

# Affordable Care Act & People with Multiple Chronic Conditions



## BRINGING THE AFFORDABLE CARE ACT HOME

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# Living with Multiple Chronic Conditions: Case Report of Female in her 50s



- Recent onset of dizziness not associated with vertigo, shortness of breath, or chest pain
- Recent transient ischemic attack followed by stroke with right arm weakness
- History: HTN, type 2 DM, atrial fibrillation, chronic kidney disease, breast cancer s/p lumpectomy, depression
- Functional Status: Lives alone, fully independent
- Medications: amlodipine, enalapril, glimepiride, lasix, sertraline, warfarin



# U.S. Challenge



- **Prevalence**
  - 1 of 4 Americans with MCC
  - 2 of 3 FFS Medicare beneficiaries with MCC
  - 2 of 3 Medicaid beneficiaries w/ disabilities with MCC
- **Access**
  - 16% of uninsured with MCC
- **Outcomes**
  - As conditions increase, so does the frequency of mortality, poor functional status, hospitalizations, readmissions, and adverse drug events
- **Costs**
  - 2/3<sup>rd</sup> of US health care costs for individuals with MCC
  - 93% of Medicare expenditures for individuals with MCC



# CHRONIC CONDITIONS

AMONG MEDICARE BENEFICIARIES

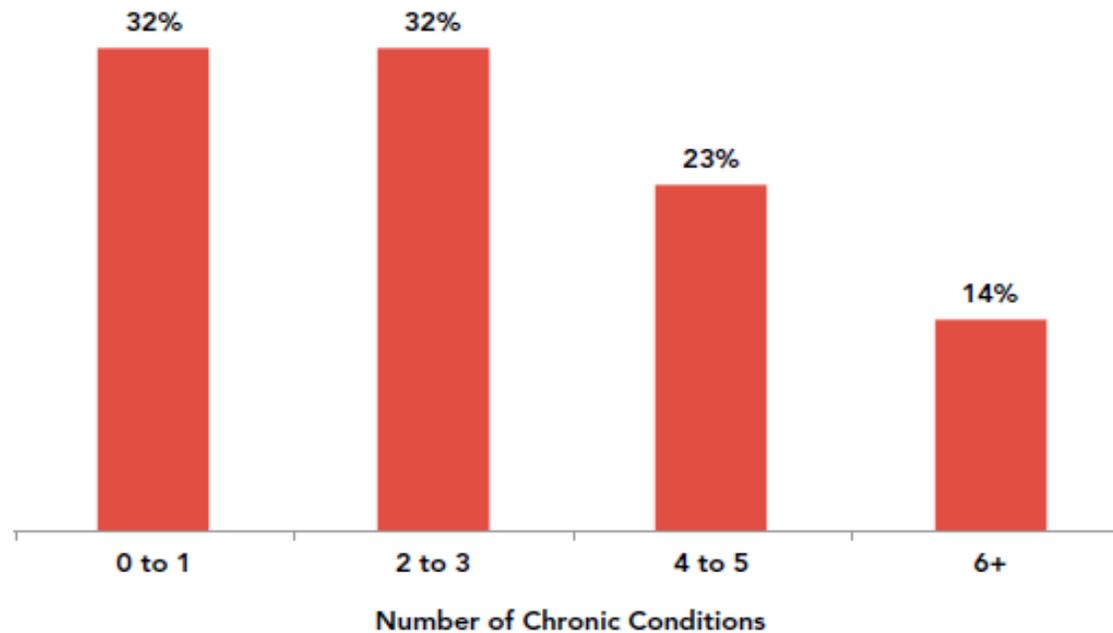


*Chartbook: 2012 Edition*



*“Two-thirds of Medicare beneficiaries had multiple chronic conditions”*

**Figure 1.2a** Percentage of Medicare FFS Beneficiaries by Number of Chronic Conditions: 2010



**DATA HIGHLIGHTS:**

Among the 15 chronic conditions examined, the prevalence of multiple chronic conditions was high, with over two-thirds of beneficiaries having two or more chronic conditions and 14% having 6 or more chronic conditions.



*“Beneficiaries with multiple chronic conditions were more likely to be hospitalized and had more hospitalizations during the year”*

