



Imperial County ACH Case Study

Imperial County, CA
2018

THE FUNDERS FORUM ON ACCOUNTABLE HEALTH

The Funders Forum on Accountable Health is a collaborative at George Washington University's Milken Institute School of Public Health that works to advance accountable communities for health (ACH) models by promoting dialogue and catalyzing change among public and private funders of ACH efforts across the country.

The Forum is a common table for funders of ACH efforts to share ideas and experiences, explore potential collaborations, support common assessment approaches, and build a community of practice.

Visit our website at accountablehealth.gwu.edu to learn more!

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FUNDERS FORUM CASE STUDIES

The Funders Forum on Accountable Health conducted ten case studies of different accountable health models to better understand the key implementation challenges and opportunities they face.

Accountable Communities for Health (ACH) are community-based partnerships formed across sectors to focus on a shared vision and responsibility for the health of the community. They pursue an integrated approach to health that focuses not only on the clinical setting, but also on how the broader community can support health care's "Triple Aim"¹ of better care for individuals, better health for populations, and lower health care costs.

The Funders Forum interviewed leadership from ten ACH sites in order to better understand the various approaches to governance structure, portfolio of interventions, investments in technology, funding sustainability strategies, and anticipated short- and long-term outcomes of their ACH efforts.

The purpose of this report is to provide an in-depth overview of the Imperial County Accountable Community for Health of southern California. We wish to thank all the participants in this case study.

Reports on all ten case studies are available on our website at accountablehealth@gwu.edu.

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1. Berwick, D. M., T. W. Nolan, and J. Whittington. 2008. "The Triple Aim: Care, Health, and Cost." *Health Affairs* 27(3).

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What is Imperial County Accountable Community for Health?

Imperial County Accountable Community for Health, located in a rural county in southern California, is a partnership of public and private leaders focused on collective action around population health. The county is primarily a rural farming community located on the border of Mexico and faces serious economic and environmental challenges along with high rates of chronic diseases. Instead of continuing to have different community partners operating in silos to address health disparities, county leaders decided to look at health in a more holistic way and see how health care providers, payers, public health, schools, businesses and social service organizations could work together to implement system wide changes that would benefit the community. They also focused on more effectively engaging and empowering residents to be in decision-making roles and promote health. Local partners initially focused on asthma as a way to link efforts across various sectors and engage in broad changes to address social determinants of health by integrating health care providers with other organizations committed to improving health in the region. Community leaders emphasize that health care is not simply the responsibility of one branch of experts in the county, the public health department, the local health authority or the health plan each acting independently. Rather, it is the responsibility of the whole community to act in concert to create broad system level change.

Origins of Imperial ACH

When Medicaid managed care came to the county, leaders in the community insisted on at least one health plan having a public-private partnership with the county being co-equal partners. The county negotiated that the health plan would provide a per member per month contribution as well as a percent of sharable revenue to support county-wide investments in population health that would later be referred to as a Wellness Fund. The county established a Local Health Authority Commission that would govern the relationship between the county and the health plan. Comprised of leaders in many sectors throughout the community as well as members with a vested interest in the wellbeing of residents, the Commission has managing control over the Wellness Fund investments as well as the partnership with the health plan.

In 2016, the community collectively began seeking grant funding to help advance their work in developing sustainable strategies for improving population health. Imperial County was selected as one of six sites funded by the California Accountable Communities for Health Initiative (CACHI). Through CACHI, the county will receive up to \$850,000 over three years, along with technical support and opportunities for peer learning. Leaders credit CACHI “with setting a model in place that is pulling together different areas of wellness and prevention and health care in the community that we have not seen before.”

Governance Structure


The Imperial ACH is led by the Local Health Authority Commission with input from a Steering Council that is the oversight working body of the local Community Health Improvement Plan Partnership (the Partnership). The Steering Council currently includes representatives from the Federally Qualified Health Center (FQHC), a Medicaid health plan, the “First 5 Imperial Commission” that represents children (0-5 population), the Imperial County Public Health Department, and a nurse who is tenured faculty at the local branch of a state university. Given that the Steering Council works with a broad range of stakeholders in the Partnership to help carry out the work of the local Community Health Improvement Plan (CHIP), the Local Health Authority often consults with the Steering Council to gather broader perspective on areas of need in the community. Additional key partners in these efforts include Clinicas de Salud del Pueblo, Inc., Comite Civico Del Valle, Inc., El Centro Regional Medical Center, and Pioneers Memorial Healthcare District.

The public health department serves as the backbone for the ACH and is trusted by the community to play a

neutral and supporting role. In addition to providing in kind support from the public health department, CACHI funds, braided funding from the public health department, and administrative funds from the Commission's Wellness Fund collectively enabled the county to establish 6 new positions that are housed in the public health department to manage the ACH, convene community partners, and help identify and support activities that will lead the community to have sustained collective impact around population health. In addition to providing administrative support to facilitate the ACH, the public health department also sees it as their role to help the partners understand what their stewardship could be in support of the community goals and how they can collectively do more by blending and braiding resources across the community. They emphasize the importance of two aspects of stewardship in ensuring long term success: 1) partners need to agree to allocate the ACH resources to support the common good of the community and, 2) partners also need to be prepared to change how their respective organizations operate to support the common good.

