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Whole Person Care (WPC) Evaluation: Findings from the Interim Report

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Whole Person Care (WPC) Pilot Program

- A Section 1115(a) Medicaid Waiver program, 2016-2020
 - Enrollment began in 2017
 - Focused on high-risk, high-utilizing Medi-Cal enrollees
 - Provides care coordination across medical, behavioral health, and social services
- Program goals:
 - **Increase** integration and collaboration among partners locally
 - **Improve** data collection and sharing amongst partners
 - **Increase** coordination and appropriate access to medical, behavioral, and social services
 - **Increase** access to housing and supportive services
 - **Reduce** inappropriate emergency department visits and hospitalizations
 - **Improve** health outcomes

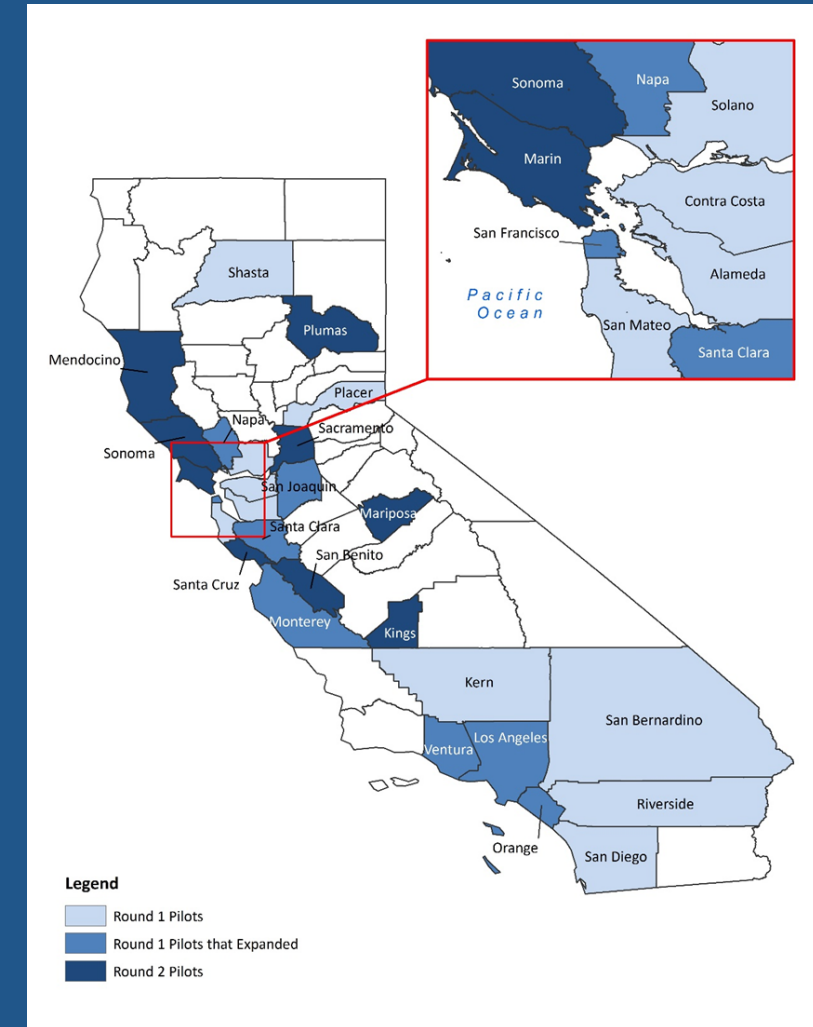
WPC Target Populations

- **High utilizers** of avoidable emergency departments, hospitals, or nursing facilities
- Individuals with **two or more chronic physical conditions**
- Individuals with **severe mental illness and/or substance use disorders (SMI/SUD)**
- Individuals experiencing **homelessness**
- Individuals **at-risk-of-homelessness**
- Individuals **recently released** from institutions (e.g., jail or prison)

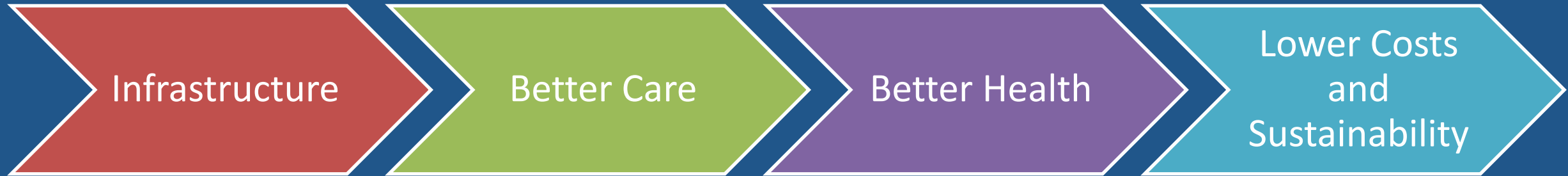
This presentation is focused on (1) high utilizers, (2) SMI/SUD, (3) homeless, and (4) justice-involved populations

WPC Pilots

- 25 WPC **Pilots** were selected (27 counties, with one dropping out in 2018)
- Implemented by partnerships of county agencies, managed care plans, hospitals, and community providers, typically led by the county health agency
- Considerable **heterogeneity** across Pilots
 - Projected 5-year enrollment ranged from **250** (Solano County) to **154,044** (Los Angeles County)
 - Selected target populations varied



UCLA Evaluation of WPC Pilot Program

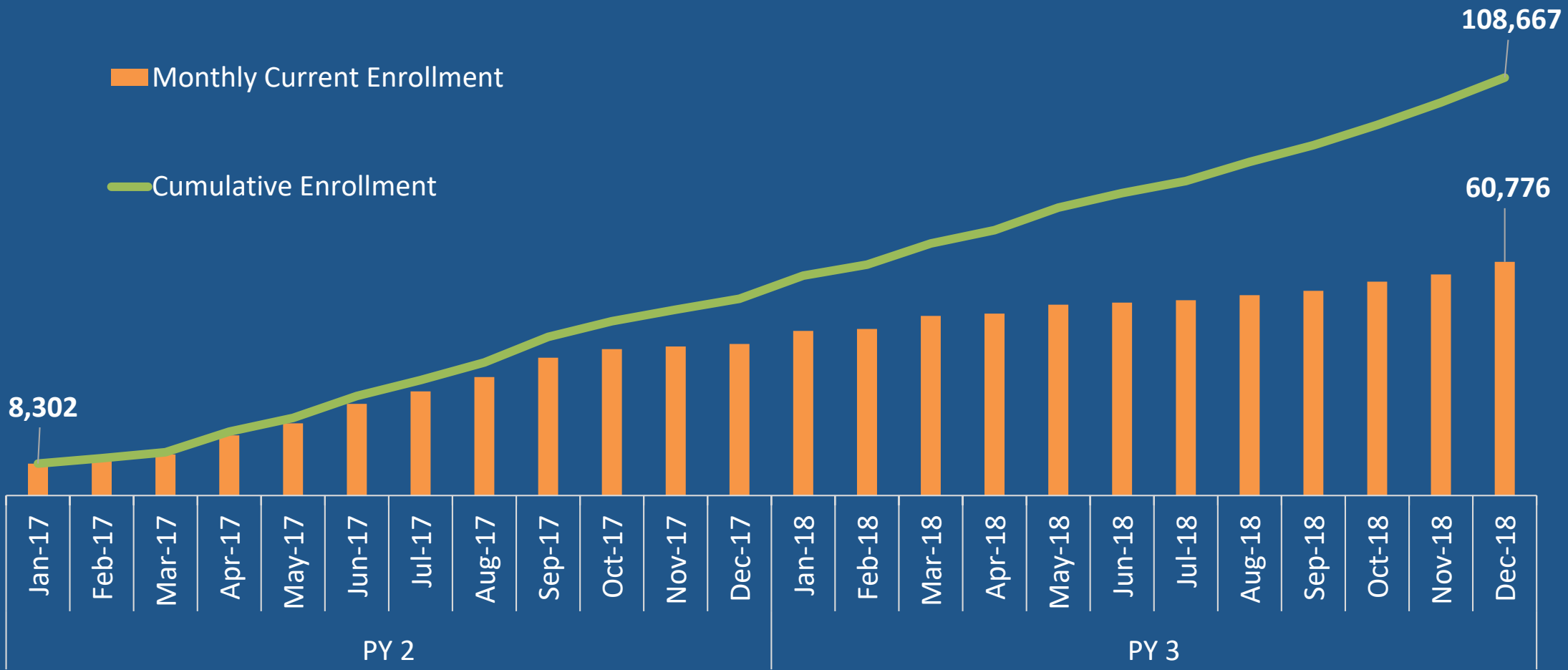


- Mixed-method evaluation
- Qualitative data sources
 - Surveys of lead entities (n=27) and key organizational partners (n=227) [July – Oct 2018]
 - Follow-up interviews with 27 Pilot administrators and staff (n=84) [Sept 2018 – March 2019]
 - Pilot applications
- Quantitative data sources
 - Medi-Cal enrollment and claims data
 - Pilot Enrollment and Utilization quarterly reports
 - Pilot Self-Reported annual reports

ENROLLMENT AND POPULATION FINDINGS

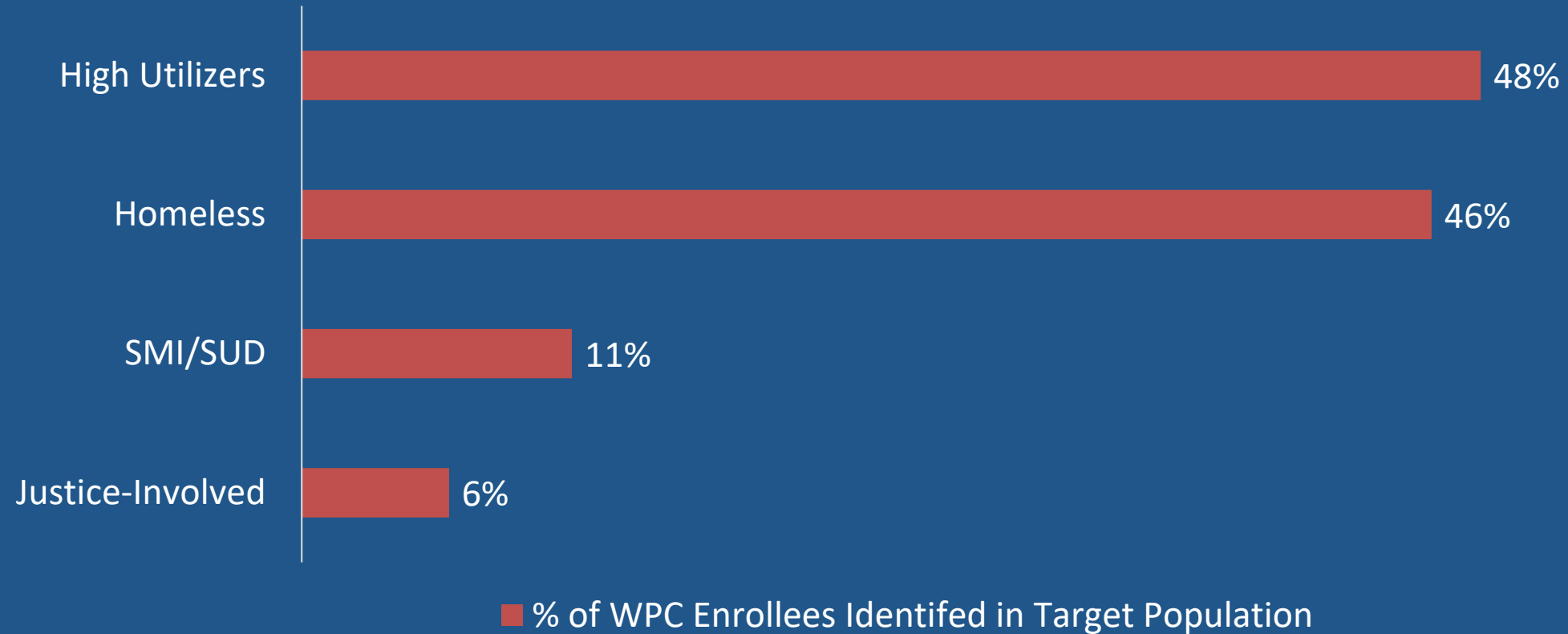
- By December 2018, 108,667 unique individuals were enrolled.
- More enrollees were high utilizers and homeless.
- More enrollees were ages 50-64, male, White, English speakers, and Managed Care beneficiaries prior to WPC.
- Enrollees had high rates of mental health conditions; substance use disorders; and hypertension.

