

# Whole Person Care California Medi-Cal 2020 Waiver Initiative

April 18, 2017

Health Commission



San Francisco Department of Public Health



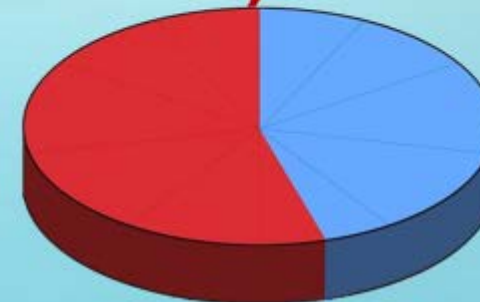
# WHOLE PERSON CARE TARGET



Vulnerable Medi-Cal beneficiaries who are high utilizers of multiple health care systems and continue to have poor outcomes

The care for just  
**5%** of Medicaid enrollees  
accounts for

OVER  
**50%** of total  
Medicaid  
spending.





# WHOLE PERSON CARE PURPOSE



## **INCREASE INTEGRATION**

among county agencies, health plans, and providers and develop infrastructure to ensure sustainability in the long term

## **INCREASE COORDINATION**

and appropriate access to care for the most vulnerable Medi-Cal beneficiaries

## **REDUCE INAPPROPRIATE UTILIZATION**

of emergency department and hospital care

## **IMPROVE DATA COLLECTION**

and sharing to support strategic sustainable program improvements

## **IMPROVE QUALITY**

by achieving targeted quality and administrative improvement benchmarks

## **IMPROVE HEALTH OUTCOMES**

and pay for improvements in health status rather than for services provided



# WHOLE PERSON CARE OVERVIEW



- **5-year (2016-2020) carve-out pilot authorized under Medi-Cal 2020 waiver**
- **Up to \$1.5 billion in federal match**
- **County-based collaboratives**
- **Pilots to develop Person-Centered Care with Jan 2017 start date**



# SAN FRANCISCO'S WPC AWARD



## FUNDING

\$23.6M/year  
(50% match)  
2016-2020



## TWO-PRONGED INNOVATION APPROACH

SERVICE & CARE COORDINATION  
AND  
TECH SOLUTIONS



## TARGET POPULATION

HOMELESS  
ADULTS



# SF WPC TARGET POPULATION

Risk Category	Homeless Population (FY1415)	Total Adults	Avg. annual U/E cost each year
<b>All</b>	<b>Homeless with DPH health record</b>	<b>9,975</b>	<b>\$20K</b>
<b>Severe</b>	<b>High User</b> <u>AND</u> Long-term Homeless	570	\$88K
<b>High</b>	<b>High User</b> , <u>NOT</u> Long-term Homeless	754	\$74K
	Long-term Homeless, <u>NOT</u> High User	2,702	\$8K
<b>Elevated</b>	<u>NOT</u> Long-term Homeless, <u>NOT</u> High User	5,949	\$7K

\*High User = Individual is in Top 5% of DPH Users of Urgent/Emergent medical, psych, and substance use system services

\*Long-term Homeless = over 10 years experience (continuous or periodic) of being homeless



# SF WPC TARGET POPULATION BY %

Risk Category	Homeless Population (FY1415)	Total Adults	Total U/E Costs
<b>All</b>	Homeless with DPH health record	9,975	\$149M
<b>Severe</b>	High User <u>and</u> Long-term Homeless	13%	71%
<b>High</b>	High User, <u>not</u> Long-term Homeless		
	Long-term Homeless, <u>not</u> High User	27%	11%
<b>Elevated</b>	<u>Not</u> Long-term Homeless, <u>not</u> High User	60%	18%



# SF WPC TARGET POPULATION BY DISORDERS

Risk Category	Homeless Population (FY1415)	Serious Medical	Psych	Drug/ Alcohol	All 3
<b>All</b>	<b>Homeless with DPH health record</b>	<b>48%</b>	<b>53%</b>	<b>59%</b>	<b>30%</b>
<b>Severe</b>	High User <u>and</u> Long-term Homeless	<b>90%</b>	<b>85%</b>	<b>95%</b>	<b>75%</b>
<b>High</b>	High User, <u>not</u> Long-term Homeless	55%	67%	72%	41%
	Long-term Homeless, <u>not</u> High User	68%	70%	81%	48%
<b>Elevated</b>	<u>Not</u> Long-term Homeless, <u>not</u> High User	34%	41%	43%	17%



