



Task Force on Accountable Care Communities

TASK FORCE ON ACCOUNTABLE CARE COMMUNITIES

MEETING SUMMARY

August 23, 2018

10:00 am – 3:00 pm

North Carolina Institute of Medicine

630 Davis Drive

Morrisville, NC 27560

Attendees:

- *Steering Committee:* Jason Baisden, Chris Collins, Shelisa Howard-Martinez, Allison Owen, Jeff Spade
- *Task Force Members:* Donna Albertone, Paula Swepson Avery, Blair Barton-Percival, Tristan Bruner, Heidi Carter, Howard Eisenson, Bob Feikema, Shauna Guthrie, Mark Gwynne, Robby Hall, Lisa Macon Harrison, Nicole Johnson, Dee Jones, Jai Kumar, Ann Meletzke, Abbey Piner, Brendan Riley, Linda Shaw, Pam Silberman, Tish Singletary, Anne Thomas, Betsey Tilson, Sheree Vodicka, Mary Warren; *Via phone:* Giselle Corbie-Smith, Sharon Nelson, Kim Schwartz

Introductions:

Adam Zolotor opened the meeting and asked Task Force members to introduce themselves. Steering committee members, Task Force members, staff, and guests introduced themselves, including their position and the organization they represent. Adam Zolotor provided a brief overview of the agenda and the goals for the meeting before introducing the first speaker.

NC Standardized Screener

Betsey Tilson, State Health Director & Chief Medical Officer, North Carolina Department of Health and Human Services

Dr. Tilson began her presentation by explaining the new terminology the NC DHHS is using instead of “social determinants of health” (SDOH). Wording may continue to change, but they are referring to “resources for healthy opportunities.” North Carolina is on the cutting edge with the work being done to address SDOH, including the standardized screening tool and state resource platform. This work is not only for Medicaid beneficiaries, it is intended to address SDOH needs for all North Carolinians. The work will focus on 5 domains: food, transportation, interpersonal violence, housing, and employment. NC DHHS will be building a Health Opportunities website to house information on all of their initiatives.



Task Force on Accountable Care Communities

The standardized screening tool is building on tools that are currently in use, drawing from validated items. The format is streamlined to use yes or no questions, with the “Yes” response indicating that an individual has a need or concern in a particular area. The intention is for the screening tool to be generalizable across all populations and settings. The screener will be pilot tested in 21 clinical sites in the fall. It will be available in English and Spanish during this period, but will eventually be translated into other common languages. The tool will be mandated for Medicaid pre-paid health plans to use during the care management process, however NC DHHS will encourage other providers, payers, and community-based organizations to incorporate it into their work.

Questions/Discussion:

Question: Incorporation into State Employee Health Plan?

Answer: This is on our radar, and the intention is to align.

Question: Why are you moving away from using the term social determinants of health?

Answer: The term as a whole is not being understood. The word social has certain connotations for different populations. The term determinants is too concrete, and we think drivers is better. There is a great Robert Wood Johnson Foundation paper on this topic:

<https://societyforhealthpsychology.org/wp-content/uploads/2016/08/rwjf63023.pdf>

Question: How often will the Medicaid prepaid health plans be doing the assessment?

Answer: The assessment will be completed upon entry into care management and also with ongoing care management.

Question: What is the plan to help patients understand how their information is being used?

Answer: Addressed later in discussion of the resource platform.

Tilson presentation [here](#).

NC Resource Platform

Betsey Tilson, State Health Director & Chief Medical Officer, North Carolina Department of Health and Human Services; Laura Zink Marx, President & CEO, United Way of North Carolina; Taylor Justice, Co-Founder & President, Unite Us; Heather Black, NC 2-1-1 Statewide Strategy Director, United Way of North Carolina; Andrew Benson, Founder, Expound Decision Systems

Dr. Tilson gave a brief introduction to the purpose of the state resource platform, which is intended to be a shared public utility. It will be open to all communities and across all payers. The concept is to knit together health and community services in a “no wrong door” context. Community-based organizations (CBOs) will be recruited to join the platform so that their services can be viewed and referrals can be made by other CBOs, health care providers, or payers. CBOs can even use the platform for their own internal client tracking purposes. Heavy technical assistance will be available for the on-boarding process. The public-facing website and call center will allow access for people that are not affiliated with a CBO.



