



# Interim Evaluation of Health Care Coverage Initiative in California

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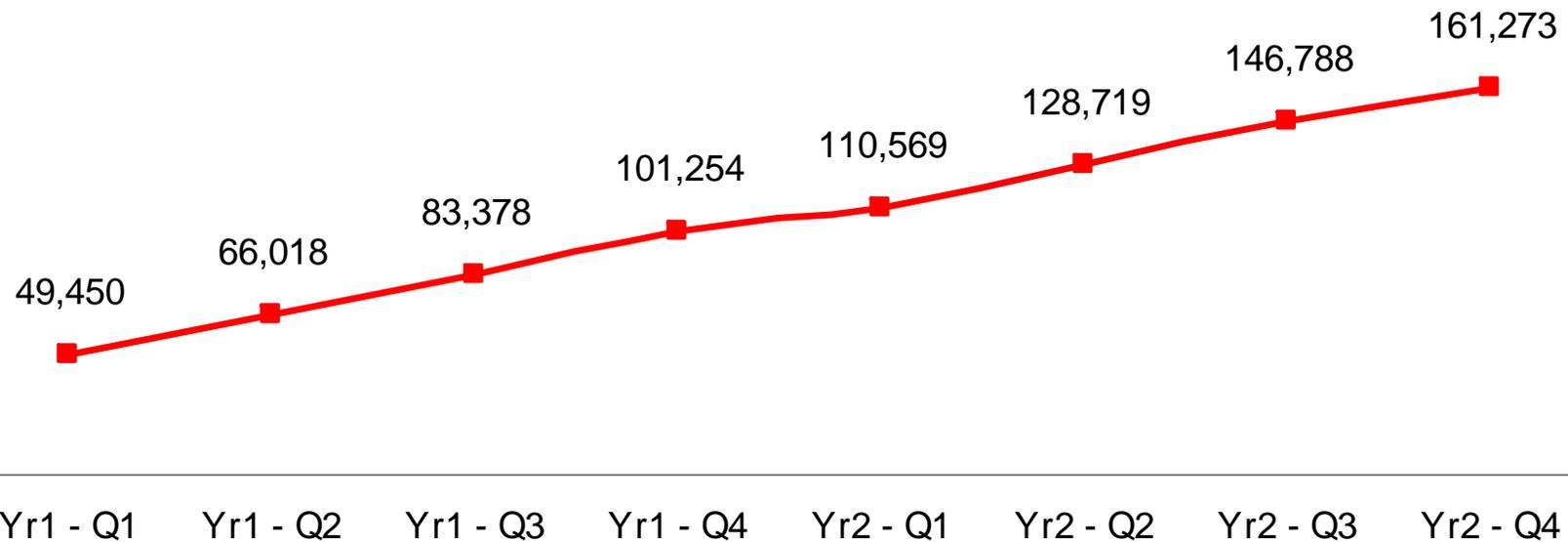
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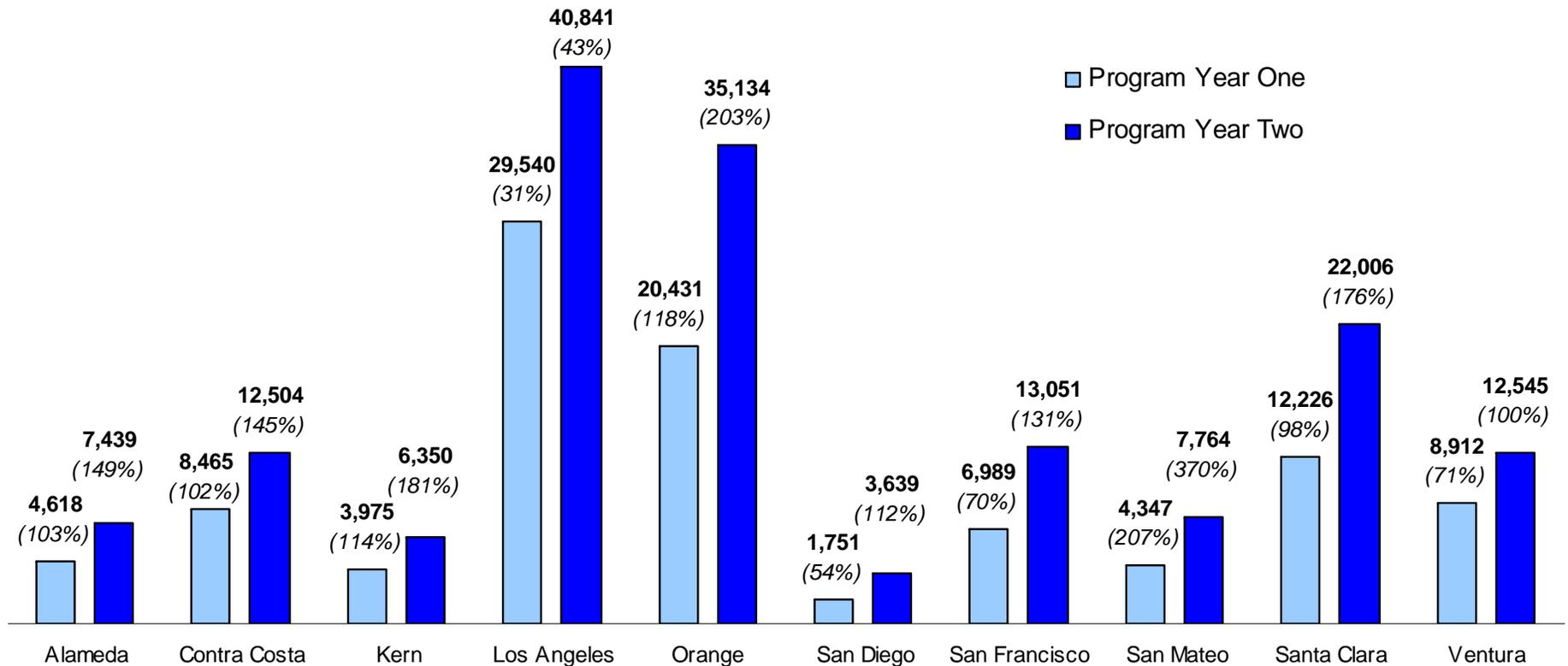
Zina Kally

