United Methodist Health Ministry Fund

June 27, 2023

Sarah Fertig
State Medicaid Director
Division of Health Care Finance
Kansas Department of Health and Environment (KDHE)
900 SW Jackson St., 9th Floor
Topeka, KS 66612

Dear Director Fertig:

As the state of Kansas begins the competitive reprocurement process for the state's Medicaid managed care program, KanCare, I am writing to share ideas to stimulate innovations that could improve the program. With nearly 500,000 KanCare members, the reprocurement process for KanCare 3.0 offers an opportunity to improve the health and experience of enrollees.

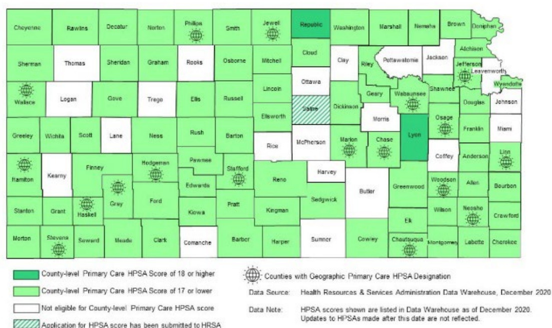
The United Methodist Health Ministry Fund's mission is to improve the health of all Kansans. Our three areas of focus are**:** Access to Care, Thriving Children and Engaged Congregations and Communities. This set of comments is focused on rural workforce and access to care issues and builds on previous comments related to the reprocurement process and maternal and child health issues.

Health care is vital for our communities, but our ability to maintain the workforce needed to adequately deliver that care in rural communities is increasingly under pressure.

As Kansas approaches the reprocurement process, we are writing to provide feedback related to access to care in rural communities with a focus on solutions to workforce issues. Through the managed care contracting process – the RFP and contracts - Kansas can explore how managed care can be leveraged to address workforce and care delivery challenges in rural Kansas.

Before COVID-19, many Kansas counties already had an inadequate supply of health professionals. As the below Kansas Department of Health and Environment (KDHE) figures depict, the majority are considered health professional shortage areas (HPSAs) for primary care - lacking the health professionals necessary to meet their population's health care needs.[i]

Primary Care Geographic and Population County-Level HPSA Designations



COVID-19 exacerbated that existing workforce challenge. In a 2021 KFF report, 3 in 10 health care workers said due to the pandemic they have considered leaving health care. [ii]

Provider retirements will create additional pressure. According to a KHI brief published in 2020, nearly 4 in 10 (39.2%) of primary care providers in Kansas were over the age of 55, rising to nearly half in some regions (45.2% in southwest Kansas and 42.5% in southeast Kansas).[iii]

Recognizing the critical role that primary care providers play in serving rural Kansas as well as in the health of rural Kansans, KDHE has the opportunity to strengthen investments in primary care through the managed care process.

Primary Care Spending and Investment Through the Managed Care Process

The Center for Health Care Strategies (CHCS) in their tool kit, *Advancing Primary Innovation in Medicaid Managed: Using State Levers to Drive Uptake and Spread,* highlights opportunities to leverage the managed care contracting process to strengthen investments in primary care in states.[iv] These investments can strengthen the primary care system and the ability to improve access to preventive care and coordination of behavioral health services. Several states have leveraged the managed care system. Below are two examples.

Request for Proposal & Contract Excerpts

The following is a sample state managed care request for proposal (RFP) and contract language related to monitoring primary care spending and investment:

Hawaii (RFP): "To achieve DHS goals, the Health Plan shall support the vision of devoting resources to advancing primary care. To this end, the Health Plan must increase investment in, support of, and incentivization of, primary care in three concentric definitions.

a) In the narrowest sense, primary care is the provision of care in the outpatient setting by PCPs.
b) A broader definition includes the provision of preventive services, including behavioral health integration, in the primary care setting.
c) In the broadest definition, primary care additionally includes the wrap-around support services including team-based care and SDOH supports that augment and enhance the provider's capacity to manage the patient's care in the outpatient setting.

The Health Plan shall be responsible for tracking its primary care spend using measures corresponding the concentric definitions provided by DHS […] For each definition of primary care spend, baseline spend will be used to set annual targets to enhance spending in primary care."

Washington State: "HCA will develop the Primary Care Expenditure report utilizing input from HCA's Public Employees Benefits Board (PEBB) and School Employees Benefits Board (SEBB) program medical carriers, and Medicaid Managed Care Organizations. The Contractor shall complete HCA's Primary Care Expenditure Report annually, by the last business day in July. The reporting period is January 1 through December 31.

Strengthening Kansas' Homegrown Workforce Through Managed Care Contracting Process

Kansas' population trends will affect demand for services and workforce composition in the future. Our population is growing slowly, mostly in cities, and becoming older, as depicted below. WSU CEDBR [v] projects by 2064 a 33% decline in rural population [vi], a 6.5% decline in micropolitan [vii] areas and that one quarter of Kansas residents will be over age 65. [viii] Older and rural populations tend to be less healthy and require additional care.