WPC Enrollment: PY 2 to PY 3

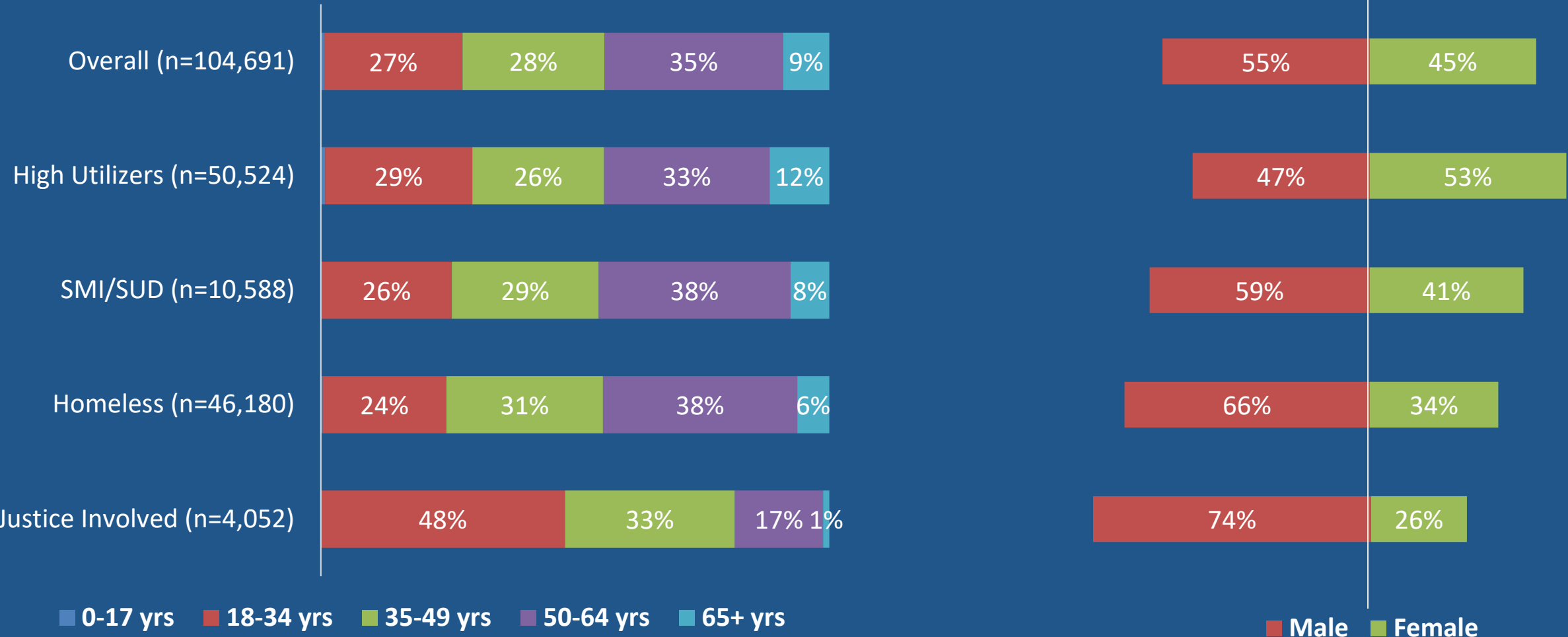


Source: Whole Person Care Enrollment and Utilization Reports and Medi-Cal Enrollment and Claims data

WPC Target Populations: PY 2 – PY 3

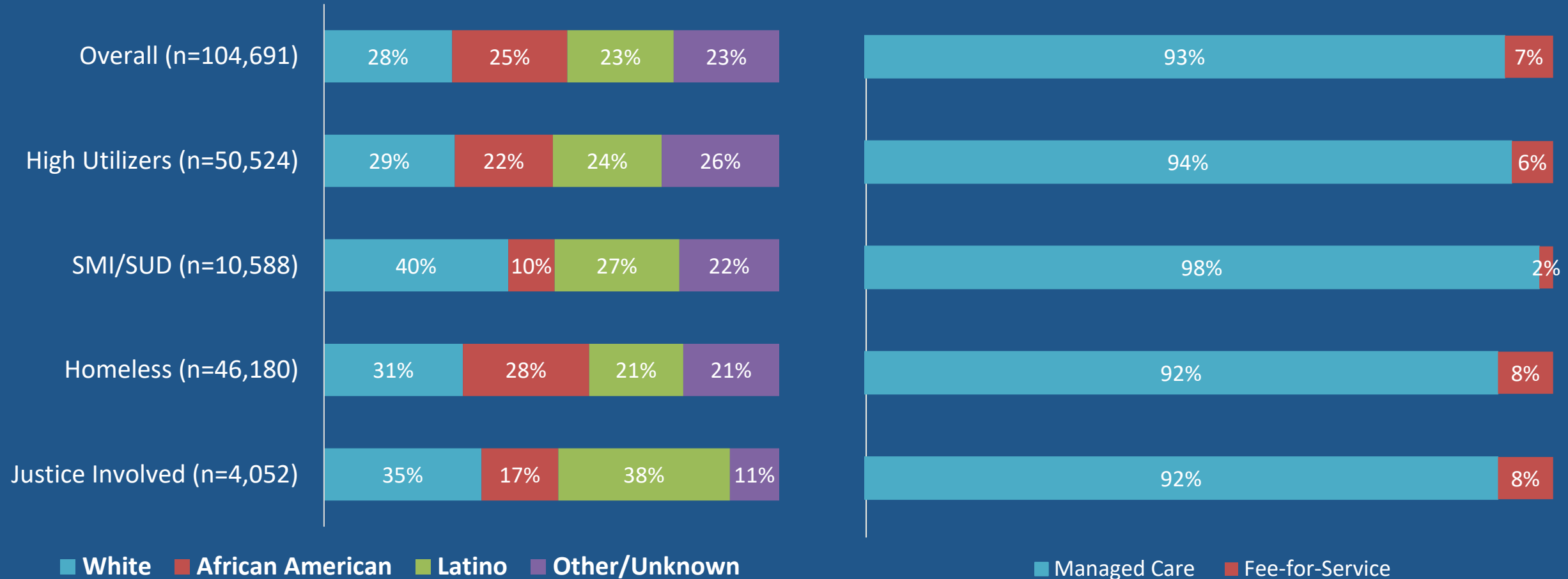


WPC Enrollees by Age and Gender



Source: Whole Person Care Enrollment and Utilization Reports and Medi-Cal Enrollment and Claims data

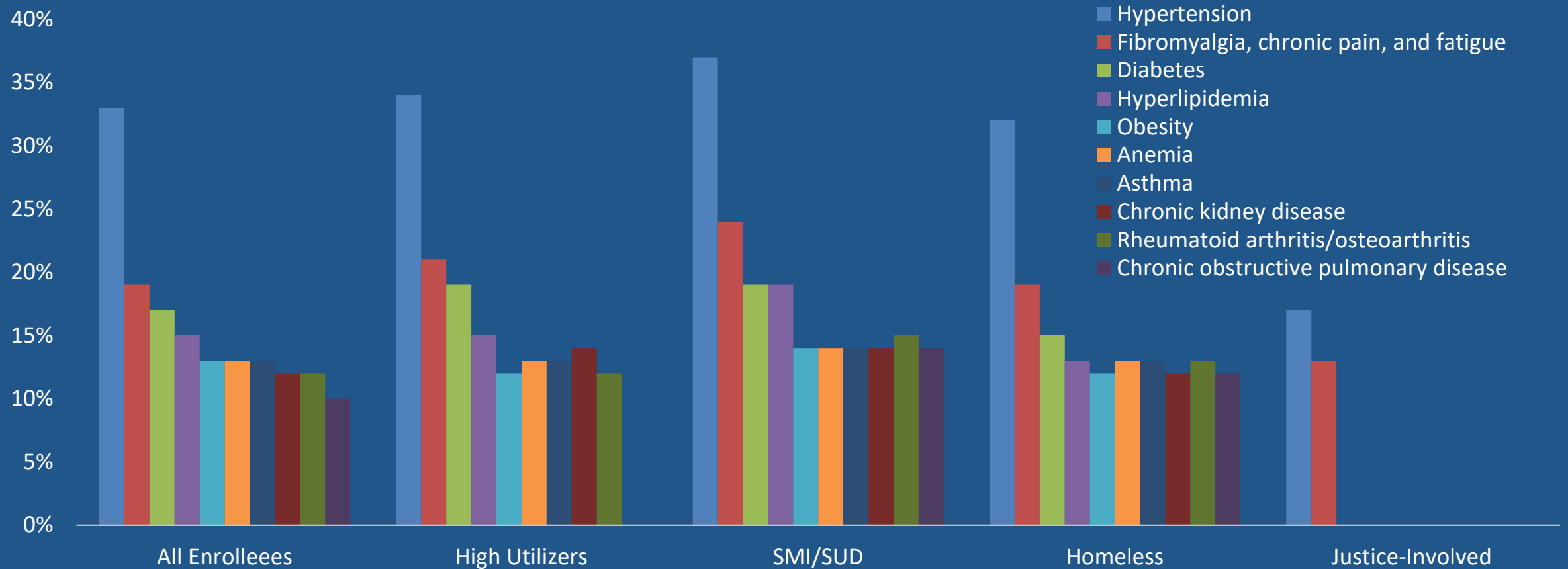
Race/Ethnicity and Managed Care Status Prior to Enrollment



Source: Whole Person Care Enrollment and Utilization Reports and Medi-Cal Enrollment and Claims data

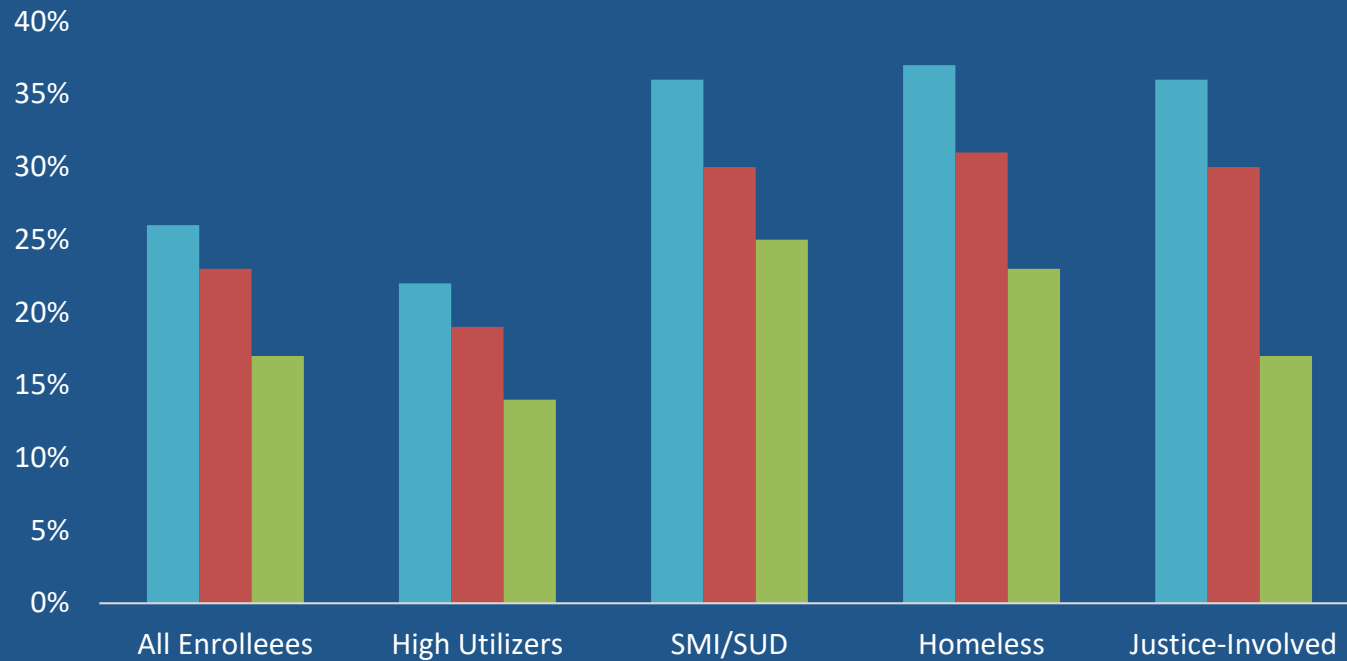
Note: Medi-Cal managed care and fee-for-service in the two years prior to WPC enrollment.

