



Milestones for Community-Integrated Health Care at Essential Hospitals



ESSENTIAL
HOSPITALS
INSTITUTE

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ABOUT AMERICA'S ESSENTIAL HOSPITALS

America's Essential Hospitals is the leading champion for hospitals and health systems dedicated to high-quality care for all, including the most vulnerable. We support our more than 300 members with advocacy, policy development, research, and education. Communities depend on essential hospitals to provide specialized, lifesaving services; train the health care workforce; advance public health and health equity; and coordinate care. Essential hospitals innovate and adapt to lead the way to more effective and efficient care. Learn more at essentialhospitals.org.

ABOUT ESSENTIAL HOSPITALS INSTITUTE

Essential Hospitals Institute is the research, education, dissemination, and leadership development arm of America's Essential Hospitals. The Institute supports the nation's essential hospitals as they provide high-quality, equitable, and affordable care to their communities. Working with members of America's Essential Hospitals, we identify promising practices from the field, conduct research, disseminate innovative strategies, and help our members improve their organizational performance. We do all of this with an eye toward improving individual and population health, especially for vulnerable people.

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FOREWORD

America's Essential Hospitals, the leading champion for hospitals dedicated to caring for the nation's most disadvantaged patients, proudly shares this resource, *Milestones for Community-Integrated Health Care at Essential Hospitals*. This document is intended as a companion to our 2016 *Road Map to Community-Integrated Health Care* and reflects progress and learning in the intervening years. This ongoing work is driven by our dedication to improving the health and well-being of essential hospitals' patients and communities.

Our member hospitals are united by their commitment to making high-quality health care accessible to all, including the vulnerable. Essential Hospitals Institute—the research, education, dissemination, and leadership development arm of the association—supports the nation's essential hospitals as they provide high-quality, equitable, and affordable care to their communities, improving patient outcomes and quality of life.

Even as essential hospitals deliver high-quality medical care, the health of their communities is strongly influenced by the social determinants of health. In 2017, 23.9 million individuals served by essential hospitals were living below the poverty line, and 17.1 million individuals had no health insurance. Essential hospitals are often the first responders and the safety net for these individuals, providing high-quality care to the patients who need it most. As anchor institutions, essential hospitals have significant capacity to improve the health of their patients, neighbors, and communities.

Improving the health of the community necessitates partnership across sectors. The Institute created these milestones to provide essential hospitals with actionable steps toward community-integrated health care. As hospital-based activities aimed at improving social determinants of health continue to advance, America's Essential Hospitals remains committed to advancing policies that facilitate this important work, and the Institute is dedicated to offering tailored training and resources to showcase successes and help members overcome challenges and advance their efforts.

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INTRODUCTION

While the traditional role of health care is to treat patients' physical symptoms and medical conditions, we now know that an individual's health is influenced by far more than the clinical care they receive or even their own habits and behaviors. Social, economic, and environmental factors explain a full 50 percent of health outcomes¹. These circumstances affect not only an individual's ability to avoid illness, but also to recover from illness, manage any chronic conditions, and maintain well-being. Understanding the impact of social determinants of health (SDOH)—the conditions in which individuals live, work, and play—has challenged health care providers to think beyond the care they provide within the hospital walls.

Essential hospitals, given their mission and community characteristics, are acutely aware of the burden of SDOH on their patients and communities at large. Within communities served by essential hospitals, 23.9 million individuals live below the poverty line, and 10 million individuals struggle with food insecurity. In 2017, three-quarters of essential hospital patients were uninsured or covered by Medicaid or Medicare. Given the centrality of SDOH in the communities served by essential hospitals, America's Essential Hospitals—the leading association and champion for hospitals and health systems that provide quality care to all, including the vulnerable—is committed to advancing efforts to improve SDOH. Understanding the importance of this work for our members, Essential Hospitals Institute—the research, education, dissemination, and leadership development arm of America's Essential Hospitals—offers members concrete resources and support for their SDOH improvement efforts. Through recent research funded by the Robert Wood Johnson Foundation (RWJF), the Institute gained valuable insight on the work essential hospitals have undertaken to date, adding to years of preliminary research and knowledge gathering conducted by the Institute and creating a more comprehensive understanding of the interrelationship between SDOH and essential hospitals.

