UCLA CENTER FOR HEALTH POLICY RESEARCH

WPC Narrative Report Update

September 2021

Whole Person Care (WPC) Pilot Program Challenges and Successes: January 2017-December 2020

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Introduction

California's Whole Person Care (WPC) Pilot Program implemented under the Section 1115 Medicaid Waiver was designed to coordinate medical, behavioral, and social services to improve the health and well-being of Medicaid beneficiaries with complex needs. This report summarizes key WPC challenges and successes identified by Pilots between January 2017 and December 2020 and highlights changes in the second half of Program Year (PY) 5 or between July and December 2020. New COVID-19 specific themes emerged in this period. Data are drawn from bi-annual narrative reports submitted by Pilots in which they were asked to identify major challenges and successes related to identification, engagement, and enrollment of WPC beneficiaries; data sharing and reporting; and coordination of care.

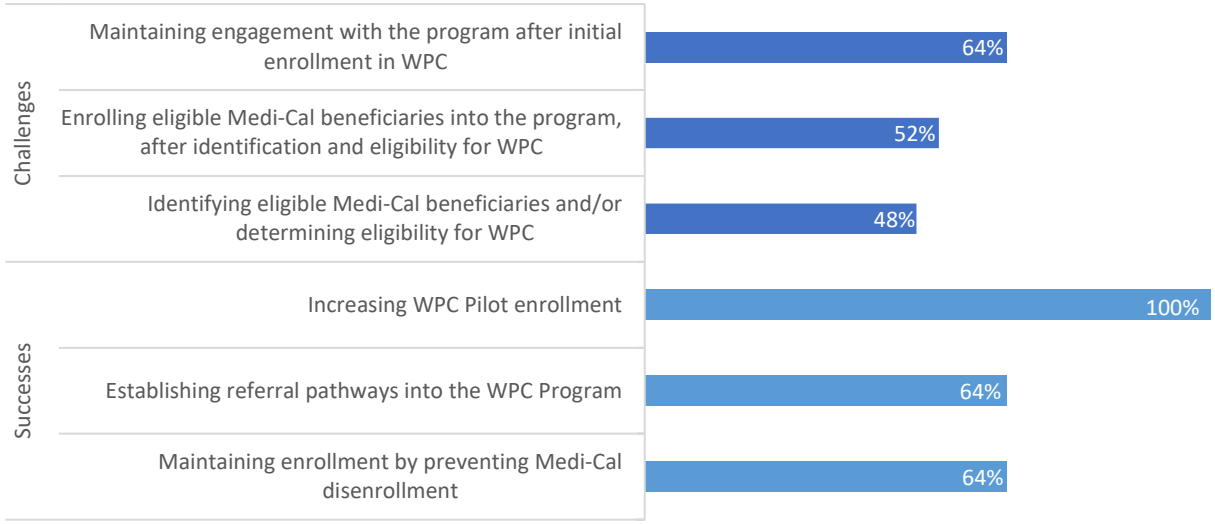
Identification, Engagement, and Enrollment

Exhibit 1 highlights the most frequently identified challenges and successes related to identification, engagement, and enrollment across all reporting periods. Across all reporting periods, challenges with initial enrollment of eligible Medi-Cal beneficiaries into WPC and with maintaining enrollee engagement over time were often attributed to the complex needs and/or transient nature of WPC target populations (data not shown). Pilots also identified poor timeliness or accuracy of data needed to support outreach and enrollment efforts as challenges to identifying and determining eligibility of prospective enrollees. Despite these challenges, Pilots reported successfully enrolling eligible beneficiaries, with enrollment generally increasing over time as Pilots' staffing capacity and familiarity with WPC program processes improved.

Analyses of trends over time indicated that both challenges and successes related to identification, engagement, and enrollment were more prevalent in early reporting periods. Challenges and successes in this domain decreased in 2020 or Program Year 5 (PY 5) as LEs were more focused on maintaining existing enrollment as they approached the perceived program end (December 2020) and shifted their priorities with the COVID-19 pandemic. During the COVID-19 pandemic, there was some unanticipated improvement in enrollee engagement as Pilots found synergy with

COVID-19 response and short-term housing programs. For example, Project Roomkey provided an opportunity for WPC staff to identify and consistently engage eligible enrollees while they were temporarily housed. Building upon existing partnerships, some Pilots coordinated with community-based organizations for offerings such as testing, education, and personal hygiene pods, which provided additional opportunities for WPC outreach and engagement.

