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## Trends in Whole Person Care (WPC) Pilot Program Challenges and Successes: January 2017-June 2019

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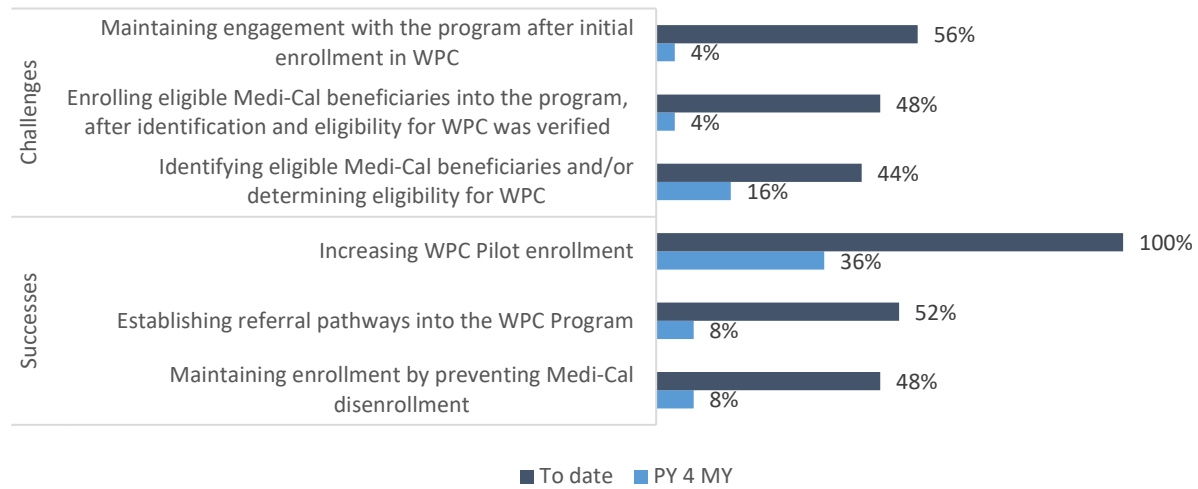
### Introduction

California's Whole Person Care (WPC) Pilot Program implemented under the Section 1115 Medicaid Waiver was designed to coordinate medical, behavioral, and social services to improve the health and well-being of Medicaid beneficiaries with complex needs. This report summarizes key WPC challenges and successes identified by Pilots between January 2017 and June 2019 and highlights new themes that emerged in January 2019–June 2019 (Program Year 4 mid-year). Data are drawn from bi-annual narrative reports submitted by Pilots in which they were asked to identify major challenges and successes related to identifying, engagement, and enrollment of WPC beneficiaries; data sharing; and coordination of care, as well as biggest barriers to overall WPC Pilot program success.

### Identification, Engagement, and Enrollment

Exhibit 1 shows the most frequently identified challenges and successes related to identification, engagement, and enrollment of eligible beneficiaries overall and for the latest reporting period. Difficulties identifying and determining eligibility of prospective enrollees were typically attributed to poor timeliness or accuracy of data needed to support outreach and enrollment efforts. Reported success in enrolling eligible beneficiaries typically improved as Pilots' staffing capacity and familiarity with WPC program processes increased. Analyses of trends over time (not shown) indicated that challenges and successes related to identification, engagement, and enrollment were more prevalent in early reporting periods and drastically decreased by 2019 as LEs began to meet projected enrollment targets and implementation priorities shifted.

Exhibit 1: Commonly Identified Challenges and Successes in Identifying, Engaging, and Enrolling Prospective Enrollees among WPC Pilots, January 2017-June 2019



Sources: Program Year 2 Mid-Year, Program Year 2 Annual, Program Year 3 Mid-Year, Program Year 3 Annual, and Program Year 4 Mid-Year Narrative Reports (N=25).

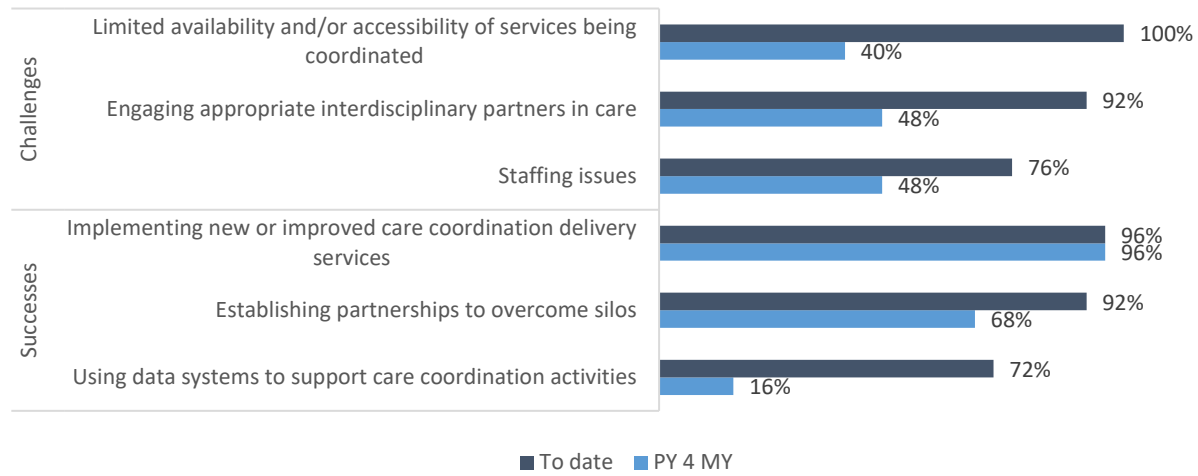
Note: “To date” includes any mention over the entire reporting period of January 2017-June 2019; PY4 MY only includes January-June 2019.

