

CCIP ASO Outcome Overview

Drug Utilization Review Board

January 21, 2009

George L. Oestreich, Pharm.D., MPA

Deputy Division Director, Clinical Services

MO HealthNet Division



Program History

- CCIP began enrolling participants in November 2006 (January 2007 patient management began)
- General ASO Enrollment began in June 2008
- As ASO contracting continues regionally, CCIP will merge into the ASO contracts
- MCO's cover only the TANF population (largely mothers and children), therefore ASO or FFS programs will need to provide coordination care for Non-MCO patients in MCO regions

Hypothetical (Desired) Outcomes

- Expected Impacts from CCIP/ ASO interventions:
 - Healthcare outcomes
 - Improved adherence to objective monitoring
 - Improved medication adherence
 - Improvement of “in-range” monitoring parameters
 - Financial expenditures impact
 - Appropriate service access utilization
 - Appropriate trending of total cost of care
 - Integrated electronic record impact
 - Provider use of electronic tools
 - Provider participation/use of electronic tools
 - Actual use and support of key case management tools
 - Participant/Provider Feedback
 - Recognition/knowledge/acceptance of program
 - Impression of program activities
 - Critical analysis of program and components

Program Engagement Process

- Identify new eligibles from MOHealthNet Data
- Mail welcome letters to new eligibles
- Conduct telephone outreach campaigns to new eligibles
- Engage participants
- Conduct general and/or disease specific assessments
- Evaluate risk score and assessment findings to assign risk level
- Assign to High, Moderate, or Low Risk Level
- Schedule follow-ups consistent with the risk level, e.g. every 30 days for high risk (case management), every 90 days for moderate risk level (disease management), and every 90 day outreach for health and wellness mailings (low risk level and the case and disease management level).
- Services are provided on an ongoing basis as long as the participant remains eligible for MOHealthNet.

Direct Services Provided During Engagement Process

- **Included But Not Limited To:**

- Identification of gaps in care, e.g. medications, tests for condition monitoring, preventive care services, and compliance.
- Assistance in locating resources to address social barriers affecting ability to seek appropriate medical / behavioral health care and close gaps in care, e.g. transportation, food, clothing, housing, etc.
- Addressing self-care issues with behavioral change coaching with the goal of increasing compliance with prescribed plans of care.
- Coordinating with the health care team (physicians, social workers, community support workers, etc.) to increase compliance with the plan of care.
- Services described may be provided telephonically or onsite in clinics or health centers

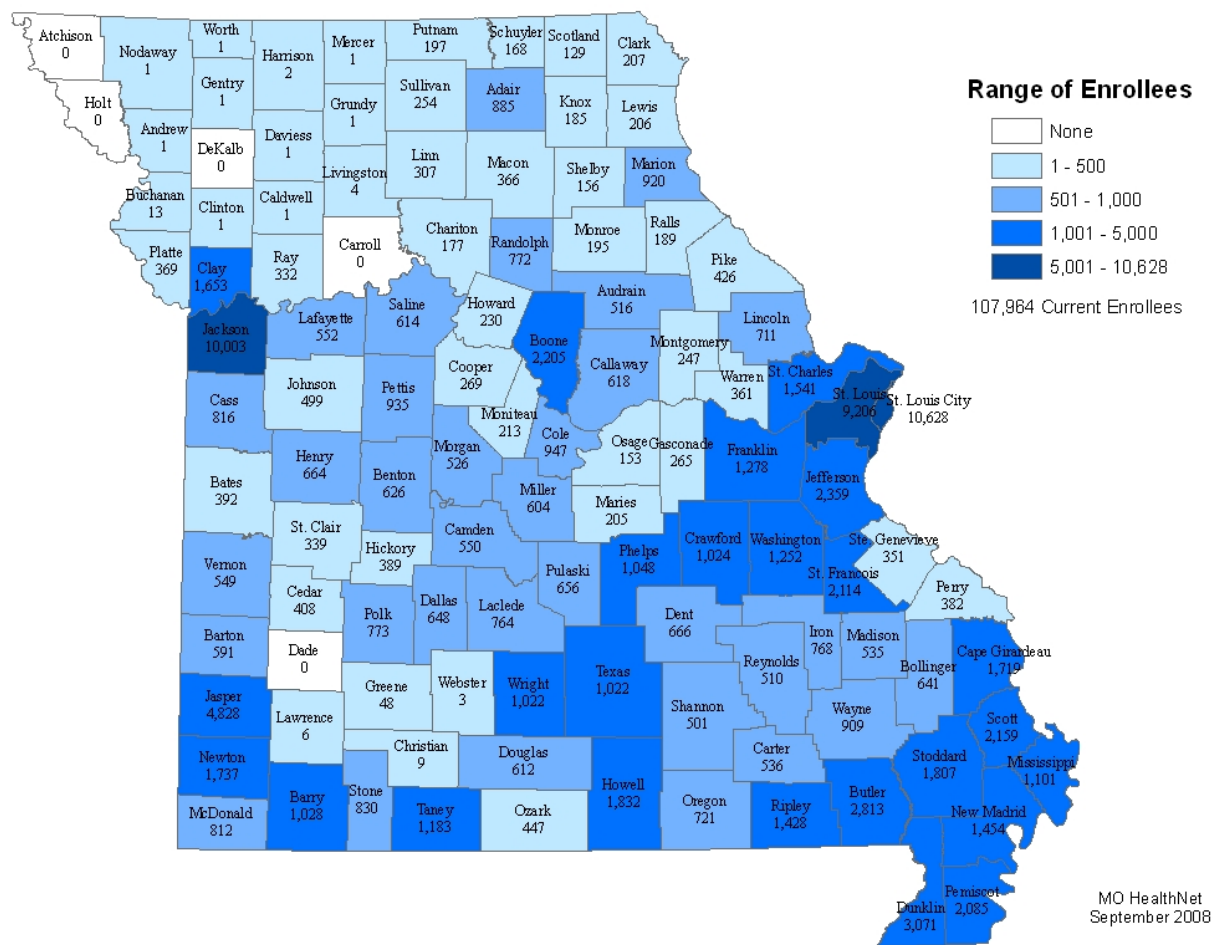
Outcome Reports

- Medical Outcomes Metrics
- Financial Outcome Metrics
- HealthCare Home Metrics
- Provider Metrics

Metrics Outcomes Report Through 2nd Qtr - 2008

Where CCIP Patients Reside

CCIP ENROLLED BY COUNTY



MO HealthNet
September 2008

Methodology and Report Parameters

Overview of Population

- The total number of participants in the Chronic Care Improvement Program (CCIP) at the end of the reporting period was 103,308.
- The time period analyzed was July 1, 2007- June 30, 2008.
- Of these, 24,700 had been continuously enrolled for at least 12 consecutive months.

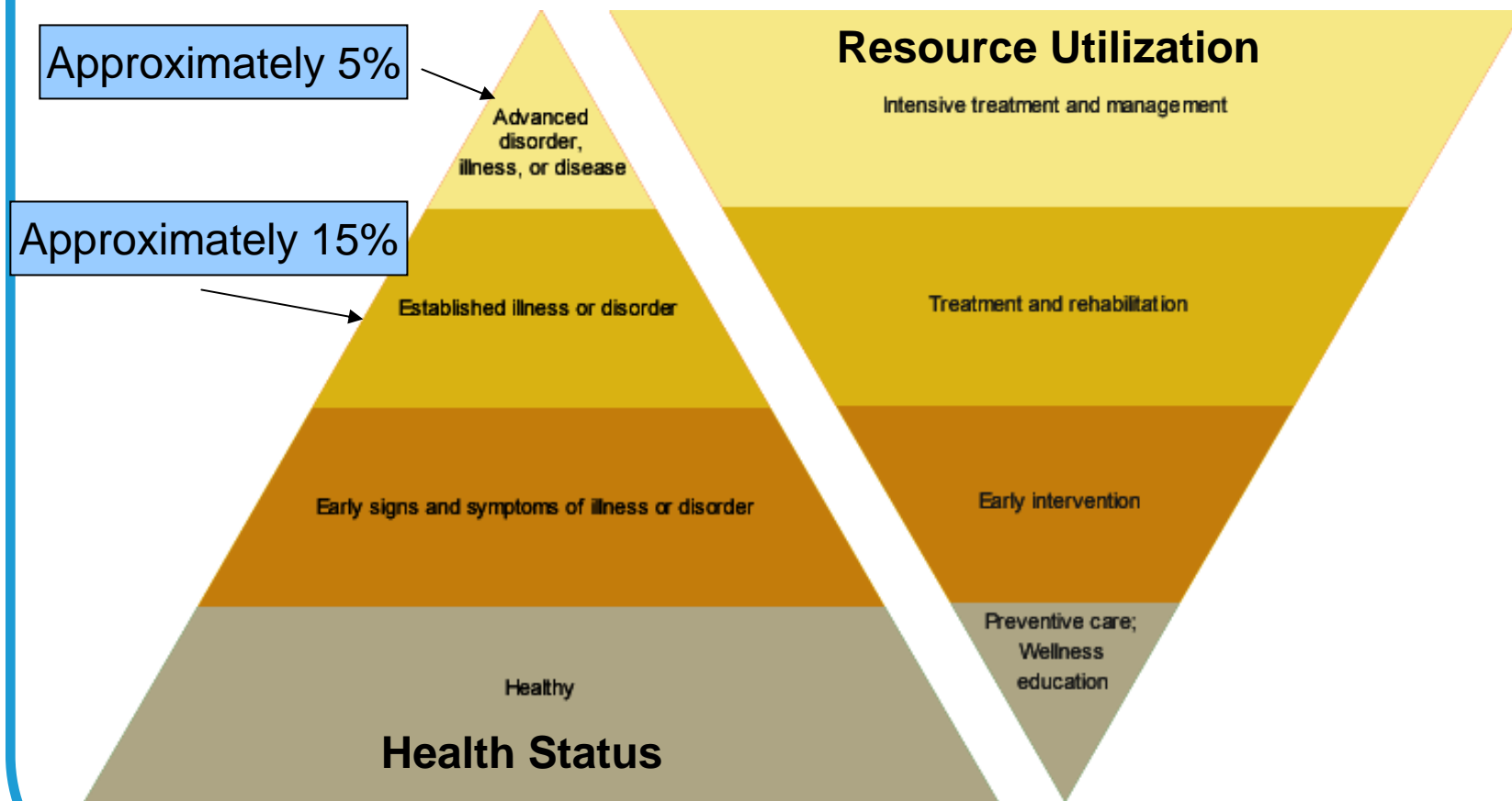
Methodology and Report Parameters

- The outcomes of the 24,700 continuously enrolled participants were compared to 97,665 MO HealthNet participants who have the same condition and submitted at least one claim for medical services to MOHealthNet during the analysis period, but are not enrolled in CCIP.
- Non-enrolled MO HealthNet participants include those who:
 - Reside in geographic areas that are ineligible for participation in CCIP
 - Are eligible for CCIP but opted out of the program

Report Parameters

- Period definitions
 - Program Performance
 - Baseline: Jan. 2006 – Jan. 2007
 - Evaluation: Feb. 2007 – Mar. 2008
- Conditions being managed
 - Asthma Diabetes Sickle Cell Anemia
 - CAD COPD
 - CHF GERD
- Eligible membership
 - Feb. 2007: 87,201 participants
 - March 2008: 141,420 participants
- Enrolled membership
 - Feb. 2007: 5,225 participants
 - March 2008: 97,790 participants
- Demographics
 - Average Age 51, (Male 47, Female 53)
 - Male 35% Female 65%

Deployment of Case Management/Disease Management Resources, Target Intensity of effort to Health Status



A Typical Participant in This Overview

- A 47 year old male
- More than one major targeted disease
- Likely has a major cardiovascular diagnosis and diabetes
- Likely has experienced a major cardiac event
- A third have a major behavior health co-morbidity
- A generally motivated cohort

