

Navigating Partnerships with Healthcare Organizations

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Plan

- Emerging U.S. initiatives to link social care and health care
- Emerging evidence on how they are working
- Collaboration among health care and community-based aging and nutrition organizations

1. Emerging initiatives in U.S. health care sector

Services to support whole person health



Rationale for attention to patients' social needs

- Movement to **value-based payment** arrangements theoretically incentivize any interventions that improve health outcomes.
- Rising **awareness** in health care access and outcomes related to social circumstances.

Announced commitments to attending to social needs as part of health care

- Policy statements:
 - Center for Medicare and Medicaid Services (2016)
 - National Quality Forum (2017)
 - American Hospital Association (2017)
 - American College of Physicians (2018)
- 80% of hospitals: Leadership committed to addressing social needs as part of care (Deloitte 2017)

National Academy of Medicine



Consensus study published
September 2019

5 health care activities - defined

Activity	Definition	Transportation Example
Awareness	Identify social risks and assets of patients	Ask people about their access to transportation
Adjustment	Alter clinical care to accommodate identified social barriers	Reduce need for in-person appointments
Assistance	Connect patients with relevant social care resources	Provide vouchers for ride-sharing
Alignment	Understand and invest in existing social care assets	Invest in community transportation agency
Advocacy	Partner with social care orgs to promote policies / redeploy resources to address health and social needs	Advocate for policies that change transportation infrastructure

Source: National Academy of Medicine, 2019, *Integrating Social Care into the Delivery of Health Care*

Recent examples of health system investments

Examples of health systems' investments in specific social determinants

Social Determinant	Program Name	Health System(s)	Description
Housing	Clark-Fulton neighborhood apartments	MetroHealth, Cleveland, OH	\$60 million investment to build 250 affordable housing units with expanded green space and community programs such as an economic opportunity center
Transportation	Various	Nemours Children's Health System, DE; Boston Children's Hospital, Boston, MA; Mercy Health System, PA	Partnerships with Uber for subsidized or free transportation to doctor appointments
Food Security	Farm Farmacy	Lyndon B. Johnson Hospital (Harris Health System), Houston, TX	Aims to provide fruit and vegetables to patients and community members with limited access to grocery stores that stock fresh produce
Employment	HopkinsLocal and Blocal	Johns Hopkins, Baltimore, MD	\$54 million spent on buying locally generated products; 1,017 city residents hired; \$48.5 million spent on contracts with local, women-owned, or minority-owned design and construction firms
Education	Various youth social determinants programs	Kaiser Permanente, WA and CA	\$20 million in funding for youth workforce development (apprenticeships) in Seattle, WA; community schools model and African American Male Achievement Program in Oakland, CA, schools; Youth of Color Workforce Development Pipeline for students in South Los Angeles, CA
Social and community context	Ebeid Neighborhood Promise (ENP)	Promedica, Toledo, OH	\$50 million investment (approximately \$11 million from Promedica) with focus on health, education, jobs, family stability, and social and educational services

Recent U.S. initiatives – nationwide example

- 30 sites
- Screening Medicare and Medicaid beneficiaries for risk factors
- Referring to care navigators for assistance
- 5-year, \$160 million grants program
- 12-question screening tool
 - Housing
 - Food security
 - Transportation access
 - Utilities
 - Interpersonal violence

State-specific example

California: Whole Person Care

- Medicaid 1115 waiver program (2016-21)
- County-based pilots to coordinate health, behavioral health, and social services for Medi-Cal beneficiaries
- Major investments
 - Up to \$3 billion

2. Emerging evidence

Are the early efforts to integrate social care into health care improving health?

- Yes, in some cases.
- Interventions are complex and we are still figuring out what works in different contexts

Are integrated programs reducing the need for health care / saving money?

- Yes, in some cases, but not always...
- Camden Coalition example
 - Longstanding program to provide coordinated assistance for patients with complex medical and social needs
 - Randomized trial (NEJM Feb 2020): intervention did not reduce hospital readmissions as intended
 - Offered to ~400 patients who had very high prior use of hospital services

CommunityConnect (Contra Costa County)

- Social needs case management program offered to ~20,000 Medi-Cal beneficiaries, evaluated in collaboration with our team at Berkeley Public Health
- Part of Whole Person Care initiative.
- Offered assistance with social needs and health care navigation, ongoing relationship for 12+ months



