Leadership for Changing Times:
Beyond Health Care Reform

March 13, 2013
Clinical Operations

Finances & Billing

HR/Persoallenel

Media Relations

State & Local Policy Change

Federal Policy Change

Grants & Funding Sources

Fundraising

Administrative Operations & Requirements

Board Relations

State & Local Relationships

Health Reform
The Biggest Changes

1. State Exchanges
2. Medicaid expansion (optional)
3. Enrollment improvements (required)
4. Additional health center revenue
5. New demonstrations
6. Payment/delivery system changes
7. Focus on data, quality & outcomes
8. New insurance protections
9. New partnerships
10. Revitalized health care discussions

Health Care & Housing Are Human Rights
As of Sept. 2012:
10 yes
6 no
2011 Insurance Status: HCH v. All Health Centers v. U.S.

Sources: 2011 UDS Data, HRSA; 2011 Census Data
ENROLLMENT REQUIREMENTS

- No wrong door (online, phone, mail, in person)
- Electronic verification of income & identity
  - No paper documentation
- Coordinated Exchange, Medicaid & CHIP
- Timely processing
- Single, streamlined application
- No in-person interviews
- Automatic renewals every 12 months
- Use of modified adjusted gross income (MAGI)
- Enrollment assistance available
OUTREACH & ENROLLMENT

Law **requires** states “establish procedures for outreach and enrollment activities to vulnerable & underserved populations” (ACA § 2201)

- Children
- **Unaccompanied homeless youth**
- Children and youth with special health care needs
- Pregnant women
- Racial and ethnic minorities
- Rural populations
- Victims of abuse or trauma
- Individuals with mental health or substance-related disorders
- Individuals with HIV/AIDS
ELIGIBILITY OPTION

- **63 million currently enrolled**: children, pregnant women, disabled, and some parents of children

- **15 million newly eligible (starting January 1, 2014)**: Law gives states option to expand Medicaid to non-disabled adults earning ≤138% FPL
  - About $15,000/year for singles
  - About $25,500/year for family of 3

- **7.3 million currently eligible, un-enrolled**:
  - 4.4 million adults (67% take-up rate)
  - 2.9 million children (84% take up rate)

- **85 million possible Medicaid enrollees** (1 in 4)
CBO PROJECTED MEDICAID ENROLLMENT (NON-ELDERLY)

15 million adults newly eligible
CBO THOSE REMAINING UNINSURED

Remaining Uninsured:
- **37%**: Medicaid-eligible but un-enrolled
- **25%**: Undocumented/ineligible immigrants
THE CHA(LLE)NGES

(Part I)

- Outreach is funded, assertive & targeted
- Enrollment process works for most vulnerable
  - Newly eligible + currently eligible (but unenrolled)
- Move to majority billable visits
- Balancing productivity with quality & HCH model of care
- Staff training, consumer education
- Expanding services & workforce to meet demand
- Documenting gaps in services
- Identifying resources to serve remaining uninsured
- State-level advocacy

Health Care & Housing Are Human Rights
WORKFORCE

- **7,200 new primary care providers needed** (2.5% of the current supply)
  - Geographic disparities in level of disruption
  - 44 million (14%) live in areas where 5%+ increase in demand
  - 7 million (2%) live in areas where 10%+ increase in demand

Source: Huang and Finegold. (March 2013.) Seven Million Americans Live in Areas Where Demand For Primary Care May Exceed Supply by More than 10%. Health Affairs. 
http://content.healthaffairs.org/content/early/2013/02/19/hlthaff.2012.0913.full.pdf+html.

- **96% physician practices accepting new patients**
  - **31% unwilling to accept Medicaid**
  - Increases in reimbursements help

Characteristics of 18-64 Year-Olds Projected in Medicaid Expansion Population

THE CHALLENGES

(Part II)

- Ensuring sufficient primary care & behavioral health providers
- Staffing case managers & benefits coordinators
- Training (and revitalizing) burned out workforce
  - EBPs, new approaches to care
  - Treating intense needs
- Absorbing local gaps in care
- Recruiting/retaining best skills
- Adapting clinical curricula to include social determinants of health, working with homeless population
MODELS OF CARE

- Integrated, team-based care (mental health, addictions, medical)
- Focus on quality and outcomes, not quantity of procedures
- Patient-centered medical homes
- Electronic health records
- Coordinated care across multiple venues
- Collect data, eliminate disparities
- Coordinated care entities/accountable care organizations, etc.

- Health care viewed in a wider perspective
  - Renewed attention to social determinants of health
THE CHA(LLE)NGES

(Part III)

- Changing on top of more change
- Retaining HCH approach to care amidst ‘working at top of license’
  - Amending ‘assembly line’ model of primary care
- Assuming risk, adjusting reimbursements to meet level of care/need
- Integrating with larger health care system
  - Pros and cons
- Matching partnerships to mission & practice
INTERNAL FOCUS

- Needs assessments/strategic plans
- Recruitment/retention
- Streamlining access/PCMH
- Integration of care
- Staff training
- Consumer education
- Maximizing revenue/productivity
- Tracking data & outcome measures
- Board involvement

Health Care & Housing Are Human Rights
# External Focus

## Relationships with Policymakers
- Medicaid director
- Chief Executives
- Health reform lead
- Public health lead(s)
- Social services lead(s)
- Behavioral health lead(s)
- Legislative leaders
- Housing lead(s)
- Criminal justice lead(s)

## Everyone Else
- Funders
- MCO executives
- Hospital executives/assoc.
- PCA
- CoC leaders
- Media
- Fellow service providers (health and housing/shelter)
- Community/public

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Health Care & Housing Are Human Rights
ADVOCACY AREAS

1. Medicaid expansion
2. Outreach
3. Insurance application
4. Provider selection
5. Cost sharing
6. Continuity of care
7. Workforce capacity
8. Available benefits
9. Insurance protocols
10. Remaining safety net
11. Housing
12. Further reform (universal health care)

Health Care & Housing Are Human Rights
**OPPORTUNITIES**

- Improved individual & public health
- Improved health care system
- Reduced personal bankruptcy & poverty
- Increased individual & family stability
- Increased employment & productivity
- Reduced recidivism to criminal justice
- Preventing & ending homelessness

**RISKS**

- Fail to reach newly/currently eligible (lack of outreach)
- Continued barriers to enrollment
- Inability to find provider(s)
- Difficulty engaging in care
- Ongoing housing instability risks engagement in care
- Poor transition to exchange jeopardizes gains in health, income
- Ongoing homelessness & poor health
THE CHALLENGES

(Part IV)

- Making it all work well
- Retain (or re-assess) HCH identity and role in community
- The possibility of competition (really?)
- Continuing to meet client need
- Juggling internal and external priorities
- Unclear budget allocations over coming years
- Continuing to pursue comprehensive reform

Health Care & Housing Are Human Rights