Accountable Care Communities:

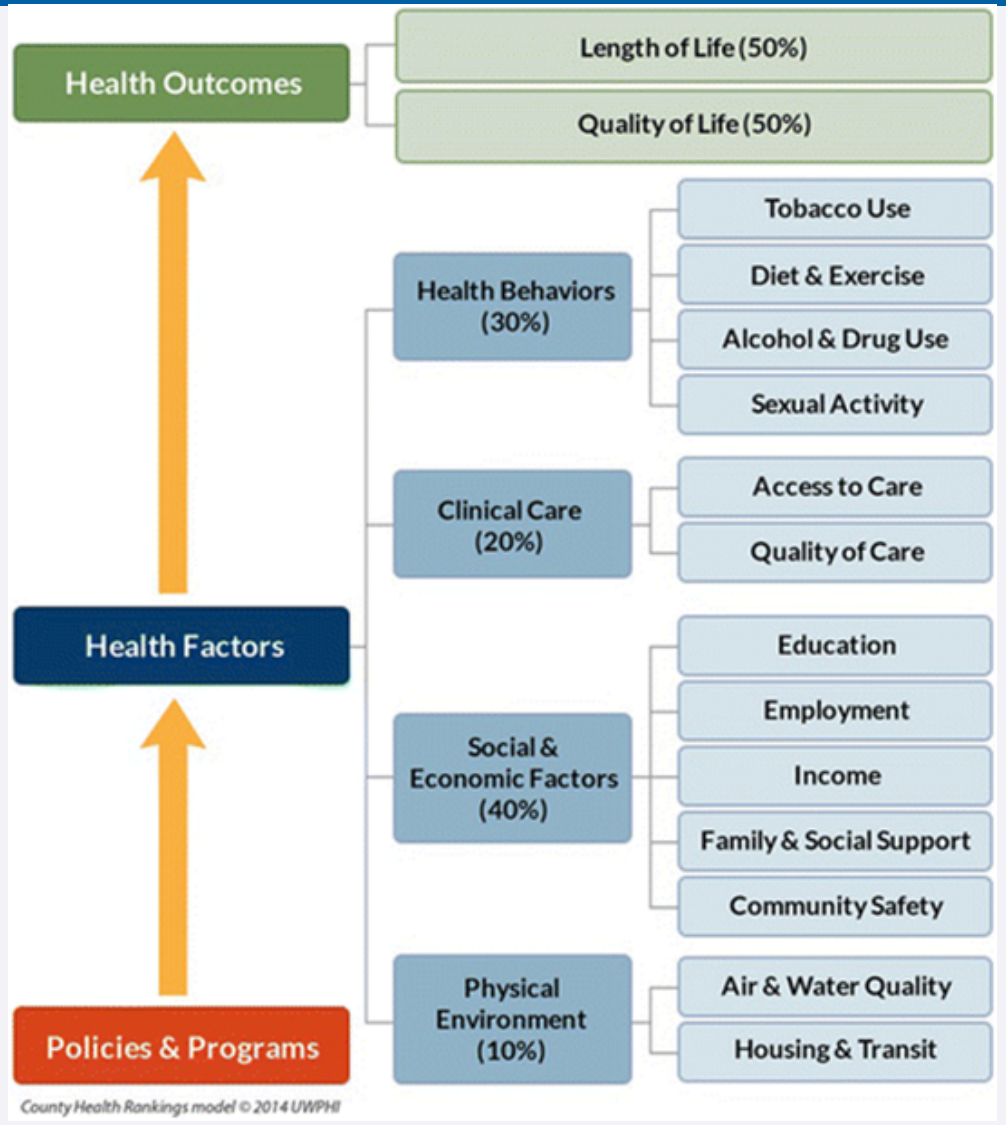
A Model for Addressing the Drivers of Health in a World Moving to Value Based Care

