

HEALTH MANAGEMENT ASSOCIATES

Achieving Value Based Care through Rural Population Health Frameworks for Success

A background image showing a meeting table with several papers and hands. One hand is holding a pen, and another is gesturing. The image is overlaid with a semi-transparent blue filter.

W W W . H E A L T H M A N A G E M E N T . C O M

AGENDA

- + Introductions and Overview**
- + Value Based Payment and Population Health**
- + Strategies for Sustaining Grant Activities within a VBP Environment**
 - + Creating Sustainable Collaborations
 - + Addressing population needs by leveraging participating organizations
 - + Aligning network goals with healthcare system needs
 - + Data Integration
- + Tools to effectively align CBOs and healthcare systems**
 - + CBO Readiness Assessment Tool
 - + Pathways HUB Model
- + Q & A**

■ ABOUT HMA

- + Started with state Medicaid policy and local efforts around uninsured
- + Added “how care is delivered and organized” and “how is it paid for”
- + Broadened into the social drivers of health and what role community level efforts should play
- + Leverages HMA’s key areas of focus—policymakers, payors, providers, and community based organizations—to build recommendations related to improving care for vulnerable populations

A Consulting Model Based on Deep Experience and Expertise

- + Most HMA consultants have had long careers in policy, clinical work, managed care or health care administration
- + We can function as a “virtual office” across the country, drawing on skills and experiences clients need
- + We are able to form alliances and partnerships with other organizations to fill holes and expand capacity
- + We are constantly looking at new approaches to be most effective at improving the health of vulnerable populations and communities

■ SPEAKER INTRODUCTIONS



Heidi Arthur, LMSW

Heidi Arthur, Principal, New York City

- + 20+ years of experience building organizational capacity for non-profits, and supporting operational enhancement for behavioral health and human service providers
 - + Recent work deeply engaged with community based organizations, helping them to identify their assets and build their capacity to engage with healthcare providers and payers
-



Dr. Carrie Cochran-McClain, DPH

Carrie Cochran-McClain, Principal, Washington DC

- + Joins HMA from the Health Resources and Services Administration (HRSA) where she served as Director of the Office of Planning, Analysis, and Evaluation (OPAE) and Deputy Director of the Federal Office of Rural Health Policy (FORHP)
- + Proactively developed solutions to ensure the viability of safety net providers
- + Developed and executed HRSA-wide strategies on cross-agency initiatives and departmental priorities, including delivery system reform and value-based payment

■ LEARNING OBJECTIVES

- + Develop an understanding of Value Based Payment.
- + Identify the components of a successful Value Based Payment partnership framework, including clearly defined services, payment models, and payer-provider relationships.
- + Find out how to assess potential partners, including their readiness to participate in an integrated health arrangement.
- + Understand the various options and best practices for directing care, including enhanced referrals, integrated services, care management, health neighborhoods, and innovative models like the Pathways Hub.
- + Learn how to better engage and support local communities in positively influencing health.
- + Learn to develop metrics and performance measures that reward health outcomes and total cost of care.

