Success with CHWs Fact Sheet, February, 2015:

Accountable Care Organizations (ACOs) and Accountable Communities for Health (ACH)

Community health worker strategies support the coordinated care and payment reform goals of two new healthcare models in Minnesota: Integrated Health Partnerships--the term that the Minnesota Department of Human Services (DHS) uses for Accountable Care Organizations (ACOs)--and Accountable Communities for Health (ACH). This fact sheet describes both models and identifies the delivery systems that are now implementing these approaches.

Background

In 2008 Minnesota passed healthcare legislation to improve affordability, expand coverage and improve the overall health of Minnesotans. In addition, the 2010 Legislature mandated that DHS develop and implement a demonstration to test alternative and innovative healthcare delivery systems.

What are Accountable Care Organizations/Integrated Health Partnerships?

ACOs/IHPs are groups of doctors, hospitals and other health care providers who come together voluntarily to deliver coordinated, high quality care to a patient populations. Coordinatead care helps ensure that patients, especially the chronically ill, get the right care at the right time with the goal of avoiding unnecessary duplication of services and preventing medical errors.

The Minnesota DHS IHP demonstration strives to deliver higher quality and lower costs through innovative approaches to care and payment. According to DHS, “The new payment model prioritizes quality, preventive health care and rewards providers for reaching mutually agreed-upon health goals. In contrast, the traditional payment system pays providers for the volume of care they deliver, rather than the quality of care they provide. In the IHP model, providers who meet a threshold for savings are eligible for a share of the savings. Beginning in the second year of participation, they also share the downside risk if costs are higher than projected.”

IHP’s apply to DHS for designation. An IHP must have a payment mechanism, quality measurements, risk adjustment measures, and a set population. The IHP is then responsible for delivering a set of services to the target population who are on DHS-

sponsored healthcare programs. DHS feeds utilization data to the IHP monthly including data about high utilizers. Current billing practices do not change. Expected costs based on history and actual costs are compared. Savings above 2 percent are shared with the IHP. Medicaid fee-for-service (FFS) and managed care entities pay for individual services as they are provided. IHP's then share in the savings that meet the guidelines. CHW services can serve a critical role in this model because they align with the goals of ACO's/IHP's - they improve health status, improve outcomes, and save money.

Delivery systems that began participating in 2013 or 2014:

1. Children's Hospitals and Clinics of Minnesota
2. CentraCare Health System
3. Essentia Health
4. Federally Qualified Health Center Urban Health Network (FUHN)
5. North Memorial Health Care
6. Northwest Metro Alliance (a partnership between Allina Health and HealthPartners)
7. Hennepin Healthcare System (Hennepin County Medical Center Hospital and Clinics)
8. Mayo Clinic
9. Southern Prairie Community

Delivery systems that joined the DHS IHP initiative in January 2015:

10. Bluestone Physician Services
11. Lake Region Healthcare
12. Lakewood Health System
13. Mankato Clinic
14. Wilderness Health
15. Winona Health

Accountable Communities for Health (ACH)

Accountable Communities for Health demonstrations integrate social services and medical care. This uniquely Minnesota approach builds on Minnesota's existing work with IHP's, community care teams and health care homes. The ACH model brings together a broad range of community partners, including local public health, behavioral health, social services, long term care, primary care and other organizations that contribute to a person's health. ACH projects work to address health problems within communities by coordinating support systems across settings to keep people healthy. The population can include the people in a county or other geographic area, a patient population, smaller segments of a community, or other arrangements.

ACH projects share the following required elements:

- community-led leadership team that represents community and a broad cross-section of providers
- community-based care coordination service delivery team or system
- population-based prevention component
- measurement, testing and evaluation
- ACO partner.

Under Minnesota's SIM grant, the Minnesota Department of Health (MDH) has funded fifteen ACH projects to develop connections between health organizations and social service/community organizations with the goal of transforming care delivery. Each ACH is working with community partners – primary care, behavioral health, social services, long-term care and public health – to improve the quality and effectiveness of care to a specified community. Participating ACH sites represent population and geographic diversity. In 2014, MDH announced three year ACH grant awards to:

- UCare/Federally Qualified Health Center Urban Health Network (FUHN), Minneapolis
- Vail Place/North Memorial, Hopkins
- Hennepin County/Hennepin Health, Minneapolis
- Generations Health Care Initiatives, Duluth
- New Ulm Medical Center, New Ulm
- Otter Tail County Public Health, Fergus Falls
- Allina Health Systems/Northwest Metro Alliance, Minneapolis

- CentraCare Health Foundation, St. Cloud
- Southern Prairie Community Care, Marshall
- Lutheran Social Service of Minnesota/Bluestone Physician Services, St. Paul
- Unity Family Health Care, Little Falls
- North Country Community Health Services, Bagley
- Mayo Clinic, Rochester
- Essentia Health, Ely
- Hennepin County, Minneapolis.

For additional information about health reform activities in Minnesota, visit:
www.dhs.state.mn.us/healthreformmn/