

COMPARISON OF COMMUNITY-BASED HEALTH SYSTEMS TRANSFORMATION INITIATIVES

California Conference of Local Health Officers Monthly Board Meeting

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March 3, 2016

AGENDA

- Overview of Initiatives
 - Compare and Contrast
- Key Considerations
- Questions and Poll of local interests

KEY INITIATIVES

- California Accountable Communities for Health Initiative (CACHI)
- Section 2703 Health Homes Program (HHP) in California
- CA Section 1115 Demonstration Medicaid Waiver Projects (Medi-Cal 2020):
 - Whole Person Care (WPC) Pilots
 - Public Hospital Redesign and Incentives in Medi-Cal (PRIME) (formerly DSRIP)
 - Global Payment Program (GPP)
 - Local Dental Pilot Program (LDPP)
- Center for Medicaid and Medicare Innovation (CMMI)
Accountable Health Communities (AHC)

KEY THEMES

- Goals
- Governance and Partnerships
- Target Condition(s)
- Geographic Area
- Program, Approach and Intervention
- Data Sharing and Analytics
- Funding
- Sustainability and Technical Assistance
- Timeframes

GOALS

- Significant overlap in outcome goals
- Alignment with improving community health and health care outcomes via:
 - Addressing Social Determinants of Health
 - Promoting Health Equity
 - Achieving the Triple Aim
 - Improving Clinical-Community Linkages
- Increase access to data and improve data-driven decision-making
- Alignment with Let's Get Healthy California
- Six CMS funded initiatives put a central emphasis on process goals
 - Health care services, coordinated patient care, sustainable value/risk based alternative payment methods
- CACHI focuses on a broader population and establishing and sustaining broader systems of prevention.

