Illinois EE Stakeholder Advisory Group

Tuesday, June 11, 2019
1:00 – 3:00 pm

Teleconference Meeting: Healthcare and EE Follow-Up Discussion

Attendees (by webinar)
Celia Johnson, SAG Facilitator
Josh Arnold, Navigant
Frankie Atwater, IL Association of Community Action Agencies (IACAA)
Brett Bridgeland, Slipstream
Madeline Caldwell, CLEAResult
Ian Champ, CLEAResult
Elizabeth Chant, Optimal Energy
Jane Colby, Cadmus Group
Andrew Cottrell, Applied Energy Group
Ryan Curry, 360 Energy Group
Michael D'Argo, GDS Associates
Leanne DeMar, Nicor Gas
Mike Frischmann, Ecometric Consulting
Noelle Gilbreath, Community Investment Corp.
Laura Goldberg, Natural Resources Defense Council (NRDC)
Mary Ellen Guest, Chicago Bungalow Association
Amir Haghighat, CLEAResult
Courtney Hanson
Amy Jewel, City of Chicago Mayor's Office
Mike King, Nicor Gas
Will Klein, Green & Healthy Homes Initiative (GHHI)
Chester Kolodziej
Larry Kotewa, Elevate Energy
Monique Leonard, Ameren Illinois
Ashley Lucier, SEEL
Anna McCreery, Elevate Energy
Bryan McDaniel, Citizens Utility Board (CUB)
Samarth Medakkar, Midwest Energy Efficiency Alliance (MEEA)
Mark Milby, ComEd
Cheryl Miller, Ameren Illinois
Zenia Montero, ICF
Daniel Moring, Slipstream
Phil Mosenthal, Optimal Energy
Chris Neme, Energy Futures Group, representing NRDC
Rob Neumann, Navigant
Theo Okiro, Future Energy Enterprises
Briana Parker, Elevate Energy
Patricia Plympton, Navigant
Noah Purcell, SEEL
Anthony Santarelli, Smart Energy Design Assistance Center (SEDAC)
Elena Savona, Elevate Energy
Kristol Simms, Ameren Illinois

Shannon Stendel, Slipstream
Bryan Tillman, 360 Energy Group
Gillian Wineman, Chicago Bungalow Association
Caitlin York, CUB
Angie Ziech-Malek, CLEAResult
Omayra Garcia, Peoples Gas & North Shore Gas
Corey Hall, Ameren Illinois
Chris Vaughn, Nicor Gas
Gary Ambach, Slipstream
Brady Bedeker, ComEd
Megan Borneman, Elevate Energy
Kegan Daugherty, Resource Innovations
Wael El-Sharif, 360 Energy Group
Stacy Gloss, U of I Climate Research & Training Center
Thomas Manjarres, Franklin Energy
Keith Martin, Ameren Illinois
Bob Mudra, ComEd
Hanh Pham, Willdan Energy Solutions

Meeting Notes
Follow-up items are indicated in red.

Financial Resources from the Healthcare Sector for EE
Will Klein, Green and Healthy Homes Initiative (GHHI)

Goals for meeting:
- Quick refresher on healthcare and EE and why we are interested in this.
- Where do you look for existing funds?
- How do you work with advocacy groups and other partners to shift the policy landscape?

Background on GHHI:
- GHHI based in MD, helps families in unhealthy housing, facilitates in-home assessments and efficiency implementation, lower energy bills

Health + EE Connection:
- EE impacts health in a number of different ways.
    - Outcomes of EE that improve health outcomes: Visibility, air quality (HVAC), building envelope (air quality)
    - Non-EE improvements with health outcomes: Plumbing, pests, hazard removals
        - Acute improvements (to acute health impacts i.e. asthma triggers) vs chronic improvements (to chronic health impacts i.e. asbestos, lead)
        - GHHI starts by addressing acute as impacts are immediate, easy to quantify, and it's a simpler place to start
        - Harder and trickier to look at chronic, long-term impacts, but these are the next step
- Leveraging programs allows a "whole home" vision.

Accessing Existing Funds and Healthcare Programs:
- Two different sources of funding:
    - Medicaid

    - Hospitals
- Medicaid is funded by both the federal government state government. It is primarily for lower income.
- In IL there are at least six different Managed Care Organizations (MCO). MCOs are required to offer several health services, and Medicaid patients are entitled to those services (fixed $ per member per month).