# Total HCCI Unduplicated Quarterly Enrollment: Y1 & Y2- 9/2007 to 8/2009



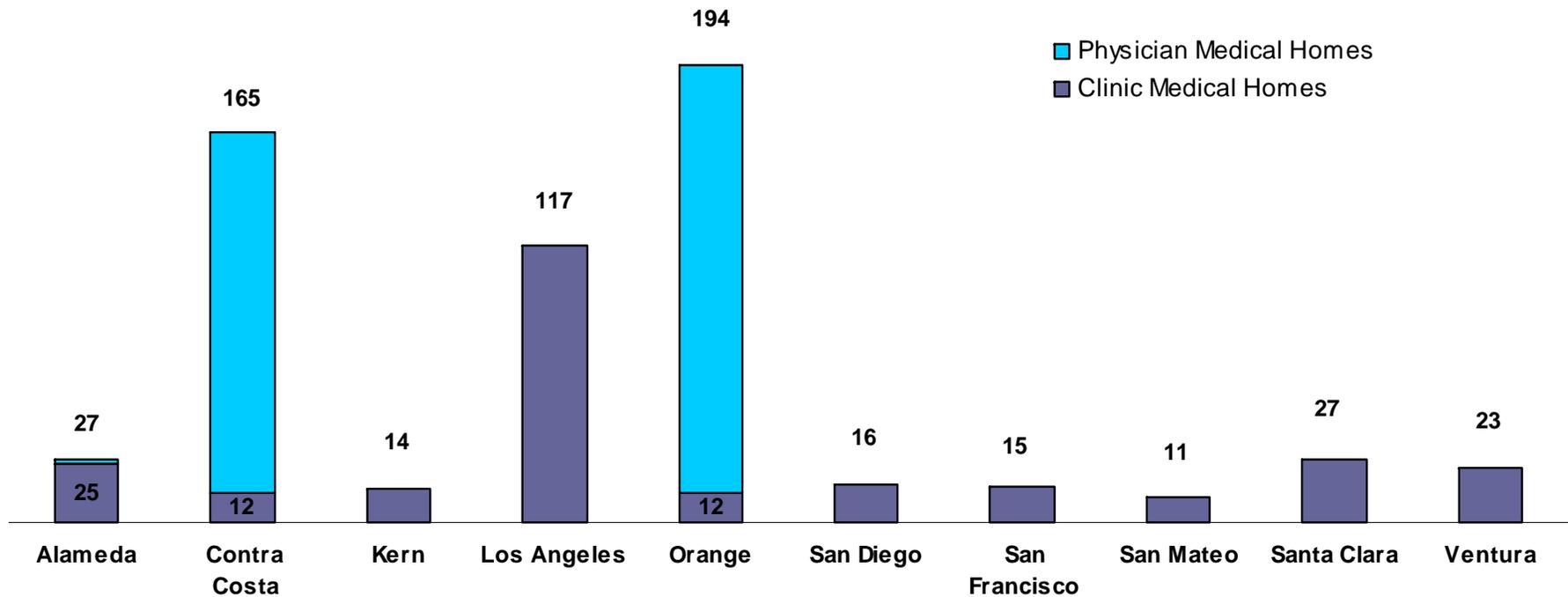
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

