HEALTH CARE FOR ALL

ADDRESSING HEALTH-RELATED SOCIAL NEEDS:
A Report on MassHealth Accountable Care Organization and Community-Based Organization Collaboration

EXECUTIVE SUMMARY

BACKGROUND

Health-Related Social Needs (HRSNs) are the needs that arise from social and economic factors, such as housing and food insecurity, that have a significant impact on individuals' health outcomes and costs. MassHealth – the Medicaid program for low-income individuals in Massachusetts – launched an Accountable Care Organization (ACO) program in 2017 that included requirements and targeted funding to address HRSNs for certain MassHealth members. The program relies on partnerships between ACOs and community-based organizations (CBOs) to address HRSNs related to two domains – housing and food. The research for this report consisted of structured interviews with ACOs and CBOs about their current efforts and how they view potential partnerships moving forward. It also concludes with policy recommendations for key stakeholders in the program.

METHODS

The research utilized a qualitative study with structured interview guides to conduct interviews with individuals from the nine ACOs with service areas in Greater Boston and seven CBOs in the Greater Boston area. The CBOs were selected to represent a range of sizes and ensure representation from the two domains targeted under the ACO program (housing and food insecurity), as well as one CBO outside of these domains (domestic violence). The individuals interviewed for this research hold positions in the ACOs related to addressing HRSNs or are leaders at the CBOs. Interview guides were developed by the study team with consultation from experts in the field. The questions were grouped into four categories for the ACO interviews: 1) screening processes for HRSNs, 2) referrals to CBOs, 3) partnerships between ACOs and CBOs, and 4) flexible services. CBO interview questions were grouped into five categories: 1) referrals from ACOs, 2) partnerships between CBOs and ACOs, 3) flexible services, 4) referral capacity

and tracking, and 5) liaising between individuals and health providers. Interviews took place between November 2018 and June 2019.

ACO FINDINGS & RECOMMENDATIONS

Key Findings
- While ACOs differ in their perceived value of the Flexible Services Program, nearly all do see some significant value in this work.
- Most ACOs only screen MassHealth members for HRSNs, though many screen beyond the required domains.
- Referral documentation systems vary *within* ACOs across physician practices and health centers, as well as *between* ACOs.
- ACOs face challenges to manage and share data externally with CBOs.
- Many ACO practices and health centers have existing, primarily informal relationships with CBOs.
- Most ACOs did not discuss patient input, but those that did found it helpful in designing their HRSN screening and referral system.

Policy & Implementation Recommendations
- Enable internal variation across practice settings to maintain existing relationships between practice staff and CBOs, and then build on these structures rather than replacing them.
- Identify clear implementation timelines and appropriate evaluation metrics early in ACO partnerships with CBOs.
- Dedicate IT support to enhance HRSN-focused electronic health record integration.
- Engage senior level ACO leadership in the rollout and implementation of the Flexible Services Program.
- Proactively communicate to a wide range of CBOs regarding potential partnerships under the Flexible Services Program.
- Leverage the expertise of CBOs whenever possible. Develop guiding principles for reviewing the expertise of CBOs and benefits of partnering with them when considering whether to "buy" or "build" supports.

CBO FINDINGS & RECOMMENDATIONS

Key Findings
- CBOs recognize the value of their work and how it improves patient health.
- CBOs believe it would be beneficial for them to provide input on the ACO's HRSN screening processes.
- Information exchange between CBOs and ACOs is a top priority and a major challenge.

- CBOs range in their preparedness to partner with ACOs, though all of those interviewed are open to it, and many had already established or attempted to establish relationships with ACO practices and health centers.
- CBOs face resource constraints and are already operating at capacity.
- CBOs are aware of the Flexible Services Program, but program details such as "Flexible Services Plans" and evaluations are not top of mind at this stage.

Policy & Implementation Recommendations

- Focus on establishing contracts that reflect the CBO's specific capacities and require metrics that are feasible and achievable.
- Attain information on the funding amounts the CBO will receive from the ACO and the outcomes they will be expected to achieve.
- Dedicate resources and attain technical assistance for "building" or "buying" compatible data-sharing systems for exchanging referrals and other necessary information with ACOs to ensure that the loop can be closed on referrals.
- Develop a mechanism for regularly sharing best practices with other CBOs, and dedicate staff to lead the ACO collaborations.
- Put time and effort into applying for financial and technical support from MassHealth and the Department of Public Health.

RECOMMENDATIONS FOR MASSHEALTH

- Minimize unnecessary documentation requirements to only those required for evaluation, in order to maximize ACO and CBO flexibility to implement interventions that meet the needs of their populations and practices.
- Identify clear implementation timelines and appropriate evaluation metrics for both ACOs and CBOs, with early metrics focused on implementation milestones, intermediate metrics on the use of CBO services and health outcomes, and long-term outcomes on cost and utilization.
- Develop channels for widely sharing Flexible Services Program guidance and best practices and engage a wide range of CBOs by proactively identifying potentially smaller organizations and inviting them to participate.
- Offer shared resources and adequate funding to provide legal, contracting, HIPAA, IT, data and other infrastructure support to CBOs throughout the contracting process, and consider providing resources specifically for evaluation.
- Implement a staggered rollout with multiple, specified rounds of contracting over more than one year.
- Seek ways to provide Flexible Services Program funding at the household-level, rather than the individual-level.