Raising the Bar: Value-based purchasing to address population health

MaryAnne Lindeblad, BSN, MPH
Medicaid Director

What we do at HCA

- State’s largest health care purchaser
- More than 2 million Washington residents:
  - Apple Health (Medicaid)
  - Public Employees Benefits Board (PEBB) Program
- Lead effort to transform health care:
  - Better health, better care, lower cost
  - Use evidence to make smart purchasing decisions

We purchase care for 1 in 3 non-Medicare Washington residents.
Getting to a healthier population

| Change the way we pay for care: value-based health options and innovative programs |
| Use data and evidence-based recommendations |
| Educate and engage people and their families |
| Integrate funding with shared resources |
| Leadership support for integration as driving model of operations |
| Physical and behavioral health needs treated collaboratively for all persons |
| Consistent communication and collaboration |
| Roles and cultures that blur or blend |

Value-based purchasing roadmap

*Using incentives to drive change*

- Reward patient-centered, high quality care
- Reward health plan and system performance
- Align payment and reforms with CMS
- Improve outcomes
- Drive standardization
- Increase sustainability of state health programs
- Achieve Quadruple Aim

2016: 20% VBP

2021: 90% VBP
HCA purchasing goals

By 2021:
- 90 percent of state-financed health care and 50 percent of commercial health care will be in value-based payment arrangements (measured at the provider/practice level).
- Washington’s annual health care cost growth will be below the national health expenditure trend.

Tools to accelerate VBP and health transformation
- 2014 Legislation directing HCA to implement VBP strategies
- State Innovation Models grant, 2015-2019
- Medicaid Transformation waiver, 2017-2021

Driving common elements in all HCA’s new models of care

- Risk sharing at the provider level
- Quality measures from Washington Statewide Common Measure Set
- HCA-created Quality Improvement Model, rewards improvement and attainment
- Care transformation strategies based on the Bree Collaborative recommendations
Examples VBP at HCA

<table>
<thead>
<tr>
<th>PEBB (State Employees)</th>
<th>Apple Health (Medicaid)</th>
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<tbody>
<tr>
<td>• Accountable Care Program, ACO model with upside and downside risk to incentivize</td>
<td>• 1% MCO premium withhold based on quality and provider VBP arrangements</td>
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<td>clinical and quality accountability</td>
<td>• Behavioral and physical (financial) health integration statewide by 2020</td>
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<td>• Total Joint Replacement Bundle and Center of Excellence</td>
<td>• Exploring rural multi-payer model</td>
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<td>• TPA RFP requires bidders to offer substantially similar ACO program to book of</td>
<td>• Medicaid Transformation regional VBP goals tied to incentive payments to Accountable</td>
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<td>business (risk sharing and Care Transformation approaches) to spread VBP in the</td>
<td>Communities of Health and MCOs</td>
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<td>marketplace</td>
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Addressing social determinants

You’re less likely to be healthy if

• You don’t have a home
• You don’t have food
• You don’t have a job
Strategies that address social determinants

- ACH Medicaid Transformation projects
  - Diversion intervention (measuring: % homeless, % arrested)
  - Support of ACES (adverse childhood experience intervention)
  - Support of community health workers

- New Medicaid eligibility categories
  - Foundational community supports
    - Helping those with complex health needs obtain and maintain housing and employment
  - Long-term services and supports
    - Supporting unpaid family caregivers
    - Supporting people who need long-term services and are at risk of spending down to impoverishment

Supported employment services

*Individual Placement and Support (IPS)*

**Principles of supported employment**
- Open to anyone who wants to work
- Focus on competitive employment
- Systematic job development
- Prioritize rapid job search
- Client preferences guide decisions
- Individualized long-term supports
- Integrated with treatment
- Benefits counseling included

**Services may include**
- Employment assessment and development of a plan to address barriers
- Assistance with applications, community resources and outreach to employers
- Education, training, coaching to maintain employment
Supportive housing services

- Housing assessment and development of a plan to address barriers
- Assistance with:
  - Applications
  - Community resources
  - Outreach to landlords
- Education, training, coaching, resolving disputes, and advocacy

- Supportive housing services do not include funds for room and board or the development of housing.

Caregiving: Impacts on family

- In Washington State, approximately 80% of the care statewide is provided by family members and other unpaid caregivers
- Unpaid caregiving has an economic impact on families:
  - Loss of earning potential
  - Decreased savings for retirement
  - Impacts on ability to provide for their own children’s needs
  - Increased health care costs due to stress and burden
- If just one-fifth of unpaid caregivers stopped providing care, it would double the cost of long-term services and supports in Washington
Services designed to delay & divert need for more intensive interventions

- Medicaid Alternative Care (MAC)
  - A new choice designed to support unpaid caregivers in continuing to provide quality care

- Tailored Supports for Older Adults (TSOA)
  - A new eligibility group to support individuals who need Long-term Services and Supports and are at risk of spending down to impoverishment

Medicaid Alternative Care (MAC)

- A new benefit package that will:
  - Provide support for unpaid family caregivers who support individuals eligible for Medicaid but not currently accessing Medicaid-funded LTSS
  - Provide necessary supports to unpaid caregivers to enable them to continue to provide high-quality care and focus on their own health and well-being
**Tailored Supports for Older Adults (TSOA)**

- A new eligibility group that will:
  - Provide a benefit package for individuals at risk of future Medicaid LTSS use
  - Help individuals and their families avoid or delay impoverishment and the future need for Medicaid-funded services while providing support to individuals and unpaid family caregivers

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**Designing for paradigm shifts**

<table>
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<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Sick care</td>
<td>Wellness</td>
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<tr>
<td>Episodic care</td>
<td>Seamless care</td>
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<td>Silos &amp; fragmented care</td>
<td>Person-centered &amp; integrated</td>
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<tr>
<td>Exclusively fee-for-service</td>
<td>Value-based</td>
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<tr>
<td>Duplication</td>
<td>Coordinated</td>
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<tr>
<td>Acute care</td>
<td>Continuum of care</td>
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<tr>
<td>Single EHR</td>
<td>Single source of information</td>
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<td>Patients</td>
<td>Populations</td>
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HCA is moving the market

- As a leading purchaser, HCA is moving to value-based arrangements.
- Aligning with the national movement away from fee-for-service to payments based on value.
- As of 2016 we’ve hit our goal of 30% value-based arrangements in contracts.
- Providers and patients are counting on us to continue leading, and that translates to the programs and the work we do everyday.
- End result is better care, healthier people, and lower costs for Washington residents.