



MEDI-CAL 2020 WAIVER AND POPULATION HEALTH

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Overview

- Background
- Waiver basics
- Population health continuum
- Key elements of the 2015 waiver
 - PRIME
 - Whole Person Care
 - Global Payment Program
- Opportunities and Challenges

About CAPH/SNI

The California Association of Public Hospitals and Health Systems (CAPH) and the California Health Care Safety Net Institute (SNI) represent California's 21 public health care systems and academic medical centers (PHS).

As a trade association, CAPH works to advance policy and advocacy efforts that strengthen the capacity of its members to ensure access to comprehensive, high-quality, culturally sensitive health care services for all Californians, and educate the next generation of health care professionals.

SNI, a 501(c)3 affiliate of CAPH, designs and directs programs that accelerate the spread of innovative practices among public health care systems, public clinics, and beyond. SNI's work helps these providers deliver more effective, efficient and patient-centered health care to the communities they serve.

California's Public Health Care Systems

21 county-owned and operated facilities and UC medical centers, comprising just 6% of all health care systems in the state:

- Serve 40% of state's uninsured and 25% of Medi-Cal beneficiaries
- Primary care provider for more than ½ million newly-eligible Medi-Cal enrollees
- Operate more than 200 outpatient clinics and provide 10.5 million outpatient visits per year
- Operate more than half of the state's top-level trauma and burn centers
- Train 57% of all new doctors in the state

21 Public Health Care Systems

UC medical systems and county-owned and -operated health systems

Alameda County

- Alameda Health System

Contra Costa County

- Contra Costa Health Services:
- Contra Costa Regional Medical Center

Kern County

- Kern Medical

Los Angeles County

- Los Angeles County Department of Health Services:
- Harbor/UCLA Medical Center
 - LAC+USC Medical Center
 - Olive View / UCLA medical Center
 - Rancho Los Amigos National Rehabilitation Center

Monterey County

- Natividad Medical Center

Riverside County

- Riverside University Health System - Medical Center

San Bernardino County

- Arrowhead Regional Medical Center

San Francisco County

- San Francisco Department of Public Health:
- Zuckerberg San Francisco General
 - Laguna Honda Hospital and Rehabilitation Center

San Joaquin County

- San Joaquin County Health Care Services:
- San Joaquin General Hospital

San Mateo County

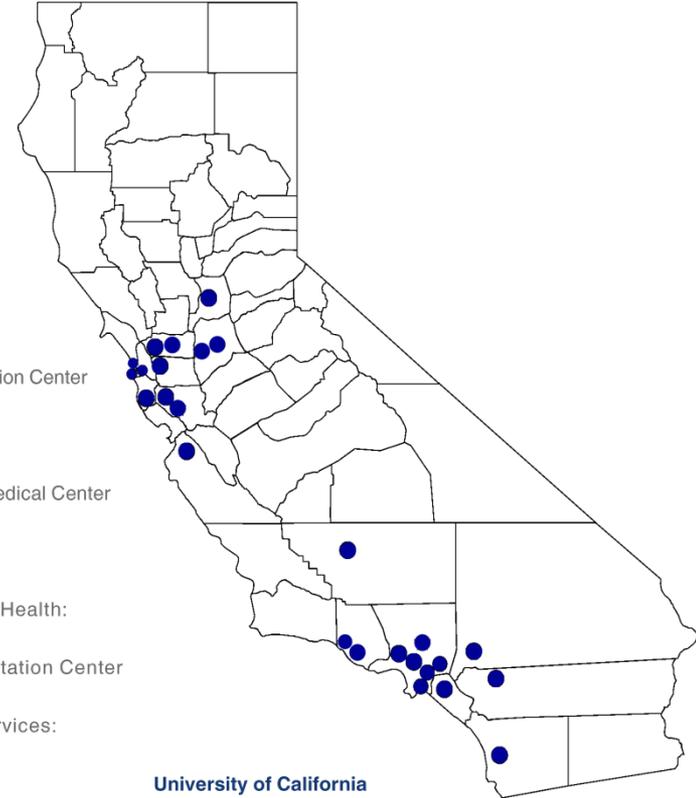
- San Mateo Medical Center

Santa Clara County

- Santa Clara Valley Health & Hospital System:
- Santa Clara San Valley Medical Center

Ventura County

- Ventura County Health Care Agency:
- Ventura County Medical Center



University of California

- UC Health:
- UC Davis Medical Center
 - UC Irvine Healthcare
 - UC San Diego Medical Center
 - UC San Francisco Medical Center
 - UCLA Medical Center, Santa Monica / Ronald Reagan UCLA Medical Center

Where We've Been, Where We're Going



Coverage

- Coverage Initiative
- Low-Income Health Program
- ACA
- Presumptive Eligibility

Value

- Accountability for outcomes
- Align financing with quality
- Population health

Two Inter-related Evolutions That Can Impact Population Health

- **Delivery System Reform**
 - Heavy outpatient focus
 - Coordinated care for most vulnerable
 - Improved safety and efficiency
- **Payment Reform**
 - Value, not volume
 - Movement to risk-based structures
 - Pay for performance

