CMS' Chronic Care Improvement Programs (CCIPs): Impact on MNT and Dietetic Professionals and Member Outreach and Communication Plans

By: Mary Ann Hodorowicz, RD, LD, MBA, CDE
Mary Ann Hodorowicz Consulting, LLC
Reimbursement Chair, Illinois Dietetic Association and
Nutrition Entreprenuers DPG

Purpose of Article

1) Provide an update on the Centers for Medicare and Medicaid's CCIPs
2) Share ADA's plans for member outreach and communication, and
3) Ask if YOU can help meet any of ADA's ***immediate needs*** in its ongoing effort to promote MNT as part of established disease management within the CCIPs.

ADA and Affiliate Leader Conference Call on CMS' CCIPs

I attended a conference call with ADA, headed by Pam Michael, MBA, RD, Director, Coverage Team, Policy Initiatives & Advocacy on **January 20, 2005.** Attendance was by invitation only, so as to target members with experience in pursuing our Medicare MNT benefit. Agenda items included:

1) Review of CMS' CCIPs: goals and components
2) Review of MNT component, evaluation requirements and impact of RDs' participation in CCIPs
3) Identify affiliate leader/member for each affiliate who will be ADA's contact
4) Discuss and identify ways to inform and involve ADA members in CCIPs: what is best way to communicate with affiliate members…via their BOD updates, meetings, newsletters, Web site, other
5) Identify RDs who have communicated with CCIP companies to date
6) Make plans for member outreach and involvement to promote MNT in the disease management protocols of the CCIPs

ADA Needs Your Immediate Help With Regard to CCIP

As ADA continues to promote MNT with the nine CCIP companies contracted with CMS to provide diabetes and CHF disease management intervention, it has asked for our help, asap! ADA (specifically Pam Michael) would like each local/district/state affiliate dietetic association and/or DPG to identify:

1) Grassroots RDs who have participated at the local level with the nine companies to help develop their disease management protocols for diabetes, CHF and/or COPD.
2) RDs who have contracts, and/or employment with those companies, or who work in local healthcare facilities that have contracts with these companies
3) Whether any of these nine companies have collaborated with local, district or state dietetic associations, and/or individual members, to help develop their disease management protocols for diabetes, CHF and/or COPD which include MNT
4) Within each state dietetic association, a "point person" with whom ADA can set up a chain of communication in order to effectively disseminate future information to the affiliate association members about CMS' CCIP and MNT

Organizations and Locations

CMS has recently awarded contracts to these nine healthcare organizations to provide the CCIPs throughout the country:

1) Aetna Health Management in Chicago
2) American Healthways Inc. in the District of Columbia and Maryland
3) CIGNA HealthCare in Georgia
4) Health Dialog Services Corporation in Pennsylvania
5) Humana, Inc. in Central Florida
6) LifeMasters Supported SelfCare, Inc. in Oklahoma
7) McKesson Health Solutions in Mississippi
8) Visiting Nurse Service of New York in partnership with United HealthCare Services, Inc - Evercare in Queens and Brooklyn in New York City
9) XLHealth in Tennessee

If you can help with 1 – 4, please contact me as soon as possible at **hodorowicz@comcast.net** or via my website: **www.maryannhodorowicz.com** or call me direct at: **708-359-3864**

Overview of CMS' CCIP

The Medicare Modernization Act of 2003 authorized development and testing of the Voluntary Chronic Care Improvement Programs (CCIPs) to improve the quality of care and quality of life for beneficiaries living with expensive and debilitating chronic illnesses. The first three illness targeted are diabetes, congestive heart failure and chronic obstructive pulmonary disease.

