

Highlights of Tools, Materials and Accomplishments

Following is a list of some of the primary National Chronic Care Consortium accomplishments. Tools and resource materials can be accessed through www.nccconline.org.

Tools for Integrating Care

- **NCCC Report Card on Integrated Chronic Care** – A tool for enabling health networks to conceptualize, measure and improve their success in integrating provider operations in service of persons with serious and persistent chronic conditions.
- **Self-Assessment for Systems Integration** – A tool to assist healthcare systems and emerging networks to plan, implement and measure chronic care integration across their healthcare networks, including *Introductory Guide*, *A User's Guide*, videotape of client focus groups, and a comprehensive package of training material.
- **Issue Briefs and Best Practice Reports** on: (a) Barriers to Integration; (b) Risk Identification Guide; (c) Chronic Care Network Development in Rural Areas; (d) The Elements of Integrated Care Management; (e) Extended Care Pathways Report; (f) Perspectives in Disability Prevention; (g) Population-based Planning: Emerging Approaches in Chronic Care; (h) The Primary Care Team: Cornerstone of a Chronic Care Network; (i) Risk Sharing Arrangements Across the Continuum; (j) State-of-the-Art in Network Performance Measurement; (k) Progressive Practices in System Integration and Chronic Care Management; (l) Integrated Patient Care; and (m) The Evolution of a Chronic Care Network.
- **Chronic Care Integration Toolboxes** for: (a) Care strategies for managing high-risk populations; (b) Chronic Care Management; (c) Congressional Resource Guide; (d) Extended Care Pathways; (e) Integrated Pharmaceutical Care; and (f) Serving the Dually Eligible.
- **CareLink Subscription** – A monthly synthesis of findings from scientific literature, trade journals across the industry and healthcare policy, research and demonstration reports on strategies and methods for advancing care integration for persons with chronic conditions.
- **Tools for Assessment and Treatment of Dementia in Managed Care Settings** to assist members in implementing new models of comprehensive, coordinated care for people with Alzheimer's disease and related disorders.
- **Minnesota Senior Health Options Resources** to support MSHP health plans and care systems in establishing integrated care, to include: (a) *Care Management for the Frail Elderly*; (b) *Self-Efficacy/Self-Health Care Among Older Adults: A Literature Review*; (c) *Provider Survey Report: 2000 Survey of MSHP Care Coordinators, Nurse Practitioners and Physicians*; (d) MSHP Clinical Forum Proceedings of multiple topics; (e) 1997 Focus Groups with Health Plans And Care Systems to highlight early learning; and (f) *Focus Groups With Clients* on care integration, including videotape, enrollee *Guide and Findings Report*.
- **Published Articles**, including: (a) *Integrating Care for People With Chronic Conditions, 1995*; (b) *Chronic Care Fact Sheet 1995*; (c) *The Chronic Care Challenge: Right Care, Right Time, Right Place, NCCC, 1999*; (d) *You Have NOT Yet Begun to Integration: Health Systems Review*; and (e) *Modernizing Medicare for People with Chronic Conditions, NCCC, 2001*.

Public Policy Initiatives

- In 1993, proposed policies, as requested by senior White House staff working for Hillary Rodham Clinton, calling for immediate demonstration of new chronic care financing and delivery systems to provide all aspects of a member's care through integrated financing and delivery structures, including establishment of demonstrations for: (a) integrated acute and long-term care networks; (b) capitated, condition-based and population-based pooled financing; (c), incentives for disability prevention; (d) equitable risk sharing; (e) various regulatory flexibilities; and (f) CCNs for dual eligibles. Demonstration proposals containing these elements were included in the Clinton Health Care Reform proposal presented to Congress but that ultimately did not pass.

- In 1994, Senator Durenberger introduced legislation on behalf of the NCCC to establish national demonstrations and commission on integrating acute and long-term care.
- In 1995, Chronic Care Act introduced on behalf of the NCCC to consolidate the administration, financing, and oversight of healthcare services provided by an integrated network. Proposals were introduced by key members of Congress from the Chronic Care Act for inclusion in Balanced Budget Act of 1995, included: (a) expanding Medicare Managed Care Options permitting allowing Provider-Sponsored Networks to contract directly with Medicare and to be exempt from traditional insurance laws; (b) implementing Dually Eligible Demonstration Programs to develop models for integrating primary, acute and long-term care services through integrated care networks; (c) requiring MedicarePlus Plans to implement quality assurance programs to monitor high-volume and high-risk acute care and chronic care services; and (d) replacing the AAPCC payment methodology with a formula establishing a blended rate of national and regional costs.
- In 2000, the Chronic Illness Care Improvement Act was introduced, to serve as blueprint for comprehensive reform in care of the chronically ill. Legislation introduced to establish a complex care management fee for physicians specializing in care of complex care patients that later evolved into a national chronic illness care demonstration. Legislation was passed directing MedPAC to study the adverse effects of federal legislation in care of those dually eligible for Medicare and Medicaid.
- In 2001, held Congressional staff briefing on chronic illness care reform, resulting in greater awareness of the multi-dimensional care needs of people with chronic conditions and provisions in Medicare and Medicaid law, enabling overall improvements in cost and quality performance.
- Members testified at hearings by the Senate Finance Committee and the Health Subcommittee of the House Ways to identify ways to move chronic illness care innovation beyond demonstration.
- March 2002, hosted national Working Session on regulatory reform to improve care for persons with chronic conditions, in collaboration with CMS, ASPE, RWJF, Health Policy Alternatives, Institute of Medicine, and AARP.

Education

- One of six national partners in Partnership for Solutions, an initiative of Johns Hopkins that provided breakthrough information from national survey on chronic illness in America.
- Served as principal advisory and panelist for PBS special, "Who Cares: Chronic Illness in America."
- NCCC staff and Board members served on multiple national boards, expert panels and advisory committees and provided testimony on a broad spectrum of studies in chronic illness care reform.
- Published multiple articles in scientific, professional and trade organizational journals across the spectrum of healthcare disciplines and industry segments on the NCCC agenda and relate work efforts.
- Hosted multiple national conferences and participated in the full spectrum of other national conferences for professional and trade organization on the NCCC agenda and related work.
- Published and widely disseminated a broad spectrum of tools, issues briefs, case studies, manuals, tapes and resource material for general use across the spectrum of healthcare disciplines.