



STUDY: Medi-Cal Whole Person Care Pilot Program Improved Care For High-Risk Patients

A recent [University of California-Los Angeles \(UCLA\) study](#) found that California's Whole Person Care (WPC) pilot program, which started in 2016 and ended in 2021, helped improve coordination of care and cut Medi-Cal costs for the state's highest-risk patients.

The study shows how health plans' role in the WPC program, which formed the basis for many efforts that are now part of the California Advancing and Innovating Medi-Cal (Cal-AIM) initiative, was critical to helping California's most vulnerable residents get the quality health care they need.

The study found that under the WPC pilot program, there was a decrease in the number of Medi-Cal enrollees who were hospitalized or treated in emergency rooms, and an increase in the number of enrollees who received help for substance use issues and specialty-care services.

The WPC pilot program focused on those who frequently used health care services including those who are homeless or at risk of homelessness, and those with chronic conditions or mental illness. The program enrolled more than 247,000 Medi-Cal beneficiaries statewide. The program covered 26 California counties, including 25 local pilot initiatives.

Some of the key findings of the UCLA study include:

- "The program promoted engagement with WPC partners through consistent communication, consensus on strategic priorities and, at times, state-provided financial incentives."
- "The program developed appropriate infrastructure and processes to support effective care coordination."
- "Compared to similar high-risk Medi-Cal beneficiaries who weren't enrolled in the WPC program, enrollees had 45 fewer hospitalizations and 130 fewer emergency department visits per 1,000 beneficiaries per year, and their estimated Medi-Cal payments were, on average, \$383 less per beneficiary per year."
- The WPC program "invested in promoting meaningful and diverse partner engagement and buy-in through consistent communication, consensus on strategic priorities, and/or financial incentives."
- The WPC enrollees "had an overall reduction in emergency department visits and hospitalizations and an increase in long-term stays relative to the control group."
- The WPC enrollees "had a reduction in overall estimated Medi-Cal costs... The examination of costs for relevant categories of service showed that the decline in overall costs was likely accomplished through a decline in hospitalizations, outpatient services, and emergency department visits."

The report notes that all WPC Pilots or partners have now transitioned to providing "Enhanced Care Management" and/or "Community Supports" under Cal-AIM. The study's findings show the potential for these programs, in coordination with Medi-Cal managed care plans, to result in better care, better health outcomes, and lower costs in Medi-Cal.

