CHI SNAC LABS 2015

Food for Thought

Updates from the Safety Net Advisory Committee (SNAC)

Planned Changes to ACC Stir Up Debate

OCTOBER 8, 2015

Introduction

Big changes are coming to the Accountable Care Collaborative (ACC), Colorado's initiative for reforming Medicaid delivery.

The Department of Health Care Policy and Financing (HCPF) plans to reorganize the ACC in 2017 to integrate behavioral health. This will bring major changes to anyone involved in delivering care to more than 1 million Coloradans on Medicaid.

The proposed changes have raised a lot of questions, and many details remain to be ironed out. HCPF presented its ideas at the October Safety Net Advisory Committee (SNAC) Lab, which led to a robust discussion.

Primary Themes

- Reorganization of the ACC will focus on integrating behavioral health and physical health care.
- The change will involve different payment methods and new structures, including Health Teams, Health Neighborhoods and Regional Accountable Entities.
- Stakeholders are posing many questions to HCPF, particularly about the role of oral health and public health in the next version of the ACC.

Background

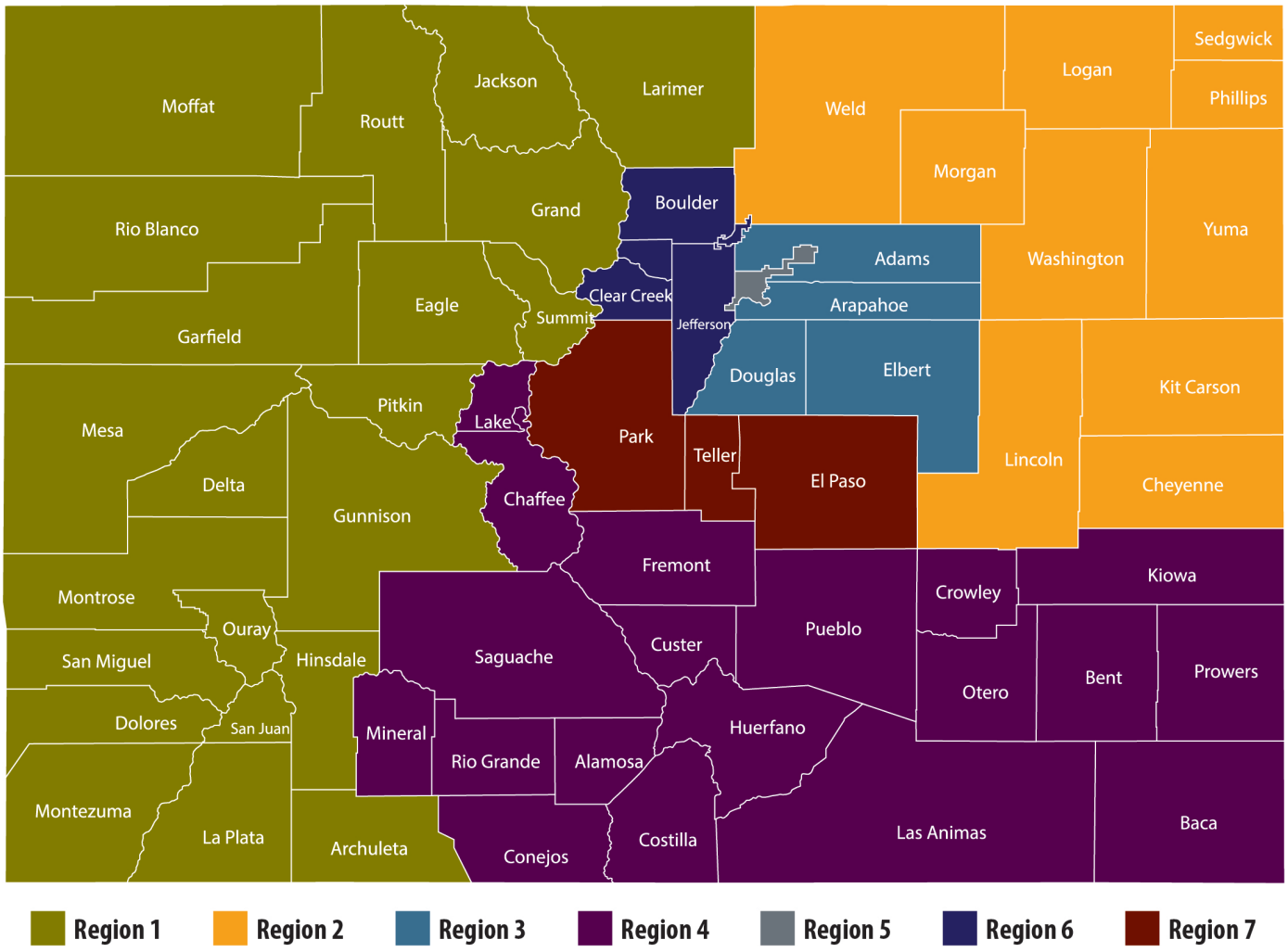
HCPF began enrolling clients in the ACC in 2011 after an unsuccessful experiment with using a managed care model to administer its Medicaid program. At the same time, HCPF was searching for a way to cope with the growth of its Medicaid enrollment.