Each of the local CCIPs, delivered by select healthcare organizations, will have developed their own detailed and specific *disease management protocol* (DMP) for these three diseases, the application of which are expected to:

1) Provide savings to Medicare and beneficiaries
2) Help beneficiaries adhere to their physicians' plans of care
3) Help beneficiaries obtain the medical care and Medicare-covered benefits that they need to reduce their health risks

The CCIPs will include collaboration with the beneficiaries' health care providers to enhance care. A CCIP "point person", such as a disease case manager, will coordinate referrals to providers of the disease management components. And we want this to include MNT by a RD! By adhering to *disease management protocol*s, the CCIPs are intended to:

1) Increase adherence to evidence-based care and behavior change models
2) Reduce unnecessary hospital stays and emergency room visits
3) Help participants avoid costly and debilitating complications
4) Help participants in managing their health holistically, including all co-morbidities, relevant health care services and pharmaceutical needs
5) Utilize local community resources and local provider networks

Phase I and II

Phase I of the CCIP is a pilot phase that will operate for three years and be evaluated through randomized controlled trials. The first program is expected to be operational in spring of 2005 with others to follow. Phase II is the expansion phase.

Within two to three and a half years after Phase I, CMS will be required by law to evaluate each of the CCIP companies. The providers are expected to collect key data as they apply the pre-established diabetes, CHF and COPD *disease management protocols* to the targeted beneficiary

intervention group. This data will be examined by CMS in order to determine if the CCIPs, and their providers, met the conditions laid out in the statute for expansion into Phase II:

1) Improving beneficiary's clinical outcomes
2) Increasing beneficiary and provider satisfaction outcomes
3) Showing positive financial outcomes (cost savings to CCIP)
4) Meeting Medicare spending targets for the targeted beneficiaries with these diseases

Role of MNT and the RD

Congress included **medical nutrition therapy** (**MNT**) as one of the education components that *can be* included in the *disease management protocols* established by the CCIPs. But MNT was not mandated. When MNT is included, it can give dietetics professionals new and exciting opportunities for career growth, and help ensure the growth of our profession. As part of the CCIP requirements, CMS expects all providers of service, including RDs, to comply with evidence-based practice, to document and evaluate outcomes, and to apply this practice-based evidence to improve the quality and delivery of care.

The American Dietetic Association and several affiliate dietetic association groups have made a concerted effort to ensure that MNT, provided by registered dietitians (RDs), is offered as a component in the disease management protocols written by the nine contracted CCIP companies. The ADA has stated that MNT has been written into at least one of the pilot CCIPs. MNT outcome data is greatly needed to support the need and value of MNT, so that RDs are included in cost-effective disease management interventions. If the nine companies cannot demonstrate positive outcome criteria, their MNT or other CCIP services may not be extended by CMS into Phase II (beyond 2009).

Next Steps for RDs

As has been proven true with Medicare in the past, ADA cannot "do it all". Grassroots RDs at the local level can be highly effective in helping ensure that MNT is included in the disease management protocols for diabetes, CHF and COPD written by the CCIP companies. How? By speaking with representatives of these nine companies in their own areas! RD practitioners who have contracts, and/or employment with these companies are in a great position to help put MNT on the companies' radar screens.

Our profession has worked for nearly 35 years to be recognized within Medicare. If MNT outcome data in Phase I is lacking, our future as Medicare providers of expanded MNT can be jeopardized, as can our position within private health care plans. Dietetics professionals have much more to lose than CCIP administrators if the MNT component of the disease management protocol is not extended into Phase II. Critical activities needed to demonstrate positive MNT outcomes within Medicare and the disease management protocols include:

- Collect outcomes data for each beneficiary who receives MNT services
- Follow the Nutrition Care Process and Model when providing MNT
- Use proven tools such as the ADA MNT Evidence-Based Guide for Practice

I hope you share in mine and ADA's optimism about the impact of CMS' CCIPs programs on the lives of seniors and the potential expansion of these programs to more beneficiaries in the future. At the risk of sounding self-serving, I feel the real excitement is for RDs who may be on the threshold of a new and very large MNT referral base, and expansion of Medicare-reimbursed MNT. Please help…it's our business and our future!