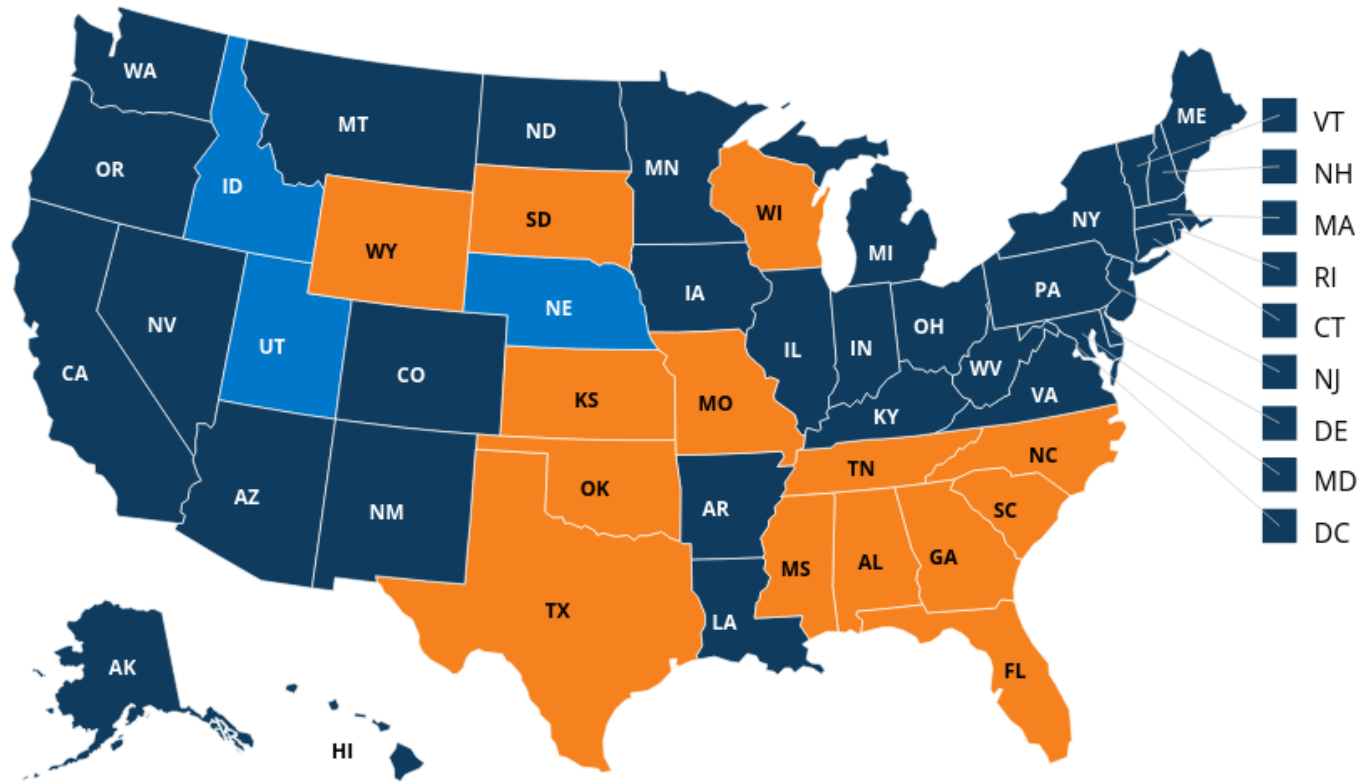


Value Based Payment and Population Health

HEALTH MANAGEMENT ASSOCIATES

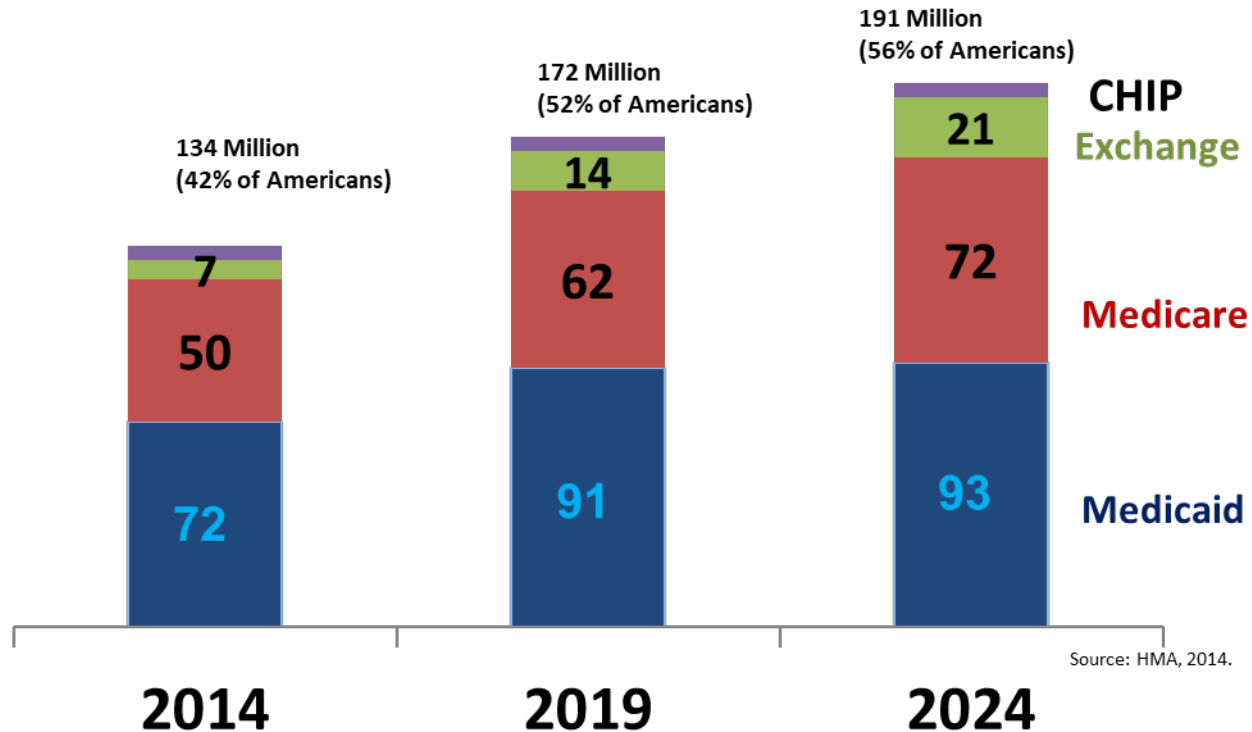
MEDICAID EXPANSION

Status of State Action on the Medicaid Expansion Decision



PUBLICLY FINANCED HEALTH CARE

Public programs will soon cover 56% of all Americans



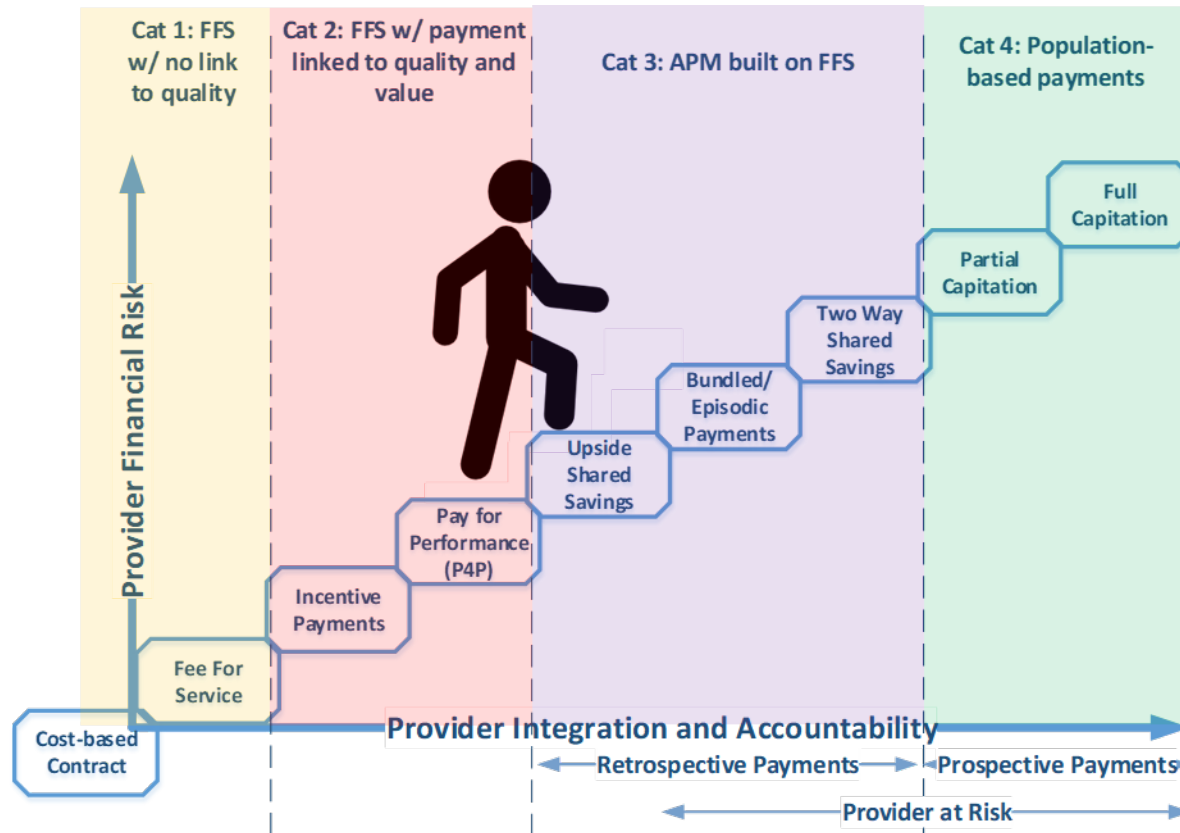
■ VALUE-BASED PAYMENT

- + Value-Based Payment (VBP) is an emerging type of payment approach that:
 - + Pays for value:
 - + Better care
 - + Better outcomes
 - + Reduced costs
 - + Instead of paying for volume:
 - + Visits
 - + Procedures
- + We expect that VBP will increasingly become the dominant payment method for health care providers.
 - + Including from Medicare, Medicaid, and commercial payers

■ WHAT IS VALUE?

$$\begin{array}{c} \text{V} \\ \text{(Value)} \end{array} = \frac{\begin{array}{c} \uparrow \text{Q} \\ \text{(Quality)} \\ \downarrow \$ \\ \text{(Cost)} \end{array}}{\text{S}} \times \begin{array}{c} \text{S} \\ \text{(Service Volume)} \end{array}$$

