

Current and Future Trends: The Wisdom for Integrating Medical Care, Behavioral Health, and LTSS.

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Objectives

- Overview of MCOA Wisdom Summit recommendations and position of integrating/ coordinating medical, behavioral health, and long term services and supports.
- Understand the national direction for this work from National Academy of Medicine and others
- Understand recent Maine efforts
- Understand MaineCare's current and future focus on its role in medical and behavioral health integration

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Blueprint for Action on Healthy Aging

2 Key Questions Facing Us As We Age

- ***Will the services we need be available*** when and where we need them, regardless of where we live, whether through family, friends, formal programs or volunteer networks?
- ***Will the funds be there to pay for these services***, whether self-pay, a benefit, or funds from local or state organizations or government?

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Blueprint for Action on Healthy Aging

Recommendations fall into 2 major categories:

- ***Enhance community level supports and services*** which support healthy, engaged and secure aging in a multitude of ways (transportation, food, housing, socialization, civic engagement, etc.)
- ***Reform of the formal long term services and supports system***, including coordination and integration of the medical, behavioral health, and long term services and supports systems.

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8 Recommendations

1. **Community Level Support:** Bring municipal leaders fully into the conversation about reform of the formal long term services and supports system. Help local and state leaders leverage their investments to influence the quality and number of services available to people in their communities.
2. **Aging in Community Initiatives:** Encourage towns, cities and regions across Maine to establish, grow and strengthen volunteer *aging in community* initiatives and better connect these initiatives to the formal local and regional social service and health care delivery systems.

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8 Recommendations

3. **Volunteerism:** Tap into Maine's existing volunteer training and support network to increase training and support for volunteers leading Maine's *aging in community* movement and increase the number of volunteers choosing to provide support to Maine's aging network.
4. **Housing:** Encourage the next Administration to issue the housing bond passed by the voters. Collaborate with MaineHousing to advance housing solutions identified in MCOA's report *Housing Solutions for Maine's New Age*. Explore new funding options to allow MaineHousing, municipalities and home owners to implement housing solutions that will help people stay at home or in their communities.

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8 Recommendations

5. **Transportation:** Collaborate with the Maine Department of Transportation and others to build reliable transportation networks, including volunteer ride services, public options where feasible, and other creative solutions to enhance mobility options for non-driving adults.
6. **Formal Provision of Long Term Services and Supports:** Convene a working group to identify specific actions the next administration can take to spend state dollars more effectively to improve Long Term Care and Home & Community Based Services. Encourage the new administration to take action to implement recommended changes.

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8 Recommendations

7. **Direct Care Workforce:** Increase the size of the direct care workforce and improve training, working conditions, and pay.
8. **Health Care / Community Based Organization / Local Community Collaboration:** Link medical and behavioral health care with the long term services and supports system to promote improved and more cost-effective health outcomes for people and the communities in which we live.

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Actions

- **Task Force on Healthy Aging in Communities**
- **Exploring opportunities to expand data sharing between LTSS and medical/behavioral health providers**
- **Exploring successful models of integrated care to replicate and grow in Maine**

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National Academy of Medicine



Integrating Health Care and Social Services for People with Serious Illness, Workshop Proceedings (2019)



Vital Directions for Health & Health Care 2017



Effective Care for High-Need Patients: Optys for Improving Outcomes, Value, & Health 2017

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JAMA March 2017

JAMA | Special Communication

Vital Directions for Health and Health Care Priorities From a National Academy of Medicine Initiative

Victor J. Dzau, MD, National Academy of Medicine;
Mark McClellan, MD, Duke University;
The Honorable Thomas A. Daschle
The Honorable William H. Frist, MD
The Honorable Michael O. Leavitt
Lew Sandy, MD, UnitedHealth
Glenn D. Steele, MD former Geisinger CEO.....

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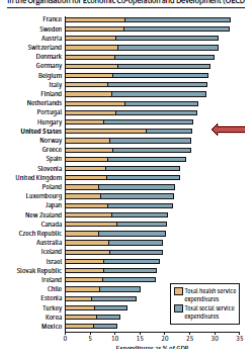
The US health system faces major challenges...

