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STATE HEALTH ACCESS REFORM EVALUATION

California Health Care Foundation

Physician Participation in Medi-Cal: Is Supply Meeting Demand?

September 27, 2016

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University of California, San Francisco

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Central California Alliance for Health

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Funding Support

- The Robert Wood Johnson Foundation's State Health Access Reform Evaluation (SHARE) grant program
- California Health Care foundation

About SHARE

State Health Access Reform Evaluation (SHARE)

- National Program of the Robert Wood Johnson Foundation (RWJF)
- At the State Health Access Data Assistance Center (SHADAC)
- 43 research grants to date
- New awards to be announced in December 2016
- www.shadac.org/SHARE

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About the California Health Care Foundation

California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo.

More at www.chcf.org.

Today's Speakers

Janet Coffman, PhD, MA, MPP
Associate Professor
Philip R. Lee Institute for Health Policy Studies
University of California, San Francisco

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CAMRI

Outline

- Background
- Methods
- Findings
- Limitations
- Policy Implications

Medi-Cal Expansion

- California is one of 32 states that have expanded eligibility for Medicaid to all citizens with incomes below 138% of the federal poverty level ($33,534 for a family of four).

- One in three Californians is now enrolled in Medi-Cal.

Medi-Cal Expansion

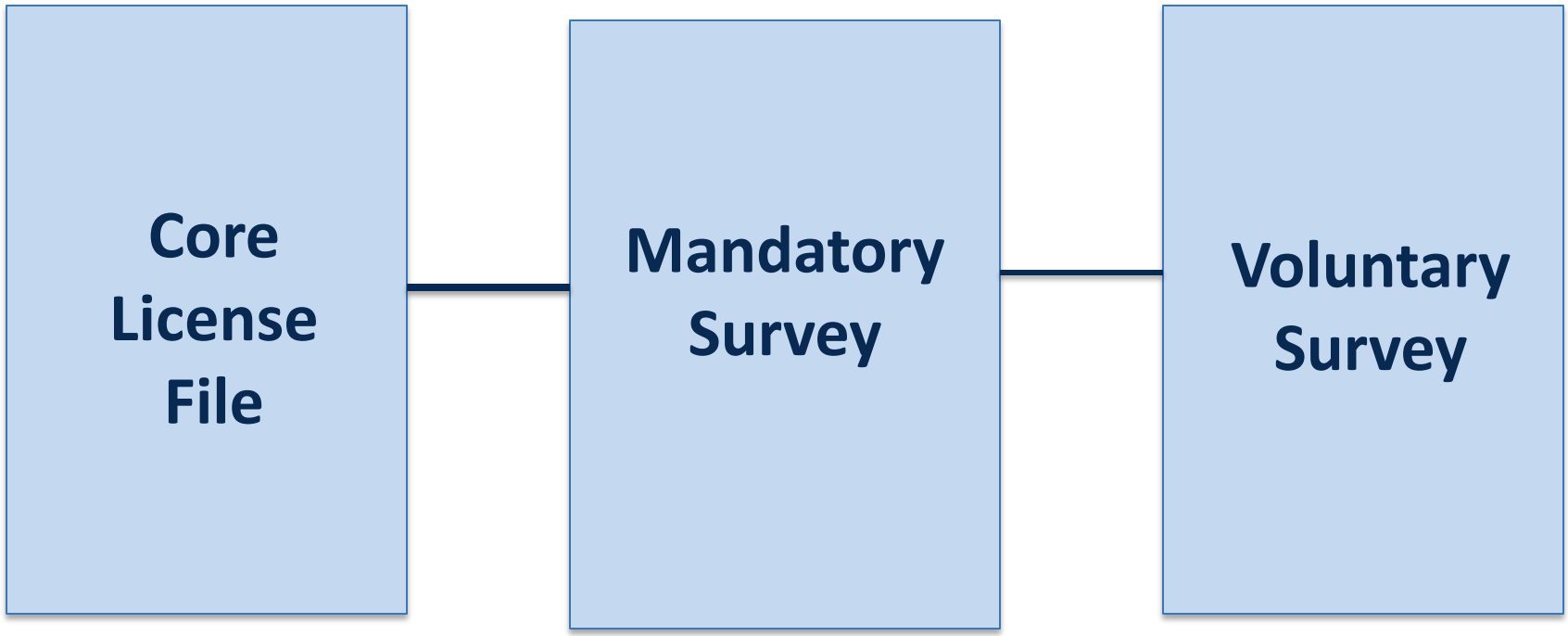
- Turning Medi-Cal expansion into access to care requires adequate numbers of providers who accept Medi-Cal patients.

- Timely access to outpatient care is associated with reductions in:
  - Hospitalizations
  - Overall health care costs

Methods

- Voluntary survey mailed to California MDs with licensure renewal
- All physicians with renewals due from June 2015 through December 2015
- Physicians responded by mail or online

Methods



Merge on Physician License Number

Methods

- Analyzed responses from physicians
  - Practicing in California
  - Not in training
  - Providing patient care at least 20 hours per week

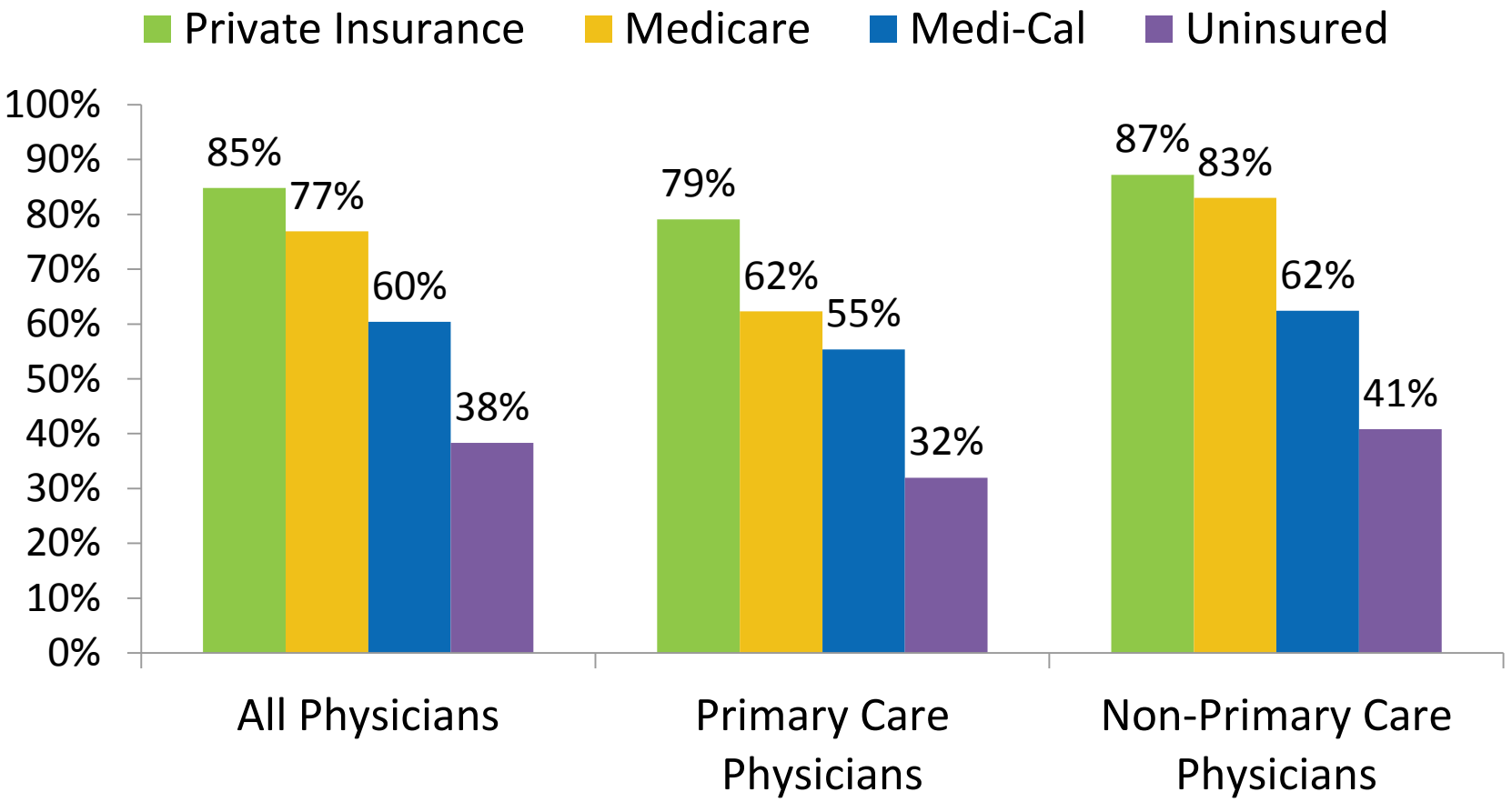
Response Rate and Sample Size

# Eligible MDs who Received Voluntary Survey	**34,212**
Response Rate Among Eligible MDs	**18%**
Sample Size	**6,163**

Estimates were weighted to reflect demographic characteristics and practice locations of the population of physicians who provide patient care in California.

