

Work of Accountable Care Communities

In an ACC, multiple cross-sector stakeholders join to address health from a community perspective by forming a coalition that shares responsibility for addressing the drivers of health for a defined population within value-based care models. These stakeholders include, but are not limited to: community members, local health authorities, health care providers, insurance companies, employers, human services organizations, philanthropies, and representatives from sectors in the community that may have a role to play in affecting health and well-being needs [e.g., education, housing agencies, food pantries, legal aid, faith communities, social justice organizations, organizations with youth and family-based missions, law enforcement and corrections, parks and recreation, Area Agencies on Aging, advocacy organizations, domestic violence shelters, and homeless shelters].

To accomplish their goals, ACCs typically have the following core features:

- 1. Assessment of Community Health:** *analysis of community health issues to determine ACC priorities (i.e., what health issues and health-related social needs are most urgent in the community; which populations are at most risk and need).*
- 2. Education and Advocacy:** *a plan and mechanism to advance community health and health equity by advocating for local policies and communicating with local government agencies about the health effects of policy across sectors.*
- 3. Screening Tool:** *a questionnaire (ideally shared across members of the ACC) to screen people for needs within the drivers of health domains.*
- 4. Referral Process:** *protocols to recommend clients to other providers/organizations that can help meet their needs when their screening results indicate they could benefit from additional resources.*
- 5. Navigation Services:** *assistance for clients who have trouble accessing community services.*
- 6. Tracking System:** *a system with the ability to capture information about whether individuals referred to services receive them and what services are received.*
- 7. Outcomes Data and Analysis:** *data at the individual or population level tracking health outcomes (e.g., number of hospital visits; school days missed); analysis of the data captured (screening questions, tracking system, outcomes data) to determine where investments in one area create positive outcomes and/or reduce cost while maintaining or increasing value (identify the return on investment of various services provided).*

- 8. Financing:** *analysis of return on investment can be used to develop financial models to support service delivery of both clinical and non-clinical services.*
- 9. Governance:** *collaborative organizations in an ACC should have a shared governance structure that affords shared decision-making, shared risk, and shared reward. In advanced ACC models, a backbone organization serves as a convener that makes driving multi-sector collaboration its main priority by overseeing the day-to-day operations of the ACC, including planning, implementation, and improvement efforts. Characteristics of an ideal backbone organization include a strong connection to community stakeholders, data and financial management capacity, ability to guide strategy and vision, and support of aligned activities.*

For more detailed information on these core features and resources for ACC development, please refer to *Partnering to Improve Health: A Guide to Starting an Accountable Care Community* (www.nciom.org/nc-health-data/guide-to-accountable-care-communities). It can be challenging to develop partnerships across various interests, come to consensus on community needs, and agree on a path forward. It may be helpful for communities to engage expert facilitators to facilitate these developmental discussions. In North Carolina, experienced facilitators can be found across the state, including Healthy Places by Design, the North Carolina Center for Health & Wellness, Resourceful Communities, and Rural Forward North Carolina, an initiative of the Foundation for Health Leadership & Innovation.

ACC Policy Advocacy: Health in All Policies

While much of the work of the Task Force was focused on how ACCs can implement effective individual-level interventions to address health-related social needs in their communities, ACCs should also take a public policy approach to address the causes of those needs. ACCs can work to integrate health and well-being into all areas of policymaking at the local and regional level by including representatives from local and tribal government sectors outside of health care, such as transportation, housing, and law enforcement. To encourage the consideration of how health is impacted by policies across sectors, the Task Force recommends:

RECOMMENDATION 2.1: PROMOTE HEALTH AND WELL-BEING IN ALL POLICIES

a) State and local health promotion, advocacy, systems change, and policy-oriented organizations, such as the North Carolina Healthcare Association, North Carolina Medical Society and other health professional associations, North Carolina Community Health Center Association, Care Share Health Alliance, the Foundation for Health Leadership & Innovation (including their Jim Bernstein Community Health Leadership Fellowship, Health ENC, NC Rural Health Leadership Alliance, and Rural Forward NC

initiatives), and the North Carolina Center for Health and Wellness should support:

