

Care Coordination Advisory Committee Summary of 8/22/18 Meeting

The Department of Health Care Services (DHCS) held the first of six Care Coordination Advisory Committee meetings on August 22, 2018. The meeting was attended by invited committee members, staff from other state agencies and the Legislature, and members of the public. Jacey Cooper, Assistant Deputy Director of Health Care Delivery Systems, ran the meeting, with support from other DHCS leadership, including Mari Cantwell, Chief Deputy Director of Health Care Programs.

DHCS used the first meeting to:

- Frame the issue
- Share learnings from the 25 site visits DHCS conducted in April and May of 2018
- Outline the Committee’s guiding principles
- Share a draft model of care framework, and
- Hear initial reactions and comments from the Committee.

Key Discussion—please see meeting minutes for more detail and Committee comments:

- The purpose of this Committee and DHCS’ broader effort is to examine care coordination efforts throughout the entire Medi-Cal delivery system. The goal is to explore whether a core set of standards and expectations regarding care coordination activities and requirements can be developed within and among all Medi-Cal delivery systems. DHCS will conclude this effort in the form of a final summary paper with a roadmap for enhancing care coordination in Medi-Cal.
- Thus far, DHCS has conducted extensive internal and external analysis of care coordination requirements and practices throughout the delivery system. Internally, DHCS conducted a systematic assessment of care coordination requirements and expectations by reviewing statute, contracts, policy letters, and requirements of various programs including Whole Person Care, Health Homes, and the Coordinated Care Initiative. Externally, DHCS conducted 25 site visits across the state with health plans and counties to understand current care coordination practices. DHCS has also had conversations with other states to gain an understanding of national best practices.
- The California Association of Public Hospitals and Health Systems presented on care coordination duplication throughout the system. The presentation is available on the [DHCS website](#).
- Based on conversations at site-visits, DHCS categorized care coordination challenges expressed by health plans and counties into three main categories:
 - *Carved-Out Services*: Some Medi-Cal benefits are not provided through Medi-Cal Managed Care Plans, and thus are “carve-outs.” This results in fragmented delivery systems and funding streams, and complicates coordination efforts.
 - *Care Coordination Framework/Strategy*: Medi-Cal needs a strategy that accounts for social determinants of health and a model of care that includes standardization, addresses assessment fatigue and eligibility challenges, and evaluates the delivery system.
 - *Funding Flexibility*: Funding should reflect outcomes, align with a strategic plan, and reflect the needs of beneficiaries.

**Care Coordination Advisory Committee
Summary of 8/22/18 Meeting**

- DHCS presented the guiding principles of the Committee and members shared additional principles and clarifications.
- DHCS presented a Model of Care Framework for initial reaction.

Next Steps for DHCS:

Guiding Principles: Committee members had extensive comments and suggestions on how to refine the Guiding Principles, summarized below:

- The approach to implementation should be iterative.
- Need to separate and understand both the patient and the provider experience as separate.
- Instead of focusing on lower costs, the message should be more nuanced, for example focus on value, reducing costs over the long-run, reducing unnecessary costs, while understanding the need for some upfront investment to address unmet needs
- Balance need for standardization with flexibility for innovation (especially for rural counties).
- Reduce disparities in the health care system.
- Support moving toward integration.