



Health Care  
Guidance Program

*Coordinating with you for better care!*

# Medical Care Advisory Committee

## April 19, 2016

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THE NEW MANAGERS OF CARE

# Health Care Guidance Program Presentation:

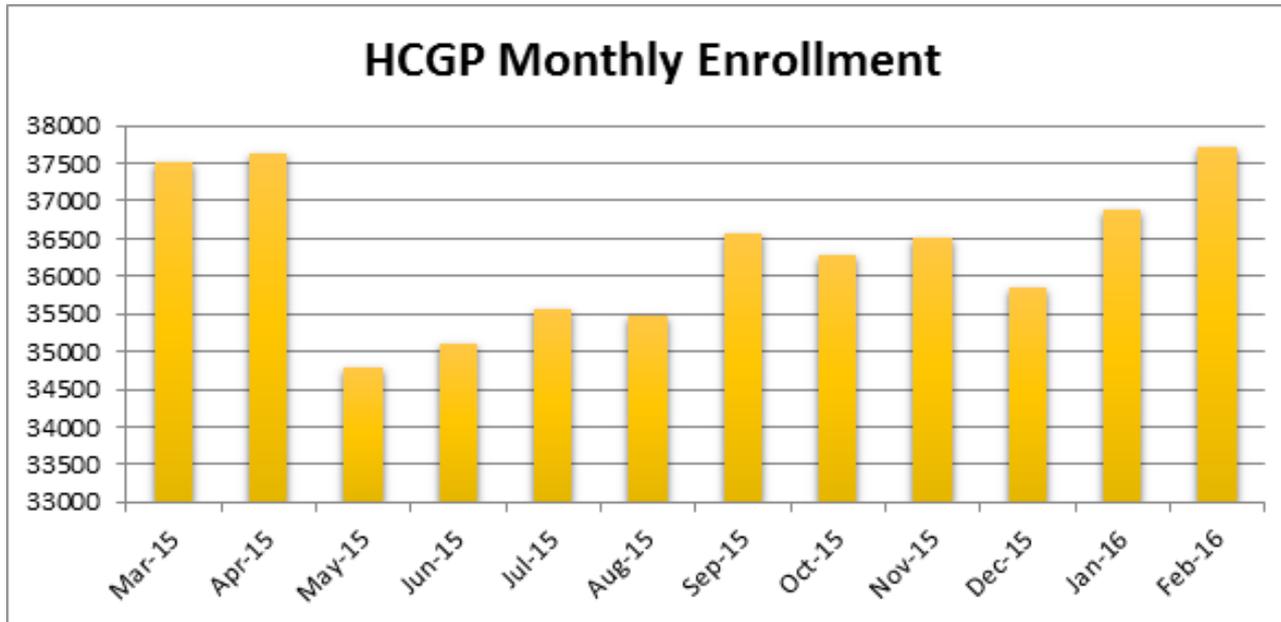


- Current Enrollment
- Preliminary Results: Operational Claims Data
  - Pharmacy Alerts
  - Utilization metrics



# The Health Care Guidance Program *Welcomes and Encourages Public Comment*

# HCGP Enrollment

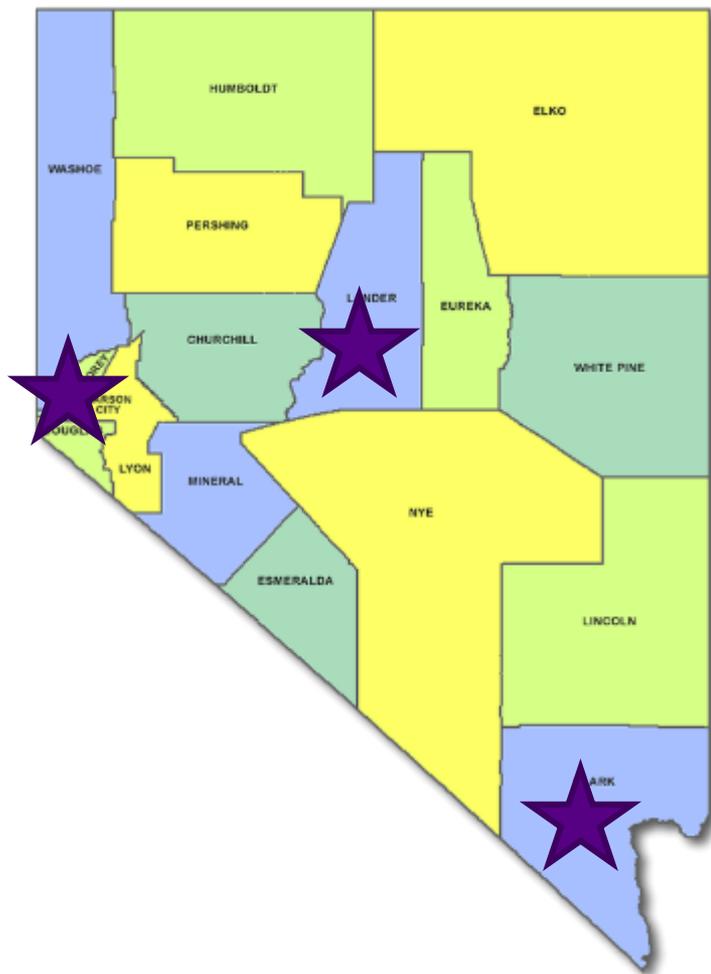


- **NCCW 1115 enrollment parameters:**

**37,000 to 41,500**

- **Average Enrollment over the last 12 months**
- **Now back within the CMS waiver parameters**
- **The majority or ~ 62% reside within the Southern Nevada Region**

# HCGP Geographic Distribution



- **Geographic Distribution of HCGP Enrollment:**
  - South 62%
  - North 27%
  - Rural 12%
- **Rural areas show slightly:**
  - Lower morbidity
  - Higher # of Pregnancy

# Preliminary Results from Operational Claims Data



- Studies were initiated by AxisPoint Health as requested by DHCFP to illustrate progress to goals.
- Two studies will be briefly summarized today:
  - *“Pharmacy Alerts and Their Impact on Prescriber Behavior for a Subset of Nevada’s Fee-for-Service Population”*
  - *“Operational Utilization Metrics - June 2014 to November 2015: Total Overall Costs, Emergency Department, Inpatient Admission, Medication Expenditures”*

**NOTE:** Results presented today have been internally vetted by APH research professionals. Be advised that no 3<sup>rd</sup> party validation has been deployed. However, we are confident in the rules and data extraction methods that were applied.

