

Committee on Research - 2011

In 2011, the AHA Committee on Research (COR) will seek to identify emerging practices in effectively coordinating the care of Medicaid and Medicare-Medicaid dual-eligible populations.

Deliverables

The COR will produce a paper on effective practices in care coordination of Medicaid and Medicare-Medicaid dual-eligible populations. The paper will summarize the literature, highlight best practices, and make recommendations for the field.

Background

The importance of this topic is evident in:

1. The socioeconomic, physical, and mental health conditions of Medicaid and Medicare-Medicaid dual-eligible populations that pose significant challenges to care coordination and chronic disease management.
2. Provisions in the Patient Protection and Affordable Care Act (ACA) that focus on improving care for Medicaid and dual-eligible populations and reducing hospital readmissions.

Sixty million Americans currently obtain coverage through state-based Medicaid programs. These individuals come from lower socioeconomic backgrounds and pose unique care coordination challenges. Eight million Medicaid beneficiaries are also enrolled in Medicare. When compared to other Medicare beneficiaries, these dual eligibles are more likely to have multiple chronic physical conditions (60% vs. 50%), more than one mental/cognitive condition (20% vs. 5%), and a physical and mental disease (40% vs. 17%). Comorbidity and physical and mental health conditions pose further challenges to care coordination and access to appropriate care. Hospitalizations are also more likely for elderly individuals with physical and mental conditions than for all persons over age 65 (40% and 50% vs. 18%).

The ACA will expand Medicaid and CHIP coverage to an additional 16 million Americans by 2014. The ACA also establishes the Centers for Innovation in Medicare and Medicaid. This organization will focus on new ways to deliver and pay for care and will test a medical home model to support care coordination and chronic disease management in eight states. The ACA also includes several provisions aimed at improving care coordination and the delivery of services to dual-eligible populations, including expanded home and community-based services in Medicaid, a reauthorization of Medicare Special Needs Plans (SNPs) through 2013, and an office dedicated to dual eligibles within CMS. In addition, the ACA reduces Medicare payments to hospitals with greater than expected readmissions. Significant readmission-rate



improvements may be possible with a focus on improving the care coordination of Medicaid and dual-eligible populations.

Research Questions

- What community and provider relationships are necessary for delivery of care across the continuum for Medicaid and Medicare-Medicaid dual-eligible populations?
- What services do hospitals and health systems need to develop to serve the complex needs of Medicaid and Medicare-Medicaid dual-eligible populations?
- How does the management of Medicaid and Medicare-Medicaid dual-eligible populations integrate within larger efforts to reduce potentially avoidable readmissions and to form Accountable Care Organizations (ACOs) and Patient-Centered Medical Homes (PCMHs)?

Activities

- Conduct a literature review of care coordination and payment models for Medicaid and dual-eligible populations with a focus on hospitals, the Program of All-inclusive Care for the Elderly (PACE), SNPs, and new delivery models incentivized in the ACA (e.g., PCMHs, ACOs). Identify lessons learned from state Medicaid managed care programs related care coordination and delivery system design.
- Have speakers and panel discussions to present findings and promising practices. Possible speakers include program leaders and state and local leaders from the Center for Health Care Strategies' *Integrated Care* and *Transforming Care for Dual Eligibles* Commonwealth-funded initiatives, hospital and health system leaders with experience in improving care coordination for Medicaid populations, PACE leaders, state Medicaid leaders, researchers, and policymakers with expertise in care coordination for Medicaid and dual-eligible populations.
- Conduct key-informant interviews with a sample of 10 to 20 high performing hospitals to identify best practices.
- Use literature review information and examples of promising practices to inform the COR paper with recommendations to the field.
- Disseminate COR findings to AHA member hospitals through AHA *NewsNow*, *H&HN*, *Trustee*, HPOE webinar, and the Health Forum Summit panel.