ACCOUNTABILITY, INTEGRATION, AND RISK GO TOGETHER



WHEN CMS OR THE STATES CREATE REQUIREMENTS FOR “VALUE-BASED” PAYMENT, THEY ARE INDIRECTLY SETTING IN MOTION THE DEVELOPMENT OF PROVIDER LED ENTITIES (PLES)

In most cases, “value-based” payment means provider risk through capitation, bundled payments or substantial gain/loss-sharing systems



These payment presuppose advanced PLEs, i.e., organized groups of providers that have achieved clinical and financial integration and are equipped to accept risk



■ VBP: FOLLOW THE RISK

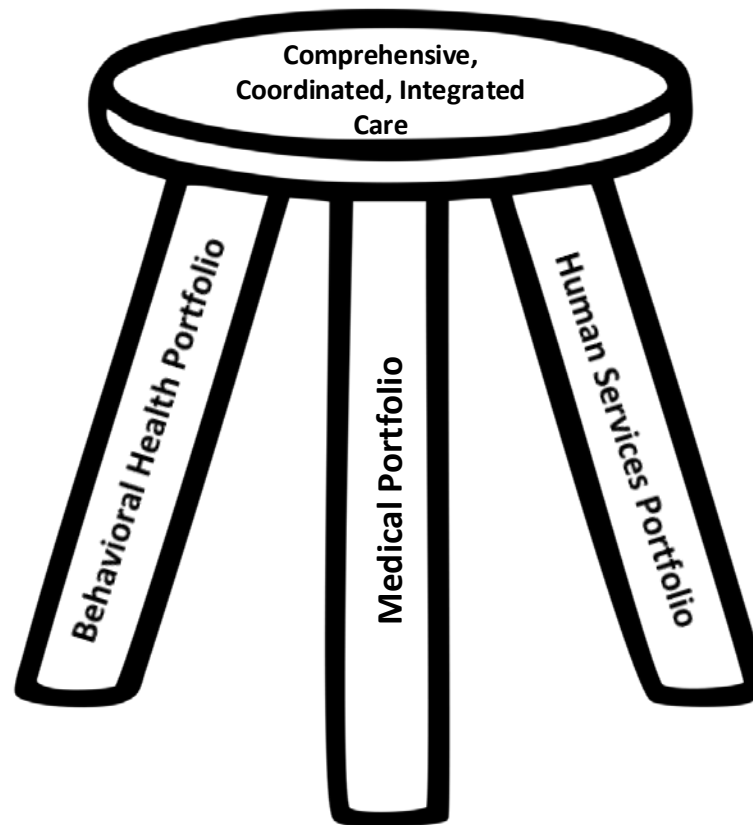
Medicaid is established: States bear all the risk

States push risk to MCOs:
Approx. \$225b of \$525b of
Medicaid flows through MCOs

Today, risk is being pushed
farther down in the system, to
Provider Led Entities



■ VBP: THE SERVICE MODEL



Challenges to Participation

- + Financial Resources and Risk Management
- + Health IT and Data
- + Population Health Management and Care Delivery
- + Quality and Efficiency Performance Measurement and Report
- + Effects of Model Participation and Co-managing Compliance with Requirements

Facilitators of Participation

- + Shared locations and ownership facilitates care coordination, efficiency, and collaboration
- + Established physician hospital relationships
- + Experience with telehealth and emerging technologies
- + Positive patient experience measures
- + Participation in networks

SOCIAL DETERMINANTS OF HEALTH ARE FUNDAMENTAL TO POPULATION HEALTH

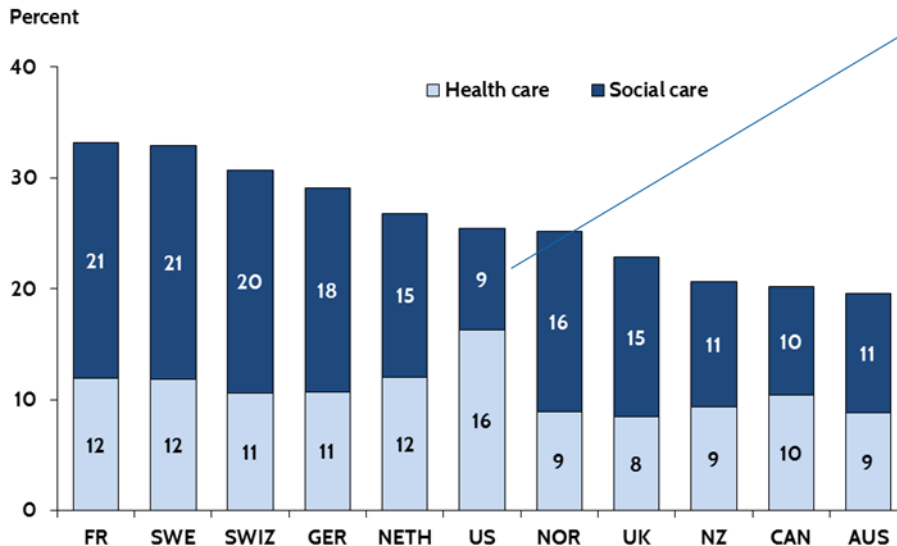
WHAT DETERMINES HEALTH?

(ADAPTED FROM MCGINNIS ET AL., 2002)



What Determines Health?
Not health care spending.

Exhibit 8. Health and Social Care Spending as a Percentage of GDP



Notes: GDP refers to gross domestic product.
Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.

