A Case Study in Successful Implementation.
Overview.

- Who we are
- Our work on integration and interoperability
- The Montgomery County journey
- Health Reform/Medicare Waiver and impetus for Integration
- Observations and Lessons learned
Information About
Montgomery County, Maryland

- **1,030,477** Residents
  - 32% Foreign born
  - 54% racial-ethnic minority

- **Six** Zip Codes of extreme need — Poverty on the rise

- **29%** growth in our senior population over the next 4 years. Projection for 2020 is **258,367**

- **54,052** out of **153,994** children in the public school system receive FARMS

- Served over **120,000** households in Fiscal Year 2014. One-third used more than two services from department

- Serving almost **32,500** uninsured adults, children and pregnant women

- A staff of **1,600** with over **80** programs

- Caseloads growing:
  - TCA – 53%
  - SNAP – 189%
  - MA – 113%
Who we are and our Integration Story.

Our Department.
How is DHHS Organized?

- In 1994, **four** County departments became one entity

- **Objective:** integrated, coordinated and comprehensive service delivery
How is the Department of Health and Human Services Organized?

One Director

- Centralized Administrative Functions
- Moving towards single client record support by an interoperable database
- Uniform intake form to identify all service needs
- Designated entire HHS Entity as HIPAA covered – including social service and income support programs
Services and Maryland State Department Connections by Service Type.
The Office of Community Affairs has touchpoints with all listed agencies.
Improving customer experience – becoming more integrated, using technological tools to prevent clients from having to tell their story multiple times or losing their paperwork, etc.

Improve Access to Care through Integration and Interoperability

Apply equity lens to help mitigate disparities in outcomes and customer experience

Move intervention further upstream, assuming that when client is in crisis, it is more expensive to stabilize them – a and intervention approach
Strategy Impact on Staff.
Greater efficiencies from integration and interoperability.

- Staff know that they can leverage services for clients from across the enterprise
- Staff will not have to do dual data entry
- Staff will have a master client view which will help them coordinate across services
- It will ultimately lead to a better allocation of resources based on need and capacity
Montgomery County Department of Health and Human Services has programs and services that fit in all four tiers; however, our premise is that an integrated and interoperable HHS enterprise —

1. improves customer, system and population outcomes; and,
2. drives us to achieve a generative business model around the value of integration and interoperability

Currently, our Integration Work is in a range between the 2\textsuperscript{nd} and 3\textsuperscript{rd} tiers on the value curve.
Mission:
To promote and ensure the health and safety of the residents of Montgomery County and to build individual and family strength and self-sufficiency.

Vision:
We envision a healthy, safe and strong community.
Timeline to Transformation.

1996
HHS Reorganization

2004
APHSA Partnership

2008
Casey Family Programs Partnership

2009
Equity Work

2010
Intensive Case Teaming

2011
Process and Technology Modernization

2013
Health Care Reform

2016-17
Fully Integrated Health and Human Services Department
Montgomery County Department of Health and Human Services

ACTIVITIES

Department-wide Initiatives
- Service Integration
- Technology Modernization
- Equity
- Contract Monitoring Reform
- Health Care Reform

Program Specific Initiatives
- Positive Youth Development Initiative
- Seniors' Initiative
- Senior Summit
- Housing First | 100,000 Homes; 0-2016
- Behavioral Health Integration and Restoration Center; MH Court
- Neighborhood Opportunity Network
- Integrated Eligibility
- Cluster Initiatives
- Child Care Strategic Initiative
- Linkages to Learning and School Based Health Initiatives
- Waiver Implementations
- DD Resource Coordination
- Children's Opportunity Fund
- Non-Profit Partnerships
- SQI Initiative
- Avery Road Treatment Center
- New Employee Orientation
- Equity Training and LIEED

ACTIVITIES
- Positive Youth Development Initiative
- Seniors' Initiative
- Senior Summit
- Housing First | 100,000 Homes; 0-2016
- Behavioral Health Integration and Restoration Center; MH Court
- Neighborhood Opportunity Network
- Integrated Eligibility
- Cluster Initiatives
- Child Care Strategic Initiative
- Linkages to Learning and School Based Health Initiatives
- Waiver Implementations
- DD Resource Coordination
- Children's Opportunity Fund
- Non-Profit Partnerships
- SQI Initiative
- Avery Road Treatment Center
- New Employee Orientation
- Equity Training and LIEED
What is Integrated Practice — the generative state?

- Response to an increasing number of clients with complex service needs that cross multiple programs and service areas within an integrated health and human services department.

- Holistic approach to identifying and addressing the service needs of the whole person/family early and comprehensively.

- Team approach that works to fully utilize all available resources to address problems collaboratively by sharing case responsibility between public and private partners and the client and all of their available resources.
Building an Integrated Service Delivery System.
Life of a case premise — families, children and adults rarely come to us for a single service — how to coordinate care?
Building an Integrated Service Delivery System.

- **Front Door**
  - No Wrong Door
  - 100% Intake

- **Defining the Middle**
  - What Does Integration Mean for the 80% of Clients who uses 20% of Resources?

- **Intensive Case Teaming**
  - 20% of Clients Using 80% of Resources
Payment and Delivery System Reform.

The Medicare Waiver: Focus on Social Determinants of Health Key to Healthcare Improvements
New Paradigm.