CommunityConnect (Contra Costa County) *Cont.*

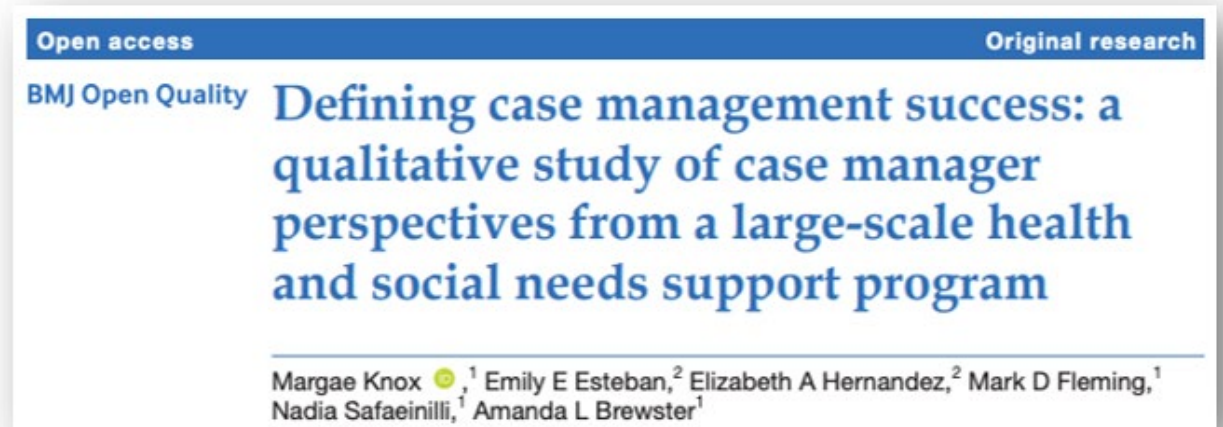
- Randomized trial showed reduction in inpatient hospitalizations (down 11%) – results published July 2022.
- Most pronounced impacts for beneficiaries who:
 - Were younger (< age 40) (**15% reduction** in inpatient hospitalizations)
 - Identified as Black or African American (**25% reduction** in inpatient hospitalizations)
- Avoided hospital/ ED use covered around 17% of the program's cost



CommunityConnect: how was it working

“What I try to do is not just change the surface of life... You help (a patient) get their housing and they’re gonna lose it again, unless... something changes in their mindset.”

