ADVANCING INTEGRATED HEALTHCARE

Community Health Teams Hybrid Model Business Case

Care Transformation Collaborative of Rhode Island

CTC-RI Board of Directors Meeting | October 22, 2021

Outline

- Problem Diagnosis
- Proposed Solution/Statewide Approach
- Costs
- Value Analysis
- Key Considerations and Next Steps
- Remaining Challenges

Brief Recap

Interviews with RI payers and SOC leaders regarding CHT services led to the following conclusions

Community Health Teams are an important resource to serve high risk/high cost clients with complex behavioral and social needs

There are efficiencies in having SOCs managing CHTs for their own clients

Problem Clients outside of SOCs should also have access to CHTs

Proposed Solution Stakeholder consensus around a "**Hybrid Model**" to deliver CHT services for adults, children, and families, via BOTH SOC AND regional teams. Regional teams serve individuals outside of SOCs and create partnerships with referral sources outside of primary care (e.g., health plans, hospitals) and connect referrals to primary care once engaged. Regional teams poised to provide whole family care and improve maternal and child health

Hybrid Model Organization

Definition: A complementary network of <u>BOTH</u> regional community-based health teams <u>AND</u> SOC/practice-based teams working to connect individuals and families with complex health and social needs to the local, community based supports needed to achieve optimal health and social well-being.

SOC/Practice-Based Teams

- Common standards and reporting
- Opportunity to refer patients to one another

Regional Teams

Community Health Team Convener

Supporting Continuous Improvement

CTC-RI Charge

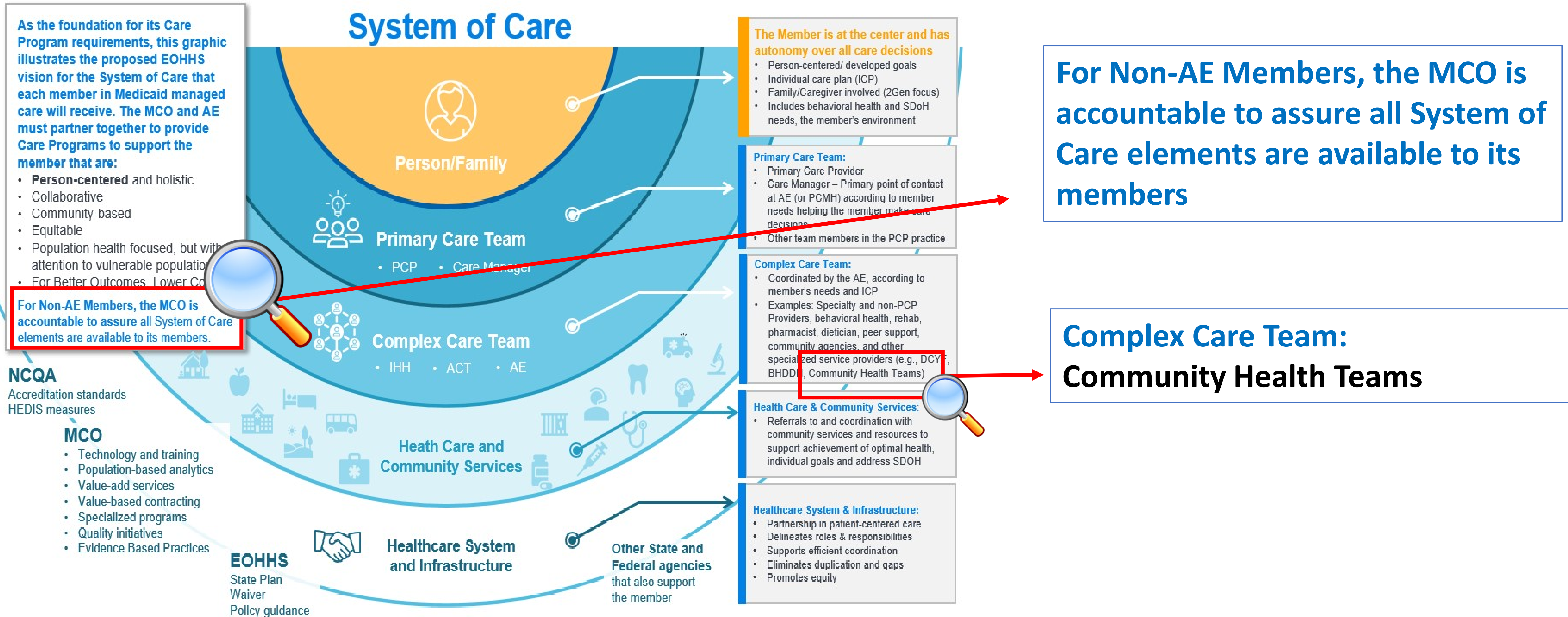
Develop a business case to show the need and financial impact for Regional Teams to offer CHT services to clients outside of SOCs

