

## National Association of County and City Health Officials Public Health Transformation Sentinel Network Results from Survey 5 – February 2016

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Local public health is experiencing a significant period of transformation. Across the nation, local health department leaders are changing the way they do business to ensure that staff have the skills and resources necessary to work across sectors; to question why health inequality exists; to make data-driven decisions; and to think strategically about how to engage the community to create conditions for health, safety, and equity. NACCHO's public health transformation portfolio assists local health departments as they contend with the complex challenges that impede growth, adaptation, and innovation. Through situational awareness, capacity building, and partnership development, NACCHO will demonstrate and support local public health's efforts to improve the systems that shape health. For more information on NACCHO's work in this area, contact [transformation@naccho.org](mailto:transformation@naccho.org) or visit [www.naccho.org/transformation](http://www.naccho.org/transformation).

### **Background**

Local public health systems and practices are adapting and transforming in response to new trends and forces in the field, including a changing public health workforce, ongoing reductions in state and local budgets, and implementation of the Affordable Care Act (ACA). Specifically, the ACA offers new mechanisms for paying for prevention and linking public health and healthcare entities to define priority areas for investing in safe, healthy, and resilient communities. Hospitals and health plans are developing new value-based payment models, ranging from pay for performance to provider-sponsored plans. At the same time, local health departments (LHDs) are considering their unique value as service providers and/or coordinators of population health efforts to improve the quality and sustainability of their community's health system. For example, some health departments are developing new billing and reimbursement mechanisms and/or contributing to development of new networks of care, such as Accountable Care Organizations (ACOs).

The National Association of County and City Health Officials (NACCHO) is the voice of the approximately 2,800 LHDs across the country. These city, county, metropolitan, district, and tribal departments work every day to protect and promote health and well-being for all people in their communities. NACCHO provides resources to help LHD leaders develop public health systems, policies, and programs to ensure that communities have access to the vital programs and services people need to keep them protected from disease and disaster. NACCHO is committed to ensuring LHDs have the resources they need to

contribute to transforming the nation's healthcare and public health systems. The results presented in this and subsequent reports highlight local conditions and LHD approaches to improving population health and advancing the Triple Aim, a three-dimensional approach to optimizing health system performance by enhancing the patient experience, improving the population's health, and reducing per-capita healthcare costs.

### **Public Health Transformation Sentinel Network**

NACCHO formed the Public Health Transformation Sentinel Network (Sentinel Network) in fall 2014 to collect information and feedback regarding the role of LHDs in the transformation of local public health systems, including implementation of the ACA. Members of the Sentinel Network are familiar with local-level ACA implementation efforts across their state or region and have general knowledge about LHDs and their roles in the public health and healthcare systems. Sentinel Network members participate in regular surveys and conference calls designed to explore a number of factors at the local level, including the extent of implementation, facilitators and barriers to transformation, and innovative strategies.

As of February 2016, the second cohort of the Sentinel Network consisted of 37 members from 28 states. Members were recruited from a range of organizations, including state associations of local health officials, state health departments, LHDs, public health institutes, academic institutions, and primary care associations.

### **Methods**

NACCHO fielded a Sentinel Network survey in February 2016. The survey instrument included open- and close-ended questions exploring how LHDs partner with managed care organizations (MCOs). Respondents were asked to indicate the ways in which LHDs and MCOs partner with one another in their states and the frequency of the partnership among LHDs in their state. Response options included "one organization refers patients to the other organization for services" and "both organizations collaborate on performance improvement projects," with the option to select "many LHDs partner this way," "few LHDs partner this way," or "no LHDs partner this way." Respondents were also asked to describe the opportunities for LHDs in their states to partner with MCOs, the most important factors for successful collaboration between LHDs and MCOs, and the most important barriers to collaboration between LHDs and MCOs. Lastly, members described local and state level changes that would facilitate better collaboration between LHDs and MCOs.

The survey was developed with support from the Centers for Disease Control and Prevention (CDC) and NACCHO's Research and Evaluation team. A total of 17 respondents representing 15 states completed the survey. In March 2016, NACCHO presented a preliminary analysis of the findings to the Sentinel Network during a quarterly conference call, in which 17 members participated. This memo summarizes the findings from the survey and the telephone conversation.

