

ACCOUNTABLE COMMUNITIES FOR HEALTH: OPPORTUNITIES AND RECOMMENDATIONS

Executive Summary



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EXECUTIVE SUMMARY

INTRODUCTION

The Accountable Community for Health (ACH) model is emerging as a promising vehicle toward reaching the full potential of the Triple Aim—particularly efforts to improve population health. Catalyzed by the Affordable Care Act, the U.S. health system is in the midst of an unprecedented period of transformation. Communities and states across the country are embracing a wave of innovation and experimentation to achieve the Triple Aim of reduced cost, enhanced quality of care, and improved population health. The third aim—improving population health—stands out as a more recent area of focus, and thus opportunity, for healthcare leaders to expand the scope of their work.

This report presents research and analysis conducted by Prevention Institute under contract with the Department of Vermont Health Access to inform the potential development and application of the ACH model within Vermont’s healthcare landscape. The work was carried out in close collaboration with the Population Health Work Group and Vermont Health Care Innovation Project leadership.

Prevention and Population Health Improvement

Population health is commonly defined as “the health outcomes of a group of individuals, including the distribution of such outcomes within the group.” Further, “population health outcomes are the product of *multiple determinants of health*, including medical care, public health, genetics, behaviors, social factors, and environmental factors.” As healthcare

leaders embrace the notion of population health, they increasingly recognize that factors outside the healthcare system have a powerful impact on health. The analysis that access and quality of care only accounts for 10% of the factors contributing to health outcomes¹ is now a core principle underlying health system transformation efforts.

“No mass disorder afflicting mankind is ever been brought under control or eliminated by attempts at treating the affected individual.”

*- Dr. George W. Albee, Former Professor,
University of Vermont*

Quality community prevention is aimed at addressing the social, economic, and physical environment that is shaping population health outcomes. It involves a spectrum of comprehensive and synergistic activities that range from increasing individual skills and knowledge (motivational counseling to quit smoking) to changing organizational practices (establishing a tobacco-free workplace) and policies (tobacco-free parks and public spaces). Another benefit of community prevention is its applicability to improving mental health in addition to physical health. Community prevention serves as a strong complement to clinical care and service referral, decreasing the future patient pool while also helping those already sick or injured recuperate and maintain their health.

¹ Schroeder S. *The Case for More Active Policy Attention to Health Promotion*. New England Journal of Medicine. 2007;357:1221-8. Adapted from: McGinnis JM, et.al. Health Affairs (Millwood.) 2002;21(2):78-93.

The Accountable Community for Health Model

The Vermont Population Health Work Group’s working definition of an ACH is:

“An aspirational model—accountable for the health and well-being of the entire population in its defined geographic area and not limited to a defined group of patients. Population health outcomes are understood to be the product of multiple determinants of health, including medical care, public health, genetics, behaviors, social factors, economic circumstances and environmental factors. An ACH supports the integration of high-quality medical care, mental and behavioral health services, and social services (governmental and non-governmental) for those in need of care. It also supports community-wide prevention efforts across its defined geographic area to reduce disparities in the distribution of health and wellness.”

An Accountable Community for Health advances previous efforts in community health by engaging healthcare as a central partner in community-wide health improvement. At its core, the ACH is a structure for collaboration that represents a major change in direction in healthcare with tremendous opportunities and challenges.

As emerging, the ACH concept is unique in that it:

- 1) Brings together major healthcare providers across a geographic area, and requires them to operate as partners rather than competitors;
- 2) Focuses on the health of all residents in a geographic area rather than just a patient panel;
- 3) Engages a broad set of partners outside of healthcare to improve overall population health; and
- 4) Identifies multiple strands of resources that can be applied to ACH-defined objectives that explore the potential for redirecting savings from healthcare costs in order to sustain collaborative efforts.

