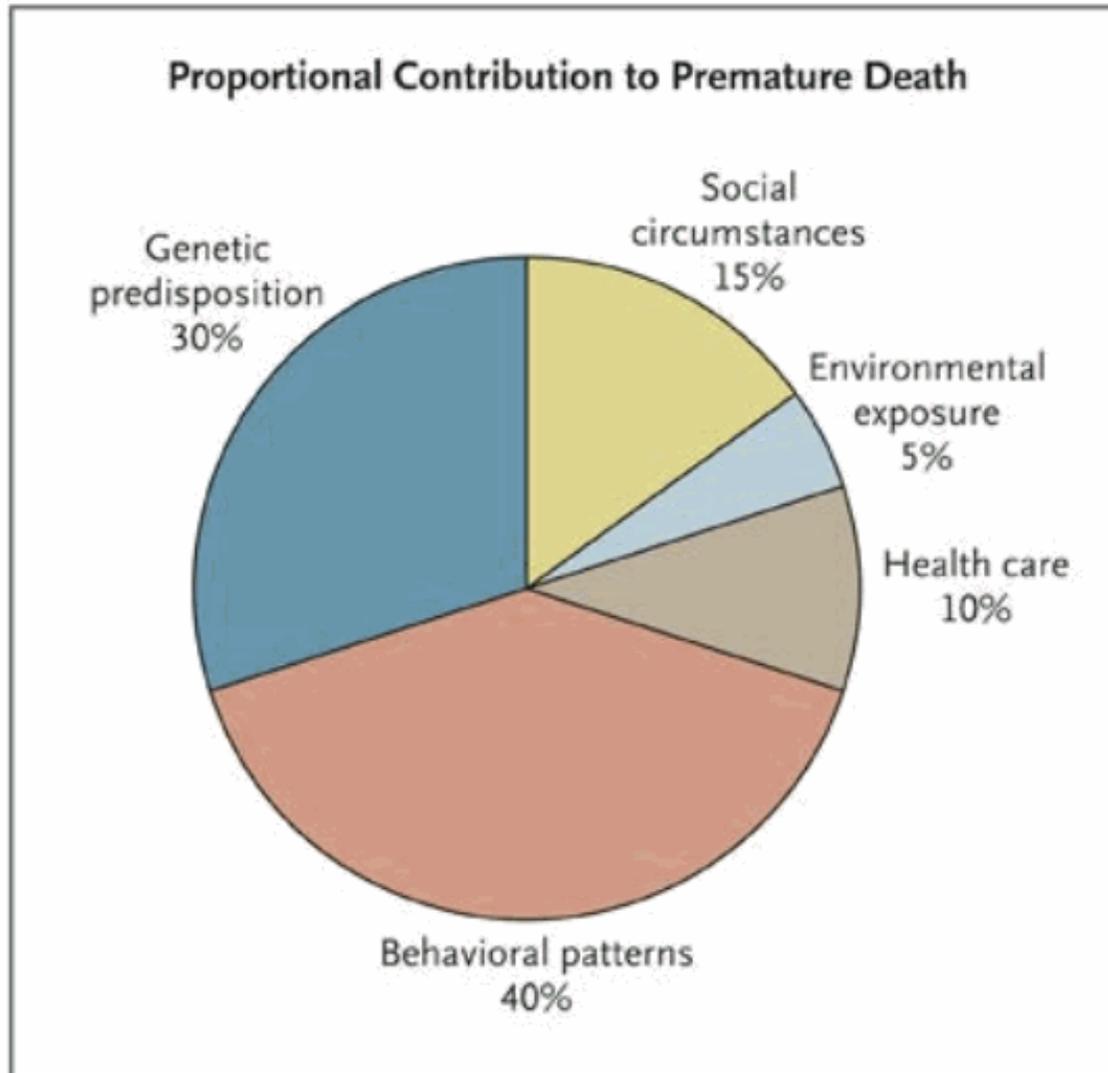


Health Plans and Hospitals Role In The Future

Bradley P. Gilbert, MD, MPP
Chief Executive Officer, IEHP



- Medi-Cal data demonstrates that individuals with physical chronic disease and co-morbid BH diagnosis cost 40% more for their physical chronic illness
- Riverside County study that individuals with SMI die 20+ years younger

What do Hospitals Talk to Me About?

- Your rates are too low
- Your members come to ED for non-emergency reasons
 - Your rates are too low
- You don't have enough primary care physicians and specialists
 - Your rates are too low
- Your members are complicated
 - Mental Health and /Substance use issues
 - No Transportation
 - Homeless

What should we be talking about?

- How do we care for this population in an organized way together?
- How do we share data about our Members/Patients?
- How can we (hospitals) help outside our four walls?
- What should we be working on together to prevent ED use and inpatient stays?
- How can we make that work financially for both of us?

- “Hospitals” at home – 24/7 physician and nurse care for acute problems that can be safely managed at home
- “Micro” Hospitals – outpatient, ED, limited beds, “quick and efficient” treatment
- Multi-specialty outpatient facilities – comprehensive, organized care - ± “micro” hospital
- “Specialty” hospitals with specific, focused services lines
- Telemedicine – outpatient or inpatient access to specialists
- Population Health – intervene earlier with at risk population

*Wall Street Journal 2/25/18 “What the Hospitals of the Future Look Like”

What about the money?

- Changes in delivery system must be accompanied by changes in reimbursement methodology
- Potential options:
 - Capitation
 - Risk Sharing
 - Bundled Payments
 -  outpatient reimbursement (including “Hospital at home”)
- Pay For Performance – targeted

- Hospitals need to use/access available data!
 - IEHP has Member History Record with medications, risk level, gaps in care, etc.
 - Consider deeper assessments at ED or admission – mini-HRA, PHQ-9, Social Determinants
 - Join an HIE!!
- Plans and Hospitals need to share and plan together
 - Population Health
 - HIE
 - Member Risk Level

What is IEHP Doing?

- Hospital Pay For Performance
 - Readmission
 - 7 day MD follow-up
 - Electronic POLST
 - Use of HIE
- Housing Program
 - Long Term Care
 - Homeless
- Shared Risk Program
 - IPA / Hospital
- Behavioral Health Integration / Complex Care Initiative
- Network Expansion Fund
 - 255 new providers to IE

- Data and Assessments are key – if you don't identify issues you cannot address them
- Plans and Hospitals need to change their “conversation”
 - Population Health
 - Risk Arrangements / Incentives / Pay For Performance
 - “Four Walls” not the right construct
- Plans and Hospitals need to innovate together
 - Community/Population needs assessments
 - Housing
 - Alternative Destinations
- Change things together... or change will be done to us
 - Single Payer
 - Funding Reductions