State & Local Leaders Advancing the Whole Health of Individuals & Populations

Priority Actions from a Stakeholder Workshop

Today, the states should be considered the greatest levers for total system change. […] Whatever strategies we choose going forward, we know that states will have to lead and drive them. State-administered coverage now exceeds that of the federal Medicare program, so we can't only rely on Medicare levers going forward.

—Jonathan Blum, Centers for Medicare & Medicaid Services

Catalyzed by insights from the COVID-19 pandemic, the National Academy of Medicine's (NAM) initiative on Financing that Rewards Better Health and Well-Being works to develop strategic insights and action steps aimed at accelerating movement away from fee-for-service health care financing models, and towards those that reward whole-person and whole-population health: the ability for each person and population to live up to their full potential in an equitable manner. As part of this initiative, in November 2021, the NAM Leadership Consortium hosted a webinar with the goal of disseminating high-value, sustainable, and scalable transformation strategies that state and local leaders can operationalize to advance whole health using pandemic-era flexibilities in policies and payment. The key strategies follow:

Financial practices aligned with whole-person/whole-population health and well-being:

Leverage flexibilities in federal-state partnerships (e.g., SNAP/Medicaid expansion; American Rescue Plan Act (ARPA)) to expand, finance, and pay for interventions provided by community social service providers.
Align financial incentives across all payers, health care providers, and social service providers to best serve population needs.
Develop sub-capitation policies[1] and creative value-based payment methodologies within existing delivery systems to provide direct funding for beneficiaries to invest in the social needs relevant to their unique lived experiences.
Maximize federal matching of certified public expenditures to increase access to pediatric mental health care in schools and other community care settings.
Eliminate diagnostic requirements for reimbursement of care, especially for pediatric behavioral health, where possible

Resources & examples: Colorado/North Carolina ARPA Implementation | Leveraging Schools | Maximizing Medicaid | North Carolina Healthy Opportunities Pilot | SNAP

Creative, community-based workforce innovations to enhance health equity and whole health outcomes:

Hire from the communities and families being served and from populations with lived experiences.
Train workforce members in coaching, advising, collaboration and story-telling for more effective, individualized interventions.
Provide family-supporting wages to community health workers and long-term care providers.
Develop and delineate career paths/opportunities for long-term care and community health workforces.

Resources & examples: Community Health Workers | Caregivers | Direct Care Workforce | Entry-Level Workforce

[1] Per person per month payments from health plans to assure service access, regardless of service use.

Strategies to provide person/community centered care across the lifespan:

Finance/expand pilot programs (e.g. Accountable Communities for Health) that screen system entrants for social needs and provide care that wraps around identified needs to enhance outcomes in a person-centered manner.
Remove barriers surrounding processes, physical spaces, language, and perceived hierarchies.
Maintain/expand pandemic-era telehealth flexibilities, presumptive eligibilities (e.g. SNAP for college students), and funding for home- and community-based services.

Resources & examples: Eligibility and Access | "No Wrong Door" Approach | North Carolina Healthy Opportunities Pilot | Nuka Approach | Pediatric Care Coordination

Digital infrastructure investments across the care continuum to facilitate efficient, effective, and accessible services:

Implement enhanced interoperable platforms platforms (especially in areas like Home & Community Based Services (HCBS)) that facilitate practice/clinical management, seamlessly incorporate clinical/non-clinical information, allow for data collection/analysis, and empower coordinated service provision across jurisdictions, payers, and providers based on each individual's continuum of needs.
Refine/expand access to IT solutions that facilitate partnerships, center on individuals, and ease burden (e.g. tools that allow potential beneficiaries to estimate benefits and community-based organizations to verify benefit eligibility).
Upgrade outdated IT hardware (e.g. fax machines) to support the workforce and meet patient needs.

Resources & examples: NCCARE360 (North Carolina) | Nuka Approach | Unite Us | Telehealth for Complex Care | Telehealth for Pediatric Care

Optimized measurement efforts for program evaluation and accountability:

Incentivize efforts by public and commercial payers to measure population trends (e.g., via UrbanFootprint) and share insights with accountable community partners to align program design/implementation with best practices and equity.
Center data collection regarding program use, outcomes, and improvement on the quantitative, qualitative, and anecdotal measures of patient outcomes, needs, desires, and lived experiences (e.g. measurable behavioral change, shared stories).

Resources & examples: All Payer Claims Databases | Medicaid HCBS | North Carolina Interactive GIS Map (Healthy Opportunities) | UrbanFootprint

Examples of State/Local Action

View examples of local state-based initiatives that were discussed at a stakeholder conversation on evidence-based actions that support individual and population health.

California

Expanded eligibility for pediatric mental health services via Medicaid coverage expansions (although access is still an issue)
Allocated >$15 billion to support children's social and emotional welfare; funds links between behavioral health services and schools

Colorado

Uses ARPA to bolster recruitment and training for the Home and Community Based Services workforce, invest in better technology and improve access for underserved populations

Louisiana

Partners with UrbanFootprint to identify and target areas of food insecurity
Leverages Unite Us/211 platform as a "no wrong door" approach for social services
Tailors IT solutions to enhance virtual access and reduce bureaucratic "sludge"

North Carolina

Uses NCCARE360 platform to facilitate "cross-talk" between payers, providers, and community-based organizations
Leverages Healthy Opportunities pilots to finance and enhance partnerships with human service organizations

Southcentral Foundation (Alaska)

Centers care on the needs of individuals and families, integrating a comprehensive set of wrap-around services
Draws on local workforces and relationship building to change behavior

Vist our website or contact us for more resources

nam.edu/financing-that-rewards-health leadershipconsortium@nas.edu