- i) Strategies to encourage local health officials to engage in community development and planning in a diversity of sectors (e.g., transportation, housing, infrastructure) in order to integrate a health and well-being perspective in all areas of local policy development.
 - ii) The capacity of local government, in conjunction with local health departments, to use tools to evaluate the integration of health and well-being into all aspects of local policy development and/or readiness for Accountable Care Community development.
- b)** The University of North Carolina School of Government, in partnership with experts in health, health infrastructure of communities, health-related social needs, and health equity should:
- i) Incorporate training on the concepts of health and well-being in all policies, health equity, and the purpose and role of Accountable Care Communities into their training programs.
 - ii) Develop an inventory of examples of community government or agency policies outside the area of health care that were developed with an intentional focus, study, or discussion of how such policies would influence the health of the community.

ACCs Advancing Health Equity

As ACCs advocate for the consideration of health in all community policies, they should also consider and promote awareness for how policies affect health equity for all community members. One tool to evaluate the health equity of policies and programs is the Health Equity Impact Assessment, developed by NC Child, the Division of Public Health Women’s Health Branch, and the Office of Minority Health and Health Disparities. The assessment “provides a structured process to guide the development, implementation and evaluation of policies and programs in order to promote health equity and ultimately reduce disparities.”³¹ The Health Equity Impact Assessment process should include: experts who understand the research, policy, and practice behind the issue(s) to be assessed; people working on the ground to carry out the day-to-day work of a policy or program; consumers impacted by the policy or program; people who represent groups heavily impacted by the policy or program; people with influence to create change in the policy or program; community leaders; and professional advocates for the group or community impacted. Steps of the assessment include:

- *Describing the problem that a policy or program intends to address, intended groups it will serve, and outcomes it should achieve;*
- *Compiling and analyzing data on a problem across key demographic categories;*
- *Evaluating root causes or factors that may explain inequities in outcomes and which root causes the policy or program addresses;*
- *Determining impacts and unintended consequences of a policy or program;*

- *Identifying changes to promote health equity in a program or policy; and*
- *Monitoring impacts of changes made to a program or policy.*³²

As of this writing, the North Carolina Health Equity Impact Assessment is being tested with the North Carolina Department of Public Health’s Sickle Cell Request for Applications process and with the five lead health departments in the Improving Community Outcomes for Maternal and Child Health Initiative.³¹ Similar tools have been used around the country, including in the cities of Madison, Wisconsin and Seattle, Washington, as well as the Washington State Department of Health, to evaluate funding processes and hiring practices, among other purposes. As ACCs consider the health equity effects of their work and activities, they also can encourage local government agencies to complete assessments of their programs. Because of the importance of considering how policies and programs affect all people in a community, the Task Force recommends:

RECOMMENDATION 2.2: EVALUATE HEALTH EQUITY EFFECTS OF ACCOUNTABLE CARE COMMUNITIES AND COUNTY-BASED PROGRAMS AND ACTIVITIES

- a)** The North Carolina Office of Minority Health and Health Disparities should continue work to validate the Health Equity Impact Assessment for use in non-health sectors and publicize its use for a wide range of stakeholders.
- b)** Local Accountable Care Community models should evaluate the effects of Accountable Care Community-related programs and activities on the health equity of the community they serve.
- c)** County departments in all sectors (e.g., health, housing, transportation, etc.) should evaluate the health equity of programs and include community members and human services organizations in the process of completing the assessment.

Facilitating Collaboration

In order to address health and well-being in all sectors of policy and to achieve health equity, siloes of local systems and government must be connected. Collaboration across sectors is difficult in systems that have traditionally been siloed (e.g., health care, housing, transportation, education). Additionally, many of those who could be involved in ACCs are recipients of funding that comes through state agencies. These entities may not have a history of partnering or combining funding, however they are all stakeholders in the budgetary effects of health and health-related social needs. Often when different agencies try to work together, they are stymied by a lack of common methods, language, and outcomes, as well as strict financial restraints on how they can use funding. There is a need for leadership to develop an expectation that agencies work together.

