Health Plans and Hospitals
Role In The Future

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

• 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?
Wall Street Journal Article

• “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
Data is Key!!

• 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
Conclusion

• 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