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National Coordinating Center
Systems and Services Research to Build a Culture of Health

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Using Whole Person Care to Coordinate Health and Social Services for Medicaid Populations during the COVID-19 Pandemic

Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

Research-in-Progress Webinar
March 10, 2021
12-1pm ET

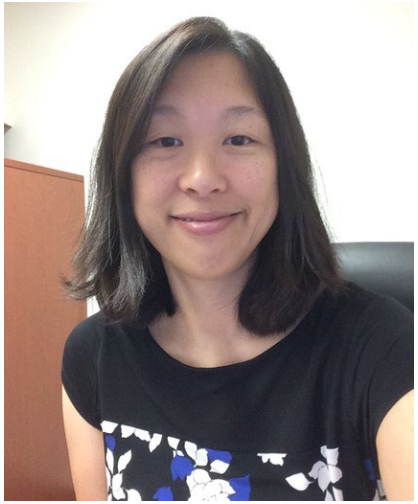
Agenda

Welcome Chris Lyttle, JD
S4A Deputy Director

Presenters Emmeline Chuang, PhD
University of California, Berkeley
Nadereh Pourat, PhD
University of California, Los Angeles
Leigh Ann Haley, MPP
University of California, Los Angeles

Q&A

Presenter



Emmeline Chuang, PhD

Emmeline Chuang, PhD is an Associate Professor in the School of Social Welfare at UC Berkeley, Director of the Mack Center on Public and Nonprofit Management in the Human Services, and adjunct Associate Professor in Health Policy and Management in the UCLA Fielding School of Public Health. Her research focuses on how health and human service organizations can work together to improve service access and well-being of traditionally underserved populations and how the design of work affects staff satisfaction, retention, and quality of care.

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Berkeley Mack Center on Public and Nonprofit Management in the Human Services
SCHOOL OF SOCIAL WELFARE

Presenter

Nadereh Pourat, PhD

Nadereh Pourat, PhD is the Associate Center Director at the UCLA Center for Health Policy Research, Professor of Health Policy and Management at the UCLA Fielding School of Public Health, and Professor at the UCLA School of Dentistry. Dr. Pourat's research focuses on assessing disparities in access to care of underserved populations, including the role of the health care delivery system in disparities and health care outcomes. She has extensive experience in evaluations of national, statewide, and local programs using mixed-methods evaluation designs.

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UCLA FIELDING SCHOOL OF PUBLIC HEALTH

Presenter

Leigh Ann Haley, MPP

UCLA CENTER FOR HEALTH POLICY RESEARCH

Leigh Ann Haley, MPP is a project manager/research analyst for the Health Economics and Evaluation Research Program at the UCLA Center for Health Policy Research (CHPR). She is currently involved in the management and analysis of several projects, including evaluation of Whole Person Care, Health Homes Programs, and Housing for a Healthy California.

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Our Research Team

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- Nadereh Pourat, PhD, co-Principal Investigator
- Emmeline Chuang, PhD, co-Principal Investigator
- Brenna O'Masta, MPH, Project Director
- Leigh Ann Haley, MPP, Research Manager/Analyst
- Xiao Chen, PhD, Senior Statistician
- Weihao Zhou, MS, Programmer
- Anthony Gomez, MSW, PhD student
- Nadia Safaeinili, MPH, PhD student
- Elaine Albertson, MPH, PhD student

RWJF S4A *Supplemental* Research on COVID-19 Response and Recovery (Summer 2020)

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- Describe an innovative system alignment mechanism that is operational, meaningfully engages medical care, social service, and public health sectors in collective action
- Must have preliminary evidence about implementation and impact prior to onset of COVID-19
- Use of supplemental funds to extend the research to produce new evidence about the system alignment mechanism in the context of the COVID-19 pandemic

Medi-Cal Whole Person Care Pilot Program (2016-2020)

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Mechanisms for Cross-Sector Alignment

Financing
Section 1115(a) waiver allows for flexible use of Medicaid funds to develop infrastructure and services not traditionally covered by Medicaid

Collaborative governance structure
Cross-sector partnerships must include at least one Medicaid managed care plan, health services agency, specialty mental health agency, and social services partner, and clear plan for collaborative governance structure.

Data sharing infrastructure
Pilots required to develop data sharing infrastructure needed to support program activities

Mechanisms for Improving Beneficiary Health and Well-Being

Provision of Care Coordination
Enroll eligible Medicaid beneficiaries, perform comprehensive needs assessment, coordinate and facilitate access to needed health, behavioral health, and social services

Other Services and Supports
Pilots permitted to use WPC funds to develop other delivery system infrastructure needed to effectively care for identified target populations (e.g., mobile street teams, sobering centers, housing navigation and support services)

Use of staff with lived experience

Intended Outcomes

- Improve access to care
- Improve health and well-being
- Reduce inappropriate ED and inpatient utilization

Target Populations: High utilizers of avoidable ED or inpatient care, individuals with 2+ chronic physical conditions, individuals with severe mental illness and/or substance use disorders, individuals experiencing homelessness or at-risk of homelessness, individuals recently released from institutions (e.g., jail or prison)

