Community Benefit Investment Funds
Getting the Most out of Your Community Benefits

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Andrew is an avid dog-lover and recreational sport enthusiast, whose favorite type of animal is the non-bear bear.

His work includes health-policy planning and analysis, advanced economic and financial modeling, conducting state-wide medical claims analysis with predictive modeling, and publishing over a dozen works on public health including topics related to sustainable funding to address the social determinants of health through value-based purchasing, the economic dynamics of insurance markets, and innovative financing mechanisms such as Pay for Success.

He is an energetic and passionate former consultant specializing in areas of management, health care, finance, technology, and economic development. He currently holds six academic degrees or certifications in philosophy, psychology, foreign policy, international economic relations, business, and finance.
Community Benefit Funds are an under utilized resource that has immense potential for good.

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<th>Situation</th>
<th>We all have limited time, money, and other resources so we want to get the most out of them.</th>
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| Complication | Community Benefit dollars are precious and fleeting:  
  • Large amounts are spent on uncompensated care;  
  • Spending is often ‘out the door’ with little lasting impact; and  
  • Even the most beneficial programs can get squeezed out. |
| Resolution | We are working to pilot the development of Community Benefit revolving funds to get the most out of every bit of this precious funding:  
  • Dollars are initially invested in promising programs;  
  • The impact on uncompensated care is tracked; and  
  • Abated costs are reinvested worthy programs. |
GHHI has built a national footprint of health since 1986.

1986 Founded
Parents Against Lead became the Coalition to End Childhood Lead Poisoning

2008 Becomes GHHI
Expand scope and scale to break the link between unhealthy homes and unhealthy families nationally

2014 Johns Hopkins PFS
CMMI proposal leads to exploration of Pay for Success with Johns Hopkins’ MCO, Priority Partners

2015 1st Social Innovation Fund (SIF) Award
Award expands to 6 national sites to advance Pay for Success across private business models

2016 Robert Wood Johnson Foundation
Award expands Pay for Success portfolio to 11 asthma projects including state governments

2017 2nd Social Innovation Fund (SIF) Award
Provide PFS developmental support for up to 10 projects focusing on social determinants of health

2017 Multi-Agency Models
Social Innovation Financing project bridging health and energy savings for healthy homes in NY and CT.

Note(s): GHHI is a 501(c)(3) nonprofit headquartered in Baltimore Maryland, with a national office in Washington, DC, and affiliates nationally.
The burden of asthma

Asthma is deadly and expensive, but can be mitigated by comprehensive home-based interventions that address its causes and triggers.

Asthma by the numbers
Per annum in the United States of America

- 6.8 million children
- 18.7 million adults
- 1.58 million hospital days
- $50 billion medical expenses

Asthma is:
- A potentially lethal chronic condition inhibiting breathing;
- The single most prevalent chronic juvenile condition;
- A major contributor to medical costs; and
- Caused or triggered by environmental factors.

An unhealthy home:
- Is a primary environmental factor in health;
- Can have substantial hidden costs to families; and
- Home-based triggers cause 40% of asthma episodes.

Evidenced home-based interventions:
- Remove environmental causes and triggers of asthma;
- Provide home-based education on asthma control, mitigation, as well as effective medical adherence; and
- Result in better health outcomes for patients, their families, and the next inhabitant of the home.

Sources:
- GHHI, 2015, Sustainable Funding and Business Case for GHHI Home Interventions for Asthma Patients
- RWJF Commission to Build a Healthier America

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The NIH’s National Asthma Education and Prevention Program recommends four evidence-based components of effective asthma care.

Four components of asthma care

- **Medications**
- **Assessment and monitoring**
- **Patient education**
- **Control of environmental factors**

The Research Shows

- Comprehensive multi-trigger multicomponent approaches work.
- Community-based programs reinforce clinical interventions, addressing a family’s environmental triggers.

