Delaware Health Care: Changes, Challenges & Opportunities

Delaware Association for Home & Community Care: April 15, 2015
Rita Landgraf, Secretary, Delaware Department of Health and Social Services
HEALTH CARE INNOVATION

Stakeholders Come Together to Embrace the Triple Aim
Delaware Health and Social Services

Employers are facing increasing costs, an unhealthy workforce, and complex decisions.

Providers lack time and resources to proactively coordinate care.

Health care is confusing for Patients, and premiums are rising.

The State of Delaware faces health care costs that consume approximately 25% of the state budget.
4.3% of adults considered suicide in 2011

1 in 5 Delawareans are smokers

Health care costs consume 25% of state budget

Health care costs growing at 6% per year historically

Per capita costs 25% higher than average

Diabetes incidence rate of 11.1%

31.1% of Delawareans are obese

More than $8B annual spend on healthcare in DE
Our Vision for 2018

- All Delawareans will have a primary care provider, and it will be easy for them to access care when they need it.
- When your patients need to go to the ER, your office will be notified on arrival or check-in (if not by your patient before).
- Care coordination will be integrated with primary care rather than a remote system disconnected from care delivery.
- When a mother needs help caring for her child with asthma, she will know where to turn.
- Doctors’ offices will be paid for care coordination in between office visits, and rewarded for quality and efficiency of care.
- Providers will work more closely together so that patients will feel as though the individuals caring for them, including behavioral health providers, are part of a team.
- Employers will be able to continue providing health insurance to their employees.
<table>
<thead>
<tr>
<th>Delaware Health and Social Services</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Clinical</strong></td>
</tr>
<tr>
<td>▪ Transformation of primary care through Patient-Centered Medical Homes (PCMHs) and Accountable Care Organizations (ACOs)</td>
</tr>
<tr>
<td>▪ Support for primary care <strong>practice transformation &amp; care coordination</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Workforce and Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Innovative two-year <strong>learning and development program with common curriculum on team-based, integrated care</strong></td>
</tr>
<tr>
<td>▪ Development of the health professional residency consortium</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Payment</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Multi-payer value-based payment models offered statewide: Pay-4-Value (P4V) and Total Cost aligned with CMS models</td>
</tr>
<tr>
<td>▪ QHP standards, Medicaid MCO RFP, &amp; state employees driving adoption</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>HIT</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ First in the country <strong>multi-payer performance scorecard</strong></td>
</tr>
<tr>
<td>▪ Nationally leading HIE to enable integrated clinical and claims data over time</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Healthy Neighborhoods</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Integration of community-based health initiatives with delivery system focused on priority health needs</td>
</tr>
<tr>
<td>▪ Scorecard, tools, data, and resources to support neighborhoods</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient / Consumer Advisory</th>
</tr>
</thead>
<tbody>
<tr>
<td>▪ Patient at center of everything Delaware does</td>
</tr>
<tr>
<td>▪ Patient engagement tools to support individuals to engage in their own health</td>
</tr>
</tbody>
</table>
Aspirations and Goals

Aspirations for Triple Aim

▪ Become one of the five healthiest states in the U.S.
▪ Achieve top performance for quality and patient experience
▪ Bring health care spending growth more closely in line with growth of economy

Specific Goals Reflected in Plan

▪ Create >$1 billion in total savings to the system through 2020
▪ Reinvest about half of savings in care delivery to ensure sustainability for providers
▪ Pass about half of savings on to consumers and purchasers to preserve affordability

Goals for Adoption to Achieve Plan

▪ Participation by all payers: Commercial, Medicaid, Medicare by 2016
▪ Participation by >70% of self-insured employers by 2018
▪ Adoption by >90% of PCPs by 2018
▪ Meaningful changes in capabilities/processes

Total investment of approximately $130 million over 4 years
Work Ahead in Innovation

Common Scorecard for providers. Measures include:

- Diabetes care
- High blood pressure
- Screening for clinical depression
- Tobacco use
- Influenza immunization
- Patient hospitalization admissions per 1,000 patients
- ER visits per 1,000 patients

Sampling of Timeline:

2015: Test and refine scorecard; begin practice transformation; engage consumers and providers

2016: Funding for care coordination more widely available; Healthy Neighborhoods initiatives launched; workforce strategy implemented.
HEALTH REFORM

Increasing Access to Care Only the First Step
Delawareans benefit from health care reform by:

- Increased access to health insurance and quality health care.
- Being supported in community-based settings.
- Promoting healthy lifestyles.
Delaware’s second open enrollment period began **Nov. 15, 2014**, and ran **through Feb. 15, 2015**. A special tax enrollment period ends **April 30, 2015**. Individuals on Medicare are not impacted by the marketplace.

