



Commonwealth Coordinated Care Program

Evaluation Advisory Committee
May 22, 2014

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Agenda

- Introductions
- Evaluation Advisory Committee Overview
- Commonwealth Coordinated Care (CCC) Program Update
- Evaluation Design and Team Activities
- Evaluation Document Review and Quality Improvement Discussion
- Center for Culturally Responsive Evaluation and Assessment
- Next Steps
- Questions, Comments, or Concerns



Introductions

Evaluation Advisory Committee

Jack Brandt

Jamie Liban*

Debbie Burcham

Betty Long

Emily Carr

Nakia Speller*

Parthy Dinora, PhD

Linda Redmond, PhD

Sheryl Garland

Laura Lee O. Viergever*

Maureen Hollowell

E. Ayn Welleford, PhD*

*New member



Introductions *(continued)*

Evaluation Team

DMAS

George Mason Univ.

Gerald Craver, PhD

Alison Cuellar, PhD

Meredith Lee, MPH

Gilbert Gimm, PhD

Matthew Behrens, MPA*

Sarah Broughton, MSW*

Fuwei Guo, MPH*

Elizabeth Smith, RN

*New member



Evaluation Advisory Committee (EAC) Overview

- A group assembled to advise an evaluator on how best to conduct an evaluation and use findings (basically, two heads are better than one)
- EACs perform five key functions:
 1. Stakeholder Engagement
 2. Maximizing External Credibility
 3. Political Conciliation
 4. Methodological Integrity
 5. Promotion of Use



Obligations & Decision-Making Authority

- Participation is voluntary and time commitments will be limited
- The EAC provides advice, discusses the evaluation, and makes recommendations; however, the evaluator has final say
- Members will receive documentation prior to formal discussions
- The evaluator convenes formal meetings and facilitates discussions



How You Can Help

- Logic Model/Conceptual Framework Refinement
 - Sharpen focus by identifying key factors, concepts, & relationships
- Research Questions and Design
 - Offer comments for improvement over project course
- Participant Identification and Facilitation of Data Collection
 - Identify participants and encourage participation
- Evaluation Reporting
 - Frequency of formal feedback



How You Can Help (continued)

- Identification of Target Audiences
 - Identify audience for evaluation findings
- Review and Interpret Data
 - Offer insight into what the data mean and what aspects should be examined in greater detail
- Review Evaluation Reports
 - Serve as an editorial review group
- Presentation of Information
 - Identify most effective vehicles for disseminating findings (e.g., summaries, presentations, reports)



CCC Program Implementation Timeline

- **Tidewater**: Voluntary enrollment in March with services in April; automatic enrollment in May with services in July
- **Central**: Voluntary enrollment in March with services in April; automatic enrollment in June with services in August
- **NOVA/Western**: Voluntary enrollment in May with services in June; automatic enrollment in August with services in October



CCC Implementation Update (May 17, 2014)

OPT-IN ENROLLMENT BY Medicare-Medicaid Plan (MMP)

<u>MMPs</u>	<u>NF</u>	<u>EDCD</u>	<u>Other</u>	<u>TOTAL</u>
HealthKeepers	51	90	876	1,017
Humana	21	86	579	686
Va. Premier	12	57	239	308
TOTAL	84	233	1,694	2,011

Total Opt-Outs: 4,926



CCC Program Activities

- Enrollment
- Outreach Calls
- Health Risk Assessments
- Home Visits
- Plans of Care
- Claims Processing
- Hiring and Training MMP Care Managers
- Education and Outreach
- Many Other Program Activities



Evaluation Plan Overview

- Mixed method design; complies with Center for Medicare & Medicaid Innovation guidance and RTI's national evaluation design
 - Case studies based on interviews, focus groups, observations, and document reviews to gain insights into how the CCC Program is working by studying it in person, over time, and from diverse perspectives
 - Enrollee "panel" survey, analysis of enrollment/disenrollment data, and a longitudinal analysis of the program's impact on cost, quality, and utilization outcomes over time



Major Evaluation Team Activities To Date

- Biweekly team meetings
- Interviews (DMAS, Providers, MMPs)
- Site visits & observations (Chesterfield CSB, HealthKeepers' Care Management Training and CareMore Center, Circle Center Adult Day Services)
- Prepared drafts of *Notes from the Field* and Survey Questionnaire
- DMAS, VHCA/MMP & VACSB/MMP Workgroup Observations and Participation



Favorite Quotes

- **“Going into someone’s home is an honor.”**
- Care Management Staff
- **“It’s like being at an eighth grade dance and [no one] knows what to do.”**
- Provider Staff
- **“We are dealing with two major systems that never stop [moving].”** *- Program Staff*
- **“But the answer shouldn’t be, ‘No and you need to opt-out’ or ‘No and you need to move.’”** *– Program Staff*



Notes from the Field – April 2014

- Purpose is twofold:
 - Serve as a formal record of the evaluation team's data collection and fieldwork activities
 - Promote transparency in the evaluation process through wide dissemination
- Objective:
 - Document "*hows*" and "*whys*" of the CCC Program and its effect on enrollees, and various cost, quality, and utilization outcomes through short reports (e.g., 5 pages or so)

