

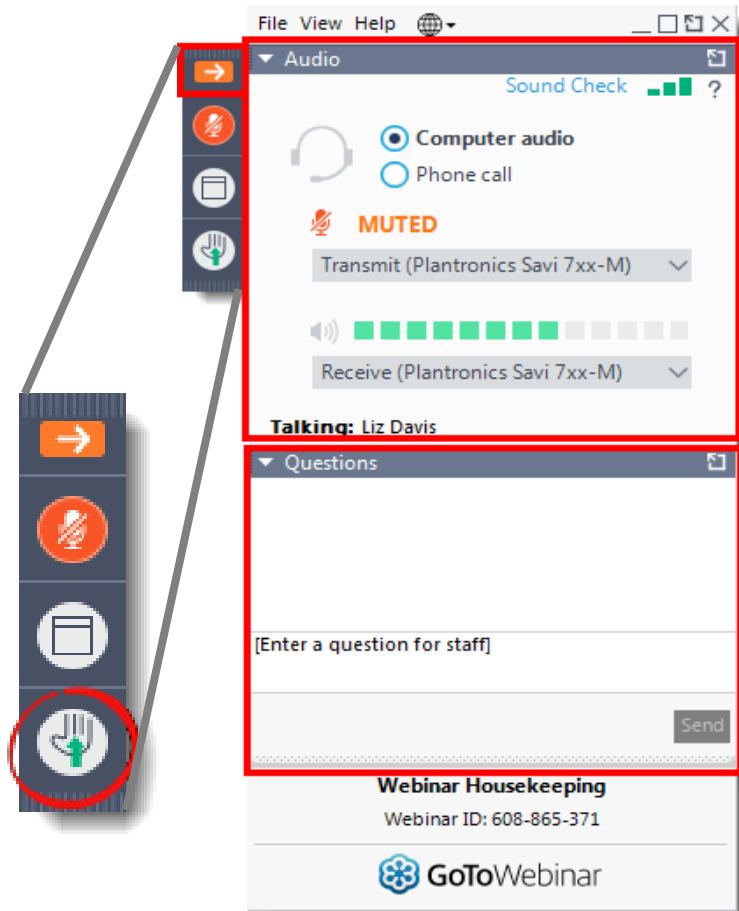


SIM PCMH Initiative

EVALUATION

MARCH 5, 2019

Housekeeping: *Webinar Toolbar Features*



Your Participation

Open and close your control panel

Join audio:

- Choose **Mic & Speakers** to use VoIP
- Choose **Telephone** and dial using the information provided

Submit questions and comments via the Questions panel

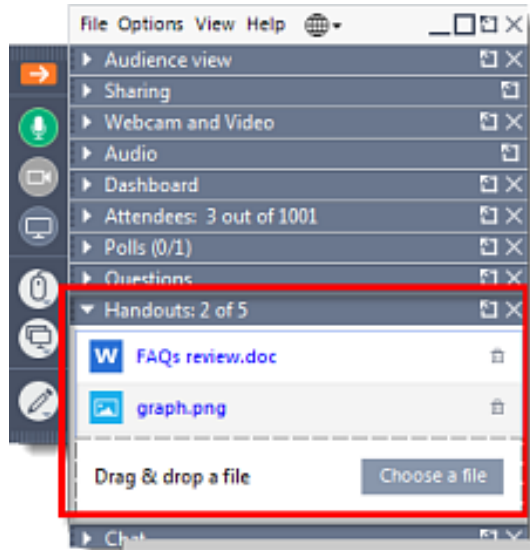
Note: If time allows, we will unmute participants to ask questions verbally.

- Please raise your hand to be unmuted for verbal questions.

NOTE:

