



Opportunities for UCEDDs/LENDs in Healthcare Transformation

December 2, 2016

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Agenda

- Broad overview
- Dig deeper into details
- Discussion of how UCEDDs/LENDs are involved in healthcare transformation in FL, IA, NY
- Discussion and problem-solving with participants



Handouts

- Acronym list
- Overview of Patient Protection and Affordable Care Act (PPACA) - ppt
- An Overview of Delivery System Reform Incentive Payment (DSRIP) Waivers - article
- Medicare Access and CHIP Reauthorization Act (MACRA) - ppt
- Integrating Medicaid Supplemental Payments into Value-Based Purchasing - article





Basic Goals & Core Values of the PPACA

The traditional health care delivery system was based on Medicaid, Medicare and other Great Society* programs.

The transformed health care delivery system will be built upon innovations in the PPACA which address triple aims:

- **increased consumer participation and satisfaction;**
- **improved health care quality, and**
- **reduced cost.**

*Great Society was a set of domestic programs launched by Democratic President Lyndon B. Johnson in 1964–65. The main goal was the elimination of poverty and racial injustice.



Core Values of Disability Community

- Flexibility and self-determination;
- Individual and person-centered vs system level outcomes;
- Socially valued outcomes including employment and housing, and
- Community integration and independence.



Threats to People with Disabilities

- Changes affect the types of services which are provided, the manner in which they are provided, the way service providers are paid, and the evaluation of service effectiveness.
- Changes may not be informed by consumer values
- Service access may not be self-determined, but instead authorized by the insurance company based on unknown or inappropriate criteria (i.e. medical necessity) and limited to providers in contracted networks.
- Socially valued outcomes such as independence and community integration may not be valued or measured.



Opportunities for People with Disabilities, Allies

- Provide input during the development of State waiver applications
- Design model contracts for organizations which deliver health care services
- Action from DD Councils and Protection and Advocacy Systems (P&As)
- Participation in State Medicaid Advisory Committees and other public processes



Goals of Consumer Participation

- Expand the scope of care beyond medical necessity to include social impact;
- Require providers to achieve socially valued outcomes including employment, housing and quality of life;
- Employ measurement systems which are aligned with our core values and appropriate to persons with disabilities (i.e., CQL Personal Quality Measures);
- Align service delivery with research and best practices;
- Ensure full participation of consumers in the treatment planning process;
- Recruit and maintain an accessible and qualified health care workforce.

The Affordable Care Act: Opportunities for LEND/UCEDD Transformation

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THE PEDIATRIC HOSPITAL FOR:



Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY

Presentation Goals

(“This is not the apocalypse”)

- To learn the goals for health care transformation including cultural change
- To understand primary care/mental health/LTC integration in the broader context of transformation
- To apply health care transformation goals in our own programs: exemplary service, training, research and dissemination activities

The “Triple Aim” Drives Transformation

- Improve Individual Experience of Care - Satisfaction
- Improve Health of Populations – Health Outcomes
- Reduce per Capita Costs for Populations – “Value”
(Berwick, Nolan and Whittington, 2008)

ACA Themes

- Unified Case Management
- System Consolidation: Health, Mental Health, Long-Term Care; Global Waivers; Children's Systems
- Changes (Absence) of Regulatory Function
- Fiscal/Management Intermediaries: Value and Risk
 - (HMOs versus ACOs; MACRA)

ACA Delivery System/Financing Structures

- Delivery Systems:
 - HMO, FIDA, Accountable Care Organizations (ACOs)
 - Children’s System of Care (NJ); DISCOs/HARPs (NY)
- Case Management Systems: Health Homes, LTSS
- Incentive Payments:
 - Delivery System Reform Incentive Payments (DSRIP)
 - Waiver funds, operating on 6 states
 - Balancing Incentives Payments – Long-Term Care Redesign
 - CMMI (Innovation Center); SAMHSA (Innovation Lessons)

As a Center Director What Is My Transformation Agenda?



