



ARCHI QUARTERLY BREAKFAST

September 13, 2017

WELCOME & INTRODUCTIONS

Mike Carnathan

Atlanta Regional Commission

ARCHI BRAND RELAUNCH

Kathryn Lawler

ARCHI

COMMUNICATIONS FEEDBACK IN 2016

- 42% felt it would be difficult to explain what ARCHI is to a colleague
- 53% not familiar with transformation scenario
- 37% of participants felt that the overall quality of ARCHI's communications could be improved



ARCHI TODAY

- Respected. Has the backing of “heavy hitters” in the region.
- Its affiliation with ARC, GHPC, and United Way provides significant credibility.
- Members are interested, hopeful, and cautiously optimistic.
- Understand the mission and goals, but find it very hard to explain it succinctly.
- Too many priorities and focus areas. The big picture overwhelms the steps.



OBSERVATIONS

ARCHI Does:

- Backbone support
- Common agenda
- Convene and facilitate
- Provide data
- Synthesize evidence
- Align at different levels
- Demonstrate proof of concept
- Communicate

ARCHI Does NOT Do:

- Operate programs
- Provide ongoing staff support
- Provide grant funding or awards



GUIDANCE FOR FUTURE COMMUNICATIONS

- It is not about healthcare delivery / much broader
- Communicate short-term wins and benefits, and how this connects to the bigger picture
- Demonstrate how groups have come together as a result of ARCHI affiliation (tangible outcomes/ how Playbook gets operationalized)
- Identify and connect-the-dots of all of the resources/assets in the Region (matchmaker)
- Help us imagine how entities can start working together





21
MISSIONS
IN MOTION



FOUR
AWARDS WON

\$22.8 MILLION
AVERAGE
CLIENT REVENUE



2



LOCATIONS

EIGHT
CAUSES
ACTIVATED



AGING
POVERTY
REFUGEES
HEALTHCARE
AGRICULTURE
PUBLIC HEALTH
PHILANTHROPY
ECONOMIC DEVELOPMENT

58k PEOPLE
ALIGNED





More than health

Where discussion meets actions

Stronger together

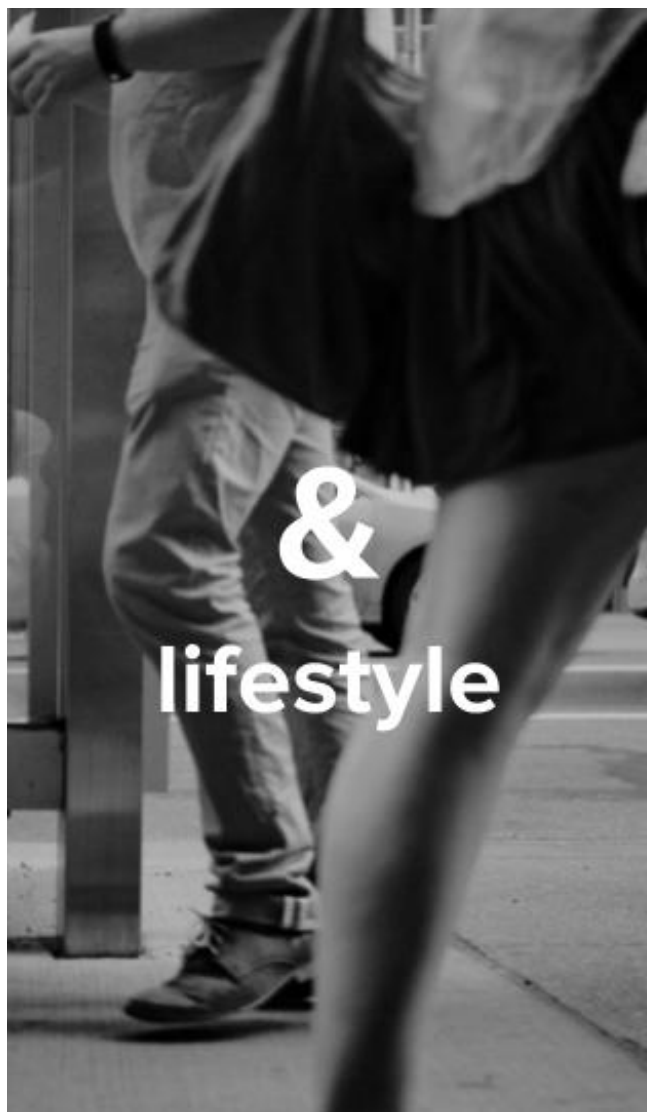
Pulling puzzle pieces together

Complementary connections



A large, white, stylized ampersand (&) is centered over a grayscale photograph of a cable-stayed bridge. The bridge features multiple tall, slender pylons and numerous stay cables. The bridge deck is visible in the foreground, and the background shows a hilly landscape under a cloudy sky.

