Accountable Communities for Health: What We Are Learning From Recent Evaluations

Welcome!

The webinar will begin shortly.

In the meantime:

This meeting is being recorded and will be circulated to attendees


Participants will be muted upon entry


Use the chat feature if you have any questions or comments


Please edit your name to include your organization and state


If you experience video or audio issues, please call-in using the number provided in your registration confirmation email

Accountable Health Communities Model

Kate Abowd Johnson, Centers for Medicare & Medicaid Services

Holly Stockdale, RTI International

What we are learning: Evaluations of multisector ACH initiatives Funders Forum webinar

August 24, 2021

What Does the AHC Model Test?

One Model, Two Interventions

The AHC Model uses two tracks to test two interventions to help Medicare and Medicaid beneficiaries with HRSNs resolve those needs:

The Assistance Track tests universal screening to identify Medicare and Medicaid beneficiaries with HRSNs and provision of navigation assistance to connect navigation-eligible beneficiaries with the community services they need.

The Alignment Track tests universal screening, referral, and navigation COMBINED WITH engaging key stakeholders in community-level continuous quality improvement to align community service capacity with the community's service needs.

The AHC Model focuses on five core HRSNs:

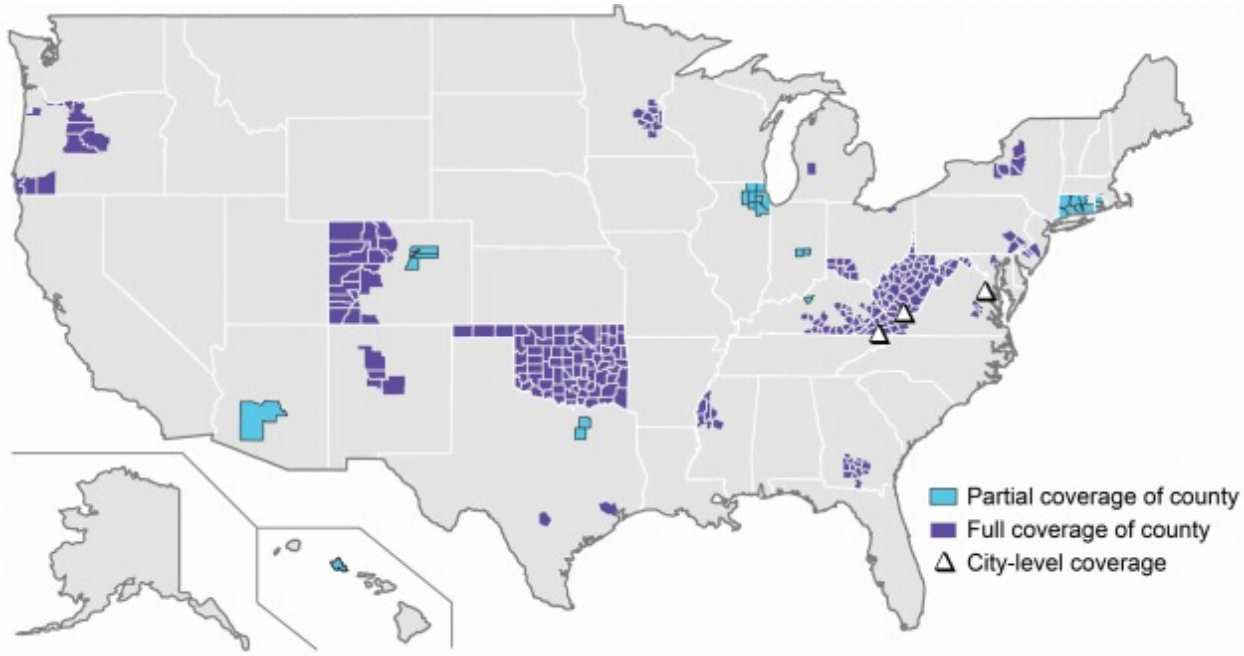
- Housing instability
- Food insecurity
- Transportation problems
- Utility difficulties
- Interpersonal violence

Images: AHC First Evaluation Report. Dec 2020

AHC Model Structure & Geographic Target Areas

Consortia Design

Geographic Target Areas



Images: AHC First Evaluation Report. Dec 2020

AHC Evaluation Overview

Evaluation Purpose

- How was the model implemented?
- What were the model impacts?
- How did contextual factors and implementation affect model impacts?

Mixed Methods

- Surveys and interviews with bridge organizations, partners, and beneficiaries
- Screening and navigation data
- Claims data – Medicare FFS, Medicare Advantage, Medicaid
- Randomized and matched comparison group design

1 report to date: First Evaluation Report

AHC Screening Implementation

Challenges

- No one-way-fits-all strategy for integrating screening into practice sites
- Data systems not always equipped for effective tracking and documentation
- Variability in clinician comfort level and experience in discussing social needs with patients

Facilitators

- Allowing for flexibility in implementation increases buy-in from staff
- More navigation-eligible beneficiaries identified through screening in EDs and hospitals
- Training and education for clinicians on value of screening

AHC Navigation Implementation

Challenges

- Navigator difficulty reaching beneficiaries after screening
- Multiple needs and many beyond 5 core needs targeted by model
- Burn-out and turnover impeded navigation effectiveness
- Insufficient community resources for referrals
- Resolution status unknown

Facilitators

- Embedding navigators in screening locations promoted rapport & navigation acceptance
- Creating permanent navigation positions and adding a navigation manager can help reduce turnover/burnout
- Creating a blended screening/navigation role can help mitigate loss to follow-up

AHC Lessons Learned

Awardee Spotlights

- DRCOG e-mail campaign to conduct HRSN screening remotely
- Health Quality Innovators navigator staffing and training
- St. Joseph's Hospital System data-driven quality improvement strategies
- Health Net of West Michigan advisory board collaboration
- Allina aligning payer activities to address SDOH

2019 Annual Meeting Summary: Partnering for Impact

2020 Annual Meeting Summary: Planning for Sustainability and Advancing Health Equity

Guide to Using the AHC HRSN Screening Tool & Citation Table

CMMI Conclusions

Related Activities in Other CMMI Models

- Screening/referral and navigation
  - Comprehensive Primary Care Plus Model
  - Integrated Care for Kids Model
  - Maternal Opioid Misuse Model
  - Oncology Care and Oncology Care First Model
- Social services
  - Medicare Advantage Value-Based Insurance Design
  - Geographic Direct Contracting Model

SDOH Next Steps

Evaluation Conclusions

- Mixed methods and ongoing data collection are critical to understanding context and implementation drivers
- Engaging with multiple stakeholder groups is important to assess implementation process and progress.
- Key stakeholders recognize the benefits of addressing HRSNs through the AHC model, while also recognizing that continued refinement of the model is necessary to best meet organizational and beneficiaries' needs.

CACHI Evaluation

Karen W. Linkins, PhD

DesertVista™ CONSULTING

CORE Center for Outcomes Research and Education

CACHI Model

- Target Conditions:
  - Cardiovascular Disease
  - Violence Prevention/Community Resilience
  - Trauma Informed Nutrition/Food Insecurity
  - Substance Use Disorder
  - Asthma
  - Homelessness
  - Children's Health and Wellbeing

- Backbone Organization:
  - 5 Public Health Departments; 7 CBOs; 1 Health System