Another factor essential to effective collaboration across sectors is common language or terminology when discussing problems, goals, methods, and outcomes. For example, in the education sector, differences in outcomes are labeled the “achievement gap,” while in public health they are referred to as “health disparities.” Professionals across sectors may have different understandings of terms like “result,” “indicator,” and “performance measure.”³³ Sharing common terms and definitions is essential to communication among partners to make a clear path for progress toward achieving goals.

With these considerations for building effective collaboration across sectors, the Task Force recommends:

RECOMMENDATION 2.3: PROVIDE GUIDANCE ON CROSS-AGENCY COLLABORATION TO ADDRESS DRIVERS OF HEALTH

a) Agency leaders and representatives from the North Carolina Departments of Health and Human Services, Commerce, Public Safety, Public Instruction, and Transportation, Hometown Strong, legislative leaders, and community representatives should convene to address barriers to collaboration at the state and local level. This leadership group should develop:

- i)** A vision, guidelines, and funding recommendations for how various state and local agencies could work together to address drivers of health and health equity in order to improve community health and well-being and enhance workforce development and economic prosperity.
- ii)** Templates of contracts with local agencies that reflect the priority of working across various community-based social service agencies that address health-related social needs and health equity.

b) Accountable Care Community partnerships should work to develop common language, common definition of terms, and common metrics to promote effective collaboration across sectors.

At the local level, leadership to develop an ACC model can come from a variety of sources, from community groups to health care systems. With the importance of involving stakeholders from local government, public health, health care systems, and the community, local health departments play a vital role in bringing these interests together, and in some cases may be the natural leader for ACC development. Additionally, local health departments are required to complete a Community Health Assessment every four years “to identify factors that affect the health of a population and determine the availability of resources within the county to adequately address these factors.”³⁴ This effort already involves collaboration of many of the stakeholders that should be partners in an ACC. Results help a community understand its strengths, health concerns, emerging health issues, and resources that are needed to address those concerns, all of which can be used to inform ACC efforts.³⁴ Once the Community Health Assessment is completed, a Community Health Action Plan is developed to address health issues that are community priorities. Because of the important role local health departments already play in

convening stakeholders for the Community Health Assessment process and the role they can potentially play in building an ACC model, the Task Force recommends:

RECOMMENDATION 2.4: SUPPORT LOCAL HEALTH DEPARTMENTS TO BE LEADERS IN ACCOUNTABLE CARE COMMUNITIES

a) The Division of Public Health, in partnership with the North Carolina Association of Local Health Directors and the North Carolina Institute for Public Health, should:

- i)** Train state, regional, and local public health leadership/staff on how to lead multi-sector partnerships and strategies to address drivers of health and health equity.
- ii)** Require local health departments to participate in community coalitions working to address drivers of health and health equity
- iii)** Encourage local health departments to, as needed, convene and facilitate community coalitions working to address drivers of health and health equity.
- iv)** Require local health departments, in collaboration with hospitals and health care systems serving the community, to include at least one driver of health priority in their Community Health Action Plan.

b) Local health departments should help to align the work of Accountable Care Communities with the community and county engagement strategies of Medicaid Prepaid Health Plans and other payers in their communities in order to save the time and resources of human services organizations and other community groups that partner in this process.

c) Philanthropies should provide funding support to local health departments that take on convening and facilitation roles as Accountable Care Communities are developing.

Hospital and Health Care System Role in ACCs and Population Health

Like many of the stakeholders important to an ACC, local hospitals and health care systems are traditionally siloed in cross-sector partnerships. Despite this arrangement, they can play a significant role as partners in ACCs by contributing their expertise in health care, financial and property resources, and influence on population health of the community. Non-profit hospitals can play a role in providing important community health data to a partnership. In order to retain their tax-exempt status, non-profit hospitals are required to complete a Community Health Needs Assessment every three years and provide charitable community benefits. Similar to the Community Health Assessment completed by local health departments, the Community Health Needs Assessment can be used by an ACC to understand community needs and inform its work.