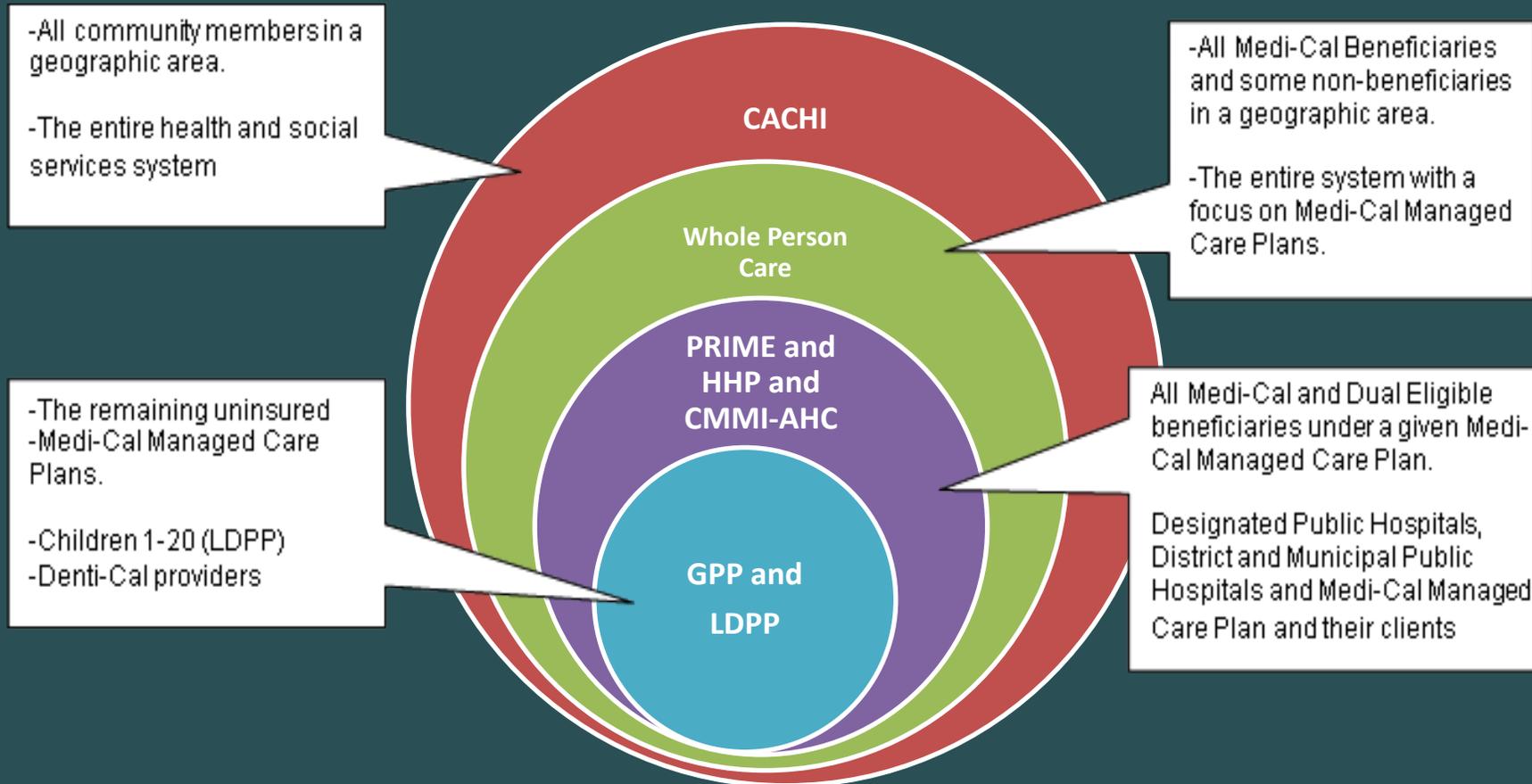
GOVERNANCE & PARTNERSHIPS

- Multi-Sector Collaboration and Collective Impact
- All require at a minimum:
 - Lead Organization (Bridge, Backbone or Lead)
 - Coalition of supporting organizations must represent and be familiar with target population
 - Health Services
 - Mental Health Services
 - Dental Services
 - Social Services and
 - Community Services
- CMS funded projects require local Medi-Cal Managed Care Plan
 - CMMI-AHC – State Medicaid Agency
- CMMI-AHC – Hospital, Primary Care and Behavioral Health Providers
- PRIME initiative, CMMI-AHC, and Local Dental Pilots
 - Most prescriptive of the seven projects,
 - Particularly:
 - Specific partners that can or must be engaged
 - Documentation of partnership,
 - Model that must be used

TARGET POPULATION

- Overlap of Target Populations
- CACHI Inclusive of All Residents in Geographic Area
- Section 1115 and CMMI-AHC Focus:
 - High-risk
 - High-utilizing Medi-Cal and Medicare Beneficiaries
 - WPC Pilots Allow Non-Medi-Cal Beneficiary Participation with an Alternative Funding Source
 - No Federal Funding Participation (FFP)
- WPC and CMMI-AHC – Geographically Focused
- PRIME and HHP Focused on Leveraging DPH/DMPH and MCP
- CMMI-AHC additionally specifies a percentage of the target population
 - Target population, being at least 75,000 community-dwelling Medicaid and Medicare beneficiaries per year (Track 2)
 - At least 51 percent of community-dwelling Medicaid and Medicare beneficiaries per year (Track 3).
- Global Payment Program and Local Dental pilots have the most restricted population
 - GPP: California's remaining uninsured population that receives services at DPHs and DMPHs
 - Local Dental Pilots targeted to Medi-Cal beneficiaries age one to twenty

TARGET POPULATIONS



TARGET CONDITION(S)

- Health, Mental Health and Social Service Needs Targeted
- CACHI
 - Broadest Set of Targeted Conditions
 - Health Need (e.g., Obesity, Tobacco use)
 - Chronic Condition (e.g. Asthma, Diabetes, Depression)
 - Community Condition (e.g., Family and Community Violence, Lead)
 - Or a Set of Related Conditions (e.g. cardiovascular disease + diabetes; air quality + asthma; diabetes + depression).
- WPC, HHP, CMMI-AHC, and GPP
 - All high-risk, High-utilizing populations with Two Chronic Conditions, ED Use, Substance Abuse, Mental Health Disorder or Homelessness/At Risk for Homelessness
- WPC Pilots are Non-Restrictive to the two conditions selected
- HHP, CMMI-AHC, and GPP Have Parameters for Health Conditions

