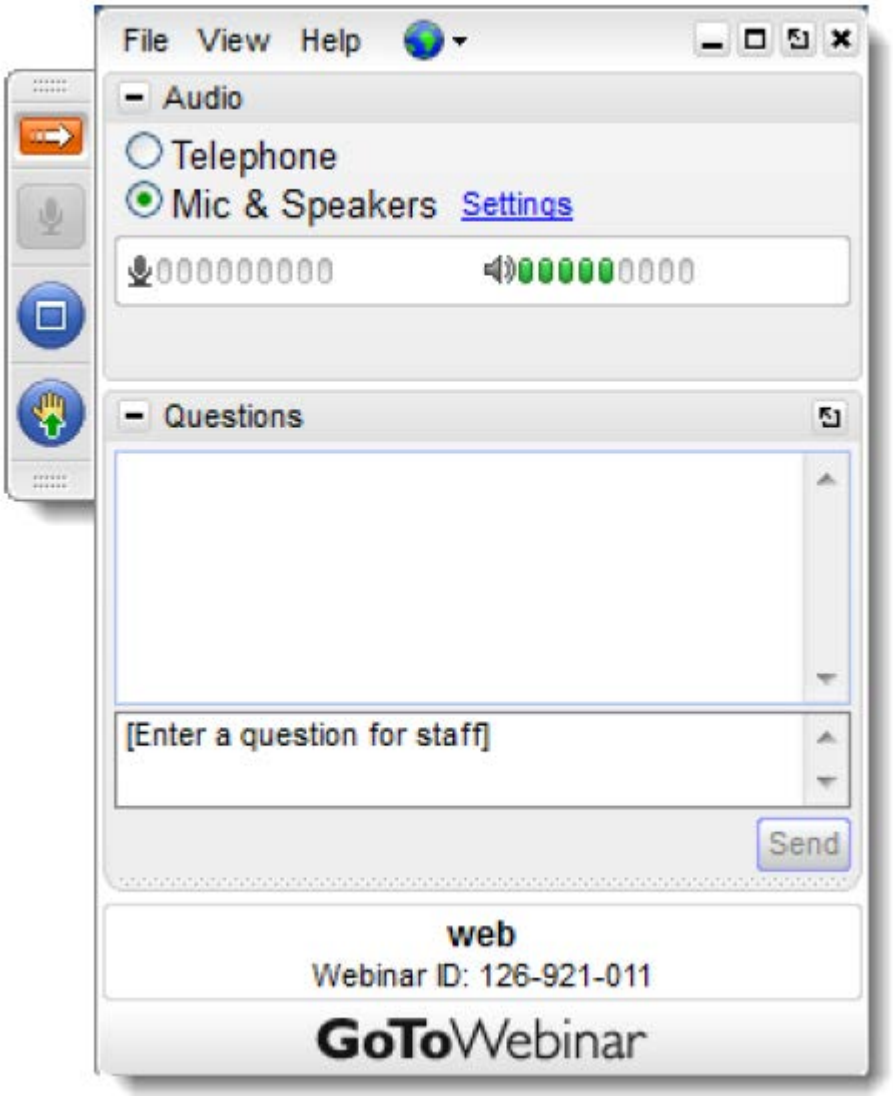
Opportunities to Improve Models of Care for People with Complex Needs

March 2016

VHCIP Webinar Series

Before we get started…



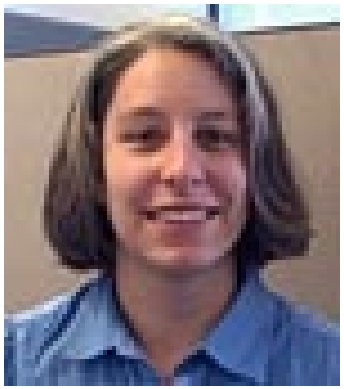
- By default, webinar audio is through your computer speakers.
- If you prefer to call-in via telephone, click "Telephone" in the Audio pane of your control panel for dial-in information.

Before we get started…

- **We've reserved time for Q&A at the end of this event.** Submit questions via Questions pane in webinar control panel.
- **This webinar is being recorded.** Slides and recording will be posted to the VHCIP website following the event: http://healthcareinnovation.vermont.gov/
- **Please complete our brief evaluation survey** at the end of the event. We value your feedback!

