Welcome to:

ACCOUNTABLE HEALTH STRUCTURES: COMING TO A COMMUNITY NEAR YOU?
Welcome and Introduction

Lynn Quincy
Director, Healthcare Value Hub
Housekeeping

• Thank you for joining us today!
• All lines are muted until Q&A
• Webinar is being recorded
• Technical problems? Call Tad Lee at 202-776-5126
Agenda

▲ Welcome & Introduction
  ▪ Lynn Quincy, Altarum Healthcare Value Hub

▲ What are Multi-Stakeholder Collaborations/Accountable Health Structures? Do I need one?
  ▪ Lynn Quincy, Altarum Healthcare Value Hub

▲ Lessons from Multi-stakeholder Collaborative
  ▪ Gregory Paulson, Trenton Health Team

▲ Q & A
“Improving the health and well-being of all Americans remains elusive, in part because the best efforts to reverse many of the worst trends (such as rising health care costs, entrenched poverty, and social exclusion) have been narrow and disconnected.”

"Multisector Partnerships Need Further Development to Fulfill Aspirations for Transforming Regional Health and Well-Being,” Health Affairs (January 2018)
The Same? Or Different?

- Accountable Health Community
- Accountable Community for Health
- Accountable Care Community
- Accountable Health Structure
- Multi-stakeholder Collaboration
What are “Accountable Health Structures”? 

▲ A community-based approach to achieving population health.

▲ Some initiatives also pursue health equity or health system efficiency goals.
A Broad Approach to Health Goals

- Patient Centered Medical Home (PCMH)
- Accountable Care Organization (ACO)
- Social-Medical Partnerships
- Accountable Health Structures
These Models Vary by...

▲ Funding sources
▲ Populations served
▲ Participating stakeholders
▲ Overall focus & goals
## A Taxonomy of Accountable Health Structures

<table>
<thead>
<tr>
<th>Funding</th>
<th>Accountable Community for Health (ACH)</th>
<th>Other Sources</th>
<th>Accountable Care Community (ACC)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Centers for Medicare and Medicaid Services (CMS)</td>
<td>SIM Grants</td>
<td>• State funding</td>
</tr>
<tr>
<td></td>
<td>Accountable Health Communities (AHC) Model</td>
<td>Section 1115 DSRIP Waivers</td>
<td>Private foundations</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Hospitals (via community benefit requirement)</td>
</tr>
<tr>
<td>Population Served (within a defined geographic area)</td>
<td>Medicare &amp; Medicaid beneficiaries</td>
<td>Medicaid beneficiaries</td>
<td>All residents</td>
</tr>
<tr>
<td>Backbone Organization</td>
<td>Health plan, health system, and/or nonprofit organization</td>
<td>Nonprofit organization</td>
<td>Local public health agency</td>
</tr>
</tbody>
</table>

### Participating Stakeholders:

<table>
<thead>
<tr>
<th></th>
<th>Providers</th>
<th>Health Plans</th>
<th>Community-Based Organizations</th>
<th>Public Health Agencies</th>
<th>Other Local Government</th>
<th>Local Businesses</th>
<th>Educational Institutions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alignment of Community-Based and Clinical Initiatives</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
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<tr>
<td>Promote Health Equity</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Cost Containment/ Delivery System Transformation</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Early Intervention for Behavioral &amp; Mental Health Needs</td>
<td>✓</td>
<td></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Chronic Disease Prevention</td>
<td>✓</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td>✓</td>
</tr>
</tbody>
</table>
Example: Live Well San Diego

**Type:** Accountable Care Community

**Population Served:** residents of San Diego County, California

**Backbone:** San Diego Health Department

**Focus areas:** improving population health & health outcomes for vulnerable populations, addressing food insecurity

**Stakeholders:** County government, CBOs, health systems, schools and businesses

@HealthValueHub #AccountableHealth
Example:
North Sound Accountable Community of Health

▲Type: Accountable Community of Health
▲Population Served: Medicaid beneficiaries in northeastern Washington state (Snohomish, Skagit, Island, San Juan, and Whatcom counties)
▲Backbone: nonprofit organization
▲Focus areas: delivery system transformation, addressing provider workforce shortages, improving population health
▲Stakeholders: County government, CBOs, health systems, schools and businesses

@HealthValueHub #AccountableHealth
Example:
Greater Detroit Area Health Council

▲ **Type:** Accountable Care Community

▲ **Population Served:** residents of southeastern Michigan (St. Clair, Oakland, Macomb, Livingston, Washtenaw, Wayne & Monroe counties)

▲ **Backbone:** 501(c)3 nonprofit organization

▲ **Focus areas:** chronic disease prevention, addressing the social determinants of health

▲ **Stakeholders:** insurers, hospitals & health systems, schools, providers, community based organizations, local government (city council, etc)
Promising, perhaps critical, but little evidence thus far

▲ Promising but few studies that show impact on population health goals

▲ Most current models “not very mature:”
  ▪ Don’t take risks; passive
  ▪ Some stakeholders not yet involved (Health plans, Economic Development Orgs)
  ▪ “Efficiency” goals not pursued
  ▪ Metrics for measuring impact often missing
  ▪ Funding and organizational infrastructure weak

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How can we best support these models?

