GREATER COLUMBIA
ACCOUNTABLE COMMUNITY OF HEALTH

STATE OF REFORM

The 2021 State of Reform Federal Health Policy Conference is focused on bridging the gap between health care policy and political reality.

Below are key takeaways from some of GCACH's staff who attended the conference in April 2021.

From Carol Moser, Executive Director

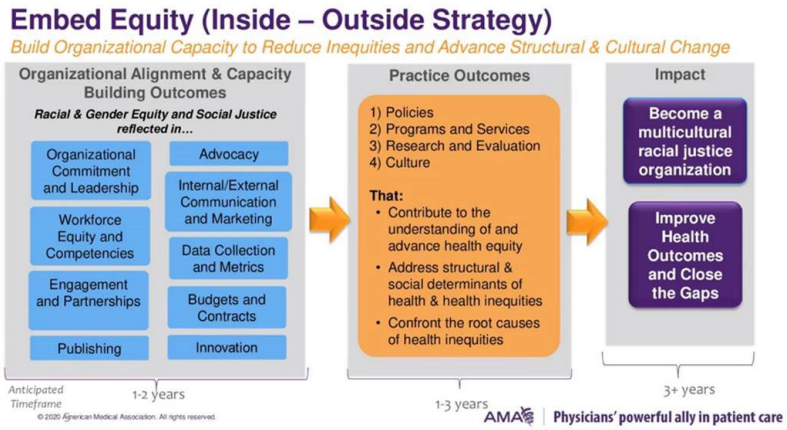
Dr. Georges C. Benjamin, MD, executive director of the American Public Health Association spoke eloquently about racism as a social construct. A social construct reflects shared ideas or perceptions that exist only because people in a group or society accept that they do. He views racism as a public health issue because it is affecting a significant portion of a specific population, and has the characteristics of a disease:

- *Causes deviation in structure or function*
- *Has characteristic signs and symptoms*
- *Causes morbidity and mortality*

He also likened racism to an epidemic which has the following characteristics:

- *Spread/Transmission*
- *Clustering*
- *Impacts a significant proportion of the population*

He shared an infographic from the American Medical Association that describes how an organization can tackle racism.



From Wes Luckey, Deputy Director

The April Federal State of Reform provided information and learnings from the national level and state level. Some highlights include the following:

***National**: There is growing distrust in government and heightened income inequality. Cooperation and bipartisanship are at all-time lows. Cloture (senate filibuster) has made it difficult to pass meaningful legislation. This is increasing social and civil strife and uprising. In spite of this, both parties understand that the healthcare system is the most important issue and there is need for improvements. We might see expansion of Medicare to include more Americans by lowering age of eligibility. Possibility of a public option to healthcare coverage provides more competition and accountability. Some want expansion of the ACA, while others want Medicare for all. There is recognition that the system of employer-sponsored coverage needs modernization; more options for all workers. There is also concern around high prescription prices; e.g. insulin prices are skyrocketing.*

***Maryland**: Likely, this is the most progressive state in the nation when it comes to healthcare reform. They have implemented a Total Cost of Care Contract model that sets hospital all-payer rates which covers costs through a global budget. This sets the total amount of revenues to be earned through inpatient and outpatient charges at a fixed amount or budget. This puts strong pressure on reducing avoidable admissions and controlling the cost of care. This also incentivizes health systems to work with community social service provider and address the social determinants of health. The system achieved $1.4 billion in savings for Medicare. It also slowed healthcare cost growth per capita to 1.9%. More than this, working under a fixed budget allowed greater flexibility in dealing with the pandemic because it facilitated digital connectivity, partnerships, integration and interoperability.*

***Arizona**: The has taken a forward-thinking and holistic approach to integrating Medicaid. They established 13 justice clinic sites, which helped convicts transitioning. The state is using NowPow as part of its Health Information Exchange for interoperability. They have also created a whole-person care collaborative that connects people with CBOs serving SDOH needs. Their 1115 waiver proposal is providing rental subsidies, home modifications, first months rent, furniture and more. Their transportation initiative is providing bus passes for grocery shopping, healthcare and employment. Their Community Reinvestment fund is redirecting 6% of MCO annual net profits back into the community. They have turned vacant motels into temporary homeless shelters, where they provide hygiene kits, food and links to primary care.*