Medi-Cal Whole Person Care Pilot Program

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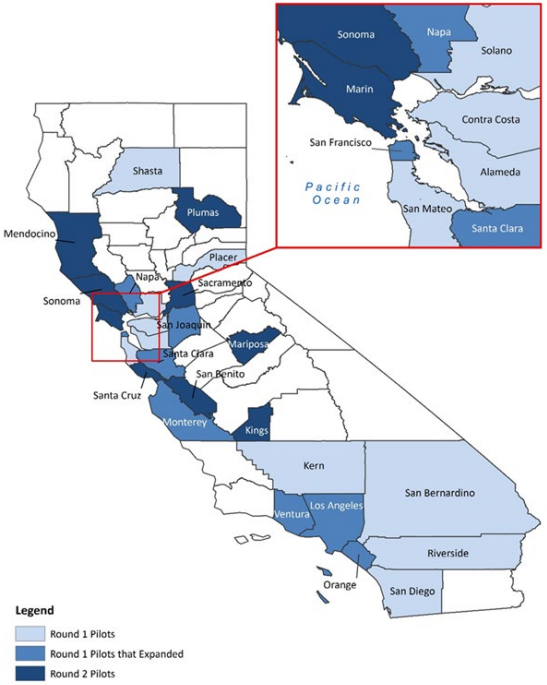
- **25** WPC Pilots involving 26 counties in California
- **52%** of Lead Entities are county public health or health services agencies
- Considerable **heterogeneity** across Pilots
  - Projected 5-year enrollment ranged from **250** (Solano County) to **154,044** (Los Angeles County)
  - Approved 5-year budgets ranged from **$4,667,010** (Solano County) to **$1,260,352,362** (Los Angeles County)
  - Selected target populations varied significantly by Pilot
- Pilots began enrolling eligible beneficiaries in January 2017
- Post-pandemic changes
  - WPC extended through 2021
  - In mid-2020, Pilots permitted to add new target population of individuals impacted by COVID-19

