

Approaching the Triple Aim for NY's HIV Population

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Background

New York State establishment of HIV Special Needs Plans (SNP) provides an opportunity to apply the IHI Triple Aim to the HIV population. The HIV SNP program began operations during 2003 and is intended to ensure that all Medicaid recipients with HIV disease are able to participate in capitated managed care plans designed to meet their unique health and medical needs.

An estimated 97,524 HIV positive persons live in New York City. About 60,000 participate in Medicaid and about half of whom also have Medicare coverage. Among the roughly 30,000 persons covered only by Medicaid, about half are enrolled in managed care plans and half in fee-for-service.

Three HIV SNPs in New York City are currently operational and accept enrollees. Through November 2010 9,141 persons were enrolled across the three HIV SNPs.

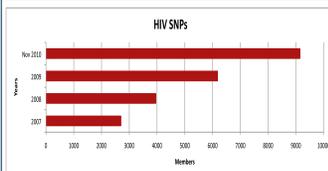
The three objectives of the Triple Aim are:

1. Improve the health of the population.
Enrolled in an HIV Special Needs Plan
2. Enhance the patient experience of care.
Patient Satisfaction
3. Reduce or control, the per capita cost of care.
Costs and Utilization: Hospitalization and Pharmacy

HIV Special Needs Plan

- A Medicaid Health Plan licensed by New York State Department of Health
- For HIV Positive Adults and their children up to the age 21 regardless of HIV status
- Members receive Medicaid benefits
- Pharmacy and Dental Benefits Carved Out
- HIV Specialists as Primary Care Providers
- Member to PCP Ratio 350:1
- Universal Case Management
- Extensive support for Care Coordination and Community Collaboration

HIV SNP Enrollment by Year



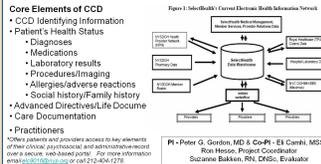
HIV SNP Enrollment by Plan

November 2010	Members
Amida Care	2,537
MetroPlus	4,200
NYPS SelectHealth	2,404
Total	9,141

Care Coordination

In addition to assigning members to HIV Specialists as Primary Care Providers, HIV SNPs promote and support care coordination strategies.

One example of care coordination support is the implementation and provision of an online member continuity of care document by NewYork-Presbyterian System SelectHealth.



Patient Satisfaction

Choices in Care Study
 Conducted by: The New York State Department of Health's AIDS Institute with research staff from the Memorial Sloan-Kettering Cancer Center
 Study Period: September 2003 – January 2007

- Study Purpose and Sample**
- To evaluate the effectiveness of the HIV SNP in comparison with fee for service Medicaid.
 - 628 Individuals were surveyed and followed for 12 months.
 - Group 1: Patients within 45-90 days of enrollment into an HIV SNP.
 - Group 2: Patients receiving care in the FFS setting.

Findings from the first 3 month interviews:

- Continuity of Care**
- SNP Enrollees reported:
- Fewer interruptions in their relationship with providers.
 - More likely to receive referrals from their primary care provider or case managers
 - More new medical specialists available to them while FFS recipients mentioned more new primary care providers.
 - More likely to stay with their PCP and to expand their network of specialists.

Barriers to Care

SNP enrollees who were actively seeking help reported fewer barriers than their FFS counterparts.

Patient Satisfaction

- Communication with Providers**
- SNP enrollees reported fewer problems in communicating with providers.
 - SNP enrollees were significantly less likely to report that providers failed to address their problems or treated them disrespectfully.
 - For those who reported recent medical problems, FFS recipients were more likely to say that medical instructions they had received were unclear compared to those enrolled in an HIV SNP.
 - SNP enrollees reported more satisfied with their specialty and inpatient care.

Problem Resolution

SNP enrollees reported more favorable outcomes regarding problem resolutions

Findings from the second 3 month interviews:

Medical Symptoms

SNP enrollees reported fewer symptoms.

Sexual Risk Behavior

SNP enrollees reported a decrease in unprotected sex with HIV-negative persons or those with unknown HIV status.

Tobacco Use

Among respondents who were smoking at baseline, SNP enrollees were less likely than their FFS counterparts to be smoking by the time of six-month interview.