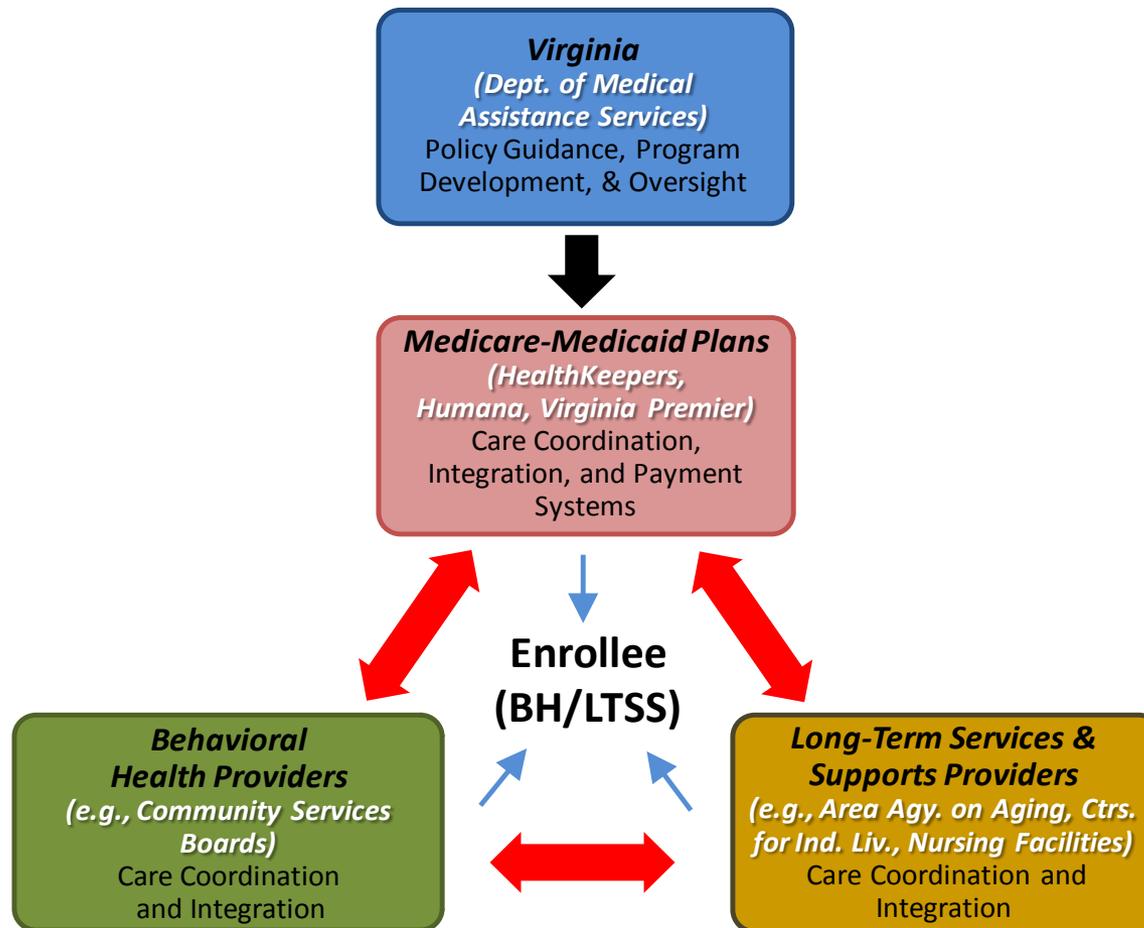


Questions for Discussion

- Is the report easy to read? Is it too long?
- Are headings and tables used effectively?
- Is the evaluation's conceptual framework appropriate?
- How well are fieldwork findings summarized in Table 2?
- Is the report useful for conveying information about the evaluation?
- Where and how should the report be distributed?
- Any additional comments about the report?



Revised Conceptual Framework





CCC Enrollee Telephone Survey Overview

- Who:
 - CCC Enrollees who are also EDCD Waiver Participants and receive consumer-directed or agency-directed personal assistance/care services
- How:
 - Telephone, 30 minutes, English
- When:
 - Six months after enrollment



Major Content Areas and Considerations

- Major Content Areas
 1. Medical care (33 questions)
 2. Personal assistance/care (26 questions)
 3. Demographics and health status (9 questions)
- Considerations
 - Use questions from existing surveys
 - Add look-back questions to compare to previous experience



Survey Domains – Current Draft

- 33 items:
 - Access to medical care (ability to get care and timeliness)
 - Personal doctor and communication with doctor
 - Care Coordination across medical areas & specialty care
 - Overall satisfaction with care
 - Health plan customer service



Survey Domains – Current Draft *(continued)*

- 26 items:
 - Personal assistance/care (overall & across bathing, meals, toileting)
 - Care management
 - Care plan for personal assistance services
- 9 items:
 - Demographics and health status



Questions to EAC Members

- What are the key hoped-for changes anticipated under CCC? What are the key areas of concern?
 - Does the survey capture these?
- Look-back questions (is it better, the same, or worse).
 - Does the current draft capture the most important areas of program change?



