

NCCARE360 and Healthy Opportunities Pilots

October 28, 2019



@wakegov



wakegov.com

NC Healthcare Transformation

- Research shows up to 80% of a person's health is dependent on social, environmental, and behavioral factors. However, 90% of healthcare spending in the United States is devoted to medical care.
- NC DHHS Secretary Cohen has established vision to: “To improve the health of North Carolinians through an innovative, whole-person centered, and well-coordinated system of care that addresses both the medical and non-medical drivers of health.”
- To improve health outcomes, NC DHHS has partnered with others to:
 - create an interactive GIS map of Social Determinant of Health indicators
 - develop screening questions to identify patients' unmet health-related needs
 - roll out NCCare360, an electronic platform to support a statewide coordinated care network
 - design a pilot program to test and evaluate the impact of non-medical interventions on the health of high-needs Medicaid enrollees.

What is NCCARE360?

NCCARE360 is the first statewide coordinated network to collectively provide the opportunity for health that includes:

- Resource directory
- Data repository
- Referral and outcome platform

NCCARE360 Partners:



UNITE US



Expound



NCDHHS



United Way
of North Carolina

NCCare360 Roll-Out

- Launched in Wake County in June
- Over 100 Wake organizations included in database
- Currently active in over 21 counties, expect to be statewide by end of 2020
- Recently announced 1000th referral statewide

NCCARE360 Wake Participation

- Beginning with Human Services
- Worked through security and legal issues to meet county standards
 - Developed county procedure for participation and Informed Consent for client signature
 - Agreed to Memorandum of Signing with vendor
- Onboarding and training of participating program staff by end of 2019
- Will phase in participation starting with referrals into programs transitioning to referrals out to community organizations

Wake Human Services Participating Programs

Health Clinics

Child Health Clinic
Dental Clinic
HIV and STD Clinic
HIV/AIDS Case Management
Immunizations and Tuberculosis Clinic
Infectious Disease Clinic
Prenatal Care Clinic
Walk-in Teen Clinic
Women's Health Clinic

Public Health Programs

Foreign Travel Immunizations
Child Care Health Consultants
HIV/STD Community Program
Pregnancy Care Management
WIC Supplemental Nutrition Program for
Women Infants and Children

A stylized, semi-transparent map of Wake County is centered in the background of the slide. The map is a darker shade of blue than the background and shows the county's irregular shape.

Healthy Opportunities Pilots

Healthy Opportunities Pilots

The federal government authorized up to \$650 million in state and federal Medicaid funding to test evidence-based, non-medical interventions designed to improve health outcomes and reduce healthcare costs for a subset of Medicaid enrollees.

Pilot funds will be used to:

- Cover the cost of federally-approved Pilot services
 - *DHHS is developing a fee schedule to reimburse entities that deliver these non-clinical services*
- Support capacity building to establish “Lead Pilot Entities” that will develop and manage a network of human service organizations (HSOs), and strengthen the ability of HSOs to deliver Pilot services
 - *DHHS will procure Lead Pilot Entities with deep roots in their community that can facilitate collaboration across the healthcare and human service providers through building partnerships.*

NC’s priority “Healthy Opportunities” domains

Housing



Food



Transportation



Interpersonal
Violence



What Services Can Enrollees Receive Through The Pilots?

North Carolina's 1115 waiver specifies services that can be covered by the Pilot.



Housing

- Tenancy support and sustaining services
- Housing quality and safety improvements
- One-time securing house payments (e.g., first month's rent and security deposit)



Food

- Linkages to community-based food services (e.g., SNAP/WIC application support)
- Nutrition and cooking coaching/counseling
- Healthy food boxes
- Medically tailored meal delivery



Transportation

- Linkages to existing public transit
- Payment for transit to support access to pilot services, including:
 - Public transit
 - Taxis, in areas with limited public transit infrastructure

