

The Coalition for the CommonHealth

Transforming Human Services & Systems for Pennsylvanians

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January 17, 2018

Teresa Miller, Secretary
Department of Human Services
PO Box 2675
Harrisburg, PA 17105-2675

Dear Secretary Miller:

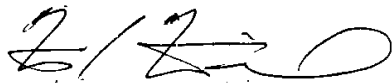
We appreciated the opportunity to share our thoughts about a restructure of several departments of state government and the potential for improved services to persons with mental illness and others served through state and county programs. The ultimate goals of our coalition of practitioners, provider organizations, advocates, and counties is to advance the “Triple Aims” of Pennsylvania’s health care system: improving the patient experience of care (including quality and satisfaction); improving the health of populations; and reducing the per capita cost of health care.” We share the view of the administration expressed by you and Governor Wolf, that the goals of the Triple Aim can best be achieved through the collaboration — and ultimate integration — of those departments, program offices, and bureaus managing health and human services for so many of the citizens of the Commonwealth.

Based on past experience in Pennsylvania and other states, we recommend the use of an experienced, creative, and competent consulting body tailored to the needs of this transformational project. Such a group would be able to work quickly and closely with leaders in the four departments and program offices, take the time to fully develop proposals for your consideration, explore and develop external funding sources, and manage demonstration projects that advance the overall mission. In this document we call the group the Coalition for the CommonHealth and are prepared to organize it after discussion with you.

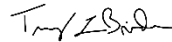
The Coalition is cognizant of the pressures you and the Governor face, including budgetary challenges, the upcoming reelection, and some opposition to a fully merged department in the Legislature. However, we are prepared to work with you and the administration to achieve short term goals benefiting persons in need and building the case for the envisioned transformation.

In our efforts to support the increasingly coordinated work of the respective departments, we would like to meet with you and your key staff to discuss the ways the Coalition leadership and our respective members can advance your

efforts to improve the efficiency and effectiveness of state supported, integrated, regulated, and managed health and human services.



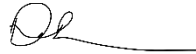
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Sally Kozak, Office of Medical Assistance Programs
Teresa Osborne, Secretary of Aging
Jennifer Smith, Acting Secretary, DDAP
Rachel Levine, Acting Secretary, Department of Health
Lynn Kovich, Deputy Secretary, OMHSAS
Eric Hagarty, Deputy Chief of Staff to the Governor
PPLC members

Coalition Principles and Priorities

In October, the charter members of the Coalition for the CommonHealth facilitated a day long gathering in Hershey to more fully discuss the opportunities and priorities for Pennsylvania's health and human services systems. This group of state leaders from the physical health and behavioral health system, advocates, counties, and consumers identified the following topics and principles that could and should be advanced by state government, health care purchasers (insurance companies, employers, etc.), and the state's evolving health and human services provider organizations and professionals:

1. **Communication at Every Level:** From the state's strategic planning, to provider and practitioner efforts to advance whole person care and the Triple Aims, to patient specific health and life domain information among practitioners, effective and efficient communication is critical to improving outcomes at every level.
2. **Innovation to Achieve Efficiency and Value in Services:** Pennsylvania's health and human services provider, practitioner, and service purchase organizations, as well as the state's government leaders, represent an extraordinary wealth of knowledge and experience. We recommend that the department partner to form a *Service Innovation Center*, comprised of representatives of the major stakeholders and government staff that would review and recommend proposals that would cross department lines, utilize innovative funding methods, develop a method of monitoring these new programs, and waive or otherwise relax prohibitive regulations.
3. **Housing and Life Domain Supports:** Outcome data from a range of clinical research and health economists clearly demonstrate that the integration of health care, housing, and human services supports are critical to public health at the primary, secondary, and tertiary level. This is most critical for individuals and families experiencing severe mental health, substance use, and co-existing complex behavioral health and medical conditions. We recommend that a renewed effort be made that would include an overall assessment of individuals' needs, recognizing that social determinants greatly affect our physical and behavioral health, and that housing is key in this area.
4. **Regulatory Modernization:** Pennsylvania's complex, redundant, and outdated Medicaid licensing process required the health care system to redirect health care dollars away from clinical care into costly administrative and operational tasks and functions. This is most extreme in the area of behavioral health services, increasingly resulting in a shrinking behavioral health provider network as individuals and organizations leave the Medicaid system. We recommend that the state act to create a unified licensing, credentialing, claims processing, and contracting system. This would not only be a significant cost saving to the provider, but should also result in increased competition among the plans with an overall result of reduced cost in providing service.
5. **Averting the Workforce Crisis:** The Commonwealth has little data to reflect how many psychiatrists, social workers, nurses, psychologists, advanced practice professionals, and direct care workers are in the 67 counties serving citizens in the public-sector health and human services system. We support the rapid recruitment

of an OMHSAS medical director, a key person within your office to lead the effort to survey the current behavioral health professional and para-professional workforce, and begin developing a statewide strategic plan to address our deficiencies.

6. **Departmental Collaboration and Integrated Action:** We understand that changing decades of habit and culture in all four departments will require extraordinary skills and an unprecedented degree of effort. We also believe that one of the ways to achieve successful integration is to build on skills and strengths to be found in all departments, through project- focused memoranda of understanding and cross-departmental orientation, training, and task forces development.
7. **Family Engagement and Consumer Satisfaction:** One principle of the Triple Aim is grounded in consumer and family satisfaction. Family, as well as individual engagement, for Pennsylvanians of all ages in the process of recovery — especially those with serious mental illnesses — is vitally important.
8. **Monitoring Change and Success:** Charge the Coalition for the CommonHealth with monitoring all of the above, including sharing an awareness of evidence-based practice with all involved.

We do not believe the above is all inclusive, but do assert that achieving passing grades in all eight categories will result in Pennsylvania being seen as the leading state in the country for the health and human services of its citizens.