Most Frequent Chronic Health Conditions Prior to WPC Enrollment, 2016

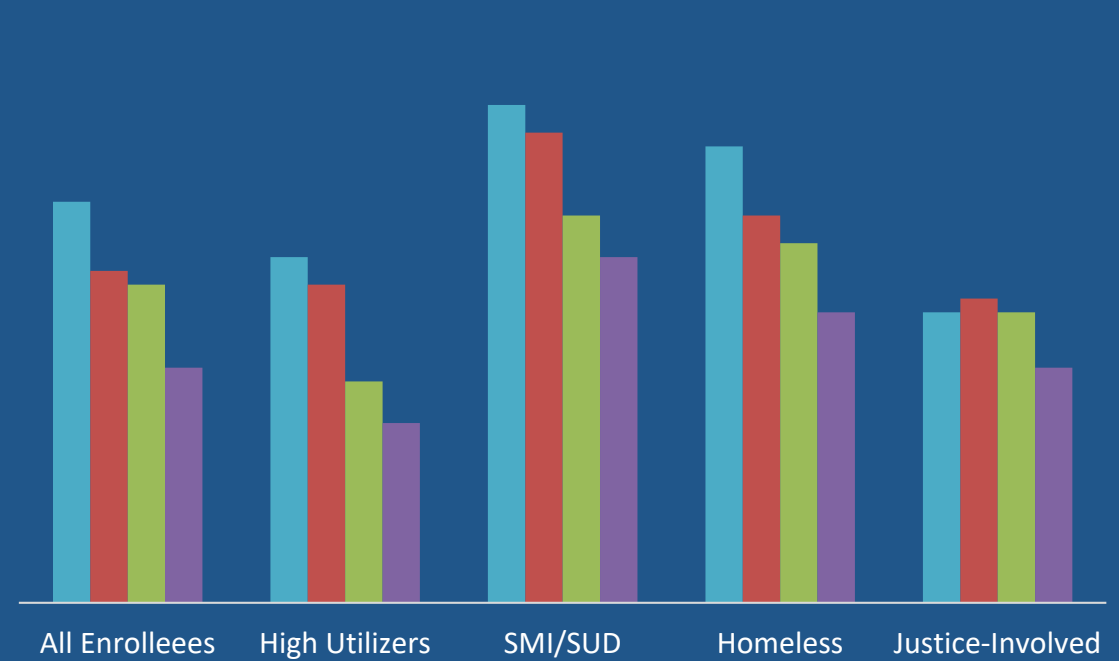


Most Frequent Substance Use and Mental Health Conditions Prior to Enrollment, 2016

Substance Use Disorders



Mental Health Conditions

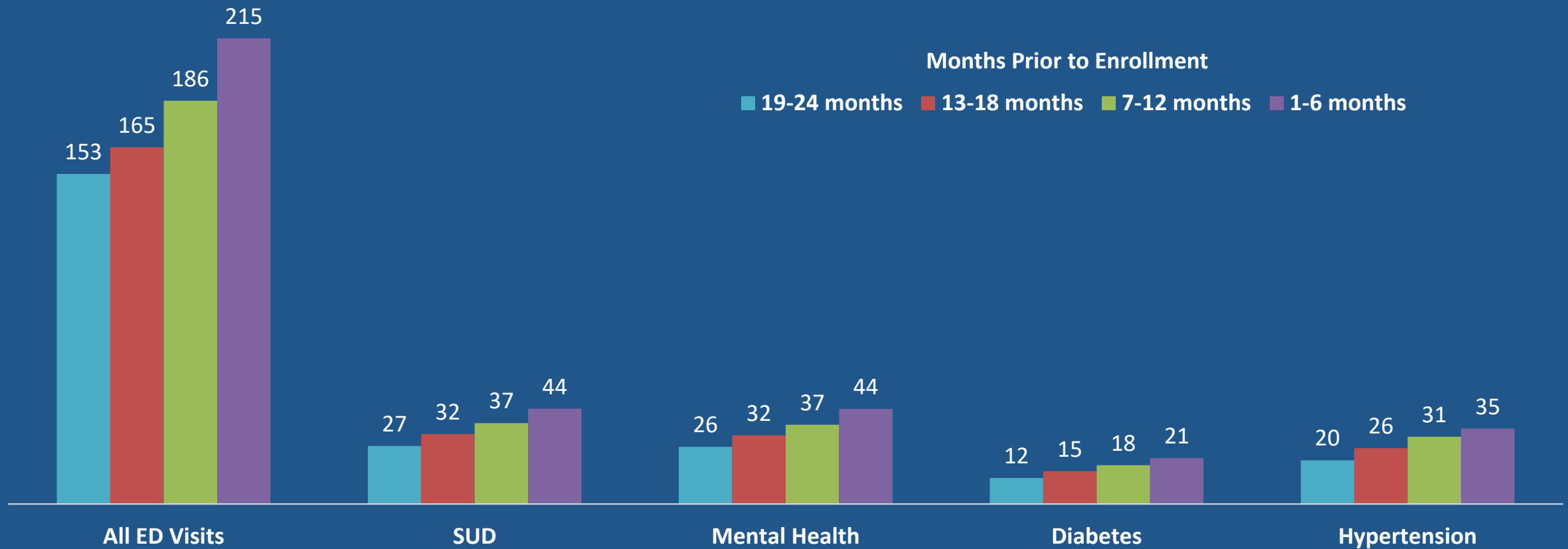


■ Drug use disorders
 ■ Tobacco use
 ■ Alcohol use disorders
 ■ Depression
 ■ Anxiety
 ■ Schizophrenia and psychotic disorders
 ■ Bipolar disorder

PRIOR TO WPC UTILIZATION FINDINGS

- WPC enrollees had high rates of Emergency Department (ED) visits and hospitalizations prior to enrollment.
- Rates of ED visits and hospitalizations were increasing over time, peaking 1-6 months prior to WPC enrollment.
- SMI/SUD had particularly high rates of ED visits and hospitalizations.
- These trends confirmed that Pilots were targeting Medi-Cal high utilizer beneficiaries, consistent with WPC goals.

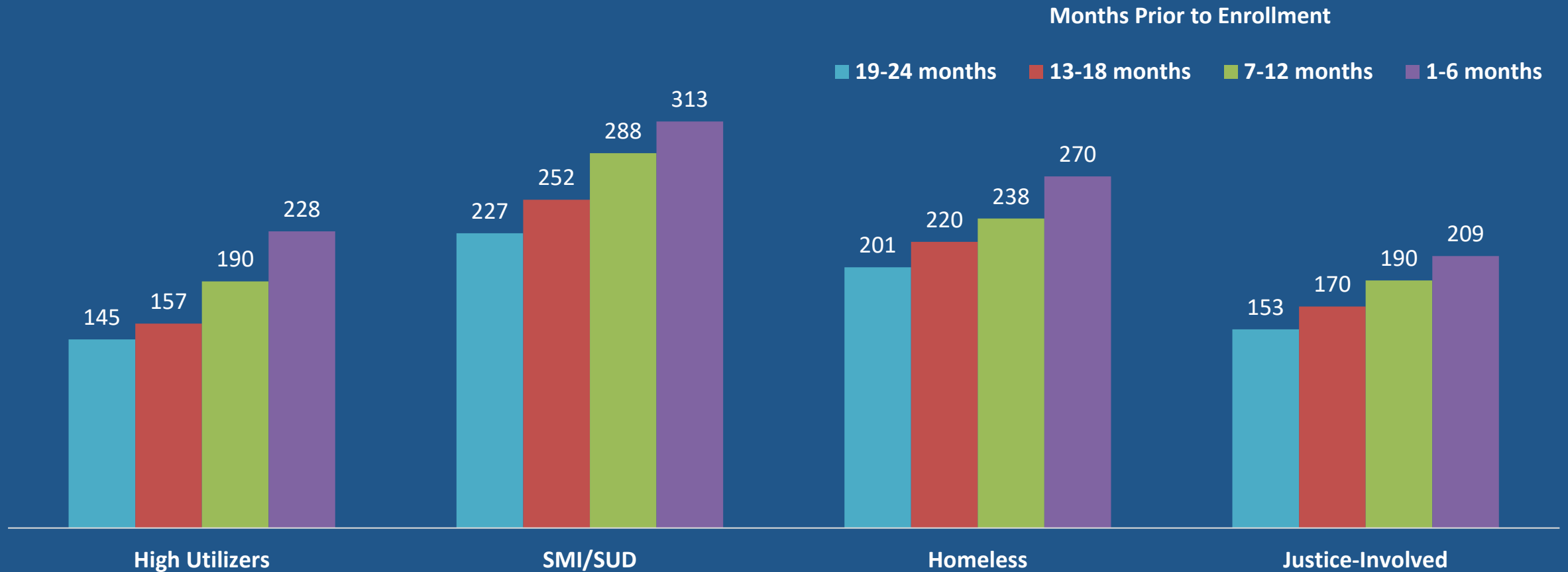
Number of ED Visits Prior to WPC Enrollment by Condition



Source: Medi-Cal enrollment and claims data from 2015 to 2018 for 96,868 WPC enrollees identified in the 25 Whole Person Care Enrollment and Utilization Reports.

Note: Unadjusted number of ED visits per 1,000 Medi-Cal Member Months for PY 2 and PY 3 enrollees.

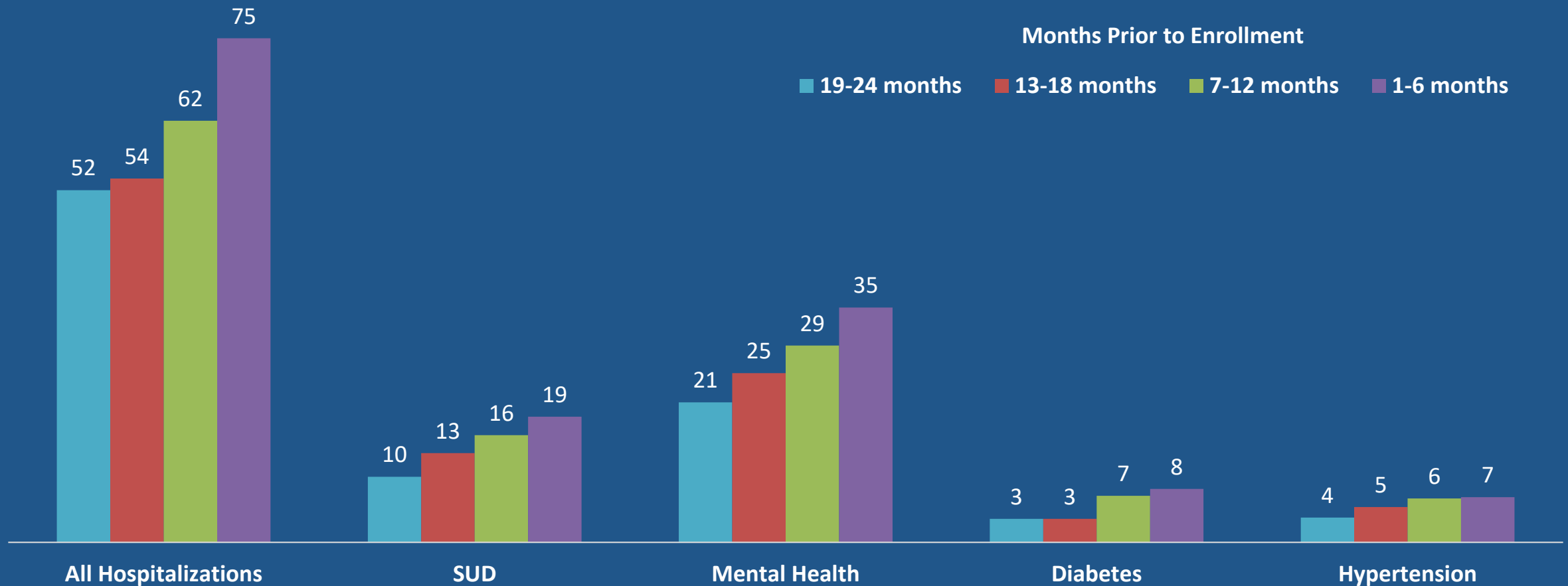
Number of ED Visits Prior to WPC Enrollment by Target Population



Source: Medi-Cal enrollment and claims data from 2015 to 2018 for 96,868 WPC enrollees identified in quarterly Whole Person Care Enrollment and Utilization Reports, PY 2 – PY 3.

Note: Unadjusted number of ED visits per 1,000 Medi-Cal Member Months for PY 2 and PY 3 enrollees.

