Health Care Reform Workgroup

NOVEMBER 15, 2022 MEETING SUMMARY

Meeting Agenda

1. Social Determinants of Health (SDOH)
2. Health Equity

Recap of Context: CMS Innovation Center's 7 Design Criteria

CMMI is signaling it will produce a design to span multiple states from 2025 that will address seven priorities.

1. Include global budgets for hospitals.
2. Include TCOC target/approach.
3. Be All-Payer.
4. Minimum Investment in Primary Care
5. Include safety net providers from the start.
6. Address mental health, substance use disorder and **social determinants of health.**
7. **Address health equity.**

★ ***Focus of today's discussion. For each: what are the highest priorities in Vermont that the model should help address?***

3

CMMI's Indications on SDOH and Health Equity

- CMMI indicated that all aspects of the new AHEAD model will need to address social determinants of health (SDOH) and health equity.
  - Health equity will "underpin" the entire design.
- CMMI noted that the new model will likely include provider-level attestations that practices are addressing SDOH, but these are likely to allow ample flexibility for different approaches at the state level.

1. Social Determinants of Health

Discussion: Overall Efforts to Address SDOH in Vermont

- What existing efforts in Vermont to address SDOH are effective? What should we be doing more of? Less of?
  - *In the next few slides, we will "double click" on the Blueprint specifically.*
- What health related social needs (HRSN) are the highest priorities for the health care delivery system to address in the next 5-10 years?
- Which HRSN should the new APM aim to address for Vermont's **Original Medicare** population specifically?

Workgroup Member Input

- Several workgroup members noted that one of the highest priorities related to HRSN is housing. They indicated affordable, supportive housing across the care continuum for Vermonters, especially those with MH/SUD needs, is critical.
  - AHS acknowledged this issue and is interested in identifying opportunities for alignment with Medicaid (e.g., supportive housing programs).
- Workgroup members also indicated that food security, transportation, and supportive employment are also high priority HRSNs to address.