-- Case manager 6, mental health clinician specialist

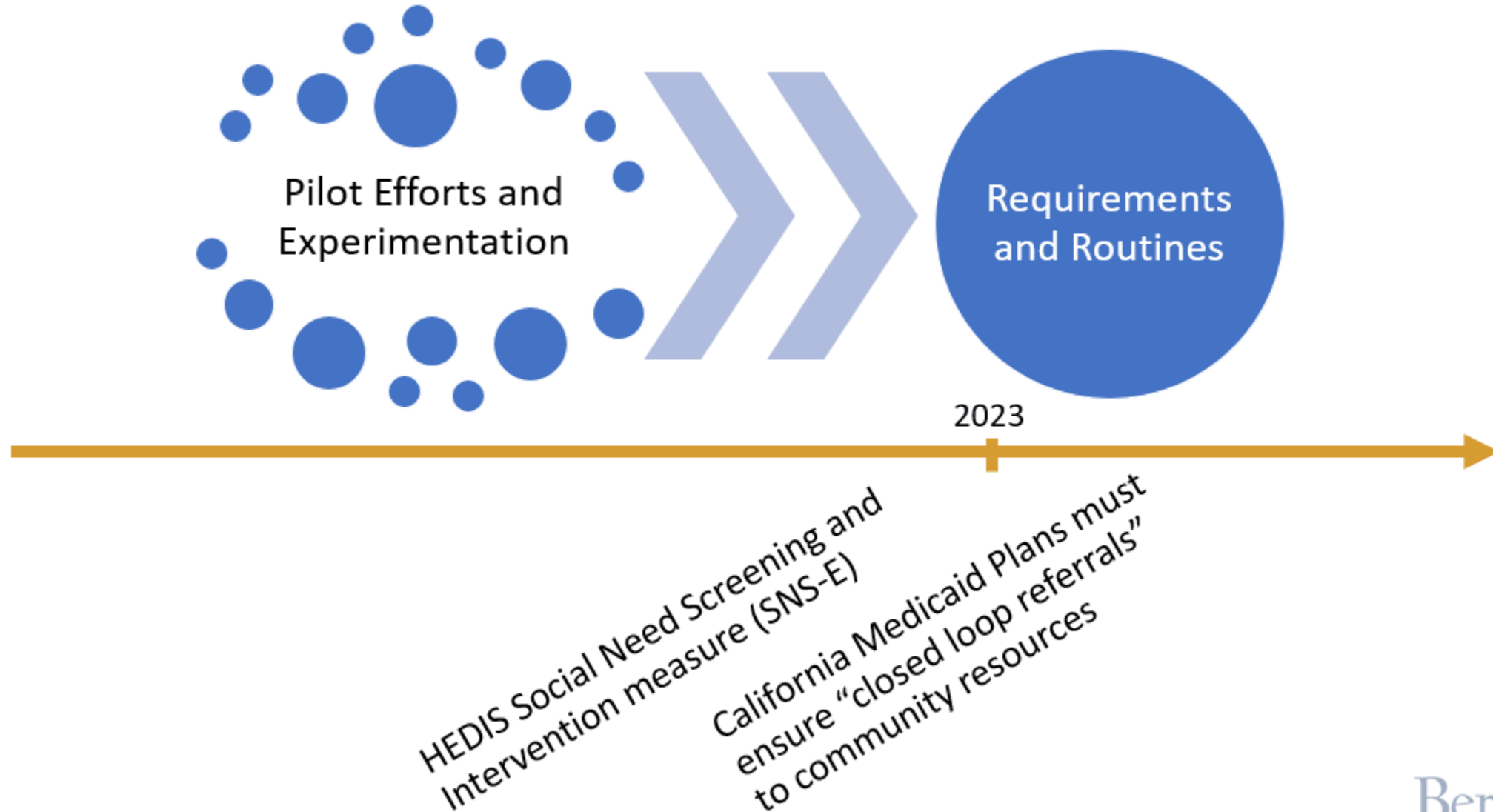


Accountable Health Communities evaluation

- Patients receiving navigation intervention had 5-10% reduction in Emergency Department visits
 - Eligibility: 1 social risk, 2+ ED visits in prior year.
 - Eligible patients randomized to receive navigation or not.
 - No difference in overall spending or inpatient utilization.
- Effects likely through improved understanding of health system, not via addressing social needs.

Source: Parish et al, 2023, “Health Care Impacts Of Resource Navigation For Health-Related Social Needs In The Accountable Health Communities Model”, *Health Affairs*

