Part 2: Health Care and Communities Must Work Together for a Healthy Maine

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What happens outside of the health care setting—in the places where we live, work and play—determines much of a person's health. Daily exposures and options (or, conversely, the lack of options) have profound and cumulative impacts on health. Of course, what happens *inside* the health care setting matters as well; indeed, it can be lifesaving.

But the real magic happens when those two worlds are connected. As a neutral convener and catalyst for health care innovation in Maine, MeHAF is working with grantees to support these vital connections.

It's not health care *or* community—it's both
The "social determinants of health," http://www.cdc.gov/socialdeterminants/FAQ.html, such as socioeconomic status and geographic location, have an overwhelming influence on the health of individuals and communities. Some organizations focus exclusively on addressing poverty, education and environment. Others focus solely on improving the quality and efficiency of health care. MeHAF, as a foundation focused on improving access to care *and* improving the health of everyone in Maine, focuses on both areas. We believe there is a need to strengthen the linkages between health care and communities, fostering vital conversations and connections. These linkages make our health care system better and Maine people and communities stronger and healthier.

In its 2012 report, *Best Care at Lower Cost: The Path to Continuously Learning Health Care in America*, http://www.iom.edu/Reports/2012/Best-Care-at-Lower-Cost-The-Path-to-Continuously-Learning-Health-Care-in-America.aspx], the Institute of Medicine recommended that health care delivery organizations "partner with community-based organizations and public health agencies to leverage and coordinate prevention, health promotion, and community-based interventions to improve health outcomes." While this collaboration makes sense, the path to making that collaboration happen is not always clear. Some of MeHAF's grantees have delved into putting these recommendations into place.

Getting beyond the health care setting results in better patient experiences—and possibly better outcomes
Almost every illness, whether it is an acute episode or a chronic condition, requires a patient to integrate new learning and behaviors into their lives to effectively manage it. It may be home care of an injury or wound, a lifestyle change, physical therapy or other exercise, or a medication regimen.

Vicki Foster is a health educator with the Peer Navigator Program run by grantee MaineGeneral, who has seen the difference it makes when people have help making these changes. The Peer Navigator Program is a pool of volunteers, patients of MaineGeneral, who support other patients in managing their chronic health conditions.

As Vicki explains, "Providers can educate and tell patients what they should do, and our programs and the peer support help people find ways to integrate it into their lives."

https://vimeo.com/134873418. Peer navigators have experience with, for example, living with diabetes, so they can quickly identify potential barriers to good diabetes self-care.

The Community Care Teams of grantee Maine Quality Counts, which work as a complement to patient-centered medical homes, help patients overcome whatever is interfering with their ability to manage their care. Helena Peterson tells of a woman with diabetes who lost her husband and walking partner. She stopped exercising. The care team found a swim program for her that provided not only exercise but a new community of support. Peterson explains that for the first visit, the care manager actually "put on her bathing suit and got in the pool" with the woman. https://vimeo.com/134874182. It was a small but meaningful action that is rare because our current models of payment and health care delivery are generally limited to direct health care services.

Building health care-to-community linkages is a wise investment
When people are not able to meet their basic needs, or cannot do their required home care and do not have the help they need to do it, the door to health services can easily become a revolving one. It makes sense to invest in ways to help people stay healthy in the communities where they live, work and play. Community supports protect the investment of health care dollars spent on expensive procedures and medications, and sometimes prevents the need for such expenses in the first place.

But most current health care payment systems reimburse for medical services that fix acute problems or episodes. They do not provide funds to extend care into the community setting or support the most basic needs of health. While it is a challenge to find payment mechanisms that take social services and community health into account, we will not be able to solve some of our most pressing health care problems unless we find such payment models. Examples do exist, such as the Camden Coalition in Camden New Jersey, www.camdenhealth.org, Oregon's coordinated care organizations, http://www.oregon.gov/oha/ohpb/pages/health-reform/ccos.aspx, and Vermont's community health teams, http://blueprintforhealth.vermont.gov/blueprint_101.

MeHAF is working with grantee partners to explore and test different options for this here in Maine. Some grantees, like Somerset Public Health and Redington-Fairview General Hospital, have explored how to bring health and worksite wellness into Maine's smallest workplaces. Others, such as Mercy Health System and Franklin Memorial Hospital, are looking at how they can meet the basic needs of patients rather than simply address each emergency as it arises.

The Community Care Teams of Maine Quality Counts receives a per-member-per-month payment to do this work—a reasonable payment strategy in a system that still uses fee-for-service to reimburse for medical services. There is still work to do to determine the best way to pay for the services that not only coordinate a person's care, but provide a vital health care-to-community link.

MeHAF is committed to working with all of its partners to test and find the best ways to create a seamless connection of between health care and community settings. We hope this will give payers insights that will help them adopt the Institute on Medicine's recommendation to "incorporate population health improvement into their health care payment and contracting policies and accountability measures."

The health care system is a powerful partner for investing in social change
Health care providers are not the only ones who have something valuable to gain from health care-to-community links. With their strong physical presence in the community, health care institutions can be powerful partners in addressing the economic and social conditions that compromise health.

Health care providers have frequent contact with the very same people that many social service programs are trying to reach and help. When Melissa Skahan from grantee Mercy Health System saw Mercy's charity care expenses skyrocket without a commensurate improvement in outcomes, she "quickly began to realize that [the need] was much bigger than us." Mercy decided to create a medical neighborhood: "a social network of partners that were as committed and responsive as we are." https://vimeo.com/134952626. Mercy is creating collaborative relationships with social service organizations in Portland, to share data, make referrals for services, and help people meet their basic needs so they can then focus on their health.

Health care and social service providers are serving the same people and need one another to fulfill their missions. It is a recipe for failure when health care providers treat a patient's health condition when the patient has no stable home, or must work three jobs, or "if they don't have teeth to eat the food that they need to make their diabetes better," says Tracy Harty of grantee Franklin Memorial Hospital. Tracy has new hope and enthusiasm for her work as a nurse navigator since her program began building community connections to address the true causes of patient's health problems, rather than simply providing charity care to fix those problems temporarily.

It is important that these linkages be formed in ways that share resources across the partners so that each party is able to do the work it is best suited, and most experienced, to do.

Health care and communities should share the responsibility of improving community health.
We must not pretend that health care is the sole driver of good health, ignoring copious data and common sense to the contrary. While we believe in paying for value in health care rather than simply the delivery of services, it would be foolish to hold a family doctor (or patient navigator or Community Care Team) solely responsible for everything that contributes to health: food, shelter, education, social support, opportunity and jobs. This is a burden we must all share if we are committed to a healthier Maine.