Continuously Enrolled 7/1/2007 - 6/30/2008

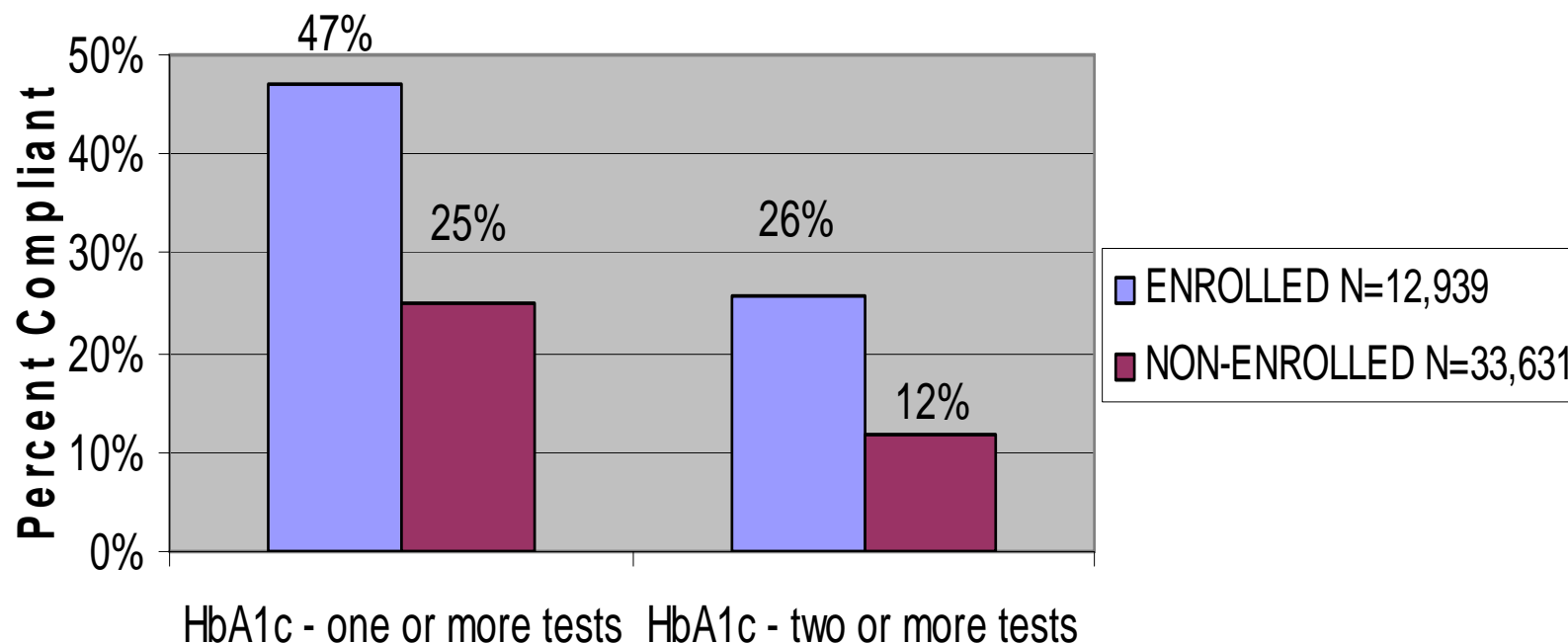
24,700

	Number of	
Disease	Individuals	Percentage
Asthma	9,817	39.7%
CAD	16,982	68.8%
CHF	5,746	23.3%
COPD	8,155	33.0%
Diabetes	12,939	52.4%
GERD	12,592	51.0%
Sickle Cell	558	2.3%
Behavioral Disability	8,395	34.0%

*Includes co-morbid conditions

Missouri CCIP Diabetes Outcomes

Hemoglobin A1c Compliance

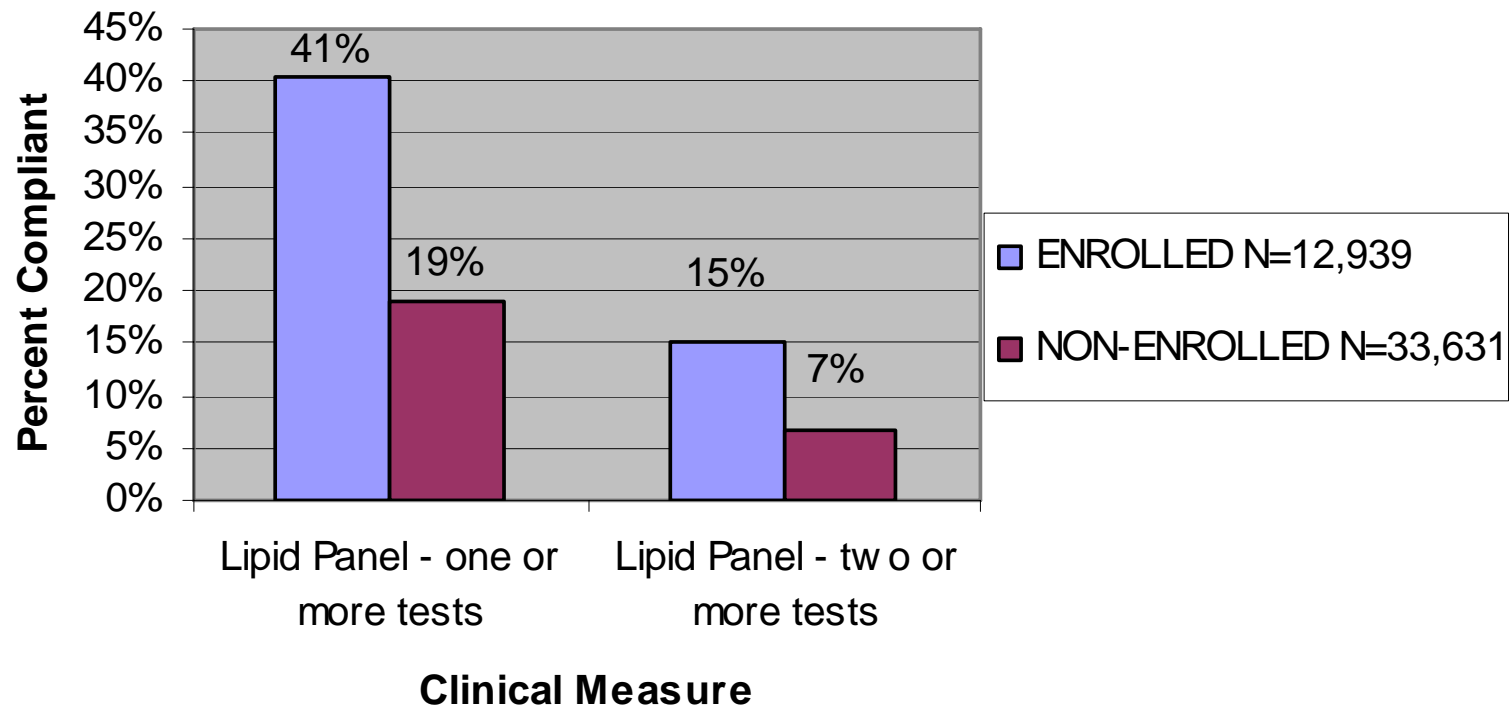


Clinical Measure

HbA1c testing provides an estimation of average blood glucose values in people with diabetes. Enrollees in the CCIP program received substantially more HbA1c testing than those not enrolled.

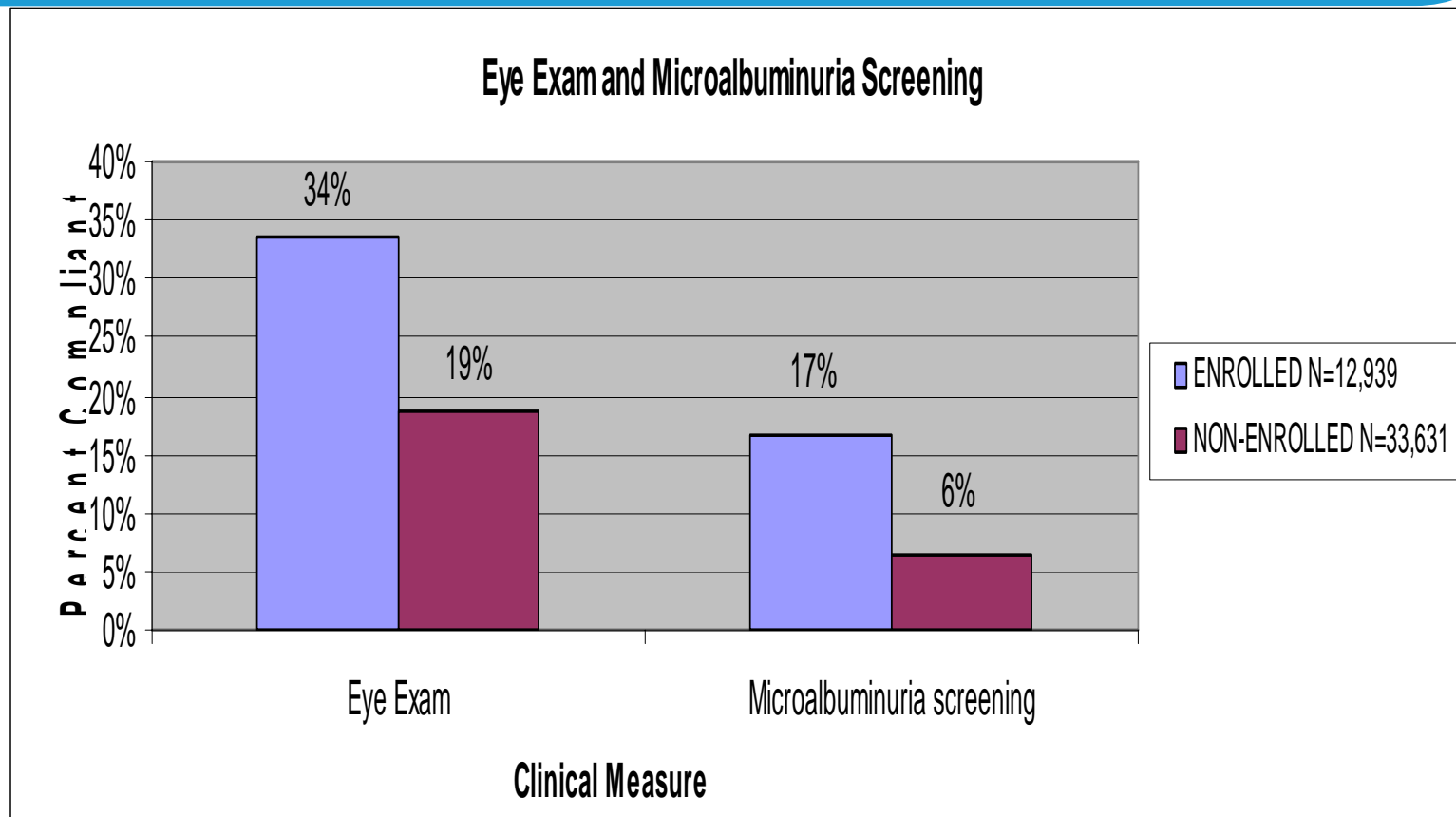
Missouri CCIP Diabetes Outcomes

Lipid Test Compliance Levels



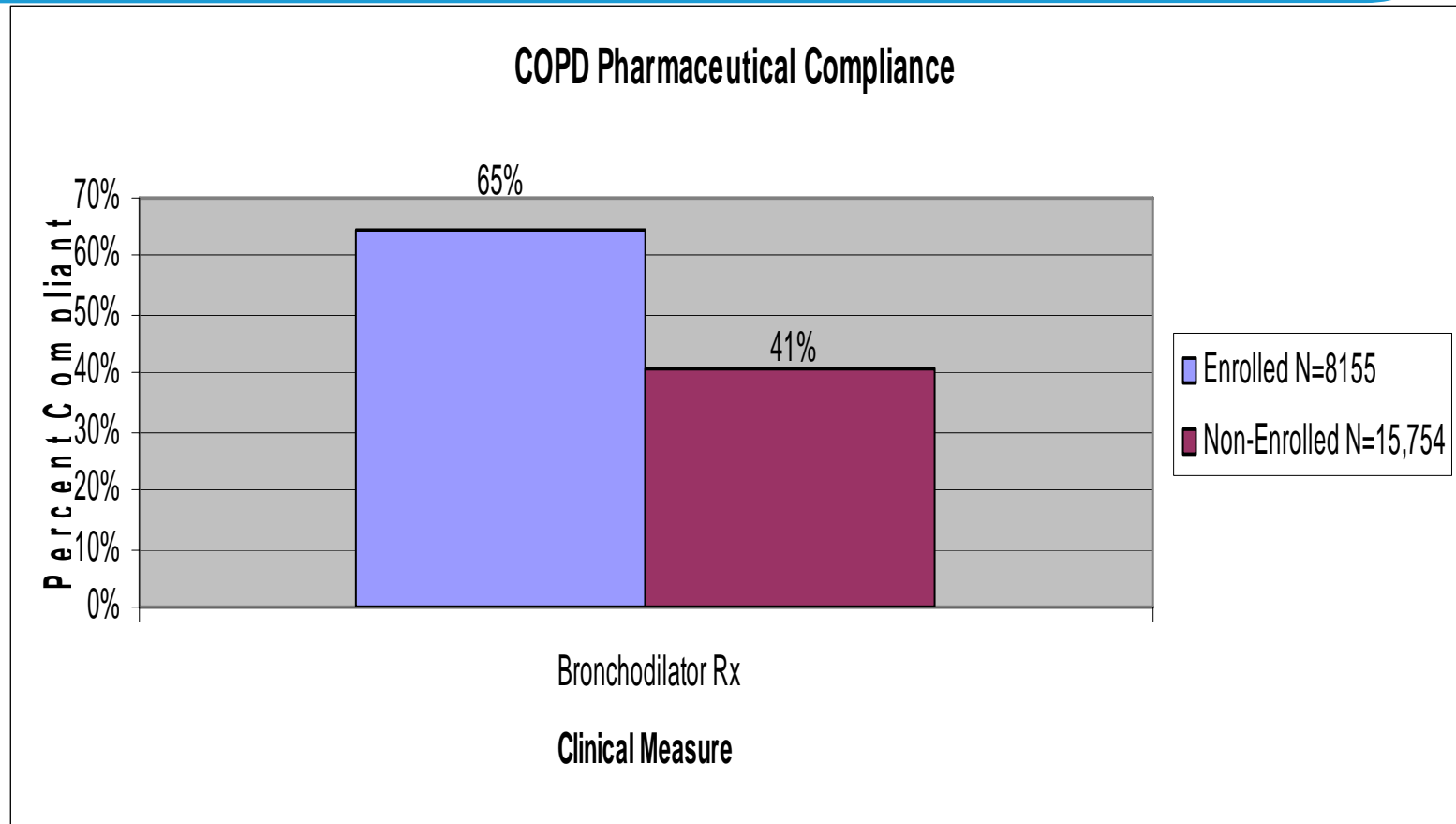
Lipid (cholesterol) testing is recommended for people with diabetes. CCIP enrollees received lipid testing at more than twice the rate of non-enrollees.