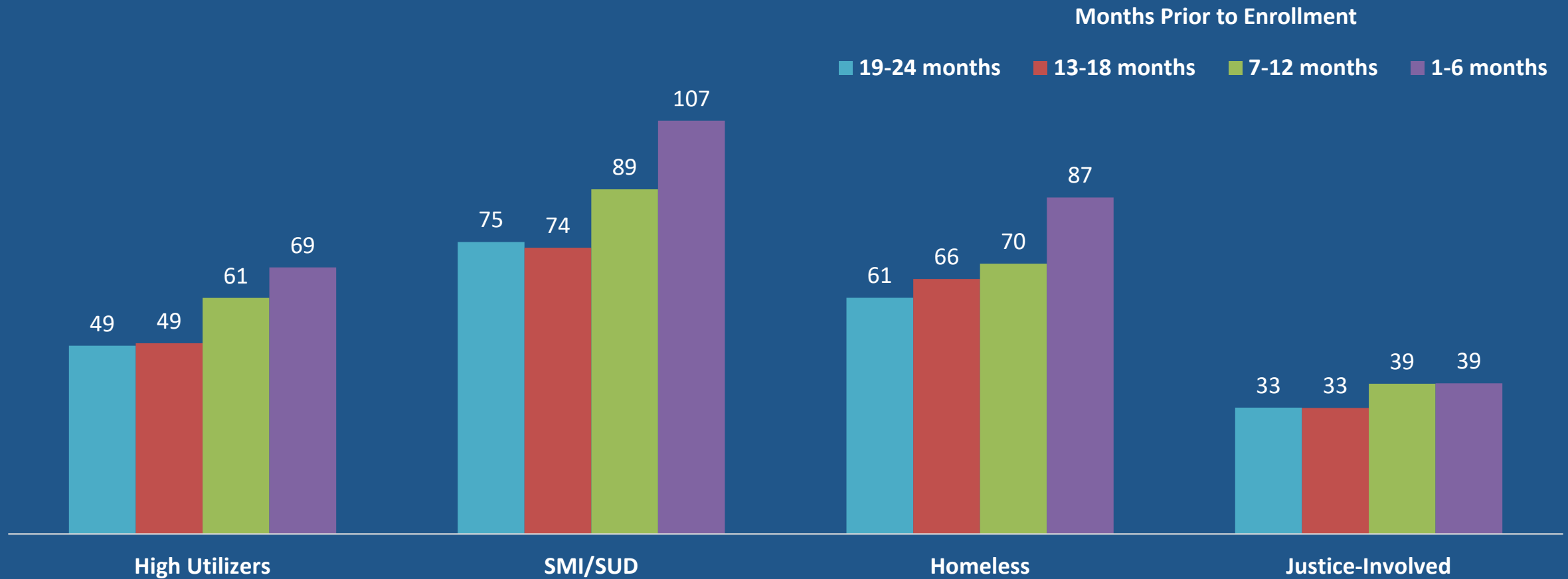
Number of Hospitalizations Prior to WPC Enrollment by Condition



Source: Medi-Cal enrollment and claims data from 2015 and PY 1 for 96,868 WPC enrollees identified in the 25 Whole Person Care Enrollment and Utilization Reports.

Note: Unadjusted number of Hospitalizations per 1,000 Medi-Cal Member Months for PY 2 and PY 3 enrollees..

Number of Hospitalizations Prior to WPC Enrollment by Target Population



Source: Medi-Cal enrollment and claims data from 2015 to 2018 for 96,868 WPC enrollees identified in quarterly Whole Person Care Enrollment and Utilization Reports, PY 2 – PY 3.

Note: Unadjusted number of Hospitalizations per 1,000 Medi-Cal Member Months for PY 2 and PY 3 enrollees.

Methods

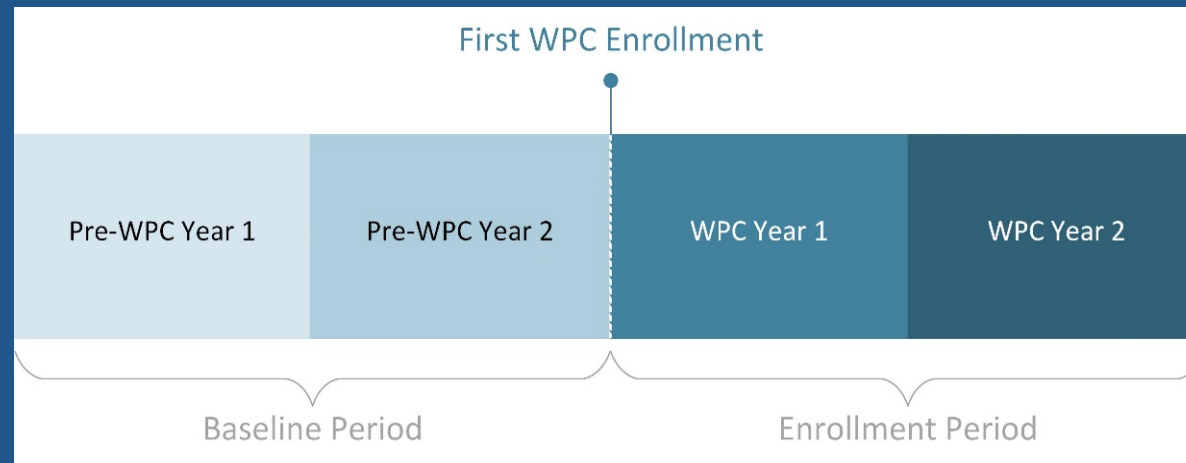
Outcome Metrics based on Medi-Cal Claims Data

- Better Care Metrics
 - Follow-up after Hospitalization for Mental Illness at 7 days (FUH-7) and 30 days (FUH-30) [Universal Metric]
 - Initiation (IET-I) and Engagement (IET-E) of Alcohol and Other Drug Dependence Treatment [Universal Metric]
- Better Health Metrics
 - ED Visits per 1,000 Medi-Cal Member Months (ED) [Universal Metric]
 - Hospitalizations per 1,000 Medi-Cal Member Months (IPU) [Universal Metric]
 - All-Cause Readmissions (ACR) - All Pilots (ACR) [Variant Metric]

Methods

Medi-Cal Claims Data Metric Calculation

- Metrics were calculated using Medi-Cal Claims data from 2015 to 2018
- Baseline and enrollment periods were calculated as of each individual's enrollment date



- Medi-Cal Data in this presentation focus on PY 2 enrollees and are not adjusted for confounders such as individual characteristics

Methods

Outcome Metrics based on Pilot-Reported Data

Pilot-reported data were based on program year and included a mix of PY 2 and PY 3 enrollees who had different length of enrollment.

- Better Care Metrics
 - Comprehensive Care Plan
 - Suicide Risk Assessment
- Better Health Metrics
 - Overall and Emotional Beneficiary Health
 - High Blood Pressure Control
 - Comprehensive Diabetes Care
 - Depression Remission at 12 Months
- Homeless Metrics
 - Housing Services
 - Supportive Housing
 - Permanent Housing
- Justice-Involved Metrics
 - Jail Incarceration

Methods

Metric Calculation Using Pilot-Reported Data

- All pilot-reported metrics presented are variant (not required universally) metrics
- Pilots only reported on variant metrics they selected
- The number of Pilots reporting each selected metric varied from year to year
- The baseline year was either PY 1 (2016) or PY 2(2017)
- Rates are reported by program year
- Only individuals enrolled during each program year contribute to the annual rate

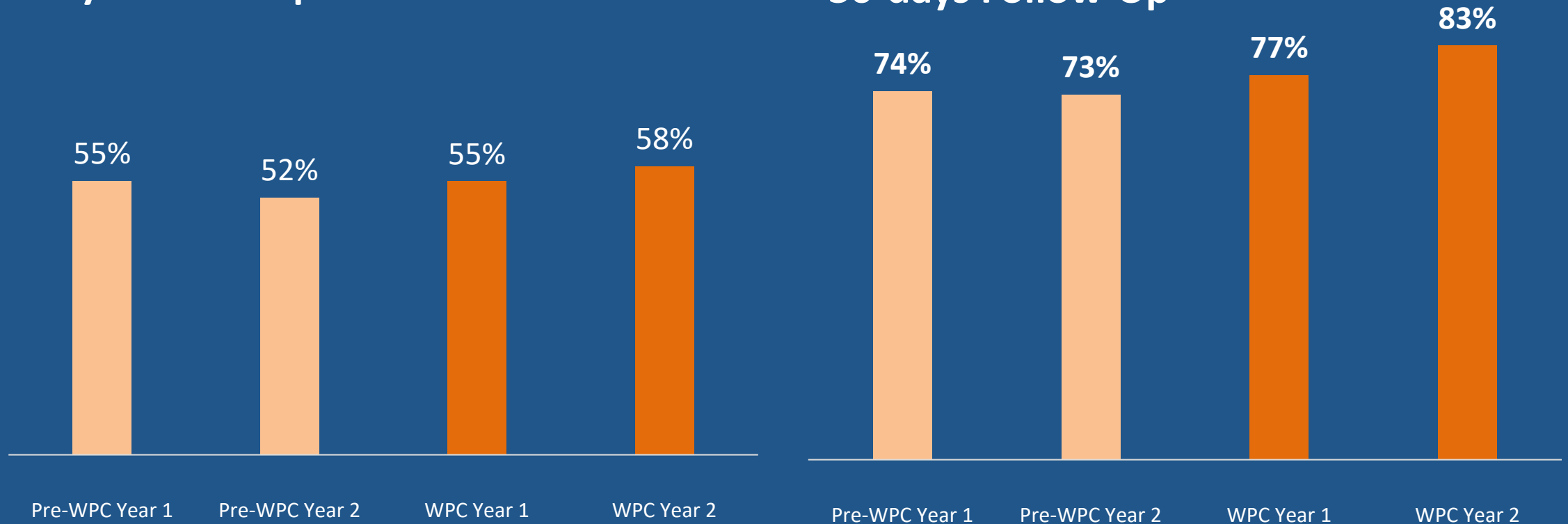
BETTER CARE INTERIM FINDINGS

- Data indicated significant improvements in WPC better care metrics in the interim.
 - Rates of follow-up after hospitalization for mental illness and alcohol and other drug treatment increased for WPC enrollees after enrollment.
 - Rates of delivery of comprehensive care plans and suicide risk assessment improved under WPC.

Better Care Follow-Up after Hospitalization for Mental Illness

7-days Follow-Up

30-days Follow-Up

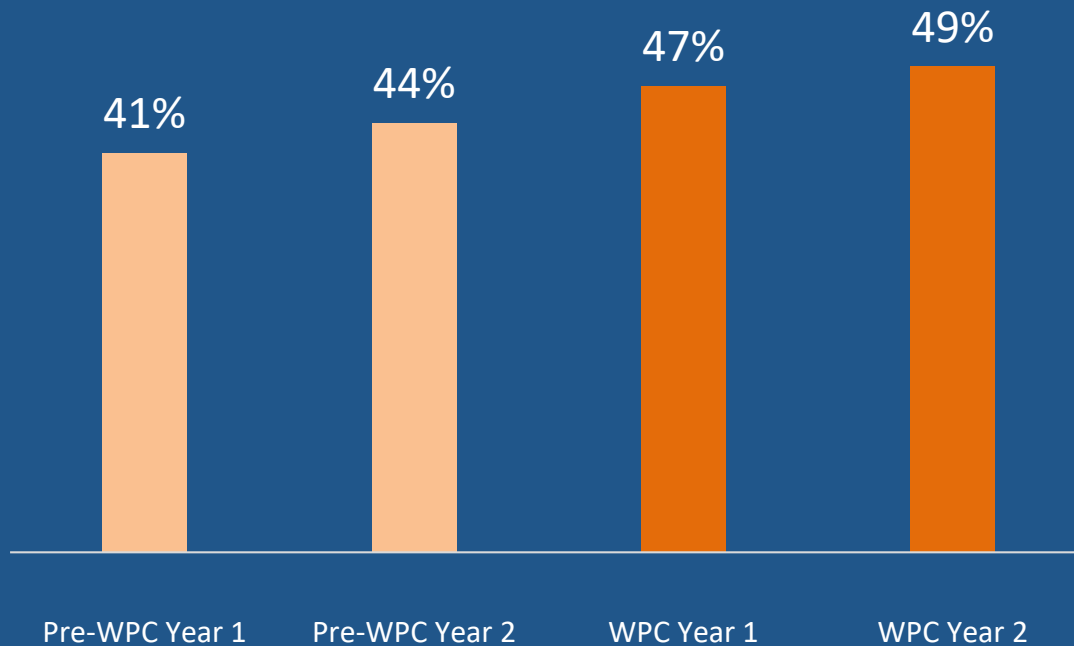


Source: UCLA analysis of Medi-Cal enrollment and claims data from January 2015 to December 2016 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

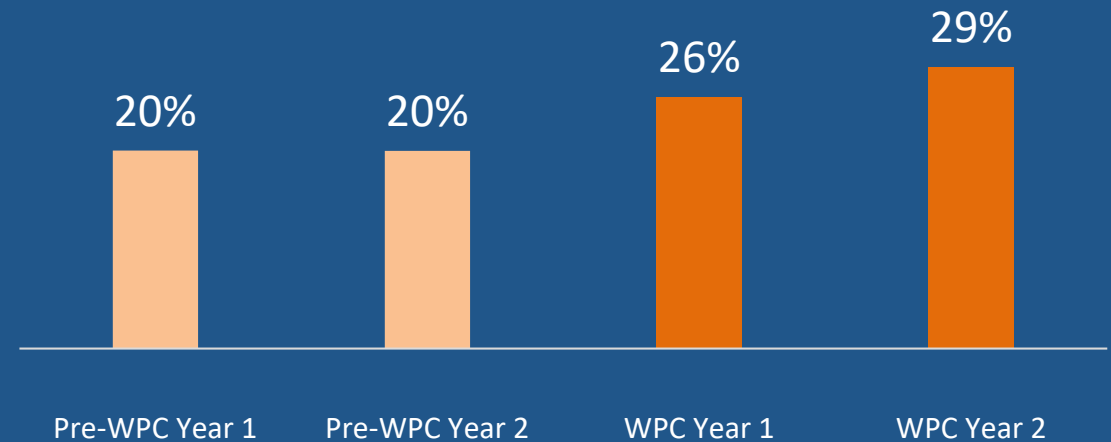
Note: Unadjusted Rates of Follow-Up After Hospitalization for Mental Illness for individuals enrolled in PY 2.

