



Person–Centered Meta Model of Practice Strategic Planning Considerations

A HHS Advisory Service Point of View

Federally Funding for HHS Programs Created Our Current Silos

More than Five Decades Invested In Siloed Program-Centric Models

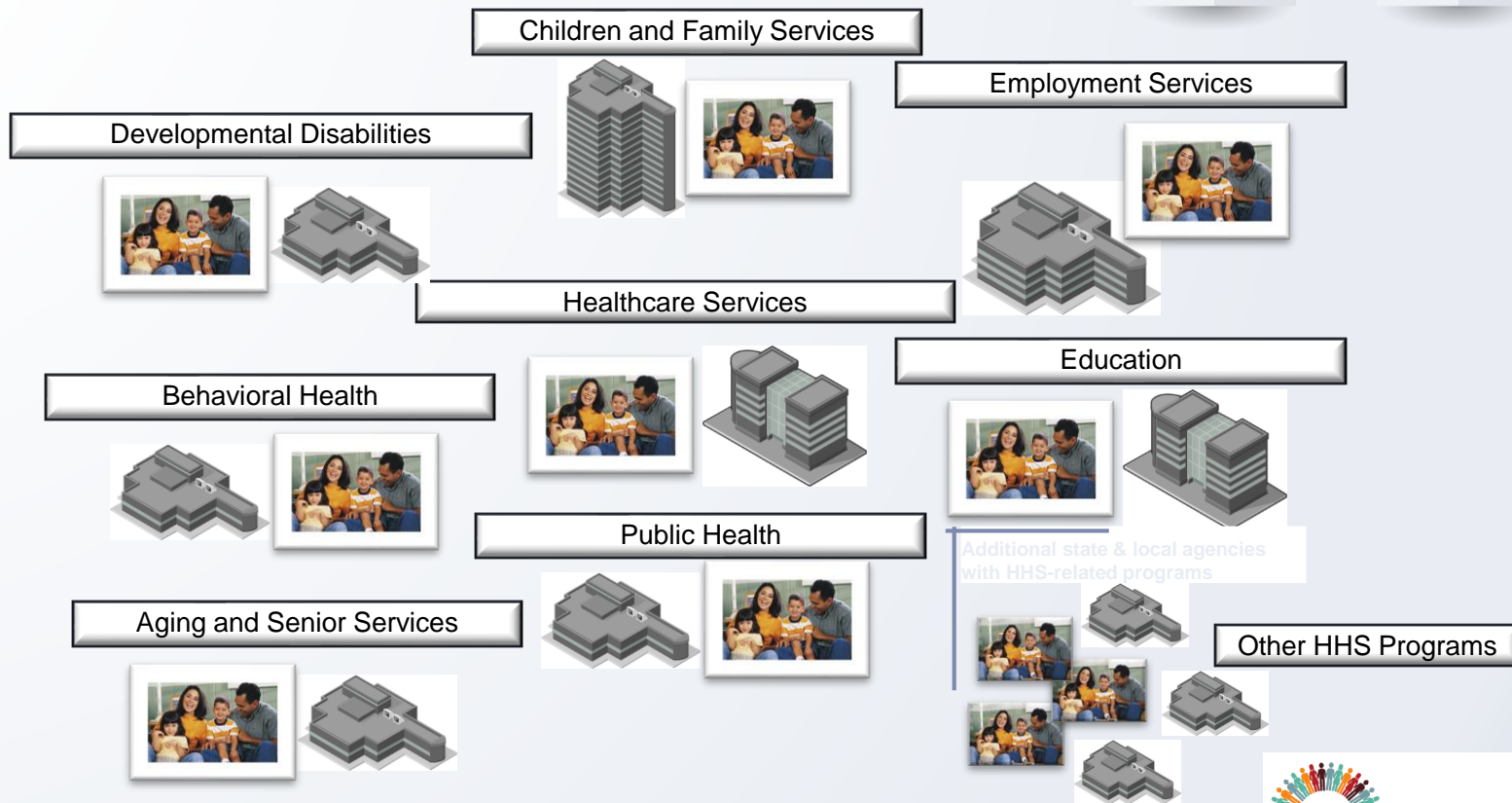
Multiple Doors and Models of Practice – Limited Service Delivery Integration and Coordination Across Programs