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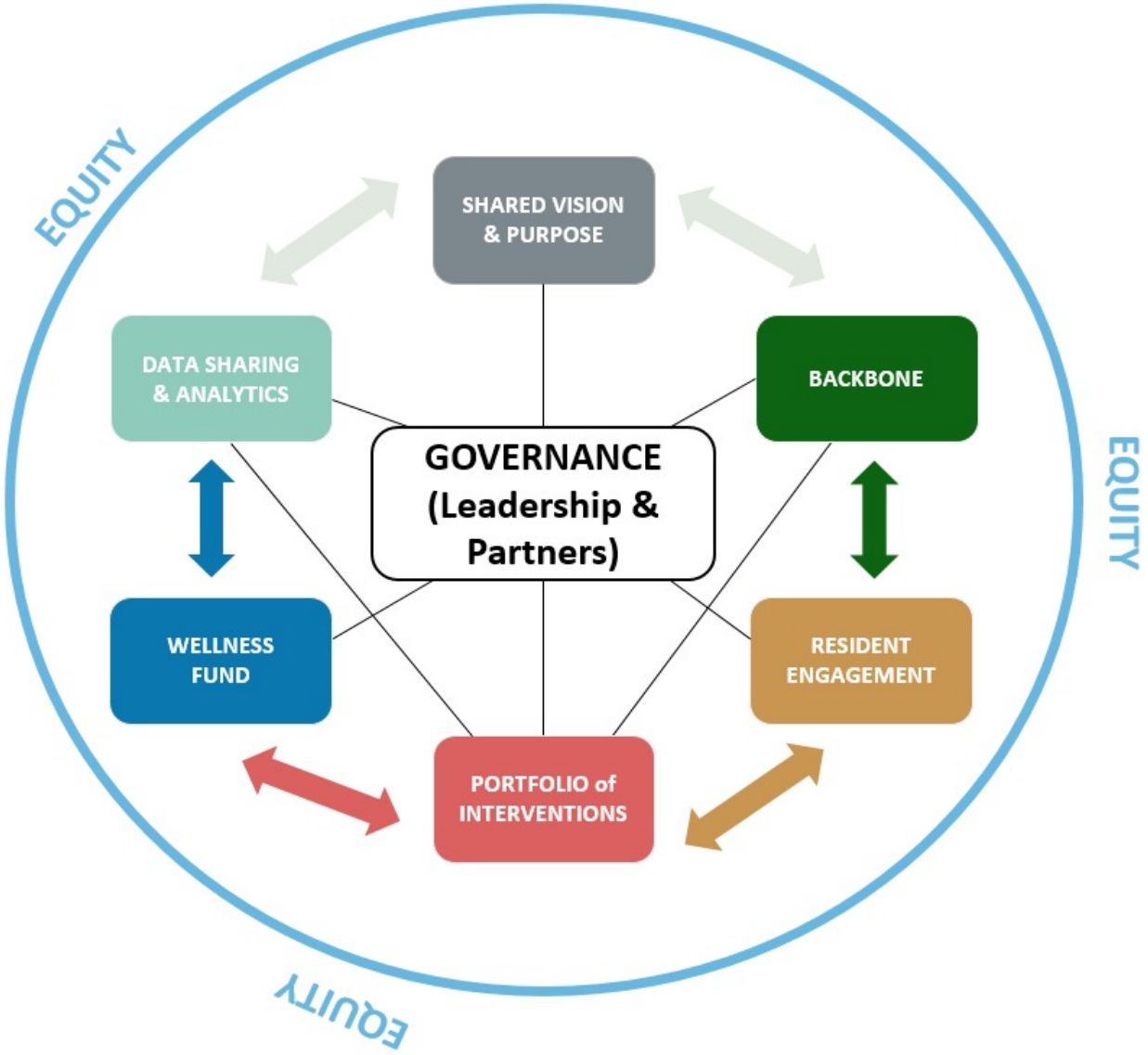
Key Model Elements



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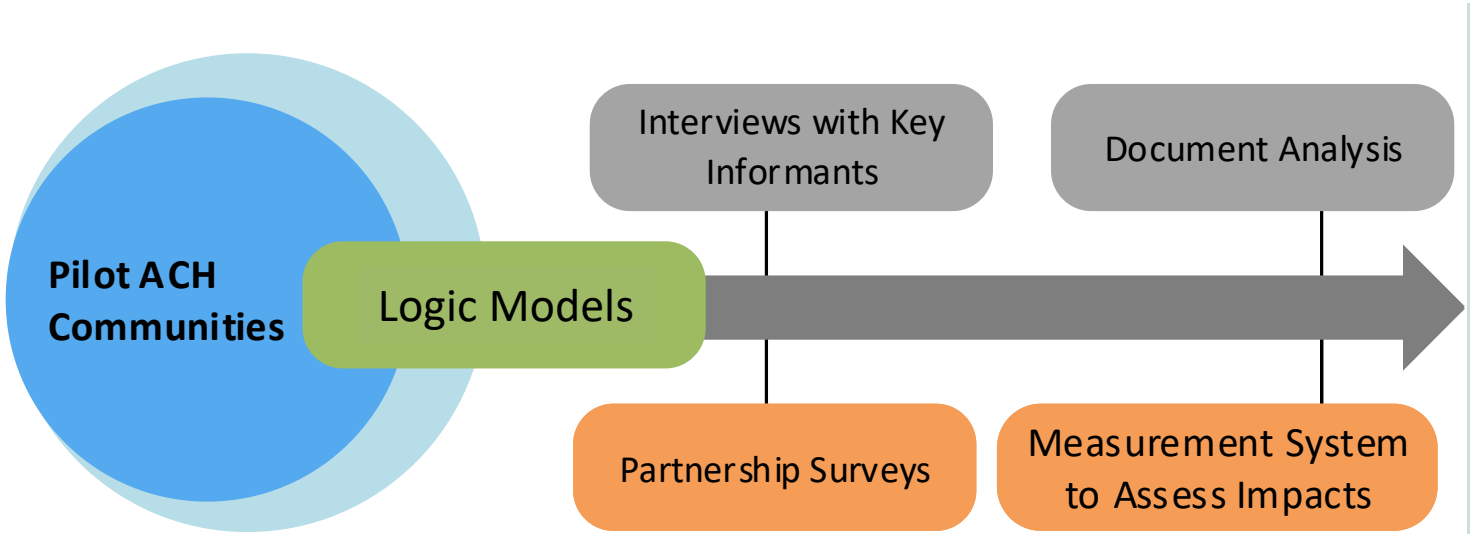

Evaluation Focus:

- Assess ACHs' progress toward achieving local and initiative goals
- Assess "added value" of ACHs as a model for community & systems transformation
- Sustainability and spread: Is the ACH an enduring platform for change in communities?

OVERVIEW OF EVALUATION APPROACH

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Key Indicators of Transformation

POI
Engagement & Alignment

- Interventions aimed at achieving same or complementary outcomes
- Interventions address 5 domains
- Interventions involve multiple sectors
- Connection/alignment of interventions (e.g., are different activities standardizing practices, does information of one intervention inform operations of others)

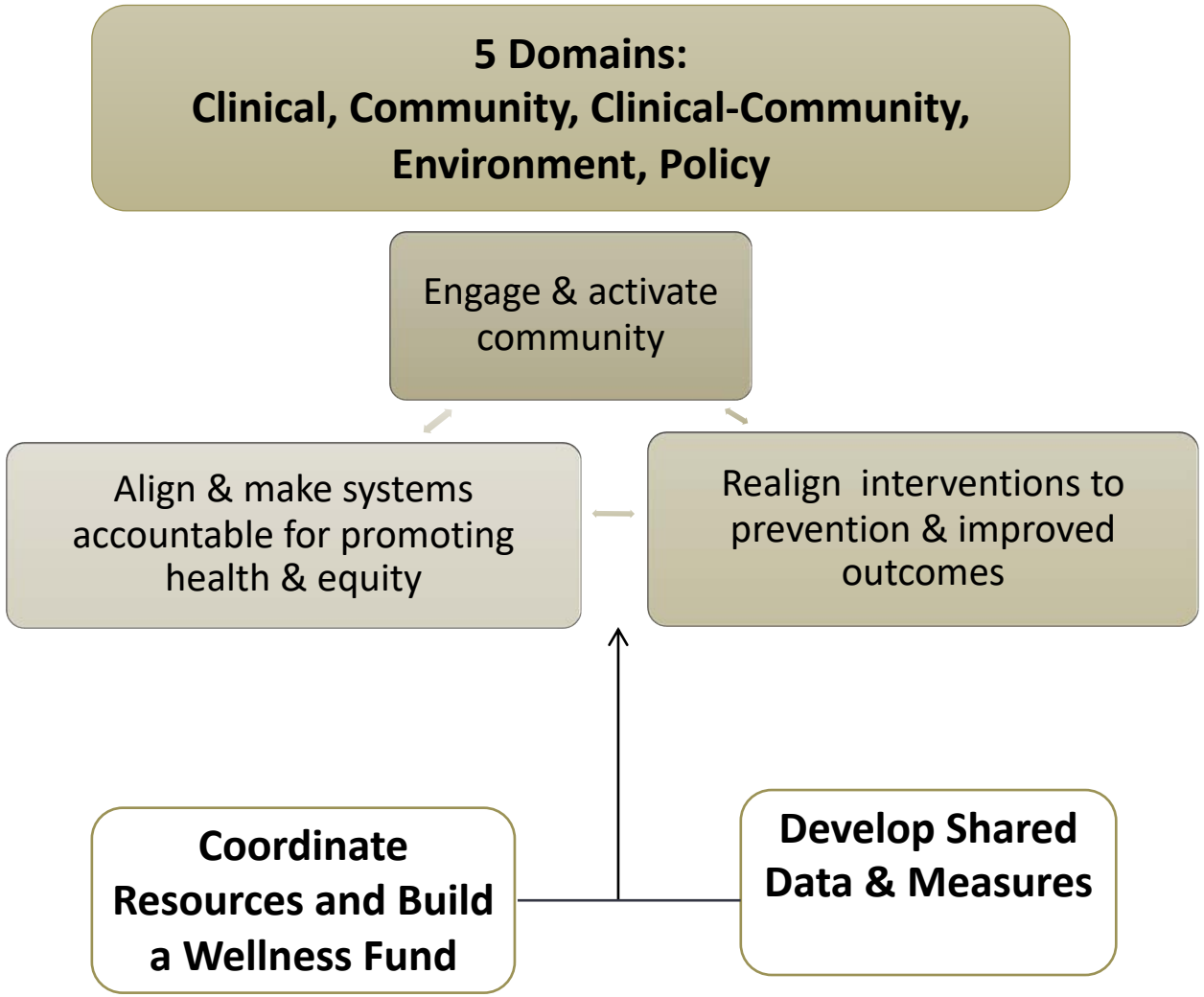
Collective Accountability
Activation, operationalization