Speakers

- Moderator: Georgia Maheras, Director, Vermont Health Care Innovation Project (VHCIP), and Deputy Director of Health Care Reform for Payment and Delivery System Reform, Agency of Administration



- Speaker: Caitlin Thomas-Henkel, Senior Program Officer, Center for Health Care Strategies (CHCS)

Agenda

- Overview: Work to Transform Care Models Underway in Vermont
- Presentation: Opportunities to Improve Models of Care for People with Complex Needs
- Q&A

SIM Supports a Variety of Care Transformation Activities…

- These include:
  - Integrated Communities Care Management Learning Collaborative
  - Core Competency Trainings
  - Unified Community Collaboratives/Regional Clinical Performance Committees
  - Blueprint for Health
  - Sub-Grant Program

Integrated Communities Care Management Learning Collaborative

- **Focus:** Improving cross-organization care management for at-risk populations.
- **Methods:** Community-level rapid cycle quality improvement initiative based on the Plan-Do-Study-Act (PDSA) quality improvement model.
  - Combination of in-person learning sessions, webinars, implementation support, and testing of key interventions.
  - National faculty and tools
- **Participating:** Eleven Vermont communities, including ~200 providers.

Core Competency Training

- **Focus:** Comprehensive training for front line staff providing care coordination (including case managers, care coordinators, etc.) from a wide range of medical, social, and community service organizations in communities state-wide. Core curriculum will cover competencies related to care coordination and disability awareness.
- **Method:** Multi-day in-person trainings.
- **Participating:** Front line staff, supervisors, and future trainers, up to 240 participants.

Unified Community Collaboratives/ Regional Clinical Performance Committees

- **Focus:** Creating a single unified health system initiative across Blueprint for Health, ACO, and other stakeholders. These groups focus on reviewing and improving the results of core ACO Shared Savings Program quality measures, supporting the introduction and extension of new service models, and providing guidance for medical home and community health team operations.
- **Method:** Developing formal governance structures, including a charter and decision-making processes in each of Vermont's 14 Health Service Areas (HSAs).
- **Participants:** Medical and non-medical providers (e.g., long-term services and supports providers and community providers) in all 14 HSAs.

Blueprint for Health

- **Focus:** Promote health maintenance, prevention, and care coordination and management through a patient-centered medical home (PCMH) program, with multi-disciplinary support services provided by community health teams (CHTs).
- **Participating:** Over 700 advanced primary care practices with over 300,000 attributed patients.

Sub-Grant Program

- Sub-Grant Program supports provider-driven care delivery transformation projects around the state, including:
  - **Rutland Area VNA and Hospice:** Supportive Care Pilot Program
  - **Northeastern Vermont Regional Hospital:** Dual Eligible Project
  - **White River Family Practice in collaboration with the Geisel School of Medicine at Dartmouth College:** Patient Health Confidence
  - **Southwestern Vermont Hospital:** Transitional Care Model Project
  - **Developmental Disabilities Council with Green Mountain Self-Advocates:** Inclusive Health Care Partnership Project

And so much more!

- In addition to SIM-supported initiatives, there are many other programs underway to support Vermonters with complex needs, including the Vermont Chronic Care Initiative and other programs of the Department of Vermont Health Access, the Support and Services at Home (SASH) program, initiatives by Blue Cross Blue Shield of Vermont and other private insurers, and so much more.

CHCS Center for Health Care Strategies, Inc.