To retain non-profit status, hospitals are required by the Internal Revenue Service to provide and report community benefits, which can include charity and subsidized care, participation in programs like Medicaid, health professions education, health services research, activities to improve community health, cash or in-kind donations to community

groups, and community building activities (e.g., investments in housing).³⁵ North Carolina state law requires reporting of community benefits as a condition of tax-free bond financing.³⁶ Community benefits are most commonly allocated to charity or other patient care, with one study of tax-exempt private hospitals finding 85.0 percent of community benefit expenditures going to these categories.³⁷ Of the remainder, 5.3 percent went to community health improvement and 2.7 percent to cash or in-kind contributions to community groups. ACCs could benefit from a broader allocation of community benefit dollars to these areas of funding that could support the development of ACC activities and/or the services provided to meet health-related social needs of individuals in the community. There are no reporting requirements for how community benefit dollars impact the health of the community. To assist communities in understanding the community benefits provided by hospitals and health care systems and to guide hospitals and health care systems toward identifying health-related social needs of the community, the Task Force recommends:

**RECOMMENDATION 2.5:
REPORT RESULTS OF HOSPITAL AND HEALTH CARE SYSTEM
COMMUNITY BENEFITS**

The North Carolina Hospital Foundation^f should collect information on the population health effects of the community benefit activities of non-profit hospitals and health care systems.

Standardizing Regions in North Carolina

One reason sectors have become siloed within the state and working together can be a challenge is that there are inconsistent regional areas for various state programs. For example, counties are grouped into 10 regions for local health departments, nine regions for Area Health Education Centers, and four service regions for Local Management Entity – Managed Care Organizations. Additionally, the state is transforming Medicaid to managed care (described in Chapter 3), and state law requires the designation of six Medicaid regions in North Carolina. For these reasons, the Task Force recommends:

**RECOMMENDATION 2.6:
ALIGN POLICIES FOR STATE DHHS REGIONS AND UNDERSTAND
IMPLICATIONS OF REGIONALIZED PROGRAMS ON ACC PARTNER
PARTICIPATION**

- a)** The North Carolina Department of Health and Human Services should review existing Department of Health and Human Services-supported regionalized programs and services and develop a plan to help mitigate the influence of the various regions on the investment decisions of Prepaid Health Plans and philanthropies.
- b)** Local community coalitions seeking to develop an Accountable Care Community should be aware of and understand the regional implications and competing regional concerns of Accountable Care Community partners whose work crosses boundaries of more than one Accountable Care Community.

**TO TAKE EFFECTIVE ACTION TO IMPROVE
COMMUNITY HEALTH, ACC PARTNERS
MUST UNDERSTAND THE NEEDS OF THE
COMMUNITY.**

**STRUCTURED DECISION-MAKING AND
ACTION PLAN DEVELOPMENT FOR ACCS**

To take effective action to improve community health, ACC partners must understand the needs of the community. A comprehensive assessment of community health and well-being will not only provide an overall picture of health in the community, it also will uncover the specific challenges among certain portions of the population. This evaluation can lead to more effective interventions, directed funding, and advocacy for policy change. Once the work of an ACC begins, evaluation of process, outcomes, and return on investment is critical for process improvement, re-investment, and strategic planning. Outcome evaluations within an ACC model that show positive improvements in health and return on investment can play a vital role in developing a sustainable funding strategy.

**Understanding Community Health Status:
Implementing and Aligning Community Health
Assessments**

Useful tools for understanding the health needs of a community include the Community Health Assessment (described earlier in this chapter), completed by local health departments, and the Community Health Needs Assessment, completed by nonprofit hospitals. These assessments have become more collaborative over time, and many counties are creating a single assessment cycle for both assessments, with hospitals and health departments building multi-sector teams of representatives from human services organizations and other entities to increase the assessments' reach into communities. In North Carolina, there are currently two networks coordinating their Community Health Assessment and Community Health Needs Assessment processes: WNC Health Network, a network of hospitals, public health agencies, and regional partners across 16 counties in the western part of the state³⁸ and Health ENC, an initiative of the Foundation for Health Leadership & Innovation and collaboration of health departments and hospitals across 33 counties in the eastern part of the state³⁹. These partnerships encourage direct cooperation and coordination between health care systems and local health departments.