- Shared measurement and results sharing **by POI partners**
- Outcome tracking that includes combined, not just individual, impact of interventions
- Evidence of different orgs taking responsibility for making interventions happen and holding each other accountable
- Shared financing or coordination of resources

Systems Change
Enduring Platform

- Sustainable structures exist to support coordinated and aligned activities
- Ways of doing business have changed for the better
- Mental models have changed (e.g., ”our population” rather than “my population”)

Portfolio of Interventions: Engine for Change



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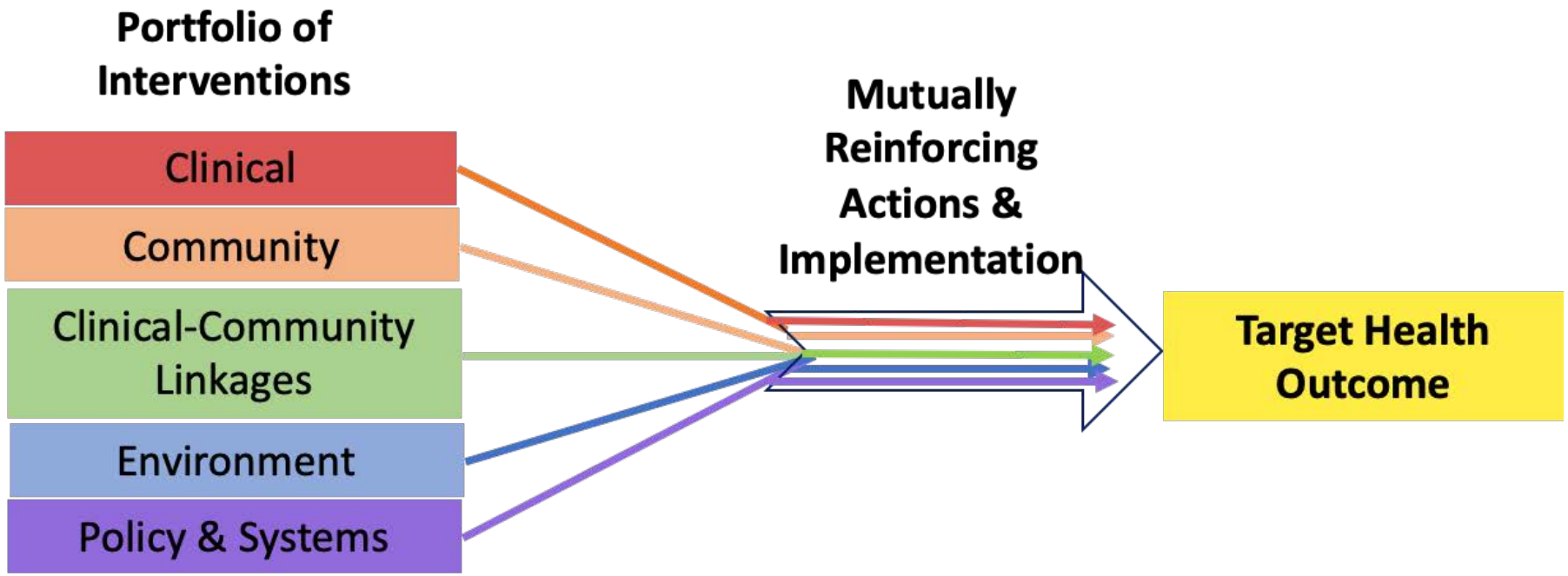
Multidimensional POI: 5 Domains for Engagement and Transformation



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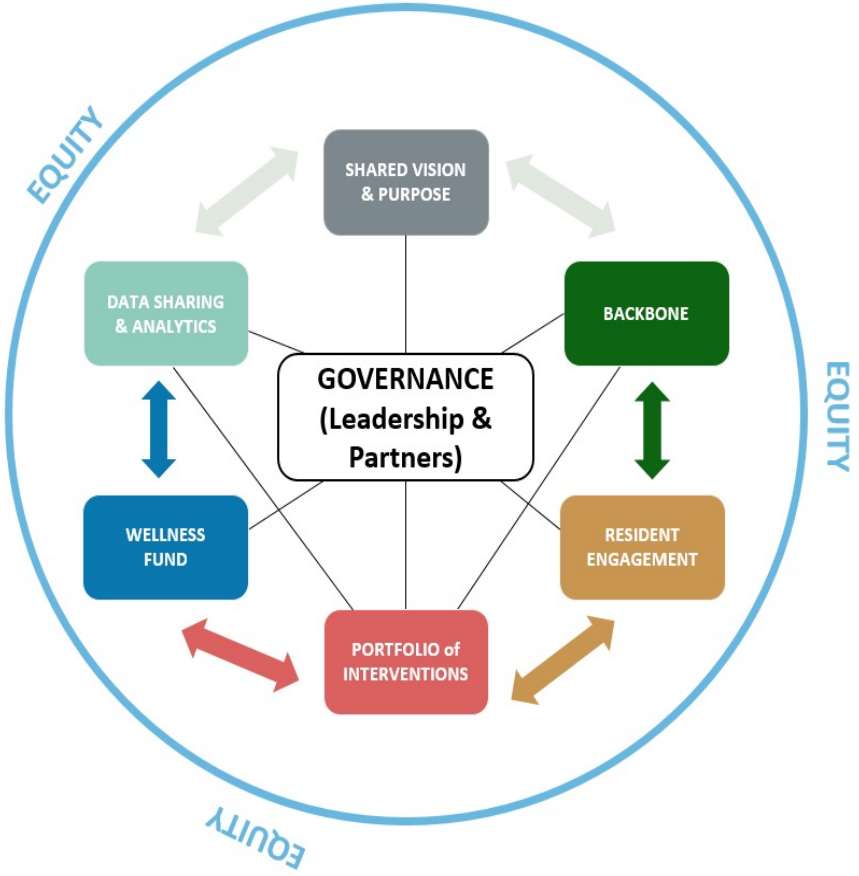
Findings: POI

Value of POI: Catalyst for Change

- **Connector, aligner, integrator:** POI gives organizations and the community a concrete way to identify, develop, and implement interventions and activities to achieve the ACH's vision
- **"Business as Usual" Disrupter:** Elements of the POI already exist, but in silos without sufficient coordination to significantly improve population health
- **Accountability Promoter:** POI more intentionally and strategically links and aligns activities and addresses gaps across organizations and sectors



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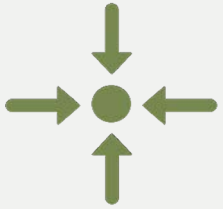
POI Mindset Shifts the Way Partners Address Problems

Having a platform that encourages dialogue across partners; organizing the various funding streams from the state in order to avoid duplication of efforts.



