CONNECTICUT | AHEAD

States Advancing All-Payer Health Equity Approaches and Development Model

November 14, 2024

Stakeholder Webinar: Community-Based Organizations

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Topics

- AHEAD overview
- Health Equity
- Hospital Global Budgets
- Primary Care AHEAD
- CT AHEAD Timeline
- Questions

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Person-centered care

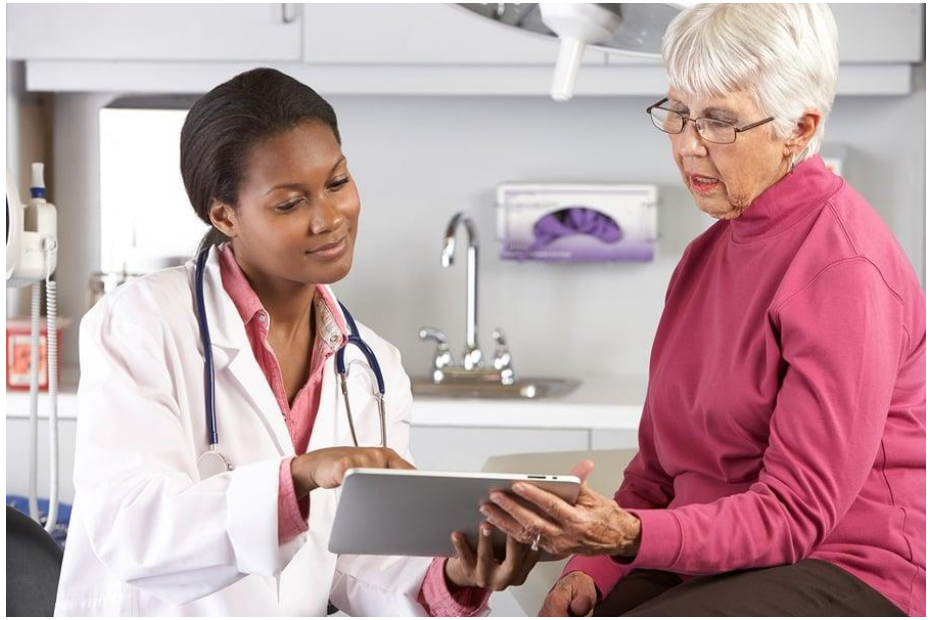
with providers who listen, take time to get to the root cause of behavioral, emotional and physical health concerns

Quality

across the healthcare system

Coordination

of services, systems, payers



People's Desire in Health care

Source: United States of Care

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- Partnerships
- Focus on affordability
- Quality-focused Outcomes-based
- Multi-payer approach
- Grounded in health equity

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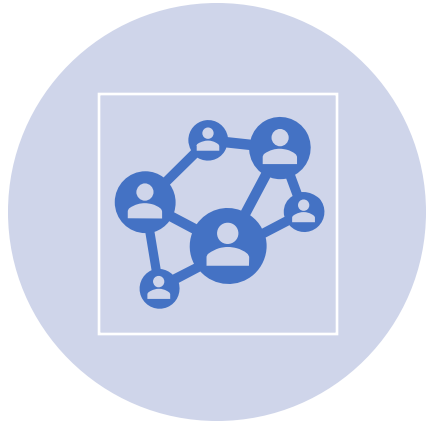
HEALTHCARE BENCHMARKS (COST, QUALITY AND EQUITY)

STATE PRIMARY CARE INVESTMENT TARGETS



PERSON CENTER/INTEGRATED AND COORDINATED CARE

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Model Components

HOSPITAL GLOBAL BUDGETS PAYMENT MODEL

PRIMARY CARE AHEAD TRANSFORMATION

HEALTH EQUITY

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Advancing Health Equity

- **Develop State Health Equity Plan & Quality Targets** for participating states, which will inform statewide equity strategies and support quality improvement.
- **Enhance Partnerships between State, Providers, and the Community** to meet model goals.
- **Increase Safety Net Provider Recruitment** among hospitals and primary care providers in the AHEAD Model to reach vulnerable populations.
- **Use Social Risk Adjustment** of provider payments to increase resources available to care for vulnerable populations.
- **Utilize Health Related Social Needs Screening Among Hospitals and Primary Care Providers** to identify unmet needs and connect patients to community resources.

