

# Strategies to Achieve Alignment, Collaboration, and Synergy Across Delivery and Financing Systems

## What We've Learned So Far about the Collaborative Approach to Public Goods Investments (CAPGI)

Research In Progress Webinar  
April 13th, 2022  
10:00am-11:00am MT/ 12:00-1:00 pm ET

# Agenda

**Welcome:** Glen Mays - S4A Director

**Presenters:** Len M. Nichols, PhD, Urban Institute at the Health Policy Center and Lauren A. Taylor, MPH, PhD, Department of Population Health at NYU

**Q&A:** Glen Mays - S4A Director





Lauren A. Taylor, MPH, MDiv,  
PhD, Post-Doctoral Fellow,  
Department of Population Health at  
NYU

Lauren A Taylor, MDiv, MPH, PhD studies governance and management of health improvement efforts within the United States and abroad. She worked briefly as a consultant for the Global Fund and Bill and Melinda Gates Foundation and has since written on the institutionalization of global health, how to reform the World Health Organization, the responsibilities of health systems to address social determinants of health and the problem of dirty hands for health policymakers. In 2013, she co-authored The American Health Care Paradox with Elizabeth Bradley.





Len M. Nichols, PhD, Non-Resident  
Fellow, Urban Institute at the Health  
Policy Center

Len M. Nichols is a non-resident Fellow of the Health Policy Center of the Urban Institute and Professor Emeritus of Health Policy at George Mason University. He is a health economist and the PI of the CAPGI project, and was the coauthor, with Lauren A. Taylor, of the paper that initiated this work. Len has been intimately involved in health reform debates, policy development, and communication with the media and policy makers for 25+ years.



# **Collaborative Approach to Public Good Investments:** Progress to Date

Len Nichols, PhD – The Urban Institute  
Lauren Taylor, PhD MDiv – New York University

By Len M. Nichols and Lauren A. Taylor

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**POLICY INSIGHT**

# **Social Determinants As Public Goods: A New Approach To Financing Key Investments In Healthy Communities**

**DOI:** 10.1377/hlthaff.2018.0039  
HEALTH AFFAIRS 37,  
NO. 8 (2018): 1223-1230  
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The People-to-People Health  
Foundation, Inc.