Having a clear, coherent POI gives the ACH a recognizable purpose, plan, and identity, which facilitates deeper community engagement, and resource & partnership development. "Revising the POI paved a clear path forward to measure progress and keep members accountable."

Targeted COVID POI enabled a multipronged response where public health departments and CBOs worked together on food distribution strategies and messaging around the importance of complying with public health measures

"The ACH facilitates cross-sector communication and partnerships with purpose. This has resulted in new contracting opportunities, workforce development and increased community capacity to address health and social needs of community residents."

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Lessons Learned

- Definitional elements are all important, but vision, equity, governance structure, backbone, and POI are central to progress
- The Portfolio of “Interventions” concept was both a facilitator and challenge for progress. “Interventions” meant different things to different partners. Recommend changing to “Portfolio of Actions.”
- Learning evaluation approach was helpful, but more “grass tops” oriented and can miss important shifts and outcomes in communities. Need more co-design with sites and communities to align evaluation with local systems changes.

The BUILD Health Challenge

Driving Action, Attention, and Resources Upstream

The BUILD HEALTH Challenge®

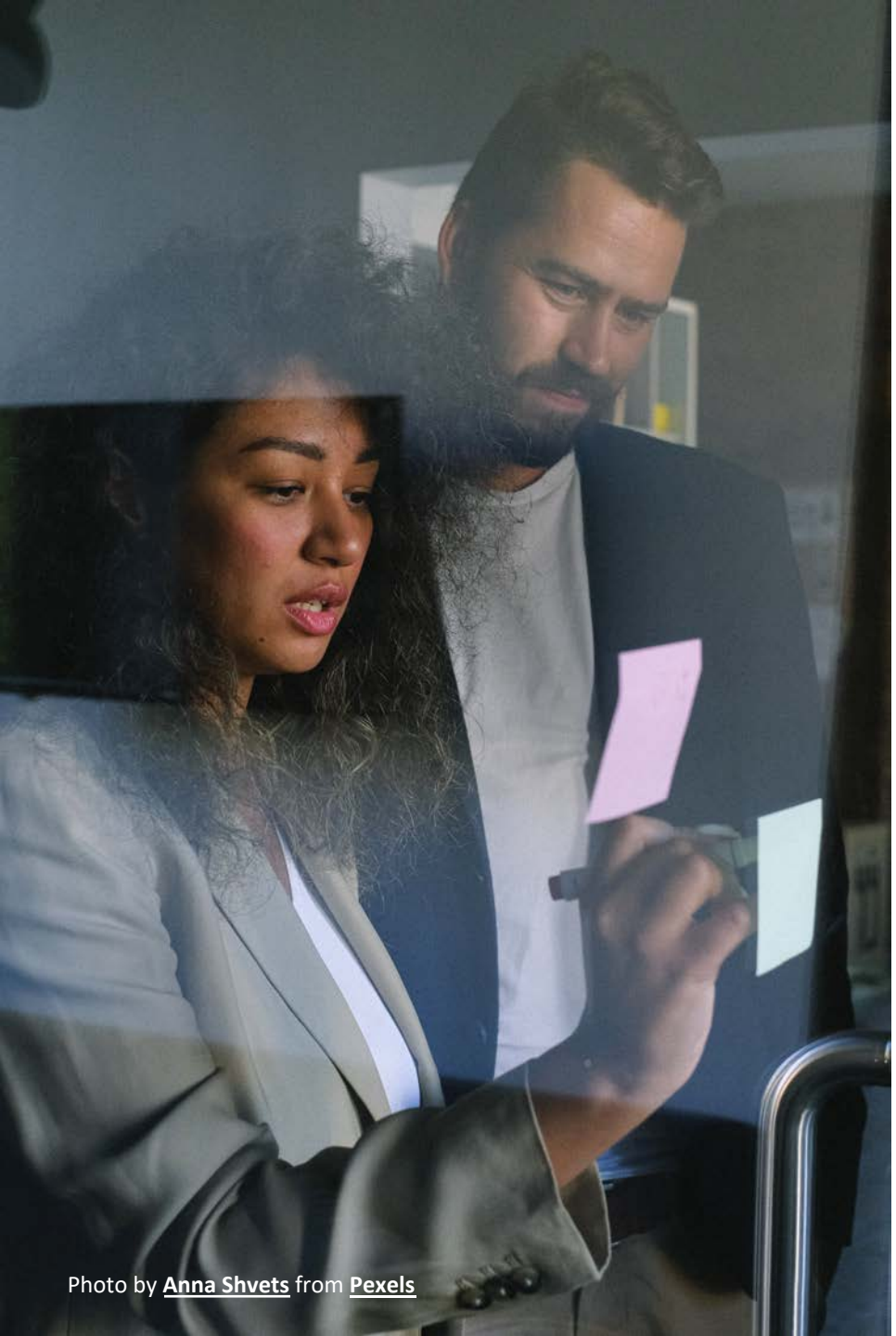


Photo by **Anna Shvets** from **Pexels**

Our Mission

The BUILD Health Challenge® is leading the movement to change how communities are working together to break down barriers to good health.

Together, we are reducing health disparities, advancing equity, and creating opportunities for improved community health.

The BUILD HEALTH Challenge®

BOLD
UPSTREAM
INTEGRATED
LOCAL
DATA-DRIVEN

The BUILD HEALTH Challenge®

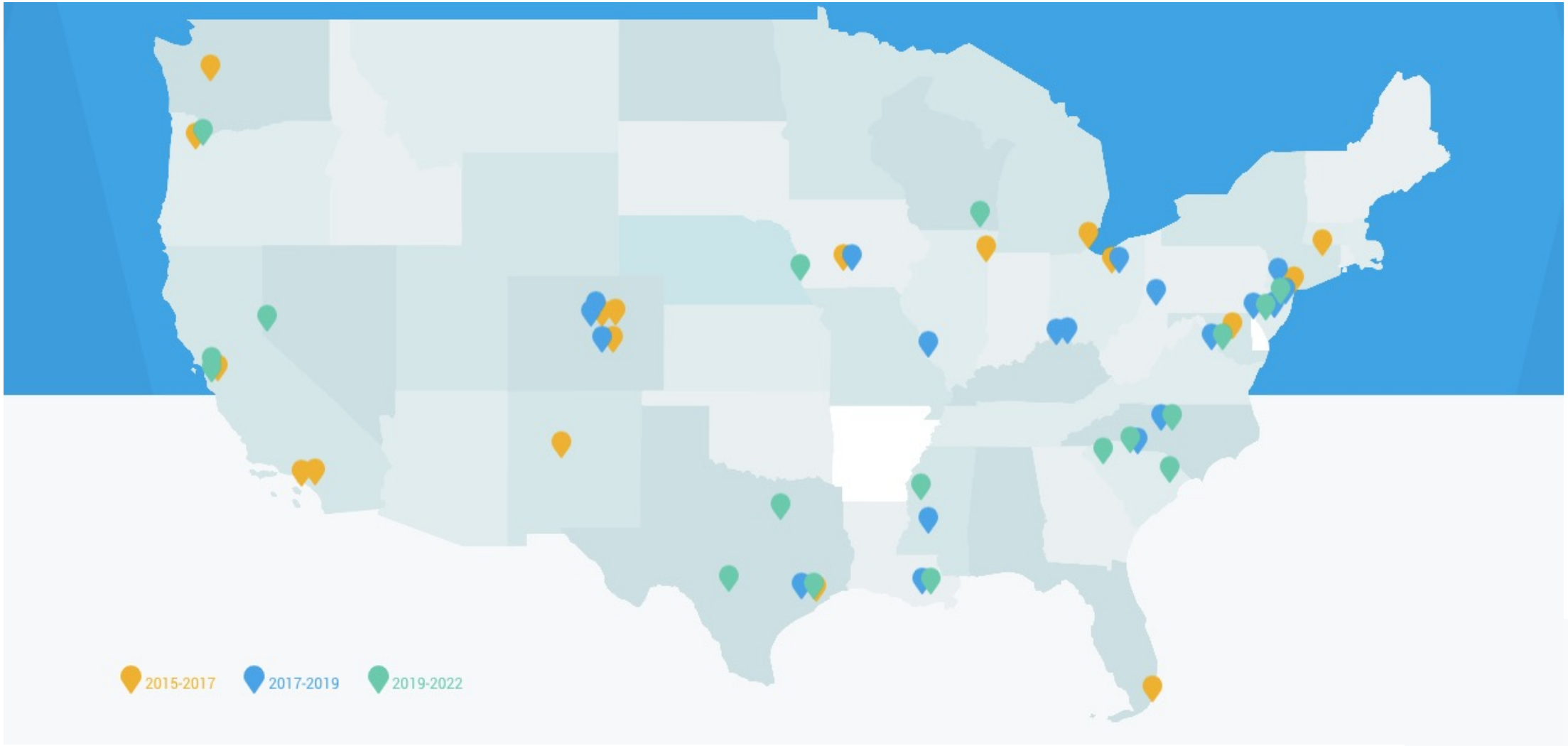
MOVING UPSTREAM

BUILD communities are moving attention, action, and resources upstream across a variety of issues.