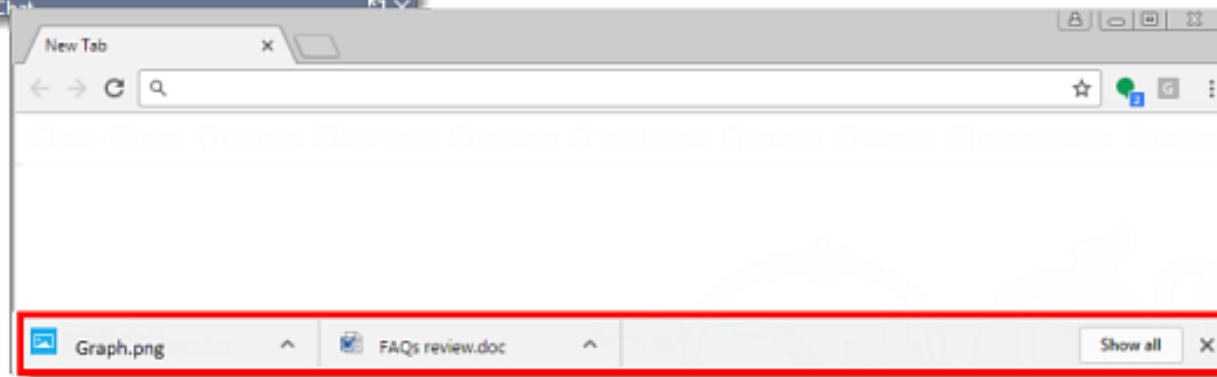
In the event that there is not time to answer questions live, all questions submitted via the Question Function of the GoToWebinar toolbar will be recorded, an FAQ generated and posted to our webpage

Housekeeping: *Webinar Resources/Handouts*



Handouts

- Webinar slides & other resources are uploaded to the “Handouts” section of your GoToWebinar Toolbar.
- Note: You may need to check the download bar of your browser to view the resources.





