AGO Advisory Task Force on Community Benefits: Meeting 3

JUNE 28, 2017

HEALTH CARE DIVISION
OFFICE OF ATTORNEY GENERAL MAURA HEALEY
ONE ASHBURTON PLACE
BOSTON, MA 02108

Agenda

1. Advisory Task Force Goals & Process
2. Organizing for Community Health Improvement: Case Studies on Approaches to Collaboration
3. Discussion: Encouraging Collaboration Through the Community Benefits Guidelines

Advisory Task Force Goals and Process

Assessing Community Health Need

Meeting 2 (May 22)

Coordinating Responsive Investments

Meeting 3 (June 28)

Reporting, Evaluation & Learning

Meeting 5 (Sept 5)

Community Engagement

Meeting 4 (July 24)

Financial Assistance/Debt Collection Policies

Meeting 6 (Oct 18)

Review Working Draft of Updated Guidelines

Meeting 7 (Nov 20)

Policy In Development – For Discussion Purposes Only

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Organizing for Community Health Improvement

Discussion for the June 28, 2017 meeting of the AGO Advisory Task Force on Community Benefits

Community Health Improvement Infrastructure Approaches: Examples

- Humana: Private sector business entity (health insurer) leading “from behind”

- Twin Cities: State and Local Health Department create the “convening” structures, and laws to encourage collaboration among private health plans and state agencies

- Michigan: Multi-sectoral consortium creates “backbone” organization to convene, coordinate, assist partners in community health improvement

Humana's Bold Goal Planning Infrastructure

Structure	Function	Participants	Financing of Planning Infrastructure
Board of Directors (monthly)	Ensure engagement of Humana local business leaders; align Bold Goal programs with business objectives in the market	Local Humana Business Heads of the various lines of business	Humana, staffed by Bold Goal team
Local Integration Leader (facilitates and attends all meetings)	Plans for and manages meetings, liaison between business and community; keep people engaged when results slow to materialize	Leader is selected by Board of Directors	Humana
Clinical Town Halls (annual)	Identify barriers to health, existing interventions, targets for future intervention, community volunteers	Local clinicians, community leaders, potential partners (local and national)	Humana
Health Advisory Boards (quarterly)	Local "Task Force" of volunteers organized by intervention subcommittees; communicate, coordinate efforts	Local employers, clinicians, community agencies, volunteers recruited from Clinical Town Hall	Volunteers

Twin Cities Population Health Infrastructure circa 2000

Structure	Function	Participants	Financing
State DOH	Set statewide health goals every four years	DOH, advised by Minnesota Health Improvement Partnership	State tax payers
Regional Community Health Boards	Prioritize state health goals as they apply to their local areas	Not clear who is on the boards. Advised by community health advisory boards, includes local social service, health, and other relevant agencies and providers	Not clear; possibly part of State DOH budget
County and City health Departments	Not clear, but probably they also prioritize local health needs periodically	City and County health department staff	City/county tax payers
Center for Population Health	Convene public and private organizations to address and communicate joint initiatives in population health; build relationships	Representatives of public (state, regional, county health officials) and private (health plans, providers, community agencies) organizations seeking to improve health	May be all volunteer?
Minnesota Health Improvement Partnerships	Advises State DOH on health goals and other health initiatives	Public health agencies, providers, health plans, consumers	May be all volunteer?

Michigan Blueprint for Health Innovation

Structure	Function	Participants	Financing
Community Health Innovation Region "Backbone" organization that is staffed and equipped with core infrastructure for logistical support, management, quality improvement processes	Governing body and fiduciary; convene stakeholders, create greater health system integration, work with partners to conduct community health needs assessments and to implement strategies that address community priorities	Representatives of clinical (including ACO's), public health, social services organizations, individuals from vulnerable populations	Broad base of financial support from members of the partnership organizations (health plans, businesses, community benefit funding, philanthropy)

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Discussion Questions

1. How would you describe the current Massachusetts infrastructure for collaborative community health improvement? In particular, how are the populations defined, who performs the "convening and coordinating" role, how are the initiatives evaluated, and who finances the infrastructure in our state?
   - What, if anything, might we learn from the case studies regarding how to structure a more effective Community Benefits infrastructure in Massachusetts?
2. Beyond permitting joint needs assessments and implementation strategies, what can the Community Benefits Guidelines do to facilitate cross-filer collaboration?
   - How can we advance the conversation in Massachusetts about how collaborative institutions are financed and staffed?
   - How can the Guidelines best support collaborations between hospitals/hospital systems and HMOs?
   - What is the best way for filers to share best practices and challenges uncovered by collaborations in the region?

Useful Information

Next meeting: Monday, July 24th, 2-4 pm
Wallace Board Rm, Lowell General Hospital
295 Varnum Ave., Lowell, 01854

Topic: Discussion of standards for community engagement in measuring community health need and developing and evaluating responsive programs

Questions? Contact Project Manager
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