

**NAM LEADERSHIP CONSORTIUM: Collaboration for a Value & Science-Driven Learning Health System
CARE CULTURE & DECISION-MAKING INNOVATION COLLABORATIVE**

December 12, 2019 Meeting Highlights

MEETING FOCUS: *Engage leaders from public and private sectors to provide feedback and shape progress on ongoing Collaborative efforts to integrate measurement and engagement to improve population health by involving people and communities in measurement development & evaluation, and accelerating the implementation of care at the intersection of medical and social needs.*

REPRESENTATIVE OBSERVATIONS

Assessing Meaningful Community Engagement for Health and Health Care

- Dr. Sergio Aguilar-Gaxiola presented an update on the Steering Committee's progress in identifying a parsimonious set of measures of meaningful community engagement. The key themes of the resulting discussion focused on identifying the purpose of the measurement (e.g., to improve quality, for accountability, to drive action). The committee was encouraged to think about who will use the measures, for what purpose, and the levers of change (e.g., tying measurement to payment reform).

Implementation of Patient-Centered Measurement Principles

- Dr. Ellen Schultz shared results of early lessons learned from pilot projects funded by the American Institutes for Research (AIR), where five sites developed and/or implemented measures in coordination with patients, using key principles of patient-centered measurement. Meeting participants noted the need to change the demand for measures and refocus health care and measurement to be more patient-centered. Measuring what matters to patients results in changes at the organizational level and policy transformation. One of the key lessons from the pilot projects was that engaging with patients to get the right information was critical and that interactions with patients should happen early and often, and be ongoing over the course of the project.

Reflection and Opportunities for Action

- Discussion identified commonalities between assessing meaningful engagement and patient-centered measurement. It is important to stay focused on the goals of measurement, ensuring that systems are more patient-centered and able to measure the impact of engaging people and communities, including patients, caregivers, and families. There are also common issues around data collection and aligning existing and new measures to value and sustainability.

Luncheon Discussion

- Dr. Caroline Fichtenberg, from UC Berkeley's Social Interventions Research and Evaluation Network (SIREN) shared observations and results from recent publications on screening for social needs. Most notable was a study finding that approximately 50% of individuals with identified social needs indicated they were not interested in receiving services for those needs. This finding generated robust discussion on reasons for this finding (e.g., stigma, lack of a trusting relationship with the provider), replicability, and the policy implications of screening for social needs.

Integrating Social Needs into Healthcare Interventions and Delivery

- Mr. Edward Salsberg provided a summary of the recent consensus report on social needs. The recommendations suggest a redesign of the health care delivery system, which involves building the workforce, developing the technical infrastructure, funding it, and doing research on the effectiveness of the interventions. This transformation will necessitate involving many stakeholder groups, including those outside the current health care delivery system.
- Dr. Daniel E. Polsky chaired a NAM planning committee on a workshop that focused on investing in social needs interventions. He emphasized a discussion of return on investment where the health system is rewarded for both medical and non-medical (i.e., social needs) investments and returns are viewed as value beyond the health sector. He discussed the

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need to move towards value based payment, to ensure that the organization that provided the initial investment would capture benefits in improved health outcomes. He noted a gap between public infrastructure and private system investment approaches and that while value-based payment approaches are needed, they are not sufficient to improve health outcomes.

- Dr. Len Nichols noted the need to think creatively about paying for social needs interventions, realizing that no one organization will capture the long-term benefits from adequate investment. He described an innovative model being pilot tested in a number of communities nationwide that involves a “trusted broker” who facilitates shared investment from diverse stakeholder groups to pay for social needs interventions.
- Dr. Emily Jones provided updates on two novel approaches CMMI is launching to address social needs: Accountable Health Communities and Integrated Care for Kids. Both are in early stages, but some lessons learned include a need to focus on equity, the difficulty of observing a cost savings in a relatively short time span, and opportunities for more engagement between CMMI, community members, and patients and families in the development of models and interventions.

Reflection and Opportunities for Addressing Social Needs

- There is a need to substantially reform the dominant payment models in the health system. Meeting participants stated that there is enough money currently allocated, but it is misaligned and too siloed on an administrative level. Others noted the importance of collaboration with a wide range of stakeholders, including authentic engagement with the communities being served, to address questions of sustainability and ensure the programs being developed address the most pressing problems in that area.

COLLABORATIVE ACTIVITIES FOR CONSIDERATION

- Use the themes and topics discussed in this meeting to improve the process of the Steering Committee for the Meaningful Community Engagement project to further refine criteria for measure selection and case study identification. A follow-on activity could be the development of a compendium of case studies and measures of effective engagement.
- Convene organizations, such as funders, health care systems, academic organizations, community-based and patient advocacy organizations, and research institutions to better understand the changes in policy needed for them to become more patient and community engaged and centered. Outcomes of this meeting could include suggestions on successful and promising organizational strategies around engagement that could be replicated and spread (e.g., funders modifying contractual agreements to ensure feasibility in for working with community-based organizations and/or patients).
- Host a forum to facilitate the incorporation of patient and community engagement into the creation of interventions to address social needs. This convening could focus on the diverse ways people perceive their own social needs and their preferred strategies to address those needs. The meeting participants would be primarily patients with complex social needs, with payers, providers, and social service agencies invited to observe and learn.
- Explore opportunities and challenges of using social needs data to gather more information on return on investment. As the benefits to spending on social needs go beyond savings to the health care system, monitoring these savings by measuring changes in areas such as kindergarten readiness and housing stability, could be beneficial.

PARTICIPANTS

Mary Naylor (UPenn), Bill Novelli (C-TAC; Georgetown), Sergio Aguilar-Gaxiola (UC, Davis), Larissa Avilés-Santa (NIMHHD), Seth Berkowitz (University of North Carolina), Monica Bharel (MA Dept. of Public Health), Kathleen Blake (AMA), Tamara Cadet (Simmons University), Emily Carrier (Manatt Health), Mickey Eder (University of Minnesota), Adaeze Enekwechi (IMPAQ), Elsa Falkenburger (Urban Institute), Caroline Fichtenberg (SIREN UCSF), Elisa Friedman (Vanderbilt University Medical Center), Andy Gettinger (ONC), Rachel Gold (OCHIN, Inc.), Maria Gomez (Mary’s Center), Kayte Green (George Washington University), Alison Hamblin (Center for Health Care Strategies), Lauran Hardin (Camden Coalition), Paul Hughes-Cromwick (Altarum), Emily Jones (CMMI), Megan Kearney (NASEM), Jerry Menikoff (HHS), Matt Menning (AMA), Lloyd Michener (Duke University), Jeff Micklos (Health Care Transformation Task Force), Angela Mingo (Nationwide Children’s Hospital), Susan Monarez (HRSA), Sharyl Nass (NASEM), Alexandra Nassau-Brownstone (SAHF), Len Nichols (George Mason University), Elisabeth Oehrlein, (National Health Council), Stacy Palmer (Beryl Institute), Daniel Polsky (Johns Hopkins University), Shelley Price (HIMSS), Brian Rahmer (Enterprise Community Partners), Susannah Rose (Cleveland Clinic), Samuel Ross (Bon Secours Mercy Health System), Edward Salsberg, (George Washington University), Ellen Schultz (American Institutes for Research), Allyson Schwartz (Better Medicare Alliance), Sandra Serna (SAHF), Kathy Stack (KB Stack Consulting), Joe Thompson (Arkansas Center for Health Improvement), Sandeep Wadhwa (Solera Health), Jack Westfall (AAFP)