

Leveraging Policy Opportunities to Expand Care Coordination and the Impact for SBHCs

Presentation:

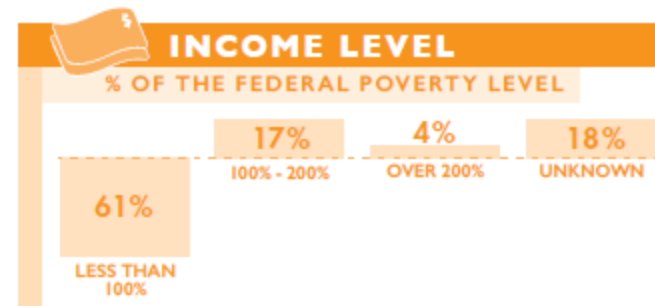
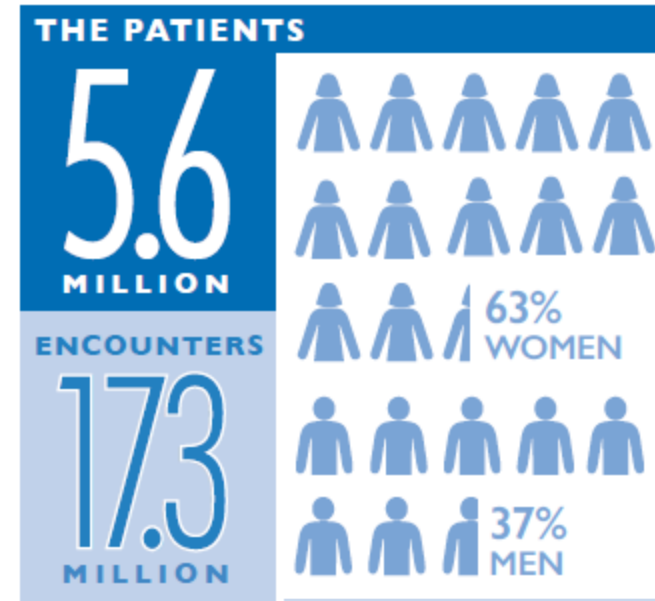
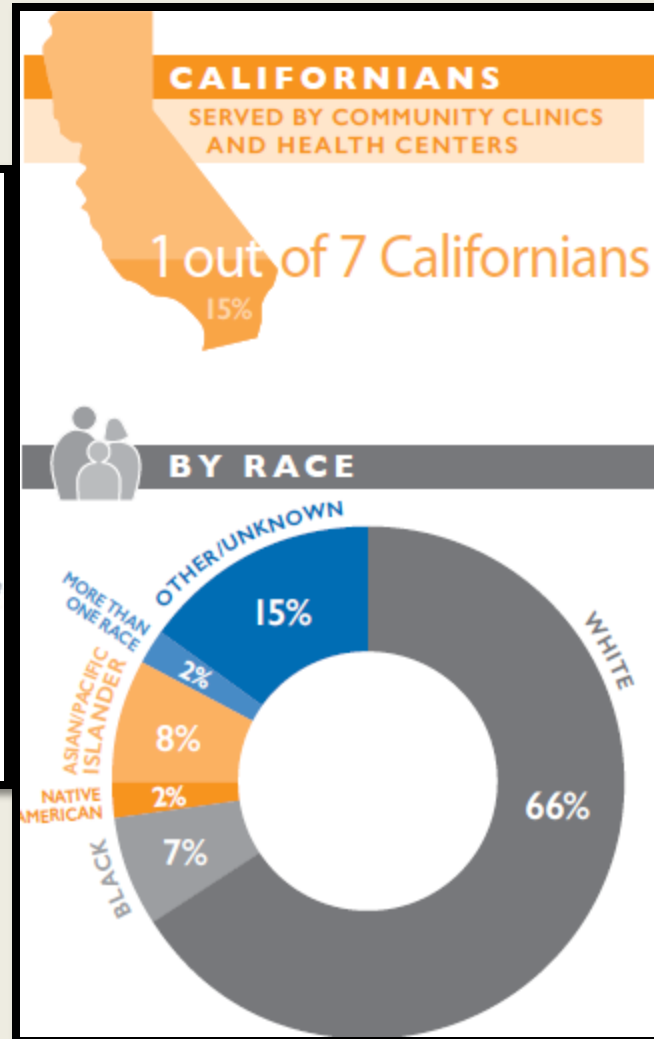
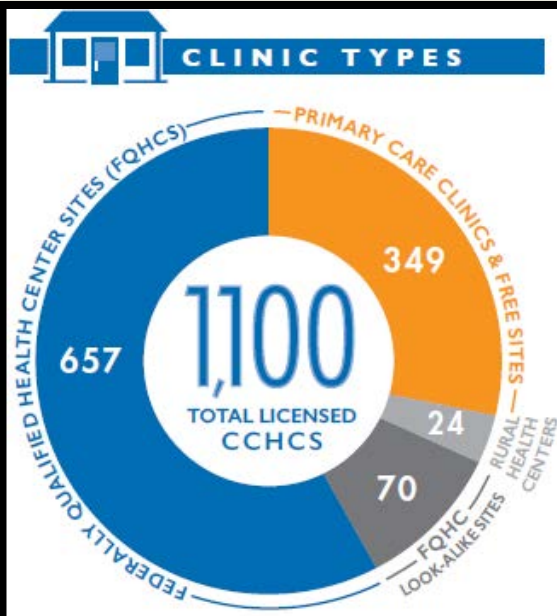
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CPCA: Who We Are





