

## ACC Evaluation

## Next Steps

Richard C. Lindrooth, PhD

Gregory Tung, MPH PhD

Tatiane Santos, MPH

Colorado School of Public Health

# **Project Summary: Mixed Methods**

Quantitative and qualitative analysis of the impact of Colorado's ACC on health care utilization, costs and quality

## Qualitative Analysis: Year 1 Results

- Overall impression of ACC is consistently positive across small, medium, and large practices
- SDAC information
  - Useful for benchmarking **but** real-time data is needed to make it actionable
- Care Coordination
  - Variation
  - Enthusiasm for clinic employed care coordinators (but need scale)
  - Grants were important to set up, BUT can efforts be sustained with PMPM?
- Need more patient education
  - Role of PCMP; understanding of options besides ED; Compliance

## Next steps: Qualitative

- Additional data validation
  - More nuance and consistency
  - Define gaps to focus next round interviews
    - Gaps in practice type and/or geographic dispersion
    - Follow-up on new themes that emerge

## Next steps: Qualitative

- Incorporate consumer perspective
- Consider unique aspects of rural/frontier areas
- Differences between RCCOs
- What support is most helpful for practices (inform requirements for RAEs)
- Care Coordination
- Analytic support and data driven QI
- Financial support, PMPM and others

## Quantitative Analysis

- Year 1 Analysis (Data: July 2009-June 2014):
  - Impact on utilization and spending, total and by service type
    - Overall 5-10% reduction in spending
  - E&M visits to attributed PCMP vs. other PCP
    - High proportion of E&M visits at PCMP (conditional on any visit)
- Year 2 Analysis (Data: July 2009-June 2015):
  - Focus more on mechanisms and hypotheses that emerge from qualitative analysis
  - Refine analysis of Medicare-Medicaid Enrollees
  - Separately examine short (~1 year) and long (2+ year) run impacts

## Next steps: Quantitative Analysis

- Identify underlying mechanisms or reasons for costs savings
  - Analyze sub-samples with chronic conditions (e.g. asthma or diabetes)
  - Examine utilization and outcomes by enrollee type
    - Newborns, adolescents, teens, and adults
  - Examine utilization and outcomes by PCMP size and type
    - Does the composition change? Is primary care more concentrated among certain providers?

## Next steps: Quantitative Analysis

- Examine variation in utilization and outcomes
  - Assess the role of individual RCCOs and types of PCMPs
  - Do the estimates vary by RCCO? PCMP type or size?
  - Are there urban-rural differences in spending? Type of utilization?
  - Does contact with PCMP influence the type and amount of spending?

## Next steps: Quantitative

- Estimate impact of contemporaneous initiatives/grants that are unrelated to the ACC.
  - Investments in care coordination, practice transformation, information technology (e.g. CORHIO), and Medical Home designation
- Quality and utilization metrics
  - Comparison to Oregon CCOs
    - Oregon has global budget and tracks different outcomes
  - Identify variation across RCCOs, PCMPs, or location

## Discussion: Consumer Perspective

- What are major considerations for obtaining the consumer perspective as part of ACC evaluation?
- What questions should we ask consumers?
- How can the consumer perspective inform future efforts?
  - Incorporating findings into ACC program
  - Inputs into future consumer surveys

# Contact Info

## Colorado School of Public Health

Richard C. Lindrooth, PhD

[Richard.Lindrooth@ucdenver.edu](mailto:Richard.Lindrooth@ucdenver.edu)

Gregory Tung, MPH PhD

[Gregory.Tung@ucdenver.edu](mailto:Gregory.Tung@ucdenver.edu)

Tatiane Santos, MPH

[Tatiane.Santos@ucdenver.edu](mailto:Tatiane.Santos@ucdenver.edu)

## HCPF

Ellen Kaufmann, Evaluation Specialist

[Ellen.Kaufmann@state.co.us](mailto:Ellen.Kaufmann@state.co.us)