National Learning Community Network Development Track

Building the Business Case

Wednesday August 23, 2023

Today's Agenda

1. Welcome & roll call
2. ACL updates & announcements
3. Guest presentation, Building the Business Case: Sharon Williams
4. Q&A and discussion
5. Wrap up

ACL Announcements

- **CY 2024 CMS Medicare Physician Fee Schedule Proposed Rule**
  - Proposing to pay separately for Community Health Integration (CHI), Social Determinants of Health (SDOH) Risk Assessment, and Principal Illness Navigation (PIN) services to account for resources when clinicians involve community health workers, care navigators, and peer support specialists in furnishing medically necessary care.
  - Comments must be received no later than 5 p.m. on September 11, 2023
    - See pages 2-3 of NPRM for instructions for submitting comments (https://public-inspection.federalregister.gov/2023-14624.pdf)
    - For further information contact MedicarePhysicianFeeSchedule@cms.hhs.gov
  - Partnership to Align Social Care Webinar What Does the CY 2024 Medicare Physician Fee Schedule Proposed Rule Mean for Addressing HRSNs? (8/22/23)

- **NLC Feedback Survey**

- **Final NLC Meeting, August 30, 2023**

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Sharon Williams is a former health plan CEO, Privacy Officer, Medicaid and Medicare policy advocate, and AAA COO.

Proven leadership in both the health and social care industries with 30 years experience in healthcare administration and transformation.

Founded WJC, LLC to advance the delivery of consumer centric healthcare for government funded programs-Medicaid, Medicare, and more.

WJC specializes in training/technical assistance, policy development/advocacy, business development and innovative strategic planning.

Our clients include a diverse group of stakeholders including IT organizations, CBOs, healthcare organizations, state governments, national trade associations, and more.

313-516-3326

sharonr.williams@comcast.net

Today's Focus

Importance of being healthcare industry savvy

Alignment of Community Care Hub (CCH) model/services with healthcare industry priorities

Priming your marketing approaches/value proposition

Promoting DEI to address health disparities-Health Related Social Needs

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Knowledge is Power

- Basic understanding of the healthcare ecosystem's drivers/goals
  - Quality/Performance Outcomes
  - Patient Experience
  - Cost Effectiveness
  - Mission
  - Regulatory
  - Industry Standards

- These issues are not homogenous across the ecosystem

- Variance among individual entities within an industry subsectors
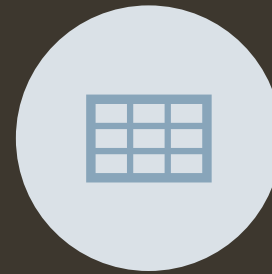
Targeted Organization Preparation

IDENTIFY ORGANIZATION GOALS

KNOW YOUR AUDIENCE

PRIORITIZE/ALIGN

VALUE PROPOSITION/DATA

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CCH Services Alignment

- What have you discovered about general industry priorities/points of pain?

- What CCH products/services offer solutions?

- CCH proficiency/experience
  - Outcomes not outputs
    - Hard and soft ROI
  - Delivery capacity/service area

Data Supports Outcomes/ROI

VAAACares' successful contracting healthcare organizations outcomes:

- Reduced 30-day readmission rates:
 - High-risk older adults from 23.4% to 14.4%
  - Medicaid beneficiaries from 25% to 7%

**Lifespan acting as the hub in receiving referrals from physicians and home health:**

- 1,200+ consumers were connected to services between 2016 and 2019
- Program results:
  - Stays 28% reduction in emergency room visits
  - 29% reduction in inpatient hospitalizations
  - 23% reduction in observation

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Outreach: Capitalizing on Connections

Mine existing relationships and connections

- Boards/Volunteers
- Industry Organizations
- Civic Groups
- Neighbors
- Churches
- Social Organizations
- Donors