### **Key Findings**

- Local health departments and managed care organizations partner in a variety of ways, most commonly by referring patients to one another for services and collaborating on community health improvement projects. Least-common forms of partnership among local health departments and managed care organizations were co-locating to the other organization's facility and working on performance improvement projects.
- Sentinel Network members discussed many opportunities for collaboration between local health departments and managed care organizations, particularly around completing community health assessments and community health improvement plans, leveraging data analytics to address health disparities, and conducting primary prevention initiative activities.
- The most frequently mentioned factor for successful collaboration between local health departments and managed care organizations was a shared understanding of each organization, as well as the organization's missions, visions, and values. The most common barriers to successful collaboration were lack of knowledge about the other organization, difficulties in linking data systems, and low prioritization of collaboration between organizations.
- Sentinel Network members stated that changes at the state and local level, including stronger relationships among partners, leadership's support and prioritization of collaboration, and incentives to collaborate, would facilitate collaboration between local health departments and managed care organizations.

### **Results**

#### **Partnerships Among Local Health Departments and Managed Care Organizations**

Sentinel Network members report a variety of ways in which LHDs and MCOs partner to fulfill public health core functions and achieve healthcare targets. Sentinel Network members indicate that LHDs and MCOs in their state partner most commonly by referring patients to the other organization for services. Approximately 68% of members indicate that many or few LHDs in their states partner through referral processes. For example, a Sentinel Network member from Washington described a contract between LHDs and MCOs, where MCOs refer their members directly to LHDs for case management and linkage to social and clinical services in the patient's area. This partnership model results in an increase of coordinated care across the system and generates revenue for the LHDs. LHDs also commonly collaborate with MCOs on community health improvement plans, according to Sentinel Network members. Roughly 52% of members say that many or few LHDs in the state work with MCOs to complete community health improvement projects. In this partnership, Sentinel Network members say

that health departments typically serve as the backbone organization, providing support, direction and guidance throughout the community health improvement plan process, while involving MCOs and other organizations, including regional medical centers and nonprofit hospitals engaged in the collective impact model. A Sentinel Network member representing Minnesota described the increased involvement of LHDs in community health improvement plans by saying:

*We are seeing a little bit more involvement of local public health in the hospital community health needs assessment and implementation plan process. And actually in some instances, they are coming together to try to create one plan that serves both as local public health's community health improvement plan and the hospital's... That's newly emerging in some of our higher capacity jurisdictions.*

Least-common forms of partnerships among LHDs and MCOs were co-locating (nearly 58% of members stated that no LHDs in their state partner by co-locating) and collaborating on performance improvement projects (42% of members stated that no LHDs in their state partner this way). Most members indicate that partnerships between LHDs and MCOs exist currently, however about 25% of Sentinel Network members say that most or few of the LHDs in their state do not currently partner or have plans to partner with MCOs.

Sentinel Network described several benefits of partnership between LHDs and MCOs. Members referenced the significant resources, including financial resources, MCOs possess that LHDs as partners are able to tap into as a benefit to the partnership. Members agreed that partnership with LHDs is also advantageous to MCOs. While MCOs often have greater resources, financial and otherwise, LHDs based on their position and reputation have longstanding community connections, in-depth knowledge of the community and its health needs, as well as the trust of the community—all valuable assets that LHDs contribute to the partnership. Overall, members agree that partnerships between LHDs and MCOs are mutually beneficial to both organizations in striving toward their respective missions.

### **Potential Opportunities for Collaboration between Local Health Departments and Managed Care Organizations**

Sentinel Network members discussed many potential opportunities for partnership between LHDs and MCOs to promote collaboration between organizations. Many members discussed the prime opportunity for collaboration in the community health assessment and community health improvement plan process. Health reform, namely the ACA, presents new opportunities for collaboration as nonprofit hospitals are mandated to conduct a community health needs assessment (CHNA) every three years, coinciding with the requirement for LHDs to conduct a community health assessment (CHA) every five years for voluntary accreditation by the Public Health Accreditation Board.<sup>1</sup> Many LHDs across the country collaborate with hospitals for CHNA, a practice not uncommon prior to the ACA requirements.<sup>1</sup> One Sentinel Network member stated: “In our community, we have collaborated with hospital partners since before the ACA required hospitals to use the CHNA process. Other LHDs in our state are also beginning collaborative work on [CHNAs].” This opportunity for partnership between LHDs and MCOs

provides an opportunity for greater collaboration between organizations, as well as increased data sharing, less duplication of efforts, and the opportunity to work together on projects and policies in support of a shared vision and goals that emerge from the community health improvement plan process.