The results have the potential to be sustained, replicated, and scaled.

The BUILD Model

BUILD Communities



The Collaborative

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BUILD by the Numbers

6	years
3	cohorts
17	Funders ($20M)
55	community partnerships
58	Systems level changes in 2.0
$50M	Leveraged Funds

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Site Example – Cleveland, OH

The Cleveland Healthy Home Data Collaborative worked together on a lead poisoning and asthma prevention effort.

More than 80% of older housing stock in this neighborhood had issues with lead. Lead and asthma disproportionately impacted Black and brown children in the community.

They had a goal of improving the quality of housing in the area and to ensure that the community members had the ability to make informed decisions.

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Site Example – Cleveland, OH

Cleveland City Council passes historic lead poisoning prevention law

Updated Jul 24, 2019; Posted Jul 24, 2019

The Plain Dealer

Councilman Blaine Griffin during a press conference for the Lead Safe Plan for the city of Cleveland. January 22, 2019 (Gus Chan / The Plain Dealer)

- ➔ Cleveland passed lead-safe law requiring disclosures, inspection, and certification of homes.
- ➔ Gov. DeWine appointed a new lead advisory committee on preventing and treating lead poisoning – **Kim Foreman**, lead on the BUILD effort, is among the committee members.
- ➔ Over two years, Ohio invested $25 million to prevent and treat lead poisoning and remediate homes of toxic lead.

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What Are We Learning and How?

Cohort Level

Questions On Our Mind

- How effectively do the BUILD pillars help frame and advance community health efforts in communities?
- How is equity operationalized? How does equity as a value guide our efforts?
- What is the role of funders and national partners in programs like BUILD and ACH's?
- How do we hold ourselves accountable to our mission? How do we remain flexible enough to also "meet the moment" we are in?

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Progress Continua

For more, check out the Getting BUILD Ready Guide.

IMPLEMENTATION OF BOLD

The Bold principle focuses on (1) implementing systemic change strategies (changes to institutional, regulatory or legislative policies, system or practices); (2) developing a shared understanding among partners of how to address equity issues through systemic change; and (3) identifying ways to blend, braid, and leverage complementary initiative's and resource's streams.

Primary Factor: Focus on Systemic Change: policies (institutional, regulatory, or legislative), systems, and practices			
Ground Stage (0)	**Early Stage (1)**	**Middle Stage (2)**	**Advanced Stage (3)**
Initiative articulates the solution in individual and programmatic terms and has not developed any systemic goals or strategies (solutions remain at the programmatic level)	Initiative has begun articulating the solution in a manner that highlights the need for a systemic approach and has developed systemic goals or strategies, but in practice relies primarily on programmatic approaches	Initiative clearly articulates the need for systemic change to address the issue area and has taken a few/small steps toward implementing systemic strategies	The initiative clearly articulates the need for systemic change and has taken significant steps toward implementing a multi-pronged set of systemic strategies that can effectively address the issue area
INDICATORS OF ADVANCED STAGE			
• Developing or implementing advocacy or policy agenda/strategy or communication campaign • Mobilizing key administrative or legislative partners (policy makers, decision-makers) • Making individual-level behavior shifts that create momentum for a larger collective shift (e.g. partners begin sharing data)		• Identifying external opposition to changes and necessary strategies to deploy to combat these external forces • Developing capacity of organizations and individuals to implement systems strategies	

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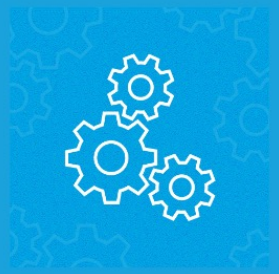
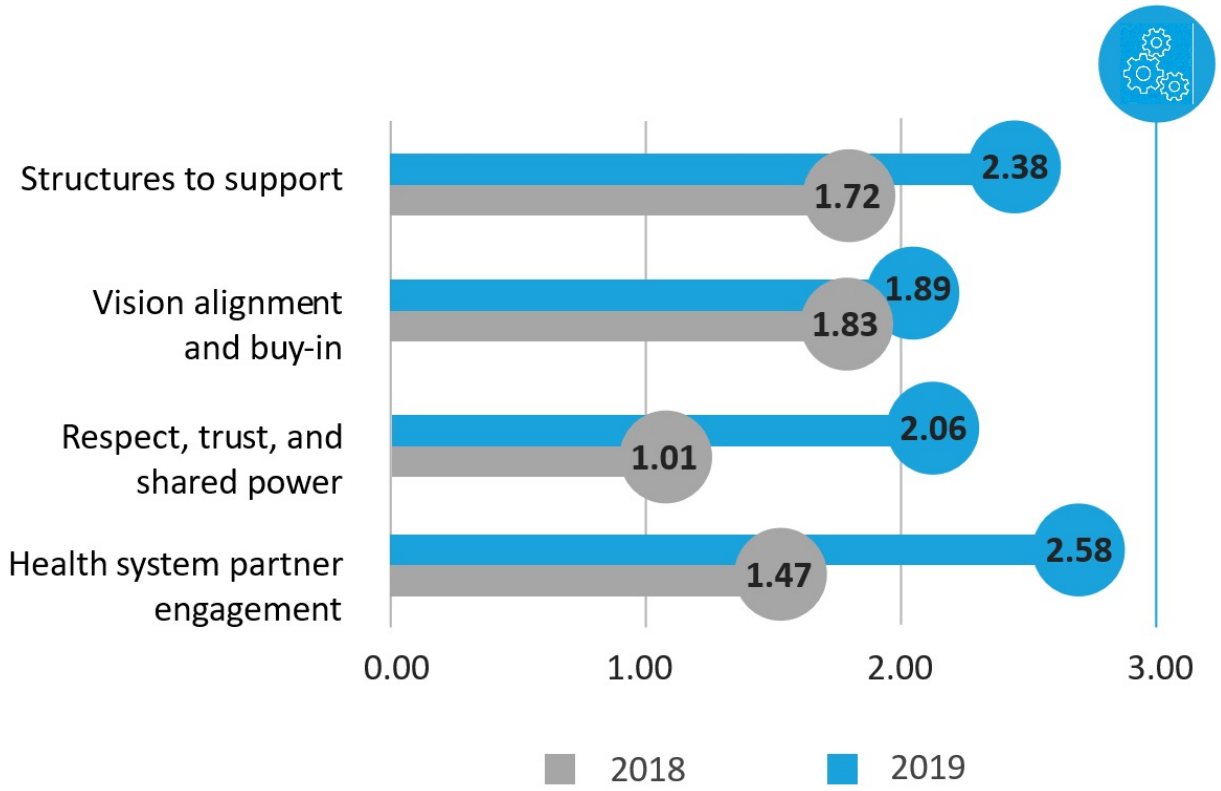
Integration Efforts Persist Despite Challenges with Alignment and Turnover

IMPLEMENTATION OF INTEGRATED





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Systems Change

- **System:** A system is a set of interacting components or parts forming a complex whole. Small changes can reverberate through the system and require the components to adapt or change.
- **Systems change:** A change in the policies, processes, relationships, knowledge, power structures, values, or norms that guide how organizations function internally and in relationship to other organizations“ According to Social Innovation Generation, systems change is “shifting the conditions that are holding a problem in place.”