In 2015, the Institute began to explore the topic of social determinants and their impact on the health of essential hospitals' patients. While it was evident that SDOH could present barriers to effective medical care, health care providers nationally were just beginning to consider how to target these challenges. The Institute suggested that comprehensive needs assessments could help providers understand the issues facing their patients but recognized that essential hospitals needed additional resources to navigate these obstacles to health.

As the national health care landscape began shifting to incorporate SDOH, payment and reimbursement models began to shift as well. Transition from fee-for-service to value-based payments gave hospitals an incentive to not only provide quality care for their patients but also to address the upstream factors that influence health in their communities. With support from Kaiser Permanente in 2016, the Institute joined the National Partnership for the Health Care Safety Net, which aimed to explore how essential hospitals were adapting to value-based payments.

WHAT IS COMMUNITY-INTEGRATED HEALTH CARE?

We define CIHC as a strategy by which health care providers work with other sectors (e.g., government, social service, community development) in both complementary and collaborative ways to improve health. We envision successful CIHC as a connected system that meets the physical, mental, and social needs of individuals and improves the structures and conditions that influence those needs.

INTRODUCTION

This research further illuminated how essential hospitals were utilizing value-based payment models and collaborating with partners to improve the health of populations.

In 2016, the RWJF funded targeted research by the Institute to better understand essential hospitals' SDOH improvement activities. Informative interviews and a membership-wide survey revealed the strategies essential hospitals use to mitigate SDOH, their capacity to expand that work, and the support they need to advance those efforts. The findings suggested that SDOH improvement activities must extend beyond the walls of the hospital to truly drive community-integrated health care (CIHC)—a strategy by which health care providers work with other sectors (e.g., government, social service) in both complementary and collaborative ways to improve health. We envision successful CIHC as a connected system that meets the physical, mental, and social needs of individuals and improves the structures and conditions that influence those needs. This evaluation led to a roadmap to CIHC and identified other opportunities for the Institute to support essential hospitals in this work.

The Institute, having learned that many essential hospitals were hiring population health leaders to guide and implement their SDOH improvement activities, sought to identify the skills such leaders need to successfully create and guide improvements in hospital-based efforts to meet patient social needs and in pursuing CIHC. With funding from the Kresge Foundation in 2018, the Institute conducted further research to understand the specific skills needed to be a population health executive—a position responsible for guiding hospitals' efforts to implement CIHC. The findings from this research resulted in *A Toolkit for Hiring and Evaluating Population Health Executives*, which provides resources for hiring, training, and advancing the role of a population health executive.

In addition to the resources outlined above, the Institute leveraged RWJF support between 2017 and 2019 to provide essential hospitals with best practices, tools, and educational opportunities related to SDOH improvement in three key areas: knowledge dissemination, stakeholder engagement and partnership, and

OUR RESEARCH MILESTONES

2015

Essential Hospitals Institute – the research, education, dissemination, and leadership development arm of America's Essential Hospitals – launches ongoing work to explore social determinants of health (SDOH) and their impact on the people and communities essential hospitals serve.

2016

THE NATIONAL PARTNERSHIP
FOR THE HEALTH CARE
SAFETY NET

Working as part of the National Partnership for the Health Care Safety Net, the Institute examines how essential hospitals adapt to value-based payments, including in the context of population health improvement.

The Institute publishes *Findings from Moving to Action for Hospitals and Population Health* and *A Roadmap to Community-Integrated Health Care* to guide hospitals toward population health improvement with three operational objectives: building a foundation, assembling and aligning resources, and implementing CIHC.

POPULATION HEALTH AT ESSENTIAL HOSPITALS

*A Road Map to Community-Integrated
Health Care*

November 2016



investment in human capital. To gauge essential hospitals' progress since the 2016 survey and interviews, RWJF supported the Institute in conducting additional research in 2019. The Institute aimed to assess the development of essential hospitals' SDOH improvement capacities and activities and to understand how to continue to advance this work. As part of this research, the Institute conducted a memberwide survey and interviews with essential hospital executives, which provided a better understanding of progress, facilitators, barriers, and assistance needed to advance CIHC.

