



United For People with
Intellectual & Developmental Disabilities

Leveraging Technology to Capture Outcomes and Demonstrate Value: Practical Approaches to Move to Value Based Care

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Chief Clinical Advisor
Netsmart Technologies

Today

- Value Based Care Overview
- Other State VBC/Integration Initiatives
- Organizational VBC/Integration Initiatives
- Technology and Measurement
- A word or two about culture
- Future Challenges

Foundations of Value-based Care

Healthcare Costs

If other prices had followed the same trend as healthcare...

One dozen eggs would cost \$55

A gallon of milk would cost \$48

A dozen oranges would cost \$134



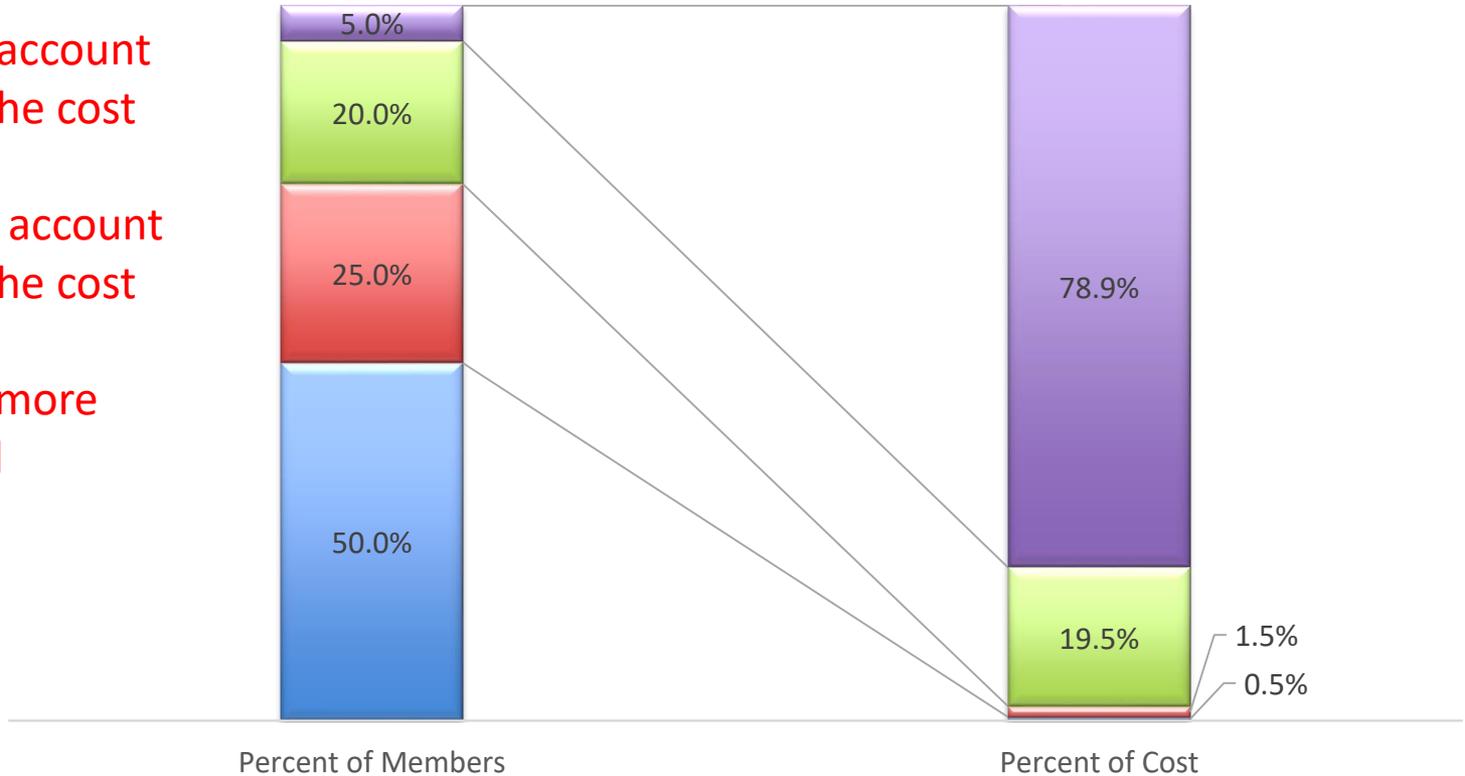
Source: [The Healthcare Imperative](#). Institute of Medicine

Disproportionate Cost

5% of people account
for ~80% of the cost

25% of people account
for ~98% of the cost

5%/50% is more
typical



Aetna Primary Care Medicaid Plan

IDD Comorbidities

40% adults with IDD diagnosed with four or more comorbidities.

18% anxiety disorder

17.8% depression

(N= 1,318)

Rimmer JH, Hsieh K. Longitudinal Health and Intellectual Disability Study (LHIDS) on obesity and health risk behaviors. Proceedings of the Lifespan Health and Function of Adults with Intellectual Disabilities: Translating Research into Practice, State of the Science Conference, Bethesda, MD (2011)

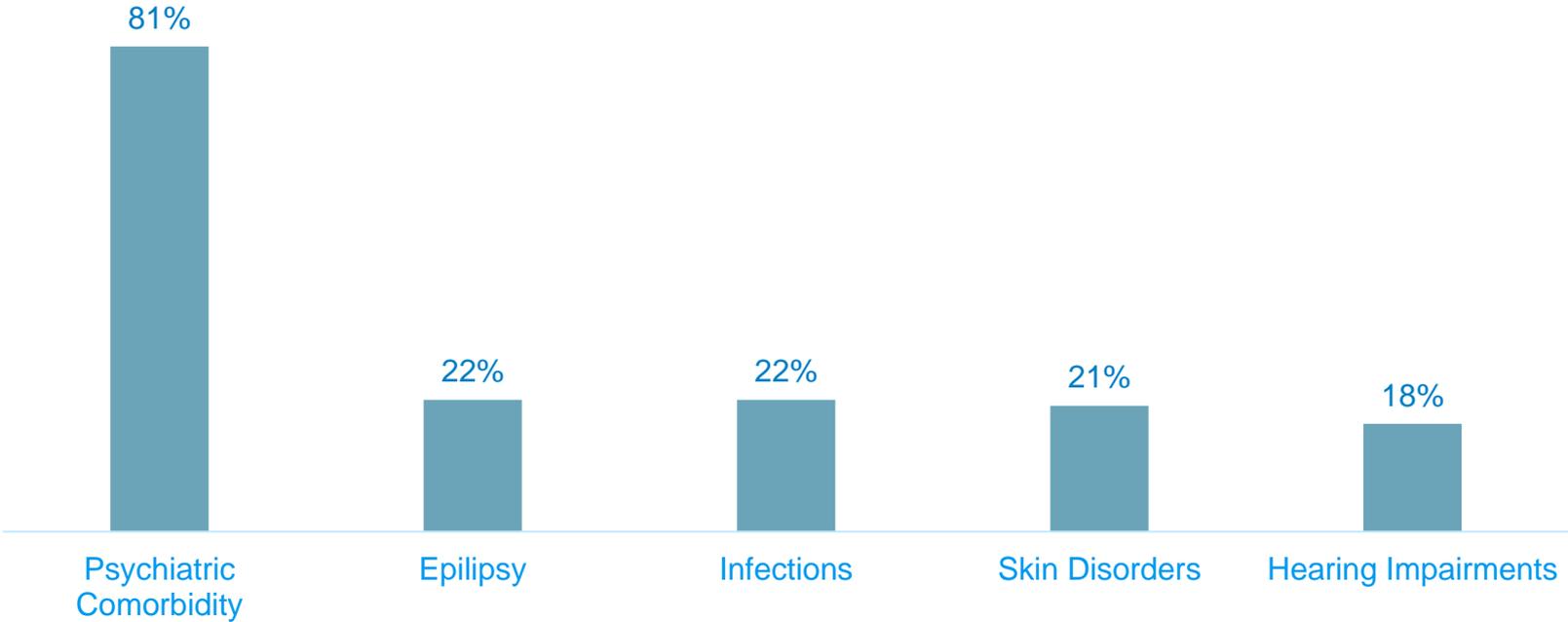
Mental and Primary Care

⦿ Medicaid-only I/DD clients:

- **47% diagnosed with** bipolar disorder, psychosis, depression, or another form of MI.
- **Mental illness in three** of the top five pairings among the highest-cost (upper 5% of per-capita costs) Medicaid beneficiaries
- For those with the most common chronic physical health conditions, **healthcare spending is 60–75% higher** for those with a mental illness than for those without one.
- These data combine to compel the **development of models that integrate care** and focus on the intersection of mental and behavioral health with primary care.

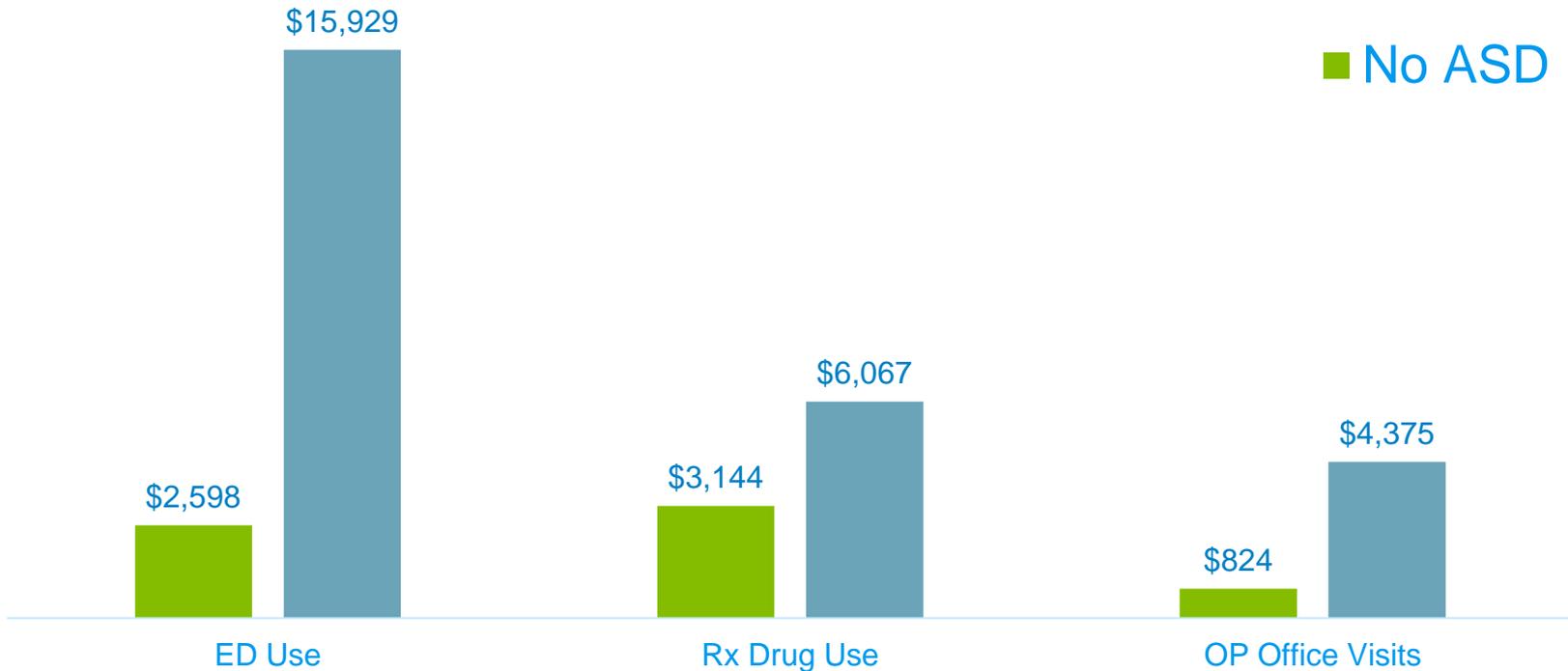
Kronick RG, Bella M, Gilmore TP. The Faces of Medicaid III: Refining the Portrait of People with Multiple Chronic Conditions. Trenton, NJ: Center for Health Care Strategies; (2009).