<https://www.healthaffairs.org/doi/full/10.1377/hlthaff.2018.0039>

<https://www.healthaffairs.org/doi/10.1377/hblog20200811.667525/full/>

<https://capgi.urban.org>

# **5 SLIDES**

## ABOUT CAPGI

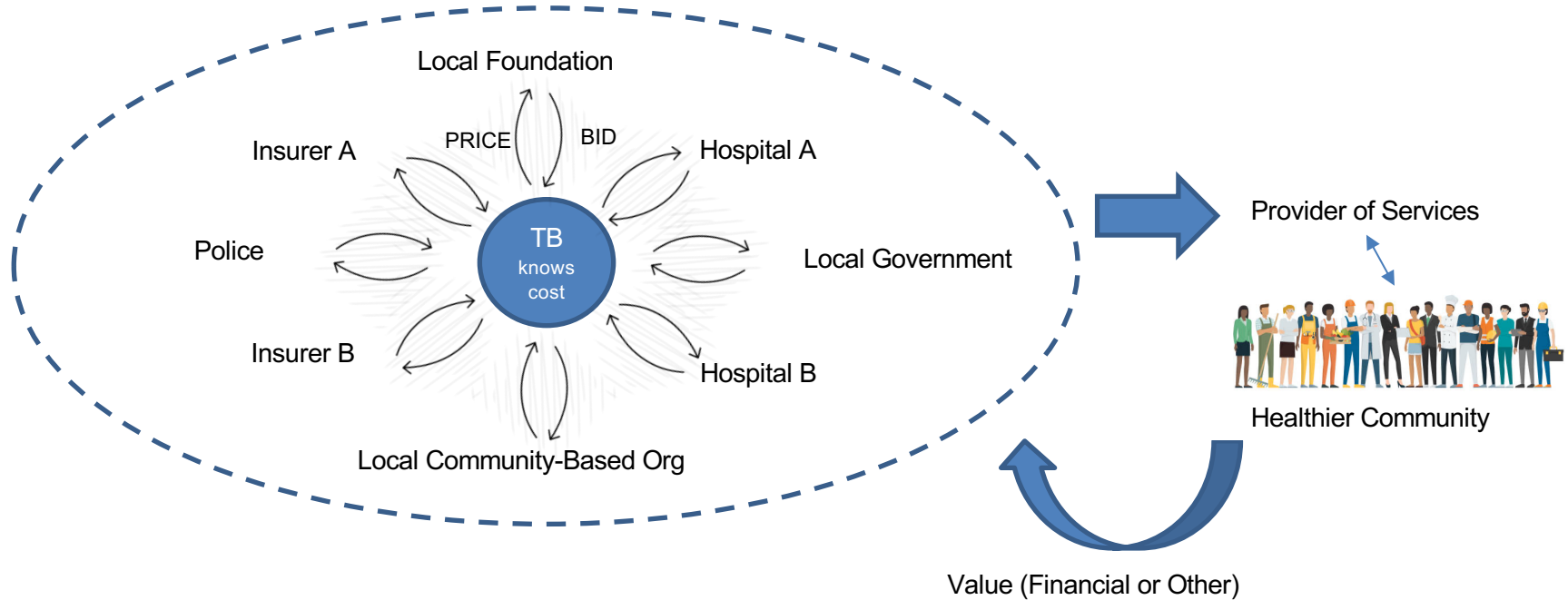
# A Solve for Free Rider/Wrong Pocket Problem

Free rider or wrong pocket problem = investors do not recoup all (or most) of the value of their investment

CAPGI provides a “fix” for this problem by creating a governance structure for multiple sectors and organizations to come together and assigning each stakeholder a price as part of the cost of SDOH investments



# How CAPGI Works



\*Investor Names are Illustrative Only

# Key Elements of the Model

Where a local stakeholder coalition and trusted broker are present, CAPGI provides a way to solve the free rider problem

Key elements of CAPGI model:

- Stakeholders agree on SDOH project to explore
- Stakeholders reveal willingness to pay (bid) to the trusted broker *only*
- Only trusted broker knows the cost of the project
- If sum of those bids  $>$  cost, we help TB assign fair prices so that surplus is shared
- Money flows from stakeholders  $\rightarrow$  TB  $\rightarrow$  service provider
- Bidding can be self-sustaining based on enlightened self-interest

