

Chronic Condition Special Needs Plans (C-SNPs) Deliver Better Outcomes for High-Risk Patients

by Hank Schliissberg, President, DaVita Health Solutions

Focusing on our nation's high-risk, high-cost patients is one of the most critical investments we can make. Our nation's most vulnerable patients—those with 5 or more chronic conditions who are among the biggest consumers of health care services—[drive 41 percent](#) of U.S. health care spend despite the fact that they only represent 12 percent of our population. These patients typically visit 20 doctors and fill 51 prescriptions on average each year. It's no wonder that 1 in 3 of these patients [visit the ER](#) at least once per year, 1 in 4 [is hospitalized](#) at least once per year, and 1 in 5 of those hospitalized [is readmitted](#) within 30 days.

Traditional care models rely on primary care provider (PCP) office visits that [average 15 minutes](#) per visit. As a result, PCPs often do not have the appropriate time required to effectively support complex patients who suffer from multiple conditions. The PCP office is also not an optimal location for sensitive conversations such as palliative care. While doctors universally want to do the right thing for all patients, they are not often equipped to care for poly-chronic individuals because of the constraints of our current health care system.

Health plans continue to innovate to ensure their sickest members get access to quality care at a lower cost

While health plans hold the financial risk for their members, they are not at the point of care. They are therefore seeking partnerships that encourage new care models and the right financial construct to support them. Local providers are working to build capabilities to manage risk the best they can across broad populations of the relatively healthy and the sick, which results in subscale capabilities and unique infrastructure replicated provider by provider. In parallel, new entrants are creating single disease specific solutions to manage individual high-cost diseases like diabetes, hypertension, heart failure, chronic kidney disease and COPD/asthma. The challenge is that these solutions do not address the patient holistically because high-risk, high-cost patients rarely have just a single chronic condition. They often have multiple diseases and related challenges like depression and social issues.

The highest risk patient populations require a tailored, comprehensive and more intensive approach to address multiple chronic conditions simultaneously, across an entire market at scale. And it requires a funding model that rewards success sufficiently to cover the high cost of the high-touch care model required. This funding approach, just like the investment approach and care model, must be carved out of the traditional risk pool that most payors and at-risk providers are managing.

C-SNPs are a proven vehicle for health plans to address high-risk Medicare populations

In the midst of these market dynamics, the federal government continues to proactively establish vehicles, such as C-SNPs, to better care for high-risk populations. C-SNPs are Medicare Advantage (MA) coordinated care plans (CCP) for special needs individuals with specific severe or disabling chronic conditions.

The Centers for Medicare & Medicaid Services (CMS) [defines](#) special needs individuals with severe or disabling chronic conditions as those “who have one or more co-morbid and medically complex chronic conditions that are substantially disabling or life threatening; have a high risk of hospitalization or other significant adverse health outcomes; and require specialized delivery systems across domains of care.” Individuals with any of CMS's 15 approved chronic conditions (e.g., cardiovascular disorders, chronic heart failure, diabetes, end stage renal disease, chronic lung disorders and stroke) are eligible for C-SNP CCP benefits.

C-SNPs can benefit health plans by:

- Creating net new MA members
- Leveraging their existing infrastructure (provider network, billing and claims structure) and sales and marketing teams who can enroll year round vs. only in the annual election period

- Separating the highest risk members from the populations being delegated to local providers who aren't equipped to manage them at scale
- Isolating the risk pool to align high-touch, personalized care models and partnerships with the highest needs patients

As of October 2018, 22 unique health plans [offer](#) 132 C-SNPs that serve nearly 364,000 members.

Why more health plans aren't launching C-SNPs

Health plans have historically been too far from the point of care to impact these members so they have either shied away from high-risk members within traditional MA or relied on their local provider networks to manage them within the broader risk pool and in a subscale way (each provider creating their own subscale capabilities and infrastructure). And of course, it is very difficult and expensive to appropriately manage the highest risk poly-chronic members.

Another approach is to partner with one provider with specialized capabilities and infrastructure, across an entire local market or region to help manage the risk and care for their poly-chronic members. There are established care partners who are structured to work with a health plan's local provider networks and take full risk for poly-chronic member populations. This is often a better solution to one-off carve-outs by disease state or subscale solutions. These providers deliver the care in a coordinated and personalized way, working with local PCPs and specialists as opposed to replacing them. It can be built at scale across an entire market, which is better for the members and system. There is little or no risk to a health plan because these providers will often assume full risk for the C-SNP members.

DaVita Health Solutions is helping to pave the way for health plan and provider C-SNP partnerships

DaVita Health Solutions is DaVita's newest entrant into the high-risk, poly-chronic patient care arena. It has already proven that its first regional health plan partnership—which served 7000 members with four or more chronic conditions in a full risk arrangement—could drive significant [results](#) (e.g., 10-15 percent fewer ER visits, 35-40 percent fewer hospitalizations, 15-20 percent lower cost of care, 91 percent member satisfaction).

With a proven care model that is centered within the home and post-acute care settings to meet patients when and where they most need care, DaVita Health Solutions is uniquely positioned to partner with health plans to launch C-SNPs that serve poly-chronic members. In addition, DaVita participates in 12 ESRD C-SNPs today in partnership with three health plans and is the only provider to participate in the C-SNP program consecutively since its inception as a CMS demonstration project in 2006.

DaVita Health Solutions is looking to actively grow its health plan partnerships – whether through traditional risk-based population health programs that address existing poly-chronic members or through CMS's established C-SNP programs that create and care for new members.

Health plans must act now—intent to enroll deadline is fast approaching

The open enrollment period to submit a non-binding application of intent to enroll for C-SNPs in 2020 ends on January 25, 2019. We encourage our health plan partners to take advantage of the option to apply for future C-SNPs, which are proven vehicles for growing MA members in a highly scalable way. By partnering with DaVita Health Solutions, health plans have the opportunity to benefit from an experienced care provider with the scale to take full risk across poly-chronic member populations.

Learn More

Download our [infographic](#) or visit our [website](#) to learn more about our C-SNP partnerships.