*Collaboration often reflects long-term relationships and a commitment to one’s hometown or region.**

METHODS

Prevention Institute conducted an extensive research process to determine the potential for establishing ACHs in Vermont, working closely with the State of Vermont Population Health Work Group. This process involved identifying five national sites that were engaged in activities that aligned with the concept of an ACH; conducting interviews with core team staff members and affiliated partners that represented different sectors; and producing case studies for each site. The second half of the investigation focused on identifying existing efforts in Vermont that could potentially form the basis of an ACH. Using responses to an online request for information, six Vermont communities were selected for review; findings were summarized in brief profiles. Additional information about the Vermont landscape was provided through meetings with the Population Health Work Group and State of Vermont Health Care Innovation Project and Department of Health staff. Based on these sources, Prevention Institute produced an analysis of core elements of an ACH and recommendations for potential implementation of an ACH initiative.

SYNTHESIS OF FINDINGS

Overarching themes were drawn from the research findings.

Themes from the National Case Studies

- The Accountable Community for Health model is in the developmental stage; no community has all the envisioned elements in place.
- Relatively few U.S. communities are implementing healthcare delivery and payment reforms that include community prevention strategies as a key pillar for improving population health.
- The focus of advocacy and policy change in places engaged in community prevention is most frequently related to food, physical activity, and tobacco.
- The social and economic needs of patients and low-income community residents are broadly recognized and primarily addressed through individual service referrals.
- Ongoing engagement of community residents in planning and implementation processes, beyond the community health needs assessment, is a challenge.
- Emerging ACHs are using a variety of financing mechanisms, including grants, local government general funds, dedicated taxes, or a portion of Medicaid's global budget. Healthcare cost savings is seen as a secondary long-term goal that should not be an impediment to fostering collaborative action that can make a difference in the well-being of the community.

*Decades of investments in community prevention to address chronic disease through policy, systems, and environmental changes aimed at addressing tobacco, food, and activity behaviors have had a significant impact.**

Themes from Vermont Sites

- Vermont’s hospital and health system leadership is interested in the ACH model. Notably, in contrast to the national case studies, hospitals are serving as the integrator organization in the majority of Vermont sites.
- Vermont collaboratives are focused on a similar set of priority community health challenges as the national sites, including: chronic disease related to tobacco, food, and activity behaviors; mental health and substance abuse; and poverty.
- Strategies to address health priorities typically involved health education and referrals to community services. All the Vermont collaboratives described at least a few local- and state-level policy goals. Three of the six communities have a more developed approach to promoting a menu of community environmental changes.
- Vermont sites are clearly focused on improving access to non-medical services (ranging from mental health and substance abuse treatment to governmental and non-governmental social and economic support services) and coordinating them with medical services. The Vermont Blueprint for Health Community Health Teams are integral to this service coordination.
- The paradigm differences between partners around the ACH table can influence priority setting. Healthcare and service providers by organizational mandate and professional training may place greater emphasis on improving services to individual clients.

*Community-wide prevention organizations apply an environmental lens to identify community factors that can be improved to prevent illness and injury.**

Findings by Core Element

Prevention Institute identified nine core elements of the ACH model:

Core Elements of an Accountable Community for Health

1. Mission
2. Multi-Sectoral Partnership
3. Integrator Organization
4. Governance
5. Data and Indicators
6. Strategy and Implementation
7. Community Member Engagement
8. Communications
9. Sustainable Financing

1. Mission – An effective ACH mission statement provides an organizing framework for the work. A strong mission defines the work as pertaining to the entire geographic population of the ACH’s region; articulates the ACH’s role addressing the social, economic, and physical environmental factors that shape health; and makes health equity an explicit aim.

2. Multi-Sectoral Partnership – An ACH comprises a structured, cross-sectoral alliance of healthcare, public health, and other organizations that impact health in its region. Partners include the breadth of organizations that are able to help it fulfill its charge of implementing comprehensive efforts to improve the health of the entire population in its defined geographic area.

