

Long-Term Care Reform: A Review of Wisconsin LTC Integration Programs

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Twenty-Third Wisconsin Family Impact Seminar:

“Long-Term Care Reform: Wisconsin’s Experience Compared to Other States,”

February 15, 2006, Madison, Wisconsin

What is Long-Term Care?

- Nursing Home, Assisted Living, Home and Community-Based Services (HCBS)
- Chronic illness, disability, and mental health
- Highly correlated with medical conditions
- Often preceded by primary and acute care

Why the Interest in Long-Term Care?

- Fascinating array of services we fear (nursing home) and favor (home and community-based services)
- It is very expensive yet 80% is provided by family and friends.
- Medicaid is a significant payer (WI budgets 41.8%).
- Often a catastrophic expense for individuals.

Why the Interest in Long-Term Care (LTC) Reform?

- People are living longer.
- Need for LTC increases with age:

ages 65-59	5.7%
ages 85-69	39.8%
ages 95+	72.1%
- Baby boom population coming “of age.”
- LTC reform options exist/have been tested.

Economics of Aging & Health



- **Can we create a new way to pay for long-term care?**
- **Can we integrate acute and long-term care?**
- **Can we encourage informal care?**
- **Can we give disabled persons maximum control over the services they receive?**
- **Long-Term Care Insurance Partnership**
- **Medicare/Medicaid Integration Program**
- **Service Credit Banking in MCOs**
- **Independent Choices: Cash and Counseling**

Background to Medicare/Medicaid Integration Program Experiences

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15 Participating States: CO, FL, MN, NY, OR, TX, WA, WI,
VA, CT, MA, ME, NH, RI, VT

For Background and Technical Assistance Documents see:

<http://www.gmu.edu/departments/chpre/research/MMIP/index.html>

Key Dimensions of Integrated Care Program Development

- Scope and flexibility of benefits - more than fee-for-service
- Delivery system - broad, far reaching, options, experienced
- Care integration - care teams, central records, care coordination.
- Program administration - enroll, dis-enroll, integrated data & IS
- Quality management and accountability - unified, broad, CQI
- Financing and payment - flexible, aligned incentives

Wisconsin is a National Leader on Long-Term Care Integration!

- **Wisconsin Partnership Program (WPP)**
- **Family Care**

Wisconsin Partnership Program (WPP)

- **Integrates all Medicaid with Medicare benefits through non-profit health plans that blend capitation payments from both these programs.**
- **Relies on a broad interdisciplinary team that includes the patient and their physician, along with a nurse practitioner, nurse, social worker, and others as needed.**