GEOGRAPHIC AREA

- PRIME Initiative, HHP, and GPP Have No Specified Geographic Area
 - Services from Medi-Cal Managed Care Plan
 - Support Coordinated Care and Community Services affiliated with Lead Organization
 - Tied to the Network of Providers and Community Services affiliated with DPH, DMPH and MMCP
- CMMI-AHC must have a designated geographic area served by the Medicaid agency,
- WPC Pilots, CACHI and CMMI-AHC have Geographical Guidelines
 - WPC Pilot Requires:
 - City and County
 - Health or Hospital Authority
 - Consortium of Partnership Entities Serving a County or Region
 - CACHI has no prescribed geographic size,
 - Recommends an idea population of 100,000 and 200,000 people
 - Includes Sufficient Partners and Services to Reach Majority of Population
 - Cover Areas of Significant Disparities
 - Large Enough to Demonstrate Impact
 - Small Enough That Scale of Proposed Interventions Can Address Identified Issues

PROGRAM, APPROACH & INTERVENTIONS

- Range of Interventions and Approaches
 - Clinical Interventions
 - Coordinated Care
 - Upstream System-level Interventions
- CACHI Pilots
 - Coherent Mutually-supportive Interventions
 - Address an Issue or Condition Across Five Key Domains:
 - Clinical Care;
 - Community Programs and Social Services;
 - Community-Clinical Linkages;
 - Environment; and
 - Public Policy and Systems
- WPC Pilots - Wrap Around Coordinated Care Interventions
 - Increasing Integration Among County Agencies, Health Plans, Providers and Other Entities
 - Infrastructure that Ensures Local Collaboration
 - Increasing Coordination and Appropriate Access to Care for Most Vulnerable
 - Reducing Inappropriate Emergency and Inpatient Use
 - Achieving Targeted Quality and Administrative Improvement
 - Increasing Access To Housing and Supportive Services (optional)
 - Improving Health Outcomes for the WPC Population

PROGRAM, APPROACH & INTERVENTIONS (CONT)

- CMMI-AHC
 - CMS-Developed Individual Screens
 - Referral and Tracking
 - interventions Broken into Three Tracks
 - Managed by the State Medicaid Agency
 - Track One is Informational
 - Track Two Includes Referral to Services or Navigation of Community Services
 - Track Three Includes Prior Interventions or Continuous Quality Improvement
 - Second and Third Tracks Require Randomized Assignment to Treatment or Control Group
 - State Medicaid Agency is the Point of Service Coordinating Care
- PRIME
 - Transition Public Hospitals to Managed Care Models
 - Alternative Payment Models – Incentive to Integrate Different Aspects of Care
 - DPHs Required to Implement Projects Under Three Domains:
 - Outpatient Delivery System Transformation and Prevention
 - Targeted High Risk Or High Cost Populations
 - Resource Use Efficiency
 - DMPHs Only Required to Include a Project from a Single Domain
 - DMPHs May Submit Joint Application Reflecting a Coordinated Effort
- LDP – Three Key Interventions
 - Preventive Services
 - Dental Caries Risk Assessment and Management
 - Continuity of Care

PROGRAM, APPROACH & INTERVENTIONS (CONT)

- GPP
 - Incentive Payments Using a Value-based Point Methodology
 - Shift Delivery of Services for the Uninsured to More Appropriate Settings
 - improve Options for Treating Medicaid and Uninsured Patients
 - incorporate Measures of Value for the Patient in Conjunction with Costs to the Health Care System
 - Services Broken into Four Categories:
 - Traditional
 - Non-Traditional Outpatient
 - Technology-Based Outpatient
 - Inpatient and Facility Stays
- HHP
 - Intervention Key Components Include Health Promotion And Comprehensive Coordinated And Transitional Care
 - Engaging Member in the Program and in their Own Care
 - Assessing the Member's Readiness for Self-management
 - Promoting the Member's Self-management Skills

