



# Model of Care

## Care Coordination Advisory Committee

September 6, 2018



# Meeting Objective

The committee will discuss key components of DHCS' population health management strategy and will provide recommendations, direction, and advice concerning a core set of standards and expectations regarding appropriate care coordination activities and requirements for Medi-Cal delivery systems.

Today we will discuss:

- Transition in Care
- Point of Care and Community Based Care Management
- Social Determinants of Health



# 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 toward 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



# Population Health Management Strategy

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# Whole Person Care

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# Transitions in Care



# Committee Discussion





# Point of Care and Community Based Care Management





# Committee Discussion





# Social Determinants of Health



# Committee Discussion





# Next Meeting

## **Organized Delivery Systems and Eligibility**

- Review Fee-For-Service (FFS) Only and Voluntary FFS Aid Codes or Geographical Areas
- Eligibility Barriers and Concerns
  - Accurate Contact Information
  - County-to-County Transfers
  - High Need Jail Re-entry
  - Managed Care Continuous Enrollment