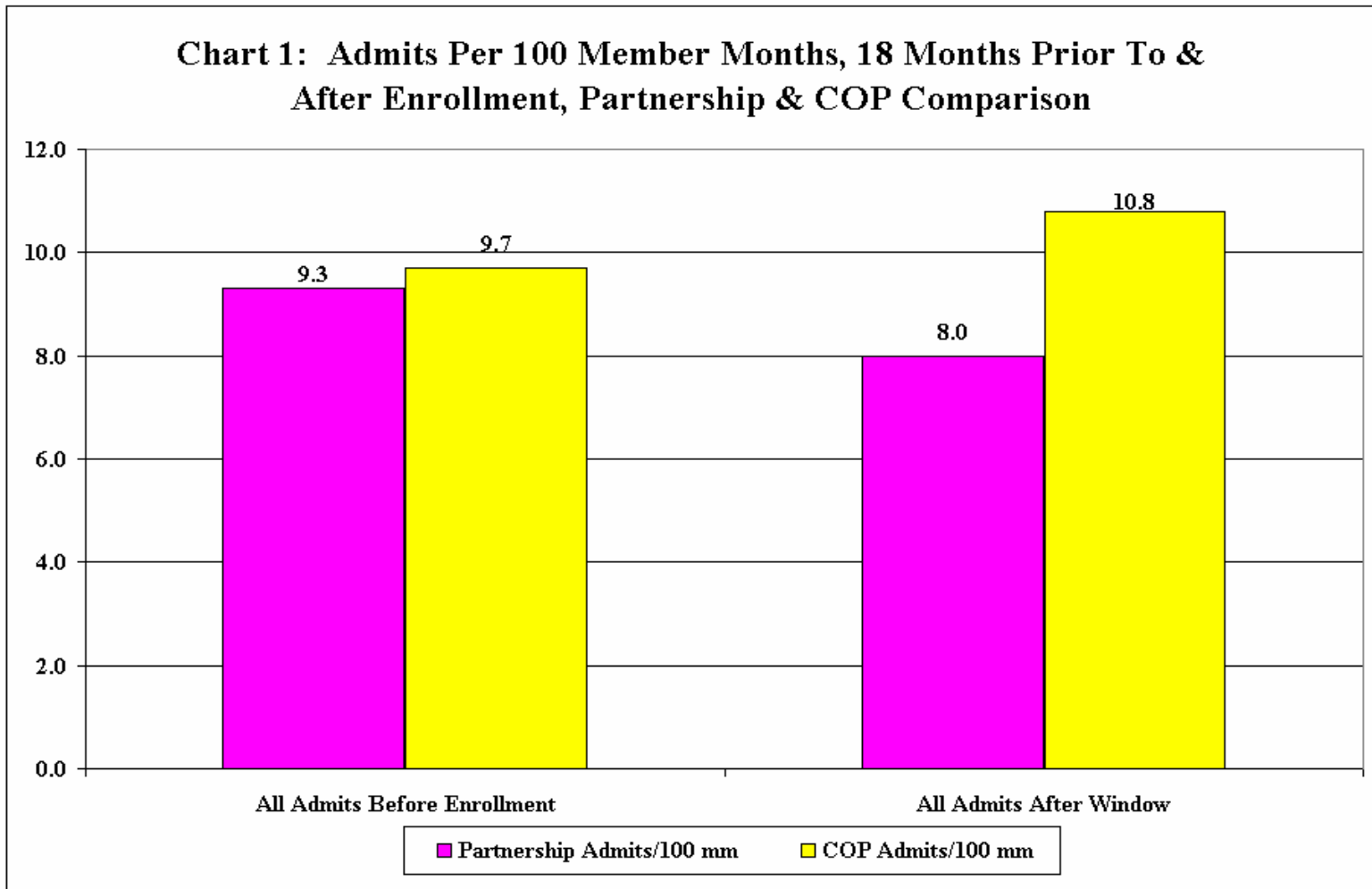
Family Care

- **County based program provided capitation payment to provide managed long-term care with primary and acute services carved out and coordinate on a fee-for-service basis.**
- **Limits its integration efforts to Medicaid-only services that fall under its capitation payments.**
- **Relies on nurses and social workers to *coordinate* with primary and acute care services (physician, hospital, prescription drug, dental care, podiatry, vision, and mental health related services), but does not *provide* those services.**

