Collaborating with Health Plans to Reduce Costs through Community-based Violence Prevention: The MSIP Approach

MSIP
Marketplace Solutions and Incentives Project

June 27, 2017
11am – 12pm PT

Youth Advocate PROGRAMS, INC.

JSI

Agenda

11-11:10	**Introductions & Overview**	Jeremy Cantor, Senior Consultant, JSI
11:10-11:30	**Origins & Value Proposition of MSIP + Early Findings**	Steve Zaleznick, CEO & Founder, Home Front Security Benefits (HFSB); Founder, MSIP
11:30-11:40	**Value-Based Contracting & MSIP Sample Model**	Steve Ramsland, CEO, Catalyst Health Resources LLC; Development Officer, MSIP
11:40-11:50	**How We Do It**	Gary Ivory, Southwest President and National Director of Program Development for Youth Advocate Programs, Inc. (YAP)
11:50-12:00	**Q@A**	

Overview

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NOVEMBER 2016

JSI RESEARCH & TRAINING INSTITUTE, INC.

JSI is a research and consulting organization dedicated to promoting and improving the health and well-being of underserved and vulnerable people and communities in the United States and across the globe. JSI works across a full range of public and community health areas, strengthening health systems to improve services and ultimately people's health.

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Developing a Trauma- and Resilience-Focused Accountable Community for Health

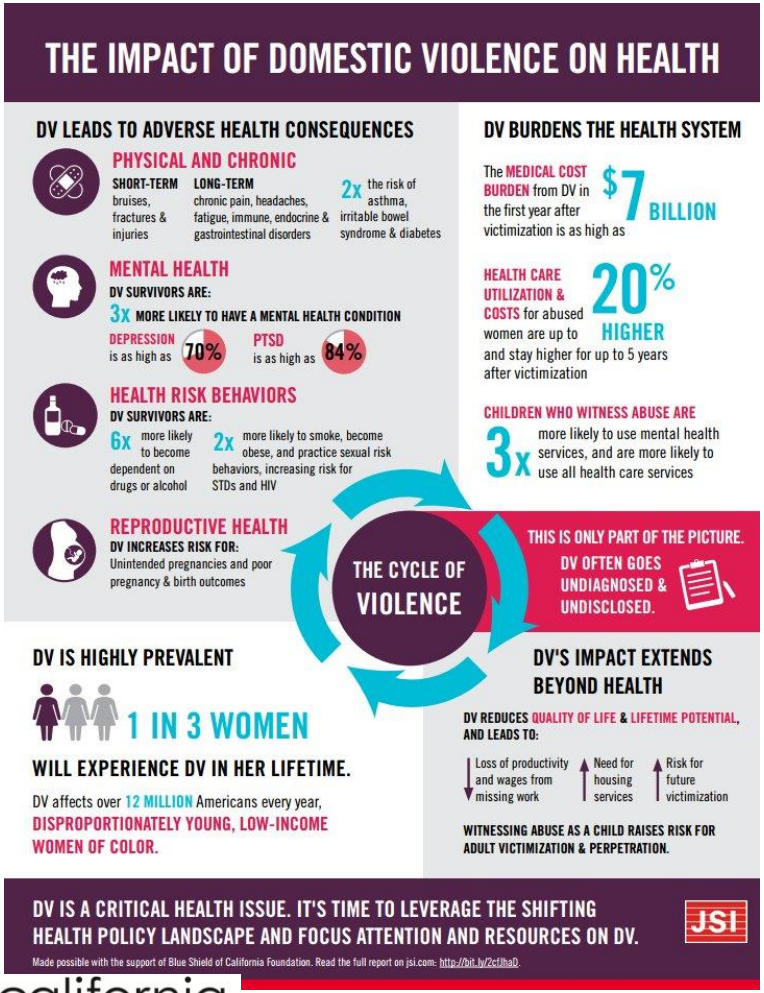
Considerations for a Comprehensive Approach

There is increasing awareness of the interplay between an individual's socioeconomic and environmental circumstances and their health. This is in large part due to a growing body of evidence that indicates that the social, economic, and physical environments where people live, work, learn, and age (commonly referred to as social determinants of health) heavily influence health outcomes.[1,2,3]