Comorbid Conditions in ASD vs. non-ASD Individuals



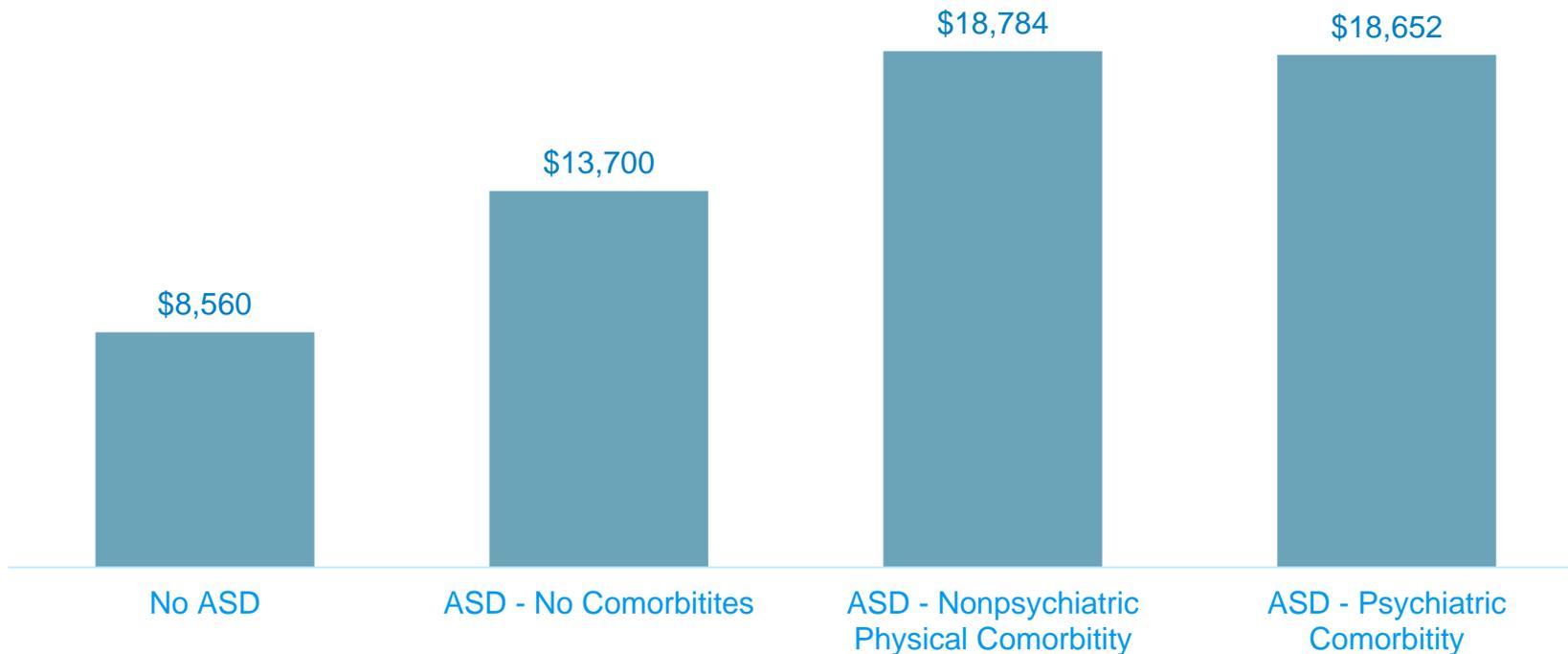
Vohra, R., Madhavan, S., and Sambamoorthi, U. Comorbidity prevalence, healthcare utilization, and expenditures of Medicaid enrolled adults with autism spectrum disorders. Autism. Sage Publishers (2016).

Healthcare Cost in ASD vs. non-ASD Individuals



Vohra, R., Madhavan, S., and Sambamoorthi, U. Comorbidity prevalence, healthcare utilization, and expenditures of Medicaid enrolled adults with autism spectrum disorders. Autism. Sage Publishers (2016).

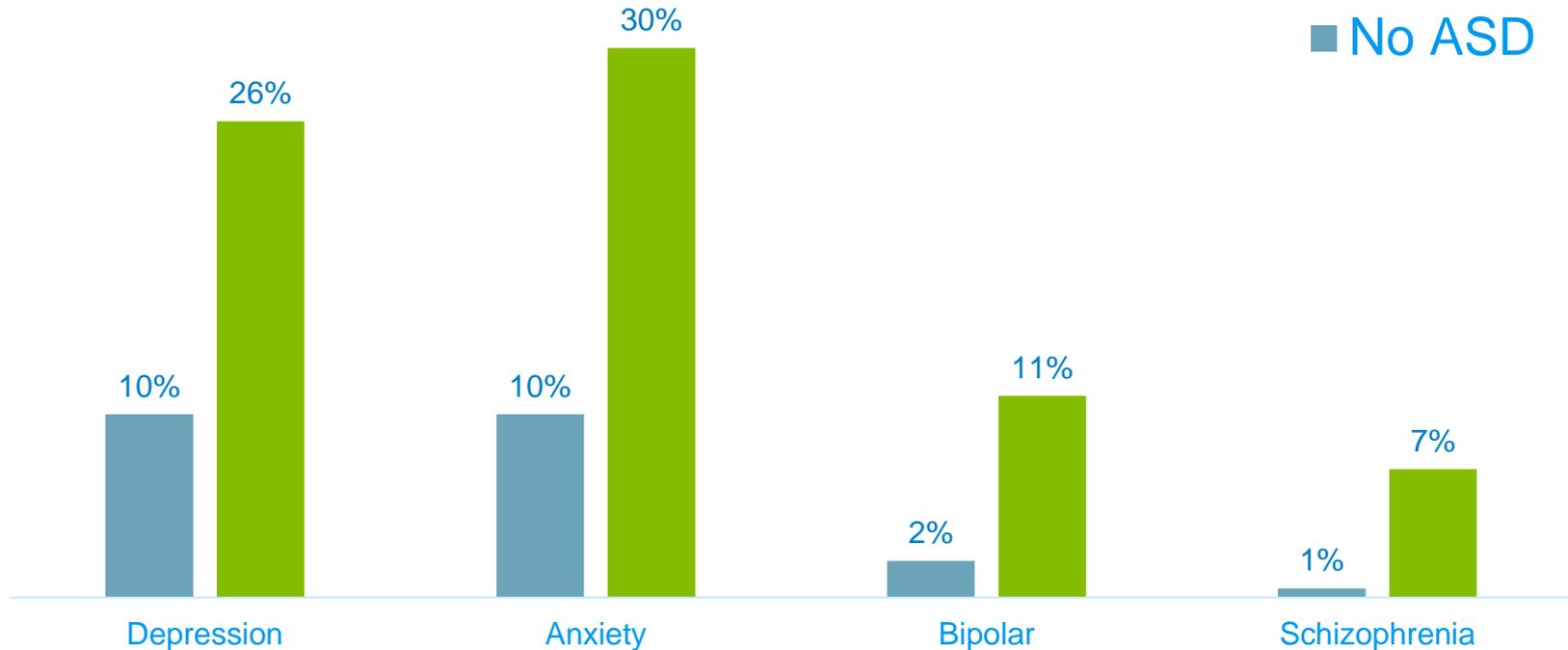
Annual Expenditures ASD vs. non-ASD Individuals With and Without Comorbidities



Vohra, R., Madhavan, S., and Sambamoorthi, U. Comorbidity prevalence, healthcare utilization, and expenditures of Medicaid enrolled adults with autism spectrum disorders. *Autism*. Sage Publishers (2016).

Psychiatric Comorbidities in ASD vs. non-ASD Individuals

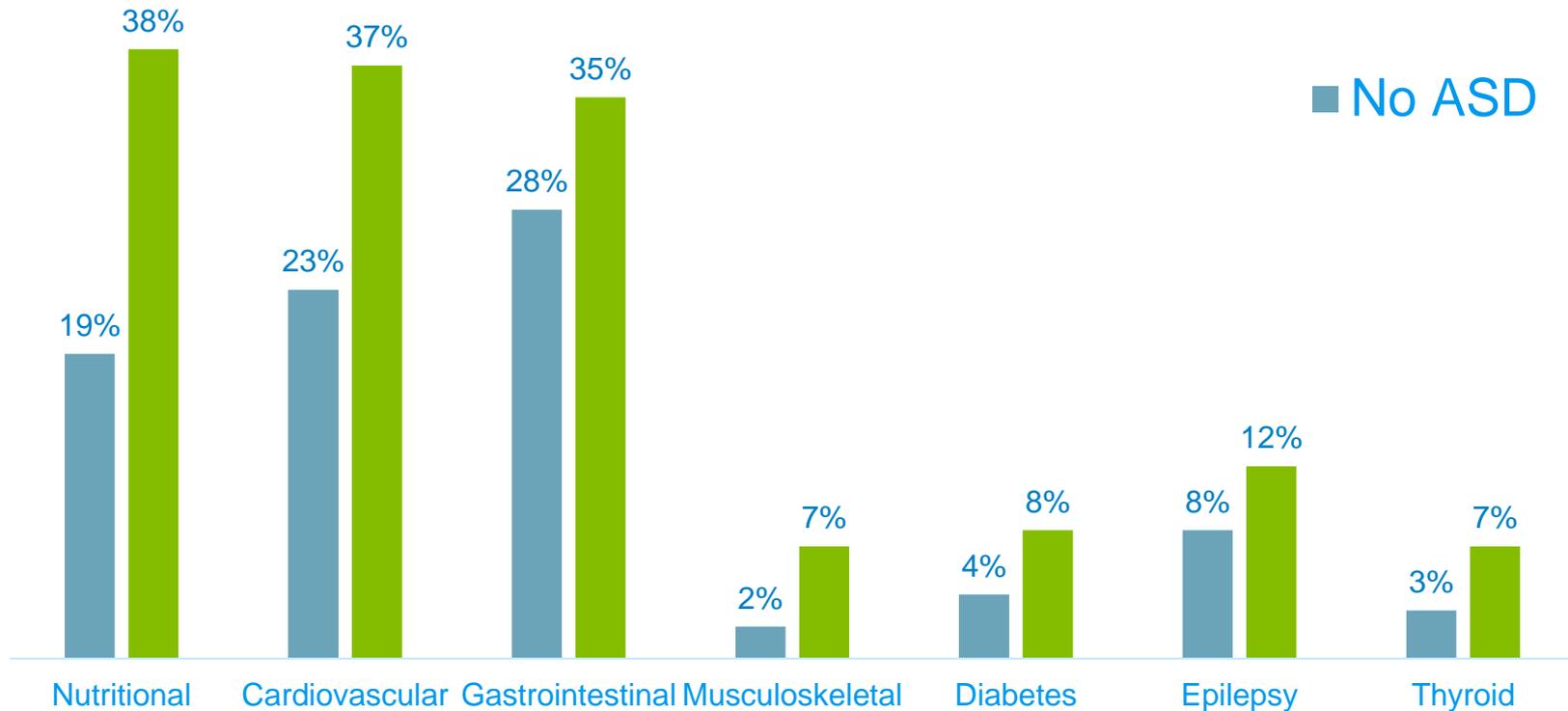
Croen et al (2015)



Croen LA, Zerbo O, Qian Y, et al. (2015) The health status of adults on the autism spectrum. *Autism: The International Journal of Research and Practice* 19: 814–823.

Non-Psychiatric Comorbidities in ASD vs. non-ASD Individuals

Croen et al (2015)



Croen LA, Zerbo O, Qian Y, et al. (2015) The health status of adults on the autism spectrum. Autism: The International Journal of Research and Practice 19: 814–823.