# Unduplicated Enrollment (& % of Target) by County & Program Year



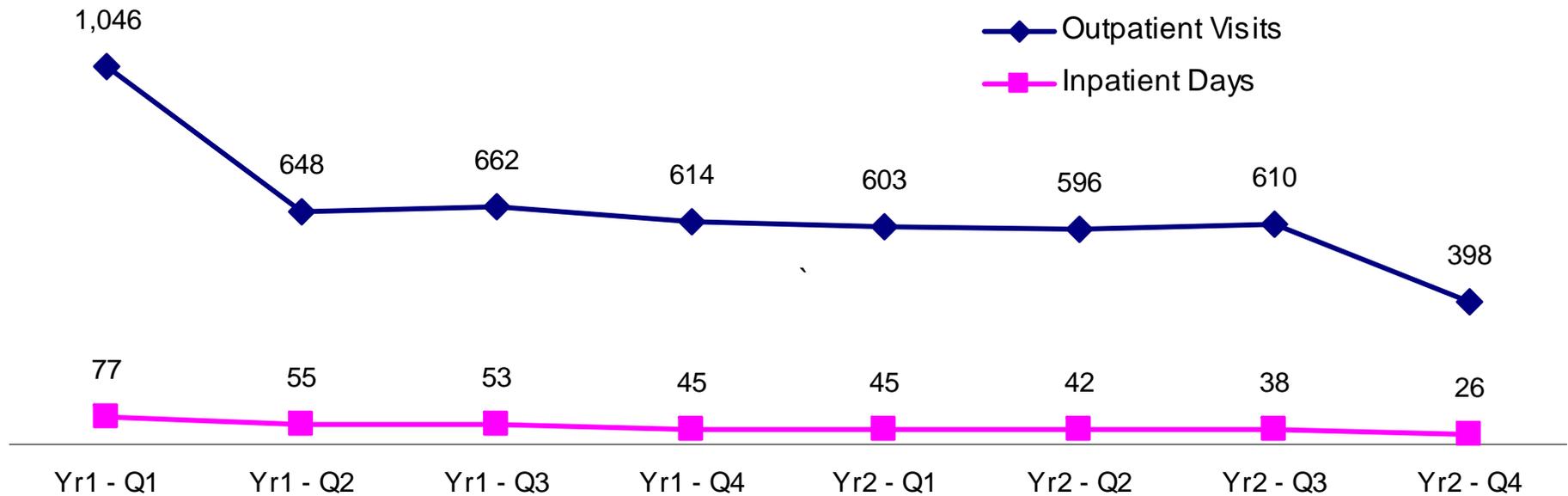
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

# Total Number of Medical Homes by Medical Home Type & County



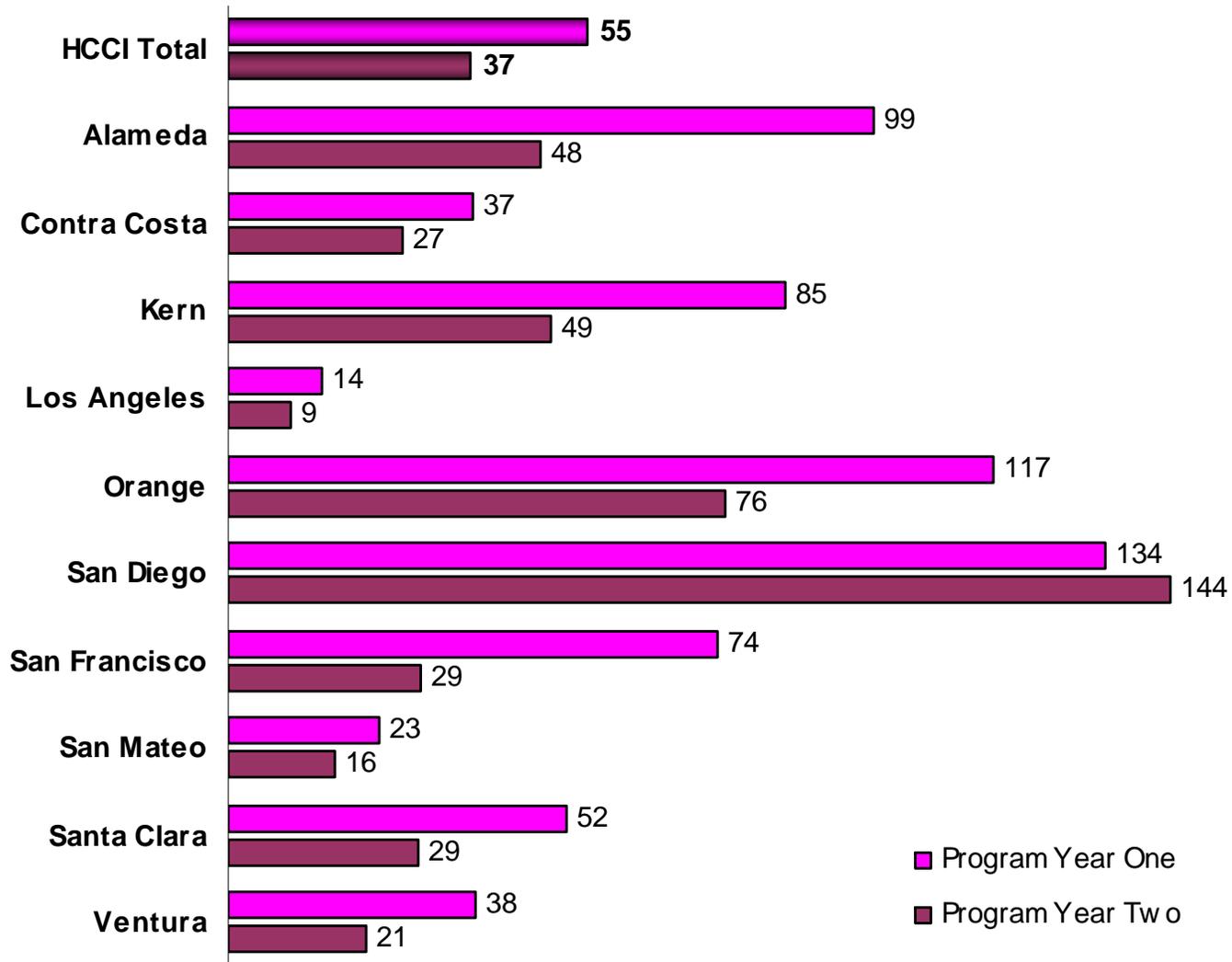
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