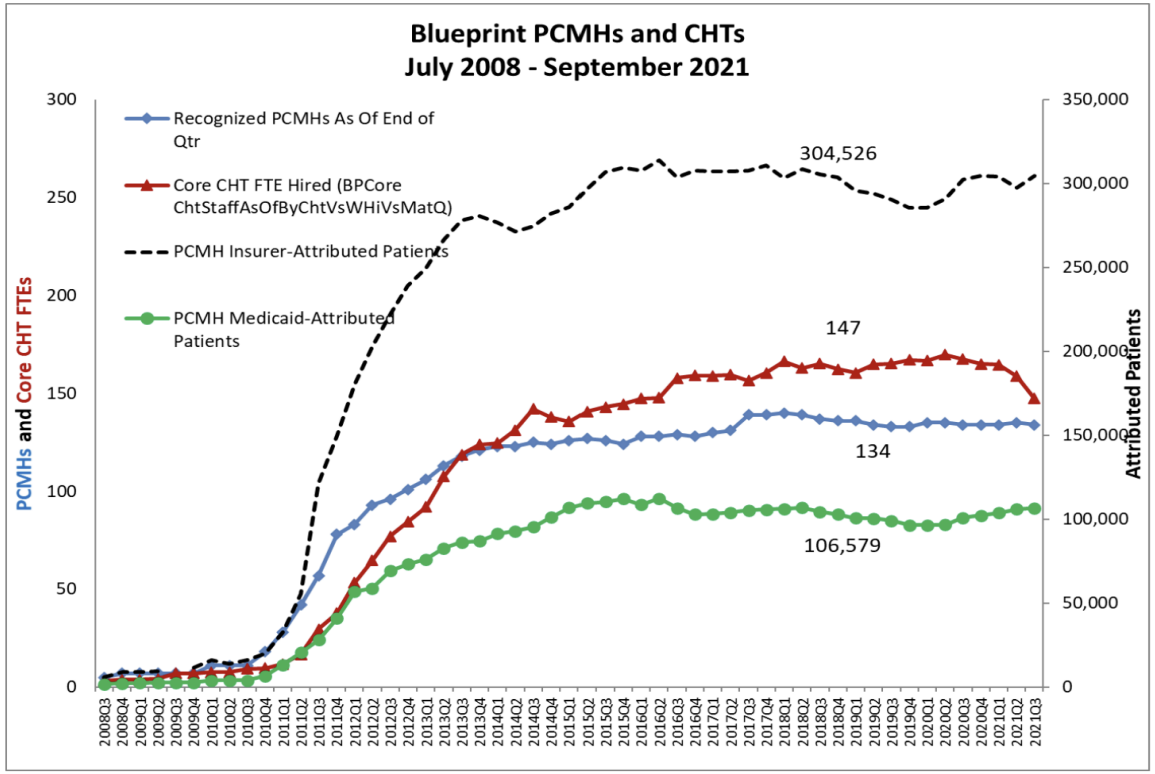
Blueprint: Community Health Teams

- CHTs are multi-disciplinary teams that provide supplemental services to Blueprint-participating primary care practices to focus on the confounding causes of health problems. The CHTs also serve as the foundation for ACO care coordination.
- Core CHT services include:
  - Screening
  - Individual care coordination and team care conferences
  - Brief interventions that can include short term counseling
  - Referrals and navigation to services that include self management courses
  - Condition-specific wellness education
  - Nutrition services
  - Connecting to Peer Support

Source: 2021 Annual Report on the Vermont Blueprint for Health

Blueprint: CHTs and PCMH Support

Scale and Financing of CHT/PCMH Approach under the current APM

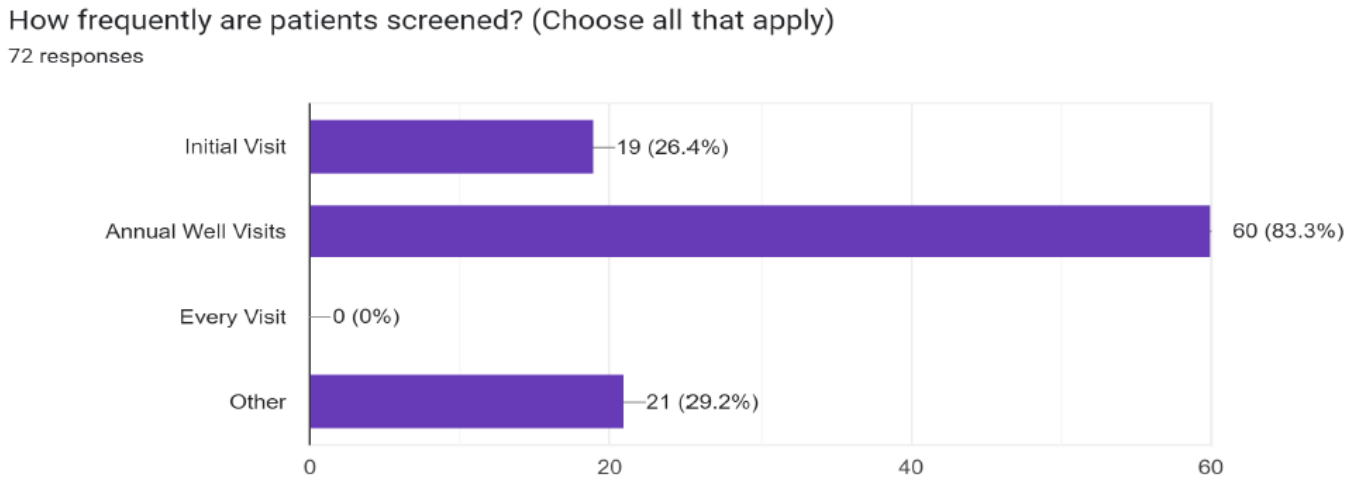


- Across the 13 Vermont HSAs, there are 147 FTE CHT staff that support 134 practices.
- CHTs are funded by PMPM payments from the participating payers (limited to attributed Vermonters in fully-insured products).
- Blueprint's PCMH PMPM payments (based on NCQA accreditation) support practices' ability to screen for SDOH.
- Medicare beneficiaries are the second largest group of people served by CHTs. However, Medicare currently pays the lowest PMPMs across payers.

