HOW CAN WE PAY FOR A HEALTHY POPULATION?

Innovative New Ways to Redirect Funds to Community Prevention

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Prevention Institute is a non-profit, national center dedicated to improving community health and wellbeing by building momentum for effective primary prevention. Primary prevention means taking action to build resilience and to prevent problems before they occur. The Institute's work is characterized by a strong commitment to community participation and promotion of equitable health outcomes among all social and economic groups. Since its founding in 1997, the organization has focused on injury and violence prevention, traffic safety, health disparities, nutrition and physical activity, and youth development. This and other Prevention Institute documents are available at no cost on our website.

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INTRODUCTION

The US health system, the most expensive in the world, has long been hampered by a fundamental paradox: resources are systematically allocated in ways that neither maximize health nor control costs. Seven of ten deaths among Americans are caused by often preventable conditions including heart disease, stroke, diabetes, injuries and some kinds of cancer.[2,3] These conditions account for roughly three-fourths of the national healthcare bill.[4] Yet one of the historic shortcomings of the U.S. healthcare system is that there are few incentives for insurers or providers to invest in prevention. In a fee-for-service model that pays doctors to treat sick patients, there's no financial inducement to try to keep people well and few sources of funds to pay for the things that would address the social and environmental conditions that shape people's health in the first place.

While the main goal of the Affordable Care Act (ACA) is to increase access to healthcare, it also recognizes that broad improvement in health outcomes requires shifting the focus of the US healthcare system from the delivery of services to individuals toward prevention-oriented strategies that can improve the health of populations. With encouragement and funding from the ACA and foundations, community health planners, advocates and health-systems executives are now engaged in innovating and developing new concepts and models of healthcare delivery that can improve outcomes and reduce costs.

As new ideas for health reform emerge, a growing literature is examining new ways to broaden health care delivery to incorporate expanded use of clinical preventive services and prevention education efforts aimed at improving the health of large numbers of people, not just individuals. What's missing from most of these "pay for population health" approaches is a clear focus on community prevention—efforts aimed at improving the social, physical, and economic environments of communities and reducing health inequities. This reflects a potentially important missed opportunity to better align clinical and non-clinical activity, to provide clinicians and clinical institutions support in addressing chronic illness, and to apply the most effective strategies for improving health, safety, and equity.[5,6]

THE COMMUNITY-CENTERED HEALTH HOME

Better integration of clinical service and community prevention is increasingly being seen as an integral component of a reformed and efficient health system. In 2011, Prevention Institute described a comprehensive approach for health institutions to systematically engage in community prevention in our report *Community-Centered Health Homes*.[1] The report lays out a three step process of *Inquiry, Analysis,* and *Action* to identify the social and environmental conditions causing the greatest impact on health outcomes in communities, develop strategies to address those conditions, and then implement those strategies to ultimately improve health outcomes at a population level. Identifying and elevating promising approaches for leveraging health care funds to pay for community prevention is a key step in creating a health system that encourages community-centered health activities.

A case in point: When staff at Asian Health Services in Oakland became aware of high rates of automobile injury and fatality among pedestrians in the Chinatown neighborhood, they realized that the only way to reduce the number of injuries to community members was to engage with community leaders, local officials and city planners to instigate changes in the physical environment. At the urging of the community, the city modified the timing of traffic lights, improved signage, and created "scramble" intersections that allow pedestrians to cross an intersection in every direction, including diagonally. Here's the catch: although the

agency's staff was able to document reduced rates of injury and fatality, there was no way to use healthcare dollars to fund the traffic-safety work and no way to capture the savings to invest in further prevention.

In this brief, we lay out four promising approaches for sustainably generating resources to pay for community prevention within and outside the health care system. The approaches profiled below are not intended to be a comprehensive overview of all potential pay-for-population health initiatives that could support community prevention. Rather they represent those that stood out based on a broad scan of the academic and grey literature and popular media, as well as discussions with key informants in the field. Our intent is not to recommend any specific approach but rather to catalyze further discussion and analysis. Each of the four approaches profiled here has the potential to sustainably generate funding for community prevention and is either being put into practice or is in the process of being piloted by health systems and/or local and state governments.