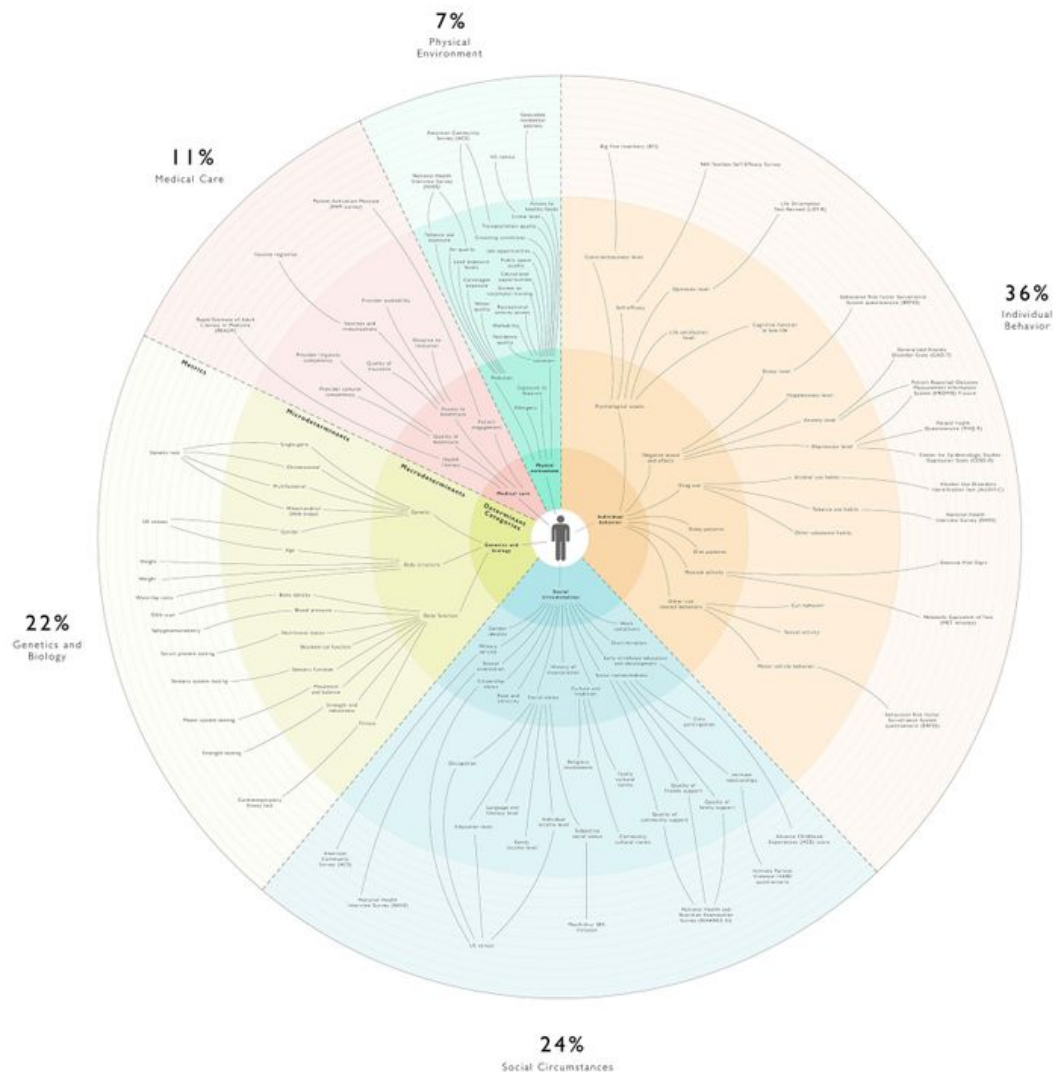
Yet in the **US**, of the total spending for health/ social care, **64%** goes to **health care**; **36%** goes to **social care**

US medical spending is higher, but our life expectancy and infant mortality rates are far lower... if (when?) we balance human services to comparable levels, there would (will?) be \$1.19 trillion more spent in human services

- + SDOH also are generally strong predictors of issues of health equity and health disparities, so addressing them can help to reduce health disparities among Medicaid enrollees.

DETERMINANTS OF HEALTH

This diagram is a model of all factors correlated with health outcomes for an individual



Visit the [goinvo website](https://www.goinvo.com/vision/determinants-of-health/)
<https://www.goinvo.com/vision/determinants-of-health/>

ATTENTION TO SOCIAL DETERMINANTS MAKES AN IMPACT



Social service integration:

18% reduction in emergency department visits among members
80% enrollment of members into primary care medical homes

Housing First:

\$9,000 per person per year to nearly \$30,000 per person per year

Housing and social service integration:

55% decrease in total monthly Medicaid costs for every \$1 spent compared to year prior, \$2 savings the following year, and \$6 savings in subsequent years

Nutritional Assistance:

Every \$25 increase in home-delivered meals per older adult would be associated with a 1% decline in nursing home admissions

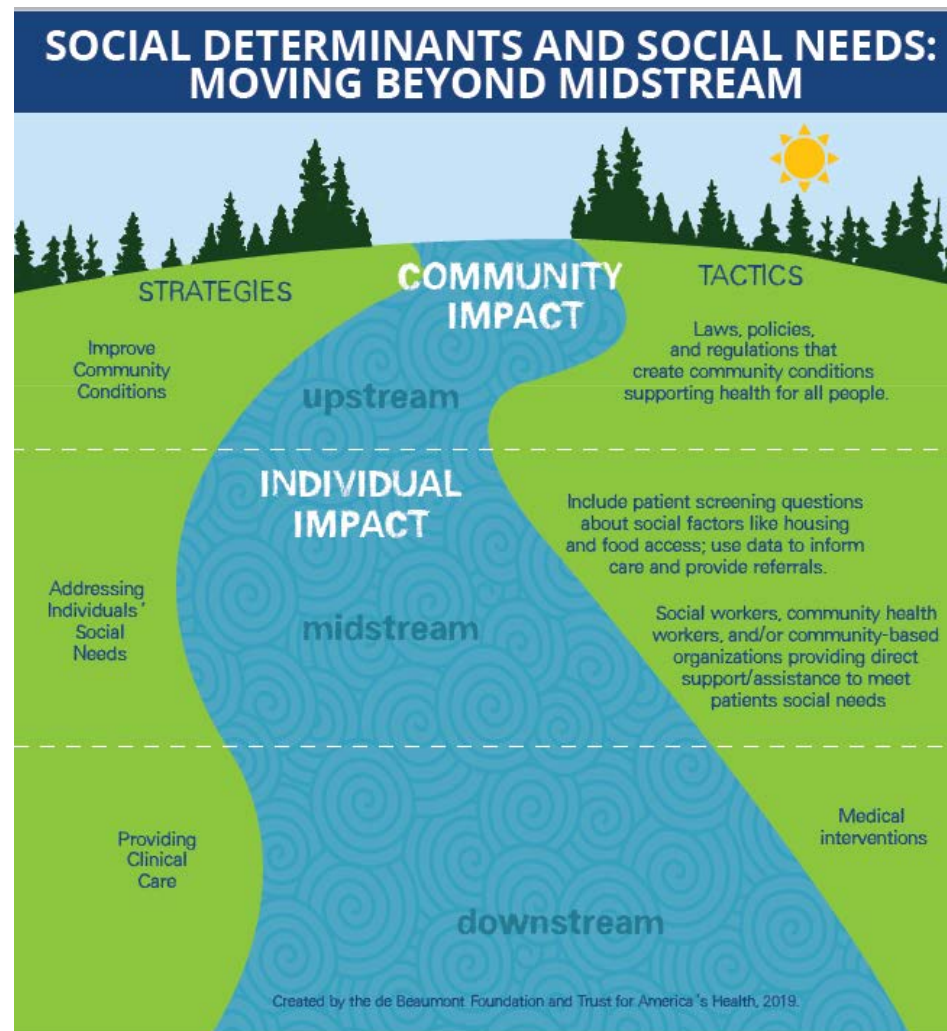
Asthma:

For every \$1 invested, \$1.33 was saved

Source: Taylor LA, Coyle CE, Ndumele E, Rogan E, Canavan M, Curry L, Bradley EH. (2015). Leveraging the social determinants of health: what works? Prepared for the Blue Cross Blue Shield of Massachusetts Foundation by the Yale Global Health Leadership Institute.