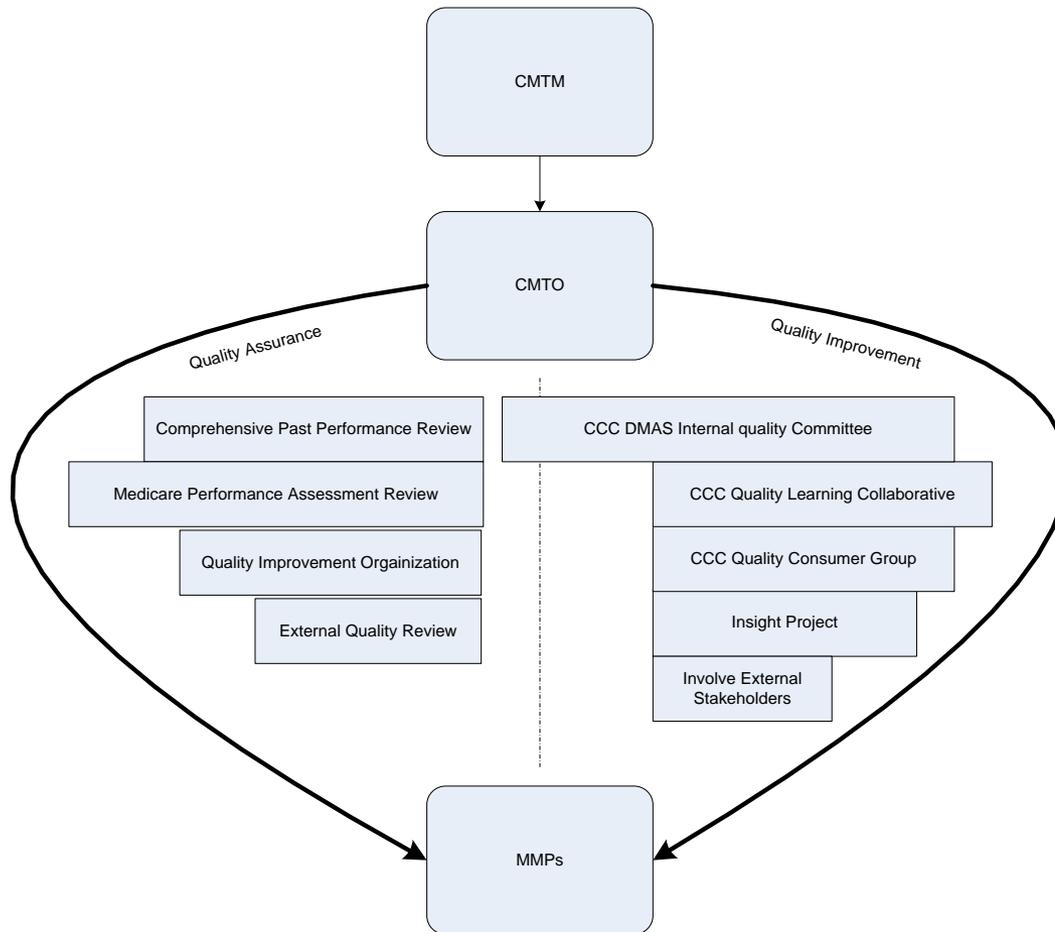
CCC Quality Management Approach

- Blend Medicare & Medicaid quality using both Quality Assurance (QA) and Quality Improvement (QI).

	QA	QI
Motivation	Measuring compliance with standards	Continuously improving processes
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers: " <i>bad apples</i> ", Individuals	Processes, Systems
Responsibility	Few	All



CCC Quality Infrastructure





CCC Quality Learning Collaborative

- Inform CCC Quality
- Involve stakeholders and gather feedback
- Plan for QI activities
- Coordinate quality resources
- Target quality priorities
- Incorporate quality improvement methods
- Promote timely sharing of best practices



Center for Culturally Responsive Evaluation and Assessment (CREA)/University of Illinois at Urbana-Champaign

- Located in the College of Education, CREA promotes social policy making through program evaluations that are not only methodologically rigorous but also culturally and contextually defensible
- Annual Conference, Sept. 18 – 20, 2014
 - *Evaluating the Commonwealth Coordinated Care Program: Virginia Medicaid's Approach to Culturally Responsive Evaluation* **accepted for Presentation** (see handout)



Next Steps

- Discuss enrollee focus groups with VaCIL (June 2)
- Upcoming fieldwork activities
 - Humana Care Management Training (June 5-6)
 - Virginia Premier Care Management Training (June 9-12)
 - Nursing Facility Interdisciplinary Care Team (June 19)
- Develop evaluation webpage to disseminate information on activities and findings
- RTI site visit (September 2014)



Questions, Comments, or Concerns

- Committee Member Expectations (what would you like to gain from the EAC)?
 - More (or less) active involvement
- Additional EAC Members?
 - Nursing facility representative
 - CCC Enrollee
- ***THANK YOU FOR PARTICIPATING!!!***