Exhibit 1: Commonly Identified Challenges and Successes in Identification, Engagement, and Enrollment among WPC Pilots, January 2017-December 2020



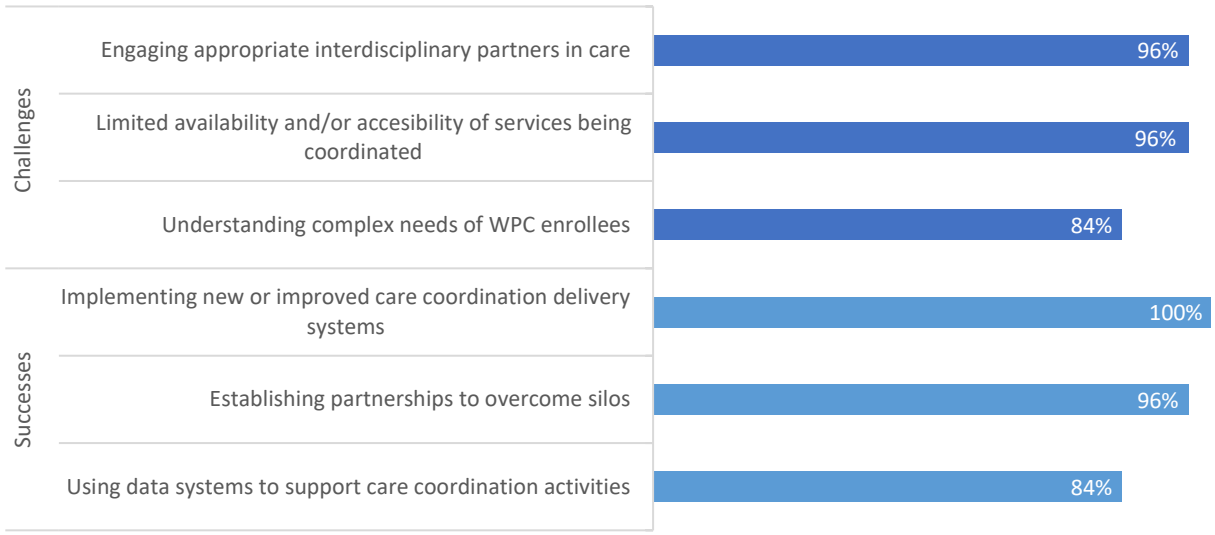
Sources: Program Year 2 Mid-Year, Program Year 2 Annual, Program Year 3 Mid-Year, Program Year 3 Annual, Program Year 4 Mid-Year, Program Year 4 Annual, Program Year 5 Mid-Year, and Program Year 5 Annual Narrative Reports (N=25).
Note: Includes any mention over the entire reporting period of January 2017-December 2020.

Care Coordination

Exhibit 2 shows the most frequently identified challenges and successes related to care coordination across all reporting periods. Pilots primarily reported challenges with limited availability and/or accessibility of services being coordinated, particularly housing. Challenges related to partner engagement also persisted over time. Understanding WPC populations of focus and how to address their complex and evolving needs emerged as a top theme over time, particularly during PY 5.

Despite these challenges, Pilots highlighted successes with implementing improved care coordination processes (e.g., regular case conferences with interdisciplinary team members and accountability for care, standardized workflows), developing partnerships to overcome care silos, and using data systems to support care coordination activities (e.g., sharing relevant enrollee information amongst multiple organizations involved in care). In PY 5, many Pilots also identified that data systems developed as part of WPC care coordination facilitated their response to the COVID-19 pandemic, particularly with the shift to remote work and provision of telehealth or other “virtual” services.

Exhibit 2: Commonly Identified Challenges and Successes in Care Coordination among WPC Pilots, January 2017-December 2020



Sources: Program Year 2 Mid-Year, Program Year 2 Annual, Program Year 3 Mid-Year, Program Year 3 Annual, Program Year 4 Mid-Year, Program Year 4 Annual, Program Year 5 Mid-Year, and Program Year 5 Annual Narrative Reports (N=25).
Note: Includes any mention over the entire reporting period of January 2017-December 2020.