Partnership between LHDs and MCOs also has the potential to improve the depth and breadth of data analyses. Access to larger and more diverse datasets allows LHDs and MCOs to examine trends and patterns in health behaviors and outcomes, social determinants of health, and indicators of quality. This is especially important for identifying disparities among subgroups and tailoring interventions and services to improve outcomes. As one Sentinel Network member from Texas explained:

*[Collecting and analyzing data around health disparities] is certainly a value of local health departments. And if the collaboration with MCOs and other hospital healthcare systems results in analytics based on some known disparities or health inequities, I think there could be some targeted improvement within the health plan itself to raise up those areas that may have historically been underserved or historically poor outcomes.*

Another Sentinel Network member shared the potential for LHDs and MCOs to collaboratively address health outcome disparities and social determinants of health:

*We recently completed a survey asking LHDs and primary care about the topic areas in which they would like to partner more—where there is opportunity—and mental health, as well as targeting social determinants of health were topics where public health were seen as bringing additional value to healthcare.*

Other potential areas for partnership also emerged from the survey, including increased referrals, greater care coordination, and primary prevention initiative activities, such as tobacco cessation programs. One member mentioned the opportunity to collaborate on communicable disease surveillance by saying: “With emerging diseases like Ebola and Zika, there are opportunities to partner on community responses.” A Sentinel Network member from Oregon discussed the variety of opportunities for LHDs and MCOs to partner in the state:

*Oregon is continuing to work on a wide variety of opportunities for partnership, including collaboration around improving clinical care, collaborations on community health assessments and improvement plans, specific funding for population-based health strategies, coordination with early learning and upcoming planning for maternity support and other home visiting programs services for pregnant women and child.*

## **Factors for Successful Collaboration and Barriers to Successful Collaboration**

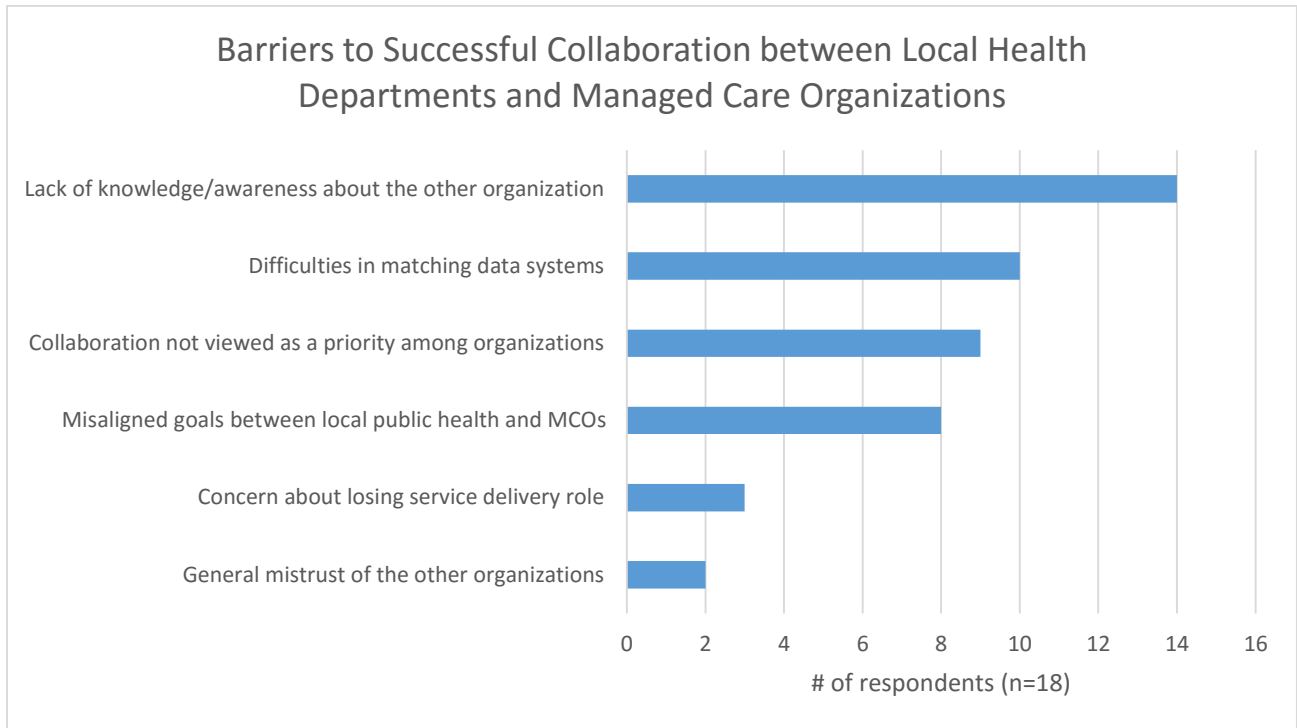
Sentinel Network members described the factors that contribute to successful collaboration between LHDs and MCOs. The most commonly cited factor for successful collaboration was a shared understanding of each organization, including missions, visions, and values. Sentinel Network members discussed the importance of LHDs understanding the MCO system structure, especially in larger markets. Members also explained the importance of understanding the key priorities of MCOs and