California Physicians Accepting New Patients by Payer, 2015

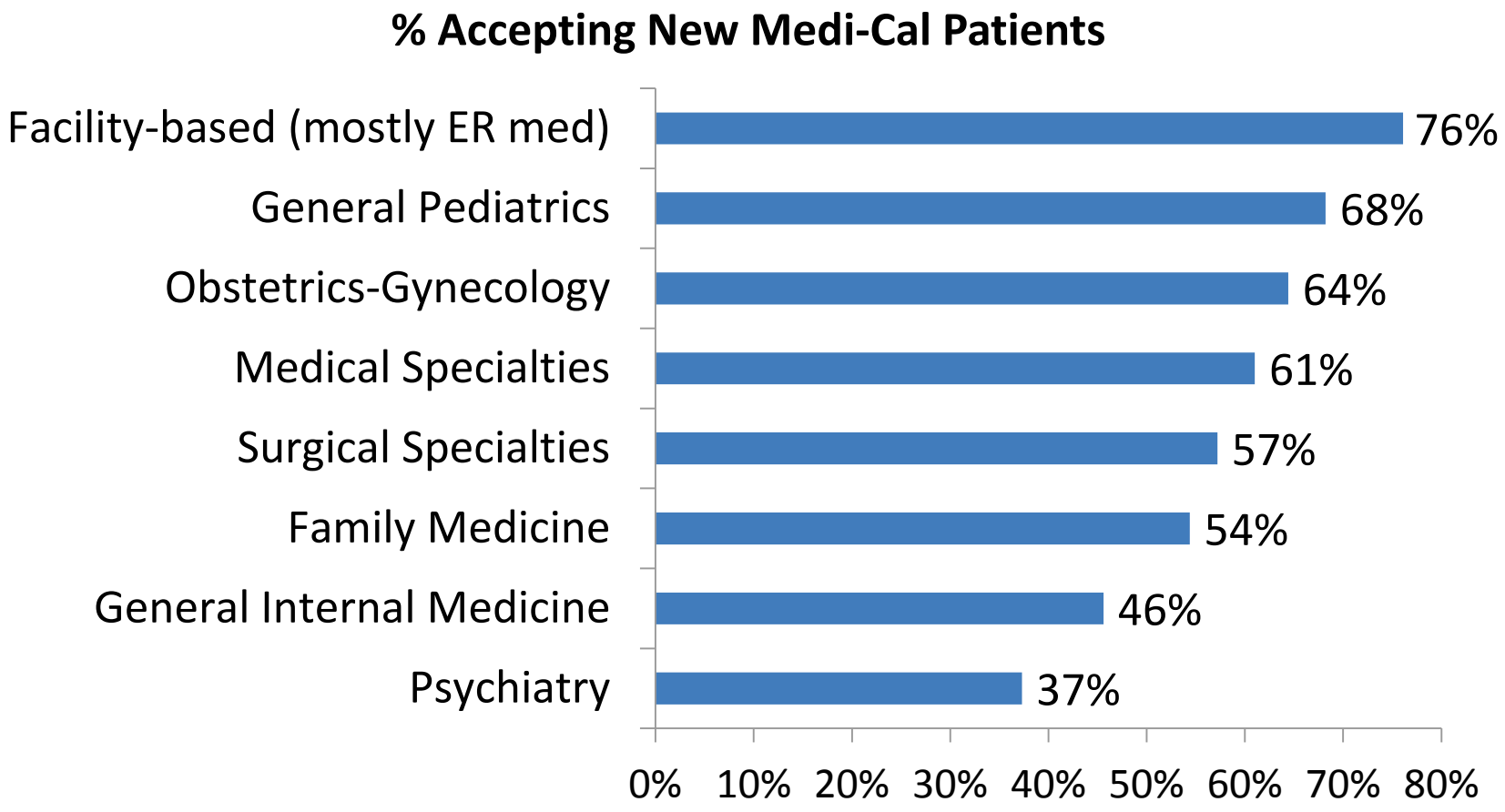
California physicians are less likely to accept new Medi-Cal patients than new Medicare patients and new patients with private insurance.



All differences across insurance types are statistically significant at $p<0.05$.

CA Physicians Accepting New Medi-Cal Patients by Specialty, 2015

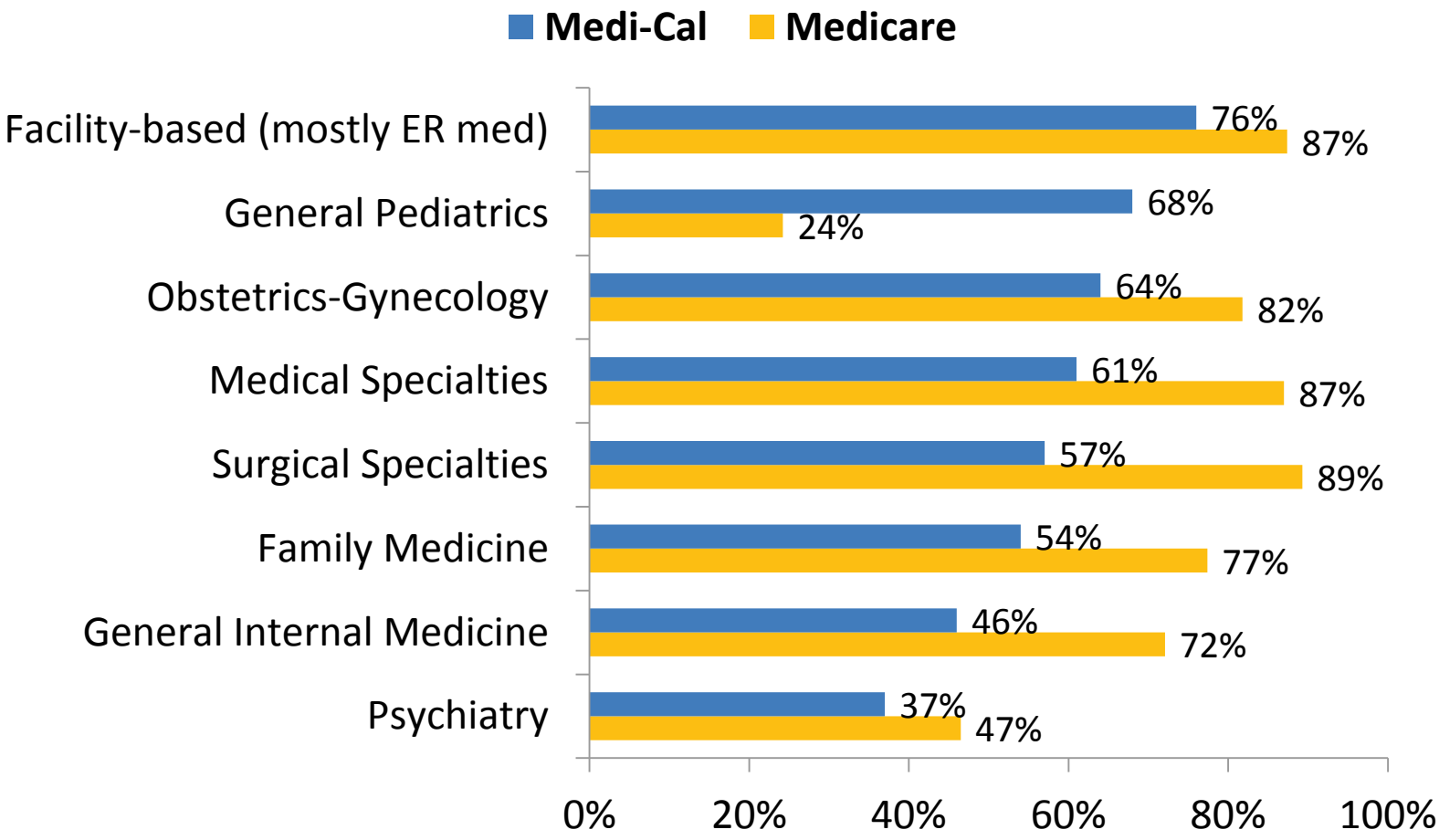
The percentage of California physicians accepting new Medi-Cal patients varies substantially across major physician specialties.



Differences between facility-based specialties and all other specialties and between psychiatry and all other specialties are statistically significant at $p<0.05$.

CA Physicians Accepting New Medi-Cal and Medicare Patients by Specialty, 2015

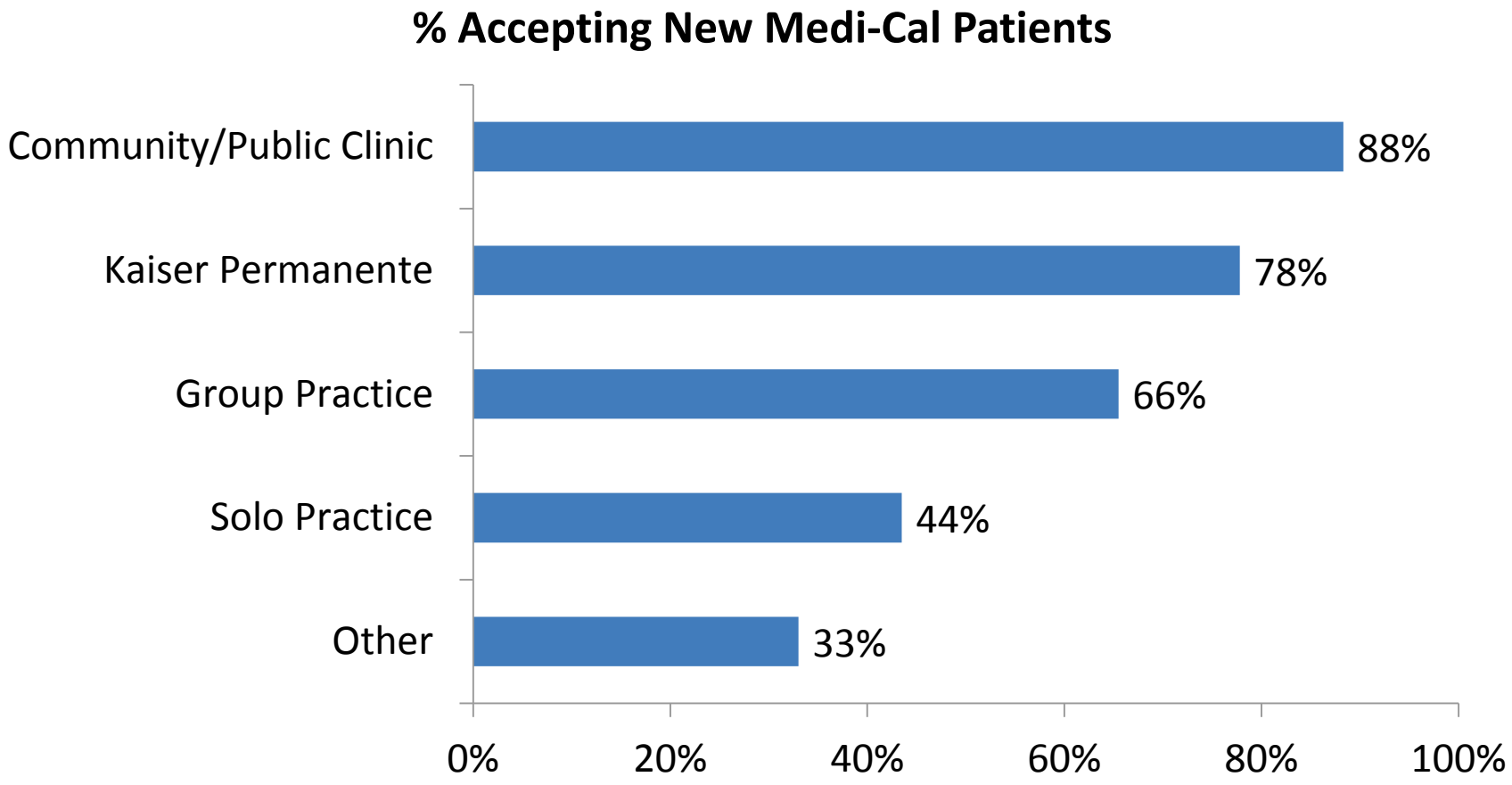
Physicians in all major specialties except general pediatrics are more likely to accept new Medicare patients than new Medi-Cal patients.