Marketing Hub ROI

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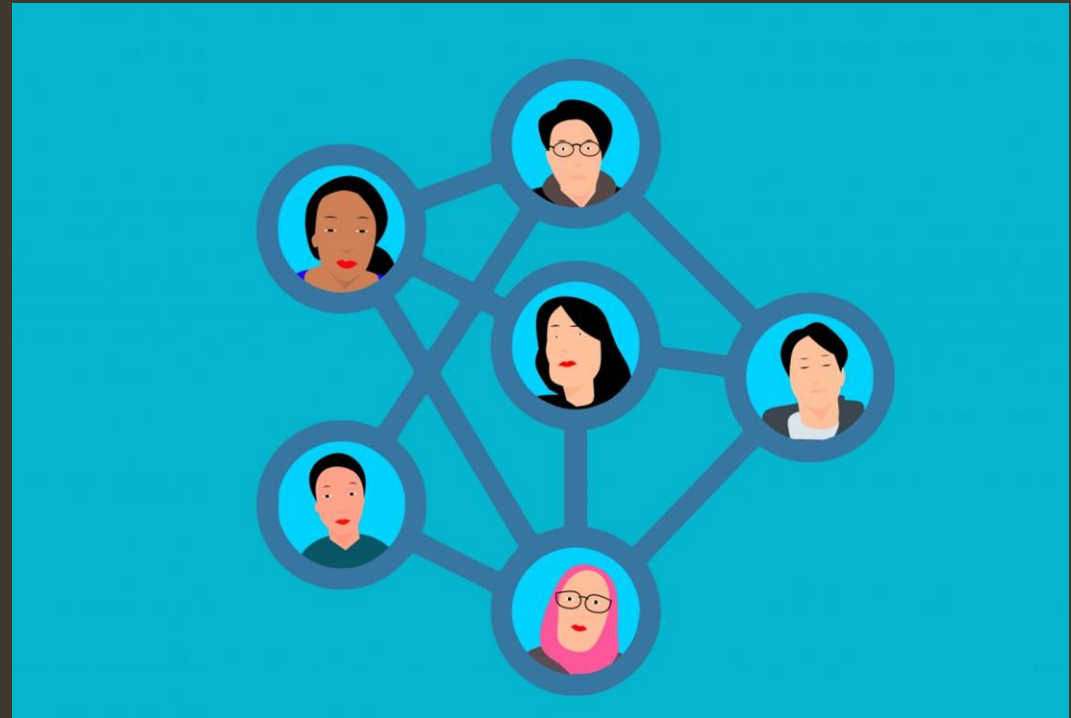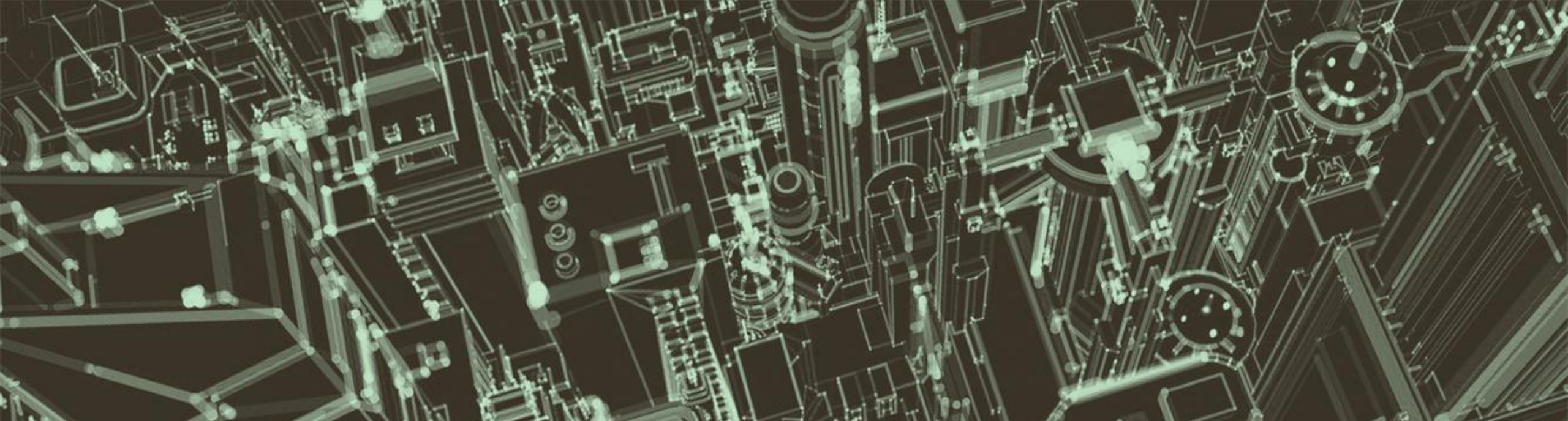
Hubs provide an opportunity to effectively and equitably coordinate health care and social care to meet the needs of individuals within their communities.