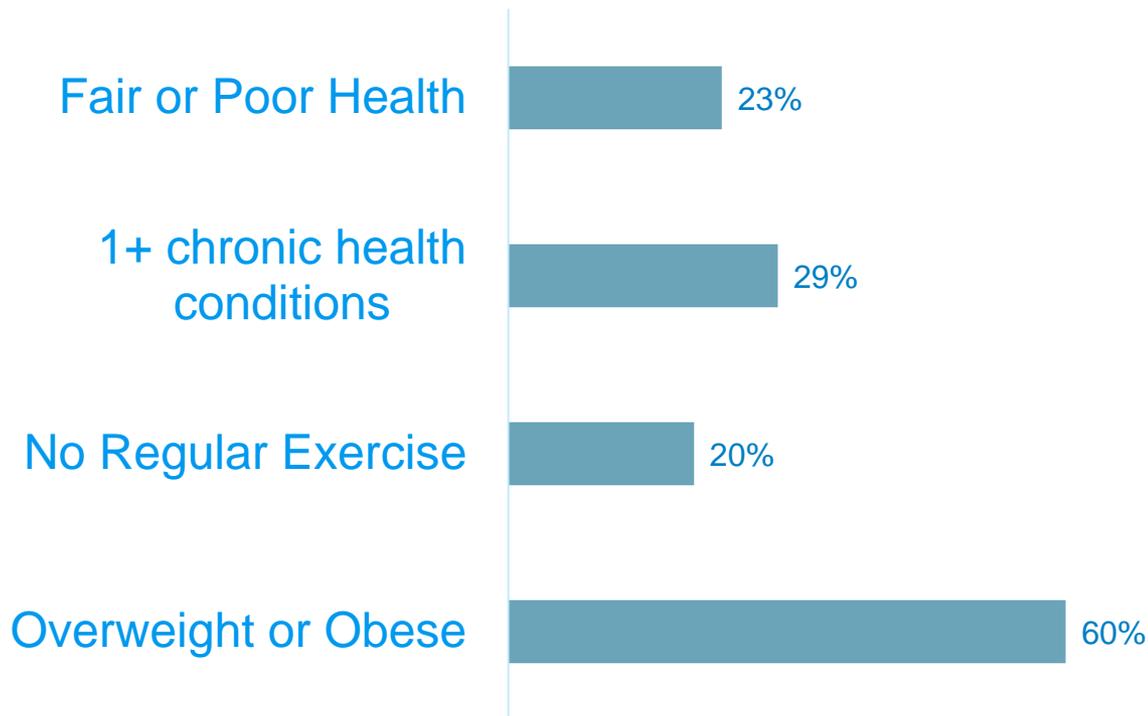
Lifetime Costs of ASD with and without I/DD

(\$ Millions)



Buescher, A., Cidav, Z. Knapp, M. Mandell, D. Costs of Autism Spectrum Disorders in the United Kingdom and the United States JAMA Pediatrics August 2014 Volume 168, Number 8

Health Status of Individuals with ASD and I/DD



Li, H. (November 2017) Policy Data Brief: Health and Healthcare Access among Adults with Autism Spectrum Disorder and Intellectual Disability 2015 – 2016. Retrieved from http://lurie.brandeis.edu/pdfs/FINAL_HealthcareAccessASDandIDD_LurieDataBrief_20180109.pdf

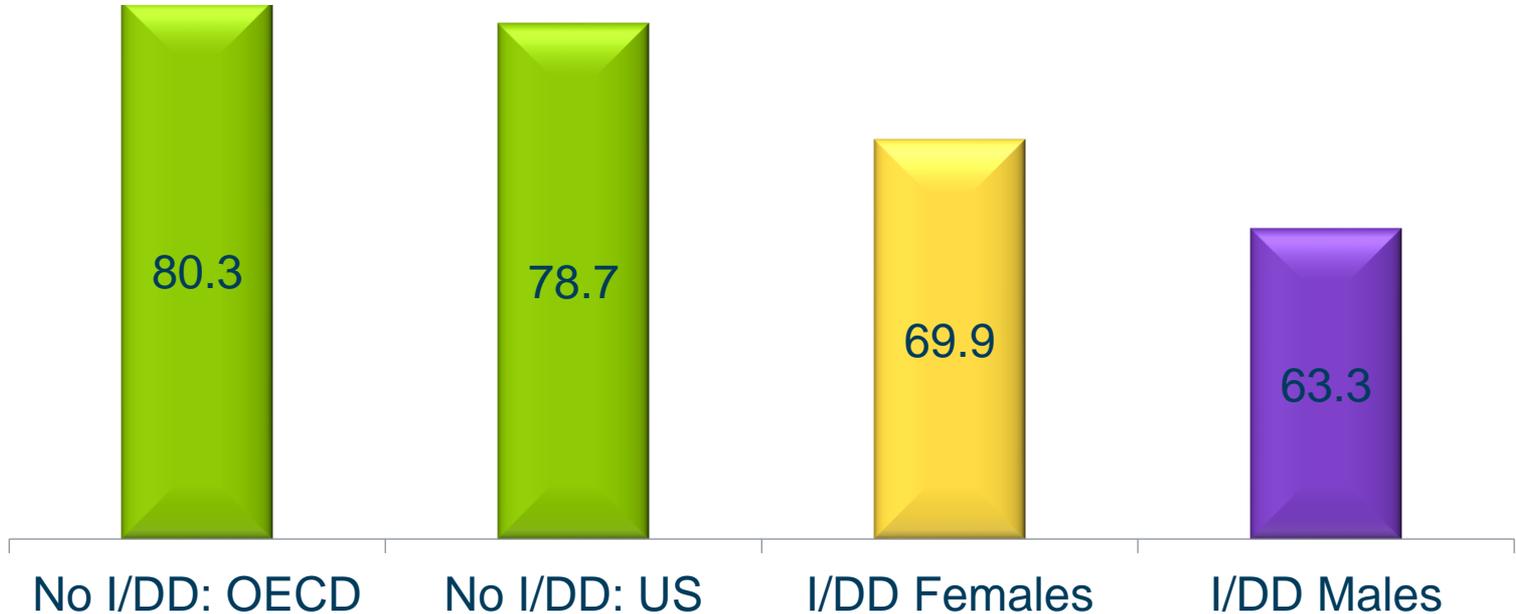
IDD Aging and Causes of Death

- Causes of death IDD the same as the general population
 - (Primary causes of death: coronary heart disease, type 2 diabetes, respiratory illnesses, and cancer),
- Average age of death for persons with IDD:
 - Males - 63.3
 - Females - 69.9 (1,2)
- Exception: Down syndrome
 - Typically die earlier due to dementia-related causes
 - >50% of those with Down syndrome are expected to live into their 50s
 - ~13% will reach age 65

1. Walker L, Rinck C, Horn V, McVeigh T. Aging with Developmental Disabilities: Trends and Best Practices. Kansas City, MO: University of Missouri Kansas City; (2007)

2. Long T, Kavarian S. Aging with developmental disabilities: an overview. Top Geriatr Rehabil (2008) 24(1):2-1110

Life Expectancy: I/DD



Walker L, Rinck C, Horn V, McVeigh T. Aging with Developmental Disabilities: Trends and Best Practices. Kansas City, MO: University of Missouri Kansas City; (2007)

Long T, Kavarian S. Aging with developmental disabilities: an overview. Top Geriatr Rehabil (2008) 24(1):2–1110

Donally, G. Here's Why Life Expectancy in the U.S. Dropped Again This Year. Fortune. (2018)

Life Expectancy: Mentally Ill US



- Bar 1 & 2: Druss BG, Zhao L, Von Esenwein S, Morrato EH, Marcus SC. Understanding excess mortality in persons with mental illness: 17-year follow up of a nationally representative US survey. *Med Care*. 2011 June;49(6):599-604
- Bar 3: Daumit GL, Anthony CB, Ford DE, Fahey M, Skinner EA, Lehman AF, Hwang W, Steinwachs DM. Pattern of mortality in a sample of Maryland residents with severe mental illness. *Psychiatry Res*. 2010 Apr 30;176(2-3):242-5

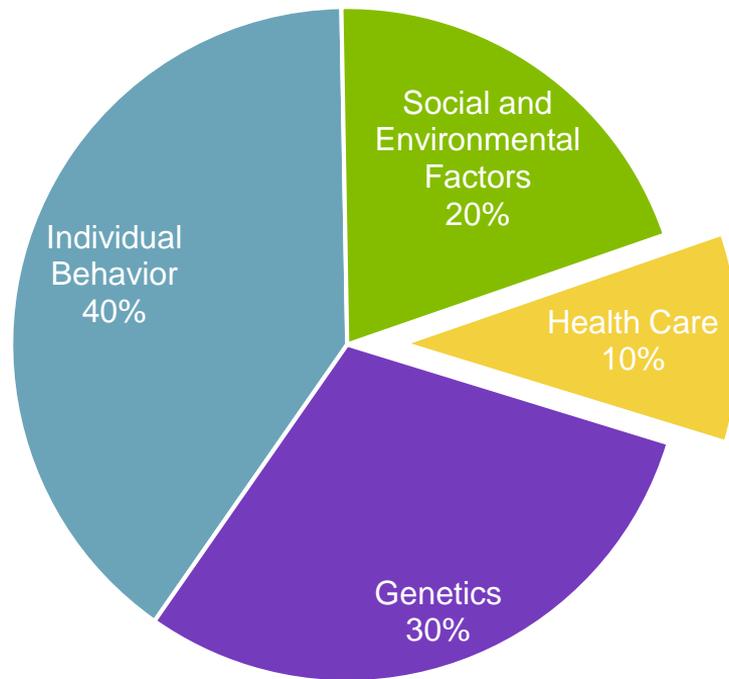
Social Determinants of Health

Social determinants of health (SDoH) are the conditions under which people are born, grow, live, work, and age.

Commission on Social Determinants of Health 2008. CSDH Final Report: Closing the Gap in a Generation: Health Equity Through Action on the Social Determinants of Health. Geneva, Switzerland: World Health Organization.

Impact of Different Factors on Risk of Premature Death

Health and Well Being



Individual Behavior and Social and Environmental Factors account for 60% of the risk

Genetics account for 30%

Healthcare accounts for 10%

Schroeder, S.A. We Can Do Better — Improving the Health of the American People N Engl J Med 2007; 357:1221-1228 DOI: 10.1056/NEJMSa073350

Question...

IF

Individual Behavior and Social and Environmental Factors account
for 60% of the risk

and

Medical Care accounts for 10% of the risk

**WHY are we so focused on medical diagnosis
and procedures?**

ASD and Psychiatric Genomic Similarities

● Genetic Linkages

- Schizophrenia and ASD ([Hofvander et al., 2009](#); [Mouridsen et al., 2008](#)),
- ADHD and mood disorders ([Cross-Disorder Group of the Psychiatric Genomics Consortium, 2013](#))

● May account for increased comorbidity burden.