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Outcomes Framework

Implementation of BUILD Principles

- BOLD
- UPSTREAM
- INTEGRATED
- LOCAL
- DATA-DRIVEN

Precursors to Systems Change

Enhanced **knowledge**, shifts in disposition and behaviors, and refined, complex issue framing

Increased individual and organizational **capacity**

Strengthened **relationships** and increased alignment among partners and stakeholders

Strengthened champions and **community** ownership

Systems Change

Transformed **Norms** and Ways of Working

Implementation of Supportive Regulatory, Legislative and Public **Policies**

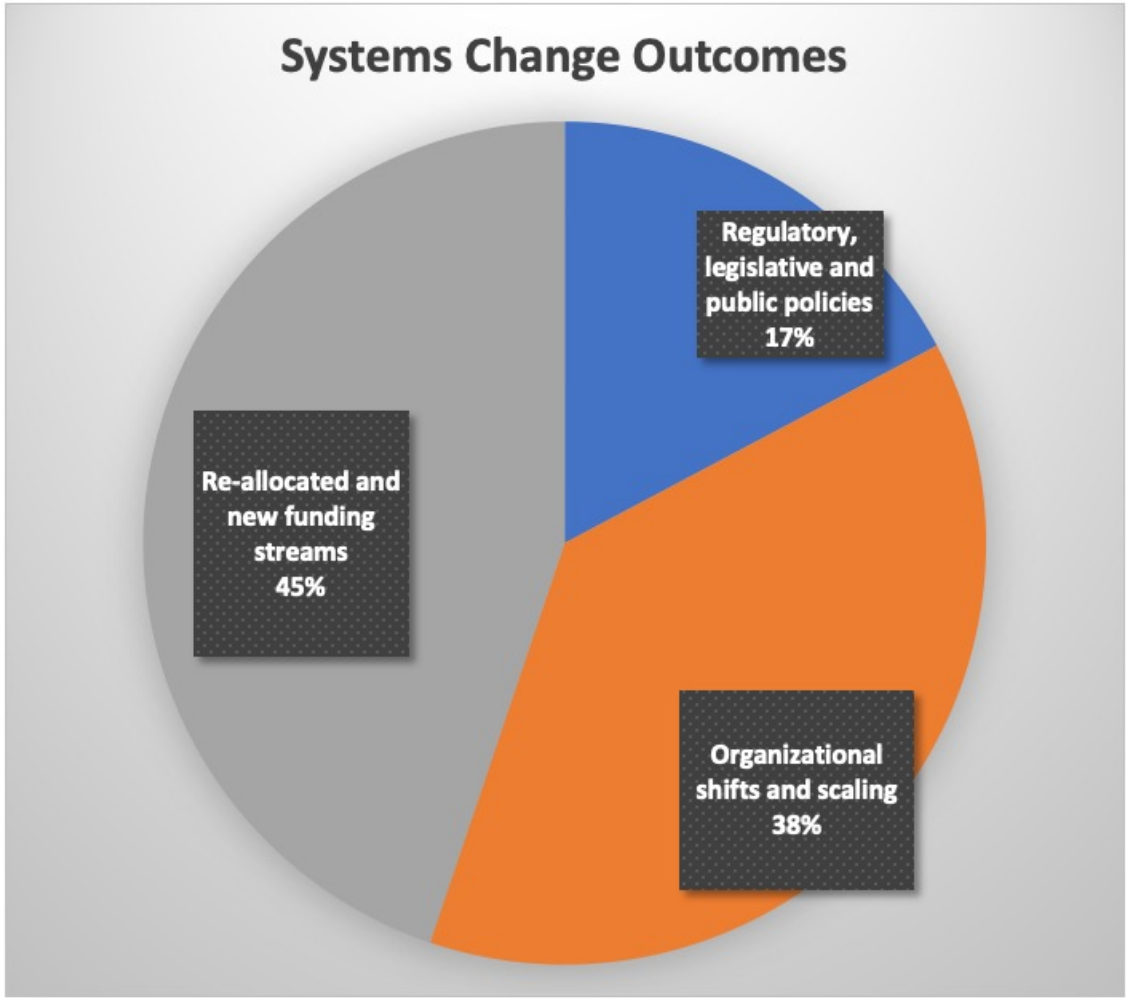
Organizational **Shifts** and **Scaling** that Sustain Practice and Policy

Re-Allocated and New **Funding** Streams

End Goals

Improvements in Health and Health Equity

Systems Change Outcomes



BUILD sites reported on 58 new systems changes in their communities between 2017 and 2019.

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What We've Learned to Date

- It takes time to build trust and engage community members
- Communities need support – TA, funding, etc. to support systems change
- Precursors to systems change are just as important as the systems change itself
- Health equity needed to evolve to become an explicit value, goal, and expectations across all BUILD stakeholders

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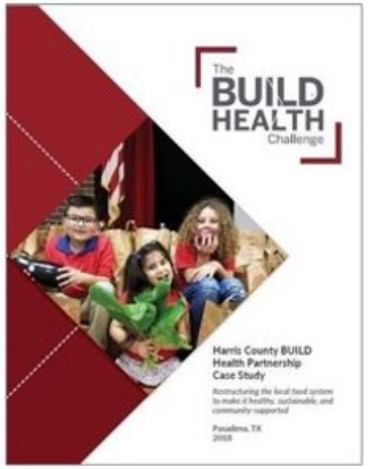
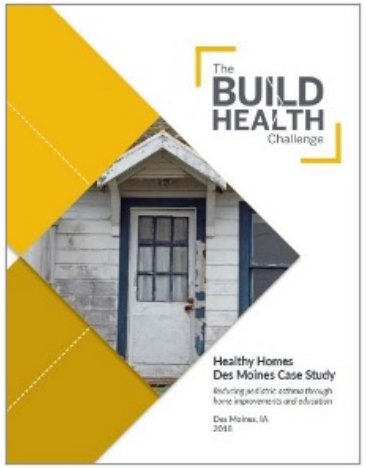
Resources

www.buildhealthchallenge.org/resources

Case Studies





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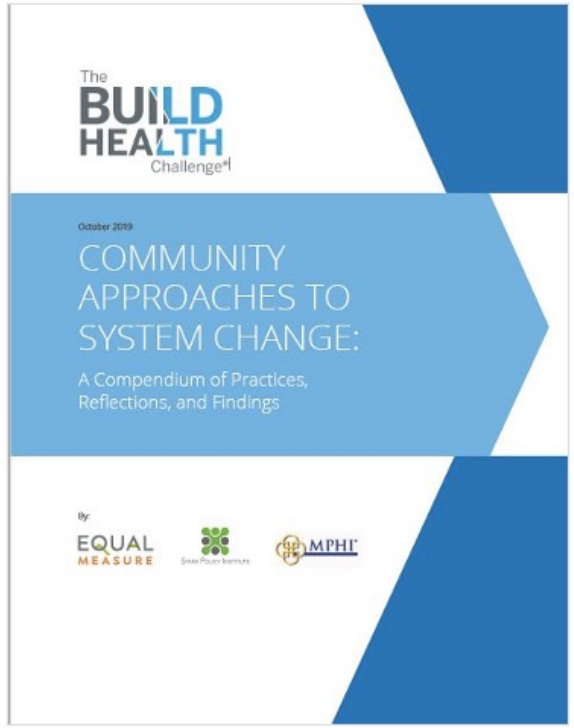
Reports and Tools



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Stories

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What's Next?

Looking forward

- Adapting our plans as COVID-19's impacts continue to emerge and we look at rebuilding and recovery
- Continue learning from the third cohort of BUILD communities
- Wrapping up our Listening Tour
- Planning for our next cohort

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Thank you!

