Financing that Rewards Better Health & Well-Being

May 25, 2021 | 2:00 PM – 5:30 PM EST
May 28, 2021 | 1:00 PM – 4:30 PM EST
June 2, 2021 | 2:00 PM – 5:30 PM ET

Share your thoughts!
@theNAMedicine
Welcome & Introduction

Michael McGinnis
Leonard D. Schaeffer Executive Officer
Financing that Rewards Better Health & Well-Being

Efficiency, effectiveness, equity, and experience implications of integrated payments for health
WORKSHOP PLANNING COMMITTEE

Kisha Davis, M.D., M.P.H., Vice President of Health Equity, Aledade (Co-chair)

Hoangmai Pham, M.D., M.P.H., President, CEO, Institute for Exceptional Care (Co-chair)

Andrew Bindman M.D., Executive Vice President, Chief Medical Officer, Kaiser Foundation Health Plan

Stephen Cha, M.D., Former Chief Medical Officer for UnitedHealthcare Community and State

Margaret Chesney, Ph.D., Professor of Medicine, University of California, San Francisco

Deena Chisolm, Ph.D., Director, Center for Child Health Equity/Outcomes, Nationwide Children’s Hospital

Chris Koller, M.A., President, Milbank Memorial Fund

Peter Long, Ph.D., M.H.S., Senior Vice President, Blue Shield of California

Josh Sharfstein, M.D., Vice Dean and Professor, Johns Hopkins, School of Public Health

Sarah Szanton, Ph.D., ANP, FAAN, Health Equity & Social Justice Endowed Professor, Johns Hopkins Nursing
<table>
<thead>
<tr>
<th>Sector Assessment</th>
<th>Lead Authors</th>
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| Patients, families, & consumers                        | CEO, Families USA  
Director, Center for Health Transitions  
CEO, AAMC                       |
| Clinicians & professional societies                    | CEO, American Medical Association  
CEO, American Academy of Nursing                                                |
| Care delivery organizations                           | CEO, Vanderbilt University Medical Center  
CEO, Geisinger                                                                  |
| Digital health                                        | Principal Deputy Commissioner, FDA  
Research Director, Microsoft                                                     |
| State & local public health                           | Chief Health Officer, Google  
President, Missouri Health Foundation                                            |
| Health payers                                         | Former Administrator, CMS  
COO, Optum Care Solutions                                                       |
| Health product manufacturers & innovators              | Global R&D Head, J&J/Janssen  
CEO, Novartis                                                                  |
| Health & biomedical research                          | Executive Director, PCORI  
Deputy Director, NIH                                                            |
| Quality, safety, & standards                          | Deputy Under Secretary, VA  
SVP, Humana                                                                  |
National Academies & Integrated Payments for Health

Emerging Stronger After COVID-10: Priorities for Health System Transformation
- Explores the US health system’s weaknesses, pandemic response and opportunities for transformation, including adjusting incentives to prioritize equity, alignment, and innovation

Knowledge & Innovation for Transforming Health & Health Care
- Identify priority investment opportunities that will enable CMMI to accelerate transformation in effectiveness, efficiency, equity, and beneficiary experience in health and health care

Vital Directions for Health and Health Care: Priorities for 2021
- Assesses and highlights national opportunities and priorities in health and health care, including strategies and challenges to health costs and financing

Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care
- Examines the current state of US primary care and develops a plan to strengthen services, featuring payment reforms that support and invest in high-quality primary care

Collaboration Between Health Care and Public Health
- Explores the opportunities, challenges, and practical lessons for accelerating primary care-public health integration that improves population health and lowers costs
focus:

COLLABORATION FOR ACTION
WORKSHOP SPONSORS

George Family Foundation
Nemours
Samueli Foundation
Well Being Trust
Whole Health Institute
Workshop Series
Co-Chairs

Kisha Davis
Aledade

Hoangmai Pham
Institute for Exceptional Care
Financing that Rewards Better Health & Well-Being: A Workshop Series