System Name	Description	Federal Partner
Core Public Assistance Eligibility	Family Assistance Management Information System – FAMIS (Title IV-A – TANF; Welfare to Work; Medicaid; and Food Stamps) – often a separate agency or under an umbrella human services agency	U.S. Department of HHS Administration for Children and Families (ACF); U.S. Department of Agriculture Food and Nutrition Service (FNS) and Centers for Medicare and Medicaid Services (CMS)
Integrated Eligibility	Title IV-A-TANF; Supplemental Nutrition Assistance - SNAP (Food Stamps); Medicaid; State Child Health Insurance Program (SCHIP); Medicaid Waiver Services; Energy Assistance; Subsidized Child Care; others – often under an umbrella human services agency	ACF, CMS and FNS – ACA E&E and OMB Circular A-87
Child Care Management Information System	CCMIS (Title V; Title XXII) enrollment and management of subsidized child care programs including licenses and of providers	A variety of federal initiatives – state Medicaid HIT Plan for the Incentive Program for the Meaningful Use Adoption of EHR by Eligibility Providers Regional Extension Centers Health Information Exchange Health Insurance Exchange
Child Support Enforcement	CSEMS (Title IV-D) – state activity to support the detection and fulfillment of child support through court related processes often a separate agency or under the Attorney General's umbrella human services agency	CMS
Early Childhood Screening and Case Management	Assessment, planning and case management system hearing and developmental screening for infants and children – often through a state's health department	CMS
Medicaid Management Information System (MMIS)	Mechanized claims processing and information retrieval system which states are required to have for Title XIX purposes, unless waived by the Secretary of U.S. Department of Health and Human Services – often provided by a separate Medicaid agency or under umbrella human services agency or department of health	CMS
Medicaid Information Technology Architecture (MITA) 1.0 – 3.0 (Current)	MITA State Self Assessment (SSA) and Roadmap for Enterprise Architecture for all Medicaid business processes – required to qualify for enhanced Federal Funding for MMIS systems	CMS
Public Health - Vital Statistics	Core system for collection, repository, retrieval and reporting of births, deaths, marriages, and divorces	CDC
Public Health – Health Statistics	Core system for collection, repository, retrieval and reporting of immunizations, cancer, trauma, lead, STDs, HIV/AIDS, communicable diseases, etc. (Often called registries). Includes bio-surveillance and syndromic-surveillance	CDC
Integrated Health and Human Services Case Management	Front-End Portal; Common Client ID Repository (EMPI); Consent Registry; Full Life Cycle Case Management Support for all Health and Human Services – often under an umbrella human services agency	CMS, ACF, FNS, CDC, CSE, SAMSA
Focus on prevention, reporting and intervention in elderly abuse		U.S. Department of Agriculture Food and Nutrition Service - Information Systems (IS) for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC Program) including Electronic Benefits Transfer - EBT – often under a state's public health department
Behavioral Health Case Management Systems (From Encounter Systems to Electronic Health Records – EHRs)	Behavioral Health (Developmental Disabilities; Mental Health; Substance Abuse – Drug and Alcohol) systems often through separate agencies or umbrella human services agency or a state's public health department A variety of federal initiatives to integrate health IT into behavioral health settings – Linking POMPS to health IT; behavioral health data exchange / primary care and behavioral health integration; consent management; clinical quality measures	U.S. Department of HHS Substance Abuse and Mental Health Services Administration (SAMSA)
Women, Infants and Children (WIC) System		FNS