Section 1115 Medicaid Waivers

- Permission from federal government to operate Medicaid program in ways not normally authorized in federal law
- Waivers may permit states to “waive” certain rules and/or provide expenditure authority for new programs
- Waivers in CA have been important for public health care systems in advancing coverage and population health goals

2010 Bridge to Reform Waiver (2010-2015)

- Helped CA prepare for health reform
- LIHP: Early coverage & medical home assignment for 730,000 Californians statewide
- Nation's first Delivery System Reform Incentive Program (DSRIP) for 21 public health care systems
 - 680,000 patients empaneled into medical homes
 - 1 million patients added to disease management registries
 - Systems increased primary care capacity by more than 20%

Medi-Cal 2020 Waiver (2015-2020)

- Public Hospital Redesign & Incentives in Medi-Cal (PRIME)
 - Pay-for-performance successor to DSRIP
 - Focus on high quality care that is integrated and coordinated
 - Strengthening use of data
- Global Payment Program (GPP)
 - Improved access to services for the remaining uninsured
 - Combines existing funding streams to create incentives
- Whole Person Care (WPC)
 - County-based pilot program
 - Coordinated and targeted care for high users of multiple systems
- Dental Transformation Initiative (DTI)
 - Improved and more consistent dental care for children

Medi-Cal 2020 Waiver Themes

- Proactively working to keep patients healthy
- Movement from inpatient to primary and preventive care - from volume to value
- Spotlight on caring for most vulnerable and highest risk patients, to improve quality of life and keep them out of the E.R.
- Focus on improving integration and coordination

Population Health Continuum

Panel
Management

- Bridge to Reform waiver/DSRIP
- PRIME

High Utilizers
Prevention

- PRIME
- Global Payment Program
- Whole Person Care

Community/
Geographic

- PRIME APM requirements & “assigned lives”
- Whole Person Care/WPC 2.0

PRIME

- Each public health care system chooses at least 9 projects – 6 required:
 - Integration of behavioral health and primary care
 - Redesign Primary Care
 - Specialty Care
 - Perinatal Care
 - Care transitions
 - Complex care management
- Payment is contingent on sustained effort and year-over year improvement
- Ambitious targets based on clinical outcomes, metrics are the same for every participant
 - Innovative Metrics
- Participants include public health care systems and district hospitals

Laurie

Los Angeles County DHS

- During DSRIP, Laurie was enrolled into a medical home, and received coordinated care with a primary care team.
- PRIME funding now based on:
 - Improving Laurie's diabetes control
 - Making sure Laurie and others receive scheduled mammograms,
 - Screening her for depression (if needed), help her stop smoking (if she smokes)
 - Capturing her race/ethnicity/sexual orientation and gender identity information so that systems can begin targeted efforts to address disparities



Alternative Payment Methods (APMs)

- APM: some level of contractual risk at the provider level for assigned Medi-Cal beneficiaries and a linkage to quality incentives
- High level agreement includes the following commitments:
 - By Jan 2018, 50% of all Medi-Cal managed care beneficiaries assigned to a public health care system must receive all or a portion of their care under a contracted APM
 - 55% by Jan 2019, 60% by the end of the waiver
- If APM threshold not met, penalty of 5% of PRIME in 2019, 5% in 2020.

Global Payment Program

UC Berkeley estimates that by 2017, 3 million Californians will remain uninsured. These individuals have historically had limited access to primary and preventive services, often only seeking emergency health care services when their conditions have become more advanced.

- Reorganization of existing funds (SNCP + DSH)
- Greater flexibility to care for uninsured in more appropriate outpatient settings – focus on primary and preventive care
- Encouragement of care delivery outside the traditional office setting (telemedicine, group visits, eConsult for specialty care)

Whole Person Care Pilot

- County-based program to integrate physical and behavioral health services with non-medical services for the highest users of multiple county agencies
 - Focus is on the top 1-3% of high cost users
- Requires the development of an individualized care plan to improve health outcomes for these patients, beyond just the health care setting

Whole Person Care Pilot

Each pilot will be designed to best suit the unique needs of its community, but all will be centered around these six elements:

1. Target Population
2. Collaborative Leadership
3. Coordinating Services Across Sectors
4. Sharing Data
5. Financial Flexibility
6. Meeting Patient Needs

Whole Person Care Pilot

Required partners must include:

- At a minimum, one Medi-Cal managed care plan
- County health services
- County mental health
- One other public agency or department
- At least two other key community partners: e.g. physician groups, clinics and community organizations
- Additional partners could include (not required):
 - County alcohol and substance use disorder
 - Criminal justice/probation
 - Housing authorities
 - Additional Medi-Cal managed care plans
 - County welfare agency

Opportunities/Challenges

- Payment is contingent on sustained effort and high performance
- Ambitious goals
- Success will require collaboration and integration – builds on work already being done in communities
- Population health at all levels requires effective & accurate data sharing – EHRs and moving to 2nd generation
- Public health care systems are embracing the challenge
- WPC: will dramatically improve care and support services for our most vulnerable patients
 - Break down silos and barriers for patients to sustain improvements

Thank You

Learn more at caph.org/waiver