

The 2018 CHRONIC Care Act and Centering Holistic Care

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2018 CHRONIC Care Act: Overview



Updates Medicare Advantage

Expands supplemental benefits to meet the needs of chronically ill Medicare Advantage enrollees

Adapts benefits to meet the needs of chronically ill Medicare Advantage enrollees

Couples well with changes in uniformity rules, allowing variability in co-payment and co-insurance for high-value services for people with chronic or serious illness



Enhances Delivery Systems and Care

Continues Access to SNPs	Accountable Care Organization (ACO)	Delivery Systems
<ul style="list-style-type: none">• Permanently authorizes three types of SNPs: D-SNP (dual eligibles), C-SNP (those with severe or disabling chronic conditions), and I-SNP (those in institutions)• Promotes integrated care in D-SNPs• Updates C-SNPs• Authorizes quality reporting at the plan level	<ul style="list-style-type: none">• Provides flexibility for beneficiaries to be part of an ACO• Eliminates barriers to care coordination in ACOs	<ul style="list-style-type: none">• Extends the Independence at Home Demonstration Program• Extends Access to Home Dialysis Therapy• Expands access to telehealth services in MA, Next Generation ACOs, and for people with stroke symptoms



Authorizes New Federal Studies

The Government Accountability Office has authorized the following studies:

- Feasibility of developing **a payment code for longitudinal, comprehensive care planning services** for Medicare beneficiaries diagnosed with serious or life-threatening illness.
- **Prevalence and effectiveness** of Medicare and other payer **medication synchronization programs**.
- **Impact of obesity drugs** on patient health and spending.

HHS has authorized an additional study on Long-term Medicare cost drivers:

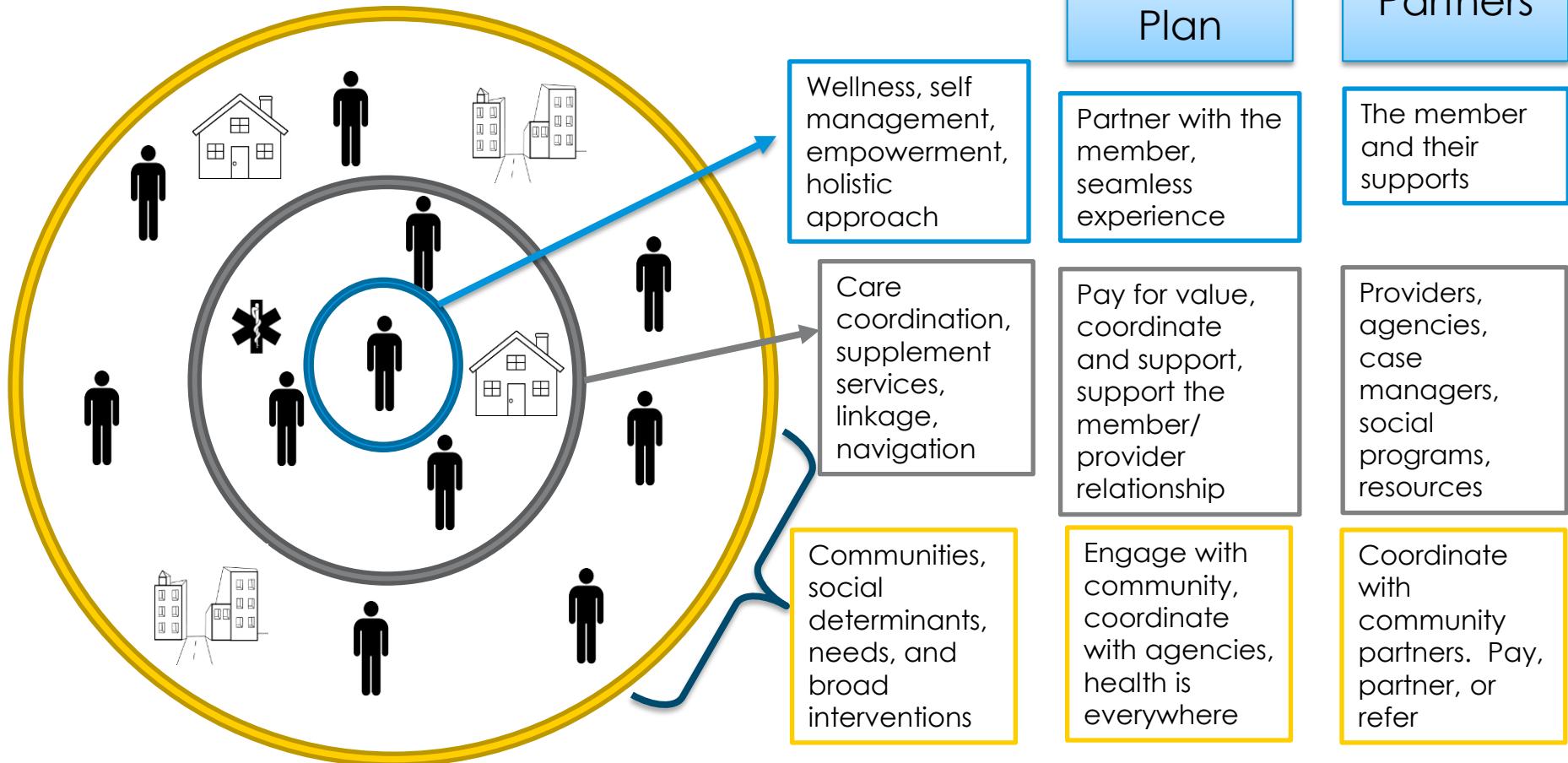
- This new study will identify **long-term risk factors for chronic conditions** among Medicare beneficiaries, including **obesity, tobacco use, mental health conditions, and other factors**.