common allies in order to approach collaboration strategically. Mutual understanding contributes to appropriate alignment of activities and initiatives, clearly defined roles and responsibilities, and the elimination of duplicate efforts. A member from Washington said:

*We have health departments that provide technical assistance to providers in the community around quality and performance, and that's also an activity that is standard with managed care organizations. So realizing that you're both working toward the same goal and understanding whose job it is to do what, or who is best at doing certain activities with providers, is a way to really maximize activities and demonstrate the value that local health department have, and the reach locally [of LHDs] that the MCOs may not have.*

Other members discussed the importance of MCOs understanding the value that LHDs add to health initiatives and how LHDs can help MCOs reach their quality targets. For many members, making the case for collaboration with LHDs is key to initiating successful collaboration, as MCOs need to “recognize the role of prevention in managing health care costs”, according to one member. Another Sentinel Network member described the need for MCOs to understand the role and value of LHDs by saying: “I think insurers in general think of public health and might think of data or population health but there’s a lot of other community level activities that occur through the health department that match up more closely with what managed care does. So having those conversations is really important.” Other factors for successful collaboration that arose from the survey and conference call included a commitment to open communication between both organizations, strong relationships and trust between the organization and within the community, and strong leadership from both organizations that prioritize collaboration and a focus on population health and upstream approaches improve community health.

The most common barrier to collaboration between LHDs and MCOs was lack of knowledge and awareness about the other organization, followed by difficulties in linking data systems. A member from Michigan said: “The difficulty of sharing data across systems cannot be understated as a barrier. The ability to share information across systems would greatly facilitate collaboration.” Other common barriers include lack of prioritization of collaboration between organizations and misaligned goals between local public health and MCOs. Additionally, the difficulty of paying LHDs for prevention services emerged as an important barrier to successful collaboration. Lastly, members cited lack of capacity for collaboration for both organizations and “the pace at which both healthcare and public health are changing and the large number of priorities each need to attend to” creates a barrier for successful collaboration among LHDs and MCOs.



## Changes to Facilitate Collaboration between Local Health Departments and Managed Care Organizations

When asked what changes at the county and state levels would facilitate better collaboration between LHDs and MCOs, Sentinel Network members most frequently mentioned that stronger relationships between local public health and human services at state and local levels would set a precedent for collaboration. Stronger relationships among partners at both the state and local level would lead to continued conversations to increase the understanding of roles across organizations; greater inclusion at planning meetings for both LHDs and MCOs; an opportunity to identify shared goals and objectives and align community health priorities; and a greater understanding of the role and value of LHDs. Sentinel Network members state that leadership should share opportunities and information about successful collaborations in order to facilitate increased partnership. Additionally, members say that funding discussions at both the local and state levels would promote increased collaboration. Finally, state policies that create incentives for health plans to work with LHDs to address community conditions and social determinants of health would promote collaboration. Overall, Sentinel Network members agreed that local and state level changes to increase collaboration between LHDs and MCOs are critical, as one member stated: “If local public health wants to stay viable in our state, we need to partner with managed care organizations.”

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Learn more about the Sentinel Network's findings in the first year of the project by reading the [executive summary](#) and the [full report](#). Please contact [transformation@naccho.org](mailto:transformation@naccho.org) with inquiries about the Sentinel Network.

### **References**

1. National Association of County and City Health Officials. (June 2015). The Changing Public Health Landscape: Findings from the 2015 Forces of Change Survey. Retrieved April 8, 2016, from <http://nacchoprofilestudy.org/forces-of-change/>