Emily Yu
Emily@buildhealthchallenge.org

Kim Glassman
kglassman@equalmeasure.org

Natalie Rose
nrose@equalmeasure.org

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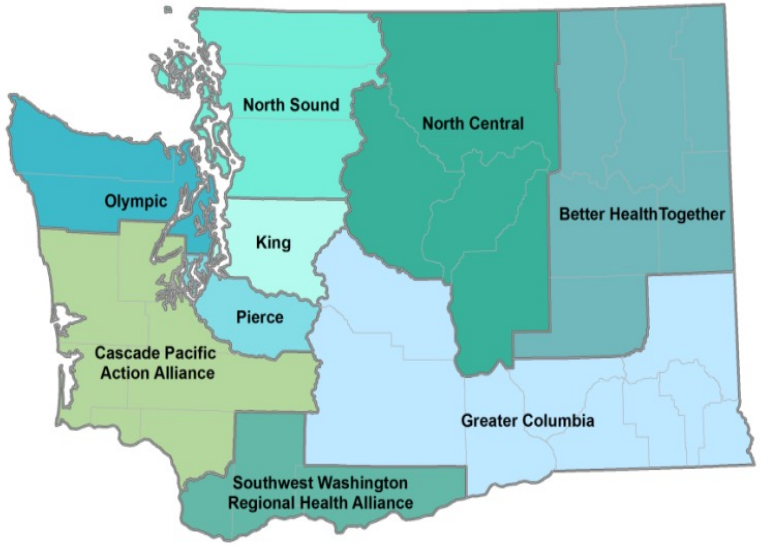
Regional collaboration for health system transformation: Washington's ACH Model

Chase Napier, Medicaid Transformation Manager
Washington Health Care Authority

Erin Hertel, Sr. Evaluation & Learning Consultant
Center for Community Health and Evaluation

August 24, 2021

WA Accountable Communities of Health (ACH)



Building Partnerships

Regional coalitions with multi-sector representation working together to improve population health and transform the health system

Timeline and Funding

2014: State legislation supporting the ACH concept

2015-19: Limited State Innovation Model (SIM) funding – ACH formation, collective impact projects, emphasis on social determinants of health (SDOH)

2017-22: $1.1b in funding statewide through a Medicaid waiver to transformation the health system

WA ACH Key Features

Statewide

- ACHs span the entire state and there is no overlap across ACH regions

Aligned with Medicaid

- Regional boundaries aligned with Medicaid purchasing regions and Managed Care Plans are expected to actively participate

Local Autonomy

- ACHs initially had significant autonomy and as the program matured standards were developed

SDOH and Delivery System Reform

- Recognizing health is local and health is more than health care
- Initially more focused on SDOH and prevention, but shifted to VBP, delivery system and community linkages with the implementation of our 1115 waiver and DSRIP

Evaluation design: Balance rigor & flexibility

Living logic model + learning questions developed collaboratively

Questions both assess progress/impact & drive strategic learning

Data collection driven by stable structure and emergent opportunities,

Stable: Annual interviews, survey, meeting observation

Emergent: informal pulse checks, strategic site visits

Case study approach to real-time synthesis of various data sources

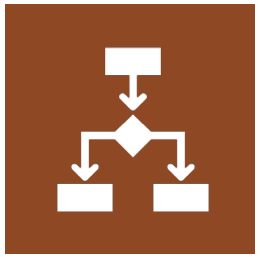
Ongoing analysis to identify & share emerging learnings

Frequent reporting that facilitates engagement in learning conversations

Be consistent & relevant, strategic, a critical friend via interactive learning sessions, quarterly reporting, joint sensemaking

1 WA ACH model is a promising way of integrating the community into smaller health improvement and large-scale health transformation projects

Served as a neutral convener, facilitator, connector

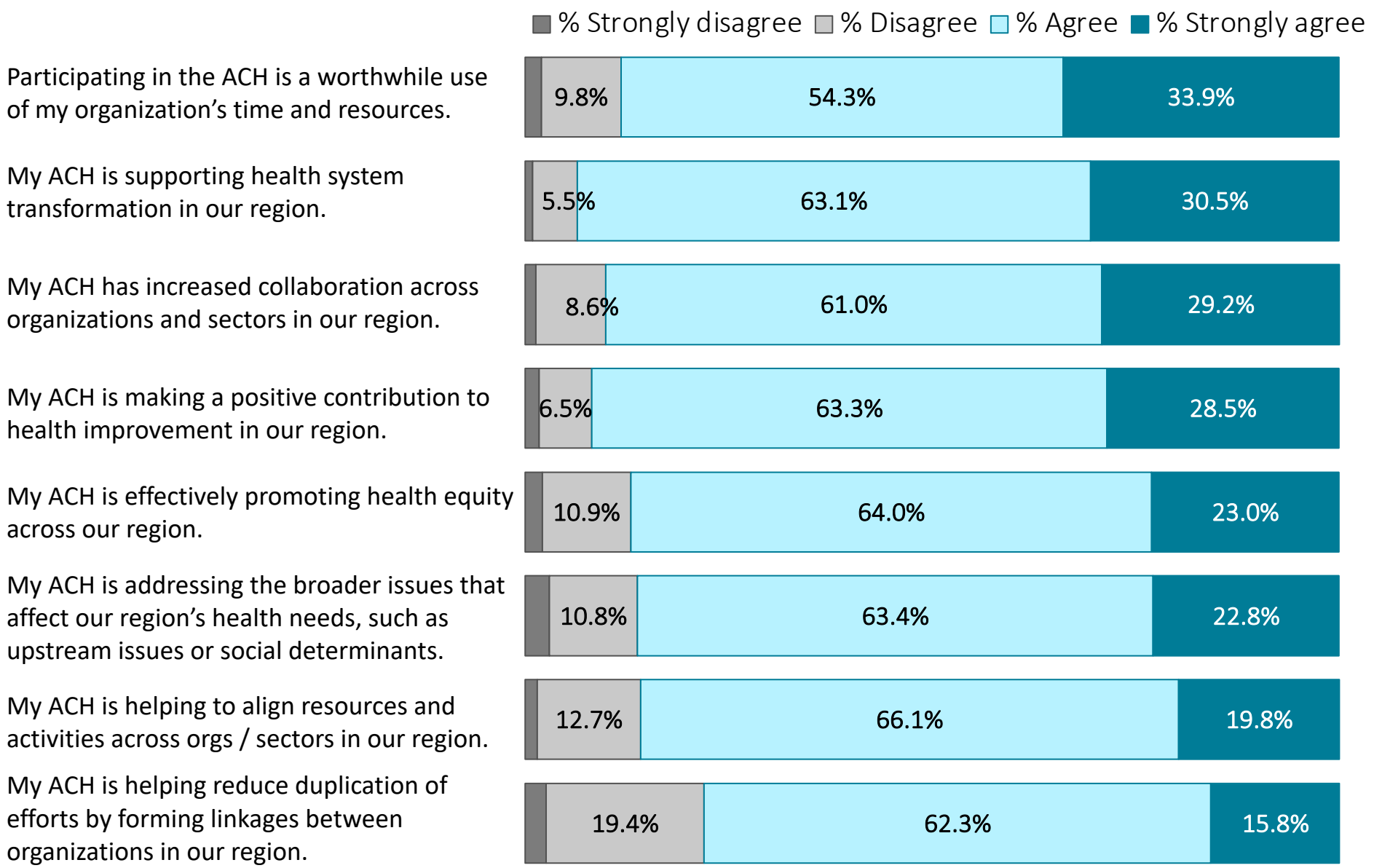


Provided strategic regional leadership to translate initiatives into action

Created a regional, comprehensive, integrated approach

Incorporated community voice, equity & the SDOH

Statewide Regional Impact: Broad agreement on the positive impact of ACHs, less agreement around how they reduce duplication.



2 WA ACHs achieved significant outcomes in a short time frame – they are poised for implementation of collaborative system transformation and regional health improvement

Build projects and infrastructure to:

- Increase care coordination
- Develop clinic / community linkages

Develop systems that enable a whole person approach, e.g. Integrated Managed Care

Support practice transformation, building capacity for value-based purchasing

Address data sharing, technology and HIT alignment

3 WA ACHs built the essential elements of collaboration

Collaborative vision & mission
Joint priorities
Sense of ownership

Multi-sector, diverse representation
Key stakeholder engagement

Active participation in planning & work
Operating in the shared interest

Dedicated staff with adequate capacity
Appropriate structure
Clear decision-making
Effective communication
Data/analytics capacity
Adequate resources

Facilitative leadership
Fosters trust & collaboration
Effective communicator

Concrete action plan
Resources identified
Measurement & QI
Collective progress & achieving outcomes

Community & equity at the center – informing how all the elements develop

Transforming the system requires a different approach: partnership & innovation

- **Building an effective partnership requires a different way of working**
  - A shift from contracting and grant making
  - Focus on building trust and clear communication
- **Develop different agency capacities,** skills, cultures and innovative approaches
- **Align and coordinate efforts** across state agencies
- **Leverage the state's unique resources** to support the partnership goals, including appropriate access to data

Balance community-driven innovation & statewide approaches

- **Encourage community variation but design statewide solutions when appropriate**
  - Central role for ACHs in both SIM and MTP
  - Commitment for ACH development to be guided by regional needs
  - Tension point: Where are statewide clarity or approaches necessary?
- **Support mechanisms for cross-ACH collaboration**

Recognize the need for comfort with disruption and continuous improvement

- **Commit to continuous improvement**, including mechanism to respond to ACH feedback
- **Clearly identify and communicate the roles and end goals** when navigating a dynamic process
  - Understand when clarity and direction is needed in a multi-year initiative
  - Strive for candid conversations and consistent messaging to statewide stakeholders

Carefully design key features of the model

- Thoughtfully select regional boundaries
- Recognize and build upon existing community capacity, partnerships and collaboration
- Consider the pros and cons of requiring ACHs to become independent organizations
- Understand that Tribes are sovereign Nations

Thank you!

