



Executive
Summary

Learnings from the Advancing Integrated Models Evaluation

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EQUAL
MEASURE

FINDING
PROMISE

FUELING
CHANGE



BACKGROUND

The Advancing Integrated Models (AIM) initiative is one of three projects funded by the Robert Wood Johnson Foundation (RWJF) under The Health Systems Transformation (HST) authorization that aims to catalyze the adoption of health care models and systems changes that recognize needs of Medicaid members. The AIM initiative strives to (1) support health systems and community providers via integration of innovative and person-centered strategies that address complex health and social needs; (2) partner with Medicaid agencies or local MCOs to discuss innovative approaches that can support integrative models of care; and (3) engage with patients and community members to design integrated models of care that recognize and meet the unique needs of the population.

STRUCTURE OF AIM INITIATIVE

RWJF funded the Center for Health Care Strategies (CHCS) to select eight pilot sites for the AIM initiative (see appendix). Pilot sites received tailored technical assistance, had access to national subject matter experts, including evaluation support, and participated in a peer learning collaborative to share lessons learned across sites.

EVALUATION FOCUS

As the evaluation partner, Equal Measure sought to understand how the AIM initiative advances health equity and furthers RWJF's understanding of how best to advance equity through health care practice, payment, and provision. The following were identified as broad guiding questions:

1. How do the new approaches to the health care system change health inequities, and to what extent?
2. Do integrated care delivery models that address medical, behavioral, and social needs lead to better outcomes (e.g., organizational, patient, utilization/cost, and equity), and to what extent?
3. Does technical assistance provided within the learning collaborative model successfully advance the work of the program, and to what extent?



KEY FINDINGS

The following section highlights takeaways from interviews with AIM leadership, two payer partners, and six pilot sites.

Designing and implementing integrated models of care

Pilot sites implemented a range of integrated care models to tailor services to patient populations, address patient health and health-related social needs, and align the model with organizational priorities – e.g., addressing food insecurity or pediatric asthma.

Sites approached “integration” in their AIM projects in five different ways:

	Integrated behavioral and physical health	Complex care teams	Data integration and use	Trauma-informed Care	Health-related social needs	Racial equity-centered approach
Bread for the City	✓			✓	✓	
Boston Medical Center, Center for Urban Child, and Health Family	✓	✓			✓	✓
Denver Health			✓	✓	✓	
Hill Country Health and Wellness Center	✓	✓	✓	✓	✓	
Johns Hopkins HealthCare	✓	✓		✓	✓	
Maimonides Medical Center	✓	✓	✓		✓	
OneCare Vermont*			✓		✓	
Stephen and Sandra Sheller 11th Street Family Health Services				✓	✓	✓

Provider-payer relationships and engagement

- Payer priorities and payer-provider organization type influenced how relationships progressed, creating variability in relationship strength across pilot sites. Multiple factors influenced the evolution of the relationship:
 - Payer priorities: Payer-provider relationship strength depended on finding alignment across each organization’s priorities; having shared priorities enhanced the strength of the relationship.
 - Type of provider and payer: A range of payer types and provider organizations work together on the AIM initiative. Each payer type has a different perspective and a different role in financing health care. Providers also ranged in type, size, and complexity, from larger health systems to FQHCs. Each partner had unique challenges and contextual factors that affected the pace and progress of the work.
- Most pilot sites relied heavily on individual payer champions to support their work, yet identified a need for more organization-wide investment to obtain sustainable financing.



Engaging patients and families

- Most pilot sites used a variety of engagement tactics to include patients and families in the design and implementation of care models.

Patient or community engagement can be understood across a spectrum. A framework that differentiates between the depth of involvement, level of collaboration, and degree of decision-making power can help contextualize different patient engagement tactics:

Inform	Consult	Involve	Collaborate	Community Empowerment
To provide the community with balanced, factual and culturally-appropriate information to assist them in understanding the problems, alternatives, and/or solutions	To obtain community feedback on analysis, alternatives, and/or decision making	To work directly with communities throughout the process to ensure that community issues and concerns are consistently understood and considered	To partner with communities in each aspect of the decision, including the development of alternatives and the identification of the preferred solution	To place final decision making in the hands of the community

- Most pilot sites focused their patient engagement efforts on the middle two categories, with only one site taking a collaborative approach.
- Multiple sites used patient or community advisory boards, but their decision-making authority varied.
 - While advisory boards can act as a vehicle for encouraging patient direction in their own care, not all boards are vested with the power to enact change.
 - For these boards and other forms of patient engagement, additional structures may be needed to shift from informing to collaborating and directing.

Early Signs of Change

Advancing Health Equity

As the dual crises of 2020 – the COVID-19 pandemic and national racial justice reckoning – recentered the need to address equity, participation in AIM facilitated pilot site progress on explicit equity approaches. Pilot sites approached equity in a few ways:

- Increasing awareness about equity and systemic racism through organization-wide conversations and trainings.
- Understanding the patient perspective through data collection and disaggregated analysis.
- Expanding or creating equity-centered practices.

Preliminary Outcomes

Some pilot sites are seeing promising preliminary results; however, most are still collecting and analyzing data.