Wellness Trusts

A Wellness Trust, at its most basic level, is a funding pool raised and set aside specifically to support prevention and wellness interventions to improve health outcomes of targeted populations. While funds to support the Trust can come from many sources, one key option is to levy a small tax on insurers and hospitals. This can help address a key obstacle: the reluctance of any one insurer to invest in a strategy that might improve the health of the entire population, thereby dispersing the potential financial benefit beyond the pool of its insured members (who may also switch coverage before benefits are realized). Requiring all insurers to pay into the Trust may address this reluctance. Public policy advocates including the Brookings Institution have called for the establishment of wellness trusts.[7]

The Massachusetts Legislature recently passed a health-cost control bill that creates a $60-million Prevention and Wellness Trust to support prevention efforts over the next four years[8] –the first state-based prevention fund in the nation. The money for the Trust will be raised by a tax on insurers and an assessment on larger hospitals. Beginning in the summer of 2013, the Massachusetts Department of Public Health will distribute the funds, in consultation with a new Wellness and Prevention Advisory Board, to local communities, regional planning agencies and healthcare providers. These groups would use grants from the Trust to carry out community-based prevention initiatives that reduce rates of costly preventable health conditions, lessen health disparities, and increase healthy behaviors.[9] All grant recipients must partner with a local health department. Ten percent of the money will also be used to provide tax credits to employers that set up workplace wellness programs. The bill also requires health insurers to provide premium discounts to small businesses that launch workplace wellness programs.

A 20-member commission will be established to evaluate the effectiveness of the prevention initiatives started through the Prevention and Wellness Trust and to measure the impact on healthcare costs. An outside organization will be hired to conduct the evaluation and results must be posted on the state's website by June 30, 2015. The bill was introduced and moved through the state legislature by a broad-based coalition of organizations, led by the Massachusetts Public Health Association.

While taxing insurers guarantees a sustainable source of revenue, other options exist for establishing wellness trusts, including pooling private foundation resources or redirecting existing government funding. For instance, the North Carolina Health and Wellness Trust Fund was created with funding received by the state through the Tobacco Master Settlement Agreement.[10]

Social Impact Bonds/Health Impact Bonds

Health impact bonds (HIBs) provide a market-based approach to pay for "evidence-based interventions that reduce health care costs by improving social, environmental and economic conditions essential to health."[11] The basic idea involves raising capital from private investors to invest in prevention

interventions, capturing the healthcare cost-savings that result from the interventions, and then returning a portion of those savings to the investors as profit. It is based on the broader concepts of social impact investing and social impact bonds that have garnered significant attention in the academic and popular press lately.[12,13] For example, a social impact bond now being tested in the United Kingdom has raised $8 million to invest in measures that would reduce the recidivism of 3,000 prisoners in Petersborough Prison.[14] The goal is a 7.5 percent reduction in six years. If successful, the UK government will save a substantial amount of money and return some to investors, beginning in 2013. New York City is also initiating a social impact bond to reduce recidivism among juveniles in the justice system.

Health impact bonds provide a financial instrument for making investments to improve health outcomes within a community. In a recent brief, the initiator of the first health impact bond to be tested in the US identified five components needed to create a successful investment opportunity:

- "Target outcomes must be clearly defined and achievable;
- The proposed intervention should reflect best practices;
- Measuring outcomes must be independently validated;
- A clearly defined "savings" or return value should be established; and
- Public agencies, nonprofits, investors and community stakeholders must all be willing to work together."[15]

An investment firm may assist community stakeholders by issuing the health impact bonds and offering to investors and social entrepreneurs. With capital raised from the bond sales, the community stakeholders would implement the prevention intervention. If the intervention generates savings, a portion of those savings would be returned to investors and any additional savings could be used to identify or seed new prevention-oriented investment opportunities.

The first-ever health impact bond is now being set up in Fresno, California, with the aim of reducing the incidence and severity of asthma, a condition that disproportionately affects low-income people and communities of color due to poor environmental conditions in communities and homes. Fresno is the second-most impoverished and the second-most polluted city in the U.S.[16,17] Over 17 percent of Fresno residents have asthma, more than twice the national average.[18] Every day in Fresno, 20 asthma sufferers go to the emergency department and three are hospitalized.