HEALTH&



ARCHI&



HEALTH&
PARADIGM SHIFT



ARCHI&
PARTNER APPEAL

A grayscale photograph of a person's hands holding and reading a newspaper. The newspaper has some text and small circular graphics visible, though they are not legible.

&

bottomline

A grayscale photograph of a balance scale. Several metal spheres of different sizes are placed on the pans, and the scale is shown in a state of balance.

&

**balanced
health**

A grayscale close-up photograph of a woman with short, curly hair, smiling broadly at the camera. She is wearing large hoop earrings and a patterned top.

&

**better
beings**

&



archi 



Bottom line. Balanced health. Better beings.

LOGO UNPACKED

The use of a lowercase font symbolizes the equal representation of all members of the movement.

The type is set in italics which speaks to our forward progress.

The iconic ampersand integrates the *& framework* directly into our visual identity, the mark of our movement.



Bottom line. Balanced health. Better beings.

The equal width of our logo and tagline represents our balanced approach to health.

The use of the circle and skewed location pin that composes the ampersand indicates that the time is now and the place is here.



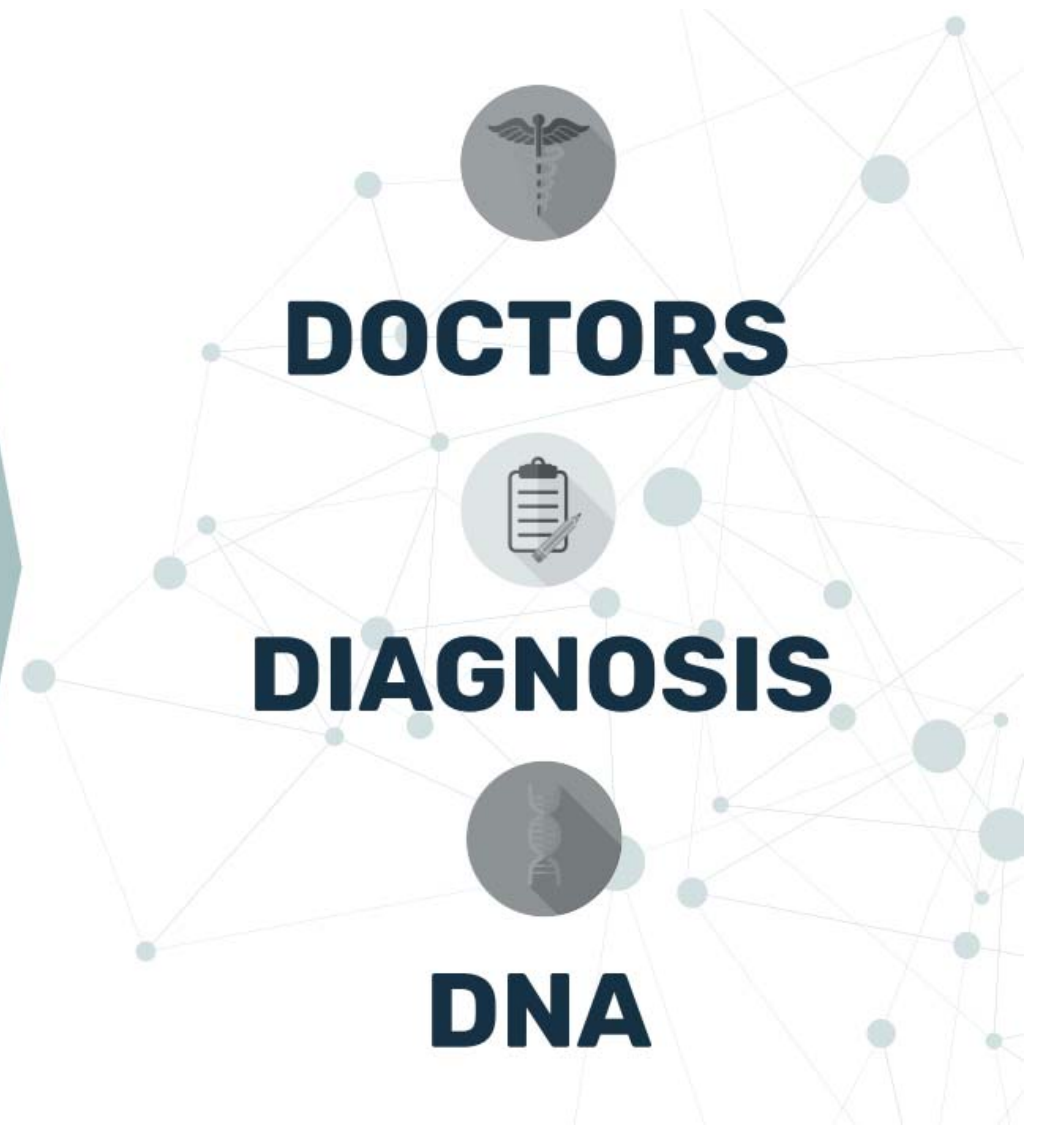
HEALTH

**IS UNBALANCED
IN OUR REGION**



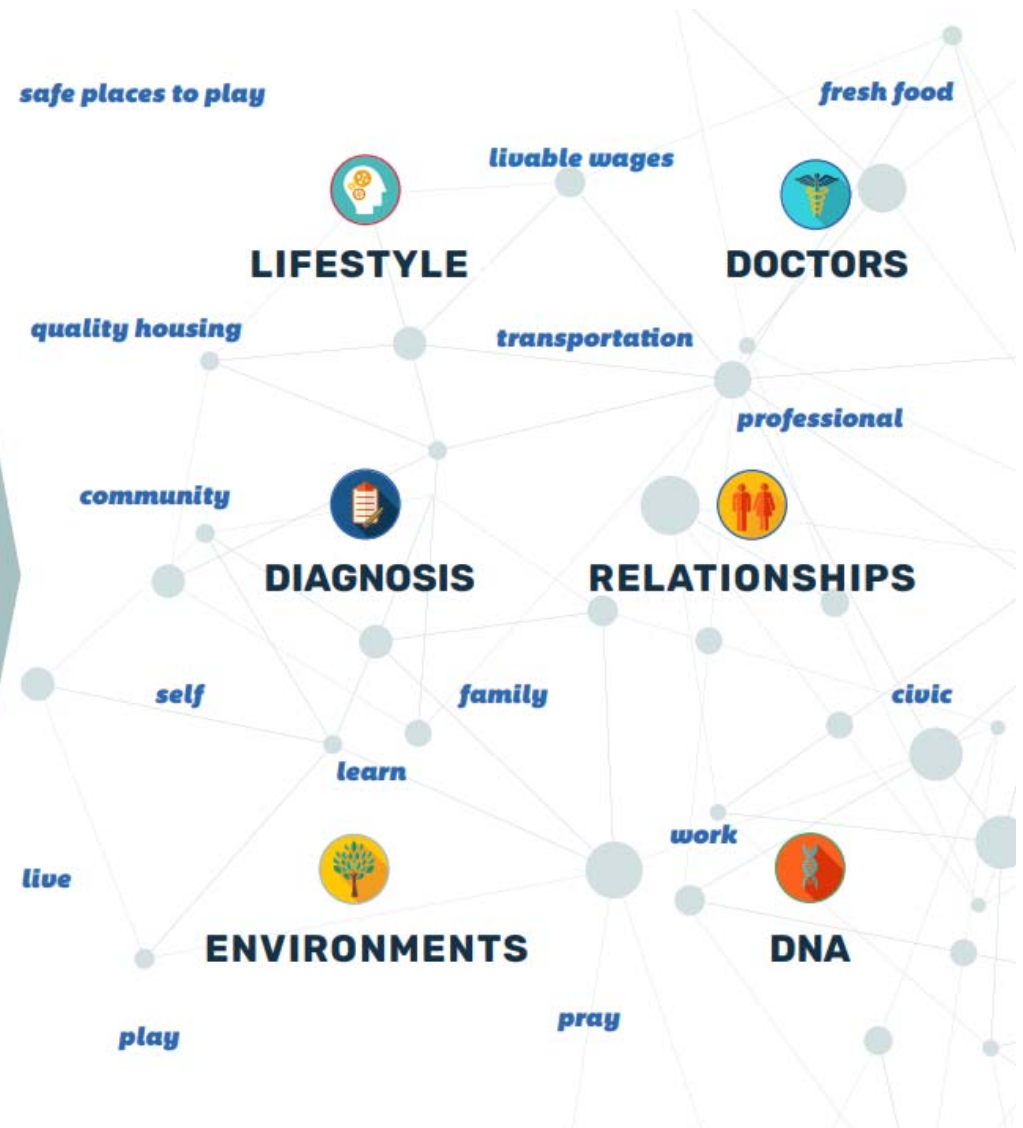
Evidence points
us to look beyond
the usual