All differences between Medi-Cal and Medicare are statistically significant at $p<0.05$.

CA Physicians Accepting New Medi-Cal Patients by Practice Type, 2015 – All Physicians

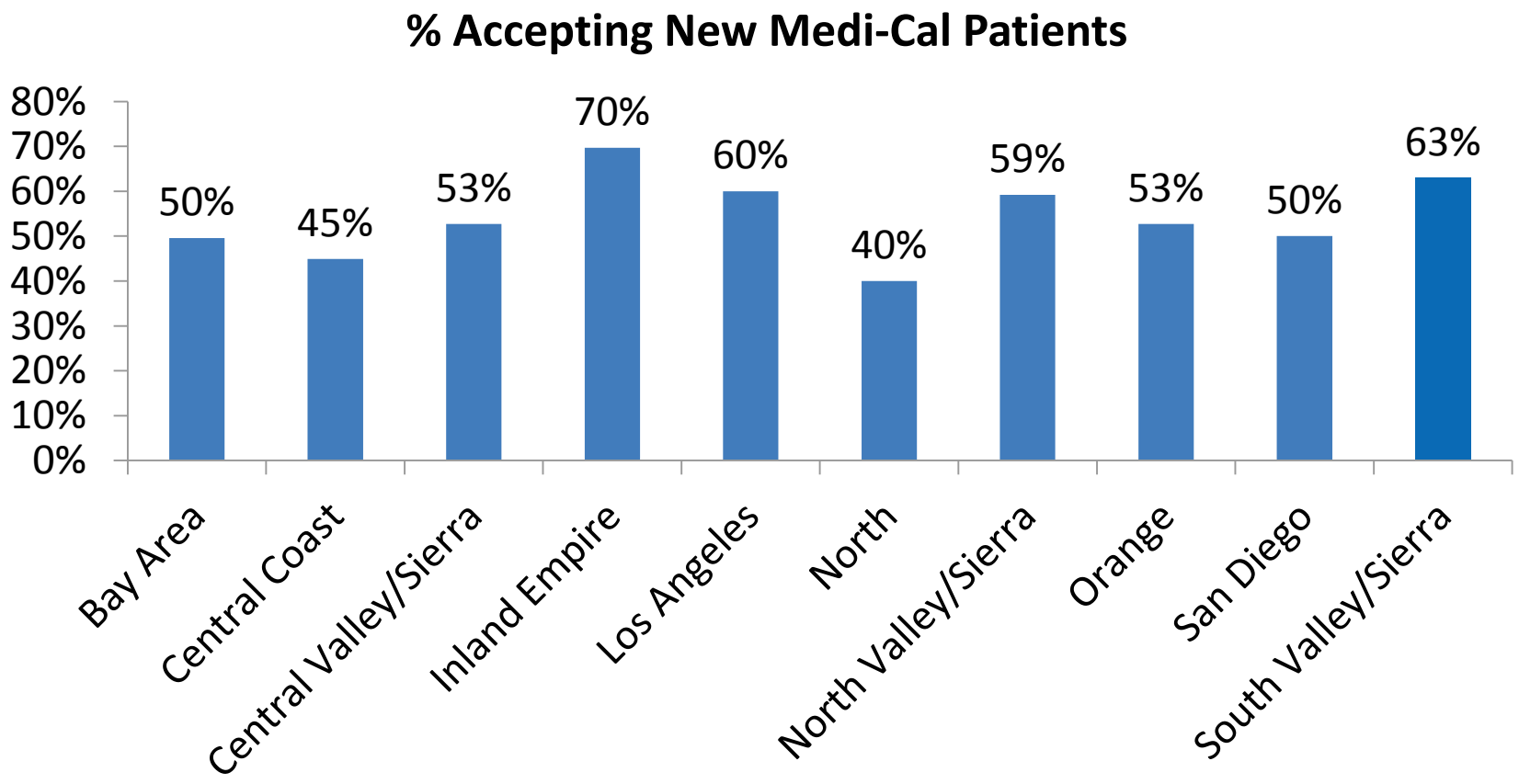
Physicians who practice in community/public clinics are more likely to accept new Medi-Cal patients than physicians who practice in other settings.



All differences among practice types are statistically significant at $p<0.05$.

Primary Care Physicians Accepting New Medi-Cal Patients by Region, 2015

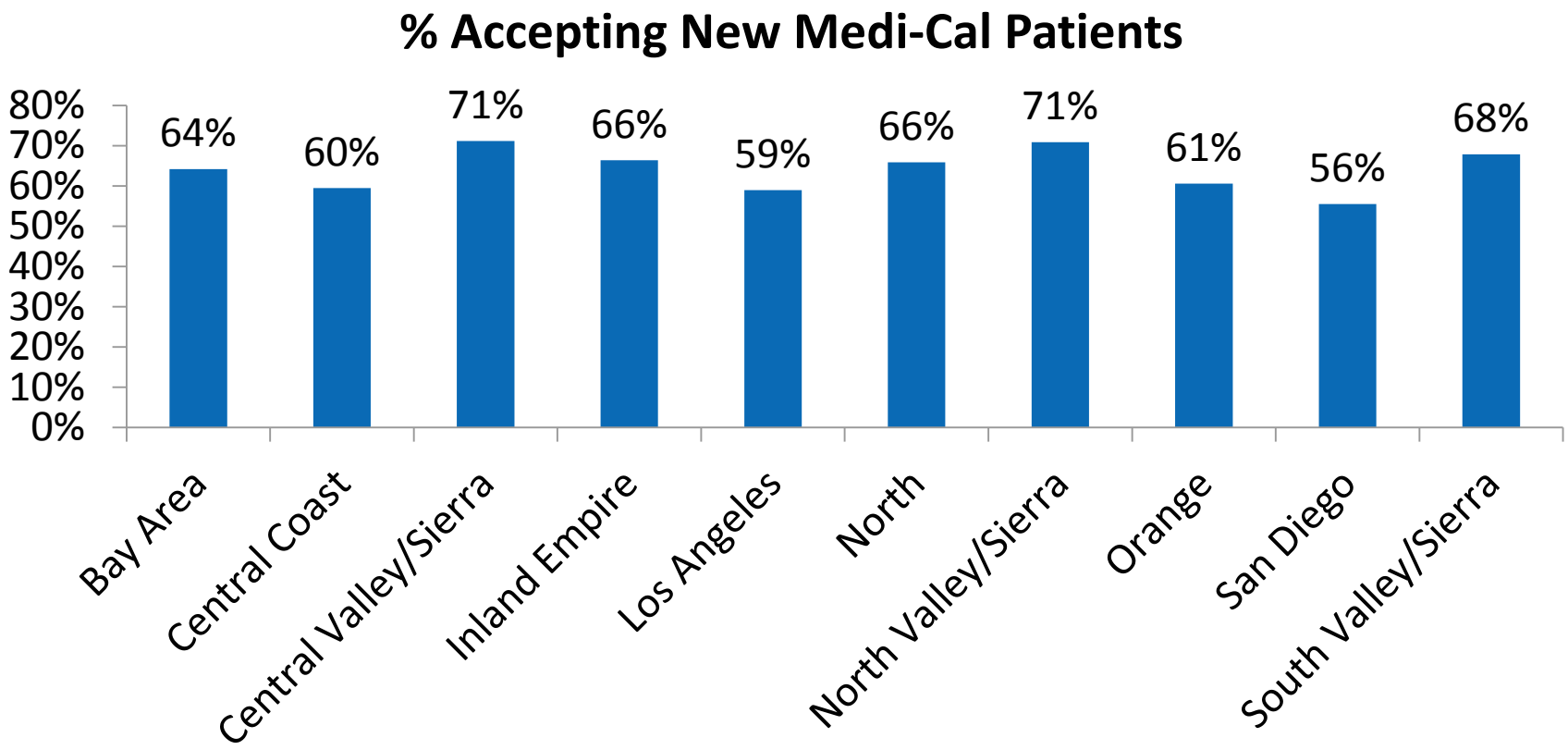
The percentage of primary care physicians accepting new Medi-Cal patients varies across region from 40% to 70%.



Many differences across regions were not statistically significant. Exceptions include differences between the Inland Empire, the region with the highest rate of accepting new Medi-Cal patients, and the Bay Area, Central Coast, North, and San Diego regions.

