Beyond Cost and Utilization: Rethinking Evaluation Strategies for Complex Care Programs

April 9, 2-3:30 pm (ET)

Made possible with support from Kaiser Permanente Community Health
Housekeeping

• This event will be recorded. Slides and video recording will be posted on CHCS’ and the National Center’s websites following the events.

• To submit a question online, please click the Q&A icon located at the bottom of the screen.
Established in 2013 to bring together leading national innovators in improving care for low-income individuals with complex medical and social needs to:

• Advance evidence-based approaches for building, operating, and evaluating complex care programs

• Foster policy recommendations to sustain effective models and spur new approaches, particularly in the context of broader health care payment and delivery system reforms

• Made possible by Kaiser Permanente Community Health
Evaluating Complex Care Programs

Publications

• Evaluating Complex Care Programs: Is It a Zero-Sum Game? NEJM Catalyst article discusses the lack of evaluation data available for complex care program models and asks: “What can be done?” (May 2017)

• Using a Cost and Utilization Lens to Evaluate Programs Serving Complex Populations: Benefits and Limitations CHCS brief takes a close look at the limitations of relying solely on using cost and utilization to evaluate complex care programs. (March 2017)

• Complex Care Program Development: A New Framework for Design and Evaluation CHCS brief describes a proposed framework to help guide the development and refinement of complex care programs. (March 2017)
• Launched in 2016, The National Center is an initiative of the Camden Coalition of Healthcare Providers that aims to improve outcomes for patients with complex medical, psychological, and social needs and coalesce the emerging field of complex care.

• The National Center’s Policy Committee collaborates with other experts across the nation to inform policy, educate stakeholders and create a shared language and strategy to help advance the field and build momentum for policy change.
Evaluation: The Foundation of Policy and Advocacy

As the policy committee’s inaugural webinar, we thought it was important to focus on evaluation for several reasons:

1. Policymakers can be hyper focused solely on cost and utilization, overlooking other metrics of success.
2. Evaluation is critical to advocates making the larger business case for complex care.
3. Advocates need to discuss the challenges of evaluating complex care interventions.
4. Policymakers who are champions for complex care will have a broadened understanding of what success looks like, which will lead to:
   a. Shared language of evaluation
   b. Increased opportunities for funding and policy change
   c. Integration of successful interventions into the broader delivery system
   d. Stronger field and movement in complex care
Today’s Speakers

Allison Hamblin
Center for Health Care Strategies

Natassia Rozario, JD
Camden Coalition of Health Care Providers

Toyin Ajayi, MD
Cityblock Health

Maria Raven, MD
University of San Francisco School of Medicine

David Labby, MD
Health Share of Oregon
Agenda

• Welcome & Introduction
  Allison Hamblin, Center for Health Care Strategies; and
  Natassia Rozario, JD, Camden Coalition of Health Care Providers

• Going Beyond Traditional Evaluation Models for Complex Populations
  Toyin Ajayi, MD, Cityblock Health; and
  Maria Raven, MD, UCSF School of Medicine

• Using a Cost and Utilization Lens to Evaluate Programs Serving Complex Populations: Benefits and Limitations
  Allison Hamblin, CHCS

• Using a “Research and Development” Framework to Support Complex Care Program Design
  David Labby, MD, Health Share of Oregon

• Wrap-up & Next Steps
Going Beyond Traditional Evaluation Models for Complex Populations

Toyin Ajayi, MD, Chief Health Officer, Cityblock Health

Maria Raven, MD, MPH, MSc, Associate Professor, Department of Emergency Medicine, University of California, San Francisco School of Medicine
Individuals with Complex Needs are a Heterogeneous Population

High risk populations most often identified using relatively crude (but available) parameters:

- High acute care utilization
- High medical spend (top 5% or top 10%)
- Multiple chronic diagnoses
- Insurance status (uninsured, dually-eligible, Medicaid)

Yet underlying contributors to these parameters vary:

- Chronic medical conditions
- Mental illness
- Substance use disorder
- Housing instability
- Disability
- Trauma and adverse childhood events
- Poverty and lack of social supports
Programs for Complex Populations Address Multiple Domains