- While it is still too early to detect most health outcomes, a few sites have started to assess their progress to date. These early results may indicate these new models are better meeting patient needs and improving care delivery, which may lead to improved health outcomes.
- In contrast, one FQHC tracking cost for care has not seen costs decrease in these early stages. Cost reductions may only begin to emerge after 5-10 years of implementation of the service, according to one provider.

Building the Conditions that Support Outcomes

Pilot sites are creating conditions that will support longer-term outcomes – changes in mindset, relationships, and practices.

- Mindset Changes – Across the projects, pilot sites have started to see signs of mindset shifts among their staff, such as the importance of equity, centering patients in their own care, and thinking more holistically about their patients.
- Relationship Changes – These changes occurred across three different levels and are critical to advancing communications and improving connections.
 - **Between provider and community/patients:** This involves shifts from a transactional relationship toward providers seeing patients as the experts of their own lives.
 - **Among providers:** Improving coordination across providers helped create a culture of teamwork and collaboration, even across different departments.
 - **Between payers and providers:** A key feature of this initiative is the opportunity to develop the relationship between payers and providers, organizations that do not often work together, establishing a critical foundation to advance integrated models (See Provider-Payer Relationship section of this memo for detail on this type of relationship).
- Practice Changes – With these new models, we are beginning to see shifts in the ways providers work with each other and with patients:
 - Reducing stigma for a particular service or making it easier to access that service
 - Embedding or augmenting trauma informed care
 - Providing additional support for providers and staff to improve patient outcomes

AIM Technical Assistance (TA)

- Out of all the technical assistance opportunities, pilot sites most valued CHCS' ability to connect them with other programs and experts.
- Monthly meetings with CHCS helped hold sites accountable and advance thinking about their work.
- Most pilot sites benefitted from targeted assistance provided by JLA and other TA providers.
- Pilot sites benefitted from opportunities to learn from peers and through a learning collaborative.

FUTURE CONSIDERATIONS & RECOMMENDATIONS

Supporting long-term health systems change. AIM has made progress in implementing integrated care models to improve health outcomes and advance health equity – an important outcome in the HST TOC. Shifting the ways in which care is delivered and prioritizing patient experiences in



health care requires culture change for providers and their organizations. Many of the desired outcomes such as cost reductions and improvements in overall health will take time to emerge. **How can the foundation structure funding and timelines to facilitate the profound changes they are aiming to achieve?**

Advancing payer partner investment. Requiring payer-provider partnerships helps implement integrated care models; however, additional support could further advance the work. The following are strategies to better facilitate these relationships:

- Further tailoring support for different types of payer organizations. **How can the foundation encourage tailored support or technical assistance for payers to help identify new payment models and support an integrated care model?**
- Include additional parameters and guidelines for payer partners. **How might including additional parameters for payers help payers better resource the work? What role can the foundation play in supporting the development and implementation of these parameters?**
- Provide resources and guidance for provider-payer and payer-to-payer conversations. **In what ways can RWJF support the continued development of provider-payer relationships?**

Facilitating patient and family engagement. Designing and implementing integrated care models that improve patient outcomes must involve patient input. Most efforts relied on surveys, focus groups, and a few times, patient advisory councils. However, existing institutional structures, such as patient advisory councils, do not always provide the flexibility needed to incorporate ongoing patient input. Due to the importance of patient feedback: **How can the foundation encourage different types of patient input across different organizations in the work to advance equity? What level or depth of patient involvement does the foundation want to see across the HST authorization?**



APPENDIX

Pilot sites participating in AIM

The eight pilot sites that were chosen by CHCS to participate in AIM include¹:

Location of Pilot	Description	Organization
	Piloting a “food home” model through collaboration between social services, care management, medical, and food teams to reduce food insecurity and improve overall health outcomes.	Bread for the City
	Creating the Pediatric Practice of the Future by empowering families to define their health priorities and design their own care, and re-imagining community partnerships to address health-related social needs.	Center for the Urban Child and Healthy Family at Boston Medical Center
	The Impact of Telehealth Access on Health Equity for Patients, Families, and Community Members in Two Medicaid Focused Pediatric Primary Care Models	Denver Health
	Integrating substance use disorder treatment into primary care teams, aligning unique complex care models to create a seamless continuum of care, and expanding access to care to people who currently do not qualify for complex care management.	Hill Country Health and Wellness Center
	Improving care for mothers experiencing post-partum depression, children with asthma, and children with sickle-cell disease through the integration of behavioral health services, social supports, and community health workers.	Johns Hopkins HealthCare
	Uniting disparately funded programs, creating a “single point of entry,” and developing a centralized navigation resource for patients, families, and providers to increase access to care management for individuals with complex health and social needs.	Maimonides Medical Center
	Integrating social needs data into a statewide care coordination platform to inform care management activities and increase collaboration among health and human services providers and alignment across sectors.	OneCare Vermont
	Expanding behavioral health and trauma-informed care services to include acknowledgment of the impact of racism, and develop race-conscious programming to improve patient engagement across medical, behavioral, and dental departments.	Stephen and Sandra Sheller 11th Street Family Health Services

¹ Project descriptions from “Advancing Integrated Models”, CHCS: <https://www.chcs.org/project/advancing-integrated-models/>