



Commonwealth Coordinated Care Program

Evaluation Advisory Committee
October 29, 2013



Agenda

- **Introductions**
- **Duties and Responsibilities of an Evaluation Advisory Committee**
- **Commonwealth Coordinated Care Program**
- **Evaluation Plan**
- **How Can You Help**
- **Questions, comments, or concerns**



Introductions

- **Advisory Committee Members**

Jack Brandt

Sheryl Garland

Debbie Burcham

Maureen Hollowell

Emily Carr

Betty Long

Parthy Dinora, PhD

Linda Redmond, PhD

- **Evaluation Team**

Gerald Craver, PhD

- Meredith Lee, Elizabeth Smith, Jodi Manz, and others

Alison Cuellar, PhD

Gilbert Gimm, PhD



Evaluation Advisory Committee (EAC)

- An EAC is a group of individuals assembled based on expertise to advise an evaluator on how best to conduct an evaluation and use findings
- Basically, two heads are better than one; the greater the number of perspectives, the more likely it is that the evaluator will do the highest quality work



Five Key Functions

1. **Stakeholder Engagement**: Offers a formal channel for engagement through development of the evaluation
2. **Maximizing External Credibility**: Promotes the believability of evaluation findings to outside groups
 - Creates **transparency** and demonstrates that *“we’ve done our best”* by sending the message that considerable thought went into the evaluation



Five Key Functions

- 3. Political Conciliation:** Provides a forum to align groups with different views behind the findings (demonstrates that, "yes, we have the facts")
- 4. Methodological Integrity:** *Peer review* by EAC members with research backgrounds and *operational improvement* by members with special knowledge (identification of obstacles and tips for overcoming them)



Five Key Functions

5. **Promotion of Use**: Starts at the beginning of the evaluation through development of appropriate research questions and stakeholder engagement
- Fulfilling the five key functions should make the evaluation more valuable/relevant, thus influencing the extent to which findings are used for accountability, policy, decision making, and/or program improvement



Obligations and Decision-Making Authority

- Participation on the EAC is voluntary
 - Time commitments will be limited
 - You may leave at any time
- The committee provides advice, discusses the evaluation, and makes recommendations
 - However, the evaluator has the final say
- Documentation will be provided prior to formal discussion
- The evaluator convenes formal meetings and facilitates discussions



EAC Logic Model

Inputs	Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Advice (<i>technical, process, & political</i>) • People (committee members & evaluators) 	<ul style="list-style-type: none"> • Announcement • Recruiting • Selecting • Orienting • Training • Creating meeting agendas • Calling & facilitating meetings • Rule making • Clarifying purpose, leadership, & roles • Communicating with members • Thanking members for services 	<ul style="list-style-type: none"> • Number of meetings • Stakeholders represented • Advice provided • Evaluation completed 	<p><u>Evaluation Outcomes</u></p> <ul style="list-style-type: none"> • Better evaluation • Credibility & quality • Political conciliation <p><u>Stakeholder Outcomes</u></p> <ul style="list-style-type: none"> • Support • Involvement in evaluation, process, & products <p><u>Program/Community Outcomes</u></p> <ul style="list-style-type: none"> • Better, more utilized services • Ownership <p><u>Evaluator Outcomes</u></p> <ul style="list-style-type: none"> • Useful advice to complete evaluation • Entry into communities

Source: VeLure Roholt, R., & Baizerman, M.L. (2012). A model for evaluation advisory groups: ethos, professional craft knowledge, practices, and skills. *New Directions for Evaluation*, 136, 119-127



In Conclusion...

- EACs bring various types of expertise (technical, processual, and political) to enhance the evaluation
 - The intent is to disrupt the evaluator's thought process to create just enough "**chaos**" to ensure that the evaluation is producing informative and useful findings
- Questions about the EAC?