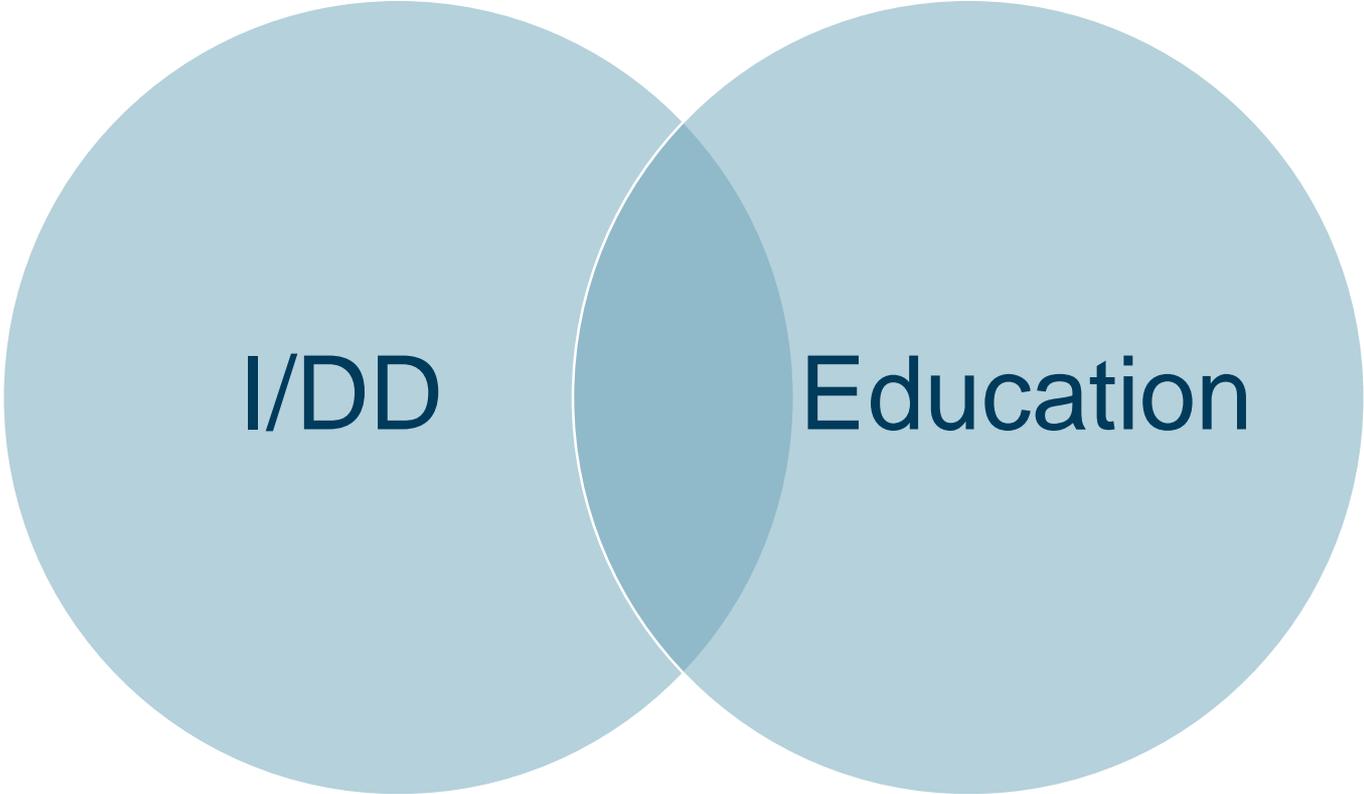
Vohra, R., Madhavan, S., and Sambamoorthi, U. Comorbidity prevalence, healthcare utilization, and expenditures of Medicaid enrolled adults with autism spectrum disorders. *Autism*. Sage Publishers (2016)

Change is coming and it is inevitable

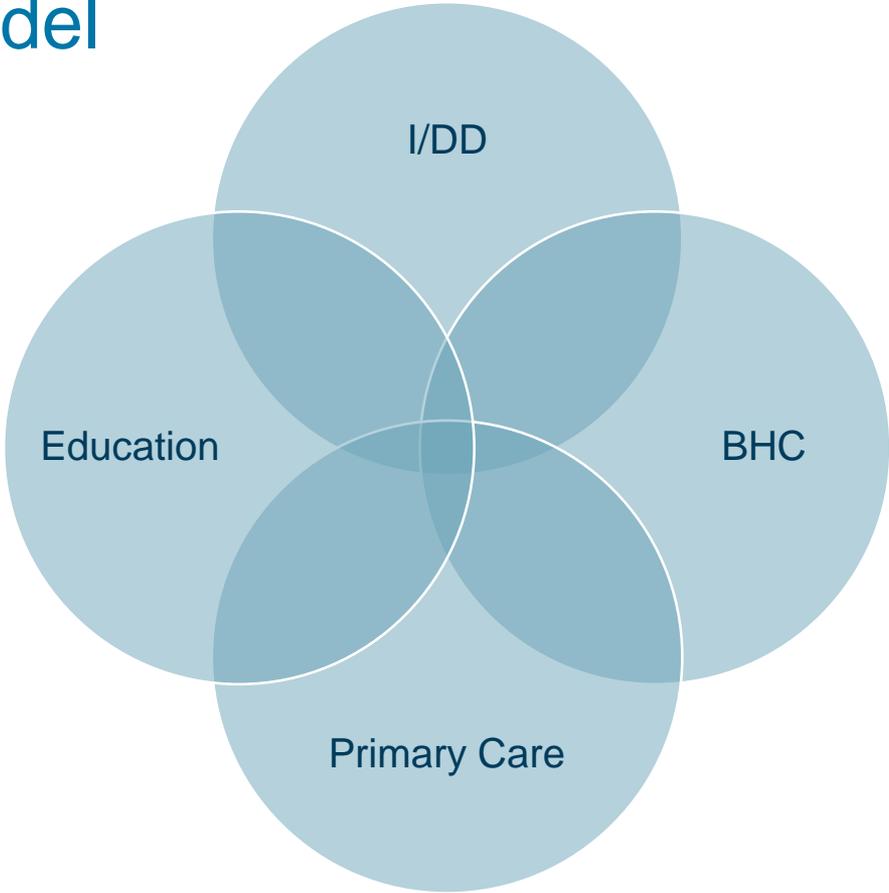


Value Based Purchasing and Care Coordination

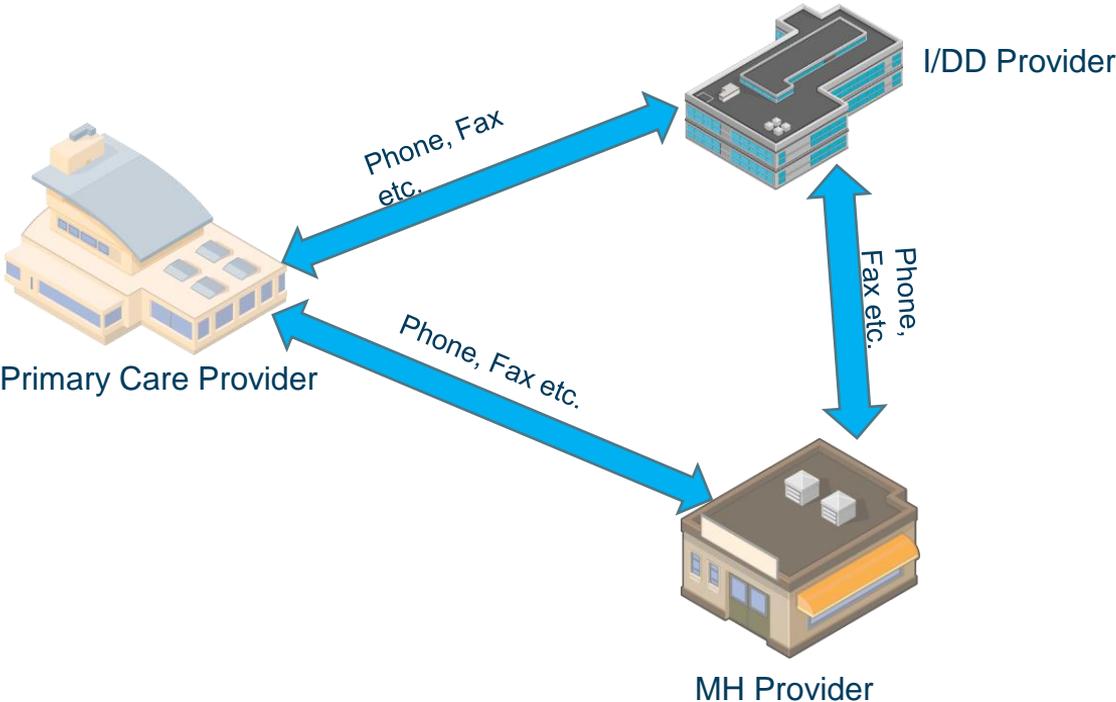
Old Model



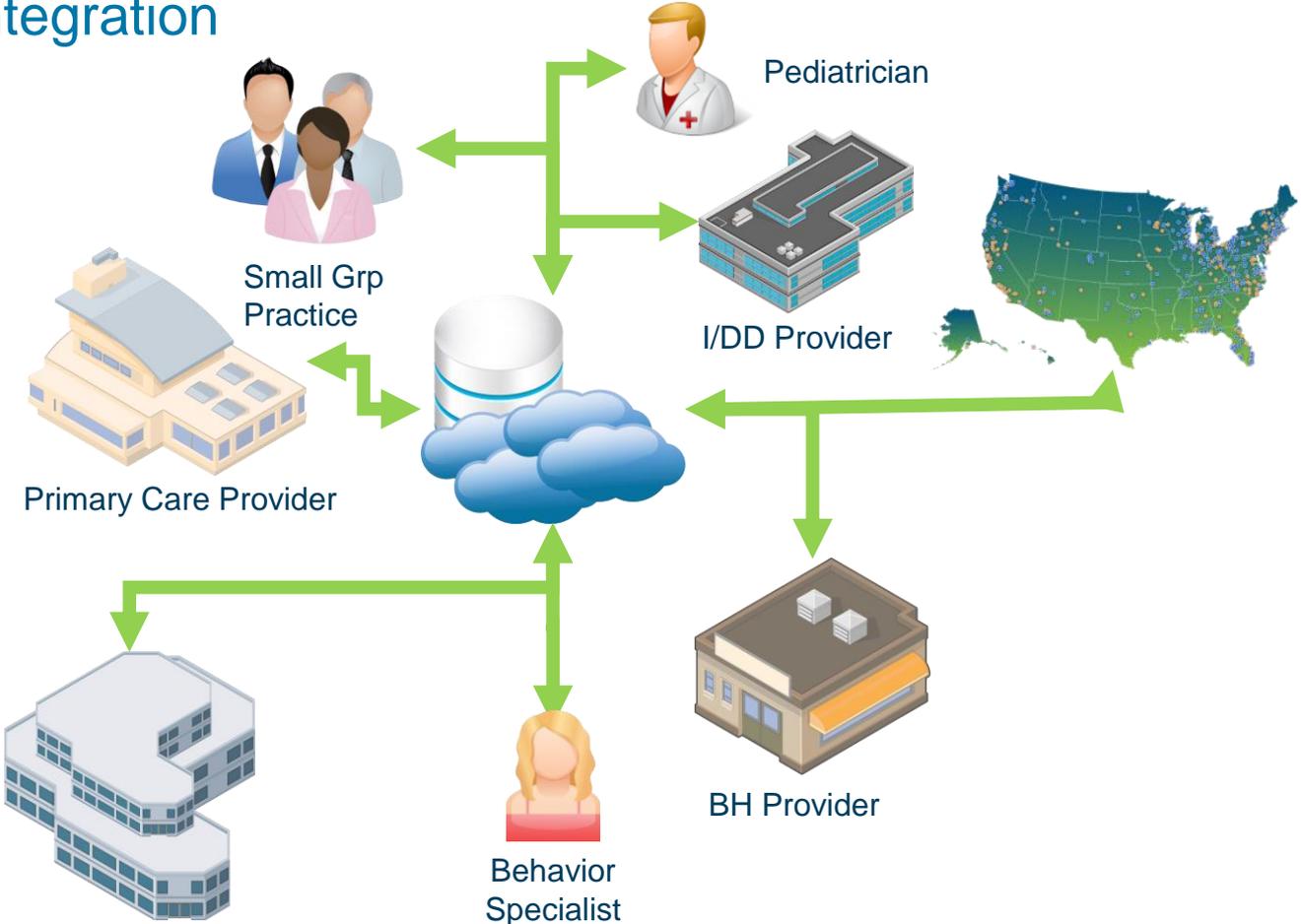
New Model



Minimal Coordination



Virtual Integration



Integrated or Value Based Care = Reform of some flavor

- Reduce institutional/inpatient care
- Lower Emergency Room usage
- Ensure appropriate Level of Care
- Drive consumer satisfaction
- Deliver health services within an integrated and connected delivery system
- Identify and manage “high risk/cost” individuals

