Financing that Rewards Better Health & Well-Being: A Workshop Series

Day 3: Roadmap for Integrated Payment Approaches to Efficiency, Effectiveness, and Equity

June 2, 2021 | 2:00 pm - 5:30 pm ET

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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

GOAL OF MEETING SERIES
Facilitate the identification and adoption of health financing that delivers value and optimizes achievement of the fundamental goal of health and health care: assuring that the population, and each individual, reaches their full potential for health and well-being.

OBJECTIVES

- **Understand deficiencies**: Describe the nature and consequences of the failures of our current health delivery and financing systems, so prominently manifest in the nation’s experiences during the COVID-19 pandemic.
- **Consider VISION**: Identify examples of models of payment and delivery for care that are focused on outcomes most important to people and populations, advances equity in outcomes, improves patient and clinician experiences, and reduces per capita costs—highlighting successes from the COVID-19 pandemic.
- **Identify LEVERS**: Consider barriers and opportunities to scaling effective integrated payment models and approaches, including those that successfully engage social determinants of health.
- **Imagine the STRATEGY**: Discuss specific strategies, levers, and stakeholder responsibilities that represent key elements of a blueprint for transforming health financing approaches from fee-for-service to integrated payment approaches that incentivize person-centered and holistic delivery models to improve equity and individual, community, and population health.
WORKSHOP SPONSORS

George Family Foundation
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Well Being Trust
Whole Health Institute
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., Chief Healthcare Transformation and Affordability Officer, 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
Workshop Series
Co-Chairs

Kisha Davis
Aledade

Hoangmai Pham
Institute for Exceptional Care
### Agenda

**Welcome, Introductions, and Meeting Overview**  
2:00 – 2:15 PM
- Michael McGinnis, National Academy of Medicine
- Kisha Davis, Aledade (co-chair) and Hoangmai Pham, Institute for Exceptional Care (co-chair)

**Panel 1: Transformation Levers**  
2:15 – 3:10 PM
Moderator: Sarah Szanton, Johns Hopkins University
- Sue Birch, Washington State Health Care Authority
- Neal Halfon, All Children Thrive
- Alex Briscoe, California Children’s Trust

**Innovation Spotlight**  
3:10 – 3:20 PM
- Carmen Ibarra, The Achievable Foundation

**Panel 2: Accelerating Transformative Financing Approaches**  
3:20 – 4:15 PM
Moderator: Deena Chisolm, Nationwide Children’s Hospital
- Emily Brower, Trinity Health
- David Erickson, Federal Reserve Bank of New York
- Elizabeth Fowler, CMMI

**Fireside Chat: Imagining a Better System**  
4:15 – 5:15 PM
Moderator: Kisha Davis, Aledade
- David Muhlestein, Leavitt Partners
- Vivian Lee, Verily
- Donald Berwick, Institute for Healthcare Improvement

**Reflections, Next Steps, and Closing Remarks**  
5:15 – 5:30 PM
- Kisha Davis, Aledade
- Hoangmai Pham, Institute for Exceptional Care
- Michael McGinnis, National Academy of Medicine
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.
Transformation Levers

Moderator: Sarah Szanton
Johns Hopkins University
Sue Birch, MBA, BSN, RN
Director
Washington State Health Care Authority

Neal Halfon, MD, MPH
Founding Director
Center for Healthier Children Families and Communities
University of California Los Angeles

Alex Briscoe, MA
Principal
California Children’s Trust
Driving population health through integrated financing

Sue Birch, HCA Director
June 2, 2021
HCA’s health care redesign journey

2010
ACA

2013
$1M SIM design award
Duals demo

2014
Legislature directed HCA to engage in VBP

2015
$65M SIM test award
MACRA

2016
Physical & behavioral health integration

2017
Medicaid Transformation Project (1115 Waiver)

2019
Hep C value model

2021
Health Care Cost Transparency Board
Public option

Paying for value
Paying for population health
HCA’s vision: A healthier Washington