Community Engagement and Data Pointed to the Same Priority Area

Health leaders are engaging with the larger community in new ways in order to better understand community needs, barriers, and hardships. During 2015 and 2016, the Partnership conducted the community's first-ever comprehensive Community Health Assessment which included holding several community forums and gathering over 2,300 responses from a community survey to better understand residents' perspectives on key areas of need for health improvements. The group used that input to develop a list of needs and prioritized those through a series of forums and meetings. Ultimately, they kept whittling the list down until they came up with what they felt was an achievable five-year plan for 2017-2021 that centered around three priority areas: healthy eating and active living, community prevention linked with high quality healthcare, and healthy and safe communities and living environments. The Local Health Authority Commission selected asthma as a focus of their initial work in part because it has long been known as a health issue of challenge for the community, but also because it was included in the Community Health Improvement Plan. Additionally, focusing on asthma would allow the partners to address the many social determinants of health that impact asthma, ranging from housing conditions and other environmental factors to education on how to manage and treat the condition, and resources to effectively engage in care. Asthma efforts also aligned well with community priorities and other state efforts underway, including efforts to address environmental hazards from the receding nearby Salton Sea¹ and other factors affecting air quality that were identified as contributing to high rates of asthma exacerbation. The Local Health Authority Commission felt they could use asthma as a starting point for their larger efforts around building linkages and capacity to address population health.



"I've been involved in health care since 2006, so 12 years, and what I see is an entirely new way of approaching [health care] in that we are working together in a way that we have not worked before...We're building trust and having conversations around the impact and implementation of health care on communities...and saying, where is my stewardship in this area?"

Kathleen Lang, D.P.A., Vice President of Operations,
California Health & Wellness, Imperial, CA

Systems Level Changes to Improve Asthma Care

The group has been able to implement several important system level changes to support better management of asthma in the community, including: 1) adoption of the same medication administration form across schools, 2) standardization of the protocol for asthma related ED visits, and 3) integration of new tools into electronic health record systems to screen at risk patients and subsequently connect them with available

1. <http://resources.ca.gov/salton-sea/salton-sea-management-program/>


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resources.

With the rate of emergency department visits for asthma high amongst school-aged children (0-17)², efforts were focused on bringing school nurses together along with backbone staff and representatives of the Local Health Authority Commission to discuss what might be feasible to improve asthma management. School nurses noted that they often received the wrong medication administration form for students and that forms were not completely filled out by doctors to indicate if children could or could not self-carry asthma medications. This led to the nurses standardizing and adopting a single medication administration form across all schools to help ensure easier and more timely acceptance of asthma medications at schools. The ACH is working on processes to ensure the maintenance and use of this form and to share this universal form with all local health care providers.

Additional system level changes have been supported by Wellness Fund money through a \$1.5M, three-year initiative called the Asthma Community Linkages Project. Through the Asthma Community Linkages Project, the two hospitals in the county have implemented a standardized protocol for asthma related ED discharges called the CHAMPS model.³ Now every emergency department visit for asthma follows a certain protocol which changes the clinical pathway to include: an action plan by a respiratory therapist; scheduling a primary care appointment (versus simply making a referral) within 72 hours for children and 96 hours for adults, and follow-up by an integrated care team that includes home intervention and home education.

Additionally, primary care providers at the FQHC and both hospitals are using the Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)⁴ tool to screen patients for social determinants of health. Of the two grantees funded through the Asthma Community Linkages Project, one is a community based organization that contracts with a hospital to have its community health workers go to patients homes to do assessments, patient education, and connect patients with respiratory therapists if needed. California Health & Wellness also has an asthma program that includes sending respiratory therapists into the home, so now the plan can coordinate with the asthma linkages efforts to align available resources. In fact, they are seeing that connecting patients through their primary care providers, as is happening through the asthma linkages model, is leading to greater uptake of the respiratory therapists and the health plan is exploring how to emulate that model more broadly.



"Some of the biggest mileage that we have gotten in sustainable change and impact just comes from stewardship and partnership, simply getting together and talking, and agreeing to make changes together unfunded."