PCMH Webinar: Evaluation Topics

March 5, 2019

Clare Tanner & Sid Sarinopoulos



Key Objective

DISCUSS CM/CC EVALUATION IN LIGHT OF WHAT WE KNOW ABOUT CM/CC AS IT'S ACTUALLY BEING DELIVERED

Evaluation Plan

Outcome metrics

- Acute hospitalization
- ED utilization
- Readmissions
- PMPM expenditures

Comparing people who receive CM/CC service to people who don't

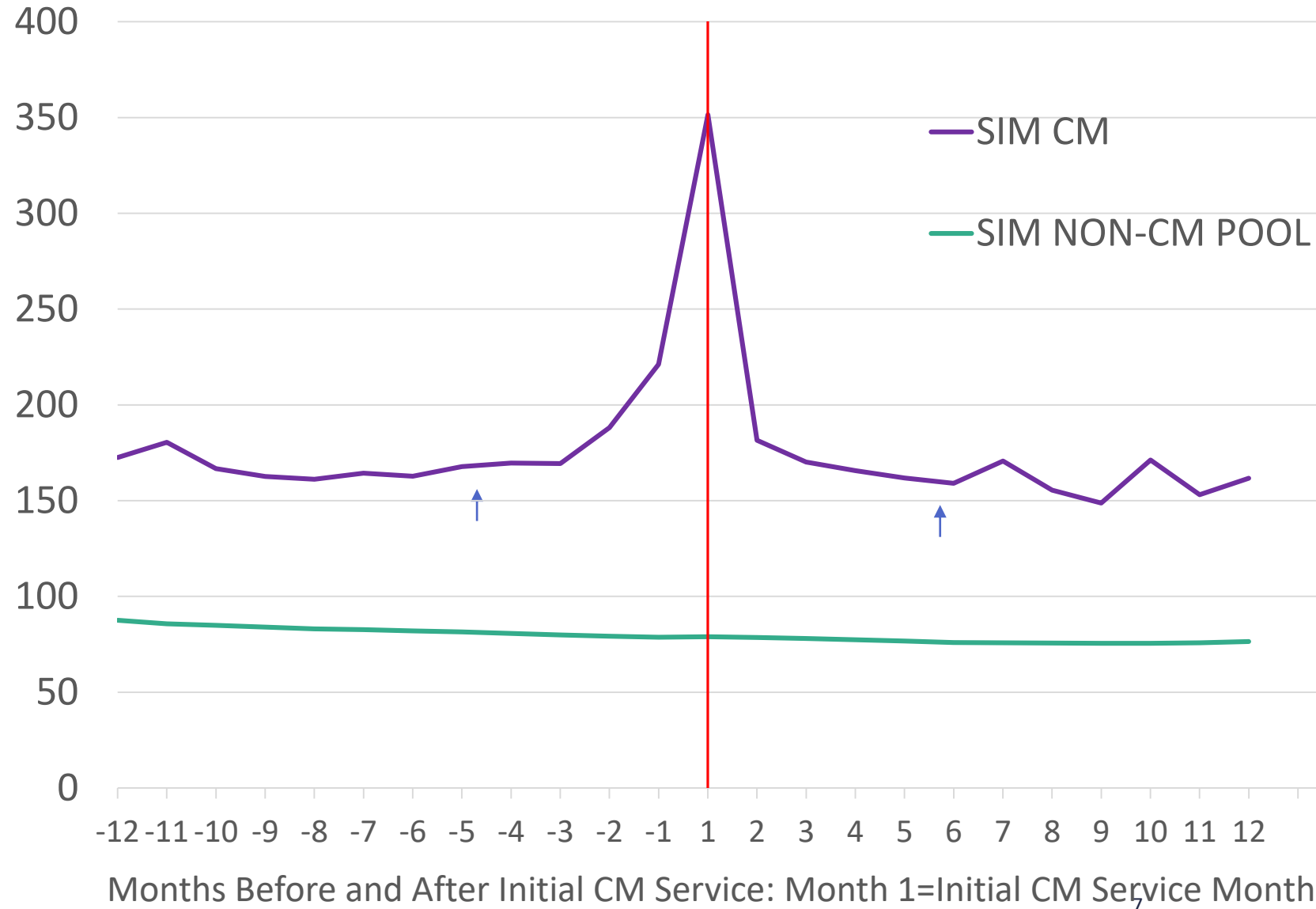
- Within SIM
- Outside of SIM

Statistical modelling using Difference-in-Difference techniques

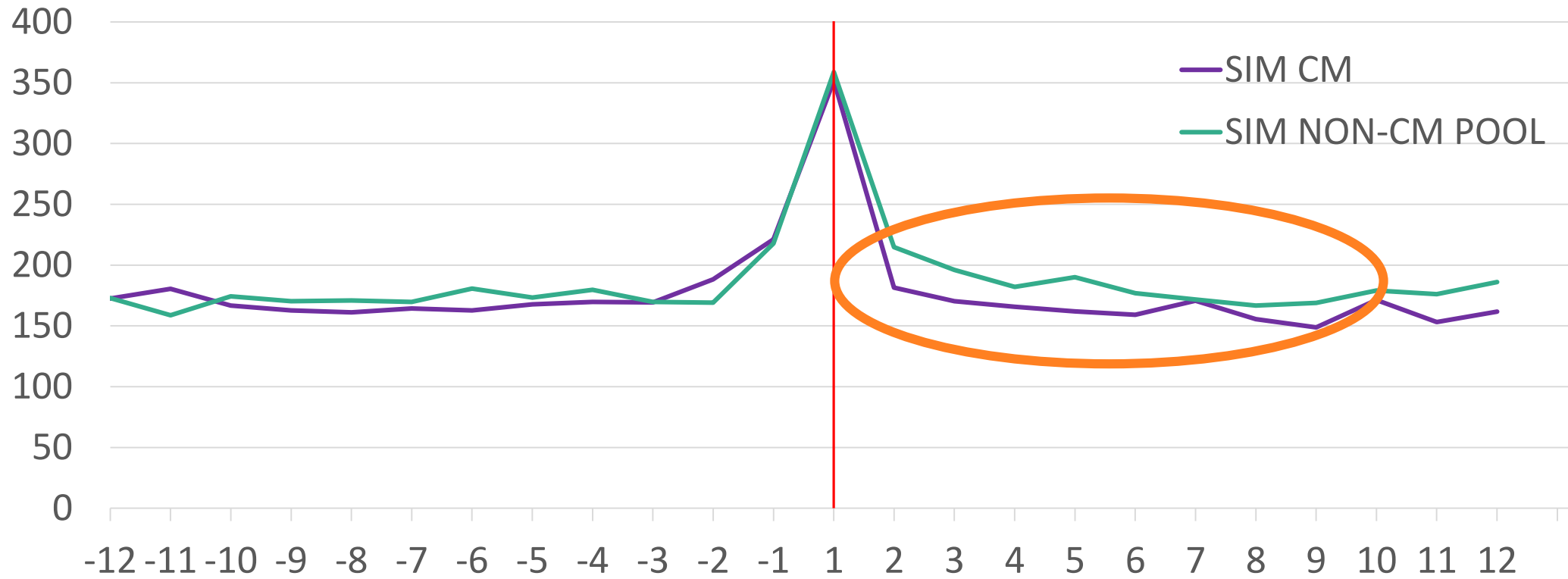
Design of Outcomes Study

Do people receiving CM/CC services experience better utilization & cost outcomes?