suspects.



There are more factors involved in shaping our health

outcomes.





WE UNCOVER

complimentary context for diverse stakeholders to evolve the health landscape.



WE ACTIVATE

innovative models that demonstrate mutual benefit and accelerate both health and economic improvement.



WE PROVIDE

an unbiased platform to incentivize unlikely partners to work together.

**We.
Are committed.
To mutual benefit.**

CO-DESIGNING SOLUTIONS

Community-led
and -informed progress



TRANSFORMING SYSTEMS

Cross-sector collaboration
and lasting impact



BUILDING CREDIBILITY

Strong reputation and
influential support



INVESTING IN US

Reinvestment of savings
in our communities



**The status quo
is not an option**

We have
established a
shared vision & are
activating

first steps.

ATLANTA TRANSFORMATION SCENARIO



ENCOURAGING HEALTHY
BEHAVIORS



FAMILY PATHWAYS



COORDINATED CARE



GLOBAL PAYMENT



CAPTURE AND REINVEST



EXPAND INSURANCE



INNOVATION FUND



ARCHI DOES THIS IN FOUR CRITICAL WAYS:

HOW

1. PROVIDE

UNBIASED PLATFORM

2. INCENTIVIZE

UNLIKELY PARTNERS

3. ACTIVATE

INNOVATIVE MODELS

4. DEMONSTRATE

MUTUAL BENEFIT

PROOF

DECREASE

HEALTHCARE COSTS BY 13%
NON-URGENT ER TRIPS BY 45%
HOSPITAL READMISSIONS BY 13%

INCREASE

WORKER PRODUCTIVITY BY 7%
ACCESS TO PREVENTIVE
AND CHRONIC CARE BY 16%



BOTTOM LINE BALANCED BETWEEN ALTERNATIVES

archi 



[RESEARCH & RESOURCES](#)[PEOPLE & PARTNERS](#)[CONTACT](#)[HOME](#)[CONTEXT](#)[ACTION](#)[COMMIT](#)

HEALTH IS UNBALANCED IN OUR REGION

Outcomes lag behind the \$11 billion spent annually on healthcare.
Rigid silos stand tall between sectors. Disparity gaps are wider than ever.
It's time to think and do differently.

[CONTEXT](#)[ACTION](#)

www.archicollaborative.org

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TRANSFORMATION SCENARIO UPDATE

ATLANTA TRANSFORMATION SCENARIO





Health Reform

September 13, 2017

Health Reform Update
ARCHI

September 13, 2017

Bill Rencher, JD, MPH

Three-Pronged Approach

3 R's

- **Reconciliation**
- **Regulation** (and other administrative actions)
- **Regular order**

Reconciliation Update

- AHCA passed U.S. House on May 4, 2017
- Senate substitute, the Better Care Reconciliation Act introduced as a substitute on July 19, 2017
- BCRA, after several amendments, was defeated by the Senate on July 26, 2017
- Other bills also defeated in the Senate
 - Obamacare Repeal Reconciliation Act – July 26, 2017
 - “Skinny Repeal” – July 28, 2017
- Graham / Cassidy efforts for state block grants have received support from President Trump
- Current reconciliation resolution expires September 30, 2017 at midnight

