manatt



# Building on the Movement from Value to Health: Essential Infrastructure to Sustainably Address DOH

## **Investing in Health Topic #3**

November 5, 2021

With generous support form Blue Shield of California Foundation and The Commonwealth Fund

### • Why are we here?

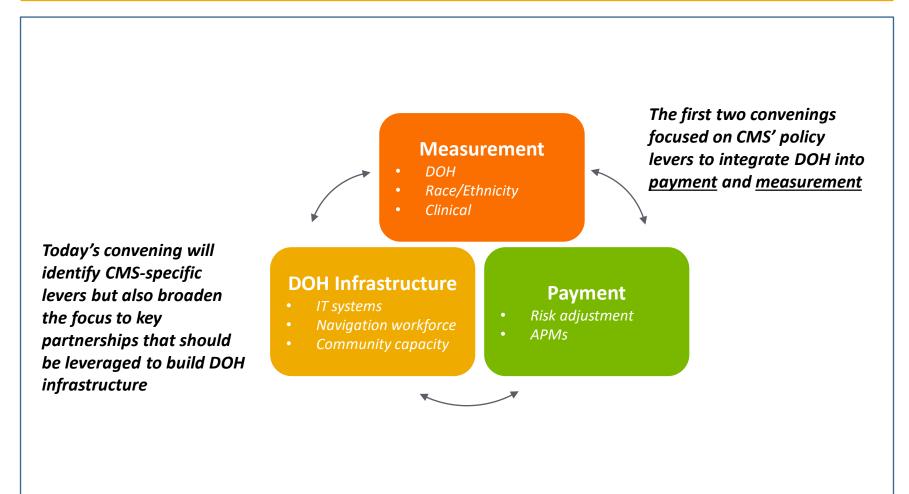
Introductions and Meeting Objectives

#### What changes do we seek?

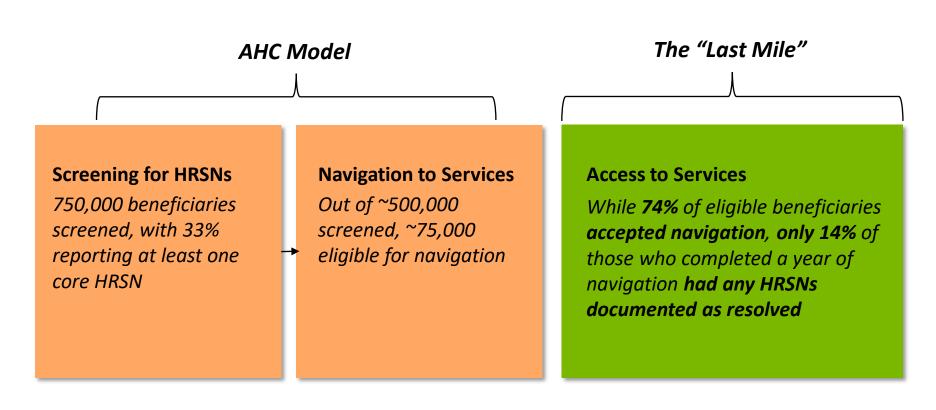
- Reaching the "Last Mile"
- Topic #1: Building DOH IT Infrastructure
- Topic #2: Bolstering DOH Workforce
- Topic #3: Investing in DOH Infrastructure via CMMI & Inter/Intra-Departmental Partnerships
- How will we make change?
  - Discussion and Next Steps

**Complete the sentence in 3-4 words:** 

The community I am bringing into the room is \_\_\_\_



## AHC Model Evaluation Highlights the "Last Mile" Problem



	Does CMMI Model Include DOH (Formally or Functionally)?				
Model (link to evaluation)	Screen & Navigate	Required to Screen/Navigate	DOH Measures		
Accountable Health Communities (AHC)	Yes	Yes	Yes		
Comprehensive Primary Care Plus	Yes	Yes (Track 2)	Νο		
Maryland Total Cost of Care Model	Yes	Yes (Track 2)	No		
State Innovation Models (SIM) Round 2	Yes	Yes (varies by state)	No		
Next Generation ACO	Yes	No	No		
<u>Comprehensive End-Stage Renal Disease (ESRD) Care Model</u>	Yes	No	Νο		

Building on the Movement from Value to Health: Integrating DOH into Systems of Measurement and Accountability

## **Key Challenges to Advancing Integration**

- Limited Data Sharing
- Separate Funding Streams, Inadequate Payment
- Lack of Investments in Infrastructure and Capacity Building
- Uncertainty in Policy Environment
- Structural Inequities

## Accelerating Health Care and Social Services Sectors Integration

### **Investing in DOH Infrastructure:**

 Technical capacity and IT infrastructure to support seamless data sharing across health care and CBOs.

- A workforce capable of navigating both health care and social services sectors with a unique understanding of the communities it serves.
- Upfront investments in community capacity building and sustained sources of funding for CBOs to enable integration of health care and social services sectors.