Emergency Department Utilization: Number per 1,000 Member Months



Choosing a Comparison Group (teal line)



Months Before and After Initial CM Service: Month 1=Initial CM Service Month

Comparison Group Selection

Demographics

- Gender
- Race/Ethnicity

Medicaid group: TANF/HMP/ABAD

Chronic conditions

- Specific ones: Diabetes, HTN, Depression
- Total number

Place-based factors

- Racial/ethnic diversity
- Urban/rural
- Total population and population density
- Area deprivation score

Baseline cost and utilization

Questions to Consider while Reviewing Data

Do you believe the data are reflective of SIM CM/CC within your practices?

What level of CM/CC service is required to achieve cost and utilization reductions?

- Care Transition only?
- Phone visits only?
- How many visits?

Which patients are most likely to show cost and utilization reductions?

Review CM/CC Report

Linking CM/CC services and **2017** Medicaid claims data to understand:

- How are **CM/CC services distributed** across **managed care beneficiaries**?
- What is **different** about **CM/CC services** funded by **SIM**?
- What are the relevant **health/demographic characteristics** of SIM beneficiaries who receive CM/CC services?

Distribution of CM/CC Services

Results show that...

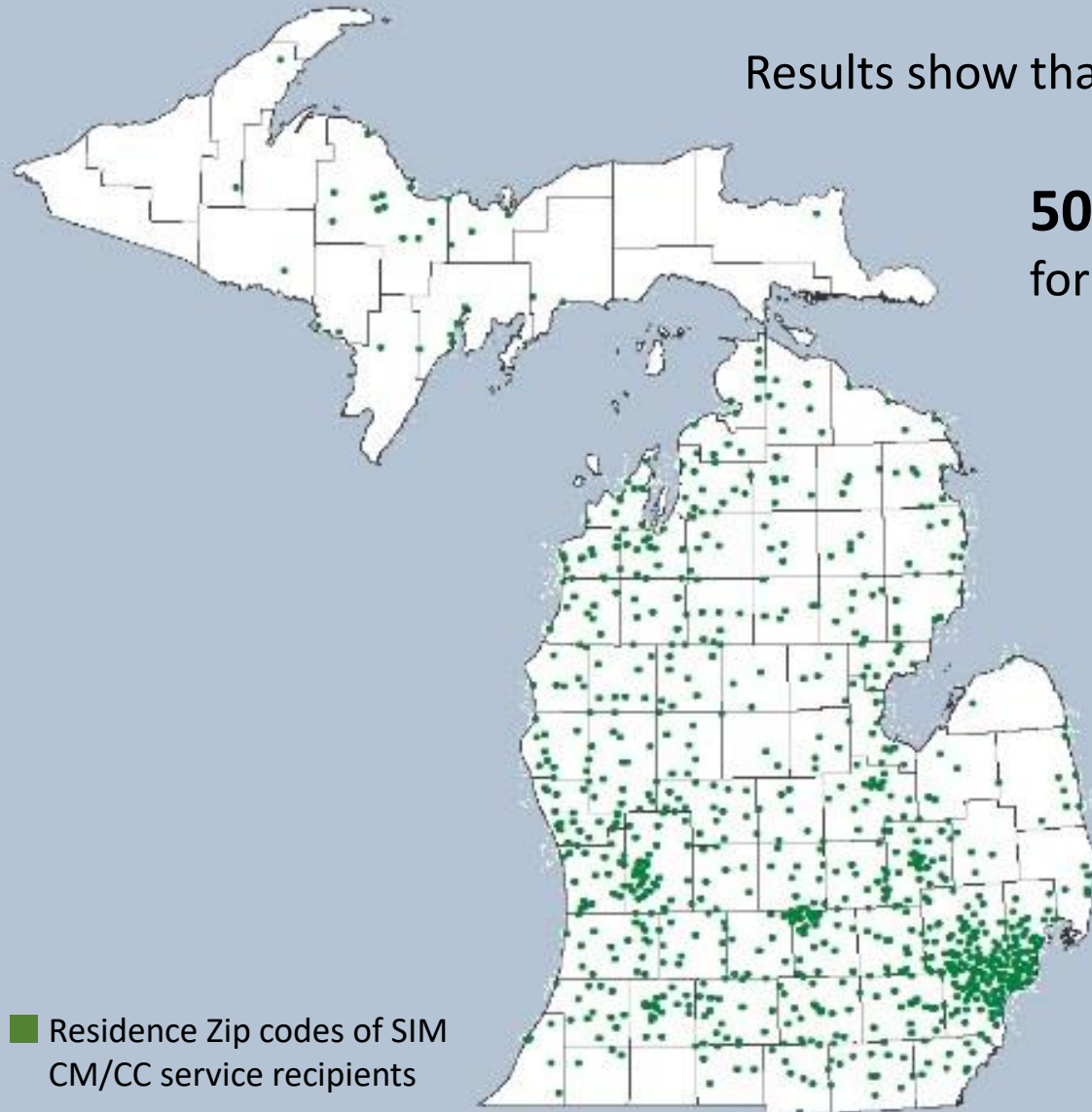
507,371 beneficiaries were **attributed** to a **SIM PCMH** for at least one month in **2017***