Traditional Health and Human Services (HHS) Paradigm

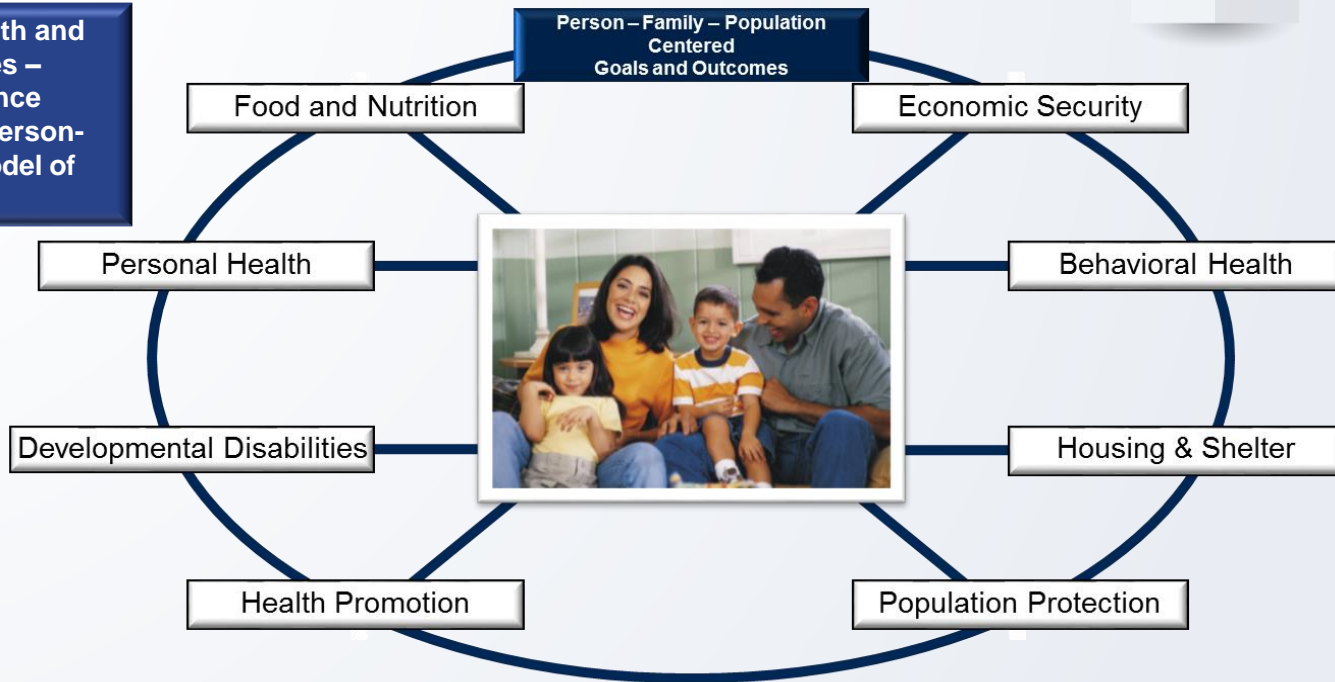
Agency/Program-Centered Collection of Programs



Future State Health and Human Services Paradigm

The Aspirational Future for Person/Family/Population-Centered Approaches

The Future of Health and Human Services – High Performance Outcome-Based Person-Centered HHS Model of Practice



HHS Advisory
Helping You Make Wise Decisions

Research Drivers – Evidence-Based Best Practices Key Factors

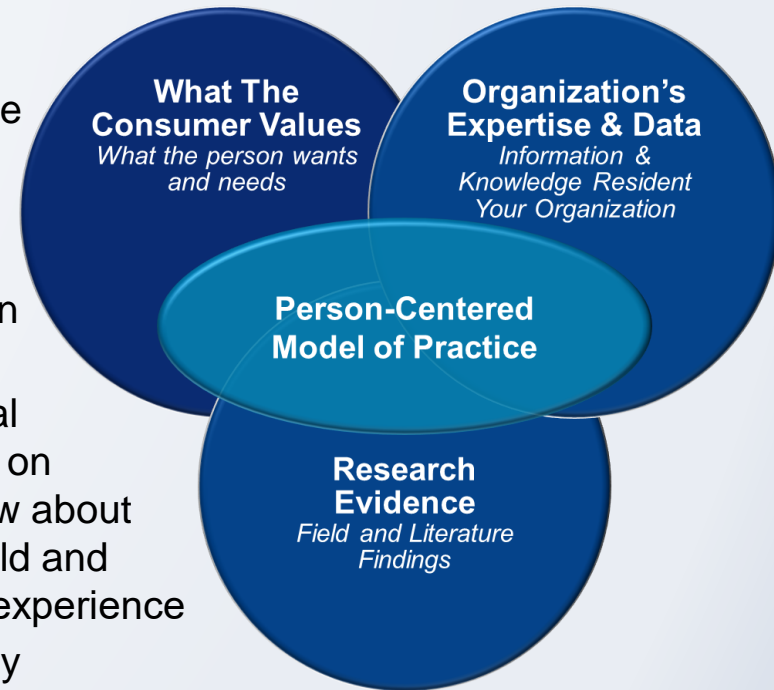
- **Access** – The earlier to the identified need that a service or support can be provided, the higher the probability of better outcomes and prevention of more serious and longer term needs
- **Person-Centric and Context Oriented** – Assessing, planning and delivering services and supports from the perspective of those served and within the context of their culture and community
- **Comprehensive and Integrated Array of Services** – Seldom do individuals bring a single isolated issue or need, thus better outcomes are achieved through 360o view of those served and through working in partnership with others in assessing all factors impacting requests for services. Programs need to have a strong focus on prevention, development and empowerment
- **Anticipatory** – Having access to data and information that can identify trends, unidentified needs and underserved areas or populations supports the development of policies, model of practice, program design, resource allocation and more effective service delivery pathways
- **Well-Managed** – Structure, people, skills and processes are in place to ensure efficient management, accountability and investments in technology to improve Access, Outcomes, Cost, Accountability and Quality of your programs and services