# Key Roles in Model Implementation



**Trusted Broker (TB):** to be chosen by local stakeholders



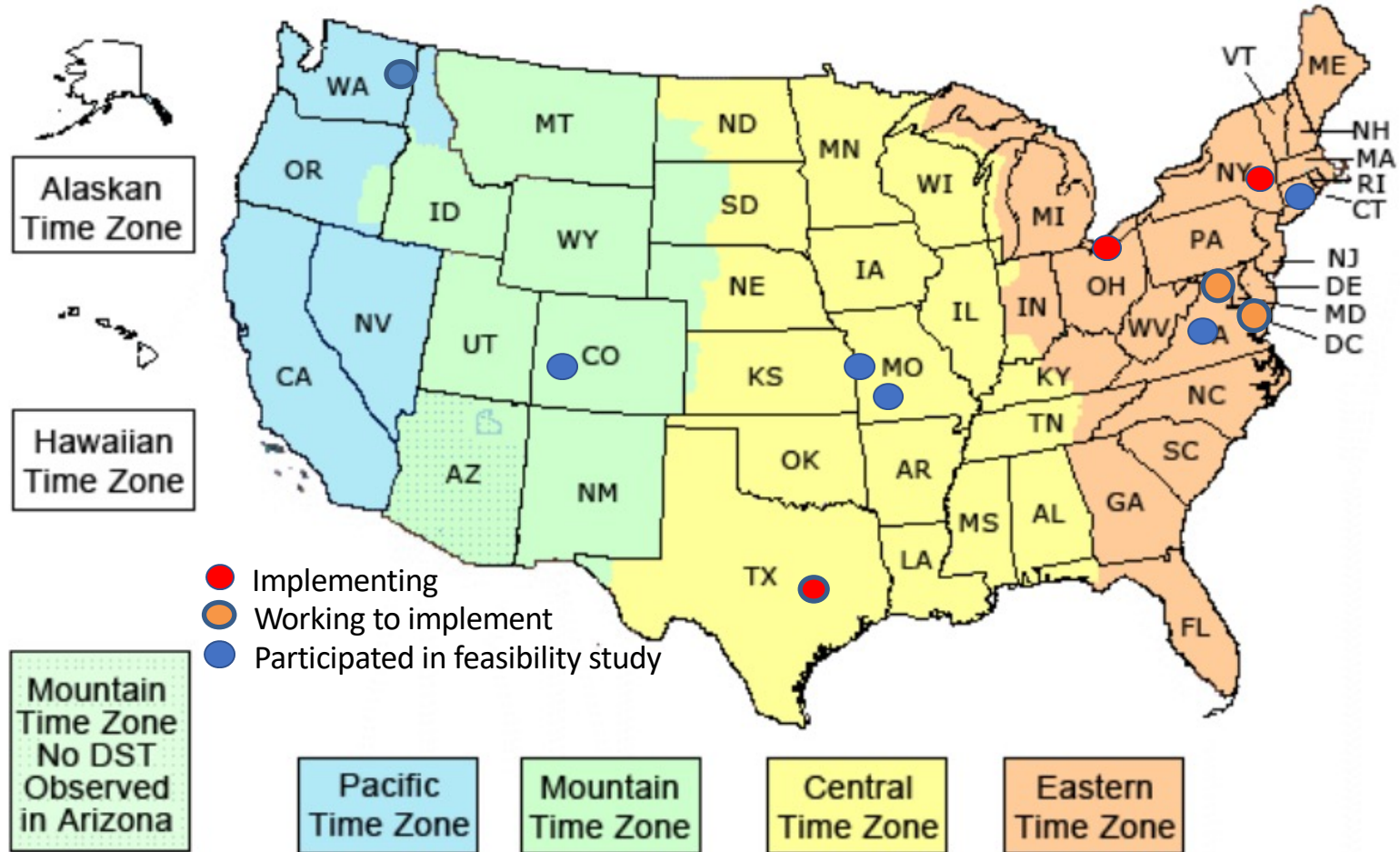
**Investors:** health delivery and payor organizations, CBOs, local governmental units, philanthropy as well



**Vendors:** Organizations that can deliver SDoH interventions and results



**Technical Assistants (TAs):** Coaches, Researchers, evaluators, numbers people



## Albany, NY Used CAPGI to Finance COVID-19 Vaccination



ST PETER'S HEALTH  
PARTNERS  
A Member of Trinity Health



FIDELIS CARE®



# Waco, TX Used CAPGI to Fund Complex Case Management "Waco Connect"



WACO POLICE DEPARTMENT

Mountain  
Time Zone  
No DST  
Observed  
in Arizona

Pacific  
Time Zone

Mountain  
Time Zone

Central  
Time Zone

Eastern  
Time Zone

# **5 SLIDES**

## ABOUT CLEVELAND, OH

# Home-Delivered Meals Intervention

## Target population:

- Individuals 50+
- At least 1 chronic condition: diabetes, heart disease, hypertension, kidney failure
- Socially isolated
- Food insecure

## Intervention:

- Medically tailored home delivered meals
- Nutrition education
- Social isolation reduction





# Participating Stakeholders

- Twelve participating investors
  - 5 referring investors
  - 1 investor exclusive to evaluation
- Includes health insurers, health systems, local foundations

