#### Aligning Health Care & Social Services:

### Insights for Grantmakers

Wednesday, August 28, 2019



#### Speakers



**Hilary Heishman**Robert Wood Johnson Foundation



**Jean McGuire, PhD**Northeastern University



Kim Shellenberger Vinfen



Michael Anderson-Nathe Health Share of Oregon



#### ALIGNING HEALTH CARE & SOCIAL SERVICES: Insights for grant-makers & grant-seekers

#### JEAN FLATLEY MCGUIRE, MSPH, PHD NORTHEASTERN UNIVERSITY

STERN MASSACHUS

August 28, 2019

#### Presentation Overview

STERN OF THE PROPERTY OF THE P

- Human Services Engagement
  - Developing guiding principles and a strategic framework for grant-making that influences the healthcare-related human services sector

A Review of Healthcare and



- Strengths & challenges of the social/human services sector
- Promises & pitfalls in healthcarehuman services collaborations
- Findings, Recommendations & Strategies for the Future

SDOH is probably the most important strategic issue that a leader of a health system needs to deal with... This is the end-state we believe in; if we are really going to change healthcare and the health status of our country, these are the levers we need to pull.

For purposes of this project, human services include: health and wellness related education; food, transportation, housing, and other independent living supports; and assistance in negotiating complex support systems, facilitating self-care, and stabilizing community tenancy. Services are provided by community health workers, peers and other non-medical personnel through private and public settings, including behavioral health and long-term services and supports entities.

## Strengths of the Human Services Sector

- Access to & understanding of vulnerable populations
- Demonstrated trust & cultural sensitivity
- Historic partnerships with local & state government
- Flexibility, nimbleness, & innovation
- Successful innovations in whole-person, person-centered, & multi-service care delivery
- Increasing experience with third-party reimbursement mechanisms
- Responsiveness to diverse programmatic and payment innovations

## Challenges facing the Human Services Sector

- Few payers
- Lack of public understanding
- Multiple client eligibility and enrollment, provider payment, data collection, workforce, and Q/A obligations
- Difficulties demonstrating impact
- Long-term deficit financing
- Change in relationships to and increasing distance
   from historic governmental agencies (devolution)
- Ongoing competition for under-priced contracts
- Efforts to grow organizations out of deficits through increased volume, acquisitions & mergers
  - often under-capitalized
  - can distort historic missions & long-term community relationships

# Elements of Successful Healthcare & Human Services Collaborations

- Respect
- Connections, partnership, commitment, communications & governance
- Effective alignment or integration
  - of care delivery, financing, and process management from assessment through evaluation
- Data access and management
- Meaningful financing
- High need/high cost population focus

#### • Fundamental misunderstandings about each sector's resources, capacities, & obligations

- Increased vulnerabilities for human services.
  - Mission, role, relevance
  - Competitive dis-advantage
  - Partnering problems
  - On the other side of the bridge to nowhere
  - The risk of buy vs. build
- Healthcare is concerned too
  - O When, how, where, for whom, how long, how much?
  - Show me the money
  - Relying on them
  - Where are the payers?

They need a strategy for how to invest in social services as a health system — they haven't gotten there yet.

Difficulties at the Intersection

#### Findings

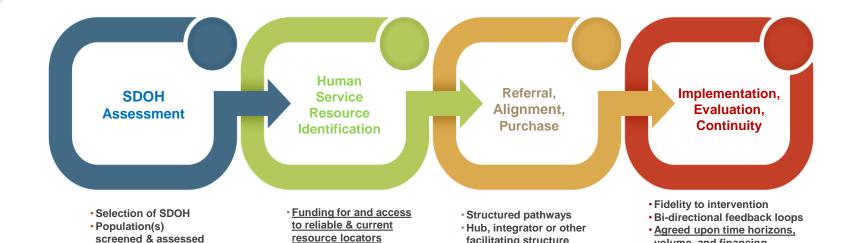
- A Strong Human Services Sector is Critical for Addressing the Social Determinants of Health
- Evolving Healthcare and Human Services
   Collaborations Suggest Promise and Reveal Pitfalls
- State and County Governments play Enabling or Problematic Roles in Supporting Successful Engagement of Healthcare with Human Services
- There are Opportunities for Improvement

Both health care and human services are going to be re-envisioned in all of this.

There will be a new normal... The sector as it sits today and health care as it sits today will not look as it does 10 years from now.

We have a structural model that is broken in terms of solving the issues we are looking at. We are playing on the edges, putting Band-Aids on problems, relying on good intent and some temporary commercial alignment that will eventually breakdown.

#### Opportunities & Challenges along Healthcare-Human Services Collaboration Continuum



- Effectiveness &
- administration of tools
- Storage of & access to assessment info
- Decision-making re: referral

- Appropriate service mix in locators
- · Effective service gap analyses
- Service development as needed
- facilitating structure
- Co-determined delivery, outcomes, payment & data
- Aligned or direct payment processes
- · Payment for > transactional costs

- volume, and financing
- Balanced outcome measurement & quality assurance burden
- Problem resolution mechanisms
- Intersection with other service lines & populations

Capacity / Status of Human Services Sector

Roles/Resources of Health Systems, Plans, State & Local Government

#### Over-arching Recommendations

 Affirm and visibly support the importance of a strong human services sector for achieving a Culture of Health. Sitting in America's nonprofit human services sector is the answer to health equity and creation of a culture of health.

- Maintain the progress in building a Culture of Health and achieving the aspirations of the ACA.
- Defend the integrity and comprehensiveness of Medicaid and address threats to other public economic and programmatic supports.
- Accelerate model healthcare-human services engagement; increase efforts focused on local and state public partners.
- Invest in long-term poverty alleviation strategies.
- Better align philanthropic efforts in this arena.

The remedy needs to take place at every level and the role of the state is crucial.

 Build public knowledge about/advocacy for human services stabilization and development

We have the system we have by design... and what gets paid for is what gets delivered.

Develop models requiring co-production, pricing, piloting, assessment
 & adaptation

There is an inevitable process of product modification in order for the service to be worthwhile for that partner.

In pricing, account for social service costs beyond the transactional—
 and that address differential volume

There is a cost of what sits between the two organizations — you are creating something new that has a cost.

- Address limitations in existing SDOH assessment content, screening processes, referral mechanisms, and data storage, sharing & use
  - o among human services entities & with healthcare

 Assess the impact of health care collaborations on the human services being provided and the human services entities themselves

> They will need more scale to get the attention of the plans and scale gives you less volatility in your results...many non-profits aren't going to make it... big is inevitable.

- Determine strategies for supporting human services alignment & purchasing while reducing the burden for building service-by-service and population-by-population assessments of ROI.
- Characterize enabling models of state and local governance and regulatory authority that facilitate cross-sector system transformation and alignment.
  - o Identify and fund ready and willing state or local collaborators who will commit to a multi-year effort to re-align and integrate, to the maximum extent possible, their human services and health care related programs and funding.

We need someone to capture the iterative development of the field regarding effective strategies and challenging issues for optimizing healthcare-human services engagement. This is a role for philanthropy; it is not happening elsewhere. Pick the best locations, invest the funds - and see what can work. Support those places where you have the critical ingredients of healthcare, human services, and government — and where you can make it work.

Focus philanthropy on really making a disruptive change with the goal of really saving health and human services over the next 20 years.

#### Q&A



**Hilary Heishman**Robert Wood Johnson Foundation



**Jean McGuire, PhD**Northeastern University



Kim Shellenberger Vinfen



Michael Anderson-Nathe Health Share of Oregon