Model of Practice Drivers – Meta Model for Person-Centricity

Guiding Integrated Health and Human Services Improvement Strategies

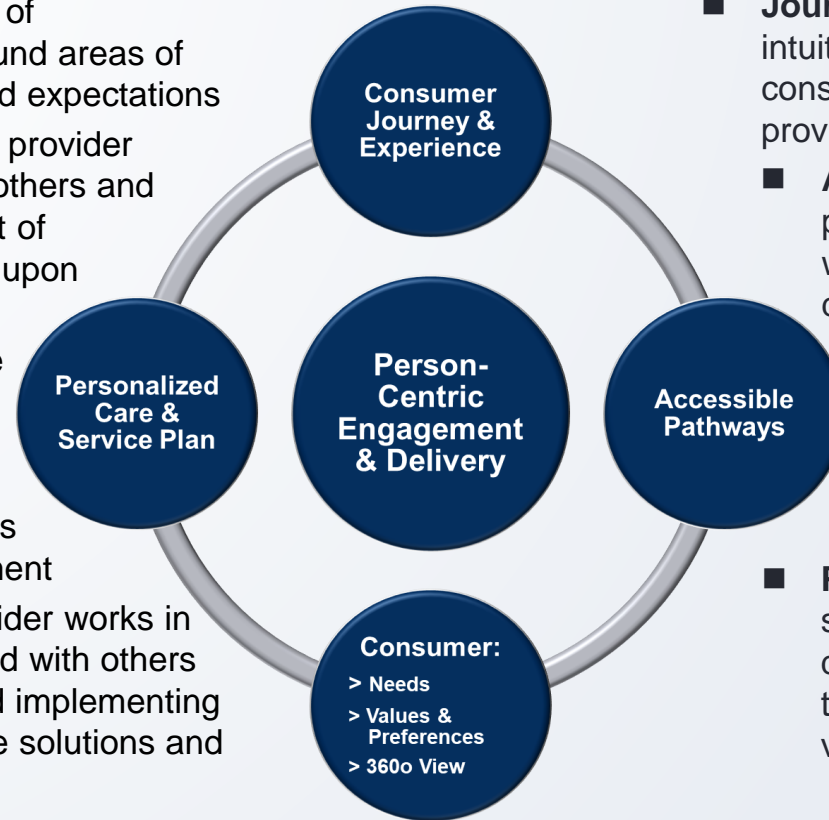
- Based on evidence based findings, the meta model provides a framework and set of standards that guides and informs, how person-centered care coordination is manifested through the model of practice of each program and service delivery pathway
- The meta model does not prescribe that all service delivery models must always include a full and holistic approach that involves all providers working together in an integrated manner with each person and/or family served
- The meta model supports the establishment of operational governance, practice and accountability standards based on a shared understanding and commitment to what we know about those we serve. This is benefited from research in the field and your and community partners' knowledge, expertise and experience
- The meta model provides clarity for the level of technology enablement necessary to support decisions at all levels – case; delivery team; program; agency; and the community



Model of Practice Drivers – Meta Model for Person-Centricity

Aligned with the Consumer's Journey and What the Consumer Values

- **Engagement** – The focus of engagement efforts is around areas of mutual concern and shared expectations
- **Respect and Trust** – The provider demonstrates respect for others and facilitates the development of relationships that are built upon mutual respect and trust
- **Self-Determination** – The provider works with individuals as the “central actor” in their own development and facilitates their growth and development
- **Collaboration** – The provider works in partnership, and as needed with others in assessing, planning and implementing actions to promote positive solutions and outcomes



- **Journey** – Service delivery pathways intuitively support the journey of the consumer and partnership with the provider
- **Accessible** – Easy access is provided through many channels with an emphasis on no wrong door, screen or device
- **Consumer Focused**
 - Needs
 - Values
 - Preferences
 - 360o View
- **Personalized** – Engagement, service delivery planning and delivery of services are aligned with the consumer's context, needs, values and preferences

