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WELCOME TO:

Consumer-Focused Health System Transformation: WHAT ARE THE POLICY PRIORITIES?

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Welcome and Introduction

Lynn Quincy
Healthcare Value Hub

Housekeeping

- Thank you for joining us today!
- All lines are muted until Q&A
- Webinar is being recorded
- Technical problems? Call Tad Lee at 703-408-3204

Agenda

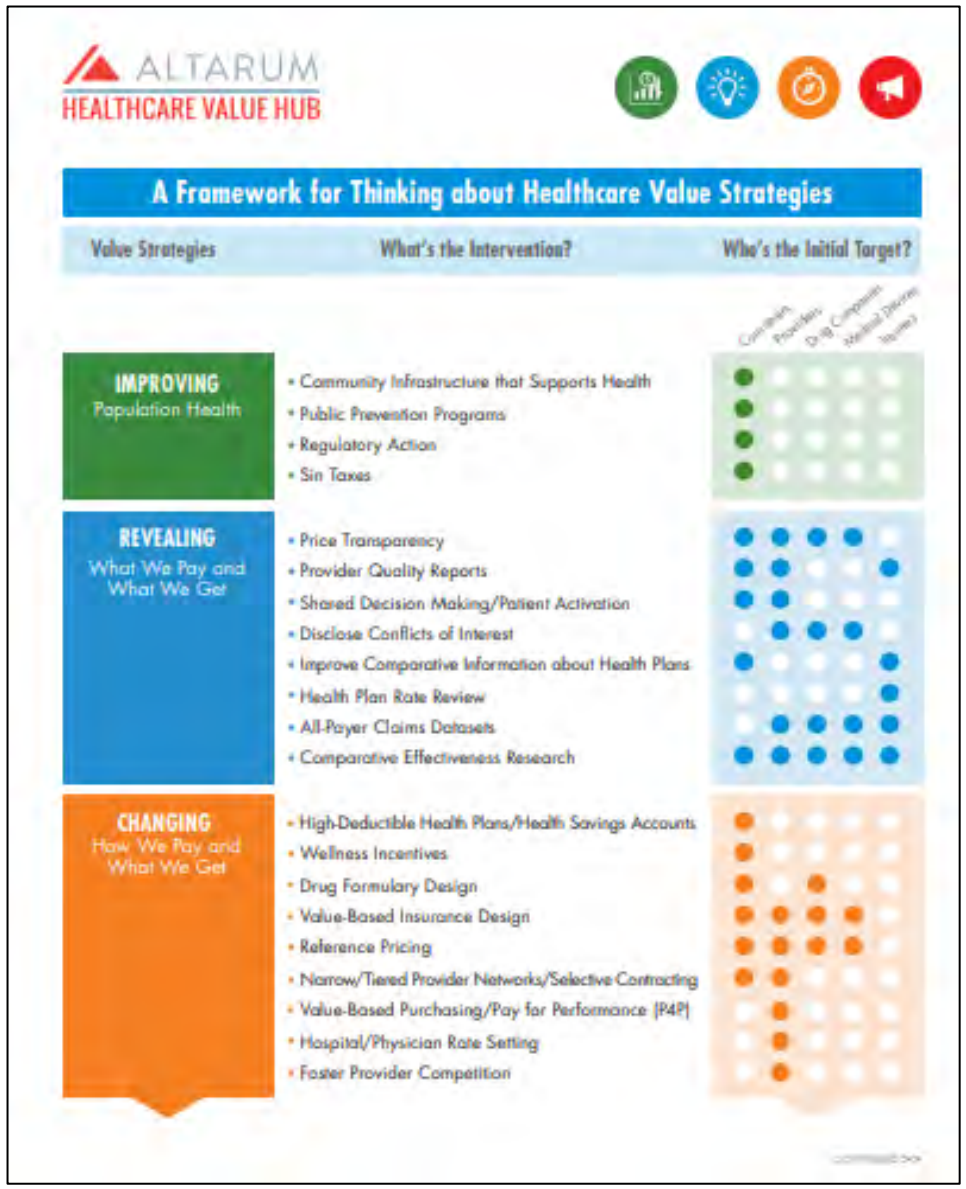
- **Welcome & Introduction**
  - **Lynn Quincy,** Altarum Healthcare Value Hub
- **Overview of Hub Policy Roadmap**
  - **Amanda Hunt,** Altarum Healthcare Value Hub
- **Medicaid and Homelessness Data Matching in Connecticut**
  - **Steve DiLella,** Connecticut Department of Housing
  - **Brian Roccapriore,** CT Coalition to End Homelessness

Agenda (cont.)

- **Community Benefit Guidelines & Stable Financing**
  - **Pedja Stojicic,** ReThink Health
- **Legislative Impact**
  - **Joe Sammen and Chris Lyttle,** Center for Health Progress
- **Audience Poll and Q&A**
  - **Lynn Quincy,** Altarum Healthcare Value Hub

Transparency
Care
Value-Based
Design
Interest
High-Deductible
Payments
Insurance
Plan
Networks
Purchasing
P4P
Competition
Chronic
Shared
Formulary
Drug
Homes
Plans
Action
Budgets
Pricing
Decision
Review
Capitation
Datasets
Setting
All-Payer
Prevention
Taxes
Global
Sin
Price
Performance
Pay
Health
Cases
Complex
Making
Narrow
Fraud
Regulatory
Public
Conflicts
Abuse
Bidding
Harm
Rate
Claims
Need
Scope
Certificate
Accountable
Quality
Effectiveness
Reference
Practice
Option
Incentives
Technology
Information
Organizations
Wellness
Provider
Medical
Competitive
Programs
CompetitionBundled
Comparative
Research

Many strategies at the Healthcare Value Hub



Now we ask…

What's important to do?

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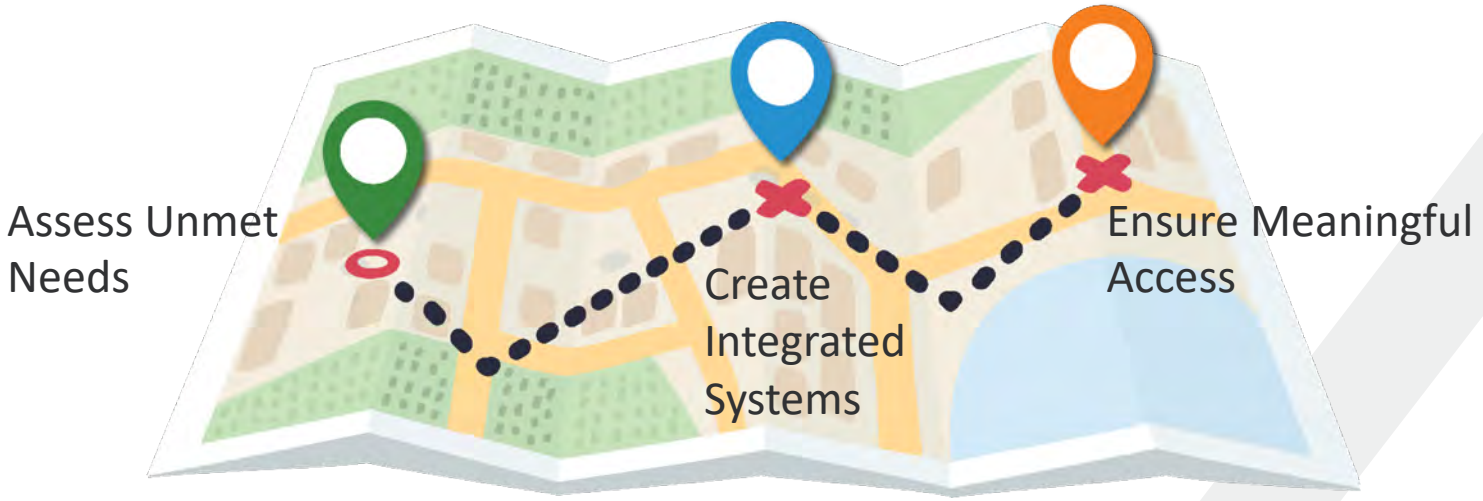
The *Policy Roadmap*: About Our Report

Amanda Hunt
Healthcare Value Hub

Organizing Framework

Goal: Ensure that the healthcare system works seamlessly with public health, social sectors and community members to:

1. address the goals and needs of the people it serves and
2. advance health equity.



Project Methodology

- Policies were identified through an initial literature review and interviews with experts possessing a broad range of expertise.
- Policies listed in the *Roadmap* must:
  1. Be an action that a Federal, state or local government could take to achieve the transformation goal **AND**
  2. Be strongly supported by evidence, strongly endorsed by interviewees and/or have widespread support in policy circles
- An emphasis on amplifying the voice of the consumer

