

UnitedHealthcare
Community & State Perspectives
Panel Discussion Transcript

++++

P1

Nicole Truhe
Director of Thought Leadership

P2

Andy McMahon
Vice President, Policy, Health and Human Services

P3

Kevin Moore
Vice President, Policy, Health and Human Services

+++

P1: Hello, my name is Nicole Truhe and I'm the Director of Thought Leadership for UnitedHealthcare Community & State. We're here today to talk about the value of partnerships and Medicaid. Andy?

P2: Good morning, Nicole. My name is Andy McMahon and I'm the Vice President for Health and Human Services Policy at UnitedHealthcare Community & State. Happy to be here.

P3: And thank you Nicole. I am Kevin Moore, Vice President of Policy and Strategy for UnitedHealthcare Community & State, as well, so thank you.

P1: Wonderful. Well to jump off the conversation, let's talk a little bit about how we define partnerships. So Kevin, do you want to start us off?

P3: Partnerships are really just about the relationships that we can have, not only internally with our business sector partners but also externally, thinking about community-based organizations, thinking about our partnerships with our state partners as well, partnerships with legislators. Understanding that you have an open line of communication, understanding that you are in the process of building trust, building an understanding of what we can do - what they're looking to do. Ideally, it's a situation where good partnerships are where, as issues arise, you have the ability to pick up the phone, have a telephone conversation, work through the challenges that are in front of either us or our partner and really support the members that we're really focused on so that we're actually pulling together, finding alignment and finding opportunities to work together, so.

P2: I think that's exactly right, Kevin. I think you hit on the trust, I think is probably the core element to partnerships in my experience. And I think having kind of shared goals and visions and then understanding of the various roles that each organization or person kind of plays in that partnership, so that you understand. You know, here are the skill sets and capabilities that me or my team could bring to a partnership and then leveraging and complementing the skills and capabilities of your partners.

P1: Great, so let's talk about some specific examples of who health plans, Medicaid health plans, should be partnering with. And Andy, I know you come from the housing world, so who specifically in the housing space should health plans be partnering with?

P2: Sure. So I think there's a host of players in the housing space that health plans should be working with, particularly local public housing agencies, or PHAs as they're called, I think are really key partnerships. As

well as Health Care for the Homeless - organizations that go out and engage and connect people who are on the streets and not only provide direct care, but then do kind of engagement of our members, I think is really core. And then also thinking about the local continuums of care that administer the federal homeless resources in communities across the country. I think those are three good examples, I would say.

P1: Great. And then Kevin, what should health plans be aware of when thinking about partnering specifically with community-based, nonprofit organizations as that movement towards integrating health and human services is really becoming a trend?

P3: It's a great question. I think that there's a couple of things. I think first is really being cognizant of the member, and the member's family, thinking about Andy, when you talk about connecting with housing, that's one touch point that obviously is important. But thinking about everything from how are they getting access to food, how are they getting access to transportation, if they're working, do they have access to childcare? What are those organizations in the community that we can look to, to partner with. If nothing else, just have a line of communication to say, look our members are part of your ecosystem, they're part of your organization. Just knowing that type of communication can exist will not only make it stronger for both parties, it'll really help our membership as well.

I think the biggest thing that that we see when you're thinking about partnering, specifically with community-based organizations, is really going to be access and it's going to be capacity of our community-based partners. Many of these organizations have been around for a long time they're incredibly mission-driven. They're focused on their local communities. They are focusing on the populations that walk in their door, providing services regardless of budgets, regardless of their financial situation. But we've been in partnership now for a while with the Alliance for Strong Families and Communities, and they recently did a report where they talked about some of the financial struggles of some of these community-based organizations. And I think for us in the health care sector, in the health care space, understanding that ongoing day-to-day pressure allows for us to be better partners. It allows us to align better and it also allows us to be able to work with them on addressing some of these core issues, whether they be housing, food, whatever it might be in a manner where it's not being done to them. It's working in tandem and in partnership with them. And so I think it's something to be very cautious of, but it's also the great opportunity and it's going to move Medicaid, particularly Medicaid managed care, into the next step.

P2: And I would just add to that Kevin, I think because you're right on point. I just think about the number of community-based organizations that we work with and that I work with. They're so rooted in their communities, and they know their members and they have reputations and they have connections. And so I think they often times have a limited capacity, they also bring enormous amounts of kind of networking and relationships to the partnership.

P1: Well, I think it'd be helpful to sort of bring this concept to life, to hear from each of you about a partnership - a successful partnership - that you've been engaged in where there's been this integration of health care with the human services space. So Andy?

P2: Sure, I'll kick it off. So one partnership that that we're really proud of as we are working with the Council of Large Public Housing Agencies or CLPHA, as they're known here in DC, and working with several of their members and figuring out how do we identify our members that are living in publicly assisted housing. And so I'll take Akron, Ohio as an example. We're working with the Akron Housing Authority. We've done data-matching. We now know that there are 7,200 of our plan members living in Akron Housing Authority assisted housing and we're able to identify both the population health needs. So knowing when we should be providing diabetes management classes, healthy eating classes, how do we get folks connected better to primary care and those sorts of things. And then working with the case managers and the service coordinators at the public housing agencies to improve the care of our members, but also their residents.

P1: Kevin, what about you?

P3: So I think thinking about Andy and the real systemic partnerships that you've been working on and really with great success, I also think that there's some more local, almost targeted partnerships that I can show that really are showing member-driven, member-specific approaches. So one, in particular, was working with a local federally qualified health center in Raleigh, North Carolina - Advanced Community Health. We were able to partner with them on identifying people that are worried they're pre-diabetic or had diabetes, and really engaging them in providing healthy food over a period of time healthy, providing them with healthy groceries. And by doing so, we were not only encouraging them in providing, specifically the members, and being able to understand how to eat properly, what foods to eat, what foods not to eat, but also to identify opportunities for partnership to improve their overall health outcomes. And utilizing the benefit like we talked about earlier of a community-based organization, an FQHC that is in the community that is engaged with those members, being able to really partner and align with that, and then align our needs and our partner's needs and then really bringing the member into the focus there. So, it's a great opportunity. It was a great pilot. We were able to see some really positive success stories out of it, but again, none of that would have happened without the partnership and the trust between two organizations with a common goal and a common vision.

P2: And I think that's absolutely right. And I would just close out by saying too that, ultimately, I think any successful partnership, right, you have these kind of organizational partnerships, but fundamentally you're trying to actually support a member, you know in our case, or a resident of publicly assisted housing. So making sure that as you're building these partnerships at an organizational, or systemic level, right, the really core outcome is actually improving the health care for our members.

P1: Great. That's a great comment to end on. Thank you both Kevin and Andy for this great discussion around the value of partnerships.

P2: Thank you.