AHEAD components

Source: CMS AHEAD Model Overview Webinar

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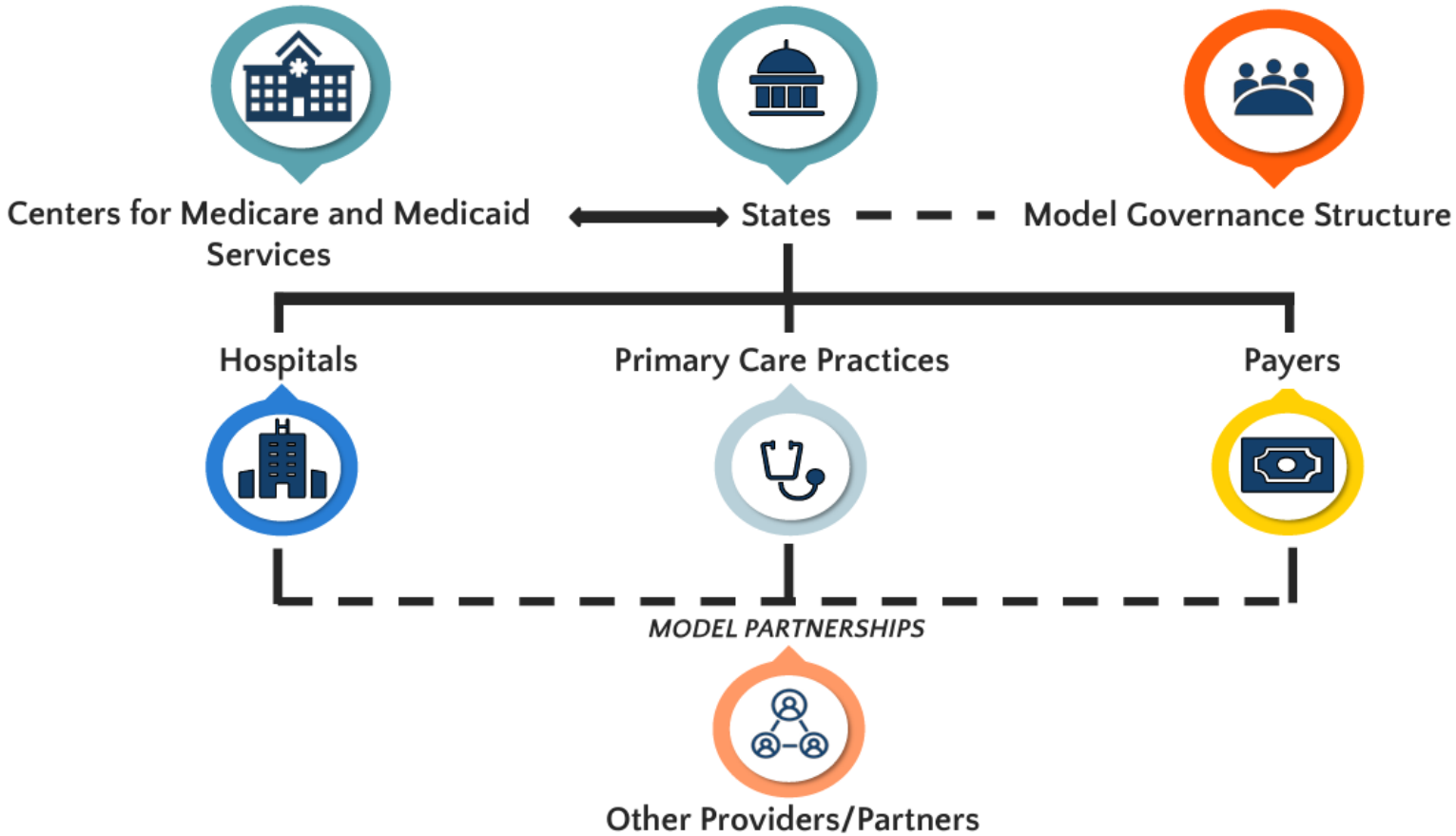

Partnerships

Source: CMS AHEAD Model Overview Webinar

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Federal (CMS/CMMI)

- Support the implementation of Medicare FFS Global Budget
- Support states and partners in developing and implementing model components through funding, technical assistance and learning collaboratives
- Monitor progress and model activities including unintended consequences through existing hospital reporting measures.

State

- Establish Model Governance
- Implement Statewide Health Equity Plan
- Set all-payer cost growth targets
- Increase primary care investment
- Design Medicaid & Commercial Global Budgets and primary care transformation
- Facilitate multi-payer alignment and engage with State Employee Health Plans and Marketplace Plans

Hospital

- Can participate in global budgets, transform care, and improve population health
- Pursue opportunities for quality improvement and identify efficiencies
- Create hospital health equity plans to close disparity gaps and improve health outcomes

Primary Care Practices

- Can participate in Medicaid transformation efforts and Primary Care AHEAD for Medicare FFS
- Meet care transformation requirements for person-centered care
- Pursue opportunities for quality improvement and improved care coordination

Payers

- Contribute to all-payer cost growth target and Primary Care Investment Targets
- Participate as an aligned payer in global budgets and primary care transformation