# Inpatient Days and Outpatient Visits per 1,000 Members per Month, Y1 & Y2



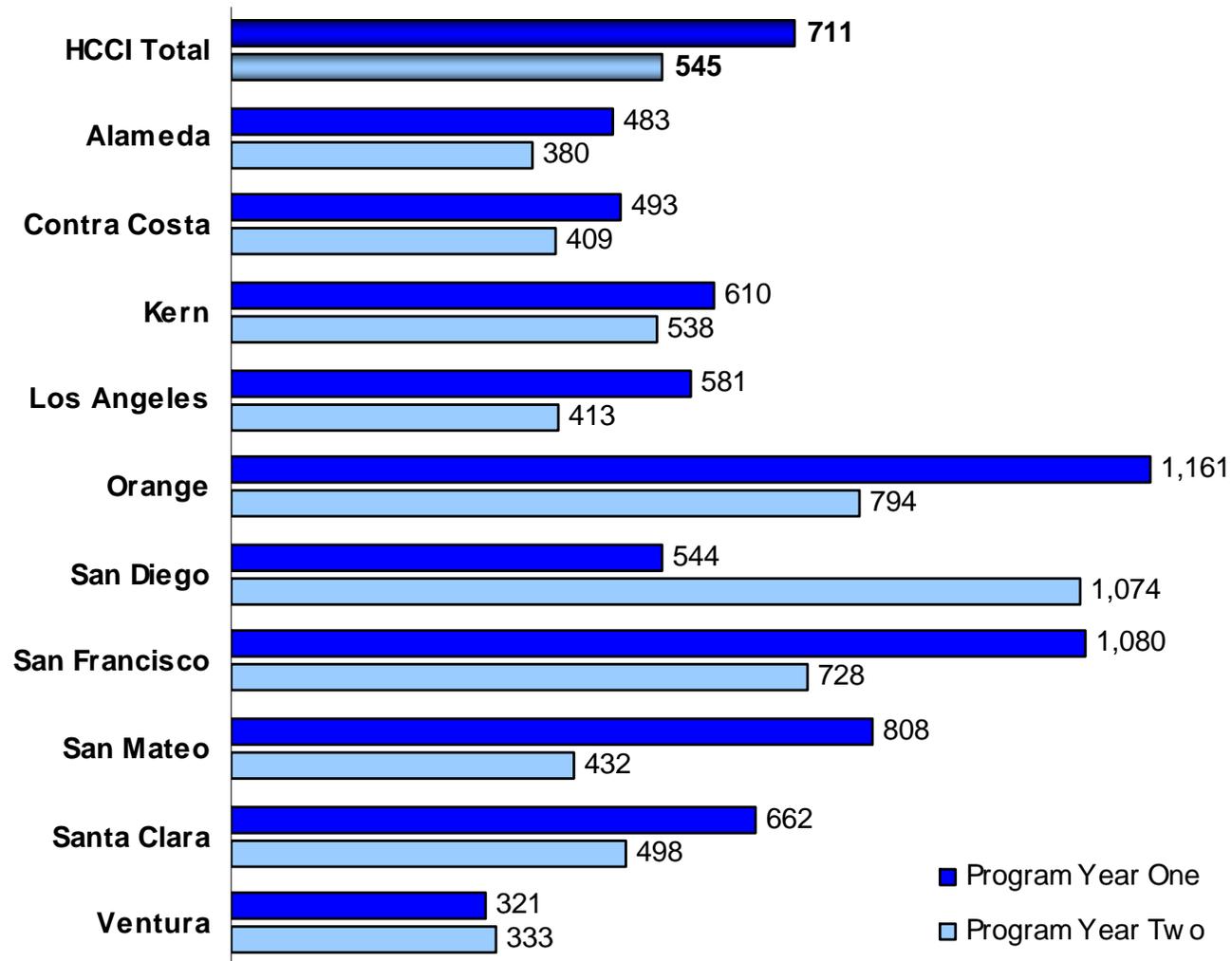
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)  
Note: Year Two, Quarter Four data are preliminary.