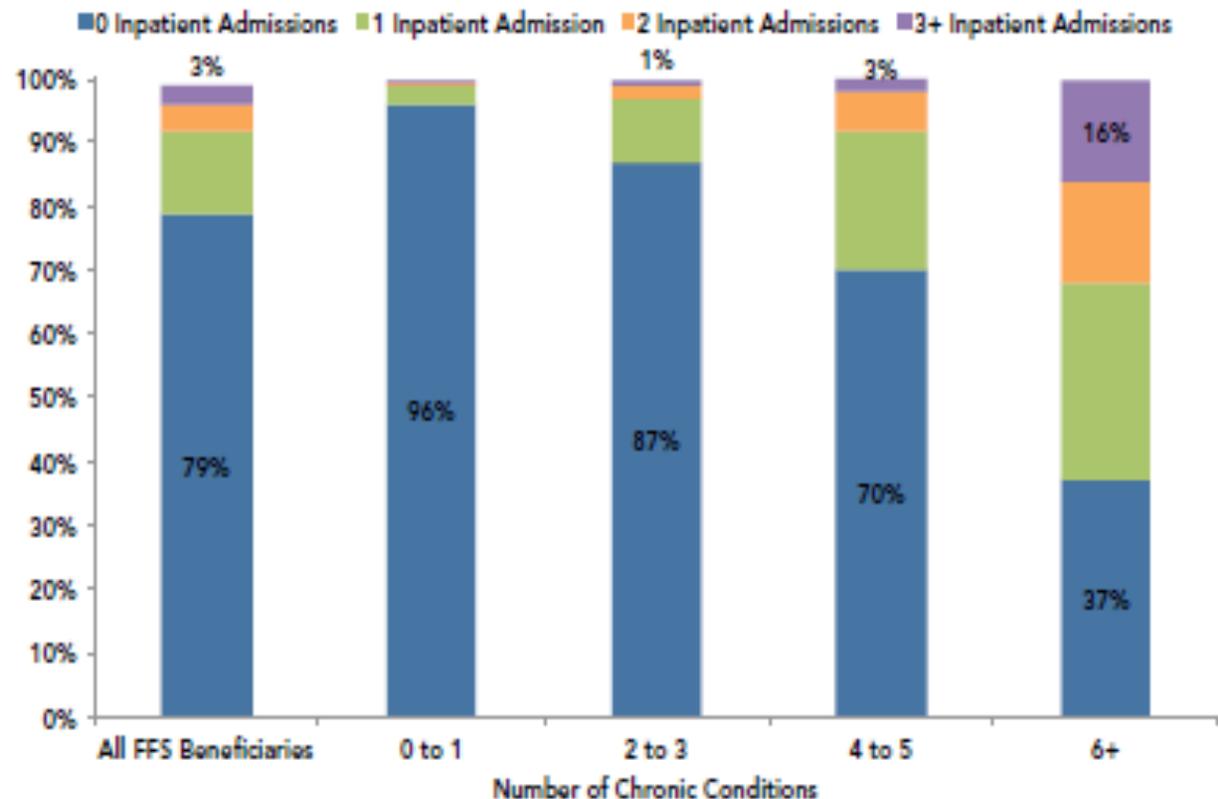
**Figure 2.1** Percentage of Medicare FFS Beneficiaries by Number of Inpatient Admissions and Number of Chronic Conditions: 2010



**DATA HIGHLIGHTS:**

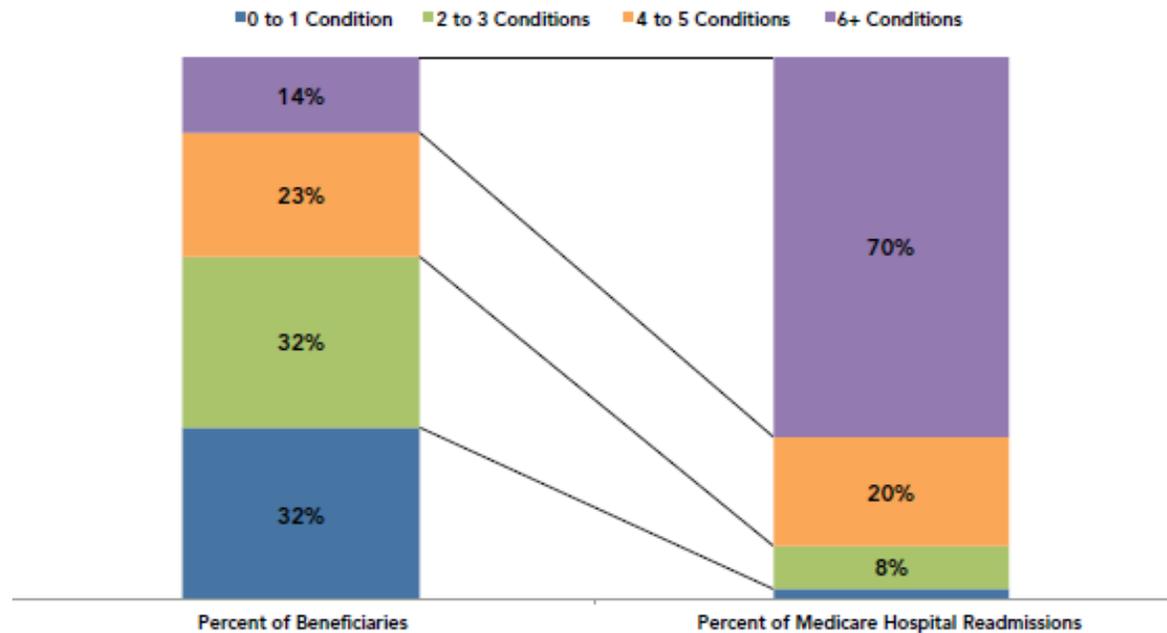
As the number of chronic conditions increased so did hospitalizations:

- Only 4% of beneficiaries with 0 or 1 chronic condition were hospitalized and less than 1% were hospitalized 3 or more times during the year.
- Almost two-thirds of beneficiaries with 6 or more chronic conditions were hospitalized and 16% had 3 or more hospitalizations during the year.