*Ex: Mold remediation, ventilation, removal of carpets and dust sinks for dust mites and allergens, integrated pest management*

Evidence shows that comprehensive interventions improve asthma outcomes, reducing costs.

Case Study

For the Smiths of Baltimore, a GHHI intervention was a lifeline ensuring that asthma didn’t rob their son of the chance to do well in school.

Background
A family of four, the Smiths’ son has severe asthma with a history of high medical utilization.

Home health hazards included:
- Deteriorated windows with lead;
- High dust-mite levels;
- Mouse infestation;
- High volatile organic compound use;
- No venting; and
- Poor weatherization,

Prior to Intervention
- 3 hospitalization per year on average
- 1 week average length of stay

Post Intervention
- 0 hospitalizations in 12 months
- Family saved $721 in energy bills

Health Impact
- 3 hospitalizations avoided; and
- $48,300 (est) healthcare costs saved.

Source(s): GHHI
A triggering event starts a coordination across diverse group of stakeholders, starting with the existing standard of care.

Example intervention program

**Clinical care**
- Reinforce existing standard of care including medications, assessment & monitoring, and integration with primary care providers.

**Education**
- Provide clinical and home-based education on how to self-manage their specific environmental triggers in context.

**Environment**
- Drive remediation of the causes and triggers of asthma through comprehensive home assessments and referrals into wrap-around programs.

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**Existing Services**

**New Setting**

**New Services**

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**Comprehensive Interventions Deliver Results**

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In Chicago, the model is being piloted with three partners.

- **Clinical Care** continues but now includes integration with community resources.
- **Education Provider** transition to home-based assessment, education, and navigation.
- **Environmental Provider** of home-assessment and remediation services.
In Brief, the program attempts enrollment for a coordinated asthma home-visiting program that involves intensive environmental remediation.

1. **Intake and enrollment**
   - Identify eligible patients to enroll in program.

2. **Home-Based Needs-Assessment**
   - **Presence CHW**: ACT, medication reconciliation, education, supplies
   - **Elevate Energy Auditor**: Comprehensive environmental assessment and Scope of Work

3. **Asthma education and home repairs**
   - **Fix asthma triggers**: Pests, moisture and mold, ventilation, carpet removal, etc.
   - **Manage asthma**: • Additional visit • Follow-up calls

4. **Evaluation of outcomes**
   - • Case studies • Scale up?
Our focus for today will be on the uninsured population that currently receives community benefits, specifically uncompensated care dollars.

Note(s): For consistency with the source, we leave the Kaiser nomenclature. The individual marketplace is contained within the ‘non-group’ segment.

Source(s): Kaiser Family Foundation (2017)
Without funding, Hospitals few options of breaking the cycle of high-utilizers that consume Community Benefit dollars in uncompensated care.

Insurance Payment
The plan covers many services, medications, and clinical treatment.

No financial support
No coverage of needed supports such, medications, or education.
Hospital’s Community Benefit funds can invest in breaking cycles to free capital for operate existing and investing in building new programs.

Investment Cycle for Community Benefits Fund

1. Community Benefits Fund invests in asthma care for the uninsured.
2. Lower uncompensated care burden fees Community Benefit dollars
3. More dollars are free for use in the Community Benefit Fund

Asthma Program
The program established by the community development investment fund can then be sold to public and private insurers through value-based care.

Percent of population

- Employer: 49%
- Non-Group: 7%
- Medicaid: 19%
- Medicare: 14%
- Other public: 2%
- Uninsured: 9%

Value-Based Care
Using managed-care contracts to secure sustainable funding from preventive programs.

The Community Benefit Investment Fund can invest in other programs:
- Asthma,
- Household Injury (slip and fall),
- Lead-poisoning,
- Opioid-Affected Pregnancy,
- Supportive Housing.

... and start building the business-case for prevention.

Note(s):
For consistency with the source, we leave the Kaiser nomenclature. The individual marketplace is contained within the ‘non-group’ segment.
Thanks for your time, please feel free to reach out to us.

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