Missouri CCIP Diabetes Outcomes



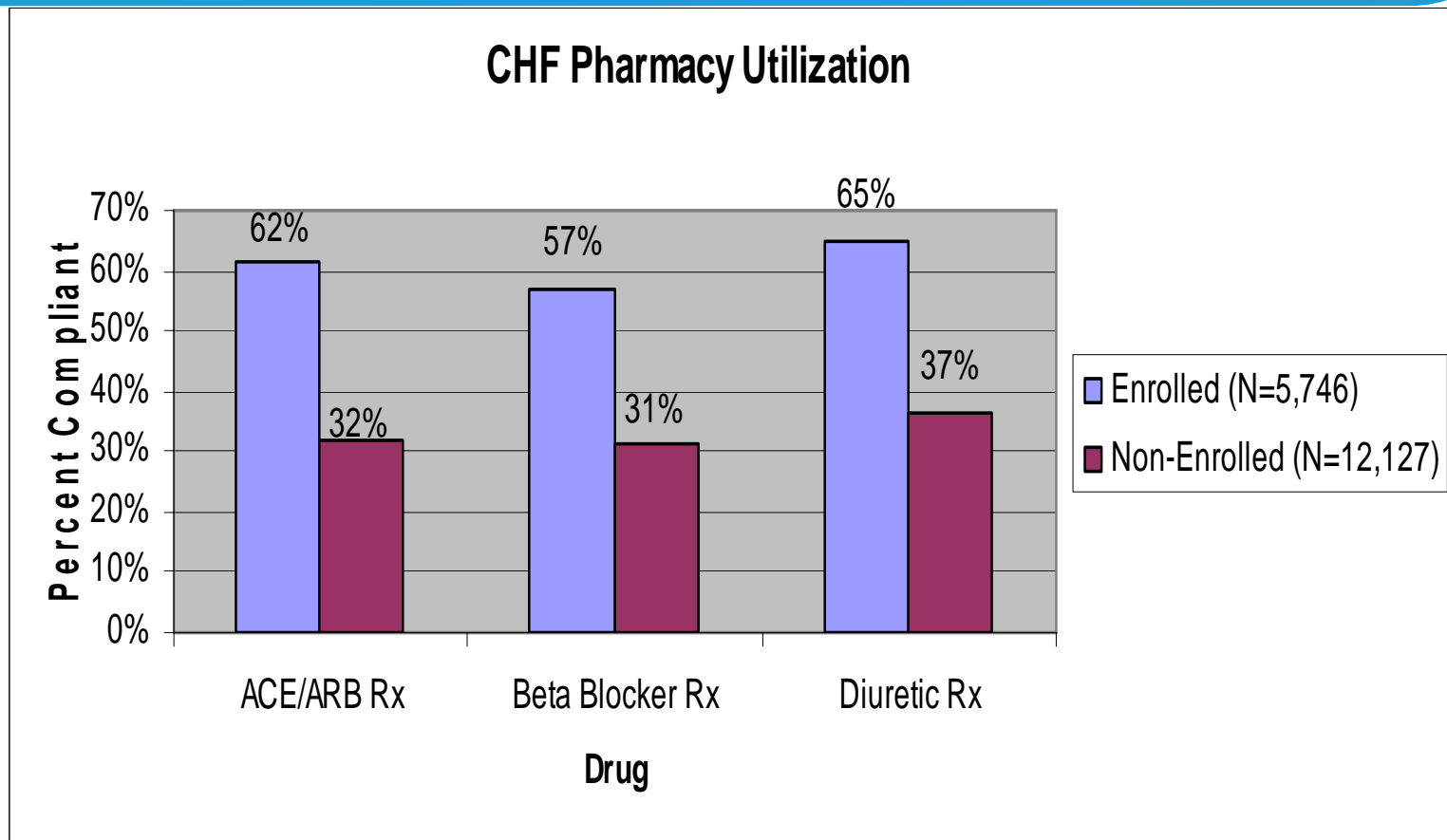
A Dilated Eye Exam and Microalbuminuria testing are two other recommended clinical assessments that should be performed annually on people with diabetes.

Missouri CCIP COPD Pharmacy Utilization



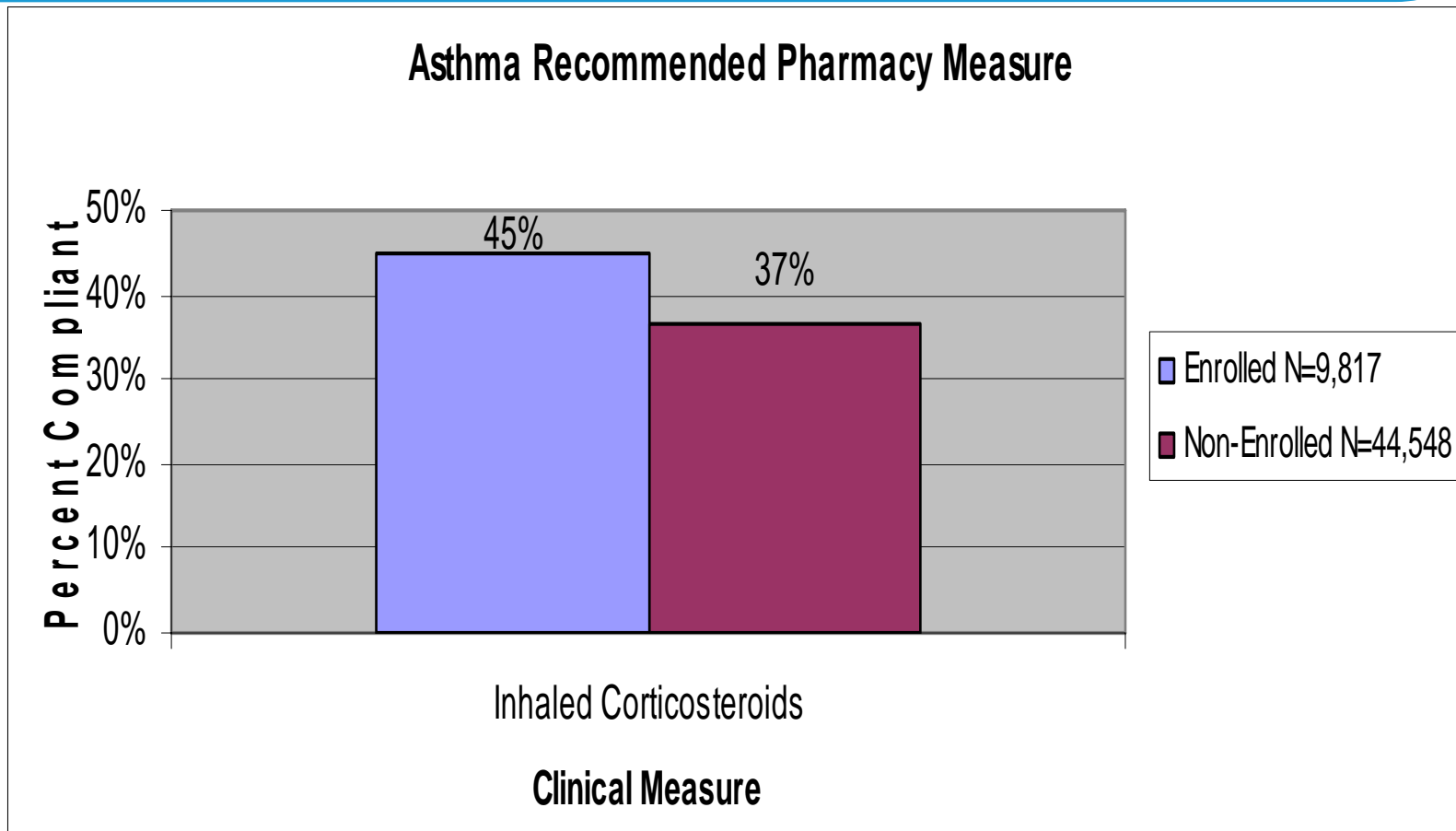
Nearly two-thirds of CCIP enrollees with COPD (emphysema) received treatment with bronchodilator medications, compared to 41% of non-enrollees.

Missouri CCIP CHF Pharmacy Utilization



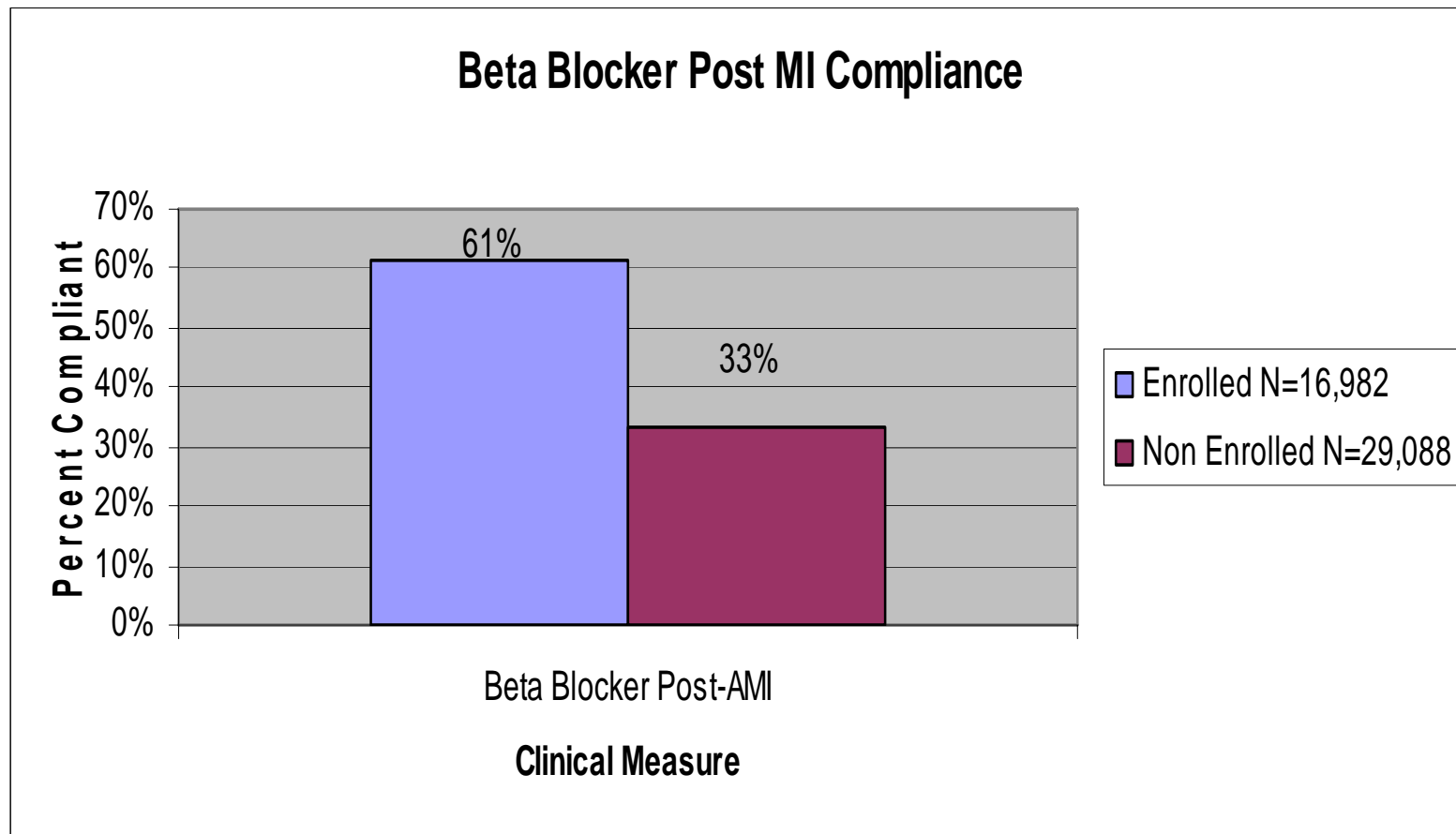
Substantially more CCIP enrollees than non-enrollees with congestive heart failure (CHF) received treatment with recommended cardiac medications.