With public health and hospital leaders as partners of an ACC, the local Community Health Assessment/Community Health Needs Assessment may naturally serve as the health assessment for an ACC initiative. In this case, an ACC can leverage the existing infrastructure for data collection and analysis and can add new depth to both quantitative and

^f The North Carolina Hospital Foundation is the non-profit affiliate of the North Carolina Healthcare Association.

qualitative data by bringing new sectors and community partners into the assessment efforts. If the ACC is organizing between assessment cycles or if the ACC is focusing on a different geographic area, the existing Community Health Assessment and Community Health Action Plan can still be a key source of data for the ACC. Improvement strategies of the health departments or hospitals should be important considerations for any priorities that may emerge for an ACC.

As ACCs use the local Community Health Assessment to inform their work, they should evaluate how well health-related social needs have been integrated into the assessment and Community Health Action Plan. **RECOMMENDATION 2.4** calls on the NC Division of Public Health to require local health departments to collect health-related social needs data and to include at least one health-related social need as a priority in their Community Health Assessment. A study of the health priorities in Community Health Assessments between 2010 and 2015 found that only 17 of North Carolina's 100 counties prioritized a health-related social need.⁴⁰ ACCs can both encourage the collection of this information for the Community Health Assessment process and find information from other sources to inform the development of ACC work.

Moving from Assessment to Action

For an ACC, once the work of assessing the health and needs of a community is complete, the more challenging task of collective decision-making on priorities and interventions begins. Improving health outcomes and, thus, reducing health care spending in the community is a goal that many organizations can support. However, agreement about the more specific details of how to work together towards this common goal can be challenging. ACCs can be assisted in this process by using a structured format for decision-making, such as Results Based Accountability™. Currently in use throughout the country, including multiple community collaboration efforts in North Carolina, such as WNC Health Network, Results Based Accountability™ uses a structured approach by starting with the outcomes a community wants to achieve and working backward to understand the best methods to achieve those goals.

Collaborative Learning and Sharing

Communities around the state will develop ACCs in different ways and gather important lessons learned along the way. Bringing communities together to share these lessons and learn from each other can be a helpful way to disseminate knowledge and develop a sense of camaraderie. Learning collaboratives provide a mechanism for this sharing. Learning collaboratives are groups of peers that meet virtually and/or in person and participate in peer-to-peer and/or expert-to-peer discussions about a topic.⁴¹ These collaboratives could be used to provide education related to topics important to ACC development, and to create opportunities for community leaders to share examples of work they have done and ask questions about what others have experienced.

To help ACCs with the work of developing a shared vision and prioritizing health outcomes, as well as other challenges described in this chapter, the

COMMUNITIES AROUND THE STATE WILL DEVELOP ACCS IN DIFFERENT WAYS

Task Force recommends:

RECOMMENDATION 2.7: PROVIDE TECHNICAL ASSISTANCE TO ACCOUNTABLE CARE COMMUNITIES

a) The North Carolina Center for Health and Wellness, North Carolina Healthcare Association, the Foundation for Health Leadership & Innovation (including their Health ENC and Rural Forward NC initiatives), North Carolina Area Health Education Centers, WNC Health Network, state universities and community colleges, the North Carolina Division of Public Health, the North Carolina Medical Society and other health professional associations, state and local Chambers of Commerce, and state and local Councils of Government should:

- i)** Host or support training on a structured format for decision-making (e.g., Results Based Accountability™ or similar models), for organizations and local government agencies interested in using these methods in their Accountable Care Community development process, or
- ii)** Facilitate conversations with Accountable Care Community partner organizations around alignment of goals and sustainability of work.

b) The North Carolina Medical Society and the North Carolina Healthcare Association, with representation from the Foundation for Health Leadership & Innovation (including their NC Rural Health Leadership Alliance initiative), Care Share Health Alliance, North Carolina Area Health Education Centers, and other partners, should convene learning collaboratives for health care systems, communities, businesses, payers (including private insurers, Medicaid, and Prepaid Health Plans), and providers to support the development and implementation of Accountable Care Communities. These learning collaboratives should include discussions of evidence-based interventions and continuous quality improvement, as well as topics such as:

- i)** Coalition development,
- ii)** Shared goal setting,
- iii)** Backbone organization/team support,
- iv)** Health equity,
- v)** Methods for implementation, data sharing, outcomes/evaluation,
- vi)** Legal considerations, technology needs, financing, organizational/administrative needs, and
- vii)** Developing and financing sustainable payment models.