Per Capita Cost

Evaluation of New York's HIV Special Needs Plan Program: Cost and Usage Impacts
 Prepared by: The Lewin Group in Collaboration with the AIDS Institute, New York State Department of Health
 Authors: Franklin Laufer, Ph.D. (AIDS Institute, New York State Department of Health), Joel Menges, Maik Schutze and David Zhang (The Lewin Group) November 2009

The analysis was done to compare costs incurred for two groups of enrollees - those with at least six months of HIV SNP enrollment preceded by at least six months of Medicaid FFS (n=536) (6/6 group) and those with at least 12 months of HIV SNP enrollment preceded by at least 12 months of Medicaid FFS (n=282) (12/12 group).

Inpatient Cost and Utilization

- Inpatient costs were lowered by 44% - 52%
- Rate of hospital admissions decreased by 22% - 27%
- Average length of stay per admission was lowered by 11% - 16%.
- Average costs per admission were lowered by 28% - 35%.

The following table shows results for the 12/12 group:

Period	Member Months	Total Inpatient Expenditures	Inpatient Costs PMPM
FFS Months 13 - 24	5,440	\$1,482,813	\$455
FFS Months 7 - 12	2,946	\$845,202	\$500
FFS Months 1 - 6	3,216	\$892,386	\$557
SNP Months 1 - 6	3,216	\$400,793	\$237
SNP Months 7 - 12	3,034	\$597,342	\$353
SNP Months 13 - 24	4,289	\$1,303,509	\$435
Aggregate Pre 1 - 24	11,602	\$3,220,402	\$485
Aggregate Post 1 - 24	10,539	\$2,301,643	\$361
Raw Percent Reduction			26%
Control Group Adjusted Percent Reduction*			44%

This subgroup's estimated costs in absence of the HIV SNP program in the Aggregate Post 1-24 timeframe, based on the annual control group inflation trend of 16.0%, is \$534. This figure was derived by multiplying the "Aggregate Pre 1-24" PMPM costs of \$720 by an annual trend factor of 1.16, applied across 21 months (the number of months between the member month midpoints of the time periods).

Prescription Drug Cost and Utilization

- Per Member Per Month (PMPM) pharmacy costs increased 11% - 13% between the final six months of FFS coverage and the initial six months of HIV SNP coverage.
- Longer-term analysis suggests a 2% - 7% increase in pharmacy costs.
- The proportion of persons filling at least one prescription per month was 2 - 5 percentage points higher during the first six months of HIV SNP enrollment than in the six-month period prior to HIV SNP enrollment.

Projected Program Effects from Moving All Medicaid HIV+ Persons from FFS or Mainstream Managed Care to HIV SNPs

- Inpatient costs are assumed to be 31% - 45% lower in the HIV SNP setting.
- Pharmacy expenses were assumed to be 2% - 6% higher in the HIV SNP setting.
- All other covered costs were assumed to be 0% - 10% lower in the HIV SNPs.
- All HIV SNP administrative costs and operating gains were assumed to represent an added cost to the HIV SNP program.
- Taking all the above factors into account, the HIV SNP program was estimated to yield overall Medicaid savings of 3.3% during 2008. The large inpatient cost reductions more than offset the program's administrative costs, despite the scale diseconomies caused by modest enrollment levels in that year.

Summary

The HIV SNP program's impacts have been highly favorable among every dimension assessed. The program's care integration model appears to effectively manage enrollees' health, achieves massive inpatient savings, and provides overall savings to the Medicaid program.

References

- The Triple Aim
<http://www.ihl.org/IHI/Programs/StrategicInitiatives/TripleAim.htm>
- Evaluation of New York's HIV Special Needs Plan Program: Cost and Usage Impacts
http://www.nyhealth.gov/diseases/aids/resources/snps/docs/hiv_snp_research_paper.pdf
- Choices in Care Study
http://www.health.state.ny.us/press/releases/2008/2008-08-01_choices_in_care_study.htm

HIV SNP Model Contract
<http://www.health.state.ny.us/diseases/aids/resources/snps/contract.htm>

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This poster presented at the Institute for Healthcare Improvement's 22nd Annual National Forum on Quality Improvement in Health Care December 5-8, 2010, in Orlando, Florida