Missouri CCIP Asthma Pharmacy Utilization



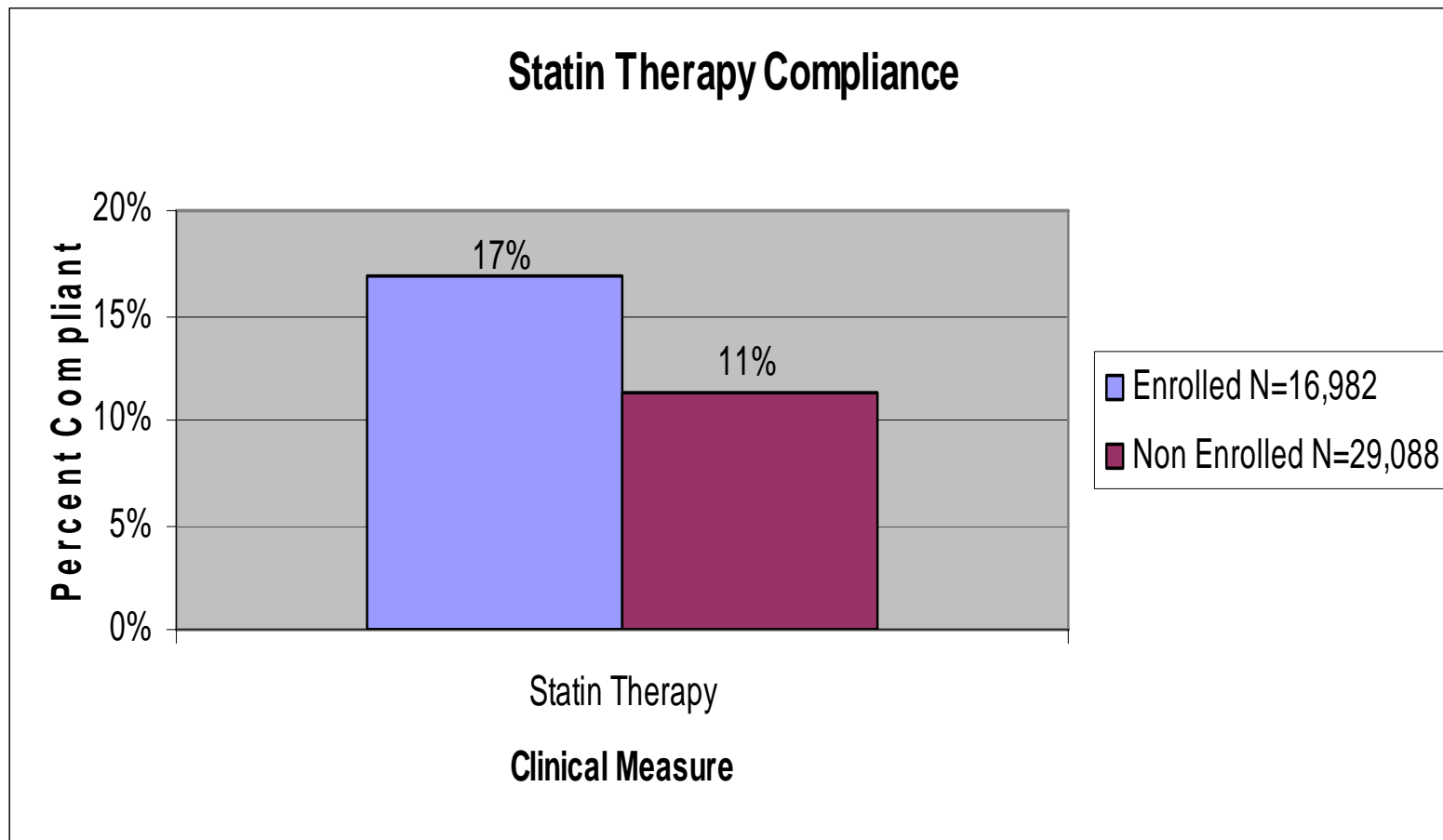
CCIP enrollees with asthma received recommended treatment with inhaled corticosteroids at a greater rate than non-enrollees.

Missouri CCIP Coronary Artery Disease (CAD) Outcomes



CCIP enrollees with coronary artery disease (CAD) received recommended treatment with beta blocker medications at nearly twice the rate of non-enrollees.

Missouri CCIP Coronary Artery Disease (CAD) Outcomes

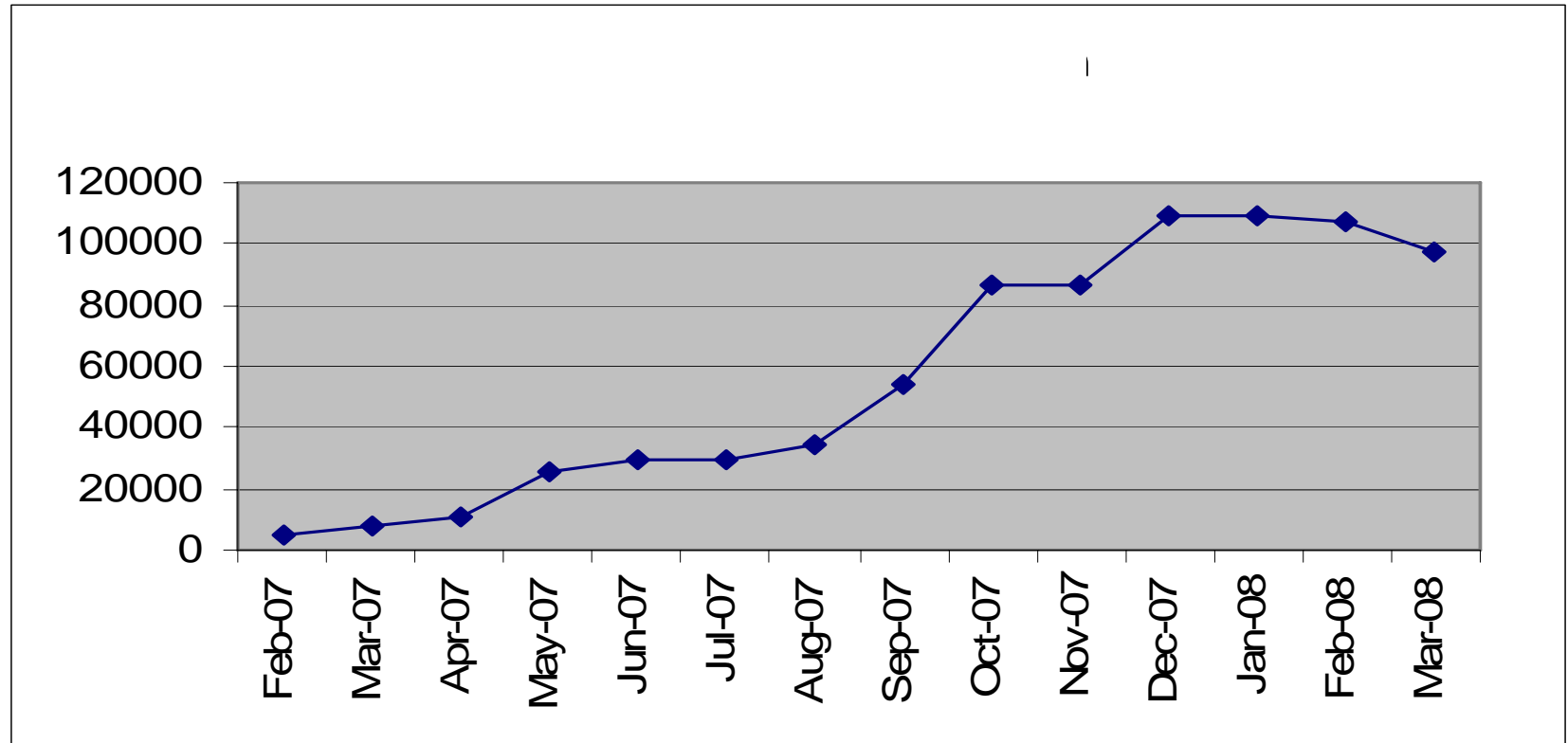


CCIP enrollees with coronary artery disease (CAD) received recommended treatment with statin medications at a greater rate than non-enrollees.

Utilization of Services

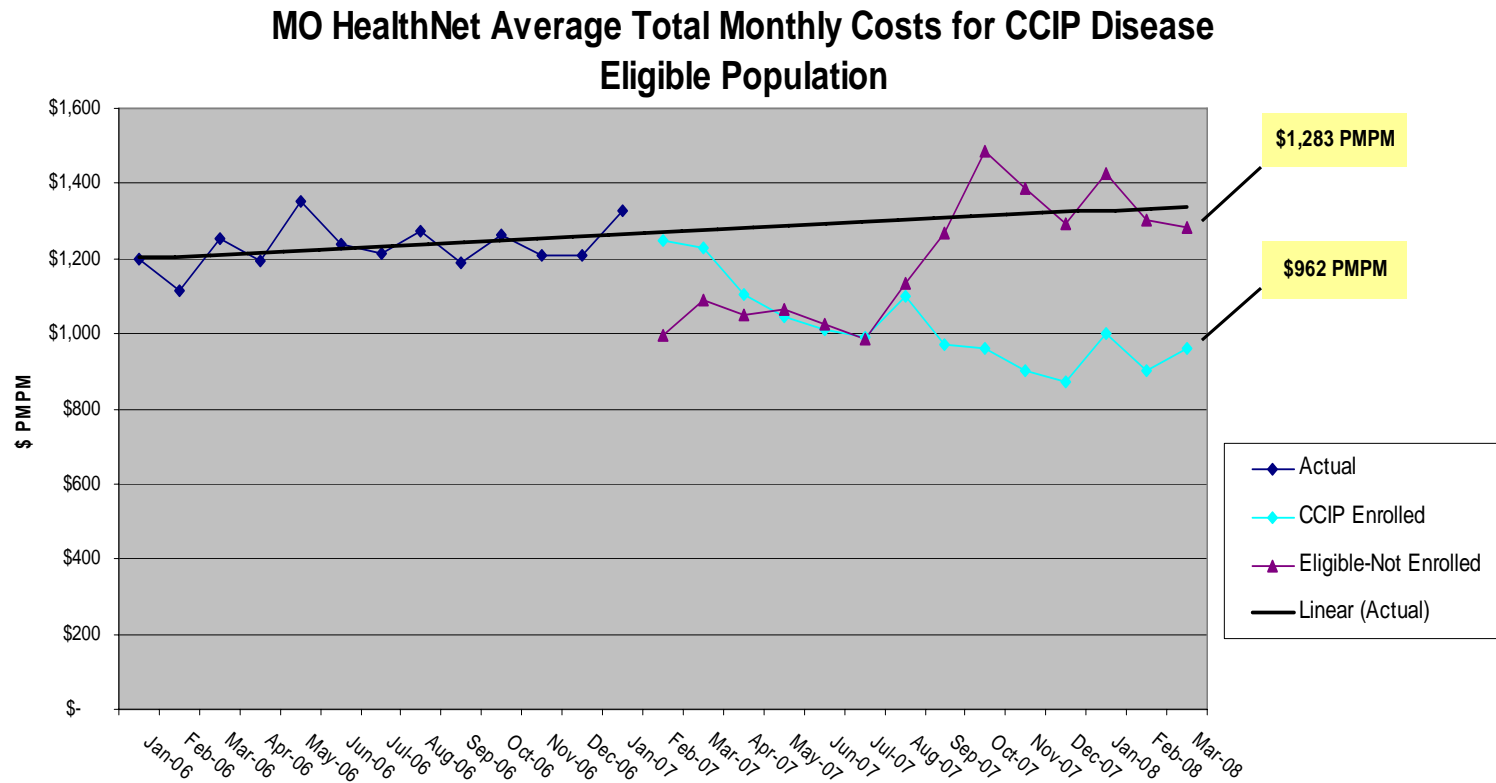
- Use of major interventions
- Relative cost impact “off trend” of utilization changes

Program Eligibility



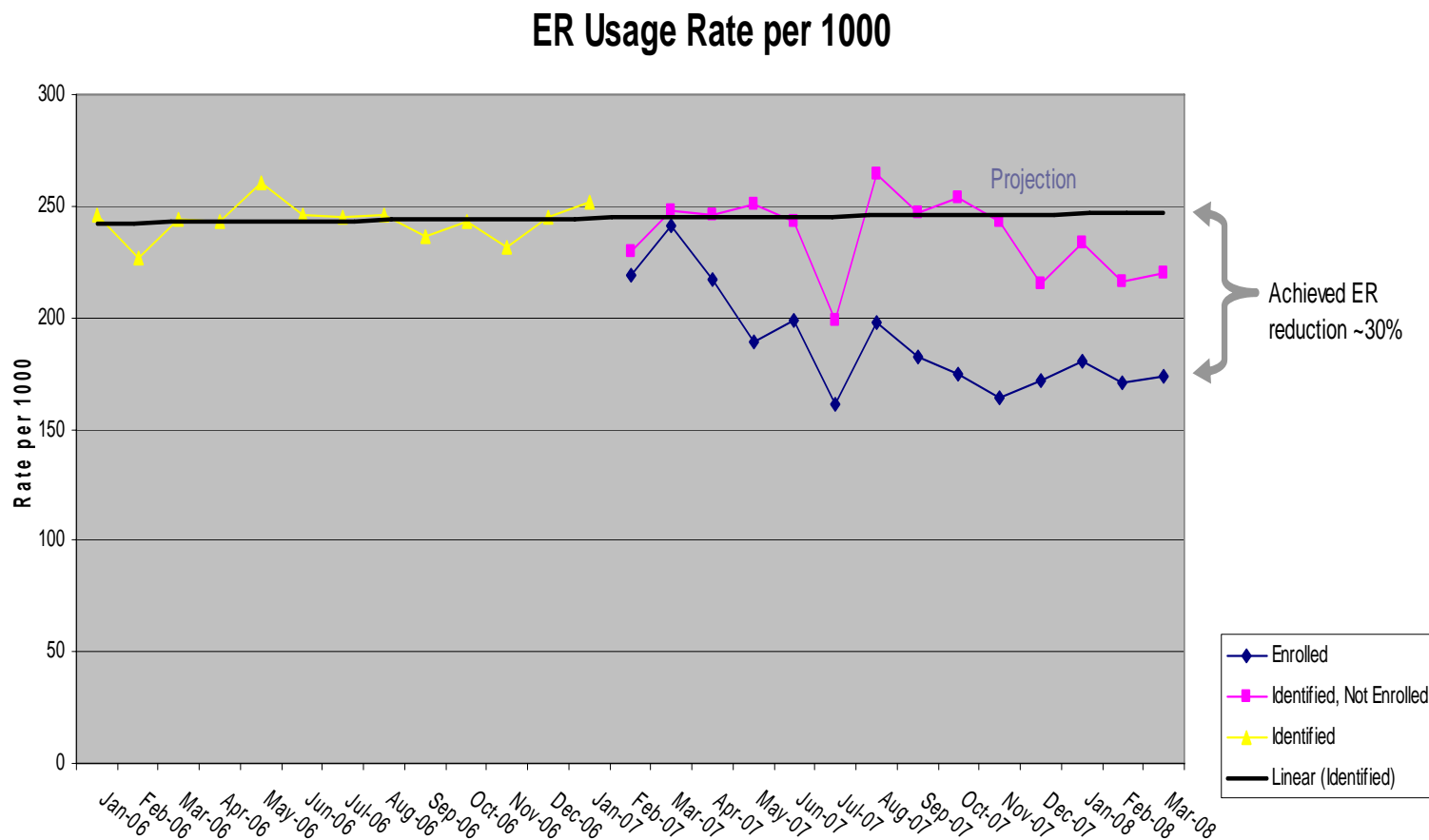
Enrollment in CCIP began in the I-70 corridor (Feb to July 2007) and then grew regionally with the addition of the Northeast (Aug), Southeast (Sept) and Southwest (Oct) regions. December increase due to updated eligibility determinations.

