

University of Colorado

From the Selected Works of Glen Mays

Fall October 5, 2020

Aligning Delivery and Financing Systems Across Sectors To Improve Hypertension Control and other Public Health Priorities

Glen P Mays, *University of Colorado*



Available at: https://works.bepress.com/glen_mays/377/

Aligning Delivery and Financing Systems for Medical Care, Public Health, and Social Services in Ways that Contribute to Hypertension Control and other Public Health Objectives

Glen Mays, PhD, MPH

Department of Health Systems, Management & Policy

Colorado School of Public Health

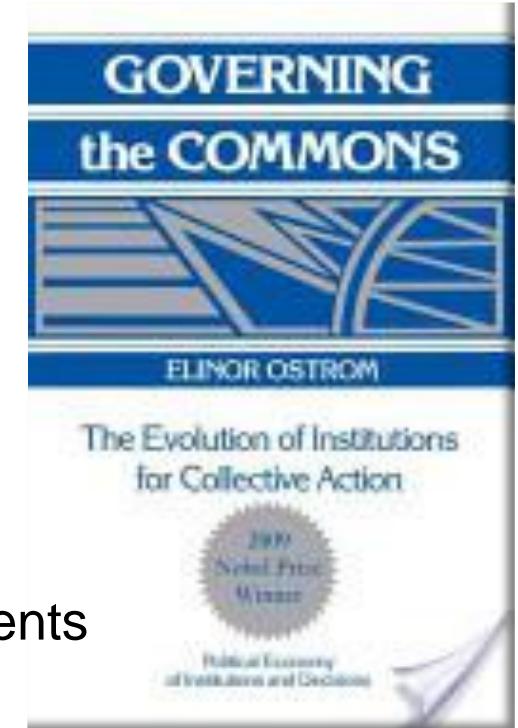
glen.mays@CUAnschutz.edu

colorado school of
public health

UNIVERSITY OF COLORADO
COLORADO STATE UNIVERSITY
UNIVERSITY OF NORTHERN COLORADO

Challenge: overcoming collective action problems across systems & sectors

- Incentive incompatibility
- Concentrated costs & diffuse benefits: “wrong pocket” problems
- Time lags: costs vs. improvements
- Uncertainties about implementation
- Asymmetries in information
- Difficulties measuring progress
- Variable and under-resourced institutions & infrastructure to support commitments
- Institutional and cultural preferences that value individualized solutions



Ostrom E. 1994

Empirical research: network structures are key in collective actions

- Actors
- Tasks
- Environment



Q1: Factors that may lead organizations to prioritize multi-sector, collaborative approaches to hypertension control

- Building or leveraging densely connected networks of heterogeneous institutions
- Cultivating and activating central actors within networks
- Stimulating demand signals: evidence of community need & interest
- Reducing uncertainties about distribution & timing of costs & benefits
- Reducing uncertainties about potential network partners
- Developing inclusive and inter-connected governance structures
- Identifying and mitigating incentive conflicts
- Enhancing public visibility of tasks
- Infrastructure for high-frequency communication and information exchange
- Infrastructure for high-frequency measures of progress

Q2 and Q3: Possible solutions with the broadest impact on multi-sector, collaborative approaches to hypertension control

Solutions Supported by Existing Evidence

- Community health worker/navigator/connector models
- Network change agent models
- Network funding and governance models (e.g. Humana Bold Goal)

Possible Solutions in Need of Further Study

- Pay for Success / Social Impact Bond
- Accountable Health Communities
- Health Enterprise Zones

Q3: Other existing initiatives that could be leveraged to strengthen incentives for collective actions in hypertension control

- IRS community benefit standards for tax-exempt hospitals
- Medical loss ratio provisions for health insurers
- Permissive CMS rules for Medicare, Medicaid health plans to address social determinants through risk contracting
- CMS testing of alternative payment models
- ACA incentives for employer wellness programs
- National accreditation standards for public health agencies

Q4: Will solutions ensure equal benefit for all population segments?

Solutions that target and tailor for historically marginalized populations

- Community health worker/navigator/connector models
- Health Enterprise Zones

Solutions that could be designed to prioritize equity in impact

- Network change agent models
- Network funding and governance models (e.g. Humana Bold Goal)
- Pay for Success / Social Impact Bond
- Accountable Health Communities

Three most promising solutions and research opportunities

Solutions Supported by Existing Evidence

- Community health worker/navigator/connector models

Research Opportunities

- Network funding and governance models (e.g. Humana Bold Goal, HEZones)
- Pay for Success / Social Impact Bond

Key References

Gaskin DJ, Vazin R, McCleary R, Thorpe RJ Jr. The Maryland Health Enterprise Zone Initiative Reduced Hospital Cost And Utilization In Underserved Communities. Health Affairs. 2018;37(10):1546-1554.

Homer J, Hirsch G, Minniti M, Pierson M. Models for collaboration: how system dynamics helped a community organize cost-effective care for chronic illness. System Dynamics Review. 2004;20(3):199–222

Mays GP, Mamaril CB, Timsina LR. Preventable Death Rates Fell Where Communities Expanded Population Health Activities Through Multisector Networks. Health Affairs. 2016;35(11):2005-2013.

Nichols LM, Taylor LA. Social Determinants As Public Goods: A New Approach To Financing Key Investments In Healthy Communities. Health Affairs. 2018 Aug;37(8):1223-1230.

Scholz JT, Berardo R, Kile B. Do Networks Solve Collective Action Problems? Credibility, Search, and Collaboration. Journal of Politics; 2008;70:393-406.

Valente TW. Network interventions. Science. 2012; 337:49–53.