Whole Person Care Update

September 2017

Watch this video at
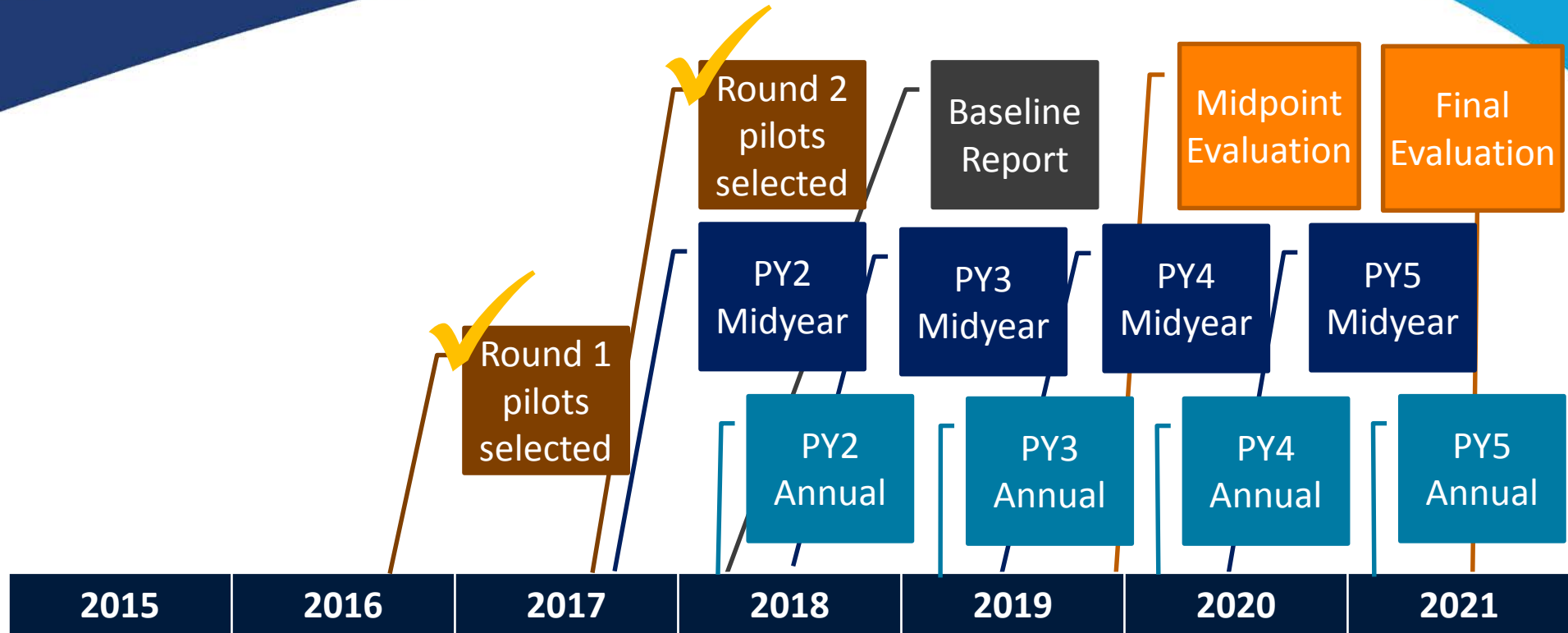https://safetynetinstitute.org/wpcsupport/

Giovanna Giuliani
Executive Director
California Health Care Safety Net Institute

WPC Overview

- *Medi-Cal 2020* waiver
- 5-year, $3 billion pilot program
- Builds cross-sector infrastructure and strengthens coordination of physical health care, behavioral health care, and social services
- Supports vulnerable, high-utilizing populations
- Addresses the *whole person* - medical, behavioral, emotional, and economic

California Taps Health Care Money to Pay for Homeless Services
(KQED report, July 2017)

WPC = 9 more reporting periods
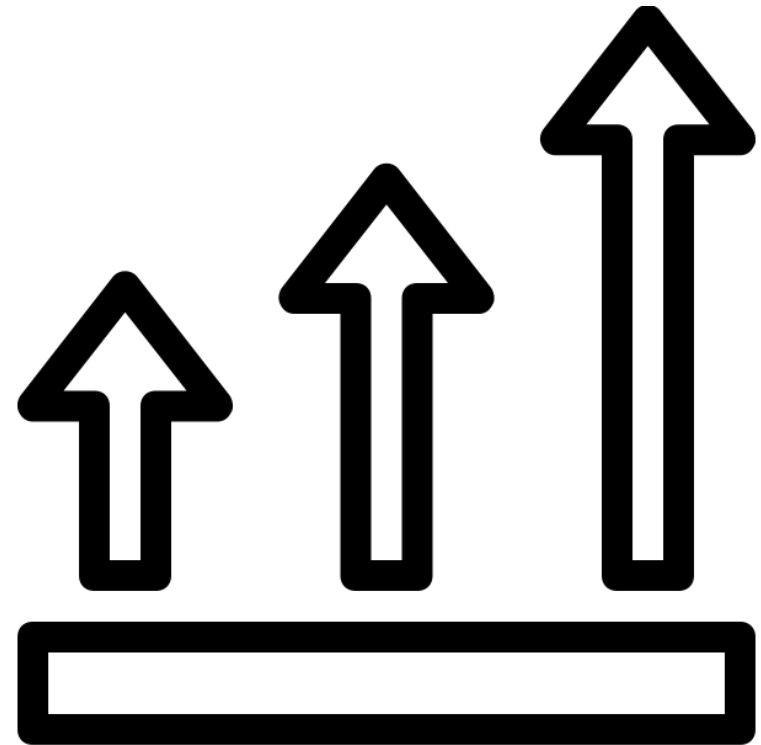**2 evaluations (Midpoint & Final)**