Brieanne Lyda-McDonald, MSPH

Project Director, North Carolina Institute of Medicine

Our growing awareness of drivers of health…

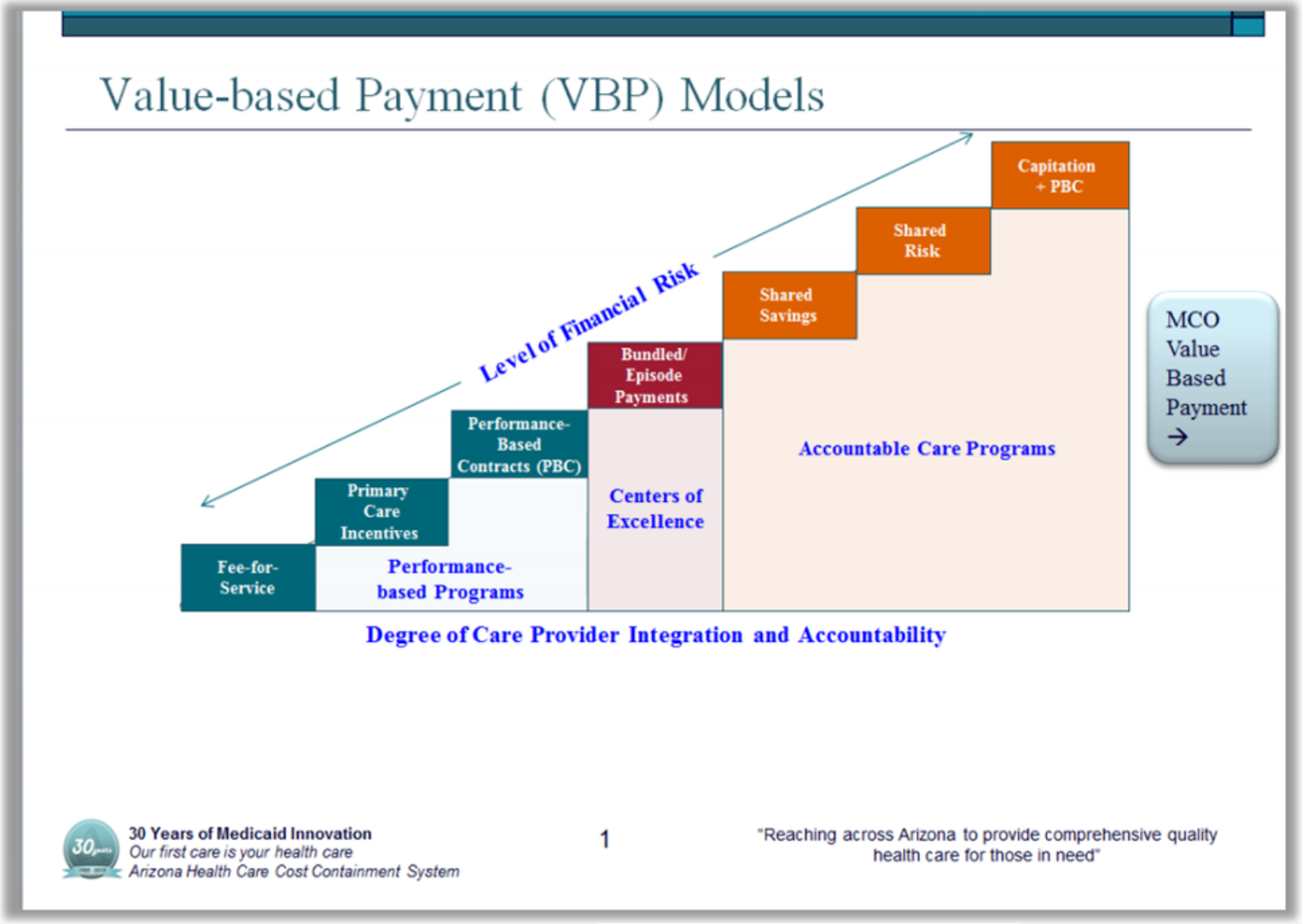
- Health is more than health care
- Public health and clinical care have increased awareness and interest
- NC's population health goals for 2030 (Healthy North Carolina 2030) based on this framework



Paired with the growing movement to value-based care

- 30 Medicare Accountable Care Organizations
- Medicaid reform
- Blue Premier contracts with 5 health systems
- Other private insurers (United, Cigna, Aetna)