USING THE MILESTONES

Building on the diverse portfolio of knowledge from past research, the Institute identified activities that essential hospitals can engage in as they begin to work outside their walls to address not only the social needs of patients but also the social needs and conditions of the community. The Institute distilled these identified activities into milestones, intended to help describe elements of CIHC in concrete, actionable components a hospital can use to assess and inform its own capacities, partnerships, activities, and plans.

The milestones outlined in this document are a culmination of best practices, examples, and strategies used by essential hospitals. This resource highlights key actions and activities essential hospitals can take to enhance CIHC and address their communities' social needs and underlying conditions. We hope it can guide essential hospital leaders and population health executives to achieve success in their work. The milestones are not all-encompassing nor are they prescriptive steps that must be followed in order. This report outlines aspects of organizational commitment, workforce development, community engagement, external partnerships, health information technology and data, and finance and investment that will help build the hospital's capacity to implement and sustain this work.

i. University of Wisconsin Population Health Institute. County Health Rankings & Roadmaps: Measures & Data Sources. 2016. <http://www.countyhealthrankings.org/our-approach>. Accessed October 2019.



ORGANIZATIONAL COMMITMENT

Establishing and communicating a hospital's commitment to addressing the community's social needs and underlying conditions can lay important groundwork for cross-sector partnerships. Likewise, strategic commitment to SDOH improvement from hospital leadership can guide the organization in taking clear and measurable actions. These commitments can be demonstrated to the public and community at large by signing a pledge or including a statement about SDOH in the hospital's mission or vision. Organizational commitment to SDOH improvement also can be reflected internally, by engaging the hospital's governance in decision-making and planning for CIHC and strategically aligning the hospital's internal systems to establish goals and metrics.



Publicly commit to addressing SDOH in your community.

- ☐ Include improving community-level SDOH in the hospital's mission or vision statement.
- ☐ Report commitment to improving SDOH through public displays, such as:
 - disseminating a press release;
 - signing a pledge; and
 - creating a municipal partnership.
- ☐ Invest strategically in the community through local purchasing.
- ☐ Advocate that local, state, and federal policymakers advance policies focused on SDOH improvement.

Appoint governance to support SDOH improvement activities.

- ☐ Ensure representation of SDOH expertise on the hospital's board of directors.
- ☐ Engage the board of directors in SDOH improvement planning and decision-making activities.

Strategically align internal systems to address community needs.

- ☐ Include improving SDOH in the strategic plan.
- ☐ Establish SDOH improvement goals and metrics to measure the success of these goals over time.
- ☐ Convene cross-department staff regularly to discuss goals and activities.
- ☐ Evaluate hospital capacity and readiness to engage in CIHC (e.g., asset mapping, readiness assessment).

WORKFORCE DEVELOPMENT

A skilled workforce dedicated to addressing the social needs within a hospital's patient population and surrounding community is foundational to engaging in the cross-sector efforts that characterize CIHC. Hospital C-suite leaders and population health executives also can ensure that related efforts adhere to a clear direction and vision. Hiring outside individuals or providing existing staff with training in the specific skills needed for SDOH improvement activities, including collaborating across communities, communicating to advance shared goals, leading strategically, managing for innovation, and measuring for community impact, will allow staff to serve as liaisons to the community and as champions for SDOH improvement. Hospitals engaging staff from all levels and multiple departments enhances cross-department collaboration, ensures everyone is on the same page, increases efficiency, and creates a more comprehensive approach to SDOH initiatives.



Hire and prioritize staff time to work on SDOH improvement activities.

- ☐ Provide staff time to pursue SDOH improvement activities.
- ☐ Hire staff dedicated to SDOH improvement activities.
- ☐ Create an executive-level leadership position to coordinate SDOH improvement activities.

Foster collaborative efforts across the multiple departments within the organization.

- ☐ Conduct all-staff training or education regarding SDOH.
- ☐ Implement a cross-department collaboration plan to ensure multiple departments are engaged in SDOH improvement activities.
- ☐ Establish a regular meeting schedule to ensure that departments are communicating about overlapping initiatives.