Researchers at the University Of California Berkeley School of Public Health, working with a health impact investing firm called Collective Health, studied the potential for reducing healthcare costs by investing in home-based remediation of environmental conditions in the homes of Fresno residents with severe asthma who are frequent users of emergency and hospital treatment. They found that the intervention would generate net savings of over $4.5 million and a return on investment of $1.69 for every dollar spent on the intervention.[19]

Health impact bonds are also being envisioned to fund interventions that would reduce hospital admissions for acute conditions such as asthma, traffic injuries, or environmental poisonings, in which a reduction in health care costs and return on investment might be easily identified and attributed to the intervention. Such interventions aim to prevent or reduce the severity of conditions experienced by individuals—as with the Fresno effort to change conditions in people's homes. A next step in developing this approach will be to find ways to use the bonds to fund community-based interventions intended to reduce illness and injury for populations. For example, could the Fresno effort also yield returns by funding broader community prevention strategies such as enforcement of housing codes related to asthma triggers, establishing smoke-free housing policies, or reducing local sources of pollution?[20,21] Health impact bonds might also be used to invest in community improvements with the potential to result in identifiable healthcare savings. Examples might include upgrading pedestrian and bicycle infrastructure to decrease traffic-related injuries and deaths and to prevent chronic conditions such as diabetes.[22,23]

Community Benefits from Non-Profit Hospitals

The "community benefit" requirements imposed on nonprofit hospitals and health plans may represent a significant and sustainable source of funds for community-prevention initiatives. Legislation passed in 1994 requires these hospitals "to provide community benefits in the public interest" as a condition of their tax-exempt status. This is a substantial resource estimated at around $13 billion annually nationwide.[24] The bulk of community benefit funds have historically gone to cover the costs of charity care given to people who are unable to pay for treatment. However, IRS has recently begun asking hospitals to track "Community Building" expenditures, defined as support for physical improvement and housing, economic development, community support, environmental improvements, leadership development and training for community members, coalition building, community health improvement advocacy, and workforce development.[25] As of 2012, "community building" activities are now allowed to be counted as "community benefit" expenditures, opening up the potential for significant new investments in community prevention.[26]

As part of the move toward expanding "community building" activities with their community benefit dollars, new ACA regulations require each tax-exempt hospital to do a "Community Health Needs Assessment" every three years. This assessment must include input from the community served by the hospital and from those with expertise in public health. Hospitals must adopt an implementation strategy that addresses the community health needs identified by the assessment.[27] Also, most analysts believe the ACA will reduce the number of uninsured people and thus the burden of uncompensated treatment on hospitals, freeing up community benefit dollars formerly dedicated to "charity care" to be used for "community building" and community prevention initiatives.

Many hospital systems are already engaging in this type of activity. In 2008, Nationwide Children's Hospital in downtown Columbus launched and invested community-benefit funds into the Healthy Neighborhoods, Healthy Families (HNHF) collaboration, a partnership with the city and community-based organizations to address affordable housing, healthy food access, education, safe and accessible neighborhoods, and workforce and economic development.[28] Under the auspices of HNHF, the hospital invested over $3 million in affordable housing and $6 million in local women- and minority-owned business, while the city of Columbus invested $15 million in pedestrian and bicycle infrastructure improvements on unsafe streets in downtown Columbus.[29]

COMMUNITY PREVENTION REDUCES THE BURDEN ON THE HEALTH CARE SYSTEM

Community prevention interventions improve health and safety outcomes for all members of the population and as a result can reduce both long- and short-term demand for clinical services. For example, improving air quality in a neighborhood reduces the chance that those who are healthy will need medical care for conditions such as respiratory illnesses and COPD, helps those with conditions such as asthma manage their illness, and also has benefits in terms of encouraging physical activity and reducing climate impacts.

The Cincinnati Children's Hospital Medical Center has used community-benefit dollars to fund a Community Health Initiative (CHI), which partners with community-based organizations to address asthma, accidental injuries, poor nutrition, and other preventable illnesses and injuries in their community.[30] CHI uses geographic information systems (GIS) technology to identify "hotspots," or communities with the highest incidence of preventable health conditions, and to develop strategies to address those conditions. For instance, by mapping the homes of re-admitted asthma patients, they identified clusters of patients living in substandard housing units owned by the same landlord. CHI then partnered with a local legal aid association to help tenants compel the landlord to make necessary housing improvements.

Accountable Care Organizations

In an effort to shift the focus from individual patient care to population health management, the Affordable Care Act promotes the establishment of accountable care organizations (ACOs). An ACO, at its most fundamental level, is a group of coordinated health care providers (i.e. a hospital and all of its affiliated primary care and specialist providers) that work in concert to coordinate a continuum of care for a designated population of patients. The ACO model seeks to improve health outcomes and reduce total costs of care for a specified population of patients by tying reimbursements to quality metrics that demonstrate improved outcome, rather than quantity metrics based on units of services provided.