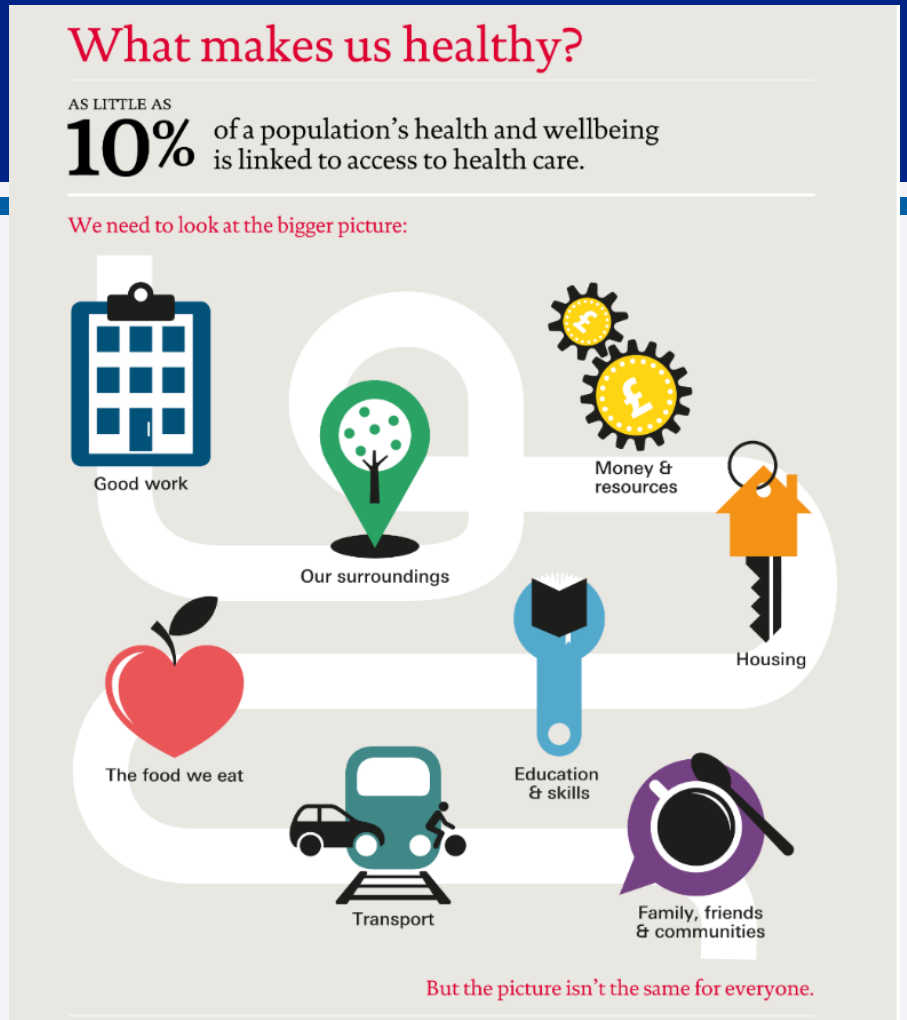
What will it take to successfully address the many factors that impact a whole population's health and well-being?



This work will require…

Working together in new ways

- Making a positive impact on population health requires working together across existing boundaries and silos
- Cannot be the efforts of only one sector (e.g., hospitals, payers, or public health)
- MUST include community member input and participation



CHR Model: University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps 2018. www.countyhealthrankings.org. Image used with permission of UWPHI

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Accountable Care Communities

Accountable Care Communities (ACCs) address health from a community perspective. ACCs bring together a coalition of cross-sector stakeholders that share responsibility to address the drivers of health while reducing, or holding steady, health spending.