Trend Analysis of Total Costs



Average Total Monthly Costs for CCIP-enrolled participants were below projection.
March 2008 demonstrates a \$321 PMPM savings.

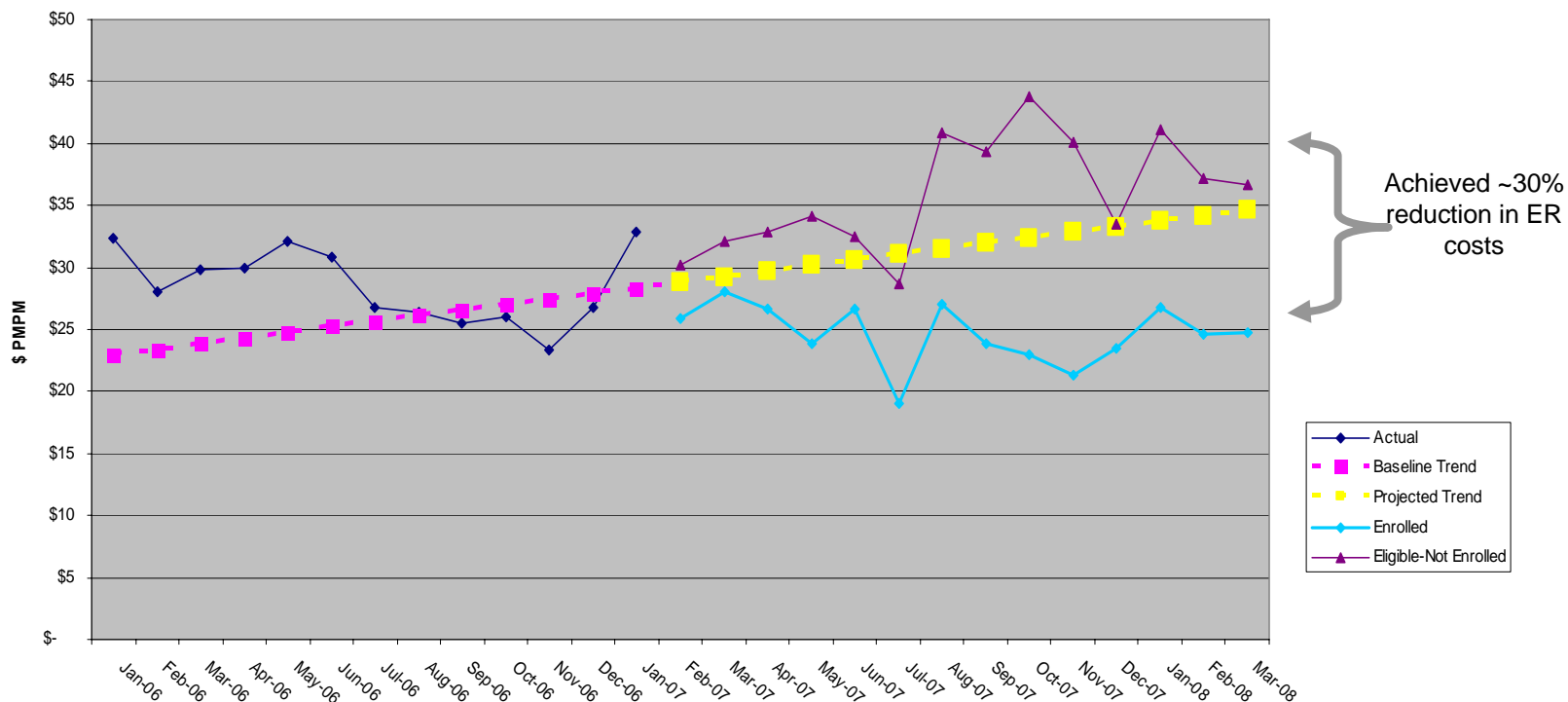
Trend Analysis of Emergency Room Utilization



ER visits decreased more substantially than projected representing another key cost driver for savings

Trend Analysis of Emergency Room Costs

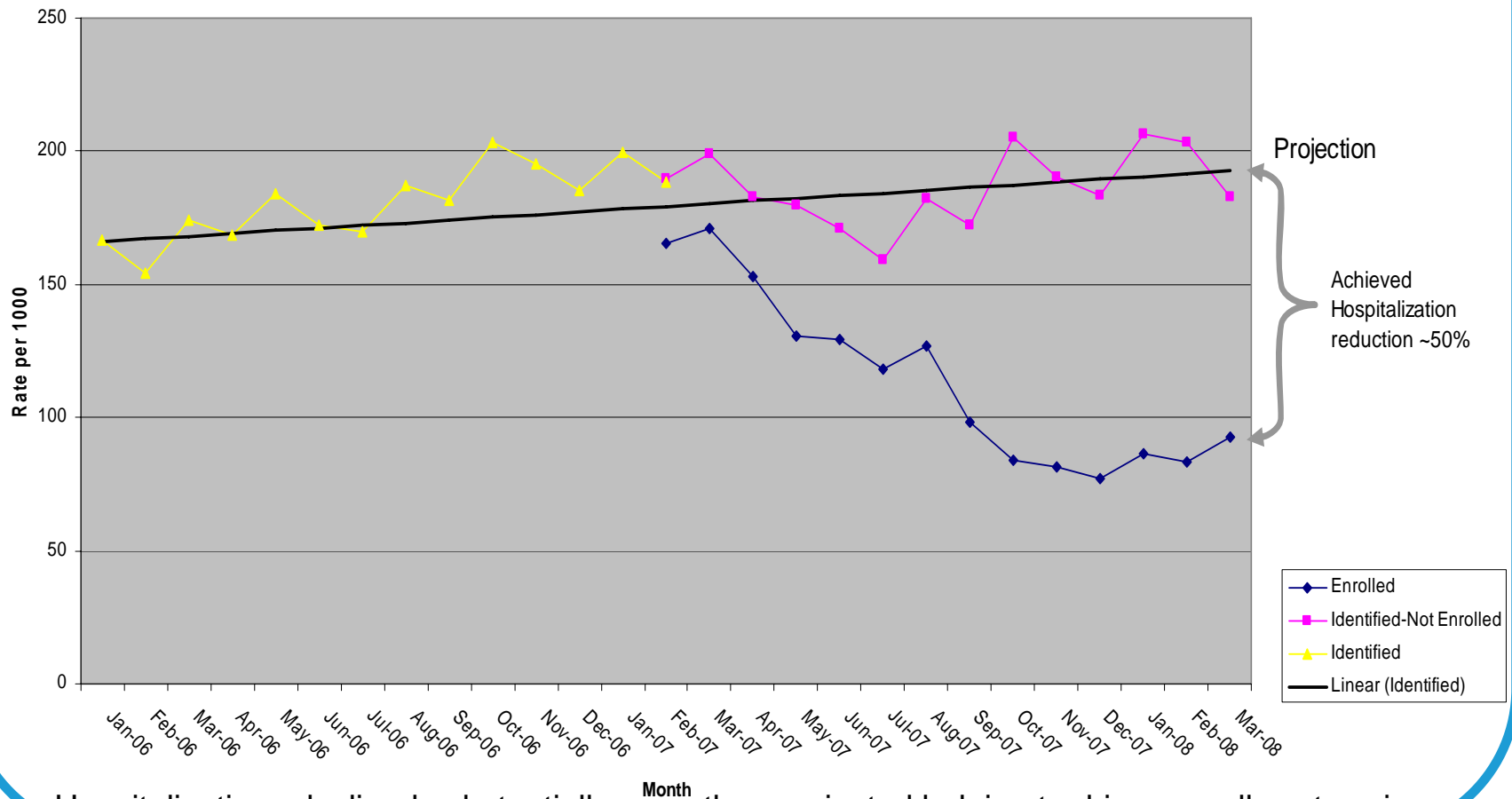
MO HealthNet Average Monthly ER Costs for CCIP Eligible Population



CCIP enrollees had lower-than-projected ER costs and lower ER costs than MO HealthNet participants eligible for, but not enrolled in, CCIP.

Trend Analysis of Hospital Utilization

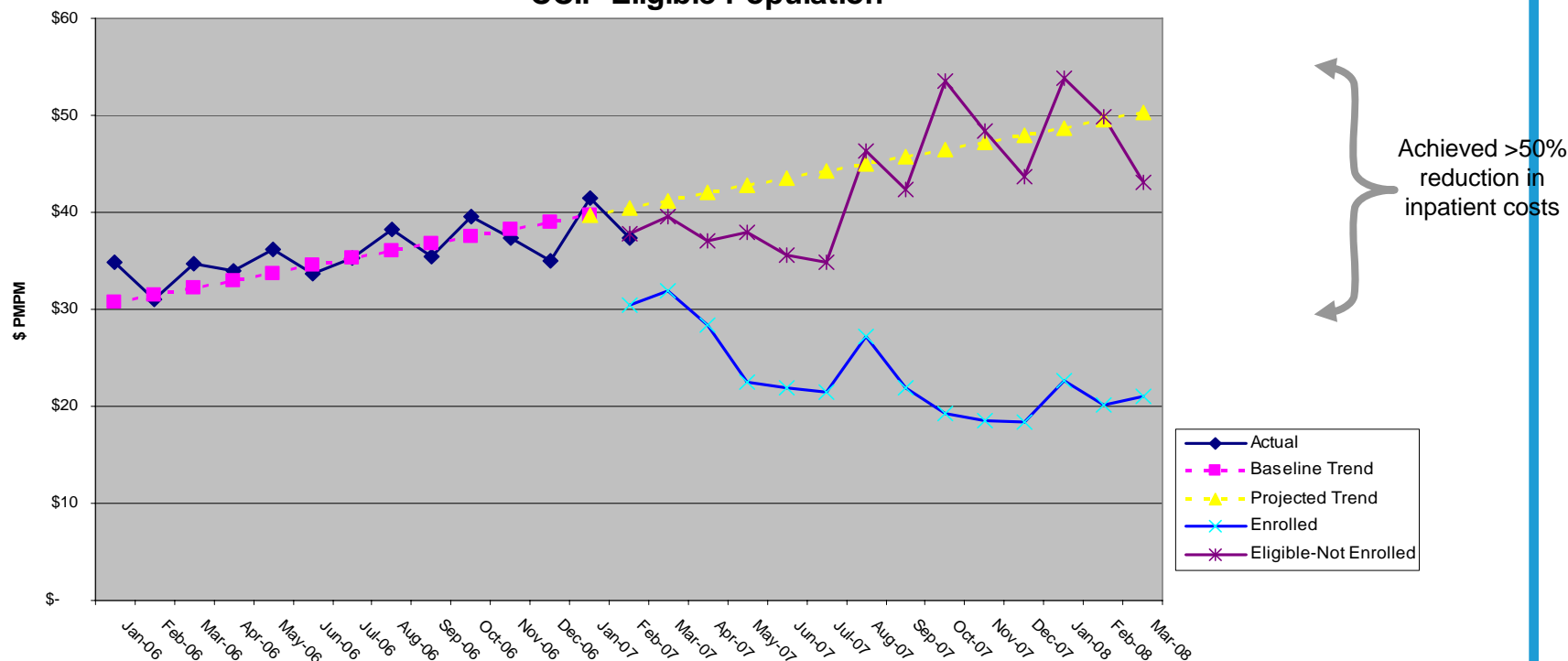
Hospitalization Rates per 1000 Jan 2006-June-2008



