Community Medical Centers
Toward a Healthier Future for Dual Eligibles: A Community Care Network

Dual RFI Response Summary

Improving Care through Integrated Medicare and Medi-Cal Delivery Models

Stakeholder Meeting
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Community Medical Centers Organization Background

- Locally owned, not-for-profit, public benefit organization

- Affiliation with UCSF School of Medicine

- "Safety-Net" provider
  - Under contract with Fresno County to provide all non-mental health healthcare services to the area's ~17,000 medically indigent patients
  - $174 Million in unpaid services in 2010 to the medically underserved as a benefit to the community

- Full service health system, including a TPA and MSO, with close affiliation with the area's 2 major medical groups

- 886 total licensed beds, 9,988 annual births, 146,226 patients treated in the emergency department system-wide annually

- The area's only Level 1 trauma center and comprehensive regional burn center

Community Medical Centers
Existing Problems We Will Address

- Existing delivery model is fragmented and inefficient,- "Non-Person Centric"
  - Based on FFS, episodic care
  - Lack of coordination among acute care, psych, ancillaries, physicians and community based services/resources
  - Poor primary care follow-up
- Mental Health crisis in Fresno County
  - Elimination of the Crisis Intervention Center

Community Medical Centers
Overview: Proposed Integrated Care Plan

- Service Area/location: Fresno County

- Population to be served and its size
  - Dual Eligibles, 22 to 64, Target 10,377 duals in the county, with 5,000 enrolled after first year

- Provider Network Basics
  - Existing CMC Network: Acute care, psych inpatient, outpatient treatment/diagnostics, ambulatory clinics, imaging, lab, UCSF faculty medical group
  - Additions to network: Area Federally Qualified Health Centers, social case managers, psych day treatment center(s)

- Financial Structure:
  - CMC Knox-Keene or Partner Health Plan

Community Medical Centers
Key Points: Proposed Integrated Care Model

- Patient Centric Care Management System
  - Data management and informatics back-end used to build a provider-accessible medical record AND develop patient risk-scoring and predictive modeling

- Provider financial incentives will be based on improvement of base line risk scores

- Care management approach
  - Major focus on Mental Health with incorporation of day treatment facility and medication compliance programs

- Use of Patient centric medical record to connect patient with community-based, non-medical services

Community Medical Centers
Specific Care Integration Challenges

- How will your proposed pilot project integrate care in the following areas?
  - Mental & Behavioral Health Care
    - Integration of a Day Treatment facility into the system used as a focal point for intensive social case management aimed at improving medication compliance
    - Establishment of private version of the crisis intervention center to address 5150 issue in area EDs
  - Long Term Care- Will be integrated into to this model through the use of care managers, the development of outcomes/performance financial goals such as reducing hospital admissions and person centric care plan integration

Community Medical Centers Attributes of New Approach

- We will have meaningful stakeholder buy in by bringing all care partners to the table to develop a person centered system

- We will develop a sound plan for driving enrollment from the patient, primary care and residential site perspective

- We have a team of professionals in-place with a track record of coordinating care across primary care, acute care, behavioral care, long term care and support services

Community Medical Centers Attributes Continued

- We will have a strong team of data analytics/ informatics and actuarial support to "prove the numbers"

- We will use our Knox Keene plan or health plan partner to negotiate a capitated arrangement with the State but also design a creative outcomes and performance based FFS structure for behavioral health and long term care providers to enhance connectivity of care

Community Medical Centers Attributes Continued

- Through our existing health care partners and previously discussed affiliation with UCSF we have a robust and deeply capable provider network

- We will establish this community care integrated network with separate management dedicated to driving outcomes and a person centric level playing field.

Community Medical Centers Measures for Success

- Metrics that would be used to evaluate the success of the CMC pilot.

  ◦ Risk-based Scoring- Our approach creates a patient risk score, a pharmacy risk score, a risk bucket score, a risk rising score and a biometric risk score. Each of these scores creates both a starting point for care plan development and a measurement for success

  ◦ Our metrics will continue to evolve since much of the data now is claims driven but in the future scoring must include biometric/physiologic improvement AND quality of life improvement based upon behavioral and residential care

Community Medical Centers
Information Needed from CMS and the State

- Any Federal and State claims and financial data at patient specific levels would be extremely helpful

- Marketing rules and regulation that would pertain to the pilots
  - Patient assignment?
  - Opt-in, opt-out ability

- Composition of local pilot governing boards