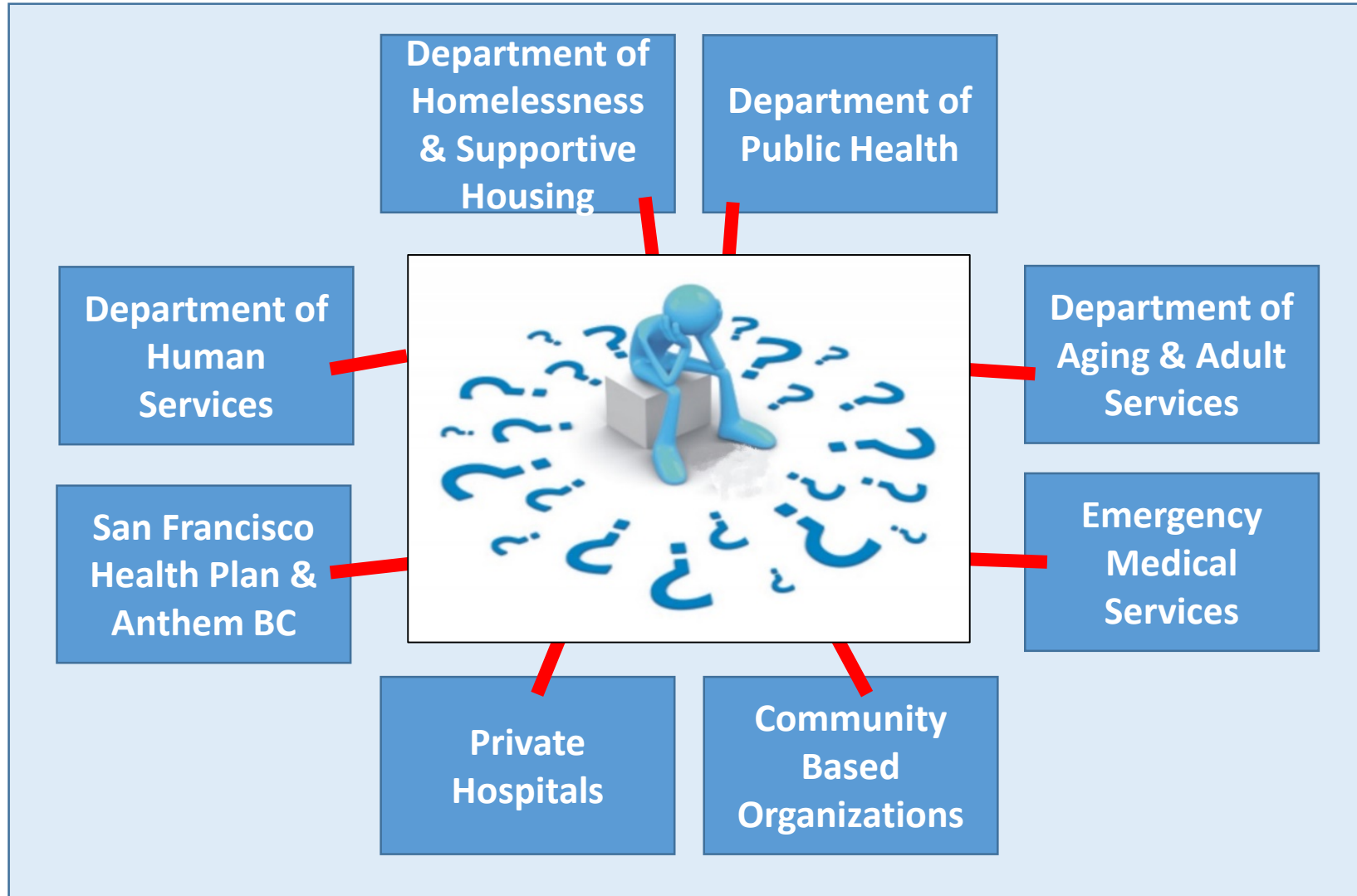


# SF WPC TARGET POPULATION BY OTHER FACTOR

Risk Category	Homeless Population (FY1415)	Death Rate During Yr.	Jail Episode	African Amer.
<b>All</b>	<b>Homeless with DPH health record</b>	<b>2%</b>	<b>23%</b>	<b>33.5%</b>
<b>Severe</b>	High User <u>and</u> Long-term Homeless	7%	33%	44%
<b>High</b>	High User, <u>not</u> Long-term Homeless	4%	28%	23%
	Long-term Homeless, <u>not</u> High User	1%	26%	46%
<b>Elevated</b>	<u>Not</u> Long-term Homeless, <u>not</u> High User	1%	21%	28%