DATA SHARING AND ANALYTICS

- CACHI
 - Support for Data Sharing and Analytics via an Infrastructure
 - Capacity and Agreements for Collecting
 - Analyzing and Sharing Financial, Community and Population-level Data
- WPC Pilots
 - Plan for Data Sharing including What Data, Which Entity, How Infrastructure and Sharing Will Evolve, and How the Pilot Will Improve Data Collection And Sharing
 - Plan for Ongoing Data Collection, Reporting, and Analysis Of Interventions, Strategies, and Health Outcomes
- Health Information Technology (HIT) and Health Information Exchange (HIE) are Important Components of HHP
- MCPs and CB-CMEs Use EMR/HIT/HIE Where Possible
- PRIME and WPC
 - DPHs required to strengthen data and information sharing
 - DHCS will establish data and information sharing guidelines
- CMMI-AHC
 - Development and Maintenance of a Comprehensive Database
 - Updated Every Six Months
 - Information on Community Service Providers
 - Beneficiary- Level Data for Model Monitoring and Evaluation with CMS
 - Beneficiary Data through the Transformed Medicaid Statistical Information System (T-MSIS)
 - CMS Will Consider a Supplemental Statement from the State Medicaid Agency

FUNDING

- The biggest differences between the initiatives are the funding amounts and financing mechanisms and restrictions.
- CACHI
 - Up to \$850,000 for up to six sites for at least three years with no matching funds
- WPC initiative
 - \$300 Million Over Five Years Total for All Sites, Up to 15 Sites with a 50/50 Match
 - Payments Shall Support
 - Infrastructure to Integrate Services Among Local Entities
 - Services Not Otherwise Covered or Directly Reimbursed by Medi-Cal
 - Improve Integration, Reduce Unnecessary Use of Health Care Services, and Improve Health Outcomes
- PRIME
 - Will Not Exceed \$7.464 Billion in Combined Federal and State Shares Over a Five-year Period
 - Support Reforms For Care Delivery and Adoption of Alternate Payment Methods (APMs)
 - Provide Up to \$1.4 Billion Annually for DPH Systems and Up to \$200 Million Annually for DMPHs
 - Phase Down by 10% in the Fourth Year and by 15 Percent in the Fifth Year
 - Payments Quarterly and Entity Must Have a 50/50 Match
- CMMI-AHC
 - Different funding amounts for each of the it's three tracks:
 - Track 1: \$1M over five years,
 - Track 2: \$2.57 over five years, and
 - Track 3: \$4.51 over five years.
 - Funds cannot pay directly or indirectly for any community services (e.g., housing food, violence intervention programs, and transportation)
 - CMS funding for this model cannot duplicate services already made available through other programs.
- Local Dental Pilots
 - Will provide \$750 million in total funds over five years with \$10 million in total funds contingent n achieving statewide metrics for up to fifteen sites.
- Health Homes Program
 - Includes risk based payments made to the Medi-Cal Managed Care plans, with two years of 90/10 match in Federal Funding Participation.

WELLNESS FUNDS

- CACHI and WPC Pilots
 - Have “Wellness Funds” that provide a mechanism for attracting resources for financial sustainability of the initiative via a shared pool of funds.
 - The WPC Pilot housing pool is specified for housing whereas CACHI offers flexible funding to focus on capacity and infrastructure across the system.
- CACHI
 - Concept of the fund being able to take in separate monies, such as donations, grant dollars or community benefit dollars, as well as using “cost savings” or “cost avoidance” dollars to further the initiative based on the strategies and priorities chosen by collective.
- WPC pilots
 - Have a “housing pool” that may be funded through WPC Pilot funds or direct contributions from community entities.
 - Allow for the use of outside funds and encourage the use of “cost savings” or “cost avoidance” dollars to bolster the interventions.

SUSTAINABILITY & TECHNICAL ASSISTANCE

- Sustainability
 - Key component for all health system transformation projects.
 - Only the CACHI, CMMI-AHC, and WPC require a plan for sustainability for the duration of the funding period.
- Technical Assistance
 - Not all of the initiatives require participation in a learning collaborative or provide technical assistance.
 - CACHI
 - Provide technical assistance to grantees on key aspects of the initiative, including developing ACH structure and governance; data analytics and sharing; developing a sustainability plan; and aligning interventions, including assessing how various combinations of interventions can complement one another to enhance both the strength and reach—or “dose”—of their efforts
 - PRIME in initiative
 - State will convene a minimum of one meeting with MCPs and DPHs annually to discuss movement toward use of APMs, share best practices, and discuss successes, challenges and barriers.
 - CMMI-AHC
 - Provide technical assistance for assigning community-dwelling beneficiaries to the intervention group, creating and facilitating a learning system and assisting in the monitoring of program implementation, including data exchange and potential for payment duplication.