## *“Beneficiaries with multiple chronic conditions accounted for almost all Medicare hospital readmissions”*

**Figure 2.7** Distribution of Medicare FFS Beneficiaries by Number of Chronic Conditions and Total Medicare Hospital Readmissions: 2010



### **DATA HIGHLIGHTS:**

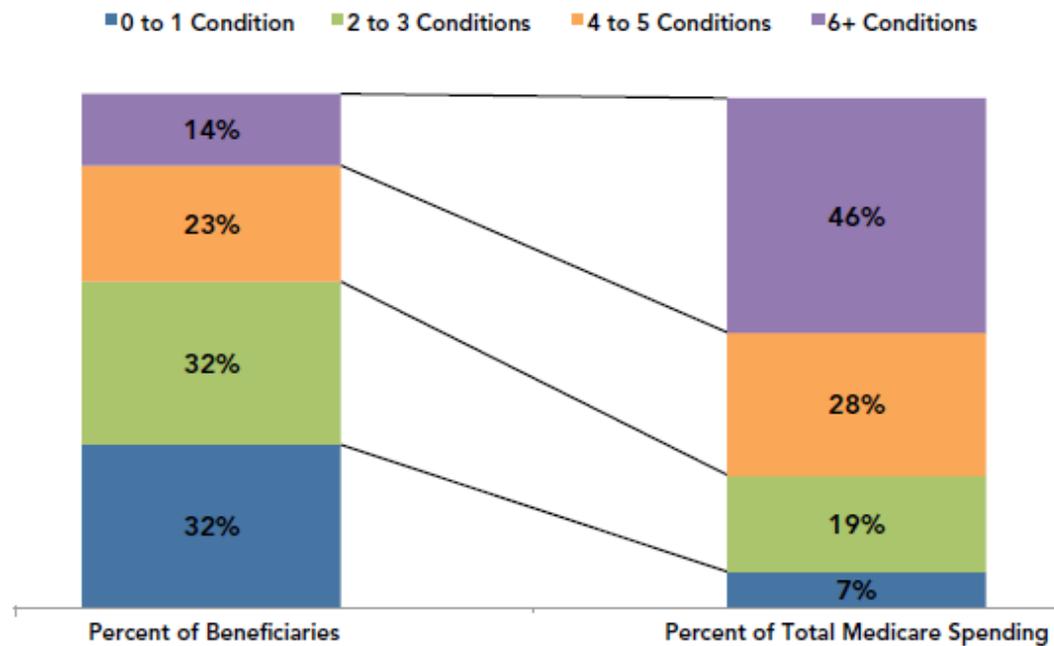
There were 1.9 million Medicare hospital readmissions in 2010. Medicare beneficiaries with two or more chronic conditions accounted for almost all (98%) of these readmissions.

Beneficiaries with 6 or more chronic conditions accounted for a disproportionate share of these readmissions, with the 14% of these beneficiaries accounting for 70% of all Medicare readmissions.



*“Beneficiaries with multiple chronic conditions accounted for a disproportionate share of Medicare spending”*

**Figure 3.2** Distribution of Medicare FFS Beneficiaries by Number of Chronic Conditions and Total Medicare Spending: 2010