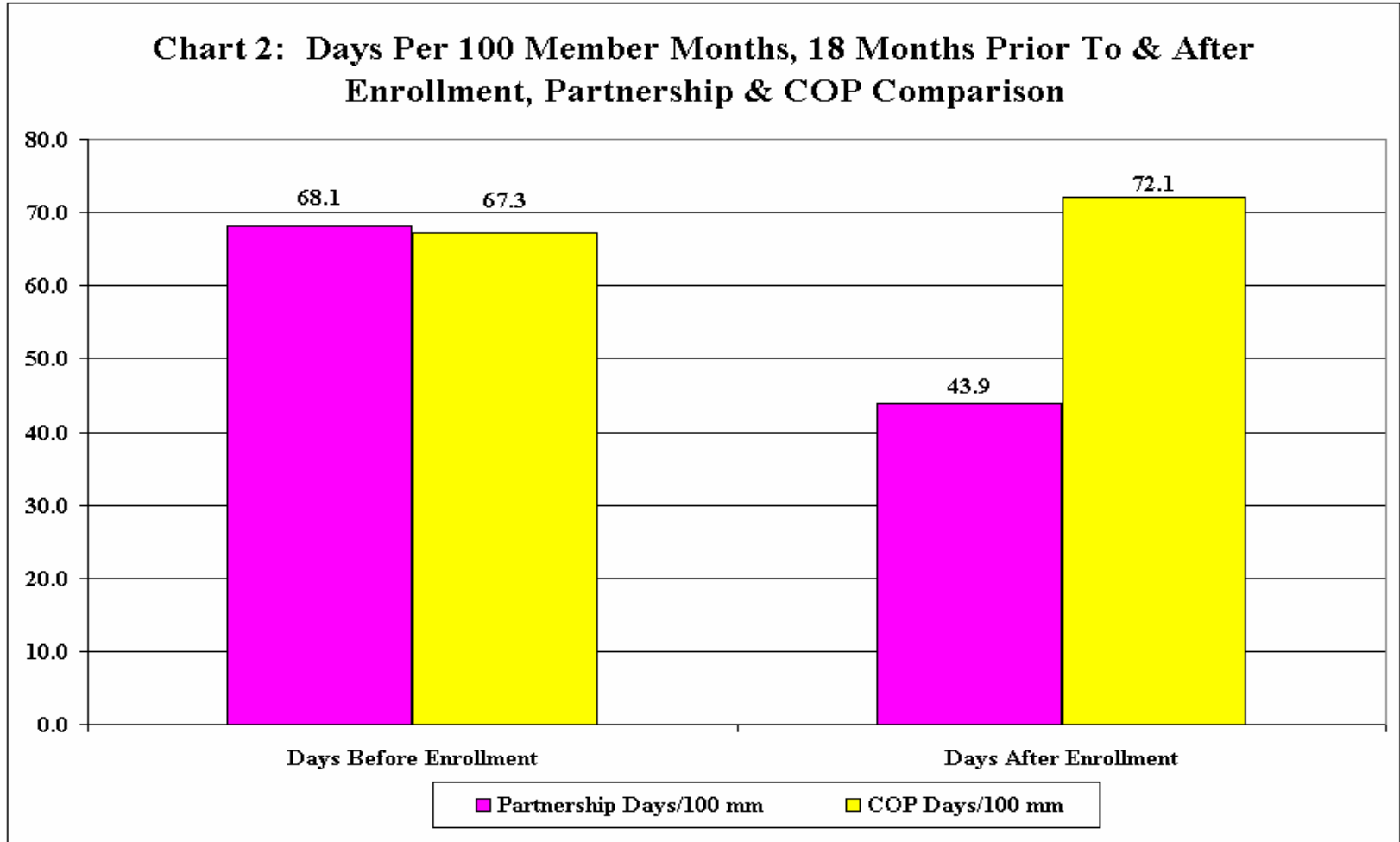
WPP Evaluation Results

- The number of **inpatient hospital days decreased 52%** for physically disabled members in the first year after enrollment in WPP.
- The number of **nursing home days decreased 25%** for elderly in the first year after enrollment in WPP. Only about **6%** of WPP members are in nursing homes compared to **26%** of Medicaid recipients age **65+** across the state.
- By close coordination and monitoring, the WPP has been able to keep **prescription drug increases in the range of 9 to 12%, well below the national average of 18 to 21%.**
- **The vast majority (95%) rated the services excellent or very good.** Only **5%** of members disenrolled for reasons other than death or relocation.

Wisconsin Partnership Program Outcomes



Wisconsin Partnership Program Outcomes



Family Care Evaluation Results

- **Family Care has also recently undergone a rigorous independent review conducted by APS Healthcare (APS, 2005). The study focused on the fourth (2003) and fifth (2004) years of operation.**
- **Evaluators examined Family Care members' health status, health care costs, and long-term care costs compared to similar individuals receiving fee-for-service Medicaid services in the rest of the state.**