"

Source: Health Affairs article (November 29, 2023) – see resources tab for link

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Adverse Impact of HRSN on Healthcare Quality

Housing

26-36 years reduced life expectancy due to homelessness

Food Insecurity

$155M in additional healthcare costs

Economics

Medicaid consumers have 2x mortality rate of privately insured

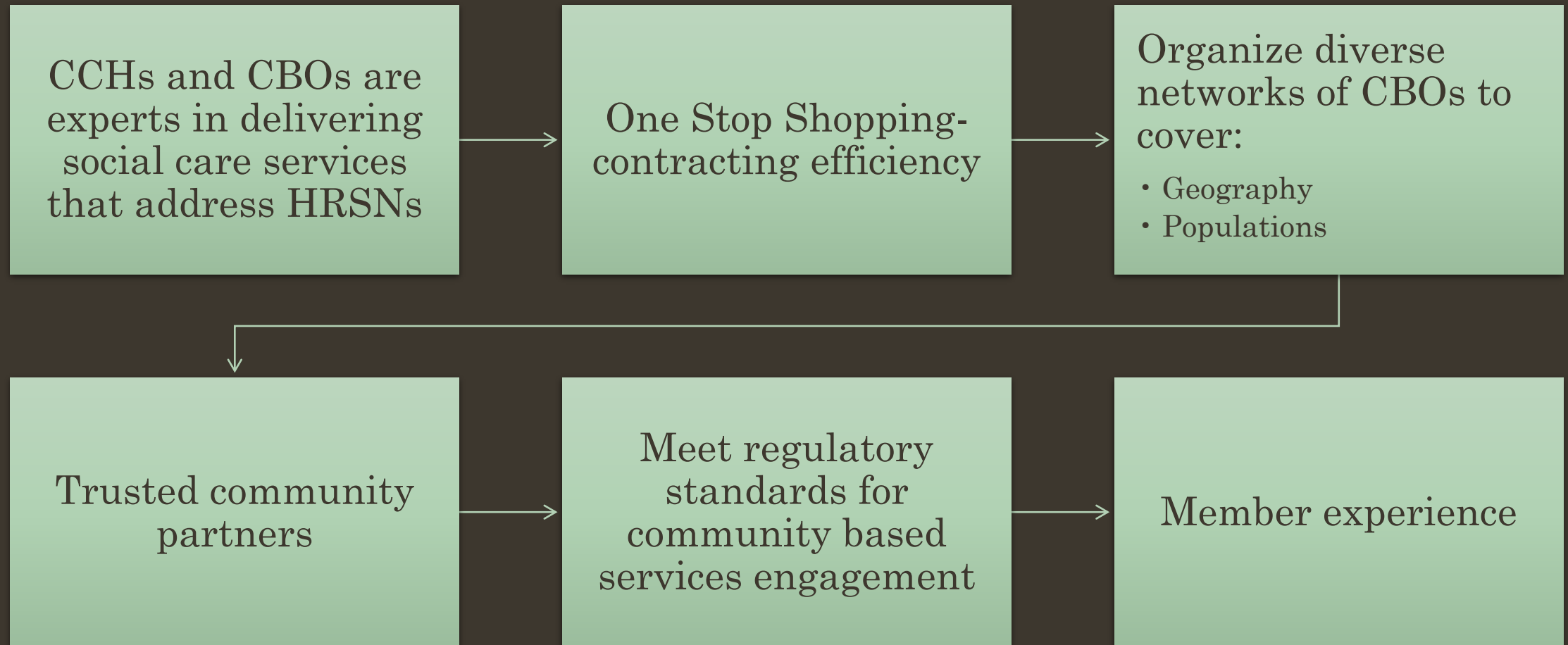24-27% higher rate of readmission for Dual Elibiles