The ACC contracts with seven Regional Care Collaborative Organizations (RCCOs), which are in charge of coordinating care for their members. RCCOs are expected to have informal relationships with specialists and community resources that could improve the health of their clients. The system is built on a fee-for-service model, but RCCOs and care providers receive incentive payments for keeping their patients healthy. The ACC achieved net savings of about $30 million in 2013-14 and $38 million in 2014-15, according to HCPF.

Behavioral health is largely separate from the current ACC structure, although ACC members can still receive behavioral health services. The Community Behavioral Health Services (CBHS) program provides care for

Figure 1. Timeline for ACC Rebid

Map 1. Proposed Boundaries of Regional Accoutable Entities



Regional Accountable Entity (RAE) boundaries will remain nearly the same as the seven current Regional Care Collaborative Organization (RCCO) zones, except Elbert County, which will move to Region 3.

Medicaid enrollees. Five regional Behavioral Health Organizations (BHOs) operate the CBHS program.

The ACC contract with the RCCOs is up for rebid in July 2017. HCPF is taking this opportunity to revise the ACC and integrate behavioral health care into the system.

The watchword for the next version of the ACC is accountability — accountability to patients and their families, and accountability for efficient and effective care from everyone involved in the system.

HCPF plans to integrate behavioral health and primary care, an effort that complements Colorado's push for integrated care through its State Innovation Model grant. In the next version of the ACC, a new Regional Accountable Entity (RAE) will replace both the RCCOs and BHOs. RAEs will follow the old RCCO regions, with two exceptions:

- Elbert County will move to Region 3.
- Clients will be assigned a region based on their provider, rather than their residence. So someone in southwest Weld County who sees a provider in Longmont will be assigned to Region 6, which includes Longmont, rather than Region 2, which includes Weld County.

The next ACC will introduce the concept of Health Teams and Health Neighborhoods.

Health Teams will be small: the client, a primary care provider, a behavioral health provider, and possibly certain specialists and a case manager for long-term services and supports. Its goals will be to provide team-based care, integrating physical and behavioral health within medical practices. The team will coordinate care with non-traditional professionals such as community-based health workers.

The broader Health Neighborhood will include specialists, hospitals and other medical and non-medical providers. The Health Neighborhood is supposed to feature a provider compact, technology for telehealth and e-consults, and engagement by local hospitals.

Medicaid clients will be enrolled automatically in the new ACC. Currently, clients are enrolled passively, and people seldom opt out.

As for payments, HCPF plans to compensate providers directly on a fee-for-service basis. The department also plans to make per member per month payments (PMPMs) directly to the RAEs. Currently, both the RCCOs and primary care providers get PMPMs. By shifting all these payments to the RAEs, HCPF officials reason that the RAEs could pool the money to make grants to small practices that need help adopting the integrated system, rather than spreading small amounts of money to all providers.