The experience of trauma is one of the most crucial factors shaping health. The immediate impact of trauma is often acute physical harm; trauma is the leading cause of death among people under the age of 45 in the US.[4] Less noted, however, is that the resulting stress, particularly from repeated exposure to trauma, can negatively and severely impact mental and physical health across the lifespan.[5,6]

Addressing social determinants of health and exposures such as trauma has largely been considered the purview of policymakers and non-health sectors (e.g., housing, law enforcement, social services, education, etc.). However, a number of initiatives are emerging that focus on aligning strategies and resources to create the multi-sectoral and multi-strategy approaches necessary to address complex health issues. Accountable Communities for Health (ACH) are among the most ambitious of these new initiatives, with broad strategy portfolios, diverse partnerships, and aspirations of sustainability.

To explore the potential of multi-sector initiatives to address trauma and increase resilience at a community scale, JSI conducted a scan of current research and led small group and individual conversations with key informants. In this brief, we describe the ways in which trauma affects health, the potential of an ACH approach, and key considerations for the design and implementation of ACH-type initiatives focused on trauma and resilience.



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Healthcare Engagement with SDOH

Awareness

4 IN 5 physicians

surveyed (85%) say patients' social needs are as important to address as their medical conditions. This is especially true for physicians (more than 9 in 10, or 95%) serving patients in low-income, urban communities.

Source: RWJF, The Blind Side (2011)

Funding

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Accountable Health Communities

The New York Times | http://nyti.ms/1Hkj9QQ

HEALTH

Health Care Systems Try to Cut Costs by Aiding the Poor and Troubled

Research

UCSF University of California, San Francisco

siren
Social Interventions Research & Evaluation Network

Evidence Library

This Evidence Library contains research articles, issue briefs either focus on or are relevant to evaluating health care-base

Practice

?

Origins & Value Proposition of MSIP + Early Findings – Steve Zaleznick

- HFSB Thesis: Recast national gun debate
- MSIP Thesis: Focus on guns but widen lens to violence
- Value-Based Contracting
- Public Health Approach to Violence
- Health plans provide care coordination, quality improvement and cost management interventions for myriad conditions
- Medicaid health plans experiencing increases in violence-related burdens
- MSIP Works with Enrollees/Families and Communities
  - Enrollee-direct engagement and mentoring
  - Community “VRP” Councils

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MSIP Background

- Funding secured in 2015 for pilot project
- Key relationships established with strategic partners:
  - **Youth Advocate Program and Adult Services** (YAP) for community-based Safety Engagement Counselors (SECs)
    - Operates neighborhood-based programs with locally-hired staff
      - Hired, trained for community-based outreach/engagement
  - **Healthcare Intelligence Partners (HCIP)** for data analytics
    - Specializes in population health management
    - Strong background in behavioral health
- Program operational refinement:
  - Comprehensive policies/procedures, operating model innovations, IT customization, reporting suite, workflow, staffing, data exchanges (2015-16)
- Pilot implemented with Anthem (Amerigroup) in Nevada in late 2016, rolling out to multiple states under evaluation (feasibility studies, three years of claims)

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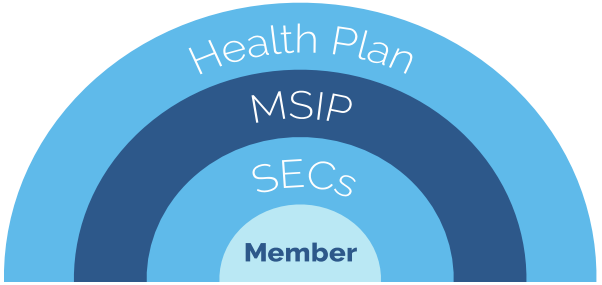

How It Works: High-Level View

VRP progresses in two stages:

- **Planning**
  - Data analytics (approximately 60 days, priced separately)
    - Hot-spotting, initial member stratifications
    - Staffing, pricing and ROI establishment (MSIP fees to be put at risk)
- **Implementation**
  - Informed by analyses from Planning Stage (90 days)

