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, supported 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.

NCCARE360 is the first statewide coordinated care network to electronically connect those with identified needs to community resources, with a feedback loop reporting on the outcome of that connection.

**Local Context**

NCCARE360 begins with the assumption that effectively managing people’s social needs will result in better health outcomes. The state of North Carolina, including the governor’s office and North Carolina Department of Health and Human Services (DHHS), promoted this idea of investing in health, not just health care, as the desired way to invest in health in the state.

A public-private partnership between NC DHHS and the Foundation for Health Leadership & Innovation (FHLI) was formed to operationalize NCCARE360. As part of this work, FHLI released a request for proposals in 2018. United Way of North Carolina, the state association for 52 local United Ways, administers the statewide NC 211 information and referral system, thus positioning them as an ideal partner. Other selected implementation partners include Expound Decision Systems, which created a data repository model, and Unite Us, which provides the care coordination technology platform to send, receive, and track electronic referrals.

**Purpose**

The initial assumption that social needs impact health outcomes is at the core of NCCARE360 and serves as the unifying vision between the partners who are collectively addressing the social determinants of health for North Carolinians. Grounded in a No Wrong Door approach, incoming referrals — received electronically from health care providers, other social needs providers, or self-referrals through the website or phone-based care navigators — are all connected to community-based organizations to address food, housing, transportation, or other needs.
Data

Data sharing is central to NCCARE360. A public community resource directory serves as a repository for thousands of community referral organizations. These organizations are then formally onboarded into the electronic platform to ensure seamless referrals and outcome tracking. A data governance structure guides the onboarding of referral organizations. NCCARE360 uses the Unite Us platform and integrates with clinical platforms, like Epic.

Data sharing occurs at both the micro level — to electronically track the referral of an individual — and at the macro level — for programmatic and planning purposes. Micro-level case data is shared with the referrer and the community organization receiving the referral. At the macro level, NCCARE360 collects and shares data related to network performance (number of organizations, referrals, clients, etc.), network efficiency (time to connect to an organization, case closure, etc.), community impact (resolved services, client outcome, community resource gaps, etc.), and network impact (needs addressed, accuracy of referrals, percentage of cases closed with positive outcomes) with its onboarded partners.

“The data is incredibly important because it allows us to quantify the social network and social need to a degree that I don’t think we’ve ever had before,” says Chris Scarboro, senior program manager at NCCARE360/FHLI. “Being a statewide effort, it provides the ability to look and see the regions being impacted and the demographic that is being impacted. Do we have areas of need where we don’t have organizations to fill that need? From a policy perspective, that’s incredibly valuable.”

Both levels of data feed into an ongoing evaluation process. Individual organization and regional progress reviews are underway as part of a rapid-cycle evaluation. A longer-term, system-level evaluation will test the fundamental assumption that there is health utility to the NCCARE360 system.

Financing

NCCARE360 is primarily grant-funded through 2021 but has begun entering into some care coordination contracts that will also start paying for operations. NCCARE360 is contracting with larger health systems and payers that potentially could see tangible, clinical, and financial benefit through utilization of the system, and NCCARE360 will continue to target this group as part of its sustainability efforts.

Governance

The development, implementation, and management of the NCCARE360 system, including overall governance and decision-making, occurs through the public-private partnership between DHHS and FHLI.

“We try to be as democratic as we can,” says Scarboro. “We talk through big decisions with everyone because it affects everyone, but contractually these two organizations are responsible for the management of the program.”

This governance oversees the partnership-building and onboarding of thousands of community organizations at the county level, a process that began in spring 2019. The onboarding process starts with a strategy session to identify the key local players, understand regional needs, and build partnerships with those doing the work. The entire process, including onboarding and training, takes about 90 days.

Insights From the Collaborative

Scarboro says partner engagement has been strong.

“I have been pleasantly surprised that everyone is engaged around the assumption that if you manage social need effectively, that people will have better quality of life and better outcomes. That is not something that we need to convince people of,” Scarboro says. “However, there are different motivating factors in terms of why they’re working with the network. That is something just to be aware of, and it takes some time to work through.”
Building trust at the local level and building community engagement are also large parts of NCCARE360’s strategy.

“We are working with churches and barbershops and many other organizations where people congregate, and they trust the people that they are talking to in those organizations,” says Scarboro. “In many cases, there’s a stigma attached to some of these nonmedical needs. And so we’re thinking outside of the clinical box and working with others where there is already a trusted relationship, in addition to health departments and primary care physicians on these things.”

Recognizing that building trust takes time and that the implementation window per county is only about 90 days, NCCARE360 relies upon partnering with trusted, established organizations in the community.

ALIGNING IN ACTION DURING COVID-19

Using CARES Act money, North Carolina began implementing its Community Health Care Worker (CHW) Initiative, that had been in the works for years. A total of over 400 CHWs are being hired and trained to assist 53 high-caseload counties with COVID-19 contact tracing, as well as assisting individuals to meet their broader health and social needs. The CHWs are working with local health departments and will additionally leverage NCCARE360 to address health and nonmedical needs connecting individuals with resources for health care, food, housing, employment, or other financial assistance.

The COVID-19 pandemic made NCCARE360 restrategize, but like it did the expansion of CHW support, the pandemic has enabled the statewide network to accelerate many of its efforts.

“We pivoted to a virtual process and fast-tracked bringing counties on,” explains Scarboro. “We were actually able to bring all 100 North Carolina counties onboard quicker than planned, nearly six months ahead of schedule. COVID-19 put an incredible need on the social network in the state, like everywhere throughout the country. We have seen food insecurity triple in our data. Housing needs have definitely increased just as utility assistance has increased. Our data and network allow us the ability to look at all of this and really see the regions where that’s being impacted.”

INSIGHTS FOR ALIGNING

- NCCARE360 demonstrates the need for a close association between data and appropriate governance.
- Like many efforts that are aligning sectors to better serve individuals and communities, NCCARE360 started with grant funds but is transitioning to a payer-funded model so that the initiative is built to last.
- NCCARE360 focuses on trust and community voice as important factors in reducing stigma associated with some social needs.

ALIGNING SYSTEMS FOR HEALTH

Health Care + Public Health + Social Services

55 Park Place NE, 8th Floor
Atlanta, GA 30303
ghpc.gsu.edu/project/aligning