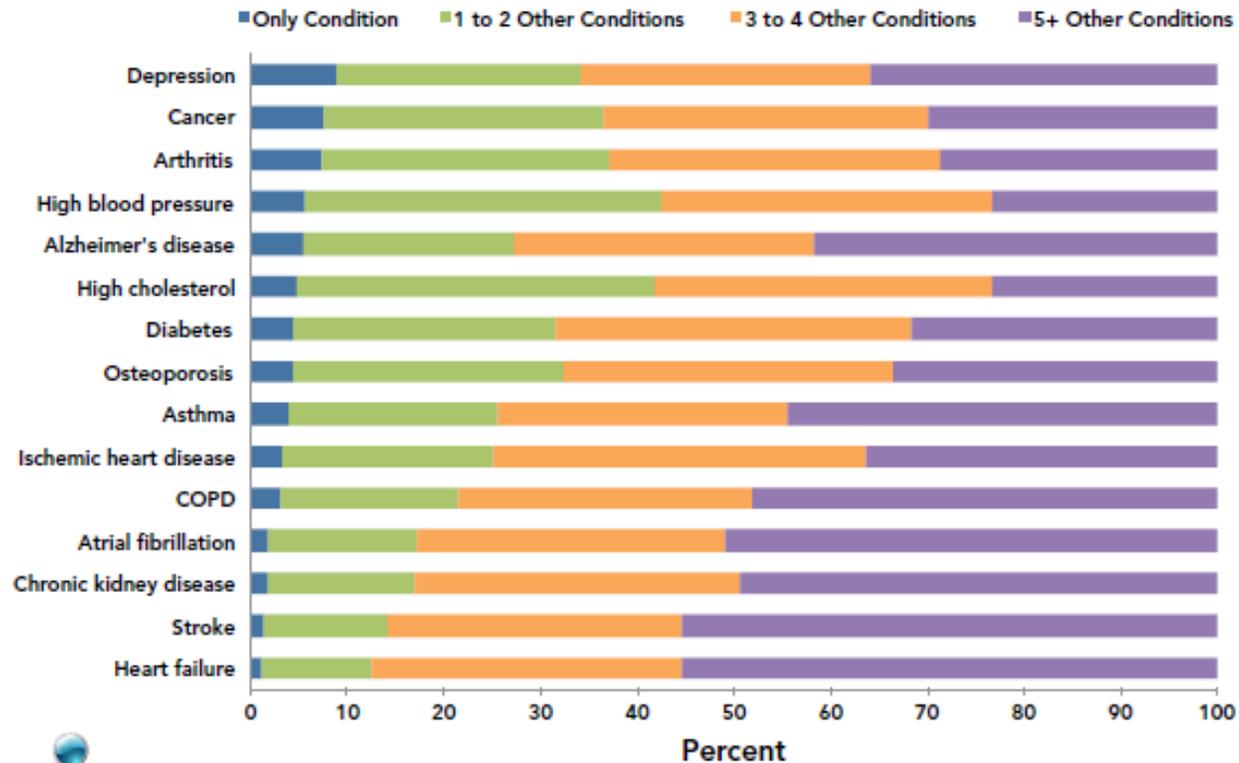
**DATA HIGHLIGHTS:**

The nearly one-third of beneficiaries with 0 or 1 chronic condition accounted for only 7% of Medicare spending, whereas the 14% with 6 or more chronic conditions accounted for 46% of Medicare spending.



## “Co-morbidity among chronic conditions is very common”

**Figure 4.1** Co-morbidity among Chronic Conditions for Medicare FFS Beneficiaries: 2010



### DATA HIGHLIGHTS:

Six percent of beneficiaries with high blood pressure had no other condition present, while 23% had 5 or more additional conditions.

Stroke and heart failure were highly co-morbid conditions with about 55% of beneficiaries with these conditions having 5 or more additional chronic health conditions.

This pattern of co-morbidity held for men and women, with beneficiaries 65 years and older and dual-eligibles having greater co-morbidity.



# Multiple Chronic Conditions & New York Medicare beneficiaries

From the Chronic Condition Dashboard, available at

[www.ccwdata.org](http://www.ccwdata.org).

In New York

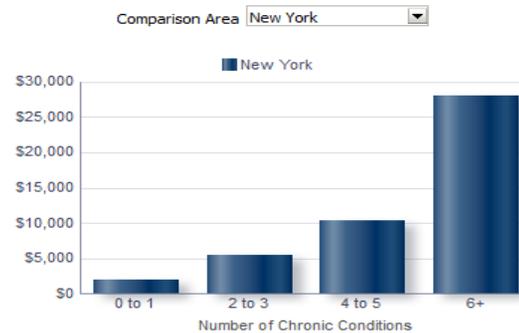
- 70% of Medicare beneficiaries had MCC – 7<sup>th</sup> highest in the country
- 17% had 6+ MCC – 4<sup>th</sup> highest – and they accounted for 50% of Medicare spending in NY.
- Per capita Medicare spending for beneficiaries with 6+ MCC was almost \$28,000 – lower than the national average and 4<sup>th</sup> lowest in the country.

## Medicare Spending by Number of Chronic Conditions, 2011

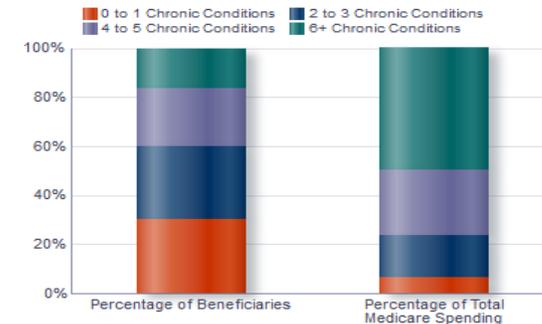
**Geographic Area**  
Area:

**Demographics**  
Gender:  Age Group:  Dual Eligibility:

### Per Capita Medicare Spending for New York



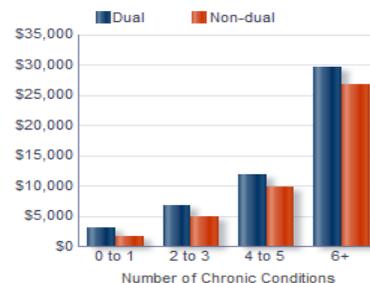
### Distribution of Beneficiaries by Number of Chronic Conditions and Total Medicare Spending for New York