VRP operates on two levels:

- **Community Engagement -** focused on local Asset-Based Development
  - Local Advisory Councils
    - Build on skills/knowledge of local advocates
    - Align with public initiatives
    - Coordinate with first responders and their programs
    - Garner support of local institutions
- **Member/Family Engagement**, to reduce likelihood of future damaging, financially costly events

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Early Results Overview

Comparison between Enrolled Members and "Declined" Members:

- Results are promising, particularly regarding claims per 1000 Members for various "index events"
- Roughly 2x more males declined than females
- Roughly 1.5x more under 35 than over 35 accepted
- Members who accepted more expensive than those who declined
- Members who enrolled less expensive than those who declined *after* program participation

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Value-Based Contracting

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Goal of Better, Smarter Healthcare

> *Improving the way providers are incentivized, the way care is delivered, and the way information is distributed will help provide better care at lower cost across the health care system.*
>
> *--S.M. Burwell, 2015*

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Making Value-Based Payments Work

Pay for value, not volume:

- Leverage data and analytics to provide actionable insights
- Refine care coordination and patient engagement strategies
- Create payment structures that align payer & provider financial success to patient receipt of high-quality, integrated, timely & efficient care

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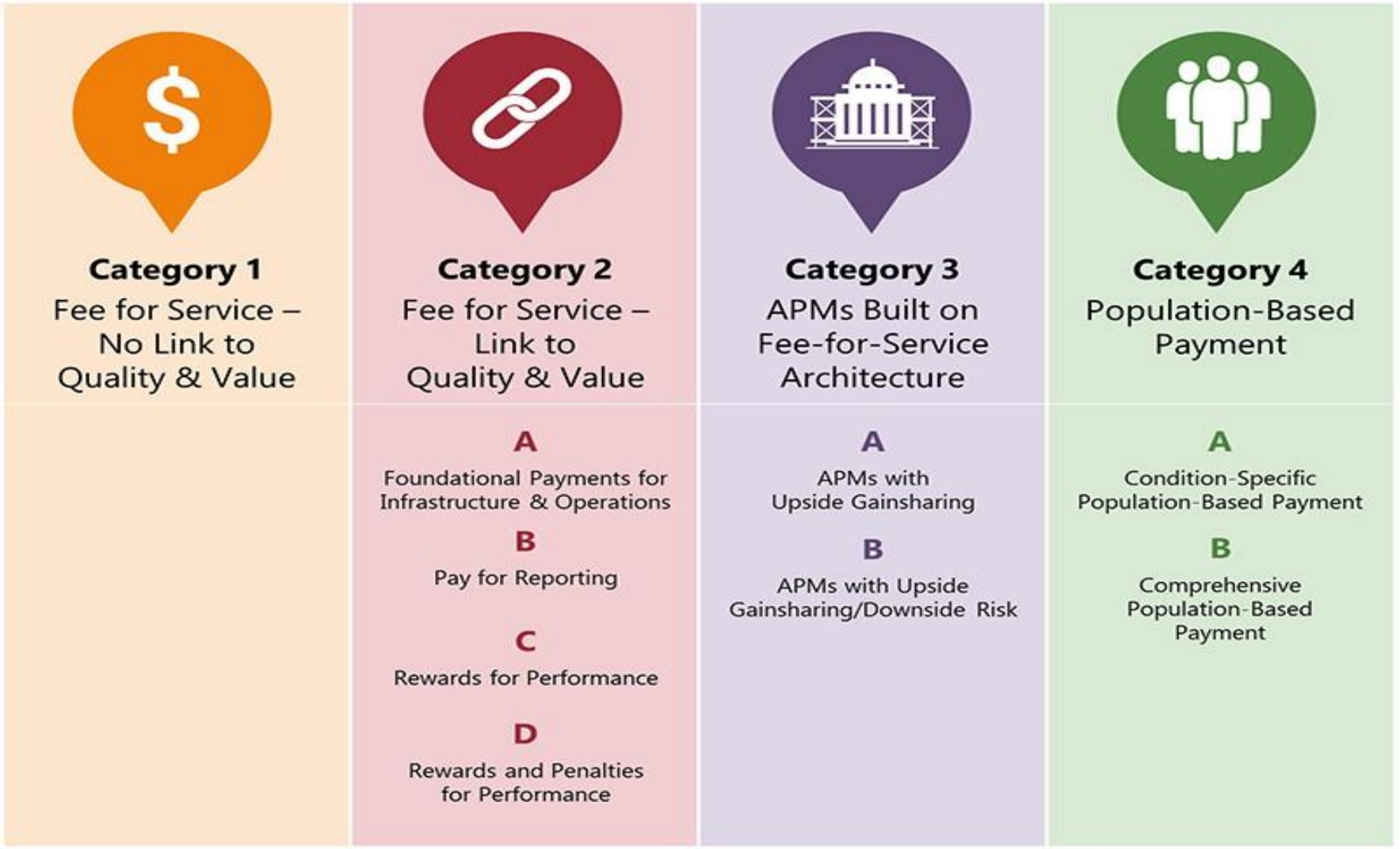
CMS Framework for Value-Based Payments



