NCIOM Task Force on Accountable Care Communities

Overview of Task Force Process and Charge

Adam Zolotor, MD, DrPH

President & CEO

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NC Institute of Medicine

- Quasi-state agency chartered in 1983 by the NC General Assembly to:
  - Be concerned with the health of the people of North Carolina
  - Monitor and study health matters
  - Respond authoritatively when found advisable
  - Respond to requests from outside sources for analysis and advice when this will aid in forming a basis for health policy decisions

NCGS §90-470

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NCIOM Studies

- NCIOM studies issues at the request of:
  - North Carolina General Assembly
  - North Carolina state agencies
  - Health professional organizations
  - NCIOM Board of Directors
- Often work in partnership with other organizations to study health issues

Recent NCIOM Studies

- Some recent studies include:
  - Metrics to Drive Improvements in Health: A Report of the Task Force on Health Care Analytics (2017)
  - Claims to Improve Health in North Carolina: A Report from the NCIOM Task Force on All-Payer Claims Database (2017)
  - Transforming North Carolina's Mental health and Substance use Systems: A Report from the NCIOM Task Force on Mental Health and Substance Use (2016)
  - Dementia-Capable North Carolina: A Strategic Plan for Addressing Alzheimer's Disease and Related Dementia (2016)
  - Patient and Family Engagement: A Partnership for Culture Change (2015)
  - Task Force on Essentials for Childhood: Safe, Stable, and Nurturing Relationships and Environments to Prevent Child Maltreatment (2015)
  - Rural Health Action Plan (2014)

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NCMJ

- NCIOM also publishes the *NCMJ*
  - Each issue contains a special focus area with articles and commentaries discussing specific health issues
  - One of the issues of the *NCMJ* will include an issue brief (4-6 pages) about the Task Force's work and recommendations
    - *NC Medical Journal* circulated to more than 170,000 people across the state

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Task Force Process

- NCIOM creates broad-based task forces to study health issues facing the state
  - Task Forces generally comprised of 30-60 people
  - Task Forces are guided by co-chairs who run the meetings
  - Task Force members typically include representatives of state and local policy makers and agency officials, health professionals, insurers, business and community leaders, consumers and other interested individuals
  - Meetings are open to the public

Task Force Process (cont'd)

- Task Force work guided by a smaller steering committee
  - People with expertise or knowledge of the issue
  - Help shape the agenda and identify potential speakers
- Presentations
  - May include research summaries and/or statistics, descriptions of programs, challenges or barriers to best practices, national developments
  - Presenters may include task force members, researchers, national or state leaders, state health care professionals, consumers, or NCIOM staff

Task Force Process (cont'd)

- NCIOM staff
  - NCIOM staff will prepare agendas, invite speakers, gather information, and identify evidence-based studies when available to inform the Task Force's work
  - Staff write first draft of the report, and seek input from the Task Force and Steering Committee members

Task Force Process (cont'd)

- Task Force report
  - Report is circulated several times before being finalized
  - Task Force members may be asked to prioritize recommendations or metrics
  - Task Force members will take final vote on the recommendations and report
- NCIOM Board of Directors
  - Board members must review the report before it is finalized
- Reports distributed widely, other dissemination
  - Shorter 4-6 page Issue Brief
  - Update published 3-5 years after report is published.

Meeting Materials on NCIOM Website

- We know that Task Force members may have conflicts for some of the meetings
  - We host webinars and conference calls for each meeting so that you can follow online or participate over the phone
  - We post meeting summaries and all meeting presentations on our website: www.nciom.org
  - Calendar and directions also available on the NCIOM website

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NCMJ
NORTH CAROLINA MEDICAL JOURNAL

- 78 (4) – Accountable Care Communities: Connecting Communities and Health Care
  - Hennepin Health
  - Mission Health Partners
  - Roanoke Valley
  - Community Partnerships
  - Rural
  - Work Force
  - Business

