

## HealthCare Partners: Ahead of the Curve in Care Coordination

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Starting in January 2014, nearly half a million Californians in eight counties will be able to receive coordinated care through Cal MediConnect, the three-year demonstration program promoting coordinated care delivery to dual eligibles in California. A voluntary program for those with both Medicare and Medi-Cal, Cal MediConnect, part of California's larger Coordinated Care Initiative, benefits seniors and people with disabilities and will combine

medical, behavioral, long-term and home and community-based services in one health plan.

A number of health plans applied to be part of the program as carriers. It's interesting to note that LA County will differ slightly in its enrollment, being voluntary for the first three months of the program, then shifting to passive enrollment, which means that Medicare beneficiaries will need to opt-out if they do not want to be enrolled in the program.

How the coordinated care will be carried out is another issue completely. HealthCare Partners Medical Group, which serves Los Angeles, Pasadena/the San Gabriel Valley, South Bay, Long Beach, the San Fernando and Santa Clarita Valleys, and Orange County, has long provided care to thousands in LA County and Orange County. As a provider network, HCP has been very active in the development of care strategies in partnership with many of the plans participating in the demonstration program (LA Care, HealthNet, Care 1st, CalOptima). They have two models: a staff model, which employs primary care

physicians as well as specialists, and an independent physician association (IPA) model, where they contract with independent primary care doctors. Dr. Chan Chuang, Corporate Medical Director of HealthCare Partners, says that the IPA model has been particularly successful in LA County.

Chuang shares that HealthCare Partners has many dual patients within its current population and has been coordinating care for dual eligible patients even before the Cal MediConnect. "With those experiences, we are in position to participate in the Cal MediConnect as part of the network in caring for these dual patients. We will be ready to help close the gaps in care for these potential new members."

HCP's established coordinated care model will complement the goals of the Cal MediConnect program to improve care through integration of healthcare services such as:

- Medicare and Medi-Cal benefits
- Long-term care
- Behavioral health

- Home and community-based services (HCBS), e.g. In-Home Supportive Services (IHSS), Community-Based Adult Services (CBAS) and Multipurpose Senior Services Program (MSSP).

“In these populations, the challenge is not only the medical but the social difficulties. The better chance we have of getting patients involved and engaged with their care, the better chance we have of improving their health situation,” says Chuang. HCP also has a program that supports at-home visits for the homebound, which is enormously important in assuring care coordination and preventing readmission or unnecessary Emergency Department visits.

Such a large part of assuring quality care for patients who are dual eligible is the support of care coordination, educating them on what their insurance and eligibility provides them. Through care coordination, they get real attention and

understanding. Chuang explains, “Consider a diabetic patient: the doctor is thinking which drug and which lab. The patient? How many needles are there, how do I get to the doctor? How often do I take it? You can’t address the build-up of questions even in a twenty-minute visit. Care coordination is essential to preventing frustration and error.”

The deep dive Cal MediConnect is taking into care coordination and patient engagement is hugely challenging, particularly addressing such a wide range of care needs. Yet the potential outcomes are equally impressive. Consider that HCP healthcare advocates who work with dual eligible patients report often spending over an hour on the initial outreach call. But if that time prevents a patient from taking a wrong medication and ending up in the ED, then it’s paying off. Also, HCP can point to their HEDIS scores to prove that their model works, scoring above the 90th percentile of healthcare providers nationally for quality metrics in diabetic LDL cholesterol <100 and

Colorectal cancer screenings for managed Medicare patients, and breast cancer screenings for managed commercial patients.

HCP healthcare advocates help patients with appointments, discuss questions with the pharmacist, check in with the patient’s doctor and helps patients and their families get the answers they need to assure proper care. It also eliminates a large part of the intimidation factor. “Our patients feel empowered by what they learn,” Chuang shares. “When we survey them, we hear they feel more confident about advocating for themselves.”

Such engagement is exactly what the Cal MediConnect demonstration program hopes to achieve. HealthCare Partners has a model in place and already works with a number of the health plans involved in the program. That sounds well coordinated.

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