Medicare-Medicaid Beneficiaries

- Nationally, approximately 10.2 million seniors and non-elderly people with significant disabilities qualify for both Medicare and Medicaid benefits
 - About 7.4 million receive full benefits
 - Many are chronically ill with complex care and behavioral health needs
 - In Virginia, 101,634 individuals receive full benefits
- **Current Situation:** Uncoordinated, fragmented care with coverage rules/provider payments split across Medicare/Medicaid



Virginia's Solution: Commonwealth Coordinated Care (CCC) Program

- A federal financial alignment demonstration designed to test a new payment and service delivery model
- Provides high-quality, person-centered care for full benefit Medicare-Medicaid enrollees focused on their needs and preferences
- Blends Medicare-Medicaid services and financing to streamline care and eliminate cost shifting



CCC Program

- Creates one accountable entity to coordinate delivery of primary, preventive, acute, behavioral, and long-term services and supports
- Promotes the use of home- and community-based behavioral and long-term services and supports
- Supports improved transitions between acute and long-term facilities



Current Implementation Status

- **May 2013**: Virginia received federal approval to implement the CCC Program
- **Fall 2013**: Negotiating with three health plans to administer CCC Program; Completed health plan readiness reviews
- **January 2014**: CCC Program will be implemented in Northern VA, Tidewater, Richmond/Central, Charlottesville, and Roanoke



CCC Eligibility

- Eligible: Full benefit Medicare-Medicaid Enrollees at least 21 years old and residing in the five regions
 - Participants in the EDCD Waiver
 - Nursing facility residents
- Not Eligible: ID, DD, Day Support, Alzheimer's, Technology Assisted Waiver, MH/ID facilities, ICF/IDs, PACE, Long Stay Hospitals, Money Follows the Person, and Hospice



CCC Enrollment

- ***“Voluntary enrollment” (opt-in)*** where individuals proactively enroll
- ***“Passive enrollment” (automatic enrollment)*** where individuals are enrolled
 - “Intelligent Assignment” algorithm will assign individuals to specific health plans based on various factors
 - If an enrollee is unhappy with the assigned health plan, he/she may request reassignment to another health plan.



CCC Enrollment Timeline

- Central Virginia/Richmond and Tidewater areas:
 - Early 2014: Voluntary enrollment begins
 - March 2014: Coverage begins
 - May 2014: Automatic enrollment begins
 - July 2014: Coverage for those automatically enrolled begins
- Northern Virginia, Roanoke, Charlottesville areas:
 - May 2014: Voluntary enrollment begins
 - June 2014: Coverage begins
 - August 2014: Automatic enrollment begins
 - October 2014: Coverage for those automatically enrolled begins