## **Topic #1: Building DOH IT Infrastructure**

# **State of Play:** CIEs Have Common Functions to Enable DOH Data Sharing and Integration

#### **Data Elements**

A basic unit of information, such as name, gender, ethnicity, diagnosis, provider, lab results, etc.

#### **Standardized Assessment**

An assessment that facilitates uniform collection of data elements that can be leveraged across health and social services providers

#### Community Information Exchange (CIE)

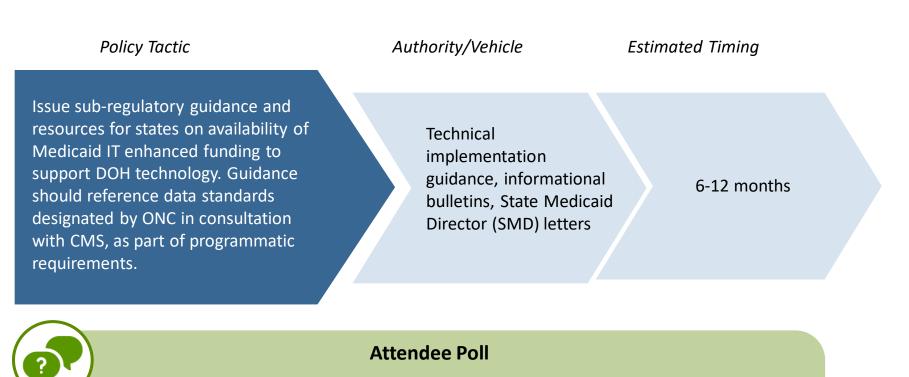
An ecosystem of health and social services sector providers that use a universal client/patient record, a shared language, an integrated technology platform, and a resource database to address DOH

#### **Closed Loop Referral System**

A tool that enables provider referrals to appropriate DOH resources using a searchable, upto-date directory of social services resources and allows for tracking of referral outcomes

*Limited financing/payment opportunities and lack of national standards and remain significant barriers to scaling of CIEs.* 

## **Policy Recommendation:** Seed Development of DOH IT Infrastructure & Capacity Aligned with National Standards



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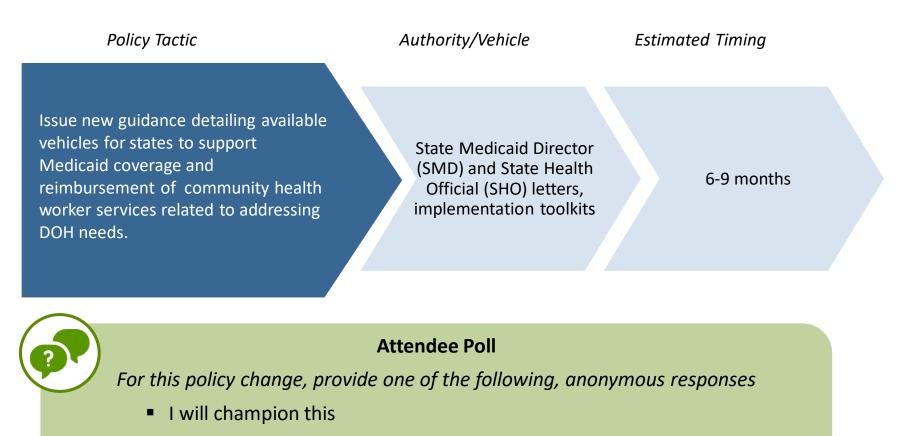
For this policy change, provide one of the following, anonymous responses

- I will champion this
- Let's tweak this
- I do not support

## **Topic #2: Bolstering DOH Workforce**

## **Policy Recommendation:** Elevate Opportunities to Support and Reimburse for Community Health Worker Services

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- Let's tweak this
- I do not support

## Topic #3: Investing in DOH Infrastructure (IT, Workforce, & Community Capacity) via CMMI & Inter/Intra-Departmental Partnerships

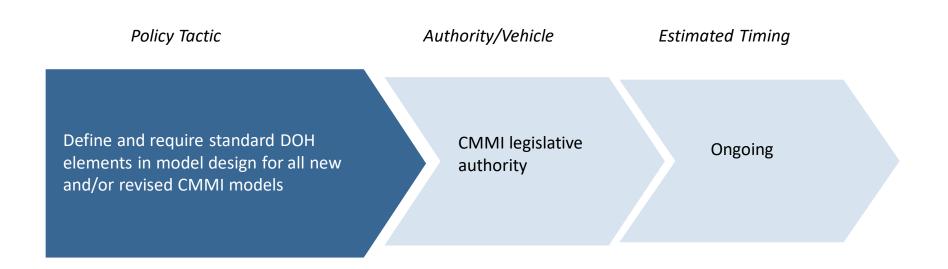
# **State of Play:** CMMI's Models Reveal Four Key Elements to Bridge from TCOC to *Total Cost of Health* in Future Models