Key Informants

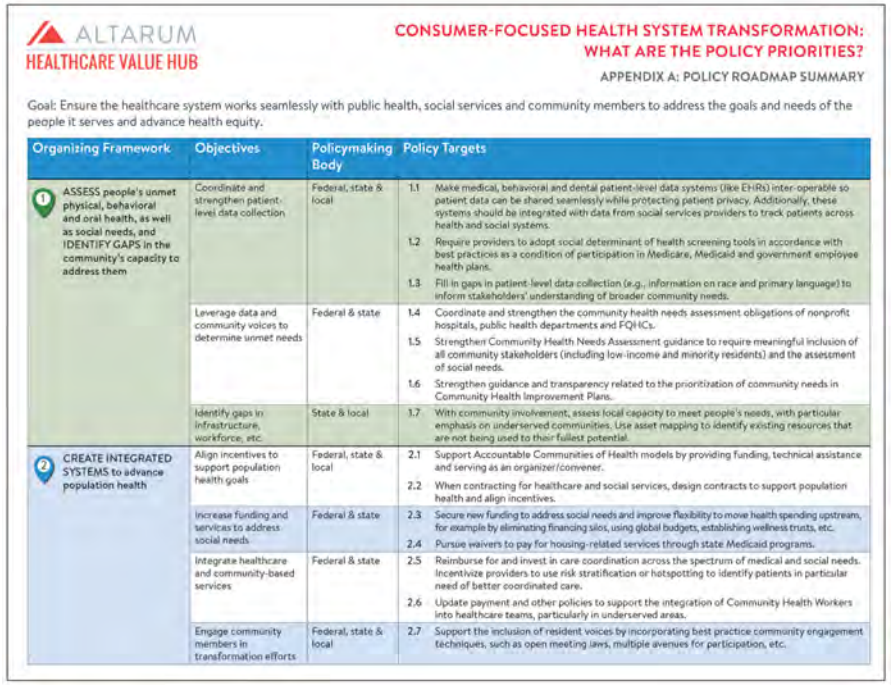
Marshall Chin UChicago Medicine	**Sabrina Corlette** Center on Health Insurance Reforms, Georgetown University	**Gwen Darien** National Patient Advocate Foundation
Ellen Gagnon Network for Regional Healthcare Improvement	**Steven Geiermann** American Dental Association	**Jennifer Godzeno** Participatory Budgeting Project
Laura Gottlieb Social Interventions Research and Evaluation Network (SIREN), University of California - San Francisco	**Karen Hacker** Allegheny County Health Department	**Sara Hammerschmidt** Urban Land Institute
Sinsi Hernández-Cancio Families USA	**Ann Hwang** Community Catalyst	**Sue Kaufman** Community Care Cooperative
Miriam Laugesen Columbia Mailman School of Public Health	**Cindy Mann** Manatt, Phelps & Phillips, LLP	**Bobby Milstein** ReThink Health
Anand Parekh Bipartisan Policy Center	**Harold Pincus** Columbia University	**Kitty Purington** National Academy for State Health Policy
Colin Reusch Children's Dental Health Project	**Victor Rubin** Policy Link	**Betty Ruth** Boston University School of Social Work
Joe Sammen Center for Health Progress	**Christina Severin** Community Care Cooperative	**Josh Sharfstein** Johns Hopkins Bloomberg School of Public Health
Sue Sherry Community Catalyst	**Cynthia Woodcock** The Hilltop Institute	**Coco Yackley** CRY Consulting

Major Themes

1. Strong measurement systems are needed to know where we're headed and whether our changes are working.
2. Meeting people's goals and needs cannot be achieved with a one-size-fits-all approach.
3. Flexible financing is needed to move healthcare dollars "upstream," but NEW dollars must be invested in social sectors.
4. Primary care, dental care, behavioral healthcare and social services should be integrated to improve patient convenience and outcomes.
5. Universal coverage is key to ensuring access.

A Toolkit to Help You

- Appendix A: A 2-Page Policy Roadmap Summary
- Appendix B: Glossary of Terms
- Appendix C: Related Resources
- Appendix D: Critical Federal Policies
- Appendix E: Critical State Policies
- Appendix F: Customizing the Policy Roadmap for Your Community: A Checklist
- Appendix G: 10 Places to Start



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CONSUMER-FOCUSED HEALTH SYSTEM TRANSFORMATION: WHAT ARE THE POLICY PRIORITIES?

APPENDIX A: POLICY ROADMAP SUMMARY

Goal: Ensure the healthcare system works seamlessly with public health, social services and community members to address the goals and needs of the people it serves and advance health equity.

Organizing Framework	Objectives	Policymaking Body	Policy Targets
1 ASSESS people's unmet physical, behavioral and oral health, as well as social needs, and IDENTIFY GAPS in the community's capacity to address them	Coordinate and strengthen patient-level data collection	Federal, state & local	1.1 Make medical, behavioral and dental patient-level data systems (like EHRs) inter-operable so patient data can be shared seamlessly while protecting patient privacy. Additionally, these systems should be integrated with data from social services providers to track patients across health and social systems. 1.2 Require providers to adopt social determinant of health screening tools in accordance with best practices as a condition of participation in Medicare, Medicaid and government employee health plans. 1.3 Fill in gaps in patient-level data collection (e.g., information on race and primary language) to inform stakeholders' understanding of broader community needs.
	Leverage data and community voices to determine unmet needs	Federal & state	1.4 Coordinate and strengthen the community health needs assessment obligations of nonprofit hospitals, public health departments and FQHCs. 1.5 Strengthen Community Health Needs Assessment guidance to require meaningful inclusion of all community stakeholders (including low-income and minority residents) and the assessment of social needs. 1.6 Strengthen guidance and transparency related to the prioritization of community needs in Community Health Improvement Plans.
	Identify gaps in infrastructure, workforce, etc.	State & local	1.7 With community involvement, assess local capacity to meet people's needs, with particular emphasis on underserved communities. Use asset mapping to identify existing resources that are not being used to their fullest potential.
2 CREATE INTEGRATED SYSTEMS to advance population health	Align incentives to support population health goals	Federal, state & local	2.1 Support Accountable Communities of Health models by providing funding, technical assistance and serving as an organizer/convener. 2.2 When contracting for healthcare and social services, design contracts to support population health and align incentives.
	Increase funding and services to address social needs	Federal & state	2.3 Secure new funding to address social needs and improve flexibility to move health spending upstream, for example by eliminating financing silos, using global budgets, establishing wellness trusts, etc. 2.4 Pursue waivers to pay for housing-related services through state Medicaid programs.
	Integrate healthcare and community-based services	Federal & state	2.5 Reimburse for and invest in care coordination across the spectrum of medical and social needs. Incentivize providers to use risk stratification or hotspotting to identify patients in particular need of better coordinated care. 2.6 Update payment and other policies to support the integration of Community Health Workers into healthcare teams, particularly in underserved areas.
	Engage community members in transformation efforts	Federal, state & local	2.7 Support the inclusion of resident voices by incorporating best practice community engagement techniques, such as open meeting laws, multiple avenues for participation, etc.

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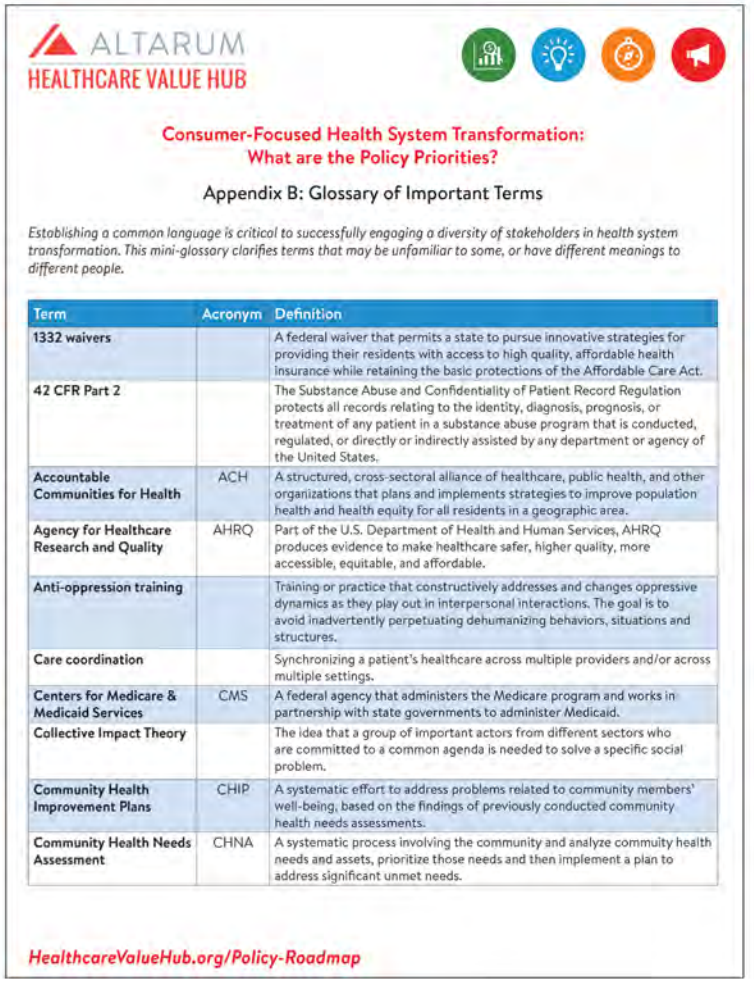

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Consumer-Focused Health System Transformation: What are the Policy Priorities?

Appendix B: Glossary of Important Terms

Establishing a common language is critical to successfully engaging a diversity of stakeholders in health system transformation. This mini-glossary clarifies terms that may be unfamiliar to some, or have different meanings to different people.

Term	Acronym	Definition
1332 waivers		A federal waiver that permits a state to pursue innovative strategies for providing their residents with access to high quality, affordable health insurance while retaining the basic protections of the Affordable Care Act.
42 CFR Part 2		The Substance Abuse and Confidentiality of Patient Record Regulation protects all records relating to the identity, diagnosis, prognosis, or treatment of any patient in a substance abuse program that is conducted, regulated, or directly or indirectly assisted by any department or agency of the United States.
Accountable Communities for Health	ACH	A structured, cross-sectoral alliance of healthcare, public health, and other organizations that plans and implements strategies to improve population health and health equity for all residents in a geographic area.
Agency for Healthcare Research and Quality	AHRQ	Part of the U.S. Department of Health and Human Services, AHRQ produces evidence to make healthcare safer, higher quality, more accessible, equitable, and affordable.
Anti-oppression training		Training or practice that constructively addresses and changes oppressive dynamics as they play out in interpersonal interactions. The goal is to avoid inadvertently perpetuating dehumanizing behaviors, situations and structures.
Care coordination		Synchronizing a patient's healthcare across multiple providers and/or across multiple settings.
Centers for Medicare & Medicaid Services	CMS	A federal agency that administers the Medicare program and works in partnership with state governments to administer Medicaid.
Collective Impact Theory		The idea that a group of important actors from different sectors who are committed to a common agenda is needed to solve a specific social problem.
Community Health Improvement Plans	CHIP	A systematic effort to address problems related to community members' well-being, based on the findings of previously conducted community health needs assessments.
Community Health Needs Assessment	CHNA	A systematic process involving the community and analyze community health needs and assets, prioritize those needs and then implement a plan to address significant unmet needs.