Interpersonal

26% increased risk of mortality resulting form loneliness

Education

9-year gap in life expectancy for those w/out high school diploma

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Promoting the CCH Contracting Model

CCHs and CBOs are experts in delivering social care services that address HRSNs

One Stop Shopping- contracting efficiency

Organize diverse networks of CBOs to cover:
- Geography
- Populations

Trusted community partners

Meet regulatory standards for community based services engagement

Member experience

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Value Proposition

- **It describes how your product or service solves/eliminates problems**

- **It differentiates your product /services among competition**

- **It's easy to understand**

- **The ideal value proposition is direct and appeals to a customer's strongest decision-making drivers**

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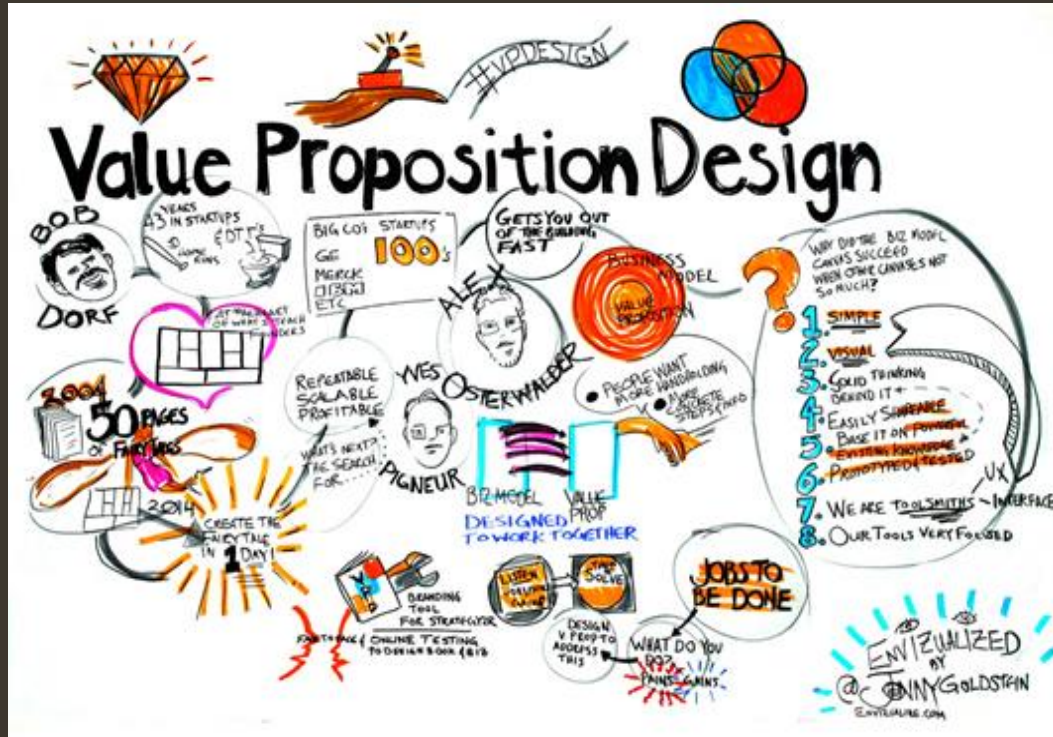
Value Proposition

- Supports premise that the CCH's product/services address key customer priorities

- Must be tailored:
  - Industry specific
  - Organization specific
  - Individual specific

Sample CCH Value Proposition: Medicaid MCO Compliance

- VAAACares® monitors and evaluates compliance with Virginia Department of Medical Assistance Services (DMAS) contractual regulations. In a shared risk model with an MCO, VAAACares demonstrated compliance at a rate of 96-100% for the following performance measures:

  - Completion of comprehensive assessments and plan of care development within 30 calendar days of enrollment for waiver recipients and 60 calendar days of enrollment for members residing in nursing facilities, with updates in accordance with DMAS contractual requirements and upon any member hospitalization or change in condition.

