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# All In Chicago: Improving the Health of a Community Cannot Be Accomplished By a Single Institution

Edited by Meghan Phillipp and Laura Starr

On November 17th, 2016 CommunityHealth hosted the second annual All In Chicago event, bringing together leadership from across sectors to engage in a conversation about the importance of data and social determinants of health to provide access to health care for all Chicago residents.

We've elected a new administration and although the future of the affordable care act is uncertain, our goal to ensure there is access to care is unwavering. In order for us to truly success in making everyone *All In* we need to continue to ask the right questions. Today, we're sharing some of the unanswered questions of the 2016 All In Chicago Event with Key Note Speaker, Mark Humowiecki.

**Mark Humowiecki** is General Counsel and Senior Director of National Initiatives at the Camden Coalition of Healthcare Providers. The Camden Coalition is a nationally recognized community based organization working to improve the quality, coordination, and efficiency of the local health care system, particularly for the City's most vulnerable residents. Mark leads the Coalition's new National Center for Complex Health and Social Needs, which is leading a national effort to coalesce a new field of healthcare and a national movement to improve care to those with the most complex health and social needs. Mark is a graduate of Yale College and Yale Law School, and is a native of Oak Park, Illinois.

***CommunityHealth:*** **How do you integrate social risk factors with cost and utilization data to identify individuals for interventions?**

***Mark Humowiecki:*** The screening process for our care management intervention begins with utilization. It uses the hospitals' admission, discharge and transfer (ADT) data and electronic medical records (EMR) to identify individuals who have been hospitalized at least twice within six months. It then applies a series of inclusion and exclusion criteria that include medical, psychological, and social risk factors. The program is designed for individuals with the most complex psycho-social risk factors such as homelessness, addiction, mental illness, social isolation, poverty and food insecurity.

***CH:*** **What resources are being assembled to address the needs for services for those reentering the community after incarceration?**

***MH:*** The Camden Coalition has recently begun to focus on the intersection between the health care and criminal justice systems. Through analysis of integrated data from both systems, we've identified a small segment of individuals who are frequent users of both the hospitals and jails and who have frequent police encounters. These individuals have a very high prevalence of homelessness, addiction, and mental illness. We are in the process of adapting our care management intervention to be able to identify and engage individuals with complex health and social needs while they are in jail so that we can work with them to address their needs and avoid returning to either the hospital or jail. We are in the planning phases of this next application of our work.

***CH:*** **Has the Camden Coalition found overall costs of care going down? (Taking into account social service costs like housing)**

***MH:*** We are in the middle of a Randomized Control Trial with researchers from MIT to study the impact of our care coordination intervention, but we do not yet have results ready for publication. Calculating overall costs for a community is extremely challenging. In the evaluation of our first community-wide ACO

contract, we saw total costs go down slightly. However, there were some areas of cost that changed for reasons unrelated to our work - for example, pharmaceutical spending rose dramatically because of an increase in people accessing an expensive, but life-saving Hepatitis C treatment. We have seen some dramatic cost reductions with patients for whom we are providing care management, particularly those who are in our housing first program, but these lack the methodological rigor to say definitively that we are saving money.

***CH:*** *What role does health education play in your model? Does your organization use community health workers to do health ed?*

***MH:*** Health education is an important component of our work. Our care philosophy seeks to empower individuals to manage their own care and better navigate the healthcare system. Our teams consist of nurses, social workers, and community health workers. Community health workers play an instrumental role in teaching and coaching patients how to manage their chronic disease. In addition, we operate a community health program called Faith In Prevention, which works with churches, mosques, and other faith based organizations to provide education on healthy eating and lifestyle. Our community health workers train lay leaders within the faith based organizations to provide education to their community members through a formal six week program. This program is in its third year and has been enormously successful in integrating values and tools for healthy living within the community.

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***CH:*** **What does being "All In" mean to you?**

***MH:*** "All in" is about building deep coalitions to work on complex issues. The work of improving the health of a community cannot be accomplished by a single institution - whether a hospital, a clinic, or a public health agency. It requires collaboration from many different individuals and organizations to develop a shared set of goals and strategies. "All in" is about building a table large enough for everyone to sit and a structure that taps the energy, excitement, resources, intelligence, and skills of each partner to fulfill this common purpose.

What other questions do you have? What new challenges do we face in our communities? We want to answer your questions and continue the conversation. To learn more please visit www.all-inchicago.org.

Together, we can build a healthier Chicago. #AllInChicago