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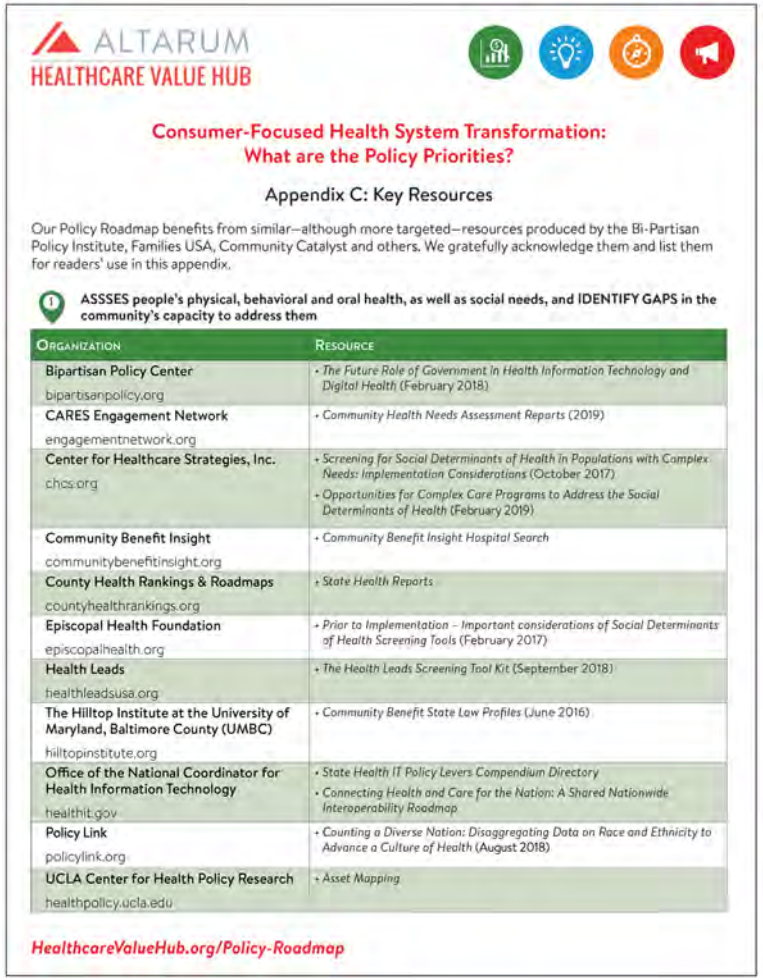

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Appendix C: Key Resources

Our Policy Roadmap benefits from similar—although more targeted—resources produced by the Bi-Partisan Policy Institute, Families USA, Community Catalyst and others. We gratefully acknowledge them and list them for readers' use in this appendix.

ASSSES people's physical, behavioral and oral health, as well as social needs, and IDENTIFY GAPS in the community's capacity to address them

Organization	Resource
Bipartisan Policy Center bipartisanpolicy.org	• *The Future Role of Government in Health Information Technology and Digital Health* (February 2018)
CARES Engagement Network engagementnetwork.org	• *Community Health Needs Assessment Reports* (2019)
Center for Healthcare Strategies, Inc. chcs.org	• *Screening for Social Determinants of Health in Populations with Complex Needs: Implementation Considerations* (October 2017) • *Opportunities for Complex Care Programs to Address the Social Determinants of Health* (February 2019)
Community Benefit Insight communitybenefitinsight.org	• *Community Benefit Insight Hospital Search*
County Health Rankings & Roadmaps countyhealthrankings.org	• *State Health Reports*
Episcopal Health Foundation episcopalhealth.org	• *Prior to Implementation – Important considerations of Social Determinants of Health Screening Tools* (February 2017)
Health Leads healthleadsusa.org	• *The Health Leads Screening Tool Kit* (September 2018)
The Hilltop Institute at the University of Maryland, Baltimore County (UMBC) hilltopinstitute.org	• *Community Benefit State Law Profiles* (June 2016)
Office of the National Coordinator for Health Information Technology healthit.gov	• *State Health IT Policy Levers Compendium Directory* • *Connecting Health and Care for the Nation: A Shared Nationwide Interoperability Roadmap*
Policy Link policylink.org	• *Counting a Diverse Nation: Disaggregating Data on Race and Ethnicity to Advance a Culture of Health* (August 2018)
UCLA Center for Health Policy Research healthpolicy.ucla.edu	• *Asset Mapping*

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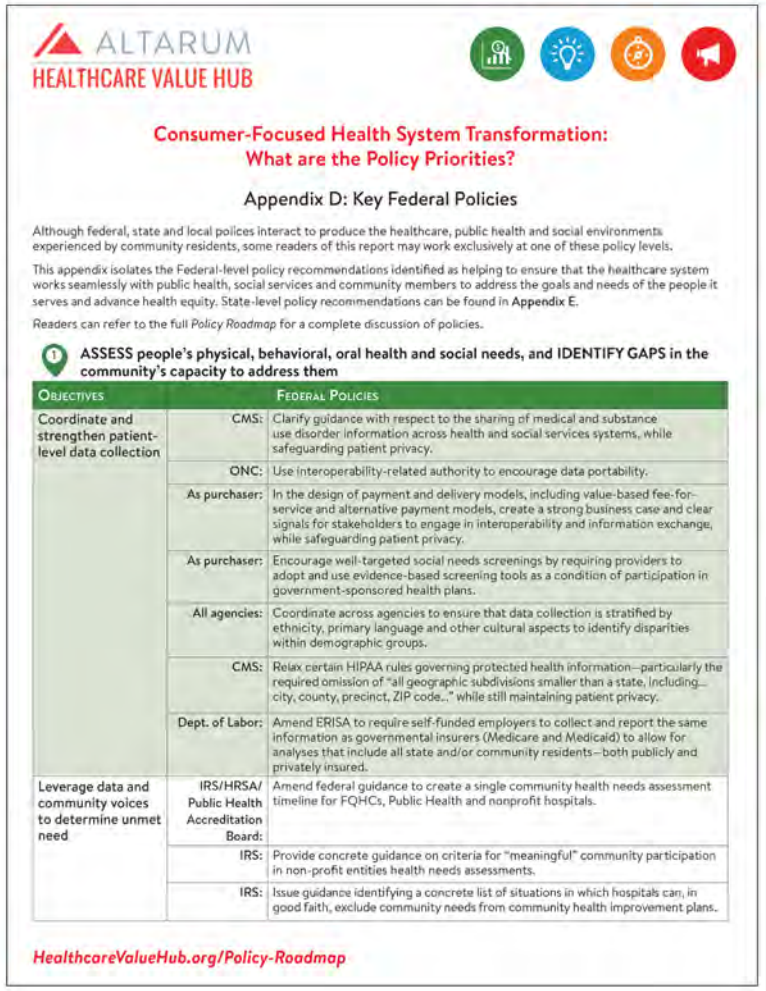

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Consumer-Focused Health System Transformation: What are the Policy Priorities?

Appendix D: Key Federal Policies

Although federal, state and local polices interact to produce the healthcare, public health and social environments experienced by community residents, some readers of this report may work exclusively at one of these policy levels.

This appendix isolates the Federal-level policy recommendations identified as helping to ensure that the healthcare system works seamlessly with public health, social services and community members to address the goals and needs of the people it serves and advance health equity. State-level policy recommendations can be found in **Appendix E**.

Readers can refer to the full *Policy Roadmap* for a complete discussion of policies.

1 ASSESS people's physical, behavioral, oral health and social needs, and IDENTIFY GAPS in the community's capacity to address them

Objectives	Federal Policies	
Coordinate and strengthen patient-level data collection	CMS:	Clarify guidance with respect to the sharing of medical and substance use disorder information across health and social services systems, while safeguarding patient privacy.
	ONC:	Use interoperability-related authority to encourage data portability.
	As purchaser:	In the design of payment and delivery models, including value-based fee-for-service and alternative payment models, create a strong business case and clear signals for stakeholders to engage in interoperability and information exchange, while safeguarding patient privacy.
	As purchaser:	Encourage well-targeted social needs screenings by requiring providers to adopt and use evidence-based screening tools as a condition of participation in government-sponsored health plans.
	All agencies:	Coordinate across agencies to ensure that data collection is stratified by ethnicity, primary language and other cultural aspects to identify disparities within demographic groups.
	CMS:	Relax certain HIPAA rules governing protected health information—particularly the required omission of "all geographic subdivisions smaller than a state, including... city, county, precinct, ZIP code..." while still maintaining patient privacy.
	Dept. of Labor:	Amend ERISA to require self-funded employers to collect and report the same information as governmental insurers (Medicare and Medicaid) to allow for analyses that include all state and/or community residents—both publicly and privately insured.
Leverage data and community voices to determine unmet need	IRS/HRSA/ Public Health Accreditation Board:	Amend federal guidance to create a single community health needs assessment timeline for FQHCs, Public Health and nonprofit hospitals.
	IRS:	Provide concrete guidance on criteria for "meaningful" community participation in non-profit entities health needs assessments.
	IRS:	Issue guidance identifying a concrete list of situations in which hospitals can, in good faith, exclude community needs from community health improvement plans.

