

County Welfare Directors Association 2015 Conference

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Overview

- Health Reform Implementation
- What's next: Moving from Coverage to Care
- California's 2015 Waiver

CAPH / SNI

California Association of Public Hospitals and Health Systems (CAPH)
California Health Care Safety Net Institute (SNI)

- CAPH works to strengthen the capacity of our members through research, policy, and advocacy to provide high quality care and advance community health.
- SNI designs and directs programs to help CAPH members develop and spread innovative programs that improve the quality of patient care and care coordination, enhance efficiencies, and eliminate health care disparities.



Nurse and patient at San Mateo Medical Center

California's Public Health Care Systems

- Providers of choice to a largely low-income population
 - Serve more than 2.85 million patients annually
 - Provide ~30% of all hospital-based care to the state's Medi-Cal population, ½ million newly eligible Medi-Cal enrollees
- Providers of critical community services
 - Operate more than half of state's Level I trauma and burn centers
 - Train 57% of all new doctors in state
- Core providers of care to remaining uninsured

ACA Landscape

- 4 million enrolled in coverage
 - 1/3 CA's population enrolled in Medi-Cal
 - More than 1.5 million enrolled in Covered California
 - Roughly 3 million Californians to remain uninsured
- Public health care system perspective
 - Declines in the uninsured
 - Medi-Cal: Increased enrollment in newly eligible
 - Strong enrollment in presumptive eligibility- temporary Medi-Cal
 - Dynamic environment playing out differently in each local marketplace

Next Phase of the ACA: Better Care, Smarter Spending, Healthier People



Transforming Our Delivery System

- Better Care, Smarter Spending, Healthier People
- Financing: movement toward value-based payments
- Care Delivery: greater coordination and integration
- Information: data on cost, quality and outcomes (e.g. quality rating systems)

California's 2010 DSRIP

- First of its kind in the nation
- The entire program was pay-for-performance
- Systems only receive incentive payments if milestones are reached
- On average, each system has been carrying out an average of 15 simultaneous projects with 217 milestones per year
- Each DSRIP project is directly tied to performance milestones in one of five key categories:



California's 2010 DSRIP

SUCCESSSES TO BUILD ON

- Expanded primary care capacity:
 - 680,000 enrolled into a medical home to help connect patients to a primary care team and more effectively manage health
 - Public hospitals are now seeing 113,000 more patients in the primary care setting
- Increased specialty care capacity by more than 14% for services like optometry, dermatology, orthopedics and many others
- 20% decrease in the rate of diabetes patients hospitalized for short-term conditions
- Improved patient safety: More than a 50% reduction in surgical site infections



Pediatrician and patient at Kern Medical Center

READ MORE AT CAPH.ORG/DSRIPSUCCESS

2015 Waiver

- State's 2020 vision: Continue to build capacity in ways that better coordinate care and align incentives around Medi-Cal beneficiaries to improve health outcomes, while also containing health care costs.
- Key Themes:
 - Moving from coverage to care
 - Payment reform: aligning financial incentives with improvements in care



2015 Waiver

- Public safety net transformation and alignment program
 - Successor DSRIP that is more standardized and outcomes focused
 - Develop systems that offer ever-increasing value for payers and patients
- Payment reform for the remaining uninsured
 - Redesign funding we receive to provide more coordinated care to the remaining uninsured

2015 Waiver

- Whole Person Care: County based pilot for patient-centered care for high users of multiple systems – coordinate beyond health to potentially housing, social services, justice, etc.
- County and plan partners will
 - Identify high users of multiple county systems using shared data
 - Work together to provide highly coordinated, patient-centered care for program enrollees
 - Emphasis on building cross-county infrastructure for collaboration

Opportunities

- Opportunities:
 - Tremendous strides in coverage expansion, need to build on this success so that it results in better health and health outcomes for our low-income patients
 - Counties have experience serving complex, high need populations
- Challenges:
 - Local silos exist, need to develop new strategies to more effectively serve our common patients
 - Remaining uninsured, still more work to do