# Care Coordination Update

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# Care Coordination Project


Areas served by interviewees

- Systemic assessment
- Onsite visits and key informant interviews
- Care Coordination Advisory Committee

# Framing the Issue

- Evaluate existing statute, regulations, contract language, policy letters, and health assessments regarding Care Coordination through a systemic assessment
- National perspective and best practices, etc.
- Evaluate current care coordination practices through onsite visits and key informant interviews – plans, counties, providers, consumer advocates, etc.
- Create an internal DHCS workgroup
- Document key coordination and transition points, factors that influence better care coordination and factors that have a negative impact on care coordination

# Guiding Principles

- Improve the member experience.
- Meet the behavioral, developmental, physical, and oral health needs of all members.
- Work to align funding, data reporting, quality and infrastructure to mobilize and incentivize towards common goals.
- Build a data-driven population health management strategy to achieve full system alignment.
- Focus on assessing and addressing social determinants of health and reducing disparities or inequities.
- Focus more on value and outcomes.
- Look to eliminate or reduce variation across counties and plans, while recognizing the importance of local innovation.
- Support community activation and engagement.
- Improve provider experience by reducing administrative burden when possible.
- Reduce the per-capita cost over time through iterative system transformation.

# Recap Committee Discussion Cont.

## Reduce Variation and Complexity across the System

- Plan Accreditation
- Mandatory enrollment in managed care vs. FFS
- Annual Medi-Cal Health Plan Open Enrollment
- Standardizing the benefit statewide
- Exploring opportunities for integration and breaking down historical delivery system silos
- Standardize/consolidate state required assessments

# Recap Committee Discussion

## Identifying and Managing Member Risk and Need through Population Health Management Strategies

- Risk Stratification/Assess Members for Risk and Need
- Wellness and Prevention
- Transitions in Care
- Point of Care and Community Based Enhanced Care Management
- Addressing Social Determinants of Health
- Explore In-Lieu of Services

# Recap Committee Discussion Cont.

## Improve Quality Outcomes and Drive System Transformation through Value Based Payments, Incentives and Shared Savings

- Funding Flexibility
- Value Based Payments
- Shared Savings Models
- Incentives to drive delivery system transformation
- Behavioral Health quality and performance metrics
- Behavioral Health payment reform

# Next Steps

- Internally vetting policy recommendations
- Stakeholder Engagement starting in fall 2019
- 1115 and 1915b Waiver Planning
- Contract language
- Roadmap for multi-year changes

# Committee Discussion