### Per Capita Spending by Demographic Group

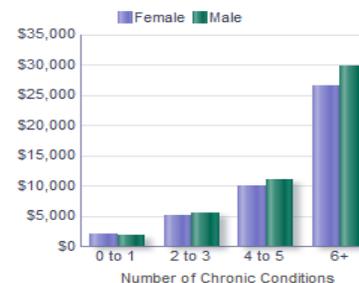
#### Dual Eligibility for New York

Gender:  Age Group:



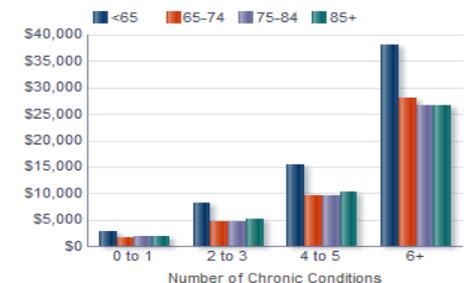
#### Gender for New York

Age Group:  Dual Eligibility:



#### Age Group for New York

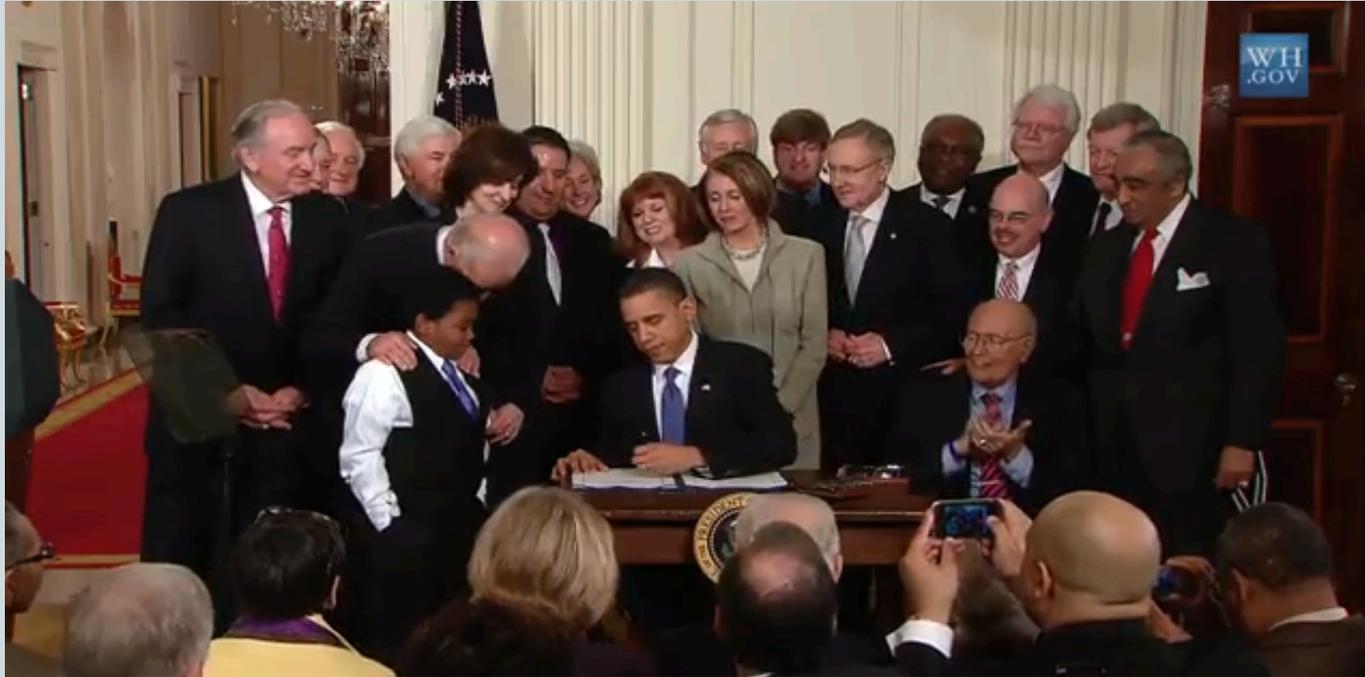
Gender:  Dual Eligibility:



# The Health Care Law



In March 2010, President Obama signed into law the Affordable Care Act.



# What the Law Means for Americans



- Ends the worst insurance company abuses
- Makes health insurance more affordable
- Strengthens Medicare
- Provides better options for coverage



# More Options for Getting Coverage



## Starting in 2014:

- No discrimination because of pre-existing conditions
- Medicaid expansion
- New State-based marketplaces (also called Affordable Insurance Exchanges)
  - Open enrollment starts October 1, 2013.
  - Sign up now at [healthcare.gov](http://healthcare.gov).