Non-Primary Care Physicians Accepting New Medi-Cal Patients by Region, 2015

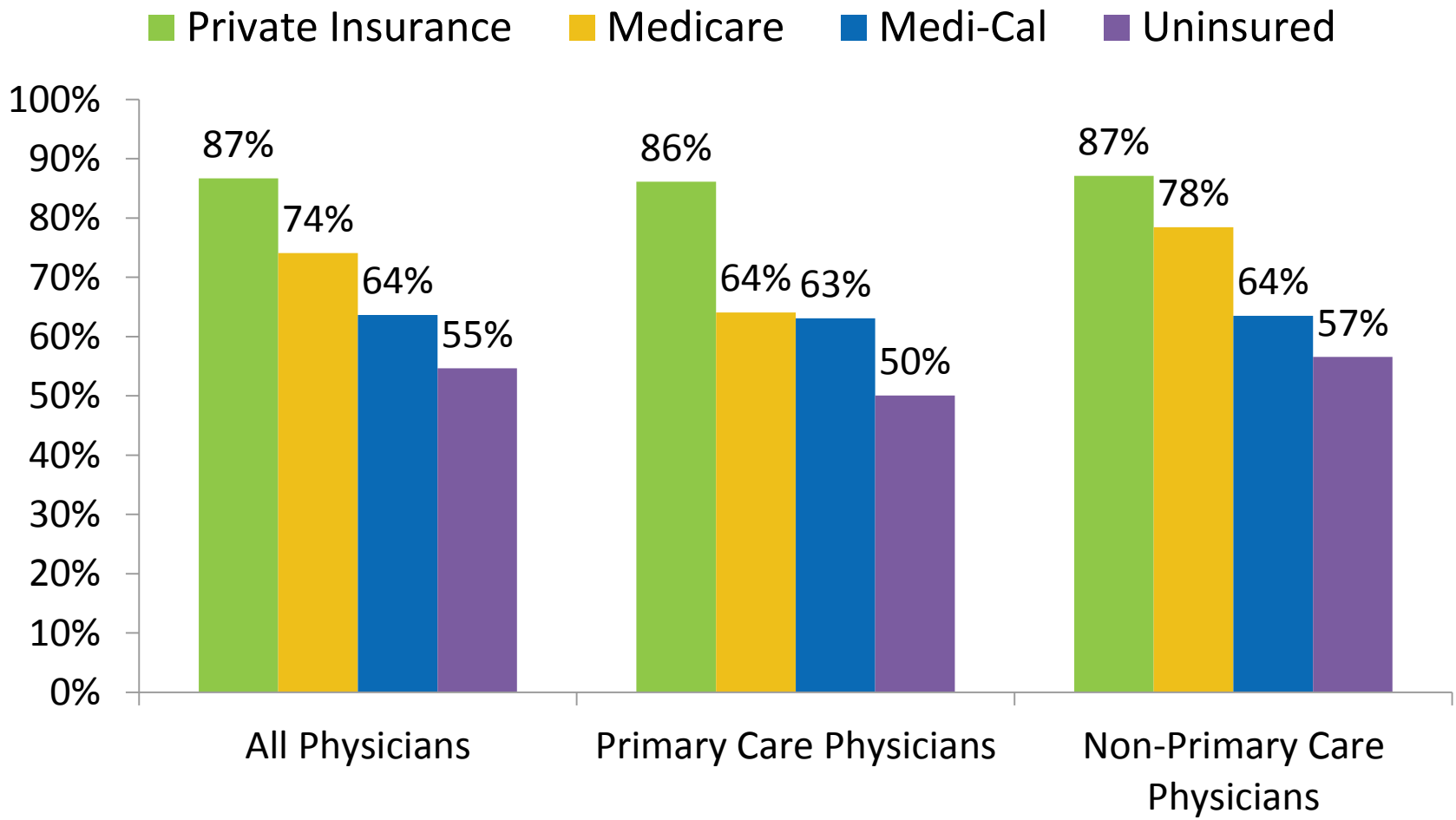
The percentage of non-primary care physicians accepting new Medi-Cal patients varies across region from 56% to 71%.



Many differences across regions were not statistically significant. Exceptions include differences between San Diego, the region with the smallest rate of acceptance of new Medi-Cal patients, and Central Valley/Sierra, North, North Valley/Sierra, and South Valle/Sierra regions.

CA Physicians with Any Patients by Payer, 2015

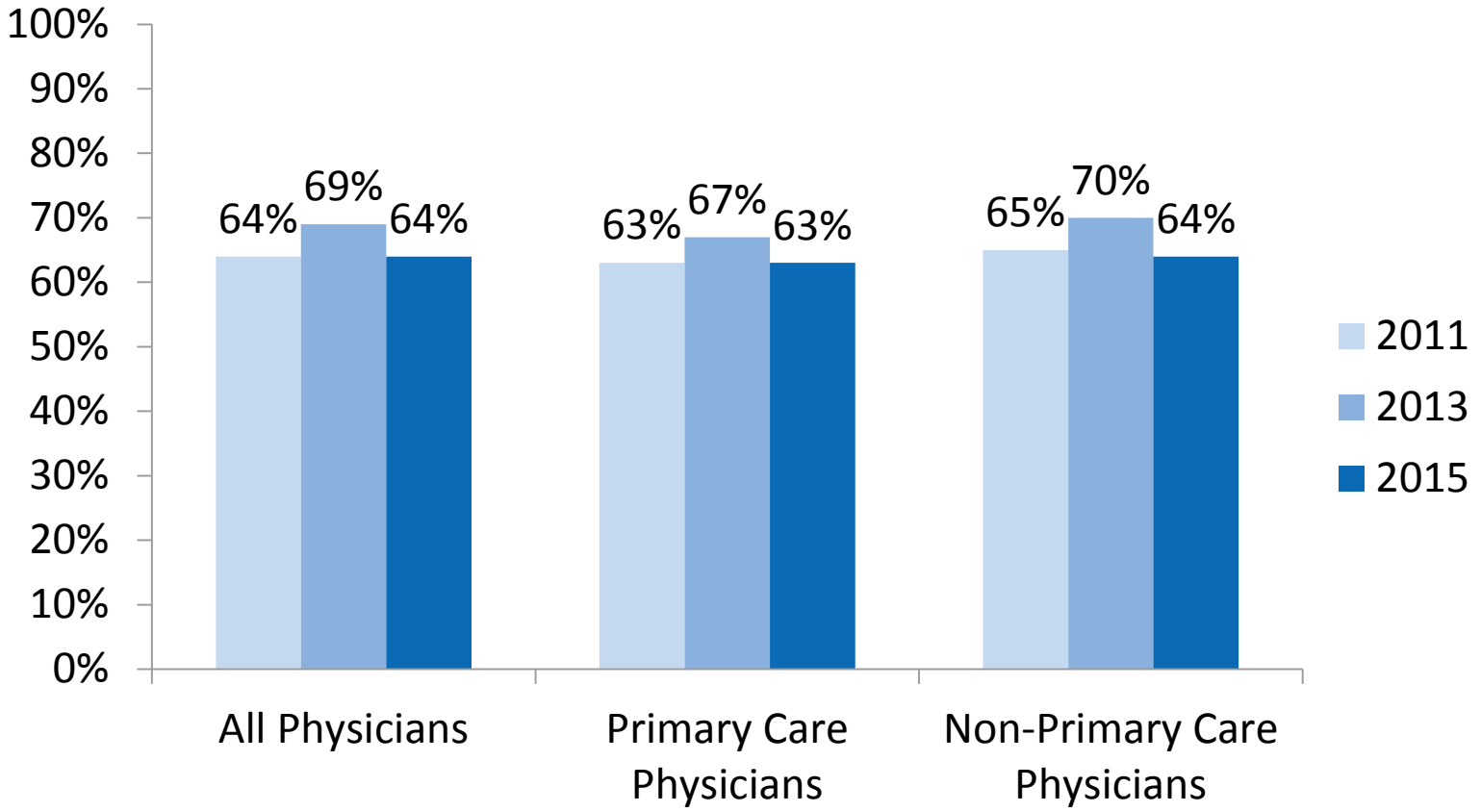
California physicians are less likely to have Medi-Cal patients in their practices than privately insured or Medicare patients.



All differences are statistically significant at $p<0.05$ except the difference between Medi-Cal and Medicare for primary care physicians.