Regulation & Administrative Action – Updates

- Opioid Epidemic declared a national emergency, allowing agencies “...to use all appropriate emergency and other authorities to respond to the crisis...”
- Proposed rule to implement Disproportionate Share Hospital payment cuts in 2018
- 2018 Open Enrollment
 - CMS education and promotion budget reduced from \$100 million to \$10 million for 2018 open enrollment
 - Navigator funding for FFEs reduced from \$62.5 million to \$36.8 million, a 41% decrease
 - Navigator funding will be dependent on meeting enrollment goals
- CSR subsidies paid for August; uncertainty about future payments

Regular Order – Updates

- Market Stabilization Proposals
 - Lamar Alexander (R-TN) and Patty Murray (D-WA)
 - Would extend CSR payments for one year
 - Make waiver approval process more flexible
 - Governors' proposal led by John Kasich
- Children's Health Insurance Program (CHIP)
 - Must be re-authorized by September 30
 - Most states would run out of funding by June 2018; Georgia by April 2018
- “Medicare for all” bill to be introduced today

1115 and 1332 Waivers

- March 2017 letter to governors signal additional flexibility forthcoming:

“...we commit to ushering in a new era for the federal and state Medicaid partnership where states have more freedom to design programs that meet the spectrum of diverse needs of their Medicaid population...”

From HHS Secretary and CMS Administrator

1115 Medicaid Waivers

Alternative Medicaid

Pending provision as of Aug 2017	Number	States
Work requirements	4	AR, AZ, IN, KY
Time limit on coverage	1	AZ
Limit expansion eligibility to 100% FPL with enhanced match	1	AR
Monthly income verification and eligibility renewals	1	AZ
Lock-out for failure to timely renew eligibility	1	KY
Tobacco surcharge	1	IN

1332 Waivers Update

- Alaska – approved July 11, 2017
 - Waives community rating requirements and allows risk payments to factor into rating
 - Operate Marketplace reinsurance program to lower premiums and keep insurers in market
 - Access federal pass-through funds to sustain program / offset state costs
- Oklahoma – submitted August 16, 2017
 - Similar to Alaska's, but funded with both state and federal funds
 - Approval pending
- Iowa, Minnesota, and Vermont still pending

Georgia Marketplace Update

- 2018 open enrollment November 1 – December 15, 2017
- Four insurers offering plans in Georgia:
 - Alliant
 - Ambetter (Peach State)
 - Anthem BCBS
 - Kaiser Permanente
- Most counties will have only one insurer
- Anthem BCBS not available in metro Atlanta after DOI compromise
- Rate increases of 18.6% to 40%, with average of 24.15%, over 2017 rates

Thank you!

- <http://ghpc.gsu.edu/project/health-reform/>
- wrencher1@gsu.edu



SUMMARY OF HHS MARKET STABILIZATION FINAL RULE

On April 13, 2017, the Department of Health and Human Services (HHS) issued a final rule¹, making several changes to regulations for the individual and small-group health insurance markets. The rule was created in response to the increasing number of insurers leaving the exchanges in certain states and counties, in large part due to their inability to attract and keep the healthy consumers necessary for a stable risk pool. As insurers leave markets, consumers have less choice for affordable health plans, destabilizing the risk pools even further.

The final rule seeks to stabilize risk pools for insurers in hopes of stemming their exit from the market, while increasing competition and, therefore, consumer choice and affordability. To accomplish these goals, the rule increases incentives for individuals to remain continuously enrolled, while decreasing the ability of individuals to enroll only after becoming sick. The final rule affects the regulations for individual and small-group markets located at 45 C.F.R. parts 147, 155, and 156 by:

- Shortening the open enrollment period for the 2018 plan year so that it runs from November 1, 2017 to December 15, 2017 (currently, the end date is

enrollment applicants, allowing the remaining half to verify eligibility by simply self-certifying that they were eligible. By requiring a higher level of verification, the rule seeks to make it more difficult for individuals to wait until they get sick before enrolling in health insurance.