Delaware has a **state-federal partnership marketplace** that allows the state to maintain control of **plan management** and **consumer assistance**, while federal government provides the IT through HealthCare.gov.

**Enrollment totals:** 14,397 Delawareans enrolled in Season 1; 25,036 during Season 2. In 2015, 84% of enrollees qualified for financial assistance, which lowered their average monthly premium to $140.

To learn more, visit the state’s information website: **ChooseHealthDE.com**
Medicaid Expansion

• In January 2014, Delaware increased eligibility up to 138% of the federal poverty level ($16,100 for an individual; $32,913 for a family of four).

• Through March 31, 2015, Medicaid has added 9,751 adults through the expansion.

• Of those, 4,547 (47%) were between the ages of 19 and 34.

Federal government pays 100% of the cost for newly eligible clients from 2014-2017; phased down to 90% of costs by 2020.
As of March 31, 36,787 Delawareans have gained access to health care coverage during 2015 through the Medicaid expansion or the Marketplace.
ACA and People with Disabilities

- One of the benefits of the Affordable Care Act is extending health insurance coverage to people with disabilities – previously considered a pre-existing condition. The ACA allows for:
  - **Screening** for mental and substance abuse disorders, including those impacting children.
  - Increasing **access** to behavioral health services for people with serious and/or chronic disorders.
  - Improving **integration** of primary care and behavioral health.
AGING IN PLACE
How to Manage a Fast-Growing Population in Delaware
Another Impact: Aging Population

** By 2030, Delaware is projected to have the 9th-highest proportion of people age 65 and older in the U.S.
Fast-Growing Older Population

• Today, about 1 in 5 Delawareans is age 60+.
• By 2025, they will make up one-fourth of state’s population.
• And by 2030, the state’s older population is projected to have doubled from what it was in 2000 to 253,646.
Fast-Growing Older Population

• The “oldest old” population – those individuals age 85+, and most in need of critical care services – will nearly double between 2005 and 2020.

• Then double again by 2040.
What the Marketplace Wants

89%

- That’s the percentage of people surveyed by AARP Delaware who want to age in place.
- They want a high quality of life that allows them to remain fully engaged in the community.
Cost Avoidance/Cost Savings

• Right Care, Right Time, Right Place – building access to community.
• AARP estimates that for every person we support in a facility, we can support 3 in the community.
Delaware’s Strategies

• Medicaid’s long-term care seniors transitioned to MCOs in April 2012 to better coordinate care and supports.

• In Fiscal Year 2014, state budget included $700,000 in additional funds for home-delivered meals.

• LIFE Center on the Riverfront provides all-inclusive care to seniors during the day while they continue to live at home. State would support a similar center in Sussex.
Support for Age-Related Diseases

- Expanding uses of telehealth, including wellness checks for individuals with Parkinson’s at La Red.
- Implementing state plan for expanding services for people with Alzheimer’s and their caregivers.
- Expanding use of the facilities at the Stockley Center - inclusive of adding telehealth - with a priority for individuals with disabilities.
Community-Based Services

- **Aging and Disability Resource Center:** (800) 223-9074 or www.delawareadrc.com
- **Assistance for caregivers** (adult day services, Alzheimer’s day treatment, respite care) and **home services** (attendant services, personal care, home modification)
- **Stand By Me:** Seniors and individuals with disabilities among the vulnerable populations who receive free one-on-one financial coaching though www.standbymede.org
ADDICTION
Shape New Strategies to Deal with an Epidemic
Addiction: Focus on 3 Fronts

Fighting drug use and addiction is complex and requires work across government departments and along 3 fronts:

• Prevention/Education
• Control/Law Enforcement
• Treatment/Recovery
Addiction Epidemic

• In 2014, 185 suspected overdose deaths in Delaware, about one every other day.
• Delaware ranked No. 10 in the nation for deaths by overdose.
• 9,187 adults sought public treatment for addiction in 2014.
• Beyond demand, system was fragmented and not responsive to individual needs. Individuals faced gaps in services and supports.
Delaware’s Heroin Epidemic

• State’s tightening of access to prescription drugs raised the on-the-street cost.
• 1 Oxycodone pill = $20-$30; hit of heroin = $5.
• In 2013-15, heroin overdose deaths rising dramatically.
• Police seizures almost tripled in 2013 from 2012.
• Admissions for public treatment have more than doubled.
The State’s Response

• Work with fellow state agencies, local governments, providers and law enforcement.
• Listen to advocates; ask them where the treatment gaps are.
• Get data to drive your policy decisions. DSAMH budget increased $950K in FY15; seeking $4.45M more in FY16 with wide support for increased treatment and recovery services.
• Involve public: Influenced HelpIsHereDE.com and upcoming prevention campaign.
• Reform the system, leveraging resources.
Thank You!