# Inpatient Days per 1,000 Members per Month by County



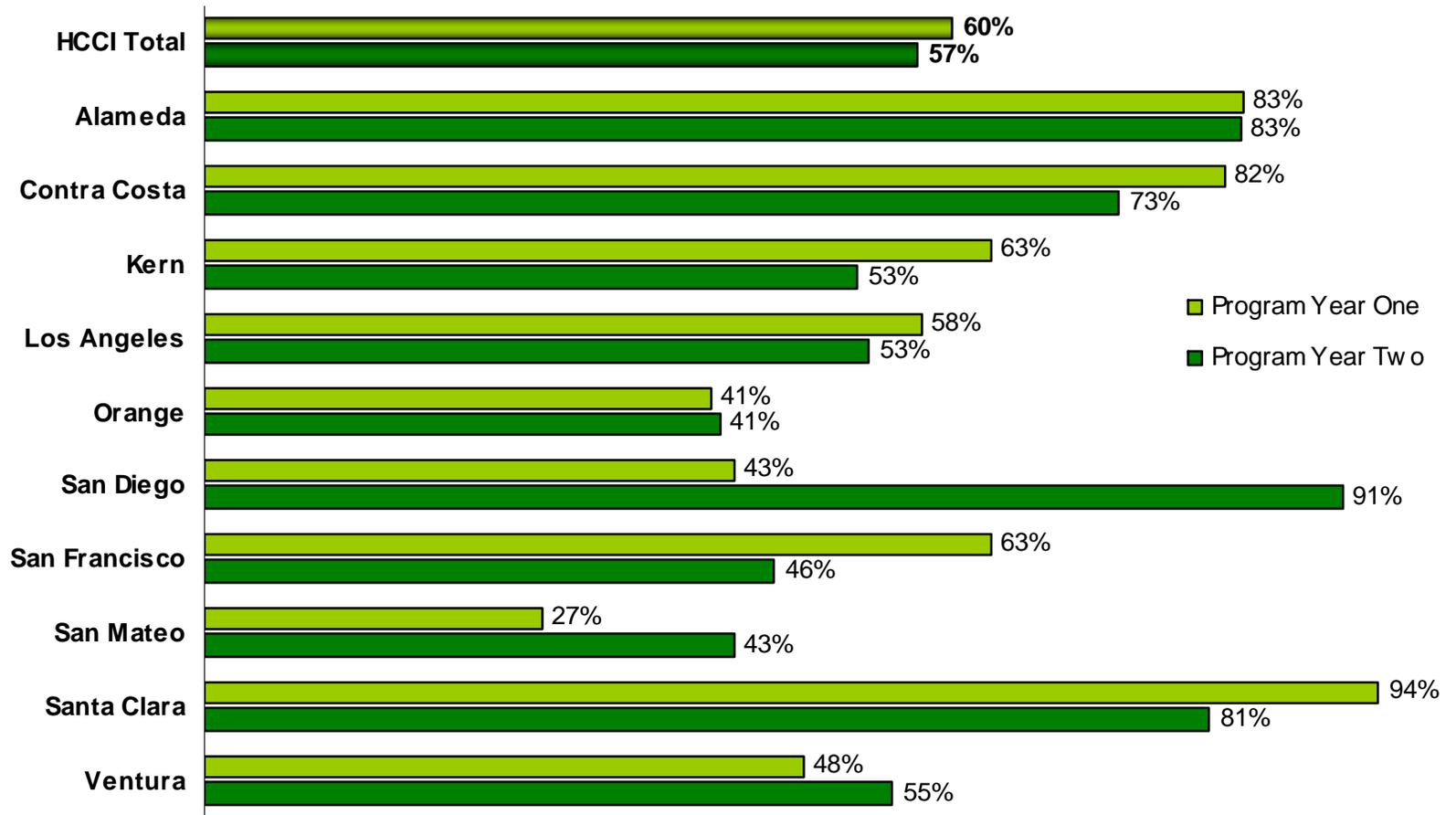
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

# Outpatient Visits per 1,000 Members per Month by County



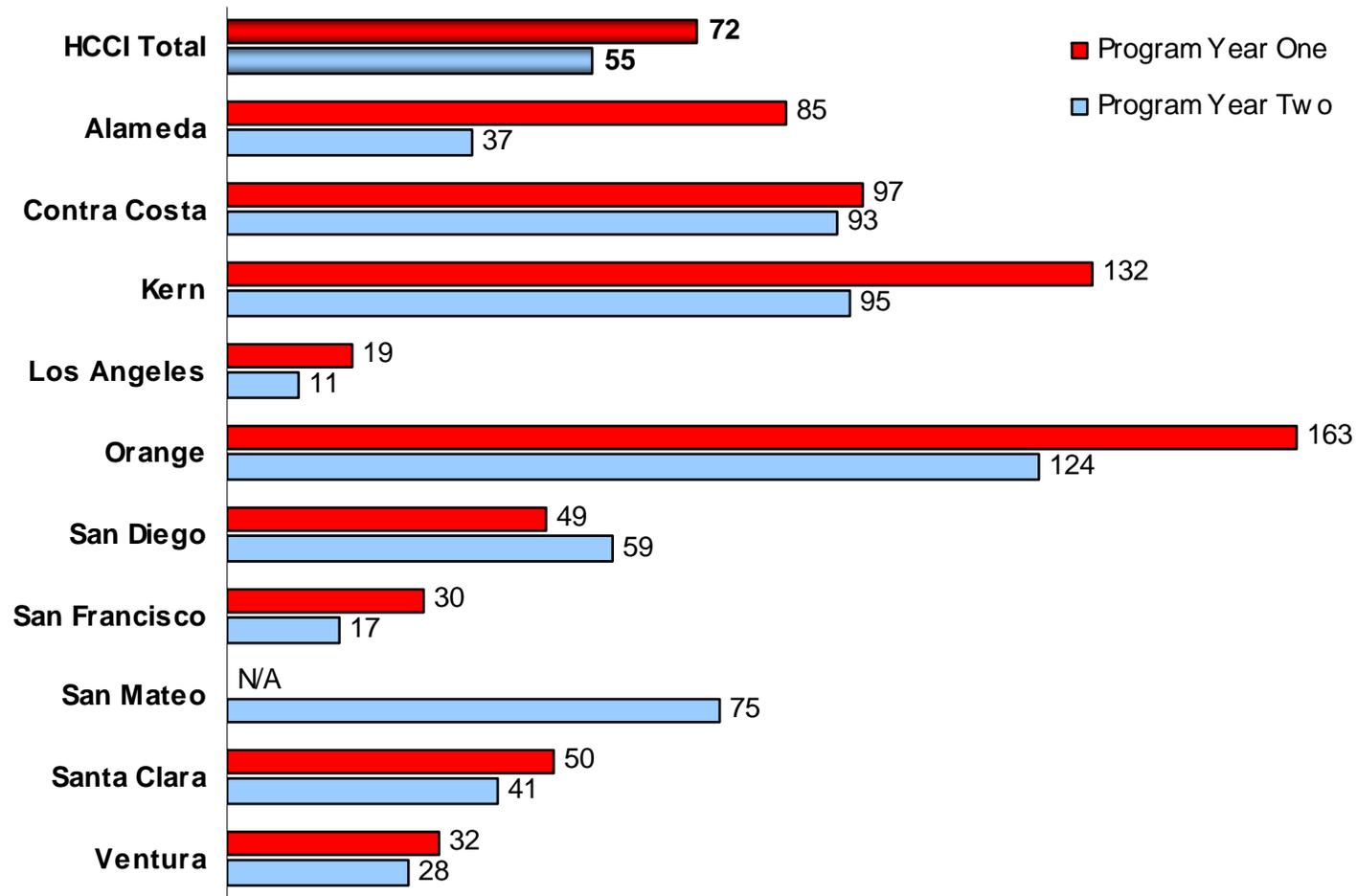
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