Laying the Foundation





Benefits for Women

Providing insurance options, covering preventive services, and lowering costs.

Young Adult Coverage

Coverage available to children up to age 26.

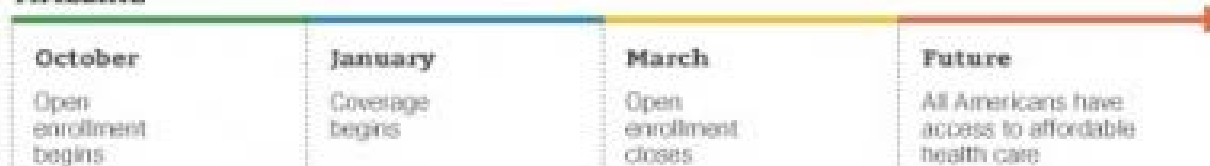
Strengthening Medicare

Yearly wellness visit and many free preventive services for some seniors with Medicare.

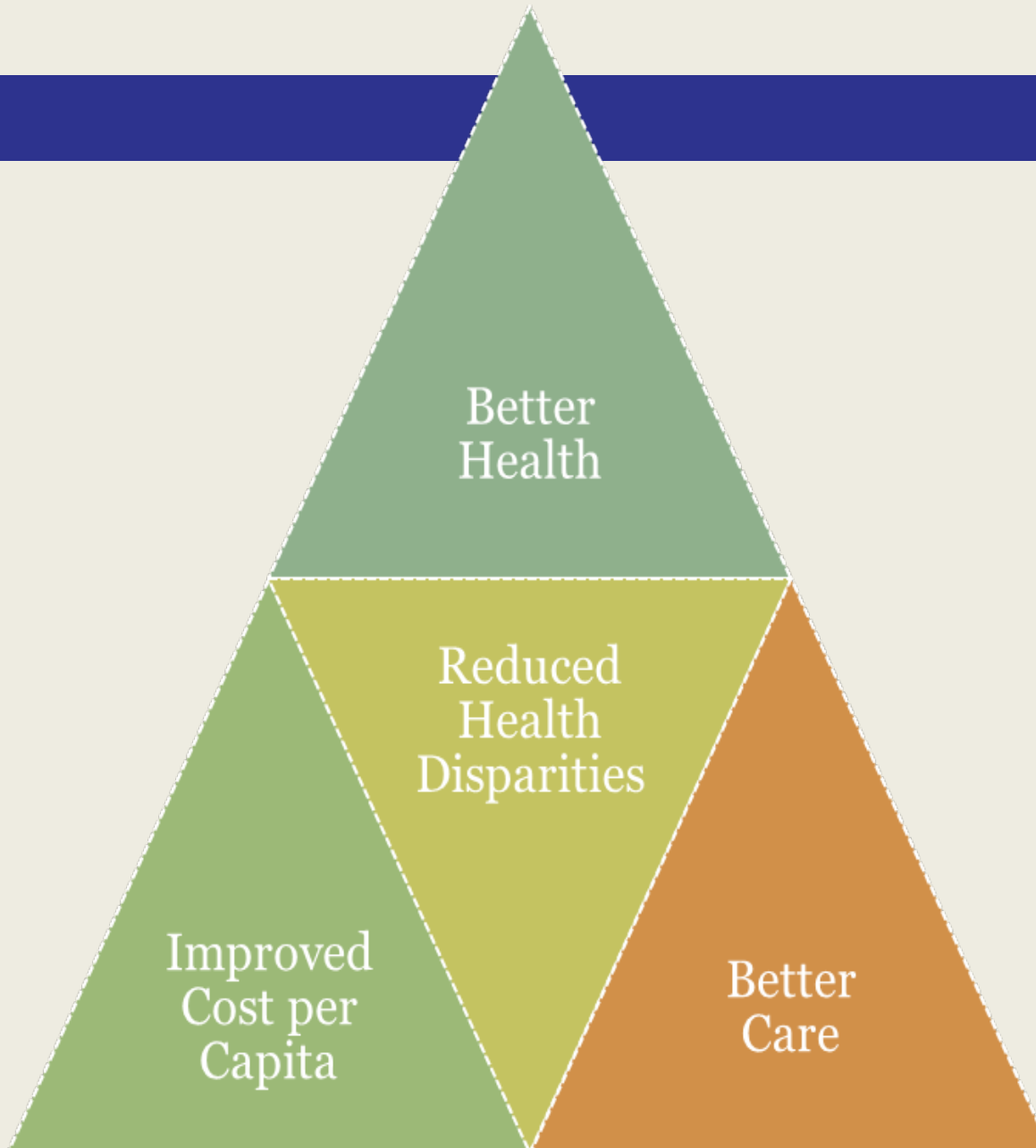
Holding Insurance Companies Accountable

Insurers must justify any premium increase of 10% or more before the rate takes effect.

