

Funding and Building Partnerships Working Group Meeting 9/20/17

Discussion of Pay for Success Bonds as a way to fund Promote Prevent programs

- Specific focus on opioid prevention programs
- Will this subcommittee be tasked with researching ways to use these programs
- Administration Finance will come and present either to the commission as a whole or the subcommittees
- This model works for a very specific program with a strong evidence base, clear, transparent, and agreed upon data
- Evidence could be as simple as examples of youth delaying the start of substance use
- Some kind of matrix in the communities to show how this would work

What are the next steps?

Identify interventions right now that would fit this model, try and get something moving

It may only be one or two things at first

How do we create the infrastructure for other kinds of intervention to have the data to receive these Pay for Success bonds

These bonds won't work for everything.

Working group timelines:

Have a final report out to the full commission by December/January

Working group commission meeting in late October/early November in break out groups and then to come back and report to the full commission

This working group especially should focus on building partnerships and looking for money to fund the committee

Money is going towards treatment and getting cut for prevention,

RIZE philanthropic partnership designed to address the opioid epidemic

^ There's potential for funding here, philanthropic piece will look for different measures

Go there and introduce the work, set up meeting for us

Boston Foundation: health and wellness/obesity, this might not be in their wheelhouse but they are focused on prevention at large

"Open door grants"

How ACO's can fund prevention:

Quality measures attached to the contract to get people into care in an integrated way

Eligible for federal funds meant to be infrastructure and capacity building

Flexible service funds: make medical care providers pay for non-medical services, important social determinate

A lot of the right incentives and money, a lot of potential to work with Medicaid ACO's

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Will they actually fund prevention?

- Depends on how you define prevention
- Build more connections to communities
- Are there ways that the state could further encourage these ACO's
- If the resources aren't flowing through, are we really moving the dial on our target issues
- Think of sustainable ways of resourcing the target preventative issues and areas

Can we rely on this funding source?

- We have a written agreement with the feds for this five year Medicaid waiver plan
- Confident the waiver will stay in place regardless of federal policy change
- If GC bill passes, long term negative effects
- Long term sustainability is something we need to think about

What is the intent of the business community on MA health care reform?

- Employer reform is around shifting where populations are getting their care
- Optimizing the pharmacy benefits
- These reforms are not contrary to leveraging ACO program, not at odds with each other
- There may be other considerations concerning Medicaid reform progress
- Make sure we are building a plan and a platform to jump off from

If potential Medicaid reform is coming, will we have a way to leverage this?

How can we shift healthcare spending from downstream to upstream?

- Investing in prevention rather than treatment
- We have to demonstrate the cost savings to the state
- What's the lifetime expenditure on the state for someone with a substance abuse problem (not just drawdown on health system, economic impact too)
- Compare the differences in cost when early intervention programs are put in place
- Self insured employers may have an interest in this

Who can we go to for data and examples of self-insured employers?

- What are the impacts for them?
- What have they been seeing?
- Look into blue cross blue shield reimbursement programs, alternative quality contracts

When will we realistically see any of these funds?

No marijuana dispensaries legally operating until June, so no revenue from them for a while.

Are these start-up funds that we're getting from them? How CCC sets up its licensure structure

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Make sure we're getting a fair share from marijuana revenue to go towards prevention programs.

Include in report where we want those investments to go and that we're not sure what kinds of funds we'll be getting

Medical necessity: for the purposes of identifying which things insurance providers will be willing fund and pay for? Worthy of a discussion with insurance providers.

Moving Forward:

Continuing work with pay for success

Engage with philanthropic organization

Continue to look into ACO's

Viable medical necessities for insurance providers to cover

AG's office is revamping community benefit standards for their nonprofit health care centers: figure out where they are in that process and think where they're going

Community benefit dollars are driven by community healthcare needs assessment.

Feedback on who the subcommittee or commission as a whole should meet with.