# Percent of Members Visiting their Assigned Medical Home by County



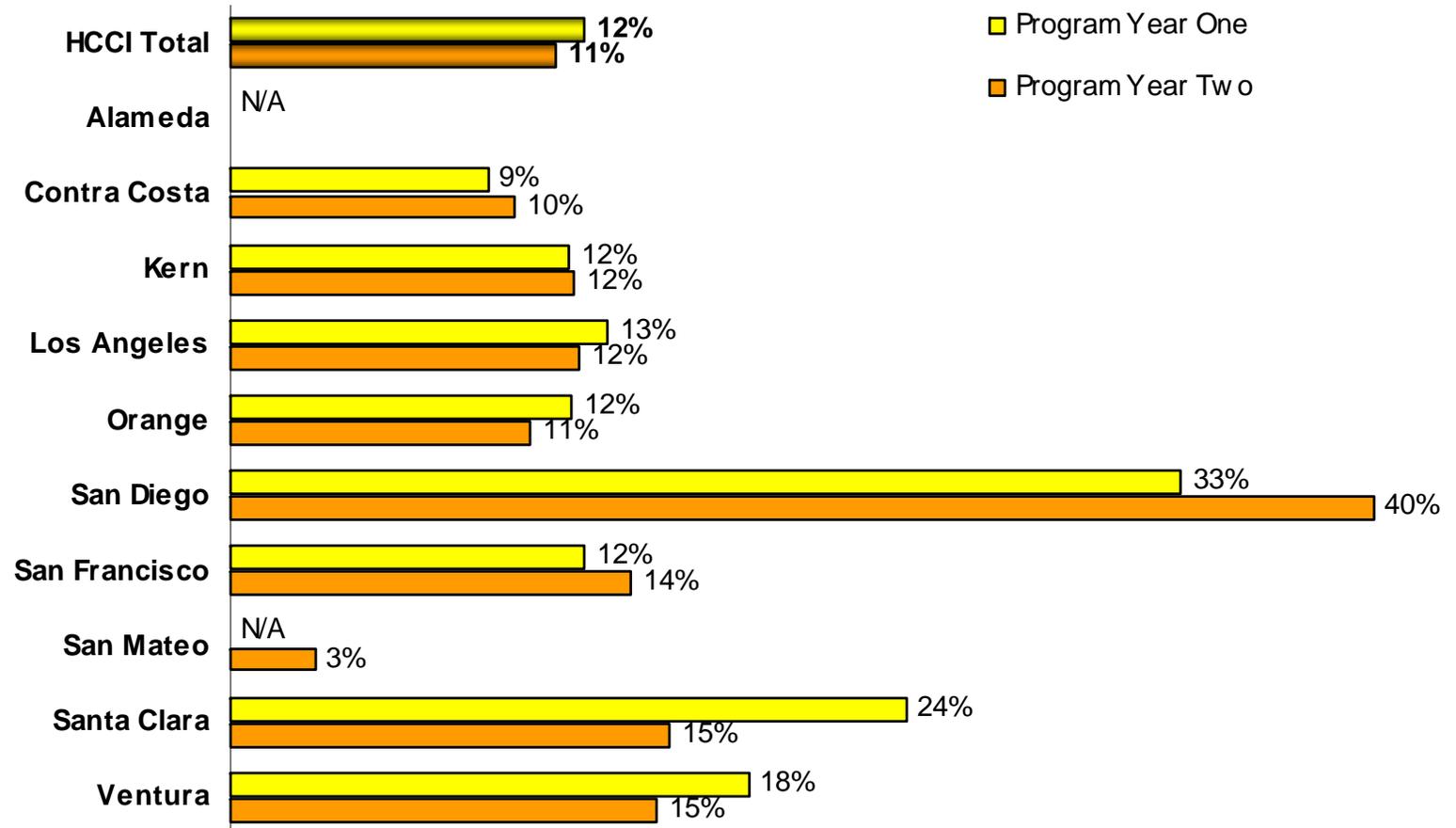
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