# Supporting People with Multiple Chronic Conditions



## Affordable Care Act Programs:

Accountable Care Organizations

Health Care Innovations Challenge

Care Transitions Program

Independence at Home Demonstration

Medicaid Health Homes (comprehensive primary care)

Pre-Existing Condition Insurance Plan

Community Prevention & Wellness Programs Evaluation



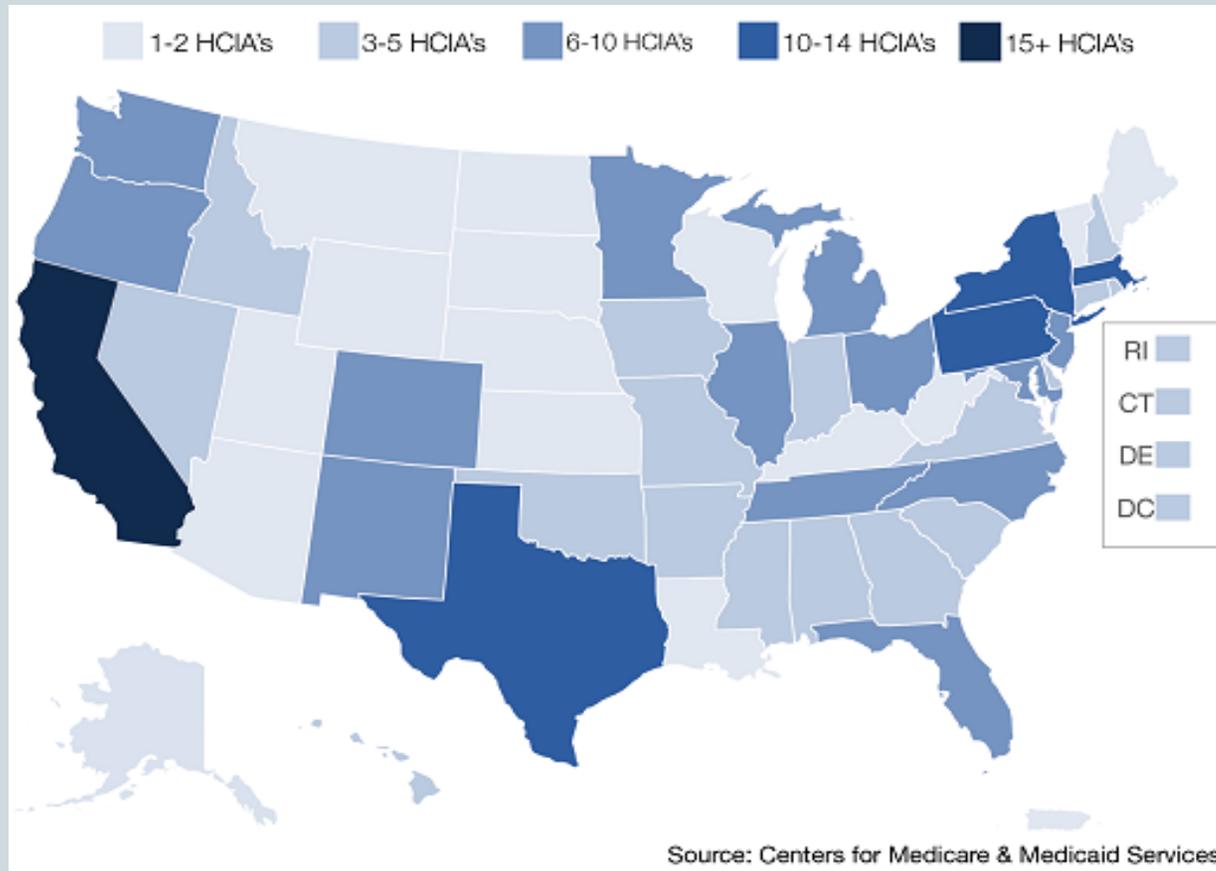
# Accountable Care Organizations



- 4 million Medicare beneficiaries, majority with multiple chronic conditions, now have access to high-quality, coordinated care
- More than 250 Accountable Care Organizations have been established since the passage of the ACA
- Federal savings from this initiative could be up to \$940 million over 4 years
- 33 quality measures to ensure appropriate, safe, and timely care



# Health Care Innovations Challenge



\$1 billion to 106 awardees to ensure better care, improved health, and lower costs