■ Hospitalizations declined substantially more than projected helping to drive overall cost savings

Trend Analysis of Inpatient Costs

**MO HealthNet Average Monthly Inpatient Costs for
CCIP Eligible Population**



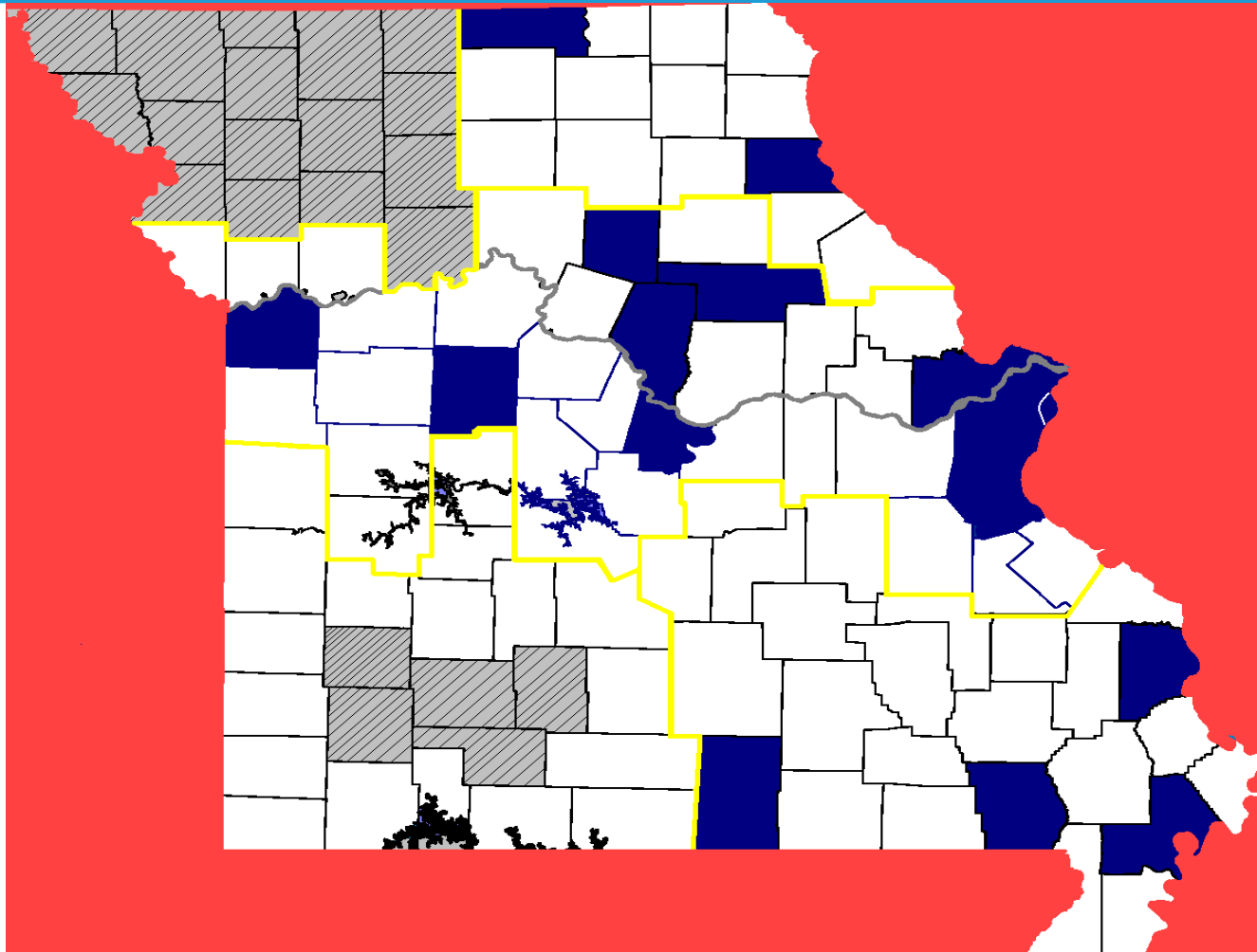
While average inpatient costs had increased during the baseline period, CCIP enrollees have had average inpatient costs below projection and below the inpatient costs of Mo HealthNet participants who are eligible for, but are not enrolled in CCIP.

Health and Wellness Total Program Parameters

- Includes all patients
- Dashboard metrics begin in April 2008
- Targeted at monitoring program vendor outputs

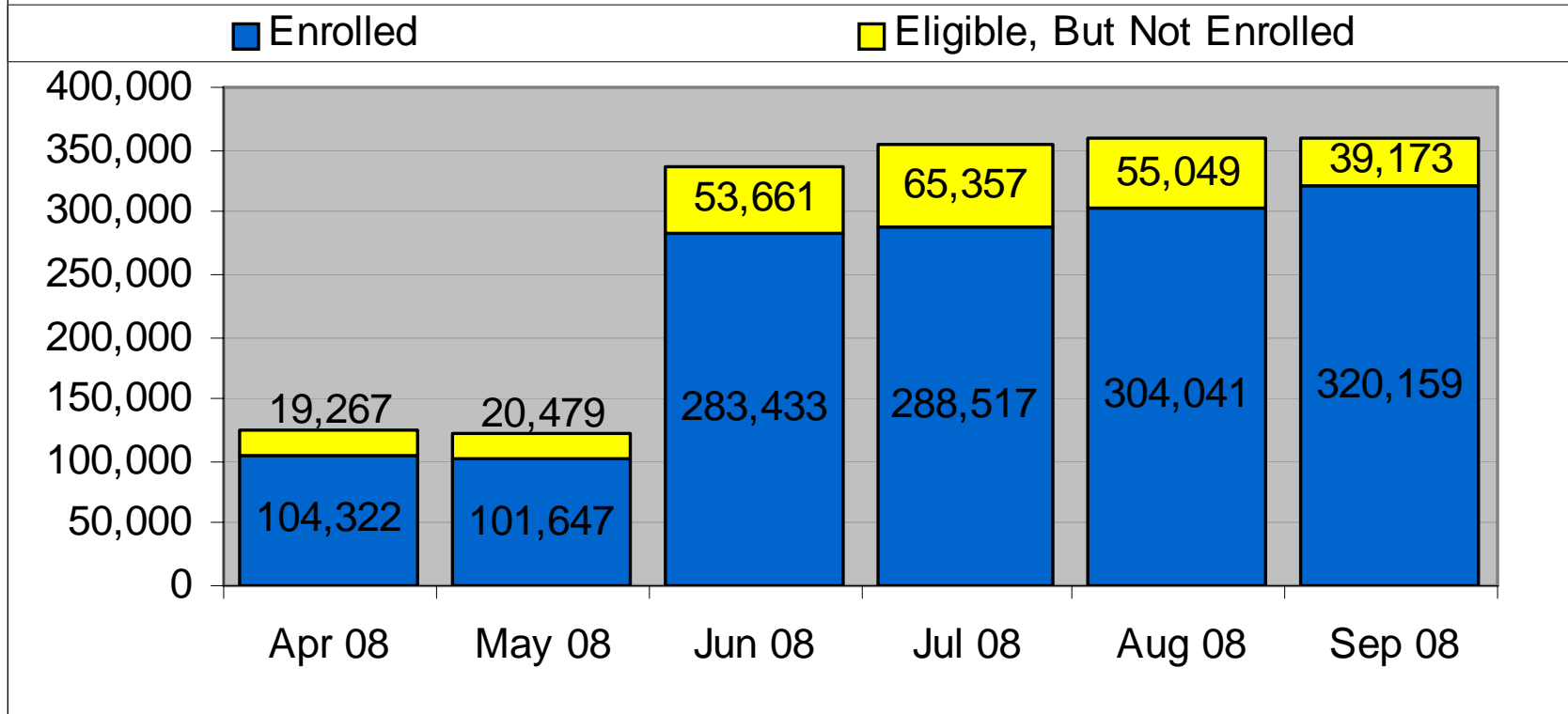
CCIP/Health & Wellness Program

Employees by County



Health and Wellness Enrollees

Health & Wellness Enrolled vs. Eligible



Enrollees by Risk Level

<i>Period</i>	<i>High</i>	<i>Mod High</i>	<i>Mod</i>	<i>Low</i>	<i>Totals</i>
Apr 08	3,749	33,382	45,748	21,443	104,322
May 08	3,756	32,454	44,542	20,895	101,647
Jun 08	15,094	20,679	24,678	222,982	283,433
Jul 08	15,881	21,673	26,401	224,562	288,517
Aug 08	15,666	21,551	26,376	240,448	304,041
Sep 08	15,667	21,505	26,445	256,542	320,159

4.9%

15%
(6.7 & 8.3%)

Identified Healthcare Homes

Period	Health Care Homes Identified	Identified by Participant Interview	% Identified by Participant Interview	Total Enrollment	% HCH Coverage	Projected HCHs Identified
Apr 08	104,322	18,724	17.95%	104,322	100%	
May 08	101,647	19,028	18.72%	101,647	100%	
Jun 08	99,620	19,938	20.01%	283,433	35%	
Jul 08	205,633	26,896	13.08%	288,517	71%	
Aug 08	225,903	28,716	12.71%	304,041	74%	
Sep 08	234,951	21,561	9.18%	320,159	73%	
Oct 08	245,575	45,066	18.35%	319,671	77%	
Nov 08						244,952
Dec 08						255,773

Primary Disease Identified

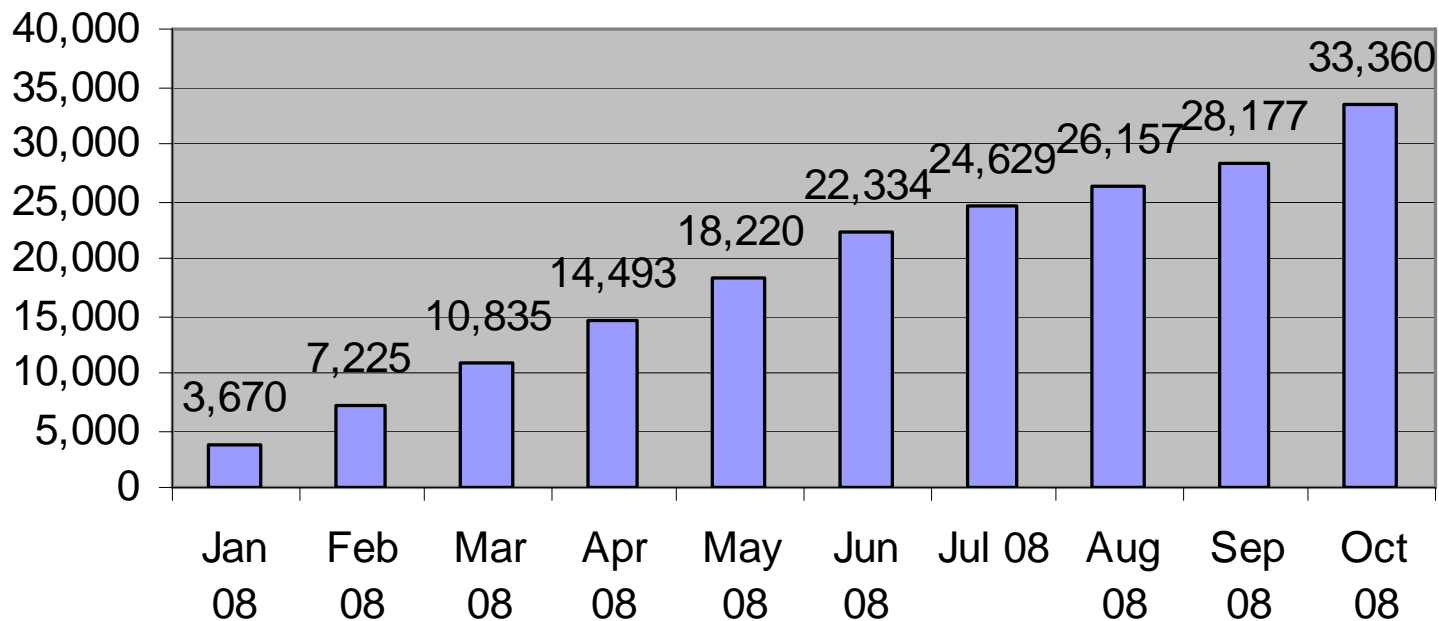
Disease	Primary	Secondary	Combined
CAD	38,393	25,354	63,747
Diabetes	26,909	10,463	37,372
Asthma	21,212	13,121	34,333
GERD	15,841	20,855	36,696
Schizophrenia	4,336	6,815	11,151
Maternity	3,972	6,230	10,202
COPD	3,846	16,346	20,192
Depression	3,477	15,409	18,886
Low Back Pain	1,692	11,345	13,037
Sickle Cell	892	0	892
Cancer - Breast	553	1,675	2,228
Cancer - Colon	161	670	831
Cancer - Prostate	113	561	674
Cancer - Lung	112	778	890
Hemophilia	90	198	288
	121,599	129,820	251,419