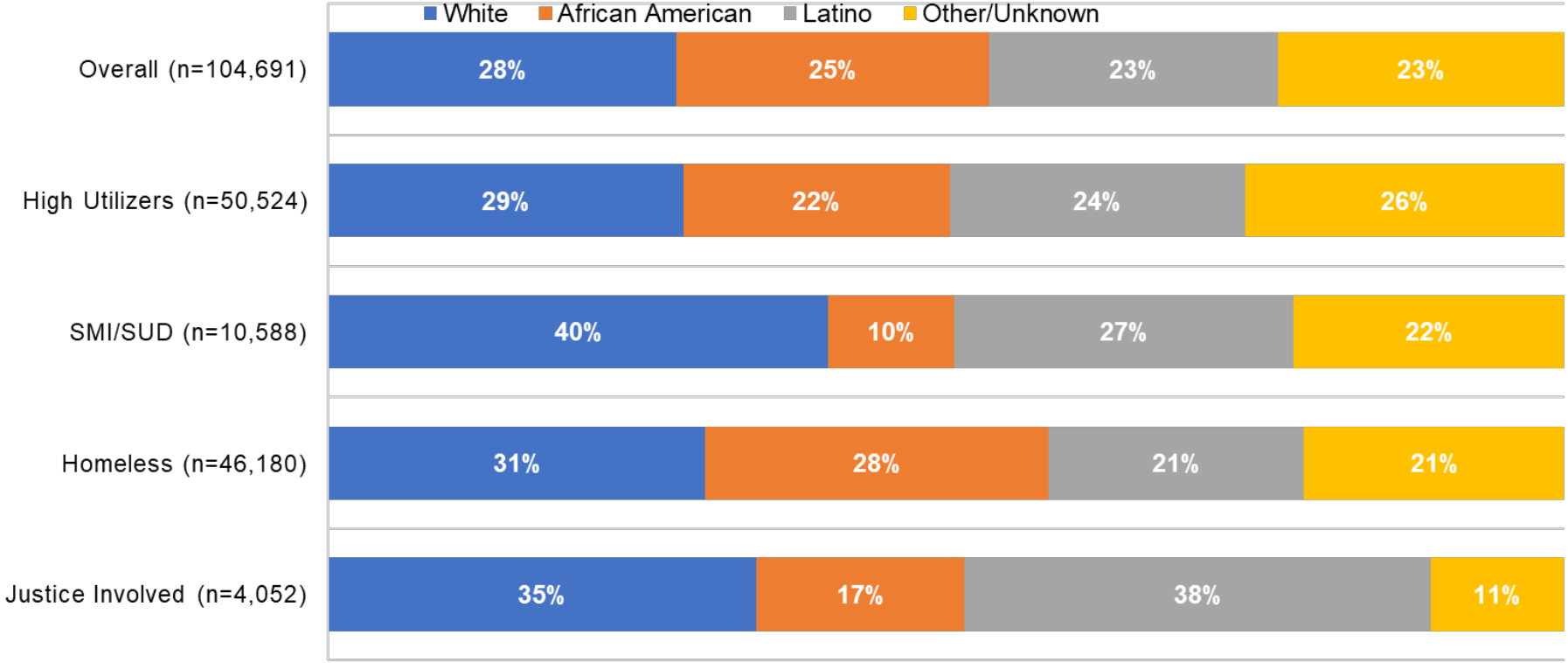


Statewide Evaluation of WPC Pilot Program

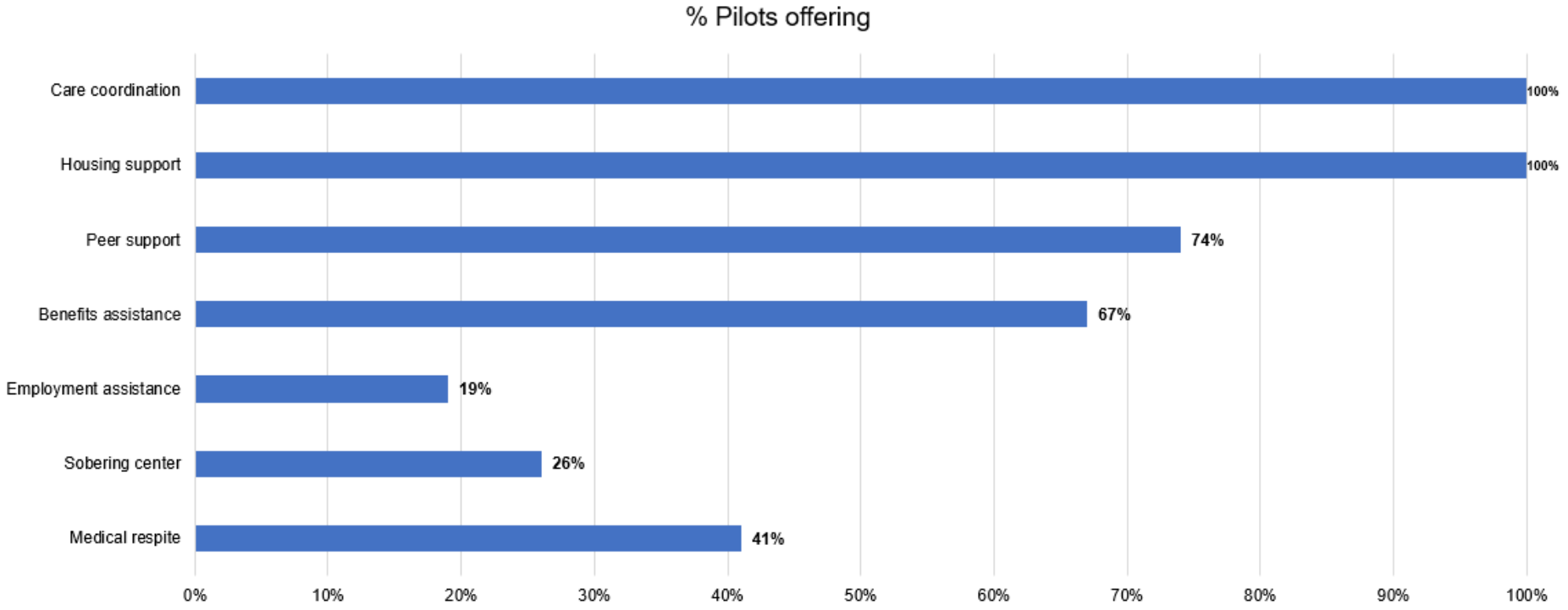
Data Sources

- WPC Pilot program applications
- Bi-annual narrative reports and performance metrics submitted by Pilots (2016-2021)
- Monthly enrollment and utilization reports
- Organizational surveys of WPC-participating entities (n=506 in 2018; n=601 in 2020)
- Semi-structured interviews (n=95 interviews with 221 unique individuals in 2018-2019; new interviews will be conducted in 2021 as part of this S4A-funded study)
- Medicaid enrollment and claims data for WPC enrollees and control group

Who is enrolled in WPC? (Jan 2017 – Dec 2018)