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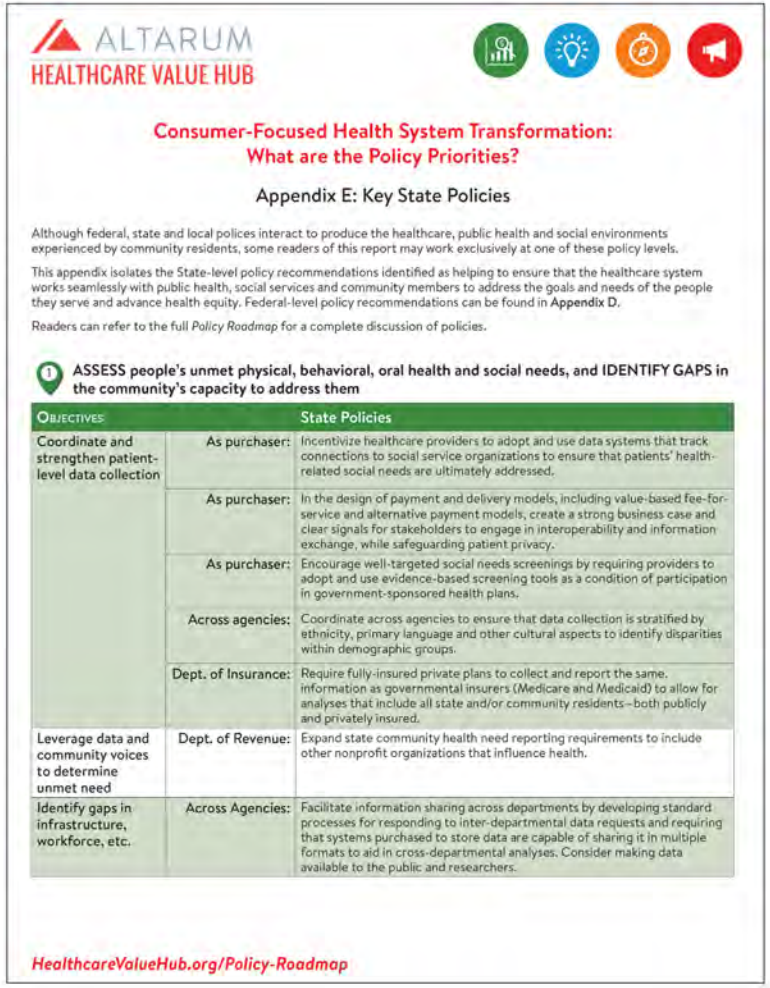

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Consumer-Focused Health System Transformation: What are the Policy Priorities?

Appendix E: Key State Policies

Although federal, state and local polices interact to produce the healthcare, public health and social environments experienced by community residents, some readers of this report may work exclusively at one of these policy levels.

This appendix isolates the State-level policy recommendations identified as helping to ensure that the healthcare system works seamlessly with public health, social services and community members to address the goals and needs of the people they serve and advance health equity. Federal-level policy recommendations can be found in **Appendix D.**

Readers can refer to the full *Policy Roadmap* for a complete discussion of policies.

1 ASSESS people's unmet physical, behavioral, oral health and social needs, and IDENTIFY GAPS in the community's capacity to address them

Objectives		State Policies
Coordinate and strengthen patient-level data collection	As purchaser:	Incentivize healthcare providers to adopt and use data systems that track connections to social service organizations to ensure that patients' health-related social needs are ultimately addressed.
	As purchaser:	In the design of payment and delivery models, including value-based fee-for-service and alternative payment models, create a strong business case and clear signals for stakeholders to engage in interoperability and information exchange, while safeguarding patient privacy.
	As purchaser:	Encourage well-targeted social needs screenings by requiring providers to adopt and use evidence-based screening tools as a condition of participation in government-sponsored health plans.
	Across agencies:	Coordinate across agencies to ensure that data collection is stratified by ethnicity, primary language and other cultural aspects to identify disparities within demographic groups.
	Dept. of Insurance:	Require fully-insured private plans to collect and report the same information as governmental insurers (Medicare and Medicaid) to allow for analyses that include all state and/or community residents–both publicly and privately insured.
Leverage data and community voices to determine unmet need	Dept. of Revenue:	Expand state community health need reporting requirements to include other nonprofit organizations that influence health.
Identify gaps in infrastructure, workforce, etc.	Across Agencies:	Facilitate information sharing across departments by developing standard processes for responding to inter-departmental data requests and requiring that systems purchased to store data are capable of sharing it in multiple formats to aid in cross-departmental analyses. Consider making data available to the public and researchers.

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Consumer-Focused Health System Transformation: What are the Policy Priorities?

Appendix F: Crafting a Roadmap for Your Community—A Checklist

States and local communities vary in where they stand with respect to the recommended policies in the *Policy Roadmap*—a compendium of policies to ensure that the healthcare system works seamlessly with public health, social services and community members to address the goals and needs of the people it serves and advance health equity.

The checklist below can help advocates and others assess their community's policy strengths and shortcomings when it comes to health system transformation. The checklist prioritizes recommendations that are easier for community members to act on and address with their state and local officials. The online version of this checklist links to websites that can help the reader answer the questions below.

ASSESS people's unmet physical, behavioral, oral health and social needs, and IDENTIFY GAPS in the community's capacity to address them

- ☐ Does your state have an all-payer claims database, a dataset that helps understand healthcare use and spending in a state?
- ☐ Does your state/local Department of Health report regularly on health disparities in the state or community?
  - o County Health Rankings is a resource that shows that health disparities persist, not only by place, but also by race and ethnicity.
- ☐ Does your state have a community benefit reporting requirement for nonprofit hospitals or other nonprofit health institutions?
  - o If yes, what are the requirements for community engagement?
  - o If yes, does the state encourage the nonprofit entity to participate in community-wide health needs assessments?
- ☐ All nonprofit hospitals have a federal requirement to complete a Community Health Needs Assessment every three years, and to make the document publicly available. Can this document be readily found on the website(s) of your local hospital(s)?
  - o If yes, do the findings of the document comport with your understanding of the needs in the community?
  - o If yes, is it clear how, as a member of the public, you can engage in the hospital's assessment process?
  - o From the hospital's website, is the criteria used to prioritize which unmet needs will be addressed clear?
  - o From the hospital's website, is there any indication that the hospital coordinated with other hospitals, the local public health department or local Federally Qualified Health Centers (FQHCs) in the preparation of the Community Health Needs Assessment?
- ☐ Similarly, local public health departments must produce State Health Assessments (SHA) and State Health Improvement Plans (SHIP) as a condition of accreditation. Can these document be readily found on the website of your local public health department?
  - o If yes, do the findings comport with your understanding of the needs in the community?
  - o If yes, is it clear how, as a member of the public, you can engage in the process?

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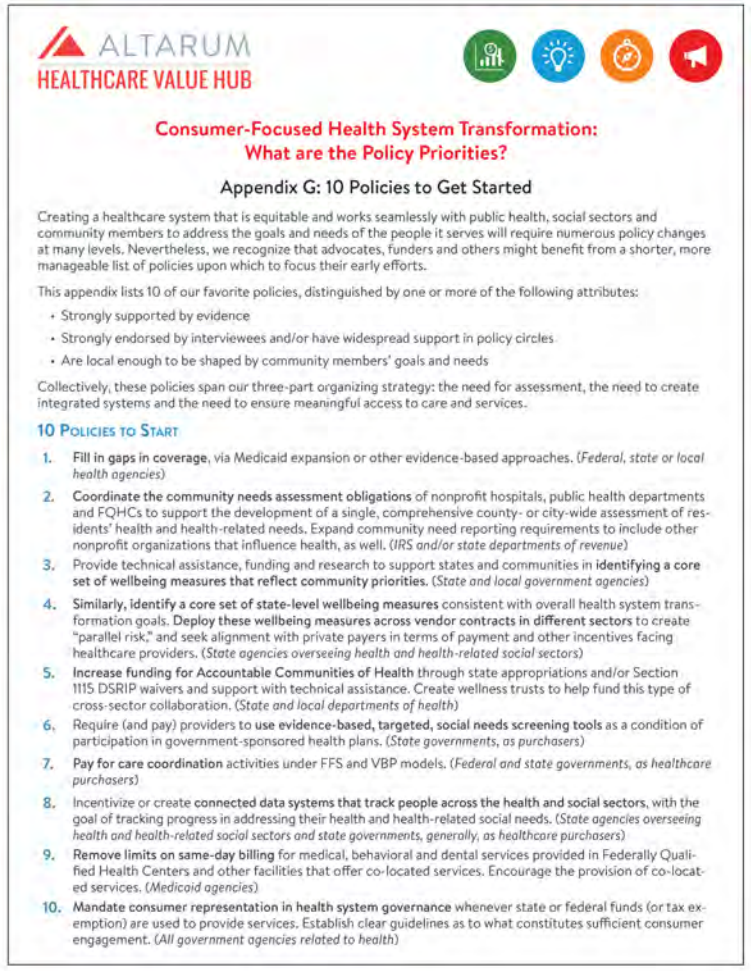

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Consumer-Focused Health System Transformation: What are the Policy Priorities?

Appendix G: 10 Policies to Get Started

Creating a healthcare system that is equitable and works seamlessly with public health, social sectors and community members to address the goals and needs of the people it serves will require numerous policy changes at many levels. Nevertheless, we recognize that advocates, funders and others might benefit from a shorter, more manageable list of policies upon which to focus their early efforts.

This appendix lists 10 of our favorite policies, distinguished by one or more of the following attributes:

- Strongly supported by evidence
- Strongly endorsed by interviewees and/or have widespread support in policy circles
- Are local enough to be shaped by community members' goals and needs

Collectively, these policies span our three-part organizing strategy: the need for assessment, the need to create integrated systems and the need to ensure meaningful access to care and services.

