

Aligning Incentives in Commercial Health Insurance and Medi-Cal
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State Capitol Room 4203

Medi-Cal Chronic Disease Management & Care Coordination Ventura Presentation

The Ventura County Health Care Agency is the public health care system in Ventura County and one of the major Medi-Cal providers in the region. The agency includes Ambulatory Care, Hospitals, Public Health, Behavioral Health, Ventura County Health Care Plan (VCHCP), and Animal Services. Our eighteen primary care clinics and sixteen specialty clinics serve over 80,000 managed Medi-Cal patients in the Gold Coast Health Plan. Managed Medi-Cal represents 51% of clinic encounters overall; for primary care services, 87% of patients are enrolled with Gold Coast Health Plan.

Ventura County is one of 21 public health care systems across the state, which all participate in the state's 1115 Medi-Cal waiver that includes the PRIME program. PRIME is a \$3B 5-year pay-for-performance program. Participating health systems take on anywhere from 50-70 clinical measures across at least nine different projects that include primary and specialty care, care transitions, perinatal care, and high-risk populations. All of these projects are centered on improving clinical quality, care coordination, and health outcomes for our patients. This includes targeted efforts to more effectively manage and improve the health of patients with chronic disease.

All PRIME funding is based on performance, meaning that we only earn federal funding if we achieve our clinical targets set by the state, which get more challenging each year. Additionally, the maximum funding available decreases over the course of the program. Ventura County was eligible to draw down a maximum of \$47M for each of the first three years of the program if we reached 100% of the benchmarks. For the current program year, our maximum funding is \$42M, which decreases to \$36M for the final program year.

One of the strengths of PRIME is that the financing aligns with improved clinical care. Our entire delivery system is driving toward the same goals of improved health. The effort is ambitious, and a large amount of funding is at stake each year. PRIME requires systems to make continuous improvement toward the top percentile of performance for each measure. Each year we assess current performance and must demonstrate a 10% improvement gap between our current performance and the 90th percentile (or top performance). In order to achieve funding the subsequent year, we must sustain the previous year's performance and show another 10% improvement.

Funding from PRIME is essential to Ventura's Ambulatory Care budget, and it drives our clinical improvement efforts. Administrative support for PRIME is based on the impact of the funding. Clinic contracts include incentives aligned with PRIME that provide payment based on performance. These incentives are typically incorporated into provider contracts, which in turn drive improvement efforts. It is also important to note that as a public health care system, we are providing the non-federal share (or match) for this program, thus our ability to leverage this essential federal funding has had no impact on the state general fund.

Through the leverage afforded by PRIME funding, Ventura County has established mechanisms for collecting and evaluating data regarding clinical performance and health outcomes. We have established a Quality Department and a Population Health data team, and we now have access to data that we previously did not have. This data has informed our performance improvement efforts, allowing us to focus on areas of greatest need for improvement. We have been able to create reports that clinic quality teams can access and use to monitor their own improvement activities and provider performance.

PRIME has allowed us to pursue less-conventional ways to care for patients with diabetes. Through a multi-disciplinary approach that addresses patients' barriers to self-management, we have maintained a high standard of diabetes control, with a performance at or better than the 90th percentile for all years of PRIME thus far. Dietitians and nurse educators spend time teaching patients individually and at group class sessions, and care managers follow up via phone calls to assist patients with barriers to care such as understanding how to take medications and getting transportation to clinic.

PRIME has also supported outreach efforts. Understanding that we needed to improve our rate of colorectal cancer screening, clinic care coordinators have called and emailed patients to come to clinic and get their screening done. They have also organized health fairs to reach out and educate patients who need to get colorectal cancer screening, influenza vaccines, and nutrition counseling to lower blood pressure. Our year-over-year performance with colorectal cancer screening has improved from a baseline of 31.45% of patients 50-75 having colorectal cancer screening. By the second program year, our performance rose to 43.93%, then to 52.98% by year three, and now to our current performance of 58.42%.

PRIME has been the driver for a more robust collaboration between Ambulatory Care and other arms of the agency. Tobacco cessation counseling, training, and group classes have been a joint effort with Public Health's Call It Quits program. Screening patients for substance abuse and providing intervention based on SBIRT is a coordinated effort with Behavioral Health, which has helped with training clinic staff and streamlining the referral process.

For systems like Ventura County, PRIME supports development of an infrastructure that moves us from a data-poor system to one that optimizes data capture to inform meaningful clinical improvement. It bridges the gap financially to allow our system to develop a health care agency that ultimately addresses population health management. The PRIME program has been incredibly valuable for our systems and the patients we serve, and we appreciate the opportunity to share some of our work in this area. As we enter into the final year of the program, we are eager to think about ways to maintain this funding and build on this work, aligning financial incentives and care delivery and supporting continued efforts to improve health for our Medi-Cal and low-income populations.