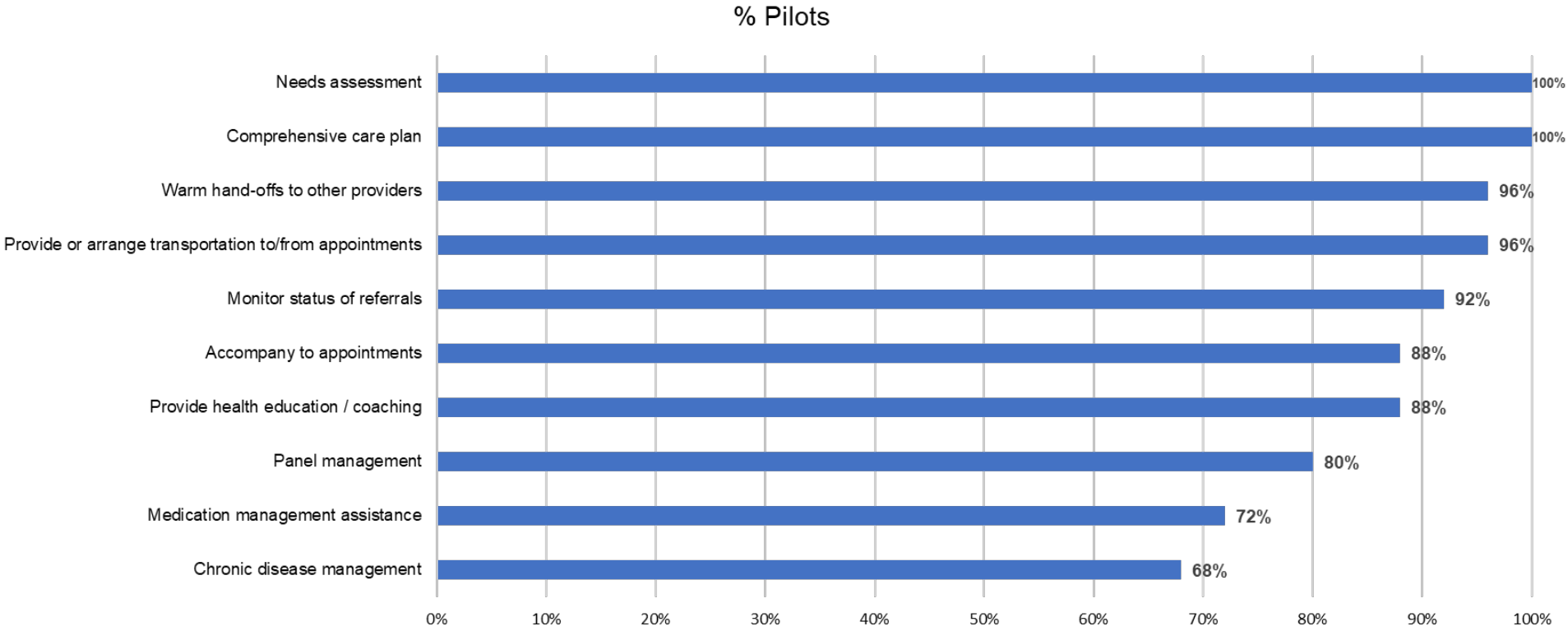


Example WPC Services



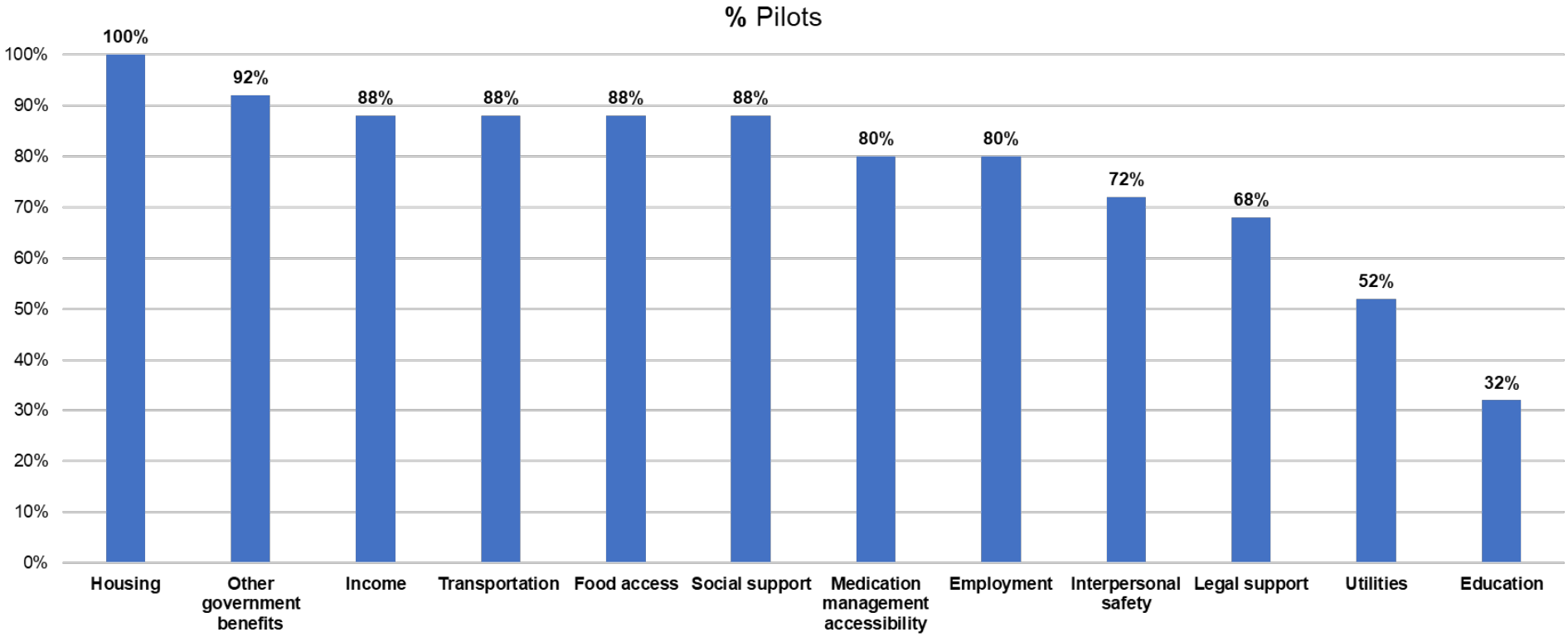
Source: WPC applications, 2017-2019 narrative reports, 2018-2019 interviews

Care Coordination Activities (n=25)



For more information on WPC care coordination infrastructure and processes, please refer to:
Chuang, O'Masta et al. 2019. Whole Person Care Improves Care Coordination for Many Californians. UCLA CHPR Policy Brief.
https://healthpolicy.ucla.edu/publications/Documents/PDF/2019/wholepersoncare-policybrief-sep2019.pdf

Example Social Needs Assessed (n=25)



Source: 2020 LE survey

Preliminary Lessons Learned: An Example

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Major challenges in Whole Person Care implementation in California and strategies to address them

Challenges	Pilots affected	Strategies
Partner engagement	19 (76%)	Proactive and consistent communication, clarifying mutual goals for shared clients, formal contracts, and financial incentives
Data sharing	20 (80%)	Universal consent forms, segmented consent forms that allow patients to select which types of data they are willing to have shared, and temporary solutions (for example, Box and SharePoint) to facilitate data sharing until more permanent solutions can be implemented
Identifying eligible beneficiaries	20 (80%)	Cluster calling, entailing multiple contact attempts within a short period of time; integrating different administrative data sources to identify good contact information; use of referrals to identify beneficiaries ready to engage in care; use of field- or clinic-based outreach to find homeless beneficiaries with outdated contact information; clear referral criteria; marketing to partners; and incentivizing referrals
Engaging beneficiaries in care	24 (96%)	Field-based outreach, rapid response to referrals, managing Medicaid churn, use of staff with lived experience, developing patient-centered care plans, meeting patients where they live or congregate, having sufficient time and continuity of staff for relationship building, identifying patients amenable to change, and tracking Medicaid renewal dates to prevent lapses in coverage
Access to affordable housing	24 (96%)	Flexible housing pool subsidies, housing vouchers, landlord agreements, capital investment in housing, continued involvement of staff with landlords to maintain housing placements, and advocacy
Access to other services, given high patient complexity	10 (40%)	Investment in services that address gaps in care (for example, medical respite or recuperative care)

SOURCE Authors' analysis of narrative reports submitted by lead entities to the state Medicaid agency in January 2016–December 2018 and of information from key-informant interviews conducted in September 2018–May 2019.