10 Policies to Start

1. **Fill in gaps in coverage**, via Medicaid expansion or other evidence-based approaches. (*Federal, state or local health agencies*)
2. **Coordinate the community needs assessment obligations** of nonprofit hospitals, public health departments and FQHCs to support the development of a single, comprehensive county- or city-wide assessment of residents' health and health-related needs. Expand community need reporting requirements to include other nonprofit organizations that influence health, as well. (*IRS and/or state departments of revenue*)
3. Provide technical assistance, funding and research to support states and communities in **identifying a core set of wellbeing measures that reflect community priorities.** (*State and local government agencies*)
4. **Similarly, identify a core set of state-level wellbeing measures** consistent with overall health system transformation goals. **Deploy these wellbeing measures across vendor contracts in different sectors** to create "parallel risk," and seek alignment with private payers in terms of payment and other incentives facing healthcare providers. (*State agencies overseeing health and health-related social sectors*)
5. **Increase funding for Accountable Communities of Health** through state appropriations and/or Section 1115 DSRIP waivers and support with technical assistance. Create wellness trusts to help fund this type of cross-sector collaboration. (*State and local departments of health*)
6. Require (and pay) providers to **use evidence-based, targeted, social needs screening tools** as a condition of participation in government-sponsored health plans. (*State governments, as purchasers*)
7. **Pay for care coordination** activities under FFS and VBP models. (*Federal and state governments, as healthcare purchasers*)
8. Incentivize or create **connected data systems that track people across the health and social sectors**, with the goal of tracking progress in addressing their health and health-related social needs. (*State agencies overseeing health and health-related social sectors and state governments, generally, as healthcare purchasers*)
9. **Remove limits on same-day billing** for medical, behavioral and dental services provided in Federally Qualified Health Centers and other facilities that offer co-located services. Encourage the provision of co-located services. (*Medicaid agencies*)
10. **Mandate consumer representation in health system governance** whenever state or federal funds (or tax exemption) are used to provide services. Establish clear guidelines as to what constitutes sufficient consumer engagement. (*All government agencies related to health*)

A Toolkit to Help You

- ***Proof-of-concept examples***

SPOTLIGHT: WASHINGTON'S DATA WAREHOUSE

The Washington Department of Social and Health Services' Research and Data Analysis Division's (RDA's) data warehouse is an integrated platform that matches client information collected from more than 20 different governmental data systems.[20] The platform allows RDA to regularly assess the state's health and social services—not only by evaluating the impact of specific programs, but also identifying the societal consequences of unmet needs. (For example, analyses demonstrated that insufficient access to treatment for substance use disorders increased avoidable public expenditures and worsened social outcomes.)

Data-sharing agreements ensure that each office maintains ownership over the data it contributes, and allows offices to specify requirements for data security, privacy and the protection of personal information. The agreements also describe how the information can be used, such as for evaluations. Washington is the first state to successfully integrate governmental health and social services data on a large-scale.

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Steve DiLella

Connecticut Department of Housing

Brian Roccapriore

CT Coalition to End Homelessness

CT HMIS Medicaid Data Match

Healthcare Value Hub March Webinar

3/22/19

Contact Information:

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Department of Housing
Steve.DiLella@ct.gov

Brian Roccapriore
CT Coalition to End Homelessness
broccapriore@cceh.org

Original Connecticut Medicaid-HMIS Data Match

- Released April 13, 2013
- Identified 2,584 individuals on who received Medicaid and were in the shelter system in the last 6 months
- Decided that SIF will target top 10% - more than $40k in Medicaid costs

Annualized Costs of Those in Shelter in Last 6 Months:

Cost	0	1-20k	20k-40k	40k-60k	60k-80k	80k-100k	>100k	Total
N	4	1,963	353	113	78	27	46	2,584
	0%	76%	14%	4%	3%	1%	2%	

Progress with 2013 cohort

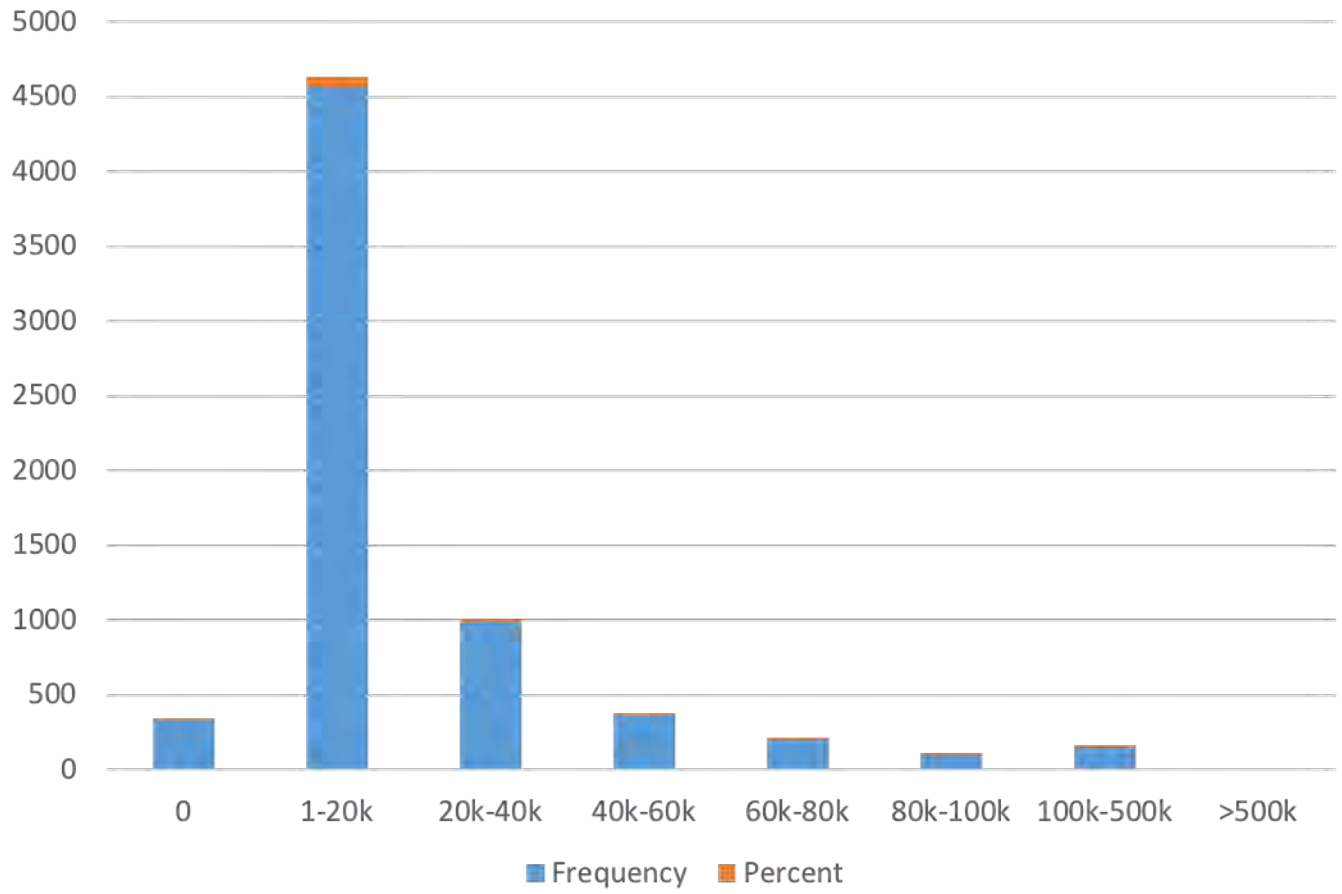
- SIF participants have a 92% retention rate in supportive housing.
- 90% are actively connected to a primary health care provider.
- 91% are actively connected to mental health care.
- 89% to specialty care.
- As a result, hospital emergency department use as the main source of care is decreasing for SIF participants and other service utilization patterns are trending in a positive direction.
- Overnight hospitalizations dropped from 8.5 before housing to 2.7 in the 12 months post supportive housing placements.
- Emergency department visits decreased from 13 pre-housing to just 5 in the 12 months post supportive housing.

2018 Data Match Overview

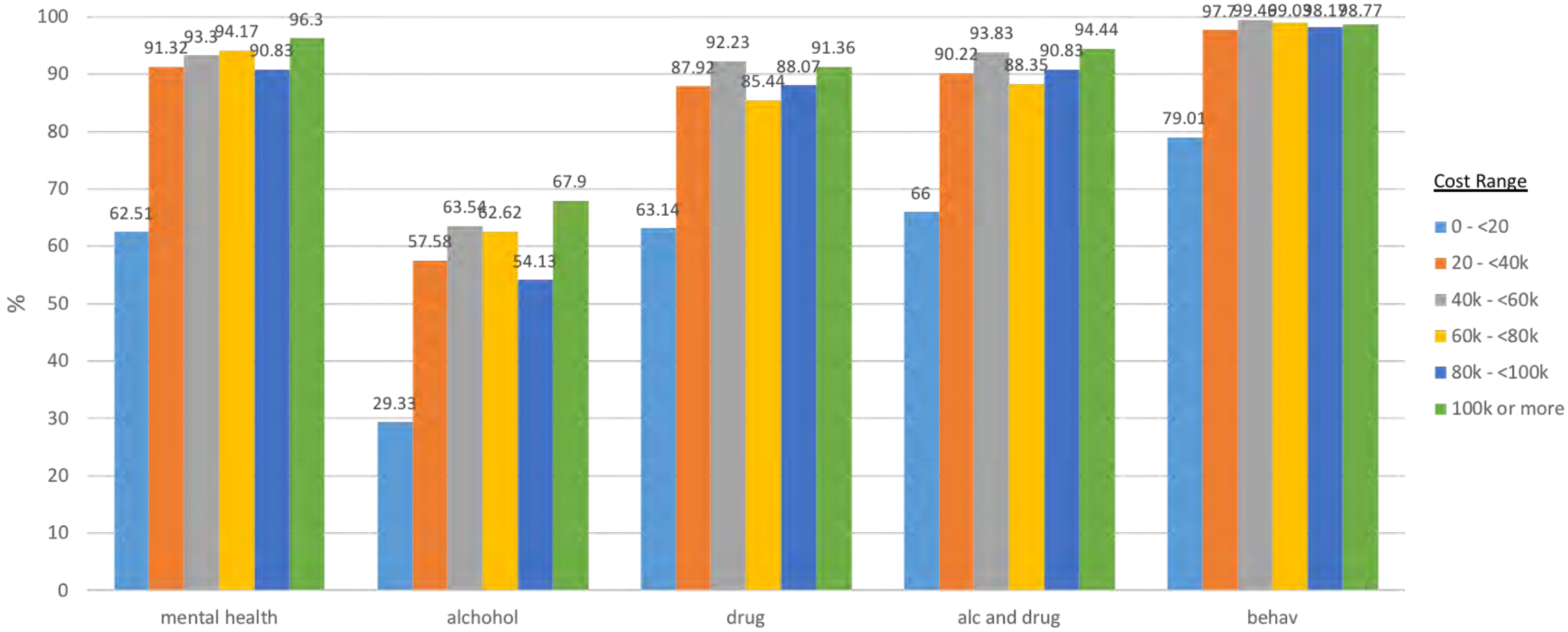
- 6,733 people matched between HMIS and Medicaid
- Timeframe of Analysis: 12 months (October 1, 2017 - September 30, 2018)
- Average Annual Medicaid Costs: $19,013
  - High: $1,038,269
  - Low: $0
- 92% of people were enrolled in Medicaid for >9months in the last year
- Gender Distribution: 67% male and 33% female
- Racial Distribution:
  - .5% Asian
  - 33.5% White
  - 21.2% Black
  - .6% Native American
  - 25.6% Other
- More expensive patients are somewhat older, but are not more frequent users of shelter