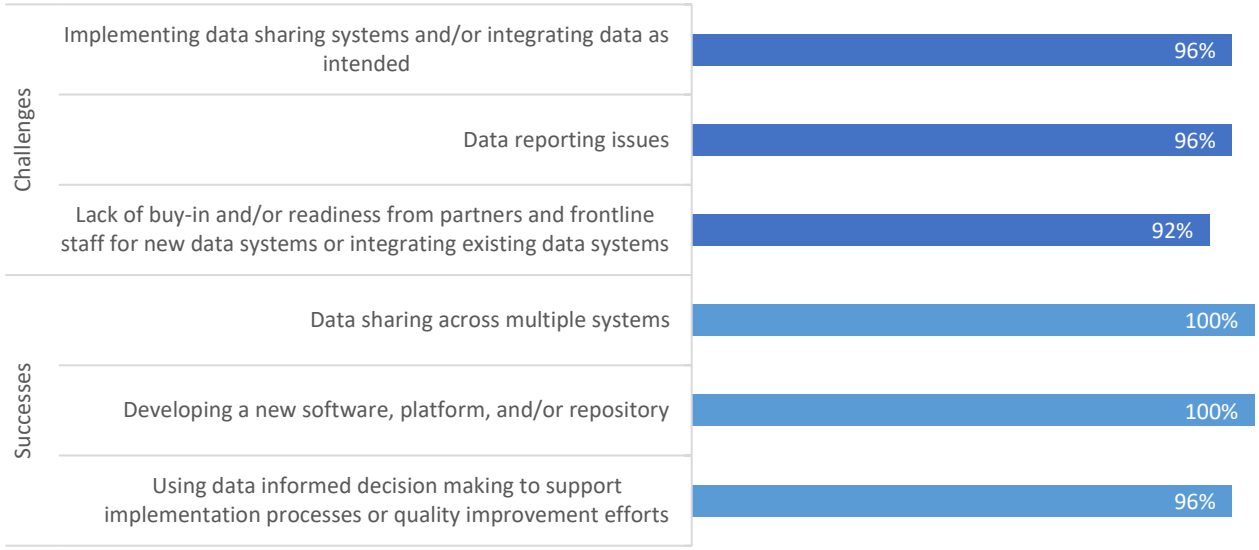
Data Sharing and Reporting

Exhibit 3 summarizes the most frequently identified challenges and successes related to data sharing and reporting over time. Across all reporting periods, Pilots most frequently identified challenges related to implementing planned data sharing systems and reporting on DHCS-required metrics (e.g., due to inconsistencies in how data were being reported across partner organizations). Challenges related to reporting on DHCS-required metrics persisted over time (data not shown), and in PY 5, were exacerbated in the context of COVID-19 as staff reductions and turnovers negatively impacted capacity for data entry and analysis. Challenges related to implementing planned data sharing systems generally decreased over time, though Pilots continued to identify desired improvements in data sharing capabilities, particularly related to accessibility/usability of data by frontline staff. In PY 5, Pilots described new, pandemic-related delays in inter-agency data exchange, often due to the need for "wet" signatures from enrollees to permit information sharing across organizations; some Pilots reported developing partial workarounds for this issue (e.g., allowed for verbal consent).

Despite these challenges the majority of Pilots described meeting milestones by PY 5 in development of new data sharing tools (e.g., case management platforms, health information exchange); sharing data with diverse WPC partners, particularly managed care organizations; and using these data to inform outreach and care coordination activities (e.g., real-time electronic health record alerts when enrollees were admitted to the emergency department). In PY 5, health information technology and data sharing platforms developed or expanded as part of WPC were highlighted as critical tools to

responding to the COVID-19 pandemic (e.g., identifying enrollees most at-risk and providing outreach and engagement accordingly).

Exhibit 3: Commonly Identified Challenges and Successes in Data Sharing among WPC Pilots, January 2017-December 2020



Sources: Program Year 2 Mid-Year, Program Year 2 Annual, Program Year 3 Mid-Year, Program Year 3 Annual, Program Year 4 Mid-Year, Program Year 4 Annual, Program Year 5 Mid-Year, and Program Year 5 Annual Narrative Reports (N=25).
Note: Includes any mention over the entire reporting period of January 2017-December 2020.