***Oregon**: Oregon's Coordinated Care Organizations, or CCOs, are one of the country's most innovative models of reform. The CCOs have identified that global budgeting for health spending works. They have had a focus on SDOH, behavioral health and health equity. Their Eastern Oregon CCO implemented different value-based payment models, which engaged providers and limited cost growth to 3.4%. The CCO focused on 40 total quality measures and provided quality bonuses to primary care. They also employed community advisory grants and dental health support grants. EOCCO is using Unite Us for electronic referrals. CareOregon, another CCO, allocated $35 million in pandemic stabilization funding. CCOs receive revenues, pay for services and re-invests back into the community residual funds. Around 20% of payment goes to provider quality bonus program, mainly to PCPs but also behavioral health and dental services, and 40% goes to funding to Medical Homes.*

From Diane Halo, Program Director

Behavioral health integration is one of the project areas that GCACH has been working on with all of our providers. I attended the State of Reform presentation on "What have we learned from behavioral health integration?". The idea of "connecting the head to the body" has taken root in a number of states with efforts to integrate the physical and mental health systems. This integration has come in a range of forms, from financial to clinical, from contracting to accountability. The conversation during this session at the State of Reform had discussed many of the challenges to integration. This reminded me how difficult this has been for our Behavioral Health Providers (BH). They not only had to change all of their electronic medical record systems, develop an infrastructure that could support the billing to the Managed Care Organizations (MCOs) and contracting with the MCOs. The BH Providers were encouraged to integrate with primary care in some way to provide the whole person care. I am proud of how hard the providers in the Greater Columbia region have done with BH integration. GCACH continues to provide technical assistance on the BH integration.

From Laurel Avila, Practice Transformation Navigator

During the State of Reform Conference, I listened to the State of Hawaii case study presentation. There was one part of the presentation that stood out to me. The primary care clinics have value-based contracts. This enabled them to stay open during times of decreased patient visits during the COVID pandemic. The steady revenue provided by Per Member Per Month reimbursement allowed for the staff to continue to work to address issues related to COVID in their patient population. This is in stark contrast to facilities in the Greater Columbia that had to down staff when their patient visits decreased during COVID.

From Brittany FoxStading, Practice Transformation Navigator

I was very excited to see that technology advances in healthcare is a recognized area for improvement. Telehealth made leaps last year due to Covid-19 pandemic and will continue post pandemic. The pandemic highlighted major inequities in healthcare and access that technology interconnectivity could address. Moving forward policy updates are needed for health care information and sharing. There is discussion on bidirectional integration requirements that is important to ensure the safety, efficiency, and cost savings for patients and public health.

From Brissa Perez, Community and Tribal Engagement Specialist

The State of Reform was full of information that is currently in practice in our health care system. I had the opportunity to attend various sessions, but the behavioral health sessions stood out the most, having our recent "Practice the Pause" campaign. One panelist in a session referenced a 100-year study he conducted to better understand behavior health today versus one hundred years ago. Although we might think 100 years is a considerable gap, the differences vary greatly when we look at comparisons. One of them is that divorce rates are higher today than they were one hundred years ago. As we know, divorce rates in the past were not as high as they are today. More things that have heavily changed might not include; sleep, food intake, technological advancements, divorce rates, and economic advancements. I learned that as technology advances, our lives get faster-paced, bringing up more health issues that maybe 100 years ago were not common. I also knew that behavioral health issues have always been an issue, but with COVID, we were able to dismantle what was happening in our communities when it came to this topic.

From Chelsea Chapman, Business Development Manager

There were many great sessions at the conference but my favorite was the discussion around integrating social determinants of health (SDOH) into a business model. A resonating factor was around the changes needed in our country for financing mechanisms that pay for health and not healthcare. This emphasized shifting resources upstream, value-based payment (VBP) arrangements, and focus on improving health outcomes. However, to improve health outcomes, we have to address SDOH. It's been recognized that 80% of health outcomes are not determined by healthcare, yet over 97% of national health expenditures on healthcare. The solution needs to be around considering different ways to shift dollars upstream through embedding SDOH tools and resources into clinical workflows. This continues to be a key focus of GCACH, and it aligns with our great work in the our practice transformation program.

From Damia Safford, Office Manager

I learned several things from this opportunity that I have list below:

Racism is a public health issue. Last year has shown the role that it operates in within our society and health care system. From street demonstrations to vaccine distribution, equity across demographics remain elusive. Also, what the models say about the future of COVID in the U.S. The institute of health is expecting a new surge next winter and with people less cautious due to testing. Lastly, how tech might fully impact health care outcomes. Digital technologies have been adopted more than any other industry in the world. We are changing the nature of the work. Using technology allows us to take care of the easier stuff. We have to figure a way to increase technology.