Partnersing for Whole Person Care
Alameda County’s Experience

Innovations Summit on Integrated Care
October 7, 2016
1. Basics of the new complex pops programs:
   - Whole Person Care Pilots
   - PRIME
   - Health Homes Program
   - Global Payment and Alternative Payment Methodologies

2. Critical organizational players

3. How we are organizing ourselves

4. Four critical challenge areas
Target Populations: Simple Concept

WPC = High Utilizers of Multiple Systems
- ED Utilizers
- Virulent addiction
- **Homelessness**
- Untreated mental illness
- Socially Isolated
- May not be high medical cost.....

Health Homes = Multiple Complex Conditions
- Hospital Utilizers
- Multiple chronic medical issues
- Also behavioral
- High medical costs
## Initiatives at a Glance

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<th>Whole Person Care</th>
<th>PRIME</th>
<th>Health Homes</th>
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<tbody>
<tr>
<td><strong>Populations</strong></td>
<td>HUMS</td>
<td>Both</td>
<td>Multiple Complex Conditions</td>
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<td><strong>Intent</strong></td>
<td>• Address high</td>
<td>• Transform public</td>
<td>• Support high cost members</td>
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<td>utilizers.</td>
<td>hospitals</td>
<td>• Care management partnerships with</td>
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<td>• Emphasis on care</td>
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<td>Health!</td>
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<td><strong>Managed By</strong></td>
<td>County</td>
<td>Public Hospital</td>
<td>Managed Care Plans</td>
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<td><strong>Time Period</strong></td>
<td>2016-2020</td>
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<td>Variable</td>
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<td><strong>Program</strong></td>
<td>1115 Waiver</td>
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<td>ACA 2703</td>
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Big $ investments in:

- Supportive Housing infrastructure
- Creation of a “community health record”
- Linking clients to PH, BH, SUD treatment and housing resources in real time
Our Partners

Alameda Health Consortium

ALAMEDA HEALTH SYSTEM

ALAMEDA Alliance
FOR HEALTH

Health care you can count on.
Service you can trust.

Alameda County Health Care Services Agency
Administration and Indigent Health
Getting People to the Table
From Many Conversations to One*

* And adding housing......
How We Organized:
New Initiatives on Old Alliances

• Building on history of smaller bilateral projects
• Investing time in the infrastructure of collaboration
  – Front-line interviews
  – The Engine Team
  – Rapid response to ACH opportunity as an example
  – Special outreach to Housing
• Patience is important!
Four Challenges We Addressed

- Bridging Cultural Differences
- Data Sharing
- Dueling Metrics
- Sustainability
Deep Culture

Investing in Relationships
• BH clinicians hired by FQHCs
• Psych consultants to Primary Care
• UC Davis Primary Care Psychiatry Fellowship
• Primary Care services within specialty BH
• Drug Medi-Cal Waiver
Sharing Data

- **No one** has **all** the data relevant to any one client

- BHCS is the **receiver** in two-way exchanges to do initial matching

- Large **investment of resources** in the minutiae of matching fields

- **Homeless Management Information System** is the next frontier......

- **SUD treatment** still an unknown
Metrics Overload

- HHP, WPC and PRIME have own metrics
- Key aspect of work: collaboration at both operational & leadership levels
  - Cross-walking metrics, reconciling denominators, numerators
  - Understanding how partners are prioritizing different metrics
- Examples at Leadership level:
  - Clear alignment
  - Pushing integration
- Example at Operational level -- when NOT to prioritize a metric:
  - Lots of operational improvement within an organization
Final Challenge: Sustainability

Important to partner with the MCOs:

- Local initiative (Alliance)
- Anthem Blue Cross
- Behavioral Health
- *Medi-Cal Drug Waiver Organized Delivery System* (coming)

- MCOs will administer the care management bundle for WPC
- Aspiring CB-CME’s will be WPC sites
- Health Homes are...
The best time to plant a tree is 20 years ago... the second best time is today