

Optimizing Care Systems Day 3

For People with Intellectual and Developmental Disabilities

A NEW VISION FOR MODEL OF CARE



Optimizing Care Systems

Day 3

For People with Intellectual and Developmental Disabilities

DISCUSSION

A NEW VISION FOR MODEL OF CARE

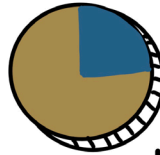


ELECTRONIC
SYSTEMS OF
MEDICAL RECORDS

SECURE THE
RIGHT INVESTMENT

WHAT
DO PEOPLE
NEED?

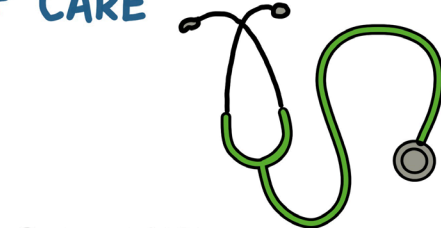
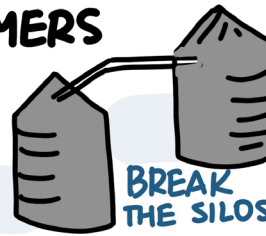
RESPONSIBILITY



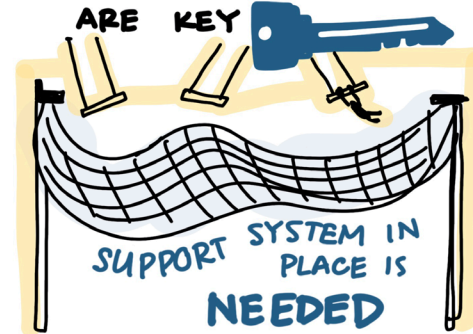
25%
OF A
DOLLAR
INVESTED
IN HEALTH
CARE

CONSUMERS

SELECT
A SYSTEM



PURE-BASED MODELS
FAMILY-BASED MODELS
ARE KEY



FAIR
COMPENSATION



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TECHNICAL AND POLICY OPPORTUNITIES IN FINANCING AND PAYMENT

Alyna Chien
BOSTON'S CHILDREN HOSPITAL

Colleen Kidney
HUMAN SERVICES
RESEARCH INSTITUTE

Joan Alker
GEORGETOWN UNIVERSITY
HEALTH POLICY INSTITUTE



Joshua Sharfstein
JOHNS HOPKINS BLOOMBERG SCHOOL
OF PUBLIC HEALTH

RISK ADJUSTMENT **DISABILITIES** **SOCIETAL PERSPECTIVE**

NEED TO UNDERSTAND THE WHOLE POPULATION → UNDERIDENTIFIED

IDD 28.6 MILLION

HCBS vs. EQUITY

BETTER PAYMENT WILL HELP TO CLOSE THE GAPS ON THE CARE

MAKE THE INVISIBLE **VISIBLE**

CREATE NEW METHODS OF IDENTIFYING IDD

MACHINE LEARNING?

DEFINE METRICS ON CARE QUALITY AND OUTCOMES

ASSESSMENT OF SUPPORT NEEDED BASED ON AGE+LIVING SETTING

CAPITATION → BLEND THEM → PAY-FOR-PERFORMANCE

AGE
SEX
DIAGNOSE

Kids

MEDICAID DOES NOT REQUIRE THE KID TO BE INSURED

HEALTH COVERAGE

FOR EVERY BABY THAT LEAVES HOSPITAL?

PROMOTE OBJECTIVES OF MEDICAID

SECTION 1115 WAIVERS

APPLIES TO MEDICAID AND CHIP OR TO SPEND/RECEIVE FEDERAL \$ IN DIFFERENT WAYS

TO TEST A NEW PROJECT

5 YEARS + 3YR. RENEWAL

TO WAIVE CERTAINS PARTS OF THE LAW

"BUDGET NEUTRAL" SPENDING LOWER AMOUNTS

★ NEW WAYS
★ DEMONSTRATIONS

LITIGATIONS DUE TO ABUSIVE USE OF IT

POPULATION HEALTH



POPULATION HEALTHIER OVERTIME

FRAMEWORK

ASSESSMENT

DATA FEEDING STRATEGIES and RECOMMENDATIONS

POLICY DEVELOPMENT

ASSURANCE

DATA AS A TOOL FOR MEASUREMENT



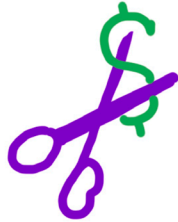
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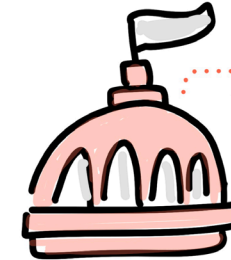
WAIVERS
→ the REALITY
IS THAT A LOT OF
KIDS WEREN'T RECEIVING
THE CARE THEY NEED



POLICY CONVERSATIONS

PRIVATE INSURANCE

A LOT OF
SELF-INSURED
EMPLOYERS ARE
INCLUDING
AUTISM



STATES
ARE
PASSING
SEVERAL
LEGISLATIONS

A LOT
MORE SHOULD
BE DONE

EPSDT

EARLY PERIODIC
SCREENING, DIAGNOSTIC
AND TREATMENT FOR
CHILDREN
UNDER 21 Y.O.

