

A Q&amp;A WITH MANDY K. COHEN, MD, MPH

# Shifting to Whole-Person Care While Fighting a Pandemic: A Q&A With Mandy K. Cohen, MD, MPH

*Interview by Allison Inserro*

To mark the 25th anniversary of The American Journal of Managed Care® (AJMC®), each issue in 2020 will include a special feature: an interview with a thought leader in the world of health care and medicine. The August issue features a conversation with Mandy K. Cohen, MD, MPH, secretary of the North Carolina Department of Health and Human Services.

**AJMC®:** On July 2, North Carolina's governor signed into law the state's plan to move to Medicaid managed care, which I know you've been working on for a number of years. What will be different about this managed care plan for Medicaid compared with what other states have done?

**MANDY COHEN:** Well, you are right in saying we have been working on our Medicaid implementation for a number of years, and I think that we've gotten some national recognition for trying to use this opportunity moment of change for our Medicaid program and think through how can we layer on the kinds of new innovation that I think can propel the Medicaid program forward. So one of them is about investing in primary care, value-based payment models, but also, importantly, connecting people to care to the integration of social, physical, and behavioral health—so that payer alignment to get to some of the things that are outside of the traditional medical sphere.

**AJMC®:** Is NCCARE360 one of those pieces that you mentioned?

**COHEN:** No—these are all interlinked pieces. So, NCCARE360 is certainly a very important piece of infrastructure for our state to allow us to break down the silos between health and the health care system and our community services, or the human services. NCCARE360 operates independently from Medicaid, but I think it does help us create the foundation to layer on these other initiatives as we move to managed care. NCCARE360 is the first statewide platform that allows for closed-loop referral between health care systems and the community. So we have it now statewide and we're the first to be statewide and finished that implementation 6 months early; because of COVID-19 [coronavirus disease 2019], we sped up that implementation. It is a platform that allows for shared information between health and human services and it's really never existed before. It's not just a database of providers of

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community-based services, but it is a sharing of information. I'm a physician by training; just as I would have referred someone to a cardiologist, I can now refer them to one of these community-based organizations and we can actually share information so that I actually know as a doctor, did my patient get that resource, whether it was help with employment or transportation or food or housing or what have you. We're really excited about it. It is part of what we will use in managed care. But we sped that along to help us as a critical tool to respond to COVID-19.

**AJMC®:** Do you also see ways in which NCCARE360, without having to wait for the full implementation of managed care, would be used as your state moves forward, for instance, when kids go back to school? How would that help students and families adjust in this crazy time?

**COHEN:** Ultimately, that is our vision: that wherever families may need assistance, whether they walk into a clinic, or they walk into an employment office, or they walk into a school, that we would have a way to connect them in to potential services that they may need. I think we have started largely in the health care space and in the community space and haven't yet been able to link to our education partners, but it's very much on our radar to be able to do. And look, schools have a lot on their plate right now, to prepare

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for the plan we announced [recently], which is to bring folks back for a modified in-person classroom experience for our K-12 public schools. They have a lot of work to do. We want to make sure that we are prioritizing and getting things to them when they need it. I think we will hope to bring our education partners into that platform, but first, better get [children] back to school with all the safety protocols, so we're focused on that.

**AJMC®:** Turning back to Medicaid, can you give an update on Medicaid expansion and also work requirements? You've noted many times in your public speeches how your state is a purple state. Do you think the pandemic will have an effect on either of those 2 things?

**COHEN:** Well, yes, and unfortunately, North Carolina has not expanded Medicaid. I think that has been a mistake. I've been very vocal about that. I think that should have been done years ago. And it is actually a black eye for North Carolina that we do not have Medicaid expansion. I think it has limited our ability to be prepared for COVID-19. I think folks have chronic diseases that are not as well controlled as if they had access to care. I think that's well known. And when I think about coverage for testing, as well as the other medical care that comes along with it, we have a higher uninsured rate here, and it's really unfortunate. We're really working hard, despite the fact that we don't have Medicaid expansion. The governor and I continue to say that it is needed. It is a critical tool. And it is something where we don't have to invest any state dollars...we would raise that state share from our hospitals and our managed care companies. I think it is something we should have moved forward with and the governor will continue to press on it, and I'm sure it will be a topic of the election as the governor is up for reelection, as are a number of members of our general assembly, this fall. I think we will be having a statewide conversation of why haven't we moved forward with this very important tool that could help more than half a million North Carolinians get access to insurance coverage, particularly in a moment of crisis.

**AJMC®:** Is there anything else you want to say about managed care? Is anything left undone in terms of your idea of buying health and not buying health care?

**COHEN:** Well, I would say there's a lot of work to do. I think the only other thing that I would mention is that we are learning lessons now as we are responding to COVID-19 that we're going to need to incorporate as we move to managed care. Two things come to mind in particular, as I have watched COVID-19 have such a disproportionate impact on the Latinx and African American communities. I think as we transition to managed care, you're going to see more from North Carolina around addressing health disparities in order to not just combat the pandemic, but to really have a rethink about how are we delivering on access to care for our historically marginalized communities. I think you'll still see a continued focus on integrating physical behavior and social

health as we move forward. And again, this is because to respond to COVID-19, it's not just about care, or should I say, medical care. It is about that holistic picture of health. You can't just think about hospital and [intensive care unit] care. Most people are going to be at home recovering from COVID-19, and how do we support them at home with food or transportation to medical appointments or making sure that there's worker protection so their job is there for them when their health recovers? I think this is just even showing more of the cracks of needing to do even more in that space. And then the last [point] that I would add is about data. Data have been so critical to help us shape our policy decisions. And look, the data are not always perfect, and in fact can be quite challenging. We have very decentralized [systems], both the health care system and human services system. So gathering those data in a way that allows for actionable, scalable decisions is really hard. I think that you're going to see more from us on how we create that infrastructure to allow for data to be shared and captured to allow for coordinated response efforts, whether it's to a crisis or to implement improvements in the Medicaid program. I think that's going to also be another theme that that you will see from us—so, disparity and thinking about how we respond to disparities; that whole-person care, that is so important; and then the data piece.

**AJMC®:** Lastly, I've been thinking about the attacks that public health officials have been under. Your colleagues in other states have resigned; smaller towns have seen their health officials being threatened. What words of advice do you have for public health staffers across the country working in a situation that's unprecedented?

**COHEN:** Well, I would say that this is the hardest thing that I have done professionally. And this work is hard. It is relentless. It is a crisis and it feels like that every day. And so what I would say first and foremost is thank you to all of those other leaders who are doing the hard work. I would say stay true to the science, be a leader, stay the course of trying to understand the science and adjust to that. Always be in a learning mode that we could have new evidence, new data, new technology, new medicines at any moment, which is wonderful, and to incorporate that into our thinking as we go forward. And just hang in there and say this too shall pass. We will get through this. I think if we pull together as a country and follow the evidence-based guidelines of what we should do to slow the spread of this virus, we can get through this. But it's going to take all of us—not just those health and public health leaders, but leaders from every industry, business leaders, entertainment leaders, sports leaders, all of the government leaders, and other elected officials—to pull together if we want to defeat the common enemy, which is this virus. The enemy is not each other. It's not the people here, and we may all have different feelings about how strong we should be on certain things, but the enemy is the virus and let's focus our attention on defeating that enemy together. ■

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