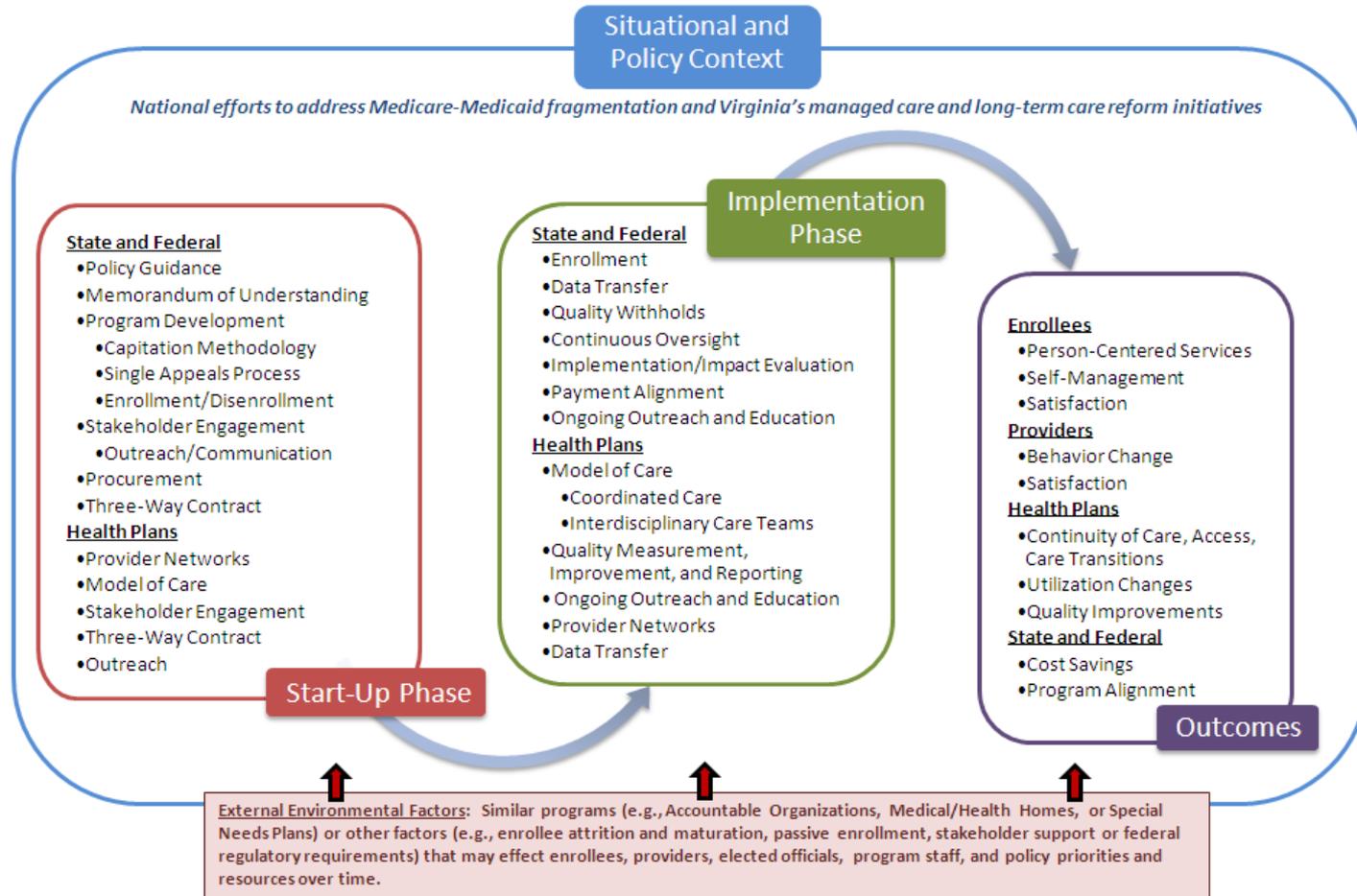


CCC Program Benefits

Virginia	Individuals and Families
<ul style="list-style-type: none">• Eliminates cost shifting• Achieves savings and slows Medicaid cost growth• Reduces duplicative or unnecessary services• Streamlines administrative burden• Single set of quality reporting measures, appeals and auditing• Promotes improvements in quality of life and health outcomes	<ul style="list-style-type: none">• Person-centered service coordination/case management• One ID card for all care• One 24/7 toll free phone number for assistance• Behavioral health homes for individuals with Serious Mental Illness (SMI)• A unified appeals process