*Trust was described as the most critical attribute of an ACHs coordinating organization.**

3. Integrator Organization – To maximize the effectiveness of the multi-sectoral partnership, it is essential for the ACH to have an integrator organization. The integrator helps carry the vision of the ACH; build trust among collaborative partners; convene meetings; recruit new partners; shepherd the planning, implementation, and improvement efforts of collaborative work; and build responsibility for many of these elements among collaborative members.

4. Governance – An ACH is managed through a governance structure that describes the process for decision making and articulates the roles and responsibilities of the integrator organization, the steering committee, and other collaborative partners.

5. Data and Indicators – An ACH employs health data, sociodemographic data, and data on community conditions related to health (such as affordable housing, food access, or walkability) to inform community assessment and planning, and to measure progress over time. It encourages data sharing by partners to inform these activities. Equally important, an ACH seeks out the perspectives of residents, health and human service providers, and other partners to augment and interpret quantitative data.

6. Strategy and Implementation – An ACH is guided by an overarching strategic framework and implementation plan that reflects its cross-sector approach to health improvement and the commitment by its partners to support implementation. The process for developing this framework includes a prevention analysis that identifies community conditions that are shaping illnesses and injuries across the community. The implementation plan includes specific commitments from healthcare, local government, business, and non-profit partners to carry out elements of the plan.

7. Community Member Engagement – Authentic community engagement is a well-recognized best practice in the field of community health that requires commitment from the highest levels, designated staff, and commensurate resources to ensure effective integration into ACH processes and systems. Authentic community engagement recognizes and harnesses residents’ own power in identifying and addressing challenges, while also creating leadership for and buy-in of the work in a manner that acknowledges and builds upon existing community assets and strengths.

8. Communications – An ACH employs communications platforms to build momentum, increase buy-in amongst its partners, recruit new members, and attract grant investment to support its work, and share successes and challenges with others. Communications is also a key tool for framing solutions in terms of community environments and comprehensive strategies.

9. Sustainable Financing – An ACH requires resources to support both its integrator function and ACH implementation work by others. An ACH makes use of existing and new funding sources and better aligns them to advance broad community goals.

STATEWIDE RECOMMENDATIONS

Accountable Communities for Health in Vermont

Vermont has many building blocks in place that make the establishment of ACHs a logical next step in advancing health reform efforts. Vermont’s working definition of an ACH is notable in that it specifically calls out two important pillars of a system of health:

- Integrated medical care, mental and behavioral and social services.
- Community-wide prevention efforts.

The following recommendations are offered for consideration to advance and nurture local ACH efforts.

A. Foster an overarching statewide approach to support ACH effectiveness

Develop a statewide strategic framework for population health improvement to support local ACHs in setting priorities. The state framework should span service integration and community prevention, and illustrate multiple influences on health. Language that emphasizes health equity should be elevated. The State itself should reflect these priorities in its overall approach to population health by directing funding to communities that have the most impacted community environments, and by supporting and engaging community resident leaders.

Establish a core set of community-level indicators for use by local ACHs to monitor progress in community-wide prevention. Ensure the indicators reflect the contribution of multiple sectors to health. There are Vermont resources to draw on for community indicators, such as: Scorecards developed by Rise VT to promote healthy environments related to food, activity, and tobacco; or the ECOS Scorecard, Chittenden County, which also includes indicators related to community planning, transportation, and economic development.

Emphasize accountability mechanisms that are linked to population health improvement. To achieve Vermont’s goals, it may be advantageous to tie accountability more with achievement of process and outcome measures that fall along the pathway to improved population health.

Phase in the formation of ACHs. Vermont’s healthcare innovations implemented in the Blueprint Health Service Areas have set the stage for considering ACHs in all 14 places. We recommend beginning with providing funding to localities with greater readiness to test out the ACH elements, then refining the model based on these experiences.

Explore the role of the State Government Department of Health, and other regional offices, in participating in local ACH collaboratives. We recommend further assessment to determine the opportunities and challenges to facilitating this participation, and what it would take to equip staff to effectively participate.

B. Provide guidance to enable regions to effectively establish ACHs

Ensure ACHs balance individual service integration and community prevention efforts. The State should require that localities receiving funding for ACHs engage in a comprehensive set of strategies that span service integration and community prevention work.

