“Physical Health, Behavioral Health, and Oral Health: Oh My!
The Yellow Brick Road to Funding for Integrated Health Care”

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Faculty Disclosure

The presenters of this session

• **have NOT** had any relevant financial relationships during the past 12 months.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Describe three elements that lead to economic feasibility and sustainability of integrated health care.
• Describe three financing strategies that have influenced policy and paved the way for health reform in a publicly funded integrated health care system.
• List three foundation/funder resources that highlight financing innovations in integrated health care.
1. Aligning Payers and Practices to Transform Primary Care: A Report From the Multi-State Collaborative (April 14, 2014)  


Learning Assessment

• A learning assessment is required for CE credit.

• A question and answer period will be conducted at the end of this presentation.
Why Isn’t Integrated Health Care Funded More Broadly?

If I only had courage...
If I only had heart...
If I only had a brain...
Top Ten Excuses Why Foundations Don’t Fund Integrated Health Care

1. It’s too complicated (who do we fund?)
2. It’s too expensive
3. It lacks accountability
4. It doesn’t fit well with the organizations we traditionally fund
5. It doesn’t maximize reimbursement from Medicaid
6. The workforce isn’t trained to work together in that way
7. Confidentiality protections make it difficult to work together
8. If it is for integrated health care team training, will the system support ongoing (integrated) operations
9. Changing the paradigm is too large a change for foundations to handle
10. It’s not sustainable after the grant is over if core services or components are not reimbursable
Integrated Health Care in a Different World:

Are we in Pennsylvania?
Are we in Texas?
Are we in Oregon?

Toto, I've a feeling we're not in Kansas anymore...
Pennsylvania Landscape

• Political Environment
• State Budget Impasse
  – 5 months and counting
• Medicaid Expansion
• CMS State Innovation Model Implementation Planning Grant
• Department of Health SHIP
Pennsylvania: Evolution of Integration

• The Beginning
  – Philadelphia Safety Net Providers
    • Worked with Medicaid managed care organization & community behavioral health agency
    • Institutionalize integrated care
      – Standards developed
      – Credentialing to reflect integration
      – Billing codes
      – Reimbursement based on care

• Expansion
  – Other types of clinical settings in Philadelphia
    • HIV/AIDS Practices
  – Beyond Philadelphia
    • Community Care Behavioral Health
    • University of Pittsburgh Medical Center
  – Learning Collaboratives
Pennsylvania: Financing of Integration

• **PA Health Funders Collaborative**
  – Philadelphia Pilots
  – Research
  – Policy Brief
  – Integrated Care Resource Toolkit
  – Advocacy

• **Statewide Opportunities**
  – SIM Planning Grant
  – State Health Improvement Plan
  – Office of Mental Health & Substance Abuse Services
  – Medical Home Model
  – HealthChoices
Texas: Key Barriers

• **Poverty / Lack of Insurance**
  – 3-year average poverty rate of 17.1% (40\textsuperscript{th} in nation)
  – 20% of population uninsured (highest in nation)

• **Low Per Capita State Mental Health Agency Funding**
  – $40.65 per capita in FY 2013 (48\textsuperscript{th} in nation)

• **Workforce Shortages**
  – 352 Health Professional Shortage Areas – Mental Health (second to CA – 370)
Texas: Financing of Integration

- Medicaid 1115 waiver
  - $29 billion over 5 years
  - 395 projects, substantial number with components of integration

- Health Resources and Services Administration (HRSA)
  - Behavioral Health Integration Grant Awards (9 for total of $2.25 million)

- Social Innovation Fund
  - Sí Texas – integrated behavioral health for 12 South Texas counties ($10 million plus matching funds)

- Private Philanthropy
  - Hogg Foundation for Mental Health; St. David’s Foundation; Meadows Foundation
### Oregon: Coordinated Care Model within Coordinated Care Organizations

<table>
<thead>
<tr>
<th>Before CCOs</th>
<th>With CCOs</th>
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<tbody>
<tr>
<td>Fragmented care</td>
<td>Coordinated physical/behavioral/oral health</td>
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<tr>
<td>Disconnected funding streams with unsustainable rates of growth</td>
<td>One global budget with a fixed rate of growth</td>
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<td>No incentives for improving health (payment for volume, not value)</td>
<td>Metrics with incentives to improve quality and access</td>
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<tr>
<td>Health care services paid for</td>
<td>Flexible services beyond traditional medical care may be provided to improve health</td>
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<tr>
<td>Health care delivery disconnected from population health</td>
<td>Community health assessments and improvement plans</td>
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<tr>
<td>Limited community voice and local area partnerships</td>
<td>Local accountability and governance, including a community advisory council</td>
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Oregon: Financing of Integration

• Medicaid 1115 Waiver
  – Global budget:
    • Behavioral & physical health integrated at CCO, but not necessarily provider level
  – Flexible services:
    • Non-medical services to promote health

• Grants
  – Transformation Funds:
    • One-time legislative funds to support innovation
  – Federal grants
  – Private Philanthropy
What about Oral Health?
Rosewood Plaza

Rosewood Plaza, a joint venture between Human Solutions and The Wallace Medical Concern, is a mixed-use project that combines community revitalization with new development to bring 45 units of quality affordable housing and low-cost dental and medical services.
The Future

There’s no place like [an integrated health] home,
There’s no place like [an integrated health] home...
AUDIENCE ENGAGEMENT / Q&A
Top Ten Excuses Why Why Foundations Don’t Fund Integrated Health Care

HOW CAN YOU TALK IF YOU HAVEN'T GOT A BRAIN?

OH SOME PEOPLE WITHOUT BRAINS DO AN AWFUL LOT OF TALKING.
Session Evaluation

Please complete and return the evaluation form to the classroom monitor before leaving this session.

Thank you!