### Care Coordination

Exhibit 2 shows the most frequently identified challenges and successes related to care coordination overall and for the latest reporting period. As shown in Exhibit 2, to date, Pilots primarily reported challenges with limited availability and/or accessibility of services being coordinated, particularly housing. Challenges related to partner engagement and staffing were present over time. However, early reporting periods focused more on staff recruitment and training issues and by 2019, had shifted more to retention and turnover issues, particularly among staff concerned about whether WPC would be sustained over time.

Despite these challenges, Pilots highlighted successes with implementing new or improved care coordination processes (e.g., regular case conferences with interdisciplinary team members to promote shared learning and accountability for care), establishing partnerships to overcome care silos, and using data systems to support care coordination activities such as sharing relevant enrollee information amongst multiple organizations involved in care. By 2019, several Pilots also reported success in effectively utilizing synergies with existing, complementary programs and initiatives (e.g., Targeted Case Management) to prepare for sustainability of WPC care coordination activities.

Exhibit 2: Commonly Identified Challenges and Successes in Care Coordination among WPC Pilots, January 2017-June 2019



Sources: Program Year 2 Mid-Year, Program Year 2 Annual, Program Year 3 Mid-Year, Program Year 3 Annual, and Program Year 4 Mid-Year Narrative Reports (N=25).

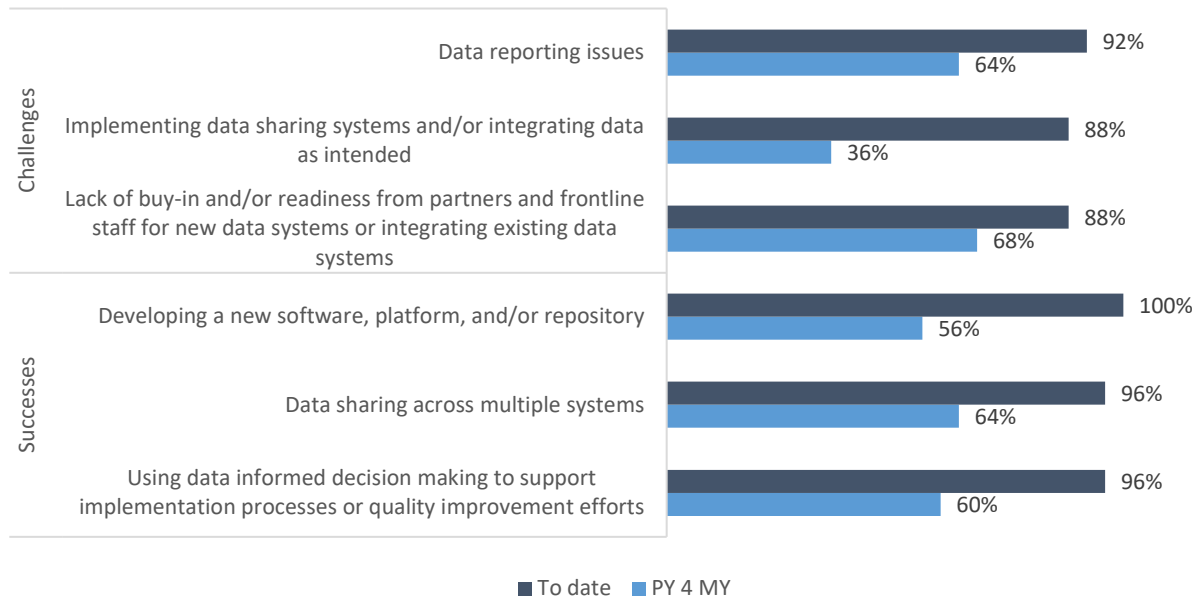
Note: “To date” includes any mention over the entire reporting period of January 2017-June 2019; PY4 MY only includes January-June 2019.

### Data Sharing and Reporting

Exhibit 3 summarizes the most frequently identified challenges and successes related to data sharing and reporting. Overall, the most frequently identified challenge related to reporting on DHCS-required metrics (e.g., due to inconsistencies in how data were being reported across partner organizations). In the last reporting period, Pilots emphasized partner and staff resistance to integration and use of data systems (e.g., cultural and long-held beliefs about risks associated with data sharing), with fewer challenges related to implementing planned data sharing systems (e.g., due to vendor delays). Challenges related to implementation of planned data sharing systems decreased over time, though Pilots continued to identify desired improvements in data sharing capabilities, particularly related to accessibility and usability of data by frontline staff.