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Task Force on Accountable Care Communities

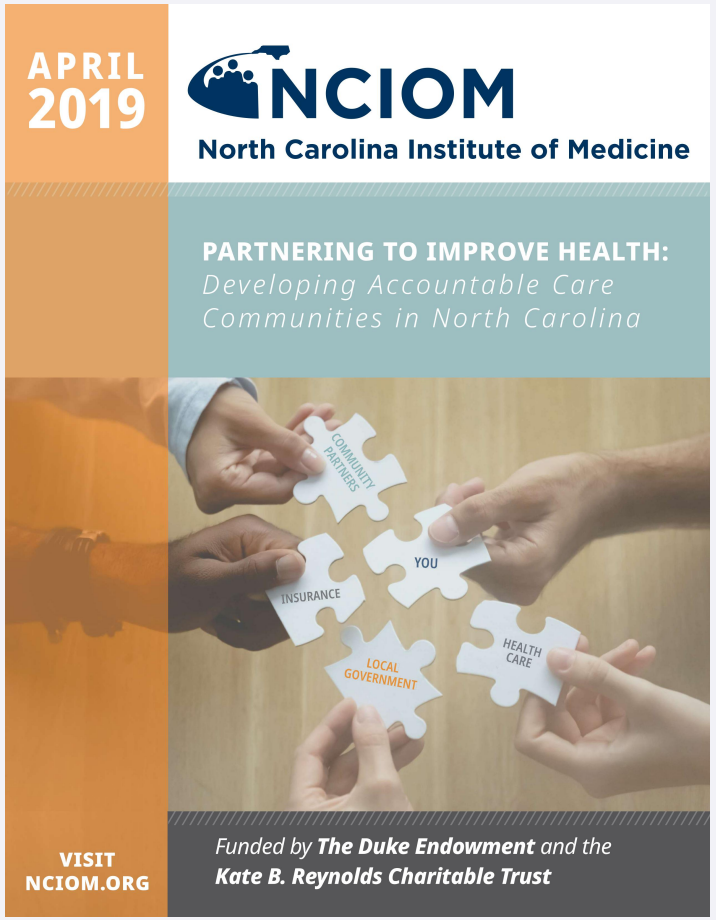
Convened over 10 months in 2018

Co-Chairs: Secretary Mandy Cohen, Mr. Reuben Blackwell, Dr. Ron Paulus, Mayor Miles Atkins

Support from the Kate B. Reynolds Charitable Trust and The Duke Endowment

<u>Produced:</u>

- 24 Task Force recommendations to support development of ACCs
- Guide for communities interested in developing an ACC



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Cross-sector Partnerships to Address Barriers to Health

Accountable Care Community model brings together:

- Traditional health care with its focus on preventing and treating illness
- Community-based partners whose focus is on creating the conditions necessary for good health
- Those who purchase and pay for health care, among many other…

- Public health
- Health care delivery organizations
- Social services
- Community-based organizations
  - *Food pantries*
  - *Legal aid*
  - *Advocacy organizations*
  - *Domestic violence shelters*
  - *Child advocacy centers*
  - *Employment agencies*
  - *Early care/ education providers, early childhood collaboratives*
  - *Other community-based nonprofits*
- Education
- Academic research
- Philanthropy
- Faith communities
- Local government
  - *Elected officials*
  - *City planners*
  - *Transportation*
  - *Housing*
  - *Economic Development*
  - *Parks and Recreation*
  - *Cooperative Extension*
- Local business
- Law enforcement
- Grassroots organizations/ neighborhood coalitions
- Unions
- Insurers

Core Features of Accountable Care Communities

1. **Assessment of Community Health:** analysis of community health issues to determine priorities

2. **Education and Advocacy:** a plan and mechanism to advance community health and health equity by advocating for local policies and communicating with local government agencies about the health effects of policy across sectors.

3. **Screening Questions:** a questionnaire to screen for health-related social needs.

4. **Referral Process:** protocols to refer clients for services that can help meet their needs.

5. **Navigation Services:** assistance for clients who have trouble accessing community services.

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Core Features of Accountable Care Communities

6. **Tracking System:** ability to capture information about whether needs were met.

7. **Outcomes Data and Analysis:** data at the individual or population level tracking health outcomes (e.g., number of hospital visits; school days missed); and analysis of the data to determine what programs and services work and have positive return on investment.