Emerging policy requirements



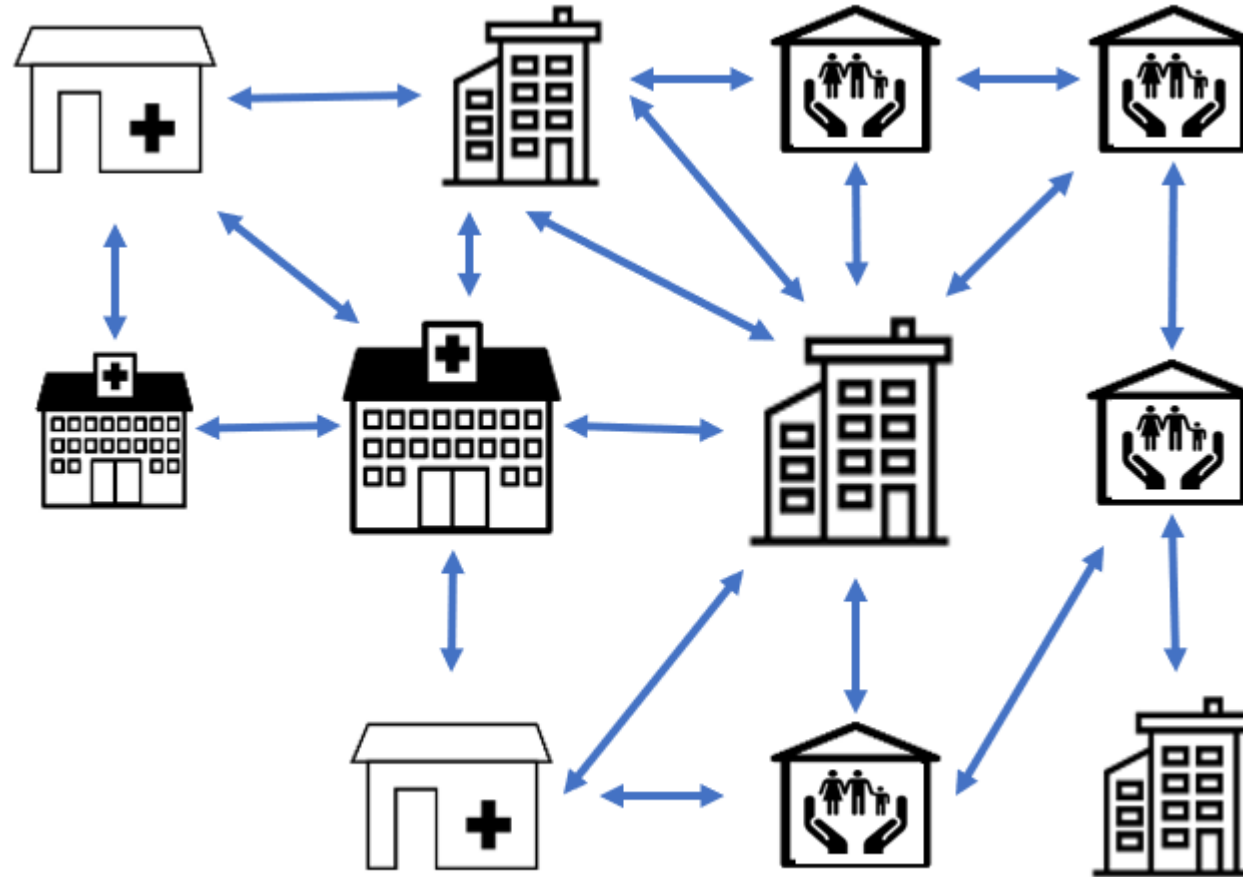
3. Collaboration with health care

Ambitions to integrate social care into healthcare

- Often involves linking many providers in community



How do organizations work together effectively?

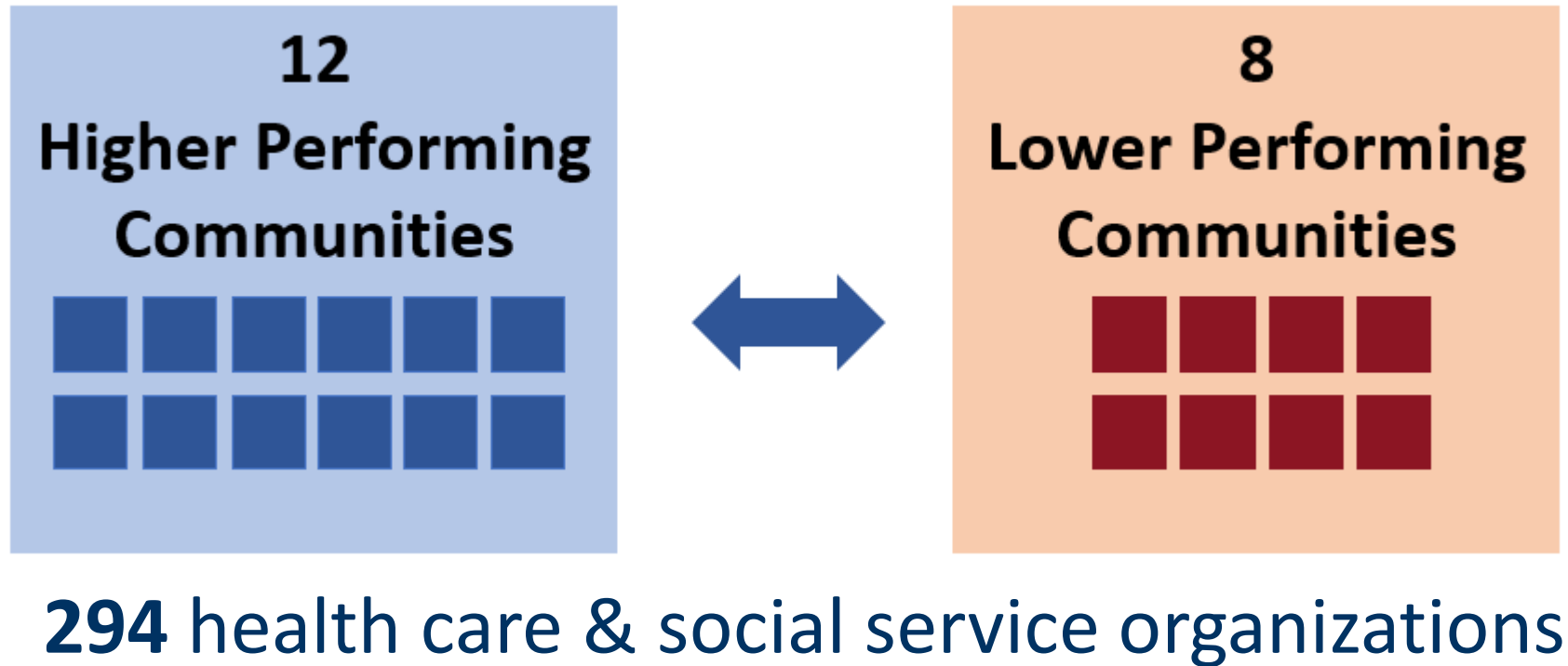


Sustainable models that improve outcomes

- Try working backwards
- Distinctive partnerships where we see desired results?
- Focus on older adults