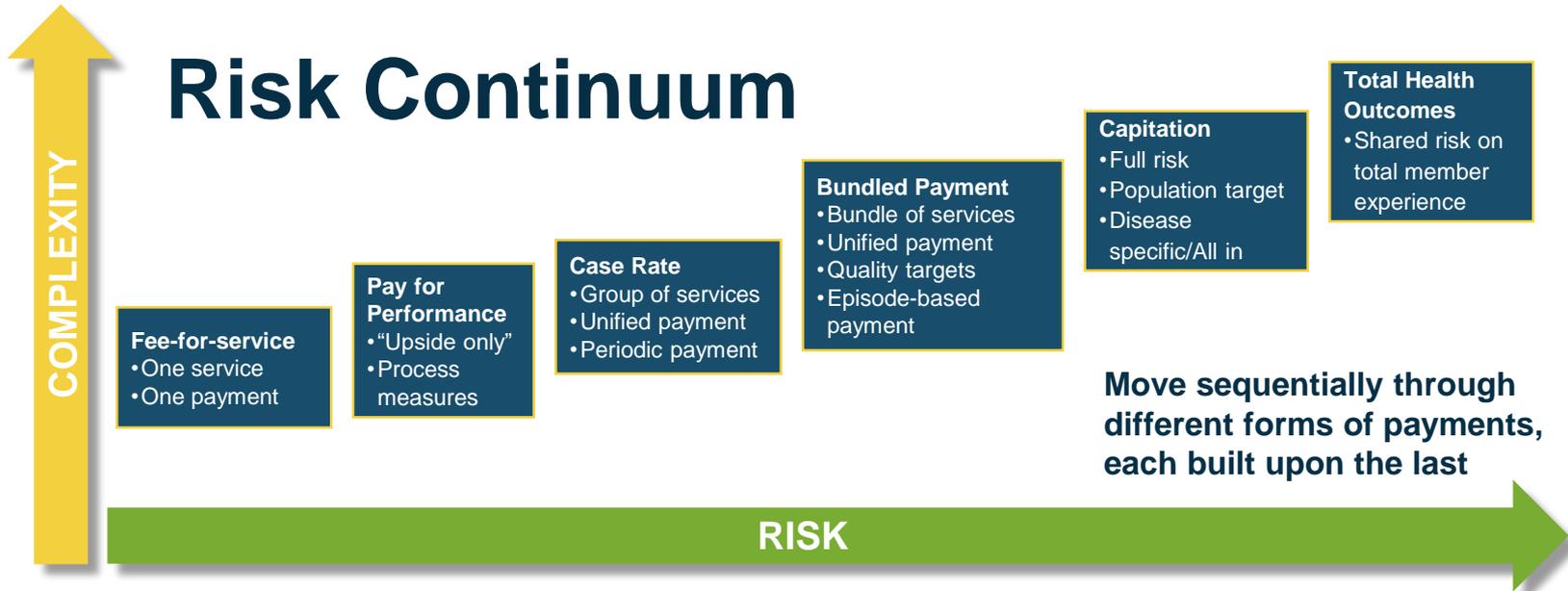
Bottom Line: Improve “Value”

Value = Quality/Cost

Incentive Evolution

Reimbursement Model	Strategy
Fee for Service	Do More, Make More
Managed Care	Do Less, Make More
Value Based Purchasing	Do Better, Make More

Risk Continuum



Health Care Payment Learning and Action Network (LAN) Alternative Payment Model (APM) Framework

- ◎ **Category 1: FFS payments not linked to quality.**
- ◎ **Category 2: FFS payments linked to quality and value.**
- Goal** → ◎ **Category 3: Alternative payment models based on FFS.**
 - Shared savings/shared risk.
 - Bundled or episode-based payments.
- Goal** → ◎ **Category 4: Population-based payments.**

Alternative Payment Model Framework and Progress Tracking (APM FPT) Work Group. Health Care Payment Learning and Action Network. "Alternative Payment Model (APM) Framework: Final White Paper." January 2016.
Available at: <https://hcp-lan.org/workproducts/apm-whitepaper.pdf>.

State Strategic Initiative Examples



States with Managed Long Term Services & Supports (MLTSS) 2016

States with MLTSS that include I/DD

- AZ (Partial capitation)
- CA
- FL*
- IA(Full capitation)
- KS (Full capitation)
- MI
- MS
- NC (Partial capitation)
- RI
- WI*

* Optional

States with MLTSS that exclude I/DD

- DE
- HI
- IL
- MA
- MN
- NJ
- NM
- NY**
- TN (Employment First)
- TX

** MLTC & MAP

New York

Office for People With Developmental Disabilities (OPWDD)



Six provider organizations Medicaid care coordination organization/health home (CCO/HH) care management service to people with (I/DD).

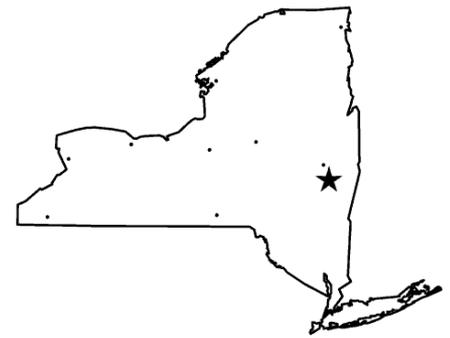
The CCO/HH will:

- Provide service coordination
- Integrate coordination of other services e.g. health care, wellness, behavioral, and mental health services
- Develop a single individualized Life Plan for each member.

Users can opt out

<https://www.openminds.com/market-intelligence/news/new-york-announces-six-care-coordination-organizations-for-people-with-i-dd/>

New York Measures Summary



● Care Coordination

- Implementation of Council on Quality Leadership (CQL) Persc Measures (POMs)*
- Implementation of personal safeguards
- Transitioning to a more integrated setting
- Employment
- Self-direction

● Preventative Care

- Bladder and Bowel Continence
- Falls
- Choking

● Transitional Care

- Supporting individuals' transition from institutional settings to community settings

New York Measures

Council on Quality Measures (CQM)

Personal Outcome Measures (POMs)

- **My Human Security: Non-negotiable human and civil rights**
- **My Community: Access to be in, a part of, and with community**
- **My Relationships: Social support, intimacy, familiarity, and belonging**
- **My Choices: Decisions about ones' life and community**
- **My Goals: Dreams and aspirations for the future**

New York Crosswalk

- ① CQL-POMS
- ① DSP Core Competencies
- ① NADSP Code of Ethics
- ① HCBS Fed Regs
- ① Person Centered Planning
- ① PROMOTE *

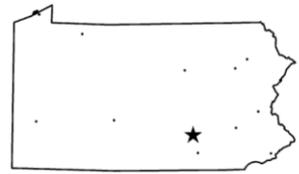
**NY DSP Training Program*



My Self

CQL Personal Outcome Measures	OPWDD's DSP Core Competencies	NADSP Code of Ethics	HCBS Federal Regulations	Person-Centered Planning	PROMOTE
People are connected to natural support networks	B: Getting to know the person through assessment and discovery; F: Building and Maintaining Relationships	1: Person-Centered Supports—first allegiance is to the person being supported and all functions flow from this.	Supporting full access to the community that any other person not receiving services can enjoy.	Person invites to all planning those whom s/he chooses.	All three aspects of the Green Zone, Connections, Relaxation & Recreation and Self Confidence provide opportunity to support that person in building a richer, fuller life.
People have intimate relationships	F: building and maintaining positive relationships; O: promoting positive behavior and supports H: developing professional relationships	7: Relationships recognizing importance of friends and family, assisting with informed choices in self-expression, separating professional's personal beliefs	Honoring a person's priorities; right to have visitors of one choice; provider ensuring dignity of risk.	Person communicates desired personal relationships and exercises informed decisions/choices.	Connections to others is one of the three building blocks of each person's Green Zone. Improving Connections is defined, demonstrated and practiced.
People are safe	S: supporting safety; R: supporting crisis prevention, intervention and resolution; T: ensuring safety during environmental emergencies	Promoting physical and emotional well-being; encouraging growth, recognizing autonomy; reducing risk from harm.	Protects persons from coercion and restraints; Right to personal space and privacy with the ability to lock one's room and control access; ensures reasonable dignity of risk.	Person has key to lockable front door of residence and bedroom door.	Primary Tools practiced and assessed to assure competency in providing emotional support to develop and use coping strategies. Secondary Tools consistently taught.
People have the best possible health	P: Supporting Health and Wellness	2. Promoting Physical and Emotional Well-Being	Person-centered planning and outcomes; honoring a person's priorities.	Choice in functional, health, clinical supports	Health is one of the Basic Needs essential to staying in the Green Zone

Pennsylvania



- 1915(c) home- and community-based services (HCBS) waiver
- 1,050 individuals any age with ASD & I/DD
- 0-8yo if high probability of future intellectual disability or autism.
- \$70,000 in services per fiscal year, excluding supports coordination.
- Option to self-direct their services through both employer and budget authority.

<https://www.openminds.com/market-intelligence/news/pennsylvania-launches-new-hcbs-waiver-individuals-autism-dd/>

Iowa



- MCOs moved from FFS to tiered rate payment methodology for full-day services to people using home- and community-based services (HCBS)
- 423 provider organizations that serve about 5,000 TBI or I/DD.
- Tiers determined by most recent scores on the Supports Intensity Scale (SIS)

<https://www.openminds.com/market-intelligence/news/iowa-medicaid-mcos-shift-i-dd-hcbs-waiver-reimbursements-from-ffs-to-tiered-rates/>

Organizational Initiatives

Denver CO

DEVELOPMENTAL DISABILITIES HEALTH CENTER (DDHC)

Developmental Disabilities Health Center (DDHC)

- Health home to nearly 450 children and adults with IDD.
- Integrated primary and behavioral healthcare
- Patients see both medical and behavioral providers at their initial appointment
- At subsequent appointments, behavioral health providers are called into medical appointments as necessary,
- Treatment plan reflects his or her general and behavioral health needs alike.
- Follow-up appointments with behavioral health providers can be onsite or in community
- Use an EHR system that provides them a means for communicating and coordinating care on a common platform.