Better Care Alcohol and Other Drug Treatment

Initiation



Engagement

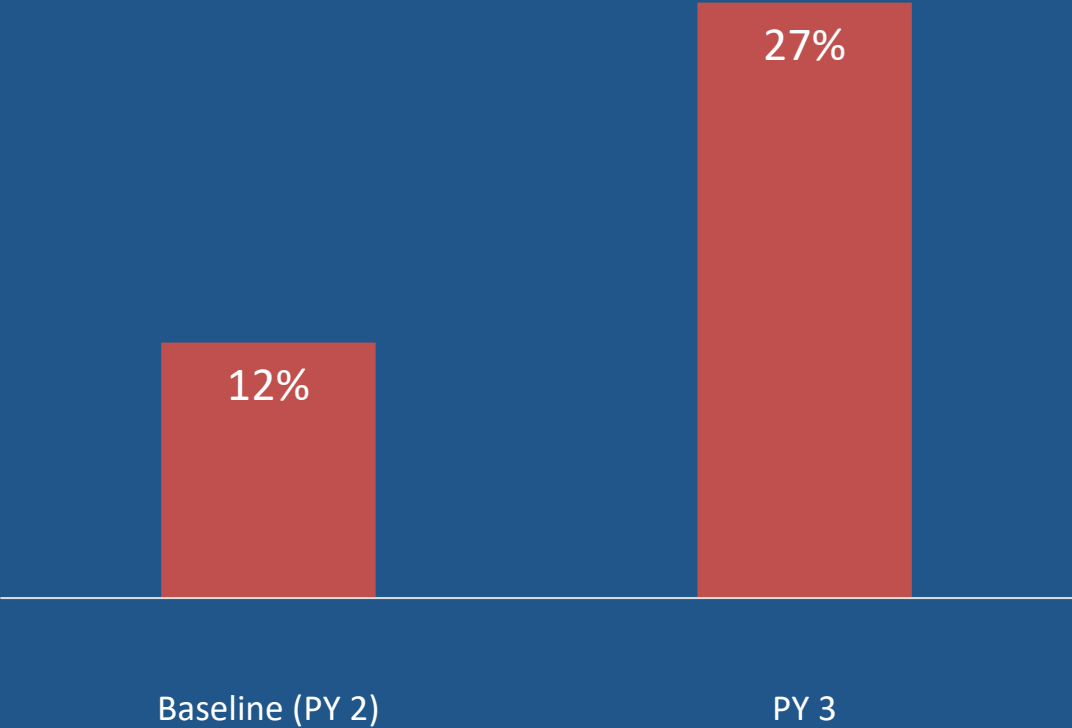


Source: UCLA analysis of Medi-Cal claims and encounter data from January 2015 to December 2018 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

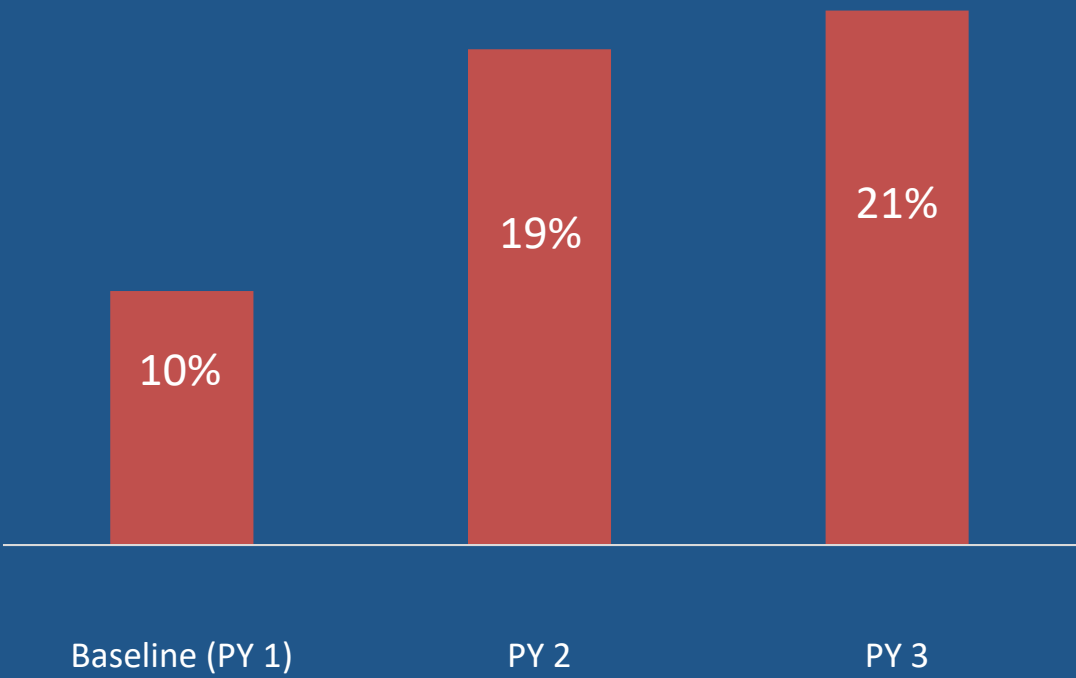
Note: Unadjusted rates of Initiation and Engagement of Alcohol and Other Drug Treatment including those enrolled in PY 2.

Better Care Pilot-Reported Outcomes

Comprehensive Care Plan



Suicide Risk Assessment



Source: PY 1 (Baseline), PY 2 Annual, and PY 3 Annual WPC Variant and Universal Metric Reports

Note: Pilot-reported rates of completing a comprehensive care plan in 30 days and suicide risk assessments for all enrollees.

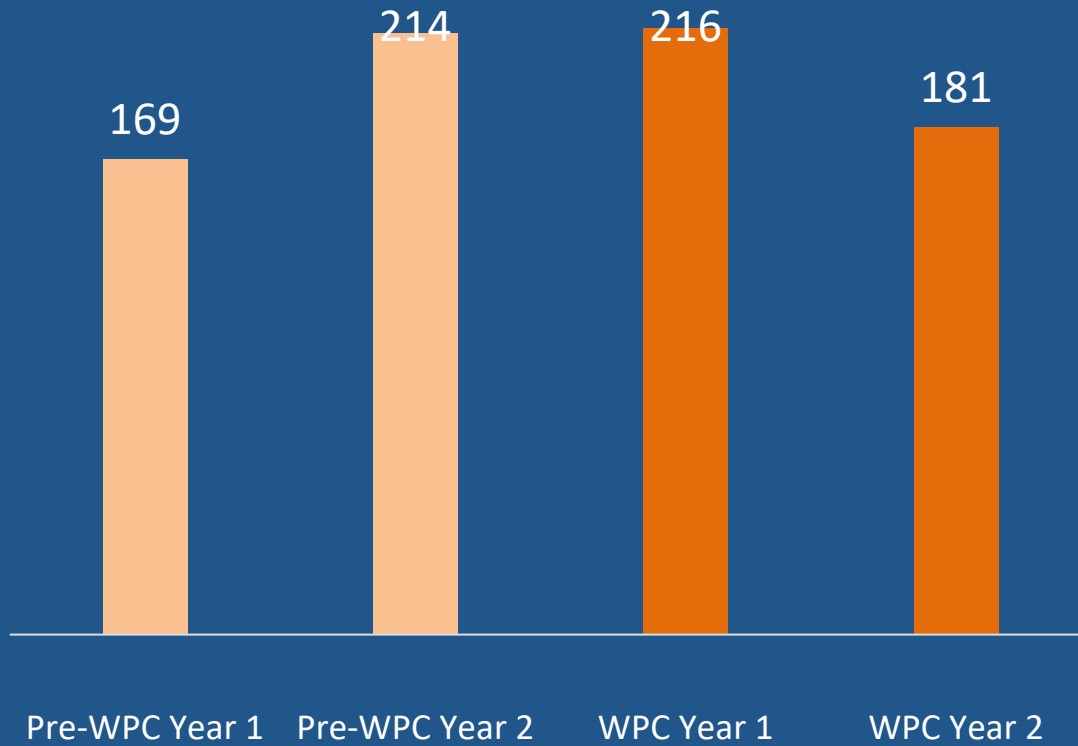
BETTER HEALTH INTERIM FINDINGS

- Data indicated progress in better health indicators during WPC.
 - Trends in overall ED visits, hospitalizations, and ACRs improved in the desired direction in the second year of WPC enrollment.
 - Trends in beneficiary overall and emotional health, controlled blood pressure, and diabetes control improved under WPC, but depression remission did not improve.

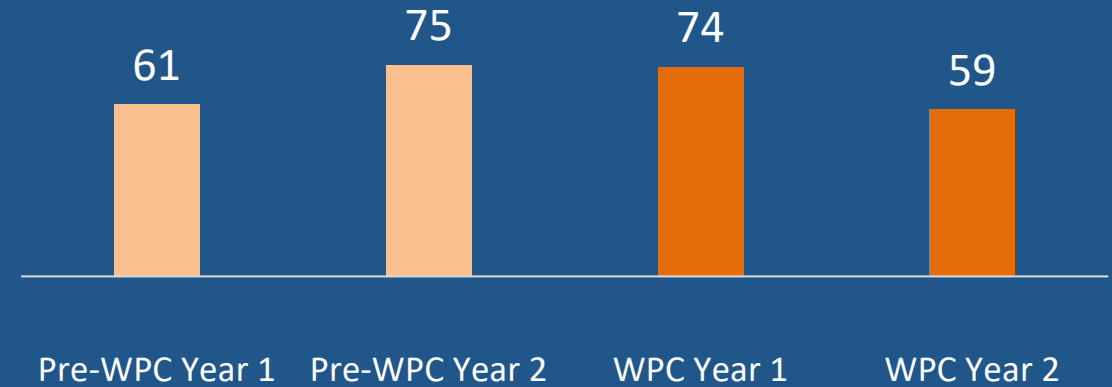
Better Health

ED Visits and Hospitalizations

ED Visits per 1,000 Medi-Cal Member Months



Hospitalizations per 1,000 Medi-Cal Member Months

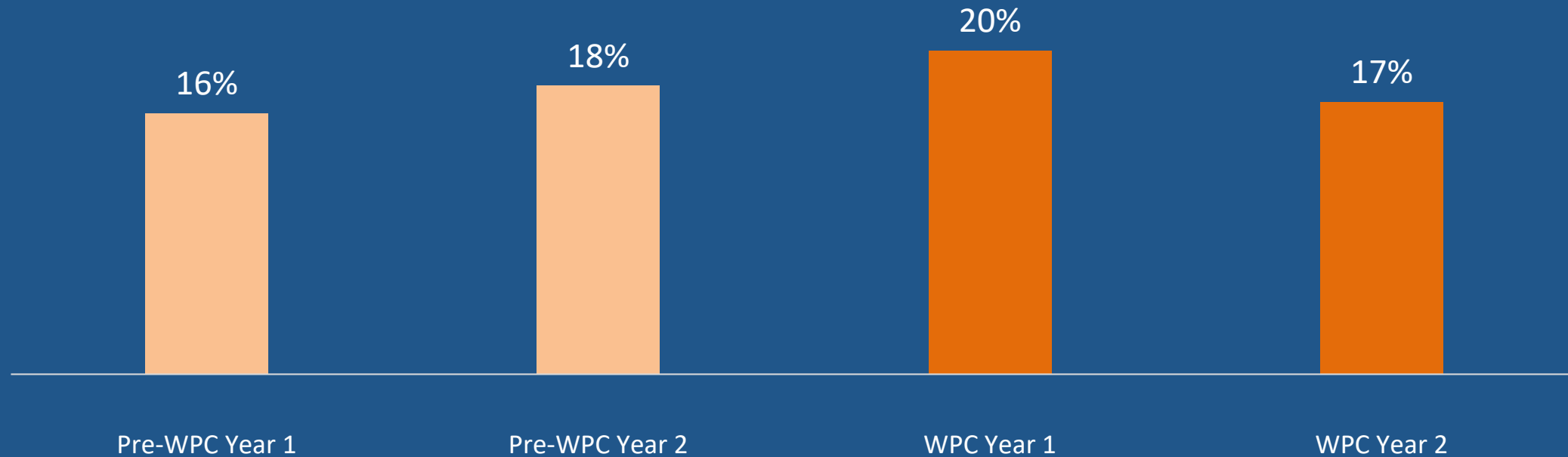


Source: UCLA analysis of Medi-Cal claims and encounter data from January 2015 to December 2018 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

Note: Unadjusted Rates of ED Visits and Inpatient Utilization per 1,000 Medi-Cal Member Months for those enrolled in PY 2.

