Medicaid Advisory Committee
Quality Care Subcommittee

July 23, 2019
10:30 AM – 12:30 PM

Clinton Building
401 S. Clinton
1st Floor
Chicago, IL

And

201 South Grand Avenue East
1st Floor Video Conference Room
Springfield, Illinois

Agenda

I. Welcome and Call to order
II. Introductions
III. Review of April 16, 2019 Minutes
IV. Innovations on Quality from Washington State Health Care Authority:
   • Susan E. Birch, MBA, BSN, RN, Director
   • Laura Pennington, Practice Transformation Manager, Clinical Quality and Care Transformation
V. Discussion for Quality Recommendations for HFS
VI. Adjournment
I. **Call to order:** The regular bi-monthly meeting of the Medicaid Advisory Committee Quality Care Subcommittee was called to order April 16, 2019 at 10:05am by Ann Lundy.

II. **Introductions:** The Chair took roll call for all Committee Members and HFS employees.

III. **Direct care delivery and social determinants of health in complex populations: A National Perspective on Model and Quality — Dr. Jeffrey Brenner:** Dr. Brenner’s presentation is attached. Dr. Brenner feels that we need a lot less Care Coordination and a lot more Integrated Care Models. He isn’t saying that we don’t need any Care Coordination. We need to figure out what the core packages of services that people need are and how we can bring those together. He feels more Integrated Care Models works better. He recognizes that this will run into licensing, payment and other challenges.
Should this population have certain quality metrics? We need to prioritize the care that is being provided. The best quality metrics are the emergency room and hospital utilization. We don’t want to throw in too many quality metrics. It can get everybody confused and overwhelmed. Let’s keep it simple until we know what we are doing. One of the metrics would be face to face engagement. Dr. Brenner recommended a book called The American Health Care Paradox by Elizabeth Bradley and Lauren A. Taylor.

IV. Review of January 8, 2019 Minutes: The minutes from January 2019 were approved pending corrections.

V: Discussion to prepare recommendations regarding quality metrics: Dr. Brenner did a great job in describing the responders and the non-responders. It’s a sense of is there a readiness in how providers are able to access that. The committee was also intrigued with the discussion about the care team. Should they all have education on trauma informed care? Another key discussion was on intervention. Dr. Brenner reminded us that the Medicaid program has to be scaled. It’s a very large program. It can be tricky to be on top of all these interventions. Dr. Brenner was very informative and gave us all a lot to think about.

VI. Adjournment: The meeting was adjourned at 11:43am.

VII. Next meeting: July 9, 2019 at 10:00am.
Jeffrey Brenner, M.D.
Senior Vice President, Clinical Redesign
UnitedHealthcare Community & State

Jeffrey Brenner, M.D., is the Senior Vice President of Clinical Redesign at UnitedHealthcare Community & State. UnitedHealthcare Community & State proudly serves 6.7 million Medicaid members in 30 states, plus Washington D.C. UnitedHealthcare is a division of UnitedHealth Group (NYSE: UNH) which is a diversified health and well-being company with a mission to help people live healthier lives and help make the health system work better for everyone.

The Clinical Redesign business unit develops and implements direct care delivery models and scalable solutions focused on reducing the utilization and cost of care for Community & State’s most complex members. Under Dr. Brenner’s leadership, teams work across UnitedHealth Group to influence and oversee the transformation of care delivery for Community & State through the strategic application of clinical data analytics and insights. Direct care delivery models include TeamMD and myConnections™; TeamMD delivers home-based, integrated primary care to individuals who are elderly, disabled, living with serious mental illness or chronic conditions. myConnections helps low-income individuals and families access essential social services that are the gateway to better health.

Before joining Community & State, Dr. Brenner served as a family physician working in Camden, NJ, where he owned and operated a solo-practice, urban family medicine office in Camden that provided a full-spectrum of family health services for the local Medicaid population. Recognizing the need for a new way for hospitals, providers and community residents to collaborate, he founded the Camden Coalition of Healthcare Providers in 2003, where he served as Executive Director until 2017.

