

Where the Trails Meet: Blending and Braiding Funds for Improved Population Health

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Approaches to Population Health

- Public private partnership
- Multi-sector investment
- Multi-payer
- Reinvestment of healthcare dollars into primary and secondary prevention
- Measurement and mutual accountability

All-Payer Model

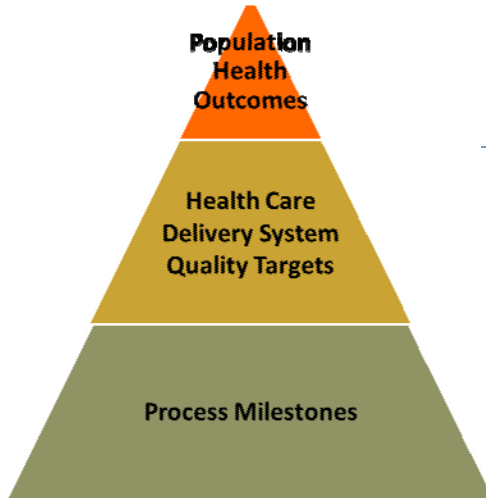
The all-payer model is a tool to help Vermont achieve broad health reform goals. It changes the State's relationship with the Centers for Medicare and Medicaid Services (CMS).

1. The **all-payer model** is an agreement between the State and CMS that allows Vermont to explore new ways of financing and delivering health care.
2. The primary finance vehicle in the all-payer model agreement is the **Next Generation Accountable Care Organization (ACO)** program which allows ACOs to be paid an all-inclusive population-based payment for each beneficiary attributed to the ACO in lieu of fee for service payments; moving toward value based payments and capping the growth in the total cost of care for Vermonters at 3.5%.
3. The all-payer model allows CMS to modify their traditional Next Generation ACO program, enabling the three main payers of health care in Vermont – **Medicaid, Medicare, and commercial insurance – to align.**
4. The all-payer model also allows Vermont to request additional **waivers of CMS rules** and gives ACOs participating in the Next Generation Program flexibility in certain payment rules.

All-Payer Model Population Health Outcomes

- Improve Access to Primary Care
- Reduce Deaths from Suicide and Overdose
- Reduce Prevalence and Morbidity of Chronic Disease

Population Health Goal #1: Improving Access to Primary Care



- Increase % of VT Adults Reporting that they have a Personal Doctor or Health Care Provider

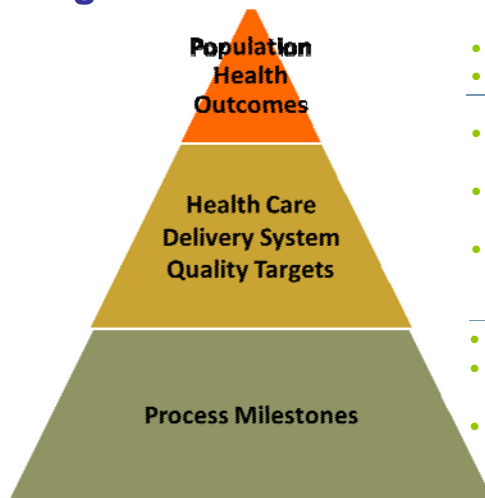
- Increase % of VT Medicare Beneficiaries Reporting Getting Timely Care, Appointments and Information

- Increase % of VT Medicaid Adolescents with Well-Care Visits
- Increase % of VT Medicaid Beneficiaries Aligned with a VT ACO

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All-Payer ACO Model Population Health Goal #2: Reducing Deaths from Suicide and Drug Overdose



- Reduce Deaths from Drug Overdose
- Reduce Deaths from Suicide

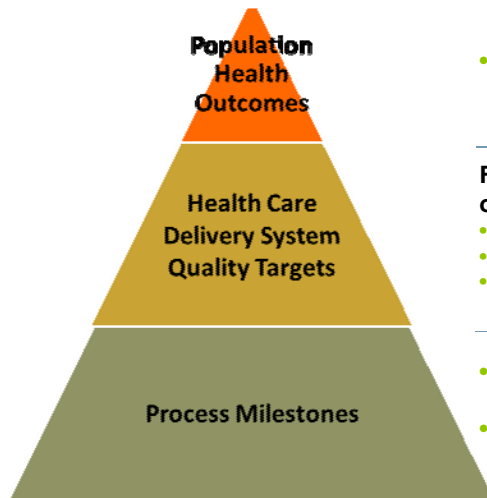
- Increase Initiation and Engagement of Alcohol and Other Drug Dependence Treatment (2 measures)
- Improve Follow-Up After Discharge from ED for MH and SA Treatment (2 measures)
- Reduce Rate of Growth of ED Visits for MH/SA Conditions