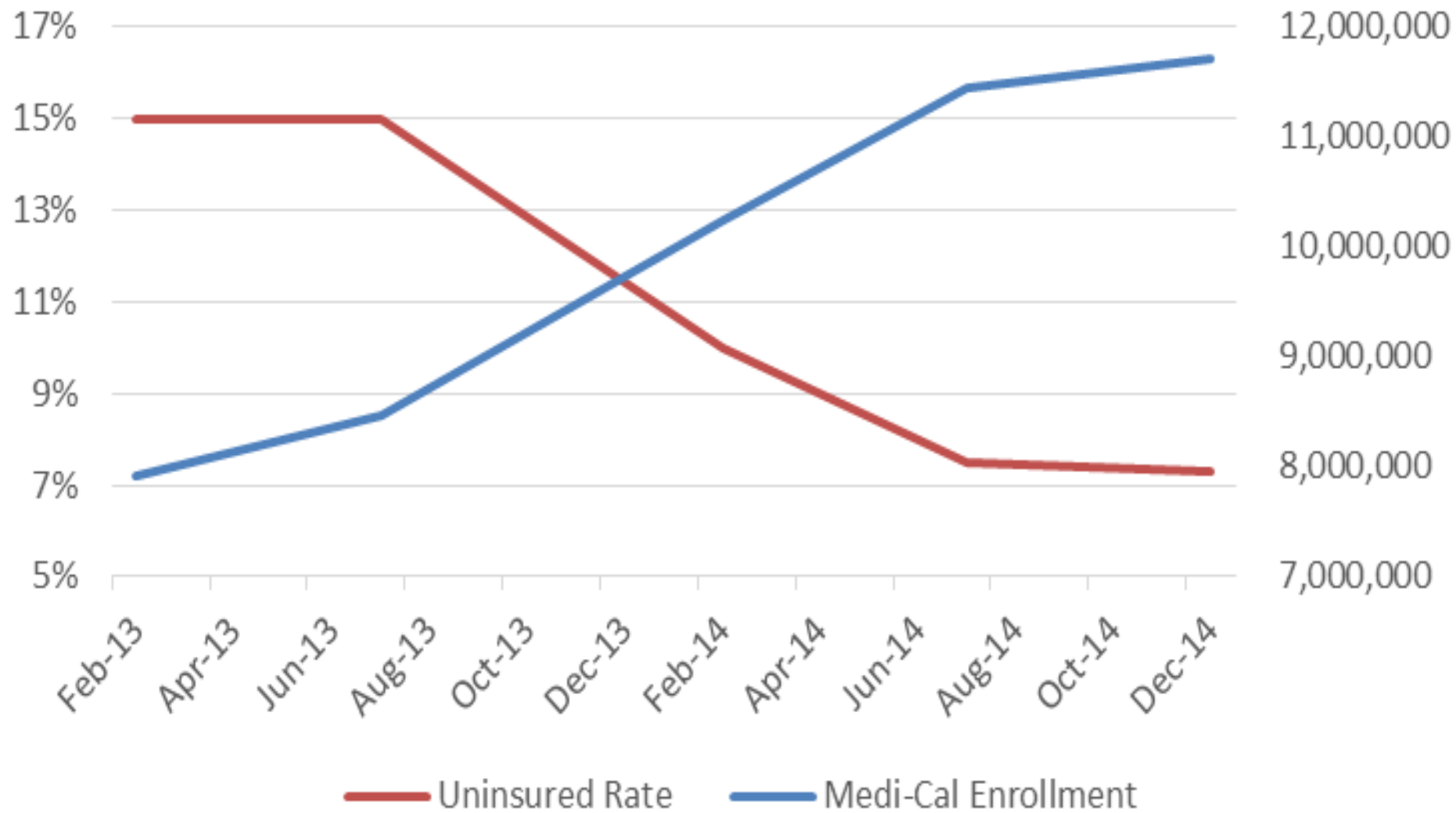
TIMELINE