If an ACO is able to achieve reductions in the total cost of care for a designated population of patients, a portion of those savings could potentially be set aside to invest in community-prevention initiatives aimed at improving community environments. These initiatives could further lower costs by reducing the need for health care services over time.

The potential of ACOs is being demonstrated by a collaborative of health providers, local government agencies, and community-based organizations in Akron, Ohio, led by the Austen BioInnovation Institute (ABIA), which is developing the nation's first "Accountable Care Community" (ACC).[31] According to ABIA, "An ACC encompasses not only medical care delivery systems, but the public health system, community stakeholders at the grassroots level, and community organizations whose work often encompasses the entire spectrum of the determinants of health."[32] The ACC reflects a broad vision of how an ACO can focus on health promotion and disease prevention as well as access to quality services.

The primary distinguishing factor between an ACO and an ACC is that while an ACO may only be responsible for the health outcomes of its own population of patients (i.e. members of a single insurance plan that covers only a small percentage of the residents within a community), an ACC is responsible for the health outcomes of the entire population of a defined geographic region or community, in this case Summit County, Ohio.

Participating health providers cover 85 percent of the county's half-million residents as well as a substantial population in surrounding counties that will also benefit from the ACC's activity. The Akron ACC integrates medical and public health models, making use of teams that include doctors, pharmacists, nurses, social workers, mental health professionals, and nutritionists. It is fostering collaboration between health providers, public health officials, other local government agencies, and community-based organizations and is developing new health information tools while also engaging in policy analysis and advocacy work needed to promote wellness.

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The ACC has already gained recognition for its work addressing community environments in Akron. One example: Members of the ACC identified an underserved Akron neighborhood that has no public transportation access to a national park located just outside the city, Cuyahoga Valley National Park, and the recreational and physical activity opportunities it provides. The ACC worked with the local public transit agency to establish a new bus line connecting the community to the park. The ACC is also partnering with the metropolitan housing authority and the city planning department to improve local housing and pedestrian and bicyclist infrastructure. In addition, it has established partnerships with local employers of all sizes to set up worksite wellness initiatives.

While the initial development phase of the Akron ACC is being funded through grants, including a Community Transformation Grant from the Center for Disease Control and Prevention (CDC), and community benefit funds from local hospital systems, leaders of the Akron effort believe they have developed a model that will be financially

self-sustaining in the long term. They project that health care costs will be lowered by 10 percent as a result of the new programs and interventions. These savings will be captured through cost-avoidance and cost-recovery financial models, which quantify the dollars saved through reductions in health care utilization by Summit County residents, and will be shared with the ACC by participating health systems, providers, and payers through negotiated agreements with each entity. The portion of the savings that gets returned to the ACC is projected to cover all of the collaborative's operating costs and provide additional funds for future investment in the community. The Innovation Institute has developed "impact equations" that will demonstrate the overall costs and benefits of the ACC implementation and calculate the savings achieved. This work should enable the model to be replicated elsewhere if it succeeds.

The Potential for Replicating and Scaling Up Promising Approaches

Because each of the efforts described here is in the early stages of testing and implementation, it will be important to monitor their progress and viability to determine whether they are useful models for funding community prevention work elsewhere. The Massachusetts Wellness Trust, the Ohio hospital community benefit efforts, the Fresno Health Impact Bond, and the Akron Accountable Care Community all include robust evaluation components that will measure the effectiveness and success of each. These approaches for generating consistent, sustainable sources of revenue for community prevention should help inform the broader debate of how best to allocate healthcare resources to achieve the best possible outcomes for the least possible cost. To save money and lives, it is essential not only to develop dedicated streams of funding that can pay for prevention but also to consider how existing funding streams are utilized to maximize health, safety, and equity. For example, California recently adopted a Health in All Policies approach, directing 19 government agencies to work collaboratively to advance health and equity goals in all decision-making and funding.

Mounting evidence indicates that interventions and policy changes that promote community prevention constitute the most cost-effective strategies for improving health outcomes at a population level.

With the implementation of the Affordable Care Act, the expansion of insurance coverage, and the mandate to control health care costs, it is vital to ask big questions about the types of activities and efforts that should be incentivized in the US health system. Mounting evidence indicates that interventions and policy changes that promote community prevention constitute the most cost-effective strategies for improving health outcomes at a population level.[33,34] This brief is intended to spark interest and advance research in a new wave of groundbreaking approaches that are aimed at improving health outcomes and controlling healthcare costs. We hope the pioneering efforts described here will catalyze more innovation and become beacons that others can develop and refine.

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Endnotes

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