currently in the budget to support state-wide PACE programming.

**2. Turbo PACE Hybrid** – utilizes typical PACE model, but risk is shared by the health plans and the population served includes all ABDs. Enrollees also do not have to participate in the Adult Day Health Care program at the PACE site.

**3. Evercare Integrated LTC** – small voluntary pilot. Goals include serving individuals in a cost-effective manner, maintaining individuals in the least restrictive setting, improving overall quality of care, complying with the provisions of the Olmstead Act, and reducing costs for the State Medi-Cal program.

- Target population: Adults who are eligible for Medi-Cal, SSI, at risk for institutionalization or SNF care, or those served by IHSS or Home and Community Based Services waiver programs.
- Benefits: Members have access to a broad package of benefits that include acute and primary care services, Medi-Cal long term institutional care and home and community based services.
- Funding: PMPM for each member that would include reimbursement for all medical and long-term care services.

**4. Enhanced Care** – improve the current system with better coordination between medical, social and supportive services. Certain services remain fee for service (FFS) while others are capitated. Better coordination is possible with more streamlined communication between case managers in medical and social services.

Action Items for pilots:

- Fill in matrix with appropriate information for each pilot:
  - (1) Teresa and Cheryl – PACE and TurboPACE models
  - (2) Ruth and Teresa – Enhanced Care Model
  - (3) Julie and Jen – Integrated Care Model. \*\*Bring copies of concept paper to next meeting.

**VI. Adjourn**

The meeting adjourned at 4:00 PM. The next meeting will be held August 20, 2002 at 2:30 PM. Location - ElderHelp of San Diego, 4069 30<sup>th</sup> St., San Diego.