COMMUNITY ENGAGEMENT

Conducting SDOH improvement activities with a thorough understanding of the community—in collaboration with community members and partners—is central to CIHC. Identifying a community’s social needs before investing in new initiatives allows hospitals to understand the challenges and opportunities that exist for CIHC. Hospitals should begin by assessing SDOH and health disparities, jointly with community organizations. By continuing to engage community stakeholders throughout the planning and implementation of SDOH improvement activities, hospitals can build trust with the community, as well as better meet community needs.



Assess social needs and SDOH in the community.

- ☐ Identify the health disparities, SDOH improvement goals, and capacity gaps in the community through conversation with community members and organizations.
- ☐ Conduct a formal community health needs assessment, individually or with community partners.

Engage with community stakeholders to ensure alignment.

- ☐ Coordinate with other hospitals and health systems about their existing SDOH improvement activities to avoid duplicating efforts.
- ☐ Formally engage community advisers during multiple SDOH improvement activities, such as:
 - community assessment;
 - strategic planning;
 - program design;
 - program implementation; and
 - measurement and reporting.
- ☐ Serve as the governance or board members for community organizations to ensure the alignment of priorities and goals for the community at large.

EXTERNAL PARTNERSHIPS

Forming partnerships with external, cross-sector organizations is critical to CIHC. Partnering with such organizations—including those that already fill a social need in the community—can help a hospital maximize the impact of its resources and improve outcomes for the populations it serves. In addition, given the size and history of a health system within its community and the number of organizations from different sectors (e.g., nonprofit, government, local business) with deep roots in and commitment to community health, a hospital's most appropriate role may not be to lead. Candid, communicative, collaborative relationships across sectors can help an essential hospital identify how best to direct its resources without unduly medicalizing SDOH and while contributing to an environment of mutual trust and common ground.



Form intentional partnerships with external organizations.

- ☐ Initiate partnerships with organizations that have a shared priority, mission, or passion for serving the community across multiple sectors to address SDOH.
- ☐ Establish shared goals and clear roles and responsibilities among partners.
- ☐ Formalize partnerships with memorandums of understanding (MOUs) or other written agreements.

Maintain partner alignment over time.

- ☐ Convene regularly with external partners to ensure consistent engagement and commitment.
 - ☐ Conduct in-person meetings on a quarterly or monthly basis.
 - ☐ Communicate with partners via telephone and email on a consistent basis.
- ☐ Participate in or lead a formal community collaborative or coalition aimed at improving SDOH.
- ☐ Build capacity in external partner organizations by investing in their infrastructure and systems.

HEALTH INFORMATION TECHNOLOGY AND DATA

Collecting, evaluating, and utilizing SDOH data can allow hospitals to track progress and demonstrate value for CIHC initiatives. Hospitals can incorporate social needs data into their internal health information technology (HIT) systems and use this data for multiple types of reporting. Hospitals also can increase their impact by sharing data with external groups and creating referrals from social needs data. Using data to evaluate the impact of a given activity or program allows for both continuous learning and improvement and for the identification of new opportunities for investment and collaboration.



Integrate social needs data into internal HIT systems for monitoring and evaluation.

- ☐ Implement electronic health record modules dedicated to social needs.
- ☐ Establish screening tools to capture patients' social needs.
- ☐ Implement screening organization-wide for all patients.
- ☐ Include patient and community SDOH data in multiple platforms, such as:
 - leadership reports and dashboards;
 - funding applications;
 - public reporting; and
 - provider alerts.

Coordinate data collection and sharing with external organizations.