Better Health All-Cause Readmissions

All-Cause Readmissions Rates

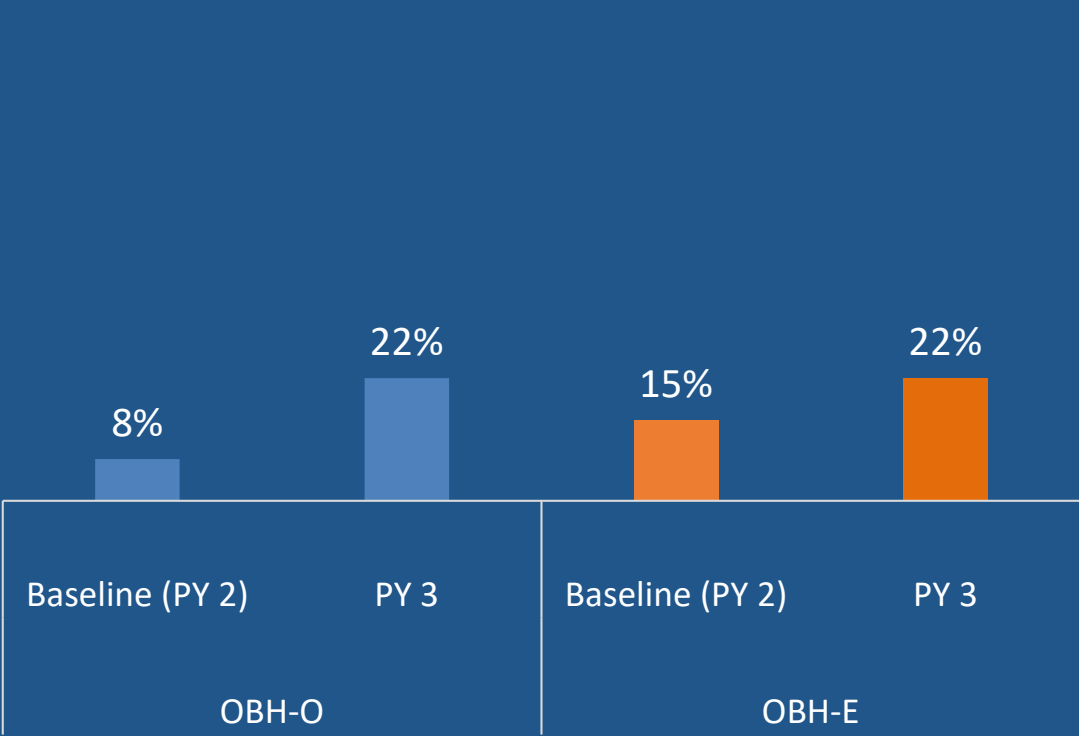


Source: UCLA analysis of Medi-Cal claims and encounter data from January 2015 to December 2018 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

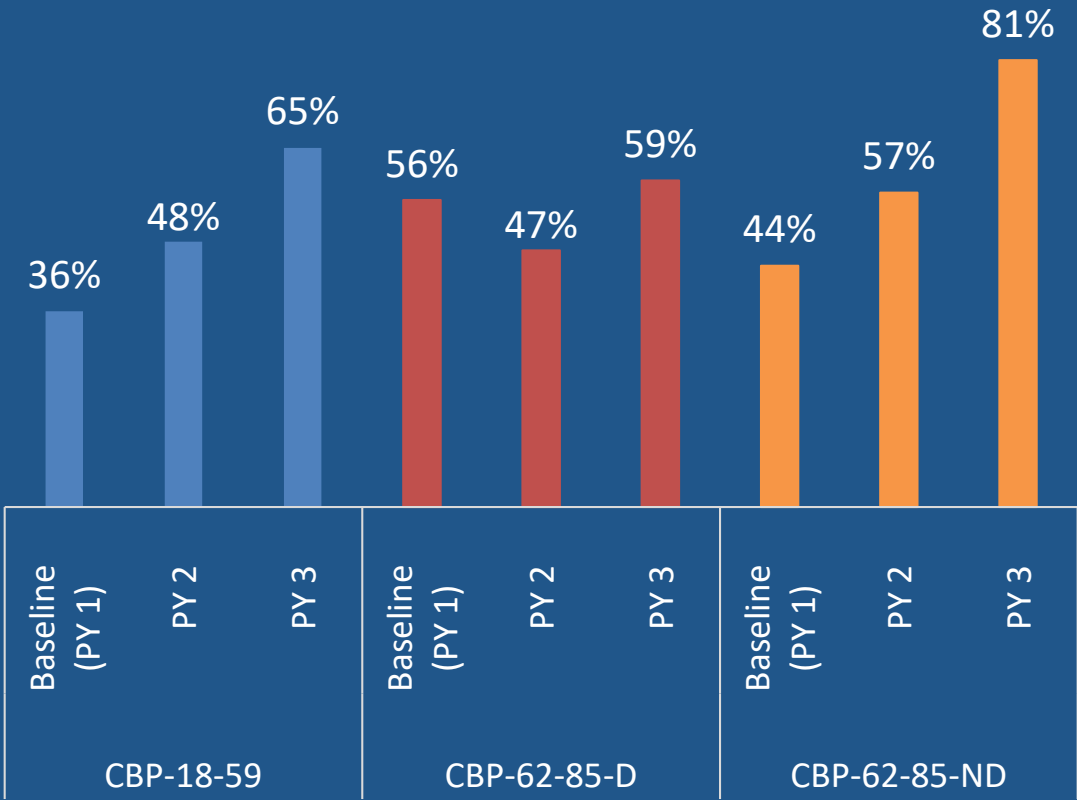
Note: Unadjusted Rates of All-Cause Readmissions for those enrolled in PY 2.

Better Health Pilot-Reported Outcomes

Enrollee-Reported Overall and Emotional Health



High Blood Pressure Control

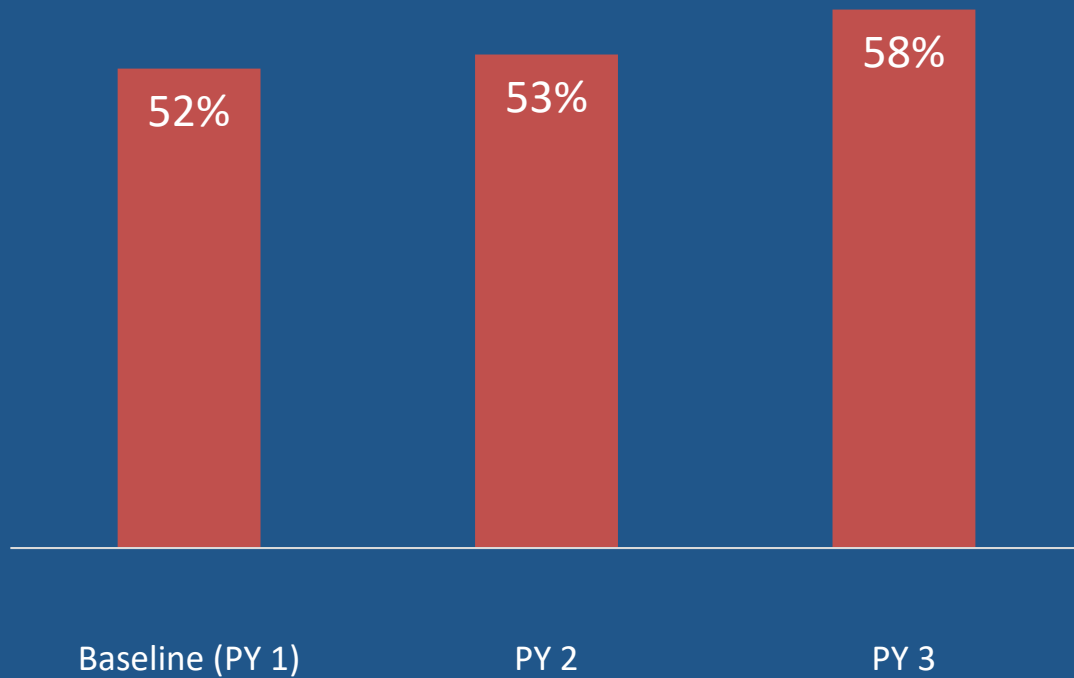


Source: PY 1 (Baseline), PY 2 Annual, and PY 3 Annual WPC Variant and Universal Metric Reports

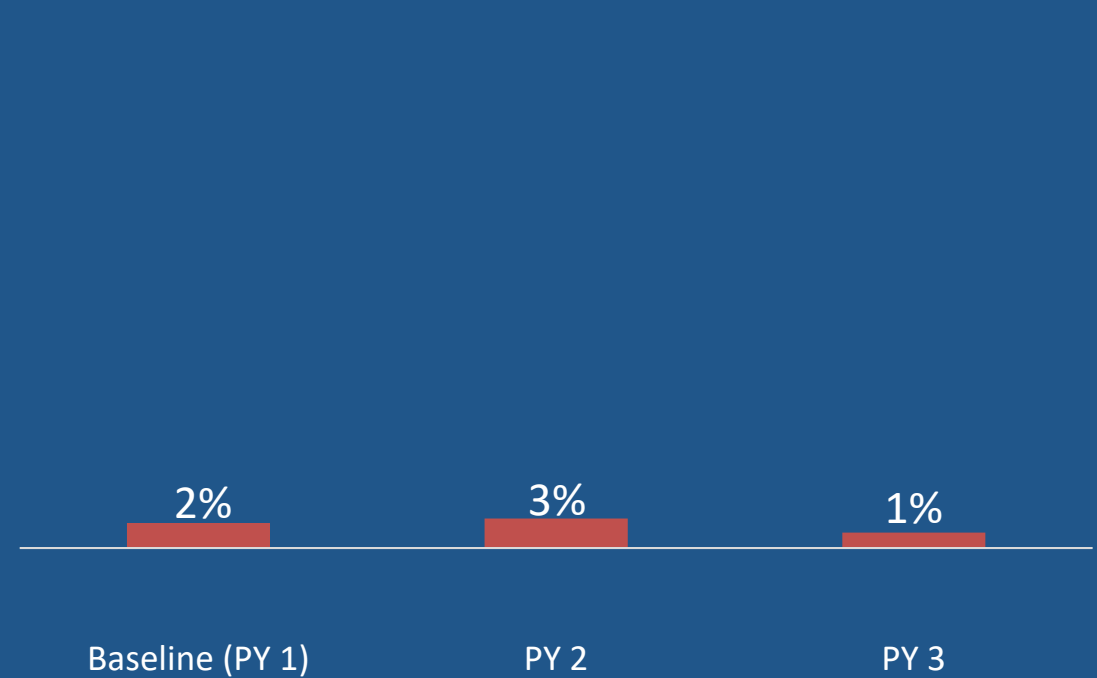
Note: Pilot-reported rates of overall (OBH-O) and emotional (OBH-E) beneficiary health and control of high-blood pressure for 18-59 year olds (CBP-18-59), 62-85 year olds with diabetes (CBP-62-85-D) ad 62-85 year olds without diabetes (CBP-62-85-ND) among all enrollees.

