MEETING FOCUS: Integration of health care and social services to meet the goals and needs of individuals coping with complex care needs.

Core questions:
1. **Landscape.** What is the state of play, key drivers and consensus around opportunities for integration of health care and social services and how are patient and family voices informing these efforts by community-based organizations (CBOs)?
2. **Leading transformation.** What are lessons learned from frontline activities demonstrating the effective marriage of health and social services?
3. **Enabling.** What innovative technologies are supporting patients and caregivers in medical decision making in the community setting? What is next for the field of integration of social services?

Outcomes intended: Shared stakeholder understanding of the major obstacles to integrated delivery of health care and social services, and suggestions on ways the National Academy of Medicine might add value in engaging those obstacles.

**REPRESENTATIVE OBSERVATIONS**
- The Accountable Health Communities model has engaged 32 communities in 24 states and includes screening of all beneficiaries for unmet social needs, tests effect of referrals to community services on total cost of care, and community-level alignment and quality improvement. (NBA)
- Opportunities for realizing potential of integrated care include: culture competence and diversity, community partnerships, patient and family engagement, training for all members of care team, provision of short and long term support to families, flexibility, and investment. (HD)
- To support CBOs’ critical role in system reform, ACL’s No Wrong Door program provides infrastructure for collaboration of local service groups to make access to services patient-centered; the Business Acumen effort gives CBOs tools to contract with payers and providers. (MSF)
- States are working to integrate social and health services; examples include: Medicaid waivers that allow for experimentation, NGA’s road map to guide complex care programs, and children’s cabinets to bring together child-serving agencies and develop cross-sector solutions. (HT)
- CBOs provide services that support health and avoid readmissions, including: care transition services, home visits with medication review, nursing home diversion/repatriation and evidence-based self-management programs; must manage risk of medicalizing and reducing scope of community capacity in partnerships with healthcare entities. (JS)
- The Intensive Outpatient Care Program led to 18-20% cost savings and receipt of a CMMI grant. Key learnings include: psychosocial elements are key, care coordination code is helpful but not sufficient; need to build on other models of payment to support investments overall. (EH)
- Kaiser’s Primary Care Plus model segments patients to target care. Challenges include: need for holistic, standardized outcome measures to demonstrate added value of patient-centered care programs, skills training for healthcare workforce and consumers, data sharing, and aligning financing. (WG)
- AARP and United implemented care management pilots in Medicare supplemental population, achieving $8.3 million in savings in a consumer engagement model; elements of social fabric that impact quality of life of seniors include life purpose, optimism and social engagement. (CY)
- The VA’s Connected Care work aims to expand access to care and enhance experience of care for veterans and VA staff through virtual technologies including a patient portal, mobile apps, telehealth and innovation; new horizons for multistakeholder collaboration in digital health include development of a landscape assessment and gap analysis, knowledge-sharing and alignment of policy and incentives. (IM)
- Human-centered design helps feasibility, financial viability and patient desirability and usability to ensure innovations stick; Upstream Health Innovations collaborated with community partners to design NowPow and Housing is Medicine programs to integrate social services. (KM & SJ)
- A unique policy landscape in Maryland has enhanced opportunity for collaboration among competing health systems to improve care for high-need patients; the Community Health Partnership of Baltimore has 6 hospital partners and an intervention involving community care teams, a bridge team, convalescent care, home-based primary care, neighborhood navigators and patient engagement training to improve care. (NJP)
- Blue Cross Blue Shield Foundation Massachusetts supports integration efforts by documenting and describing evidence (e.g., a homeless program had ROI of between $1.61 and $2.43 for each dollar spent), providing resources and tools, supporting evaluation, and convening. (KKW)

**COLLABORATIVE ACTIVITIES FOR CONSIDERATION**
- Executive incentives for reducing disparities. Explore the use of health care executive compensation incentives to reduce community health disparities.
- Regulatory supports to promote equity. Explore how IRS regulations and requirements related to community health needs assessments can offer more guidance and principles to optimize the added value of the assessments.
- Telehealth and related technology. Develop a standing workgroup to facilitate collaboration for accelerating progress in development and application of technologies that facilitate direct patient, family, and community engagement in health and healthcare.
- Person, family and community activation for better care, better value and better health. Develop an NAM initiative to support activation of individuals, families, and communities as effective health and health care change agents by addressing three key areas: access to the evidence base to guide strategies; collaboration to apply evidence; and cultures and policies that are supportive and facilitative of their engagement.
- Advancement of patient and family engaged care. Develop common PHEC action and research agenda with a crosswalk of PHEC standards and measures and determine ways to digest the framework into messages for various stakeholders.
- Improved networking for innovations. Assess landscape of proven community engagement models and explore opportunities for better networking so information transfer about successful models is accelerated.
Participants