Health and Wellness Breakdown by Region

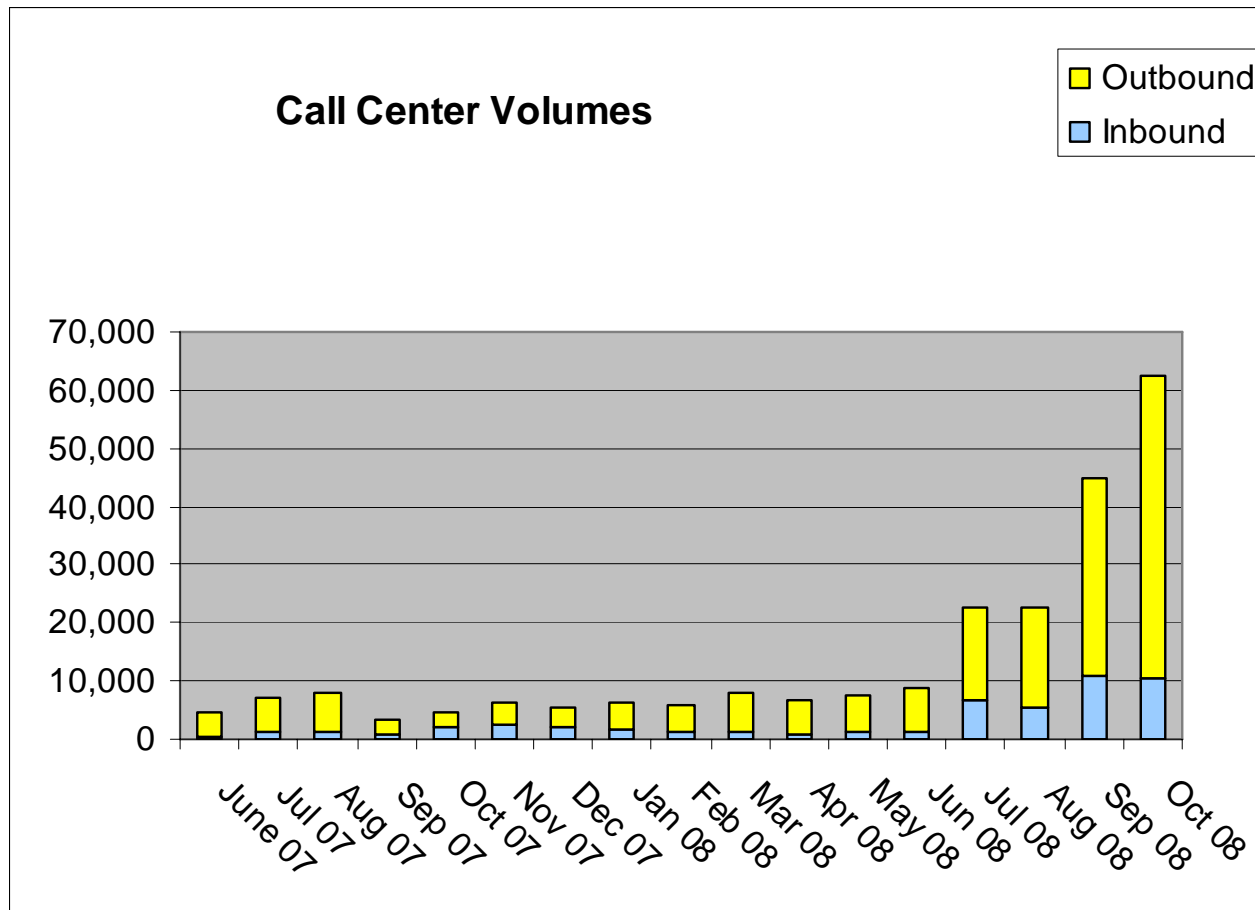
Region	CCIP	ASO	Totals
I-70 Corridor	55,084	77,483	132,567
Northeastern	4,619	8,929	13,548
Northwestern	20		20
Southeastern	29,645	72,419	102,064
Southwestern	17,686	54,235	71,960
Springfield Area	39	0	39
Totals	107,093	213,066	320,198

Running Assessment Totals

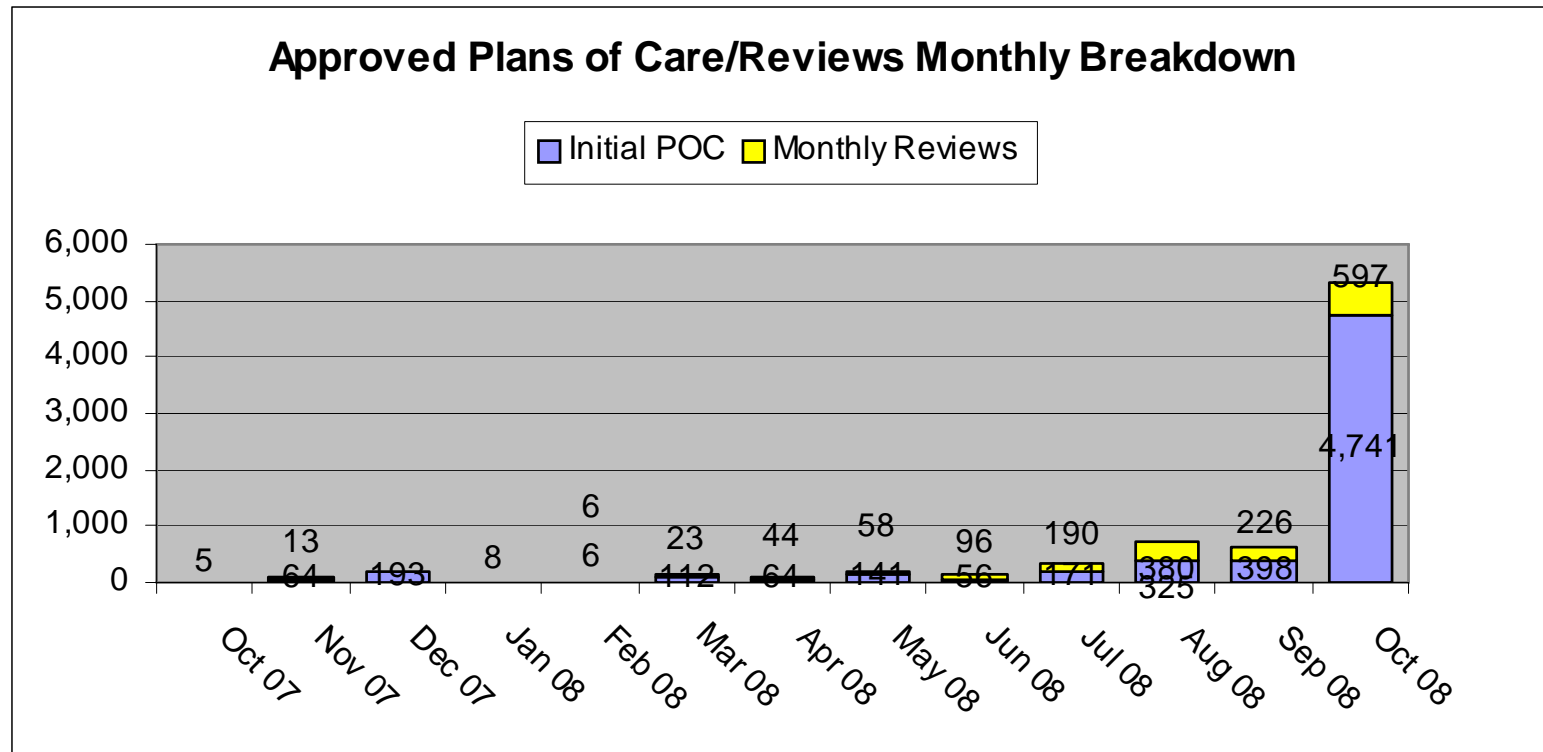
Health & Wellness Assessments Running Total



Call Center Activity

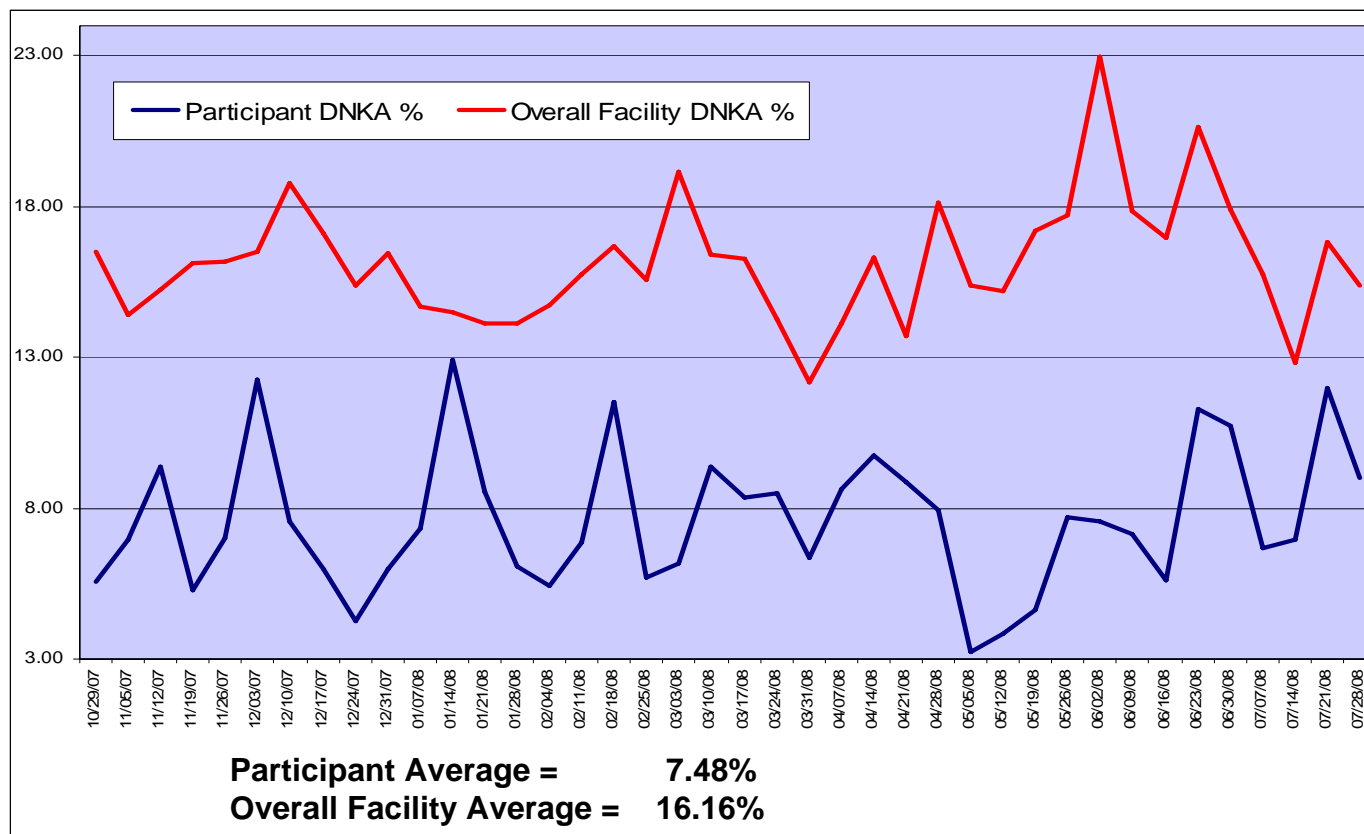


Approved Plans of Care (POC)



Aggregate total, initial 6339
Update reviews 1578

Outreach Quality Indicator Program



“Did Not Keep Appointment” (DNKA) Averages...Mo HealthNet Health & Wellness Program vs. General Clinic Population Oct. '07 - July '08. (Columbia FQHC)

Observations

- **The frequency of recommended diagnostic testing and pharmacy utilization was consistently greater among program participants than non-enrollees.**
- **When compared to non-enrollees, program participants also experienced:**
 - **Decreased average monthly treatment costs**
 - **Decreased emergency room utilization**
 - **Decreased inpatient hospital admissions**
 - **Decreased no-show rates by > 50%**

