Improving Performance and Financial Sustainability Utilizing the CA PATH TA Marketplace

September 12, 2024

1. **Can you share about the integration of the TA PATH marketplace that has influenced the way CHS is helping with operational efficiency for clients?**

   Help them utilize marketplace, really help them understand resources available to marketplace. CHS work with small CBOs that don't have funding to go out and getting consulting support. Help individuals understand what's available to them, what resources need to be prioritized.

2. **Understand you have an extensive care management background. From your vantage point, how do you navigate complexities to align these complicated regulations and what strategies have worked to coordinate and enhance patient outcomes?**

   Quickly come in and consolidate all information. Mapping of community resources was extremely helpful. That provides additional time for someone in Director capacity to focus on up-and-coming changes about how financial modeling would work across health plans.

3. **Can you give an example of how ECM has changed the recipients and beneficiaries you serve in your community?**

   Came to team 9 months in and can say that there's more clarity and standardization with the way they want to move forward. Taking the team aback to focus on things they're doing. There's written documentation that outlines day to day role and responsibilities, so they're not overwhelmed with what they're trying to accomplish in the CalAIM ECM & CS world.

4. **Is there anything unique or interesting about how the TA marketplace has enabled or hindered things?**

   Started off offering services for seniors only. But started working with CHS and now they can extend it to all members with Medi-Cal. CHS helped to structure the entire business, has been an amazing experience, meet weekly, outlines, email, reaching out to other contracts has been great. There hasn't been any negative experience, anything she needs help with she can ask CHS and they'll be able to get her answers as soon as possible.

5. **How has that demographic shift changed your ability to help more folks in the community? What have you seen change in the community, are there any patient stories?**

   There's a huge need to hire more staff because they are overwhelmed with the need. The issue right now is most senior care are on strict limited income. It is hard to find senior housing or assisted living

facilities. However, Allison (CHS) mentioned partnering with landlords so it's more lenient and they understand the CalAIM program. In the past month have been able to place 4 people in permanent housing because they've really been doing outreach. Allison gave a list of places to outreach to and it's been very helpful.

6. **Given these recent changes, how did this change your service delivery model? What did you learn in the process?**

   Deal a lot with maternal health, came in as Doula. With ECM and CS it helped with workforce, Doula can get help from CHW. For her it provides that eco system. CHW can educate the entire family because what we know in terms of issues and mortality rate is because we don't have that wrap around care, and that's what ECM is. Sometimes Doulas are acting as ECM for certain population, so they have that one person for wrap around care. A lot of times the system was siloed so people will have to repeat issues over and over. But now with ECM and CS there is one person leading and having continuum of care and that makes a huge difference in that population.

7. **Is getting individual provider credentials part of the process that you worked on in this? There's an indication that a large barrier to access is some have specialty of years in waiting list. Credentials for providers can be complicated. Is this something you guys address specifically, and would you mind giving some insights?**

   It takes a while not to credential but for contract itself. Can take up to 3-4 months depending on how fast the health plan moves. Have to be patient, email them, or Allison email them to see what's going on with the timeline and how much longer they have to wait.

   Different between clinical provider that you might be referencing in yearlong process is that ECM and CS providers are not licensed providers, they get attestation and contract through their MCP, but there's not yearlong credentialing process and they've spoken to. The full contracting and credentialing should follow within 3-4 months timeline. County and bigger organizations would take longer ~6 months.

8. **Considering the focus on high need population, how has this influence the way you're thinking strategically about your organization? Can you let us know a little bit more about how it has been beneficial or challenging and what are your current opportunities today?**

   Benefit and challenge have been in way CHS has helped with barriers. Knew it was there but didn't know how to approach them. Example is case conferencing. There can be a lot of overlap with departments, CHS came in and have interviews with staff and leaders to see in the future as we're building these things out and growing as a team, are there any opportunities to collaborate on case conferencing? Bridge those gaps and bring teams together and start having conversations across programs like ECM, SUMMIT, etc. That was an opportunity to identify there. Difficult but area of opportunity.

9. **What are some of your current strategies for working with SUDs patients?**

   Partnering as best as they can and breaking down siloes. Many times, collaborate with SUMMIT counselors to verify if they're in the process of disenrolling, what has their experience been, what are best practices have been with the relationship with that individual. On-site vs. in-person visits with patients.

10. **How have changes been in other things like Medicare or other areas impacting your operation and services, and can you give a story of how this work that they have done to prepare for Technical Assistance (TA) has improved the lives of your patients?**

    Changes have been good for our clients. Example story: Have client that has insurance pay for her assistant stay, prior to changes she did not have money, and family could not take care of her, they were very stressed out and done with the situation. Moved to assistant living facility, able to get rehab, and Medicare paying for her stay she was able to get her care. Medicare and Medicaid changes have been good.

11. **How do you guys measure the impact of the TA provided through the TA marketplace, what are some metrics and outcomes that CHS track and look at?**

    One of largest measures tracking between client is member enrollment, hit on financial sustainability, maximizing program enrollment. Looking at quality measures to look at impact. Others and DHCS tracking is patient satisfaction. Enrollment is good but being able to sustain high need members and retain them for period of time of enrollment 6-12 months is what they really look at.