Source: Chuang, Pourat et al. 2020. Integrating health and human services in California's Whole Person Care Medicaid 1115 Waiver Demonstration. Health Affairs, 39(4), 639-648. https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2019.01617

WPC Impact: Preliminary difference-in-difference analyses (Jan 2017 – Dec 2018 data only)

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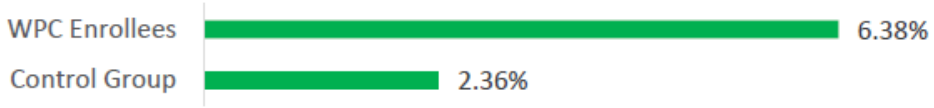
2.4 – Initiation of Alcohol and Other Drug Dependence (IET-14)

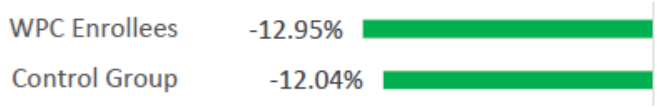
WPC: N = 77,782
Control: N = 114,211



DD: 4.01%*

Alternative Metric: Any ED Visit

WPC: N = 329,332
Control: N = 644,836



DD: -0.92%*

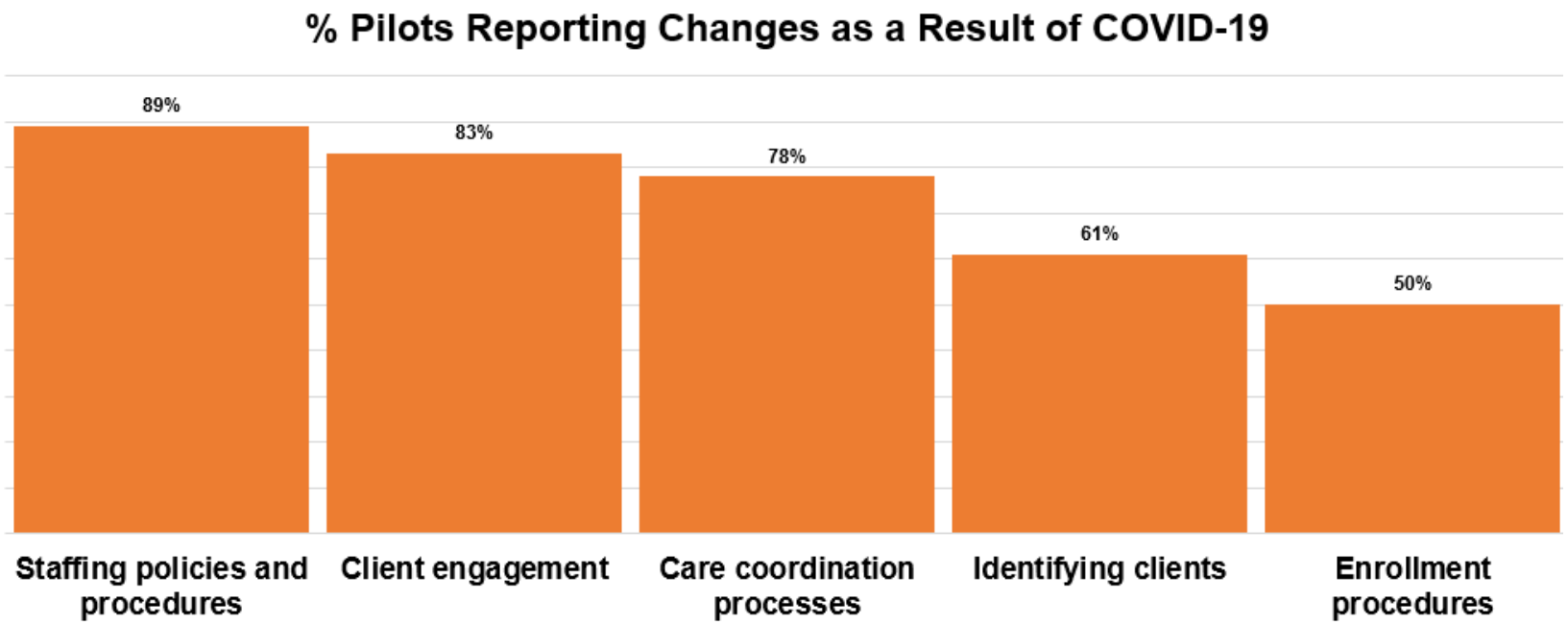
Alternative Metric: Any Hospitalization

WPC: N = 329,332
Control: N = 644,836

DD: -1.48%*

For additional info, can access full Interim Report online: https://healthpolicy.ucla.edu/publications/search/pages/detail.aspx?PubID=1918

WPC Impact: Preliminary difference-in-difference analyses (Jan 2017 – Dec 2018 data only)



For more information: Pourat N, Chuang E, Haley LA. 2020. How California counties' COVID-19 response benefited from the Whole Person Care Program. *Health Affairs Blog*. April 28, 2020. https://www.healthaffairs.org/do/10.1377/hblog20200427.341123/full/

RWJF S4A Study Aims

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- Aim 1: Determine whether impact of COVID-19 on WPC enrollment, service utilization, and outcomes varies across demographic groups

- Aim 2: Assess changes to WPC Pilot partnerships in response to COVID-19

- Aim 3: Examine Pilot-characteristics associated with improved outcomes for WPC enrollees

Aim 1: Does impact of COVID-19 on WPC enrollment, service utilization, and outcomes vary across demographic groups?