Compare cross-sector collaboration patterns

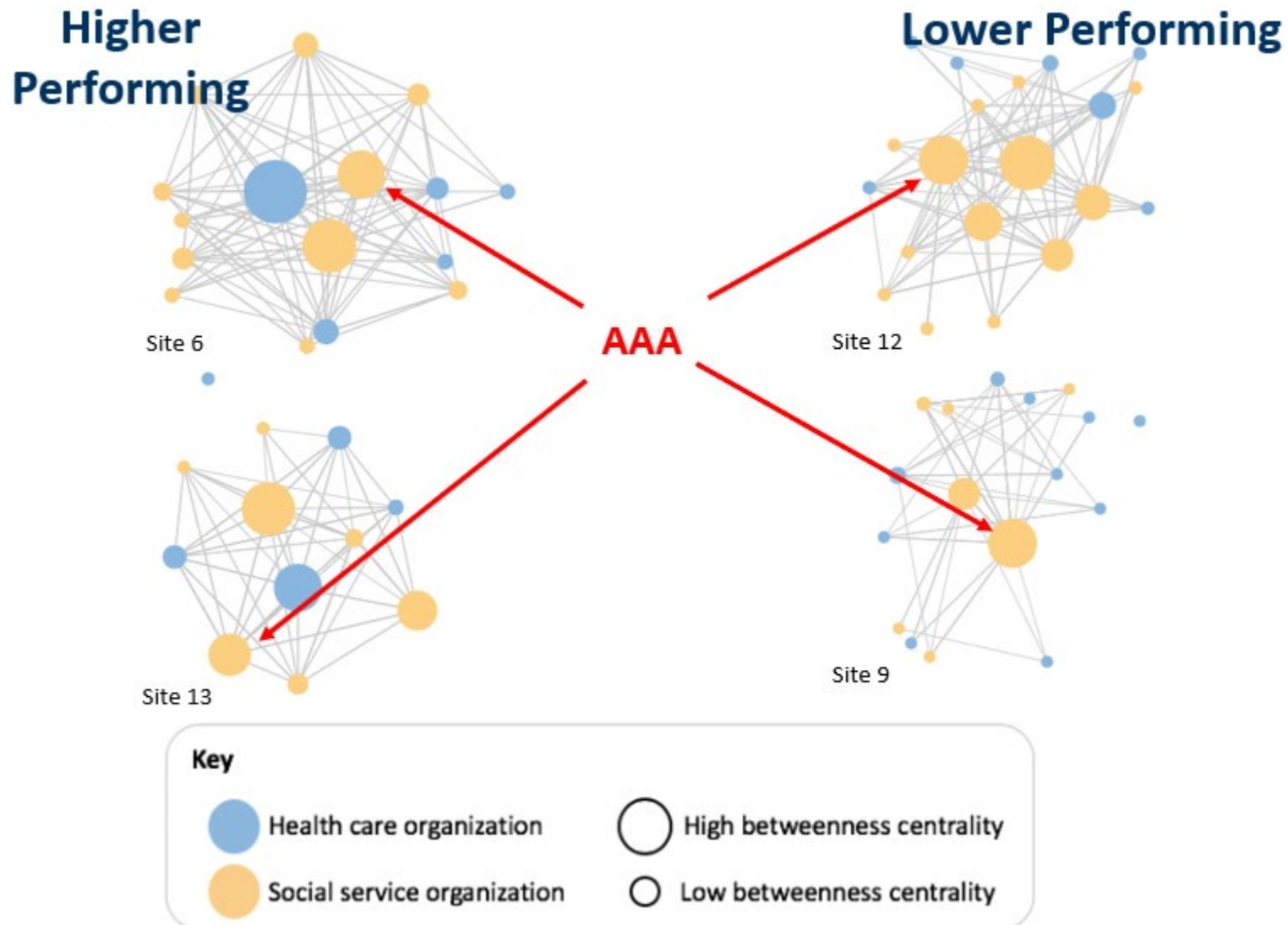


Distinctive collaboration patterns

Higher performance associated with:

- More cohesive partnership networks
- More engagement of health care organizations
- Partnerships focused on joint planning / goal setting

Network structure

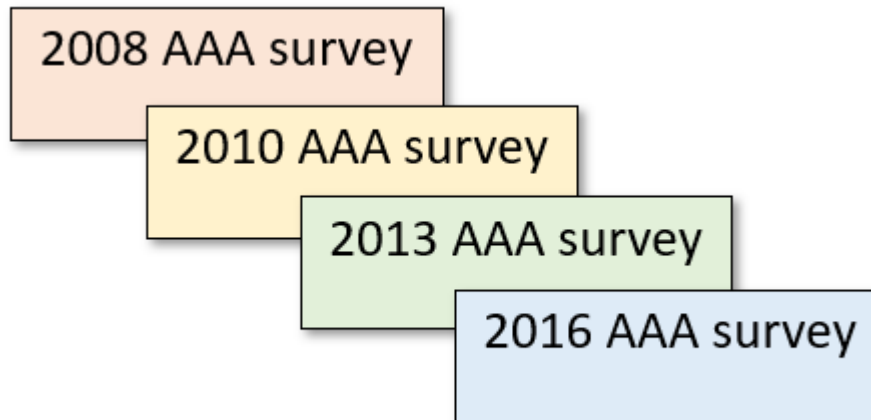


Characteristics of longstanding partnerships

- 1. Social services organizations** – most central to networks
 - Area Agencies on Aging
- 2. Coalitions** – common incubating mechanism
 - Often catalyzed by a county or city
 - Problem solve / spin off action-oriented work
- 3. Participants perceive value** – mainly for clients/ patients

AAA partnerships with health care

- What happens to avoidable health care use and spending when AAAs start partnering with health care organizations?



