

Louisiana Health and Wellness - DHH

House Concurrent Resolution No. 186

2015 Regular Session

February 1, 2016

...the Legislature of Louisiana does hereby urge and request the Department of Health and Hospitals to study and evaluate Louisiana's current statewide system of healthcare delivery, the current level of health and well-being of the residents of Louisiana, and the available and emerging models of healthcare delivery to develop a Louisiana Health and Wellness Innovation Plan to recommend positive reforms to move the state's healthcare system in the right direction to meet the state's goal of having the healthiest people in the nation with access to the highest quality, most affordable healthcare.

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Introduction

House Concurrent Resolution No. 186 aims to address improvements in the efficiency of the health care delivery system in Louisiana. Factors such as high out-of-pocket costs for health care, the need for a higher continuity of care across economic, racial and cultural disparities, coupled with the demand for new and innovative solutions for a more equitable and affordable health care system, creates an environment in which Louisiana must respond with change.

Change requires a great degree of transparency, goal setting and strategy that will lead to desired outcomes. DHH through the Office of Public Health (OPH) has responded to this need for change through its Strategic plan and forthcoming *Louisiana State Health Assessment and Improvement Plan*. That assessment will be an excellent, detailed addition to this report. This plan takes a look at what is currently being done within DHH to ensure our citizens are receiving the best care and outlines major accomplishments and ongoing projects to date. This report will also include the Department's goals and how they aim to build foundational change for better health outcomes.

It is of the utmost importance for the Department to work collaboratively with organizations and agencies across Louisiana to dialogue and align around a common framework. These plans have enabled DHH to establish priorities, guide planning, and define strategy that allocates resources and energy to fulfill its mission. In fulfillment of the request for the creation of the Louisiana Health and Wellness Innovation Plan, the text will be coming from DHH transition documents, the OPH Strategic Plan and the upcoming Statewide Health Assessment (SHA), as mentioned.

The Department of Health & Hospitals

The Louisiana Department of Health and Hospitals' mission is to protect and promote health and to ensure access to medical, preventive and rehabilitative services for all Louisiana residents. Our responsibilities include administering the state's Medicaid program; ensuring and promoting public health through monitoring, coordination and outreach; maintaining a system for those with behavioral health needs; and providing services for aging populations and individuals with disabilities.

DHH has undergone significant streamlining over the past several years. Since State Fiscal Year (FY) 2008, the Department has reduced its staff by nearly 55 percent, from more than 12,800 authorized positions to more than 5,500 in FY 2016. While some of these positions are related to the transition of local human service delivery to independent local governing entities (LGEs), DHH has completely transformed its footprint through closures and privatizations of state-operated health care facilities and administrative reorganizations. Our employees are divided among nine administrative regions and include staff members at one state developmental center, two mental health facilities, one nursing facility, 67 public health units, and nine regional offices and include teams at public health offices in New Orleans and our Department's headquarters in Baton Rouge. Collectively, these employees manage the ongoing provision of hundreds of programs and initiatives through an annual budget that, in FY 2016, totals \$9.7 billion.

Over the last several years, DHH has focused on initiatives in three major areas that support our mission and help to save Louisiana taxpayers money. The three themes guiding the Department's work include:

- building foundational change for better health outcomes;
- promoting independence through community-based care; and
- managing smarter for better performance.

Building Foundational Change for Better Health Outcomes

A cornerstone of the Department's focus is the goal of building systems that challenge the status quo, with a focus on improving health outcomes. Foundational change requires thoughtful consideration, stakeholder input and constant community engagement to build strong systems from the ground up that will help Louisiana improve the health outcomes of our residents and will help us become a national model for the delivery of health care supports and services. The five initiatives under this theme are focused on continuing our significant progress and improving upon the programs we've implemented over the past few years. They include:

- continuing to strengthen our Medicaid managed-care program called Bayou Health;
- continuing to strengthen access to behavioral health services and better coordinating this care with primary care by integrating behavioral health care into the Bayou Health plans;
- continuing the transition of human service care and supports from the state agency to local governing entities (LGEs);
- harnessing technology to improve public health; and
- improving care and outcomes through effective public health management.