CA Physicians with Any Medi-Cal Patients, 2011, 2013, and 2015

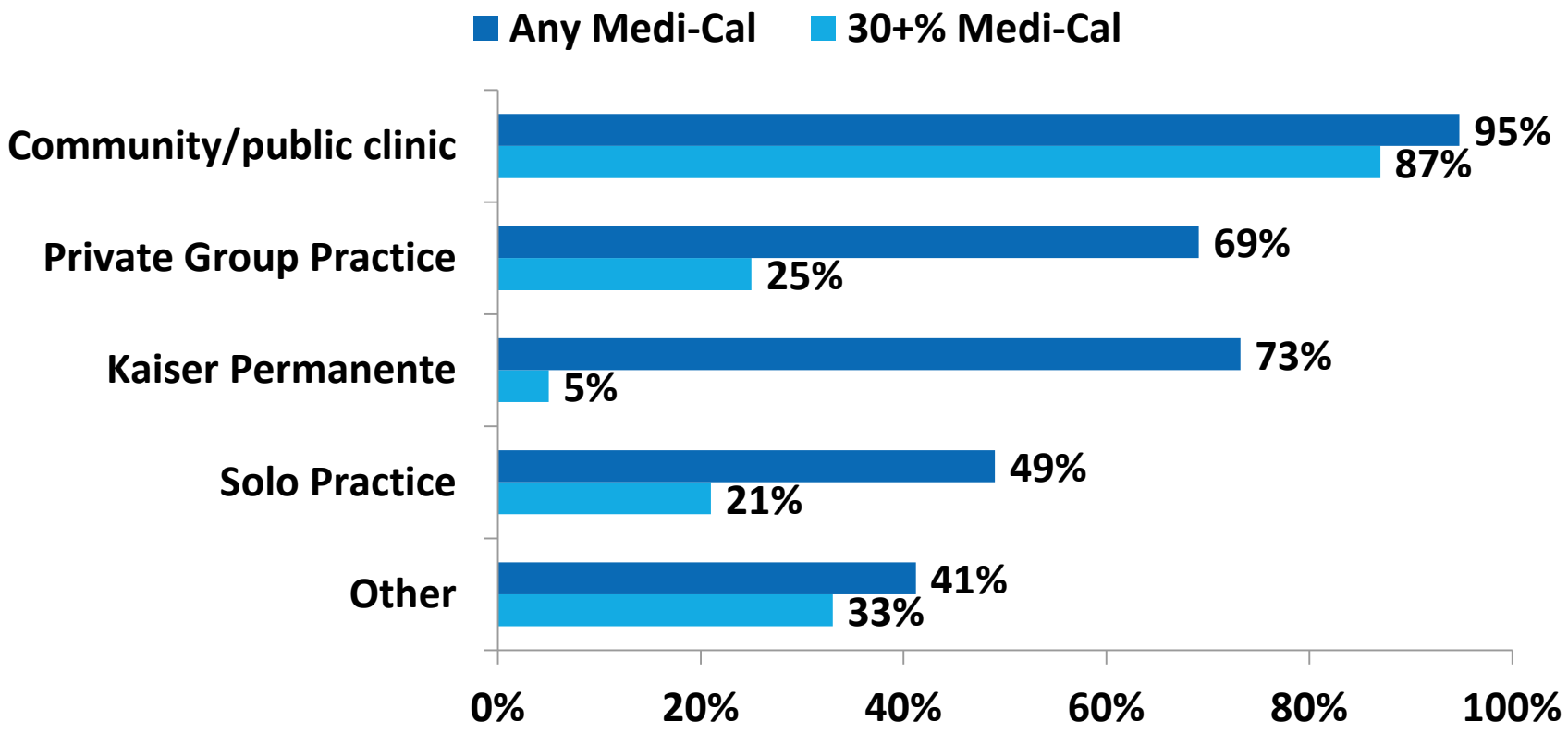
The percentage of California physicians with any Medi-Cal patients decreased between 2013 and 2015.



Differences are statistically significant at $p<0.05$ for all physicians and for non-primary care physicians.

California Physicians with Any Medi-Cal Patients and ≥ 30% Medi-Cal Patients, 2015

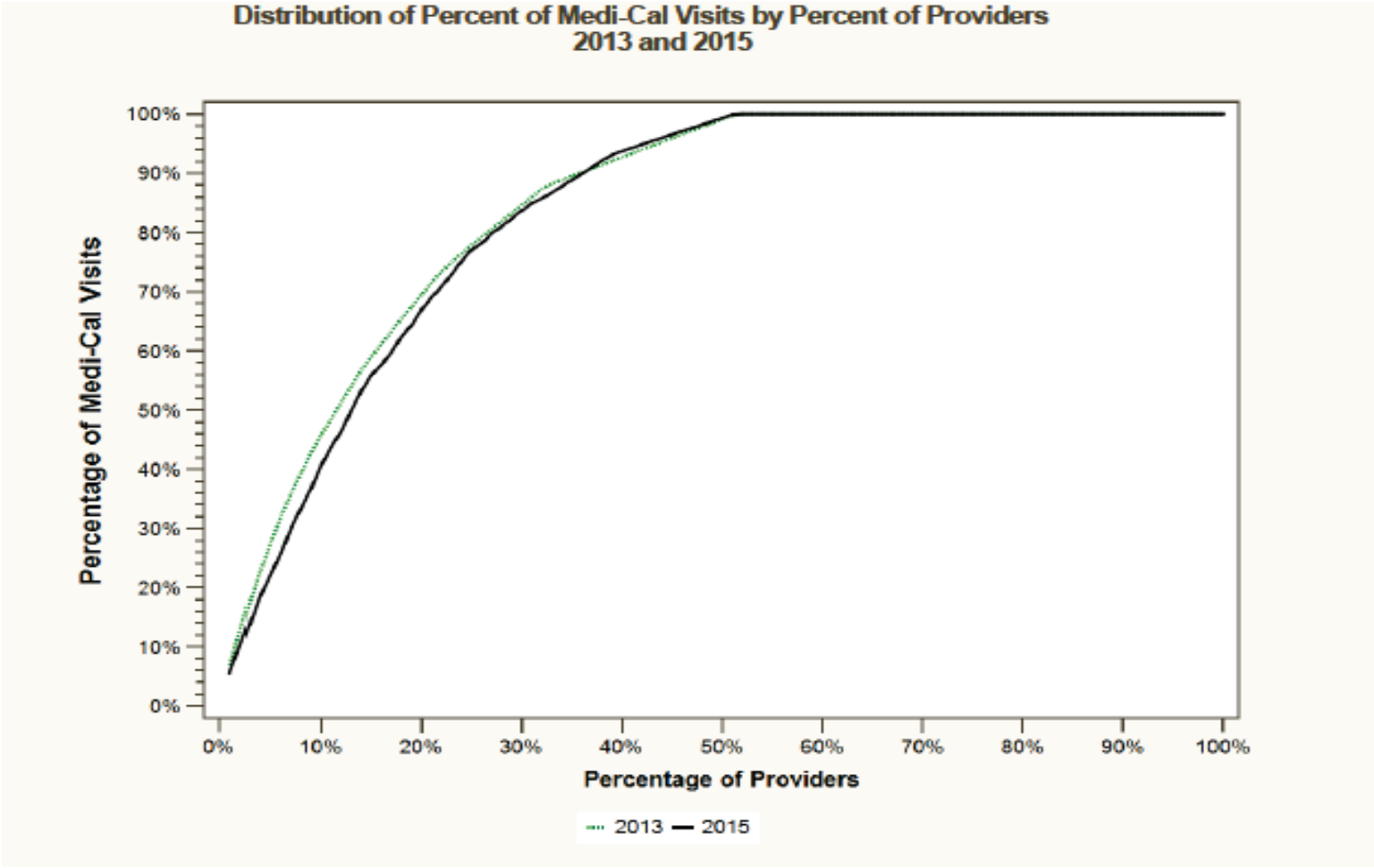
California physicians who practice in community/public clinics are more likely to report that 30% or more of their patients are Medi-Cal beneficiaries than physicians who practice in other settings.



Differences between percentage with any patients and percentage with ≥30% Medi-Cal patients are statistically significant at $p<0.05$ for private group practice, Kaiser Permanente, and solo practice.

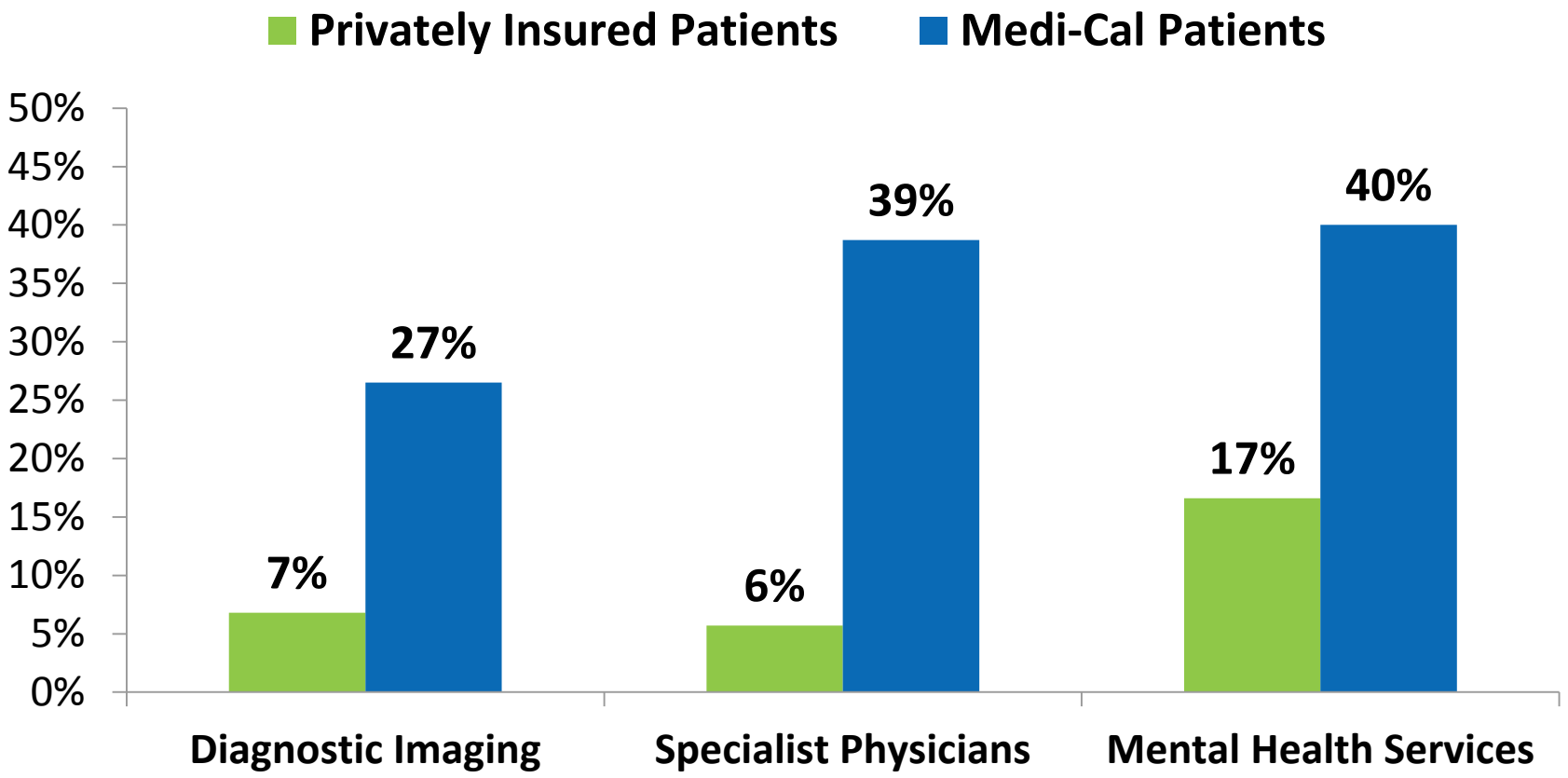
Distribution of Medi-Cal Visits Across All Physicians, 2013 and 2015

40% of California physicians provide 80% of Medi-Cal visits.