Association with health care use & spending

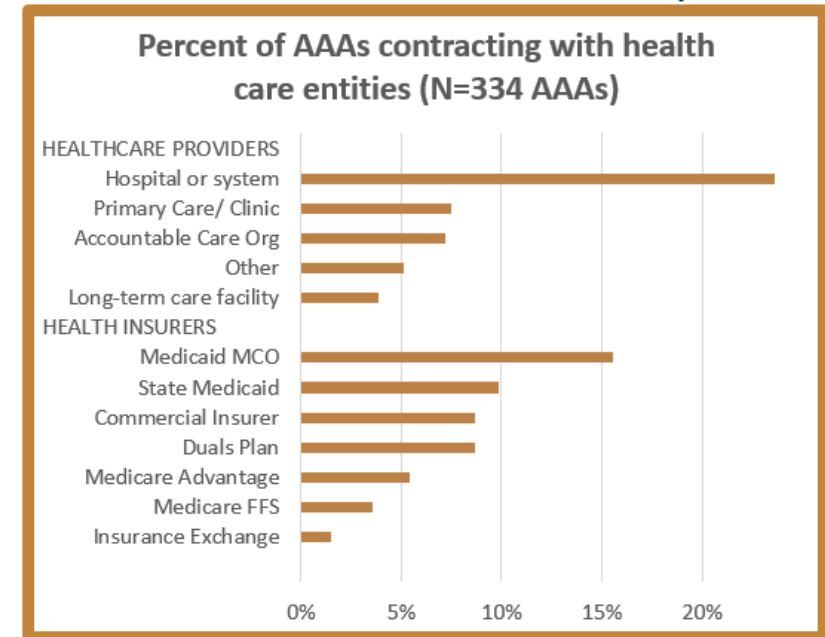
- **Establishment of funded Livable Community Initiative including AAA**
(cross-sector initiative)
 - > Reduced Medicare spend per beneficiary in county
- **Partnerships with specific health care organizations**
 - > Mental health care (formal) to reduced low-care nursing home use
 - > Community health care providers to reduced Medicare spend
 - > Hospitals to reduced Medicare spend

Contracting with health care organizations?

- Some evidence on factors associated with these relationships

Services AAAs provide in partnership with local service providers in healthcare contracts:

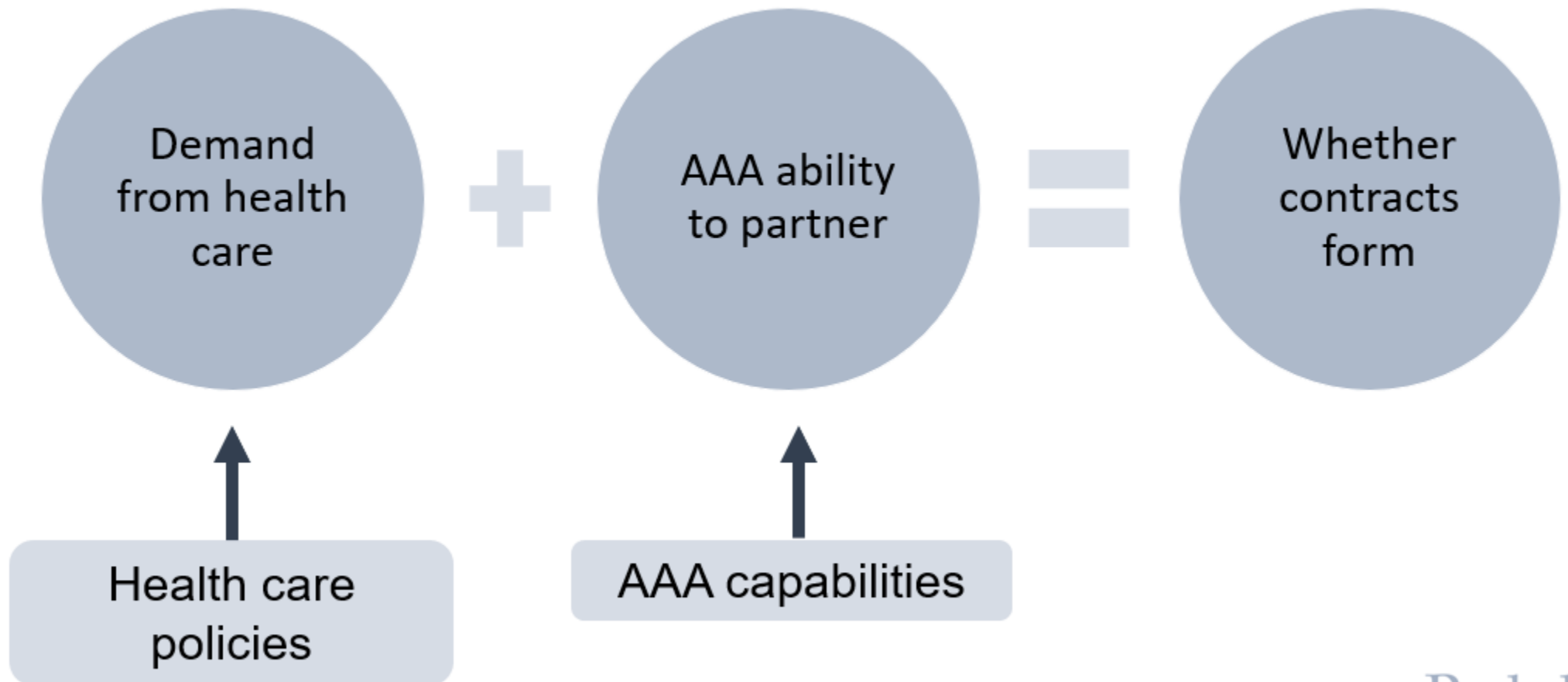
- Case management
- Care transition plans
- Assessment for LTC
- Health education
- Nutrition
- Transportation
- ...and more