OPH Strategic Plan

The vision of this section is characterized by a trained and highly motivated workforce, who will employ science-based best practices to ensure that all people in Louisiana have the opportunity to grow, develop, and live in an environment that promotes the physical, behavioral, and social health of individuals, families, and communities.

A top priority is meaningful internal and external collaboration. Collaboration is working with each other to do a task and to achieve shared goals. As an agency, our shared mission is to protect and improve the health and wellness of all individuals and communities in Louisiana. Improving our internal and external collaborations will help our agency in achieving this goal. The strategic planning committee recognizes that in order for our agency to be successful in its mission, we need to capitalize on one of our greatest strengths: our public health workforce. The question is raised, how can we as an agency improve communication and data sharing internally in order to achieve more meaningful internal collaborations? Similarly, the committee recognizes that our agency must enhance partnerships with stakeholders in order to face the challenges that exist in improving the health and wellness of our citizens. How can we better explain public health services to the community at large in order to enhance partnerships?

Another priority is reduced health disparities. The National Conference of State Legislatures defines health disparities as population-specific differences in the presence of disease, health outcomes, quality of health care, and access to health care services that exist across racial and ethnic groups. Health starts in our homes, schools, workplaces, neighborhoods, and communities according to Healthy People 2020. We know that taking care of ourselves by eating well and staying active, not smoking, getting the recommended vaccinations and screening tests, and seeing a doctor when we are sick all influence our health.

Our health is also determined in part by access to social and economic opportunities; the resources and supports available in our homes, neighborhoods, and communities; the quality of our schooling; the safety of our workplaces; the cleanliness of our water, food, and air; and the nature of our social interactions and relationships. The conditions in which we live explain in part why some of the population is healthier than others and why citizens of Louisiana generally are not as healthy as the rest of the country. Social determinants of health are conditions in the environments in which people are born, grow, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality of life outcomes and risks. The five key areas include economic stability, education, social and community context, health and health care, and neighborhood and built environment. These areas are shaped by the distribution of money, power, and resources at global, national, state, and local levels.

Thirdly, health information technology (HIT) infrastructure, utilization, and integration continue to be a huge part of moving health improvements forward in Louisiana. Infrastructure is the hardware and software solutions needed to effectively conduct our businesses. Key components of integration besides hardware and software include careful writing of Requests for Proposal (RFPs), Intents to Bid (ITBs), and contracts, to reduce the possibility of not receiving what is intended during the scope of

work. Maintenance costs for ongoing support by the vendor must be manageable. Hosting and backups must have a solid plan. Development must always include components needed for easy integration with other applications as appropriate.

Utilization is how we collect necessary data to effectively deliver all the services and functions of Public Health, making reasonable and well-planned decisions about analyzing that data in a comprehensive way. Appropriate use of technology makes this process much more efficient and accurate when correctly configured and utilized.

And finally, integration ensures that the architecture of what we procure will interact appropriately with related systems to avoid double entry or redundancies in data storage. To ensure HIPAA compliance, people can access all but only as much as they need to best perform the duties of their offices. Well done integration allows human power to be focused on the analyses and related interventions and actions, rather than struggling with the data to force it to work together and making do with inadequately matched data

Statewide Health Assessment (SHA)

The Assessment, once available to the public, can be used by a wide variety of state and local agencies and organizations in numerous ways. For example, public health networks, hospitals, community health centers, social service agencies and businesses in a region can use this information to structure their community health assessments and health improvement plans. Government agencies, foundations, schools, and health and social service organizations can apply SHA priorities as a framework for health-related strategic planning, grant seeking and grant making, performance management, and quality improvement. The information presented in the SHA can be a valuable resource to elected officials, employers, emergency responders, and health planners about the most pressing health issues facing their populations. Academic institutions can tailor research toward these priorities and strategies to further the knowledge base on these issues.