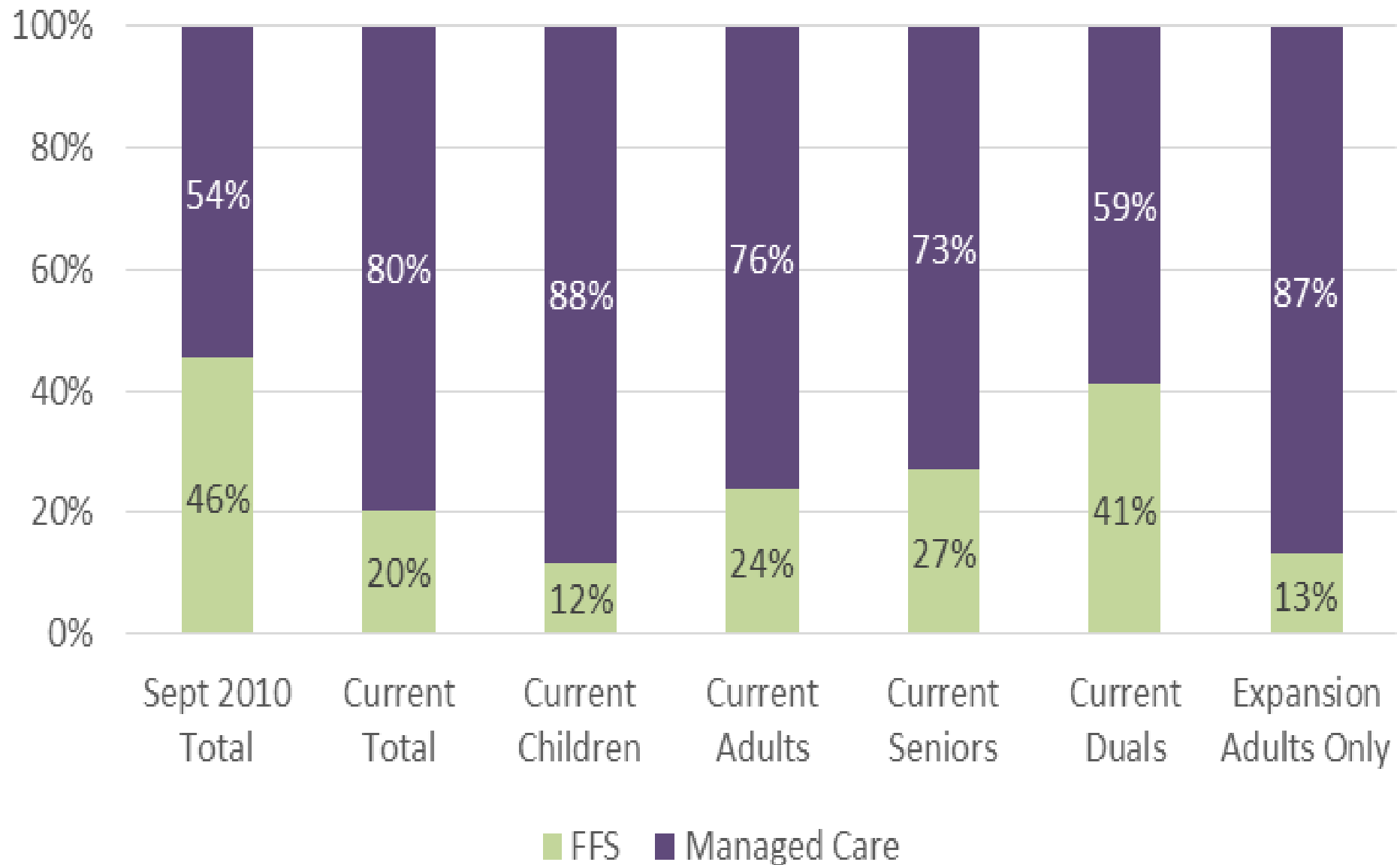
The “Triple Aim”