Impact of the COVID-19 Pandemic

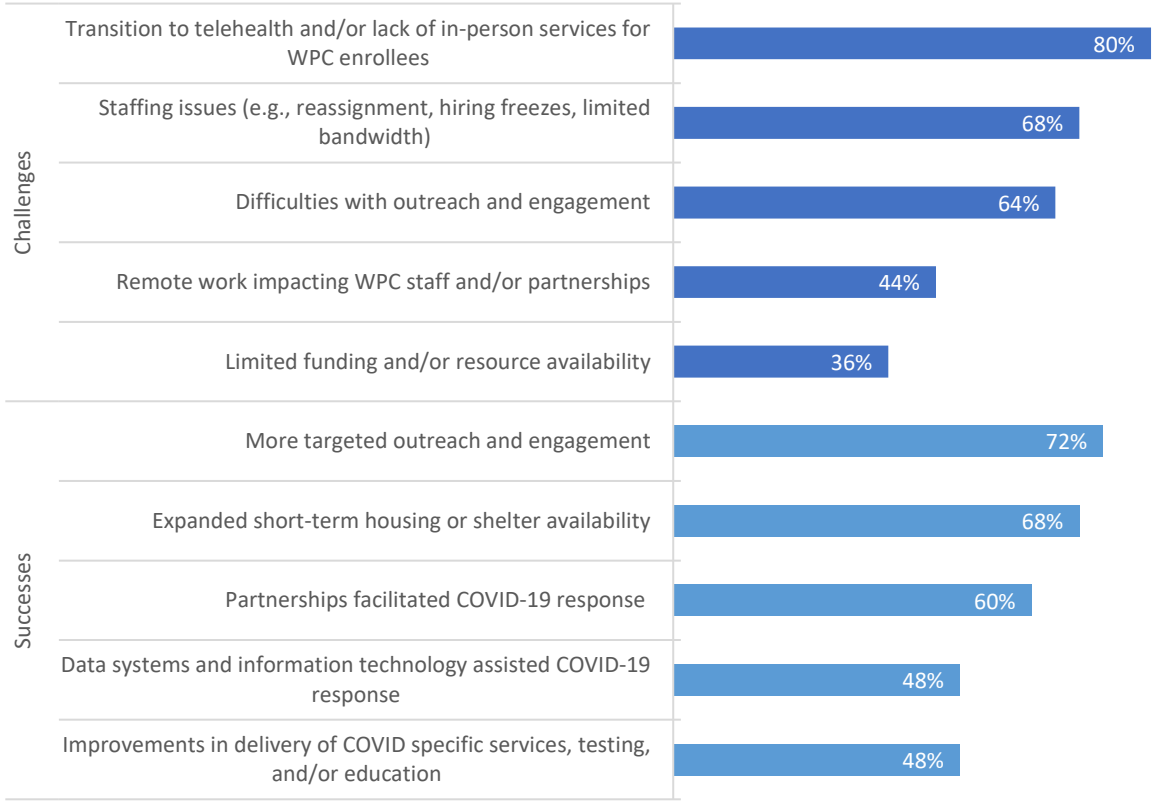
The COVID-19 pandemic impacted WPC system capacity and access to health care. Exhibit 4 highlights the most frequently identified challenges and successes related to COVID-19 for the PY 5 annual reporting period.

Pilots most frequently reported challenges related to the transition to telehealth and their inability to provide WPC services in-person (e.g., enrollees often did not have access to the appropriate technology, difficult to make meaningful progress towards care management goals); WPC staff reassignment to support broader COVID-19 emergency response within the community, county-wide hiring freezes, and/or inability to connect enrollees to services (e.g., due to facility closures or reduced provider capacity). Some Pilots noted WPC staff and partnerships were hindered by the remote work environment (e.g., inhibited informal collaboration amongst care team and with external partners/providers). One third of Pilots also noted limited funding or resource availability (e.g., community resources were spread thin to address increase demand/need for medical, mental health, and social services throughout the County).

Even with these challenges, many Pilots reported successes with more targeted outreach and engagement that resulted largely from combining WPC with their COVID-19 response. More specifically, COVID-19 emergency housing projects expanded short-term housing availability for many WPC enrollees and facilitated care coordination

through co-located medical, behavioral, and social services. Care coordinators were able to consistently locate and work with clients in a stable environment. Furthermore, infrastructure previously established through WPC facilitated counties' response to the COVID-19 pandemic for their populations of focus. Pilots leveraged existing WPC partnerships and provider networks (e.g., there was a deepened level of cross-departmental collaboration in emergency operations structures) and utilized WPC-developed data systems and information technology (e.g., COVID-19 risk-based algorithms to provide focused outreach). Additionally, many Pilots adapted internally and/or expanded partner collaborations to provide pandemic-related services like testing, education, personal hygiene pods, equity-driven outreach efforts, or increased telephonic check-ins.

Exhibit 4: Commonly Identified Challenges and Successes Related to the COVID-19 Pandemic among WPC Pilots, July-December 2020



Sources: Program Year 5 Annual Narrative Reports (N=25).
Note: PY 5 Annual only includes July-December 2020.