Better Health Pilot-Reported Outcomes

Comprehensive Diabetes Care



Depression Remission at 12 Months



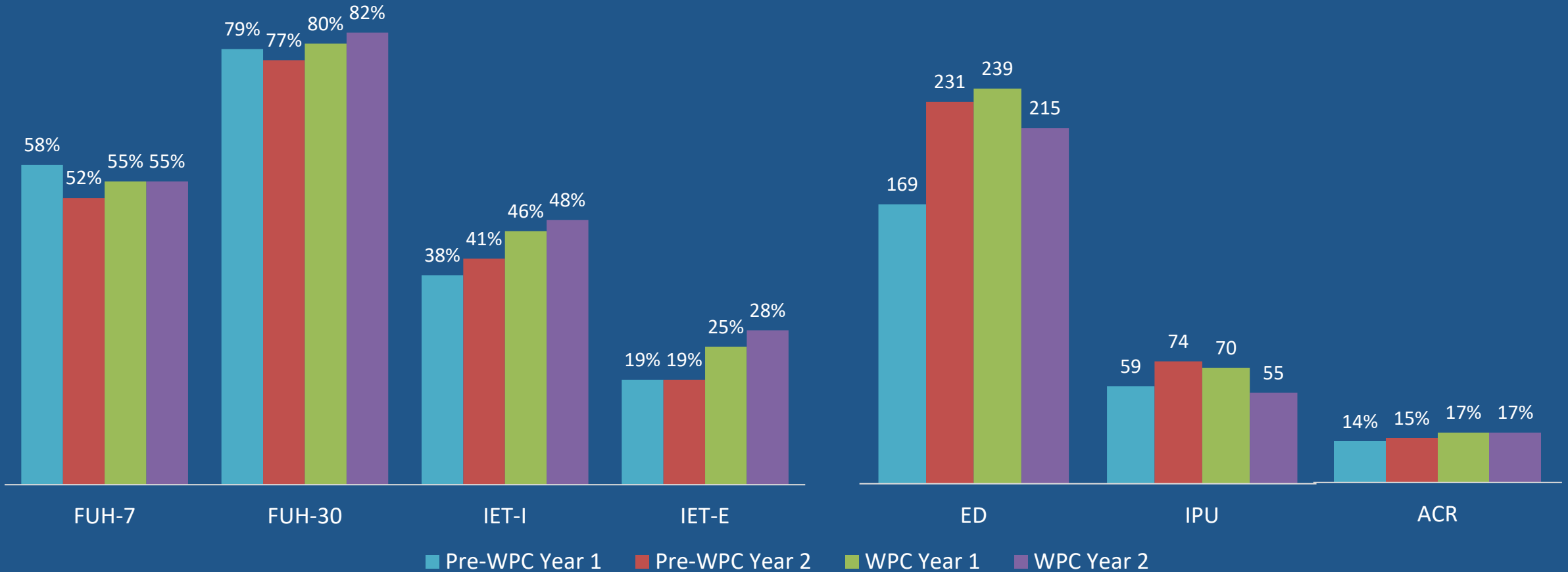
Source: PY 1 (Baseline), PY 2 Annual, and PY 3 Annual WPC Variant and Universal Metric Reports

Note: Pilot-reported rates of comprehensive diabetes care (HbA1c<8%) and depression remission at 12 months for all enrollees.

INTERIM FINDINGS OUTCOMES BY TARGET POPULATION

- Trends for target populations were generally similar to overall trends with some exceptions.
- Homeless enrollment escalated in PY 3; provision of housing services for the homeless improved, while provision of supportive housing lagged.
- Pilot-reported metrics for justice-involved and homeless were influenced by annual changes in enrollment and overall population size.

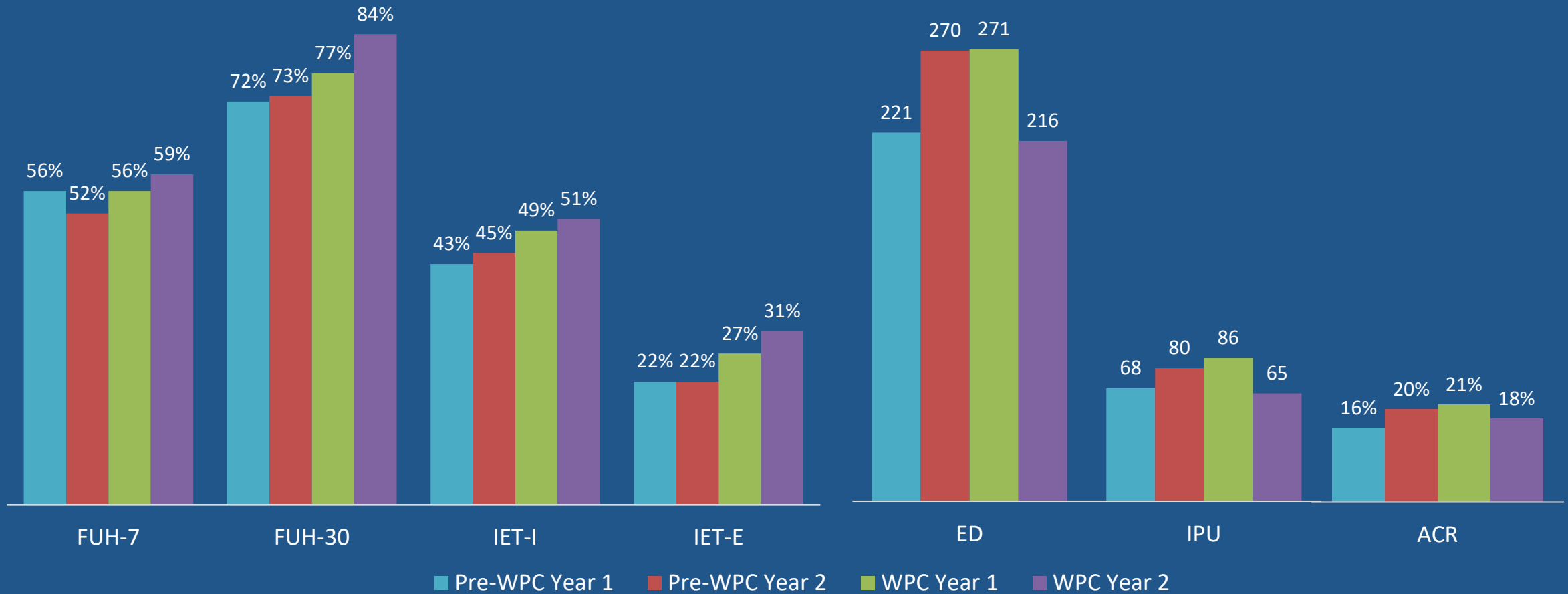
High Utilizers Outcomes



Source: UCLA analysis of Medi-Cal claims and encounter data from January 2015 to December 2018 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

Note: Data shown are unadjusted rates, based on Medi-Cal data, and for PY 2 enrollees only.

Homeless Outcomes



Source: UCLA analysis of Medi-Cal claims and encounter data from January 2015 to December 2018 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

Note: Data shown are unadjusted rates, based on Medi-Cal data, and for PY 2 enrollees only.

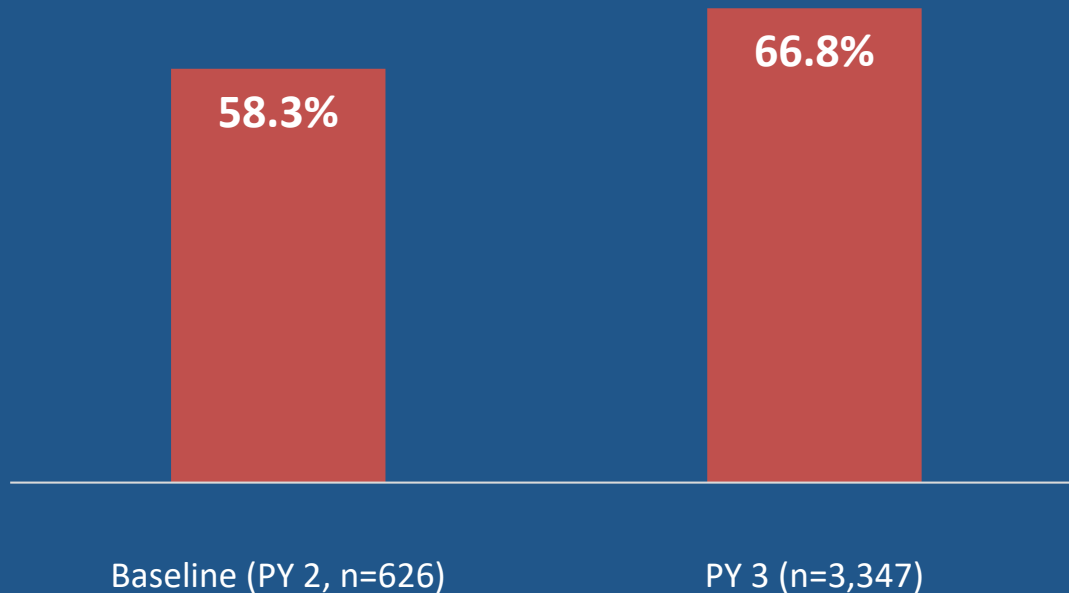
Homeless Outcomes: Pilot-Reported Data

443 (PY2) and 2,670 (PY3) enrollees received housing services.

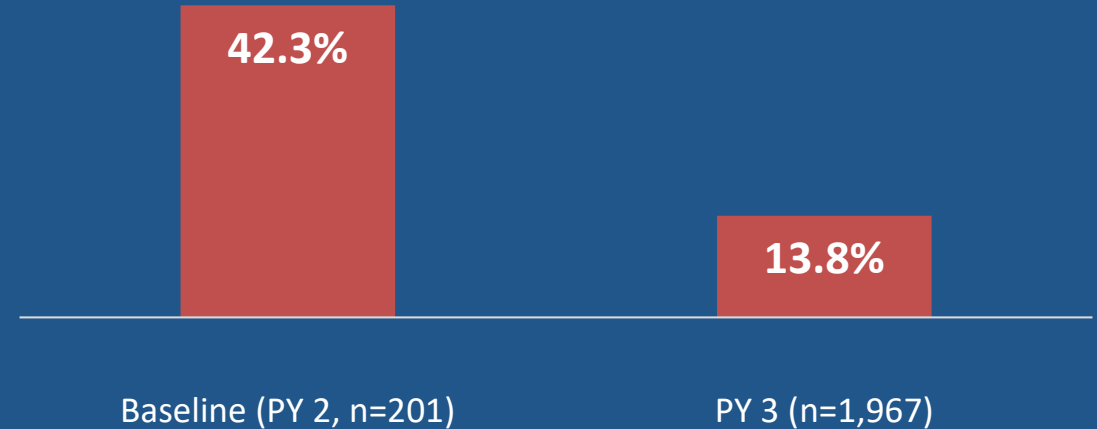
399 (PY2) and 1,104 received supportive housing.

The decline in supportive housing was due in part to significant increases in enrollment during PY 3 and the corresponding increase of demand for support housing from new enrollees

Housing Services



Supportive Housing



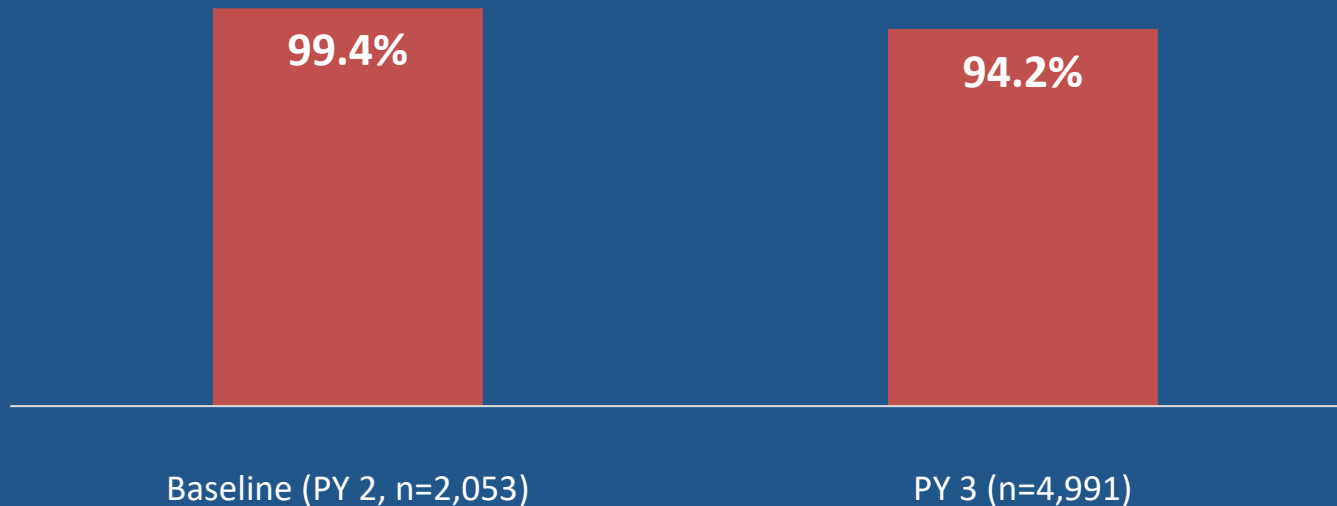
Source: PY 1 (Baseline), PY 2 Annual, and PY 3 Annual WPC Variant and Universal Metric Reports

Note: Pilot-reported rates of housing services and supportive housing for all enrollees referred for those services.

Homeless Outcomes: Pilot-Reported Data

2,041 (PY2) and 4,704 (PY3) enrollees received permanent housing.