- Improve the health of the population
- Enhance the patient’s experience of care
- Reduce the per capita cost of care

IHI Triple Aim

Experience of Care

Health of a Population

Per Capita Cost
Value of the All Payer System.

- Helped hold down costs relative to elsewhere
- Funds access to care
- Transparency
- Leader in linking quality and payment
- Local access to regulators
New Federal Agreement.

- 5 year demonstration with Medicare (CMS)
  - Effective January 1, 2014
- Focus on holding down costs
- More rewards for improving outcomes
- Encourages better team work among whole health care systems
Market forces create an environment that encourages Maryland hospitals to collaborate with —
- other health care provider organizations
- public health entities
- human services departments
- community based organizations

to focus on optimizing health and reducing hospital utilization, including avoidable admissions, readmissions, and emergency department visits.

These key forces include:
- Maryland All-Payer Model
- Social Determinants of Health
- Population Health
Maryland All-Payer Model (As of January 2014)

- Shifts hospital payment from a regulated fee-for-service payment system to a global budget payment system — total hospital revenue is prospectively set by the state hospital rate setting commission.
- Hospitals are incentivized to work with competing health systems and in non-traditional community partnerships to prevent avoidable hospital utilization and reduce total cost of care.

Maryland All-Payer Model Goals

- Limit Annual Cost Growth 3.58%
- Save Medicare $330 million
- Reduce Hospital-Acquired Conditions 30%
- Shift to Global Payment
- Lower 30-Day Readmissions to U.S. Rate
- Report on Population Health
Monthly Case-Mix Adjusted Readmission Rates

<table>
<thead>
<tr>
<th>Case-Mix Adjusted Readmissions</th>
<th>All-Payer</th>
<th>Medicare FFS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CY 2013</td>
<td>12.93%</td>
<td>13.78%</td>
</tr>
<tr>
<td>CY 2014</td>
<td>12.43%</td>
<td>13.47%</td>
</tr>
<tr>
<td>CY 2015</td>
<td>12.02%</td>
<td>12.91%</td>
</tr>
<tr>
<td>CY 2016</td>
<td>11.49%</td>
<td>12.36%</td>
</tr>
<tr>
<td>CY13 - CY16 % Change</td>
<td>-11.17%</td>
<td>-10.28%</td>
</tr>
</tbody>
</table>

Note: Based on final data for January 2012 – Sept. 2016, and preliminary data through December 2016.
Change in All-Payer Case-Mix Adjusted Readmission Rates by Hospital

Goal of 9.5% Cumulative Reduction
28 Hospitals are on Track for Achieving Improvement Goal
Additional 8 Hospitals on Track for Achieving Attainment Goal

Note: Based on final data for January 2012 – Sept. 2016, and preliminary data through December 2016.
Nexus Montgomery — A Regional Partnership: Our local initiative to support the waiver.

- A collaboration among 4 hospital systems (6 hospitals) in Montgomery County, Public health and community-based organizations with the goal to reduce unnecessary hospital use, including readmissions, by connecting people to timely and appropriate community-base care and services.
- Designed to serve at-risk populations:
  - Medically frail
  - Medicare Seniors age 65+
  - Individuals with severe mental illness, and
  - Uninsured in need of specialty care.
- Through a Management Entity, the 6 hospitals share infrastructure funds, staff resources, and data, as well as collectively coordinate with providers, community-based organization, and public health entities to develop common interventions and projects.
Wellness and Independence for Seniors at Home (WISH): Stabilize health of older adults to keep them out of the hospital

Hospital Care Transitions (HCT): Improve transitions from hospital-to-home so people do not end up back in the hospital

Project Access (PA): Connect uninsured people to specialty care to reduce likelihood of re-hospitalization

Capacity Building for Severe Mental Illness (SMI): Expand and strengthen community based resources for people with severe mental illness
Observations and Lessons Learned.
Roles in a State — Local Partnership.

Role of State

- Create friendly policy environment that supports enterprise wide HHS integration
- Facilitate development of a favorable regulatory, funding and infrastructure environment
- Listen and respond to the locals when they identify barriers to be eliminated
- Get out of the way!

Role of Local Agencies and Community

- This is where all the action is — Consumer, provider and the service continuum is local
- Integration is most promising locally because the scale and spread are smaller and more manageable
- Local relationships are stronger and tend to be longer lasting due to longer tenure of partners
- Innovation is most successful where scale is manageable and trust among partners leads to greater risk taking
- Value the state role. Without state support, local integration efforts will be stymied
MCDHHS integration – across HHS Enterprise and with non-profits and other public agencies

State-Local Partnership – Many state agencies involved: DHMH, DHR, MSDE, GOCCP, Corrections, Children’s Cabinet, others …

Nexus Montgomery – SDOH and Health Care nexus to improve health outcomes and cost

The Cogs and Gears from all initiatives must be aligned.
Success of integration assumes the following:

- There is a clearly articulated practice vision
- Social Determinants Of Health and Health Determinants Of Social Services are both clearly identified and tracked as part of the integrated practice model
- The clearly articulated integrated practice model is supported by a responsive data sharing, and well balanced confidentiality and privacy practices policy environment
- Technology is an enabler that supports the practice model but not the driver of the service delivery system
- Change management efforts with the workforce and partner engagement will be significant challenges – they need constant care and feeding –
- Most effective and boldly innovative change efforts happen locally. State role is that of a policy leader and enabler of the integration efforts