VIEWS FROM THE FIELD

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GRANTMAKERS IN HEALTH

Sustaining Health Care Improvement Initiatives through Policy

BECKY HAYES BOOBER, PH.D.
Senior Program Officer, Maine Health Access Foundation

"Next-year people," a phrase in Ken Burns' *The Dust Bowl,* describes not only 1930s farmers on the prairie, but also foundations' efforts to create change. Year after drought-stricken year, farmers planted crops, hoping that year's yield would compensate for the small harvests of previous dry summers. When dust storms stripped the fields bare, they would comment, "There's always next year." Sometimes, foundations behave in the same way. Grants are awarded, with the hope that they will seed large, systemic changes. When environmental factors stifle growth, foundations create new granting programs hoping that somehow this time it will be different.

Like farmers who did not consider how their own farming techniques added to the Dust Bowl, foundations often assume that grant-supported changes at the practice level will be so beneficial that they will be sustained after the end of the grant period based solely on the merits of the new practice. Unfortunately, organizational and systemic policies, infrastructures, and financial incentives are not always aligned to continue the projects, regardless of their positive results.

Many foundations now recognize their own responsibility and the opportunity to improve the sustainability of grant projects by taking active roles in advocating for important public and private policy changes. By partnering with grantees and by capitalizing on their unique roles, foundations can work with local, state, and federal policymakers to continue successful programs through ongoing policies that sustain transformative efforts. A case study of how this can be achieved is the Maine Health Access Foundation's (MeHAF) strategy of sustaining quality integrated behavioral health and primary care by embedding it into ongoing systemic health care reform and quality improvement policies and initiatives.

MEHAF CASE STUDY

When MeHAF developed programs to advance its strategic priority *Promoting Patient-centered Care* in 2005, foundation leadership identified the integration of behavioral health services and primary care as having the potential to improve access to behavioral health, to improve patient care through coordination, and to model internal change processes health care systems could replicate to improve quality of care. Three rounds of clinical and systems transformation grants were awarded.

As the grantees implemented internal changes to support integrated care, they quickly encountered similar barriers. Therefore, the foundation convened an Integrated Care Policy Committee, which included grantees, public and private payers, employers, state officials, consumers, and statewide professional organizations. A legislator even asked to join the group. The group discussed key issues affecting integrated care and collectively resolved issues. These early successes motivated the group through the laborious process of developing and executing a policy work plan, with assistance from a consultant contracted by the foundation. This policy plan helped maintain state government support of integrated care during a gubernatorial transition.

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One member of the policy committee developed expertise in state licensing and public/private reimbursement issues related to integrating care. She also identified relevant codes and other reimbursement options and developed tools to track the codes, aligning them with licensing and other MaineCare regulations. (See "Materials and Tools" at http://mehaf.org/integratedcarelearningcommunity/.) MeHAF contracted with her employer so that she could provide training sessions, site

coaching, and troubleshooting reimbursement issues. She and foundation staff have periodic calls with payers to discuss issues as they arise. This contract greatly affects the sustainability of clinical sites' integrated care.

MeHAF's emphasis on building on key leverage points was reflected in the policy work plan. For example, the strategy was to embed integrated care into emerging state-level health care system and payment reforms. This resulted in the Maine Department of Health and Human Services (DHHS) requiring integrated care in its value-based purchasing initiatives, the Affordable Care Act Section 2703 Health Homes (which soon will include behavioral health homes in Maine), the $33 million State Innovation Model grant implementation, and departmental contracts with local agencies. Integrated care is also included in the State Public Health Plan. DHHS and MeHAF partnered to convene a Behavioral Health Home Advisory Committee.

Another key leverage was MeHAF's grant to Maine Quality Counts for integrated care technical assistance (TA) to the all-payer patient-centered medical homes (PCMH) pilots, which has required integrated care as a core element. TA supports 50 new PCMH pilot sites and draws down Medicaid match funds to provide integrated care TA for over 50 new health home sites. MeHAF also provided a foundation-initiated grant to Maine Primary Care Association to develop a peer organization coaching model that facilitates federally qualified health centers (FQHCs) with extensive experience in integrated care partnering with other FQHCs that want to improve integrated services. By the end of 2014, these integrated care learning partners will have fully implemented integrated care in all FQHCs in Maine. Since over 84 percent of all clinical care activity in Maine flows through the state health information exchange, MeHAF supported HealthInfoNet's efforts to share health data with behavioral health agencies to improve care coordination. State law changes allow this information exchange on a patient opt-in basis.

MeHAF also capitalized on emerging national integrated care efforts. MeHAF awarded a grant to expand the Agency on Healthcare Research and Quality's project to identify workforce competencies exhibited in exemplary integrated care practices so it includes at least two additional Maine sites.

MeHAF provided a small grant to Grantmakers In Health to convene federal agencies and funders to coordinate efforts to promote integrated care. Three meetings have resulted in joint efforts related to integrated care workforce development and evaluation. MeHAF is also partnering to establish a New England Integrated Care Learning Community, which recently met with federal agencies' Region I administrators. These are a few examples of policy leverage points that MeHAF pursued to sustain and expand integrated care, established through its grantmaking. By the end of this year, about 50 percent of Maine primary care practices will have some level of integrated care.

TIPS ON PARTNERING FOR POLICY SUPPORT

Through its policy work to sustain integrated care, MeHAF has learned several lessons.

1. Have the right partners at the table, and be expansive in your invitations. Diverse perspectives on steering committees improve the group's final plan and execution. Include formal policymakers, as well as informal thought leaders and the people reputed to make internal changes happen.
2. Tap into individuals' talents and interests and organizations' missions to find common ground.
3. Be boldly aspirational, yet realistic. Systemic transformations need a minimum investment of 10 years, so think of the work as planting seeds.
4. Be flexible, timely, and strategic.
5. Identify leverage points for shaping policy, such as opportunities to embed your efforts into larger policy initiatives. Be recognized as a willing, able, and trustworthy partner. To learn about emerging opportunities, ask policymakers, "What new is on the horizon that excites you?"
6. Capitalize on strengths. Foundations can facilitate policy advocacy and can award grants to explore the impact of riskier projects on systems change. Documenting the results and lessons learned can inform public policy, encouraging adoption of successful endeavors. Foundations can also support research and evaluation that shape policies while advancing their own mission. As a neutral convener, foundations provide a safe space for parties with diverse perspectives to identify common ground with policy implications. Finally, foundations can be critical thought partners with policymakers to identify strategic approaches to stimulate needed systemic changes.

MeHAF's experience with sustaining integrated behavioral health and primary care through policy enhancements and with embedding the work into broader health care system transformation initiatives has informed its strategic planning for new programming. It can be the platform for moving from "next-year people" mindsets to active policy shaping that ensures more fertile ground for improving health care through permanent changes.

For more information about the work discussed in this article, contact Becky Hayes Boober at bhboober@mehaf.org.

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