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Data Sources:

- Monthly enrollment and utilization reports
- Medicaid claims and enrollment data
- Pilot-reported performance metrics

Measures:

- WPC enrollment
- Service utilization: Receipt of care coordination, primary care, substance abuse treatment, housing support
- Outcomes: ED visits, hospitalizations, readmissions, enrollee well-being
- Demographic characteristics: gender, race/ethnicity

Approach:

- Difference-in-difference models comparing enrollment, utilization, and outcomes for different demographic groups during COVID-19 pandemic (March 2020 – December 2020) to pre-pandemic (Jan 2017 – Dec 2019)
- Models examining outcomes will include a matched comparison group

Aim 2: Assess changes to WPC partnerships in response to COVID-19

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Unit of Analysis: Pilot-level

Data sources:

- Organizational surveys administered to WPC-participating entities (n=506 in 2018 and n=601 in 2020)
    - Collaborative ties at three points in time (prior to WPC, mid-implementation, during COVID-19 pandemic). Types of ties assessed: joint advocacy or planning, data sharing, referrals, communication about client needs or care, joint service delivery.
- Qualitative key informant interviews (2018-2019 and new interviews 2021) and bi-annual narrative reports (2017 – 2021)

Analyses:

- UCINET: *Network density, average degree, centralization,* and *tie churn*
- Thematic analysis of interviews and narrative reports to identify factors driving changes in WPC partnerships and impact of COVID-19 pandemic.
- Comparative case analysis to explore whether differences in network structure and composition associated with differential COVID-19 response.

WPC Partnerships: Before WPC and Mid-implementation

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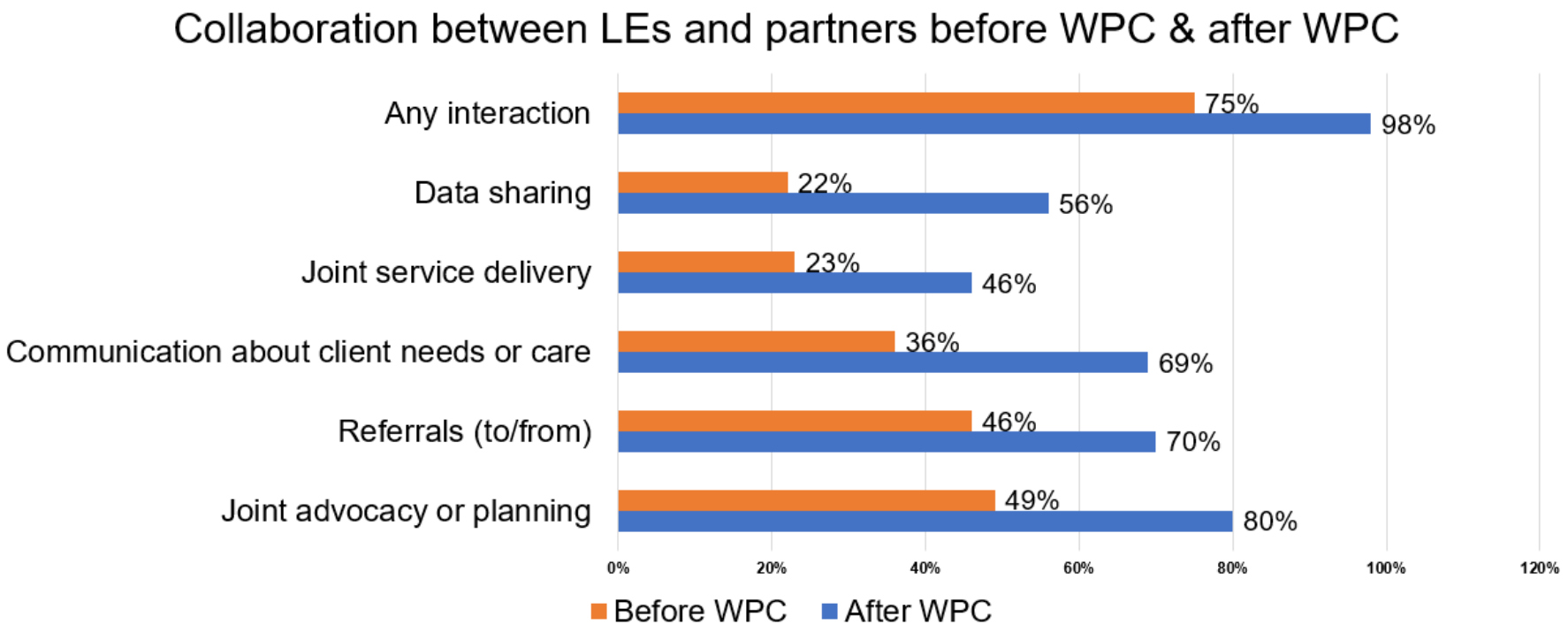
(mean 18 partners; range 6-50)



Example Types of Human Services Partners Involved in Pilots (n=25)