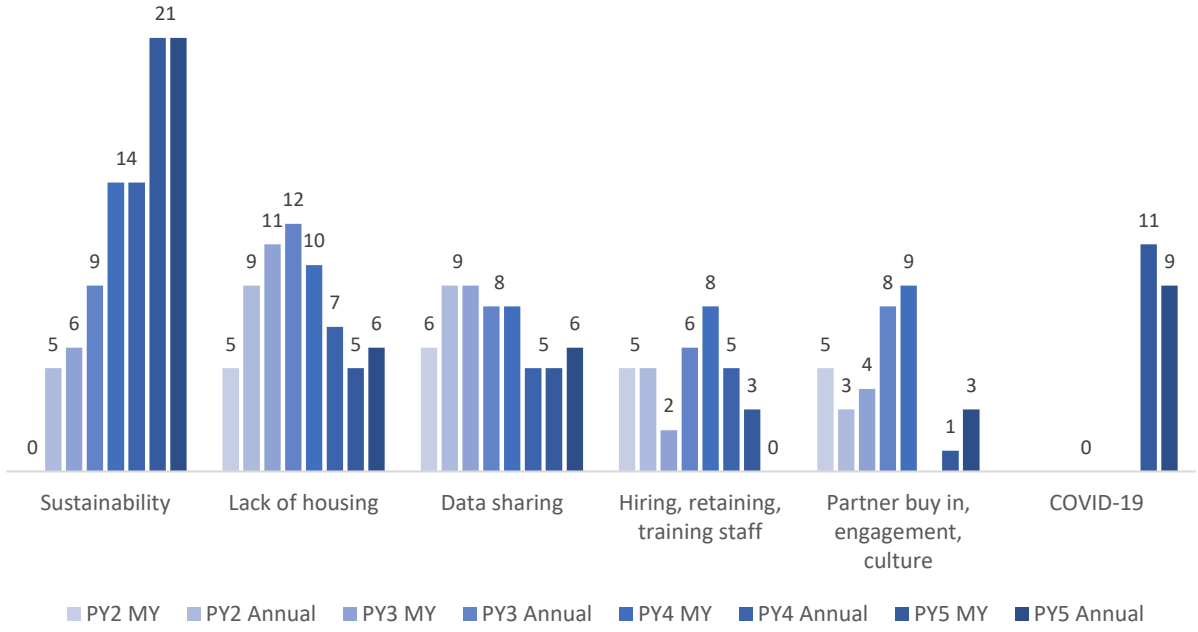
Biggest Barriers to WPC Success

Exhibit 5 summarizes the biggest barriers to WPC success identified by Pilots over time. Across all reporting periods, the biggest barriers to WPC success were sustainability of WPC program elements; insufficient housing inventory; data sharing with partners and health information technology infrastructure; staffing challenges related to hiring timelines and retaining staff once hired; and gaining partner buy-in and engagement for

care coordination. Analyses of trends suggest that challenges related to sustainability increased over time, while other challenges remained relatively consistent in early years and showed declines as the program approached the end of 2020. As a result of the pandemic, DHCS extended WPC through the end of 2021 in December 2020.

In PY 5, 21 Pilots stated increased emphasis on sustainability. The majority of Pilots expressed concerns related to the continuation of care coordination services with the transition to CalAIM and noted uncertainty around ability to negotiate pricing structures/rates. As of the latest reporting periods, nine Pilots raised continued concerns about the COVID-19 pandemic.

Exhibit 5: Biggest Barriers to Whole Person Care Success among WPC Pilots, by Reporting Period, January 2017-December 2020



Sources: Program Year 2 Mid-Year, Program Year 2 Annual, Program Year 3 Mid-Year, Program Year 3 Annual, Program Year 4 Mid-Year, Program Year 4 Annual, Program Year 5 Mid-Year, and Program Year 5 Annual Narrative Reports (N=25).

Conclusion

Challenges in WPC varied across Pilots and over time. Pilots reported challenges and highlighted successes with infrastructure development and provision of comprehensive care coordination services. Certain concerns related to staffing, data sharing, partner buy-in, and housing inventory persisted over time but by 2020, Pilots were focused primarily on ways to maintain program gains amidst the COVID-19 pandemic. The pandemic offered a unique set of challenges, with the transition to telephonic engagement and service provision. Pilots relied heavily on WPC resources to coordinate their counties' COVID-19 response, including staffing, relationships with

partners, and data sharing platforms. Many Pilots were able to make unexpected changes quickly and efficiently due to the infrastructure and processes already established through WPC. Many Pilots also found synergies between WPC and COVID-19 response, allowing for targeted engagement and short-term housing for enrollees.

Overall, Pilots have demonstrated significant strides towards providing comprehensive care coordination and developing partnerships and establishing data infrastructure to support it. COVID-19 delayed sustainability and transition planning to CalAIM, including the process of transitioning WPC enrollees into Enhanced Care Management and In-lieu of Services, as well as negotiating their level of engagement with Medi-Cal managed care plans.