Aging and Disability BUSINESS INSTITUTE

Connecting Communities and Health Care

n4a

advocacy | action | answers on aging

ASA American Society on Aging

The Social Determinants of Health: Key Factors in Creating Value Through CBO-Health Care Partnerships

Part of the Aging and Disability Business Institute Series- a collaboration of n4a and ASA

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The "Business Institute"

The mission of the Aging and Disability Business Institute (Business Institute) is to successfully build and strengthen partnerships between community-based organizations (CBOs) and the health care system so older adults and people with disabilities will have access to services and supports that will enable them to live with dignity and independence in their homes and communities as long as possible.

www.n4a.org/businessinstitute

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Partners and Funders

Partners:

- National Association of Area Agencies on Aging
- Independent Living Research Utilization/National Center for Aging and Disability
- American Society on Aging
- Partners in Care Foundation
- Elder Services of the Merrimack Valley/Healthy Living Center of Excellence
- The National Council on Aging (NCOA)
- The Evidence-Based Leadership Council (EBLC)
- Meals on Wheels America (MOWA)

Funders:

- Administration for Community Living
- The John A. Hartford Foundation
- The SCAN Foundation
- The Gary and Mary West Foundation
- The Colorado Health Foundation
- The Marin Community Foundation

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Brent T. Feorene, MBA

- Senior-level health care executive with over 25 years of experience consulting to a breadth of health care organizations on a variety of alt-acute and community-based services strategy and management issues
- Clients include health systems, academic medical centers, home health/home care agencies, SNFs, medical practices, community service organizations, and managed care organizations
- Serves on the board of the American Academy of Home Care Medicine (AAHCM) and on the ALF Subcommittee of the board of The Society for Post-Acute Medicine (AMDA)
- Respected presenter and author; has written and spoken on a variety of strategic and management issues impacting health care, including editing and authoring grant-supported publications on community-based care

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Learning Objectives

- Understand the vital importance of addressing the Social Determinants of Health (SDOH) as part of the care continuum to achieve high value outcomes
- Appreciate the respective needs, drivers and contributions of the health systems and the Community-Based Organizations (CBOs)
- Recognize effective partnership characteristics through review of a case study

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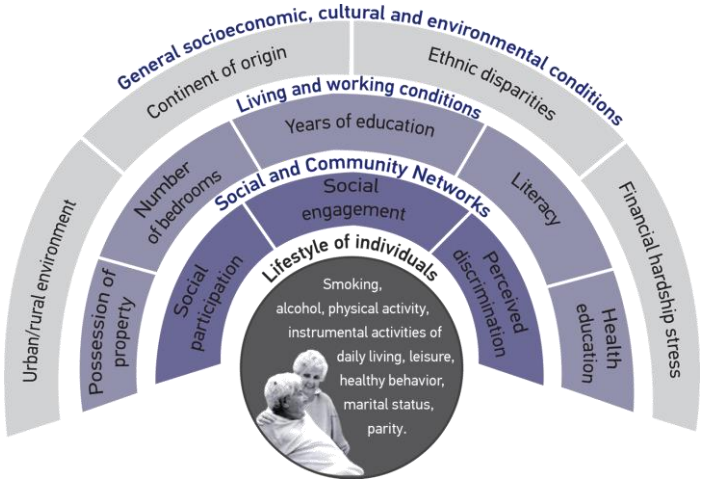
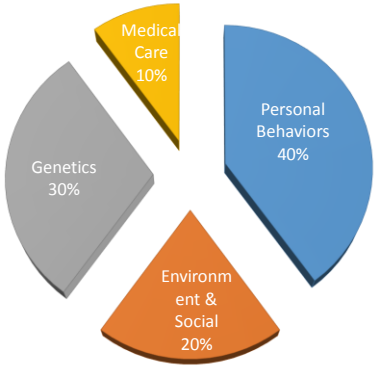
Social Determinants of Health



Source: World Health Organization, 2008

Social Determinants of Health
Disproportional Impact on Health & Wellness



Sources: Determinants of Health and Their Contribution to Premature Death, JAMA 1993;
E.H. Bradley and L.A. Taylor, The American Health Care Paradox: Why Spending More is Getting us Less, Public Affairs, 2013.

