

DEVELOPING A ROADMAP FOR KEY HEALTH POLICY CHANGE IN CA

For Sickle Cell Trait and Sickle Cell Disease

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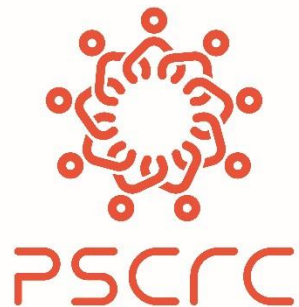
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University of California, Los Angeles



The Pacific Sickle Cell Regional Collaborative works to ensure that people with sickle cell disease receive quality care, no matter where they live or seek care.



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What is Health Policy?

“...Decisions, plans, and actions that are undertaken to achieve specific health care goals within a society.

- Defines a vision for the future
- Establish targets to achieve
- Outlines priorities
- Identifies expected roles of different groups
- Builds consensus
- Informs people.

http://www.who.int/topics/health_policy/en/

The Policy Process



CDC: *Using Evaluation to Inform CDC's Policy Process*, 2014.

<https://www.cdc.gov/policy/analysis/process/docs/usingevaluationtoinformcdcspolicyprocess.pdf>

OVERARCHING POLICY LOGIC MODEL

CONTEXT

INPUTS

ACTIVITIES

OUTPUTS

OUTCOMES & IMPACTS

SHORT TERM

INTERMEDIATE

LONG TERM

Context

Identify problem to be addressed

Problem(s)

Engage Stakeholders

Policy analytic framework

Policy enactment*/ adoption

Changes to physical, economic, budgetary, social environment

Population-level impact on health outcomes

Infrastructure

Educate Stakeholders

Prioritized policy agenda/options

Policy implementation

Behavior change

Equitable distribution of improvements across population sub-groups

Funding

Review evidence and options (policy analysis)

Engaged stakeholders

Policy uptake

Changes in knowledge, attitudes, beliefs, and skills

Staff

Prioritize policy options

Implementation and enforcement

Policy enforcement (monitoring compliance)

Changes in organizational, societal, cultural norms

Cost-effective improvements in population health

Time

Identify strategies and how the policy will operate

Evaluation reports

Education, communication, and media

Knowledge

Develop policies

Stakeholder Dynamics

Evaluation

What Do You Want to Achieve? Start With Educating ourselves first

- Successful health policy for the community goes *beyond* securing legislation and funding for programs
- Legislators and Staff in the State Capitol need to hear clear, concise, unified messages.
- Coming together to express a clear vision for the Sickle Cell community is essential

Successful Collaboration Is Key

- Stakeholders need to work together
 - Within the SC community
 - With partners *OUTSIDE* the SC community
 - many agencies share policy goals with SC
 - Across boundaries: patients, CBO's, clinicians, payers, community clinics and hospitals, healthcare professions, researchers, pharma...many more
- Secure input from other advocacy groups
 - E.g. CA Children's Hospital Association, UC Hospitals, Hemophilia Council of CA, Health Access CA, American Academy of Pediatrics, CDF CA and Children Now

What changes are needed? Where?

Framework for Creating a Regional Healthcare System



Are Programs In CA Sufficient? Are Payments Adequate?

- Do the health insurance programs in CA provide sufficient benefits to patients with Sickle Cell Disease?
- Are the providers paid adequately to provide this complex care?
- Do we need “Centers of Excellence” for Sickle Cell Disease in CA?
- If we decide we need to make change, how will we go about doing that?

Building A Roadmap to Impact Change in CA

- CA specific programs: working well? How to improve?
 1. CA has the CCS Program and the GHPP for those with Sickle Cell Disease and other rare / complex conditions
 2. These programs do provide *some* access to top level medical care in most teaching hospitals, children's hospitals and other large academic medical centers
 3. CCS Centers in CA go through a credentialing process
 4. Prop 56 Tobacco Tax: rate increases to physicians in CA
 5. 70% of the CCS population is "carved out" of the Medi-Cal Managed Care Plans in CA and remains Fee For Service
 6. Few community providers accept GHPP. Many GHPP insured moved into Managed Medi-Cal

What Is Working Well In CA (Part 2)

1. The CCS “Whole Child Model” will begin on July 1, 2018
2. 30% of the CCS population in CA will slowly begin to be folded into Medi-Cal Managed Care Plans
3. There will be efforts to ensure “network adequacy” and there will also be “continuity of care” for patients allowing them to keep their doctors for the first year, even if those doctors do not have contracts with the Medi-Cal Managed Care Plans
4. There will also be an independent evaluation process set up to determine if this “experiment” works for patients and families

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How to determine priorities?

