



Task Force on Accountable Care Communities

TASK FORCE ON ACCOUNTABLE CARE COMMUNITIES

MEETING SUMMARY

September 27, 2018

10:00 am – 3:00 pm

North Carolina Institute of Medicine

630 Davis Drive

Morrisville, NC 27560

Attendees:

- *Steering Committee:* Jason Baisden, Melanie Phelps, Jeff Spade
- *Task Force Members:* Paula Swepson Avery, Tristan Bruner, Brett Byerly, Debbie Collins, Kathy Colville, Howard Eisenson, Bob Feikema, Shauna Guthrie, Dee Jones, Jai Kumar, Nicolle Miller, Kevin Moore, Barbara Morales Burke, Sharon Nelson, Hannah Randall, Maggie Sauer, Kim Schwartz, Pam Silberman, Tish Singletary; *Via phone:* Ruth Krystopolski, Anne Thomas

Introductions:

Task Force member Kim Schwartz 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.

Considerations for Human Services Organizations in ACC Development

Bob Feikema, CEO, Family Services, Forsyth County

Mr. Feikema, a Task Force member, began his presentation with a brief history of Family Services of Forsyth County, which is a multi-service agency, and introduced the report “A National Imperative: Joining Forces to Strengthen Human Services in America” commissioned by the Alliance for Strong Families and Communities and the American Public Health Services Association. The history of medicine and human services has been one of divergence, with human services receiving a fraction of the funding and organization that the health care industry has. The National Imperative report looks at the severely stressed human services industry to identify issues to be addressed and makes recommendations. Collaboration with the health care system has been hindered by roadblocks faced by human services organizations, including: mistrust and inconsistent beliefs, organizational silos, challenges delivering outcomes, financial stress, constraints imposed by government contracts and private philanthropy, capacity limitations, and innovation stagnation. A lack of investment in organizational capacity has



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limited the ability of human services to invest in core mission support and their effectiveness in delivering direct services. Mr. Feikema developed several recommendations for the Task Force's consideration based on the results of the National Imperative report. Task Force members spent 30 minutes reviewing and discussing these recommendations, as well as others to be included in the final report from the Task Force.

Questions/Discussion:

Question: Can you explain the concept of shared utilities in context of Accountable Care Communities?

Answer: One example would be the hiring of evaluators and asking funders to put money into the utility model.

Question: The State Resource Center would provide a utility, but what happens when the CBOs are overloaded?

Answer: Need to look at the strength of our human service sector to handle the new expectations. There has to be a way of measuring the benefit as a contractor for services

Question: Could we help with defragmentation of CBOs by standardizing the back-end operations?

Answer: Possibly. Minnesota as an example: one office in the Twin cities to handle the back-end operations for all CBOs. May face culture issues – identity and passion of individual CBOs.

Feikema presentation [here](#).

Role of LME/MCOs and Behavioral Health in ACCs

Rhett Melton, CEO, Partners Behavioral Health; Ann Oshel, Senior VP, Community Relations, Alliance Behavioral Healthcare; Anthony Carraway, Medical Director/Chief Clinical Officer, Sandhills Center

Mr. Melton described the work of Partners Behavioral Health in the Cleveland County Partnership for Community Prosperity. The partnership has grown from the community leadership group's vision. The values of this partnership include a collective approach, including the community as a full partner, development of trust, and incorporating trauma-informed approaches. The partnership includes a Steering Committee, Community Advisory Committee, Community Work Group, and a Community Quarterback, which is a full-time employee position to work with the partners.

Ms. Oshel described how Alliance Behavioral Healthcare is addressing homelessness and housing through financial assistance and bridge housing. Alliance uses a master leasing system so that patients cannot be turned away due to any mental or behavioral health issue. Their Health and Housing Program has partnered with Duke to provide housing to 13 chronically homeless individuals. Lessons learned from this work is that it is very challenging. They are also working on transportation issues for their clients, which Ms. Oshel says is another challenging issue to address.

Dr. Carraway described how the entire Sandhills Center provider network has adopted the integrate care provider model. They have also taken a team-based care approach with all patients. This work was



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over a 5-year process. Working with Relias to provide technical assistance in this work has been instrumental to their success.

Questions/Discussion:

Question: How have you been able to bring the housing authority to the table?

Answer: You have to become relevant and build on the culture within housing authorities to trust the Managed Care Organization.

Question: What made the Cleveland community project successful?

Answer: The community was ready for the partnership.

Question: What has it been like working with Duke?

Answer: Over time, Duke has become accountable and is investing in the work. They give prescriptions for housing.

Melton presentation [here](#).

Oshel presentation.

Carraway presentation.

Discussion of Draft Community Guide

All meeting attendees discussed the format and content of the Draft Community Guide to provide feedback for edits.

Discussion and Prioritization of Recommendations

Facilitators: Brieanne Lyda-McDonald, Berkeley Yorkery

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

Wrap-Up and Next Steps

Brieanne 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](#).