# Community-Based Care Transitions Program



**Now 82 Sites:** CBOs + 374 hospital partners serving 500,000 beneficiaries in 33 states

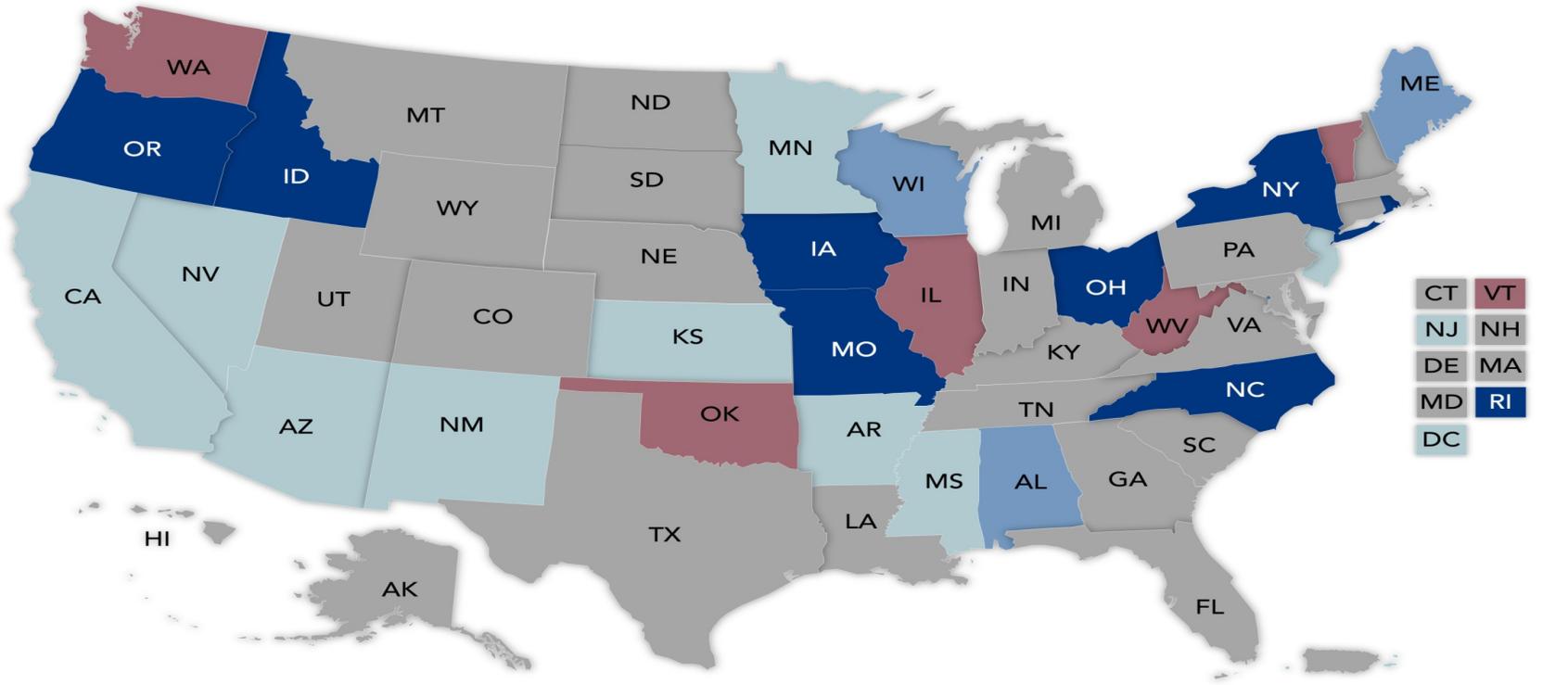
# Independence at Home Demonstration



- **Three year demonstration auhe ACA**
  - Payment incentive and service delivery model that utilizes primary care teams to provide comprehensive, coordinated, continuous, and accessible care to frail and sick Medicare beneficiaries in their homes
- **Eligible beneficiaries**
  - Have two or more chronic illnesses and
  - Have two or more functional dependencies requiring the assistance of another person (e.g., bathing, dressing, toileting, walking, or feeding) and
  - Have had a non-elective hospital admission within the past 12 months
- **Eligible practices**
  - Provide 24/7 home-based primary care services and maintain electronic health records (EHR) systems
  - Coordinate health care across all treatment settings
  - May share in savings if quality measures and savings targets are achieved
- **Demonstration active on June 1, 2012**
  - Selected 18 applications - 13 Sole Entity Practices & 5 Consortium Practices



# Medicaid “Health Home” Option



CT	VT
NJ	NH
DE	MA
MD	RI
DC	

<b>Approved Health Home State Plan Amendment (SPA)</b>	Idaho, Iowa, Missouri, New York, North Carolina, Ohio, Oregon, Rhode Island
<b>Health Home SPA “On the Clock” (officially submitted to CMS)</b>	Alabama, Maine, New York (phase II), Wisconsin
<b>Draft Health Home SPA Under CMS Review</b>	Illinois, Oklahoma, West Virginia
<b>Approved Health Home Planning Request</b>	Alabama, Arizona, Arkansas, California, District of Columbia, Idaho, Kansas, Maine, Minnesota, Mississippi, Nevada, New Jersey, New Mexico, North Carolina, Washington, West Virginia, Wisconsin
<b>No Activity</b>	Alaska, Colorado, Connecticut, Delaware, Florida, Georgia, Hawaii, Indiana, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Montana, Nebraska, New Hampshire, North Dakota, Pennsylvania, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Wyoming

Established by ACA, starting January 2011, states have a new Medicaid option to provide “health home” services for enrollees with chronic conditions.



# Pre-Existing Condition Insurance Plan

There are new plans in every state for people who have been locked out of the insurance market because of a pre-existing condition like cancer or heart disease.

*"When I was diagnosed, they told me I had a 60 percent chance of being cured. That's pretty good odds, but I was also terribly worried about finances. Now I don't feel like we can't afford the treatment."*

*--Gail O. in New Hampshire*

For more, visit [www.PCIP.gov](http://www.PCIP.gov).