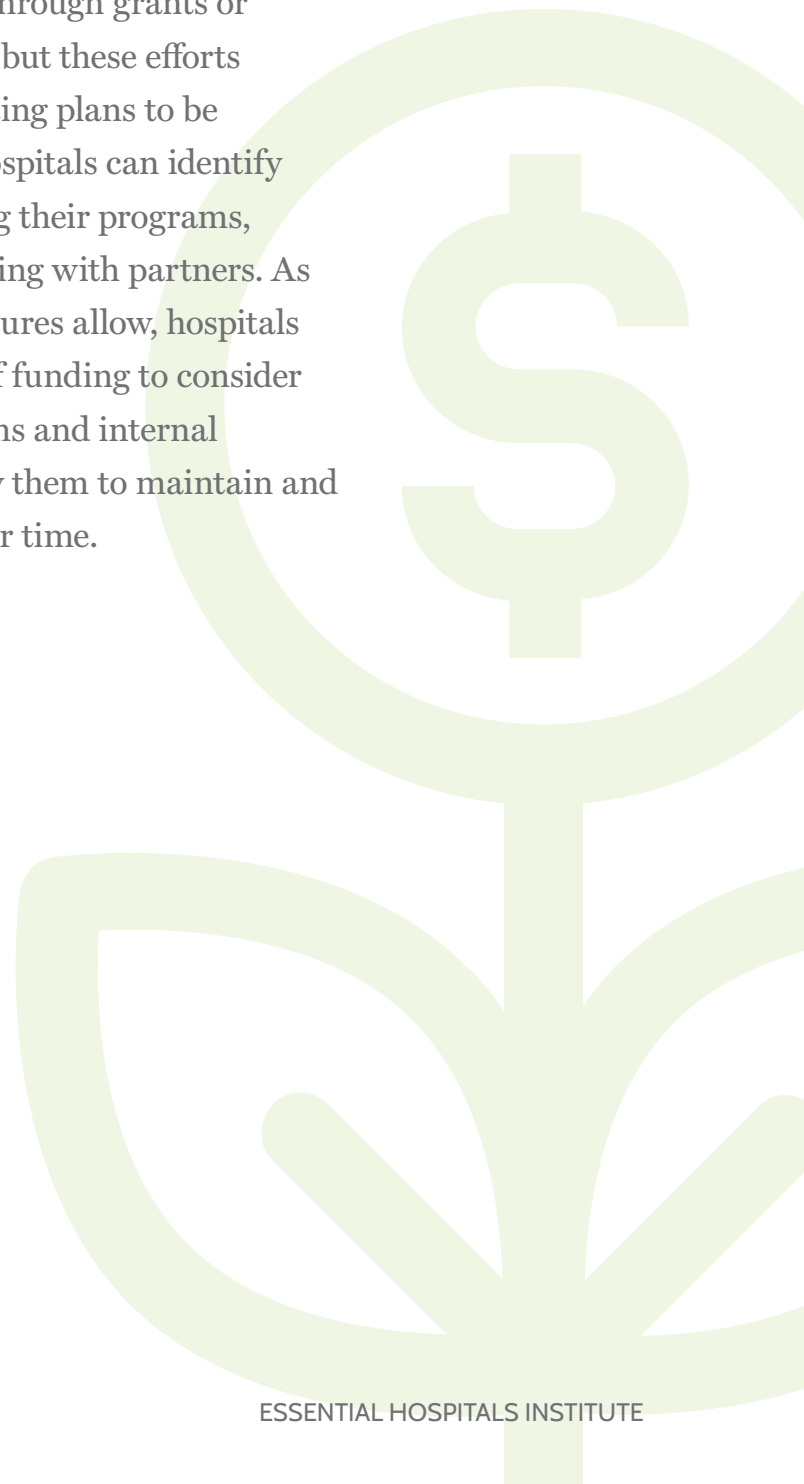
- ☐ Participate in a regional or national health information exchange (HIE).
- ☐ Create referral connections to community social services organizations.
- ☐ Establish a data governance plan to create security and ease of access.
 - ☐ Develop data-sharing agreements with external partners.
 - ☐ Build system interoperability between the hospital's and partner organization's data platforms.
 - ☐ Discuss specific data metrics being collected to avoid duplication.

Engage in continuous learning and improvement.

- ☐ Monitor the impact of hospitals' SDOH improvement activities.
 - ☐ Evaluate progress made toward the SDOH improvement goals using hospital, community, and patient-level metrics.
- ☐ Modify, add, or discontinue efforts based on the success rate of the activity as determined by the metrics.

FINANCE AND INVESTMENT

Hospitals may initially fund SDOH improvement activities through grants or short-term investments, but these efforts require long-term financing plans to be sustainable. Essential hospitals can identify opportunities for piloting their programs, including pursuing funding with partners. As data and payment structures allow, hospitals can broaden the scope of funding to consider reinvestment mechanisms and internal allocation that will allow them to maintain and adapt their activities over time.





