

Maximizing Limited Resources Through Cross-Sector Partnerships

Call to Action

Cross-sector partnerships can help improve population health outcomes by combining multiple activities (and their corresponding funding streams) to have a wider impact than action or spending by a single organization or agency. These partnerships are rapidly developing between the healthcare industry, community-based organizations, health and human services, and additional agencies related to transportation, housing, food security, public safety, and other social determinants of health.

Cross-sector partners can combine their resources to achieve a broader and better coordinated impact on population health than could have been achieved alone.

In the face of a dramatically shifting health landscape and stringent budgets, there may be an understandable temptation for state health agencies to act conservatively, revert to traditional public health functions, and guard resources. However, governmental public health leaders could instead embrace the energy of new partners and position themselves as [chief health strategists](#) to align stakeholders towards a shared vision of community wellness. To effectively develop cross-sector partnerships, state and territorial health officials (S/THOs) should strive to [be at the table](#) with local, state, and federal decisionmakers; effectively contribute and [use data](#); and determine how to support [sustainable and flexible financing](#) for population health initiatives that can reduce the need for healthcare.

S/THOs need to be engaged in the development of cross-sector initiatives that support clinical innovations and integrated services, as well as initiatives that improve the social determinants of health and community-level prevention. S/THOs seeking to develop cross-sector partnerships may engage in several different types of activities (see Figure 1). These include:

- *Collaboration across sectors:* Collaboration may occur without any exchange of resources. Examples of activities include sharing data or aligning the activities of different organizations and agencies for mutually determined and beneficial outcomes.
- *Influencing decisionmaking in another sector:* These activities may be focused on leveraging public health expertise or resources to build the case for action by another sector. For example, public health agencies may seek to expand Medicaid or commercial insurance reimbursement for a new workforce or service. This may require specialized staff and significant time commitments to learn about the needs and motivations of the other sector.
- *Linking funds across sectors:* There may be opportunities to pursue linking public health sector funds with other funding streams. This can vary from awareness of the range of funding a single



Figure 1: Spheres of partnership-building activities

community agency is receiving from multiple sources, to pooling funding from different organizations and agencies, such as through a joint request for proposals.

This issue brief will explore strategies for S/THOs and other interested stakeholders to approach and guide new partnerships, spanning across the three aforementioned sets of activities. As momentum grows around cross-sector work, public health leaders can nurture new initiatives, help shape the work already happening on the ground, and effectively coordinate public and private resources.

Leadership Strategies for S/THOs

There are critical skills and capabilities that S/THOs bring to the table to develop and implement new payment and delivery models, drive innovations in data sharing, and enable cross-sector planning and community engagement. S/THOs can work with other state leaders to ensure that infrastructure is built at the state level to support population health improvements and integrated care, including health information technology and technical support and training to share best practices and build process improvements. There are also opportunities to pursue payment and delivery reform to support cross-sector initiatives and service delivery, such as through Medicaid waivers and contract language, Pay for Success financing, braided and blended funding, state modernization plans, and community benefits.

Ultimately, each of these models and opportunities requires a broad range of partners to work together to ensure that new models and initiatives promote value, quality of care, and improved health and social outcomes. S/THOs can and should be strong partners in this work to ensure these objectives are met, with a focus on vulnerable populations and reducing health disparities. Additionally, public health agencies must continue to seek out partnerships with a variety of key players (including public and private payers, health systems, community-based organizations, social services agencies, human service agencies, state and local foundations, and regional Federal Reserve banks) to build collaborative relationships to support the implementation of payment and delivery reform initiatives.

Capitalize on existing relationships and connections. S/THOs have experience with developing partnerships in their communities and can leverage those local connections and expertise to develop relationships with health systems, commercial health insurers, state insurance commissioners, academic health centers, community-based organizations, and foundations. These stakeholders may be motivated by a similar mission to improve health and health-related social outcomes and lower healthcare spending, and they may be able to contribute resources from non-state sources.

Learn and understand the different languages and cultures of new partners. S/THOs should learn to speak the language of new and existing partners in order to serve as a translator between sectors, as well as to build trust and motivate your partners. You and your staff should take the time to learn the histories, operational realities, and driving motivations of other organizations before approaching them. This will assist you in striving for a truly shared vision, leading to shared goals and specific objectives.

Coordinate partnership strategy based on data. Fund programs that show demonstrated value, and align programs and interventions with data-based needs drawn from the most granular and local level possible. S/THOs may also engage with other agency leaders, such as through the governor's cabinet, to use their capacity and data to support targeted, cross-sector interventions. For example, human services agencies can provide valuable information drawn from their work with children and families (e.g.,

information from the Supplemental Nutrition Assistance Program for nutrition education and obesity prevention, or Temporary Assistance to Needy Families data for workforce and employment analysis).

Encourage state leaders to support financing vehicles and policies that promote partnerships. Cross-sector work should develop shared accountability between public health, healthcare, social and human services, and community-based services to address population health and the social determinants of health. These vehicles may include collaboration through community benefit spending, multisector Pay for Success contracts, legislation or agreements to braid and blend state-supported funding, the development of wellness trust funds, global capitated funding, or participation in models like [accountable health communities](#).

Leverage your state's organizational structure to engage in payment and delivery initiatives with Medicaid: Use these discussions to influence waiver discussions, managed care contracts, or state plan amendments, and seize the opportunity to advocate for aligning public health outcomes with a Medicaid framework for waivers.