Most complex care interventions can be tailored to patients’ specific needs:

- Social needs screening and referral
- Housing support
- Integrated behavioral health treatment
- Long-term services and support coordination
- Medication therapy management and adherence
- Chronic disease management
- Advocacy and health system based support
- Home visits
- Care coordination and navigation, etc.
Complexity of Interventions and Populations Create Unique Challenges

Outcomes that matter

• Easy: medical outcomes (utilization, medical expense, readmissions); costs/ROI

• More difficult: societal outcomes; quality of life

Comparing disparate outcomes within a program

• e.g., one patient’s improved mobility vs another’s housing placement

Parsing impact of individual intervention components

• Can we disaggregate programs to understand which parts are effective for which sub-populations?

Time-frame

• Most look for success in short time frame (e.g., 12-18 months)
Three Key Principles for Complex Care Evaluations

1. Allow adequate time to evaluate impact

2. Look beyond dollars: little evidence of cost savings exists, so what other outcomes should be tracked?

3. Link existing datasets to capture more comprehensive effects accounting for full scope of services accessed/impacted
1. Allow Adequate Time

Most interventions are launched with an expectation of realizing returns over a short (1-3 year) timeframe. This is problematic for a number of reasons:

• Engagement, behavior change, and shifting utilization patterns take time.
• Customization, learning, and iteration of the model also take time.
• Small numbers require longer timeframes in order to aggregate sufficient data.

Evaluations must take a longer-term view.
2. Look Beyond Dollars

Improving and prolonging the lives of some individuals with advanced chronic illnesses and disability may simply cost more money, or may accrue savings in other, non-medical domains.

In order to fully understand the value of complex care interventions, we must incorporate a variety of end-points:

- Quality of life
- Patient-reported outcome measures
- Utilization of social service resources
- Criminal justice involvement
- The presence of (and compliance with) advanced directives at the end of life, etc.

Evaluations must include non-financial endpoints that are meaningful but difficult to otherwise value.
3. Link Datasets

Bridging siloes across multiple data sources is key to creating a fulsome picture of individuals’ interactions with health and social systems.

These cross-sector administrative datasets may include:

- Housing
- Education
- Social welfare
- Criminal justice

Evaluators should take the time to build relationships and linkages across data sources in order to maximally capture impact.
Using a Cost and Utilization Lens to Evaluate Programs Serving Complex Populations: Benefits and Limitations

Allison Hamblin, Senior Vice President, Center for Health Care Strategies
Current State of Complex Care Outcomes Data

- Heavy reliance on cost and utilization data
- Lack of standardized evaluation methodology
- Insufficient evidence of ROI for specific interventions
- Inadequate capture of overall program impact
What Are the Risks?

• Prematurely pull funding from programs that work
• Inappropriately spread programs that don’t
• Miss opportunities for investment/sustainability
Cost and Utilization Lens: Benefits

- Aligned with the defined problem
- Gold standard for assessing care coordination
- Readily available data
- Familiar and easy to understand measures
- Bipartisan appeal for cost containment
Cost and Utilization Lens: Limitations

- Distinguishing “good” and “bad” utilization changes
- Teasing out price as a cost driver
- Allowing sufficient time to observe impacts
- Capturing savings outside the health care system
- Accessing comprehensive data
- Accounting for regression to the mean
- Acknowledging regional variation
- Understanding what’s working (and what’s not)
Proving Value Beyond Cost and Utilization

- Establish realistic expectations
- Focus on lessons, not just results
- Consider adding other measures
- Tell the stories
Using a “Research and Development” Framework to Support Complex Care Program Design

David Labby, MD, Health Strategy Advisor, Health Share of Oregon
Health Care “Mental Model”

What is the evidence?

We need scientifically proven results.