VBP REQUIRES ALL PLAYERS

HEALTH SYSTEM REFORM REQUIRES ACTIVATION OF DOWNSTREAM AND UPSTREAM PLAYERS



■ DRIVERS TO SUPPORT RURAL HEALTH NETWORKS

- + Dramatic Medicaid expansion+ Efforts to address disparities+ Population Health + Agreement that *Community is Medicine* + Medicaid Expansion, including new Waivers+ Big Ticket Funding Opportunities
- + Someone is going to get this job done...it should be ***communities caring for communities*** and invested in being responsive to evolving needs

The background of the slide is a blurred photograph. It shows a person's hands holding a smartphone, with the phone's screen and back visible. The hands are positioned over an open notebook with lined pages. A pen is also visible on the notebook. The entire image is overlaid with a semi-transparent dark red or maroon filter.

Strategies for Sustaining Grant Activities within a Value Based Payment Environment

HEALTH MANAGEMENT ASSOCIATES

■ CBOS PLAY A UNIQUE ROLE IN THEIR COMMUNITIES

Represent diverse groups

Address intersectional issues in health planning, health funding and service implementation

Engage underserved populations that are overwhelmed by poor health outcomes

Deliver supports for the social determinants of health

Provide accessible community interventions to promote health and wellness

Promote cultural competence--and trust--by reaching community residents where they are and in the manner that works best for them

Identify unmet needs and gaps in care within low income communities

CBO Value



OPPORTUNITIES

- Health care systems cannot do what CBOs can do
- CBOs represent diverse groups, address intersectional issues in health planning, health funding, and service organization, engage underserved populations, address SDOH, provide accessible community-based interventions to promote health and wellness, promote cultural competence, and much more!



CHALLENGES

- Required functions to engage in care delivery system.
- CBOs landscape complicated – CBOs are diverse in size, operate independently, no shared set of goals, multiple streams of funding



Healthcare Engagement OPTIONS FOR CBOs

- Individual CBO-HCO partnerships
- Multi-sector or single sector coalitions
- Focused constituency models
- Network hubs