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_	Screening & Data Collection	Navigation	Payment	Capacity		
Total Cost of Care	Identify clinical needs	Connect to clinical resources	Pay for clinical resources	Investments to enable APM participation		
	Identify DOH needs	Connect to community resources	Pay for community resources/services	Investments to enable community capacity		

**Total Cost of Health** 

# **Policy Recommendation #1:** Integrate DOH Elements Across CMMI Models



### **Attendee Poll**

For this policy change, provide one of the following, anonymous responses

- I will champion this
- Let's tweak this
- I do not support

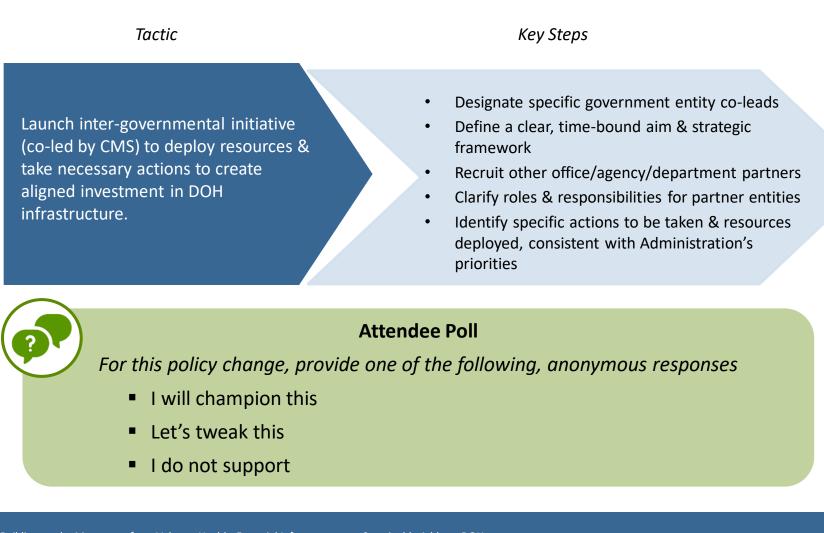
# Intra/Inter Departmental Partnerships Could Dramatically Accelerate Efforts to Build DOH Infrastructure

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	HHS											
Actions	CMS/ CMMI	CMS/ Programs	CDC	ONC	HRSA	SAMHSA	ACF	ACL	HUD	USDA	ОМВ	DPC
Provide grant or ongoing funding, including for indirect/admin costs	х	х	х	х	х	х	x	x	х	х		x
Align funding criteria across program areas	х	х	х	х	х	х	х	х	х	х		x
Coordinate/simplify procurement processes to create consistency across programs	x	х	х		х	Х	х	х	х	х		x
Streamline/align reporting requirements across programs	х	х	х	х	х	х	х	х	х	х	x	x
Streamline/align program eligibility		х					х		х	Х		x
Create common standards for data gathering and reporting	х	Х	х	х	х	Х	х	х	х	х		x

Note: Chart is illustrative.

## Policy Recommendation #2: CMS Should Formally Partner with Other HHS Divisions & Other Federal Departments to Align Investments in DOH Infrastructure 18



How will we make change? Discussion and Next Steps

## **Convening #3 Recommendations**

Policy Tactic	Authority/Vehicle	Estimated Timing			
Issue sub-regulatory guidance and resources for states on availability of Medicaid IT enhanced funding to support DOH technology. Guidance should reference data standards designated by ONC in consultation with CMS, as part of programmatic requirements.	Technical implementation guidance, informational bulletins, State Medicaid Director (SMD) letters	6-12 months			
Issue new guidance detailing available vehicles for states to support Medicaid coverage and reimbursement of community health worker services related to addressing DOH needs.	State Medicaid Director (SMD) and State Health Official (SHO) letters, implementation toolkits	6-9 months			
Define and require standard DOH elements in model design for all new and/or revised CMMI models.	CMMI legislative authority	y Ongoing			
Tactic	Key Steps				
Launch inter-governmental initiative (co-led by CMS) to deploy resources & take necessary actions to create aligned investment in DOH infrastructure.	<ul> <li>Designate specific government entity co-leads</li> <li>Define a clear, time-bound aim &amp; strategic framework</li> <li>Recruit other office/agency/department partners</li> <li>Clarify roles &amp; responsibilities for partner entities</li> <li>Identify specific actions to be taken &amp; resources deployed, consistent with Administration's priorities</li> </ul>				

CMMI

## Discussion



- **Stepping back:** Looking at these recommendations, what is the most important signal CMS could send around DOH and infrastructure in the next year?
- Drilling down: Are these the right recommendations? Which should be prioritized? Are any crucial policy changes missing? Which could be fast-tracked?
- Looking ahead: Who are the actors needed to move these changes forward? How can we leapfrog potential barriers? What can be done in the next 2 weeks; 6 months; 2 years to move these changes forward?