Who Would Be Served?

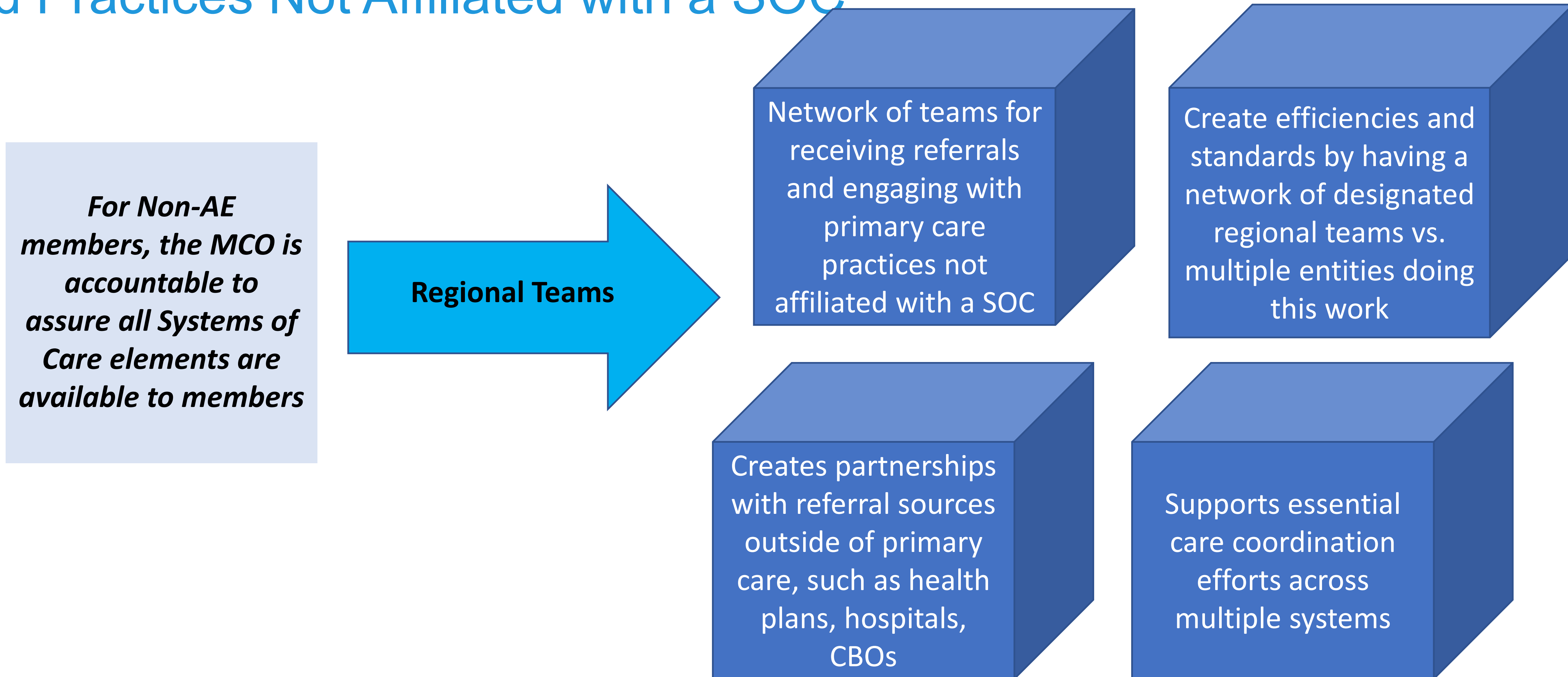
42% of Rhode Islanders Aged 20+ Not in a SOC; 18% Higher Risk