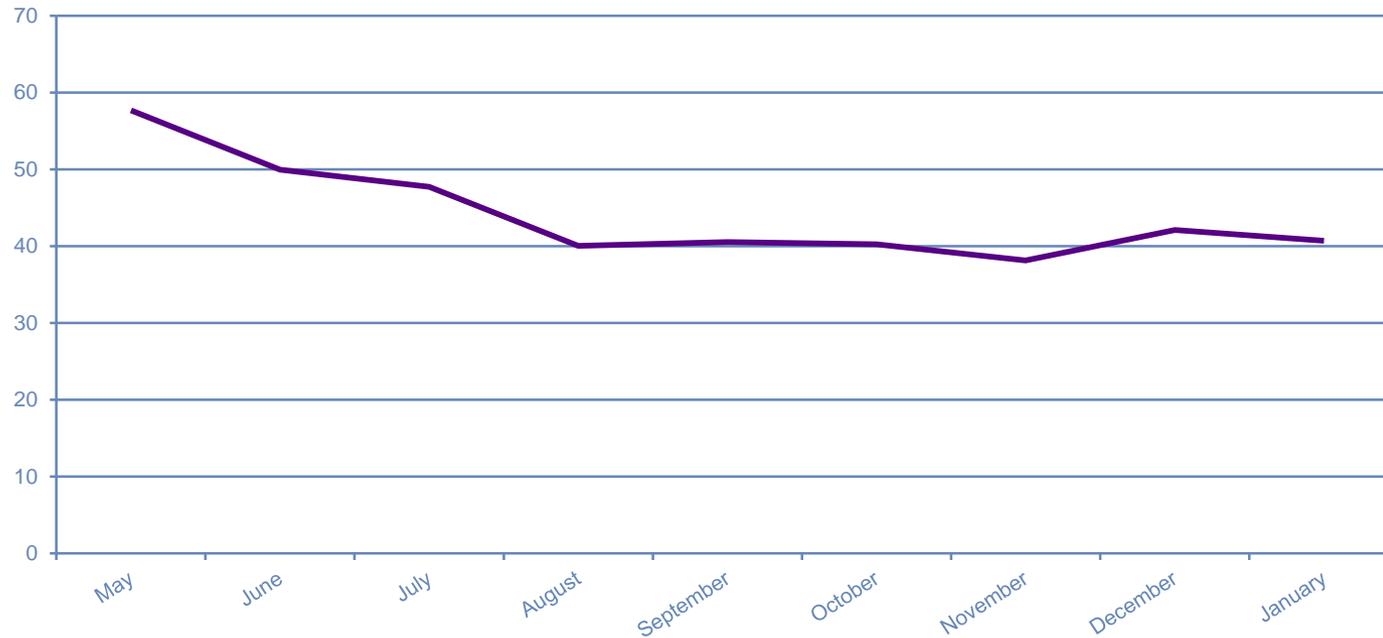
## Summarized Results of: “Pharmacy Alerts and Their Impact on Prescriber Behavior for a Subset of Nevada’s Fee-for-Service Population”

- CCAs are designed to target pharmacy “gaps in care”
  - Identified by pharmacy claims data
  - Letters are sent to every Pharmacy and Prescriber identified for that patient
- CCA alerts began in March 2015. However, the “look back period” was longer at the start of the program, so initial alerts are artificially elevated.
  - Therefore Month 3 (May 2015) is considered the Baseline Month
- Alert rates lower than the baseline month especially after Month 6 and 7 (September and October of 2015) are considered improved prescribing practices