- Clinical Interventions
  - Drugs
  - Surgeries

- Insurance Benefits
Does This Make Sense For Complex Care? “Does it work” Testing…

**Engineering Flowchart**

- **DOES IT MOVE?**
  - **No**
    - Should it?
      - **No**
        - No Problem
      - **Yes**
        - Problem
  - **Yes**
    - Should it?
      - **Yes**
        - No Problem
      - **No**
        - Taped

“We know what is wrong and how to fix it. And will get it done.”
Complex Care = Complex Learning
“What might work?” (the path less taken)

Complex Care Program Development Framework

PHASE I: Prototype

PHASE II: Test

PHASE III: Optimize

PHASE IV: Sustain
The Learning Journey…

Phase I: Prototyping (6 months - Year 1):

- What problems important to stakeholders* are we trying to solve?
- What are the major underlying drivers of the problem?
- What can we do with what we have to address those drivers?
- Where is the best place for the program?
- What kinds of staff with what training will be most effective?
- Who are the local champions and stakeholders whose buy-in and input is crucial?...

*sponsors, consumers, providers…
The Learning Journey…

Phase II: Proof of Concept Testing (Year 2-3)

- Is the program operationally feasible and acceptable to patients, providers, staff?
- Is the program working as expected? If not, how can patients / staff help redirect it? What’s missing?
- What needs to be communicated to stakeholders about early results to ensure ongoing support?

How do we *prove* the concept is “doable,” establish value, show success?

- Stories from the field, implementation numbers…
The Learning Journey…

**Phase III: Program Optimization (Year 3-4)**

- What groups of patients are being helped most/least by the program?
- Which interventions are most effective; are they health system vs community interventions?
- How do we do more of what works, less of what doesn’t?
The Learning Journey…

**Phase IV: Program Sustainability (Continuous)**

- How do we make the case that stakeholder organizations are better off with the program than without it?

- What “returns” do the organizations need that we can reliably deliver?

- What are reasonable expectations for what can be accomplished with current resources?
“Double Loop” Learning Systems

Are we doing it right?

Are we doing the right thing?

SINGLE LOOP LEARNING

PLAN \(\rightarrow\) CHECK \(\rightarrow\) ADJUST

DO

DOUBLE LOOP LEARNING

REALIGN/REDEPLOY \(\rightarrow\) PLAN \(\rightarrow\) CHECK \(\rightarrow\) ADJUST

THINK AGAIN

Process Improvement

New Standards

Meeting Stakeholder Goals?

Unintended Consequences…

Drift Correction!

Better Ideas From Other Initiatives!!!

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CHCS Center for Health Care Strategies, Inc.

The National Center for Complex Health and Social Needs
“Mental Model” vs Program Reality?

What is the evidence?
We need scientifically proven results.

Urgency
Moral / Market Imperative
Potential for ROI

• Clinical Interventions
  • Drugs
  • Surgeries

• Insurance Benefits

• Care Management
  • Disease specific
  • Complex Care
  • Palliative Care

• Medical Home / PCPCH
Questions?

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Answers to questions that cannot be addressed due to time constraints will be shared after the webinar.
How should complex care programs balance a desire to be nimble and fail fast with the longer-term nature of these types of evaluation?
Given everything we just heard, what is the role of RCTs in evaluating complex care programs?
David Labby

What organizational characteristics are necessary to move into complex learning and what advice do you have for organizations who want to make that change?
What steps should the field be taking to wean decision-makers off the notion that health care cost-savings are the most important measure of success?
What kinds of partnerships should complex care programs pursue now to support the shift to measuring a broader array of social outcomes?
In the testing and optimizing phases, what kind of data would you use to determine whether an intervention was effective and how would you frame that comparison?
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Upcoming Webinars:

- **1115 Waivers and Complex Care**  
  June 14, 2018, 1:30-3:00pm EST

- **National Governors Association: Complex Care Roadmap for States**  
  September 11, 2018, 1:30-3:00pm EST

- **Non-Emergency Medical Transportation**  
  October 29, 2018, 1:30-3:00pm EST

Save the date:

*Putting Care at the Center 2018*

December 5-7, 2018 | Chicago, IL

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We want your feedback!

A survey will be sent out after this webinar.