Emphasizing Holistic Care



New definition of integrated care



Integrating social needs care into health care

Principles

Support the member holistically, they are centered, by design

Highly local and personal experience, to scale

Expand the ecosystem of health care

Challenges

New partnerships, need to learn each others' language

Scaling creatively

Crossing systems and busting silos

Opportunities

New capabilities, new funding

Aggregator function

Systems transformation



The nuts and bolts: Contracting with a health plan

Structure

- NPI
- Contracting
- Liability coverage
- Relationship management
- IT capabilities

Financial

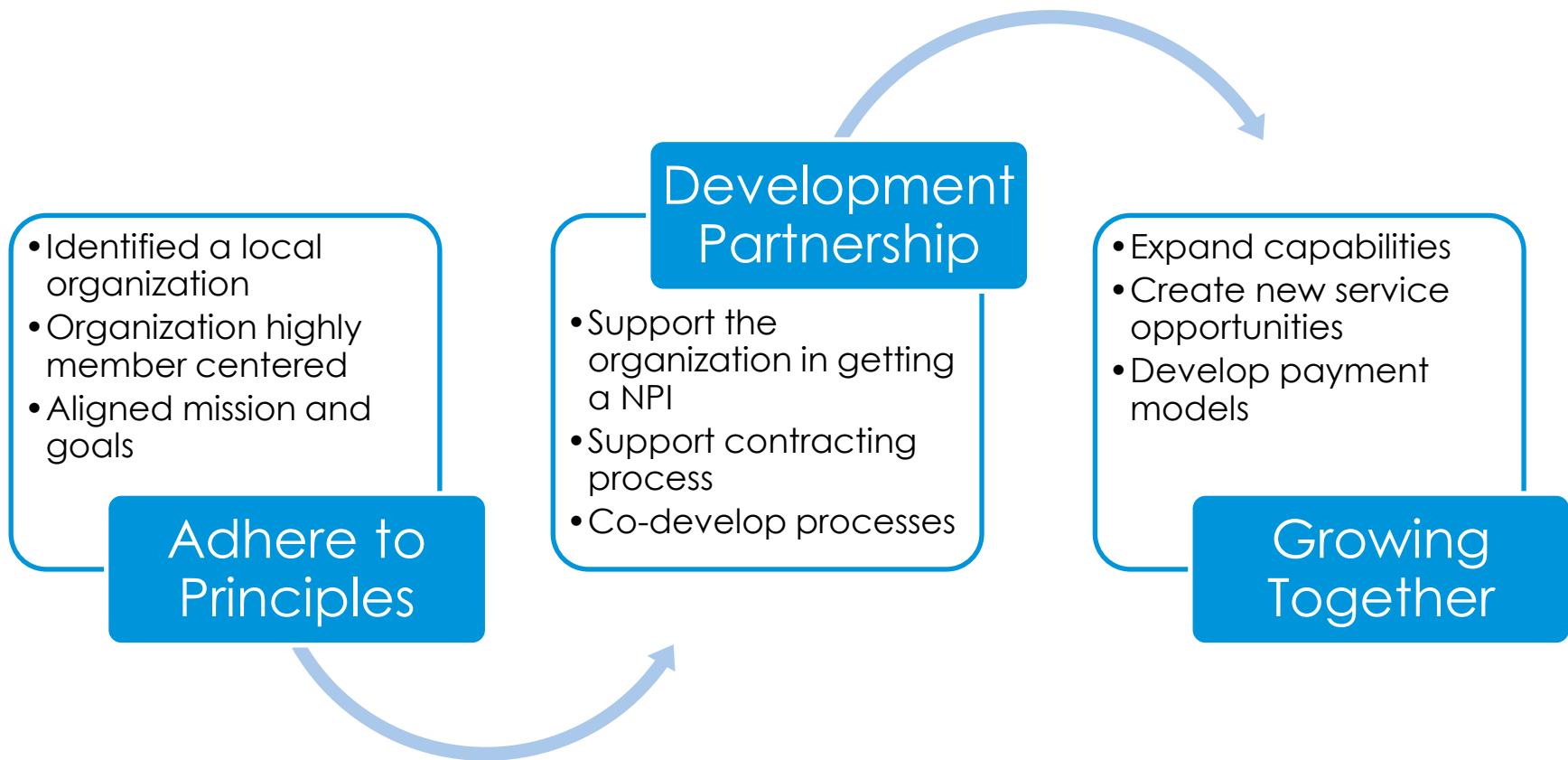
- Billing/Encounters
- Payment models
 - Fee for service
 - Value based

Operational

- Capacity
- Scaling
- Service levels
- Coordination



Expanding Equitable Maternal Care First 5 LA and Home Visiting



Lessons learned

- Addressing social needs is complex
- Community based organizations need support when contracting with health plans
- Scaling can be challenge
- Start small, but keep the big picture in mind
- Work backwards, identifying the patient population, their needs, and who can provide those services
- Build flexibility into your care model and medical policies so that care plans can be personalized to patient need





Thank you