# Emergency Room Visits per 1,000 Members per Month by County



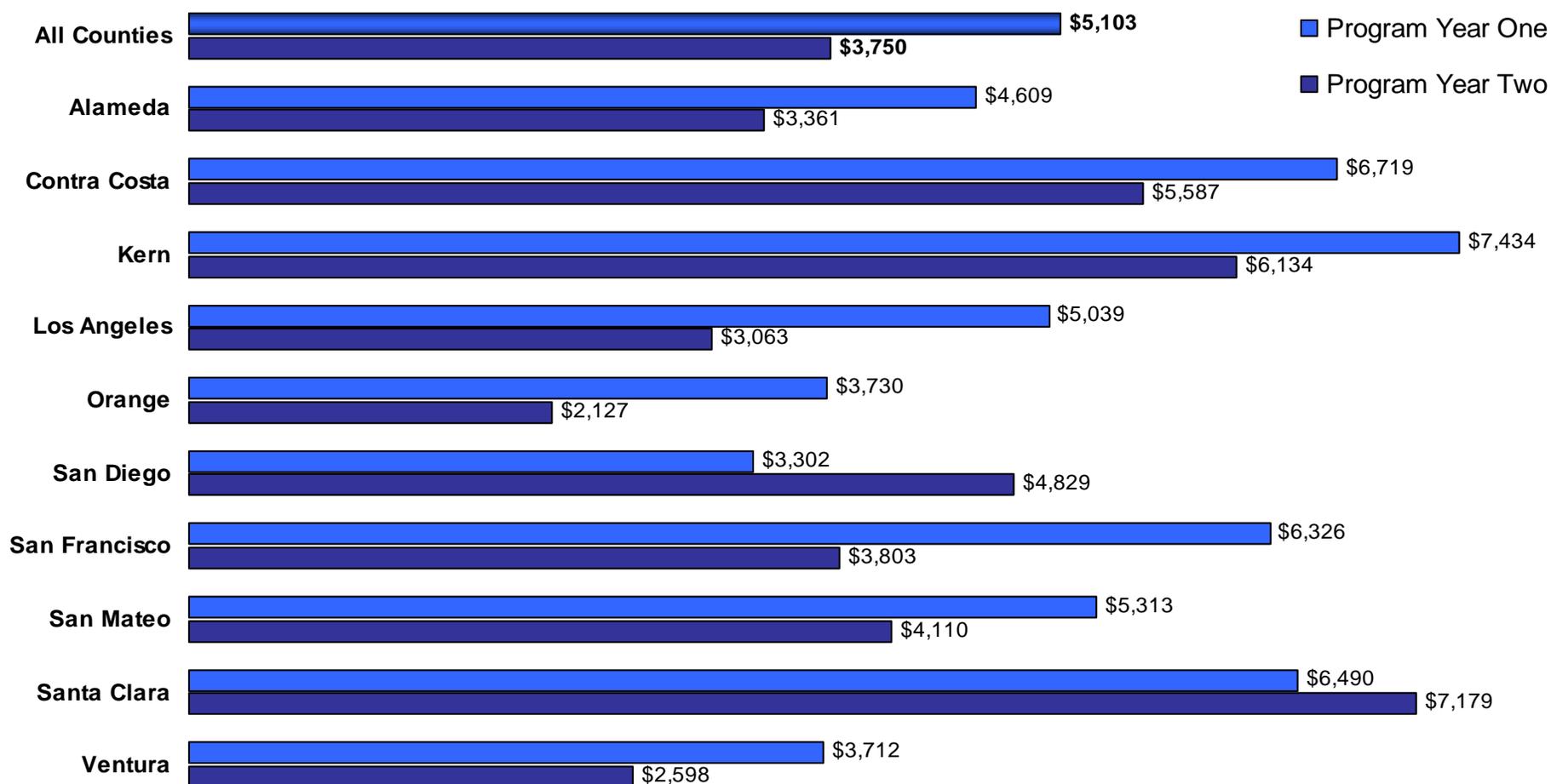
Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