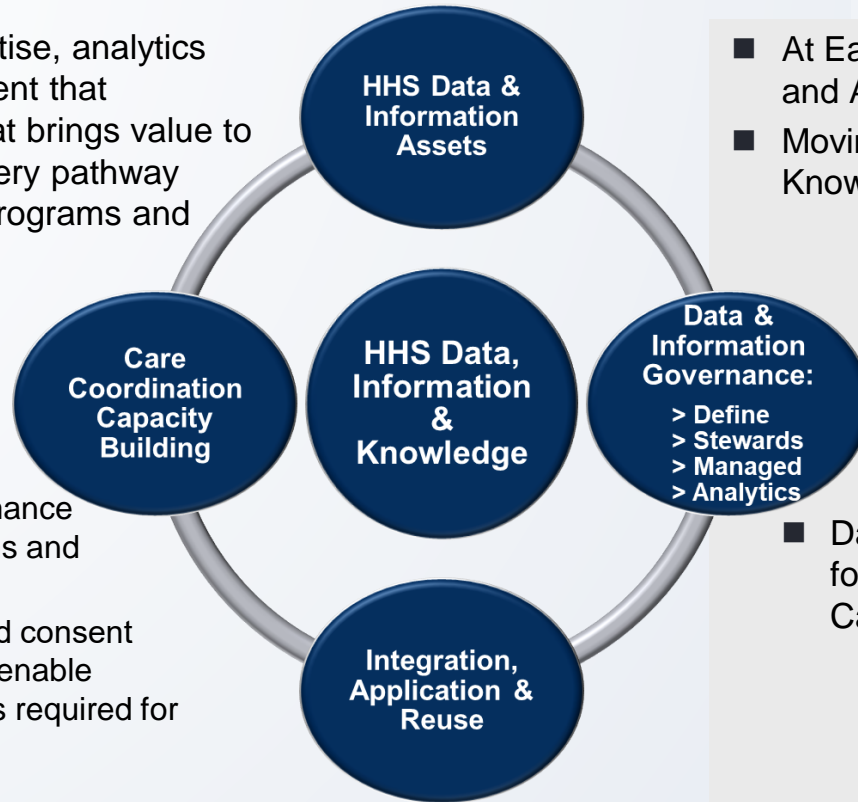


Model of Practice Drivers – Meta Model for Person-Centricity

Ability to Move Data to Information to Knowledge to Action

- Holistic approach to data, expertise, analytics and governance and management that coordinates data/information that brings value to each program and service delivery pathway and the full continuum of your programs and services:

- Clarity on data and information access policies and procedures across programs
- Leveraging information to support predictive and performance analytics across HHS programs and service pathways
- Addressing “need to know” and consent management requirements to enable appropriate information access required for enhanced care coordination



- At Each Level of Operations, Within and Across HHS Program Areas
- Moving From Data to Information to Knowledge to Actions - Improving ...
 - 1) Access,
 - 2) Outcomes,
 - 3) Costs,
 - 4) Accountability and
 - 5) Quality
- Data, Information and Knowledge for Improving Decision Support Capacity to -
 - Anticipate;
 - Support; and
 - Validate Key Decisions and Activities at All Levels

Enhancing Health and Human Services - Strategic Planning Considerations

Critical Success Factors

- Innovation is driven by your Meta Model for Person-Centricity – Practice Principles and Standards
- Life of the Case and Life of the Process workstreams need to be well defined – “*who does what when, where and to what end*” – to identify opportunities for the continuous improvement of your practice model rooted in and guided by evidence-based findings
- Ensuring you have the data and information necessary to *Anticipate, Support and Validate* key activities and decisions to support better outcomes at all levels of the organization
- Involving stakeholders through-out the full life cycle of your enhancement efforts
- Organizational change management strategies are required from “Day 1” at all levels - ensuring staff and partners understand, are aware of the impact and have opportunities to participate and support the improvement initiatives
- Success requires strong leadership and active and committed “champions”



Enhancing Health and Human Services - Strategic Planning Considerations

“Where to start?” – Key Planning Guidelines

1. **Develop Consensus on a Unifying Vision** – *Agreeing on and committing to the vision and scope for the practice improvement initiative*
2. **Involve the Right People and Focus on the Right Issues** – *Working with representative stakeholders focusing on developing the meta model of practice to strengthen your person-centric model and guide the strategic planning effort*
3. **Identify the Benefits to Be Achieved** – *Identifying improvements to be achieved for Executive Leadership, Programs, Operations, Staff, Collaborative Partners and Consumers - Measurable Benefits and Outcomes – Key Performance Indicators (KPIs)*
4. **Develop Standards and Requirements** – *Aligning with the Mission, Mandates, Model of Practice, Programmatic Needs, and Envisioned Outcomes and KPIs*
5. **Build on Strengths** – *Leveraging current accomplishments, strengths and lessons learned from previous improvement initiatives*
6. **Plan and Budget for the Initiative** – *Prioritizing and Sequencing – “Doable” staged process building on demonstrated successes along the way*



For more information contact:

