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# The Center for Health Care Strategies (CHCS)

By Rebecca Owen

As the health delivery system continues to transform to a more integrated delivery system, health insurance means more than just claims payment. Actuarial practice needs to incorporate evaluation methods and models that originate from other stakeholders. There are many fine organizations that can help the profession learn to think differently while maintaining a rigorous and comprehensive evaluation of financial risk. This is one in a series of profiles of organizations working on achieving the Triple Aim<sup>1</sup> whose expertise intersects with the actuarial space.<sup>2</sup>

The Center for Health Care Strategies Inc. (CHCS) describes itself as “nonprofit policy center dedicated to improving the health of low-income Americans.” The organization was founded with a grant from the Robert Wood Johnson Foundation in 1995, which means it has a long history of work in this area. The CHCS website enumerates its core tenets:<sup>3</sup>

1. We innovate like social entrepreneurs.
2. We think nationally, but act locally.
3. We live for dialectic. We attend to nuance and embrace ambiguity.
4. We strive to keep “getting it right.” We invest in people, relationships, and teamwork. We create opportunities for collaboration and shared learning.
5. We take the long view.

CHCS has three core foci—health care access, delivery system and payment reform, and integrated services for people with complex needs, although its interest incorporates aligned areas as well. CHCS also offers opportunities for states to participate in leadership and capacity-building learning.

Here are some examples of focus work that actuaries may find interesting.

## HEALTH CARE ACCESS

### Adult Dental Care

Poor dental health can contribute to a number of unfortunate outcomes, from emergency care for pain and dental abscesses to

absenteeism and suboptimal employment opportunities. CHCS has looked at ways to improve access and quality for Medicaid beneficiaries.

### Coordinating Access to Services for Justice-Involved Populations

Low-income and Medicaid expansion populations include people who are cycling through the justice system. Coordinating their care is not a simple task; lack of medical history can be problematic for risk scoring or population risk stratification or continuity of care programs—not just for physical health, but also for behavioral health issues. CHCS presents analysis and discussion of programs that demonstrated innovation and success with this population.

## DELIVERY SYSTEM AND PAYMENT REFORM

### Medicaid ACO Programs: Promising Results From Leading-Edge States

CHCS has several resources devoted to the implementation and evaluation of Medicaid ACOs. This winter, the organization released a detailed evaluation of three large integrated delivery programs: Oregon CCOs (1 million lives), Minnesota IHPs (460,000 lives) and Vermont MSSPs (79,000 lives). The presentation and a recording of the webinar are available on the CHCS website.<sup>4</sup>

## INTEGRATED SERVICES FOR PEOPLE WITH COMPLEX NEEDS

### Complex Care Innovation Lab

CHCS, with the support of the Kaiser Permanente Community Benefit, created an initiative that works with 14 participating organizations whose work has centered on improving the outcomes for low-income individuals with complex needs. The Lab provides information on effective models of care and is a good source of evidences and results.<sup>5</sup>

### Promoting Integrated Care for Dual Eligibles (PRIDE)

This effort incorporates value-based purchasing, tele-health, population stratification and care integration to create a knowledge base about the best practices for implementing programs and for disseminating and mentoring other programs that wish to adopt new approaches. An example of the type of program—adding value-added services—is highlighted on the CHCS website.<sup>6</sup>

## WEBINARS

Actuaries should take advantage of the public resources the organizations offers, such as publications, technical tools and webinars. Use the resource tab on the website to see a comprehensive list of the materials. CHCS also has a responsive and very knowledgeable staff that can connect you with thought leaders in its sphere of expertise.

CHCS presents many webinars across any given year, usually profiling programs that have been created to address a specific

challenge for organizations that are trying to address issues in the health of low-income beneficiaries. There are often very specific descriptions of how the program was constructed and honest discussions of what did and did not work, as well as the results of the program. For an actuary, these webinars are not only informational about what programs may be contemplated, but will also help in understanding the sorts of results that may be achieved.

### TECHNICAL TOOLS

Published technical tools offer Excel models that are open-source and document the questions that need to be considered when evaluating a program. These tools, while they are often developed for a specific program, are good guides for health plans working in the topic area.

An example is a workbook created by Mathematica that estimates the impact of expanding a paramedicine program.<sup>7</sup>

Much of health actuarial work revolves around low-income beneficiaries, be they Medicare enrollees, Medicaid enrollees, ACA exchange members eligible for subsidies (or cost-sharing reductions), or group members whose financial resources are limited. Furthermore, while the focus may be on one portion of the population, CHCS' work has implications for all types

of populations. There might be an answer to your questions on the CHCS website, or check out its Listserv, which will keep you informed without clogging your inbox. ■



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### ENDNOTES

- 1 <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>
- 2 The March 2017 issue of *In the Public Interest* featured the National Academy of Social Insurance. <https://www.soa.org/sections/social-ins-pub-fin/social-ins-pub-fin-newsletter/>
- 3 This is a partial list. See [www.chcs.org/about-us/our-core-tenets/](http://www.chcs.org/about-us/our-core-tenets/).
- 4 <http://www.chcs.org/resource/medicaid-aco-programs-promising-results-leading-edge-states/>
- 5 <http://www.chcs.org/project/complex-care-innovation-lab/>
- 6 <http://www.chcs.org/resource/providing-value-added-services-medicare-medicoid-enrollees-considerations-integrated-health-plans/>
- 7 <http://www.chcs.org/resource/community-paramedicine-business-case-assessment-tool/>. There is a button in the upper right to download the tool.

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