April 2016 through July 2017 Report

July 28, 2017

Improving Local Health Funding by

Working Collaboratively across the Commonwealth of Pennsylvania
Introduction

In 2007, health funders in Pennsylvania came together to set priorities and collaborate in areas of shared interest and high need throughout Pennsylvania. This meeting led to the formation of the Pennsylvania Health Funders Collaborative (PHFC) in 2008.

Since then, PHFC has convened a growing number of funders from across the Commonwealth to advance common goals more effectively and efficiently than might be possible for each member to pursue individually. Its mission is to improve the effectiveness of health funders’ initiatives by collaborating, networking, sharing best practices, and creating a unified voice among funders working in communities across Pennsylvania. PHFC focuses its work at the intersection of health policy and philanthropy.

PHFC has grown to a statewide network of 46 health foundations in Pennsylvania and the two regional associations of Pennsylvania grantmakers (Grantmakers of Western Pennsylvania and Philanthropy Network Greater Philadelphia). It is co-chaired by Karen Wolk Feinstein, President and CEO of the Jewish Healthcare Foundation, and Russell Johnson, President and CEO of HealthSpark Foundation. Ann Torregrossa serves as PHFC’s executive director, and the Jewish Healthcare Foundation serves as PHFC’s fiscal agent.

PHFC supports a series of member-defined “action groups,” where members interested in particular topics (e.g., long-term care, health insurance, healthy eating, and behavioral health) share information and advance their collective learning on critical issues of shared interest. The majority of PHFC’s activities are now driven by these action groups.

Examples of PHFC’s accomplishments this year included:

- Meeting with the Insurance Commissioner and state leaders from the Departments of Human Services and Health in May 2016 to identify priority areas and advance health policies supported by PHFC members
- Holding PHFC’s Annual Conference, with a keynote presentation by Judy Miller Jones about the implications of the national election, marking PHFC’s 10th Anniversary
- Creating a series of press releases and data reports with consumer stories about the impact of repealing the Affordable Care Act (ACA) on Pennsylvania residents, hospitals, state budgets, and jobs
• Securing funding for the Center for Science in the Public Interest (CSPI) to organize focus groups in Pennsylvania about how to design SNAP benefits to help beneficiaries’ purchase nutritious items
• Organizing a food funders’ site visit in Pittsburgh in August 2016 with Grantmakers of Western Pennsylvania and the Philanthropy Network Greater Philadelphia
• Informing the development of learning and action groups to spread best practices for integrating behavioral and physical health care among Medicaid providers
• Commenting on all of the draft plans, request for proposals, and draft contracts for creating a Medicaid managed long-term care system in Pennsylvania
• Improving and supporting the implementation of managed long-term services and supports by providing public comments, and hosting community education sessions across the Commonwealth that were attended by consumers, providers, and advocates
• Serving on the Health Insurance Literacy Workgroup, at the request of the Insurance Commissioner, to develop a state plan to improve health insurance literacy

These and other accomplishments described below were made possible by the financial investments of 24 foundations,¹ the collective talent of the 46 health foundations connected to PHFC, its executive director (Ann Torregrossa), the leadership of its co-chairs (Russell Johnson and Karen Wolk Feinstein), and the action group leaders. Joni Schwager and Robert Ferguson co-chair the Behavioral Health Action Group, Becca Raley chairs the Healthy Eating and Active Living Action Group, Ann Marie Healy chairs the Health Insurance Action Group, and Nancy Zionts chairs the Long-Term Care Action Group. PHFC’s leadership thanks each member of PHFC for their financial support and active participation.

May 2016 Conference with State Leaders

On May 18, 2016 in Harrisburg, 20 members from 10 foundations and the two regional philanthropy associations met with state leaders from the Pennsylvania Departments of Human Services (PADHS), Health, and Insurance to identify public-private partnership opportunities.

David Kelley, MD, Chief Medical Officer of PADHS’ Office of Medical Assistance Programs, and Dale Adair, MD, who is now the Acting Deputy Secretary of the Office of Mental Health and Substance Abuse Services, discussed programs to advance the integration of physical and behavioral health.

Insurance Commissioner Teresa Miller and Jessica Altman, Pennsylvania Insurance Department Chief of Staff, discussed the Department’s work on price transparency, balance billing, and consumer health insurance literacy.

Karen Murphy, Secretary of the Pennsylvania Department of Health (PADOH), provided an update on the Health Innovation in Pennsylvania (HIP) plan and public health issues, including opioid overdose deaths and infectious diseases.