Advancing innovations in health care delivery for low-income Americans

Improving Models of Care for People with Complex Needs

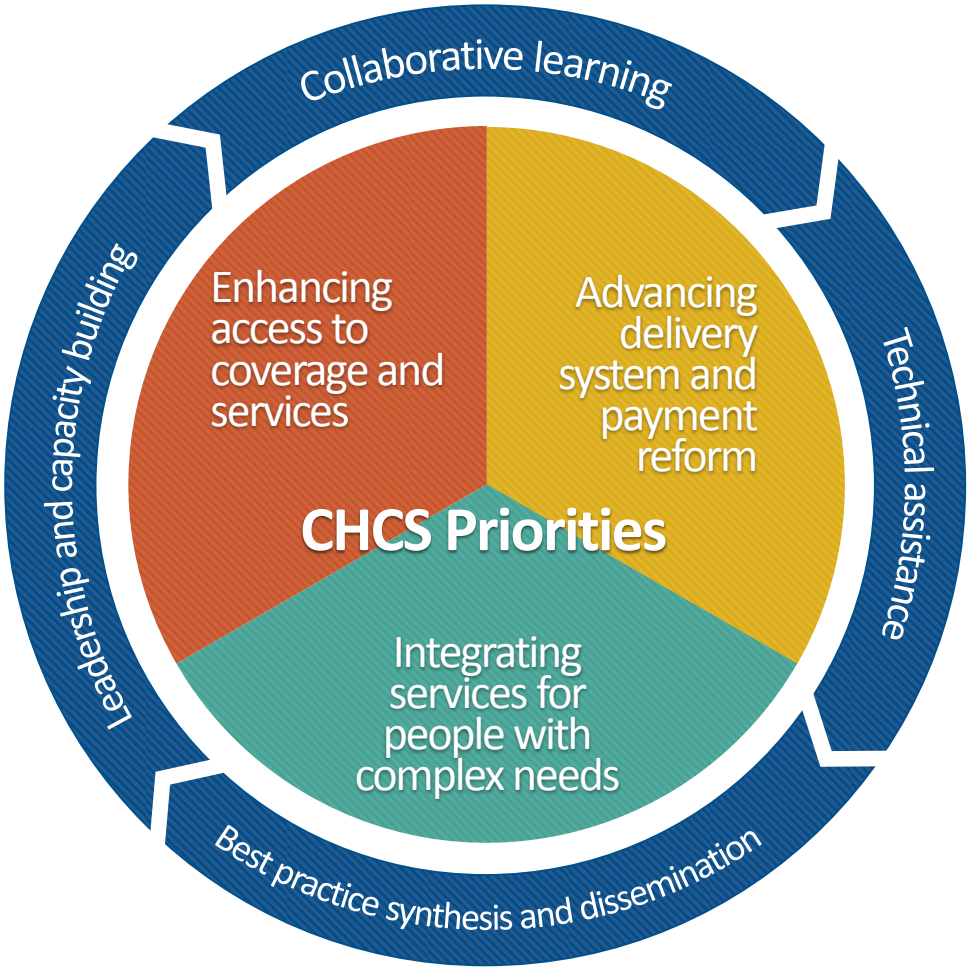
Vermont Health Care Innovation Project

March 9, 2016

Caitlin Thomas-Henkel, Senior Program Officer, Center for Health Care Strategies

About the Center for Health Care Strategies

- CHCS is a non-profit policy center dedicated to improving the health of low-income Americans



OPPORTUNITIES to Improve Care for High-Need, High-Cost Populations

Care Model Enhancements

- Tease out effective interventions
- Identify the appropriate "dose" of care management

Financing and Accountability

- Refine managed care rate setting
- Adjust risk to account for social *and* medical complexity

Data and Analytics

- Identify population subsets and tailor interventions
- Increase access to real-time, integrated data systems

Workforce Development

- Incorporate non-traditional health care workers
- Standardize training specific to high-need populations

Governance and Operations

- Promote reinvestment in community capacity
- Improve capacity for operational efficiency

Policy and Advocacy

- Address policy barriers like privacy and financing limitations
- Ensure consumers' voices are heard

For a full list of opportunities, see the report at chcs.org

Source: C. Thomas-Henkel, A Hamblin, and T. Hendricks. *Opportunities to Improve Models of Care for People with Complex Needs*, November 2015.

