

# Planning Committee Meeting

## Summary Notes

### September 10, 2003

#### I. Welcome and Introductions

Welcome by Pam Smith, AIS Director, for Roger Lum, Ph.D., HHSA Director.  
Seventy-five stakeholders in attendance (see attached attendance list)

#### II. Announcements

- Kick-off meeting for new **LTCIP Mental Health Workgroup**: *September 23, 2003 from 4-5:30 pm, Pt. Loma Nazarene University – Mission Valley, 4007 Camino Del Rio South, Room 204, San Diego, CA 92108*. The projected time commitment will be limited to six months with three formal meetings of the entire group and interim ad hoc meetings. The goal of the workgroup is to make a recommendation to the larger Planning Committee regarding inclusion of mental health and substance abuse services in LTCIP. Dr. Margaret McCahill, Clinical/Medical Director, St. Vincent de Paul Village, Associate Director, UCSD Combined Family Medicine-Psychiatry Residency Program, has agreed to chair the workgroup.

#### III. Overview of LTCIP

Evalyn Greb, Chief, Long Term Care Integration, gave a brief overview of the LTCIP community planning process, organizational chart and decision-making process, stakeholder vision for the elderly and disabled, legislative authority for LTCIP and rationale for the previous stakeholder recommendation to explore Healthy San Diego as a possible service delivery model.

#### IV. Where are we now? Consultant Team Final Report Overview

Dr. Mark Meiners, Director, National Program Office, Medicare/Medicaid Integration Program, Robert Wood Johnson Foundation, provided a brief overview and description of San Diego's three strategies developed as a result of Board of Supervisors direction. In addition to exploring Healthy San Diego (HSD), two other options were required by the Board. Dr Meiners provided the following three-strategy update:

**(1) Network of Care** : Dr. Meiners assisted LTCIP staff in completing a federal grant application to the Administration on Aging, which, if funded, will support testing, evaluating and improving Network of Care access, capabilities, and responsiveness to the needs of long term care consumers, caregivers, health and social service providers. Award announcements scheduled to be made at the end of this month.

**(2) Physician Strategy**: The California Endowment application for the LTCIP Physician Strategy Planning Phase was submitted on July 16, 2003. Dr. Meiners and Evalyn Greb will have a follow-up meeting with the California Endowment tomorrow to discuss the status of the proposal. The Physician Strategy Planning Phase will determine how to provide sufficient physician incentive to allow for care coordination on a voluntary basis across health and social services, including Medicare and Medi-Cal benefits, within the existing fee-for-service model. Physicians, consumers, caregivers and social and support service providers will be invited to participate in focus group meetings to identify community stakeholders willing to participate in this demonstration, to better understand the unique perspectives of each stakeholder group, and to help identify the resources needed to improve care across health funding sources and community-based support services.

**(3) Health Plan Pilots Strategy:** The intended approach is to work in conjunction with the State Office of Long Term Care to develop and implement two pilots to test more fully integrated models and their effectiveness in managing care and improving outcomes for persons with chronic disease/conditions. One pilot would involve Healthy San Diego (HSD) health plans interested in expanding their expertise in serving the aged, blind and disabled (ABD) population. The consultant team's proposal makes recommendations regarding financing and operating models that will best serve to ensure the success of a Healthy San Diego pilot. The second pilot may be between a private entity and the California Department of Health Services Office of Long Term Care. Pending State legislation (AB 43) allows for such an arrangement when the local planning group and the Board of Supervisors in the county is supportive of testing such a pilot. The LTCIP Planning Committee has voted to support the procurement of a pilot with a private entity who specializes in such integration programs, and to support the exploration of a pilot within Healthy San Diego. (See LTCIP web site for more detail).

**Long Range Consultant Proposal:** 95,000 ABDs in San Diego would have two choices:

- (1) Physician Strategy or
- (2) Healthy San Diego pilot [Healthy San Diego Plus (HSD+)]. HSD plans would have to meet specific State requirements and those set forth by LTCIP stakeholders; would have the option of subcontracting for long term care; may be with or without Medicare participation; and must make care management an overarching component of service delivery. Preliminary actuarial analysis shows that HSD+ model is financially feasible.

**Proposal issues already identified:**

- Physician Strategy diminished HSD plans' potential provider network capacity.
- Medi-Cal-only (mostly younger disabled) do not appear to be financially "attractive."
- Decision/recommendation regarding mental health and substance abuse services needs to be made.