- “Health care costs remain high at \$3.2 trillion spent annually, of which an
 - estimated 30% is related to waste, inefficiencies, and excessive prices;
 - the health and financial burdens of chronic illness and disability are straining families and communities.”
- 30% of Maine health care spend is \$3+ Billion
 - Even 15% is \$1.5 Billion

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Yet we spend more on Medical & Less on Social

Figure 4. Health Care and Social Service Spending Across Countries in the Organisation for Economic Co-operation and Development (OECD)



- For every \$1 spent on health care, about \$2 is spent on social services by countries in the OECD overall but only about \$0.50 is spent on social services by the United States.

— Journal of the American Medical Assn. March, 2017

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NAM Vital Directions Framework

The vision

A health system that performs optimally in promoting, protecting, and restoring the health of individuals and populations and helps each person reach his or her full potential for health and well-being

Core goals

Better health and well-being

High-value health care

Strong science and technology

Action priorities

- Pay for value
- Empower people

- Activate communities
- Connect care

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How To Support the Care of Older Adults in Primary Care in Maine - 2017

- PCMH Roadmap:** Improving the Care of Older Adults through Patient-Centered Medical Homes
- The Gerontological Society of America, John A Hartford Foundation 2016
 - Comprehensive Care
 - Whole-Person Care
 - Patient Empowerment and Support
 - Care Coordination and Communication
 - Ready Access to Care

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Age Friendly Health Systems - 2017



Goal: Spread 4Ms Framework to 20% of US hospitals and medical practices by 2020.

MaineHealth

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Thoughts

1. Terrific national direction, models, and state and regional efforts
2. Lots of exciting initiatives in Maine
3. Key is connecting medical, behavioral health, long term services and supports, and community efforts.....and scaling
4. Building upon primary care and community based organizations makes a lot of sense
5. MaineCare and OADS have some really exciting directions

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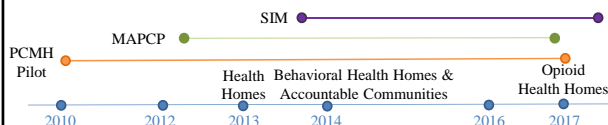
Integration and Aging in the MaineCare Value-Based Purchasing Programs

Olivia Alford
6/13/2019



Value-Based Purchasing Goals & History

- Work toward the Triple Aim
- Advance MaineCare delivery system reform
 - Use data for population health management
 - Encourage collaboration and community connections
 - Address Social Determinants of Health (SDOH)
- Increase accountability of systems to provide high value care
- Implement alternative payment models to incent value over volume and provide flexibility to support care delivery



“Alternative Care Solutions”

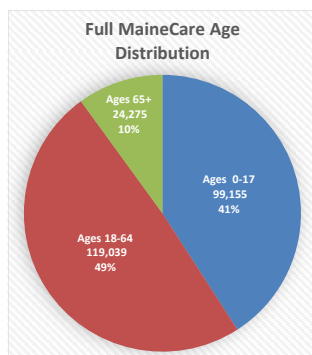
1. Overview of “dual eligible” inclusion in the MaineCare programs.
2. What alternative payment models currently exist in MaineCare?
3. How is care for older adults impacted?
4. What opportunities do we have to use these or other models to improve health and well-being?

Maine Department of Health and Human Services

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Dually Eligible Members

- Approximately 54,000 “full” duals in MaineCare
- 42% enrolled in VBP programs
- Duals’ risk scores are roughly 2.5 times greater those of the MaineCare population
- Top diagnoses for spend:
 1. Intellectual disabilities (33%)
 2. Mental health (19%)
 3. Dementia (8%)
 4. Diabetes (3%)
 5. Cerebrovascular disease (3%)