Source: 2021 Annual Report on the Vermont Blueprint for Health

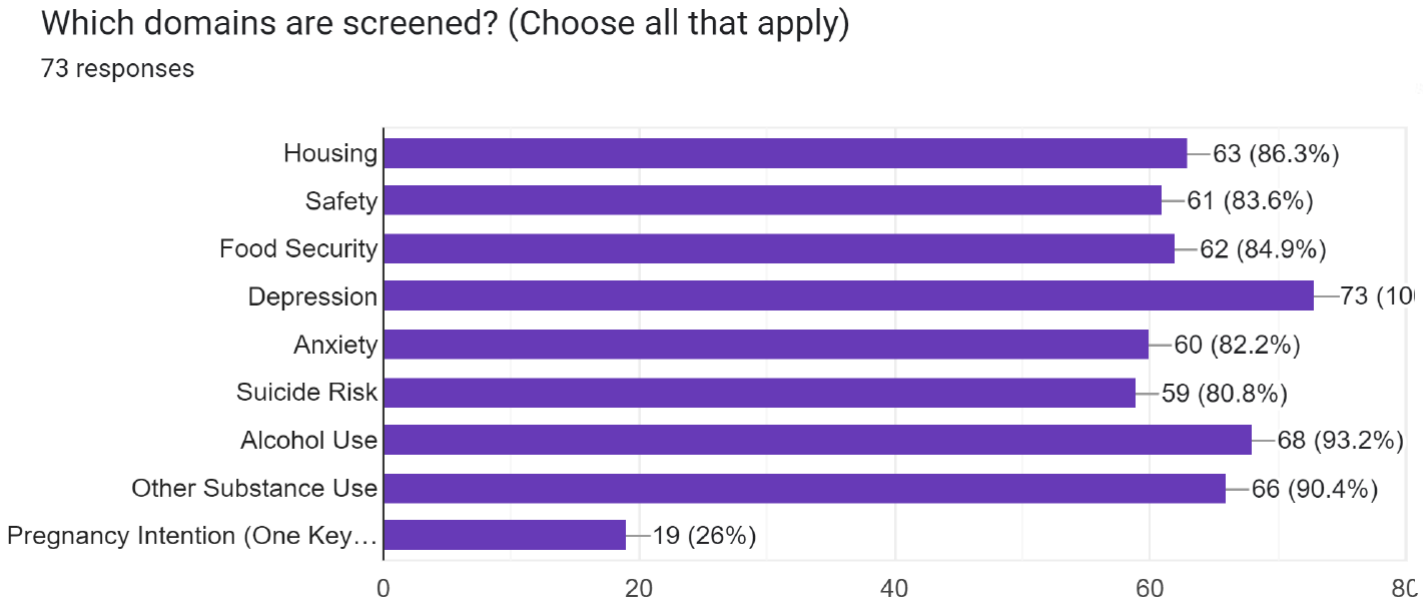
Blueprint: Screenings *(1 of 2)*

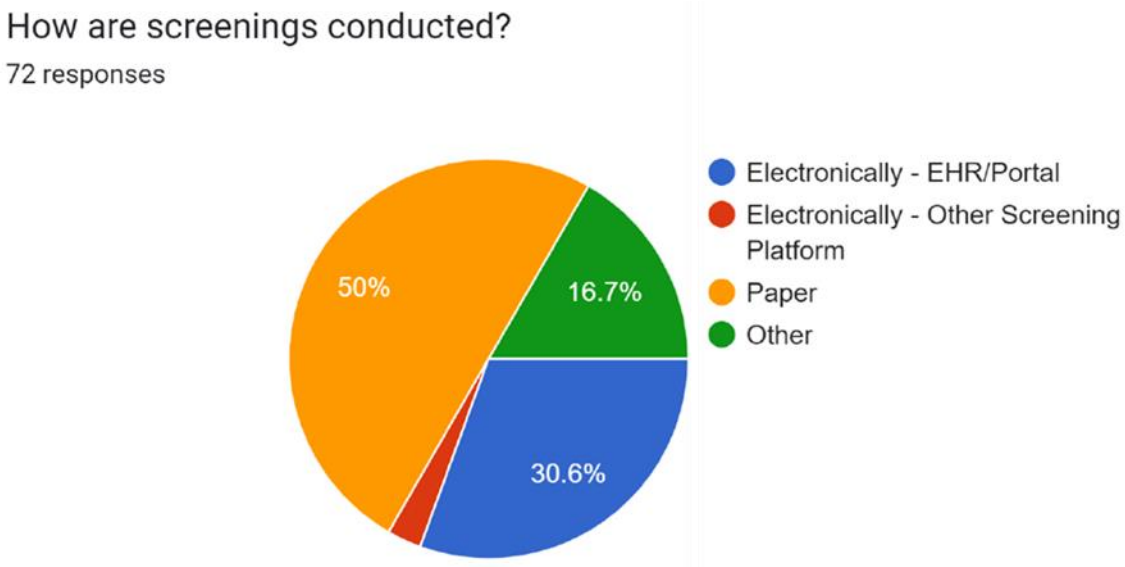
- In July 2022, Blueprint conducted a survey of PCMHs about screenings:
  - 73 responses
  - 47% hospital owned, 31% independent, 22% FQHCs
  - Representation from 11 HSAs
  - 91.5% indicated that universal screening (all practice population) is occurring