- Allowing insurers to apply current premium payments to past-due premiums for coverage provided during the preceding 12 months by the same insurer.
- Increasing the minor variations allowed for determining actuarial value (AV) of the four "metal" levels of coverage (bronze, silver, gold, and platinum). Current regulations allow minor variation of AV (i.e., plans must be within two percentage points of 70%, 80%, or 90% to qualify as silver, gold, or platinum plans, respectively). The final rule slightly increases the variation allowed to give more flexibility to insurers in designing new plans and providing more options to keep cost sharing the same from year to year. The rule does not change the variation for silver plans with cost-sharing

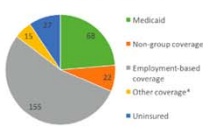
Estimated AHCA Costs	
PROVISION	SAVINGS V. SPENDING / REVENUE REDUCTION ²
Outs	\$839 billion
subsidy elimination	\$663 billion
Employer tax credit	\$6 billion
Individual tax credits	-\$357 billion
ent-based health coverage shifts	\$70 billion
mandate penalty	-\$210 billion
ent and State Stability	-\$80 billion
DSH cuts elimination	-\$88 billion
DSH cuts elimination	\$733 billion
DSH	\$150 billion

do not add up to total because of rounding. Congressional Budget Office, staff of the Joint Committee on

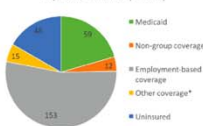
It further predicted that the health insurance market would have had the same stability under the ACA as it currently does under the ACA and that market premiums would have temporarily risen to 28% in 2018 and 2019 and then eventually approximately 10% by 2026, as compared to approximately 10% by 2026, as compared to what would have been under the ACA. Declining market premiums after 2020 were due to projections that older and sicker individuals would have dropped out, leaving



Health Insurance Coverage 2016 - ACA
Population Under 65 (millions)



Health Insurance Coverage 2020 - AHCA
Population Under 65 (millions)



*Other coverage includes: Medicare, Basic Health Program, and other categories such as student plans, foreign coverage, and Indian Health Service coverage. Source: Congressional Budget Office, staff of the Joint Committee on

AMERICAN HEALTH CARE ACT

representatives' Ways and Means and Energy and Commerce committees' Affordable Care Act (ACA). The plan, the American Health Care Act, is a series of ACA replacement proposals circulated among Washington politicians was opened to the House floor for consideration, and after four a vote. What follows is an overview of key provisions of the AHCA, as of 23, 2017, including proposed changes to Medicaid and the individual estimates.

REMAINING PROVISIONS OF THE ACA

Despite making substantial changes to the ACA, the following insurance market provisions would remain:

- No preexisting condition exclusions;
- No health status underwriting;
- Guaranteed issue and renewability;
- No annual or lifetime limits;
- Dependents can remain covered until age 26; and
- Caps on out-of-pocket expenses.

Several of the themes from previous ACA replacement proposals were not included in the AHCA. Some of these policies may have been excluded because they



Georgia Community Health Worker Initiative

Christine Wiggins, MPH, CHES
Chronic Disease Prevention Deputy for Planning and Partnerships



We Protect Lives.

How We Got Started

- DPH along with representatives from Kaiser Permanente, United Way of Atlanta, Morehouse School of Medicine, Grady Health System, ARC, and ARCHI began meeting in the summer of 2016 to plan a statewide CHW Forum (CHW Steering Team)
- CHW Forum took place on November 17, 2016 at Georgia Tech Hotel and Conference Center.
 - Approximately 130 people were present representing health systems, community based organizations, academia, state and local government and other sectors.
 - The Forum, included presentations on CHW models used in other states, a discussion of proposed definitions for the term CHW in Georgia, information about the existing wide range of CHW programs, approaches, and policies in Georgia; baseline training needs for CHWs; and, networking opportunities.

GEORGIA
HEALTH POLICY CENTER



Meeting Summary

Georgia Community Health Worker Forum

November 2016



We Protect Lives.