# Pharmacy Clinical Care Alerts (CCA)

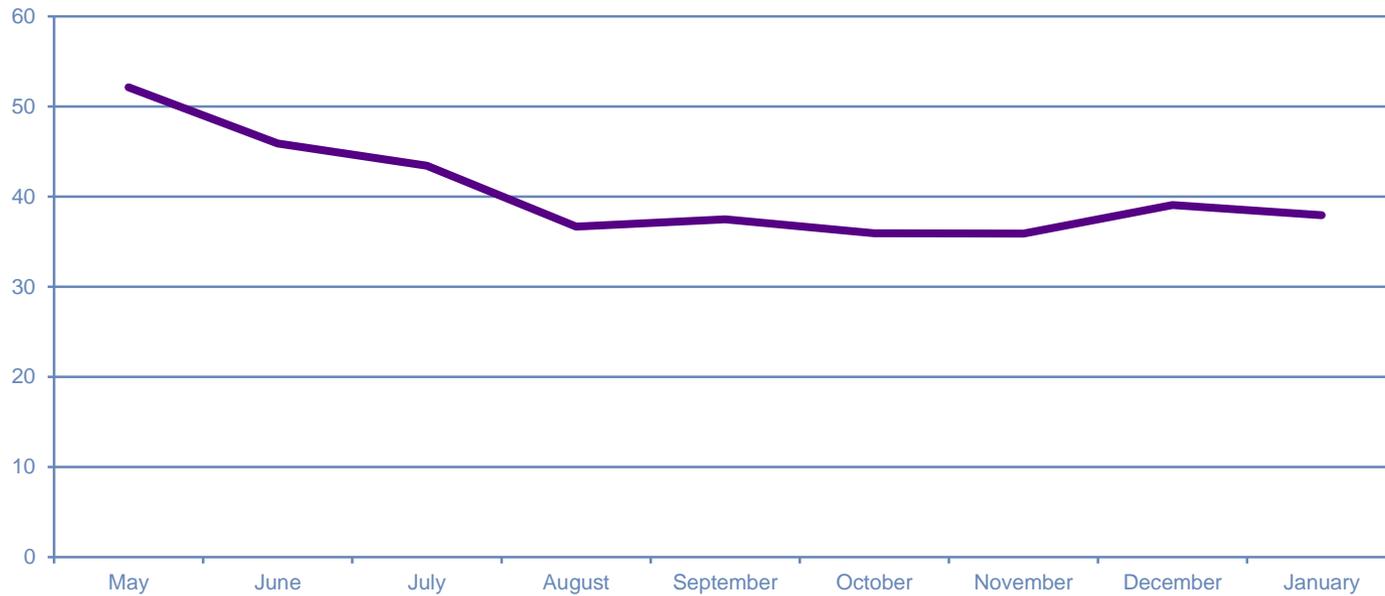


## Total Alerts per Thousand Enrollees



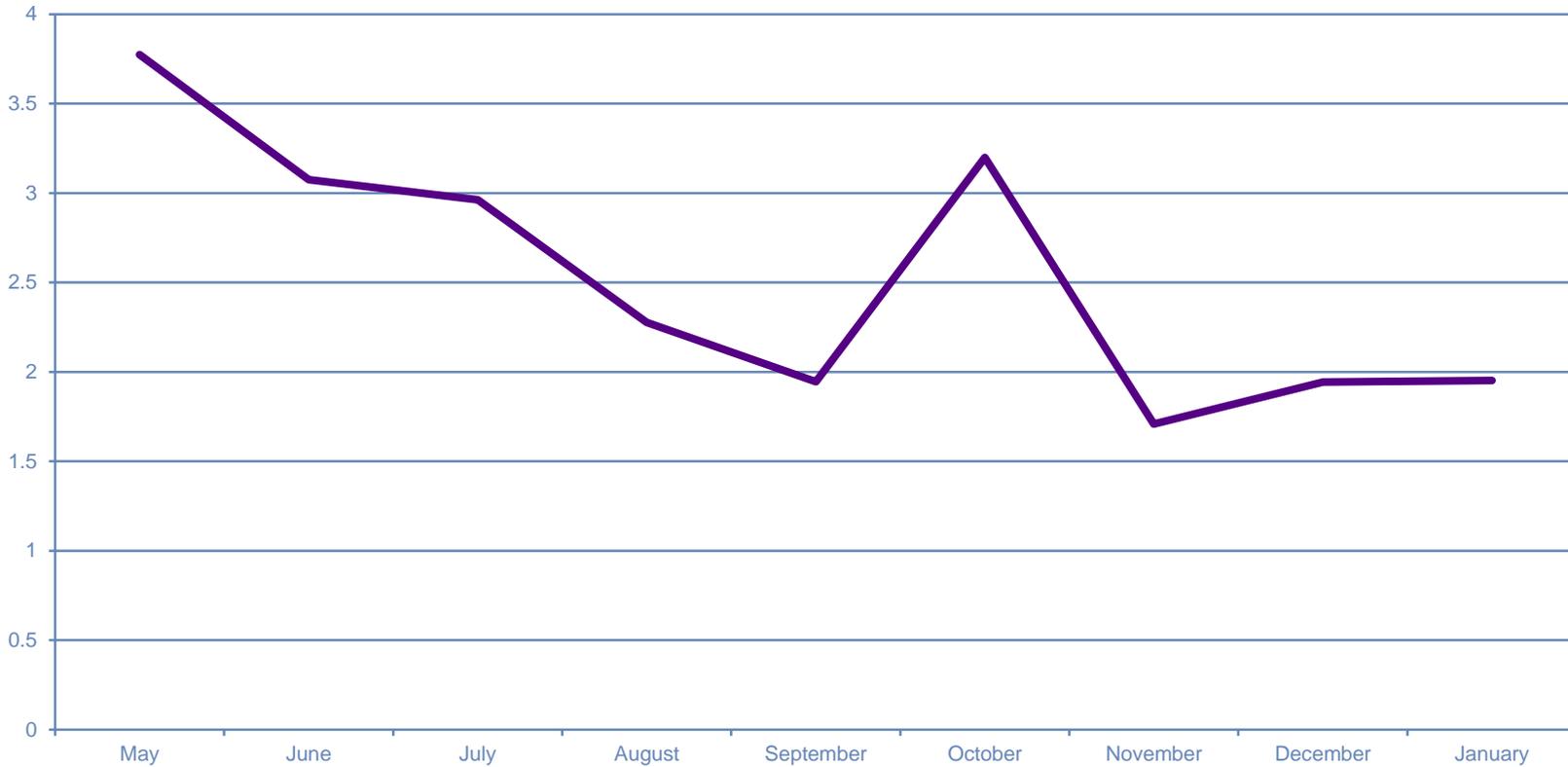
# Early Discontinuation Alerts

## Early Discontinuation per Thousand Enrollees



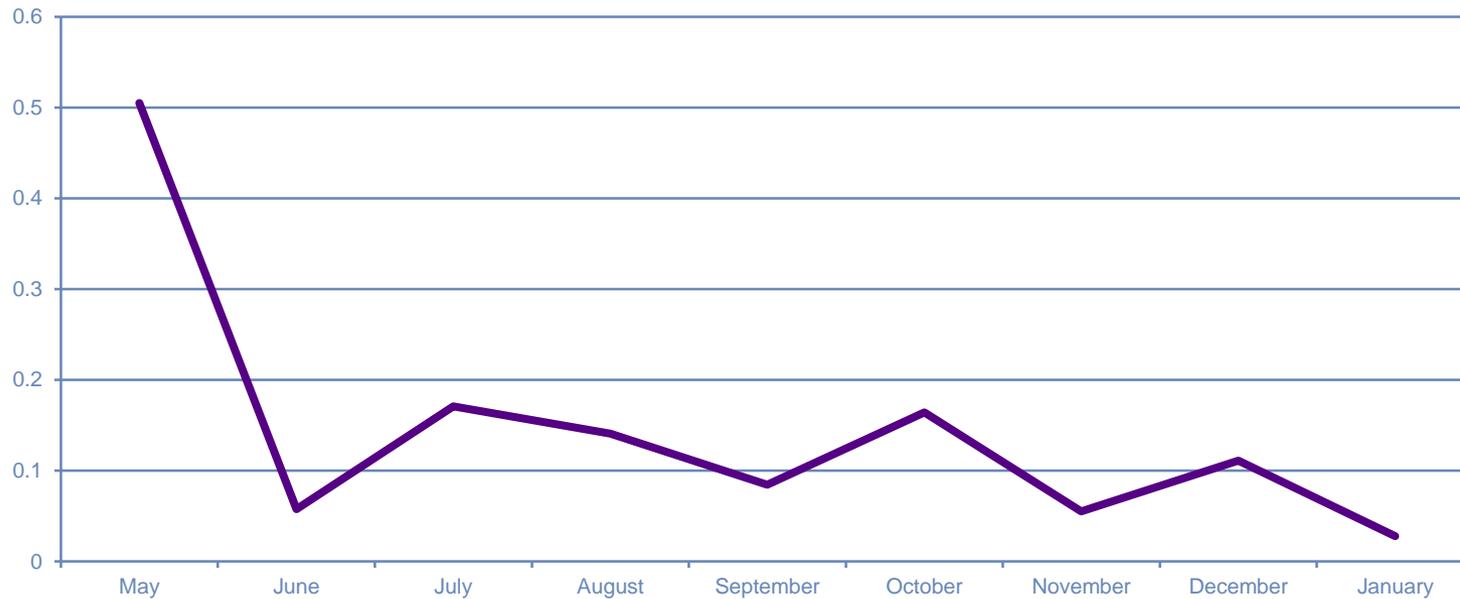
# Polypharmacy Alerts

## Polypharmacy per Thousand Enrollees



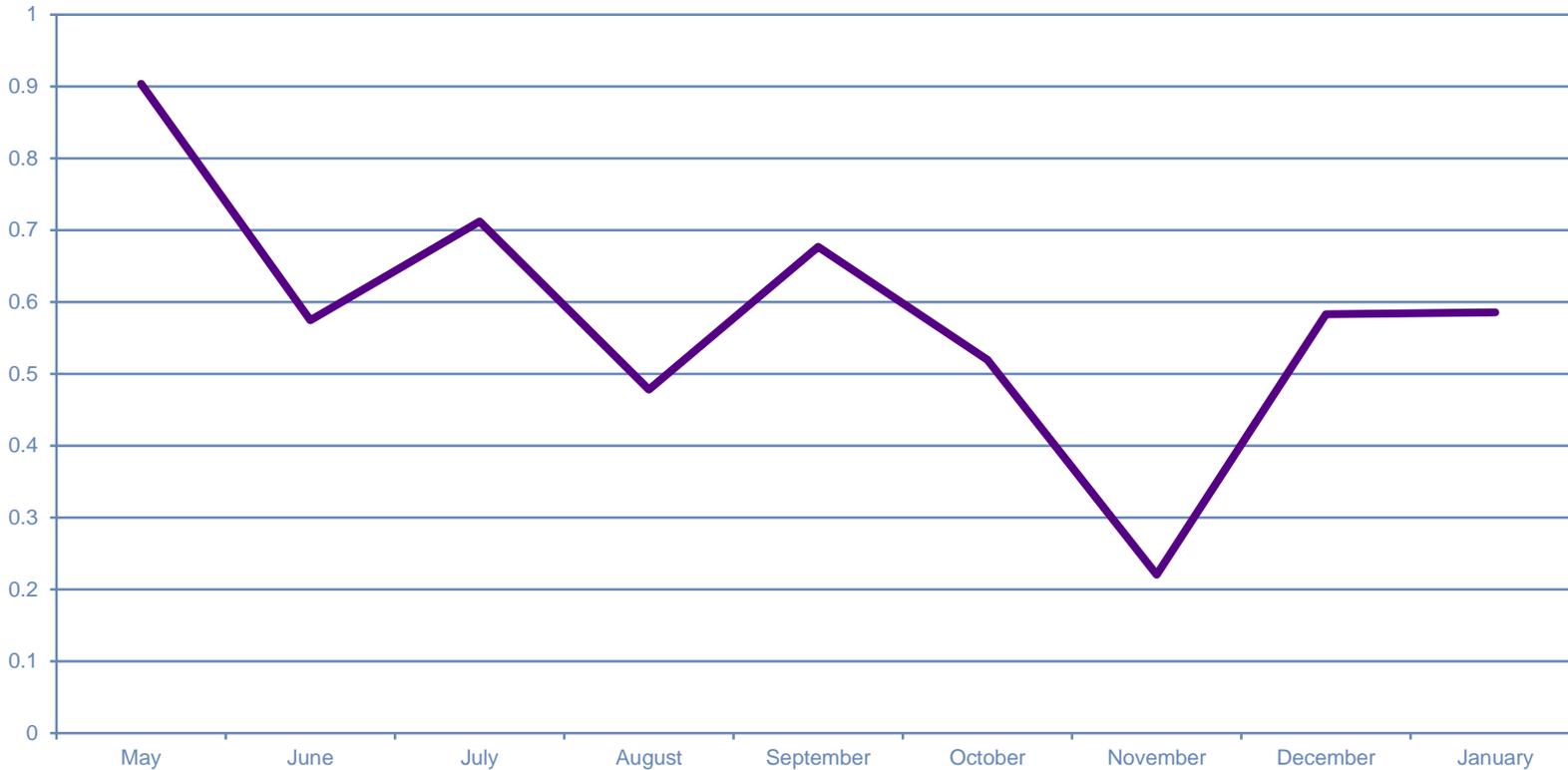