Despite these challenges, Pilots reported successes with developing new data sharing tools (e.g., case management platforms, health information exchange); sharing data with diverse WPC partners, particularly managed care organizations and mental health agencies; and use of data to inform outreach and care coordination activities (e.g., high risk notifications when enrollees are admitted to the emergency department). Successes primarily related to increased use and utility of data sharing systems over time. In particular, Pilots highlighted use of data to inform program decisions, gain a more comprehensive understanding of enrollee health in real-time, and more efficiently and precisely report on DHCS-required metrics.

Exhibit 3: Commonly Identified Challenges and Successes in Data Sharing among WPC Pilots, January 2017-June 2019



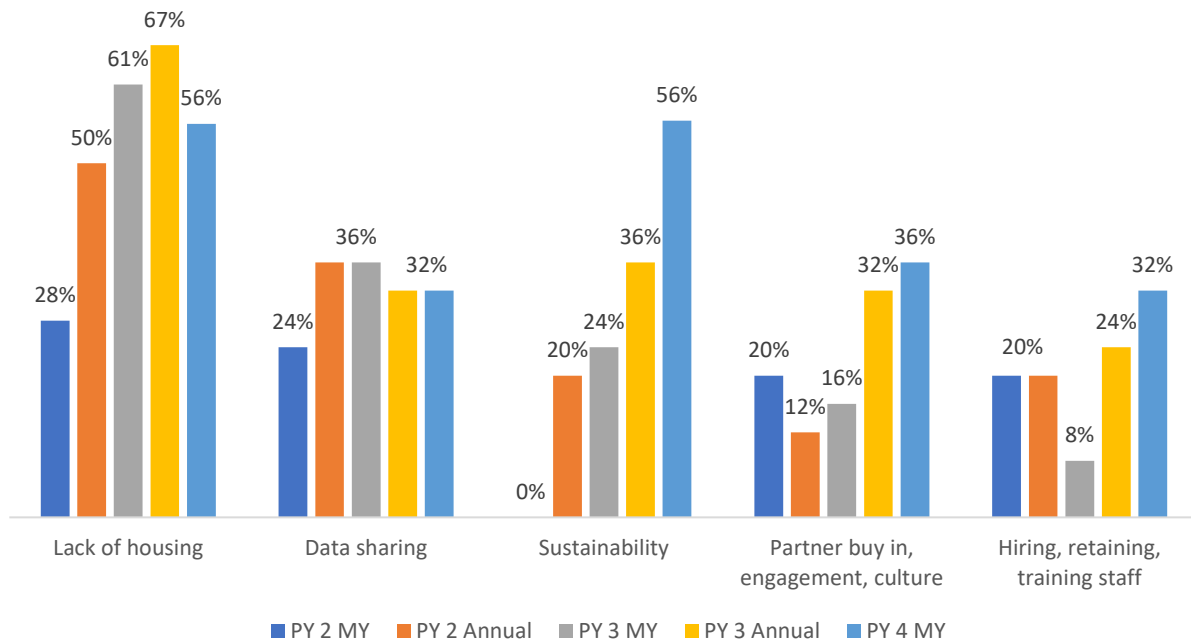
Sources: Program Year 2 Mid-Year, Program Year 2 Annual, Program Year 3 Mid-Year, Program Year 3 Annual, and Program Year 4 Mid-Year Narrative Reports (N=25 Pilots).

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### Biggest Barrier to WPC Success

Exhibit 4 summarizes the biggest barriers to WPC success identified by Pilots over time. Across all reporting periods, the biggest barriers to WPC success were insufficient housing inventory; data sharing with partners; sustainability of WPC; gaining partner buy-in and engagement for care coordination; and staffing challenges related to county hiring timelines and contracting processes, and retaining staff once hired. Analyses of trends suggest that data sharing and housing challenges remained relatively consistent over time, while challenges related to partner buy-in/engagement and sustainability increased over time.

Exhibit 4: Biggest Barriers to Whole Person Care Success among WPC Pilots, by Reporting Period, January 2017-June 2019



Sources: Program Year 2 Mid-Year (n=18), Program Year 2 Annual (n=25), Program Year 3 Mid-Year (n=25), Program Year 3 Annual (n=25), and Program Year 4 Mid-Year Narrative Reports (n=25).

**Conclusion**

Challenges in WPC varied across Pilots and over time. Overall, Pilots reported addressing identified challenges and highlighted successes with infrastructure development and provision of comprehensive care coordination services. Certain concerns related to staffing, data sharing, partner buy-in, and housing inventory persisted over time but by 2019, Pilots were focused primarily on sustaining program gains and addressing systemic barriers to service provision such as lack of housing. Overall, Pilots have demonstrated significant strides towards providing comprehensive care coordination and establishing data infrastructure to support it.