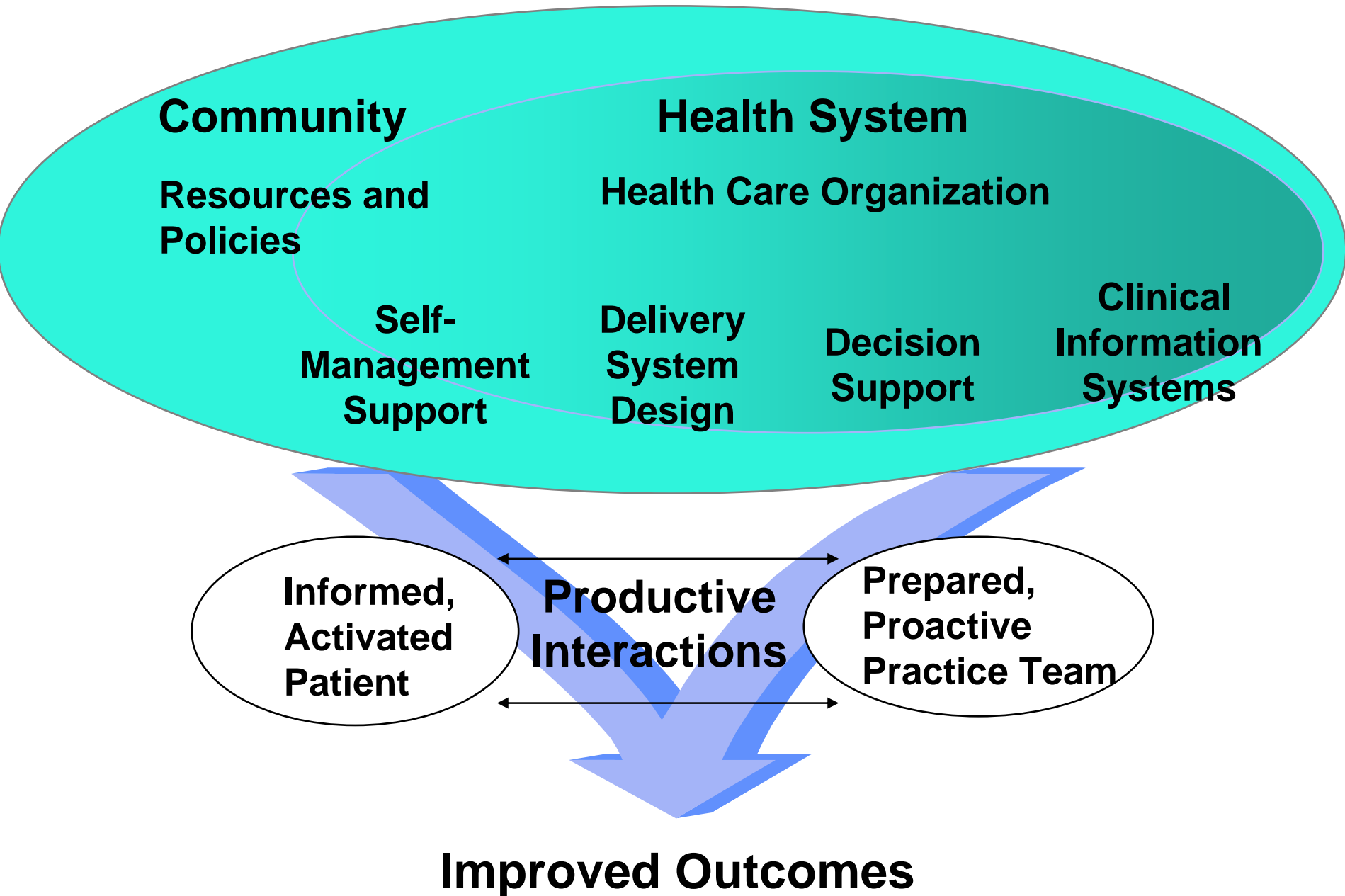
Family Care Evaluation Results

- Waiting list elimination--a key selling point of Family Care--has been achieved for over three years now.**
- Over the two-year study period, average individual monthly Medicaid costs for Family Care members outside Milwaukee were \$452 lower than costs for their comparison group. Costs for members in Milwaukee were \$55 lower than those for their comparison group.**
- Source of savings: (1) a direct effect of a more cost-effective mix of service purchases; and (2) an indirect effect of improving member's health and ability to function independently.**

Family Care Evaluation Results

- **Family Care members visit their primary care physician more regularly than the comparison group. This benefit accrued across all counties and target groups.**
- **This additional attention to primary health care is thought to be related to the work of the Family Care nurse care managers.**
- **More frequent primary care physician visits appeared to provide opportunities to increase prevention and early intervention health care services that, in turn, reduced the need for more acute and costly services.**

Chronic Care Model



Key Micro Strategy: Primary Care Teamwork

- Focus on holistic approach encompassing health and welfare (e.g., psychosocial, economic, environmental, social supports)
- Monitor ongoing health status for early detection of problems
- Emphasize health education and prevention
- Support chronic care self management
- Increase opportunities for communication

Summary Thoughts

- Integrated care demonstrations ready to be expanded and replicated.
- Best model not clear.
- New Medicare Special Needs Plan rules represent new opportunity and challenge.
- Continuous quality improvement evaluation is necessary going forward.