8. **Financing:** analysis of return on investment can be used to develop financial models to support service delivery of both clinical and non-clinical services.

9. **Governance:** collaborative organizations in an ACC should have a shared governance structure that affords shared decision-making, shared risk, and shared reward.

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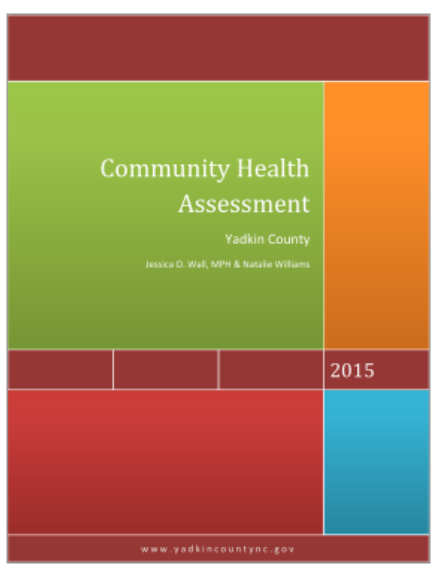
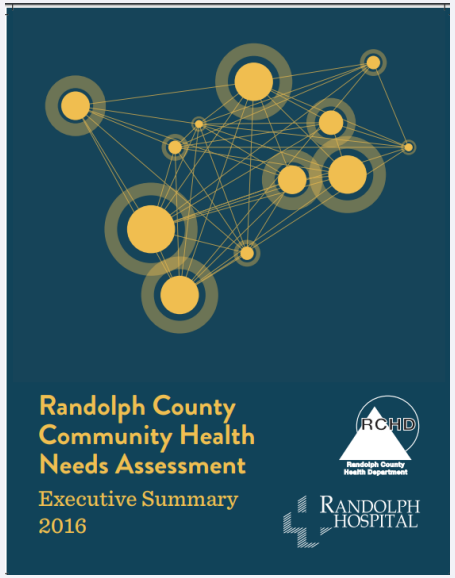
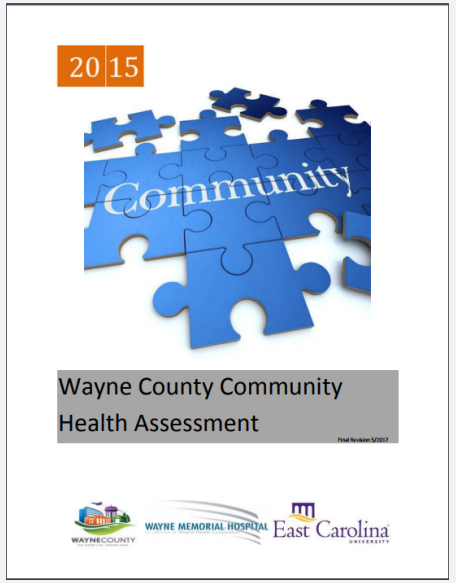
Assessment of Community Health

Community Health Assessments

- Conducted every 3-4 years by local health departments (LHD)
- Required as part of accreditation for LHDs
- Have been conducted in North Carolina for more than 40 years
- Assessment and improvement planning process







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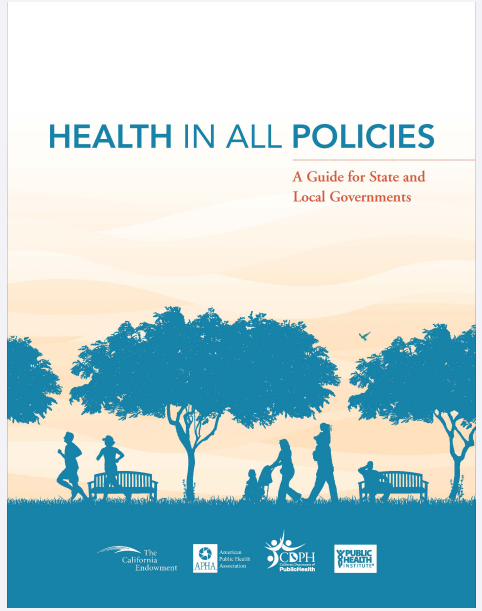
Education and Advocacy

Advancing community health and health equity by advocating for local policies and communicating with local government agencies about the health effects of policy across sectors.

