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

Focused on...

- Health care delivery organizations
- Community-based organizations

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

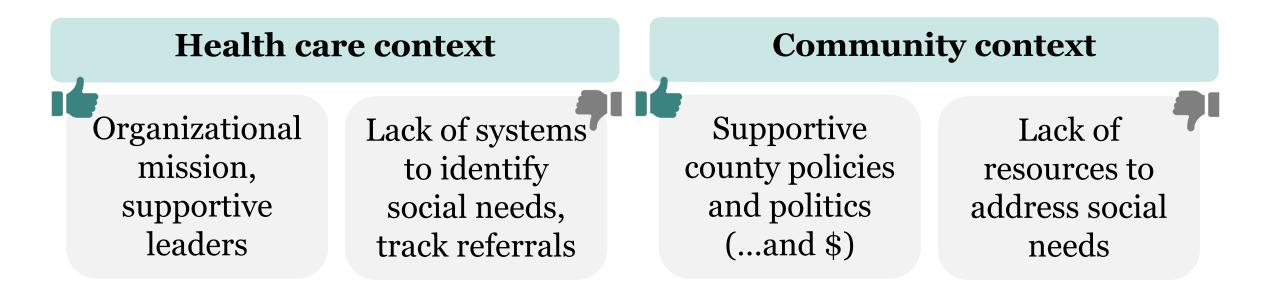
Less flexible More flexible

Connections with housing supports

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



Contextual factors influencing implementation



Health care-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)