Community Organizations

- Participate in Statewide and hospital Health Equity Plans
- Opportunity to partner with hospitals and primary care practices on HRSNs referrals and care coordination
- Elevate and facilitate consumers voices in planning

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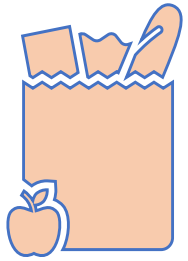
Enhanced Partnerships with the Community

Transportation barriers

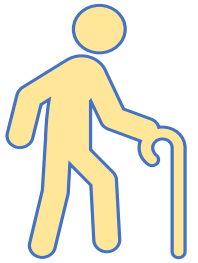


Food insecurity

Housing challenges

Educational b arriers

Childcare access



Senior care

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Enhanced Partnerships with the Community

CAPABLE

Johns Hopkins School of Nursing launched a person-centered, home-based program to address functioning and healthcare expense for seniors. The program provides home visits from:

- Occupational Therapist
- Nurse
- Handy Worker

Outcomes:

Lower healthcare costs - $3,000 in program costs per participant yielded more than $30,000 in savings in medical costs

Reduces health disparities –75% of participants improved self-care over 5 months

Source: CAPABLE, Community Aging in Place, Better Living for Elders; Community Aging in Place—Advancing Better Living for Elders (CAPABLE) - Johns Hopkins School of Nursing

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What suggests the AHEAD model can be effective?

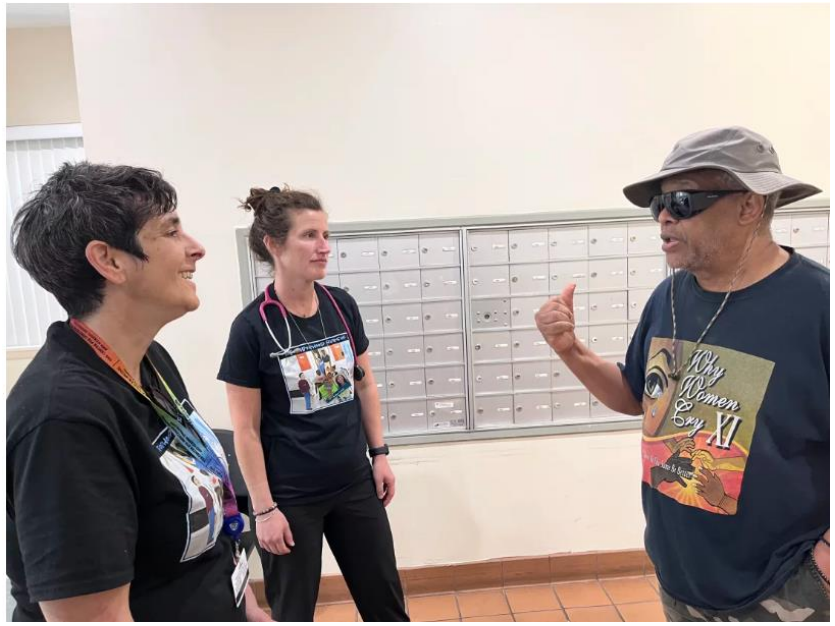
- AHEAD builds on the demonstrated success of existing models in other states
  - Vermont All-Payer Accountability Care Organization (VT-ACO)
  - Maryland Total Cost of Care (MD TCOC)
  - Pennsylvania Rural Health (PARHM)
- These states have *expanded access to primary care, behavioral health services and care for underserved populations*

In Baltimore, nurses go door-to-door to bring primary care to the whole neighborhood

JUNE 11, 2024 · 5:00 AM ET

FROM TRADEOFFS

By Leslie Walker, Dan Gorenstein



https://www.npr.org/sections/shots-health-news/2024/06/11/nx-s1-4997717/nurses-primary-care-community-baltimore-costa-rica