# Pediatric Age Alerts

## Pediatric Age Limits per Thousand Enrollees



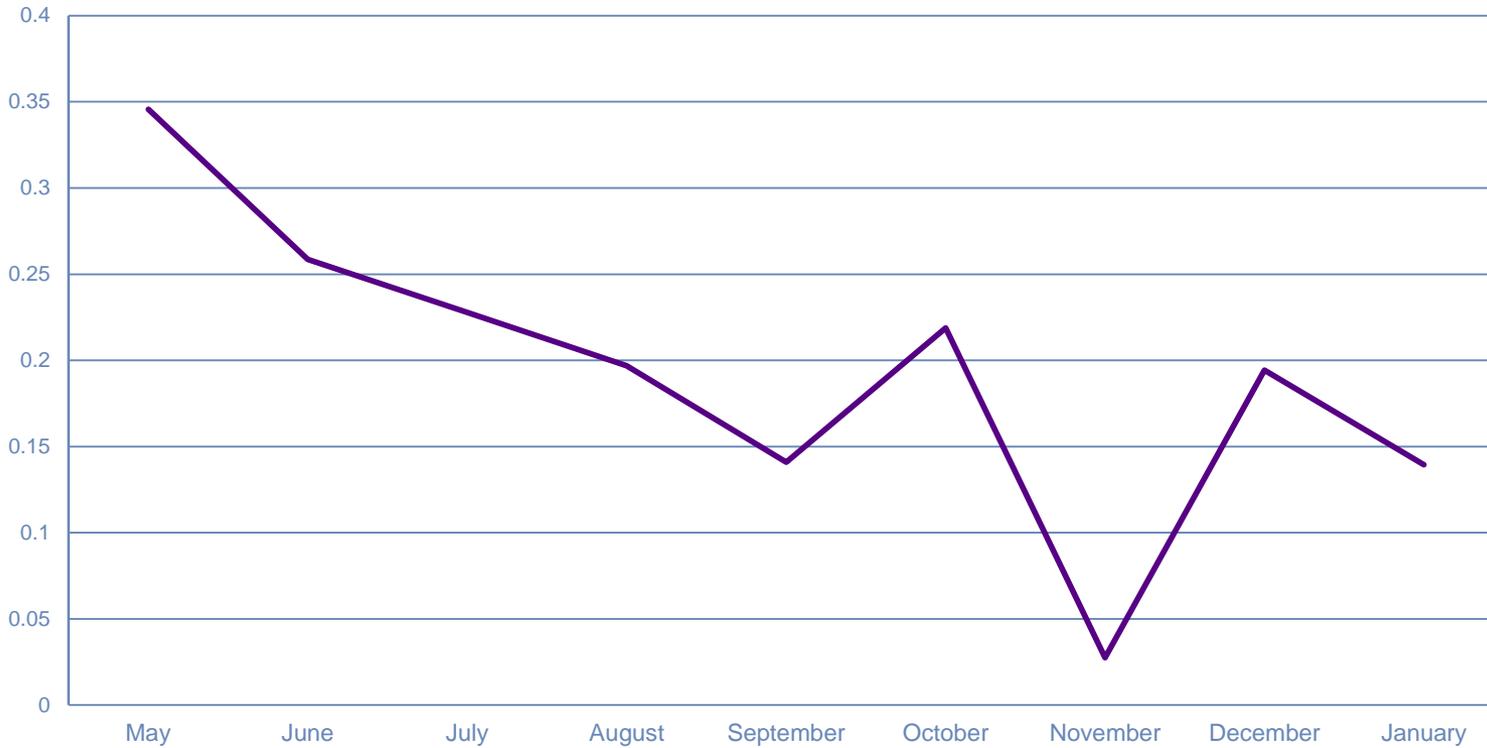
# Drug-Drug Interactions Alerts

## Drug-Drug Interactions per Thousand Enrollees



# Overuse Alerts

## Overuse per Thousand Enrollees



## Summary Findings include:



- In every category the alerts have decreased as a percent of the population
- This is at least partly due to better prescribing practices in the alert category
- This effect is likely transferred to patients with other payment sources

## Summarized Results of: “Operational Utilization Metrics - June 2014 to November 2015: Total Overall Costs, Emergency Department, Inpatient Admission, Medication Expenditures”

