Improving the Stakeholder Experience through Collaborative Digital Transformation

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Today’s Agenda

Topics

Welcome/Introduction

Drivers for Change

Common Challenges

Guiding Principles for Transformation

Potential Benefits of Change

What’s Next?

Closing/Panel Q&A
Your Speakers Today

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Multiple factors are driving the need for transformation in the LTSS space

LTSS Transformation Drivers

- 21st Century Cures Act
- Balancing Incentive Program and No Wrong Door
- CMS Reform of Requirements for Long-Term Care Facilities
- HCBS Final Rule
- Managed Care for LTSS/HCBS
- Population/Demand
- Technology Innovations
Trends in LTSS: Innovations to Address State Needs

States are looking for innovative solutions to address pain points and focus on three key goals: reduce costs, improve the individual’s care experience, and improve population health.

Sample Innovation Trends

Using Analytics to Improve Quality and Identify Risks

- Use data to better understand overall program quality and identify risks to participants
- Leverage insights to provide guidance to program managers and workers

Implementing Cloud-Based Systems

- Implement a solution that is available to all users via the Internet “cloud”
- Provide access through mobile platforms and self-service portals to improve flexibility and accessibility for workers, staff, and consumers

Key Benefits:

- Provides an integrated program view
- Drives consumer-level actions based on identified risks
- Supports workers to navigate information

Key Benefits:

- Reduces cost of ownership
- Improves flexibility
- Enhances collaboration abilities
Common Program Management Challenges
As the scope and size of state HCBS programs expand, so do the challenges of coordinating care and delivering/monitoring quality services

### Oversight Challenges

<table>
<thead>
<tr>
<th>Lack of Timely and Consistent Data</th>
<th>LTSS data is often inconsistent in format and not available in time to be used to inform key decisions</th>
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<tbody>
<tr>
<td>Defining and Managing for &quot;Quality&quot;</td>
<td>Standard quality measures for HCBS programs are not yet mature and in many cases are still being defined</td>
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<tr>
<td>Moving from FFS to MLTSS</td>
<td>Difficulties moving from direct program involvement to contract management of MCOs and cross-MCO program oversight</td>
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### Operational Challenges

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<tr>
<th>Program Silos/ Lack of Consistency</th>
<th>Lack of standardized processes, policies, and procedures across different waiver programs and/or different operating agencies/departments</th>
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<td>Limited Visibility into Benefits</td>
<td>Poor outreach capabilities and lack of transparency across different benefit programs</td>
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<tr>
<td>Inefficient and/or Manual Processes</td>
<td>Lack of an IT system that automates the various waiver processes and integrates with other enterprise systems</td>
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Guiding Principles for Transformation

Determining the best approach for system modernization that aims to resolve as many existing challenges as possible

- **Process Streamlining**
  Streamline processes—such as no-wrong-door application intake—to enhance efficiencies and enable faster access to services

- **Cross-Program Standardization**
  Standardize programs to improve the user experience, ease cross-program communication, and share cost of program and case management

- **Real-Time Access to Data**
  Improve access to information for all users—including the individuals and their families—to enhance visibility into their own care and benefits

- **Optimization of Care Coordination**
  Promote visibility into case information for beneficiaries and their care teams to ease communication gaps and promote continuity of care

- **Promotion of Data-Driven Decision Making (Analytics)**
  Plan for the use of data to inform decision making at all levels of the organization, including how advanced decision support technology will be leveraged
Alignment with Regulations

Focus on a solution that supports requirements of CMS Final Rules

**Conflict-Free Case Management**
Requires that any case management provider not provide another HCBS direct service, unless that provider is the only one in the participant’s geographical area

**Person-Centered Planning & Person-Centered Service Plan**
All planning, including updates to plan, have a process established so individuals may make changes to service providers and/or services. Service Plans are oriented around the individual’s strengths, preferences, goals, and wanted outcomes, and these are clearly linked and visible to the individuals and their care teams

**Non-Institutional Settings**
HCBS services cannot be provided in an institutional setting, and the system disallows this by having only approved providers available for selection

**Network Adequacy/Freedom of Choice**
For MLTSS, develop and monitor standards to ensure beneficiaries can efficiently access providers in the network, have multiple providers to choose from, and monitor MCO compliance with these standards
Promotion of Data-Driven Decision Making

Systems should have the ability to leverage data to improve LTSS quality

The goal of LTSS is to deliver services using a coordinated model to improve outcomes and quality while controlling costs. An integrated analytics solution is needed to monitor and control such complex programs regardless of operating model.
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1. KPIs
2. Time-sensitive records
3. Tasks
4. Clients with Unmet Needs
5. Important Alerts
6. Telehealth
7. Remote Monitoring
HealthInteractive™ Analytics for LTSS

Using analytics to guide program management, identify risks, and improve quality. Some examples:

- Program Enrollment
- Waitlist
- Incident Trends
- Service Coordination Oversight
- Provider Risk
- Individual Risk
Key Elements of Transformation
A system that aligns expectations and actions among a variety of user groups to manage the ongoing case management process

Measuring and Reacting to Key Metrics
- Gives Program Administrators the ability to gauge overall program health at a glance while supporting drilldown to individual participant and provider details
- Makes Service Coordinators aware of key changes in the status of the individuals they serve

Workflow & Task Management
- Replaces manual and operational processes with a solution that supports timely completion of work items through task assignment
- Routes case to the appropriate next step in the workflow to improve efficiency between process phases

Single View of the Individual
- Provides single view of an individual’s case across programs and benefits
- Prevents users from having to navigate multiple systems to see an individual’s case details

Person-Centered Service Planning
- Involves individuals/families in the service planning process to determine which services should be requested for authorization
- Includes an individual’s goals and objectives and requires each service to be aligned with a goal/objective—promoting service alignment with the needs/wishes of the individual
Trends in LTSS Case Management Technology — What’s Next?

Opportunities to move beyond traditional case and program management and leverage Analytics and Artificial Intelligence (AI) to enhance states’ management of their programs

Using Analytics to Predict Risk and Guide People in How to Improve Case Management

- Leveraging Health Information Exchanges (HIEs) for LTSS
- Continuing automation of administrative tasks
- Continuing to increase the data sources used for oversight and case management, including additional health data and data collected as part of Electronic Visit Verification (EVV) implementations
- Using multiple predictive algorithms and machine learning to not just identify issues, but also to identify strategies and tactics that work both for programs and individuals
- Integrating decision support (AI) into case management solutions to directly assist support coordinators
Questions?