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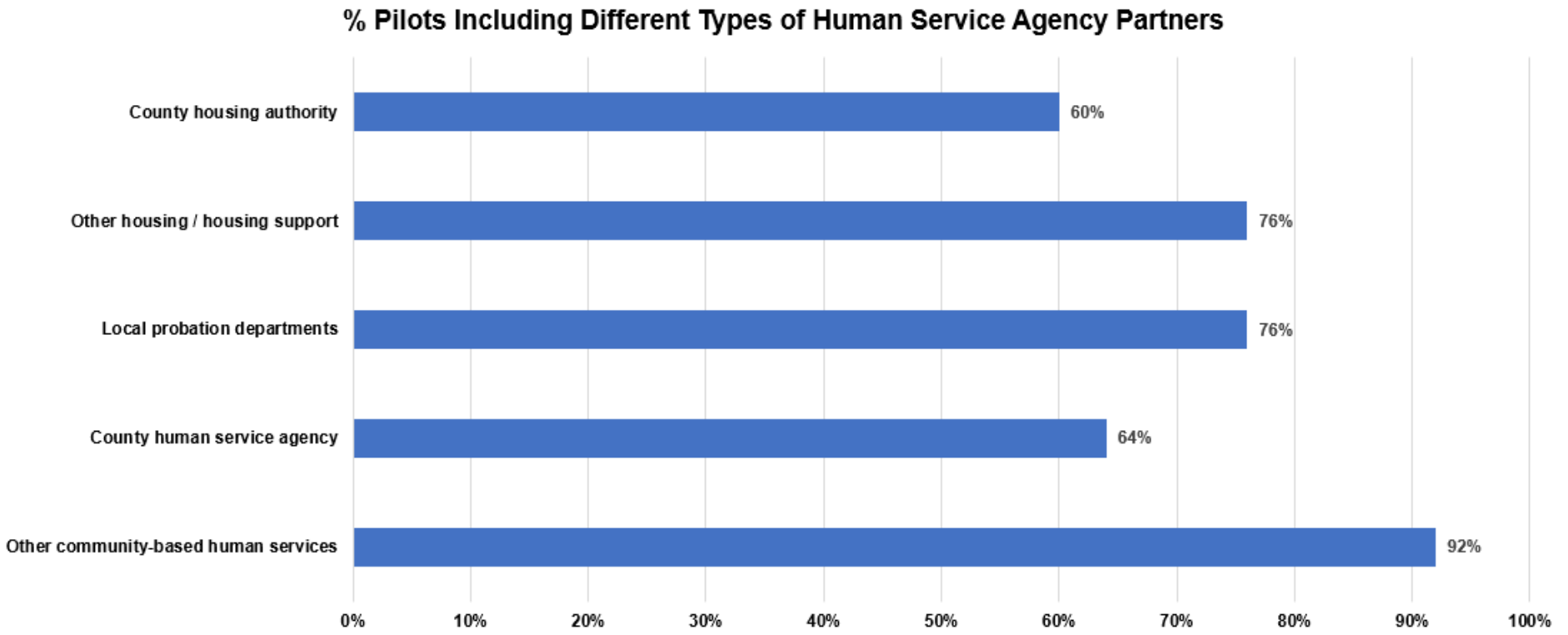
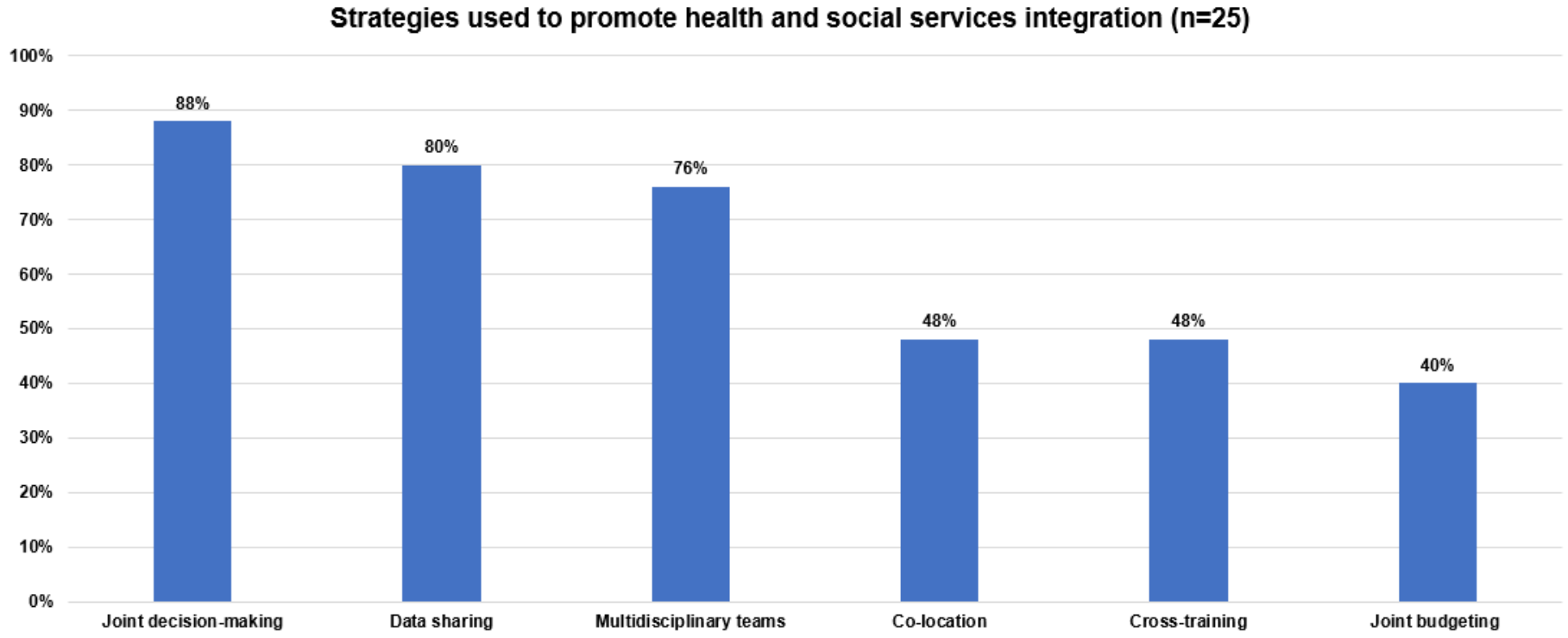
(mean 18 partners; range 6-50)



Example Strategies to Promote Health and Social Services Integration in WPC (n=25)



Source: 2020 LE survey

Aim 3: Identify Pilot-level Characteristics Associated with Improved Outcomes for WPC Enrollees

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Unit of Analysis: Pilot-level

Improved Outcomes: Results of difference-in-difference analyses already being conducted as part of WPC evaluation and in Aim 1 will be used to differentiate Pilots that successfully improved outcomes (overall and for specific demographic groups) from those that did not.