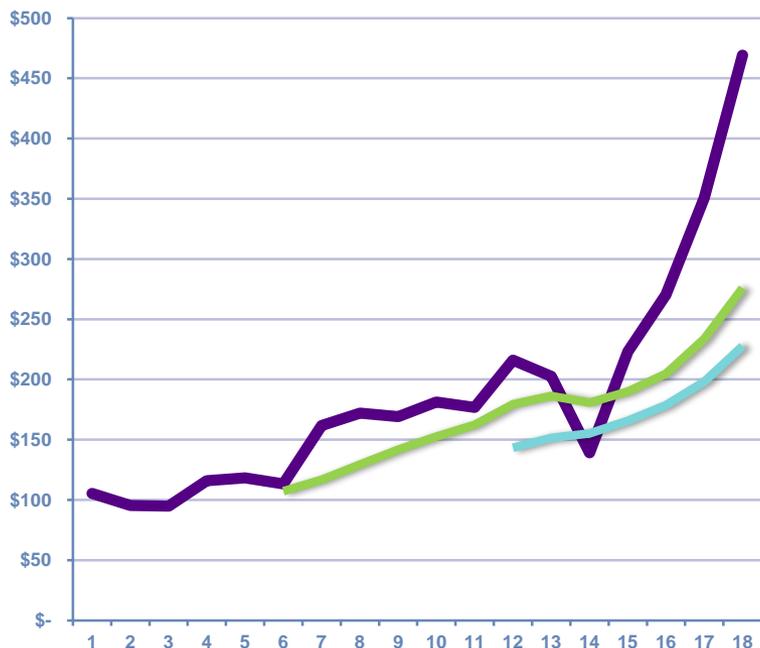
- Population health “financial metrics” commonly used by payers
- Both groups are “continuously eligible” members therefore not influenced by population churn
- Generated using *unreconciled, monthly operational* Medicaid Claims data
  - Likely the last few data points will see an increase
  - Comparison between the two populations are legitimate as both should see an increase

NOTE: The most recent (monthly operational) data for both the “control” and HCGP populations likely will show an increase due to claims lag. In addition all health data can have significant seasonal variation. In order to minimize that, as well as random variability in the data, a standard technique is to smooth the data with moving averages. A 6-month moving average and 12-month moving average is applied to each graph.

# Utilization Metrics: Per Member Per Month Costs

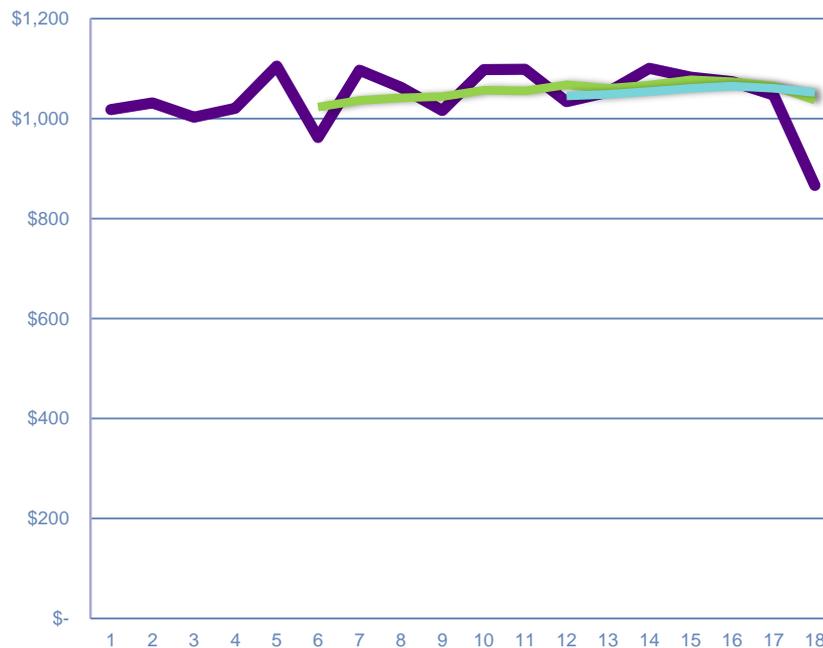


## Trend Population - PMPM



— PMPM  
— 6 per. Mov. Avg. (PMPM)  
— 12 per. Mov. Avg. (PMPM)

## HCGP - PMPM

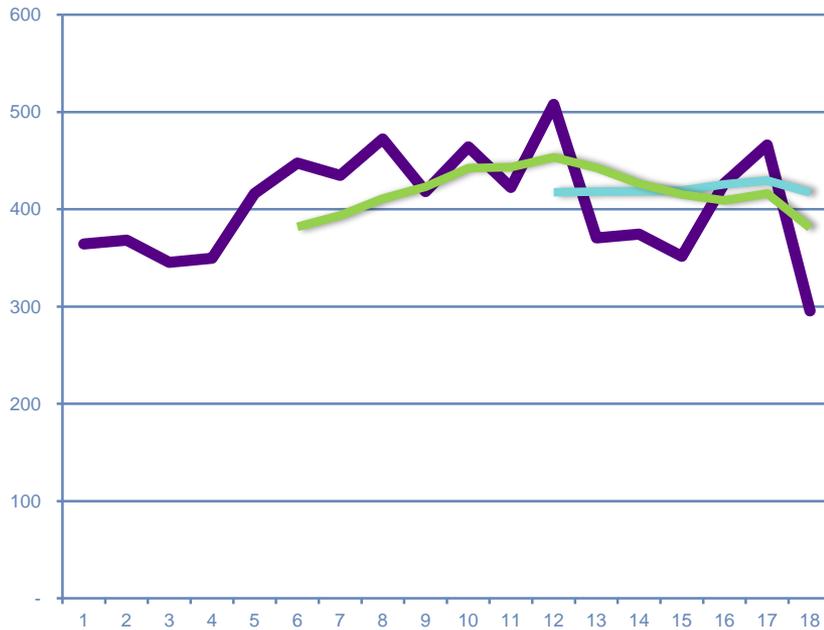


— PMPM  
— 6 per. Mov. Avg. (PMPM)  
— 12 per. Mov. Avg. (PMPM)

