Whole Person Care Pilots Peer-to-Peer Fall Convening

November 4, 2021

Aurrera HealthGroup

CAPH CALIFORNIA ASSOCIATION of PUBLIC HOSPITALS AND HEALTH SYSTEMS

SNI CALIFORNIA HEALTH CARE SAFETY NET INSTITUTE

Welcome!

- Rename yourself on zoom to include your organization
  - Click on the three dots at the top right-hand corner of your Zoom video box and rename yourself to [Your Name, Organization].
- Enter the following information in the chat box:
  1. Your name and role
  2. Your county/city

Agenda

- Welcome & Agenda
- WPC in Review
- ECM and Community Supports Breakout Sessions and Report Out
- Wrap-Up

Dana Durham, DHCS

Chief, Managed Care Quality and Monitoring Division

Enrollment Highlights

Lead Entity	Pilot Enrollment Goal*	Percent Goal Achieved PY1-PY5 (%)	PY6 Enrollment (Jan-June 2021)	Cumulative Enrollment (through June 2021)	Percent Goal Achieved through June 2021 (%)
Alameda	17,000	144.1%	3,330	27,831	163.7%
Contra Costa	42,000	123.8%	4,528	56,506	134.5%
Kern	2,000	109.9%	290	2,487	124.4%
Kings	600	127.0%	58	820	136.7%
Los Angeles	70,000	92.1%	6,365	70,817	101.2%
Marin	3,200	57.7%	81	1,926	60.2%
Mendocino	550	77.8%	27	455	82.7%
Monterey	412	166.7%	93	780	189.3%
Napa	800	75.9%	71	678	84.8%
Orange	9,303	137.7%	667	13,475	144.8%
Placer	450	105.6%	19	494	109.8%
Riverside	10,018	78.4%	798	8,652	86.4%
Sacramento	3,787	58.3%	134	2,343	61.9%
San Bernardino	2,120	64.2%	86	1,447	68.3%
San Diego	800	109.5%	53	929	116.1%
San Francisco	22,600	91.1%	1,305	21,897	96.9%
San Joaquin	2,255	107.6%	272	2,698	119.6%
San Mateo	4,141	93.1%	169	4,026	97.2%
Santa Clara	9,000	73.6%	551	7,176	79.7%
Santa Cruz	625	93.0%	18	599	95.8%
Shasta	600	82.5%	49	544	90.7%
Sonoma	2,100	166.9%	-	3,505	166.9%
Ventura	2,546	52.3%	82	1,413	55.5%
TOTAL	**206,907**		**19,046**	**231,498**	

- As of June 2021, WPC pilots have enrolled over 231,000 Medi-Cal beneficaries.
- 19,046 WPC Members were enrolled in PY6.
- Eleven pilots surpassed their enrollment goals.

Emergency Service Highlights

- ED visits, hospitalizations, and all-cause readmission rates were steeply increasing prior to WPC enrollment and to some extent during the first year of WPC enrollment but began declining in PY 2.

- Most pilots saw a reduction in ambulatory and emergency department utilization through PY 5.

- The overall decrease in Emergency Department Utilization for all pilots in PY 5 compared to baseline is -21%.