				Estimated	
				% Higher Risk[3]	# Higher Risk
	Members[1]	**% Non-AE/ACO[2]**	**# Non-AE/ACO**	**Non-AE/ACO**	**Non-AE/ACO**
Medicaid Managed Care	149,998	34%	50,999	16%	7,981
Medicaid FFS	18,902	34%	6,427	12%	796
Commercial	257,737	52%	134,018	11%	15,198
Medicare FFS	88,538	35%	30,988	25%	7,877
Medicare Advantage	82,528	35%	28,060	49%	13,738
Totals	**597,693**	**42%**	**250,492**	**18%**	**45,590**

From AE Certification Standards



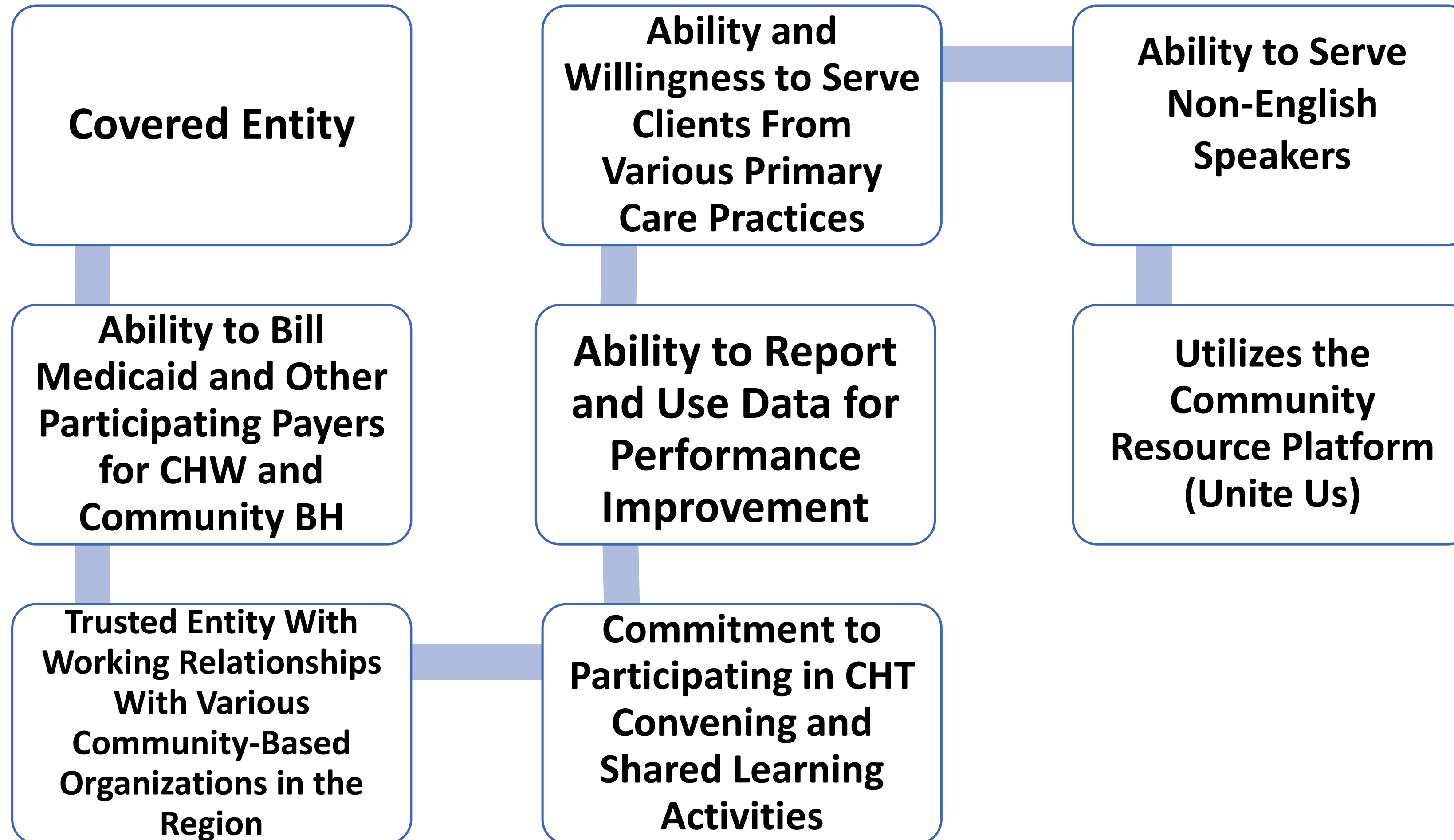
Regional Teams Serve as a Resource to MCOs, Hospitals, CBOs and Practices Not Affiliated with a SOC



