

ALIGNING IN ACTION: GEN-H, AN ACCOUNTABLE HEALTH COMMUNITY

- Lead organization: Gen-H at the Health Collaborative
- Lead sector: Health care
- Location: 14 counties in Southwest Ohio, Southeast Indiana, and Northern Kentucky
- Year founded: 2014
- Interview with: Kiana Trabue, executive director, population health strategies

Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place.

Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

[Aligning Systems for Health: Health Care + Public Health + Social Services](#), sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people's goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a [theory of change](#) that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

Gen-H is a long-term, systems-change initiative that strives to make Greater Cincinnati and Northern Kentucky a healthier, more vibrant community by addressing unmet health-related social needs. With multisector partners at the table from the start, the initiative uses the Accountable Health Communities (AHC) model as one way to address health-related social needs.

LOCAL CONTEXT

The Health Collaborative is a result of the 2015 merger of three separate nonprofits: the Greater Cincinnati Health Council, HealthBridge, and the Health Collaborative. This merger allowed the three long-standing health and health care-improvement nonprofits to better align their services to more efficiently meet the needs of members and the communities they serve. The Greater Cincinnati Health Council was a member organization serving health systems, hospitals, long-term care facilities, and select business partners. HealthBridge supported health information exchange and provided technology solutions to care providers. The Health Collaborative was a multistakeholder convening organization, delivering cross-sector solutions and health improvement pilot projects to the region. Post-merger, the Health Collaborative has maintained all the functions of those three legacy organizations under one roof. In addition, it has added a population health agenda, known as Gen-H.

Gen-H launched in 2014 under the leadership of the Health Collaborative and the United Way of Greater Cincinnati as a coordinated response to the critical health disparities in the region. Stakeholders in the region came together and committed to developing a regional health improvement plan using the collective impact model.

Through this collaboration, there was an opportunity to apply to be a bridge organization for the AHC model, with funding through the Center for Medicare and Medicaid Innovation (CMMI). The model fosters partnering with health systems, public health, and social services to address health-related social needs. As a community hub for the AHC, since

404.413.0314

ghpc.gsu.edu

ghpc@gsu.edu



2017, Gen-H has been working to address the health-related social needs of Medicare and Medicaid beneficiaries in the region. Medicare and Medicaid beneficiaries are screened using a validated survey tool and provided with community resource referrals to help address challenges like housing instability, food insecurity, utility needs, interpersonal violence, and transportation. Beneficiaries who are utilizing the emergency room two or more times per year are also referred for community-based navigation services to provide additional support in addressing their identified needs.

PURPOSE

Guided by communitywide feedback and informed by health care data, Gen-H ultimately identified three core purposes: addressing unmet health-related social needs, designing value-based care, and empowering place-based health and wellness initiatives

Gen-H staff convenes community and health care partners to drive this work.

GOVERNANCE

The Health Collaborative serves as the backbone organization and is responsible for bringing all the partners and stakeholders together.

Based on its historic role as a neutral convener, it relies on a collaborative approach — bringing people together to try to solve problems that they cannot solve on their own. Regular convenings include multisector partners informing the regional community health improvement plan and an AHC advisory council (health care, community-based organizations, payers, elected officials, and business partners) to strategize communitywide solutions to addressing health-related social needs. The co-chairs of the AHC advisory council along with the Health Collaborative's executive director of population health strategies serve as decision-makers for the AHC model. Decision-making for the regional community health improvement plan is led by Gen-H's senior manager in partnership with the members of the implementation plan workgroup.

DATA

HealthBridge is the service line of the Health Collaborative that supports health information technology adoption, a health information exchange, and innovative uses of data for improving health care outcomes. HealthBridge is recognized as one of the nation's largest, most advanced, and most financially sustainable health information exchanges. Its mission is to positively impact health status, experience, outcomes, and affordability by fostering a connected system of health care and community health through innovation, integration, and informatics. As a result of HealthBridge and its community partners' efforts, more than 30 million clinical tests, images, and other clinical results are transmitted each year to authorized physicians through HealthBridge's secure electronic network. HealthBridge serves more than 30 hospitals, 7,500 physicians, and 800 practices, as well as local health departments, nursing homes, independent labs, radiology centers, and other health care entities across multiple communities in four states.