Please feel free to reach out if you have any questions. For more information, see the final SIM evaluation report on the HCA website.

Chase Napier, Medicaid Transformation Manager
Washington Health Care Authority
Chase.Napier@hca.wa.org

Erin Hertel, Sr. Evaluation & Learning Consultant
Center for Community Health and Evaluation
Erin.M.Hertel@kp.org

ReThink Health®
A RIPPEL INITIATIVE

Unlocking the Full Value of Accountable Communities for Health

Funders Forum on Accountable Health
August 24, 2021

Bobby Milstein
Director of System Strategy
bmilstein@rethinkhealth.org

Jane Erickson
Director of Learning & Impact
jerickson@rethinkhealth.org

Join the conversation!
@ReThinkHealth | #ThinkWithUs

Approaches to Change

Transactional

Interventions
(programs, projects)

→

Outcomes

→

Impacts

- Health & Well-Being
- Equity
- Cost

Transformational

Mindsets & Actions,

→

Shared Stewardship

→

North Star

System Designed for Well-Being, Equity, and Racial Justice

Thriving People and Places—No Exceptions

Practices affecting…

- Aspirations
- Mutual Accountabilities
- Interdependent Networks
- Policies & Incentives
- Learning & Adapting
- *Other frontiers…*

Devoted to equitable…

- **Processes** (i.e., lived experiences)
- **Agency** (i.e., belonging and civic muscle)
- **Opportunities** (i.e., vital conditions)
- **Outcomes** (i.e., WIN measures, HP2030)

Anderson T, et.al. Shared Stewardship and Prospects for Thriving Together. ReThink Health. 2021

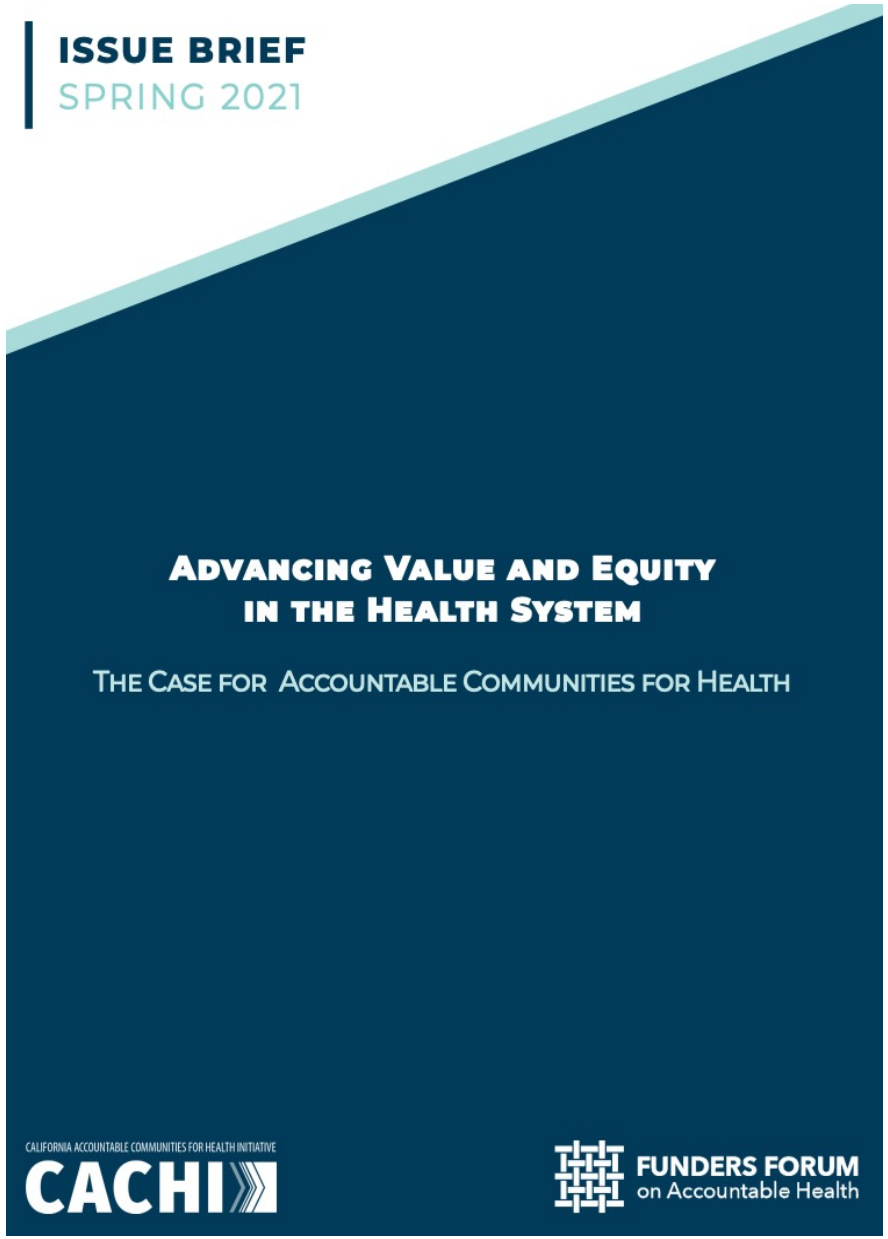
CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE

CACHI

...The Next Generation of Health System Transformation

Funders Forum
ACH Evaluation and Learning
August 24, 2021

Barbara Masters, CACHI



ABSTRACT

Accountable Communities for Health (ACHs) are an increasingly prominent model for addressing health and health equity using multi-sector, community-based partnerships, data and analytics, and an integrated portfolio of community interventions in service to a shared collective vision. The "value case" for an ACH often lies in the long-term, however, and many ACHs face a challenge demonstrating the early value of their work to key stakeholders. In this paper, we examine an alternate framework for defining and assessing value that moves beyond "ROI" to capture the transformational nature of an ACH's work through the lens of three brief case studies. By defining what value looks like along the full spectrum of an ACH's model and not just its outputs, we hope to give ACHs the tools to sustain momentum in their work while they build toward the ultimate goal of improving outcomes in key measures of community health and health equity.

"The 'value case' for an ACH often lies in the long-term… and many ACHs face a challenge demonstrating early value of their work to key stakeholders."

CACHI

"New ways of working can create value for a community even in the absence of an immediate ROI."

"…Indeed, much of the value of an ACH may be submerged like an iceberg, with a small portion of the value visible while most of the value visible while most of the benefits exist beneath the waterline and thus out sight."

"…ACHs make things happen in communities that would not otherwise have been possible, creating enduring infrastructure that can be used to activate change or improvements on a wide array of community priorities."

3 KEY ROLES OF AN ACH

Catalyzing alignment, innovation and new ways of working together to eliminate siloed, program-by-program interventions.

ACHs collectively problem solve, align interests and incubate new ideas to address both longstanding and emerging issues.

Establishing collective accountability among stakeholders and the community to drive sustainable systems changes and outcomes.

ACHs facilitate data sharing and other strategies to help the ACH, and the community, develop an understanding of mutual problems and collaborate on solutions. This forms a strong foundation for collective accountability.

Leveling the playing field so community voice has a real say in defining problems and advancing solutions that prioritize equity.

Organizations, sectors and residents typically come to the table with unequal power. By centering equity and community voice, ACHs shift power and resources to produce more equitable outcomes and a stronger, more cohesive community.