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ANNUAL MEETING 2017

ACCOUNTABLE CARE COMMUNITIES

Keynote Speaker

Jennifer DeCubellis

Deputy County Administrator

Health & Human Resources

Hennepin County, MN

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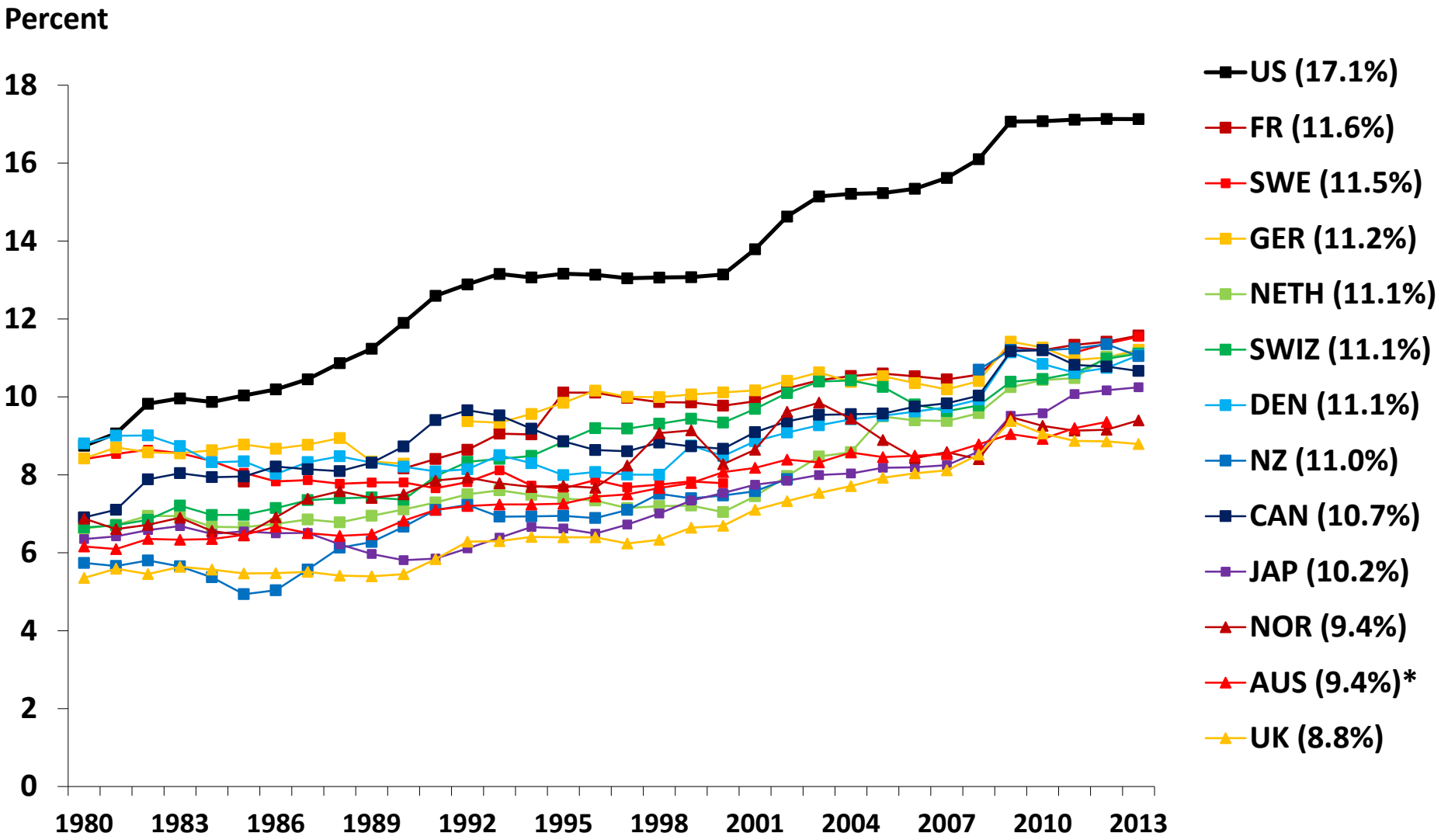
Exhibit 1. Health Care Spending as a Percentage of GDP, 1980–2013



* 2012.