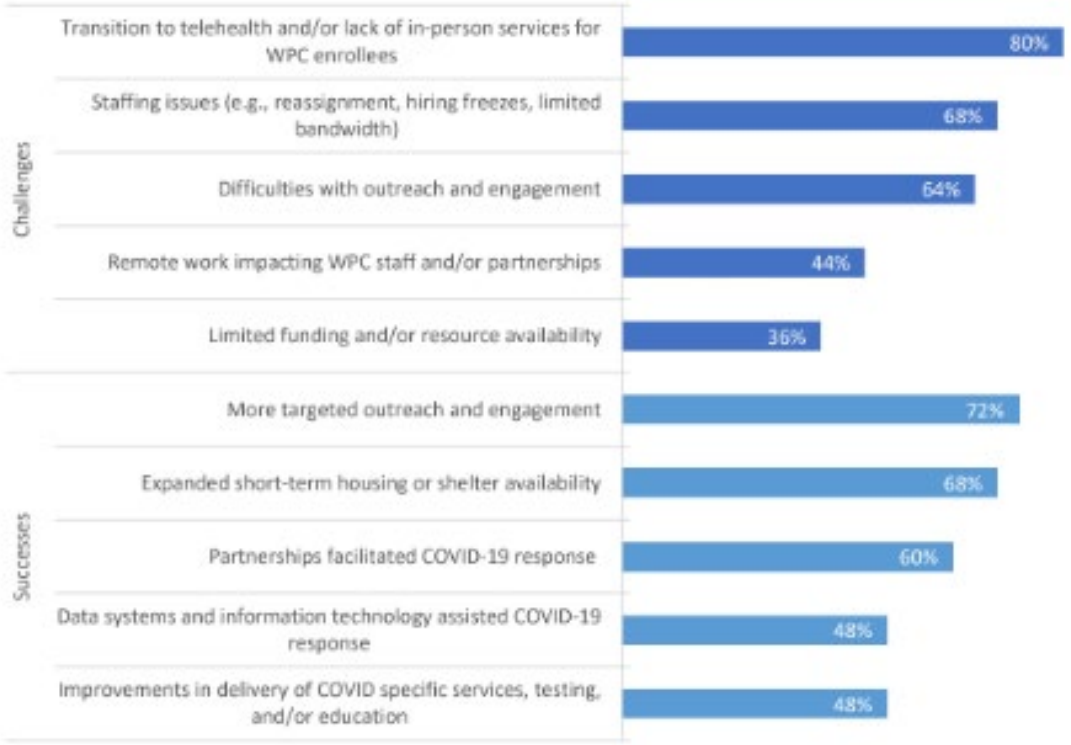
Improved Health Outcome Highlights

- Beneficiaries self-report improved physical and emotional health, blood pressure control, and diabetes control from baseline measurements.
  - WPC pilots saw increases in the percentage of enrollees who reported being in excellent or very good overall health (8% to 22%) and emotional health (15% to 22%).
  - Enrollees reporting controlled blood pressure increased from 36% to 65%
  - Enrollees with controlled HbA1c increased from 52% to 58%

WPC Pilots and COVID-19

- Despite COVID-19 related challenges, WPC pilots continued to meet the needs of clients though:
  - Targeted outreach and engagement
  - Expanded short-term housing or shelter availability
  - Coordinating partners during the COVID-19 response
- The infrastructure established through WPC helped many pilots adapt quickly to meet COVID-19 testing, short-term housing, and engagement needs.

Exhibit 4: Commonly Identified Challenges and Successes Related to the COVID-19 Pandemic among WPC Pilots, July-December 2020



Sources: Program Year 5 Annual Narrative Reports (N=25).
Note: PY 5 Annual only includes July-December 2020.

Questions or Comments?

Please raise your hand or type into the chat

Celebrating Pilot Accomplishments

After six eventful years, it's time to celebrate the impact of WPC.

WPC Pilot Accomplishments

San Diego Housing Retention rate continues to be 90% at 6 months and 80% at 12 months.

As of PY 6 mid-year –

- **45% decrease** from PY5 at the PY6 Mid-Point with the number of emergency department (ED) visits.
- **14% decrease** from PY5 and a 68% decrease from the baseline since the pilot commenced by PY6 mid-point.
- **28% decrease** in the number of hospital days by new WPW clients during their first 12 months of enrollment by 5% compared to the 12 months immediately prior to pilot enrollment.
- **27% decrease** in the number of ED visits for WPW clients during their first 12 months of enrollment by 5% compared to the 12 months immediately prior to the pilot enrollment.

WPC Pilot Accomplishments

Marin County housed 400 people the first four years of Coordinated Entry, using WPC to provide high touch case management to enable people experiencing chronic homelessness to use vouchers to turn scattered site apartments into permanent supportive housing, as part of **our goal to end chronic and veteran homelessness by the end of 2022**

WPC Pilot Accomplishments

Kings County automated 100% of enrollee screening and care plans.

- Automated screening and care plans are supported by the improvement of data collection, allowing Kings to define criteria for successful disenrollment.
- This process allowed Kings WPC to identify specific services and staff positions directly contributing to successful linkages of each target population.
- As of this year, Kings County is conducting automated screening and enrollment in-house.