While early in the process, the AHC is gathering data to show its impact, which in turn is used to enhance alignment across sectors. This data has been used to conduct a gap analysis and will be used to prioritize which health-related social need to address as a community.

FINANCING

Gen-H is primarily grant funded, with the largest amount of funding coming from CMMI. Program-specific funds have come from local foundations and the United Way of Greater Cincinnati, as well as the Robert Wood Johnson Foundation's County Health Rankings & Roadmaps program.

The Health Collaborative is in early conversations about establishing a wellness fund. While the AHC work is new and the Year 2 evaluation is not yet complete, CMMI will be examining claims data to measure if there is a decrease in utilization and total cost of care for beneficiaries who participated in the model. If the data is supportive, the Health Collaborative may pursue a strategy to reinvest savings.



INSIGHTS FROM THE COLLABORATIVE

The Health Collaborative believes its strength as a backbone organization comes from its neutral standing, as well as its long-standing history of convening and bringing in multisector partners from the beginning of the Gen-H work.

"It is not a hospital, it is not a social service agency, it is not the government. We have a longstanding history of success with bringing people together and working towards a common goal," says Kiana Trabue, executive director, population health strategies. "We are not playing favorites. We are not saying, 'Hey, it's the hospital's responsibility,' or, 'Hey, it's the social service agency's responsibility.' We're saying we all have a role to play and we all need to have skin in the game in order to make this work."

INSIGHTS FOR ALIGNING

- Common purpose needs to be narrowed in order to move the work forward. Collaborators have many ideas for what they want to work on together, but a disciplined process of focusing on a few highly impactful goals may be necessary to get the work off the starting block.
- Collaborating agencies/members can continue to focus on their core missions and priorities but dedicate time and resources to maximizing impact and minimizing duplication through their participation in the Gen-H initiative and a coordinated regional implementation plan.
- There is no expectation that large health care providers foot the bill or lead the charge. The resources and capacity of the collaborative members at the community level are enabled when United Way connects Gen-H with community leadership in local neighborhoods.
- With the regional health information exchange, the Health Collaborative has the data infrastructure to inform the regional community health implementation plan. The work to include public health data and to engage neighborhoods in development of community health dashboards further strengthens this cross-sector approach.
- Developing a strong infrastructure that includes a backbone organization and access to regional and real-time data will help Gen-H build their value proposition and create paths to sustainability.

ALIGNING IN ACTION

The Health Collaborative's AHC model, Gen-H, brings together 10 clinical organizations, two managed Medicaid plans, and three community-based organizations to address the unmet health-related social needs of Medicare and Medicaid beneficiaries across three counties in Southwest Ohio (Hamilton, Butler, and Warren counties). In addition to participating partner organizations, Gen-H also brings together local elected officials, Ohio Department of Medicaid, United Way of Greater Cincinnati, and other community-based organizations to oversee the AHC model and to strategize around communitywide solutions to the region's most critical health-related social needs.

Transportation has been identified as a top need by the AHC model. As a result, the Health Collaborative's executive director of population health strategies became a member of the transportation committee for Human Services Chamber of Hamilton County (HSC) as a way to address this need through cross-sector collaboration. Based on recommendations from HSC, the Southwest Ohio Regional Transit Authority Board adopted a resolution to put a 0.8% countywide sales tax levy on the ballot next year to fund public transit and infrastructure projects.

If adopted, the levy is expected to pave the way for significant service improvements for Cincinnati Metro, including 24-hour service on key bus lines, increased frequency and weekend service, new routes to job centers, and improved crosstown routes. Notably, the resolution includes \$500,000 per year for a Transportation Empowerment Fund and a commitment to expand Access service, items that the HSC has led advocacy efforts on over the past 18 months. Additionally, HSC's Transportation Empowerment Fund would provide free or discounted bus passes and other ride options to eligible low-income citizens through participating nonprofit and government organizations. The proposal is designed to help low-income riders overcome financial barriers associated with bus fares and future fare increases.