Task Force on Accountable Care Communities

The platform will be developed as part of a private-public partnership with The Foundation for Health Leadership and Innovation as fiscal agent, providing oversight for the vendors, reviewing outcomes, and handling communications; and NCCARE360, a joint-venture of United Way, 211, Unite Us, Expound, and Benefits Data Trust, who will develop the technology and user base.

The data repository will be built out through the current 211 system. The challenge of aggregating data from diversified sources into a uniform system will be solved by extracting data from CBOs, transforming it into Human Services Data Specification to load into a single platform using Application Programming Interface (API).

The Unite Us platform provides a curated resource directory on a user-friendly website. Resources will be cultivated through local directories and local experts in each community. Referrals will require patient consent, either through telephone, on screen, or a smart phone app. Legal agreements will be used to make sure referrals receive a response in a certain period of time. Once a client is brought into a particular CBO, a case will be created that contains all of their important information, including eligibility. CBO services will be tagged as free or fee-based. Patient IDs from EPIC, CERNER, or other systems can be mapped into the platform system to allow for streamlined use by all parties.

NC 211 will maintain the call center and increase their team of data coordinators to help curate, review, and update information about CBOs. They plan to add text and/or chat capabilities to their call center. 211 navigators will be added to assist higher-need callers.

Questions/Discussion:

Question: What is the process once an individual requests assistance or a referral is made?

Answer: CBO is "pinged" to provide a resource and the CBO will reach out to the individual and take responsibility for the contact.

Question: How do you build trust with clients, beyond the consent process, when people have legitimate concerns with sharing information that they believe could be used against them (e.g., immigration status, food insecurity and concern with being report to Child Protective Services)

Answer: How a provider or CBO explains the platform will be very important. Unite Us will include community members in advisory committees.

Question: When will the system go live?

Answer: The system build is a process. First, the statewide repository has to be built, so that data needs to be curated. We will pilot in communities that are open to trial and error. We have been in contact with some of those communities. Will be starting this process right away.

Question: Will the communities that will be involved in the Medicaid pilots be prioritized for rolling this out?

Answer: The pilots have not yet been approved by CMS



Task Force on Accountable Care Communities

Question: Will an option for payment be available?

Answer: That is not a focus right now.

Question: Will individuals need to submit separate eligibility information to each CBO?

Answer: In theory, the eligibility information can be securely housed in the system, which may help prevent duplicative efforts.

Question: Will EPIC users be able to access the system through EPIC?

Answer: Yes

Tilson presentation [here](#).

NCCARE360 presentation [here](#).

Activity: What are Core Features of an ACC?

The meeting attendees participated in an activity to gather the group's perceptions of the most important factors that define an Accountable Care Community.

Next Steps After Report Publication/Dissemination

Adam Zolotor, President & CEO, NCIOM

Dr. Zolotor discussed the current plans for dissemination of reports and the community guide that will be produced from the Task Force. The group discussed how to have effective community meetings to spread the word about this work. Task Force members began to volunteer to be part of the process to develop those plans or to present to communities themselves.

Development of Recommendations Based on August 2 Meeting Presentations

Facilitators: Chloe Donohoe, Brianne Lyda-McDonald, Berkeley Yorkery, Adam Zolotor

Meeting attendees participated in small group discussions of topics from the August 2 Task Force meeting to develop possible recommendations. Topics included Results Based Accountability, health equity, considerations for rural areas, and considerations for populations that are aging and/or have disabilities.

Development and Discussion of Recommendations

Facilitators: Brianne Lyda-McDonald, Berkeley Yorkery

All meeting attendees reviewed and discussed previously-developed recommendations and provided comments and edits.



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Wrap-Up and Next Steps

Brienne Lyda-McDonald, Project Director, NCIOM

Ms. Lyda-McDonald gave a brief presentation on the upcoming meeting dates and topics we will cover.

Lyda-McDonald presentation [here](#).