Conduct a network analysis of community prevention efforts in each Health Service Area. Building on the Vermont Blueprint analysis of healthcare and community service providers in these regions, we recommend initiating a complementary assessment of community efforts related to prevention with an emphasis on factors such as food systems, tobacco control, housing, transportation, and environmental sustainability.

*“Preserving good health and preventing disease is so obviously important that few would disagree that they should be the focus of any health care system; yet prevention is frequently neglected to address the more immediate demand for care.”**

*- Vermont Blueprint for Health:
2014 Annual Report, p. 10.*

Encourage ACHs to form around existing regional partnerships and collaborations. Since the most critical element of an ACH is effective partnership in a defined geographic area, it may make sense to consider local variation if partners have a strong history of working together or make a compelling case for varying from the Health Services Area. Further, in order to encourage well-functioning ACH partnerships, we recommend the State not designate a specific type of organization to serve as the integrator.

C. Build capacity and create an environment of ongoing learning

Expand the paradigm of the health system from healthcare to health. ACHs are establishing a new leadership paradigm, in which healthcare is helping to drive community-wide changes for population health improvement. More broadly, effort is needed across the state to elevate the understanding and inclusion of community prevention as part of health system

innovation. There is an emerging set of practices for hospitals and community clinics—beyond their role in the ACH *per se*—to use their power as anchor institutions, as employers, as purchasers, and as credible health leaders to support community environmental changes to improve patient outcomes.”^{2,3,4}

Foster skill development for the emerging cadre of ACH leaders. The State will need to facilitate assessment and delivery of training and technical assistance around the core ACH elements, and foster peer learning. It can also be an opportunity to expand knowledge about core community prevention concepts and practices and their importance for population health improvements—serving to inform and attract state leaders to contribute to building strong local ACHs.

Promote authentic community engagement in all aspects of the ACHs and their work. ACHs in Vermont should be explicitly required to engage community residents, with a particular emphasis on involving individuals and populations whose voices are most commonly missing from the table. Authentic community engagement will support greater success in population health improvement efforts.

Encourage the creation of robust communications platforms for the ACHs. Regional ACH organizations will benefit from State support in developing and disseminating communications materials

D. Explore Sustainable Financing Models for Accountable Communities for Health

Funding is necessary for ACH effectiveness. We recommend building up and aligning ACH funding with existing prevention funding streams as well as exploring ways to create a new funding mechanism. Across the country new ideas and funding models are emerging.

Potential options include:

- Dedicating a portion of a new or existing tax to fund ACH activities.
- Specifying that a portion of a global healthcare payment or a per-patient per-month assessment on payers support the ACH upstream effort.
- Establishing a wellness trust to support the ACHs, funded through one or a blend of the sources described previously under core element nine.

* Quotes pulled from the *Accountable Communities For Health: Opportunities and Recommendations* full report.

² Serang F, Thompson JP, Howard T. *The Anchor Mission: A Case Study of University Hospitals Vision 2010 Program*. University Hospitals, Cleveland, OH. 2013.

³ Phillips FB. *Sustaining Community-Hospital Partnerships to Improve Population Health*. Maryland Community Health Resources Commission. 2015.

⁴ Cantor J, Cohen L, Mikkelsen L, Pañares R. *Community Centered Health Homes: Bridging the gap between health services and community prevention*. Oakland, CA: Prevention Institute. 2011.

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About Prevention Institute

Prevention Institute (PI) is a national nonprofit dedicated to improving community health and equity through effective primary prevention: taking action to build resilience and to prevent problems before they occur. Our work is characterized by a strong commitment to community participation and promotion of equitable health outcomes. To help shape emerging approaches, policies, and practices, PI provides training and tools to communities, policymakers, academics, funders, and coalitions focused on health system transformation, improving healthy eating and activity environments, preventing violence, reducing injury and promoting traffic safety, and supporting mental health.