# Percent of Emergency Room Visits Resulting in Inpatient Admission



Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

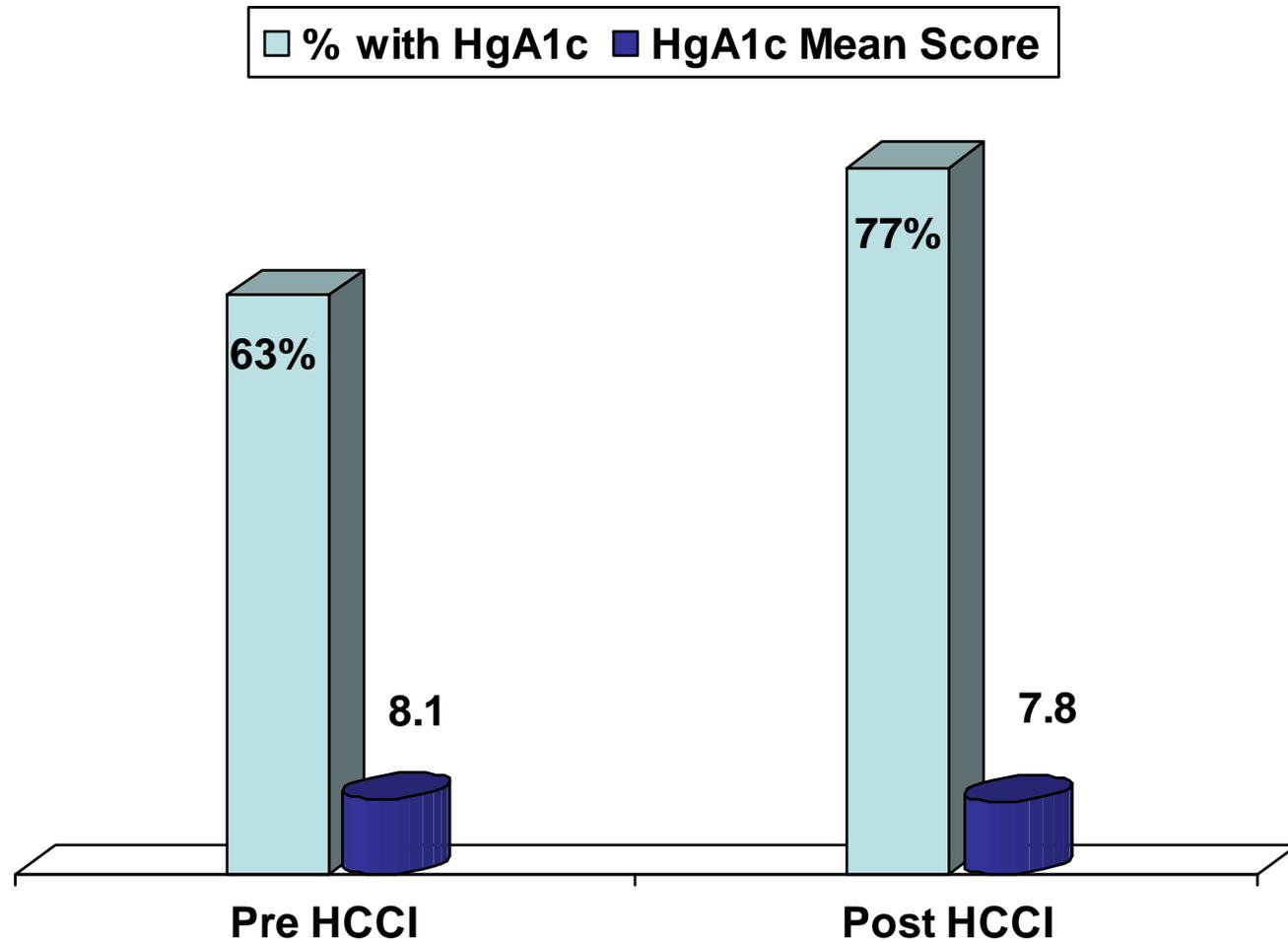
# Annualized Mean Certified Expenditures per Enrollee by County



Source: County progress reports to DHCS, program years one and two (9/1/07 to 8/31/09)

Note: These data do not account for variations in program implementation and population characteristics.

# Early Evidence of Success: Diabetes Screening & Outcomes



Source: UCLA analysis of San Francisco County's data (9/1/06 to 8/31/09)

## Early Evidence of Success: County-Reported Utilization Measures

- Decrease in ER visits among care managed members, Kern County
- Shift from brand to generic prescriptions and decreased average medication cost per member, Orange County
- Increase in Pneumonia Vaccination (Pneumo-vax) rates, San Mateo County
- Increase in proportion of members receiving retinal exams for diabetes, San Diego
- Increase in proportion of members receiving Pap tests, LDL tests, and HgA1c tests, Orange County

# Early Evidence of Success: County-Reported Outcome Measures

- Decrease in average LDL (cholesterol) level among members receiving screening, Orange County
- Increase in proportion of chronically ill case managed members with decline in blood pressure, HbA1c and LDL levels, San Diego County

# System Redesign & Innovations

- Implementation of PCMH/CCM
- Safety-net based provider networks
- Enhancement of specialty care access
- Care/case/panel management programs
- Advances in HIT development (EMR, e-RX, e-referral)

# Administrative Challenges

- Limited time for program planning
- Health care costs reimbursement began early in the 2<sup>nd</sup> program year
- Administrative cost reimbursement has not begun to date
- Overall need for additional federal matching dollars:
  - Eight counties met or exceeded their year two CI allocation
  - Four counties have halted new enrollment to contain costs

# Interim Lessons Learned

- Strong evidence of:
  - Expansions in covered services
  - System redesign
  - Innovations in specialty care and network creation
- Limited/preliminary evidence of:
  - Improvements in patient health outcomes
  - Efficiencies in health care delivery:
    - Increased adherence to clinical care guidelines
    - Decreased utilization of inpatient care and ER
    - Decreased average cost of care per enrollee

# Recommendations for Waiver Renewal

- Contractually require submission of timely program and patient data to document waiver impact
- Provide clear and specific guidelines for program design, but allow flexibility in implementation
- Continue the program among participating counties
  - The program is likely to show strong evidence of success in multiple evaluation criteria
  - Sustainability of most programs in the absence of federal funds is unlikely
- Consider expanding the program state-wide, given the current successes of the current pilot programs
  - Reimbursement procedures are tested and implemented
  - Enrollment challenges and barriers are largely overcome
  - Innovations in care delivery and system redesign are replicable in other counties