Kastner TA, Walsh KK. Health care for individuals with intellectual and developmental disabilities. Int Rev Res Dev Disabil(2012) 43:1–4510.1016/B978-0-12-398261-2.00001-5

Muncie IN

MERIDIAN HEALTH SERVICES: CONEXIONS

Conexxions

- 1400 people
- 170 staff
- All Ages
- Service Mix:
 - Individual Therapy
 - Group Therapy
 - Case Management
 - Psychiatric Services
 - Meridian MD (FQHC)
 - Behavior Management Consultation
 - Emergency Services

SEVEN HILLS

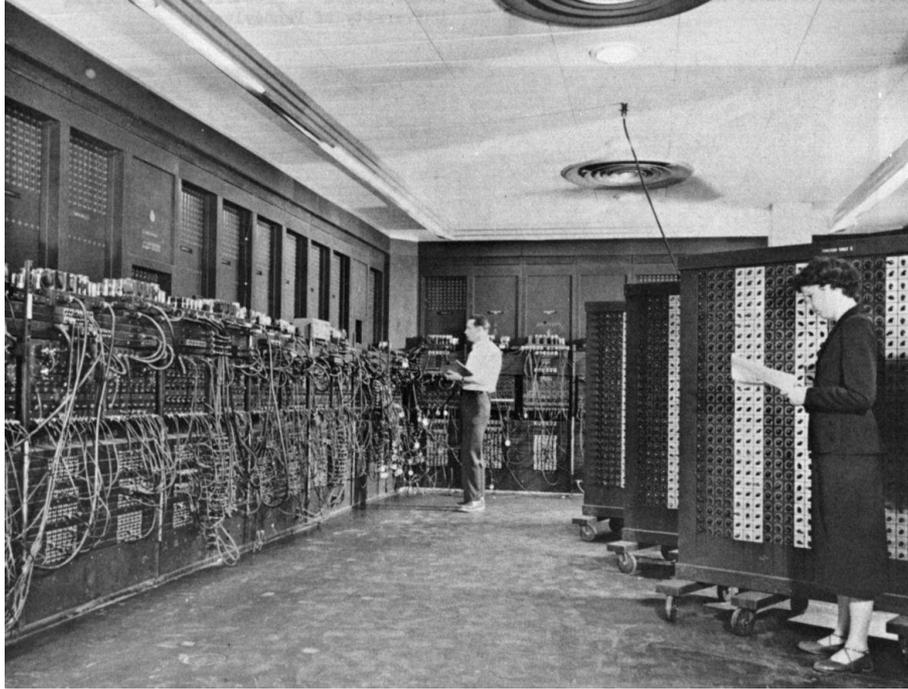
Worcester, MA

Seven Hills

- ⦿ The I/DD benchmarking program is exceptionally unique
 - Data used to determine best practices dual eligible individuals
 - Benchmarking is a real differentiator for them
- ⦿ Benchmarking fosters positive and effective conversations about what they are measuring and why
- ⦿ Better defined measures and outcomes for success
- ⦿ Easier accreditation
- ⦿ Greater informed practices
- ⦿ Increased access to grant funding

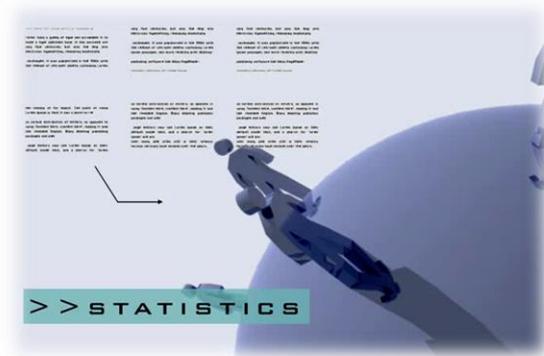
[Read more at:](#)

https://www.ntst.com/success_stories/seven_hills.aspx

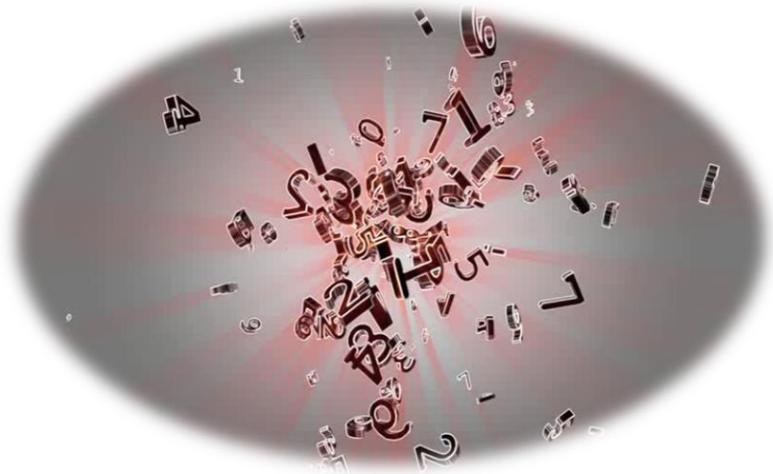


VALUE BASED CARE: TECHNOLOGY, LEADERSHIP AND CULTURE

Knowledge
Without Data
is
Opinion



DESCRIPTIVE ANALYTICS



BENCHMARKING

Why Benchmark?

Performance is measured in all organizations

Clinical, operational and financial

Manage by data rather than by opinion

The Limitations of Your Performance Data

Your internal data system tells you:

“Our no-show rate is 17%”

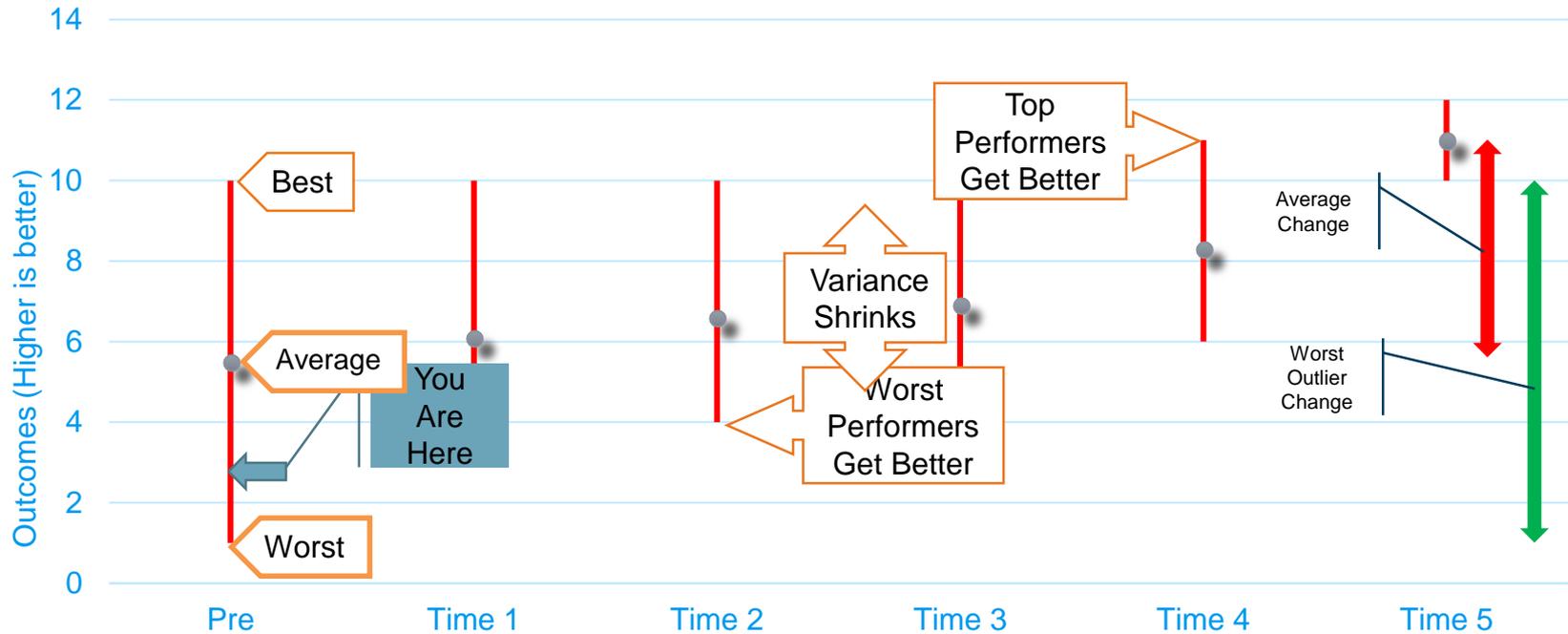
Your next question should be?

Compared to what?

Critical

Practice Based Evidence Clinical Improvement

High-Low-Average



Based on work done by Brent James at Intermountain Health Care

Consider these data

Sample 1	
1	4.26
2	5.68
3	7.24
4	4.82
5	6.95
6	8.81
7	8.04
8	8.33
9	10.84
10	7.58
11	9.96

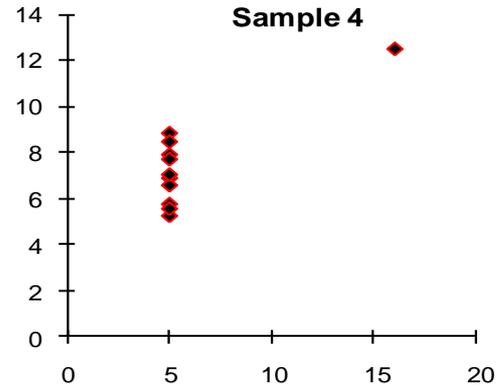
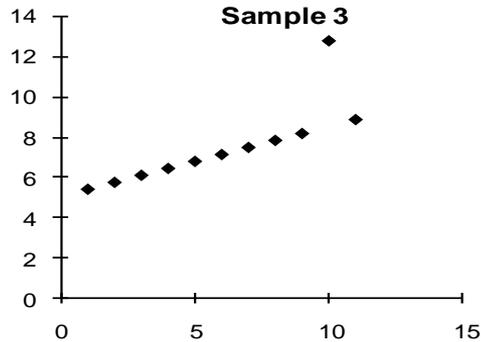
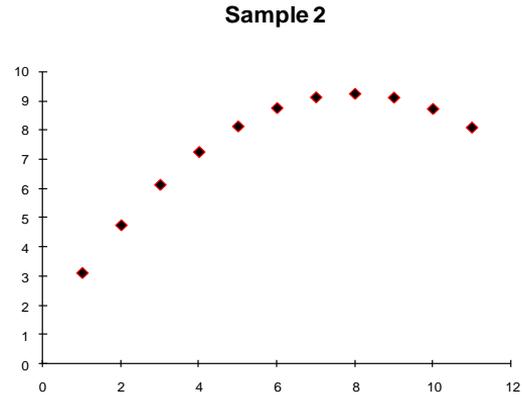
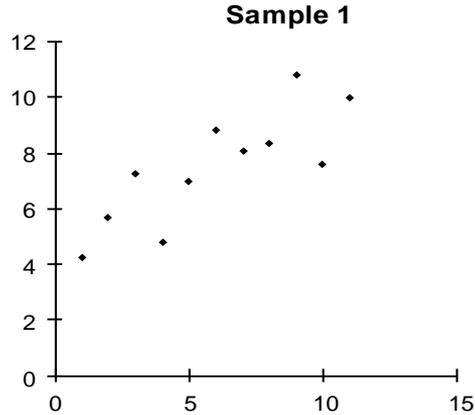
Sample 2	
1	3.1
2	4.74
3	6.13
4	7.26
5	8.14
6	8.77
7	9.14
8	9.26
9	9.13
10	8.74
11	8.1

Sample 3	
1	5.39
2	5.73
3	6.08
4	6.42
5	6.77
6	7.11
7	7.46
8	7.81
9	8.15
10	12.74
11	8.84

Sample 4	
16	12.5
5	6.89
5	5.25
5	7.91
5	5.76
5	8.84
5	6.58
5	8.47
5	5.56
5	7.71
5	7.04

Adapted from E.Tufte The Visual Display of Quantitative Information. Graphics Press, Cheshire, CT 1983

**Consider
how your
end user
absorbs
information**



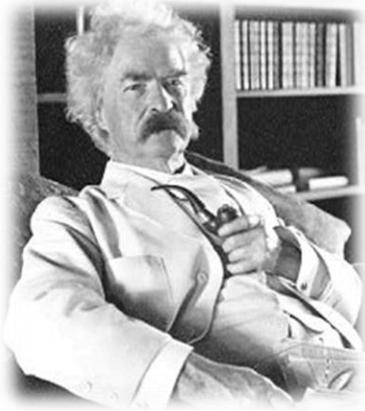


Reporting Period: 01/01/2016 - 03/31/2016

Trend **Compared to Md** **Percentile** **Rank**

#	Description	Trend	Score	Overall Percentile	Rank within Comparison Pool
1	Overall, I am satisfied with the services I received here		Your Score: 87.00 Median: 84.96		25 of 87 Organizations
2	I would recommend this agency to a friend or family member		Your Score: 85.90 Median: 84.33		31 of 87 Organizations
3	Staff returned my call within 24 hours		Your Score: 80.06 Median: 78.77		31 of 87 Organizations
4	I, not staff, decided my treatment goals		Your Score: 78.50 Median: 77.26		44 of 87 Organizations
5	Staff here believe that I can grow, change and recover		Your Score: 85.90 Median: 84.69		25 of 87 Organizations
6	I felt free to complain		Your Score: 82.70 Median: 80.15		31 of 87 Organizations
7	I am better able to control my life		Your Score: 76.30 Median: 77.42		50 of 87 Organizations
8	I do better in social situations		Your Score: 71.80 Median: 71.93		31 of 87 Organizations

Facts are stubborn
things...
but statistics are more pliable.