MORE
OPPORTUNITIES
HERE

NON TRADITIONAL
HEALTH INTERVENTION

BUDGET
NEUTRALITY

THINK
HOLISTICALLY

STATES
ARE THE WAY
TO BRING DOWN
BARRIERS



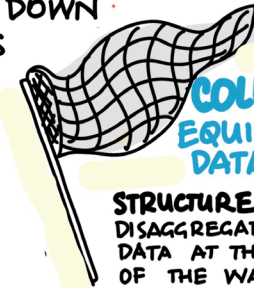
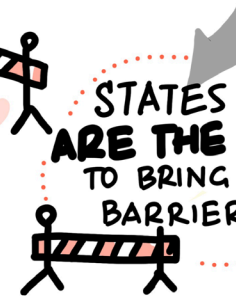
KIDS GOING TO
PRIVATE
INSURANCERS AND
LOSING MEDICAID
BENEFITS

HCBS

LOOK ACROSS
WORK IN 2 LEVELS



WIDE RANGE
OF SERVICES
WHO MAKE THOSE
DECISIONS?



COLLECT
EQUITY
DATA

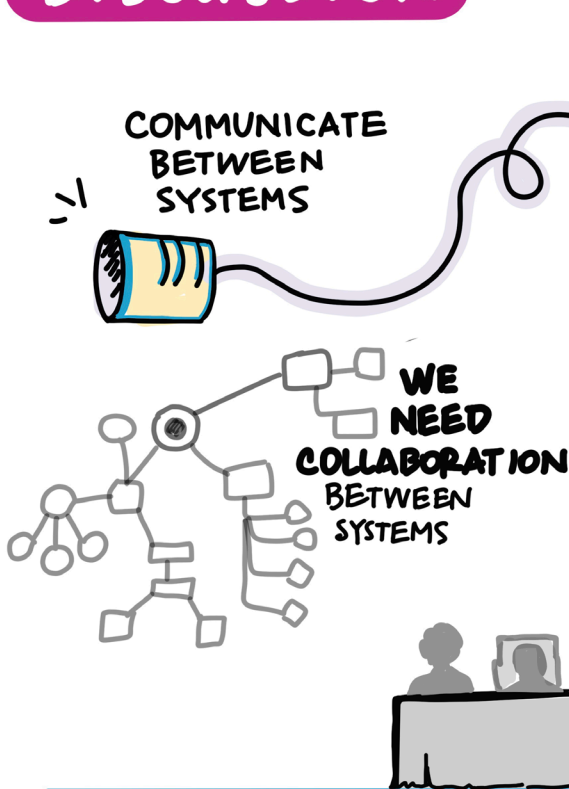
STRUCTURE THE
DISAGGREGATION OF
DATA AT THE END
OF THE WAIVER

Optimizing Care Systems

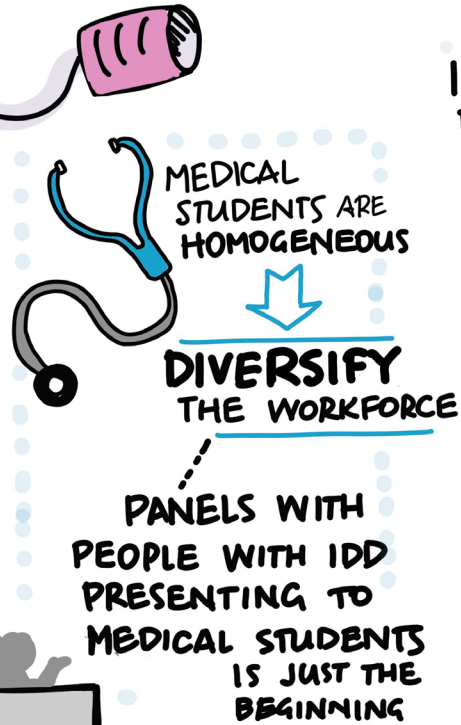
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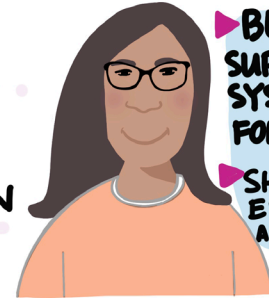
DISCUSSION