Robin Hodgkin, Public Health Department Director,
Imperial County

Empowering Community Engagement

Imperial County leaders are motivated to collectively tackle social determinants of health by strategically linking community resources and more effectively engaging and empowering residents to be in decision-making roles and promote health. In 2018, the Local Health Authority launched a Health Leadership & Communications Training to empower community leaders to have a bidirectional voice – informing key partners about resident priorities and also linking residents to initiatives, resources, or efforts of interest. The training was intended to build capacity of residents in one cohort and stakeholders in another to more effectively work together and enable change. The resident portion of the training received 46 applications. Ultimately 27 residents were selected based on communication skills, level of interest and reliability. Four slots were set aside for residents to get additional training to become trainers. As compensation for their

2. <http://www.icphd.org/health-information-and-resources/data-&-statistics/asthma-data/>

3. <http://championline.org/tools-products/clinical-resources/diseasecondition-specific-resources/asthma-treatment-resources>

4. <http://www.nachc.org/research-and-data/prapare/>

added time and effort, they received a stipend of \$1000. The stakeholder portion of the training included 15 participants. Both cohorts will end their training with a one-day joint summit to network, learn a new tool together, and hear more about ways to engage in local collective efforts. In addition to training these resident leaders, the county is also focused on building non-profit capacity. This includes training partners on how to be effective champions, creating a sustainable funding strategy that extends beyond any one grant cycle, and identifying and implementing long-term strategies that will ultimately lead to health equity in all areas of the county.

The county has long been focused on reducing asthma, implementing various programs to improve asthma outcomes in targeted vulnerable populations starting with child asthma. Over the past two decades, asthma rates in the county have steadily declined in the age four and under population but they have seen little progress in reducing rates of asthma related emergency room visits for the age 5-17 population. CACHI has helped to strengthen and change the way the community comes together to align efforts so programs all have an evidence base, a standard set of measures, and regular communication and collaboration that links different clinical settings to community programs to close the gaps in asthma care. To better understand asthma trends in their community, the county also used CACHI funds for a special oversample of the Community Health Interview Survey (CHIS) in Imperial County that revealed higher rates of asthma as well as higher rates of asthma attacks and asthma-related emergency room visits in the North End of Imperial County compared to Imperial County as a whole.⁵ The data points to new avenues for investigation and further action to better understand and address the reasons for continued high rates of ER visits in the 5-17 population.

Wellness Fund

An important component of the county's efforts to build capacity is the Wellness Fund, which is currently funded by the county-selected local health plan in two ways: 1) monthly per member per month (PMPM) fees that amount to about \$80-90 thousand per month, and 2) algorithm-based annual revenue sharing that amounts to around \$1 million a year. Funding decisions are made by the Local Health Authority Commission and the vision is that the Wellness Fund will not support the status quo but will be used as an investment strategy for improving the wellbeing of the community. They are required to use 85% for health-related efforts and a maximum of 15% can be used for administrative costs, which to date have been minimal.

CACHI Funds

As part of the CACHI grant, Imperial County will receive up to \$850,000 in funding over three years. These funds are primarily going toward developing the processes and systems for the community to partner together. This includes funding new staff who are housed in the public health department to do the convening and community outreach and identifying other community partners who can help fill gaps. They are also providing training and support to community partners on how to implement the new asthma protocols. Additionally, they are collecting data on social determinants of health, and making sure they are identifying and closing the gap on disparities and advancing equity, diversity and inclusion – paying particular attention to the disparities of children and the small communities located in the northern part of the county.

Partners such as the participating Federally Qualified Health Center (FQHC) provide in-kind contributions and do not receive any direct compensation for implementing the new screening or documentation tools. They value the tools and assistance they receive as part of the ACH and see these changes as important to improving care for their patients.

5. <http://www.icphd.org/health-information-and-resources/data-&-statistics/chis---california-health-interview-survey/>

Challenges

Some stakeholders are requesting that the Wellness Funds be used to address existing funding gaps in the community. It can be difficult to say no to requests in such an impoverished community with so many needs. However, the leadership of these collective efforts wants the community to see the Wellness Fund as an investment strategy that will have broad and lasting impact beyond any one grant. Their goal is to be as transparent as possible and to ensure they have broad community support of the guidelines for how funding decisions will be made.

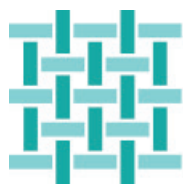
While the community is excited about having new tools for identifying high risk patients, it can be challenging to plan interventions and track follow-up care once a patient has been screened for social determinants of health. This requires new systems for documentation and protocols for ensuring people access the information in subsequent visits. The public health department is providing a starting point for tools but it still takes time to train people and make these activities standard practice.

Lessons Learned

ACH leaders report that these efforts will take time to implement and therefore emphasize it is important to be strategic about what you commit to doing and to be very clear about the amount of time it will take. With that approach, you then focus on determining which activities are the most important for you and your organization to do with the resources you have versus worrying about whether it seems like a lot or a little.

ACH leaders also place heavy emphasis on the importance of stewardship and partners' willingness to align their organization's activities and policies with the ACH priorities. Indeed, they report that some of the biggest systems changes the ACH has achieved have been a result of the partners' stewardship of their own resources to align with what is best for the community, such as when school nurses all agreed to standardize their forms for accepting medications across the different school districts.

ACH leaders also point out that external validation can be a very helpful thing. When you are in the weeds and slogging through issues at the local level, it can feel like you are not doing enough. But when you get a chance to talk with other health leaders outside of your community, such as at state and national meetings, they can put your efforts in perspective and validate that, "You are doing good stuff!"



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