Day 1: Envisioning an Integrated Health Care Delivery and Financing System

May 25, 2021 | 2:00 pm - 5:30 pm ET

nam.edu/LeadershipConsortium | #NAMLeadershipConsortium
<table>
<thead>
<tr>
<th>Time</th>
<th>Agenda Item</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:00 – 2:20 PM</td>
<td>Welcome, Introductions, and Meeting Overview</td>
</tr>
<tr>
<td>Michael McGinnis, National Academy of Medicine</td>
<td>Kisha Davis, Aledade (co-chair) and Hoangmai Pham, Institute for Exceptional Care (co-chair)</td>
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<tr>
<td>2:20 – 3:05 PM</td>
<td>Opening Discussion: The Future of Health Financing for Improved Health Outcomes</td>
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<tr>
<td>Moderator: Andrew Bindman, Kaiser Permanente Health Plan</td>
<td>Mandy Cohen, North Carolina Department of Health and Human Services</td>
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<td>3:05 – 4:00 PM</td>
<td>Panel 1: Financing, Payment, and Whole Person/Population Health</td>
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<tr>
<td>Moderator: Hoangmai Pham, Institute for Exceptional Care</td>
<td>Benjamin Kligler, Veterans Health Administration</td>
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<td>4:00 – 4:10 PM</td>
<td>Innovation Spotlight</td>
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<td>Speaker: Randi Abramson, Bread for the City</td>
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<td>4:10 – 5:05 PM</td>
<td>Panel 2: Payment Models for Advancing Health Equity and Community Health</td>
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<tr>
<td>Moderator: Christopher Koller, Milbank Memorial Fund</td>
<td>Nathan Chomilo, Minnesota Department of Human Services</td>
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<tr>
<td>5:05 – 5:30 PM</td>
<td>Closing Remarks</td>
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<tr>
<td>Kisha Davis, Aledade</td>
<td>Hoangmai Pham, Institute for Exceptional Care</td>
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Archetypes to Frame Conversations

Jamal:
Jamal is a 10-year-old boy with seasonal allergies, asthma and ADHD. He is really good at soccer, but can’t always get his inhalers and has had to miss several games and practices because his allergies and asthma were not well controlled. His primary care provider has recommended counseling, dietary supplements, in addition to medication for his ADHD. His parents are hesitant to start medication and they cannot afford the supplements. They have not been successful in finding a therapist that accepts their insurance and they cannot afford to pay out of pocket. He has health insurance through CHIP.

Margarita:
Margarita is a 45-year-old mother of two. She works full-time as a private duty home care nurse. She usually works nights to be available to her family during the day. She is also the primary caregiver for her parents and her mother was recently diagnosed with Alzheimer’s type dementia. Her BMI is 33, she has pre-diabetes and mild hypertension. Her doctor has recommended that she improve her diet, get more exercise and set a goal weight loss of 20 lbs. Her sleep is poor and she rarely finds time to exercise. She has a high deductible insurance plan through her employer.

Mr. Chen:
Mr. Chen is an 85-year-old widower. He lives alone, and his children live in a neighboring county and visit him weekly. He is adamant that he wants to retain his independence. He relies mostly on frozen meals and his daughter worries that he is losing weight. He has peripheral vascular disease and peripheral neuropathy as well as macular degeneration. He has several fall risks in his home. His doctor has recommended a low salt, low fat diet, and gait training. He often has to cancel his appointments for his eye treatments when his children are not able to take him, as he can no longer drive himself. He has a Medicare advantage plan.
The Future of Health Financing for Improved Health Outcomes

Moderator: Andrew Bindman
Kaiser Foundation Health Plan, Inc. and Hospitals
Mandy Cohen, MD, MPH
Secretary
North Carolina Department of Health and Human Services

Timothy G. Ferris, MD, MPH
Chairman and Chief Executive Officer
National Director of Transformation in England’s National Health Service
Financing, Payment, and Whole Person/Population Health

Moderator: Hoangmai Pham
Institute for Exceptional Care
Dawn Alley, PhD  
Chief Strategy Officer  
Center for Medicare and Medicaid Innovation

Len M. Nichols, MA, PhD  
Non-Resident Fellow, Urban Institute  
Director, Center for Health Policy Research and Ethics  
Professor, Health Policy, George Mason University

Benjamin Kligler, MD MPH  
Executive Director  
Office of Patient Centered Care & Cultural Transformation  
Veterans Health Administration

@theNAMedicine  

NATIONAL ACADEMY OF MEDICINE
CMS Innovation Center

Dawn Alley, Ph.D.
Chief Strategy Officer
Center for Medicare and Medicaid Innovation
May, 2021
The CMS Innovation Center Statute