## NEWS FOR IMMEDIATE RELEASE



### Media contact:

Katie Connell, United Way of Greater Cleveland: 404.895.5513 and [kconnell@unitedwaycleveland.org](mailto:kconnell@unitedwaycleveland.org)

### UNITED WAY OF GREATER CLEVELAND PARTNERS WITH LEADING HOSPITALS AND HEALTHCARE INSURERS TO BRING HEALTH INNOVATION TO CLEVELANDERS

Collaborative investment among 11 partners aims to enhance the quality of life and well-being for qualifying older adults through medically tailored, home-delivered meals

*The six-month pilot program with Benjamin Rose Institute on Aging offers nutritious meals, education and follow-up to improve health outcomes for participants while reducing medical costs*

CLEVELAND (Sept. 2, 2021) — United Way of Greater Cleveland, The Rose Centers for Aging Well and 11 hospital and health insurance partners today announced the launch of the Collaborative Investments + Health

# Trusted Broker: United Way



**Legal agreements:** managed in-house with external support



**Financial Systems:** accounting mechanism to separate and track invested funds, distribute to Benjamin Rose Institute on Aging. Payment schedule set and activated.



**Data Tools:**

- HIPAA Compliant database to store, manage, and share referrals
- Schedule to send and receive updates between BRIA and investors.

# Phases of CAPGI Implementation

Phase	Activities	
1: Coalition Formation	✓	Learn about CAPGI Model (October 2018)
	✓	Develop core team of interested investors
	✓	Establish buy in to investment model
	✓	Select project for investment (July 2020)
2: Launch & Deliver Services	✓	Bid on services, set prices (September – December 2020)
	✓	Execute legal agreements
	✓	Enroll participants (April – October 2021)
	✓	Service Delivery (rolling, April 2021 – February 2022)
3: Monitor & Evaluate	•	Evaluate financial return with control & intervention groups
	•	Study feasibility of health impact evaluation
	•	Re-bid for Year 2
	•	Explore future investments (housing, food, etc)

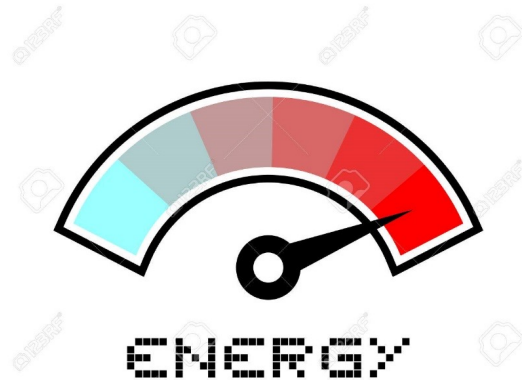
# Preliminary Findings

- 451 referrals to the program from participating stakeholders
- 406 people initiated services; surprising (to us) level of dropoff early on
- 88 active participants as of 4/12/2022; this is the tail end
  
- Highly prelim data from one stakeholder show meaningful (~20%) decline in ER + inpatient spending in target group during study period; more data and analysis needed to determine if this is statistically significant for the community as a whole

# **7 SLIDES**

## ABOUT WHAT WE'VE LEARNED

#1: There's a lot of energy and consternation about how to tackle SDOH.