Mark Twain

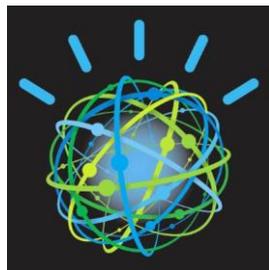
PREDICTIVE ANALYTICS



WAL★MART®



amazon®



Google™



Harrah's®



Start with Population Risk Stratification

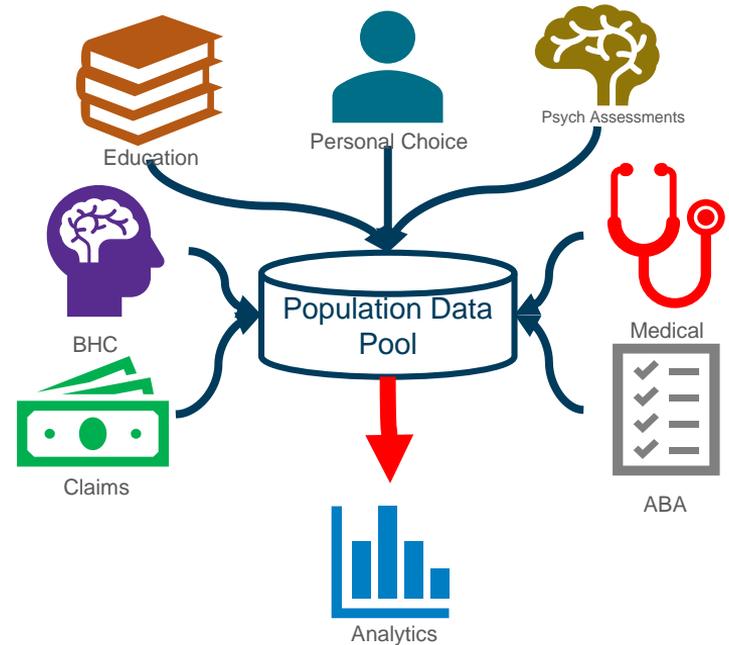
Target a small number of population health management use cases that will produce immediate results

Use data from a variety of sources

Stratification can be as simple as:

Top 1% based upon number/type of conditions

Top 1% based upon client cost





Clinical

Operational

Financial

My KPIs

To Operational Details

Common Selectors

Admission	Service	Client	Diagnosis	Financial
Admission Program				
Admission Program Category			Admit	
Admission Program Status			Yes	
Admission Treatment Setting			Outpatient	
Admission Referral Status				
Admission Type			Outpatient	
Program RRG Value				
Admission Status				
Readmission within 30 Days				

Search

Current Selections

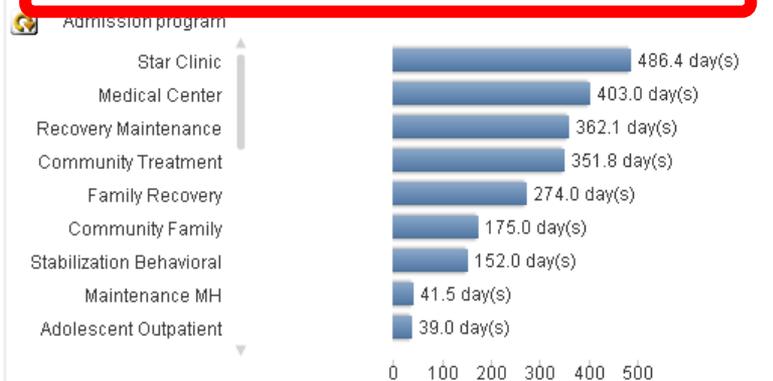
ICD10 Entry Level 1 ↻ ■ F01-F99 - Mental, Behavioral and Neurodevelopmental disorders

Calendar Year Filters

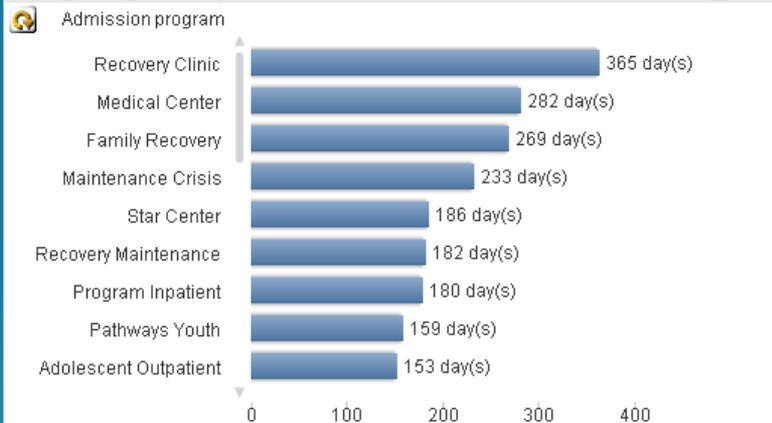
Fiscal Year Filters

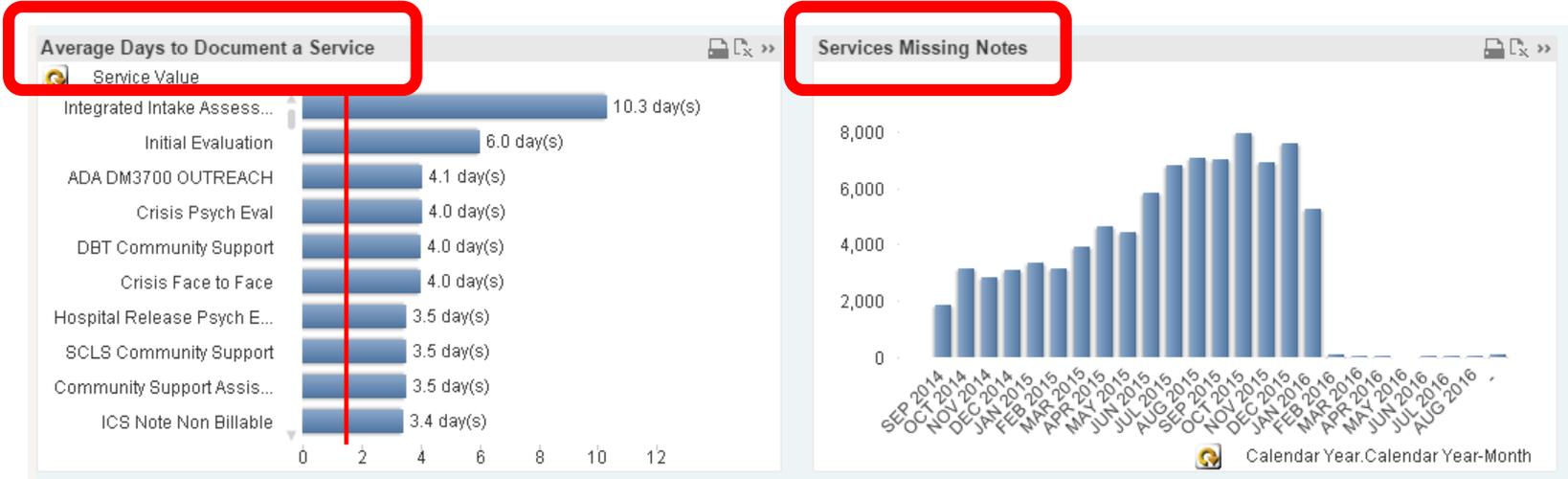
Access to Treatment

Avg. Days between Intake and First Service Appointment



Average Length of Stay





Use condition boxes below to compare client populations with multiple diagnoses

Comorbid Diagnoses

ICD10 Condition 1

Category 1 F01-F99 - Mental, Behavioral and Neurodevelopment...

Category 2 F70-F79 - Intellectual Disabilities

Category 3

Codes

ICD10 Condition 2

Category 1 E00-E89 - Endocrine, nutritional and metabolic diseas...

Category 2

Category 3

Codes

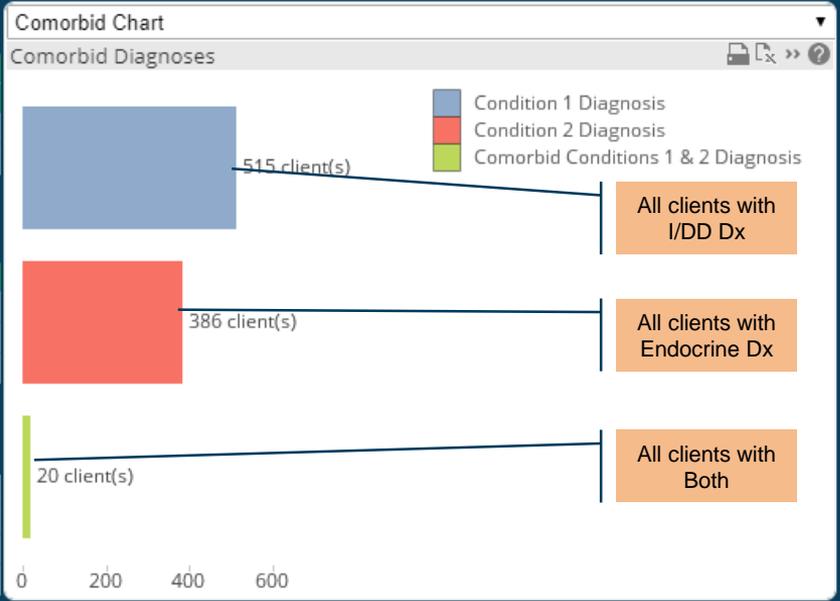
ICD10 Condition 3

Category 1

Category 2

Category 3

Codes



Technology Challenges in I/DD

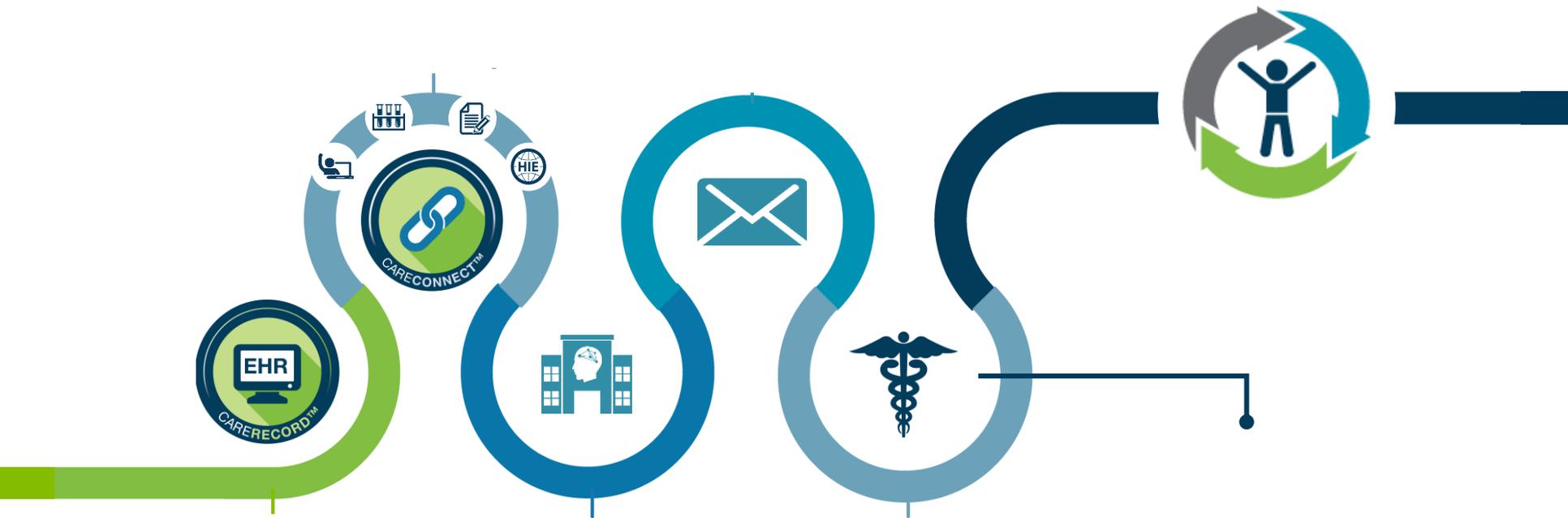
- ① **Process vs. Outcome Driven Regulations**
- ② **Limited Integration & Care Coordination**
- ③ **Cost Controls Don't Focus On Value**
- ④ **Lack Of Industry Standards & Benchmarks**

Technology and Communication

- ⦿ Electronic silos are everywhere
- ⦿ How to facilitate e-communication?
 - Primary care – Education – Behavioral Health – I/DD & ASD
 - “Secret sauce” is the data standards behind the scene not EHRs per se
 - Remember original ATMs?
 - How to define social components
 - ▶ Use CCD and CCDR as the model – XML specification
 - Solve the “3am problem”
 - ▶ Work with payers and regulators
- ⦿ Pareto was right
 - Rigorously enforce the 80/20 rule
 - ▶ What do you do MOST of the time?