MSIP's Value-Based Payment Model

- Nearer Term ROI (12-18 months)
  - Negotiated Per Enrollee Per Month (PEPM) Fees
  - Claims Savings = or Exceed Program Fees for minimum **ROI of 1:1**
  - **Fees at Risk: 25% if savings not achieved**
- Longer Term Impact (18 months +)
  - Over time, prevention and outreach create added savings
  - **Potential to assume greater risk**, including possible sub-capitation and reinsurance options
- "Control Group" Methodology – Accepted vs. declined member cohorts

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Savings Potential for Health Plans

- In an analysis to project potential violence-related savings, the most common Index Event (Fight, Brawl, Rape ICD cluster) was present for approximately ¼ of the members with a violence-related claim.
- Of these, the great majority were IP or OP emergency or trauma events.
- Of those with one ER/Trauma event within 18 months of their Index Event, one out of seven had 4+ subsequent Emergency/Trauma claims
  - **A primary VRP goal is reduction of such events**
  - **Elimination of one such event per participant could represent 20-25% of the cost of the VRP** to a plan, depending on plan reimbursement levels to providers
- Top conditions for people with subsequent ER/IP claims were alcohol-related disorders, mood disorders, schizophrenia and substance-related disorders.
  - **VRP connects and coordinates with behavioral health services and supports in an effort to encourage use of lower-cost services and reduce use of avoidable higher-cost services**

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How We Do It – Gary Ivory

- A community-based program developed around…
  - Best practices in violence reduction
  - Behavioral and life assessments
  - Wraparound Process
  - Person-Centered Planning
  - Individualized Safety Plans (ISPs)
  - Community-based Asset Development
    - Leverages skills/knowledge of local advocates
    - Aligns public initiatives
    - Coordinates with first-responders
    - Garners support of local institutions
  - Personalized enrollee & family engagement

- Comprehensive reporting - process and outcomes

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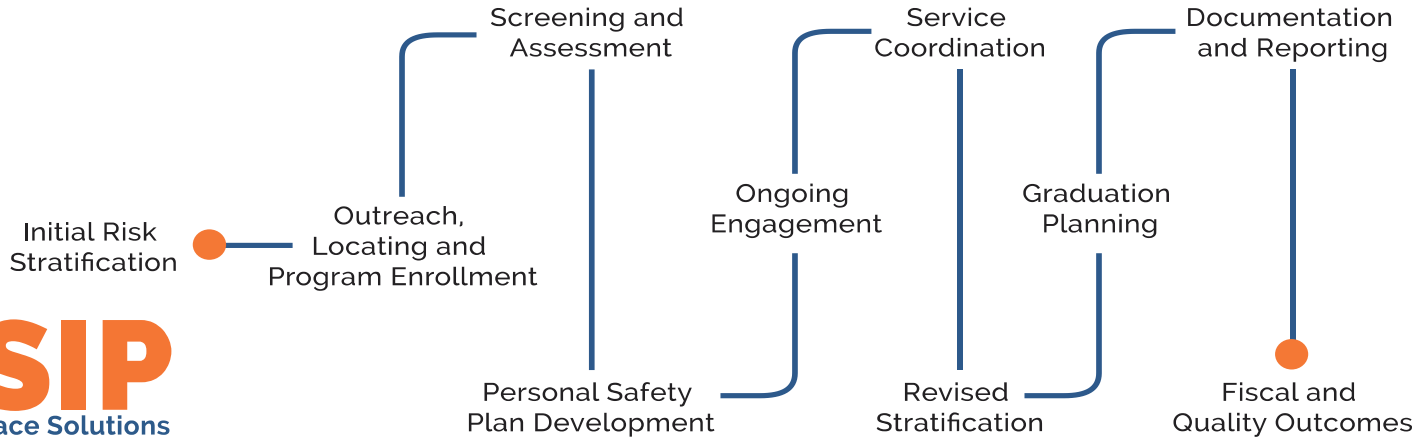
Personalized Intervention: The Heart of VRP