15,312 of those **SIM** beneficiaries received **at least one CM/CC service** in **2017** (zip codes of residence shown in map)

11,072 non-SIM beneficiaries also received at least one CM/CC service in 2017†

Physician Organizations (PO) ranged from **0% to 9%** patients **receiving CM/CC services‡**

Health plans ranged from **0% to 7%** members **receiving CM/CC services§**

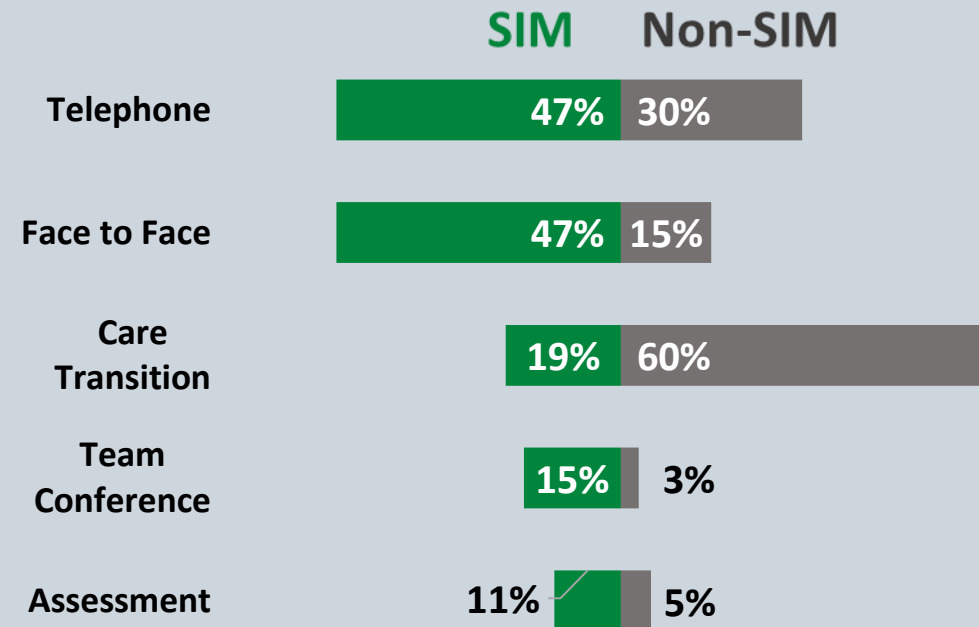
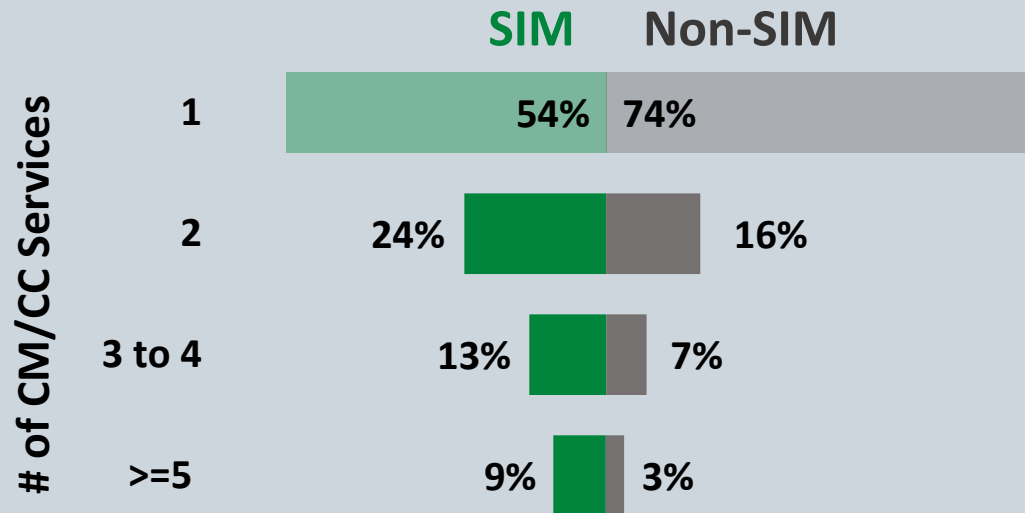