PA DHS Deputy Secretary Jen Burnett and Pat Brady, Sellers Dorsey Managing Principal, talked with members about the role of health foundations across the Commonwealth in helping communities prepare for a successful rollout of Community HealthChoices.

Eric Hagarty, Special Assistant to the Governor, and Heather Hallman, Senior Advisor for PADHS, discussed the status of Executive Order 2015-12, “Coordination of Food and Nutrition Programs.”

These conversations with the state leaders informed the agenda items in each of PHFC’s action groups for the year.
PHFC’s 10th Annual Conference

During the PHFC Annual Conference, held at the Omni Bedford Springs Resort on November 15-16, members gathered to reflect on the implications of the national election and identify next steps and strategies related to the network’s primary focus areas.

Brad Stein, PhD, MD, MPH, a senior natural scientist from RAND Pittsburgh, kicked off the conference with a presentation on adolescent behavioral health—which he described as a “wicked problem” that is often connected with other physical, social, and environmental issues. Despite the availability of effective adolescent behavioral health treatments, Dr. Stein noted that there are significant gaps in care access and coordination, and in knowledge of available services. He encouraged foundations to consider how to rethink the system. Dr. Stein also discussed how opiate-related deaths have quadrupled in the U.S. during the new millennium. While there are promising practices, including medication-assisted treatment, Dr. Stein noted that the opioid epidemic is a complex problem without a silver bullet solution. He advised foundations to support programs for the most vulnerable, play a social entrepreneurial role, bring together coalitions, and plant seeds that can later be spread.

Kathy Fisher, JD, MSW, policy manager of the Greater Philadelphia Coalition Against Hunger, provided an overview of food security advocacy and programs, such as the Supplemental Nutrition Assistance Program (SNAP) and the National School Lunch and School Breakfast Programs. Fisher also identified opportunities from Governor Wolf’s BluePrint for a Hunger-Free Pennsylvania and described advocacy roles for foundations.
Judith Miller Jones, former director of the National Health Policy Forum at George Washington University, provided a keynote on the federal election’s implications on the Affordable Care Act, Centers for Medicare and Medicaid Innovation, the Agency for Healthcare Research and Quality (AHRQ), value-based payment models, Medicaid, long-term care, and public health. Jones’ keynote led to a discussion on how PHFC members can work with the new administration to maintain key principles of health reform, such as access, innovation, patient safety, quality, and workforce development.

Nancy Zionts, JHF COO/CPO, led a session the next morning about the rollout of managed long-term services and supports in Pennsylvania (called Community HealthChoices). The foundations discussed statewide roles for PHFC as a collective, and individual roles that members can play in their local communities.

Antoinette Kraus, director of the Pennsylvania Health Access Network, explained the current state of health insurance enrollment in Pennsylvania, noting variations by county. She also discussed anticipated enrollment changes in light of the federal election and provided insights into when and how these changes might occur over the next two years.

At the end of the conference, the foundations proposed to explore the idea of creating a Pennsylvania Health Policy Forum to help key decision-makers analyze and discuss timely health policy issues, and lay the ground work for policy debates and discussions.

**PHFC’s Long-Term Care Action Group**

Community HealthChoices (CHC) is transforming Pennsylvania’s Medicaid long-term living services from fee-for-service to managed care. This is the biggest change in the provision of Medicaid services in the last 20 years, affecting each funder’s community in the State.

Ann Torregrossa and Nancy Zionts, as the chair of PHFC’s Long-Term Care Action Group, convened the action group on numerous occasions to recommend comments on all of the draft plans, request for proposals (RFP), and draft contracts for CHC. The action groups also submitted comments on the Independent Enrollment Broker RFP, and Ann presented to the Pennsylvania Bar Foundation Health Lawyers about CHC.

In regions across the State, foundations organized CHC community education meetings. Jen Burnett, the Deputy Secretary of Long-Term Living, has partnered with PHFC members throughout this process.

- The HealthSpark Foundation held community meetings in Montgomery County.
- The Brandywine Health Foundation and Phoenixville Community Health Foundation hosted meetings in Chester County.
- The Independence Foundation hosted meetings in Delaware County and Bucks County.
- The First Hospital Foundation hosted community education and planning meetings in Philadelphia County.

In southwestern Pennsylvania, where CHC is starting on January 1, 2018, the Jewish Healthcare Foundation (JHF) is serving as the regional planning coordinator in partnership with the McAuley Ministries Foundation, FISA Foundation, The Pittsburgh Foundation, and the State. JHF developed a regional network of providers, consumers, and advocates to meet on a bi-monthly basis. Over 200 partners came forward, and this group continues to grow. JHF is also coordinating intermediary outreach efforts to assure that consumers are prepared and engaged in learning about CHC.