Annualized Cost: All Matched (n=6733)

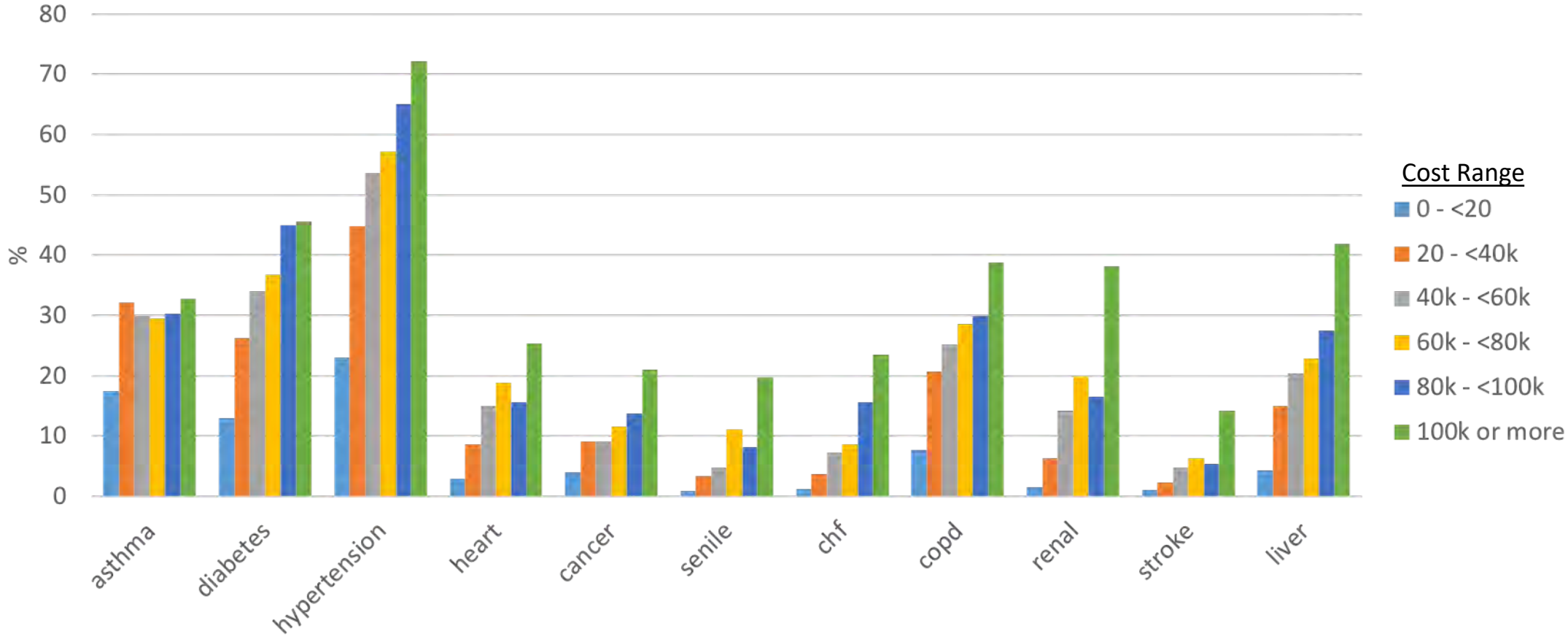
Annual Cost	Frequency	Percent
0	337	5.%
0<-20k	4,501	66.9%
20k<-40k	1,020	15.2%
40k<-60k	380	5.6%
60k<-80k	216	3.2%
80k<-100k	111	1.7%
100k<-500k	167	2.5%
>500k	1	0.01%



Behavioral Health Conditions



Health Conditions



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HEALTHCARE VALUE HUB

Pedja Stojicic

Project Director, ReThink Health

Policies to Support Population Health

Healthcare Value Hub Webinar

Pedja Stojicic, MD MPH - Project Director

March 22, 2019 (Webinar Presentation)

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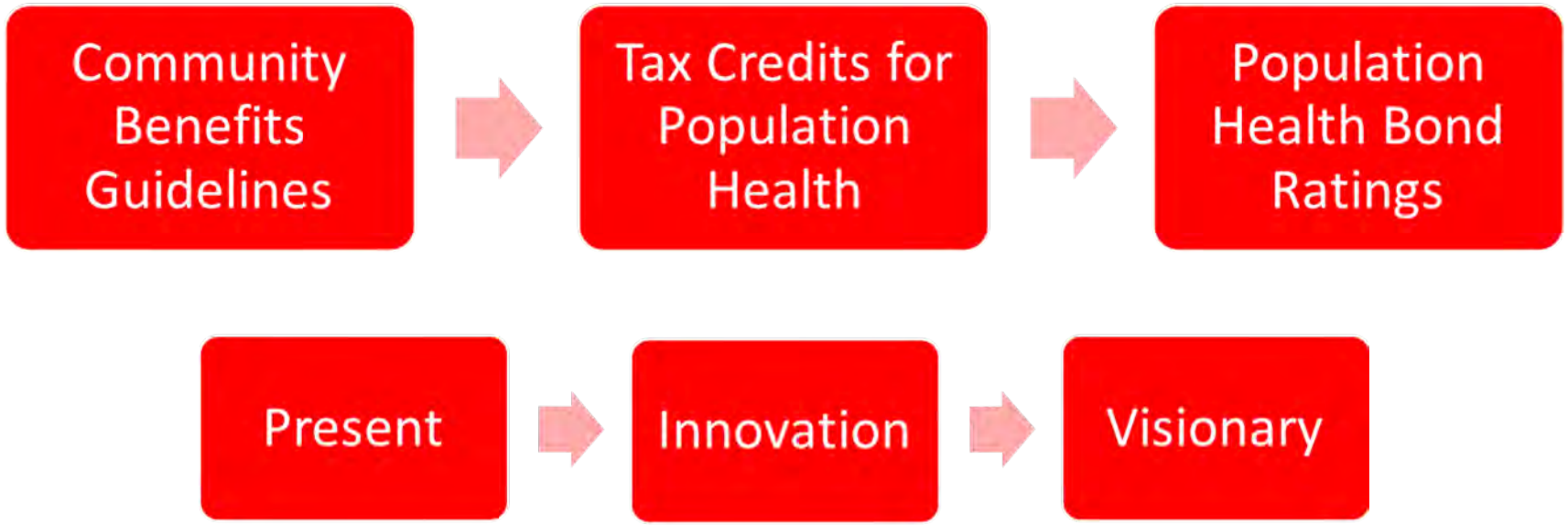
Policies to Support Population Health



Community Benefits Guidelines

Hospital Community Benefits

- Steering Community Benefits towards Social Determinants of Health
- Role of Attorney General's Office in Massachusetts
- Advisory Task Force in 2018
- New Guidelines for FY 2019

Massachusetts 2018 Community Benefits Guidelines

The updated Community Benefits Guidelines have a focus on:

1) **Social Determinants of Health,** which are the circumstances in which people are born, grow up, live, work, and age, as well as the health systems they use;

2) **Updated Statewide Health Priorities** including chronic disease with a focus on cancer, heart disease and diabetes, housing stability/homelessness, mental illness and mental health, and substance use disorders;

3) **Community Engagement** including improving hospital and HMO engagement with community partners in the planning, implementation, and evaluation of programs;

4) **Regional Collaboration** on needs assessments, program planning, and sharing of best practices;

Tax Credits for Population Health

What are Tax Expenditures?