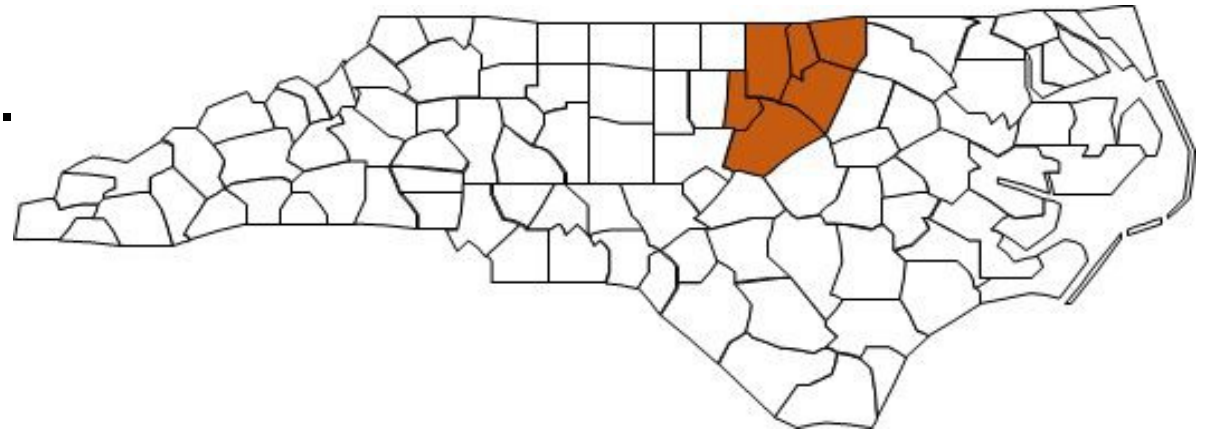


Interpersonal Violence (IPV)

- Linkages to legal services for IPV related issues
- Evidence-based parenting support programs
- Evidence-based home visiting services

Partnership Approach

- Wake County partnering in effort led by Duke University and Duke's Medically Integrated Network
- Includes Wake, Durham, Franklin, Granville, Vance and Warren (WD4C)
- A successful application will include demonstrating both an understanding of each communities' assets and needs, and prioritization of funding to get the communities ready to be a pilot site.



Demographics for 6 County Region

	Wake	Durham	Granville	Vance	Franklin	Warren
Area (sq miles)	857	298	537	270	494	444
Total Population Est	998,576	294,618	58,341	44,508	62,989	20,324
Males	485,068	140,813	29,722	20,766	31,235	10,196
Females	513,508	153,805	28,619	23,742	31,754	10,128
Median Age	35.6	34.6	41.9	40.5	40.4	46.5
Race/ethnicity (%)						
White	69.3	53.2	64.5	45.2	69.4	40.9
African American	22	39.2	33.3	51.1	27.3	52.5
Hispanic	9.9	13.3	7.5	7.1	7.9	3.9
Avg Household Size	2.61	2.37	2.65	2.62	2.59	2.49
Median Income	\$ 70,620	\$ 54,093	\$ 50,317	\$ 32,733	\$ 44,272	\$33,913

County Level Health Outcomes

	Wake	Durham	Granville	Vance	Franklin	Warren
Health Outcomes ranking in NC	1	12	25	98	35	89
Length of Life ranking in NC	2	6	14	100	35	68
Quality of Life ranking in NC	2	25	41	97	56	94
Poor/fair health (% of adults reporting)	13%	17%	19%	24%	18%	24%
Social/Economic Factors ranking in NC	1	46	23	93	47	92
High school graduation	89%	82%	81%	82%	86%	71%
Children in poverty	12%	24%	17%	38%	24%	33%
Unemployment	3.9%	4.1%	3.9%	6.3%	4.7%	6.9%
Violent crime (number per 100,000)	115	666	293	581	142	211
Severe housing problems	14%	18%	17%	20%	15%	19%

Healthy Opportunities Pilots

- Pilots will test and scale to a population level evidence-based interventions designed to improve health and reduce costs by more intensely addressing food insecurity, housing quality and instability, transportation insecurity, interpersonal violence and toxic stress for eligible Medicaid beneficiaries.
- Key pilot entities include:
 - North Carolina DHHS
 - Prepaid Health Plans
 - Lead Pilot Entities (LPE)
 - Care Managers (predominantly located at Local Health Departments and Advanced Medical Home)
 - Human Service Organizations (governmental, non-profit, etc.)

HOP Steps Taken

- Duke University/WD4C expressed interest in LPE role to DHHS
- Regularly convene community leaders and human service organization partners
 - Regional group with representatives for all 6 counties
 - Local group with representatives for Wake
- Inventory services providers within all 6 counties that align with draft service definitions
- Continuously monitor and provide feedback as Pilot program design continues

Process/ Timeline

- Late 2019: Request for Proposals (RFP)
 - RFP will determine LPEs/ Pilot Regions
- Late 2019/Early 2020: Award LPEs/ Pilot Regions
- 2020: Full year of capacity building for LPEs and regions
- January 1, 2021: Begin Service Delivery
- October 31, 2024: End Pilots (at end of 1115 waiver)

HOP Next Steps

- Continue preparation for release of RFP by NC DHHS
 - Request Resolutions of Support from County Commissioners
 - Continue design of WD4C approach
 - Continue educating and engaging partners