SCALLING WORKFORCE SOLUTIONS



INCLUDE PEOPLE WITH DISABILITIES AS PART OF THE SURVEY DESIGN



▶ BUILD SUPPORTIVE SYSTEMS FOR ALL

▶ SHARE EVIDENCE AND PATIENT STORIES

INTEGRATE PROVIDERS WITH PATIENTS

SHOW & TELL

+

CREATE NEW ROLES AND SYSTEMS

CREATE TRUST AND RESPECT

BRING MEDICAL STUDENTS AND PRACTITIONERS INTO THE COMMUNITY

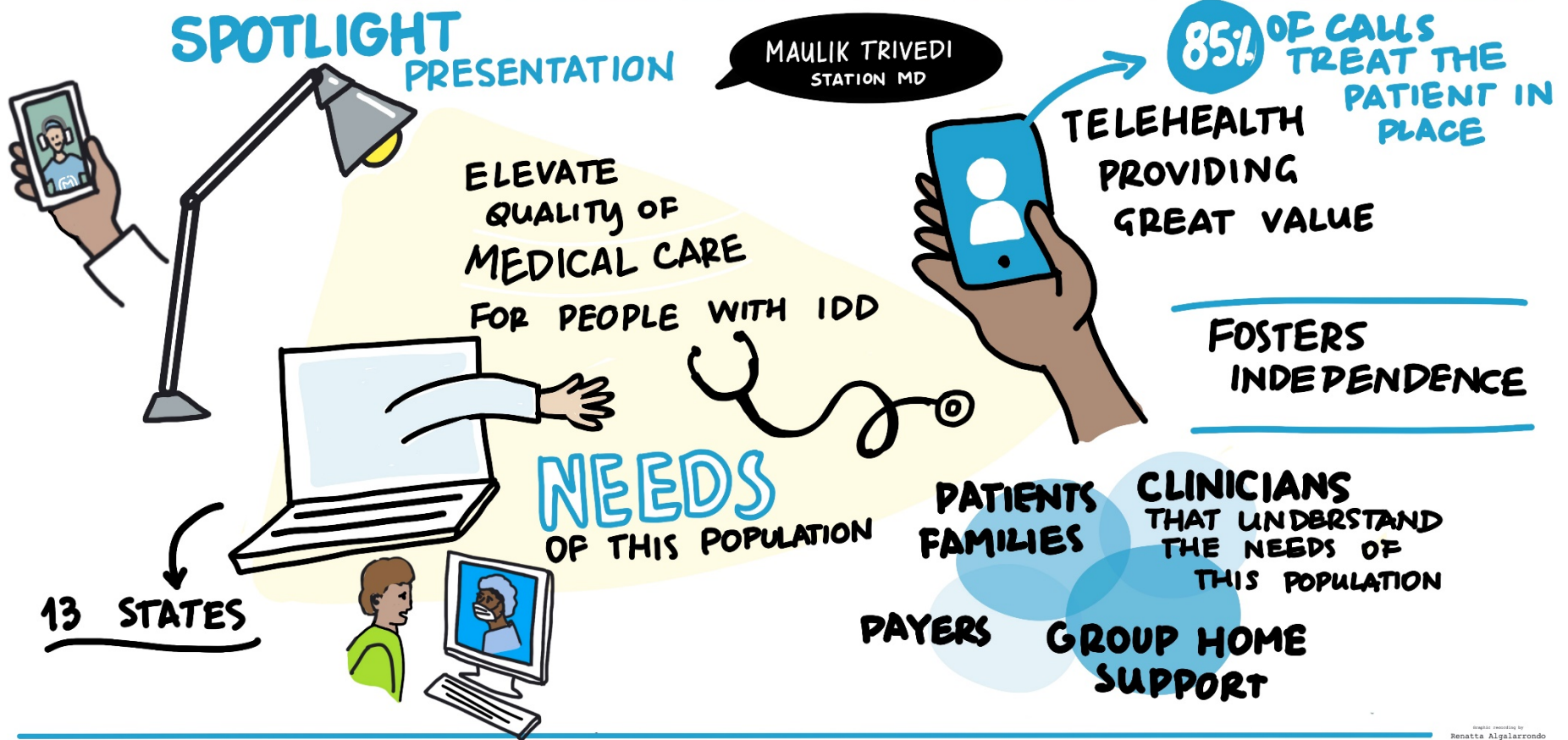


DEVELOP COLLABORATIVE STANDARDS

PROMOTE CHANGE ON MULTIPLE LEVELS

CONGRESS MONITOR CURRICULA DEVELOPMENT

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DR. RICK GILFILLAN

FORMER DIRECTOR OF THE
CMS INNOVATION CENTER

INCREDIBLE
PROGRESS
IN THE LAST
30 YEARS

**CARE
MODELS**
ARE NOT SCALABLE



**FINANCING
FRAGMENTED
NOT IN OPTIMAL
POSITION**



800,000+
PEOPLE
THE
ONLY WAITING
LIST ON
HEALTHCARE
IS PEOPLE WITH
IDD



WHO?
SHOULD BE?
FIND A
WAY TO
ADDRESS
THIS



**WE NEED
TO MAKE
THIS POPULATION
VISIBLE**



**WE ARE
HIRING**

**ADDRESS THE
WORKFORCE
ISSUE**

**COMMUNITY-
BASED
SYSTEMS**

INSURERS

PROVIDERS



**PEOPLE WITH
IDD AND
FAMILIES**

**IS IT AN
UNIFIER?**

**STRONG
COALITION
TO PUT THOSE
VOICES TOGETHER**

**RETHINKING
OUR SAFETY
NET SYSTEM**