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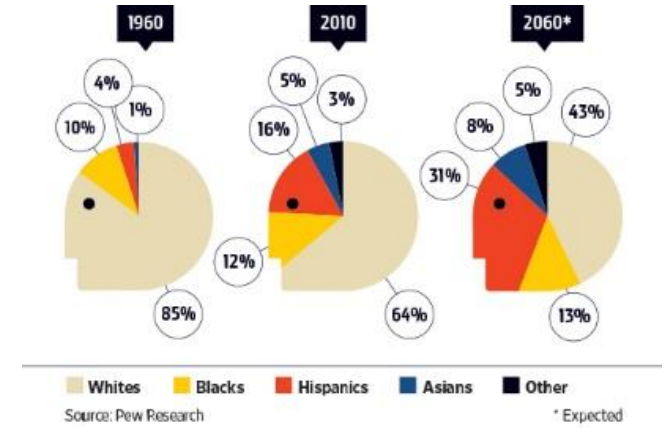
The Changing Face of America



Whites **Blacks** **Hispanic** **Asians** **Other**

Source: Pew Research, 2014

Connecting Communities and Health Care

Social Determinants

Issue	Outcome
Low education, lack of social support, social exclusion	Poor self management and reduced adherence
Housing and Transportation	Increased health care costs and utilization with reduced access
Health Disparities and psychosocial illness	Preventable Hospitalizations and mortality

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Multiple Chronic Conditions
A National Challenge

Prevalence	• 66% of MC FFS beneficiaries have MCC • 67% of MA beneficiaries w/ disabilities have 3 + MCC
Access	• 16% of the uninsured have MCC
Results	• Increase in mortality, hospitalizations, readmissions, and adverse drug events with reduction in functional status
Costs	• 71% of US health care costs • 93% of Medicare expenditures

Sources: Anderson, RWJF, 2010; Kronick, CHCS, 2009; Lee, JGIM, 2007; Machlin, AHRQ, 2011; Vogeli, JGIM, 2007; Ward, PCD, 2013; Warshaw, Generation, 2006; Wolff , Arch Intern Med, 2002; http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Chronic-Conditions/Maps_Charts.html; http://www.ahrq.gov/professionals/prevention-chronic-care/decision/mcc/mccchartbook.pdf

2011 RWJF Survey
1,000 Primary Care Physicians

- 85%: Social needs directly—contribute to poor health
- 4 out of 5 not confident can meet social needs, hurting their ability to provider comprehensive, quality care
- 85% of physicians say patients' social needs are as important to address as their medical conditions

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2011 RWJF Survey
1,000 Primary Care Physicians

- 76% wish the health system would cover the costs associated with connecting patients to services that met their social needs
- 1 in 7 prescriptions would be for social needs

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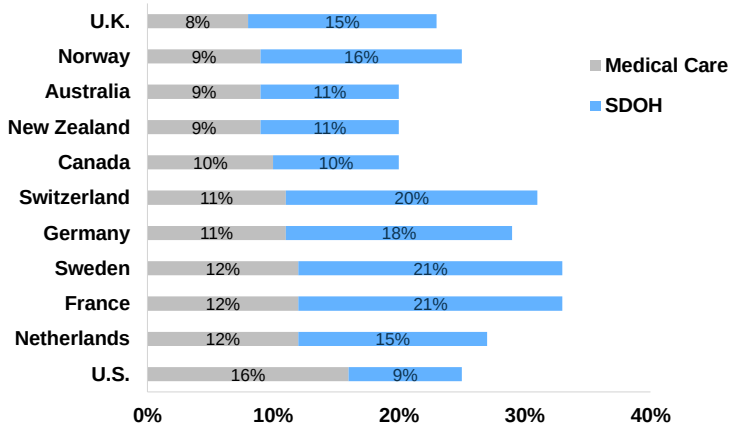
Social Determinants of Health
Integral to Planning Care

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education			
Support	Walkability				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Source: Kaiser Family Foundation; Beyond Health Care: The Role of Social Determinants in Promoting Health and Health Equity, 2014,

While U.S. is an Outlier for Medical Care Spending, when combined with other social services, total spending similar to other countries



Source: Kaiser Family Foundation

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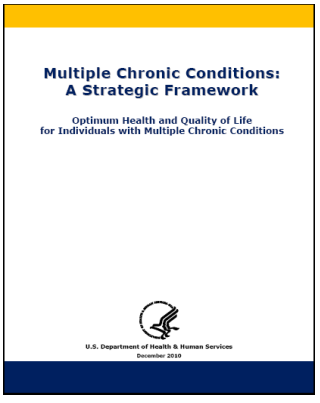
Goals of the Strategic Framework on Multiple Chronic Conditions



http://www.hhs.gov/ash/initiatives/mcc/mcc_framework.pdf
http://www.hhs.gov/ash/initiatives/mcc