- Increase Use of VT's Rx Monitoring Program
- Increase # of VT Residents Receiving Medication-Assisted Treatment for Opioid Dependence
- Increase Screening for Clinical Depression and Follow-Up Plan

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Population Health Goal #3: Reducing Prevalence and Morbidity of Chronic Disease



- Prevalence of Chronic Obstructive Pulmonary Disease, Diabetes and Hypertension Will Not Increase by More Than 1% (3 measures)

For VT Medicare Beneficiaries, Improve Performance on Composite Measure that Includes:

- Diabetes Hemoglobin A1c Poor Control
 - Controlling High Blood Pressure
 - All-Cause Unplanned Admissions for Patients with Multiple Chronic Conditions
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- Improve Rate of Tobacco Use Assessment and Cessation Intervention
 - Improve Rate of Medication Management for People with Asthma

Examples of Investments

- **Community Health Teams** – Patient Centered Medical Homes, Women’s Health Practices, Practices Providing Medication Assisted Treatment for Opioids, SASH
- **Supports and Services at Home (SASH)** – Prevention and Supports in Public Housing
- **RiseVT** – Primary Prevention
- **Housing** – Permanent Supportive Housing

SASH

SUPPORT & SERVICES
— at HOME —
a caring partnership

Supports and Services at Home: Structure

- **Target Population:** Medicare Beneficiaries in Public Housing & Community
- **Staffing:** 1 FTE Bachelors Case Manager +
0.25 FTE Registered Nurse for 100 Participants
- **Organizational Infrastructure**
 - Public Housing
 - Co-Management Agreements with Visiting Nurses Association, Area Agencies on Aging, Community Mental Health Centers, Patient-Centered Medical Homes, Hospitals

Supports and Services at Home: Program

- **Population & Individual Level Programming**
 - Falls Prevention
 - Nutritional Enhancement
 - Control of Chronic Conditions
 - Lifestyle Barriers
 - Cognitive & Mental Health & Substance Abuse Issues

The SASH Team focuses on Three Components of Care Management

Transitional Care

- Coordinates with discharge staff at hospital and SNFs
- Coordinates with family, neighbors, service providers
- Personal visit to review discharge instructions
- Helps ensure a safe home transition

Self Management

- Develops healthy living plan
- Coaches SASH Participants
- Provides reminders and in person check ins
- Organized evidence-based group activities & workshops

Care Coordination

- Conducts wellness assessment
- Convenes SASH team
- Understands participants needs and preferences
- Coordinates healthy living plans

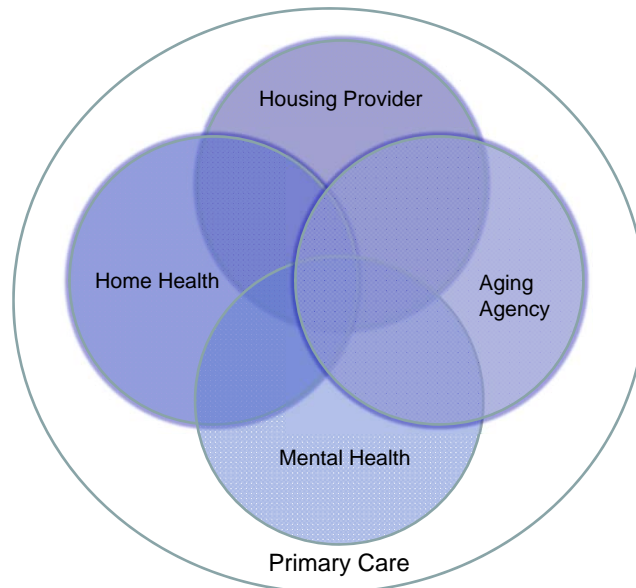
Available in 140 Affordable Housing Sites