DRAFT CCC Logic Model



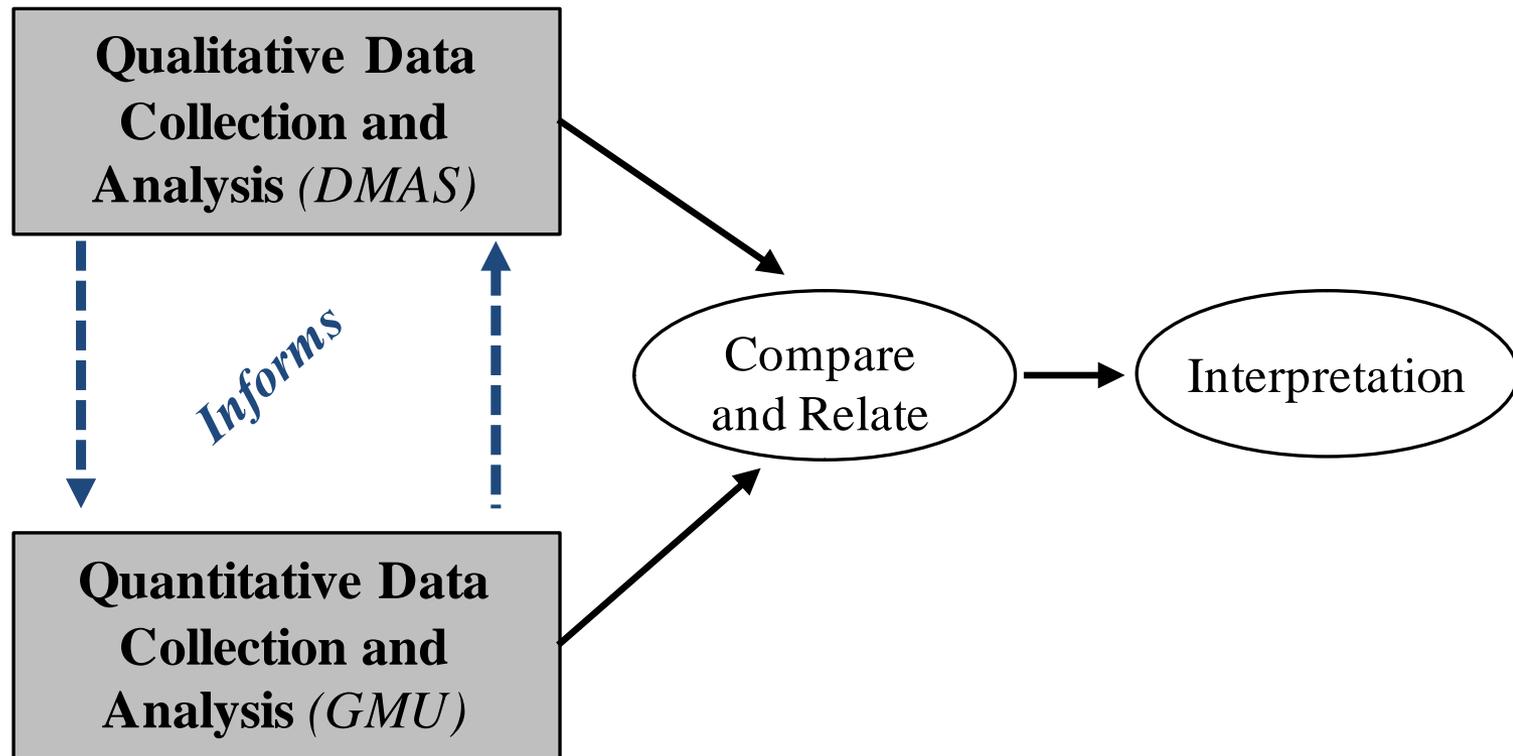


Mixed Methods Research Design

- The evaluation of the CCC Program will use a “concurrent” mixed method research design
 - Qualitative Component (DMAS)
 - Quantitative Component (GMU)
 - **Strength**: Internal and External Evaluators
- Complies with guidance from **Center for Medicare and Medicaid Innovation** for evaluating payment/service delivery models
 - National evaluation of the financial alignment demonstrations by RTI and the Urban Institute



Evaluation Design is Concurrent Because...



Source: DMAS staff adaptation of information presented in *Educational Research: Planning, Conducting, and Evaluating Quantitative and Qualitative Research* (4th ed.) by John W. Creswell (2012).