  - Assessment and identification of members who are appropriate to transition from institutional placement into the community setting. Transition coordination planning demonstrated to begin within 24 hours of notification or member identification as capable of returning to the community setting.

  - MCO notification within 2 business days of any member identified as not receiving waiver services for 30 calendar days.

  - Reporting of serious reportable events within 24 hours to the MCO.

  - Escalation of grievances or complaints within 1 business day to the MCO.

  - Entering expedited authorization requests within 24 hours of receipt (or sooner) of the request for services, should the member's health condition require it.

  - Maintenance of 24-hour access to on-call care management, 24 hours a day, 7 days per week.

vaaacares.com

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Adding Value to CCH Contracting via DEI Practices

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'The time is always right to do the right thing'
Dr. Martin Luther King, Jr

DEI standards of practices: Corner stone of effective organizational management

Support healthier workplace for staff

Enhances quality of care provided to consumers & community

Valuable commodity for healthcare industry engagement

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BENEFITS OF DIVERSITY IN THE WORKPLACE
How diversity promotes profits

A diverse workplace better understands diverse markets, stimulating innovation

Gives company freedom to go after the most talented people, regardless of differences

Enhances employee engagement by showing the company understands and respects different cultures

Culturally diverse workplace builds trust in your brand with a diverse target market
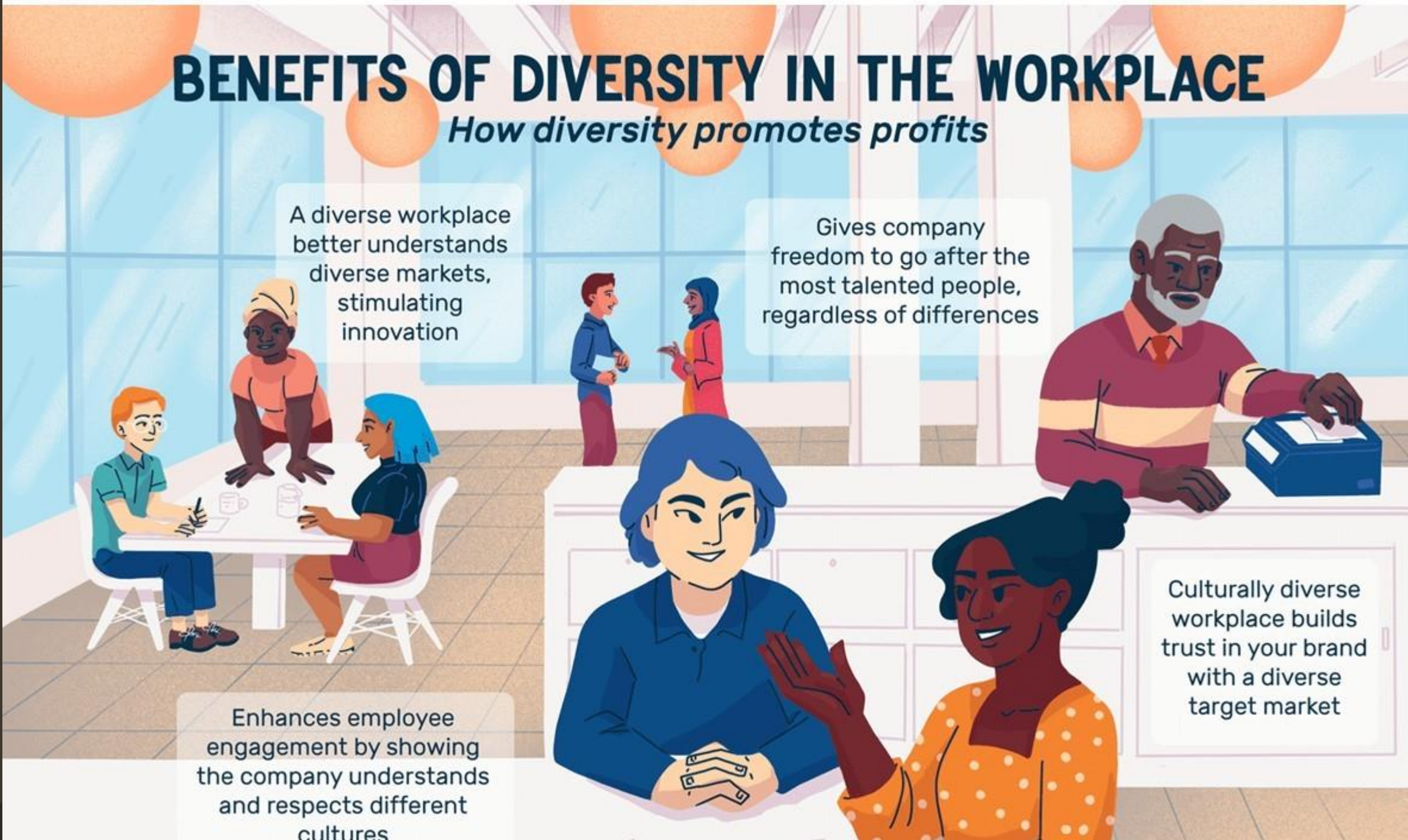
DEI Driving Business Reform