■ CBOS LACK ALIGNMENT WITH THE HEALTHCARE SYSTEM

Healthcare System



CBOs Addressing SDOH



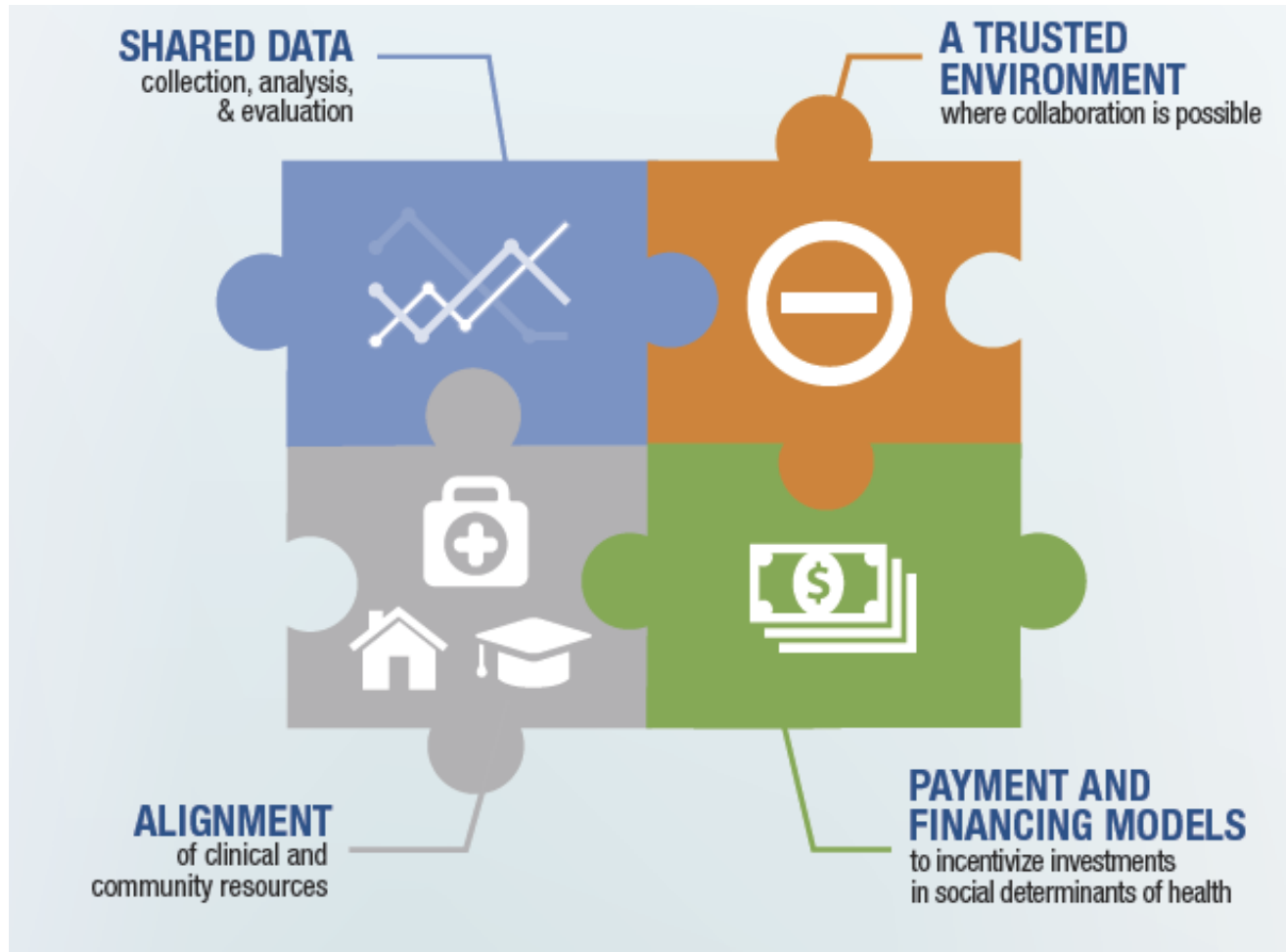
■ OPPORTUNITIES TO LEARN FROM OTHERS

FIVE KEY LESSONS FROM NEW YORK



■ HOW INTEGRATION OF SDOH NEEDS TO WORK

+ Four elements that build sustainable SDOH interventions

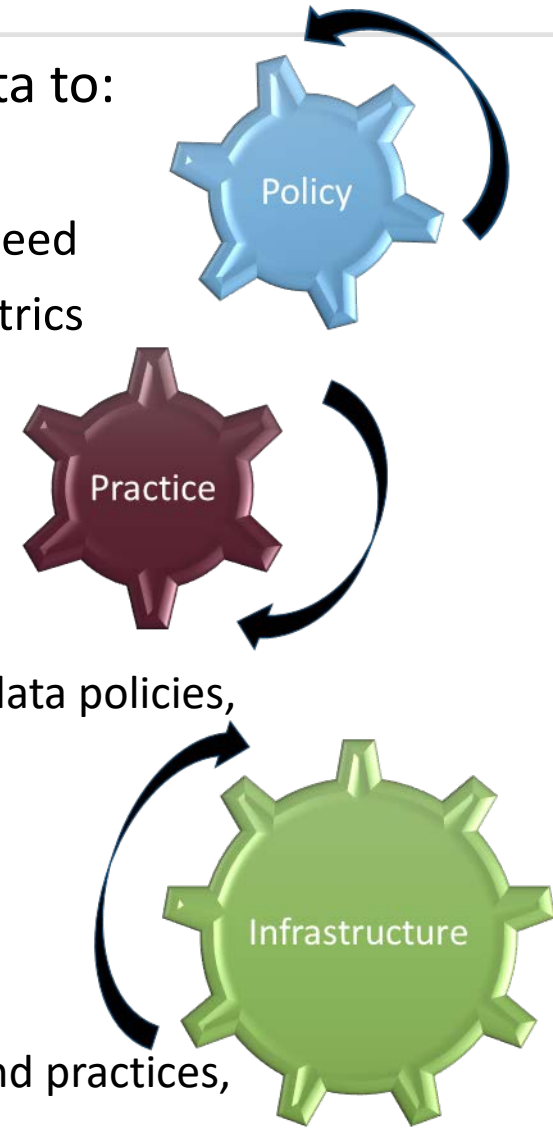


Download infographic: http://www.academyhealth.org/sites/default/files/P4PH%20Infographic_FINAL.pdf

■ CBO ENGAGEMENT REQUIRES A DATA STRATEGY

Effective CBO/healthcare collaborations require data to:

- + Identify clients and their needs
- + Ensure access to the right services and supports clients need
- + Track and report performance, quality and outcomes metrics
- + Help CBOs accurately price services and bill for them
- + Ensure health systems create contracts and reimbursement that fairly compensates CBOs



An effective data strategy must include:

- + A strong cross-system governance structure to oversee all data policies, processes, and technologies
- + Specific policies and practices that address federal and state privacy/ confidentiality statutes and regulations, as well as individual entity needs
- + Standardized data definitions, protocols and processes
- + IT platforms and systems that support governing policies and practices, without requiring huge capital investments from CBOs

■ YOU'RE READY FOR A HEALTHCARE CONTRACT WHEN...

- + Methodology to identify (risk stratify) the target population has been established and tested
- + Intervention parameters are clear, outcomes demonstrated, ROI established
- + Cost for training and coaching are determined
- + Intervention has clear initiation for episode of service
- + Efficiencies established (billable services “pulled out” of cost OR incorporated for increased rate negotiation; method for billing established)
- + Impact for population is demonstrable and meaningful to accountable entity
- + Value has been established and agreed with partner(s)
- + Payer/provider engaged and ready to contract
- + Business Plan established to ensure that service volume will cover cost for care provided; that participant acuity and engagement will achieve desired outcomes
- + Payment methodology and contract terms negotiated

■ CHALLENGES IN CREATING COLLABORATIONS FOR SDOH

Unique Needs
and Roles of
CBOs



Aligning CBOs
& Healthcare
Systems



Integrated Data



■ TOOLS TO EFFECTIVELY ALIGN CBOS AND HEALTHCARE SYSTEMS

HMA's CBO Engagement Tool



Pathways HUB Model



HMA PUBLICATIONS

Academy Health



Achieving Health Equity and Wellness for Medicaid Populations: A Case Study of Community-Based Organization (CBO) Engagement in the Delivery System Reform Incentive Payment (DSRIP) Program

AcademyHealth in partnership with Health Management Associates (HMA) and the Disability Policy Consortium (DPC)

Authors: Ellen Breslin, MPP (HMA), Heidi Arthur, LMSW (HMA), Dennis Heaphy, MPH (DPC)

Contributors: Denise Soffel, PhD, (HMA), Susan Kennedy, MPP/MSW, (AcademyHealth), and Sunita Krishnan, MPH, (AcademyHealth)

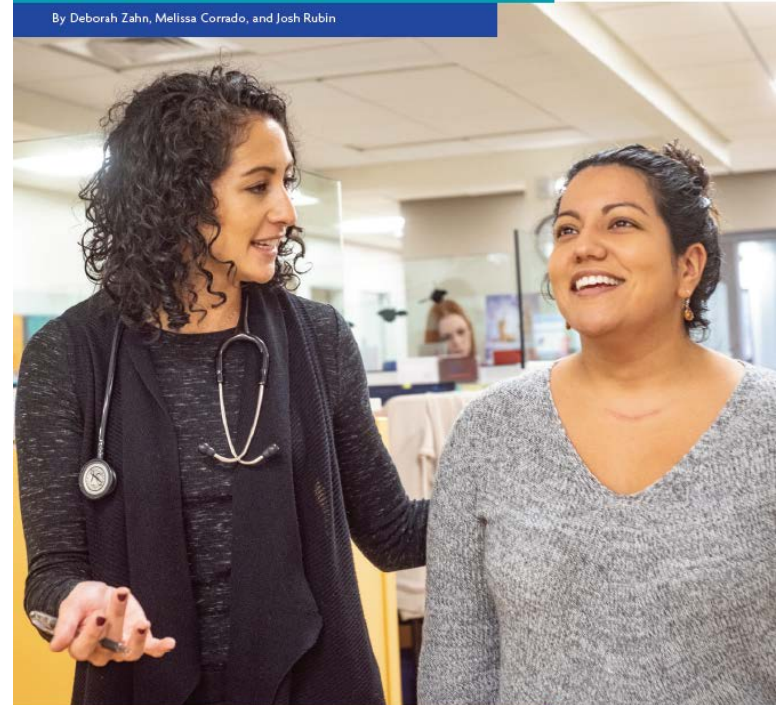


REPORT

AUGUST 2019

Making Community and Clinical Integration Work: A Guide for Moving from Idea to Implementation

By Deborah Zahn, Melissa Corrado, and Josh Rubin



HMA/HMA-CS CBO ENGAGEMENT TOOLKIT



Community
programs and model
design,
development,
implementation



Readiness
Assessment
Tool
TA, Training,
Tools for CBOs to use



Analytics,
Participatory
Evaluation



Rate
development
VBP contracting
ROI Analysis

■ HMA'S CBO ENGAGEMENT TOOL

CBO engagement tool for CBO leaders, payers, and/or HCOs to:

- + Organize CBO recruitment for healthcare collaboration within targeted communities, sectors, or identified populations
- + Identify CBO services and populations that are reached by local CBOs or currently unaddressed
- + Assess CBO capacity and needs
- + Highlight potential CBO partners for referrals and/or contracted services
- + The resulting report will inform CBOs and HCOs about the value CBOs offer in addressing shared goals related to health equity.
- + Though CBOs are predominantly the users not the purchaser, some CBOs are able/ willing to pay for a tool like this on their own.

