

National Academies of Sciences, Engineering, and Medicine

Transforming Health Care to Create Whole Health

James Marzolf MD MSc MPH

Senior Director of Health Sector Finance & Policy

Whole Health Institute



Agenda

WHI Objective and Approach

Industry Trends and Partners

Payment Systems

Care Delivery

Recognition of Challenges



The operating concept of the Institute is to harness:

- The Whole Health experience in the VA
- Payment innovations in CMS and insurance industry
- Whole person health innovations both domestic and international

to approach the host of challenges now facing the US healthcare system in a coherent, comprehensive manner.



What is Whole Health to WHI?

AS IS

Focused on disease

Problem based

Physician-directed

Disease management

Find it, fix it

Reactive

Sporadic

Biomedical interventions

Individual left to enact

WILL BE

Focused on the person

Aspiration based

Partnership with team

Health optimization

Identify risk, minimize it

Proactive

Lifelong planning

Whole person approaches

Skill building and support



System of Systems Approach

Communities

Healthcare IT

Healthcare Delivery Systems

Health Sector Finance & Policy

Big Pharma & Biotech

Employers

Non-profits & Advocacy

Spiritual Communities

Medical & Professional Education

Childhood Experience

Food & Nutrition

Research

Each
strategy
will
consider



**Living
Laboratories**



**Grassroots
Ownership**



**Key
Partnerships**



**Thought
Leaders**

Transition to Value-Based Payment in NWA

NWA Value Based Payment Summit Sept 10, 2021

- Participation from 15 regional and national key players
- Phase I - Unanimous agreement to move initiate regional VBP by 2022
- Phase II - by 2023 will include more participants and transition to two-sided risk



WHI Approach to Service Payment in NWA

Main shift in US from FFS, yet majority still based on FFS

- Prepaid risk bearing VBP is at most 6% of the total revenues
- Not significant to prompt provider change
- NWA Participation: 56.2% of all group & self-insuring membership in 2022

**Value Based Payment *can* occur without Whole Health, Whole Health
cannot occur without Value Based Payment**



Whole Health and Industry Trends

Requisite Transition to Support Alternative, Wellness and Self Care Services

Fee-For-Service

- Total payment based on volume of services provided.
- Emphasis on treating acute events.
- Limited opportunity for continuous care management.

Value-Based Care

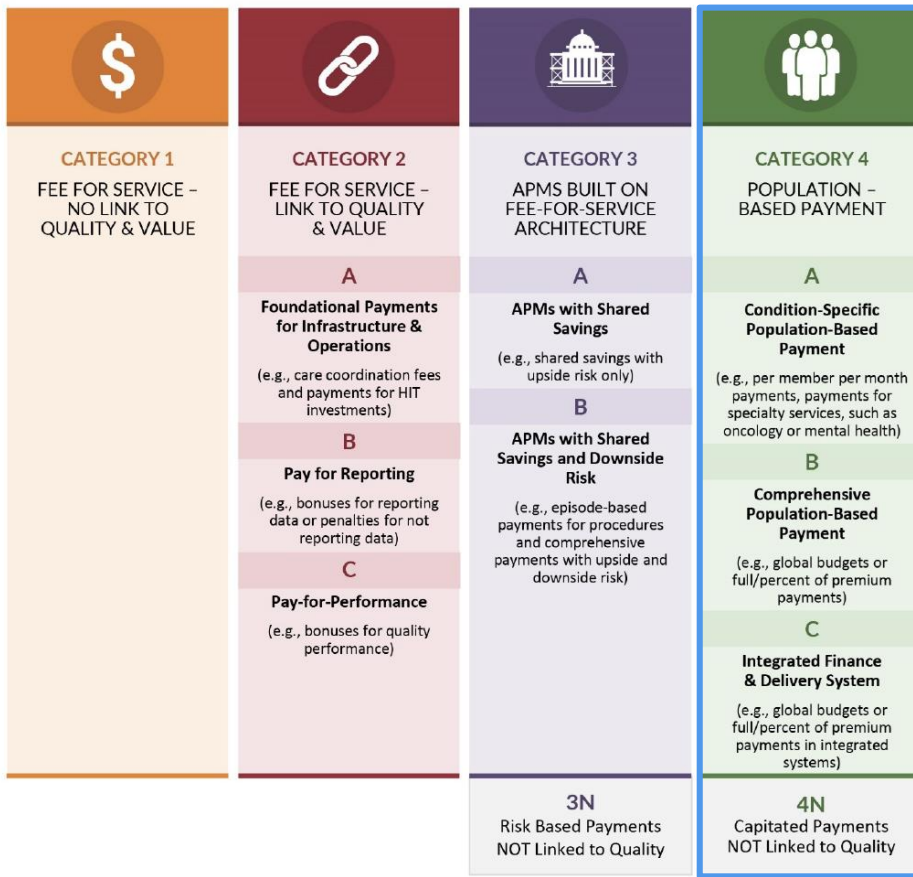
- Total payment based on quality and outcomes.
- Emphasis on wellness and preventative care.
- Encourages continuity of care.