# SAN FRANCISCO SAFETY NET

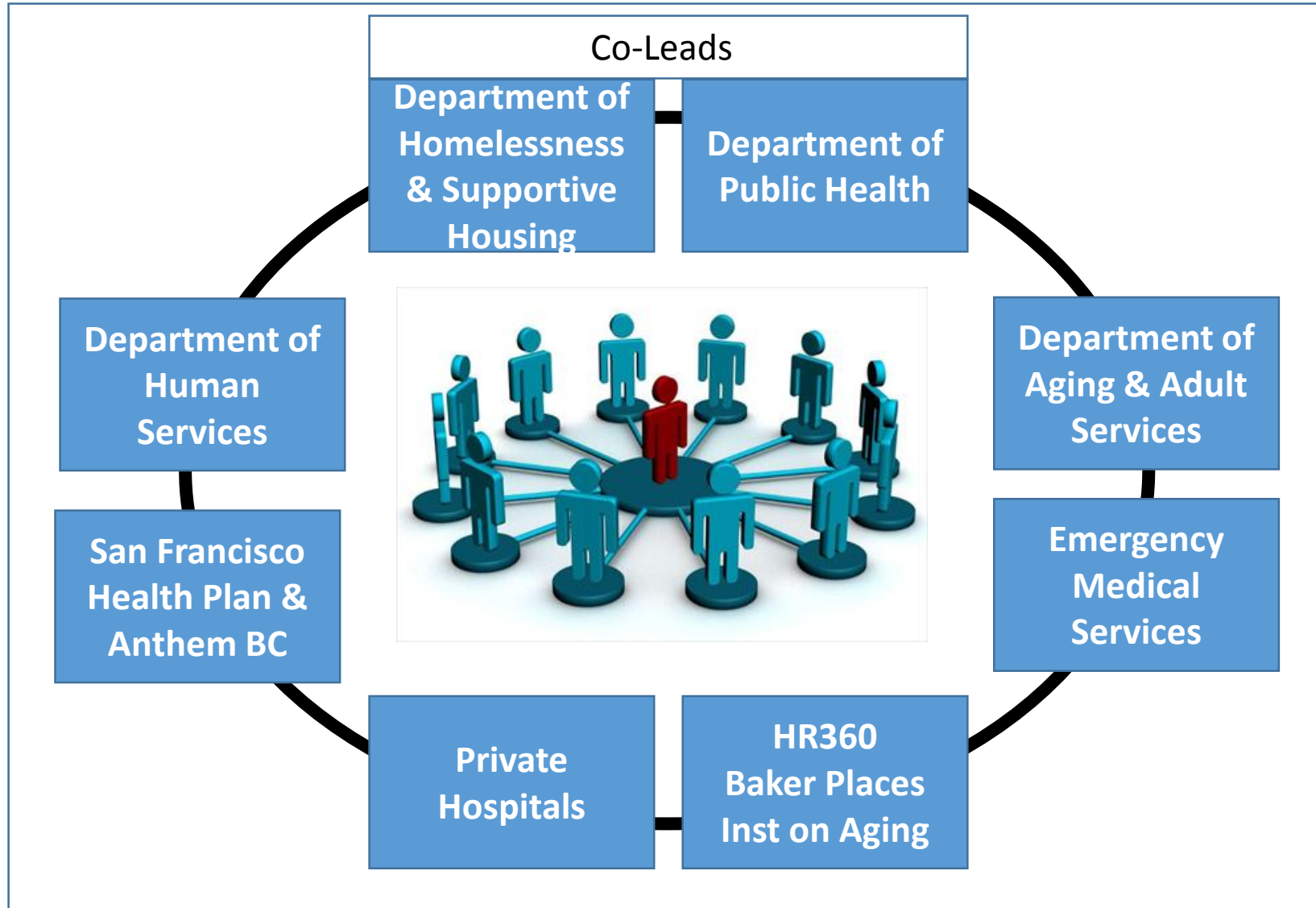


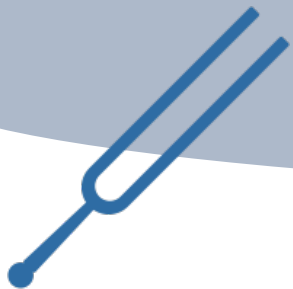
# Whole Person, Whole Story

<p><b>Physical Health</b></p> 	<p><b>Mental Health</b></p> 	<p><b>Substance Use</b></p> 	<p><b>Living Situation</b></p> 	<p><b>Finances</b></p> 
<p><b>Legal</b></p> 	<p><b>Safety</b></p> 	<p><b>Skills</b></p> 	<p><b>Support</b></p> 	<p><b>Meaningful Role</b></p> 