SASH STATEWIDE LOCATION MAP



Image: <http://sashvt.org/connect/>

Organizing Framework Initiated by Housing Provider



Braided and Blended Funding

SASH Component	Agency or Organization	Funding Source
Training and Development	Vermont Department of Aging and Independent Living;	Medicaid Section 1115 demonstration
Staffing	Vermont Blueprint for Health/ACO	Medicare demonstration /multi-payer Accountable Care Organizations
Data System	Department of Vermont Health Access	Federal HIT/Vermont Transaction Tax
Hypertension Control	Vermont Department of Health	Foundation Grants
Tobacco Cessation	Vermont Department of Health	Centers for Disease Control Grant/Tobacco Settlement
Housing	Independent housing hosts	<ul style="list-style-type: none"> • US Department of Housing and Urban Development • Not for profit development

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SASH Funding

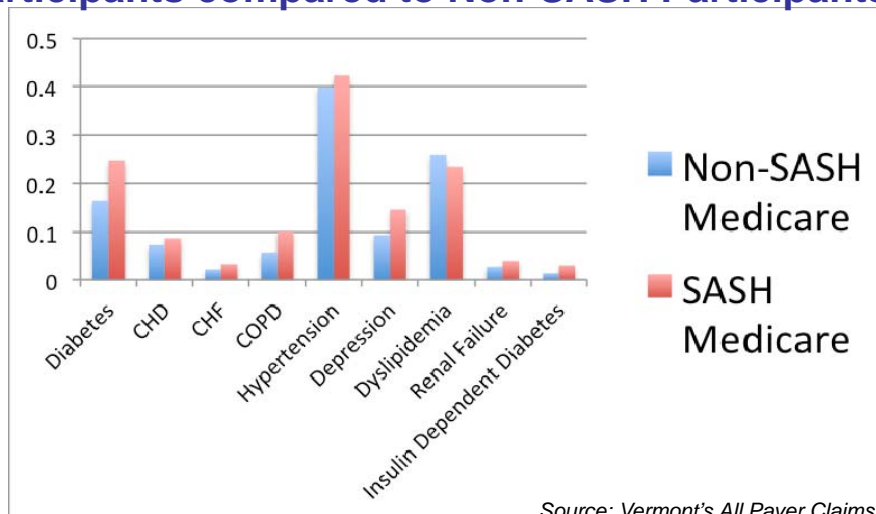
- Centers for Medicare and Medicaid Services (CMS)
- Vermont Department of Disabilities, Aging and Independent Living (DAIL)
- Department of Vermont Health Access (DVHA)
- Vermont Department of Health
- Cathedral Square Corporation
- University of Vermont Medical Center Foundation
- Vermont Housing and Conservation Board (VHCB)
- MacArthur Foundation
- Enterprise Community Partners
- Peoples United Community Foundation
- Champlain Investment Partners
- Housing Assistance Council
- United Way of Chittenden County
- Vermont Community Foundation
- UVM Center on Aging
- Vermont Legislature

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<http://sashvt.org/funding/>

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SASH Start Less Healthy: Health Conditions in SASH Participants compared to Non-SASH Participants



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Source: Vermont's All Payer Claims Database 17

Major Findings: Second Annual Report

- January 2016
- Sample size: 1602
- 3 years of implementation
- SASH continues to slow the growth of total annual Medicare Expenditures
- Growth in annual Medicare expenditures was statistically significantly lower, by an estimated \$1,536 per beneficiary, in early panels

<https://aspe.hhs.gov/basic-report/support-and-services-home-sash-evaluation-second-annual-report#execsum>

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Lessons Learned

- Strong cross sectoral leadership is essential
- Focus on population health is key
- Establish appropriate measurement, governance, and accountability
- Redefining roles and mutual accountability takes specific focus
- Invest in evaluation
- Demonstrating return on investment assists in engaging new partners
- Lay out a vision, ask funders to contribute based on their mission to a larger project
- Accountable Care Organizations and other health care reform efforts offer unique opportunities for sustainable funding
- Garner multi-payer funding upfront in payer funded programs