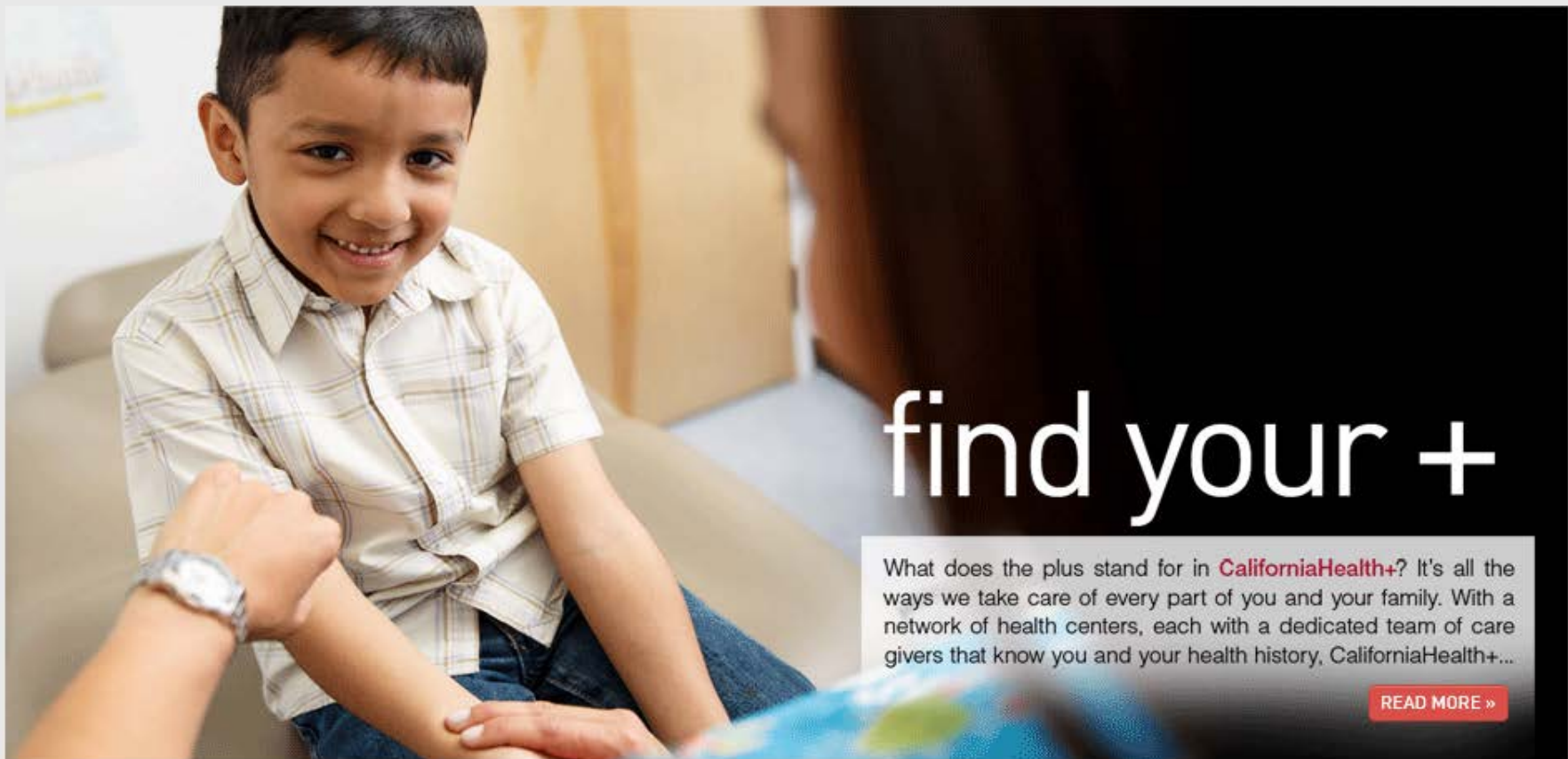


Uninsured Rate & Medi-Cal Coverage Trends



Managed Care Enrollment





find your +

What does the plus stand for in **CaliforniaHealth+**? It's all the ways we take care of every part of you and your family. With a network of health centers, each with a dedicated team of care givers that know you and your health history, CaliforniaHealth+...

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health+ center

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access
care + coverage

maintain
your health+

The Whole Person Care Movement



Whole Person Health focuses on the ENTIRE person:

- Primary care
- Social supports
- Dental
- Mental
- Substance Use
- Patient/Family engagement
- Housing
- Social Environment

Shifting Priorities

What's Driving Change?:

- Unsustainable cost growth in Health Care
- Relentless pressure on state and federal budgets
- Increase in insured individuals
- Additional mandatory benefits through Medi-Cal



Policy Goals:

- Shift from volume to value based purchasing
- New payment and care delivery models
- Providers/plans required to demonstrate value through improved outcomes, quality, and efficient use of data
- Emphasis on access to care, prevention, and proactive management of chronic disease
- Adoption of "Triple Aim" principles
- Increased focus population health



Major Policy Initiatives



Major Opportunities for Primary Care Transformation

1. CalSIM
2. Section 2703 Health Home Demonstration
3. 1115 Waiver
4. Payment Reform
5. State Legislative Efforts



California State Health Care Innovation Plan

The California Innovation Plan includes four initiatives and six building blocks, which are collectively designed to achieve savings within three years, as well as to catalyze longer term transformations of the health care delivery system. The Innovation Plan brings together leadership from California's public and private sectors to work together to implement these initiatives and building blocks.

The Innovation Plan has three overarching goals designed to advance the Triple Aim:

1
Reduce health care expenditures regionally and statewide.

2
Increase value-based contracts that reward performance and reduce pure fee-for-service reimbursement.

3
Demonstrate significant progress on the Let's Get Healthy California dashboard.

TRIPLE AIM

Lower Costs

Better Health Care

Better Health

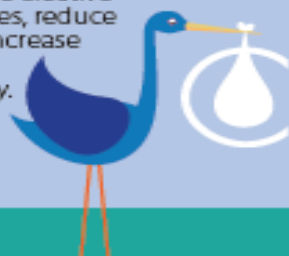
Let's Get Healthy California (LGHC) is the foundation for the Innovation Plan. LGHC identifies six goals to create health and achieve greater health equity: Healthy Beginnings, Living Well, End of Life, Redesigning the Health System, Creating Healthy Communities, and Lowering the Cost of Care.