CHCS Center for Health Care Strategies

Opportunities: Care Models

- Tease out the **effectiveness** of specific interventions
- Identify **appropriate "dosing"** of care management intensity and duration
- Strengthen **connections** in information technology
  - » Maimonides Medical Center

Opportunities: Workforce

- Standardize **tools and training** specific to caring for high-need, high-cost populations
  - » Medical school, residency requirements
- Incorporate **non-traditional** health professionals
  - » Commonwealth Care Alliance
  - » Medical Legal Partnership
- Develop a **more unified** crisis system
  - » Maricopa Crisis Response Network

Opportunities: Financing & Accountability

- Establish **risk-adjustment methodologies** to account for social complexity
  - » New York Medicaid Health Homes
- Increase **blended or braided** funding strategies and aligned accountability across systems
  - » The Center for Health Care Services
- Refine approaches to **managed care rate setting**

Opportunities: Data & Analytics

- Identify unique population subsets to **tailor intervention** approaches
  - » Spectrum Health's Center for Integrative Medicine
- Increase access to **real-time**, integrated data systems
  - » Washington Department of Social and Health Services
- Refine approaches to **quality measurement**
  - » Minnesota social determinants data workgroup

Opportunities: Governance & Operations

- Leverage **governance models** to promote effective reinvestment in community capacity
  - » Hennepin Health and Maimonides Medical Center
- Develop **management capacity** to support operational excellence
  - » Health Quality Partners

Opportunities: Policy & Advocacy

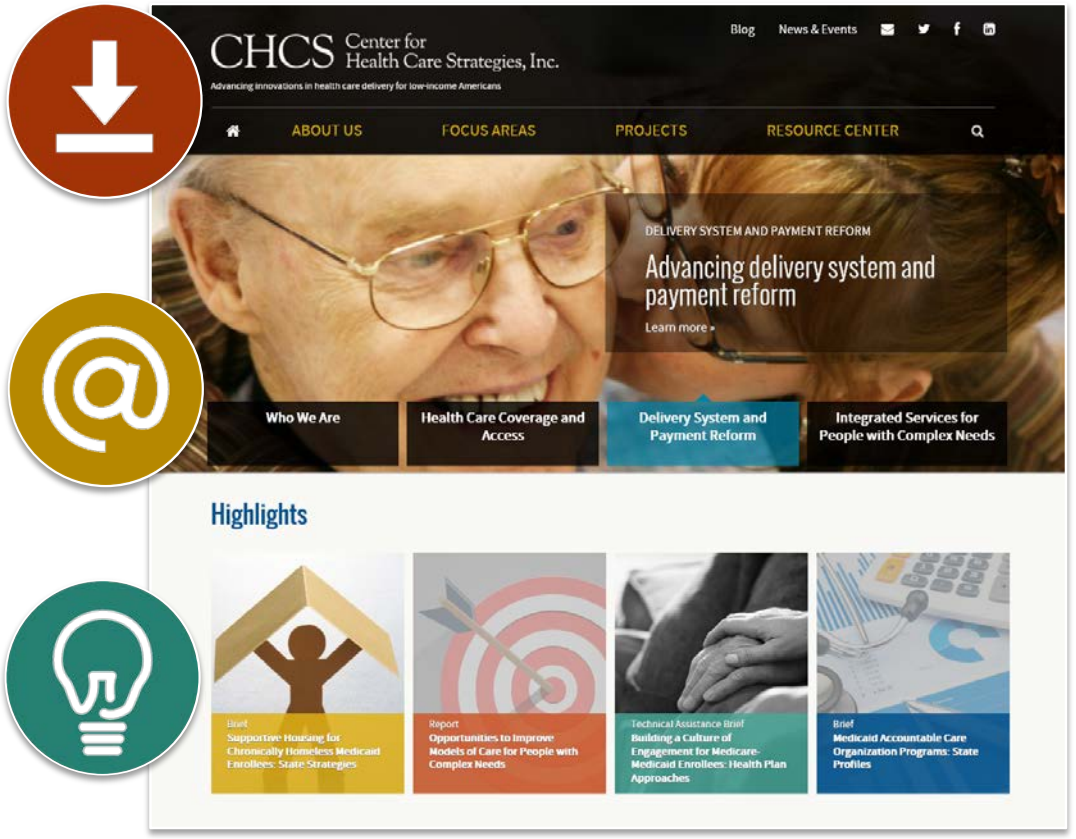
- Showcase what is working to **support replication** and spread
  - » Pacific Business Group on Health
- Streamline **access and management** of social factors
  - » Montefiore Medical Center
- Ensure the voice of **consumers** is heard