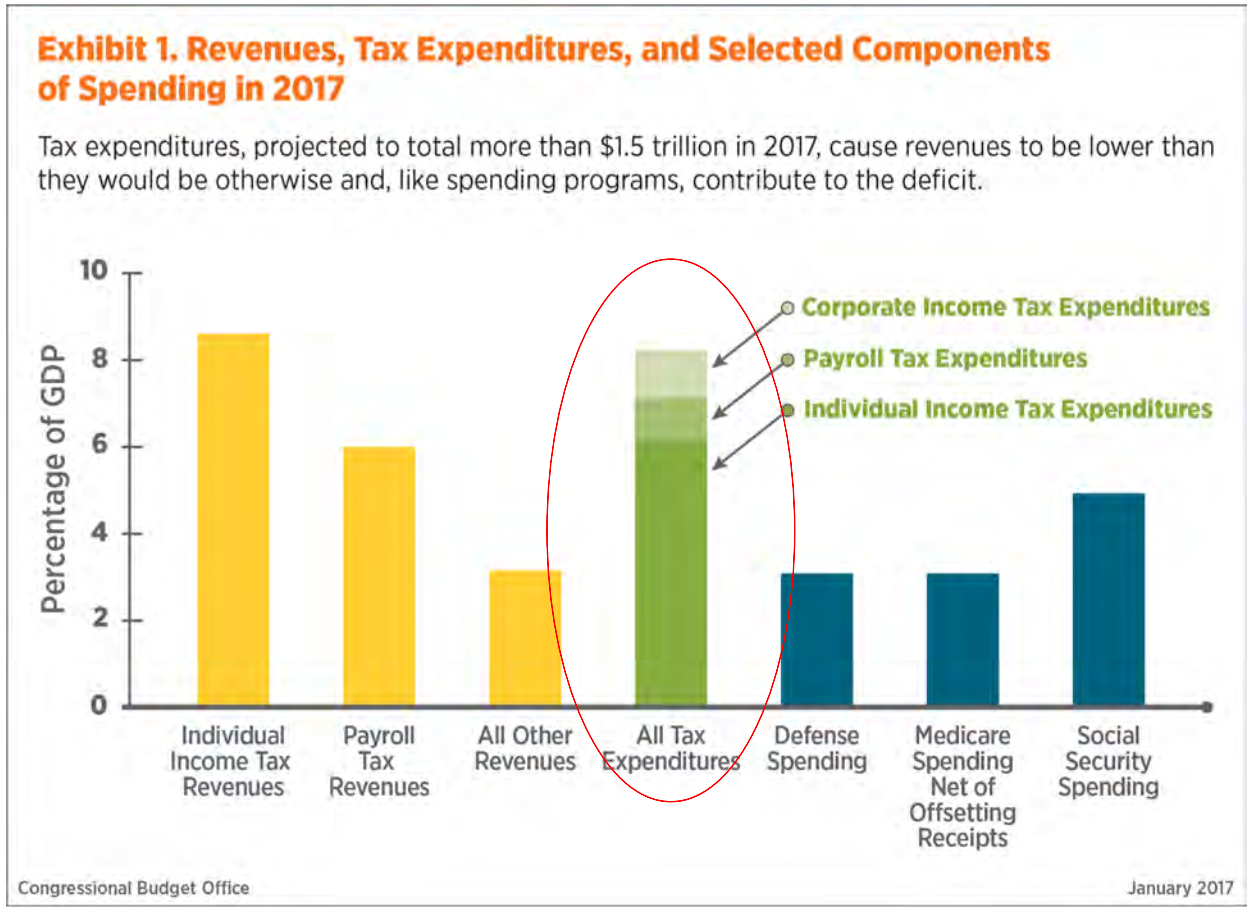
A fancy word for **tax breaks**:

- Tax deductions—reduction of certain *expenses* from your taxable income –e.g., charitable deductions,
  Tax exclusions—reduction of certain *income* from taxable income—e.g., muni bond interest
- **Tax credits—direct reduction in your tax liability, e.g. earned income tax credit**

Tax Expenditures Exceed Medicare, Social Security and Defense Spending

At the federal level:

- More than **200 different types** of tax breaks
- Claimed on **169 million returns**
- More than **$1.5 trillion** in 2017



Exploring Tax Credits to Fund Population Health Interventions

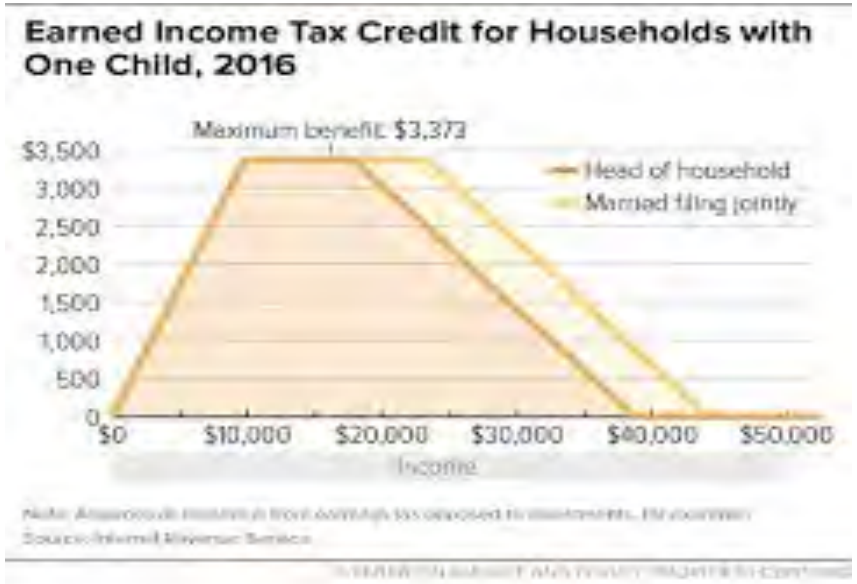
- A basket of population health interventions offers impressive opportunities to improve health and lower cost—but there is no functioning “market” for them
- There’s an opportunity to redeploy funds to give taxpayers a bigger “bang for their buck” (portfolio rebalancing)

Field Scan: Big Tax Credits that Address Social Determinants of Health

Federal:

- Earned Income Tax Credit ($63.6 Bil in 2018)
- Child Care Tax Credit ($54.3 Bil)
- Low-Income Housing Tax Credit ($6.2 Bil in 2016)

We love these!
We want more of these!



Field Scan: Few Tax Credits Fund Population Health

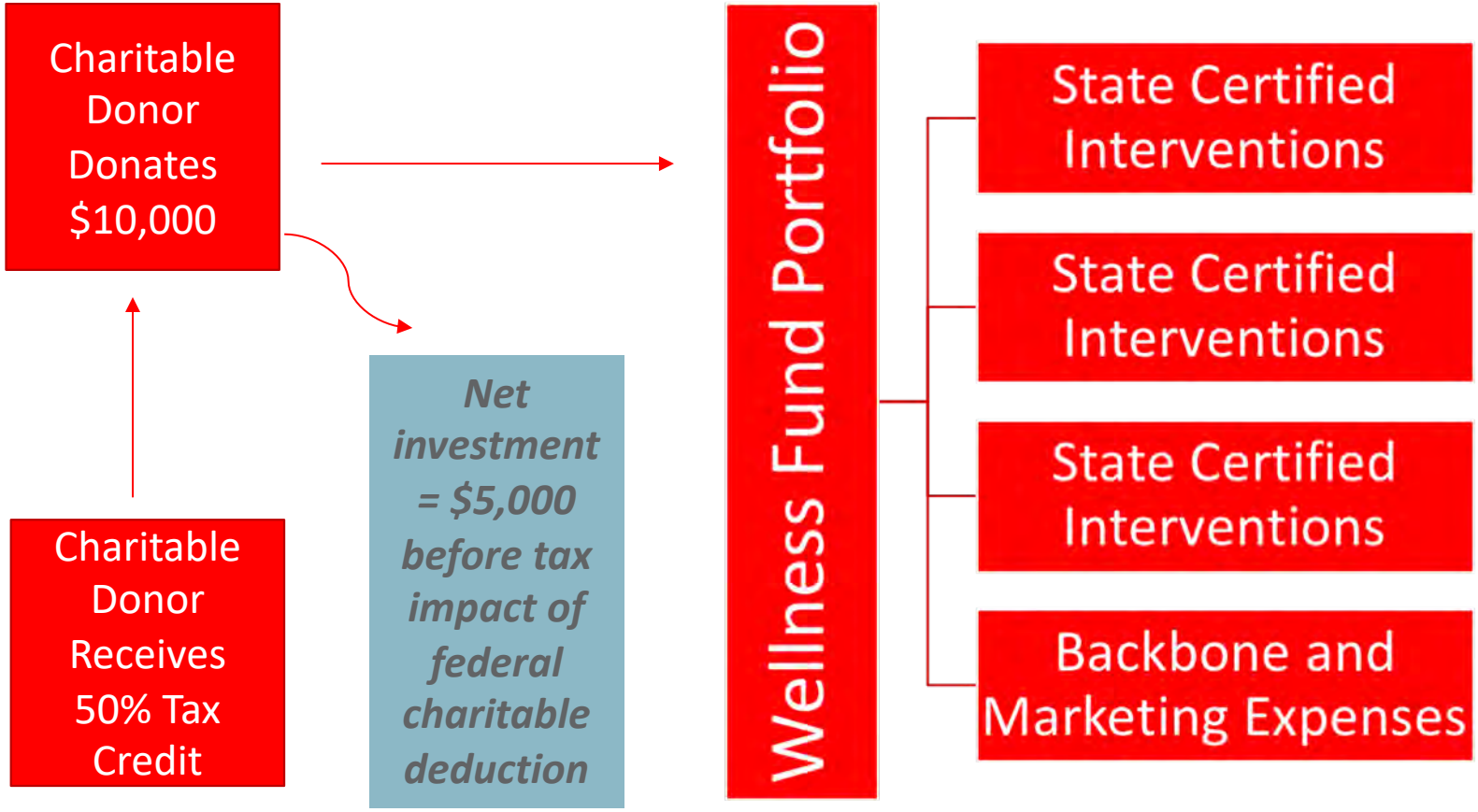
- Massachusetts: Lead abatement
- New Hampshire: Opioid program coordination
- Arizona: Anti-poverty charitable tax credit
- Colorado: Early childhood education

But, nothing that enables the funding of local portfolios for health and well-being

The People's Choice Health Investment Credit
A Tax Credit for Charitable Donations to Wellness Funds

1. **Taxpayer:** Individuals and corporations
2. **Market:** $360 billion charitable donations
3. **Size of tax credit: Tax credit grows with multi-year donations**
   - Individuals: 50% increasing 3% over 5 years to max of 62%
   - Corporations: 40% increasing over 5 years to 52%
4. **Intended beneficiaries:** The donor and the communities they invest in
5. **Administration:** Straightforward–through tax returns, but requires state certification
6. **Effectiveness and Evaluation:**
   - Majority of investments to state certified interventions
   - Donations to Wellness Funds operated by certified Accountable Community for Health
   - Allocated coverage for backbone expenses and marketing
   - Sunsets
   - Reporting

The People's Choice Health Investment Credit



…size of credit increases 3% per year…to build a donor base.