Included in the report will be Louisiana health factors, such as access to healthcare, behavioral factors related to access and environmental factors. It will also give a status update on Louisiana citizen's health in regards to behavioral health, maternal and child health, communicable and infectious diseases, chronic disease, and mortality. Finally, the report will include Louisiana's health priorities, objectives, strategic goals, and strategies.

Major Ongoing Projects and Improvements within DHH

1. Collaboration between Public Health, Louisiana Medicaid and external partners
 - a. OPH and Louisiana Medicaid have made interagency collaboration a focus over the past few years. A central goal of this work is to leverage OPH consumer/patient data and health information technology expertise with Louisiana Medicaid provider interface and funding functions to improve care quality and reporting.
 - b. In addition to continuing this work, collaborations with Blue Cross Blue Shield of Louisiana, the Institute for Healthcare Improvement and health care providers around

- information and data sharing, chronic disease management and quality improvement efforts remain an important goal to improving the public health system of the state.
2. Integration of tobacco prevention and cessation statewide strategies
 - a. Cross-promotion of QuitLine between OPH, the Louisiana Public Health Institute (LPHI) and the Smoking Cessation Trust.
 3. Continue transformation and innovation of care for individuals living with HIV
 - a. LaPHIE (Louisiana Public Health Information Exchange) has begun onboarding private hospitals to broaden the population tracked through the program. This phase will be critical to maximizing the impact of the program on successful HIV treatment.
 4. Continue building on LEERS (Louisiana Electronic Event Registration System) as a health data information warehouse
 - a. LEERS collects a sizeable amount of health information on each resident of our state. It has been used for payment reform in DHH's 39-Week initiative, and its use can expand further.
 - b. With most of the startup work surrounding LEERS now complete, OPH now has a stable, customizable platform to expand into a much broader system for data collection and analysis. This work will permit better-informed informed policy decisions across DHH.
 5. Strengthen connections to private sector organizations and local governments to promote a culture of health
 - a. Much like LEERS with data collection, the work around many public health initiatives, such as Well-Ahead and the Birth Outcomes initiative, have now emerged from the design and implementation stages and are beginning to mature into drivers of change and improvement.
 - b. OPH is focused on deepening private buy-in and expanding the range of private entities involved in these programs. Well-Ahead, for example, has opportunities to expand into both the faith-based community and transportation sector and to become an even stronger promoter of healthy living among current members.
 6. Accreditation
 - a. OPH is working toward national public health accreditation.
 - b. This work includes the implementation of OPH's Strategic Plan, the improved use of community health assessments to drive projects and investments for health, and the creation and implementation of a Statewide Health Improvement Plan.
 7. Continue to build and maintain emergency preparedness staffing and resource capacity.
 8. Reform of the Request for Services Registry (RFSR)
 - a. The RFSR, also known as the waiver "waiting list," has been the subject of repeated reform initiatives over the past several years in an effort to reduce time spent waiting for NOW waiver services.
 9. Waiver Consolidation
 - a. Developmental disability waiver services were distributed across four 1915(c) waivers, with different services in each waiver. This design was confusing for recipients and unwieldy for staff.
 - b. The DD waivers are being consolidated into a single 1915(c) waiver (Consolidated NOW), which combines many services and adds new service coverage.
 10. Resource center consolidation and sustainability