Source: July 2022 Blueprint for Health QI Facilitation Network – PCMH Screening Snapshot

Blueprint: Screenings *(2 of 2)*





Source: July 2022 Blueprint for Health QI Facilitation Network – PCMH Screening Snapshot

Discussion: Blueprint

1. Maintaining and improving adequate Medicare contributions to Blueprint services is an important ask for CMMI.
    a. Are there other specific asks for CMMI beyond increasing support for CHTs and PCMH? For example, how might Medicare align with other advancements in Medicaid, such as through programs that provide supportive housing assistance or address nutritional needs?
    b. How should CMMI support continuation of Vermont's Complex Care model?

Workgroup Member Input

- One workgroup member agreed on the need for CMS to maintain and improve funding for Blueprint in the new multi-state model. They noted that Blueprint is one of the few mechanisms available to relieve cost shifting between payers.
- Another workgroup member noted that more data on Blueprint (i.e., number of individuals supported by Blueprint broken down by payer) would be helpful.
- A workgroup member noted that Medicare does not provide incentives for providers to participate in more advanced care coordination efforts since their All-Inclusive Population Based Payment (AIPBP) is currently reconciled to FFS. This limits incentives to invest in upstream efforts (i.e., prevention, care coordination) since payments are unpredictable.

2. Health Equity

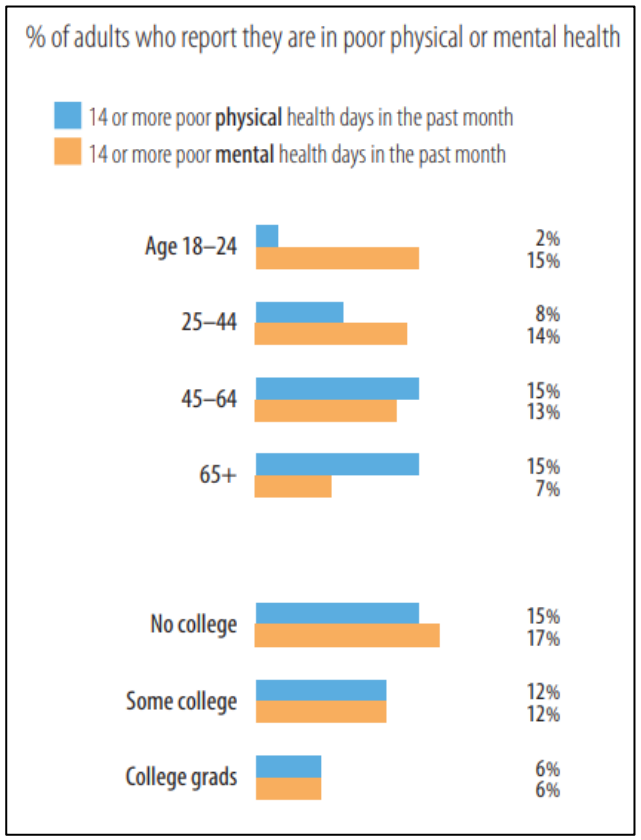
Vermont's Vision of Health Equity

"**Health equity** exists when all people have a fair and just opportunity to be healthy – especially those who have experienced socioeconomic disadvantage, historical injustice, and other avoidable systemic inequalities that are often associated with social categories of race, gender, ethnicity, social position, sexual orientation and disability."