Who Would the Regional Teams be?

Build Upon Existing Infrastructure

Criteria



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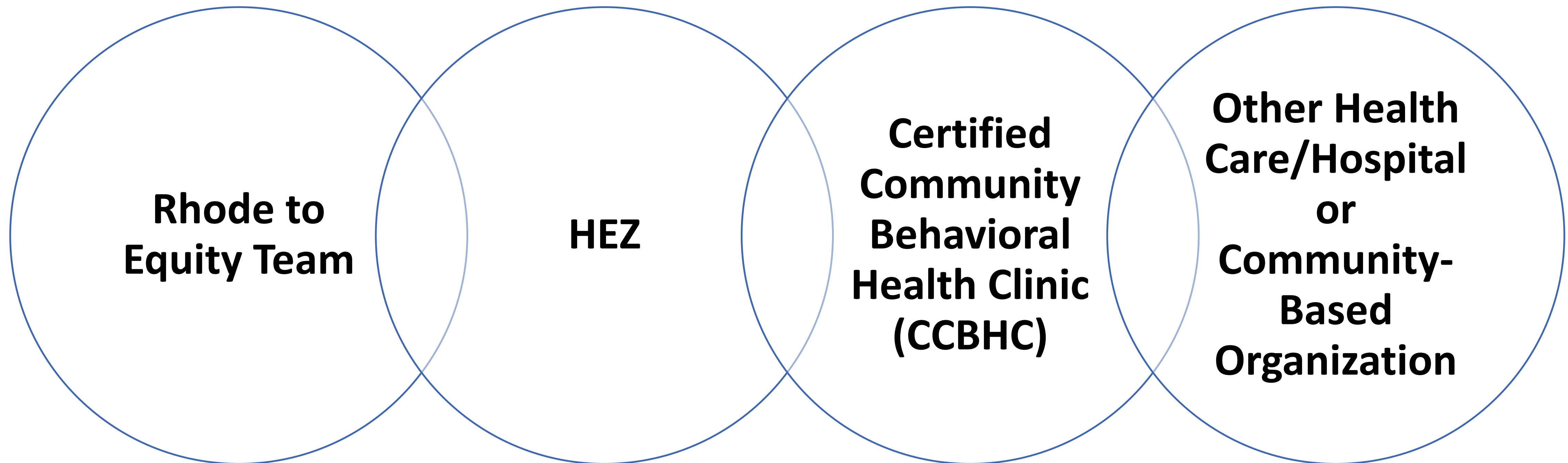
Community Organizing Entity Examples:



What Are the Financial Assumptions for Regional Network Sustainability?