WPC Progress

- Convening steering committees
- Hiring/forming care teams
- Creating care coordination workflows
- Selecting/implementing IT platforms
- Establishing data sharing MOUs/processes
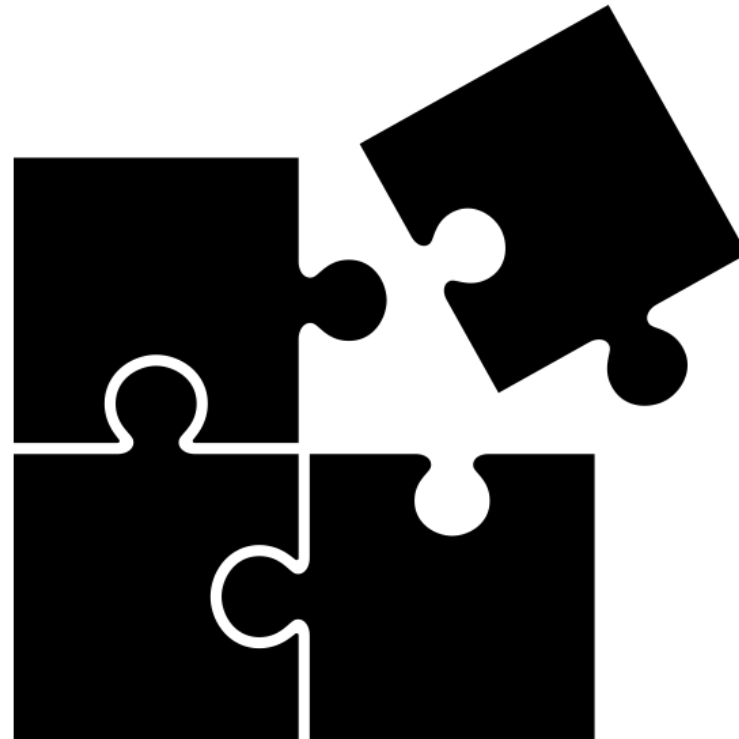
PY2 Focus on Infrastructure Development
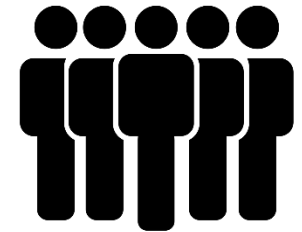
WPC Progress

- Enrollment and service delivery have begun
  - Total enrollment of 17,000+ in May 2017
- 15 pilots approved in Round 2
  - New and legacy pilots
  - Started July 1, 2017
  - 25 WPC pilots in total
- Pilots will continue infrastructure development in PY3

WPC
Challenges and Solutions
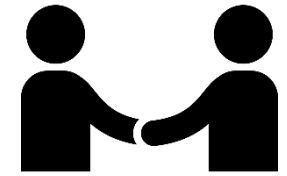
WPC Challenge #1: Hiring

Why is it challenging?

- Long timeline
- Competition for talent

Solutions
• Leverage external **staffing services** to identify candidates
• Hire **contractors**
• Clearly defined **career ladders**
• **Hiring exam** to streamline process and identify correct skillset
• **Generate publicity** for the project to stimulate interest and create potential talent pipeline
• Bring on **program participants** as peer navigation staff

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Challenge #2: Client Engagement

Why is it challenging?

- Transient populations with complex conditions
- Previously disengaged with health care system or pending applications

Solutions
- **Verbal** followed by written consent
- Engaging homeless in **community**
- Engaging justice-involved individuals **upon release**
- Hiring **peer navigators** with lived experience

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Challenge #3: Data Privacy/Sharing

Why is it challenging?

- Sensitivity of patient information, especially for behavioral health

- Balance of protecting patient privacy with coordinating care

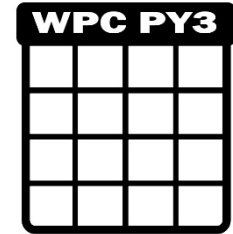| Solutions |
|---|
| - **Behavioral Health** runs data matches and manages data warehouse |
| - **Hiring staff** inside Behavioral Health |
| - Care management systems **turn on or off sensitive data/data sharing capabilities** in real time |
| - Following the **State Health Information Guidance** (SHIG), developed by the California Office of Health Information Integrity (CalOHII): *http://www.chhs.ca.gov/OHII/Pages/shig.aspx* |

Challenge #4: Medi-Cal Churn

Why is it challenging?

- Transient populations
- Counties vary in which departments have access to Medi-Cal Eligibility Data System (MEDS) files
- Beneficiary's absence in monthly MEDS files is only indication of drop-off for third-party MEDS file users

Solutions

- Send enrollee list to eligibility office to **cross check for redetermination**
- **Provide SSI training** to staff
- Outreach staff **combing MEDS files** and providing targeted outreach to individuals

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Looking Ahead: Program Year 3

WPC PY3

Continued Work	PY3 Focus
• *Physical infrastructure* • *Technology infrastructure* • *Incorporating data sharing solutions into workflows* • *Continuous enrollment*	• *Provision of care and service delivery* • *Performance measurement and improvement* • *Data reporting and analysis*

Strategic Thinking	
• Spread	• Support

Learn more at
safetynetinstitute.org/wpc

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