- Health in All Policies
  - Promote health, equity, and sustainability
  - Support intersectoral collaboration
  - Benefit multiple partners
  - Engage stakeholders
  - Create structural or process change



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Screening Questions

NC DHHS Standardized Screening Questions

Health Screening

We believe everyone should have the opportunity for health. Some things like not having enough food or reliable transportation or a safe place to live can make it hard to be healthy. Please answer the following questions to help us better understand you and your current situation. We may not be able to find resources for all of your needs, but we will try and help as much as we can.

	Yes	No
Food		
1. Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
2. Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
Housing/ Utilities		
3. Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e. couch-surfing)?		
4. Are you worried about losing your housing?		
5. Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
Transportation		
6. Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
Interpersonal Safety		
7. Do you feel physically and emotionally unsafe where you currently live?		
8. Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
9. Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
Optional: Immediate Need		
10. Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
11. Would you like help with any of the needs that you have identified?		

Medicaid Prepaid Health Plans will be required to use

NC DHHS encouraging statewide adoption

Questions in other domains also available from NC DHHS report from April 2018

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Referral Process

NCCARE360

NCCARE360 is the first statewide coordinated network that includes a robust data repository of shared resources and connects healthcare and human services providers together to collectively provide the opportunity for health to North Carolinians.

NCCARE360 Partners:

Foundation for Health Leadership & Innovation
Moving people and ideas into action.

UNITE US

Expound

NCDHHS

NORTH CAROLINA 211

United Way
United Way of North Carolina

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Navigation Services

Assistance for clients who have trouble accessing community services

- Within Medicaid Prepaid Health Plans
  - Prepaid Health Plans will receive per member per month payments that will support the implementation of screening, referral, navigation assistance
- Many health systems and larger health care provider practices, as well as human service organizations, have care managers who may be able to meet some of the need for navigation services.

Tracking, Outcomes, Financing and Governance: Non-Medicaid

Will vary greatly across ACC models

- Hope that NC Health Connex will be able to fill the tracking and outcomes piece of this work to some degree.

- Outcomes measures are important for understanding effectiveness of efforts and for showing impacts of the work that can be used to negotiate for long-term funding and sustainability.

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How Accountable Care Communities Fit into North Carolina's Evolving Health Care System

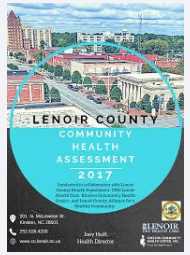
NC Department of Health and Human Services

The Opportunity for Whole Person Health

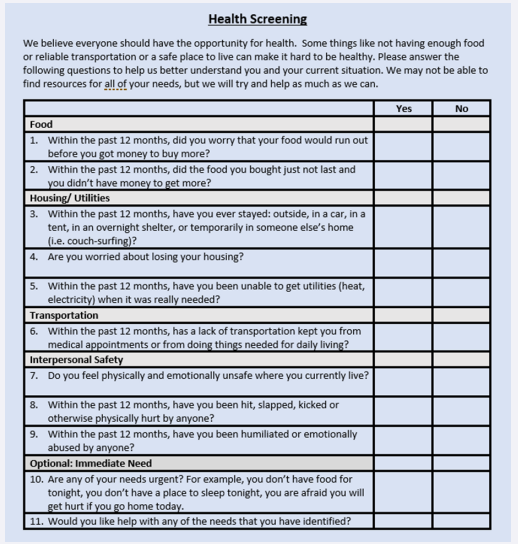
- NC DHHS has developed a framework for providing "Healthy Opportunities" to all North Carolinians that will build much of the infrastructure needed for accountable care communities
- Healthy Opportunities Pilots

ACC Core Features Supported by NC DHHS

- ✓ **Assessment of Community Health**
- ❑ **Education and Advocacy**
- ✓ **Screening Tool**
- ✓ **Referral Process**
- ✓ **Navigation Services**
- ✓ **Tracking System**
- ✓ **Outcomes Data and Analysis**
- ✓ **Financing**
- ❑ **Governance**