By recognizing shifting demographics, workforce challenges, and changes in health care delivery, we have the opportunity to build a sustainable health care system for the future.

To plan ahead and better understand the health care workforce crisis, United Methodist Health Ministry Fund commissioned research examining the current health professional education pipeline in Kansas.[ix] KU School of Medicine and McPherson College researchers analyzed 2019 program completion data using the National Center for Education Statistics' Integrated Postsecondary Education Data System (IPEDS).

As health care faces significant staffing shortages, the report illustrates an opportunity for Kansas – with health profession programs located throughout the state – to strengthen that foundation and increase our homegrown workforce.[x]

In 2019, 11,804 students graduated from 459 health profession programs located across 51 Kansas institutions. Most (62.7%) completed degree programs of two years or less in duration. The largest number of graduates completed degree programs in nursing or allied health.

With the majority of graduates from programs with two years or less of training, **KDHE has the opportunity to examine how establishing a robust payment policy for non-licensed but credentialed providers can help build our health care workforce.**

As detailed in our previous comments, other states leveraged the managed care process to strengthen the use of non-licensed but credentialed providers as part of managed care. We recommend the state to leverage both the RFP and contract to bolster the use of community health workers, doulas, home-visitors, peers, and lactation consultants (see our maternal and child health related comments).

With a focus on improving rural emergency services, reducing transportation barriers, and improving chronic care management, the state could explore how the managed care companies could deploy community paramedicine models.

According to a brief from the Commonwealth Fund and Bassett Research Institute, community paramedicine programs are being used to extend the reach of health care providers. They send paramedics and other staff to peoples' homes with the goal of stabilizing their health and avoiding the need for 911 calls down the line. Instead of responding to emergencies, community paramedics might visit people after an emergency department (ED) visit or hospitalization to make sure they understand their treatment regimen or to assess safety risks in their homes. Community paramedicine programs date to the 1990s and have grown in number over the past decade.

As part of the RFP process, Kansas could ask prospective bidders how they could use community paramedicine programs to reduce transportation challenges faced by members and how they could improve access to services and health outcomes.

Likewise, Kansas could utilize a state cross-plan Performance Improvement Plan (PIP) focused on driving statewide change to improve transportation and chronic care management and look at community

paramedicine models. The PIP could use hospital readmissions metrics included in the core set to measure progress.

Kansas' Rural Maternity Crisis

Access to quality maternity care is a critical component of maternal health and positive birth outcomes, especially in light of the high rates of maternal mortality and severe maternal morbidity in the U.S.

According to a recent March of Dimes report, in Kansas, 48.6% of counties are considered maternity care deserts and 24.8% of counties have low or moderate, not full, access to maternity care.

Additionally, just 32 out of 89 rural counties in the state provide maternity care — but by 2030, that will likely decrease to 24 as maternity care centers continue to close, forcing mothers in 65 counties to drive to an adjacent county or further to receive care, according to a 2020 study by Rural and Remote Health, an academic research organization which studies rural health care access.

With approximately 40% of Kansas' births covered by KanCare, it is important to explore how the managed care contracts can strengthen maternity care for Kansas mothers.

The Health Fund would encourage the state to explore a cross-plan Performance Improvement Plan (PIP) focused on driving statewide action to improve rural maternity care. Potential components of a PIP could include enhanced transportation and care management models, deployment of team based care and evidence-based training/education models, and alternative payment models. There are several metrics in the maternity core set that could be explored, including prenatal and postpartum care as well as well child visits.[xi]

Additionally, we would encourage potential bidders to highlight how they would address the rural maternity crisis through the RFP process.

Thank you for giving us the opportunity to share our recommendations through this RFP process.

Sincerely,

David Jordan, President and CEO
United Methodist Health Ministry Fund

[i] https://www.kdhe.ks.gov/DocumentCenter/View/1517/2020-Health-Professional-Underserved-Areas-Report-PDF?bidId=

[ii] https://www.kff.org/report-section/kff-the-washington-post-frontline-health-care-workers-survey-toll-of-the-pandemic/

[iii] https://www.khi.org/wp-content/uploads/2020/04/Implications-of-an-Aging-Primary-Care-Physician-Workforce-in-Kansas.pdf

[iv] https://www.chcs.org/media/PCI-Toolkit-Part-2-Update_081622.pdf#page=34

[v] https://www.cedbr.org/

[vi] https://www.cedbr.org/content/2016/eConnection/kansas_rural_population_forecast.pdf

[vii] https://www.cedbr.org/content/2016/eConnection/Kansas%20Micropolitan%20Population%20Article.pdf

[viii] http://www.cedbr.org/content/2016/eConnection/Kansas%20Elderly%20Population%20Article.pdf

[ix] https://healthfund.org/a/wp-content/uploads/03-21-22-UMHMF-IPEDS-Initial-Report.pdf

[x] https://www.kansas.com/news/coronavirus/article257073682.html

[xi] https://www.medicaid.gov/medicaid/quality-of-care/downloads/2022-maternity-core-set.pdf