Analyses:

- T-tests or Pearson's Chi-Square tests
- Qualitative comparative analysis
- Back-up plan: Comparative case study analysis

Example Pilot-level characteristics hypothesized to influence outcomes	
Characteristic	Data Source(s)
Pilot governance structure	WPC Pilot applications (2016), organizational surveys (2018, 2020) and semi-structured interviews (2018-2019)
Relational quality	Likert items from the Wilder Collaboration Factors Inventory[27] administered as part of organizational surveys (2018), supplemented by semi-structured interviews (2018-2019)
Clarity of collaborative purpose	
Availability of Pilot-specific resources	
Network density	Pilot-specific roster of participating agencies administered as part of organizational surveys (2020 only). Respondents were asked to identify presence or absence of five types of collaborative ties with each participating agency: joint advocacy or planning, data sharing, referrals, communication about client needs or care, joint service delivery.
Average degree or number of ties per agency	
Network centralization	
Presence of cliques (indicator of strength of ties) [29,30]	
Care coordination quality	Structured survey of care coordination elements (2020), informed by systematic literature review, organizational surveys, and semi-structured key informant interviews conducted in 2018 and 2019[11]

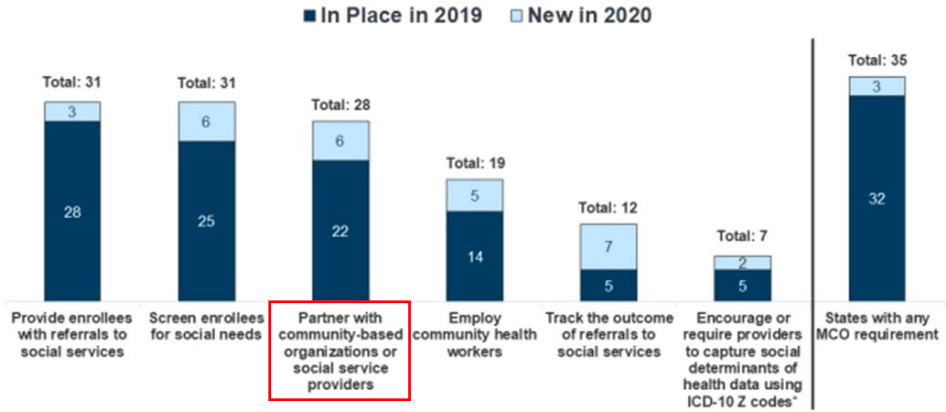
Relevance of this Work: Nationally

- Increased health policymaker and payer interest in programs that effectively identify and address medical and non-medical needs

- Particular interest in what state Medicaid programs can do to identify and address social determinants of health

Figure 13

State MCO Contract Requirements Related to Social Determinants of Health, FYs 2019-2020



NOTES: States with MCOs (40 in FY 2019 and 41 in FY 2020) indicated if selected policies are part of MCO requirements in place in FY 2019 or new in FY 2020.
*ICD-10 Z codes are a subset of the ICD-10 diagnosis codes that reflect patient social characteristics.
SOURCE: KFF survey of Medicaid officials in 50 states and DC conducted by HMA, October 2019.

KFF

Figure 13: State MCO Contract Requirements Related to Social Determinants of Health, FYs 2019-2020

Source: Hinton et al. 2020. 10 Things to Know About Medicaid Managed Care. Kaiser Family Foundation Issue Brief. https://www.kff.org/medicaid/issue-brief/10-things-to-know-about-medicaid-managed-care/

Relevance of this Work: California

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- Since 2016, CA has engaged in multiple Pilot programs intended to inform new strategic direction for its Medicaid program

- CAL-AIM will begin implementation in January 2022

- CAL-AIM Goals:
  - Identify and manage member risk and need through “whole person care” approaches and addressing social determinants of health
  - Reduce complexity and increase flexibility
  - Use value-based initiatives, modernization of systems, and payment reform to transform delivery systems to improve quality outcomes and reduce disparities

Source: CA DHCS https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx

Relevance of this Work: California

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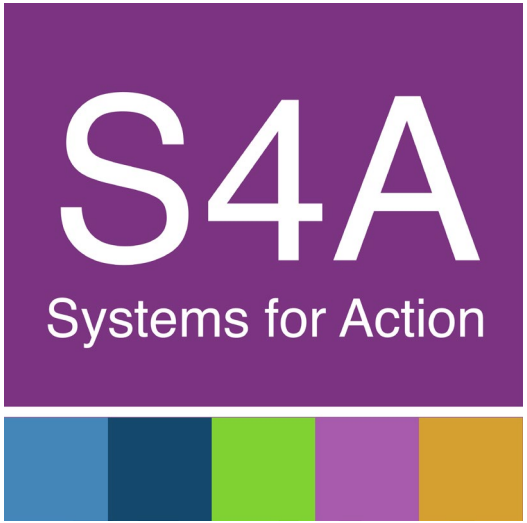
- Relevant CAL-AIM Components (led by Medi-Cal managed care plans):
  - **Enhanced Care Management**: New statewide benefit for specific target populations - 2022
  - **In Lieu of Services & Incentive Payments**: Flexible wraparound services that MCPs can integrate into population health strategy - 2022
- Directly informed by WPC and Medi-Cal Health Homes Program*
  - MCPs in the process of developing plans
  - Our team using WPC and evaluation plans to develop toolkits to inform MCP efforts

Additional info on Medi-Cal Health Homes Program implementation available here:

- Pourat N, Chen X, O'Masta B, Haley LA, Warrick A, Zhou W, and Yao H. First Interim Evaluation of California's Health Homes Program (HHP). Los Angeles, CA: UCLA Center for Health Policy Research, September 2020.
- Chuang E, Brewster A, Knox M, Resnick A. California's Medi-Cal Health Homes Program: Findings from early implementation efforts. CAL-IHEA Health Policy Report. May 2020.

Questions?



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Acknowledgements

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