On the Horizon: Transforming Complex Care

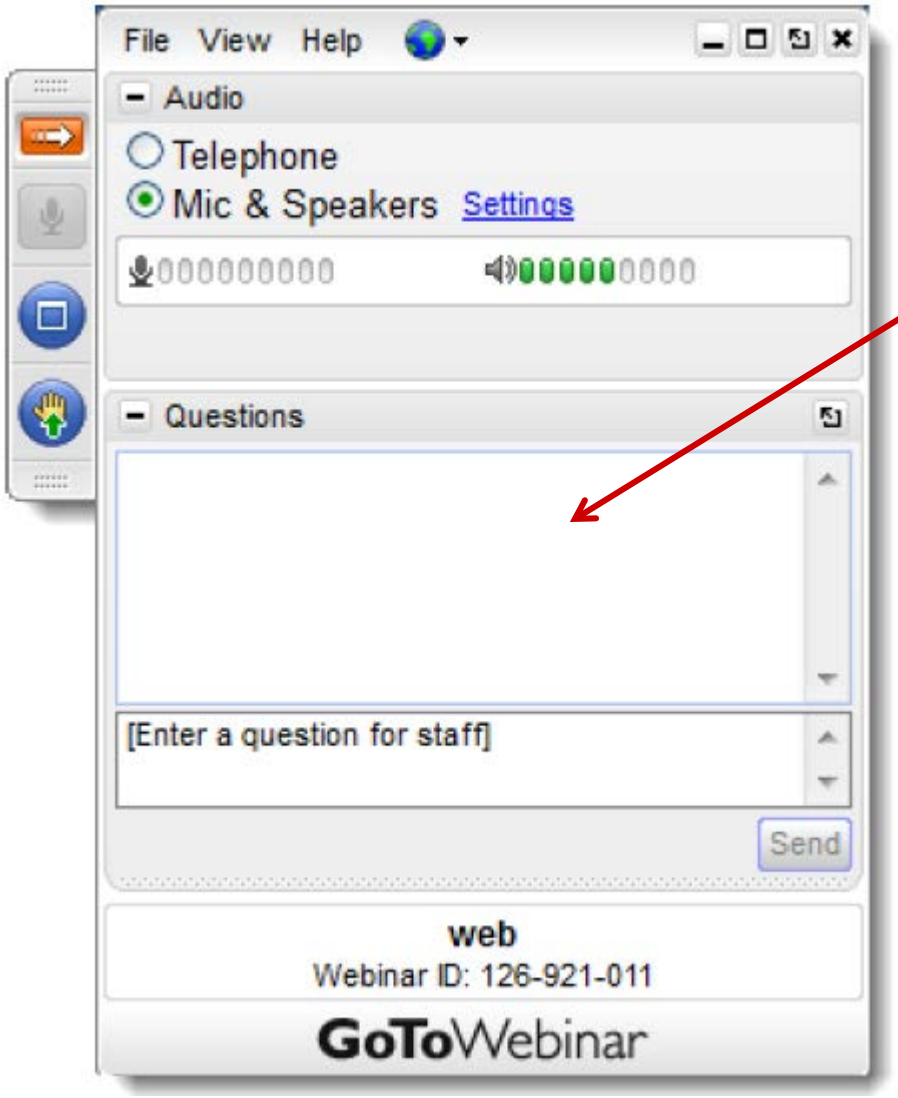
- Demonstration program that aims to:
  - » Standardize the core elements of effective care for high-need, high-cost populations
  - » Expand the universe of providers capable of serving this population in accordance with these standards
- Funding to six sites will be selected to participate in the two-year pilot initiative

Visit CHCS.org to…

- **Download** practical resources to improve the quality and cost-effectiveness of Medicaid services
- **Subscribe** to CHCS e-mail, blog and social media updates to learn about new programs and resources
- **Learn** about cutting-edge efforts to improve care for Medicaid's highest-need, highest-cost beneficiaries



Questions?



- Enter questions in Questions pane of GoToWebinar control panel.

Vermont Health Care Innovation Project

Thank you!