Obtain initial funding through short-term investments, internal streams, or external partners.

- ☐ Pilot SDOH programs with grants or other short-term investments.
- ☐ Shift internal funding streams to provide initial funding for SDOH improvement programs.
 - ☐ Allocate internal resources to fund staff time dedicated to SDOH improvement programs.
- ☐ Align funding resources with partners.
 - ☐ Consider opportunities to pursue grant funding collaboratively.

Create sustainable funding opportunities to ensure the longevity of community-integrated health care initiatives.

- ☐ Reinvest savings from SDOH improvement programs to fund new initiatives.
- ☐ Develop sustainable program funding mechanisms through internal allocation, reimbursement, or value-based payment arrangements, such as:
 - Accountable Communities for Health;
 - Center for Medicare and Medicaid Innovation (CMMI) innovations grants;
 - Accountable Care Organization (ACO) models;
 - Medicaid demonstration grants; and
 - Centers for Medicare & Medicaid Services waivers (i.e., the Delivery System Reform Incentive Payment (DSRIP) program and all-payer waivers).
- ☐ Fund external organizations, specifically those that are community-based, to partner on addressing SDOH.

CONTINUUM OF COMMUNITY-INTEGRATED HEALTH CARE

With the goal of changing the community conditions that inhibit health and well-being, essential hospitals' actions to improve SDOH take many forms. Interventions can focus upstream, on community infrastructure-related issues—developing long-term affordable housing, building new transportation systems, or changing the policies and legislation that negatively affect a community. Alternatively, interventions might aim to mitigate the downstream effects of social determinants on individuals; examples include providing food to patients, opening a food pantry on the hospital campus, or offering transportation vouchers for appointments. Downstream interventions have the largest impact on individual social needs, while those focused upstream can create structural changes that improve the health of the total population. Similarly, interventions exist along a second spectrum of the population they target, from patient populations to the community at large. This can be thought of as the difference between providing food packages to individuals in need who are diabetic patients, patients in general, or to community members, regardless of whether they are patients.

THE CONTINUUM OF COMMUNITY-INTEGRATED CARE

UPSTREAM INTERVENTIONS



Healthy Cooking
Classes for Patients

Building Affordable,
Accessible Grocery Store
in a Food Desert



PATIENT POPULATION



Providing Food
for Patients

IN THE COMMUNITY



Creating Food Banks
Open to Community

DOWNSTREAM INTERVENTIONS

MOVING FORWARD

Working toward community-integrated health care requires that both the hospital and the community have sufficient capacity and align across many sectors. Addressing community health is an active process and requires sustained commitment from the hospital as well as its partners. Appropriate SDOH improvement activities also vary based on the identified gaps in each community. As essential hospitals continue to address patient social needs along with community needs and conditions, continuous learning is required. After setting goals, monitoring metrics, and evaluating outcomes and outputs, essential hospitals must tailor and adjust their approach, considering the needs of the community.

By coordinating organizational commitment, workforce development, community engagement, external partnerships, health information technology and data, and finance and investment, essential hospitals can establish a systematic method for addressing the SDOH. These methods can guide essential hospitals toward a diverse portfolio of SDOH improvement activities.

As the national health care landscape continues to shift toward value-based care, essential hospitals are increasingly considering the external factors that impact the well-being of their communities. Essential hospitals know that when they address the SDOH, they go beyond offering short-term, clinical solutions. Through CIHC, hospitals seek to influence the community conditions that contribute to poor health and create health disparities, and to do so in collaboration with other stakeholders who have expertise, reputation, and commitment to their shared community. The milestones presented in this resource do not reflect a linear approach; each hospital may progress through different steps at different times. The path to improving SDOH—and ultimately the health of community members—may follow many different directions as hospitals and their partners work to bring together the multiple resources and voices that are needed.

America's Essential Hospitals remains committed to advocating for policies and legislation that facilitate CIHC, and the Institute will continue to offer guidance, resources, and support as essential hospitals collaborate with partners on these important efforts.



By coordinating organizational commitment, workforce development, community engagement, external partnerships, health information technology and data, and finance and investment, essential hospitals can establish a systematic method for addressing SDOH.



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