INITIATIVES

MATERNITY CARE

ISSUE C-sections are more costly than vaginal deliveries and can lead to adverse maternal outcomes. C-sections have increased from 22% to 33% from 1998-2008.

GOAL Reduce elective early deliveries, reduce C-sections, increase Vaginal Birth After Delivery.



HEALTH HOMES FOR PATIENTS WITH COMPLEX NEEDS (HHPCN)

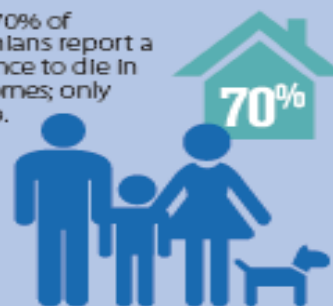
ISSUE 14 million CA adults have 1 or more chronic conditions. 5% of CA population accounts for over 50% of health care expenditures.

GOAL Expand HHCP model to provide high-risk patients with better coordinated care.



PALLIATIVE CARE

ISSUE 70% of Californians report a preference to die in their homes; only 32% do.



GOAL Better align care with patient preferences with new benefit and payment approaches.

ACCOUNTABLE COMMUNITIES FOR HEALTH (ACH)

ISSUE More than 75% of health care costs are due to chronic diseases, which are highly preventable, and in which significant racial and ethnic disparities exist.

GOAL Pilot ACCs to improve the health of the entire community by linking community prevention activities with health care.



BUILDING BLOCKS

WORKFORCE

ISSUE Fewer than 25% of the state's medical graduates enter into primary care. More demand is expected as up to 5.9 million Californians gain insurance coverage.

GOAL Enhance training opportunities for key healthcare workforce personnel. Expand and integrate the use of frontline and lower cost health workers such as community health workers.

HEALTH INFORMATION TECHNOLOGY & EXCHANGE (HIT & HIE)

ISSUE HIT and HIE are vital components for achieving greater health care clinical integration and efficiency and improving quality and accountability. While adoption of electronic health records is increasing, gaps remain across the state.

GOAL Continue California's strong track record and improve the spread and use of HIT and HIE.

ENABLING AUTHORITIES

ISSUE There may be rules and regulations that impede implementation of the initiatives and building blocks.

GOAL Explore any changes in authorities that could facilitate faster, broader or deeper spread of transformation.

ROAD OPEN

NO DETOUR

COST AND QUALITY TRANSPARENCY DATABASE

ISSUE Lack of a central reporting system makes it difficult to track overall cost and quality of care.

GOAL Create a robust reporting system that promotes transparency and monitors trends in health care costs and performance.

PUBLIC REPORTING

ISSUE Greater public reporting is needed to enhance transparency and accountability to spur competition and improvement.

GOAL Create a vehicle for monitoring LGHC indicators and Innovation Plan initiatives.

PAYMENT REFORM INNOVATION INCUBATOR

ISSUE Continued innovations are needed to achieve the goals of the Innovation Plan.

GOAL Develop, implement, evaluate, and spread successful payment reforms to better align incentives and reward value.

ACCOUNTABILITY

The Innovation Plan's key initiatives and building blocks will be implemented and monitored by state, federal, and private purchasers. The Secretary of Health and Human Services, along with key partners, will host annual regional meetings with the heads of hospitals, health plans, county health departments, physician groups, and others to review progress on regional metrics. These meetings will also provide an opportunity for information sharing regarding early successes and challenges.

KEY PARTNERS

Academia • Advocacy Organizations • Behavioral Health Providers
California Health and Human Services Agency and its Departments
California Public Employees' Retirement System • Clinics
Community-Based Organizations • Community Health Workers/Promotors • Consumers • Covered California • Employers
Foundations • Hospitals • Labor • Local Governments • Other Providers
Payers • Physician Organizations • Public Health



Section 2703





The Key Pieces

~~The California State Innovation Model
(CaSIM)~~

+

Section 2703

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**CA Health Homes for Patients with
Complex Needs (HHPCN)**

Section 2703 – Health Homes

- What is Section 2703?
 - Section 2703 of the ACA
 - Targets Medicaid patients with chronic conditions
 - Funding for 2 years
 - 90% Federal/ 10% State funding
 - The California Endowment contributing California's 10%

Section 2703 Overview

What can Section 2703 fund?