Percentage of California Physicians Reporting Difficulty Obtaining Referrals, 2015

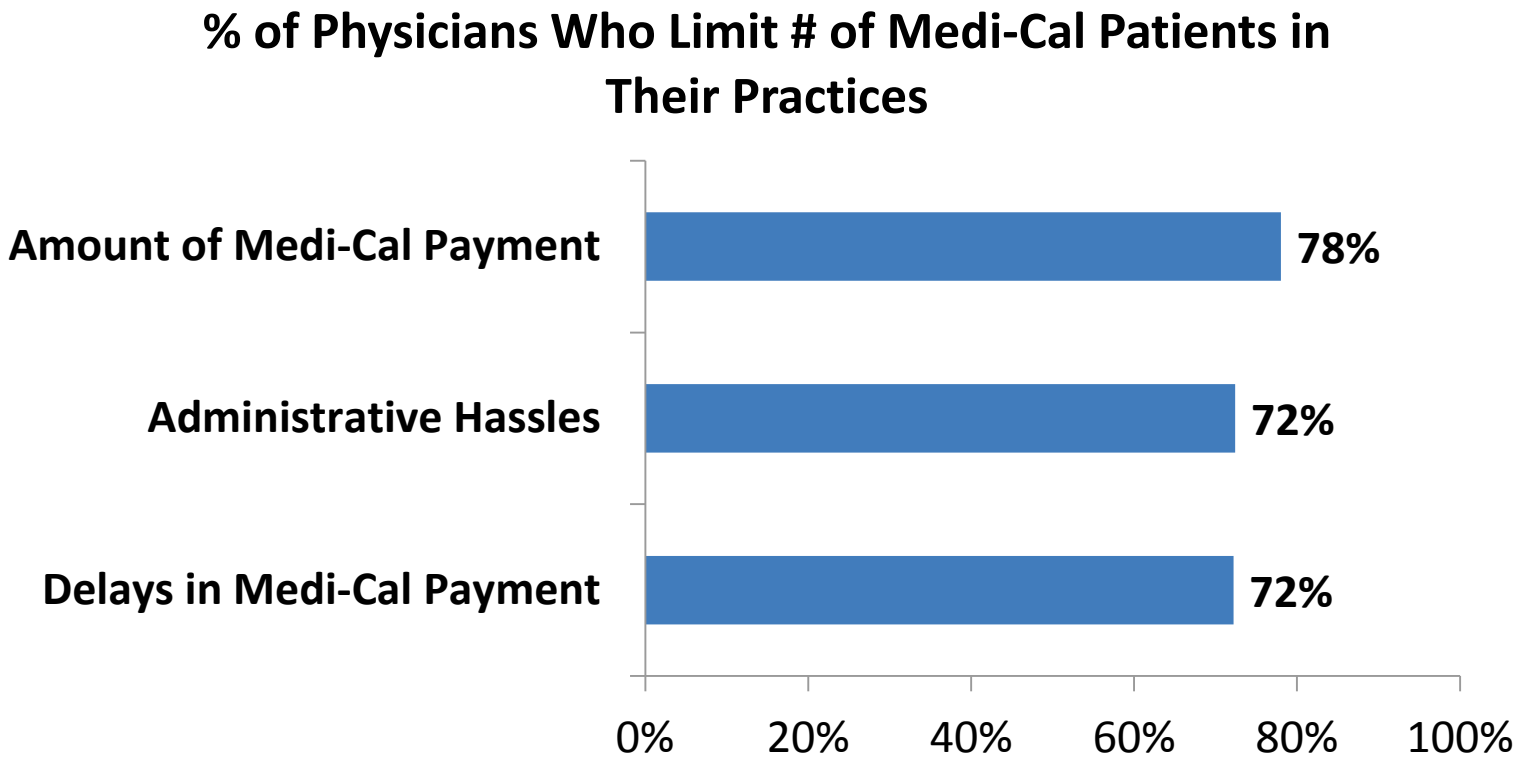
California physicians are more likely to report having difficulty obtaining referrals for Medi-Cal patients than for privately insured patients.



Note: Combines responses from physicians who reported that they almost always or frequently have difficulty obtaining referrals. All differences are statistically significant at $p<0.05$.

Reasons for Limiting Number of Medi-Cal Patients in Practice, 2015

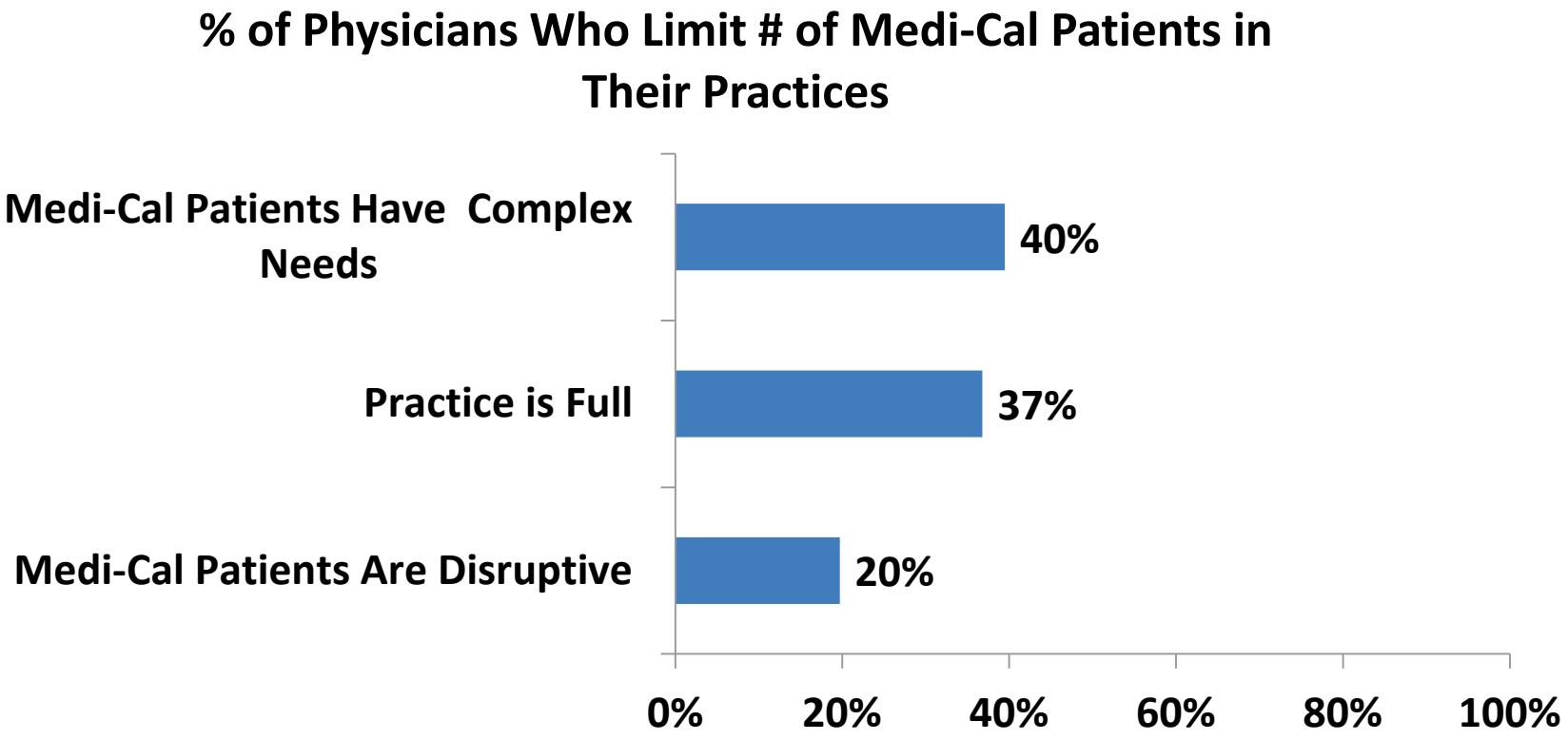
The most common reasons why California physicians limit the number of Medi-Cal patients in their practices concern Medi-Cal payment and administrative challenges.



Note: Combines responses from physicians who reported that a reason was very important or moderately important.

Reasons for Limiting Number of Medi-Cal Patients in Practice, 2015

California physicians were less likely to cite characteristics of Medi-Cal patients or that their practices were full as reasons for limiting the number of Medi-Cal patients their practices serve.



Note: Combines responses from physicians who reported that a reason was very important or moderately important.

Summary of Major Findings

- The percentage of California physicians with any Medi-Cal patients decreased between 2013 and 2015.

- California physicians are less likely to accept new Medi-Cal patients than new patients with Medicare or private health insurance.

- Rates at which physicians accept new Medi-Cal patients vary across specialties, practice settings, and regions.

Summary of Major Findings

- 40% of physicians provide 80% of Medi-Cal visits.
- California physicians are more likely to report difficulty obtaining referrals for Medi-Cal patients than for privately insured patients.
- The most frequent reasons that physicians limit the number of Medi-Cal patients in their practices concern payment rates and program administration.