12. **You have to integrate tech and use tools. Can you tell us how any of this has impacted on your ability to provide better comprehensive services or how you've adjusted and designed the services you've delivered?**

    One of the domains is data. Through that domain, you can get help in terms of data like EHRs and work through others. This is the exact information we need and data we need. Combining outreach and capturing that data helps CBO but help Medi-Cal and help providers and MCPs to have correct information on what is happening on the ground. One of the things they're working on is the number of, having the Doula having the ECM having the CS act as maternal community worker. How does that improve maternal health? This number has to turn to better outcomes. A lot of the time we like numbers but have to remember the impact. Is mobility and mortality going down? Having the data and workforce domain and have PATH marketplace provide access not only to patients but also for CBO to do their work the best way they can.

13. **How are you balancing the need for innovation with constraint to meet the need of the population that you're serving? How do you think this is impacting the statewide workforce. Innovation vs. demand of need of services today?**

We have an app but also want to look at needs. She was homeless and knew what wrap around needed is. Would've wanted something where they have her info. and go through care coordination with her. Knew she wanted to have an app where they have particular care coordinator that knows their story and don't have to repeat. That innovation, some people like that but some people also need face to face. Sometimes it's not innovation, sometimes its boots on the ground depending on the person. Its always individualized care is how she balances it, giving people the option of innovation vs. person to person. Able to do all this with the help of CHS. When talking about providing access, as a CBO she has the support to be able to do the work. So thankful to have found CHS and has been so instrumental to reach p[people they want to reach.

Has personal experience with senior care because started business because they took care of great grandma. Harvest Healthcare provides care manager for each client, making sure meeting with them once a week whether on phone or in person. Make sure the location has access to the file and everything they need. Don't leave people hanging. Counseling and always making sure they are ok and providing resources even if they're not talking after. Sending resources through email. CHS has helped so much, can go on and on, help expand, giving guidelines on how to work with the clients.

Lived experience, you do what you can and from her perspective, to leverage resources they have internally, don't apply technology the same way and have app development but leverage what they have and have data component that's universal and track data in ongoing way. Making sure meet requirement as care management program. Anywhere they can shorten that to limit administrative work for investment to dedicate staff. On top of that, move forward with really complex health care navigation that occurs in general. Be innovative where they can be. Don't have the tech opportunity that CHS helps with yet but still thinking into the future.

14. Tell us a little about the workforce and what you're seeing in that. Lessons learned you've had to dive in CBO clientele.

Big part of medical transformation is integrating individuals with lived experience. A huge part of bringing those individuals in. This initiative really focuses on those population that don't engage with those care. Benefit to provider clinic and their specialty provider that are overstaffed is these CHW ECM, CS, provider are individuals connecting with patients that maybe had that experience and know how to connect with them to go into provider practice and getting that screening to close care gaps. It's a connection on both end. Clinicians can specialize in that area and then ECM and CS provider can specialize and hone into the way that they provide care and the benefit they bring to healthcare ecosystem.

Lessons learned from working with TA marketplace: Each org has their own unique set up. ECM set up is not one and done for each org. Belen said she has 4-5 CM working in her system. Some may not align with programs so then these individuals get resources. Lea focused on senior population to expand housing work, Ithiopia has complex system with Doula integration. The biggest thing is for any vendor working on marketplace, cant tell these orgs how to set them up with their operations, that's what they value and try to work into practice when they work with IPAs and FQHCS.

15. How did you get started when she was presented with this opportunity?

Starting her own business is different ball game. Definitely reach out to CHS because they can help you set that up and find MCPs that would work with the population that you are trying to serve. Be patient. It's a lot of work, 24/7 work at first. Be prepared to work work work.

Inherit ECM program where contracting was already in place so look at where to go form here. These are opportunities and moneys tight. Opportunity for TA marketplace: 1. How are we going to pay for this once TA rolls out? Overtime that landscape has completely changed, a lot of consultants that are on there that you explore figure out what you need, she didn't touch TA marketplace and let Allison know what she needed then info was summarized, which is any Supervisor or Director's dream to have. Take advantage if you have that need.

As CBO leader, you are needed. The first time she went on LinkedIn she felt so unworthy seeing these people with all these different credentials behind their name. Knowing first of all that you have a voice and your lived experience matters. Starting from there. Need help to do the things that you want to do for your community. Found that DHCS has been very helpful then went in marketplace and finding good vendor which was CHS. Always go back to your why. Even when she's frustrated with MCP she feels like she just wants to go but go back to her why and that's what keeps her grounded.

One of main things is how do you start how do you engage how's the timeline what's the process.

- Attestation is the first step. Reach out to vendor, reach out to CHS
- Get in process so you can get going on marketplace
- Attestation can take so long so even if you consider it, attestation does not mean you have to contract it means you want to learn more about it. Reach out for attestation so your org can start the process.