Community Health Assessments



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MEDICAID

Medicaid Managed Care core program element: Care Management

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HIE and Medicaid Transformation Evaluation

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Medicaid Managed Care- Regional Pilots

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Accountable Care Community Example

DC P★A★C★T
POSITIVE ACCOUNTABLE COMMUNITY TRANSFORMATION

DC PACT (Positive Accountable Community Transformation) is a coalition effort of community providers, including social service non-profits, faith institutions, behavioral health providers, hospitals, and community health centers, in partnership with multiple District government agencies including the Department of Health Care Finance, Department of Human Services, Department of Behavioral Health, and Department of Disability Services.

- DC Primary Care Association serves as the Collective Impact "backbone" organization, guided by an Advisory Council.
- DC PACT seeks to identify and address social challenges that create health disparities by linking safety net provider organizations in the District.

Any community can form an ACC

Existing groups that do similar work could choose to expand their mission to incorporate the goals of an ACC

- Roanoke Valley Community Health Initiative, joint effort of area businesses, child and family agencies, and community-based organizations

Local health departments are natural leaders

- Cabarrus Health Alliance
- US DHHS: local health department leaders should be Chief Health Strategists, partnering across multiple sectors

Start where you are!

Community organizations could spearhead

- United Way, OIC, Housing Coalition, Ashe County Sharing Center

Health Systems

- Carolinas HealthCare System, Novant Health, and the Mecklenburg County Health Department partnering with community organizations, such as the YMCA of Greater Charlotte, Project 658, and the Renaissance West Community Initiative

Tribal governments and tribal communities

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Catalyzing Collaboration

Communities can unite around the concept of an ACC for a variety of reasons:

- **Response to health disparities**
- **Increasing costs of care**
- **Changing patient populations**
- **Opportunities to collaborate on health assessments.**

Natural Interests of Participating Partners

- **Community members –** have an understanding of issues facing community and desire to have community voices directing actions taken
- **Local health departments -** overall mission to improve community health and the specific charge to complete a Community Health Assessment
- **Health systems, hospitals, and other health care delivery organizations -** ACCs seek to transform how health care is understood and delivered
  - **Non-profit hospitals –** must complete periodic community health needs assessment and spend some of their surplus on community needs
- **Human services organizations -** uniquely positioned to serve as a bridge between communities and traditional health care organizations
- **Business –** need healthy employees and control costs of health insurance
- **Other sectors (e.g., education, law enforcement, housing) –** specific expertise and understanding of factors driving health & can benefit from better population health and well-being

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Potential Barriers or Challenges

- **Distrust from community members based on historical injustices**
- **Identifying champions/key leaders**
- **Overburdened partners**
- **Funding**
- **Traditionally siloed interests**
- **Agreement on priorities and strategies**

ACCs: A Guide to Getting Started

- What is an ACC: core features and examples
- Building partnerships and engaging community
- Structure and governance
- Financing and sustainability
- Quick reference:
  - Screening
  - Referral
  - Workforce
  - IT infrastructure
  - Legal considerations
  - Assessment and evaluation
- Lots of helpful resources!

http://nciom.org/nc-health-data/guide-to-accountable-care-communities/

NCIOM Annual Meeting –Medicaid Transformation

2019 ANNUAL MEETING

Transforming Medicaid in North Carolina

Join us for NCIOM's 36th Annual Meeting on September 5, 2019, where we will discuss Medicaid transformation in North Carolina. Discussion topics will include the Healthy Opportunities Pilots, the NCCARE360 resource platform, navigating the transition, monitoring, oversight, evaluation, and special populations, as well presentations by representatives from each of the Medicaid Prepaid Health Plans.

AGENDA COMING SOON!

Registration opens Monday, June 24

http://nciom.org/ourwork/annual-health-policy-meeting/

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Questions

Websites:

www.nciom.org
www.ncmedicaljournal.com

Contact:

Brieanne Lyda-McDonald, MSPH, Project Director, NCIOM
919-445-6154 or blydamcd@nciom.org