The ACC currently determines incentive payments based on three health indicators, such as reducing emergency department visits by ACC clients. HCPF plans to use nine indicators in the future.

The SNAC Lab Discussion

Kathryn Jantz of HCPF provided an overview of the department's plans for the ACC at the October SNAC Lab. Her presentation provoked a rich discussion.

Oral Health

Several people raised concerns about where oral health fits into the new system. One audience member noted that oral health is one of the three pillars of health, along with physical and behavioral health; yet oral health does not seem to have the same place as the other two in the ACC.

Some audience members pushed for oral health providers to be included on the Health Team, which will get financial and practice support from the ACC.

Jantz said HCPF is keeping the Health Teams small and does not plan to put oral health providers on the team. However, oral health will be an important aspect of the Health Neighborhood, and more details about oral health's role will come out in a forthcoming request for proposals.

One audience member noted that the new RAE structure presents the opportunity to add oral health coordination as a standard that RAEs must meet to reach their performance goals.

Social Determinants

Several other people pushed for a more formal way to address health inequities and social determinants in the next iteration of the ACC. Others said the proposal pays too little attention to health inequities and people with disabilities.

Public health advocates said their job is to keep people as healthy as possible before they walk in the clinic door, so they should be on the Heath Team.

Jantz said public health is in the Health Neighborhood, but the Health Team is a narrow structure designed to address claims and administrative data. HCPF is still figuring out the role for public health, and Jantz encouraged public health experts to keep raising their concerns and making their voices heard as HCPF refines its plans.

Payment Reform

The SNAC Lab audience questioned whether the proposed changes to the

A Sample of Paraphrased Comments

> *The ACC should emphasize oral health as one of the three pillars of good health.*

> *Where is the place for public health in the ACC?*

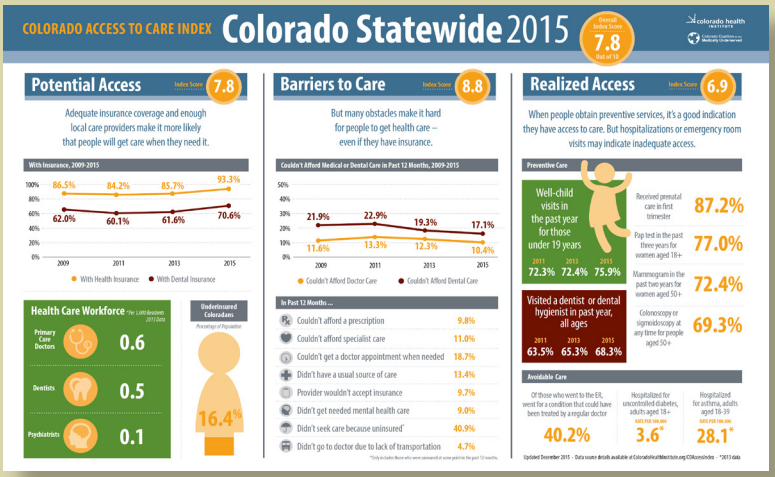
> *Is this a substantial change, or is it rearranging the deck chairs on the Titanic?*

Access to Care Index Shows Modest Improvements

The audience at the October SNAC Lab got a peek at Colorado's new Access to Care Index scores, which improved slightly for 2015. It was the first time the numbers had been updated since the Index was launched in March.

The Access to Care Index measures Colorado's progress in three broad categories – potential access, barriers to care and realized access. The March Index scores provided a baseline look at Colorado through data collected before the Affordable Care Act (ACA) was implemented.

This fall's update provides the first post-ACA look at access to care in Colorado. The state saw slight improvements in two out of three categories, but progress is slow.



Colorado's overall score was 7.8 on a scale of one to 10, an improvement of 0.1 points.

The takeaways:

- Access to care in Colorado is improving, mainly driven by increases in health and dental coverage.
- The effects of this increased coverage are just beginning to ripple through the health care system.
- Where you live matters. Rural regions of Colorado struggle more with access to care.

Potential Access

Score: 7.8, up from 7.4 in March.