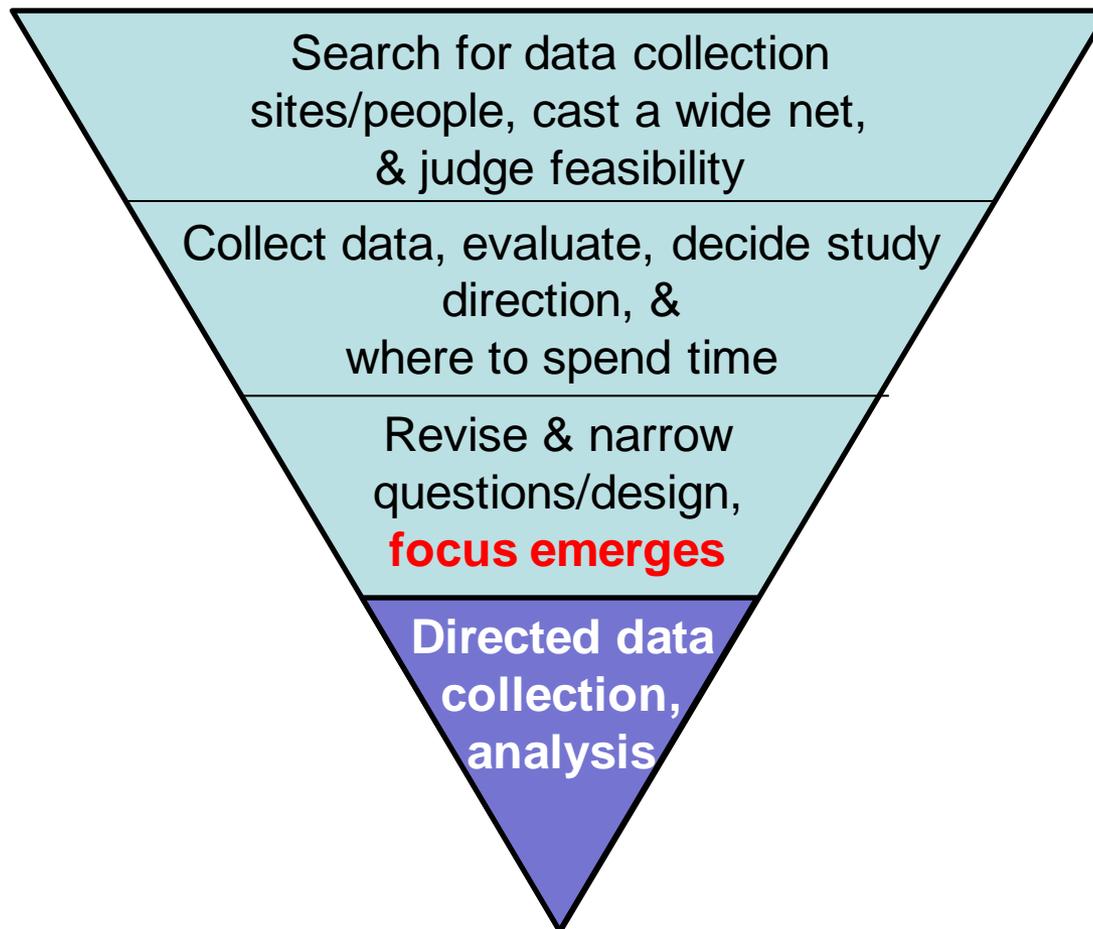


Qualitative Component

- Case study using 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
 - Agency Program Staff, Health Plan Staff, Providers, and Enrollees (may offer enrollees small financial incentive)
 - The “**Why's**” and “**How's**” of the program
 - January 2014 to December 2017



The Case Study Design “Funnel”