<table>
<thead>
<tr>
<th>Starting line</th>
<th>Now</th>
<th>Supports</th>
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<tr>
<td>Whole-person, integrated care</td>
<td>Accelerate strategies with focus on SDOH, equity, rural transformation</td>
<td>Health IT</td>
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<tr>
<td>Pay for value</td>
<td>Multi-payer alignment, increased incentives</td>
<td>Workforce</td>
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<td>Healthier communities</td>
<td>Family-centered system of coordinated services</td>
<td>Care coordination</td>
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Partnerships with sister agencies, Tribes, stakeholders
Successes

- 62% of HCA health care spend in VBP contracts
- 6 VBP contracts with payers, 4 direct with providers
- Shared savings, quality improvement, affordability
- $1.5B for Medicaid transformation
- Multi-payer table

Challenges

- Traditional systems not equipped to address health
- Transformation is a marathon
- Resources needed for “last mile”
- Siloed approaches by program and sector
- Waivers are a time-intensive process
Taking integrated business process redesign to the next level

Innovative, transformative purchasing for health, not just health care

Cross-agency, systems-based thinking and approaches

Workforce, information technology tools and resources
Thank you!

sue.birch@hca.wa.gov
TRANSFORMATIONAL LEVERS:
REIMAGINING BEHAVIORAL HEALTH AS A STRATEGY FOR
SOCIAL JUSTICE AND HOW MEDICAID CAN PAY FOR IT

NATIONAL ACADEMY OF MEDICINE
June, 2021
10 MINUTES TO COVER....

• The Social and Emotional Health of Children in California: Striking Increases in Utilization and Acuity

• How MediCaid Works and What It Means The 7 Essential MediCal Payors and The Need To Know Them All.

• The Unique Status of Children and the need to Break the Medical Model

• A Framework for Solution

• Transformation on the precipice: 7 Billion and CalAIM
California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges.

THERE IS A CRISIS IN CHILDREN’S MENTAL HEALTH
Consider the facts before COVID-19:

- **104%**
  Increase in inpatient visits for suicide, suicidal ideation, and self injury for children ages 1-17 years old, and 151% increase for children ages 10-14

- **50%**
  Increase in mental health hospital days for children between 2006 and 2014

- **61%**
  Increase in the rate of self-reported mental health needs since 2005

- **43rd**
  California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges.
AND ALTHOUGH ELIGIBILITY FOR MENTAL HEALTH SERVICES HAS INCREASED

5+ million of California's 10 million children are covered by Medi-Cal and the EPSDT entitlement (a 30% increase over last five years)

96% of California children are covered by a health plan with a mental health benefit
COVID RELATED STATS: What we feared is coming to pass.....

ED VISITS

Beginning in April 2020, the proportion of children’s mental health–related ED visits among all pediatric ED visits increased and remained elevated through October.

24/31%

Compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.

25%

One in four young adults between the ages of 18 and 24 say they’ve considered suicide because of the pandemic, according to new CDC data that paints a bleak picture of the nation’s mental health during the crisis.

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RADY CHILDREN’S HOSPITAL IN SAN DIEGO:

Between FY2011 and FY2019, annual behavioral health volume has increased

1746%

From 163 visits to 3,009 visits in 8 years

Comparatively, total Emergency Department visits has grown 23% during this same time period.
THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN
Many receive the wrong services at the wrong time…in restrictive or punitive settings.

81% of children on medicaid are non white.

The suicide rate for black children, ages 5-12, is 2x that of their white peers.

70% of youth in California’s juvenile justice system have unmet behavioral health needs, and youth of color are dramatically over-represented.

Reimaging children’s Mental Health isn’t simply a matter of tweaking access or programs…

It requires acknowledgment of how racism and poverty drive the social and emotional health of children.
California is in the bottom 1/3 nationally for health spending at $2,500 per child enrollee.

Children represent 42% of enrollees but only 14% of all expenditures.

California ranks 44th in the nation of in access to care for children. Less than 5% of children in MediCal get any access to any care, and only 3% are in ongoing care.