“The purpose of the [Center] is to test innovative payment and service delivery models to reduce program expenditures...while preserving or enhancing the quality of care furnished to individuals under such titles”

Three scenarios for success from Statute:
1. Quality improves; cost neutral
2. Quality neutral; cost reduced
3. Quality improves; cost reduced (best case)

If a model meets one of these three criteria and other statutory prerequisites, the statute allows the Secretary to expand the duration and scope of a model through rulemaking
Challenges in Financing for Whole Person Care: Public and Private Sector Experience

BENJAMIN KLIGLER MD MPH
EXECUTIVE DIRECTOR
OFFICE OF PATIENT CENTERED CARE & CULTURAL TRANSFORMATION
TO CARE FOR HIM WHO SHALL HAVE BORNE THE BATTLE AND FOR HIS WIDOW, AND HIS ORPHAN
A. LINCOLN
Department of Veterans Affairs Basics

- Established in 1930
- Elevated to Cabinet level in 1989
- Federal government’s second largest department after the Department of Defense
- Three components:
  - Veterans Health Administration (VHA)
  - Veterans Benefits Administration (VBA)
  - National Cemetery Administration (NCA)
<table>
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<th>Service Type</th>
<th>Number</th>
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<tbody>
<tr>
<td>Hospitals</td>
<td>153</td>
</tr>
<tr>
<td>Clinics (Hospital, Community-Based, Independent</td>
<td>956</td>
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<tr>
<td>and Mobile)</td>
<td></td>
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<tr>
<td>Community Living Centers</td>
<td>134</td>
</tr>
<tr>
<td>Readjustment Counseling Centers</td>
<td>232</td>
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<tr>
<td>Domiciliary Resident Rehabilitation Treatment</td>
<td>90</td>
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<tr>
<td>Programs</td>
<td></td>
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<tr>
<td>Active patients</td>
<td>6 million</td>
</tr>
<tr>
<td>Staff</td>
<td>350,000</td>
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Financing care in VHA

- 2021 budget roughly $90 billion
- Define VERA/MCAS
- How does the money flow: VISN structure
- On station vs. community care
- Perverse incentives
  - paying for more care rather than value
  - Dangers of reducing disability rating
- Whole Health is a new paradigm for the role of the healthcare system: shift in system’s purpose and values will ultimately need to be reflected in payment structures
Innovation Spotlight

Moderator: Sarah Szanton
Johns Hopkins University
Randi Abramson, MD
Chief Medical Officer
Bread for the City
Payment Models for Advancing Health Equity and Community Health

Moderator: Christopher Koller
Milbank Memorial Fund
Nathan T. Chomilo, MD FAAP
Medical Director
Medicaid and MinnesotaCare
Minnesota Department of Human Services

Asaf Bitton, MD, MPH
Executive Director
Ariadne Labs
Associate Professor of Medicine and Health Care Policy
Harvard Medical School

Kara Odom Walker, MD, MPH, MSHS
Senior Vice President and Chief Population Health Officer
Nemours Children’s Health System
Payment Models for Advancing Health Equity and Community Health

Minnesota Medicaid’s work to address health equity and structural racism

Nathan Chomilo, M.D. FAAP | Medical Director
The Big Idea

Improving the health of Medicaid and MinnesotaCare enrollees and lowering the cost of care through flexible arrangements between providers and the state.

- Value based contracts with providers with focus on **cost**, **quality** and **health outcomes**
- Incentives to improve **delivery innovation**, while **maintaining flexibility** to meet the needs of their community
- Focused on **sustainable relationships and resources** to meet social determinants of health


5/25/2021

Minnesota Department of Human Services | mn.gov/dhs
Minnesota Medicaid IHP Core Concepts and Accountability

- Includes wide spectrum of beneficiaries - Medical Assistance and MinnesotaCare; Fee-for-Service and Managed Care

- Primary care centric, but with built-in flexibility for beneficiaries managed by non-PCPs

- IHP system is responsible for:
  - Defined core set of health care services for an identified population (retrospective)
  - Potential total cost of care shared risk (savings and losses)
  - Robust quality metrics: clinical, utilization and health equity

- DHS acts as facilitative partner, providing detailed data analytics, reports, ad hoc support to the IHPs.
Minneapolis Medicaid IHP Critical Enhancements and Evolution