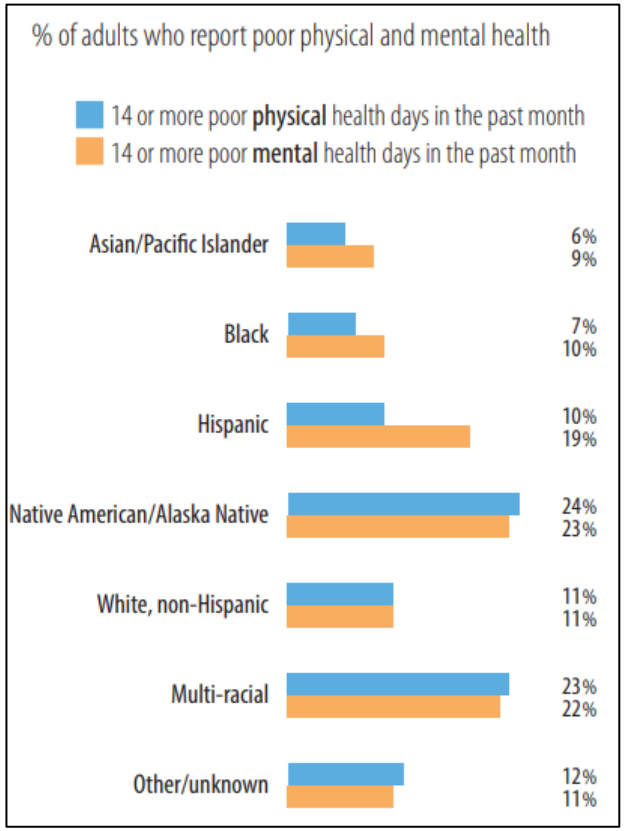
- State Health Improvement Plan, p 2.