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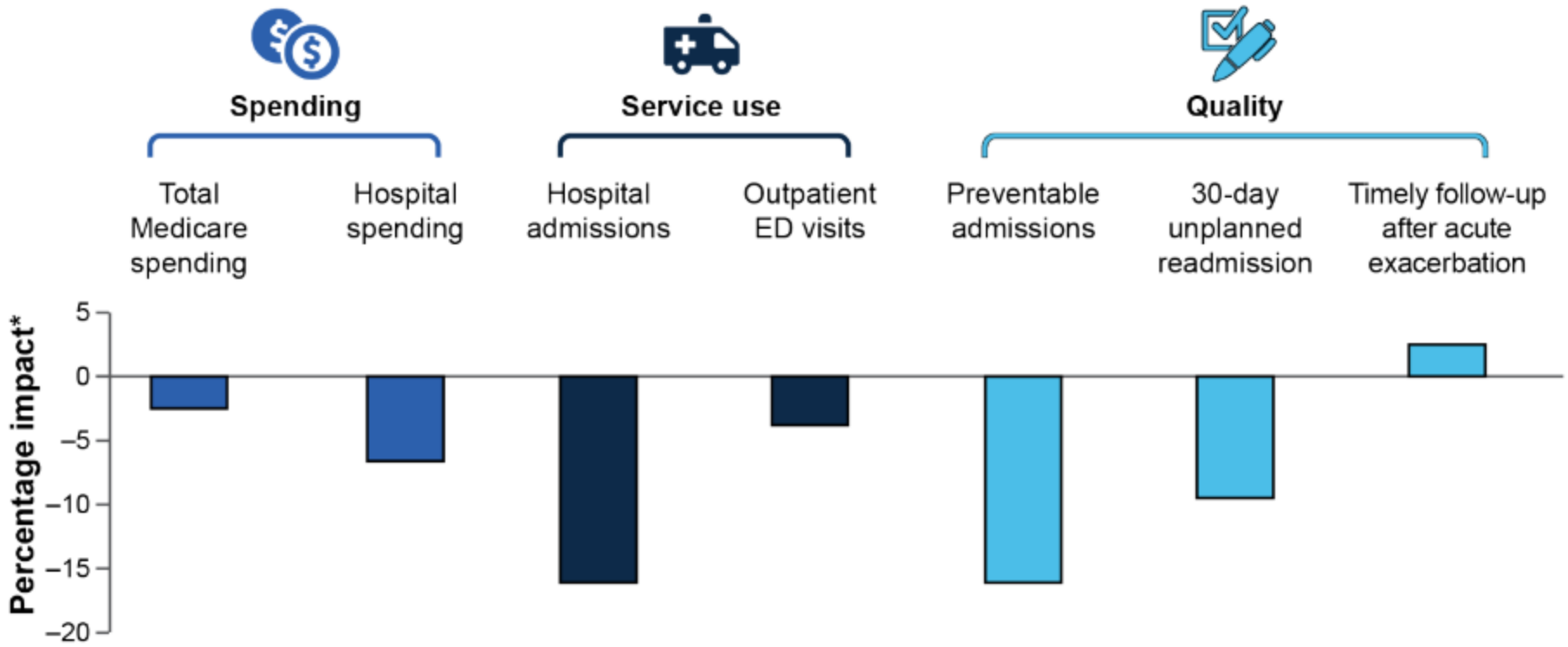
Maryland TCOC model Findings



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Hospital Global Budgets by Payer

Medicare FFS

- CMS-designed Medicare FFS Global Budget Methodology

Medicaid

- State (DSS) develops Medicaid methodology

Commercial

Medicare Advantage

- State (OHS) develops methodology
- Payer participation voluntary; CT must recruit at least one commercial payer by 2028 (PY2)
- Participation ties larger portion of hospital revenue to global budget

Primary Care **AHEAD**

- **Voluntary** participation in this patient-focused model provides prospective, flexible and enhanced payments intended to increase the capacity to deliver advanced primary care services
- Designed to align Medicare with state-led primary care efforts
- Flexible framework of care transformation
- Expands whole-person-centered care, care coordination, community connections, behavioral health integration and health-related social needs interventions
- Minimize provider burden

Source: Spotlight on Primary Care in the AHEAD Model

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Primary Care **AHEAD** – Who is eligible?

FQHC

INDEPENDENT PRIMARY CARE PRACTICES

SYSTEM OWNED PRIMARY CARE PRACTICES*

*Hospital-owned practices are eligible if the affiliated hospital is participating in the AHEAD hospital global budget in the same performance year

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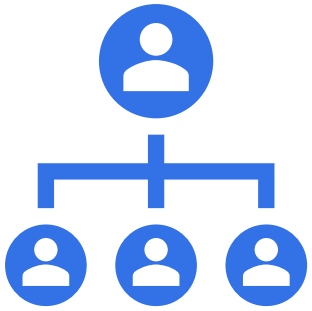
Primary Care **AHEAD** Care Transformation

Behavioral Health Integrated with Primary Care

Care Management & Specialty Coordination



Addressing Health Related Social Needs

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Today – 2026
- Pre-implementation
- Stakeholder engagement
- Global Budget Technical Design
- Statewide Health Equity Planning

2027 PY 1
- 10% Medicare FFS under global budget
- Primary Care AHEAD launch

2028 PY 2
- At least one commercial payer participating

2029 PY 3
- Continued hospital onboarding & payer engagement

2030 PY 4
- 30% Medicare FFS under global budget

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We want to hear from you! Please share feedback, questions, thoughts with us.

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