Examples of Cross-Sector and Cross-Agency Partnerships that Maximize State Resources

There are many [examples](#) of cross-sector initiatives developing across the country, each uniquely adapted to the needs and culture of the local communities; however, the state examples highlighted below each reflect a different financing mechanism to sustain cross-sector and cross-agency partnerships. These financing mechanisms are also detailed further in the CDC Health Policy Series report, [Overview of Community Integration Structures and Emerging Innovations in Financing](#). These examples are non-exhaustive and intended to illustrate the wide array of strategies available to potentially evolve to address the social determinants of health.

Medicaid Section 1115 Waiver in Massachusetts: The [MassHealth Section 1115 demonstration waiver](#) supports the restructuring of the state Medicaid program to provide integrated, outcomes-based care. The demonstration, effective July 2017, allows the state to shift from a fee-based model to a system of accountable care organizations (ACOs) who work in close partnership with community-based organizations to better integrate care for behavioral health, long-term services and supports, and health-related social needs. The flexible funding will allow funds to be used to address the social determinants of health by providing services to maintain a safe and healthy living environment, for example, or offering support to individuals who have experienced violence. The Massachusetts Department of Public Health has engaged with other partners through several working groups to support planning efforts and ensure attention to and understanding of the social determinants of health.

Global Capitation for Rural Hospitals in Pennsylvania: CMS is supporting a global capitation model in Pennsylvania for participating critical access and acute care hospitals, with fixed payments funded by both public and commercial insurers. This model encourages rural hospitals to meet the health needs of their local communities. The [Pennsylvania Rural Health Model](#) was initially developed in the State Innovation Models initiative, and CMS will contribute funding for four years. The Pennsylvania Department of Health will oversee implementation, analyze data, administer the budget, and conduct quality assurance and technical assistance activities.

Pay for Success in South Carolina: The South Carolina Department of Health and Human Services has engaged in a cross-sector [Pay for Success](#) initiative involving the Nurse-Family Partnership (NFP), [Social Finance](#), and a consortium of philanthropic funders to expand an existing home visiting program for low-income, first-time mothers. In this model, private funders provide upfront capital to expand NFP services, with the state government only obligated to make “success payments” back to the funders if an independent evaluator determines that the provider has met specific outcome metrics, thereby transferring some financial risk away from the state. South Carolina’s contract agreement also specifies that success payments will be cycled back to support future programming.

All-Payer ACO Model in Vermont: [The Vermont ACO Model](#), supported by a Section 1115(a) Medicaid demonstration waiver, tests an alternative payment model that supports integrated and coordinated care, contains healthcare costs, and ultimately holds Medicare, Medicaid, and commercial payers accountable for population health outcomes. Under this model, care management teams can refer patients to social services and better coordinate healthcare services, potentially reducing duplication and unnecessary spending.

Braided Funding in Virginia: [Braided and blended funding](#) can allow states to coordinate resources from state agencies to address health-related social needs that are not typically covered by Medicaid. Virginia passed the 1993 [Children’s Services Act](#), which pooled funding from four state agencies to meet the needs of at-risk youth and families. Funds are locally operated and administered through interagency community policy and management teams. This approach has reduced siloes and duplication across agencies and has supported more flexible and integrated services for each child and family.

Opportunities for the Integration Community to Support State Public Health in this Effort

The broader integration community—including stakeholders in academia, primary care, healthcare systems, payers, and federal and state agencies—plays an important role in building the infrastructure and workforce to support these cross-sector financing models and collaboration.

Train health workforces to have the knowledge and capacity to engage in payment discussions and system-level thinking. This includes [training clinicians and public health professionals](#) to understand the vocabulary and tools of other sectors and professions, engage with communities, and recognize their roles in supporting population health goals.

Create opportunities and resources for partners to align and integrate priorities across the entire health system. The goal is to avoid creating independent and conflicting priorities. For example, some challenges within the state health agency can arise with integrating priorities across maternal and child health programming and other agency priorities, since the funding streams may vary. Meanwhile, there may be challenges in coordinating interventions between payers who define “population health” in terms of a beneficiary pool as opposed to those concerned with the health of a full geographic community. Stakeholders may explore using [payments or performance measurements to align priorities](#) across sectors and systems.

Look for funders or stakeholders that can support dedicated and neutral partnership managers. Partnership development can become a significant time commitment, and there may be preconceptions or mistrust initially between organizations or agencies. Dedicated partnership managers can dedicate their time to building bridges between sectors, coordinating activities, and navigating barriers. For

example, Kaiser Permanente in Oregon funded a three-year [partnership manager position](#) and a development evaluator to guide organizations through partnership-building.

Advocate for or collect data on spending across all payers in order to help support the business case for population health improvements. Community-level health initiatives are a long-term investment that go beyond a grant period or election cycle. To sustain this work, state agencies, health systems, and their partners need to better demonstrate the economic impact and the reduced healthcare system costs that can be derived from population health interventions.

Conclusion

Cross-sector partners can combine their resources to achieve a broader and better coordinated impact on population health than could have been achieved alone. S/THOs can play an important role in shaping partnerships by leveraging their relationships across agencies and with healthcare, human services, and communities. This is a critical opportunity to coordinate and sustain these partnerships to not only maximize stakeholder resources, but also to reach your full potential in improving the health and social outcomes in your communities. This collection of financing options and state examples can be adapted to leverage and coordinate scarce resources; however, there are additional opportunities to be explored amidst the shifting health landscape.

This issue brief was developed by the Association of State and Territorial Health Officials in consultation with the [Integration Forum](#) Steering Committee, composed of John Auerbach, Trust for America's Health; Lloyd Michener, Practical Playbook; and David Sundwall, University of Utah.