WPC RIVERSIDE COUNTY AND HOUSING AUTHORITY COLLABORATION

PREGNANT MOMS:

- 79 Households placed
- 147 individuals placed
- 32 households housed
- 64 individuals housed

COMPROMISED IMMUNE 65+:

- 32 households placed in PRK
- 39 individuals placed in PRK
- 24 households housed
- 29 individuals housed

COMPROMISED IMMUNE <65:

- 325 households placed in PRK
- 434 individuals placed in PRK
- 166 households housed
- 220 Individuals housed

Marcus Dillard - Supervising Development Specialist
Housing Authority
Special Programs

Riverside University HEALTH SYSTEM

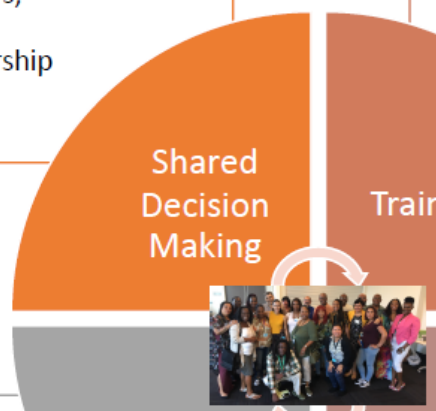
Los Angeles County

Collaborative Capacity Building Program

Knowledge. Skills Enhancement. Empowerment. Trauma Responsive.

- Stakeholders (CHWs, program staff, SW Supervisors, leadership team)
- Training content

- Initial core competency training
- On-going training
- Popular (people's) education methodology



- Detailed toolkits
- Hands-on practice
- One-on-Ones
- Huddles
- Supervision
- Online learning collaborative

- Evaluation of required areas for training
- Evaluation of trainings sessions

alameda county care connect

A Whole Person Care Pilot

Together with many partners, Alameda County Care Connect has developed…

- Social Health Information Exchange (SHIE) for data integration
  - Over 700,000 consumer records
  - Includes data from EHRs, Homeless management Information System (HMIS), jail, MCP claims, etc.
- Community Health Record (CHR) to enhance care coordination.
  - Data from 20 sources
  - > 1200 active users representing 120 health and housing programs over 28 organizations
- Operation Comfort and Safer Ground hotels providing isolation/quarantine and non-congregate shelter during COVID pandemic
  - 9 hotel sites for >2,700 households.
  - Intensive capacity development for frontline staff and peers to help consumers access services & housing
  - 1,095 people have exited to permanent housing as of 10/22/2021
- Health Homes/Care Management + Health, Housing & Integrated Services
  - Resulted in reductions in Emergency Department and inpatient hospitalizations

Dana Durham, DHCS

Chief, Managed Care Quality and Monitoring Division

CalAIM Transition

From Whole Person Care to Enhanced Care Management and Community Supports

Breakout Room Session

Breakout Room Topics and Questions:

- **Room 1:** Managing and Sharing Data
  - Discussion focused on referrals, reporting, and shared care planning
- **Room 2:** WPC Care Managers Becoming ECM Care Managers
  - Discussion around care manager training needs and aligning with MCPs around assessments and graduation criteria.
- **Room 3:** How to Get Paid
  - Discussion focused on billing, invoicing, accounting for various funding streams, and system configuration
- **Room 4:** From LE to Hub
  - Discussion focused on what roles LEs plan to play as Hubs and how existing relationships and processes may be impacted.

Breakout Room Session Instructions

In a few moments, you will see a list of breakout room topic choices appear on your screen. Please choose the room you would like to join. You will be moved automatically.

Each room will have a facilitator that will identify themselves once everyone has joined. The facilitator will oversee the discussion and take notes. If there are questions they are unable to answer, the question will be noted and brought back to DHCS.

While you are in the breakout room, please identify a room member that will report **promising practices, key takeaways, or challenges** out to the larger group (verbal or through the chat).

Breakout Session Report Out

Wrap Up and Closing

Upcoming Meetings

- The next ECM and Community Supports (ILOS) TA Call is on **Wednesday, November 10th at 1 PM**
- The next Peer to Peer Meeting is **Tuesday, November 16th at 12 PM.**

- Send to Lucy Pagel at lucy@aurrerahealth.com or Amanda Clarke at aclarke@caph.org with questions.
- Submit questions directly to DHCS at CalAIMECMILOS@dhcs.cs.gov