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Idea 22	Health and wellness systems that focus on broad, holistic conceptions of health
Proposal 22b	Create payment models that support self-care
Description	Create payment models that support self-care, e.g., non-narcotic pain treatment solutions. Address public finance options to make these programs accessible to Medicare populations and others. Ensure that nurses, clinical care managers, and social workers are also integrated and included in payment reform to ensure a broader population benefits from full treatment solutions (non-pharmaceutical, tech-enabled).
	Catalyst Initiative at Minneapolis Foundation is leading on payment reform for non-narcotic pain management and healing therapies. Medicare/Medicaid and private insurance reform, clinical and community education as a health equity issue.
How will the proposed action advance equitable health and well-being?	By creating an opportunity to not heavily rely on pharmaceutical interventions as a sole option for health and wellness, we can advance a health system that focuses on broad, holistic conceptions of health. This creates opportunities to address the whole person and create culturally relevant and non-pharmaceutical options for health and wellness and a primary preventive approach to care.
	Payment reform will make non-narcotic and healing therapies more widely accessible, acceptable and affordable.
Is there work we can build on?	Build on and scale up existing evidence/data for self-care modalities, such as the Stanford self-care model, <u>Academic Consortium of Integrative Medicine</u> 's White Paper.
	Minnesota Department of Health models <u>alternative ways of</u> <u>managing addiction</u> (interim reports next year). This was legislation secured by Catalyst Initiative to test non-narcotic pain management and create a statewide mapping project to identify where these therapies are available and what barriers exist to access.
	The Oregon Collaborative for Integrative Medicine has a similar effort.
	Federal bill before HHS with payment reform for integrative care.





	Build off Catalyst's legislative 2019 success and the 2020 Scoping report commissioned by the George Family Foundation to convene stakeholders and determine feasibility, create work groups and determine action plan. In 2019 Catalyst secured \$1.25M to test non-narcotic pain management and build a statewide mapping project of where non-narcotic therapies are available. Catalyst and George Family Foundation worked with Collective Action Lab to do early scoping and stakeholder interviews in late 2020. This report will be available in early January 2021.
Who would have to act? Who would be key partners?	Leaders who could push for structural change, such as Stanford self-care and the Catalyst Initiative Public Health institutions State Medicaid/Medicare directors Insurance companies End users. Broad coalition of cross sector players - health care, insurance, community, criminal justice, philanthropy. Landscaping of national models
A few high-level action steps	 Identify ongoing demonstration projects Identify other organizations pursuing aligned goals to exchange information/data/policy strategies to pursue this goal. Assess the landscape for ROI models. The evidence generated should focus not only health outcomes but also economic benefits.
Other comments or guidance	Docs for MN legislative work by Catalyst: • https://www.house.leg.state.mn.us/comm/docs/08a1b839-36da-4a40-9e30-b5f03df699a4.pdf • https://www.house.leg.state.mn.us/comm/docs/91d9754c-4234-41b3-8b71-d6992e679b68.pdf