Notes: GDP refers to gross domestic product. Dutch and Swiss data are for current spending only, and exclude spending on capital formation of health care providers.

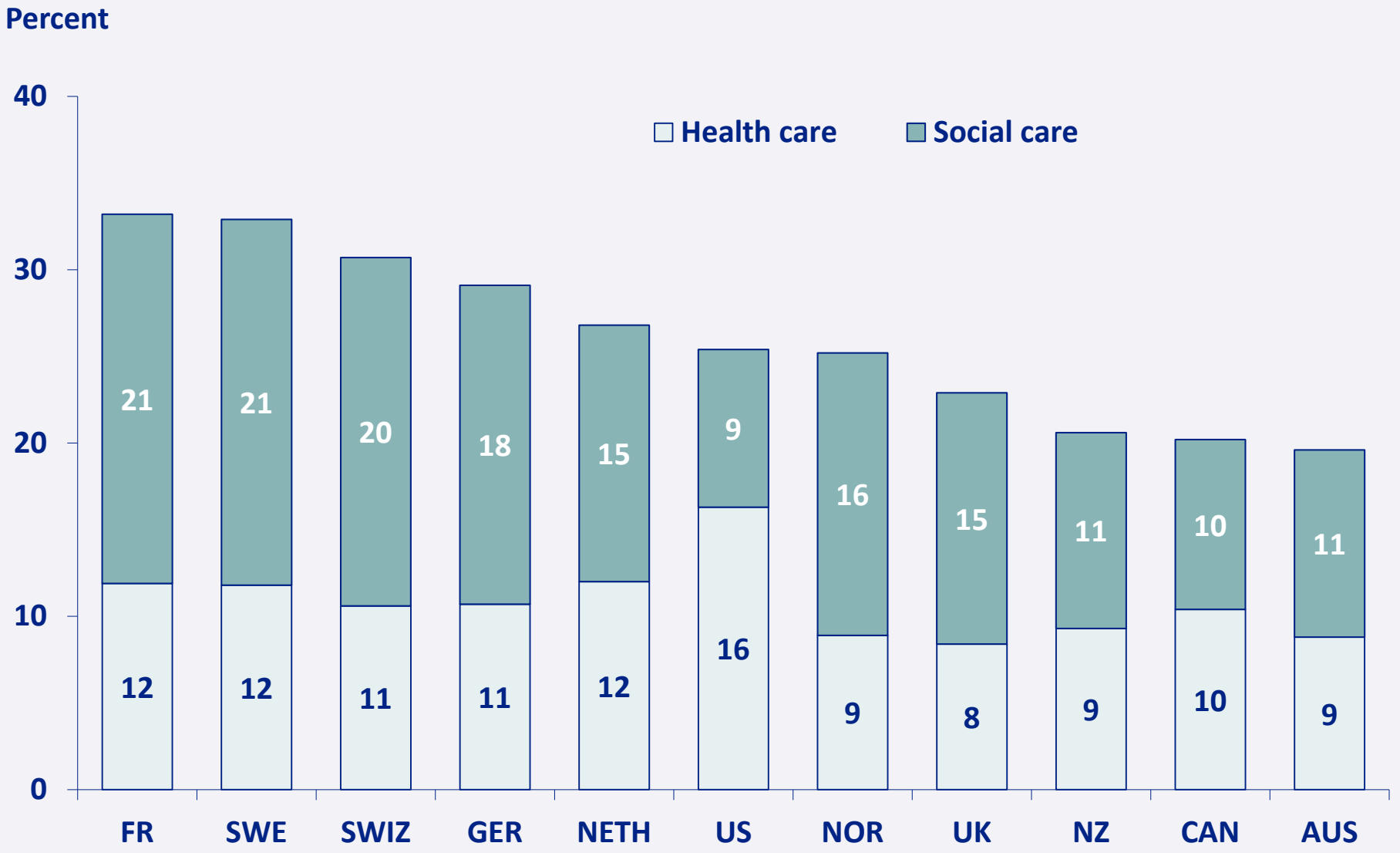
Source: OECD Health Data 2015.