Data derived from Table 1*, Tables 7a and 7b (top)†, and Table 4‡ and Table 3§ in the initial report

Intensity and Type of Services

SIM attributed beneficiaries receiving CM/CC services were **more likely** to receive **2 or more CM/CC services** than Non-SIM beneficiaries*

SIM CM beneficiaries were **more likely** to receive **face to face services** and less likely to receive care transition services than Non-SIM beneficiaries†



Data derived from Tables 7a and 7b (middle)* and Tables 7a and 7b (bottom)† in the initial report



Hospital Discharges Followed up with CM/CC Services within 14 days

For all managed care beneficiaries' with acute hospitalizations in **2017**:

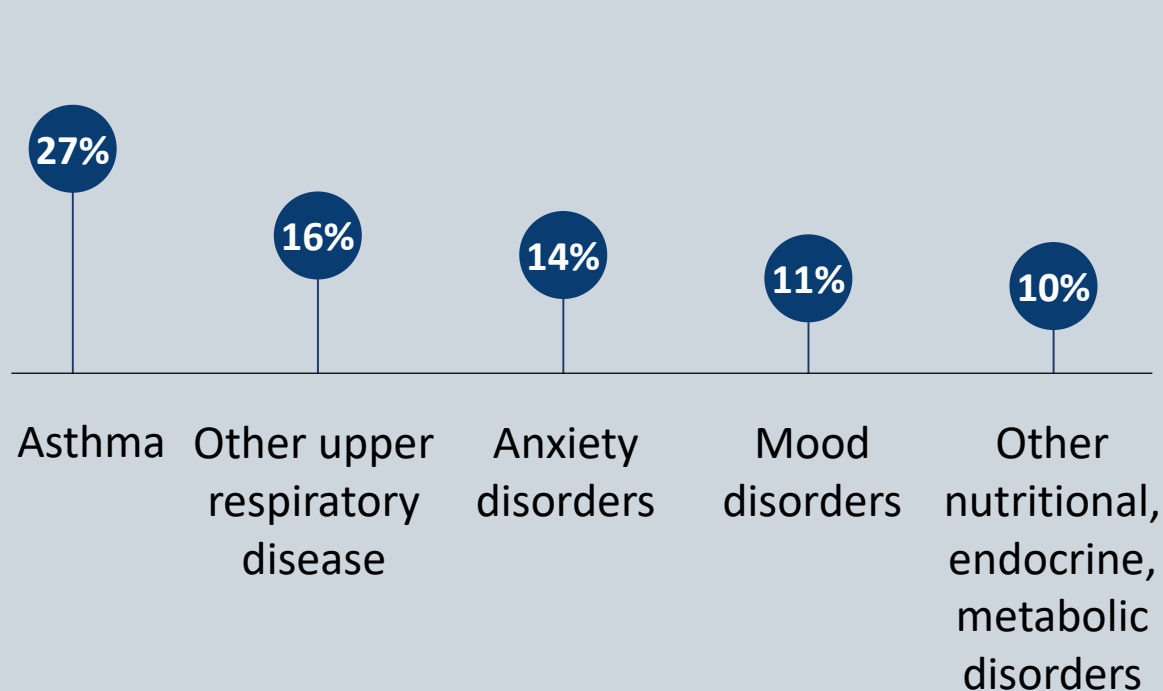


Across age group, **SIM** beneficiaries were almost **2.5 times** more likely to be followed up with a **CM/CC service** within **2 weeks** of discharge than **Non-SIM** beneficiaries*