- Multiple opportunities for a **wide variety of provider participants**
- Enhanced focus on **social determinants of health and meaningful partnerships**
  - Population-based payment
  - Social risk adjustment
  - Health equity interventions and metrics
  - Accountable Care Partnerships
- Enhanced data availability and timeliness (e.g., **Social risk data**, Encounter Alerting System)

Source: [www.healthypeople.gov](http://www.healthypeople.gov)
Minnesota Medicaid Housing Stabilization Services Development

- **2012** - Minnesota first explored MA funding for housing services through a vision 2020 package of services.
- **2015** - CMS issued the Housing Bulletin.
- **2017** - Minnesota’s state legislature approved DHS to begin working towards Medicaid funded Housing Stabilization services.
- **2018-2019** - Minnesota DHS determined the 1915(i) was the best fit for the purpose and began development of the Housing Stabilization Services. The plan was submitted to CMS in October of 2018 and approved by CMS in August of 2019.
- **2020** - 11 months after approval, Housing Stabilization services launched on July 24, 2020.
Minnesota Medicaid Housing Stabilization Services Benefit

• Medicaid benefit to help people with disabilities and seniors find and keep housing.

• Housing stabilization services are state plan (not waiver) Home and Community-Based Services (HCBS).

• A member is eligible for housing stabilization services if they meet all of the following needs-based criteria:
  • Be on Medicaid/Medical Assistance (MA)
  • Be 18 years old or older
  • Have a documented disability or disabling condition
  • Be assessed to require assistance
  • Be experiencing housing instability
• As of May 2021, there are **over 5000 people** enrolled, which is double the projected estimate for this program.

• There are **262 providers** enrolled for Housing Stabilization Services.

• On average, there are **45-50 requests a day** for these services through our eligibility request system.
• Addressing structural racism/assessing antiracism
  • How does your organization address structural racism? What steps have you taken to become an antiracist organization? How do you plan to improve your systems and processes to be more antiracist?
  • How does your organization use value-based purchasing or other incentive arrangements to improve racial equity in quality of care and health outcomes?
  • Describe how your organization solicits and/or receives enrollee feedback regarding enrollee satisfaction, communications, service delivery, provider networks, and health plan operations. Describe how that feedback is used in your organization’s operations. Describe efforts to use this feedback to assess how structural racism impacts enrollees’ experiences and to improve health outcomes for the MHCP population.

• Highlighting community co-created solutions and community investment
  • Describe your organization’s approach to addressing social drivers of health to improve population health and prevention. Describe your organization’s work regarding community collaboration efforts, provider and other stakeholder partnerships, and data collection including social drivers of health and analysis.
Solve poverty? How do you incent and measure this?

• **Equity interventions** are focused on a specific IHP population need

• Intervention performance is measured in a couple of ways:
  • “Traditional” quantitative measures (utilization metrics, clinical measures)
  • Mixed methods evaluation
    • **Process** – Did the program work as intended? Integrated into workflow effectively? Referral follow-ups in place?
    • **Scale and scope** – How many beneficiaries participated? Was the right population included?
    • **Impact** – Measurable outcomes? Patient feedback?
Structural Challenges & Areas of Opportunity for Housing Stabilization Services

- **Home and Community Based Rule requirements**: The largest challenge is working to fit the broadest disability population in the State into HCBS rule requirements.

- **Federal/State Change barriers**: Challenging having to move service “tweaks” through CMS or State statute to improve services. Because this is a first in the Nation service and has never been done, change requirements are inevitable.

- **Connecting people to providers**: The program has expanded the way that people and providers can search for these services.

- **Processing time to start services**: With double the population that was projected, the amount of requests for these services has caused a delay in processing.

- **Provider outreach**: Program staff will do targeted outreach to areas of the state where there are provider shortages, including increasing the diversity of providers, to find out ways to help get providers enrolled and working with people.
Driving Overall Health Care Racial and Health Equity through Medicaid Managed Care Contracting

• What are all organizations we contract with doing to address their own structural racism and become antiracist?

• How are organizations we contract with ensuring that their subcontractors have the same commitment to antiracism?

• How are they specifically addressing not just health equity but racial equity?