Foster health care and public health system changes to improve the health of individuals with multiple chronic conditions

Maximize the use of proven self-care management and other services by individuals with multiple chronic conditions

Facilitate research to fill knowledge gaps about, and interventions and systems to benefit, individuals with multiple chronic conditions

Provide better tools, information and integration to health care, public health, and social services workers who deliver care to individuals with multiple chronic conditions

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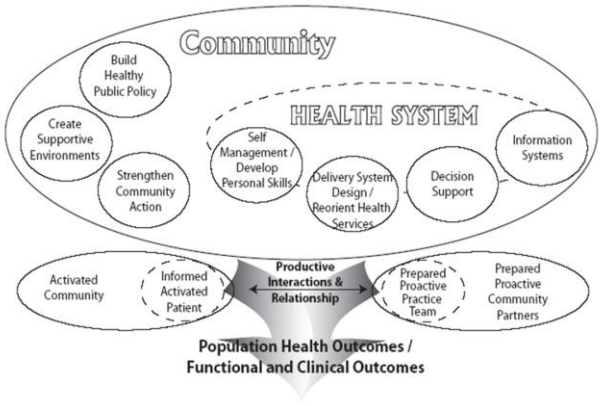
THE EXPANDED CHRONIC CARE MODEL: INTEGRATING POPULATION HEALTH PROMOTION



Source: The Expanded Chronic Care Model, (Barr, Robinson, Marin-Link, Underhill, Dotts, Ravensdale, & Salivaras, 2003)

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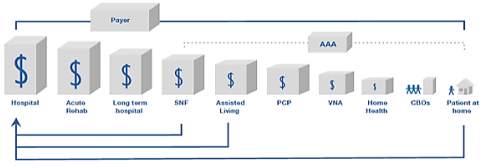
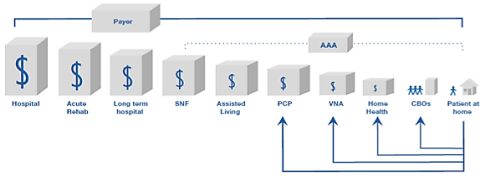
Value Proposition of Area Agencies on Aging & Community-based Organizations

Current State



Future State



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Fragmentation of Care

- Fragmented, silo'd health care and social service systems
  - Mis-aligned payment incentives
  - Cultural and language barriers
- Person and family-centered coordinated care is rare in models of care
  - Lack of mental health
  - Not bilingual and bicultural

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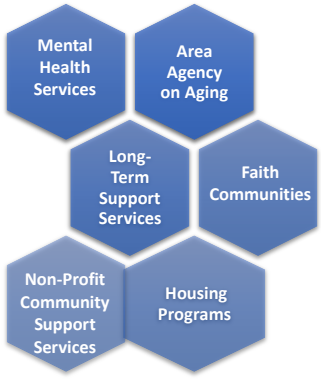
The Need for Strong Community-Based Networks Brings New Partnerships

- Evaluating a patient for non-health care services
- Identifying community-based care providers
- Connection and access to these community-based services



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Area Agencies on Aging & Other Community Based Organizations

- AAAs
  - A nationwide network of State and local programs that help older people to plan and care for their life long needs
  - Created under Federal law, Older Americans Act
  - Goal is to keep seniors living independently in their own homes by providing social services and nutrition services for elders, and support for caregivers.
- CBOs
  - Nonprofit groups work locally to improve community life of residents
  - Councils on Aging, United Way, Alzheimer's Association, Religious organizations

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Challenges of Embedding CBOs in Healthcare

- Value proposition has been elusive
- Demonstrate value and results: focus on the complex patient
- Focus on Features vs Benefits
- Integrating into the "medicalized" community and culture

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Challenges of Embedding CBOs in Healthcare

- Physician health system champion
- Develop referral system to incent use
- Simplifying the complex
- Confidence & Trust
  - CBO business acumen and capacity to deliver
  - Health system commitment to a partnership that appears at odds with a historical business mode built on volume