TA and Training

**Developing the
CBO Value Proposition**

**Performance Outcome
Measurement to Achieve
Return on Investment (ROI)**

**Information Technology and
Data Planning**

**Business Development,
Financing, and Budget
Development**

■ THE PATHWAYS HUB MODEL

A MODEL TO SUPPORT COMMUNITY RESPONSE TO HEALTH INEQUITIES

WHY?

- + Measure and address local health risk factors
- + Coordinate community level outreach, engagement, and connections to social and clinical care
- + Resource sharing for contracting, finance, and quality management
- + Cross sector data collection to identify gaps in SOC

WHO?

- + Community led collective (hub)

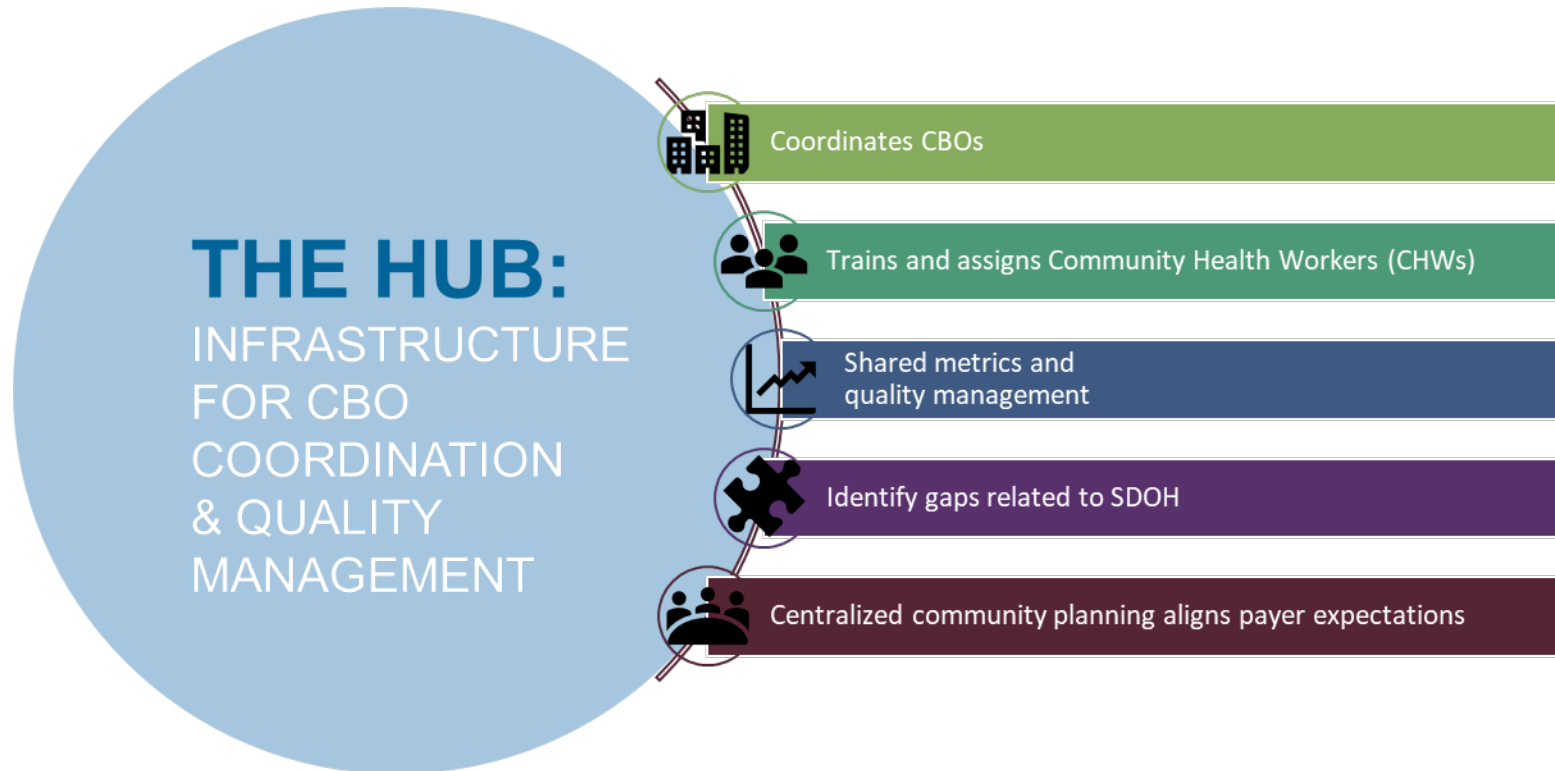
WHAT?

- + Hub is a single point of access for healthcare partners to refer people for care and to share administration functions related to Pathways

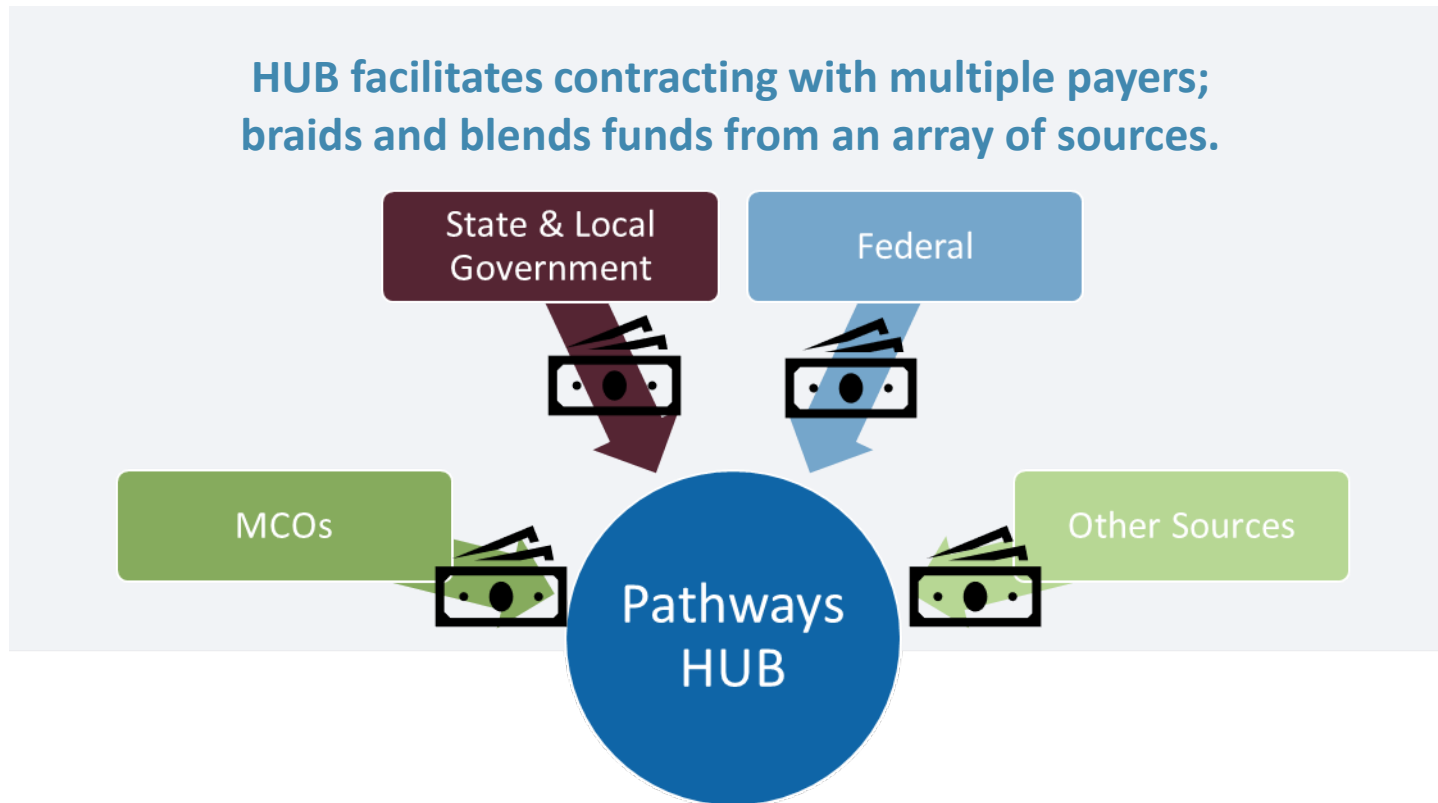
HOW?