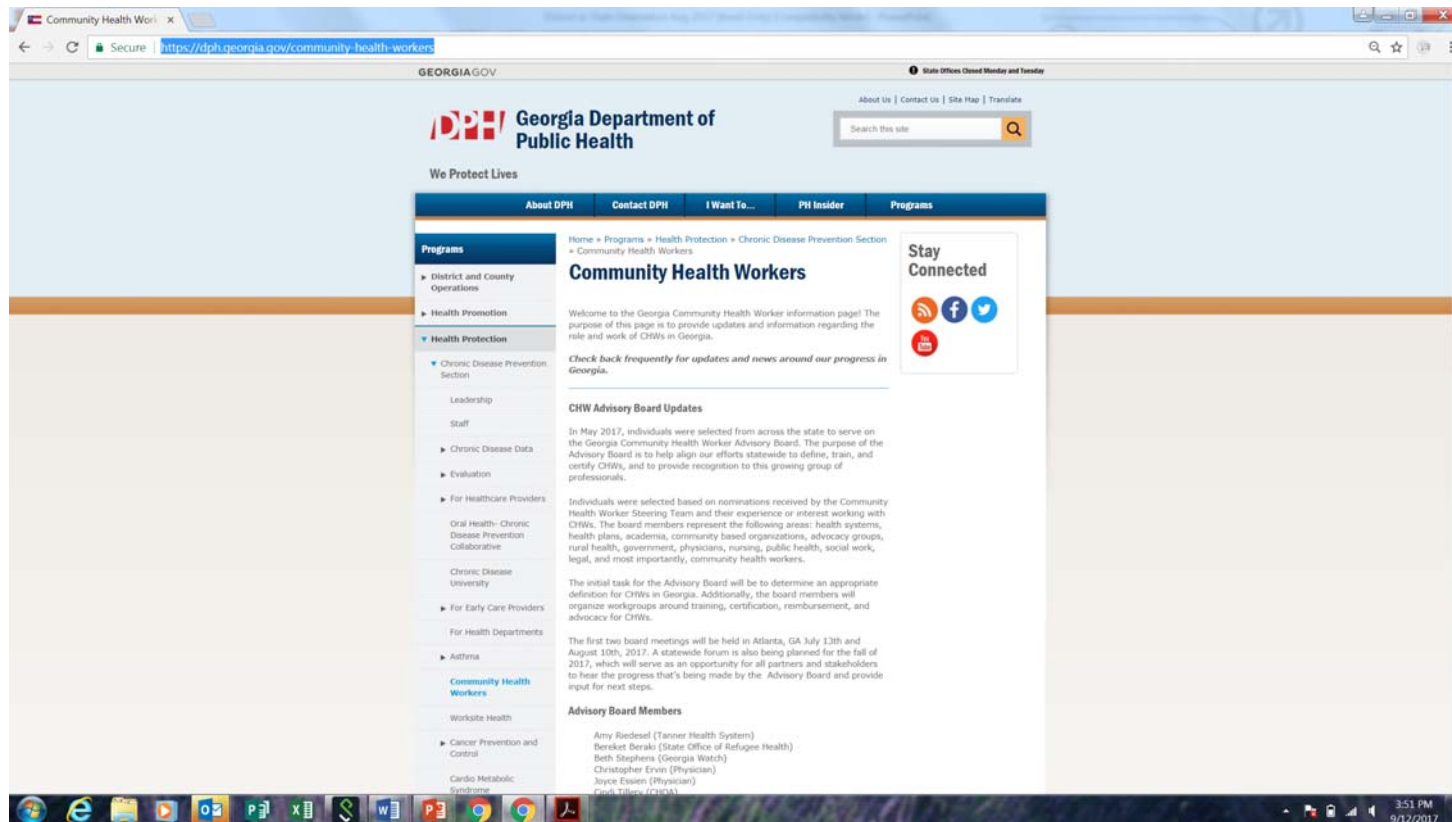
Next Steps

- As a result of the feedback received from the Forum, the CHW Steering Team members decided to do the following:
 - Develop a CHW webpage that would provide updates and information about the work of CHWs in Georgia
 - <https://dph.georgia.gov/community-health-workers>
 - Establish an Advisory Board to help align our efforts statewide to define, train, and certify CHWs, and to provide recognition to this growing group of professionals.
 - Host another Forum in the Fall of 2017



We Protect Lives.

CHW Webpage



We Protect Lives.