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Health System Drivers

- CMS Next Generation ACO
- CMS Medicare Shared Savings Program (MSSP)
- CMS Medicare Spend Per Beneficiary
- CMS Hospital Star Ratings (Readmissions, Patient Satisfaction)

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Health System Drivers

- CMS Bundled Payments for Care Improvement (Orthopedics, Cardiac)
- CMS Comprehensive Care for Joint Replacement (CJR)
- MACRA/MIPS
- Medicaid Reform/Dual Eligibles

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Focus on Home- and Community-based Care

- Value-based health care is redefining what, where, and how patients are served
- Hospitals and health systems refocusing to assimilate post-acute and community services
- Movement to value is very market specific - health systems managing the timing and scope of their transformation

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Key Success Factors

- **Internal champions within the partner organizations**
  - Opinion leaders assist to overcome organizational barriers and initial obstacles as well as champion the value of the partnership and perseverance.
- **Strong working relationships among partner organizations**
  - Partners organizations must build strong relationships to create an environment that fosters honesty, permits difficulties to be addressed and allows pursuit of commonly accepted, share goals.

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Key Success Factors

- **Shared goals**
  - Commonly accepted, shared goals that serve as the “true north” for the relationship must be articulated, commonly accepted and outcomes clearly identified
- **Funding**
  - Without appropriate financial support, the partnership is doomed to irrelevance or failure

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Key Success Factors

- **Transparent sharing**
  - Honest, transparent sharing of data and difficulties with open discussion of solutions is necessary
  - Partners must select data points to be collected and analyzed in alignment of shared goals
  - Regular meetings must be scheduled to create an open forum for reviewing this information, honestly sharing areas of concerns, identifying obstacles and resolving issues

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Case Study:
Eastern Virginia Care Transitions Partnership

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Eastern Virginia Care Transitions Partnership

- Eastern Virginia Care Transitions Partnership (EVTP) today
  - Formal community partnership
  - Partners include health systems, AAAs, independent physicians' groups, MCOs, as well as other public and private health and human service providers
- Started as a CMS CCTP in 2012 as a partnership between Bay Aging and Riverside Health Systems
- Full launch in 2013 with 5 health systems, 69 skilled nursing facilities and 5 AAAs – covering 20% of state

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Eastern Virginia Care Transitions Partnership

- Using the Coleman Care Transitions Intervention (CTI)
- Goals
  - Reduce unnecessary 30-day all-cause hospital readmissions by 20%
  - Improve quality of life and health care for patients from the hospital to home, or other care settings; and
  - Use an evidence-based program to improve patient health outcomes and document measurable savings
- Target population: Medicare and dual-eligibles with 1+ of CHF, COPD, AMI, pneumonia and septicemia

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EVCTP Initial Results

- 16,059 clients enrolled
- Baseline all-cause readmission rate of 18.2% in 2010 to 14.8% in 2015
- 2,176 readmissions avoided
- Total savings of $20,887,834
- Awards for Innovation
  - National Association of Area Agencies on Aging
  - Virginia Chamber of Commerce
  - Archstone/APHA 2015 Award for Excellence in Program Innovation

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Building on Success

- Initiated development of VAAACares statewide in 2015
- Selected by Virginia Center for Health Innovations to expand the CTI model statewide by 2016
- Pursued additional relationships with Medicaid health plans
- EVCTP/VAAACares focus of 2017 Success Story from the Aging and Disability Business Institute
- VAAACares awarded 2017 The John A. Hartford Foundation Business Innovation Award
- New case study just published by Center for Health Care Strategies, Nonprofit Finance Fund and Alliance for Strong Families and Communities with support from RWJF

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Assessment

Evaluate Your Ability to Add Value

- Services
- Operations
- Talent
- Competitors
- Payors
- Vendors
- Access to capital

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Future Investment

- Network alignment and development
- Care transformation
- Care teams, interdisciplinary teams
- Technology
  - ✓ Analytics
  - ✓ EHR
  - ✓ Reporting
  - ✓ eSNF
  - ✓ Telehealth
- Engaged physicians

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Questions & Answers: Please Submit Using the "Questions" Box

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Please join us for future webinars in the Aging and Disability Business Institute Series

"Working Together To Build A Network: MCO and CBO Collaboration in Arizona" – November 29

Learn more and pre-register here:
http://www.asaging.org/series/109/aging-and-disability-business-institute-series

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