TIMEFRAMES



SUMMARY: GOVERNANCE & PARTNERSHIPS

- CACHI provides the broadest framework for governance and population and the greatest flexibility in funding.
- Ostensibly, all of the other initiatives could use the comprehensive CACHI governance structure with:
 - Backbone organization (equal to the Lead entity in other initiatives),
 - A wellness fund,
 - a collaborative body,
 - and bring in the optional lead organization to the structure, which would provide balance or a co-leadership counterpart to the Backbone organization.
- All of the initiatives either require a Medi-Cal Managed Care Plan (MMCP) or a Health Plan,
 - Ideal that an MMCP act in the Lead role and a local health department act in the Backbone organization role. T
 - Would allow the MMCP to keep within population and scope for all of the initiatives while leveraging the local health department's focus on the remaining population (as their target population is every resident living or working in their county) and facilitate broad convening and cross sectorial work.
- To ensure both a robust team and meet the minimum requirements for all the initiatives, the next list of key organizations for
 - Designated Public Hospital or a District or Municipal Public Hospital and a
 - Tribal entity where applicable, and
 - Local Behavioral Health/Mental Health Department or Program,
 - Social Services/Human Services Department or Program,
 - Community health center or primary care clinic, and
 - Housing authority.
- Each collaborative should also plan to have a flow chart or diagram explaining roles, communications, decision-making and funding pathways. This will also help determine what additional partnerships will be needed for success.

SUMMARY: FINANCING

- The CACHI project has the most flexible funding of all the initiatives, as it isn't tied to any particular population or specific incentives or services reimbursement.
 - There is also no match required which frees up other funds.
 - It can be used to support staff in the Backbone organization or as a financial lever of the Wellness Fund. It can also be used to support the implementation of the portfolio of interventions or support data and analytics infrastructure capacity.
 - It can also be used for supporting evaluation of the initiative.
- This makes the CACHI funding an ideal source to be braided with a variety of funding streams that are targeted to specific populations but have overarching governance and support structure to address community-clinical interventions and build systems of prevention.
 - It creates the opportunity to evaluate how funding can be braided, and if done successfully, how it can be replicated and scaled up.
 - This includes identifying barriers and how to remove those barriers.
- The caveat for this recommendation is that an entity would ideally need to not only be a CACHI pilot site, but also have a WPC pilot and possibly a PRIME entity to maximize health care and population health outcomes and also resources.

CONSIDERATIONS

- Even applicants with well-established coalitions, Lead or Backbone organizations, and a strong portfolio of interventions will still likely have deficiencies in one or more of these areas as they have the least amount of development, and oftentimes the greatest policy challenges:
 - Data and information sharing and analytics
 - Physical barriers such as the different types of electronic health records programs being used amongst all of health care systems players or possibly no electronic health records programs being used
 - Access to health information with respect to compliance with HIPPA and other health and information protection policies.
 - Even with the reduction physical barriers, the pilots would still likely be data rich and information poor, requiring resources and capacity to support analytic work to turn data into information into innovation.
 - Capacity and ability to support braiding funding,
 - Capacity to support sustainability and scalability.
- CMMI-AHC initiative
 - The State Medicaid agency is the entity that would be responsible for coordinating the interventions and care.
 - This would pose a challenge and a considerable barrier to a state with a majority of beneficiaries in managed care under a delegated model.
 - Access to T-MSIS in a timely manner,
- To ameliorate some of these challenges, technical assistance could be provided by the Department of Health Care Services and the Department of Public Health.
 - This could include aid from public health programs that already provide local assistance (e.g. chronic disease programs, California breathing, tobacco cessation), that are already in partnership between the two departments).
 - The development of an evaluation framework and the guidance materials developed to support data and information sharing, being spearheaded by CDPH, will also provide useful resources to help overcome some of the barriers.



LOCAL INTEREST POLL AND QUESTIONS