Exhibit 9. Select Population Health Outcomes and Risk Factors

	Life exp. at birth, 2013[a]	Infant mortality, per 1,000 live births, 2013[a]	Percent of pop. age 65+ with two or more chronic conditions, 2014[b]	Obesity rate (BMI>30), 2013[a,c]	Percent of pop. (age 15+) who are daily smokers, 2013[a]	Percent of pop. age 65+
Australia	82.2	3.6	54	28.3[e]	12.8	14.4
Canada	81.5[e]	4.8[e]	56	25.8	14.9	15.2
Denmark	80.4	3.5	—	14.2	17.0	17.8
France	82.3	3.6	43	14.5[d]	24.1[d]	17.7
Germany	80.9	3.3	49	23.6	20.9	21.1
Japan	83.4	2.1	—	3.7	19.3	25.1
Netherlands	81.4	3.8	46	11.8	18.5	16.8
New Zealand	81.4	5.2[e]	37	30.6	15.5	14.2
Norway	81.8	2.4	43	10.0[d]	15.0	15.6
Sweden	82.0	2.7	42	11.7	10.7	19.0
Switzerland	82.9	3.9	44	10.3[d]	20.4[d]	17.3
United Kingdom	81.1	3.8	33	24.9	20.0[d]	17.1
United States	78.8	6.1[e]	68	35.3[d]	13.7	14.1
OECD median	81.2	3.5	—	28.3	18.9	17.0

[a] Source: OECD Health Data 2015.
[b] Includes: hypertension or high blood pressure, heart disease, diabetes, lung problems, mental health problems, cancer, and joint pain/arthritis. Source: Commonwealth Fund International Health Policy Survey of Older Adults, 2014.
[c] DEN, FR, NETH, NOR, SWE, and SWIZ based on self-reported data; all other countries based on measured data.
[d] 2012. [e] 2011.

Exhibit 8. Health and Social Care Spending as a Percentage of GDP



Notes: GDP refers to gross domestic product.

Source: E. H. Bradley and L. A. Taylor, *The American Health Care Paradox: Why Spending More Is Getting Us Less*, Public Affairs, 2013.

Accountable Care Communities

- A coalition of cross-sector stakeholders, including health care providers and community agencies, that addresses health from a community perspective. ACCs integrate health care, public health, and social services to address multiple determinants of health, including social determinants.
- Shared decision making, risk, and reward.
- An ACC encourages aligned congestive heart failure (CHF)or food security for people with insulin dependent diabetes.
- We often think of an ACC as an opportunity to invest in social determinants of health.