#2: It's no one's job to do multi-disciplinary, collaborative work

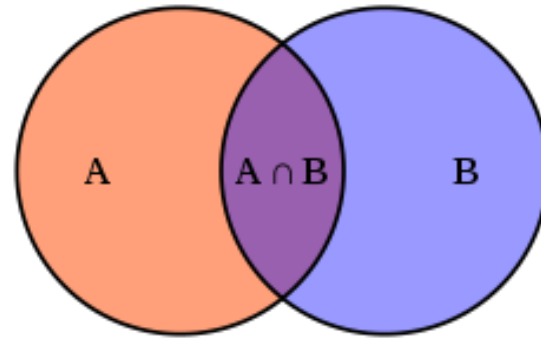
**Not my job!**

### #3: CAPGI is a sexy container for otherwise

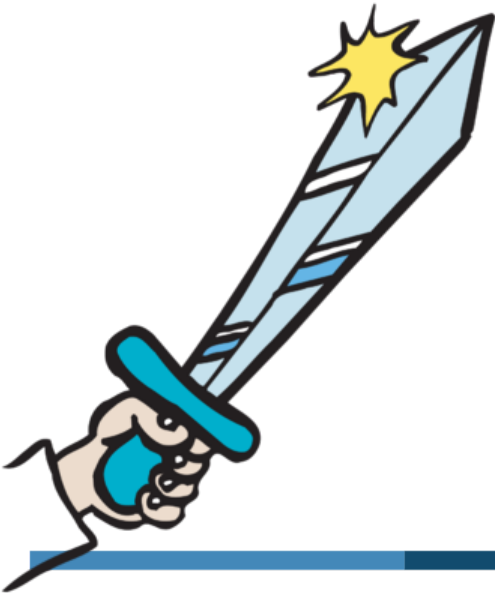




#4: A capable, enthusiastic trusted broker is necessary but not sufficient.



#5: Coalitions face a tension between wanting to replicate available evidence and tailor interventions to local context.



#6: CAPGI lowers the barriers-to-entry for collaboration – but doesn't eliminate them.





## #7: The path to scale is uncertain.

- Seems like:
  - we need more investment in local (governance) infrastructure
  - we need payment changes in public programs that reward health
- Strategies for scale-up:
  - Demand-side generation (communities learn about CAPGI and opt-in one-by-one)
  - Supply-side generation (a funder, government or corporation makes this one of a small number of acceptable financing tools)

**Thank you!**  
**Please do get in touch.**

Len Nichols – [lnichols@urban.org](mailto:lnichols@urban.org)

Lauren Taylor – [lauren.taylor@nyulangone.org](mailto:lauren.taylor@nyulangone.org)

<https://capgi.urban.org>

UPCOMING WEBINAR Featuring DC CAPGI leadership of  
Jane Bancroft Robinson Foundation  
May 19, 1:30-3 pm ET

# Upcoming Research-in-Progress Webinars

## **April 27** - Effectiveness of Early Childhood Development Partnerships in Addressing Pediatric Health and Social Needs During COVID-19

- Margaret Paul, PhD, from NYU Grossman School of Medicine

## **May 18** – Changes in Capacity to Absorb Clinical-to-Community Referrals during the COVID-19 Pandemic

- Charlene Altenheim, from Glasser/Schoenbaum Human Services Center and Danielle Varda, PhD from Visible Networks Lab

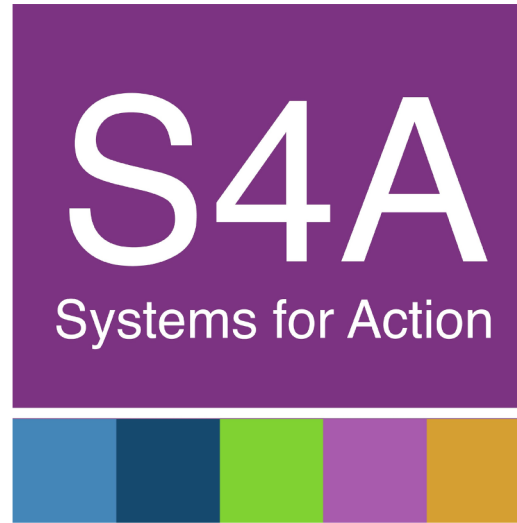
## **May 25** – Systems in Focus Panel: Addressing the Impact of System Alignment Efforts in Law Enforcement

- William Riley, PhD from Arizona State University, Georges Naufal, PhD and Emily Naisher, PhD from Texas A&M, Daniel O’Connell, PhD, Christine Visher, PhD, and Patricia Becker, PhD University of Delaware



# Questions?

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# Certificate of Completion

If you would like to receive a **Certificate of Completion** for today's ResProg webinar, please complete the survey at the end of the session.

One will be emailed to you.





# Acknowledgements

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**public health**



Robert Wood Johnson Foundation