- Comprehensive care management
- Care coordination
- Health promotion
- Comprehensive transitional care & follow-up
- Patient and family support
- Referral to community and social support services

Services not already funded by Medicaid



Key CA HH Components

1. Care coordination
2. Palliative Care Integration into Primary Care
3. Community linkages
4. Team based care (with CHWs)
5. Focus on high risk of chronic disease
6. Sufficient workforce capacity & provider choice
7. Focus on homeless populations (AB 361)
8. Integration of physical/behavioral health

DHCS Goals

1. Net cost avoidance within 2 years
2. Maximize federal participation
3. Avoid duplicative payment
4. Create “synergy” with Coordinated Care Initiative
5. Focus on high cost beneficiaries with high utilization
6. Wrap HHP around existing care delivery models

Proposed Payment Model

MEDI-CAL MANAGED CARE PLANS (MCPs)

Mandatory: MCP and MMP in target HHP counties

Optional: MHP and county integrated MH/SUD plans in target HHP counties



COMMUNITY-BASED CARE MANAGEMENT ENTITIES (CB-CMEs)

Qualifying organizations include: Community health centers, community mental health centers, hospitals, local health departments, primary care or specialist physician or group, SUD treatment providers, providers serving individuals experiencing homelessness or those diagnosed with HIV/AIDS, or other organizations who meet CB-CME requirements and are selected by the MCP



COMMUNITY AND SOCIAL SUPPORT SERVICES

Sample organizations could include supportive housing providers, food banks, employment assistance, social services



What Now?

Build relationships with potential partners:

- Local Community Clinic Consortia
- Managed care plans
- County Behavioral Health
- Health care providers
- Hospitals
- Housing

Engage in Statewide Conversation: DHCS, CPCA



1115 Waiver Renewal



1115 Waiver: What is it?

Purpose: demonstrate/evaluate policy approaches for...

- Expanding eligibility
- Providing services beyond Medicaid
- Using innovative service delivery systems
- Must be "budget neutral"
- 5 year period

1115 Waiver: “Medi-Cal 2020”

Six approaches in California’s Waiver Renewal:

1. Managed Care Systems
2. Fee-for-Service
3. Public Safety Net System
4. Access to Housing and Supportive Services
5. Whole Person Care
6. Workforce Development

1115 Waiver: “Medi-Cal 2020”

- **Managed Care Systems:**
 - Financial incentives for non-traditional services (such as housing support)
 - Encourage MCPs to offer incentives to providers for primary care and behavioral health integration
- **Fee-for-Service: focus on dental and maternity**
 - Incentives for FFS dental providers to see Medi-Cal patient
 - Bonus payments to hospitals that meet quality thresholds for maternity

1115 Waiver: “Medi-Cal 2020”

- Public Safety Net Transformation:
 - Delivery System Reform Incentive Program (DSRIP)
 - 21 public hospitals + 42 non-designated districts
 - Projects in five core domains, including:
 - (1) Systems Redesign;
 - (2) Care Coordination;
 - (3) Prevention;
 - (4) Resource Utilization; and
 - (5) Patient Safety



1115 Waiver: “Medi-Cal 2020”

- Access to Housing:

- Support for finding and maintaining housing for 60k pts
- MCP financial incentives to participate in housing strategies and pay for non-traditional Medi-Cal services

- Whole Person Care



- Regional pilots select target population, define patient centered care, identify social supports, include shared evaluation metrics, and work with DHCS on \$
- Requires behavioral health component

1115 Waiver: “Medi-Cal 2020”

- Workforce

- Targeted funding to existing and new residency programs
- \$ to Medi-Cal providers for adding beneficiaries
- Telehealth
- Non-physician community providers
- Voluntary training for licensed and unlicensed providers for
 - Screening, Brief Intervention and Referral to Treatment (SBIRT),
 - mental health & substance use,
 - LTSS,
 - palliative care





Payment Reform





Payment Reform

- CPCA and CAPH co-leading
- In partnership with DHCS and Plans
- Legislation: SB147 (Hernandez)
- Start date: Anticipated 2016
- Length: 3 Years
- Voluntary

Big Picture Goals

DHCS Goals:

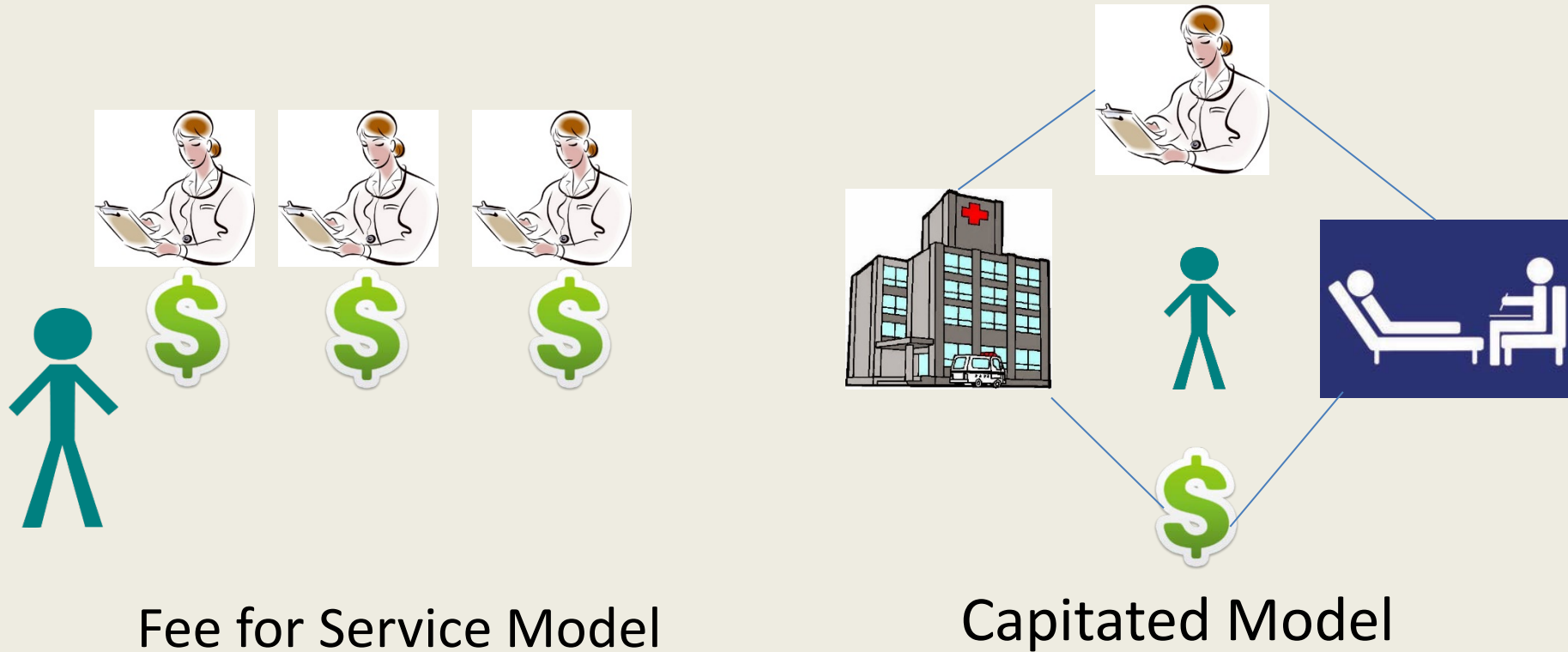
- 1. Bend the Cost Curve**
- 2. Improved Quality of Care**
- 3. Care Transformation**
- 4. Increased Access**

Our Additional Goals

- 5. Social Determinants**
- 6. Success!** – Financially strong, high quality community clinics and health centers better able to serve patients

Payment Reform

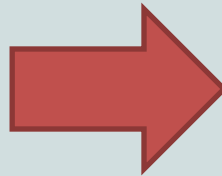
Goal: Move from Volume to Value



Payment Reform

Today: PPS FFS

- Volume-based payment
- Face-to-face visits
- Qualified providers



PPS-Equivalent Capitation

- Monthly payment per member
- Some visits converted to new modes of care (phone, email, group)
- Care teams

- PPS Rules Gone: No more billable providers/same day visit restrictions/ group restrictions / four wall restrictions
- Focus on QUALITY!



CP3: Critical to Success

“Capitation Payment Preparedness Program” (CP3):

- How do we get health centers ready for pilot participation now?
- How do we ensure non-pilot health centers have support to transform in the future?



Transformation through Legislation



Expanding Access

- AB 250 (Oberholte) – Expands Telehealth Providers
- AB 366 (Bonta) – Medi-Cal Provider Rates (companion: SB243)
- AB 648 (Low) – Virtual Dental Home Program
- **AB 690 (Wood) – Marriage and Family Therapists (MFT)**
- **AB 1130 (Gray) – Increase Clinic Hours**
- SB 4 (Lara) – Health Care Coverage
- SB 118 (Liu) – School-based Health And Education Partnership
- SB 323 (Hernandez) – Nurse Practitioners
- SB 614 (Leno) – Certification Categories for Peer Support

Transforming Care

- AB 745 (Chau) – MH Oversight and Accountability Commission
- AB 847 (Mullin) – Community Behavioral Health Clinics
- SB 492 (Liu) – Coordinated Care Initiative
Consumer Bill of Rights
- **AB 858 (Wood) – Removes Same-day Billing Restrictions**
- **SB 147 (Hernandez) – Payment Reform**



How can my school based health center get involved?





Opportunities for Further Engagement and Action

- Resources
 - 1115 Waiver Website
<http://www.dhcs.ca.gov/provgovpart/Pages/1115-Waiver-Renewal.aspx>
 - 2703 Website
<http://www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx>
- DHCS Stakeholder Engagement
 - Quarterly Stakeholders Advisory Committee (SAC) Meetings
 - 1115 Waiver Renewal
 - 2703 Health Home
- CPCA Learning Opportunities
 - 1115 Waiver Workgroup
 - PCHH Workgroup
- Policy Advocacy



Questions?



Thank you!

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