▲ Support a variety of funding and shared savings approaches

▲ Provider expertise, leadership and peer-to-peer training

▲ Create favorable environments for multisector partnerships:
  ▪ Recognize the inter-dependent nature of the health and social systems
  ▪ Support data integration
  ▪ Identify initial, contained, achievable goals.
Gregory Paulson
Executive Director, Trenton Health Team
Trenton Health Team’s Journey

Improving the Health of the Trenton Community

Gregory Paulson – Executive Director
Altarum Healthcare Value Hub: Accountable Health Structures
May 11, 2018
Our Beginning (2006)

The Community:
- 84,034 population (~110,000 in six zip codes)
- 52% African-American, 34% Hispanic (underrepresented, from Census data)
- 26% living in poverty (200% FPL) with average household income of $36,662 (contrasted with NJ poverty rate of 11% and average income of $71,629)
- Violence rates 4-5 times NJ average
- Disease prevalence:
  - Hypertension 31%, Diabetes 16%, Obesity 39%

The Healthcare System:
- Pending closure of an acute-care hospital (Capital Health – Mercer Campus)
- Declining public health indicators
- Lack of primary care access; little collaboration among providers
Five Strategic Initiatives

Expand Access to Primary Care
Community-wide Care Coordination and Management
Engage the Community
Utilize Data to Improve Population Health
Expand Infrastructure for an Urban Medicaid ACO

Advance Access Scheduling
FQHC Collaboration/Expansion
New Access Points
C4T
Community-Based Care Mgt Team
CAB
CHNA/CHIP
Faith in Prevention
Trauma-Informed Care
Inroads for Health
Citywide High Utilizer Analysis
Trenton HIE
Clinical Decision Support
NJ Medicaid ACO Demo Project
Backbone Infrastructure

Novo Nordisk - CHC
Trinity Health - TCI
Early Successes: ER High-Utilizers

Community-wide Clinical Care Coordination Team: “C4T”

Focus: “The Top 50”:
- “Lady B” 2010-2011
  - 465 ED visits
- “Clifton” 2010-2011
  - 64 unplanned encounters
  - 6 Inpatient stays

<table>
<thead>
<tr>
<th>Top 50 ED</th>
<th>July-Dec 2010</th>
<th>Jan-June 2011</th>
<th>July-Dec 2011</th>
<th>Jan-June 2012</th>
<th>% Change</th>
</tr>
</thead>
<tbody>
<tr>
<td># ED Visits</td>
<td>2,398</td>
<td>1,633</td>
<td>1,501</td>
<td>1,321</td>
<td>45% Reduction</td>
</tr>
<tr>
<td># IP Stays</td>
<td>181</td>
<td>98</td>
<td>78</td>
<td>88</td>
<td>51% Reduction</td>
</tr>
<tr>
<td>Charges</td>
<td>$10.8 million</td>
<td></td>
<td></td>
<td>$6.6 million</td>
<td>39% Reduction</td>
</tr>
</tbody>
</table>
Where We Are Today

- 10+ years of collaboration facilitated by THT
- 18 FTEs and 60+ community partner organizations
- $15+ million in cumulative funding
- Healthcare landscape continuing to evolve at local, state, and federal levels
- Multi-year grants have started to move us from opportunistic to sustainable funding, but still heavily grant-dependent
- Efforts under way to move from incremental to transformational system changes
Pathway for Transforming Regional Health

https://www.rethinkhealth.org/resources-list/pathway/
Where We Want to Be – A Vision for Trenton
A Strong, Vibrant, Proud Community – leveraging history and location

- **Healthy Environment** – where people want to live, work, learn, and play
- **Public Spaces** – clean, green, accessible, and inviting, with an active developed waterfront
- **Growing Economy** – employment opportunities, stable businesses, increased median income, equalized opportunity, and a growing middle class
- **Effective Education** – youth development pipeline, rising graduation rates, supporting better jobs, and greater community engagement
- **Healthy Food** – in restaurants and schools, leveraging urban agriculture
- **Improved Safety** – safe streets and public spaces enabling community interaction; reductions in gangs and gun violence
- **Equity and Social Cohesion** – leveraging peer support and civic muscle to reduce disparities and meet community need
- **Quality Healthcare** – people-centered, integrated, and accessible
Improving Health and Well-Being

- It’s about health and well-being
- We can improve health and well-being by addressing the vital conditions of our community collaboratively
- As the “backbone” organization, we can add value by serving as a neutral convener, catalyzing system changes, and supporting the implementation of those changes
- Key backbone functions:
  - Help individual entities gain a broader systems view – more awareness of what others are doing
  - Create a more balanced focus together on vital conditions and urgent needs (vs. defaulting to urgent needs)
  - Increase awareness and coordination, creating opportunities to leveraging existing resources
  - Increase efficiency and effectiveness
  - Promote fairness and transparency
National Program Participation
Keep in touch

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Questions for our Speakers?

• Use the chat box or to unmute, press *6

• Please do not put us on hold!
Hub Resources

- Research Brief
- Taxonomy

Available at:

healthcarevaluehub.org/Accountable-Health-Structures

@HealthValueHub www.HealthcareValueHub.org
Thank you!

- Greg Paulson
- Robert Wood Johnson Foundation

Contact Lynn Quincy at lynn.quincy@Altarum.org or any member of the Hub staff with your follow-up questions OR if there’s an Accountable Health Structure you’d like us to know more about!