Most Services Would Be Covered by Insurance

Assumes Successful Implementation of Medicaid Payment for CHW Services to Cover Full Costs

Assumes Commercial and Medicare Advantage Will Cover Full Costs of CHW Services

Assumes Health Plan Payments Would Cover Full Cost of BH Services

Current Issues with Billing for Community-Based BH Services:

- Place of service restrictions
- Inadequate payment for community-based BH services
- Collateral BH services not covered (engagement, care coordination, travel)

Assumes Payer Blind Model, Funding Source for Gaps *(Uninsured, Medicare FFS)*

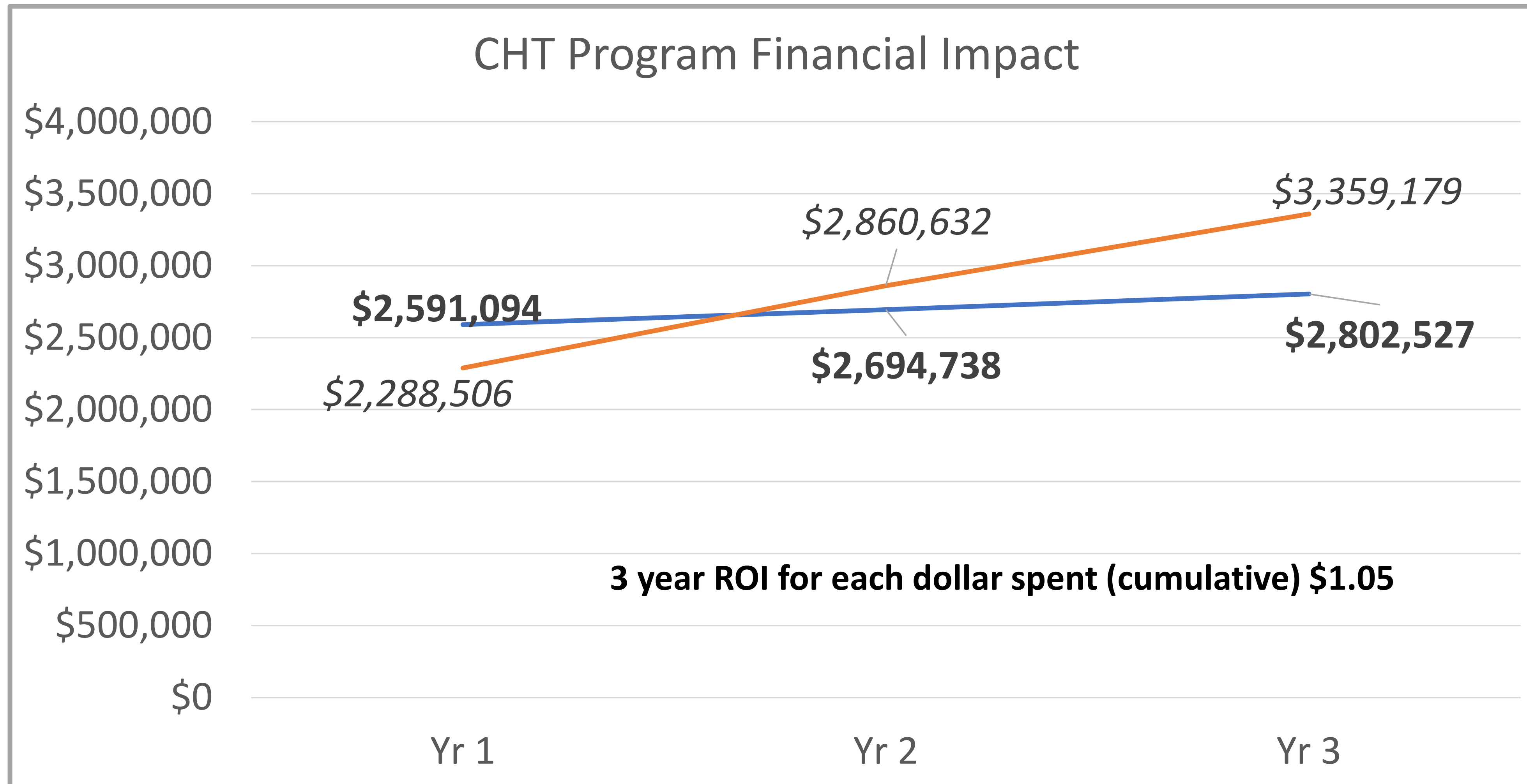
What is the Cost of a Network to Serve High and Rising Risk?