As part of this effort, JHF engaged Community Catalyst’s team of experts to help design and lead trainings in Pittsburgh on the most critical early planning issues relevant to seniors and people with disabilities. They also facilitated webinars on the following topics: developing processes to reduce confusion around enrollment; ensuring an adequate network of skilled, culturally competent community-based providers; reducing disruption and ensuring continuity of care; enhancing home and community-based services and self-direction; fostering meaningful consumer and stakeholder engagement; and providing oversight and real-time trouble shooting.

As other regions prepare for the rollout of CHC, PHFC members are collaborating with their southwestern partners and continue to engage with the leadership of the Office of Long Term Living to explore consumer education and outreach opportunities. PHFC’s Long-Term Care Action Group is also discussing the development of ongoing mechanisms for regional oversight, reporting, and troubleshooting.
**PHFC’s Healthy Eating and Active Living Action Group**

The PHFC action group on Healthy Eating and Active Living participated in the Hunger-Free Pennsylvania Summit, advocated for improvements to SNAP benefits, and provided comment on the Governor’s Blueprint for a Hunger-Free Pennsylvania, which calls for measurable outcomes by 2020.

The action group also raised funds for the Center for Science in the Public Interest (CSPI) to explore innovative, incentive-based strategies that could enhance the nutritional quality of foods purchased with SNAP benefits in Pennsylvania. Funds would be used by CSPI to conduct focus groups with key public health, nutrition, and food access advocates to examine possible strategies. CSPI would then coordinate with the Pennsylvania Department of Human Services to request a waiver from the U.S. Department of Agriculture to pilot the new strategies. The long-term policy goal is for this groundwork to lead to the expansion of replicable, evidence-based strategies that serve SNAP beneficiaries in communities throughout Pennsylvania.

Building on the 2015 food funders’ site visit in Philadelphia, PHFC, the Grantmakers of Western Pennsylvania, and the Philanthropy Network Greater Philadelphia organized a food funders’ site visit in Pittsburgh in August 2016. Health funders visited innovations in food access and food systems in Pittsburgh. The site visits ranged from grassroots-level efforts (e.g. Oasis Farm and Fishery, Homegrown Gardens) to innovative model solutions (e.g. 412 Food Rescue and fitUnited) to a major regional asset (Chatham University's Eden Hall Campus). The three-day program also included opportunities to network with foundation colleagues, policymakers, nonprofit leaders, and other stakeholders who are working on food system and policy solutions.

*Health funders from across Pennsylvania visit innovative food programs in Pittsburgh*
**PHFC’s Health Insurance Action Group**

The PHFC action group on health insurance monitored local and state-level issues around health insurance enrollment in collaboration with the Pennsylvania Health Access Network (PHAN) and the State Insurance Commissioner.

At the request of the Insurance Commissioner, Ann Torregrossa chaired the Health Literacy Workgroup. Yvonne Cook from the Highmark Foundation and Becca Raley from the Pennsylvania Partnership for Better Health also participated in the Workgroup. This group is developing a plan to help newly insured people learn how to use their healthcare benefits.

To educate the public and policymakers about the implications of repealing the Affordable Care Act (ACA), Ann Torregrossa led efforts to create two data reports on the impact of the ACA repeal on Pennsylvania that include consumer stories, as well as a series of press releases to support the reports. The first report, *Impact to Pennsylvania of Repealing the Affordable Care Act*, released in February 2017, found that:

- One million adults and children would lose health insurance
- Seniors on Medicare would lose protection from large prescription drug costs
- Nearly 10 million people covered by private insurance would lose valuable protections
- The state’s hospitals collectively would lose billions of dollars in revenue
- 137,000 residents would likely lose their jobs

The second report, *Fiscal Impact of the Affordable Care Act (ACA) on Pennsylvania’s Hospitals*, released in June 2017, provided an update on the impact of the ACA on Pennsylvania hospitals, finding:

- The bottom lines of all Pennsylvania acute care hospitals improved by $5.3 billion between 2014 (before Medicaid Expansion) and 2016 (when Medicaid Expansion was in effect for the full year)
- This bottom line improvement equated to an increase in operating margins for these hospitals from an average of 4.25% in 2015 to 5.94% in 2016 – a growth of nearly 40%
- Charity care was reduced by $501.2 million (a 23.2% reduction)
- Bad debt was reduced by $331 million (a 16.1% reduction)
- Net patient revenue increased by $4.4 billion (an 11.8% increase)
Through press releases, PHFC also raised awareness about the impact of ACA repeal on jobs in Pennsylvania, and disseminated the following findings from PHFC’s policy and data analyses during the federal efforts to block grant Medicaid or create per capita caps in Medicaid:

- the American Health Care Act would have led to a $3 billion per year reduction in funding to Pennsylvania, starting in 2020, due to changes in federal funding to per capita caps; and
- two-thirds of currently enrolled Medicaid participants would have lost the enhanced federal funding match before 2020, costing Pennsylvania over one billion a year more to continue their coverage.