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Dually Eligible Members

Service Category	PMPM MaineCare Cost August 2016 – July 2017	% of Total Costs
HCBS Waiver Services	\$288.26	33%
Nursing Facility	\$156.76	18%
Mental Health	\$85.05	10%
ICF-IID	\$55.40	6%
General Acute Outpatient	\$52.65	6%
General Acute Inpatient	\$35.86	4%
Personal Care	\$32.62	4%
Physician – Primary Care	\$29.15	3%
Pharmacy	\$20.48	2%
Private Duty Nursing	\$18.40	2%
Physician – Specialty	\$16.46	2%
Durable Medical Equipment	\$13.97	2%
Adult Family Care Homes	\$6.70	1%
Other	\$60.94	7%
TOTAL	\$872.72	100%

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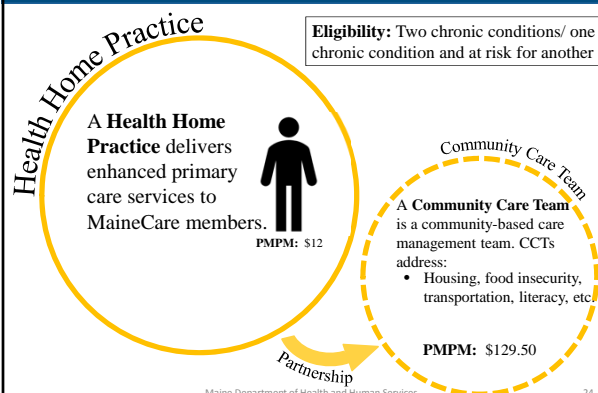
Health Home Programs & Services

- Health Homes
- Behavioral Health Homes
- Opioid Health Homes
- Accountable Communities

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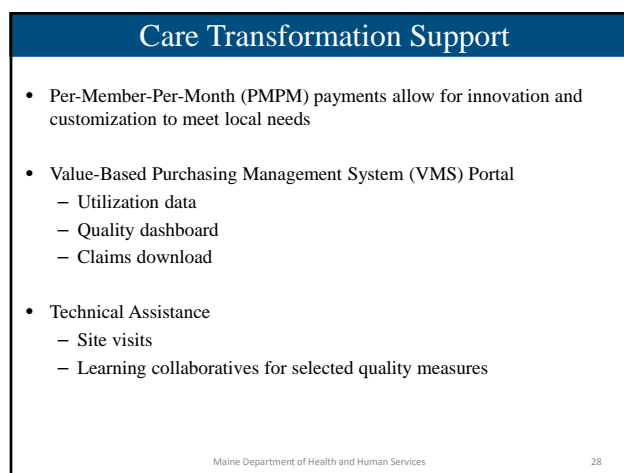
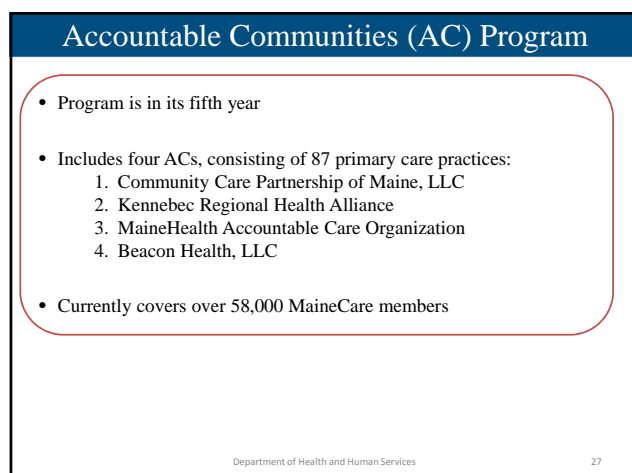
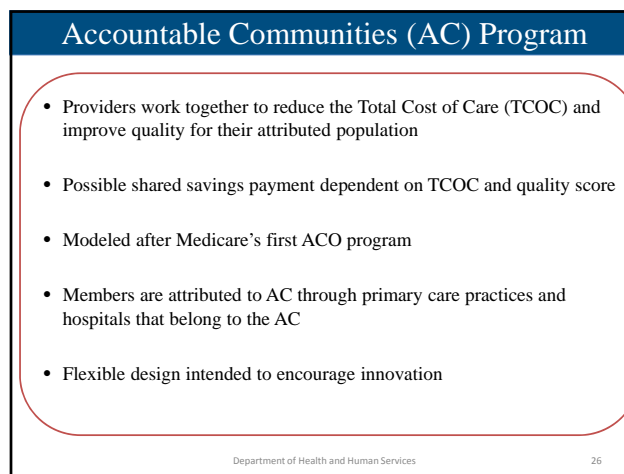
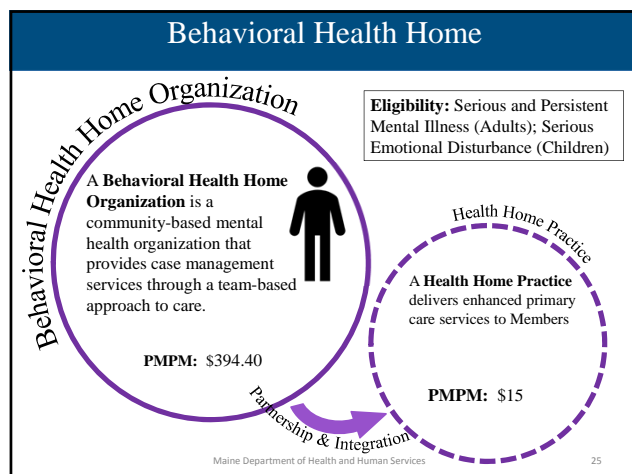
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Health Homes