- After members are safety risk-stratified the first time, we conduct assessments on each participant to guide development of strengths-based personal safety planning (Individualized Safety Plan, ISP)
- Highly-personalized goals, interventions aimed at developing strategies & skills to avoid future potentially violent situations
- SECs maintain ongoing contact with program participants via
  - Face-to-Face interactions
  - Additional collateral communications (texting, phone, video chat)
- Database/record system - adaptation of HIPAA-compliant myEvolv (Netsmart)



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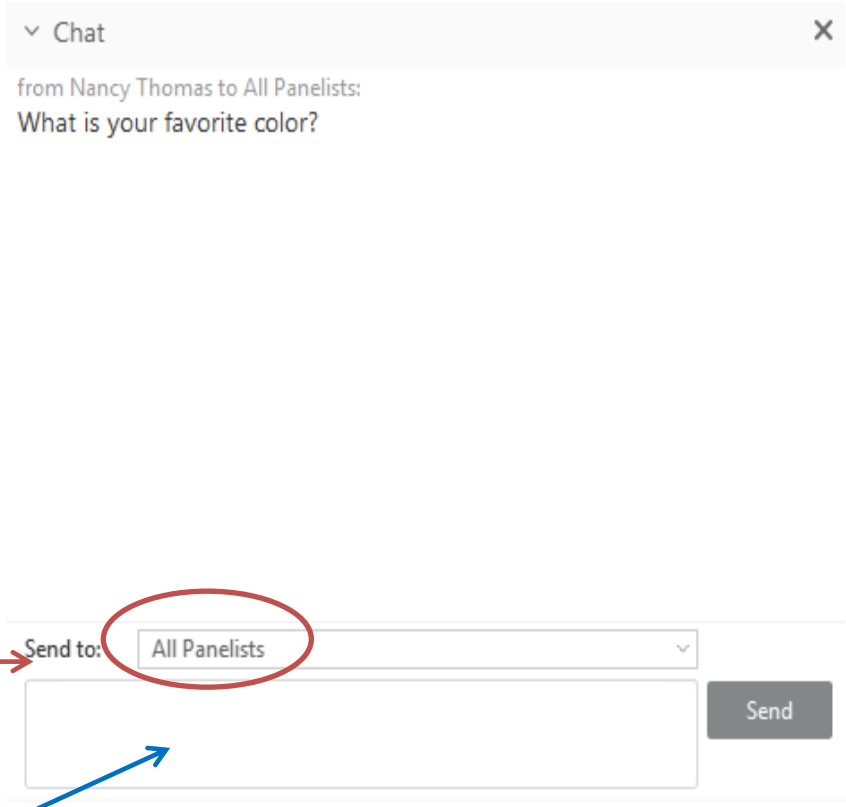
Q&A

TO ASK QUESTIONS, COMMENT, OR JOIN THE DISCUSSION – please use the Q&A feature.



- Send your Chat message to 'All Panelists.' Your question will be addressed during the Q&A.
- Chat your questions here.

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Thank you!

Kindly direct any follow-up requests to:

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