Dr. Brenner’s, and the Coalition’s, innovative use of data to identify high-need, high-cost patients in a fragmented system and improve their care was profiled in the 2011 New Yorker article “The Hot-spotters” by writer and surgeon Dr. Atul Gawande, and on PBS Frontline. In 2013 Dr. Brenner was honored with the MacArthur “Genius” Fellowship for his work, and in 2014 was elected to the Institute of Medicine. He holds a bachelor's degree in Biology from Vassar College in Poughkeepsie, NY, and graduated from Robert Wood Johnson Medical School in New Brunswick, NJ. He completed his residency with Swedish Family Medicine in Seattle, WA.

For more information about UnitedHealthcare, visit www.uhc.com, or follow @myUHC on Twitter and join the conversation on our UnitedHealthcare Community Plan Facebook page.
When Health Care Utilization Doesn't Equal Good Health

Direct care delivery and social determinants of health in complex populations

Jeffrey Brenner, MD
Senior Vice President, Clinical Redesign
- Spend more than 3x more
- Admitted nearly 6x the average
- Use the ER nearly 6x more
- Homeless vs. averages of all members in Maricopa County
Pre-Intervention:

- Homeless and unemployed
- Serious foot injury
- Gastrointestinal issues
- Chronic kidney disease

Socio-Clinical Complex Needs:

Jeff's Story

Post-Intervention:

- 0 inpatient days
- 0 hospital admits
- 0 ER visits
- $400 average monthly cost of care

- 81 inpatient days
- 10 hospital admits
- 1 ER visit
- $20,400 average monthly cost of care
0 hospital admits / 0 inpatient days
5 ER visits
$2,000 average monthly cost of care

Post-Intervention:
8 hospital admits / 113 inpatient days
35 ER visits
$7,400 average monthly cost of care

Pre-Intervention:

Unemployed
Homeless and sexaul violence
Trauma from physical management
Inconsistent medication

Complex Needs:
- Cellulitis
- Uses a wheelchair
- Gastrointestinal issues
- Diabetic
- Rheumatoid arthritis

Carol’s Story
100% reduction in inpatient and skilled nursing facility days since direct care intervention

- Disease
  - Coronary artery
  - Obstructive sleep apnea
- Chronic back pain
- Neuralgic pain
  - CDP
- Spinal stenosis
- Oxygen dependent failure
- Hypertension
  - Congenital heart disease
- Graves' disease
  - Congenital heart disease
- Gastrointestinal reflux
  - Severe diabetes
- Constipation
  - Type 2 diabetes
- Hypothyroidism
  - Osteoarthritis
- Hypertension
  - Anemia

Complex Needs:

Toby's Story
Driven by a Population Focus: Examples of Targeted Groups

- Jail
- Homeless
- Chronically
- Pregnant Moms
- Addicted
- Frail
- Homebound

A Vision for Complex Care
What Are We Building?

- Care Ecosystem
- Segmentation and Targeting Strategy
- Process and Outcome Data
- ROI Model
Health Care Hotspotting:
The strategic use of data to deliver targeted, evidence-based services to complex patients with high utilization. These patients are experiencing a mismatch of their needs and the services available.
The Adverse Childhood Experiences (ACE) Study

Leads to of Death in Adults

Household Dysfunction to Many of the

Relationship of Childhood Abuse and

Adverse Childhood Experiences
"Just as the good life is beyond the pleasant life, the meaningful something beyond the life is beyond the good life."

Marvin Seligman

COACH MANUAL

HARM

REDUCTION

COMMISSION

ACCEPANCE

RESPECT

COLLABORATION

Empowerment

The ACE Pyramid

Community Model Evolution
<table>
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<th>Social</th>
<th>Mental Health</th>
<th>Medical</th>
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<tbody>
<tr>
<td>No transportation</td>
<td>Borderline personality disorder</td>
<td>Pain syndromes</td>
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<tr>
<td>Unemployed</td>
<td>Factitious disorder</td>
<td>Heart failure</td>
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<tr>
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<td>Bipolar disorder</td>
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