Mary Naylor (UPerSci), Bill Novelli (C-TAC, Georgetown), Hala Durrab (patient& family engagement consultant), Marisa Scala Foley (Administration for Community Living), Nina Brown-Ashford (Center for Medicare & Medicaid Innovation), Henri Tewarson (NGA), June Simmons (Partners in Care Foundation), Emma Hoo (PBGH), Wendelyn Gozansky (Colorado Permanente Medical Group), Charlotte Yeh (AARP Services, Inc.), Jennifer MacDonald (VA), Karen Matsuoka (CMS), Susan Jepson (Upstream Health Innovations), Jennifer Newman Barnhart (Johns Hopkins HealthCare), Kaitlyn Kenney Walsh (BCBSMA Foundation), Cindy Brach (AHRQ), Rich Bringewatt (National Health Policy Group), Lindsey Browning (NAMD), Kert Christensen (NCQA), Jason Coates (APHA), Ashley Edmiston (NACCHO), Janice Genevro (AHRQ), Lori Gerhardt (Administration for Community Living), Ann Greiner (PCPCC), Leslie Kelly Hall (Healthwise), Melissa Lewis (ASTHO), Tyler Ludlow (Eli Lilly), Renee Markus Hodin (Community Catalyst), Brie Reimann (National Council for Behavioral Health), Julia Resnick (AHA), Gloria Stone Plotto (GSPsquared LLC), Claire Lin (HRSA), Richard Singerman (ESAC Inc.), Jessica Timmerman (Johns Hopkins Healthcare), Kenneth Hamilton, Mandi Pratt Chapman (GW Cancer Center), Jasmine Pearlman (Caring for You), Marya Savola (JP Morgan Chase), Erin Westphal (SCAN Foundation), David Andrews (patient advisor), Janice Turfe (Hassanah Consulting), Kathy Greenlee (Center for Practical Bioethics), Sylvia Fisher (HRSA), Allison Sanderson (Florida Hospital Association), Wendy Nickel (ACP).

Care Culture and Decision-Making Collaborative
Organizations Participating

AARP
American Academy of Nursing
American Academy ofPediatrics
American Academy ofPhysician Assistants
American College of Clinical Pharmacy
American College of Nurse-Midwives
American Hospital Association
American Institutes for Research
American Medical Association
American Nurses Association
Association of Academic Health Centers
Association of American Medical Colleges
Asthma and Allergy Foundation of America
Beryl Institute
Blue Shield of California Foundation
Boston Children’s Hospital
Braintree Rehabilitation Hospital
C-Change
Cincinnati Children’s Hospital
Coalition to Transform Advanced Care Consumers Union
Consumers United for Evidence-Based Healthcare
C.S. Mott Children’s Hospital
Dana-Farber Cancer Institute
Dartmouth Center for Health Care Delivery Science
Dell Children’s Medical Center
Duke University
Emory University
Family Voices
Georgetown University
George Washington University
Georgia Regents Medical Center
Gordon and Betty Moore Foundation
Health Dialog
Healthwise
Henry J. Kaiser Family Foundation
Informed Medical Decisions Foundation
Institute for Healthcare Improvement
Institute for Patient & Family-Centered Care
Johns Hopkins Health System
Joshua Macy, Jr. Foundation
Kaiser Permanente
Lown Institute
Mayo Clinic
National Association of Community Health Centers
National Business Group on Health
National Committee for Quality Assurance
National Governors Association
National Partnership for Women & Families
National Quality Forum
Nemours Health System
Northwestern University
NYU Langone Medical Center
Oregon Health & Science University
Patient-Centered Outcomes Research Institute
Patient-Centered Primary Care Collaborative
PatientsLikeMe
PFCCpartners
Planetree

The NAM Leadership Consortium for a Value & Science-Driven Health System

Chair
Mark B. McClellan
Duke University

Members
David Blumenthal
The Commonwealth Fund
Susan DeVore
Premier, Inc.
Judith Faulkner
Epic Systems
David Feinberg
Geisinger Health System
Joseph F. Fifer
Healthcare Financial Mgmt Assn
Patricia A. Gabow
Former, Denver Health
Atul Gawande
Brigham and Women’s Hospital
Julie L. Gerberding
Merck & Co, Inc.
Paul Grundy
IBM
Brent C. James
Former, Intermountain Healthcare

Gary Kaplan
Virginia Mason Health System
Gregory F. Keenan
AstraZeneca
Darrell G. Kirch
AAMC
Richard E. Kurtz
Medtronic
Peter Long
Blue Shield of California Foundation
James L. Madara
AMA
Laura Magaña Valladares, PhD, MA
ASPPH
Mark E. Miller
MedPAC
Annette Nathwani, MD
Sanofi US
Mary D. Naylor
University of Pennsylvania
William D. Novelli
Georgetown University & C-TAC
Sally Okun
PatientLikeMe
Harold Paz
Aetna

Jonathan B. Perlin
HCA, Inc.
Richard Platt
Harvard Medical School
Richard J. Pollack
AHA
Peter J. Pronovost
Johns Hopkins Medicine
Murray N. Ross
Kaiser Permanente
John W. Rowe
Former, Columbia University
Craig F. Samitt
Anthem, Inc.
Lewis G. Sandy
United Health Group, Inc.
Leonard D. Schaeffer
USC
Joe Selby
PCORI
Mark D. Smith
Former, CHCF
Jennifer Taubert
Johnson & Johnson
Marta Tellado
Consumers Union

Reed V. Tuckson
Tuckson Health Connections
Debra B. Whitman
AARP
Ex-Officio

AHQR
Gopal Khanna
CDC
Brenda Fitzgerald
Chesley Richards
CMS
Seema Verma
Kate Goodrich
DoD
Thomas McCaffery
David Smith
DHHS
Don Wright
VA
Carolyn Clancy
FDA
Scott Gottlieb
HRSA
George Sigounas
NIH
Francis Collins
Michael Lauer