CHW Advisory Board

- Made up of 18 individuals who represent health systems, health plans, academia, community based organizations, advocacy groups, rural health, government, physicians, nursing, public health, social work, legal, and most importantly, community health workers.
- Initial task was to come to a consensus on a CHW definition for Georgia
- Currently in the process of developing a consensus document that includes recommendations on training, certification, and payment and reimbursement of CHW services in Georgia

2017 CHW Forum

- Tentatively scheduled for November 29, 2017 in Atlanta, GA.
- Purpose- to gain input and support on the consensus document currently being developed by the CHW Advisory Board.
- Who we would like to see attend:
 - CHWs
 - Physicians, nurses, social workers, and other members of the care team
 - Health Systems
 - Health Plans, Medicaid
 - EMS
 - Home Visiting Programs
 - Community and Faith Based Organizations
 - Public Health
 - Rural Health
 - Academia



What Can You Do?

- Let us know about your CHW Programs
 - What is the job description you use for CHWs?
 - What is the source of funding?
 - How are CHWs part of the care coordination?
- Share your thoughts and suggestions
 - Attend the upcoming Forum
 - Email your feedback to chronic.disease@dph.ga.gov





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We Protect Lives.

FAMILY PATHWAYS EVIDENCE-BASED INTERVENTION PANEL

Shannon Sale, Grady Health System

Y. Denise Mayhan, Grady Health System

Kimberly Stringer Ross, Georgia Department of Public Health

Comer Yates, Atlanta Speech School




ANNOUNCEMENTS & CLOSING

Kathryn Lawler

ARCHI

ARCHI PARTNERS



Alliant GMCF
American Cancer Society
American Diabetes Association
Arthur M. Blank Family Foundation
Atlanta Community Food Bank
Atlanta Community Health Interfaith Partners
Atlanta Housing Authority
Atlanta Neighborhood Development Partnership (ANDP)
Atlanta Regional Commission
Atlanta Volunteer Lawyers Foundation
Carter Center
Charitable Connections
ChildKind
CHRIS Kids, Inc.
Clayton State University, School of Nursing
Club E. Atlanta
Common Market Georgia
Community Foundation for Greater Atlanta, Inc.
Community Health interfaith Partners
Community of College Park
Concerned Black Clergy
DeKalb County Board of Health
DeKalb County Government
Diabetes Community Action Coalition, Inc.
Emory Fuqua Center for Late Life Depression
Emory Healthcare
Emory University – Urban Health Program
Enterprise Community Partners
Families First, Inc.

Friends of Refugees
Fulton County Government
Georgia Alliance for Health Literacy
Georgia Center for Nonprofits
Georgia Department of Public Health
Georgia Health Policy Center
Georgia Institute of Technology
Georgia State University
Get Georgia Reading
Global Dialogues
Grady Health System
Health Equity Advocacy & Resource Center
Health Promotion Action Coalition, Inc
Hillside
Historic Westside Gardens Atl, Inc
I Can Be The Change
Insure Georgia
Jesus Set the Captive Free
Kaiser Permanente of Georgia
Legacy Community Housing Corporation
Live Living International Foundation
Marcus Autism Center
Metro Atlanta Urban Farm
Metropolitan Counseling
Muni Cares, Inc.
Oakhurst Medical Centers

Odyssey Family Counseling Center
One Talent Inc.
Open Hand Atlanta
Partnership for Southern Equity
Perkins & Will
Piedmont Healthcare
Resurgica Health Solutions
Rimidi, Inc
RiteAid Pharmacy
Saint Joseph's Health System/Mercy Care
Saving Our Sons & Sisters International
South Fulton Human Services Coalition
Southside Medical Center
TechBridge
Truly Living Well
United Way of Greater Atlanta
Veterans Empowerment Organization
Visiting Nurse Health System
Voices of Georgia's Children
Wellcare
Wellstar
West End Medical Center Inc.

HEALTHY BEHAVIORS:

Atlanta Bike Challenge- October 2017 www.lovetoride/atlanta

Atlanta Beltline Westside Trail opens September 29th

CARE COORDINATION:

Community Health Worker Forum- November 29th

FAMILY PATHWAYS:

Connect ATL- September 22nd GA Tech Conference Center

Health Connect South- September 28th

www.healthconnectsouth.com

ARCHI members receive discount!

State of the Region Breakfast- November 3rd

www.atlantaregional.org

December 6th ARCHI QUARTERLY BREAKFAST



NEXT QUARTERLY MEETING

December 6, 2017