California operates the largest MediCaid Program in the nation—April 2019 Audit exposed significant underperformance under the EPSDT Mandate and Bright Futures Guidelines.
Certified Public Expenditure (CPE) = A governmental entity, including a governmental provider (e.g., county hospital, local education agency) incurs an expenditure eligible for FFP under the state’s approved Medicaid state plan (DHCS definition).

Federal Financial Participation (FFP) = The federal share of Medicaid dollars when all state and federal requirements are met.
THE MEDICAID MAP: WHO PAYS FOR FEDERALLY ENTITLED SERVICES TO CHILDREN AND FAMILIES

Federal Government
Distributed through Federal departments with funding authorized by Congress (FFP/Match)

State of CA
Acting as pass-through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying (CPE)

Health Plans (MCO) CAPITATION

County Mental Health Depts (MHP) CPE

School Districts (LEAs/SELPAs) CPE

Community Health Centers FQHC PPS

Dept. of Heath (LGA) CPE

Hospital UC/PH IGT

Regional Center CPE
THIS IS THE TRUST’S FRAMEWORK FOR SOLUTIONS

Expand Access and Participation

Maximize Funding

Equity + Justice

Reinvent Systems

Increase state and county investment, activate MCO’s, and claim the federal matching funds in CPE Programs

Expand who is eligible (medical necessity) who can provide care (scope), what is provided (social models), and center the agency of the beneficiary

Increase transparency and accountability and Break the Medical Model

THIS IS THE TRUST’S FRAMEWORK FOR SOLUTIONS
7 BILLION AND THE GOVERNOR’S FY 21-22 BUDGET

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Dept. of Heath (LGA) CPE
Hospital UC/PH IGT
Regional Center CPE
Billions, A Pandemic, and Waiver Renewals:
*What levers are we pulling?*

- **Redefine medical necessity** (Family Therapy Benefit and 1915b Proposal)
- **Activate MCO’s** (900 million MCO Incentive Program, Population Health Requirements, Dyadic Therapy).
- **Reform CPE Programs** (LEA SPA, CPE to IGT in Mental Health Plans, ABA in MCOs)
- **Shift Agency (who does the work) and Power (who gets paid):** (803 Peer Certification, 10,000 BH Coaches, LEA TCM)
Innovation Spotlight

Moderator: Sarah Szanton
Johns Hopkins University
Carmen Ibarra, BS, MS
Chief Executive Officer
The Achievable Foundation
A NEW MODEL OF CARE
THE ACHIEVABLE FOUNDATION
OUR VISION:
To change the face of healthcare for people with intellectual and developmental disabilities.

OUR MISSION:
To provide high quality, integrated health care to individuals with intellectual and developmental disabilities, their families, and other vulnerable populations.
COMMUNITY BASED INPUT

NOTHING ABOUT US WITHOUT US
Opened FQHC in 2013
- Health equity
- Right care at the right time
- Culturally appropriate
- Patient and family centered
- Reduce health disparities
KEY COMPONENTS

- Medical Home for the family
  - Comprehensive & integrated care
  - Whole person care
    - Social Determinants of Health
  - High quality utilizing best practices
- Time for providers & patients
- Staff with comfort level & expertise in I/DD
- High level of care coordination
- Friendly space design
- Housed w/in Regional Ctr. & strong partnership
WHO WE SERVE

- 2093 patients
- The majority are adults with majority between 25 and 34 yrs.
- 60% are at poverty with an additional 13% low-income
- 30-35% are patients with I/DD or family members
- Racial/ethnic diversity with 33% Latinx
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Elizabeth Fowler, PhD, JD,
Deputy Administrator and Director
Center for Medicare and Medicaid
Innovation
Fireside Chat: Imagining a Better System

Moderator: Kisha Davis
Aledade
David Muhlestein, PhD, JD
Chief Strategy and Chief Research Officer
Leavitt Partners

Vivian S. Lee, MD, PhD, MBA
President
Verily Health Platforms

Donald M. Berwick, MD, MPP, FRCP
President Emeritus and Senior Fellow
Institute for Healthcare Improvement
Reflections, Next Steps, and Closing Remarks

Thank you for joining!

For more information about the National Academy of Medicine’s initiatives, please visit us at: nam.edu
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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