The Journey to Integrated Care

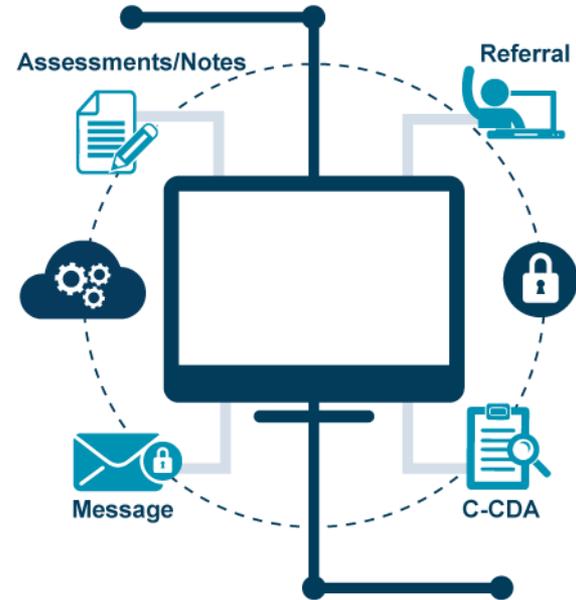
Interoperability



Direct Secure Messaging Solution

A Look at Some Key Capabilities

- Exchange referrals with external provider organizations
- Send and receive clinical data, lab results and treatment plans as required for integrated care models
- Incorporate external data directly into the consumer's chart utilizing the existing user workflow



Culture

“Culture is not the most important thing,
it’s the only thing”.

Jim Sinegal, Costco co-founder

Every system is perfectly designed to get the results it gets.

Source: Earl Conway or Paul Batalden or W. Edwards Deming or Don Berwick or...

Leslie Proctor Editor's Notebook: A Quotation with a Life of Its Own. Patient Safety and Quality Healthcare July / August 2008 <https://www.psqh.com/analysis/editor-s-notebook-a-quotation-with-a-life-of-its-own/>

Conway's Law

Companies create products and services that are a reflection of themselves, the way they're organized, communicate and work.

Sam Newman 30 JUN 2014 Demystifying Conway's Law. ThoughtWorks
<https://www.thoughtworks.com/insights/blog/demystifying-conways-law>

Leaders need to recognize that all experiences create culture, and their culture is either working for them or against them.

Roger Connors, CEO Partners in Leadership in Organizational Culture In The Digital Age.

<https://www.forbes.com/sites/shamakabani/2014/06/10/organizational-culture-in-the-digital-age/#17ca85d971df>

Barriers and Challenges

Three Types of Barriers

- ⦿ Financial
- ⦿ Care Coordination
- ⦿ Cultural

Ervin, D. A., Williams, A., & Merrick, J. (2014). Primary Care: Mental and Behavioral Health and Persons with Intellectual and Developmental Disabilities. *Frontiers in Public Health*, 2, 76.

Future/Challenges

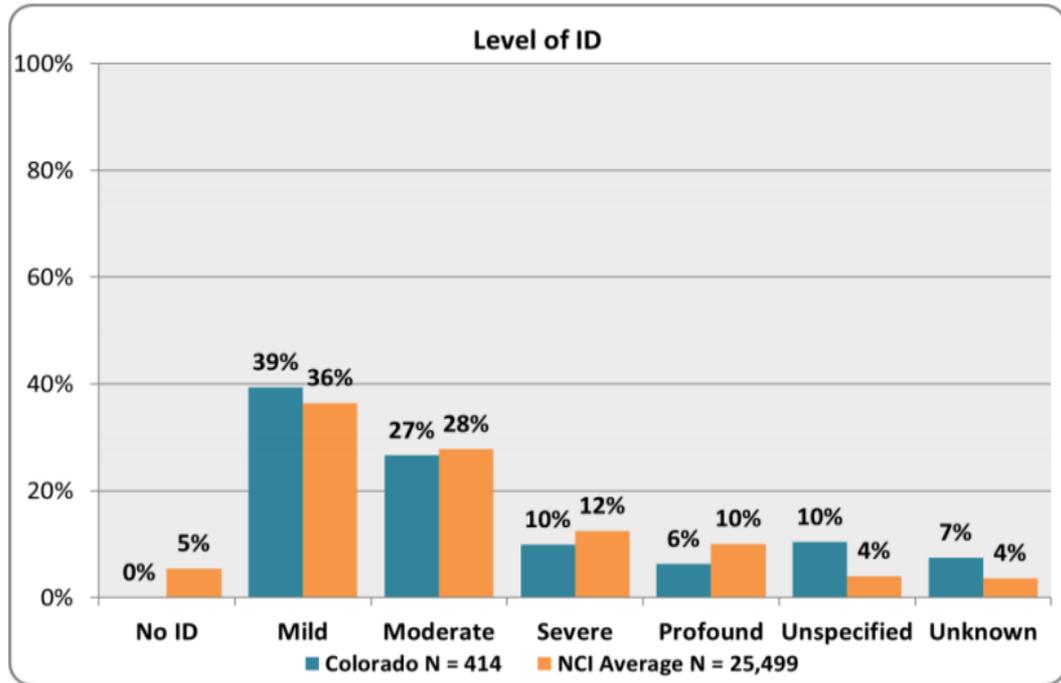
- ⦿ Colorado's system of community-based supports has reached a tipping point and needs payment and funding reform
- ⦿ Colorado's IDD service system is evolving from FFS to VBC
 - Colorado Accountable Care Collaboration (ACC)
 - Conflict Free Case Management (CFCM)
 - Person-Centered Care Planning
- ⦿ Feds discussing ways to curb Medicaid costs
- ⦿ Shrinking provider capacity



Domain	Sub-Domain	Concern Statement
Individual Outcomes	Work	People have support to find and maintain community integrated employment.
	Community Inclusion	People have support to participate in everyday community activities.
	Choice and Decision-Making	People make choices about their lives and are actively engaged in planning their services and supports.
	Self Determination	People have authority and are supported to direct and manage their own services.
	Relationships	People have friends and relationships.
	Satisfaction	People are satisfied with the services and supports they receive.
Health, Welfare, and Rights	Safety	People are safe from abuse, neglect, and injury.
	Health	People secure needed health services.
	Medications	Medications are managed effectively and appropriately.
	Wellness	People are supported to maintain healthy habits.
	Respect/Rights	People receive the same respect and protections as others in the community.
System Performance	Service Coordination	Service coordinators are accessible, responsive, and support the person's participation in service planning.
	Access	Publicly-funded services are readily available to individuals who need and qualify for them.

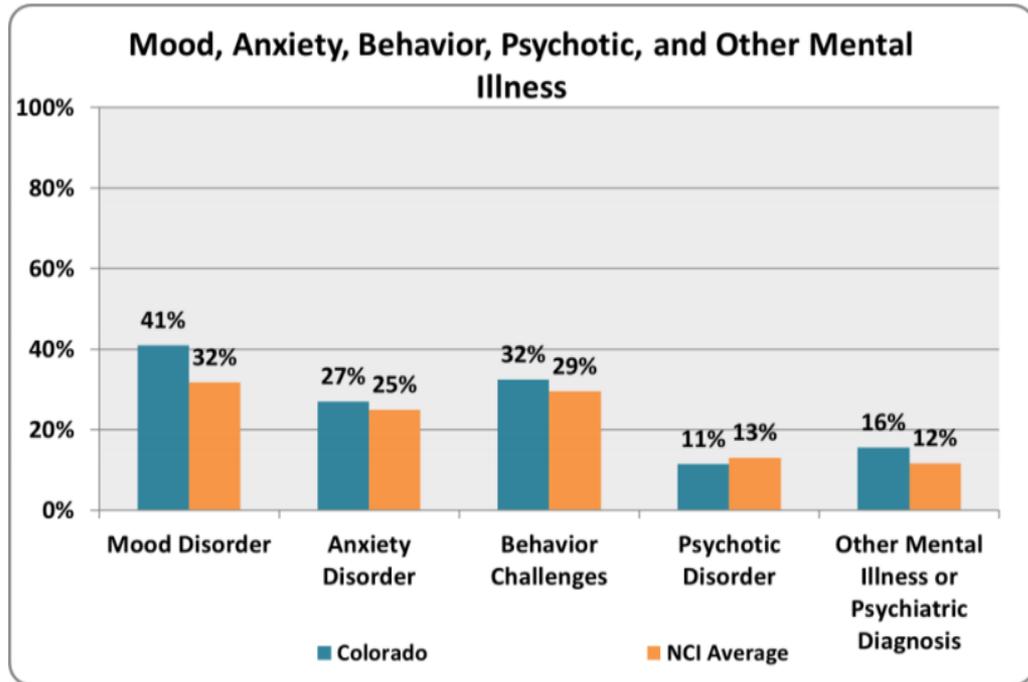
NCI Adult Consumer Survey Outcomes. Colorado Report 2014-2015 Data. National Core Indicators. Retrieved from https://www.nationalcoreindicators.org/upload/state-reports/2014-15_ACS_Colorado_Report.pdf

Level of Intellectual Disability CO vs Nation



NCI Adult Consumer Survey Outcomes. Colorado Report 2014-2015 Data. National Core Indicators. Retrieved from https://www.nationalcoreindicators.org/upload/state-reports/2014-15_ACS_Colorado_Report.pdf

Cooccurring Mental Illness CO vs Nation



NCI Adult Consumer Survey Outcomes. Colorado Report 2014-2015 Data. National Core Indicators. Retrieved from https://www.nationalcoreindicators.org/upload/state-reports/2014-15_ACS_Colorado_Report.pdf

Empower Act – Cantwell and Portman

- Sens. Maria Cantwell, D-Wa., and Rob Portman, R-Ohio, introduced the Ensuring Medicaid Provides Opportunities for Widespread Equity, Resources and Care Act (EMPOWER Care Act)
- Renews and expands the Money Follows the Person (MFP) Demonstration Program.
- First created in 2005/Operational in 2008.
- MFP saved ~\$1 billion for Medicare and Medicaid

Flynn, M. (December 18, 2017) Empower Act Extends Funding for Care at Home. Home Health Care News. Retrieved from <https://homehealthcarenews.com/2017/12/empower-act-extends-funding-for-care-at-home/>

Common Themes for Value Based Care Initiatives

- ① If you've seen one, you've seen one
- ① Targeted Population
- ① Care Coordination
- ① Measurement and Analytics
- ① Leadership
- ① Electronic Data Capture and Exchange

Too often we hold fast to the clichés of our forbearers.

We subject all facts to a prefabricated set of interpretations.

We enjoy the comfort of opinion without the discomfort of thought.

-John F. Kennedy



Thank You



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[YouTube TEDxBloomington](https://www.youtube.com/watch?v=zQbtDaJCi0M)
<http://www.youtube.com/watch?v=zQbtDaJCi0M>