

## Collaborative on Accountable Communities for Health for Children and Families

### Call 4: Sustainability

Call 4 of the ACHCF collaborative focused on the core element of sustainability, both financial and structural/cultural. These elements of sustainability refer to developing lasting structures to support the goals, priorities, and strategies developed by the ACHCF. They include but are not limited to financing and payment models and should be designed to deliver the same (or greater) value to the population over time even after the initial leadership has turned over.

### Lessons and Recommendations from Presenters

The presenters highlighted the importance and centrality of sustainability to the models they were implementing. Many had been involved in similar cross-sector innovations that were not sustained, and wanted to take steps to ensure the sustainability of their models.

### Accelerators to Financing, Spread, and Scale

Presenters highlighted the importance of engaging multiple sectors in the development of the delivery and payment model to promote sustainability. This included public health, child-serving organizations, and even business leaders to ensure that the buy-in resulted in meaningful culture change in the community. The models also engaged a number of funders, including commercial health insurers to align payment models, state Medicaid to make sure that the initiative results in sustainable reimbursement, and private funders to provide supplemental capacity and planning investments as needed. Key lessons gleaned include:

- Funders should support cross-sector planning, implementation, and governance structures that can produce long-term culture change necessary to sustain an ACH.
- Funders should support engagement of other funding sources from the beginning, including state Medicaid, commercial health insurers, and private funders to encourage supplemental investment in the model.

In particular, one presenter highlighted the opportunity to use the Center for Medicare and Medicaid Innovation's State Innovation Model process to test "all-payer models." In an all-payer model, all public and commercial insurers align incentives, creating shared accountability for all residents over their life-course. Notably, another presenter highlighted lack of payer alignment as a barrier, since different incentives across different payers reduce the incentives for long-term practice transformation. All-payer alignment can be leveraged into alternative payment models (APMs) for hospitals and providers that

### Integrated Care for Kids (InCK) Model

The Integrated Care for Kids (InCK) Model is a child-centered local service delivery and state payment model aimed at reducing expenditures and improving the quality of care for children covered by Medicaid and the Children's Health Insurance Program (CHIP) through prevention, early identification, and treatment of priority health concerns like behavioral health challenges and physical health needs. The model will offer states and local providers support to address these priorities through a framework of child-centered care integration across behavioral, physical, and other child-serving providers.

incentivize them to partner with communities to address social determinants of health and promote long-term healthy development. This could include Outcomes-Based Credits, “which enable CMS [the Centers for Medicare and Medicaid Services] to grant the State credits for the State’s performance on the CMS-approved population health measures and targets, structured as a discount to the State’s actual TCOC used in calculating the State’s performance against the Model’s savings targets. The amount of these Outcomes-Based Credits will be based on the return on investment (ROI) that Medicare would expect from the State’s improved performance on the CMS-approved population health

#### **Maryland Total Cost of Care Model**

The Centers for Medicare & Medicaid Services (CMS) and the state of Maryland are partnering to test the Maryland Total Cost of Care (TCOC) Model, which sets a per capita limit on Medicare total cost of care in Maryland. The TCOC Model includes three programs: (1) The Hospital Payment Program tests population-based payments for Maryland hospitals; (2) The Care Redesign Program (CRP) allows hospitals to make incentive payments to nonhospital health care providers who partner and collaborate with the hospital and perform care redesign activities aimed at improving quality of care; and (3) The Maryland Primary Care Program (MDPCP) is structured to incentivize primary care providers in Maryland to offer advanced primary care services to their patients.

measures and targets.”<sup>1</sup> Based on these observations, key recommendations include:

- Funders should support the creation of state or local all-payer models that translate incentives to APMs that reward the partnerships and long-term focus of ACHCFs
- CMS should consider the testing of outcomes-based credits outside of Medicare that better reflect the healthy development of children and families

Presenters also discussed quality measurement and the important role

of funders in assisting in the development and selection of metrics from health care and other sectors that reinforce the functioning of an ACHCF. The process of collaboratively selecting goals and related measures with all sectors in a community engaged also provides a critical first step toward culture change for sustainability.

- Funders should support communities in selecting quality measures (ideally tied to value-based payment in APMs) that reflect the goals of the community and reinforce the ACHCF

Finally, the Medicaid Managed Care Organization (MCO) request for proposals (RFP) process offered another lever for building sustainability. During the RFP phase, communities can seek payers that will collaborate in building core components of an ACHCF, such as a wellness trust, or can put in requirements around partnering across sectors. This aligns the MCO with the ACHCF from the start and prevents the need to onboard them as a partner later, offering another mechanism for sustainability.

- Funders should encourage communities to consider how to translate the needs of their ACHCF model into the MCO RFP process

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<sup>1</sup> <https://innovation.cms.gov/initiatives/md-tccm/>

## Barriers to Financing, Spread, and Scale

The long-term return on investment (ROI) of healthy development for children and families presents an ongoing barrier to sustainability, when financing systems in communities are built off of annual outcomes and cultural sustainability is organized around quick wins that culminate in a sense of progress. In order to support sustainability, the ROI for healthy development must be translated into a series of short-term outcomes that predict the longer-term outcomes, allowing for incremental financial returns and ongoing reinforcement of culture change.

- Funders should work with communities to identify the short-term outcomes that can serve as early indicators of outcomes in long-term healthy development

Further, not many APMs have been tested related to healthy development for children and families.<sup>2</sup> While some lessons can be learned from the mechanics of delivery models like the Substance Abuse and Mental Health Services Administrations' Systems of Care work and from APMs like the Pediatric Accountable Care Organizations,<sup>3</sup> additional work is needed to understand how best to design incentives to reinforce cross-sector collaboration and collective impact to provide effective supports for families and communities. Because ACHCFs involve sectors outside of health care, APMs provide additional challenges – many community-based organizations do not have the infrastructure and capacity to effectively participate in APMs.

- Funders should structure investments in ways that simulate and evaluate APMs in ACHCFs that engage across sectors, reinforce collective impact, and promote whole-family healthy development.
- Funders should provide seed investments into community-based organizations that give them the capacity to participate in new APMs within an ACHCF.

### Imperial County Accountable Communities for Health

Partners in Imperial County are developing a comprehensive effort to reduce asthma hospitalizations through utilization of the Accountable Communities for Health (ACH) model. With leadership from the Local Health Authority Commission and the Imperial County Public Health Department acting as the backbone, the ACH convenes multiple sectors to implement strategies that will help to build healthier environments and address the underlying factors that affect asthma management. This type of comprehensive, multi-sector initiative requires ongoing and sustainable resources to make the kind of investments that will pay off over the long term. Consequently, Imperial County leaders established a local Wellness Fund that weaves existing resources together to seamlessly and more effectively support the network of solutions to treat and prevent asthma. Imperial County leaders will demonstrate how their collective work approach will make a significant impact on the entire community, and why local businesses, health plans, hospitals, and other potential investors should join these efforts.

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<sup>2</sup> Wong CA, Perrin JM, McClellan M. Making the Case for Value-Based Payment Reform in Children's Health Care. *JAMA pediatrics*. 2018 Jun 1;172(6):513-4.

<sup>3</sup> Perrin JM, Zimmerman E, Hertz A, Johnson T, Merrill T, Smith D. Pediatric accountable care organizations: insight from early adopters. *Pediatrics*. 2017 Jan 31:e20161840.