Known Inequities in Vermont

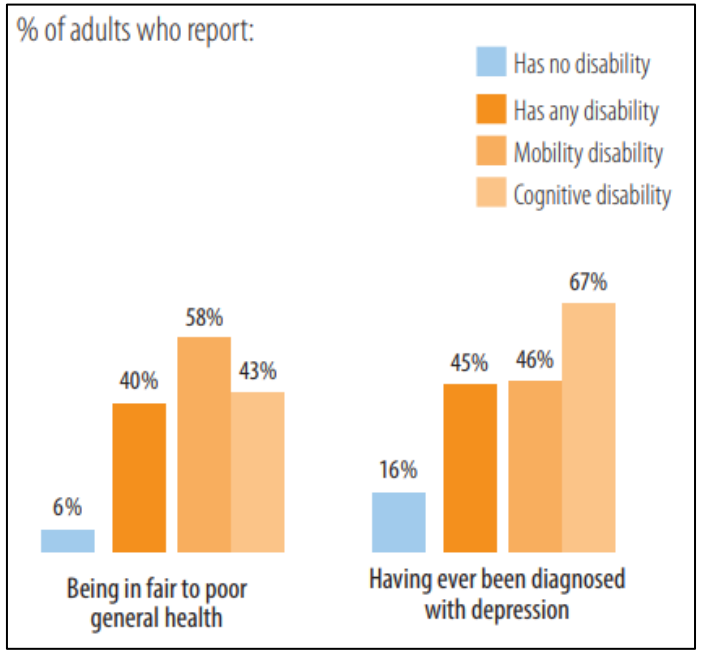
Age & Education



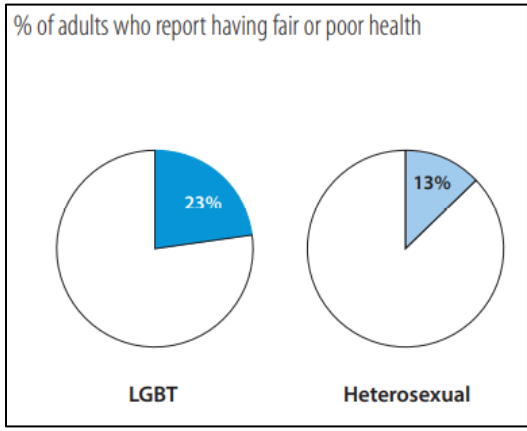
Race & Ethnicity



Disabilities



LGBTQ Identity



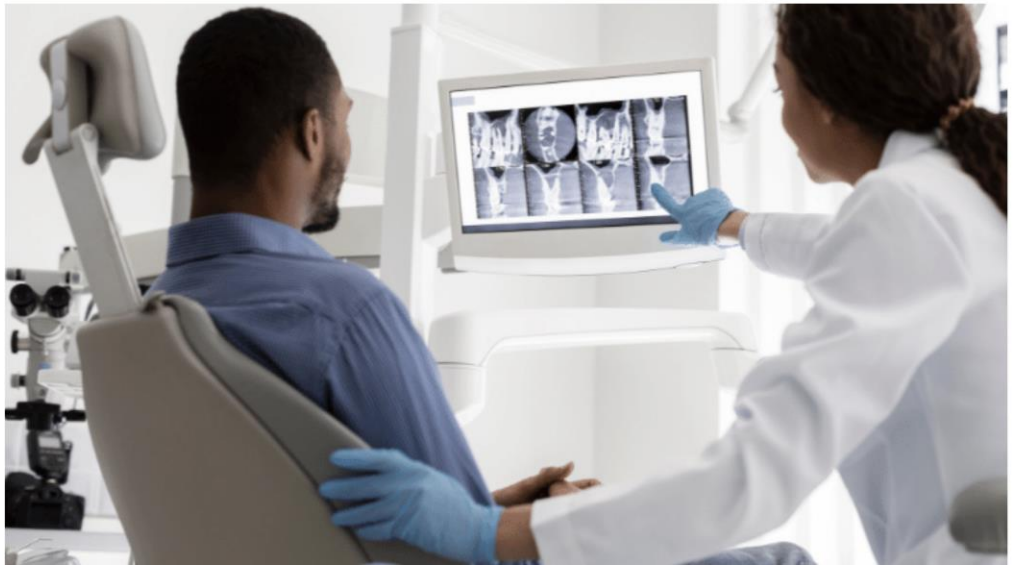
Source: Vermont State Health Improvement Plan (2019-2023)

CMMI's Perspective

CMS Innovation Center Launches New Initiative To Advance Health Equity

Dora Lynn Hughes

MARCH 3, 2022 10.1377/forefront.20220302.855616



CMMI has not yet provided insights into their thinking on equity for the AHEAD model.

However, earlier this year, CMMI announced 4 new undertakings to improve health equity in its CMMI models that may provide some clues:

1. Develop new models and modify existing models to promote and incentivize equitable care.
    a. "Potential options include focusing recruitment on underserved populations, quality metrics, enhanced benefits and payment incentives or adjustments."
2. Increase participation of safety net providers.
3. Increase collection and analysis of equity data.
4. Monitor and evaluate models for health equity impact.

Source: CMS Innovation Center Launches New Initiative To Advance Health Equity

Shaping “asks” for CMMI

1. How could each of the CMMI undertakings apply to Vermont’s APM 2.0?
    a. **Recruitment and inclusion:**
        i. In the current state, how might non-attribution to the APM sustain, exacerbate, or create health inequities?
        ii. How might APM 2.0 improve the level and quality of outreach to establish care relationships for all Vermonters?
    b. **Provider participation:**
        i. Which providers do not participate in the APM today that should be offered more support to do so?
    c. **Data:**
        i. What are the barriers providers face in understanding equity and inequity amongst groups they serve?
        ii. Are there asks for CMS in how they make ***Medicare*** data available relative to today’s model?
        iii. How can data reporting and sharing across ***all payers*** better support advancing health equity?
    d. **Others?**

Workgroup Member Input

- One workgroup member noted that there are opportunities to improve the design and implementation of CMS' beneficiary enhancement waivers and address equity concerns between availability of waivers to Vermonters in Medicare attributed to the model and those that are not. There could be an equity-framed ask to CMS to allow waiver flexibilities to apply to all Vermonters in Original Medicare.
- Another workgroup member highlighted the need to reflect on opportunities available to improve care coordination in the current system, rather than focusing on building new programs. The member flagged that there are opportunities to enhance care coordination in the home health and hospice space.
- The workgroup discussed the need for timely and accurate data from CMS. More broadly, there needs to be consistency in how payers structure and send data to providers. The Vermont team may want to look at how ACO REACH has built data sharing which brings in SDOH information and could be leveraged.

3. Next Steps

Next Steps

- The HCR Workgroup will not be meeting next week (11/22). We will reconvene on 11/29.