Working with MCOs:

- All MCOs are required to have a set of "quality metrics" – to ensure MCOs are provided the needed care and that members are getting healthier.
    - They are increasingly looking to do in-house work, partnering with home care health providers, like GHHI, for patients.
    - Example: GHHI is working with NextLevel (an MCO) and Elevate Energy on scoping out an asthma initiative.
- States can also require an MCO to have a number of performance requirements.
- Performance requirements:
    - # initiatives addressing x, x% of dollars to y health determinant
    - Knowing if an MCO has such a requirement is important to know if there
    - Look for Director of Performance Improvement or Population Health
- Pilot Examples:
    - Amerigroup & GHHI (Maryland)
        - GHHI – home visiting programs
        - Amerigroup paid GHHI to assess asthma triggers
        - GHHI had a grant that used Amerigroup referrals to enroll people
        - Amerigroup sent names of asthma patients
        - Amerigroup did an ROI (pre/post) and based on positive results continued the funding initiative
        - GHHI helping Amerigroup meet quality metrics
    - Healthy Homes & Health Net (Michigan)
        - State requirement to have at least one social determinant of health initiative
        - Environmental assessment supplied to address asthma triggers
- Key takeaways:
    - Understanding what the MCO needs + what requirements exist (quality metrics, performance goals, etc.)
    - Building relationships + trust with MCOs.
    - Consider how do you scale? MCOs are limited in the amount of dollars they can spend.

Working with Medicaid:

- Medicaid is shifting toward "value-based contracting" in some states. This is where they pay for the value of care instead of specific services (fee for service). Medicaid can classify payments for improved health outcomes as "medical", even if the underlying cause is a housing improvement.
- Laura Goldberg, NRDC: Is value-based contracting happening in IL, and elsewhere? Some IL hospitals are looking at social determinants of health related to housing. What enables IL to make these connections?
    - Will Klein: We are starting the discussion with NextLevel Health in IL. We haven't worked with other MCOs in IL yet. In reviewing IL regulations of MCOs, I wasn't able to find as much of an incentive, compared to NY which requires that MCO

work with community-based organizations. IL recently changed the MCO structural change, and there hasn't been as much of an emphasis yet on social determinants of health.

- Theo Okiro: Why is Medicaid shifting towards "value-based contracting"?
    - Will Klein: Currently Medicaid is structured as an entitlement program. Once you are sick, you are entitled to care. In shifting to value-based, instead of paying for the "work", you are paying for the outcomes. This way you can incentivize providers on health outcomes, not doctors' visits.
- Celia Johnson: Can you give another example or two of "quality metrics" that MCOs are required to have?
    - Will Klein: Using 'controller inhalers' more often for MCO members that have asthma, which helps prevent hospital visits. Another example is fewer visits to the hospital; well-child visits, for children between the ages of 1-5
- Amy Jewel: Are there any examples of Medicare or Medicaid pilots? Has anyone looked at the various policy proposals on "Medicare for All"?
    - Will Klein: I have not looked at the Medicare for All proposals. Interesting point, this would be good to review.
        - Medicare is run at the federal level. For Medicaid, each state runs their own program which then receives funding from the federal level.
        - Medicare is further ahead than Medicaid; they have more flexibility.
    - Will Klein: There has been effort on home modifications for aging/elder care. There is a lot of flexibility for Medicare and some for Medicaid on home modification dollars to improve homes, to help people stay out of the nursing home.
        - There is a lot of opportunity especially in the EE sector to look at the elderly population. There is a lot of work that can be done to fix people's homes that is more cost-effective.

Working with Hospitals (Community Benefit Dollars):

- Non-profit hospitals are required to complete Community Health Needs Assessments are completed every 3 years or so, and require an Implementation Plan. If you want community benefit dollars, you want your community health issue listed in the Plan. Plans are usually public.
- $3.2 billion was spent in Illinois from community benefit dollars, in 2016. However, the "community building" bucket is 1%, approximately $11 million. 60% of this money in IL is spent on subsidized care.
- Hospitals often have to meet metrics or savings targets, passed on to them from insurance companies.
- GHHI suggests reaching out to the Community Benefits Officer at a hospital to understand how this works and partnering with a hospital.
- Challenges:
    - Population pool is not fixed.
    - Reached uninsured people is difficult.
- Celia Johnson: Who is required to do the community health assessments?
    - Non-profit hospitals are required to do the assessment every three years.
    - Probably some requirement to get community input.
    - Hospital must lead the process.
- Laura Goldberg, NRDC: In IL there is a group of hospitals that have gone in together on their community health needs assessment.