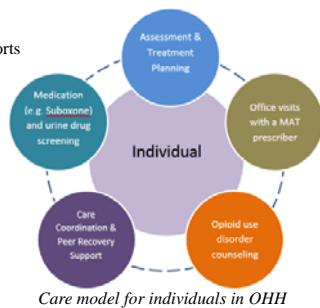
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Members Benefit from Team-Based Model & Commitment to Core Standards

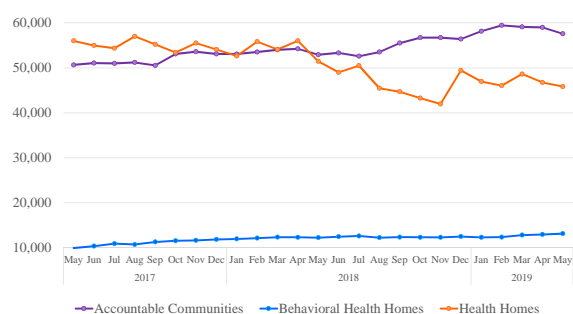
- Team-Based Model of Care
 - OHH and BHH include peer supports
 - HH partner with Community Care Teams
 - BHH partner with primary care
- Ten Core Standards focused on:
 - Efforts toward integration
 - Quality improvement
 - Use of data
 - Improving access
 - Population health management



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Health Home, Behavioral Health Home, and Accountable Communities Enrollment



Care for Older Adults

- Quality Measure highlights
 - ✓ Use of high-risk meds in the elderly; at least one high-risk medication
 - ✓ Use of high-risk meds in the elderly; at least two high-risk medications
 - ✓ Plan all-cause readmission
 - ✓ Use of spirometry testing COPD
- Community Care Team success stories
- Collaboration between physical and behavioral health
- Technical assistance



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Dually Eligible Members

- AC program-wide savings over three years is \$24M.
- Duals are 19% of AC population, but represent only 9% of savings to MaineCare:
 - MaineCare coverage vs. Medicare coverage
 - MaineCare as a secondary payer
 - Service accountability in the MaineCare AC program

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Opportunities for the Future

- Technical assistance and training focused on care for older adults
- Quality measures
- Better use of Medicare data
- Changes to eligibility to ensure programs accessible to older adults
- Flexibility in the team of health professionals serving members
Requiring partnerships with local organizations
- Promote accountability for long-term services and supports in the Accountable Communities program
- Explore other federal opportunities and new models!

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Questions?

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