

# Task Force on Accountable Care Communities: Charter Updates and Next Steps

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# Charter Updates

## Purpose Statement:

Individuals' health outcomes often have more to do with their **health behaviors** and the conditions in which they live, learn, work, and age **rather** than the medical care they receive. However, traditional health care is not designed to address the behavioral **or social determinants** (e.g., housing, transportation, access to healthy food, **interpersonal violence**, employment, and education,) that significantly impact health outcomes. Accountable Care Communities (ACCs) are an emerging and promising model **to accelerate and sustain work at the community level** for addressing social, behavioral, and economic factors that impact health outcomes and health care cost. ACCs are designed to address health from a global community perspective, pulling multiple cross-sector stakeholders together into a coalition that shares responsibility for addressing the determinants of health.

The NCIOM Task Force on Accountable Care Communities **is designed to support communities in developing ACCs**. It will meet approximately ten times throughout 2018 to:

- 1) Develop evidence-based and actionable recommendations for state and local policies to support the development of accountable care communities; and
- 2) Develop guidelines that will help communities create or expand Accountable Care Communities.

**There are new opportunities to develop ACCs now as the North Carolina Department of Health and Human Services (NC DHHS) is creating a statewide framework to address determinants of health in a cross-system, collaborative manner. The Task Force will consider this statewide framework as we develop recommendations.**



# Charter Updates

## **Accountable Care Communities Definition:**

*A coalition of cross-sector stakeholders, including health care providers and community agencies that work together to improve health in a community. ACCs integrate health care, public health, education, and social services to address multiple determinants of health, including social determinants.*

# Charter Updates

## Scope of Discussion:

To achieve the purposes of the Task Force, we will examine:

- the evidence about determinants of health (e.g., housing, transportation, food, interpersonal violence, employment, & education);
- the NC DHHS statewide strategy, framework, and initiatives for addressing determinants of health;
- existing tools to assess social needs and examples of ACCs;
- effective community health needs assessment, community partnerships, and stakeholder engagement;
- associated funding, return-on-investment models, leadership buy-in, and sustainability factors from multiple perspectives, including health care, public health, and social services;
- core competencies needed for ACCs (including: system structure, governance, workforce, IT infrastructure, and legal issues);
- implementation of ACCs and performance measurement/outcomes-based assessment of ACC performance;
- sub-population specific health needs (rural/urban, youth/aging, racial/ethnic minority groups, LGBT community, criminal justice/juvenile justice); and
- relevant policies and policy levers.



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Guidelines for determining whether a topic of conversation is within the scope of the Task Force include:

- 1) Is the topic of conversation actionable and primarily related to health?
- 2) Is the discussion evidence-based or evidence informed?
- 3) Is there a potential policy solution relevant to state or local policy (rather than federal policy)?

# Charter Updates

## Expectations of Task Force Members:

- Contribute:
  - Attend Task Force meetings and share your expertise
  - Share examples and resources in other forums (e.g., Google doc, e-mails to Project Director and Research Assistant)
  - If you cannot attend a meeting, send someone to represent your perspective when possible.
- Keep conversations constructive **and non-repetitive**.
- Think of these issues as a North Carolinian first and then bring your perspective as a representative of your organization or stakeholders. We all come with conflicts of interest, be transparent about those, and put North Carolinians' health ahead of your organization, group, or **personal** interests.
- Use the lens of health equity to frame our conversations:
  - The American Public Health Association defines health equity as “everyone ha[ving] the opportunity to attain their highest level of health,” and says that “*Inequities* are created when barriers prevent individuals and communities from accessing these conditions and reaching their full potential.”
- Understand that “consensus” may not mean full approval by every member of the Task Force for each recommendation. Think of consensus in these terms, “Even though the decision may not be exactly what I want, I can live with and support it.”



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## Products:

Based on Task Force proceedings, NCIOM staff will produce:

- 1) A technical assistance manual to help communities create or expand ACCs, including sections focused on providers, payers, community organizations, etc.; and
- 2) Recommendations for state and local policies to support ACCs.

# Charter Updates

## Dissemination:

The report will be disseminated to legislators, executive agencies, educators, health systems, hospitals, community health centers, community agencies, community leaders, health professionals, and the public. NCIOM will develop a media dissemination plan as an additional tool to bring partners into the work of implementation.

Additionally, the NCIOM will work with funders and others across the state to identify communities that may be interested in implementing or extending the ACC model in their community, potentially as part of public-private pilots envisioned as one element of statewide framework and activities. The NCIOM will visit these communities to present on the Task Force recommendations and technical assistance guide and facilitate discussion around next steps for those communities. The NCIOM will also work with the DHHS, North Carolina Healthcare Association (formerly, North Carolina Hospital Association), and other stakeholders to identify professional associations, chambers of commerce, or others to present the Task Force findings and recommendations.



# Upcoming Meeting Dates

- April 6
- April 30
- May 31
- June 29
- August 2
- August 23
- September 27
- October 18

# Next Meeting – April 6

Topics include:

- Community Health (Needs) Assessments
- Stakeholder and Community Partner Engagement
- Effective Community Partnerships
- Shared Governance

Agenda nearly final and will be posted to website soon



# Meeting April 30

- Topic: Elements needed for successful Accountable Care Communities, to possibly include:
  - system structure
  - workforce
  - IT infrastructure
  - legal issues
- Articles, resources, and ideas for speakers always welcome



# For More Information

Website: [www.nciom.org](http://www.nciom.org)

## Key Contacts:

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