# Community Prevention & Wellness Programs Evaluation



- Congress directed CMS to study the impact of community based wellness and prevention programs on Medicare beneficiaries
  - Evidence review of existing programs and best practices
  - Independent evaluation of program effects
  - Plan for promoting community based wellness and prevention programs
- Prevention Programs
  - Chronic Disease Self-Management Program
  - Enhance Wellness
  - Enhance Fitness
  - Matter of Balance
  - Fit and Strong
  - Arthritis Foundation Programs
  - Healthy Ideas
  - PEARLS



# HHS Multiple Chronic Conditions (MCC) Strategic Framework



## Multiple Chronic Conditions: A Strategic Framework

Optimum Health and Quality of Life  
for Individuals with Multiple Chronic Conditions



U.S. Department of Health & Human Services  
December 2010

THE HILL

Healthwatch

THE HILL'S Healthcare Blog

### HHS unveils public-private partnership to deal with multiple chronic conditions

By Julian Pecquet - 12/14/10 12:30 PM ET

The Department of Health and Human Services on Tuesday unveiled a [new plan](#) calling for increased collaboration between government agencies and the private sector to tackle the growing challenge of people with multiple chronic conditions.

More than a quarter of all Americans suffer from several chronic conditions, according to HHS, such as arthritis, asthma, chronic respiratory conditions, diabetes, heart disease, human immunodeficiency virus infection and hypertension. Treating those patients takes up 66 percent of the nation's healthcare budget, adds HHS.

But the nation's healthcare system is largely set up to deal with one disease or condition at a time, says HHS. That increases the risk of complications such as adverse drug reactions, unnecessary hospitalizations and overall confusion caused by conflicting medical advice.

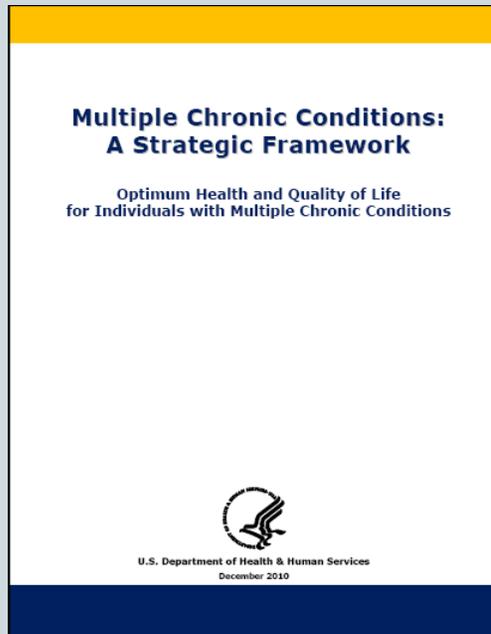
"Given the number of Medicare and Medicaid beneficiaries with multiple chronic conditions," said Medicare and Medicaid administrator Donald Berwick, "focusing on the integration and coordination of care for this population is critical to achieve better care and health for beneficiaries, and lower costs through greater efficiency and quality."

The new Strategic Framework on Multiple Chronic Conditions seeks to resolve those issues by "fostering change within the system; providing more information and better tools to help health professionals — as well as patients — learn how to better coordinate and manage care; and by facilitating research to improve oversight and care."

Source:

<http://thehill.com/blogs/healthwatch/other/133521-hhs-unveils-public-private-partnership-to-deal-with-multiple-chronic-conditions>

# Overarching Goals



**1. Foster health care and public health system changes to improve the health of individuals with multiple chronic conditions**



**2. Maximize the use of proven self-care management and other services by individuals with multiple chronic conditions**



**3. Provide better tools and information to health care, public health, and social services workers who deliver care to individuals with multiple chronic conditions**



**4. Facilitate research to fill knowledge gaps about, and interventions and systems to benefit, individuals with multiple chronic conditions**

# MCC Priorities for 2013



- **General**
  - Further institutionalize the paradigm shift within HHS
  - Catalyze public and private sector partnerships
- **Specific Areas of Focus**
  - Match intensity of interventions with the acuity/risk of individuals with MCC
  - Scale and sustain self-management programs
  - Effectively use health information technology for the MCC population
  - Prevent unnecessary exclusion of individuals with MCC in trials
  - Support incorporation of MCC in clinical practice guidelines
  - Support development of MCC tools for the health workforce



# Key MCC Sites



- HHS Initiative on MCC:
  - <http://www.hhs.gov/ash/initiatives/mcc/>
- HHS Strategic Framework:
  - [http://www.hhs.gov/ash/initiatives/mcc/mcc\\_framework.pdf](http://www.hhs.gov/ash/initiatives/mcc/mcc_framework.pdf)
- CMS Chronic Conditions Chartbook:
  - <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/index.html>



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Find Insurance  
Options

Learn About  
Prevention

Compare Care Quality

Understand the Law

Information  
for You 

## Explore your coverage *and pricing* options

Find out which private insurance plans, public programs and community services are available to you.

Pick Your State



GO



## Your Health Care, Explained

Families with Children

**Individuals**

People with Disabilities

Seniors

Young Adults

Employers