

AltaMed

L.A. County CCI Meeting
October 15, 2014



INTRODUCTION

- 40 years serving the underserved communities in So. Cal
- Largest independent FQHC in the US
- 43 sites in Los Angeles and Orange Counties
- Serves 150,000 families with 930,000 patient visits per year
- Provides healthcare from birth to senior years
- Contracts for Medi-Cal, Medicare, Commercial members
- Designation as Primary Care Medical Home (PCMH)
- 4 Star Rating
- Malcolm Baldrige Award

INTRODUCTION CONTINUED

- Provides healthcare from birth to senior years
 - Primary & Specialty Medical Care
 - Dental Clinics
 - Senior Long-Term care services and case management
 - Program of All Inclusive Care for the Elderly (PACE)
 - Disease Management
 - Health Education
 - Youth Services
 - HIV/AIDS
 - Substance Abuse treatment
- AltaMed very active in enrolling community into the ACA
- Enrolled most number of people into the Exchange & Expansion
- Honored to serve the Cal MediConnect members

CAL MEDICONNECT (CMC)

- AltaMed has been preparing for Duals since 2012
- Began receiving membership June 2014 in Los Angeles
- High priority to integrate CMC members into our system
- Making certain member accurately tied to prior provider
- Continuity of Care is administered
- Emphasis on initial claims & HRA data to prioritize outreach
- Individual Care Plans being created on all CMC members
- Initial Health Assessments being scheduled
- Interdisciplinary Care Teams scheduled with member/care giver
- Care Coordination with DME, MSSP, SNF, Primary/Specialty
- Weekly enterprise-wide meetings to monitor progress

COORDINATED CARE TEAM PATIENT CENTERED CARE



COORDINATED CARE TEAM



COORDINATED CARE TEAM

INTERDISCIPLINARY CARE TEAM

- ADDRESS REFERRAL ISSUES (MEMBER/PROVIDER)
- PROVIDE EDUCATIONAL MATERIALS
- HELP MEMBERS NAVIGATE HEALTHCARE SYSTEM
- ONGOING FOLLOW UP WITH MEMBER BASED ON RISK LEVEL AND MEMBER NEEDS
- LIAISON BETWEEN MEMBER AND PROVIDER
- DETERMINE HOME BASED CARE NEEDS
- ASSIST WITH APPOINTMENT

SELF MANAGEMENT PLANNING

- MEDICATION MANAGEMENT & EDUCATION
- ASSIST WITH NEEDS OF THE OLDER ADULT
- PROVIDE LINKAGE TO OTHER PROGRAM (DSM)
- LINKAGE BETWEEN HOSPITAL & OUTPATIENT PROVIDER
- TRANSITION CARE PLANNING
- ASSIST WITH APPOINTMENT

CARE PLANNING

SUCCESSSES TO-DATE

- Created Coordinated Care Team to support the Cal MediConnect effort
- Ability to use historical claims, RX, TAR's and COC data to start creating care plans even before HRA's come in (measuring heavy ER usage, inpatient stays, high risk medications, etc.)
- In the absence of HRA's and historical claims data, using risk profile scores from the health plans as a means to stratify members and prioritize outreach efforts and resources
- Using analytics and creating dashboard to measure # of appointments being made, translation of appointments into IHA's, enforcing and measuring Model of Care requirements (HRA, ICP, ICT)

SUCCESSSES (CONTINUED)

- Using analytics to create a list of non-contracted providers with whom LOA's have to be established because of historical utilization and COC requirements
- Proactive systems setup & automation allowed AltaMed to divide the CMC population by region, by risk level (initial stratification), monitor HRA status, measure MOC statistics, etc.
- Capitation payments to PCPs for both Medi-Cal and Medicare payments is simpler

OPPORTUNITIES TO IMPROVE

- Accurate member contact information
- Health Risk Assessments (HRA) for all members
- Standardizing HRA for all health plans
- Claims paid amount would further assist in stratifying members
- Prior member-provider relationship sometimes not considered

- Questions, Suggestions,
Comments?