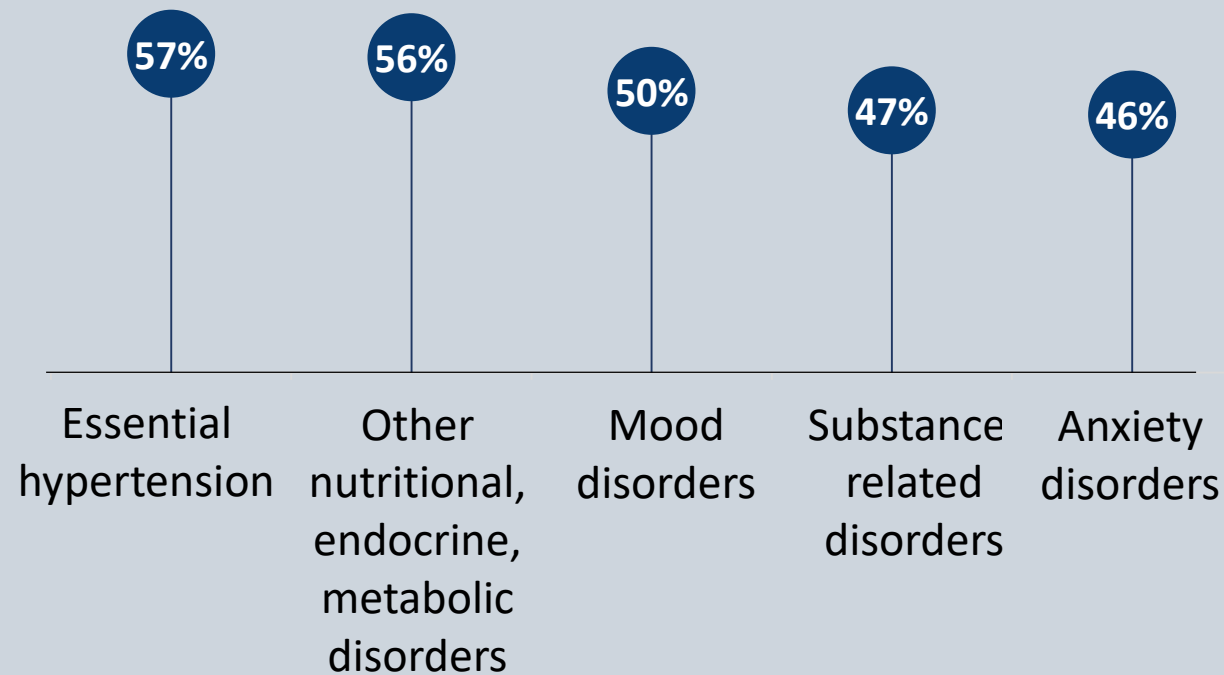


Top 5 chronic conditions for SIM beneficiaries receiving CM/CC services

Children*



Adults†



Data derived from Tables 10a* and 10b† in the initial report

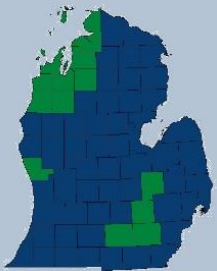
CM/CC services by Geographic Factors



82% of SIM CM/CC beneficiaries live in areas classified as **urban***



20% of SIM CM/CC beneficiaries live in Michigan's top 10% most **disadvantaged neighborhoods**, according to their area deprivation index score[†]



50% of SIM CM/CC beneficiaries live in **CHIR regions**[‡]

Return To Questions

Do you believe the data in your report are reflective of SIM CM/CC within your practices?

What level of CM/CC service is required to achieve cost and utilization reductions?

- Care Transition only?
- Phone visits only?
- How many visits?

Which patients are most likely to show cost and utilization reductions?

MPHI Next Steps

Choose 2 comparison groups

- Within SIM
- Outside of SIM

Non-SIM comparison considerations (in addition to those already considered)

- Inclusion of other PCMHs (CPC+, Single payer provider-delivered care management participation)
- Practice characteristics (size, peds/adult/family, Medicaid caseload)

Other feedback?

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Additional Questions and Resources

MDHHS-SIMPCMH@michigan.gov

[SIM Care Delivery Webpage](#)



Don't forget to complete the
follow up survey!