Key Characteristics

Research Methods	Sampling Process	Data Collection	Data Analysis
1. In-depth Semi-Structured Interviews	Purposeful sampling initially using snowball and convenience, and then maximum variation and opportunistic strategies	In-person, telephone, or email interviews with health plan staff, agency program staff, health care providers, and dual eligible enrollees	Constant comparative analysis of interview transcripts, field notes, and emails
2. Focus Groups Interviews	Purposeful sampling using snowball, convenience, and homogenous strategies	In-person/telephone focus groups	Constant comparative analysis of interview transcripts/field notes
3. Participant Observations	Purposeful sampling using snowball/maximum variation strategies	In-person observations of providers/ enrollees	Constant comparative analysis of field notes
4. Document Reviews	Purposeful sampling of all relevant public/private documents	Identify/collect relevant documents and review for appropriateness	Content/textual analysis of documents/document review notes



Multisite Data Collection

- May focus evaluation at five provider sites (one in each region)
 - The objective is **not** to evaluate each site individually, but to perform a comprehensive analysis across the sites to gain more holistic understanding of the CCC Program
 - **One Option:** Locate evaluation in one or more behavioral health homes, a nursing facility, a personal care provider, and a hospital
 - **Other options???**



Potential Qualitative Research Questions

Aspects of Health Plans

1. What are the key features of the health plans' care management programs?
2. What subpopulations do they target?
3. What implementation challenges have the plans experienced?
4. What suggestions do they have for improving the CCC Program?

Provider Perceptions

1. What perceptions do providers have about the CCC Program?
2. How do these perceptions change over time?
3. To what extent do providers view the program as influencing the quality of care they deliver to dual eligible beneficiaries?
4. What suggestions do they have for improving the program?



Potential Qualitative Research Questions

Enrollee Perceptions

1. For enrollees who remain in the CCC Program, what perceptions do they have about quality of care?
2. For individuals who opt-out, what perceptions do they have about the quality of care (including access to care and continuity of care) provided through the program compared to their usual sources of care?

Quality of Care

1. What dimensions of quality, including quality of care and quality of life, are most salient to CCC Program enrollees?
2. To what extent are enrollees receiving health and social services that are aligned with their views on quality of care and life?
3. Do enrollees view the CCC Program as improving their overall quality of care and life and, if so, how?



Quantitative Component

- Demographic/enrollment analysis: identify important characteristics of individuals who enroll/disenroll from the program and the factors that predict enrollment status
- Satisfaction/experience analysis: describe important trends in patient care attitudes, opinions, and behaviors of enrollees with high costs and/or complex care needs as well as the elderly and younger disabled who use waiver services



Quantitative Component

- The quantitative analysis will cover November 2013 to May 2015 (???)
- Depending upon additional funding, a longitudinal study may be performed to examine the program's impact on utilization/cost outcomes over time



Potential Quantitative Research Questions

Demographic/Enrollment

1. What are the demographic, utilization, and cost characteristics of the dual eligibles who enroll and disenroll (or opt-out) from the CCC Program?
2. What factors are associated with both enrollment and disenrollment?

Satisfaction/Experience

1. What is the relative impact of the CCC Program on service utilization and cost by service type (e.g., emergency department visits, hospital admissions, and nursing facility stays) for program participants, after adjusting for other factors?
2. To what extent does the impact differ by health plan and dual eligible subpopulation?



How Can You Help – Planning/Initial Stage

- Logic Model Refinement
 - Sharpen identification of input, activities, outputs, and outcomes
- **Research Questions** and Evaluation Design
 - ID research questions and offer comments for improvement over the course of the project
- **Participant Identification and Facilitation of Data Collection**
 - ID participants and encourage participation
- Frequency of Evaluation Reports
 - How often should formal feedback be provided and to whom?



How Can You Help – Implementation Stage

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



Questions, Comments, or Concerns

- Next Steps?
 - Evaluation formally begins with three-way contract (contains evaluation requirement)
 - Stakeholder Advisory Committee (11/06/13)
- Committee Member Expectations (what would you like to gain from the EAC)?
- Additional EAC Members?
 - Three or four additional members may be helpful