Healthcare Reform... promise for Prevention

MELANIE SHEEHAN, MCHES
JANUARY 10, 2018
REGIONAL PREVENTION PARTNERSHIP TRAINING
Objectives

- **Understand what is happening in VT related to health care reform**
  
- **Understand what is meant by “Community Benefit”**

- **Identify ways coalitions can get involved**
US Health Care Delivery System Evolution

Health Delivery System Transformation Critical Path

**Acute Care System 1.0**
- Episodic Health Care
- Lack integrated care networks
- Lack quality & cost performance transparency
- Poorly Coordinate Chronic Care Management

**Coordinated Seamless Healthcare System 2.0**
- Patient/Person Centered
- Transparent Cost and Quality Performance
- Accountable Provider Networks Designed Around the patient
- Shared Financial Risk
- HIT integrated
- Focus on care management and preventive care

**Community Integrated Healthcare System 3.0**
- Healthy Population Centered
- Population Health Focused Strategies
- Integrated networks linked to community resources capable of addressing psycho social/economic needs
- Population based reimbursement
- Learning Organization: capable of rapid deployment of best practices
- Community Health Integrated
- E-health and telehealth capable

**Episodic Non-Integrated Care**
Timeline (and disclaimer...)

- **2006**, BP for Health, Chronic Disease Prevention
- **2012**, Hospitals conduct first CHNA (3 years)
- **2013**, VT gets $45 million in SIM funds
- **2015**, P.I. contracted to provide tech support
- **March 2010 – Fed Affordable Care Act**
- **2013**, Hospitals develop CHIP (Community Benefit Plan)
- **ACH & Community Collaborative integration**
- **June '16 – '17**, Public Health Institute ACH Peer Learning Lab
ACCOUNTABLE COMMUNITIES FOR HEALTH

What are Accountable Communities for Health?
Accountable Communities for Health bring together partners from health care, social services, and other sectors to take responsibility for the health of the entire population in a defined geographic area. The model fosters collaboration that engages all the levers of population health – social circumstances, economic conditions, environment, behavior, and more.

Nine Core Elements of Accountable Communities for Health
The Accountable Communities for Health model helps communities strengthen existing collaborations and enhance their effectiveness through a focus on nine core elements: Mission, Multi-sectoral Partnership, Integrator Organization, Governance, Data and Indicators, Strategy and Implementation, Community Member Engagement, Communications, and Sustainable Financing.
Timeline (and disclaimer…)

- 2006, BP for Health, Chronic Disease Prevention
- 2012, Hospitals conduct first CHNA (3 years)
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- ACH & Community Collaborative integration
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- June ‘16 – ’17 Public Health Institute ACH Peer Learning Lab
Accountable Health Communities Research

Vermont Population Health Work Group
January 13, 2015

Leslie Mikkelsen, MPH, RD
Managing Director, Prevention Institute

Will Haar, MSW, MPH
Program Coordinator, Prevention Institute

Lisa Dulsky Watkins, MD,
Principal, Granite Shore Consulting, LLC

Kalahn Taylor-Clark, PhD, MPH
Senior Advisor, Center for Health Policy Research & Ethics

former Associate Director of the Vermont Blueprint for Health
“An Accountable Health Community is accountable for the health and well-being of the entire population in its defined geographic area, including reducing disparities in the distribution of health.”

- From the DVHA Request for Proposal regarding Accountable Health Communities
Healthcare – Community Integration

Policy and Environmental Change

Community Based Services

Clinical Services
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Community Benefit

- What is Community Benefit?

- Online resource to help you “Make the Case”
  
What is Community Benefit?

- Non-profit hospitals, in order to maintain their tax-exempt status under section 501(c)(3) of the tax code are required to provide a benefit to the health of the community they serve\(^1\)
- Overseen by IRS
- Public-private partnership involving no state or Federal funds.
- Estimated value nationwide $62.4 billion\(^2\)

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Timeline (and disclaimer...)

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ACH & Community Collaborative integration

June ‘16 – ’17
Public Health Institute ACH Peer Learning Lab
Impact on Prevention

• Community Benefit Can Support Coalition Work and Local Substance Use Prevention¹.

• Resources can include support for:
  — Coalition building
  — Direct funding to organizations
  — In-kind donations

Substance Use Disorders and CHNA

- Substance Use Disorders are frequently cited as a top priority for communities
  - 40% of CHA members identified SUDs as a top priority (2016)\(^1\)
  - 61% of AAMC member hospitals prioritized SUDs as health need in their CHNAs (2014)\(^2\)
  - Approximately 70% of hospitals identified substance use as an issue on their CHNAs. \(^3\)

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\(^1\) Private Correspondence
\(^3\) AHA Survey, January 2017
Finding your local hospital reports

HTTP://GMCBOARD.VERMONT.GOV/HOSPITAL-BUDGET/HEALTH-NEEDS

Hospitals in our area are gearing up to repeat their Community Health Needs Assessment (CHNA) Jan – June 2018!
Making the case

- What we do drives Policy and Environmental change to meet Population health Goals

- 70%+ of CHNAs identify Substance misuse as a priority issue (national)

- Blueprint Community Collaboratives & Accountable Communities for health are looking to expand partnerships to meet goals **
Possible Actions to take...

- Find out if there is an ACH or Blueprint Community Collaborative in your area; Blueprint project managers (see next slide)
- Explore local Hospital Comm. Health Improvement Plan and research their Tax for 990....
- Contact for assistance: Melanie.sheehan@mahhc.org
# Vermont Blueprint for Health Project Managers

<table>
<thead>
<tr>
<th>Name</th>
<th>Health Service Area</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mark Young</td>
<td>Barre Health Service Area</td>
<td>802-371-4110</td>
</tr>
<tr>
<td>Jennifer Fels</td>
<td>Bennington Health Service Area</td>
<td>802-440-4047</td>
</tr>
<tr>
<td>Jodi Dodge</td>
<td>Brattleboro Health Service Area</td>
<td>802-257-8325</td>
</tr>
<tr>
<td>Pam Farnham</td>
<td>Burlington Health Service Area</td>
<td>802-847-2394</td>
</tr>
<tr>
<td>Susan Bruce</td>
<td>Middlebury Health Service Area</td>
<td>802-382-3406</td>
</tr>
<tr>
<td>Elise McKenna</td>
<td>Morrisville Health Service Area</td>
<td>802-253-8672</td>
</tr>
<tr>
<td>Julie Riffon</td>
<td>Newport Health Service Area</td>
<td>802-334-3241</td>
</tr>
<tr>
<td>Patrick Clark</td>
<td>Randolph Health Service Area</td>
<td>802-728-7712</td>
</tr>
<tr>
<td>Sarah Narkewicz</td>
<td>Rutland Health Service Area</td>
<td>802-747-3770</td>
</tr>
<tr>
<td>Lesley Hendry</td>
<td>St. Albans Health Service Area</td>
<td>802-524-8944</td>
</tr>
<tr>
<td>Laural Ruggles</td>
<td>St. Johnsbury Health Service Area</td>
<td>802-748-7590</td>
</tr>
<tr>
<td>Tom Dougherty</td>
<td>Springfield Health Service Area</td>
<td>802-886-8996</td>
</tr>
<tr>
<td>Fran Clark</td>
<td>Upper Valley Health Service Area</td>
<td>802-222-4637</td>
</tr>
<tr>
<td>Jill Lord</td>
<td>Windsor Health Service Area</td>
<td>802-674-6711</td>
</tr>
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