Payment Models for Advancing Health Equity and Community Health

PRESENTED BY:
Kara Odom Walker, MD, MPH, MSHS
EVP, Chief Population Health Officer | @DrKaraWalker

Nemours. Children’s Health System
National Academy of Medicine
Financing that Rewards Better Health and Well-Being
Nemours Children’s Health System

- A leading multistate, multisite children’s health system
- Commitment to all aspects of children’s health
- Enduring legacy of Alfred I. duPont
- Academic pediatric system fully committed to the tripartite mission of clinical care, research and education

### By the Numbers

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<tr>
<td>1.8 million</td>
<td>Unique patients/annual encounters</td>
</tr>
<tr>
<td>874</td>
<td>Employed physicians</td>
</tr>
<tr>
<td>8,000</td>
<td>Employees</td>
</tr>
<tr>
<td>3,800</td>
<td>Trainees</td>
</tr>
<tr>
<td>1.7 million</td>
<td>Annual Revenue</td>
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Opportunities to Impact Children’s Trajectories

Figure 1-3: Life-course health development: Reducing risk and optimizing protective factors.

Source: Halfon, June 4, 2014, NIH meeting presentation.
The Most Powerful Behavior to Promote Health: School

Quality-Adjusted Life Years by Risk

- Yearly vs 3rd Year Pap Smears
- Mammography vs Not Screened
- Normal vs LDLC >160
- Blood Pressure >140 vs 120
- Smoking 30 Years vs Never
- Advanced Degree vs HS

Data estimated from Whitehall 39 year follow-up: Clarke BMJ 2009;339:b3513
Practice Level Strategies

Multidisciplinary Teams
- Community health workers
- Navigators
- Behavioral health integration

Equity-Focused Quality Improvement
- Disparities interventions
- Dashboards and report cards

Bias Training and Assessments
- Implicit bias testing
- Discrimination training
Health Care Entities as Community Partners

Key standards for consideration include:

- Perform **community needs assessment** in collaboration with Department of Health
- Create **health equity index** for screening and closed-loop referrals
- Meaningful support for **evidence-based home visiting program, obesity and hypertension management**
- Invest in training and team-based **community health workers**
- Contribute to supporting **school success**
- Increase access to **fresh, healthy foods** in the community
- Expand access to **healthy, affordable housing**
Scan of Pediatric VBP Models

Key Partners

• Nemours & the Duke-Margolis Center for Health Policy, funded by the Robert Wood Johnson Foundation

Process

• Literature review
• 6 phone interviews
• Pre-meeting survey
• December 2019 convening
• 2020 Issue Briefs
Key Challenges to Address

- Under-resourcing of community organizations and social service providers
- “Wrong pocket” issues
- Lack of focus on kids, and lack of multi-gen/family approach in some states and communities
- Unrealistic time horizon for Return on Investment for pediatric care
- Uncertainty about the future direction of value-based care
- Lack of standard measures that are inclusive of holistic child health
State-Level Highlights

- **Reinvestment**
  - OR - Developing requirement that Community Care Organizations must reinvest a portion of net income or reserves on services to address health disparities and SDOH
  - AZ - Requires Managed Care Organizations to reinvest 6% of profits back into the community

- **Social Risk Adjustment**
  - MA - Adjusting for social risk in payment and quality measurement
  - MN – Testing model drawing from six social indicators from county-based data

- **Braiding**
  - RI - Braids resources to test Health Equity Zones
Emerging Innovation

Advancing Health Equity: Leading Care, Payment, and Systems Transformation

- **National program** to test effective ways to reduce disparities, including innovative financing models

- State Medicaid Agency, Nemours & AmeriHealth Caritas partnering on initiative to advance equity and improve access to care for African American patients

- Incorporate **MCO metrics, quality incentives, and primary care investment** strategies

- Supported by RWJF with implementation support from Center for Health Care Strategies
What If…

- we paid for equity focused quality measures (ie maternal depression at birth, vocabulary at age 2, kindergarten readiness at age 5, literacy at age 8)?
- we invested in data and systems to uncover inequities?
- we up-front PMPM that measures the effectiveness of new equity-based interventions?
- we used the COVID pandemic to reinforce our need to invest in equity and health?
Concluding Remarks

Thank you for joining!
We hope to see you on Days 2 and 3

Day 1: The Vision | May 25, 2021, 2:00—5:30pm ET
Day 2: The Levers | May 28, 2021, 1:00—4:30pm ET
Day 3: The Strategic Action | June 2, 2021, 2:00—5:30pm ET
Financing that Rewards Better Health & Well-Being

For more information about the workshop series or to share opportunities to address and advance this work, please contact:

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