Systems that reward *cost effective improvement* in health status are a prerequisite to Whole Health

Types of Value-Based Payment:

Which Best Supports Whole-Person Health?



Whole-person health must be
seamlessly integrated with the
existing medical system.



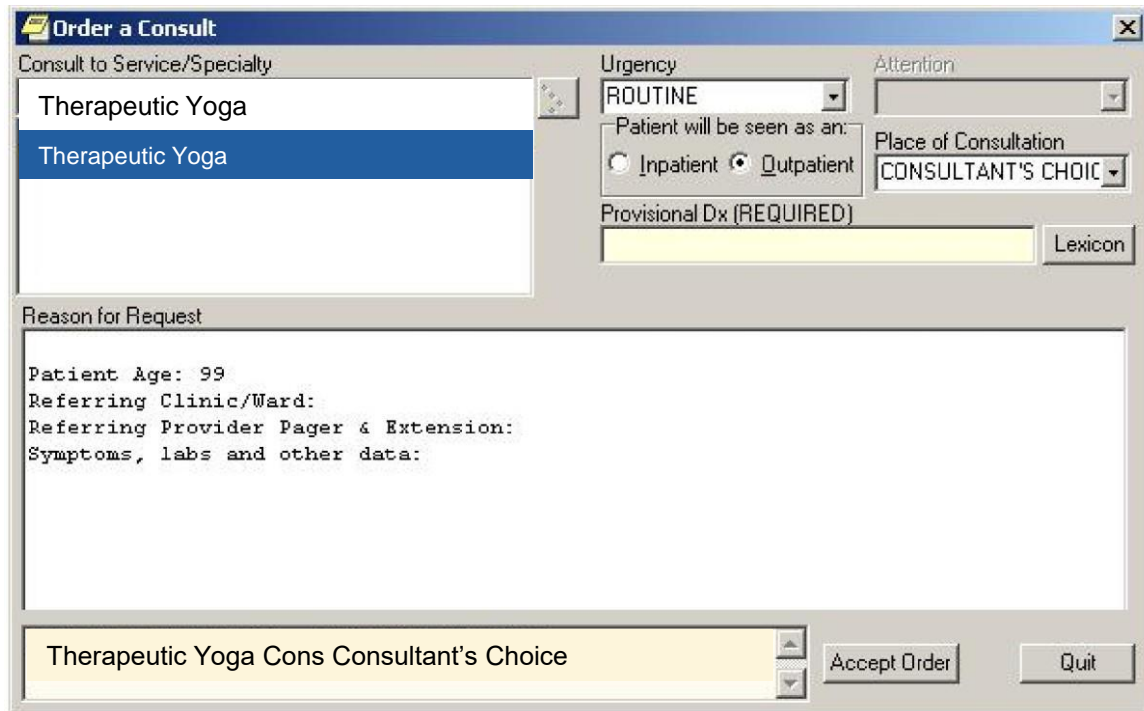
**It must be
incorporated in
medical education.**



**It must be
integrated with
traditional
allopathic care *in
situ*.**



**It must be
incorporated in
EHR referral
systems.**



Order a Consult

Consult to Service/Specialty

Therapeutic Yoga

Therapeutic Yoga

Urgency: ROUTINE

Attention:

Patient will be seen as an:

☐ Inpatient ☒ Outpatient

Place of Consultation: CONSULTANT'S CHOICE

Provisional Dx (REQUIRED)

Lexicon

Reason for Request

Patient Age: 99
Referring Clinic/Ward:
Referring Provider Pager & Extension:
Symptoms, labs and other data:

Therapeutic Yoga Cons Consultant's Choice

Accept Order

Quit



WHI Approach to Care Delivery



The NWA Care Team Strategy

- Provider Training
- Care delivery expanding beyond traditional practices with emphasis on CIH methods and SDOH aligned care
- Community and Employer Activation

Start from the person's purpose and deliver care that is aligned



Even if the financial incentives,
communication, and integration are all
successfully carried out
basic systemic building blocks
must be created to support
implementation.



Challenges and What Would be Good to Know Now

Absence of Basic Building Blocks

- There are **no CPT/HCPC codes** for most of primary prevention and self care modalities.
 - How can limitations of lack of existing procedure codes be overcome?
- There are **no job taxonomies** for positions needed to cost effectively deliver many of these services.
 - What are the taxonomies needed? How are they currently treated in terms of state licensing, certification, credentialing?
- The extent to which whole-person wellness benefit is included in benefits packages is unknown as is the extent to which the providers are responsible for delivery is not clear.
- Are whole person wellness and primary prevention service utilization included in the risk rating methodology?



The Bigger Question

- VBP alone is not enough only a critical prerequisite
- VA fully capitated for decades before Whole Health launched
- WH Cohorts in the VA have demonstrated 30%-50% reduction in the TCOC in 12 months

Not known is the magnitude of change moving private sector FFS system to a Whole Health system using advanced payment systems

