

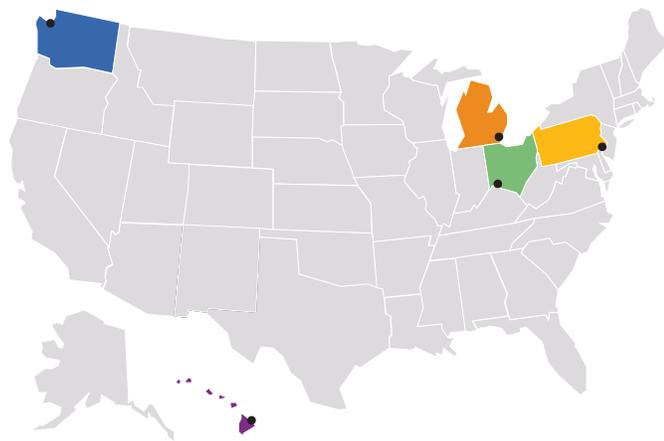
## Striving Toward a Culture of Health: How Do Non-Medical Needs Factor into Alternative Payment Models?

# Topic Profile: Alignment Across Sectors – Multi-sector Care Delivery

AcademyHealth and the Network for Regional Healthcare Improvement hosted a two-day workshop, “Striving Toward a Culture of Health: How Do Non-Medical Needs Factor into Alternative Payment Models?”, which convened five multi-sector teams, comprised of health care sector and non-health care sector partners, and led by regional health improvement collaboratives. The workshop provided information from content experts and fostered shared learning across communities to inform next steps in their own specific community-based collaborative projects. The workshop focused on four key topic areas and the related barriers that potentially influence the conditions and collaborations necessary to support non-clinical community-wide population health services.

This profile highlights one of these topic areas, the issue of multi-sector care delivery, along with barriers and lessons learned from the workshop. The session highlighted lessons learned in the last decade about transforming care delivery, particularly in primary care, and

spurred discussion on how that care delivery model could be expanded and supported to integrate non-clinical community services into those clinically-focused models.



- Community First, Hilo, Hawaii
- Greater Detroit Area Health Council, Detroit, MI
- Health Care Improvement Foundation, Philadelphia, PA
- The Health Collaborative, Cincinnati, OH
- Washington Health Alliance, Seattle, WA

### Emerging Issues

Workshop participants discussed many issues that should be considered by multi-sector collaborative partners when addressing multi-sector clinical and non-clinical care delivery integration. Establishing mutual understanding of how care is currently delivered among partners in a community – as well as who the key providers are – was integral to the conversation. In particular, meeting participants identified a fundamental need to understand the following:

- Who are the key providers of clinical services and social services in the community?
- How are health care and social services currently delivered among the partners/community?
- What key clinical and non-clinical care delivery interventions do the collaborative partners want to undertake?
- How can social services be integrated and coordinated with clinical services?

- What are the desired shared outcomes/goals from these multi-sector interventions?
- How can the quality and capacity of the social services sector be ensured?
- Can health care providers and social services organizations share financial risk for performance?

### Key Barriers Identified

- Accountability
  - Collaborative partners must agree on who can be held accountable and financially at-risk for multi-sector interventions. Is responsibility and accountability shared? Do certain partners have more responsibility than others?
- Power Dynamics
  - Collaborative partners must recognize and understand the power dynamics and influence of certain partners that can negatively or positively affect the success of their efforts.
- Maintain Involvement
  - Collaborative partners must commit and remain at the table to represent the full voice of the community.
- Social Service Sector Capacity/Quality
  - Collaborative partners must assess the adequacy of community-based organizations and social services to meet a potential increase in referrals to address newly identified gaps and patient needs.
  - Collaborative partners must ensure that the quality of social services being delivered is sufficient.

### Lessons Learned

- Start small. Identify practical interventions and data collection activities to build trust and demonstrate proof of concept to those participating in the collaborative.
- Invest in the planning process by equally involving health care and non-health care sector decision makers. Start with agreement on where to focus.
- Continue ongoing engagement to ensure commitment and leadership of collaborative partners.
- Ensure data collection and analysis is credible for intervention's proof of concept by making it straightforward and consistent.
- Collaborative partners should coordinate related programs to make use of existing data tools, which can create momentum.
- Use social determinants of health screeners to link individual needs with community services.
- Involve all collaborating partners in key decision-making.
- Engage all payers to ensure care coordination is a “utility” for total community (i.e., limit “free riders”).

To learn more about these projects, visit [www.academyhealth.org/p4ph](http://www.academyhealth.org/p4ph)

### About RWJF

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### About NRHI

The Network for Regional Healthcare Improvement is a national organization representing regional multi-stakeholder groups working towards achieving better health, better care, and reduced costs through continuous improvement. NRHI and all of its members are non-profit organizations, separate from state government, working directly with physicians, hospitals, employers, health plans, and patients using data to improve health care.