Understanding Medicaid investments to address patients' social needs

State of the science: National research meeting on medical and social care integration

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Background and rationale

- ‘Value based’ payment reforms are—at least in theory—creating new opportunities to fund social interventions
- Medicaid programs are uniquely positioned to do this, because:
  - the population served
  - payment flexibilities
- State-level innovation is happening in Oregon, California and elsewhere
- But what does it actually look like in practice?

Whole person care in California

- **Policy framework:** Medicaid 1115 waiver (Medi-Cal 2020)
- **Structure:** 25 partnerships of county health departments, managed care plans, hospitals, community partners
- **Aim:** coordinate health and social services for target populations (to improve health outcomes and efficiency)
- **Funding:** $1.5bn federal funding through 2021 for:
  - new services (eg housing supports)
  - new infrastructure (eg data sharing systems)

Study methods

- **Aim**: understand how Medicaid $s support interventions to address social needs under reforms in Oregon and California
- **Sites**: 6 geographically-based communities—3 in each state
- **Data**: 55 in-depth interviews with:
  - Medicaid payers
  - Government agencies
  - Health care delivery organizations
  - Community-based organizations

Focused on…

- Intervention content
- Medicaid funding
- Collaboration processes
- Contextual factors

Social needs interventions

Direct services
Care coordination
(general and intensive)
Housing supports
Food supports
Legal services
Post-incarceration services

Supported by →

Capacity building
Staff training and new roles
(eg CHWs and peer support)
Strengthening CBOs
Community engagement
Data sharing systems
Case management systems

For: high health care utilizers, high utilizers of multiple services, homeless clients, behavioral health patients

Medicaid funding options

Conventional options (eg covered benefits, in-lieu of services, MAA)	**Alternative models** (eg WPC bundled payments, APM in OR)	**Savings** (from Medicaid contracts—eg managed care or WPC)

Less flexible → More flexible

Connections with housing supports	*Intensive care coordination, on-site supports, expenses*	*New supportive housing units, ongoing rental subsidies*

Contextual factors influencing implementation

Health care context

- Organizational mission, supportive leaders
- Lack of systems to identify social needs, track referrals

Community context

- Supportive county policies and politics (…and $)
- Lack of resources to address social needs

Health care—community interactions

- Strong cross-sector governance structures
- Challenges for CBOs (capacity and capability)

“If we spent our entire Medicaid budget on housing, we still wouldn’t have enough”

“The need is so far beyond Medicaid.

Beyond Medicaid resources, beyond Medicaid authority, beyond Medicaid influence.

I mean, it’s poverty, right?”

Challenges and opportunities for policy research

- Getting in early
  ("so, you have the evaluation conversation while you're doing what you're evaluating, which is tough…")
- Understanding the interventions, context, and mechanisms at work
  (eg don't forget qualitative methods!)
- Making sense of simultaneous policy changes
  (eg multiple payment models)
- Studying impacts beyond the health care system
  (eg unintended consequences for CBOs)