Issues and Concerns

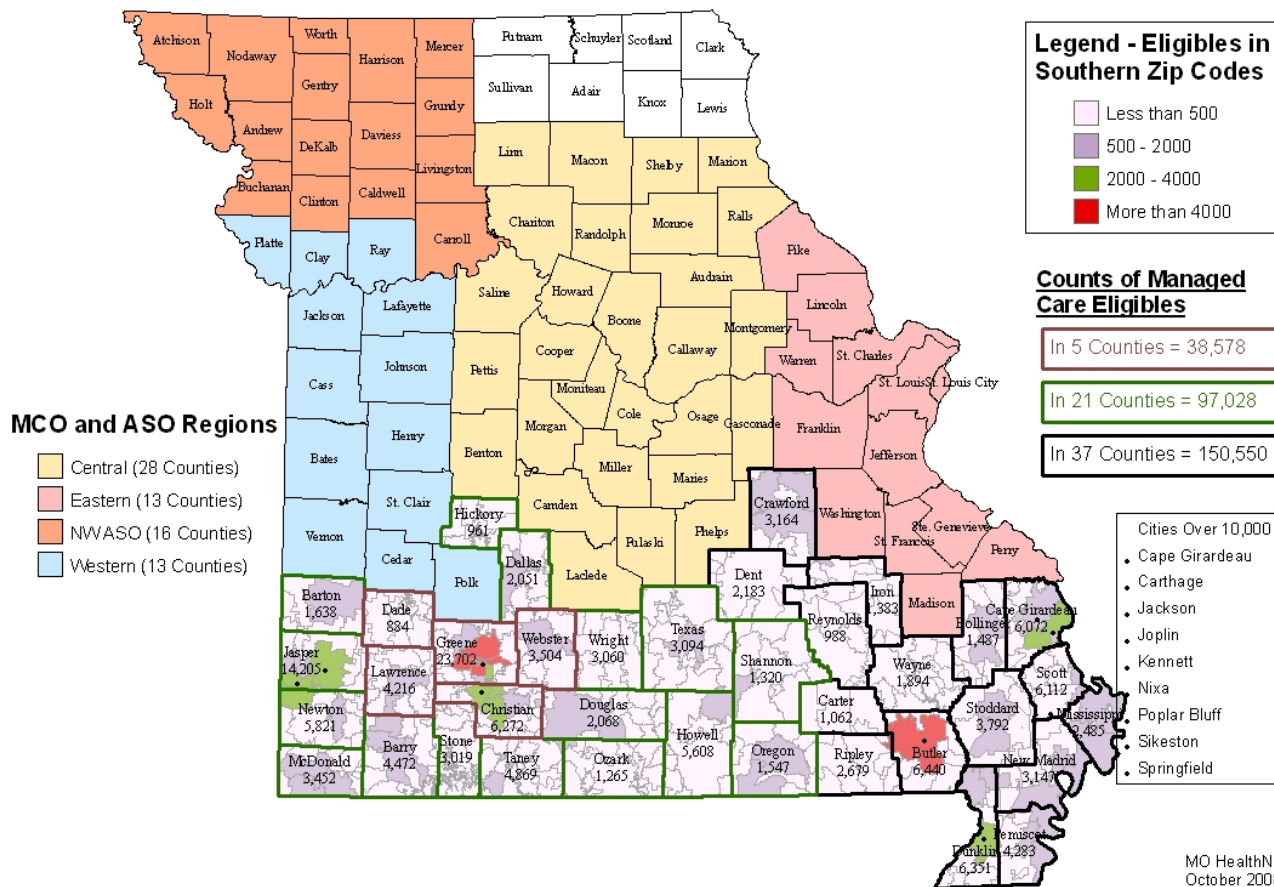
- Changes in contractor leadership
- Slope of the ePOC approvals
- General provider relations
- Communication and coordination of resources
- IT coordination and relationships
- Confirming (cross validation) of report data

The Southern Tier of MO HealthNet

- Geo Mapping of Eligible Participants
 - MCO candidates
 - ASO candidates
 - All eligible participants
- Includes Current Eligible (10/2008)
Participants with No SCHIP Projections

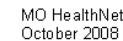
MCO Eligibles Southern Tier

MO HealthNet MCO and ASO Regions Managed Care Eligibles in Southern Counties by Zip Code



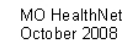
MO HealthNet
October 2008

MO HealthNet MCO and ASO Regions
Non-Managed Care Eligibles in Southern Counties by Zip Code



MO HealthNet MCO and ASO Regions

All Eligibles in Southern Counties by Zip Code



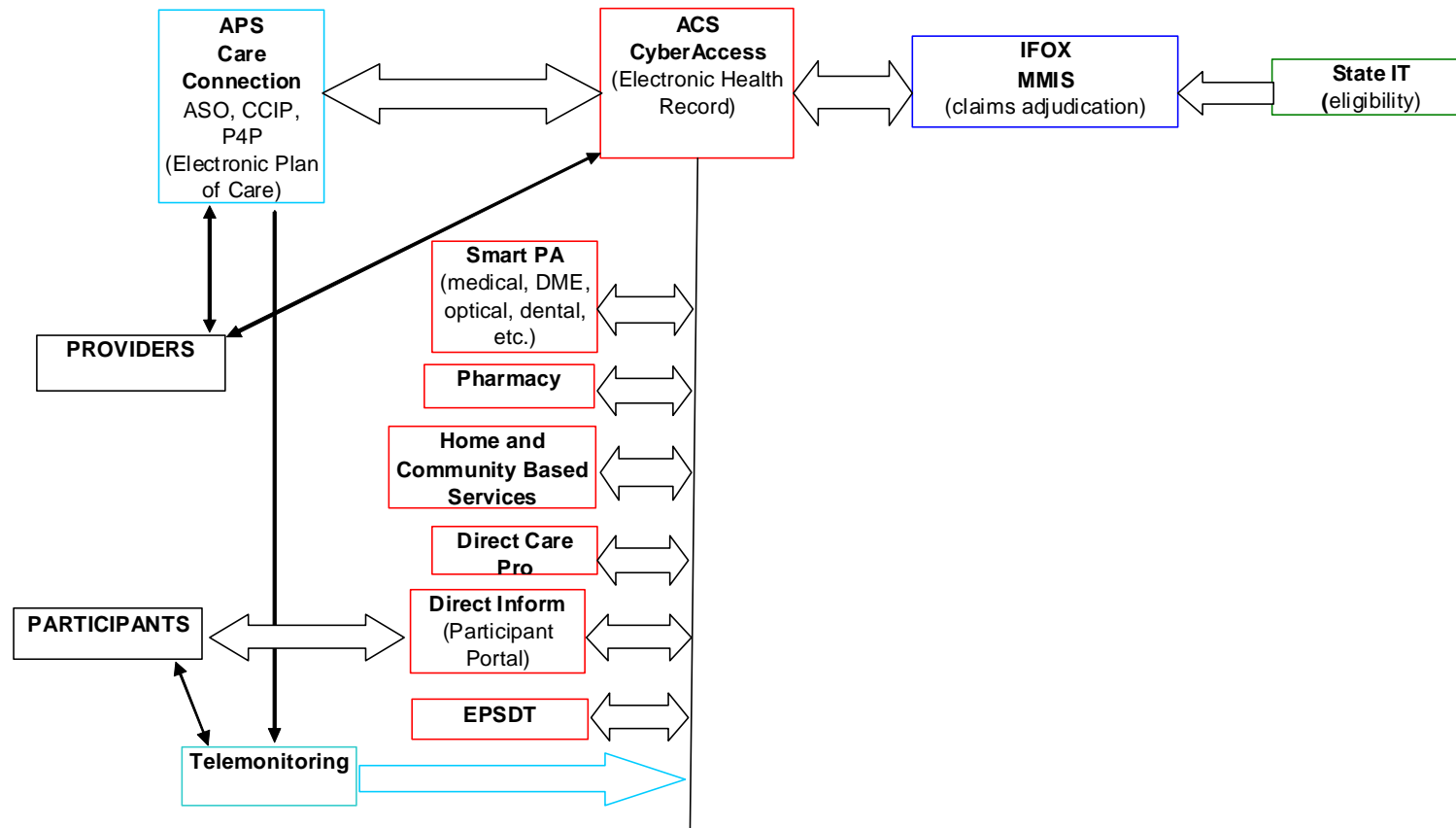
Tools for Clinical Use

- Smart PA
- Decision Support Tools
 - CyberFormance
 - Paid Claim Tool
- CyberAccess
- Care Connection

Tools for Patient/Participant Use

- Direct Inform (12/31/08)
- MORx Compare (current)

HIT, How it Fits Together



CyberAccess

● Current Features

- Patient demographics
- Electronic Health Record
 - Record of all participant prescriptions
 - All procedures codes
 - All diagnosis codes
- E prescribing
- Preferred Drug List support
 - Access to preferred medication list
 - Precertification of medications via clinical algorithms
 - Implementation of step therapy
 - Prior authorization of medications)
- Medication possession ratio
- DirectCare Pro

CyberAccess (current,con't)

- DirectCare Pro
 - Notices pharmacy availability of intervention at POS entry
 - Clinical staff reaches out to patient
 - Targeted intervention bases on best practice and care and treatment guidelines
 - Intervention outcomes available to healthcare team
 - Direct billing
 - Outcomes monitoring

CyberAccess (current,con't)

- General Medical Uses
 - Integrated call center support
 - Availability of laboratory values (and references)
 - Precertification of imaging
 - Precertification of durable medical equipment (DME)

CyberAccess (con't, future)

- Near Term Additions (First quarter 2009)
 - Determination of level of care and precertification of home and community based services
 - Electronic capture and storage of EPSDT forms
 - Precertification of optical (as covered)
 - Patient level editing
 - Electronic medical record lite (EMR)
 - Patient case management tools
 - Risk assessment
 - Stratification
 - Gaps in therapy
 - Episodes of care
 - Concurrent case management
 - Eligibility determination reporting
 - Incorporation of diabetic patient care management information

CyberAccess (con't, 2nd quarter 2009 and beyond)

- Later term additions

- Interoperability with other services (EMRs, hospital records)
- Precertification of dental
- “Plug-ins” for EMR
 - Scheduling
 - Billing
- Integrated billing for service
- Integration of discharge summary and medication reconciliation
- Integration of home monitoring data/information
- Integration of immunization registry

DirectInform

- Access to program provided benefits
 - Program integrity notification of services provides (EOB equivalent)
- Notification of wellness lapses
- Web portal participant health information

DirectInform Screen Shot 1 MHD

[Home](#) > [Health To Do List](#) > [Current Health To Do List](#)

[Printer Friendly Version](#) [Logout](#)

DirectInform™
 for MO HealthNet Participants

Welcome Don Madison
 Monday, October 20, 2008

[Home](#)
[Health Recommendations](#)
[Health To Do List](#)
[History](#)
[Health Resources](#)
[Account](#)
[Help](#)

[Current Health To Do List](#)
 Your current list of selected "To Do" recommendations.

Click on the "To Do" icon for additional detail.
 After completing each item, click the completed check box to move the item to your "To Do" history.

[Print To Do Report](#)

Completed	Date Identified	Current Health Action Item	To Do
<input type="checkbox"/>	6/14/2008	Blood Pressure Monitoring	Take my blood pressure every week.
<input type="checkbox"/>	6/14/2008	Blood Sugar Testing	Get a reminder to check my blood sugar (glucose) at least daily.
<input type="checkbox"/>	7/22/2008	Yearly Dental Exam	Schedule an appointment to get a dental exam.
<input type="checkbox"/>	7/22/2008	Yearly Eye Exam	Schedule an appointment to get my eyes examined.
<input type="checkbox"/>	7/22/2008	Diabetes Sugar Test	Ask my doctor about scheduling a HbA1C test for me.
<input type="checkbox"/>	8/20/2008	Dietary Advice	Talk to my health care provider about foods that I should avoid.
<input type="checkbox"/>	8/20/2008	Cardiovascular Health	Start a program of healthy eating and regular exercise.
<input type="checkbox"/>	8/20/2008	Stress Management	Talk to my health care provider about the ways I can reduce stress.
<input type="checkbox"/>	10/17/2008	Pneumonia Shot	Talk to my doctor about getting a pneumonia shot.
<input type="checkbox"/>	10/17/2008	High Blood Pressure Medication	Get a reminder to take my blood pressure medication every day.

Health Profile

This report will summarize your recent medical activity.

[Print Health Profile PDF](#)

Learn More

Review the To Do items you have completed.

Research the health topics that are important to you and your family.

DirectInform Screen Shot 2 MHD



The screenshot shows the DirectInform website interface. At the top, there is a blue header bar with "Home > Help" on the left and a "Login" button on the right. Below the header, the MoHealthNet logo is on the left, and the text "DirectInform™ for Mo HealthNet Participants" is on the right, accompanied by a photo of a diverse group of people. A "Welcome" message is displayed on the left, and the date "Tuesday, November 11, 2008" is on the right. A navigation bar contains links for "Home", "Health Recommendations", "Health To Do List", "History", "Health Resources", "Account", and a "Help" button. The "Help" section is expanded, showing a list of links: "Help" (with a description), "Site Map", "Legal", "FAQ", "Contact Us", and "System Requirements". To the left of these links is a close-up image of a computer keyboard. At the bottom, a footer bar contains the copyright notice "©2008-2009 DirectInform" and a series of links: "Home", "FAQ", "Contact Us", "Privacy", "System Requirements", and "Terms and Conditions".

Home > Help Login

MoHealthNet DirectInform™
for Mo HealthNet Participants

Welcome Tuesday, November 11, 2008

Home Health Recommendations Health To Do List History Health Resources Account Help

Help Please review our help resources concerning the DirectInform program. If the section does not answer your question, feel free to contact our Customer Support Specialists.

Site Map Provides a high level overview of the site and links to the various areas to aid in navigation.

Legal Review the End User License Agreement and Terms of Use notification.

FAQ Review the most frequently asked questions.

Contact Us Find out how to contact our Customer Support Specialists if you cannot find the answers to your question.

System Requirements Determine the minimum system requirements for utilizing DirectInform and find links to required third-party software.

©2008-2009 DirectInform Home FAQ Contact Us Privacy System Requirements Terms and Conditions

Future Addition Across User Interfaces

- Direct notification to participants and providers of gaps of care
- Integration of drill down to best practice lapse and gaps of care
- Integration of patient empowerment information such as asthma action plans, diabetic management plans of care
- Wellness initiatives such as anti-obesity programs
- Smoking cessation programs and general wellness empowerment tools

Discussion

- Questions

Thank you

George.L.Oestreich@dss.mo.gov

573.751.6961