# Utilization Metrics: Emergency Visits

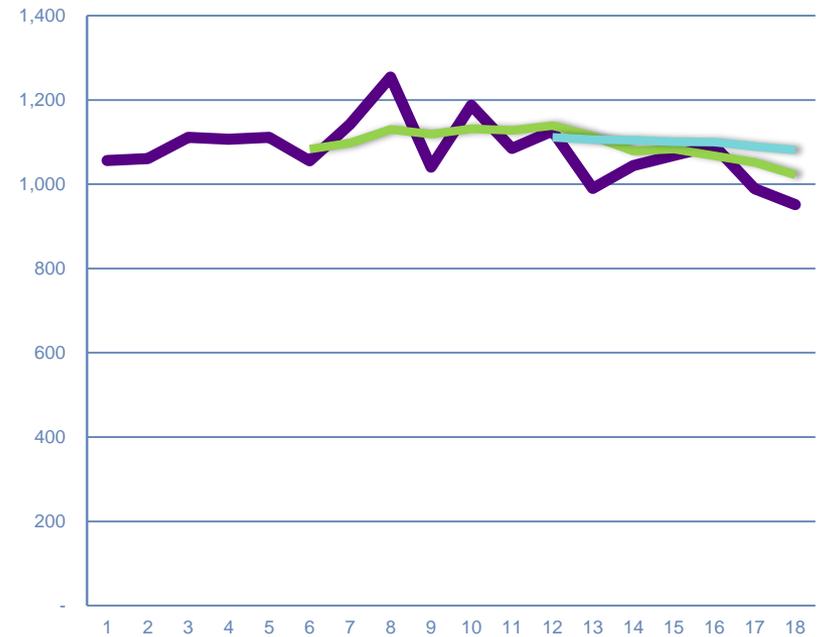


## Trend Population - ED Rate/1000



█ ED\_Rate/1000                      █ 12 per. Mov. Avg. (ED\_Rate/1000)  
█ 6 per. Mov. Avg. (ED\_Rate/1000)

## HCGP - ED Rate/1000

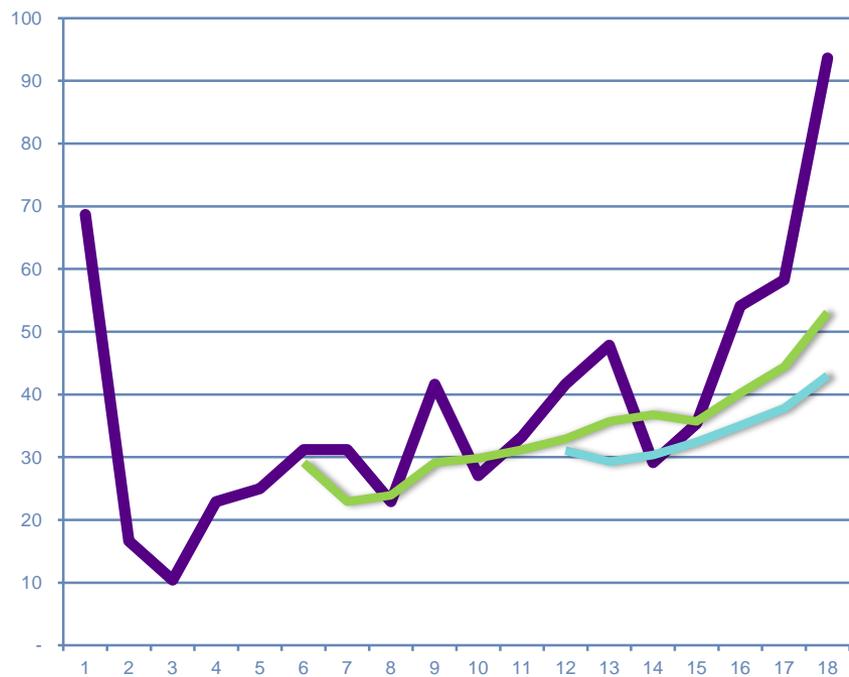


█ ED\_Rate/1000                      █ 6 per. Mov. Avg. (ED\_Rate/1000)  
█ 12 per. Mov. Avg. (ED\_Rate/1000)

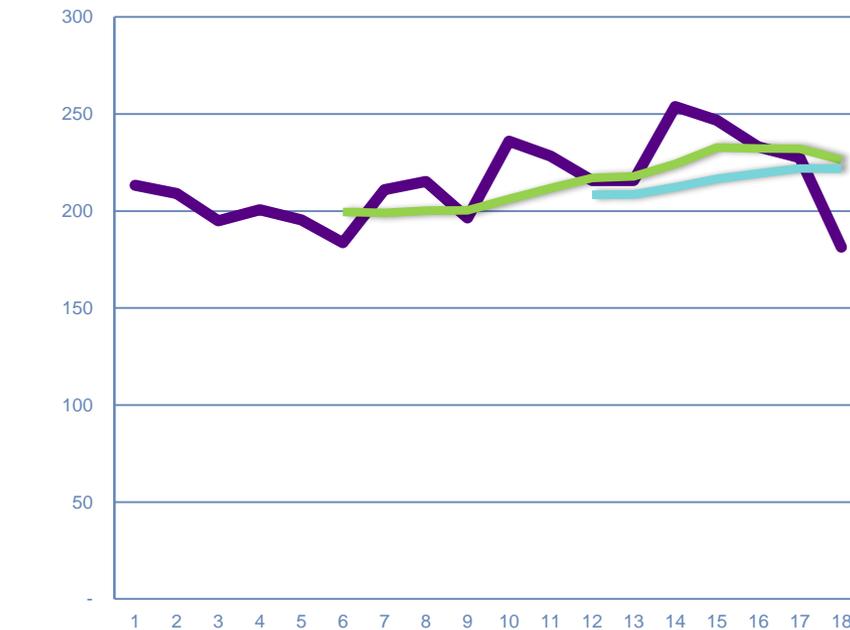
# Utilization Metrics: Inpatient Admissions