Hospital Bond Ratings

Recognizing Investments in Population Health Infrastructure

Climate Resilience and Bond Ratings

Moody's Investors Service, a major credit rating agency, is embedding climate risks as a key factor when analyzing the factors it uses to determine a state or local government's credit rating *

"Analysts are looking for a local jurisdiction to demonstrate that they have articulated a well-thought-out approach to mitigation of climate change. Creating, updating and executing on climate change action plans gives cities an excellent opportunity to demonstrate to rating agencies and the public that they are accounting for and working to offset their local climate risk"

*https://www.usgbc.org/articles/moody's-considers-climate-plans-when-determining-local-credit-ratings

Hospital Bond Ratings

Ratings could take into the account:

- Plans to address or invest in public health infrastructure
- Current investment or relationships with local stakeholders
- Plans to develop Population Health Infrastructure

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Center for Health Progress

Joe Sammen

Chris Lyttle

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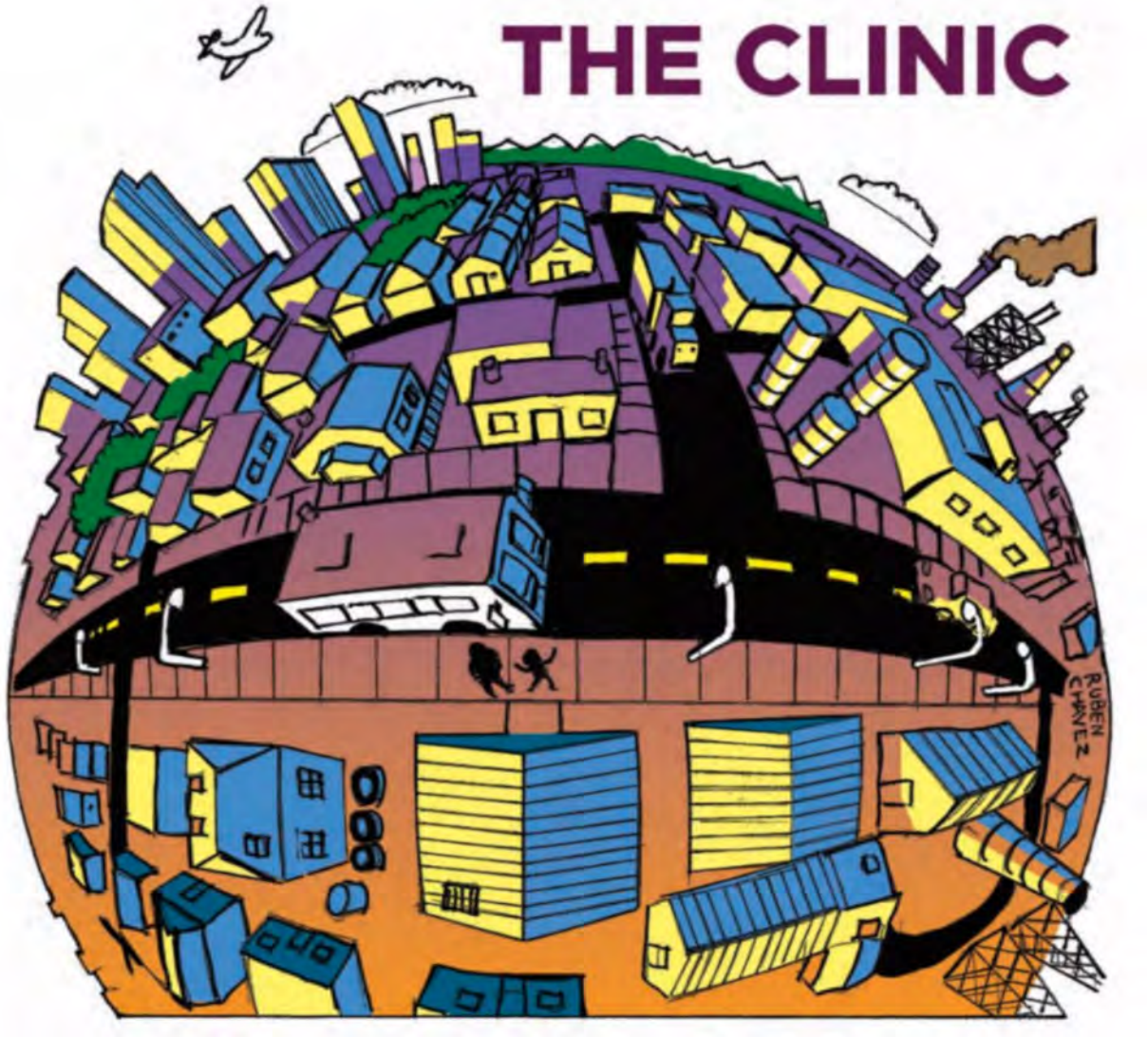
Chris Lyttle, JD & Joe Sammen | **March 22, 2019**



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OUR INTERVENTIONS MUST SHIFT UPSTREAM

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*There is no such thing as a **single-issue** struggle because we do not **live single-issue lives***

Audre Lorde

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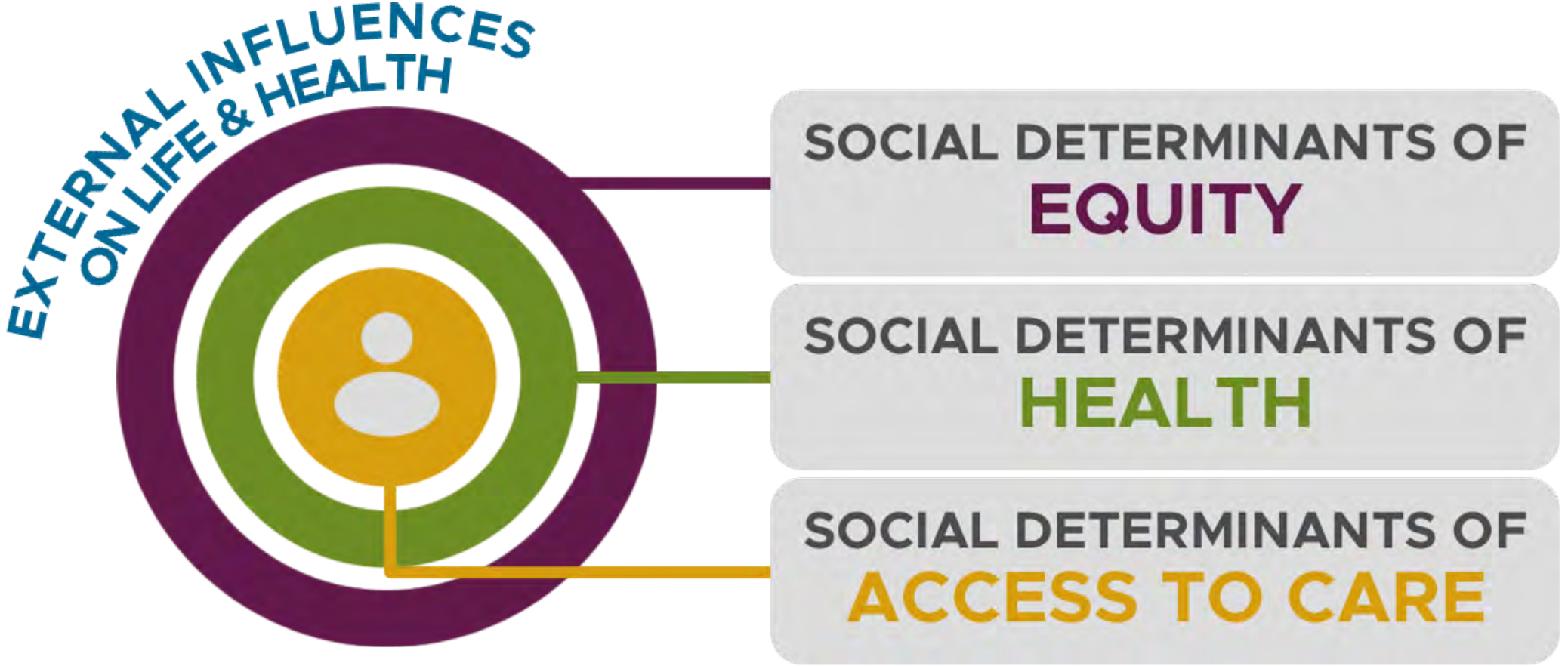

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THANK YOU!

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Questions for our Speakers?

- Use the chat box or to unmute, press *6

- Please do not put us on hold!

Thank you!

- **Steve DiLella, Brian Roccapriore, Pedja Stojicic, Joe Sammen and Chris Lyttle**
- **Robert Wood Johnson Foundation**

Contact Dakota Staren at **Dakota.Staren@Altarum.org** or any member of the Hub staff with your follow-up questions.

Join us at our next webinar:

Consumer-Centric Scoring of Healthcare Price and Quality Transparency Tools

Friday, April 19, 2019

2:00-3:00 p.m. ET

Register now at: HealthcareValueHub.org/events