**V. Other federal initiatives and developments re: integrated systems.**

Dr. Meiners also described other recent developments at the federal, state and local levels regarding long term care and integrated systems:

- Medicare reform is heavily focused on prescription drugs. The federal government (Centers for Medicare and Medicaid-CMS) recognizes that the dual eligible population (those eligible for both Medicare and Medicaid) is a key consideration in these on-going reform discussions, given their high cost and growing numbers.
- Evercare has applied for a CMS Disease Management Demonstration. Several states/cities were identified as potential demonstration sites, including San Diego. If selected, this demonstration would focus on improving care for a select number of dual eligibles. This would provide the opportunity for a fully integrated program with capitations for both Medicare and Medi-Cal, pending AB43 passing at state level.
- St. Paul's Senior Homes & Services would like to bring PACE (Programs of All Inclusive Care for the Elderly) to San Diego. St. Paul's is working closely with San Diego Hospice & Palliative Care to develop a unique partnership that would target frail seniors living in the downtown and central San Diego areas. LTCIP supports PACE expansion in San Diego and would look to any local PACE program as a potential LTCIP contractor.

- Senior Care Action Network (SCAN) – SCAN is Social HMO based in Long Beach that provides the full range of Medicare benefits offered by standard HMO's plus additional services which include care coordination, prescription drug benefits, chronic care benefits covering short term nursing home, a full range of home and community based services such as homemaker, personal care services, adult day care, respite care, and medical transportation. In June 2003, the House Energy & Commerce Committee passed the Issa Amendment, which allows CMS to designate SCAN as a Specialized Medicare Advantage Plan to facilitate its transition into a normalized Medicare program. Before Congressman Issa's involvement, the SCAN program had been set to expire at the end of 2003. The New authority also allows for these specialty plans to expand and SCAN is interested in expanding in San Diego.
- Massachusetts' Senior Care Options- Under this program, qualified senior care organizations (or SCOs) will provide a fully integrated geriatric model of care that authorizes, delivers, and coordinates all services currently covered by Medicare and Medicaid (see handout for more detail).

## VI. Next Steps

- Health Plan and Stakeholder input on Consultant Proposal
- Develop Administrative Action Plan (Jan '04)
  - Network of Care (AoA/CMS funding?)
  - Physician Strategy (CA Endowment funding?)
  - Health Plan Pilots: HSD+ and AB43 (State Development Grant funding)
- Stakeholder consensus (Feb. '04)
- Board of Supervisors approval (Mar. '04)
- Examine new federal initiatives (on-going)

## VII. Group Discussion

The following questions, comments and clarifications were made during the group discussion:

- The consultant proposal is based on integrated care models from states such as Wisconsin and Minnesota. LTCIP seeks to create a new paradigm of consumer-focused care with the goals of increased access to home and community based care (HCBC) and fair provider compensation.
- The Physician Strategy slide does not mention consumer involvement; bullet should be added to emphasize the importance of always including consumers in the decision-making process.
- Since both the Health Plan Pilot and Physician Strategies involve the physician as a key player, consider changing the name of Physician Strategy to "private practice strategy" to help differentiate the two.
- Where do Medicare savings come from? Medicare cost savings are generated in large part by reducing hospital days, unnecessary hospital re-admissions, and emergency rooms visits by keeping individuals stable in the community.
- What about Medi-Cal savings? Medi-Cal cost savings for the ABD population are largely generated by diverting beneficiaries from going into a nursing home and providing needed services in the home and community; once receiving care in the home and/or community, it's also important to monitor hospital admission rates to realize cost savings.
- Would savings from both sides be pooled? Yes, savings from both Medicare and Medicaid would be pooled into a long term care consolidated fund under LTCIP.
- Reduced hospital days/capitation rates might make hospitals reluctant to contract with LTCIP.

- Nursing home days and hospital days are needed by people with chronic illness whose disease has exacerbated.
- Capitation rates allows for greater flexibility in providing the most appropriate mix of services to the consumer without tripping on all the regulations in the current categorical “silos.”
- Aspects of fee-for-service delivery model could be incorporated into LTCIP integrated service delivery model where appropriate.
- LTCIP needs to consider how to tap into Targeted Case Management funding and how to include existing community care management services.
- What is public payer willing to pay and how will costs be controlled considering that the U.S. pays 300% more for prescription drugs than any other country? The issue of control is a market and political dynamic with on-going debates and discussions at all levels of government; LTCIP staff and consultants are aware of this concern and will continue to monitor.

### **VIII. Adjourn**

**NO OCTOBER PLANNING COMMITTEE MEETING.**

**THE NEXT PLANNING COMMITTEE MEETING WILL BE HELD ON:**

**Friday, November 21, 2003**

**10:30- Noon**

**Pt. Loma Nazarene University- Mission Valley**

**4007 Camino Del Rio South, Room 204**

**San Diego, CA 92108**

There will be a presentation and discussion regarding the Massachusetts Senior Care Options program, which was briefly described in the Planning Committee handout and by Dr. Meiners.

Please note the new date and location of the meeting. Electronic map and directions to Pt. Loma Nazarene's Mission Valley location available at: <http://www.ptloma.edu/Graduate/MissionValley/map.htm>

If you have questions or would like more information, please call (858) 495-5428 or email: [evalyn.greb@sdcounty.ca.gov](mailto:evalyn.greb@sdcounty.ca.gov) or [sara.barnett@sdcounty.ca.gov](mailto:sara.barnett@sdcounty.ca.gov)