Limitations

- Relied on self-reported data from physicians
- Response rate was low
- Do not know whether physicians answered from perspective of:
  - Having ever accepted new Medi-Cal patients, or
  - Accepting new Medi-Cal patients at time they completed the survey

Policy Implications

- Need to use multiple methods to monitor Medi-Cal beneficiaries' access to care
- Increasing funding for community health centers could improve access to primary care but
  - Payment rates higher than other primary care providers
  - Some beneficiaries need specialty care
- Increasing payments and making payments in a more timely manner may increase physician participation.

Acknowledgments

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- California Health Care Foundation
- Robert Wood Johnson Foundation

Partner

- Medical Board of California

Research Team

- Andrew B. Bindman, MD
- Margaret Fix, MPH
- Denis Hulett, MS
- Lena Libatique

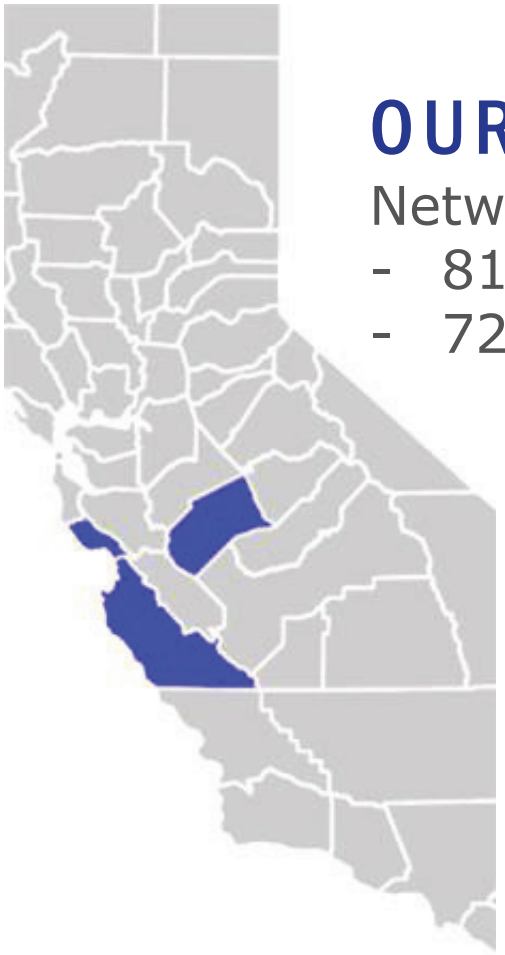
Alliance Medi-Cal Capacity: 2016

Alan McKay, CEO
Central California Alliance for Health
September 27, 2016

REGIONAL, NON-PROFIT MEDI-CAL HEALTH PLAN.

351,000 health plan members.

Monterey, Santa Cruz, and Merced counties.



OUR PROVIDERS

Network of 4,700 contract providers.

- 81% of local PCPs.
- 72% of local specialists.

OUR MISSION

Accessible, quality health care guided by local innovation.

TRANSFORMATIVE...

- Alliance membership grew by 120K (54%) in 2014 and 2015.
- New large demands on provider capacity.
- New members not previously insured.
- Increased role for behavioral health and substance use disorder treatment.

COVERAGE HAPPENED.

NOW WHAT?

- Expand provider capacity to increase member access to care.
- Focus on services for "whole person".
- Invest in care coordination for high utilizers.

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ALLIANCE
FOR HEALTH
Medi-Cal Capacity Grant Program

OPTIMIZE PROVIDER CAPACITY

1. Supply…recruitment grants…main focus of this deck.
2. Retain…Alliance pays well, with incentives.
3. Best use…practice coaching, telehealth and e-consults.
4. Reduce need…prevention, self-care.

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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Medi-Cal Capacity Grant Program

In December 2014, the Alliance Board allocated $116.7M of fund balance to establish the Medi-Cal Capacity Grant Program to:

- Strengthen the Alliance's Medi-Cal program.

In addition, the Alliance remains prudently reserved and continues its traditions of:

- Enhanced payments to providers.
- Incentive rewards for providers and members.

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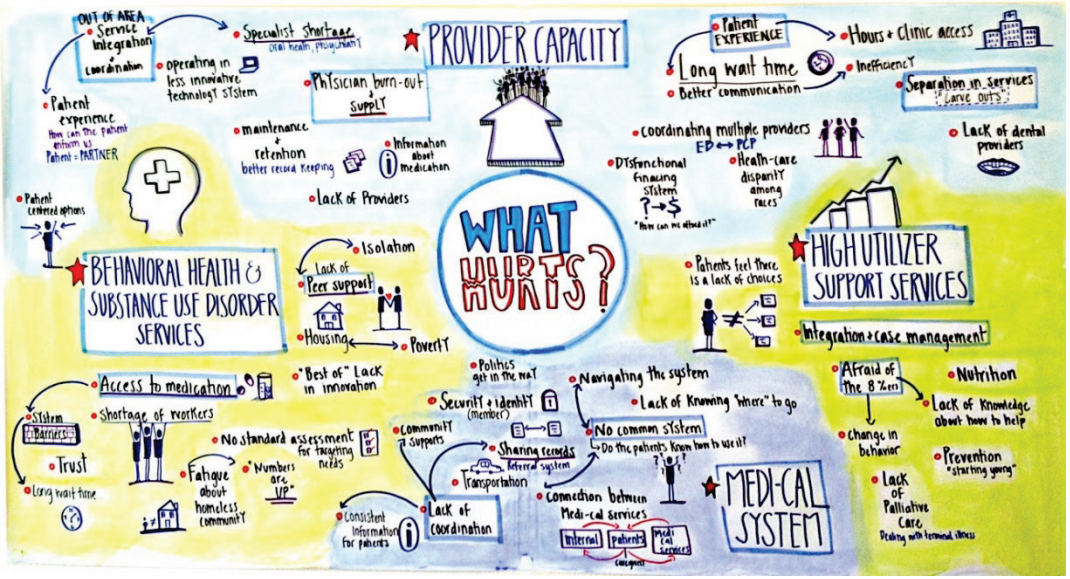
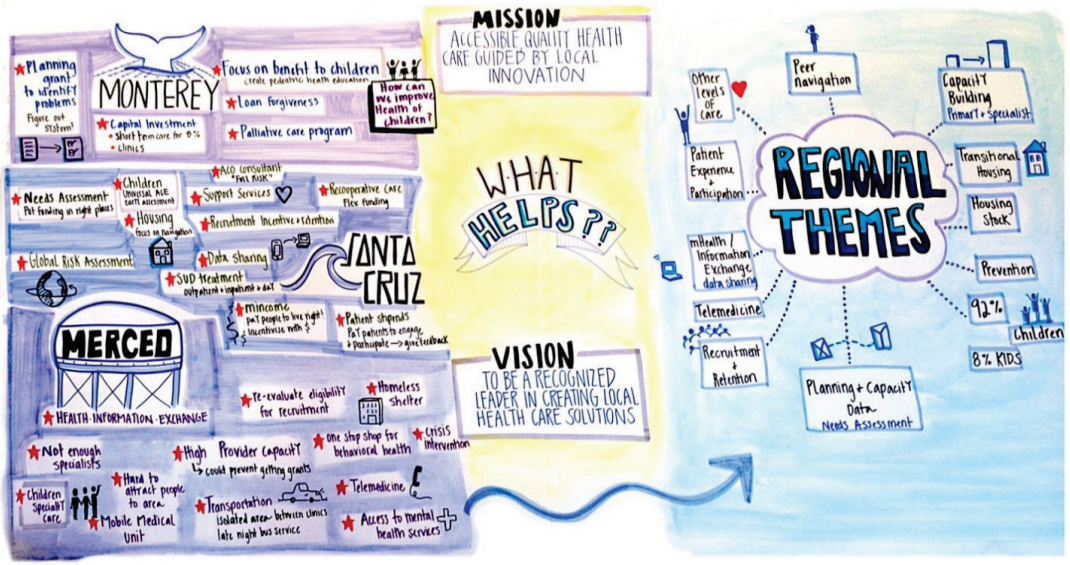
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Medi-Cal Capacity Grant Program





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CENTRAL CALIFORNIA ALLIANCE FOR HEALTH
Medi-Cal Capacity Grant Program

Programs	Description
 **PROVIDER RECRUITMENT** *Launched in July 2015*	Grants to subsidize recruitment expenses for new health care providers.
 **EQUIPMENT** *Launched in July 2015*	Grants to subsidize equipment purchases that will expand health care providers' capacity.
 **PRACTICE COACHING AND TECHNICAL ASSISTANCE** *Launched in July 2015* *TA Expanded in April 2016*	Patient Centered Medical Home (PCMH) practice coaching and technical assistance grants that result in expanded capacity.
 **CAPITAL** *Launched in April 2016*	Grants for the construction/renovation of health care facilities and supportive housing.
 **INFRASTRUCTURE** *Launched in April 2016*	Grants for information technology systems that expand Medi-Cal capacity.