PHFC’s educational strategies were featured in an Inside Philanthropy article, “Never Say Die: How State Health Funders Are Defending Obamacare.”

In July 2017, when the State House Bill 59 (i.e., the Human Services Code) was being amended as part of an effort to implement the 2017-2018 state spending bill (HB 218), PHFC sent an educational letter to all the State Senators and Representatives regarding its implications. For example, HB 59 would require PADHS to request a waiver to allow the State to pursue a work or work search requirement on nondisabled, non-pregnant, nonelderly Medicaid eligible adults.

**PHFC’s Physical and Behavioral Health Integration Action Group**

In response to past meetings with PADHS’ Office of Medical Assistance Programs (OMAP) and Office of Mental Health and Substance Abuse Services (OMHSAS), the PHFC Behavioral Health Action Group developed a framework for how to create regional learning and action collaboratives with the physical and behavioral health Medicaid Managed Care Organizations (MCOs) and providers to spread best practices for integrating physical and behavioral health care. Ann Torregrossa presented this framework to the physical and behavioral health MCOs in December 2016, and discussed opportunities for using it as a method to improve the MCO’s common metrics in their Pay-for-Performance Integrated Care Plan (ICP) program. Although the physical and behavioral health MCOs did not use the learning and action collaborative framework for the ICP program, the physical health MCOs began to use it in their PCMH program with high-volume Medicaid practices in order to meet their Learning Network requirement in the PCMH Program. The high-volume Medicaid PCMHs receive quality-adjusted per member per month payments from the physical health MCOs for services, including community-based care management teams, which include licensed providers, such as clinical social workers, and unlicensed providers, such as community health workers. The Action Group’s learning and action collaborative framework is also being used to inform conversations about a Learning Network in the Centers of Excellence program.

The action group members also collaborated on behavioral health value-based payment models in response to the CMS’ and PADHS’ interest in moving towards value-based payments in behavioral health. The Scattergood Foundation is assembling ideas from across the country for CMS’ Center for Medicare and Medicaid Innovation (CMMI) and the Physician-Focused Payment Model Technical Advisory Committee (PTAC).

The members shared resources and opportunities among their colleagues, such as the Stepping Up Pennsylvania Initiative to guide counties’ work on behavioral health and the justice system, the Scattergood Foundation’s Spring 2017 Paper Series on topics such as the opioid epidemic, and the Staunton Farm Foundation’s upcoming event, “Dreamland: The True Tale of America’s Opiate Epidemic.” PHFC members also worked with the Grantmakers of Western
Pennsylvania and the Philanthropy Network of Greater Philadelphia to organize an educational webinar for foundations about the opioid epidemic.

The action group also organized a conference call with foundations about adolescent behavioral health. The funders learned about each other’s work in this area and identified ways to connect around this topic in the future. Members also talked with the State about the implications of programs to reduce the high rates of antipsychotics among kids in the foster system, and the importance of creating guidelines for ensuring that they are connected to the right behavioral health services at the right time.

**PHFC’s Quarterly Webinars**

PHFC held quarterly webinars on May 5, July 21, October 10, April 19, and July 12 to update the collaborative on its progress, debrief members on policy developments, and identify next steps. The webinars covered the following policy developments in addition to updates from the action groups’ work each quarter:

- The attempted repeals and replacements of the Affordable Care Act (ACA)
- The state and federal budgets, including the Pennsylvania Human Services Code (HB 59) to implement the State 2017-2018 spending bill (HB 218)
- Health insurance enrollment in the Affordable Care Act’s Marketplace
- CMS’ Quality Payment Program under the Medicare Access and CHIP Reauthorization Act (MACRA)
- Pennsylvania Department of Human Services’ (PADHS) and PA Department of Aging’s transition from Medicaid fee-for-service long-term care to managed long-term care (Community HealthChoices)
- The 2016-2020 Aging Plan
- PADHS’ Money Follows the Person grant to transition people from nursing facilities to home and community based services
- The Pennsylvania Achieving a Better Life Act for people living with disabilities
- The 2017 Physical Health HealthChoices MCO contracts, which include new value-based based payment policies (Accountable Care Organizations, bundled payments, and Patient-Centered Medical Homes) and programs to improve the integration of physical and behavioral health care
- PADHS’ federal SAMHSA grant to start a demonstration for Certified Community Behavioral Health Centers (CCBHCs), which receive a prospective payment for providing a set of core services
- PADHS’ Centers of Excellence (i.e., Substance Use Disorder Health Homes) to provide medication-assisted treatment to individuals with opioid-related substance use disorders, deploy care management teams, report quality outcomes, meet referral standards, participate in a learning network, and collaborate with local primary care providers and telemedicine psychiatry providers
- Pennsylvania’s Blueprint for a Hunger-Free Pennsylvania
- The attempted consolidation of the four health-related departments (Aging, Health, Human Services, and Drug and Alcohol)
**Future Directions**

PHFC will continue to build on its past accomplishments under the direction of its executive director, Ann Torregrossa, co-chairs, Karen Wolk Feinstein and Russell Johnson, and action group leaders.

With membership input and guidance, PHFC will work on health policies that affect vulnerable populations in communities across the Commonwealth, including long-term services and supports, behavioral health, health insurance, healthy eating and active living, and other moment-in-time issues. These issues will be identified through action groups, quarterly webinars, and the 11th Annual Conference on November 28 and 29 at the Harrisburg Hilton.

Currently, the action groups are planning to pursue the items listed in the table below.

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<tr>
<th>Behavioral Health Action Group</th>
<th>Long-Term Care Action Group</th>
<th>Health Insurance Enrollment Action Group</th>
<th>Healthy Eating and Active Living Action Group</th>
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<td>Share strategies for how foundations can help communities respond to the opioid epidemic</td>
<td>Work with the State to create regional advisory boards to identify, track, and address any issues as the State rolls out Community HealthChoices</td>
<td>Make sure those who could benefit from affordable insurance understand that affordable health insurance is still available and that the enrollment period has been cut in half</td>
<td>Plan a food funders site visit in Central Pennsylvania in October 9 and 10</td>
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<td>Inform behavioral health value-based payment models, as the State and CMS move towards value-based payment models in behavioral health</td>
<td>Convene regional meetings in communities across Pennsylvania to support consumer education and engagement, provider readiness, and the success of Community HealthChoices</td>
<td>Help people understand restricted networks, formularies, deductibles, copayments, and the importance of picking a silver plan, so they can get help with cost sharing. Then help people understand how to file an appeal or grievance if care is denied.</td>
<td>Engage the Center for Science in the Public Interest (CSPI) to conduct focus groups in Pennsylvania and design an incentive-based pilot program that increases healthy eating through SNAP</td>
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<td>Share strategies for how communities can improve the behavioral health and justice system</td>
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<td>Monitor and respond to Medicaid amendments to the HB 59 Human Services Fiscal Code in Pennsylvania</td>
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PHFC will continue to serve as a forum for Pennsylvania health funders to pursue a collective plan that advances the priorities of local communities, to build knowledge across foundations, to receive timely information about health policy, and to effectively comment on local, state, and national health policies with a unified, neutral voice.
46 Health Foundations, Working Collaboratively Across the Commonwealth of Pennsylvania

Mission

The Pennsylvania Health Funders Collaborative (PHFC) strives to improve the effectiveness of health funders’ initiatives by collaborating, networking, sharing best practices, and creating a unified voice among funders working in communities across Pennsylvania. PHFC seeks to build knowledge of current developments and intersection in health philanthropy and health policy.

Leadership

- Karen Wolk Feinstein, PhD, President and CEO of the Jewish Healthcare Foundation, and Co-chair of PHFC
- Russell Johnson, President and CEO of the HealthSpark Foundation, and Co-chair of PHFC
- Ann S. Torregrossa, JD, Executive Director of PHFC

PHFC Seeks to:

- Build knowledge of current developments and intersections in health philanthropy and state health policy.
- Enhance awareness of funders’ current grant initiatives and funding priorities to identify areas of convergence.
- Develop networks and explore opportunities for collaborative grantmaking.
- Leverage expertise and resources for greater impact.
- Establish or support opportunities for shared funding for specific projects.
- Positively impact state and federal health policies.

PHFC is Able to:

- **Convene** stakeholders as a neutral convener at the local and state level to build consensus
- **Collaborate on and fund** pilots, reports, and other grants
- **Advise** on policy issues by serving on advisory community and conducting policy and data analyses
- **Provide local knowledge** to the State