		CHT Staffing			CHT Capacity	Annual CHT Costs			
	CHT Size	Team Lead	CHWs	BH Clinicians	Estimate 150/CHW/yr	CHW Costs	BH Clinician Costs	Team Lead Costs	Total
CHT 1	Large	1	6	2	900	$388,125.00	$215,625.00	$93,437.50	$697,187.50
CHT 2	Medium	0.5	4	2	600	$258,750.00	$215,625.00	$46,718.75	$521,093.75
CHT 3	Medium	0.5	4	2	600	$258,750.00	$215,625.00	$46,718.75	$521,093.75
CHT 4	Small	0.5	2	1	300	$129,375.00	$107,812.50	$46,718.75	$283,906.25
CHT 5	Small	0.5	2	1	300	$129,375.00	$107,812.50	$46,718.75	$283,906.25
CHT 6	Small	0.5	2	1	300	$129,375.00	$107,812.50	$46,718.75	$283,906.25
					3,000	**$1,293,750.00**	**$970,312.50**	**$327,031.25**	**$2,591,093.75**

TOTAL ANNUAL COSTS $2.6M, Estimate 70% covered by billing

Additional $780K investment needed for full population health access

What is the Cost Impact For Insured Adults?

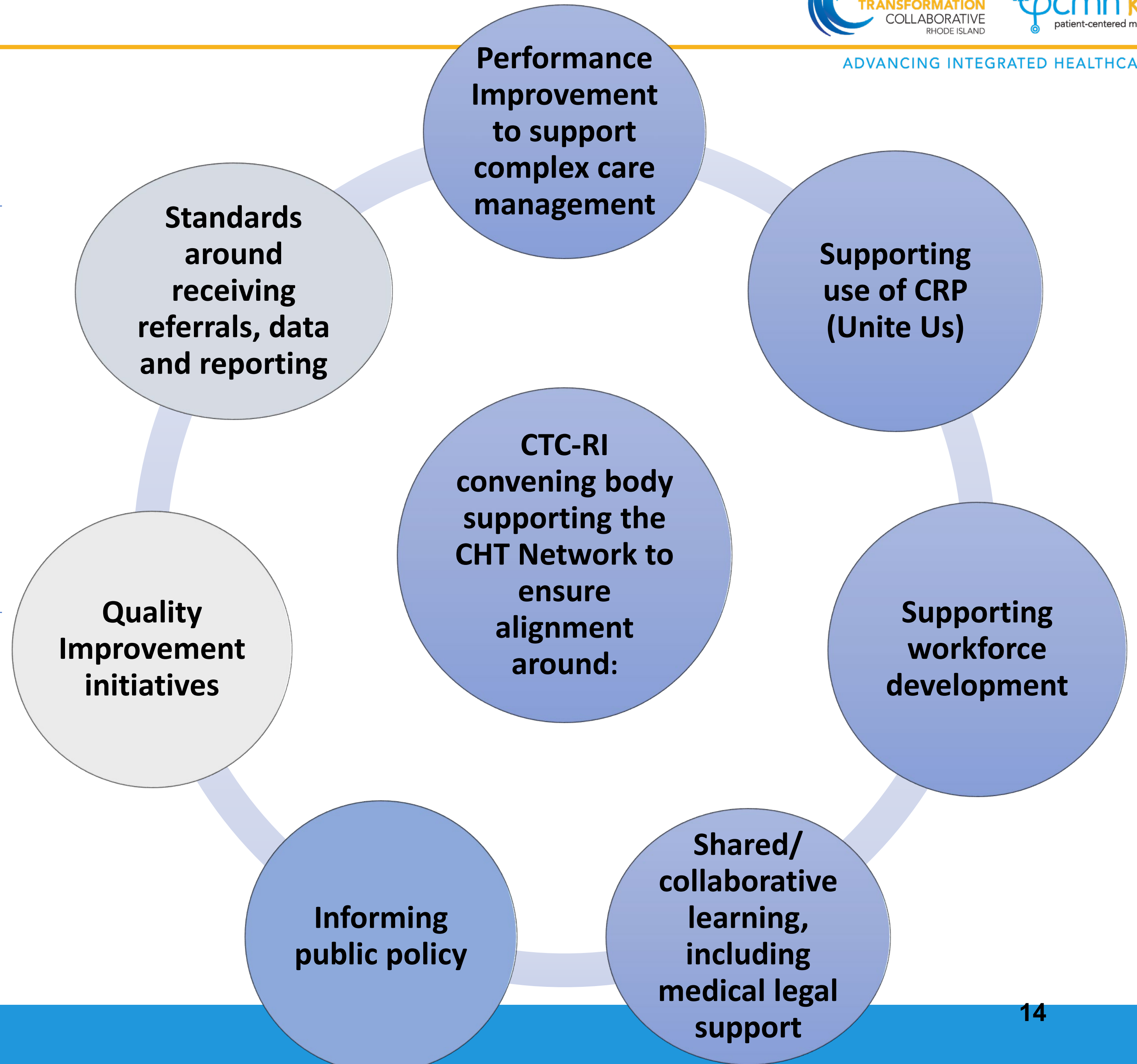


Expenditure Reductions

Annual CHT Costs

Role of the Convener to bring key stakeholders together (CHTs, AEs, payers, state agencies, CHT clients) for a *statewide multi-payer learning and action collaborative*

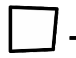
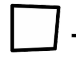
Convener Costs: $300,000 annually for Project Management/ Coordination and Consultants (MLBP, Clinical, Data Reporting, Other



Key Considerations and Next Steps

Establish interagency coordination for planning and implementation of a Regional CHT Network, including an organized approach; secure multi-sector funding

Establish multi-payer agreement to sustainably cover CHW and community BH services

Outline a process for implementation

- Regional team selection
- Leverage Rhode to Equity/ HEZ/ CCBHC/ other programs as existing infrastructure to build on
- Formalize convener role

Challenges Remaining

1

- **Clients who are Medicare FFS or uninsured may not be able to be served**
  - This will lead to issues with continuity of services when people churn through insurance

2

- **Unknown how Commercial/Medicare Advantage plans will want to support these services**
  - FFS Billing? (CHW services currently not covered; current BH clinician payment rates inadequate to cover community based BH services)
  - Case Rate? (significant lead time needed for developing case rate and getting new service approved in vendor contracts)

3

- **BH services covered do not account for the full scope of community oriented services provided by the BH Clinician on the CHT**
  - Existing contracts support office based, psychotherapy visits by certain credentialed providers. Does not account for care coordination, travel, care team planning

4

- **When will teams be able to start billing Medicaid for CHW services?**
  - HSTP Funding support for CHTs ends December 31, 2021

5

- **How to address maternal and child health?**