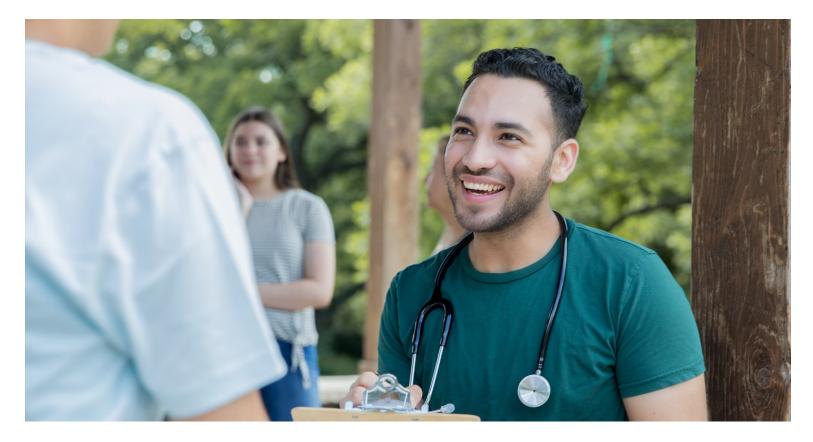# CAHP: What to look for in 2022.

In mid-October 2021, Freed Vice Presidents Jonathan Saylors and Shanti Wilson attended the 2021 California Association of Health Plans (CAHP) conference. Saylors and Wilson noted a consistent emphasis on expanding the current mindset in the state from healthcare to overall health.

From Healthcare to Health: Key Takeaways from the CAHPS Conference

What is the future of health care in California? In mid-October 2021, Freed Vice Presidents Jonathan Saylors and Shanti Wilson attended the 2021 California Association of Health Plans (CAHP) conference. In conversation with Saylors and Wilson, they noted a consistent emphasis on expanding the current mindset in the state from healthcare to overall health.

To enable the shift from healthcare to health, Saylors and Wilson identified the following core areas that will need to be addressed:

- **Consumer health needs and insights** – to address whole-person health
- **Data analytics and measurement** – to baseline and track progress
- **Workflow design** – to create pathways to intervene appropriately
- **Organizational design** – to ensure focus and investment in key areas

Below is a summary of these Freed vice-presidents' most compelling takeaways from the conference.

Shift to Human-Centered Design

The keynote speaker for the 2021 CAHP conference was Dr. Mark Ghaly, Secretary for the California Health and Human Services Agency. Saylors and Wilson were struck by the comments of Ghaly, a practicing pediatrician, related to the impact of the Covid pandemic on mental health, particularly in children. They commented specifically on the shift from more traditional boundaries in healthcare to partnerships with schools to proactively address this critical issue.

Saylors was encouraged by the broader approach to health discussed by a panel of experts that included Dr. Debra Duardo, Los Angeles County Superintendent of Schools. "I heard a shift in thinking holistically about overall health and embedding community resources and mental health resources into the education system, as schools are the largest point of contact that anyone has with these kids, outside of the home," he said.

Speakers at the CAHP conference noted the disparate physical and mental health impacts of the pandemic on various population groups, often due to health equity or accessibility issues or by health organizations having an incomplete understanding of needs. Saylors noted that addressing health equity and accessibility will require a baseline understanding and practice of human-centered design.

Key Enablers of Human-Centered Design

Data Analytics and Measurement – Foundational Need

A shift to human-centered design requires new and better data along with supporting analytics and measurement, Wilson noted. "We will need to be very specific about how we measure the changes we are going to make to show that we are actually improving," she said. "We will need to identify what we are trying to change: A specific quality measure? Outcomes for a specific population? Getting down to those specifics, literally down to numerator and denominator, will be key, as will defining a baseline goal and plans to get to that goal."

"It's also understanding the specific need of the human," Saylors said. "It starts with having a human-to-human conversation with patients, and it means that in order to know them, we really need to know their situation. It's looking holistically at patients' lives and having the data to track this and determine how best to serve them."

From a practical standpoint, this will require electronic health record systems and digitally based patient

interfaces that are sophisticated enough to tie together patients with various data systems, according to Wilson. "So, for those providing home-based services, it's providing them with systems that enable them to ask and properly record information on a patients' well-being," she said.

Workflow Design – Beyond Traditional Boundaries

Wilson and Saylors noted how addressing the "whole human" will require workflows to incorporate a wider variety of human needs.

Primary care physicians (PCPs) should be at the forefront of identifying and addressing the whole human needs of their patients but are often stymied in doing so due to their training backgrounds and workflows that do not support needs outside of traditional medical care, according to Wilson.

"PCPs aren't necessarily trained or have the workflows to manage nontraditional areas," Wilson said. "Providers need support to define these new workflows as well as support for training. This work extends to other providers such as caregivers who provide home-based services who need training on what to look for in the home, the patient's living situation, what's in their refrigerator, etc."

"It's making sure that all providers — caseworkers, counselors, physicians — have the right conversations as humans," Saylors added. "And that's different training than what they've historically gone through."

Wilson also commented on how the shift to addressing "whole person care" in the CalAIM program will require new partnerships between insurers and community-based organizations. "It's going to be very hard to begin with because community-based organizations that insurers now need to include as part of their network, to meet their health equity goals, don't have the needed infrastructure in place," she said. "For example, these organizations don't have the ability to submit claims."

Organizational Design – A Look Inward

Lastly, Saylors noted that a shift to human-centered design will require many healthcare organizations to revisit organizational structures. "This type of wholistic change will require organizations to think about how they structure departments and, in some cases, their entire business," he said. "This includes revisiting decision rights and ownership across an enterprise."

In Closing – Moving from Healthcare to Health

Saylors and Wilson were encouraged by the broad support for addressing "whole person" needs.

"If you're truly going to address health, you must look at everything: you have to look at the partnerships between payers and providers, the role of community-based organizations, how to incorporate educational systems," Saylors said. "All of the above have to create an ecosystem that will allow us to address these very large

challenges."

"I was personally encouraged that what's coming together is not just ideas, but funding behind the ideas for organizations to actually execute," Wilson concluded.