Policy Analysis Table. Source: <https://www.cdc.gov/policy/analysis/process/docs/table2.pdf>

Criteria	Public Health Impact	Feasibility	Economic and Budgetary Impact	
Scoring Definitions	<p>Low: small reach, effect size, and impact on disparate populations</p> <p>Medium: small reach with large effect size <u>or</u> large reach with small effect size</p> <p>High: large reach, effect size, and impact on disparate populations</p>	<p>Low: No/small likelihood of being enacted</p> <p>Medium: Moderate likelihood of being enacted</p> <p>High: High likelihood of being enacted</p>	<p>Less favorable: High costs to implement</p> <p>Favorable: Moderate costs to implement</p> <p>More favorable: Low costs to implement</p>	<p>Less favorable: costs are high relative to benefits</p> <p>Favorable: costs are moderate relative to benefits (benefits justify costs)</p> <p>More favorable: costs are low relative to benefits</p>
Policy 1	<p>┆ Low</p> <p>┆ Medium</p> <p>┆ High</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>┆ Low</p> <p>┆ Medium</p> <p>┆ High</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>Budget</p> <p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>Economic</p> <p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>
Policy 2	<p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>┆ Low</p> <p>┆ Medium</p> <p>┆ High</p> <p><i>Scoring is subjective and this table is intended to be</i></p> <p>quality of data? (Yes / No)</p>	<p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>
Policy 3	<p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>┆ Low</p> <p>┆ Medium</p> <p>┆ High</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>	<p>┆ Less favorable</p> <p>┆ Favorable</p> <p>┆ More favorable</p> <p>Concerns about the amount or quality of data? (Yes / No)</p>

Devise the plan...then approach Decision Makers

- State and Local Health Department officials, clinician leaders, payers, community clinics and hospitals, health care professions, researchers, pharma...

Educating legislators and staff:

- Set up meetings on Fridays in the District Offices of CA State Legislators
- Set up meetings in State Capitol with health policy staff
- Purchase: Capitol Enquiry Pocket Directory of the CA Legislature: www.govbuddy.com to help guide you

Build Relationships:

CA Dept. of Health Care Services

- Meet with leaders who run Sickle Cell Disease: Genetically Handicapped Persons Program (GHPP) and CA Children's Services (CCS) Program
- CCS provides medical care, case management and drugs for infants and children up to the age of 21 who have SCD
- GHPP provides medical care, case management and drugs for adults 21 and up with SCD
- Both programs provide care related to SCD

Key Leaders at GHPP and CCS

- Sarah Eberhardt-Rios is the new Chief, Integrated Systems of Care Division
- (916) 327-3076 Sarah.Eberhardt-Rios@dhcs.ca.gov
- Harry Chang, Program Manager, Special Populations Eligibility
- (213) 620-4447 Harry.Chang@dhcs.ca.gov

CA Department of Healthcare Services

- Willie Anderson: Help with treatment authorizations:
 - Willie.anderson@dhcs.ca.gov
- Medi-Cal Director: Mari Cantwell
 - Marianne.cantwell@dhcs.ca.gov
 - Assistant to Mari:
 - Sandra Sabanovich: (916) 440-7424
- Director Medi-Cal Benefits & Eligibility: Rene Mollow
 - Rene.mollow@dhcs.ca.gov

What to Take On Your Visit?

- Come up with a “one pager” giving a clear description of SCT and SCD as a “leave behind document”
- Make sure it has your leadership contact information (name, address, phone, email and any web site)
- Provide examples of patients getting great care vs. patients who don't have timely access to appropriate centers for their care
- Mention that you don't have any specific “ask” at this time, but you will be in touch in the future

Implementing Roadmap for Change

- Share our vision with others
- Consider Hiring a Consultant/Legislative Advocate in CA to assist with your mission and goals
- Some items take legislation to secure change;
- Other items can be secured internally at the Dept. of Health Care Services via administrative decisions per current law.
- Others... via partnerships with organizations who are devoted to vulnerable populations.

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- *“If you can’t fly then run, if you can’t run, then walk, if you can’t walk, then crawl, but whatever you do you have to keep moving forward”*
- *Dr. Martin Luther King, Jr.*

- *Thank you!*



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