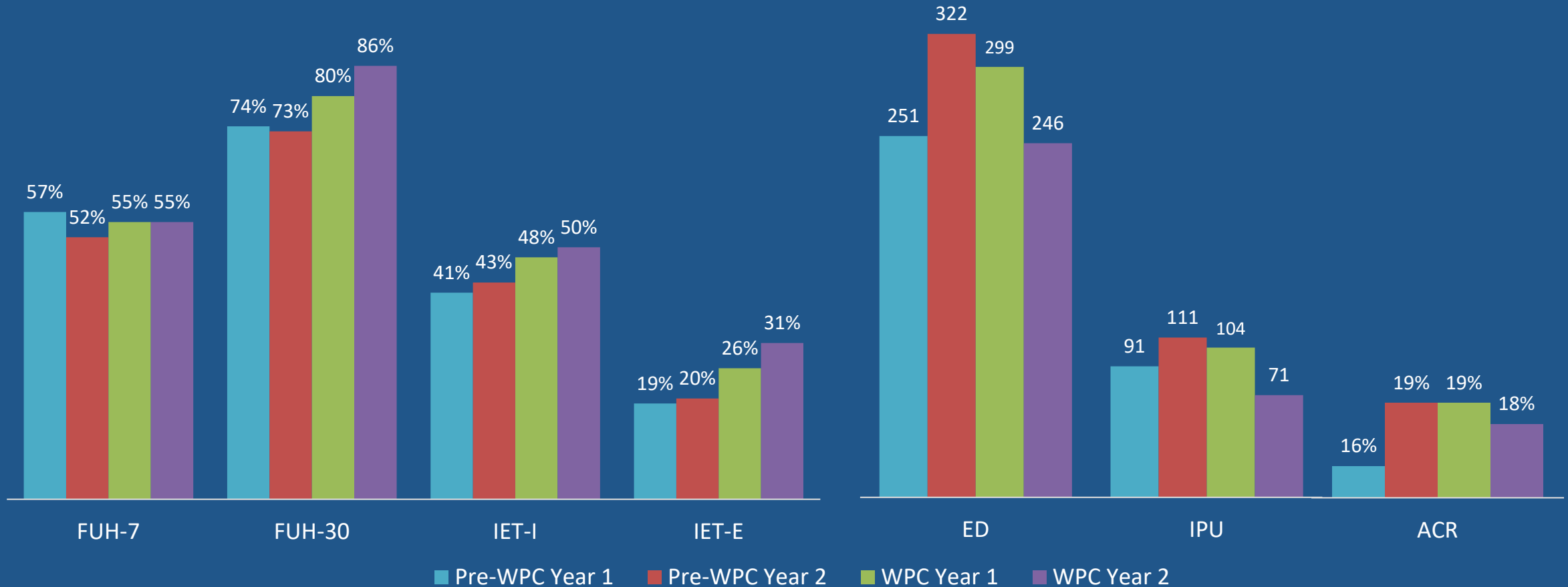
Permanent Housing



Source: PY 1 (Baseline), PY 2 Annual, and PY 3 Annual WPC Variant and Universal Metric Reports

Note: Pilot-reported rates of permanent housing for all enrollees referred for those services.

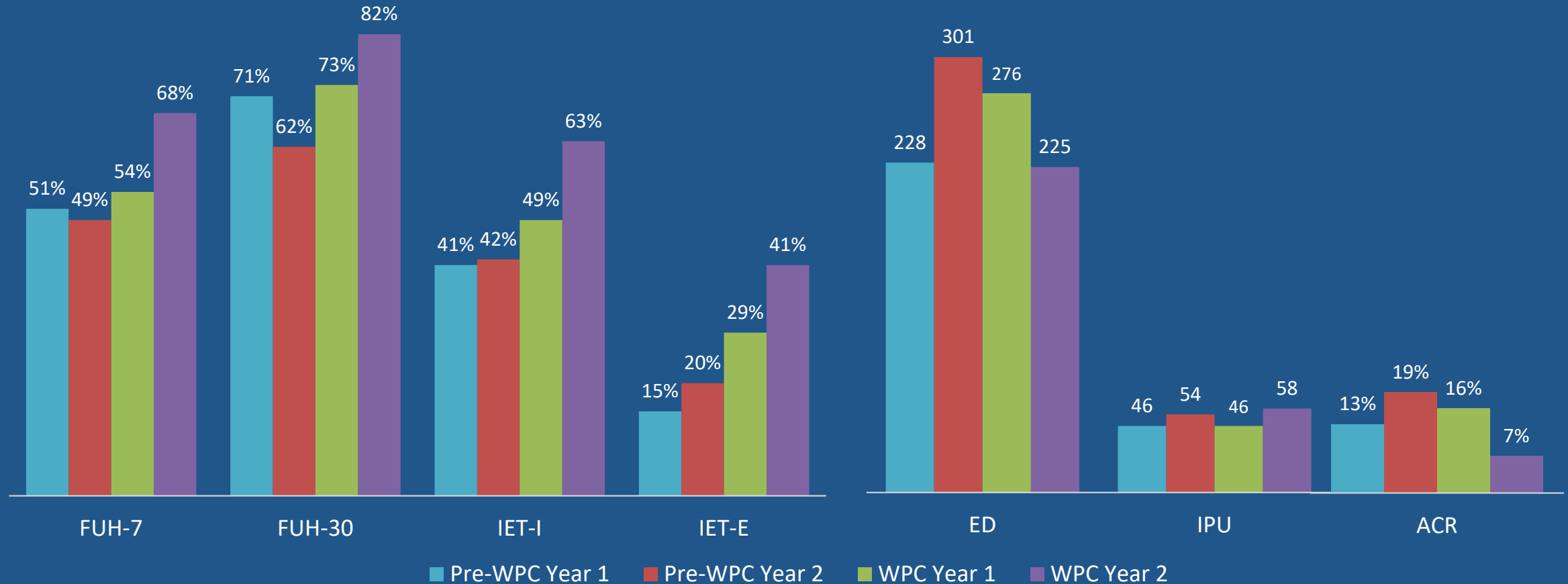
SMI/SUD Outcomes



Source: UCLA analysis of Medi-Cal claims and encounter data from January 2015 to December 2018 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

Note: Data shown are unadjusted rates, based on Medi-Cal data, and for PY 2 enrollees only.

Justice-Involved Outcomes

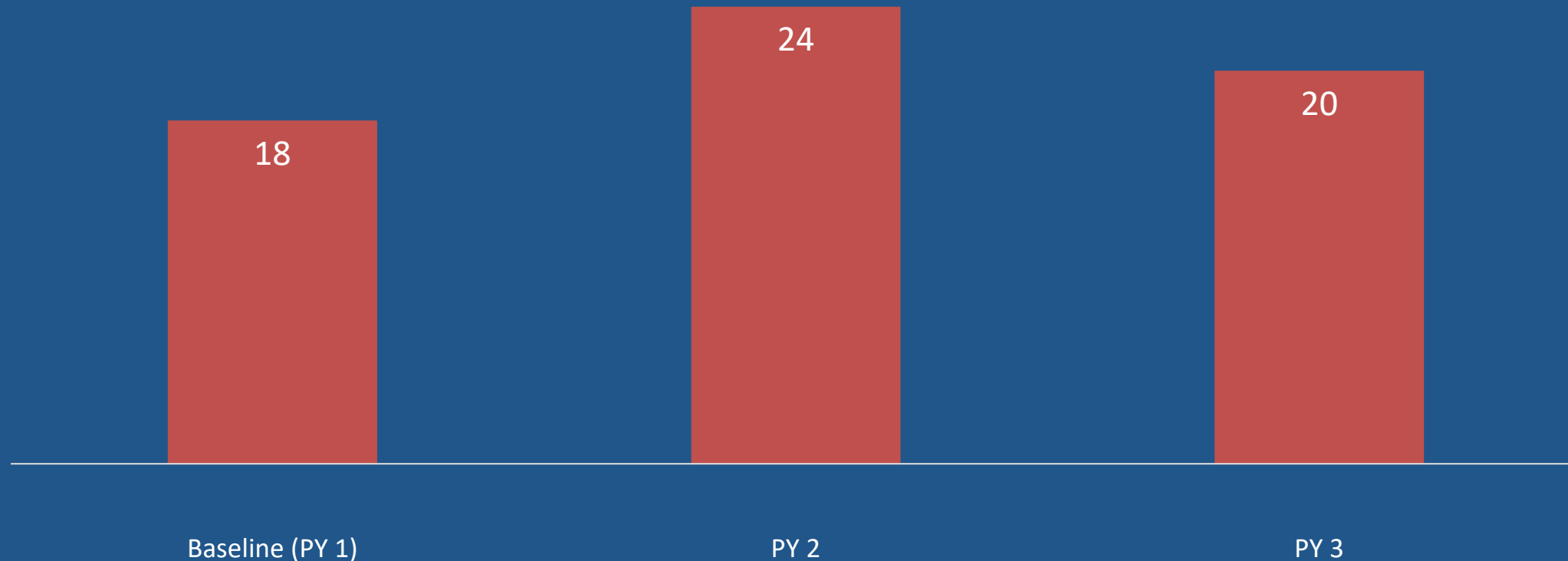


Source: UCLA analysis of Medi-Cal claims and encounter data from January 2015 to December 2018 and WPC Enrollment and Utilization Reports from January 2017 to December 2018.

Note: Data shown are unadjusted rates, based on Medi-Cal data, and for PY 2 enrollees only.

Justice-Involved Outcomes: Pilot-Reported Data

Jail Incarcerations per 1,000 WPC Member Months



Source: PY 1 (Baseline), PY 2 Annual, and PY 3 Annual WPC Variant and Universal Metric Reports

Note: Pilot-reported rates of incarceration rates for all enrollees.

Notes

- Findings represent progress during early implementation and do not reflect final WPC impact.
- This presentation was focused on trends among Pilots during WPC.
- The analyses of Medi-Cal claims data were descriptive and did not account for enrollee or Pilot characteristics.
- There was variation in outcomes by Pilot, target population, and activities.
- Housing Pilot-reported outcomes were particularly subject to rapidly increasing rates of enrollment.

Other Qualitative Findings in the Interim Report

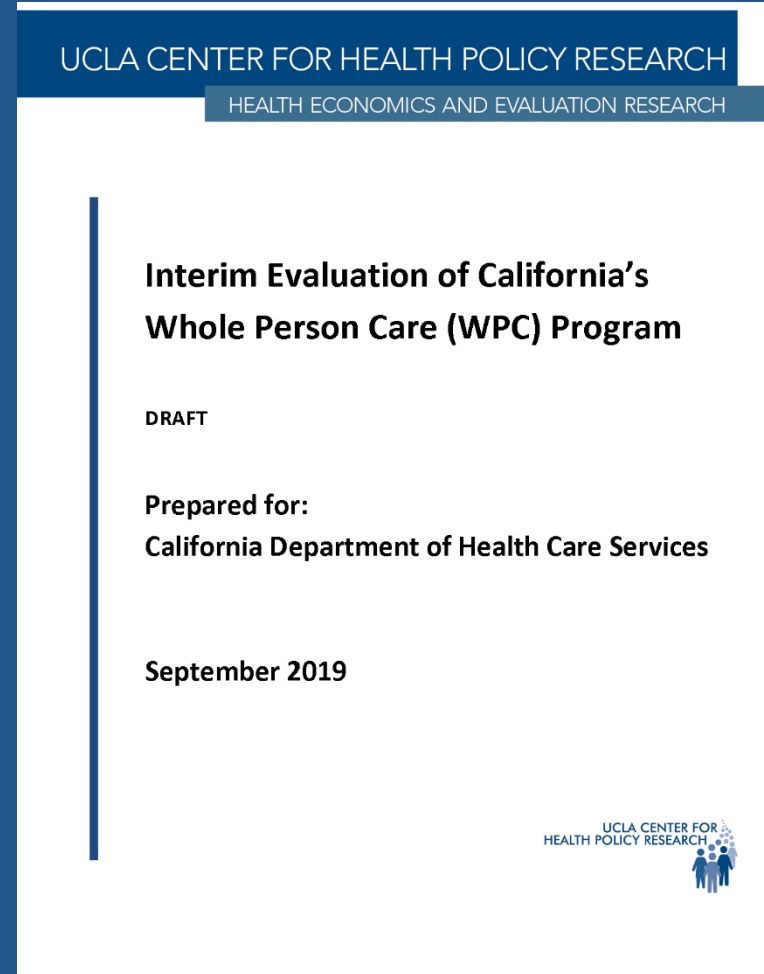
- A thorough assessment of Pilot efforts showed establishment of needed infrastructure, delivery of care coordination, and other services.
 - **Care Coordination:** Pilots successfully formed care coordination teams and standardized protocols to ensure consistency in care coordination activities to some degree.
 - **Data Sharing:** Pilots made progress in increasing their data sharing capacity by systematically establishing agreements with partners and developing a single universal enrollment consent form. Real-time data sharing was consistently available for about half of Pilots and many developed case management platforms.
 - **Partnerships:** Lead Entities indicated relatively high ratings of buy-in from and increases in interactions with partners as a result of WPC. Partners' indicated improvements in aspects of care and collaborations with other partners, attributable to WPC.

Read the Report

- <https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1918>

Upcoming Reports

- Bi-Annual Narrative and Enrollment Reports March 2020, September 2020, and March 2021
- Final Evaluation Report September 2021
- Policy Brief December 2021



Q&A