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Medi-Cal Capacity Grant Program

PROGRESS TO DATE *(since October 2015)*

PROVIDER RECRUITMENT PROGRAM

- 35/93 providers recruited.
  - Primary Care: 11 Physicians (4 Peds), 9 NPMP
  - Specialty Care: 2 OB/GYN, 1 Oncologist, 1 Surgeon, 1 Pain Specialist, 1 Gastroenterologist, 1 Cardiologist, 1 Palliative Care Physician, 1 Pulmonology NPMP
  - Behavioral Health: 4 Psychiatrists, 1 LCSW
  - Dental Care: 1 Endodontist/Oral Surgeon/Dentist

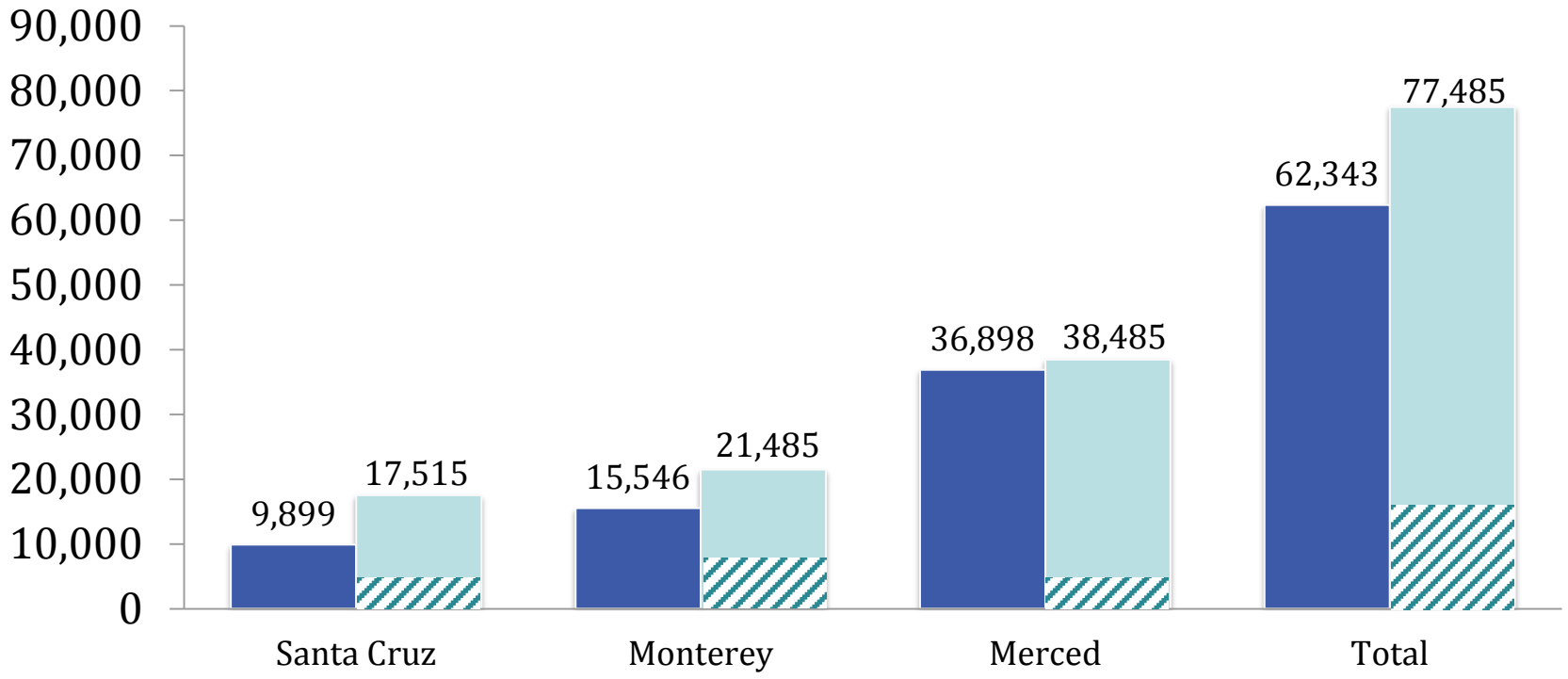
EQUIPMENT PROGRAM

- 24/32 equipment requests fulfilled.

PRACTICE COACHING PROGRAM

- 13/14 practices began work with Qualis Health in Q1 – Q3 2016.
- 3/3 practices completed Coleman Associates RDPI in Q2 – Q3 2016.

PCP CAPACITY EXPANSION TO DATE



POTENTIAL NEW FUNDING AREAS

Board developing new goals for member engagement and social determinants of health.

- Focus on prevention…move upstream.
- Focus on children…46% of membership.
- And…
- Help members navigate the system.

Opportunities:

1. Healthy Behaviors
2. Care Coordination

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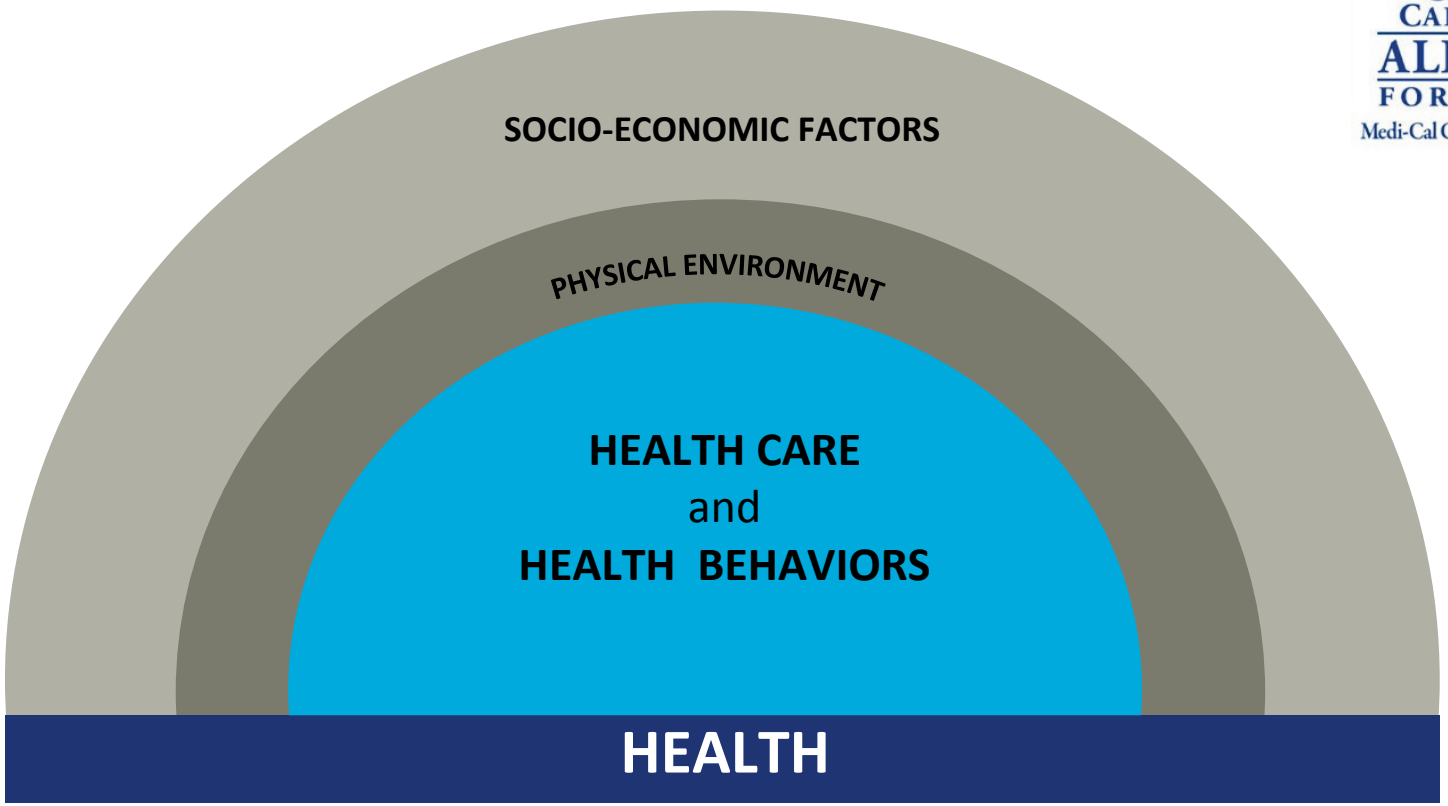
Medi-Cal Capacity Grant Program

SOCIAL DETERMINANTS OF HEALTH



Socio-Economic: Education, employment, income, family/social support, safety.
Physical Environment: Environmental quality, built environment, living and working conditions.
Health Care: Access to care, quality of care.
Health Behaviors: Diet, exercise, tobacco and alcohol use, unsafe sex.

OPPORTUNITY TO IMPACT SOCIAL DETERMINANTS: HEALTH BEHAVIORS

- Health care and health behaviors represent 50% of determinants impacting health.

- Activity level and nutrition directly impact health status:
  - Obesity.
  - Diabetes.
  - Heart Disease.
  - Other chronic conditions.

WHY HEALTHY BEHAVIORS?

- Improves physical and mental health outcomes.
  - Disease prevention.
  - Chronic disease management.

- Supports all members…including children.
- Ensures Medi-Cal purpose and supports grant program goal to:
  - Engage members to manage their own health to prevent illness.
- Proven ROI.

MISSING LINK FOR OPTIMIZING CAPACITY: CARE COORDINATION AT POINT OF SERVICE

- Involves deliberately organizing patient care.
- Without care coordination, members may not get needed referrals and support.
- Opportunity to build infrastructure for ACA's Health Homes initiative, and other efforts.

WHY CARE COORDINATION?

- Key strategy that has the potential to improve the effectiveness, safety, and efficiency of the health care system.
- Reduces fragmentation and improves outcomes for members with complex medical needs.
- Strong evidence of positive ROI.

EXPAND PROVIDER CAPACITY…AND MISSION

1. Supply…recruitment grants, and capital support.
2. Retain…payments, assistance, social services.
3. Best use…practice coaching, telehealth, metrics.
4. Reduce need…prevent, self-care, social change.

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH

CREATING HEALTH CARE SOLUTIONS

E N D

Please visit the Alliance website at
www.ccah-alliance.org for additional information.

Question & Answer

Submit questions using the chat feature on the left-hand side of the screen.

Janet Coffman

Alan McKay

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- Direct follow-up inquiries to Carrie Au-Yeung at butle180@umn.edu
- Webinar slides and recording: www.shadac.org/PhysicianParticipationWebinar
- SHARE: www.shadac.org/share
- California Health Care Foundation: www.chcf.org

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