- a. RCs are consolidating from four locations within the state by shifting to telework operations with office and fiscal support through local hub locations.
 - b. Additionally, pop-in locations will be provided by the LGEs in Houma/Thibodeaux, Baton Rouge, Shreveport and Belle Chasse.
11. Residential Options Waiver (ROW) Amendment
- a. OCDD is in process of amending the ROW application and state rule to transition all recipients of the Office of Aging and Adult Services Community Choice Waiver (CCW) and Adult Day Health Care (ADHC) Waiver who have a developmental disability statement of eligibility into OCDD’s more appropriate ROW.
 - b. A transition plan has been developed to ensure a smooth move for individuals between these waiver services.
12. Autism screening enhancements
- a. OCDD is working on a number of enhancement efforts for autism screening, including:
 - i. determining additional options for further streamlining and accurately identifying Early Steps toddlers through ASD screening (e.g., a five-item algorithm; a tiered procedure for screening)
 - ii. integrating ASD data with selected Medicaid Management Information Systems (MMIS) reports to assess long-term outcomes for ASD-screened toddlers;
 - iii. building more defined and potentially “proceduralized” bridges between Early Steps ASD screen outcomes and existing Departmental resources, particularly, EPSDT for Medicaid recipients; and exploring options for intradepartmental collaboration and options for expanding ASD screening for additional populations (e.g., general screening for toddlers and screening for at-risk children aged 36 months and older who remain in “critical” period for early intensive behavioral intervention).
13. Expanding managed models of care for persons at risk for or receiving long-term supports and services to improve health outcomes
14. Improving access to behavioral health services in conjunction with behavioral health integration into Bayou Health, Money Follows the Person
- a. This also includes improvement to pre-admission and ongoing screening and level of care determination for nursing facility residents.
15. Complete statewide expansion of Permanent Supportive Housing and continued transition to services sustainability under Medicaid.
- a. OAAS will explore potential project and national partnerships using social impact bonds and pay for success models to further expand use of PSH for high-risk, high-cost individuals.
16. Continue initiatives to improve nursing facility quality
17. Health Outcomes Improvement Initiatives.
- a. DHH’s focus on improved health outcomes has created a significant redesign of DHH programs over the past eight years. Continued efforts to improve these programs will be critical to building on these successes. Major objectives include:
 - i. continuing to strengthen Bayou Health’s care management platform;
 - ii. fully integrating behavioral health services into Bayou Health;
 - iii. continuing the transition of care delivery to local governing authorities (LGEs);
 - iv. harnessing technology to improve public health; and

- v. improving care outcomes through public health management.
 - b. DHH has focused on private care management and local control throughout its operations. This shift has already shown dramatic results, with improved outcomes across HEDIS measures, a significantly more robust provider network and dramatically lower costs.
18. Independence-Focused, Community-Based Care.
- a. DHH has undertaken a massive shift from institutional care to home- and community-based care. Although major strides have been taken, work continues in several areas, including:
 - i. developing and implementing a managed system for long-term supports and services;
 - ii. continuing community system transformation for people with developmental disabilities; and
 - iii. expanding the successful Coordinated System of Care (CSoC) and fully integrating CSoC into Bayou Health.
 - b. This strategy has allowed people to live in their homes or in their communities rather than in an institution, greatly improving their quality of life while allowing the state to expand access to care.
19. Performance Improvement and Focused Management
- a. Vital Records has been significantly modernized over the past decade. This system continues to work to create a more nimble, reliable tracking platform.
 - b. Health and sanitation inspections and controls have been a focus of targeted reform; work still remains in these areas. Louisiana has far more licensing requirements, statewide, than most comparable states. Some reform of licensing laws and scope-of-practice restrictions have been made in recent years, but these efforts are not finished.
 - c. Water regulation has long been an area of significant controversy, as Louisiana's drinking water systems continue to age and degrade. DHH recently implemented a number of structural changes designed to make public health regulation more collaborative, but these reforms will continue for several years.
 - d. Continued modernization of DHH's OPH and Medicaid systems will greatly improve service delivery capabilities across the state.
 - e. Louisiana Medicaid has undergone significant realignment with the shift to managed care. Full transition of Louisiana Medicaid from a service-provider focus to a plan-manager focus is ongoing.

Conclusion

DHH will continue to prioritize and focus our efforts on creating and maintaining a healthier Louisiana. The improvements and projects mentioned in this document are just a snapshot of what is taking place throughout the Department; every program and office is working toward the common goal of improving health care. Through DHH's mission, strategic goals, and collaboration with other agencies, energy will continue to be focused around ensuring that Louisiana citizens are receiving the best care possible while delivering quality and efficient health care. DHH is persistently committed to furthering its work, research and outreach to better the health of our great state.