- + Blended and braided funding from multiple sources to support hub functions
- + Plans pay for CHWs to screen and mitigate health risks (pathways)

THE HUB: INFRASTRUCTURE FOR CBO COORDINATION & QUALITY MANAGEMENT



■ PATHWAYS HUB INFRASTRUCTURE FOR CBO CONTRACTING



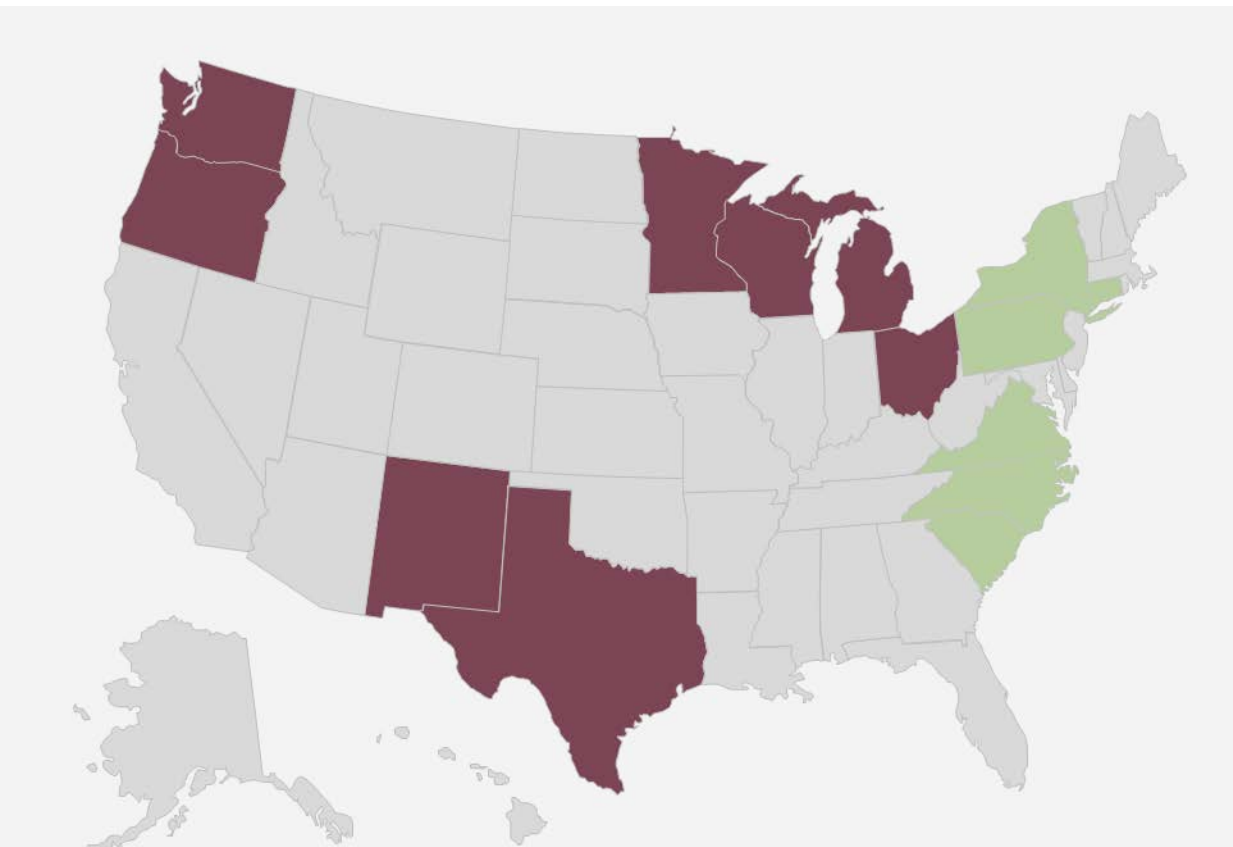
20 CORE PATHWAYS – NATIONAL CERTIFICATION

- + Adult Education
- + Employment
- + Health Insurance
- + Housing
- + Medical Home
- + Medical Referral
- + Medication Assessment
- + Medication Management
- + Smoking Cessation
- + Social Service Referral
- + Behavioral Referral
- + Developmental Screening
- + Developmental Referral
- + Education
- + Family Planning
- + Immunization Screening
- + Immunization Referral
- + Lead Screening
- + Pregnancy
- + Postpartum

■ THE MOST CENTRAL PILLARS OF THE MODEL

- + Accountability for comprehensive and confirmed mitigation of risk factor outcomes.
- + The power of relationships CHWs develop with the individuals and families they serve to accomplish changes in behavior.
- + Maintain autonomy.
- + Provide credentials for smaller CBOs/gives credibility.

■ THE PATHWAYS HUB MODEL IS TRIED AND TESTED



Active HUBs

Ohio, Michigan,
Washington, Oregon,
Texas, New Mexico,
Wisconsin, Minnesota

Developing HUBs and Pathways Programs

Pennsylvania, New York,
North Carolina, South
Carolina, Connecticut
Virginia

There are 4-5 other states
in an exploratory phase

Questions?

HEALTH MANAGEMENT ASSOCIATES



Thank you!
For more information

Heidi Arthur – harthur@healthmanagement.com

Carrie Cochran—ccochran@healthmanagement.com

W W W . H E A L T H M A N A G E M E N T . C O M