RFK Center/Montefiore Transformation Goals

- Programmatic Alignment with Health Care Reform
- Cultural Change
- Program Innovation
 - Clinical Models Which Meet Transformation Goals
 - Business Models Which Sustain Clinical Work
- Train a New Generation of Practitioners
- Outcomes Research - the Effectiveness of Our Work



RFK Center Internal Partners

- Montefiore Medical Center (University Hospital)
 - Training, Training Site, Clinical Consult, Technical Assistance
- Albert Einstein College of Medicine
 - Research, Teaching, Grants (Overhead), Access to Patients
- Montefiore Medical Group (400,000 “covered lives”)
 - Training, Training Site, Clinical Service Site, Clinical Partnerships (MH), Case Management, Population Health
- Montefiore Care Management Organization
 - ACO Operations (CM, U/M) (24,000 CSHCN, 10,000 LTC)
 - Value (Pediatric ACO)



RFK Center External Partners

- Montefiore BOD/Development//Foundation/Corp.
- Local/Regional/State/Federal Legislators/Leaders
- Community Organizations
- Parents and Families
- Interstate Partners (LENDs/UCEDD) scale/replication
- National Organizations (AUCD)
- Federal Partners
- Legacy Stakeholders (Kennedy/Gottesman)



RFK Center/Montefiore Transformation Objectives

- Transition from University to Hospital
- Close shortfall (\$6M on \$12M operating budget)
 - New Grants (\$2.5M to \$6.5M)
 - Program downsizing/Workflow reorganization
 - New Program launches
 - Integrated Primary Care/Mental Health (PCMH)
 - Case Management for CSHCN (Health Home)
 - LTSS Case Management (Medicaid Service Coord.)
 - Waiver Services/New State Plan Services
 - EPIC

What happens to Medicare if...

- Already have copays and deductibles (See Rand HIE)
- Current Reform focuses on service delivery systems, risk-sharing, quality (ACOs)
- New Reforms in Medicare and CHIP Reauthorization Act (MACRA)
 - Second generation ACOs (Shared Savings)
 - Value payments (Merit Based Incentive Payment) MIPS) to replace Sustainable Growth Rate (SGR) Formula
 - Alternate payment models (APMs) (CMMI, Shared Savings, Demonstration Projects)

What happens to Medicaid if...

- Medicaid Caps: Block Grants – bipartisan issue:
 - How to calculate the baseline for allocation
 - How to allocate/reward savings/efficiencies
 - How to integrate with dual-eligible
 - How to coordinate with long-term care
- System Redesign through Waivers: If it is happening now there will likely be more of it.
- Copays/Deductibles: Already a part of Indiana Medicaid Expansion. Likely to occur in other states

What happens to Long-Term Care if...

- Comprehensive Waivers: Already started
- Integration of Health and Long-Term Care: Ditto
- LTC is next market for managed care
 - Covert existing contract provider networks to FFS
 - Separate CM from Service Providers
 - Insert Fiscal Intermediary (HMO vs ACO)
 - What happens to broader health goals/social determinants
 - Wellness, education, employment, housing, etc.

Advocacy Question

- ADA: Is health care network access a public accommodation?





Perspectives on Challenges and Opportunities Reaction and Leadership

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Things we should be really be concerned about (but may not think about)

- Loss of or Severe Damage to the Safety Net
 - Intergovernmental Transfers (IGT) as mechanism for federal \$s to support safety net hospitals; phased out under expectations for Medicaid expansion
- Resurgence of costs associated with health plan administration
 - ACA put caps on the % of the premium that can be used for administration vs. direct care
- Elimination of the CMS Innovations program



Other Challenges

- Viability of Infrastructure at the state level
 - Replacing the ACA
 - Managed Medicaid under Block Grant
 - IT systems to support these changes
- Impact on proposed payment methods
 - Quality, outcomes
 - Prevention
- Potential loss of evidence through reduction/elimination of research mechanisms focused on health service, delivery, and population outcomes
- Environmental legislation



Opportunities for UCEDDs: Advocacy and Resource

- Help Congress, but particularly state legislatures, understand policy implications for people
- Help Congress, and particularly state legislatures, develop policies that can be implemented without/with minimal harm by providing evidence based practice recommendations
- Support continuation of mechanisms like PCORI, AHRQ, CMS Innovations that provide data for policy and practice



Opportunities for UCEDDs

- Establish relationships with MCOs to explore innovative strategies to manage cost and improve outcomes
 - Telehealth
 - Web-based population interventions that work
- Design and incorporate training in health systems and health delivery financing into UCEDD/LEND curriculum
- Form new alliances- connections and networks will be essential