Factors associated with contracting:

- Provider organization contracts are more likely if:
 - States adopted many delivery system reforms for integrated care (Health Homes, CPC+, DSRIP, PCMH, SIM)
 - States do not have MLTSS
- Insurer contracts are more likely if:
 - AAAs have high business capabilities
 - There is a state CBO network that contracts together

Potential Relationships



CBO contracting with health care

- Policies to help health care funding support social services via CBOs should consider **both demand and supply**.
- **Different strategies** likely needed to foster funding flows to CBOs from health care provider organizations vs. health insurers.

How do CBOs build relationships with health care?

- We know it can be challenging:
 - Inadequate financing, payment mechanisms
 - Misaligned goals, barriers to information sharing
 - Difficulty measuring return on investment
- Also know it can be possible/ productive:
 - Evidence of beneficial impacts
 - Governance structures can ensure joint responsibility/ representation
 - Trusted neutral conveners can help
 - Investments in relationship building can help

In-depth analysis of highly partnered AAAs

- Identified distinctive features of:



Attention to external environments

Monitor trends

Actively seek to
understand and
align with partners
goals

Define and market
expertise

The VA has a culture. One way that you can build trust with them is you are early to any event ... you show that you understand their language. There's a certain culture of hierarchy. You make sure that you don't go over someone's head if you're not supposed to. 03_ID02

You have to meet their deficit needs. You can't just impose a service on them that they don't see the value of ... you've got to look at the latest reports. You've got to look at the star ratings... -- CBO director

Openness to innovation and change

[The insurers] said, “we want to help with people leaving the hospital of any age”.... We thought, “okay, let’s build on this.” The next thing you know, we have an agreement where we deal with people leaving the hospital ... It’s very much turned into selling social determinants of health expertise as much as selling it with older adults. 07_ID01

Adapt roles,
programs,
operations

Develop workforce
capacity to
innovation

[It’s] the middle manager piece where things can still fall off the rail ... that’s where we’re seeing the most tension in developing partnerships ... not at the strategic level and not necessarily at the service delivery level. It’s at the operational level, inside the middle management of all partnering organizations. 10_ID01

Risk-taking to learn, grow & improve

We're an entrepreneurial social enterprise that specializes in aging and disabilities ... to prove our value, we step out and do some things for free for a little bit of time just to say, look at what we can do. Let's see if this is something you want. We'll do this for six months. We won't charge you anything. We'll collect data. We'll show you what happens. So, we've had a lot of success with that. 06_ID03

Embracing
uncertainty

Balance calculated
risks with
pragmatism

Accept short-term
losses to anticipate
future market

I look at it as an opportunity to prove ourselves There are some of us who are much more like, "... let's put money into this. Let's really build it." And there are some who are much more like, "I don't know. Are you sure?" ... sometimes you have to kind of pull the rest along. We had a board meeting where ... they said, "okay, officers, we trust you. Go negotiate with the insurance companies and then let us know what happens." 07_ID01

Specific partnership-development tactics



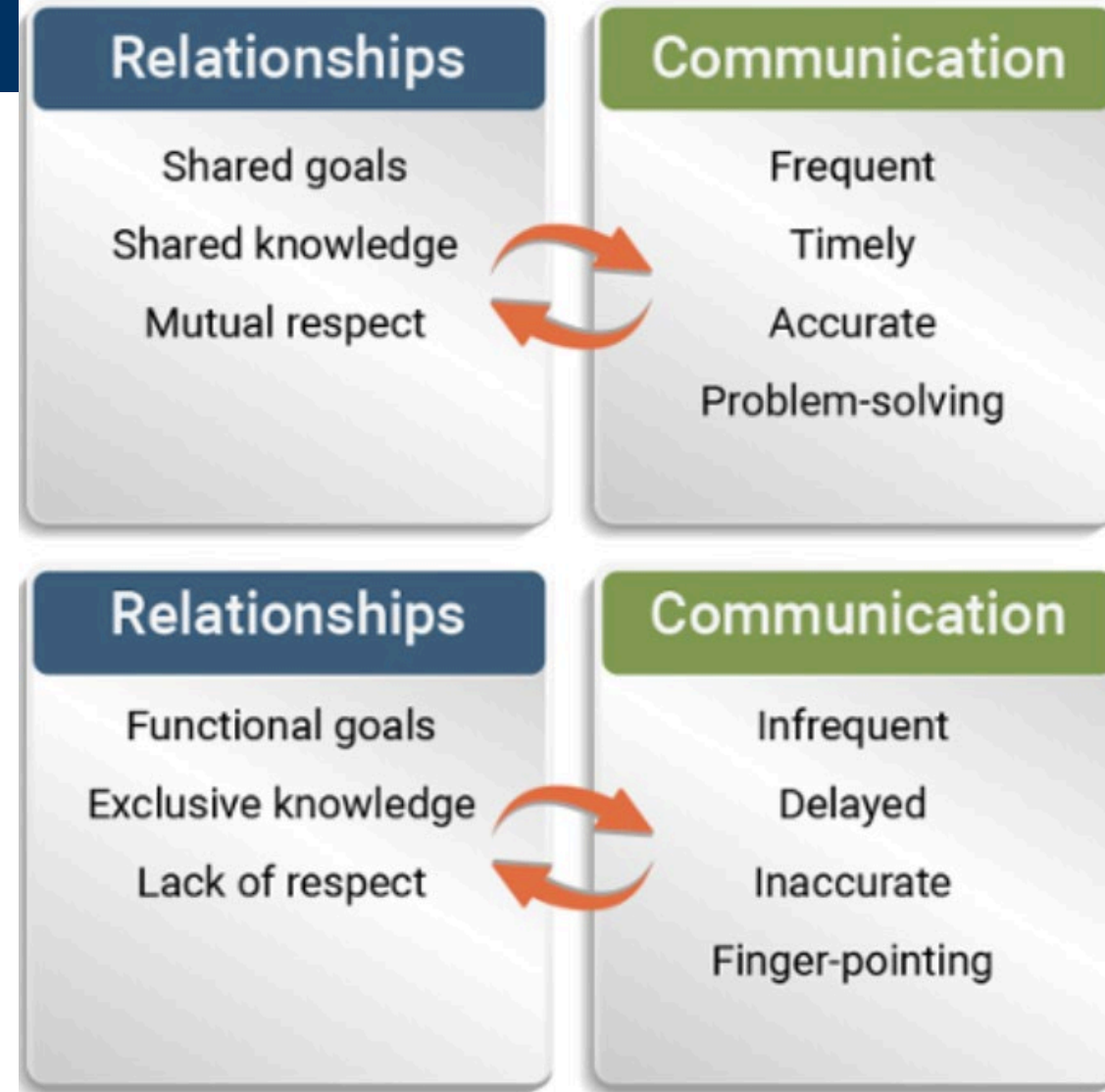
Tradeoffs of partnership

- Health care partnerships can be seen as promising revenue source for CBOs specialized in serving social needs.
- Establishing health care partnerships may involve organizational changes that make CBOs more similar to health care organizations.
 - New performance metrics
 - Hiring clinical staff / adding health expertise to Board or management
 - Using medical language to describe work
- CBOs can have ambivalence about becoming too “medicalized” / losing what makes them especially well-suited to supporting clients’ social needs

Taylor LA, Byhoff E. Money moves the mare: the response of community-based organizations to health care's embrace of social determinants. *Milbank Q.* 2021;99(1):171-208.

Relational Coordination

Relationships shape the communication through which coordination occurs, for better or worse



Managing tensions in partnership building



Concluding thoughts

- Aligns with understanding that our organizations exist in changing environments, need to adapt to continue effectiveness
- Adaptive organizational culture – important for new ventures
 - Attention to external environments, openness to change
 - Taking calculated risks

Questions?