## Trend Population - IP Rate/1000



## HCGP - IP\_Rate/1000



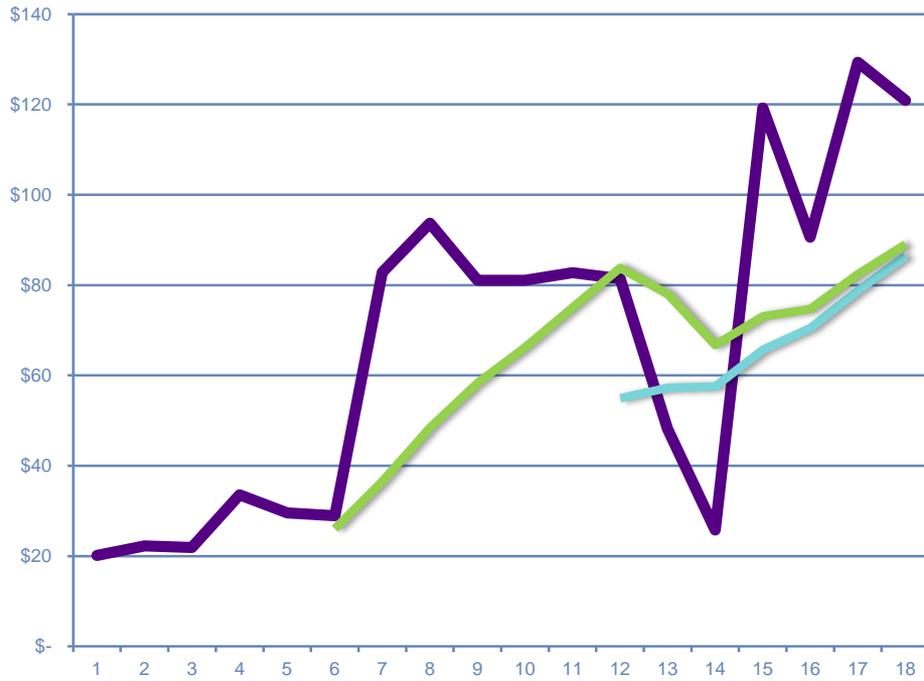
IP\_Rate/1000 12 per. Mov. Avg. (IP\_Rate/1000) 6 per. Mov. Avg. (IP\_Rate/1000)

IP\_Rate/1000 6 per. Mov. Avg. (IP\_Rate/1000)  
12 per. Mov. Avg. (IP\_Rate/1000)

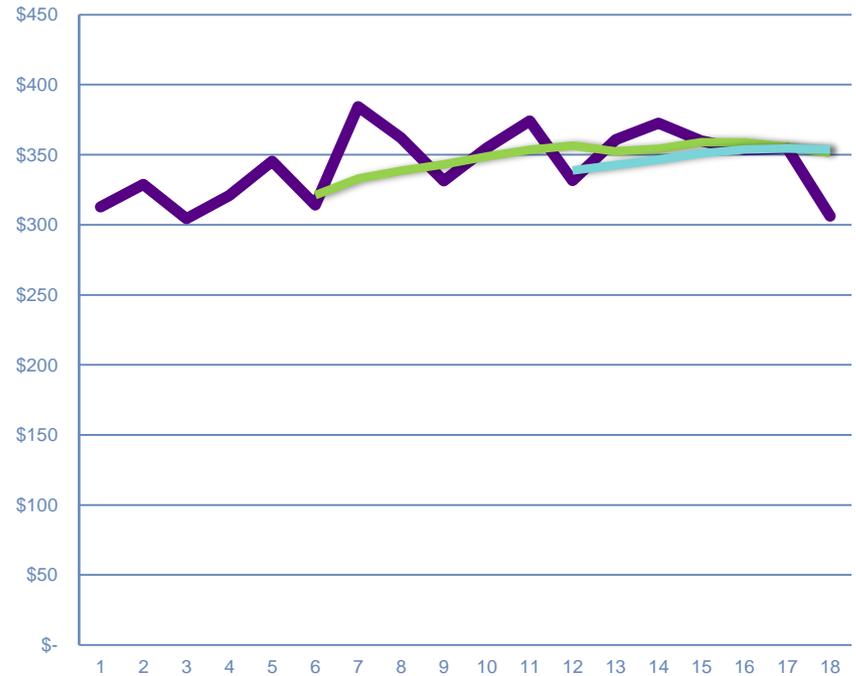
# Utilization Metrics: Drug Expenses



## Trend Population - RX PMPM



## HCGP - RX PMPM



— RX PMPM   
 — 12 per. Mov. Avg. (RX PMPM)   
 — 6 per. Mov. Avg. (RX PMPM)

— RX PMPM   
 — 6 per. Mov. Avg. (RX PMPM)   
 — 12 per. Mov. Avg. (RX PMPM)

# Summary Findings Include:



- Three out five operational metrics show better performance by the HCGP vs the Trend Population
- Pharmacy utilization is flat and may be partly due to the Clinical Care Alerts (CCA) program
- ED utilization is flat in both cohorts
  - Acceptable performance but improvement is expected and further strategies are being deployed

***Public Comments  
and Questions are  
Invited!!***

**Thank You !**



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