More people have insurance, but more people also have policies with large out-of-pocket costs.

So while the percentage of Coloradans with insurance increased, it was tempered out by the rise in the rate of underinsurance.

Barriers to Care

Score: 8.8, unchanged from March.

Fewer people are reporting cost as a barrier, probably because of the rise in insurance coverage. But some of the logistical barriers — getting an appointment as soon as needed or finding a doctor who accepts a patient's insurance — went up slightly.

Realized Access

Score: 6.9, up from 6.8 in March.

Colorado has seen a slight increase in primary care and dental visits. But the increase wasn't to the magnitude that would be expected with such significant increases in coverage, perhaps because some newly insured people are not sure how to use their insurance. It likely will take time to boost the score as more people get accustomed to their health insurance.

Regional disparities

Index scores vary across the state in a fairly intuitive way. Many rural areas have lower scores. These regions tend to have a greater population of low-income residents, and they have fewer providers.

A group of central mountain counties (Chafee, Custer, Fremont and Lake) won the most improved award, increasing its overall score from 7.1 in March to 7.4.

Access to Care Index background

The Colorado Coalition for the Medically Underserved and the Colorado Health Institute collaborated to devise the Access to Care Index. It is adapted from work done by the Urban Institute and Mathematica.

The index assigns easy-to-understand numbers to a broad measure of access indicators. The goal is to shift the conversation from a focus on insurance coverage to the more difficult topic of access to care.

Note: The Barriers to Care and overall scores were updated in December 2015.

ACC will be sufficient to make progress toward the Triple Aim, HCPF's stated goal.

One member of the audience criticized the ACC concept, saying it fails to look to the future and is rooted in HCPF's origins as an acute care payment agency. Audience members worried that the new ACC would be more of the same, with payments continuing to be based on a fee-for-service model.

Jantz said HCPF is indeed moving toward outcomes-based payments, but it needs to do so in an iterative way, rather than making a wholesale change.

Conclusion

Attendees of the October SNAC Lab received a preview of HCPF's plans for the future of the ACC. Attendees raised many concerns.

The sharpest criticisms were about the perceived absence of oral health and public health in the new ACC, as well as the pace of moving away from a fee-for-service system of payments. HCPF will continue to work on plans for the next version of the ACC in the coming months, and agency officials want to hear suggestions for improvements.

Figure 2. Key Terms for the New ACC

Health Team	• Client • Behavioral Health Providers • Primary Care Medical Providers • LTSS Case Management Agencies • Certain specialists
Health Neighborhood	• Specialists • Hospitals • Other medical providers • Non-medical providers
Regional Accountable Entity	***Responsibilities include:*** • Unified administration of physical health and behavioral health • Onboard clients • Contract, support and oversee network • Develop health neighborhood • Make value-based payment to Health Team

Organizations Represented at the October 8, 2015, SNAC Lab

- 3M
- Beacon Health Options
- Caring For Colorado
- Children's Hospital Colorado
- ClinicNET
- Colorado Access
- Colorado Association of Local Public Health Officials
- Colorado Behavioral Healthcare Council
- Colorado Center on Law and Policy
- Colorado Children's Campaign
- Colorado Coalition for the Medically Underserved
- Colorado Community Health Alliance
- Colorado Community Health Network
- Colorado Consumer Health Initiative
- Colorado Department of Health Care Policy and Financing
- Colorado Department of Public Health and Environment
- The Colorado Health Foundation
- Colorado Hospital Association
- Colorado Rural Health Center
- Inner City Health Center
- Jefferson Center for Mental Health
- Joint Budget Committee
- Kaiser Permanente
- Mile High Health Alliance
- North Colorado Health Alliance
- Oral Health Colorado
- Rose Community Foundation
- Steadman Group
- The Independence Center
- University of Colorado Denver
- Value Options

Colorado Health Institute is a trusted source of independent and objective health information, data and analysis for the state's health care leaders. Colorado Health Institute is funded by the Caring for Colorado Foundation, Rose Community Foundation, The Colorado Trust and the Colorado Health Foundation.

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