- Organizational vision/mission
- Employee recruitment/retention
- Consumer demand
- Industry and regulatory reform

Improving health equity requires engagement and partnerships across the health care ecosystem, and with other stakeholders such as employers, regulators and **community-based organizations**

Eliminating health disparities in underserved populations results in better **quality** health outcomes and reduces overall cost of care

Evolving federal and state guideline are encouraging the industry to identify and close gaps in unequal treatment

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State Mandates on Health Equity

WHO REQUIRES ACCREDITATION

The states that require Medicaid or exchange plans to meet certain standards aimed at addressing health disparities

- Required for Medicaid
- Required for exchange plans
- Required for both
- Not required

Source: National Committee for Quality Assurance

Note: Mississippi, Pennsylvania, Rhode Island, South Carolina, Tennessee and Wisconsin currently require the NCQA Distinction in Multicultural Healthcare, with the option to convert to the Health Equity Accreditation upon expiration

HRSN & DEI Policy/Practice Evolution

NCQA

Social Screening and Intervention: introducing new HEDIS measure: screening for and addressing unmet food, housing and transportation needs

Health Plan Equity Accreditation: an additional plan certification

Regulatory

CMS Six Pillar Strategic Framework

CLAS

Medicaid agencies may require contracted plans to have NCQA Health Plan Equity Accreditation

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Resources

- *Aging and Disability Business Institute* :
  - Market Assessment
  - Opportunity Assessment

- Can the U.S. Achieve Equity for Elders of Color? (asaging.org)

- CHRT disabilities telehealth article.pdf

- Consortium-Seniors-Equity-Fact-Sheet.pdf

- Developing Your Value Proposition: How-To Guide and Worksheet (ncoa.org)

- Improving Health And Well-Being Through Community Care Hubs | Health Affairs

- Culturally and Linguistically Appropriate Services | Agency for Healthcare Research and Quality (ahrq.gov)

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Q&A/Discussion

Wrap Up

- Meeting recording and material will be provided by the National Learning Community email team

- **Next meeting:** CCH National Learning Community <u>All-Member</u> Meeting Wednesday August 30, 2pm ET.

- *Zoom survey*

Thank you for your time, valuable insight, and engagement!