    - Energy Efficiency for All previously looked at community benefit plans and they included housing and other "needs" that could provide a connection to EE.
        - **Follow-up information:** Joint IL Community Health Needs Assessments http://allhealthequity.org/projects/2016-chna-reports/
    - Suggestions:
        - You want your health issue included in this assessment if you want those dollars available for EE.
        - Figure out where the community health officer is in the planning stage, work to get EE as a priority in the hospital programming.
- IL has a few Accountable Care Organizations – this is another entity to look to for an EE-healthcare initiative.
- Laura Goldberg, NRDC: What about the 4% of community benefit dollars for cash and in-kind contribution to community groups? Are those dollars available for health outcomes and EE improvements?
    - Will Klein: Suggestion to visit www.communitybenefitinsight.org. You can find how hospitals use their dollars. Hospitals are allowed to use community benefit dollars on environmental upgrades such as housing, but they do prioritize needs.
- Lessons learned:
    - Healthcare has a really hard time talking with community-based health organizations, let alone talking with an EE organization.
    - Partner with a local community-based health organization who already has a relationship with the hospital which makes your job smoother.
    - Leverage data management systems to allow data sharing across community-based health organizations.
    - Understand how your program can financially impact the program, and impact the healthcare payer or partner.

Health Policy Perspective:

- There is a lot of room for growth in Illinois.
- Policy opportunities:
    1. Community health needs assessment, ex: Presence Hospital
    2. CHIP health services imitative state plan amendments
        - Primarily came from the Flint water crisis. In MD, GHHI got dollars to do asthma related work
    3. Add Medicaid MCO requirements to RFP
    4. Advocate for Medicaid Demonstration Waivers
        - Waiver waves services in exchange for alternative pathways to meeting those health outcomes
        - Now there is an incentive for MCO to parent with community health to meet quality metrics
        - Enhanced case management

ComEd Healthcare EE Initiatives (Mark Milby, ComEd)

- Breathe Easy Project – ComEd joined as a supporter of this study. This is focused on indoor air quality. The recruitment phase began in 2017. Ventilation systems were installed in 41 homes. Data will be collected for another year, both on the health side and the energy side.
    - ComEd is interested in this because we know ventilation can impact indoor air quality.
    - Theo Okiro: How was the recruiting done for the Breathe Easy pilot?

        - Anna McCreery: Most of the recruitment was through the Chicago Bungalow Association.
    - Theo Okiro: Is there a family member with asthma in each home?
        - Anna McCreery: Yes, there is at least one adult with asthma, some with children as well.
    - Question: For the ComEd ventilation project, was there a baseline assumed for the measures installed in the home? What was it?
        - Mark Milby: The recruitment took place before ComEd joined. The baseline assumption was a bit different for each home. Since it's a small number we will look at each individually. We have access to AMI data for homes, which we will be accessing.
        - Anna McCreery: None of these homes had a mechanical ventilation system before installation. For many of these homes we are also installing energy eff
    - ComEd hopes this project will help us understand if there are significant health benefits with these systems, for example how could a measure package be offered?
    - Next steps: The research paper from this study will be completed in Q2 2020.
        - Celia to add topic to 2020 SAG Plan.
- Healthy Homes Coordinated Delivery Project – This project is more on the application side, specifically understanding whether we can create a coordinated service delivery model.
    - Research questions:
        - Can we identify these homeowners?
        - Can we cross-train the assessors to deliver one joint delivery, of an assessment and the upgrade?
        - Can we save on costs?
        - Can we create a more holistic experience?
    - In the homes being addressed, there is at least one resident with severe asthma.
    - All patients will be uninsured and Medicaid recipients.
    - Next steps: Final will report will be completed in Q1 2020.
        - Celia to add topic to 2020 SAG Plan.

Next Steps

1. Please reach out to Celia@CeliaJohnsonConsulting.com with any additional questions on healthcare + EE or to get in touch with the Green & Healthy Homes Initiative.
2. Celia to follow-up with utilities to check on whether there are additional questions and/or resources that would be useful on healthcare.
3. SAG will hear from ComEd in 2020 on results from two healthcare initiatives:
    a. Breathe Easy Project – results anticipated Q2 2020.
    b. Healthy Homes Coordinated Delivery Project – results anticipated Q1 2020.