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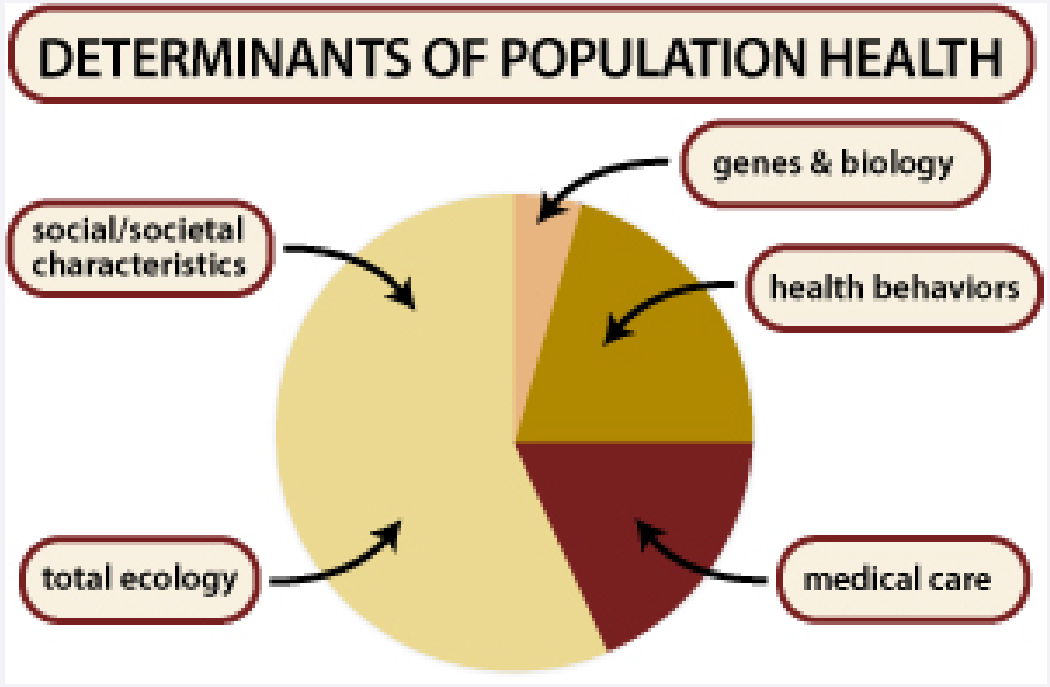
Accountable Care Communities

- ACCs across the country have begun to address:
  - Food security
  - Housing
  - Transportation
  - Employment
  - Education
  - Child Care
  - Caregiving
  - Poverty
  - Health Equity
- What's in a name?

Determinants of Health



Centers for Disease Control and Prevention:
https://www.cdc.gov/nchhstp/socialdeterminants/faq.html

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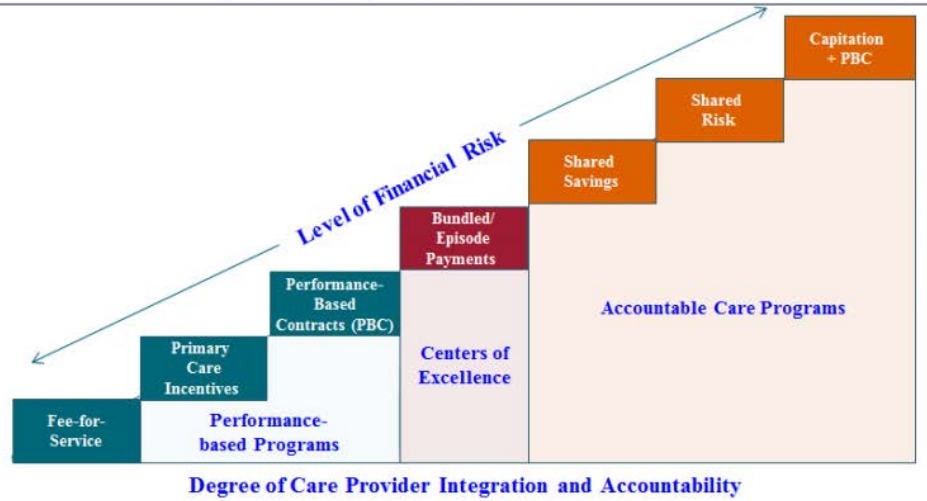
Value-based Payment (VBP) Models



MCO Value Based Payment →

Where does Medicaid Reform fit in?

- 2 million patients will be moving to value-based purchasing in the next 1-4 years. Tipping point?
- Investment in SDOH. Interest in funding across silos in state government.
- Quality metrics will include SDOH.
- Direct investments in SDOH. Community pilots. Program and disease specific interventions.

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For More Information

- Support for this Task Force comes from The Duke Endowment and the Kate B. Reynolds Charitable Trust
- Websites: www.nciom.org

  www.ncmedicaljournal.com
- Key Contacts:
  - Adam Zolotor, MD, DrPH, President & CEO, NCIOM

    919-445-6150 or adam_zolotor@nciom.org
  - Brieanne Lyda-McDonald, MSPH, Project Director

    919-445-6154 or blydamcd@nciom.org

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