Maxim
Community-Based Care Management
Executive Summary

• *Excessive utilization drives excessive healthcare cost*

• *Need to move from Fee-For-Service to Fee-For-Value*

• *Maxim developed a Community-Based Care Management program*

• *We utilize Community Health Workers to address social determinants and reduce avoidable utilization*

• *65% reduction in hospital readmissions*
Avoidable Utilization is Not Always the Problem

For complex patients, utilization may actually be a symptom of underlying socioeconomic and behavioral challenges.
Role of Community Health Workers

Patient Engagement
• Frontline public health workers who are trusted members of their communities
• Liaison between communities and health and social service systems

Health Education
• Reinforce culturally appropriate health education

Care Coordination
• Ensure patients get community health services they need

Psychosocial and Medical Support
• Provide informal counseling and social support
• Provide direct healthcare services when applicable

Community Empowerment
• Advocate for individual and community needs
• Build individual and community capacity

Program Performance

65% Reduction in Readmissions
Over 14,000 Hours of CHW Care
Over 2300 NP Assessments in the Hospital and
1500 RN Assessments in the Home

Note the convergence of the trend lines for the program readmission rate and the readmission rate for low risk patients.
Barriers

• FFS incentivizes payment for traditional CPT coded services.
• Difficulty convincing payers to compensate for uncoded services that address social determinants
• Challenges to creating new entry level healthcare workforce

Recommendations

• Government should continue to incentivize the shift from volume to value.
• Federal:
  – CMS and CMMI should incentive investment in new clinical models
  – Provide latitude for states to innovatively address social determinants
  – Incentivize workforce development programs for new cost effective caregivers
• State:
  – Structure RFPs to Medicaid MCOs that encourage value-based services that address social determinants of health
Medicaid VBP and Pop Health Initiatives

- **MI**: “Consistent with MDHHS’s policy to move reimbursement from FFS to value-based payment models, Contractor agrees to increase the total % of HC services reimbursed under VB contracts ... Contractor recognizes VB payment models as those that reward providers for outcomes, including improving the quality of services provided ... VB payment models include ... payments for new services that promote more coordinated and appropriate care, such as care management and community health work services”

- **PA**: “all MCOs to increase the % of VB or outcome-based provider contracts they have with hospitals, doctors, and other providers to 30% of the medical funds they receive from DHS.” specifically include “performance-based payments”

- **WA**: HCA requiring HHAs to report data on census level, completed hours vs. authorized hours pre and post rate increase of 2016.