# SF WPC = MULTI-AGENCY EFFORT





# SF INNOVATIONS IN SERVICES

Create new

**NAVIGATION  
CENTERS**

Expand & Strengthen

**CARE COORDINATION  
SERVICES**

Expand

**MEDICAL RESPITE**

Support

**DETOXIFICATION  
CENTERS**

Extend

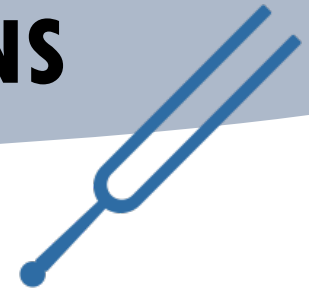
**RESIDENTIAL  
SUBSTANCE USE  
DISORDER TREATMENT**

Reduce

**INSTITUTIONAL  
CARE FOR  
HOMELESS  
SENIORS**



# SF INNOVATIONS IN TECHNOLOGY SOLUTIONS



## **Multi-Agency Care Coordination System (MACCS): A Data Sharing Platform**

Shared information about our shared clients

Universal assessment tool

Risk Stratification for prioritizing placement into Housing and Treatment

Shared Care Plans

Alerts and Communications



# SF WPC LONG-TERM OUTCOMES

## DIFFERENCE FOR CLIENTS

- Any door is the right door to housing & healthcare
- Right care, right place, right time
- Improved well-being
- Reduced crisis events
- Increase number of managed care Medi-Cal enrollees
- Sustain stable housing

## DIFFERENCE FOR STAFF

- Increased ability to respond to client's needs
- Clarity on high risk priorities
- Shared care and responsibility
- Prevention of HUMS

## DIFFERENCE FOR PUBLIC

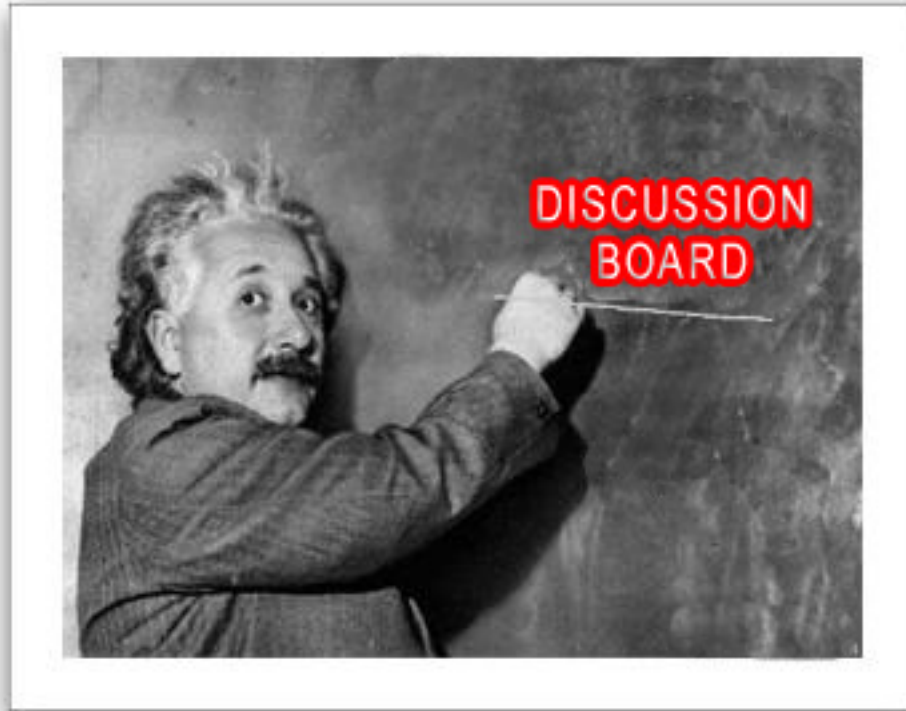
- Decreased long-term homelessness
- Compassionate solution to suffering
- Reduced reliance on General Fund and M/C

## SUSTAINABLE / TRANSFERABLE

- Sustained clinical integration and innovation
- Sustained data integration and innovation
- Cost-neutral
- Adaptable to changes in technology and population
- Lessons learned are transferable to other vulnerable populations



# WHOLE PERSON CARE



## QUESTIONS?

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