

## Annotated Bibliography Selected Readings on Financing Population Health

Boufford JI, Garcia A. Achieving the Triple Aim in New York State: The Potential Role of Hospital Community Benefit. *New York Academy of Medicine* (2014). [http://www.nyam.org/news/publications/research-and-reports/Online\\_Issue\\_Brief/Issue\\_Brief\\_Final.pdf](http://www.nyam.org/news/publications/research-and-reports/Online_Issue_Brief/Issue_Brief_Final.pdf)

This issue brief explores how nonprofit hospitals can use the community benefit provision under the Affordable Care Act to support broad-based community prevention.

Cantor J, et al. *Community Centered Health Homes: Bridging the gap between health services and community prevention*. The Prevention Institute February 2011.

<http://www.preventioninstitute.org/component/jlibrary/article/id-298/127.html>

The Prevention Institute report outlines community-centered health home as a model for effectively bridging community prevention and health service delivery.

Federal Reserve Bank of Minneapolis: "CDFIs emerge as key partners in improving community health." *Community Dividend*, April 2014.

[http://www.minneapolisfed.org/publications\\_papers/pub\\_display.cfm?id=5290&&&TC=1](http://www.minneapolisfed.org/publications_papers/pub_display.cfm?id=5290&&&TC=1)

Community development financial institutions often play a critical role in financing the infrastructure that makes good health possible.

Garcia A, Pomykala A, Siegel S, "US Healthcare is Moving Upstream." *Health Progress* Journal of the Catholic Health Association of the United States, Jan-Feb 2013:7-13.

[http://healthyamericans.org/health-issues/wp-content/uploads/2012/12/13\\_HP\\_JulyAugust\\_2012.pdf](http://healthyamericans.org/health-issues/wp-content/uploads/2012/12/13_HP_JulyAugust_2012.pdf)

Community-based prevention, particularly interventions that look upstream to stop the root causes of disease, can reduce the burden of preventable illnesses both on the population and the health care system overall. Through laid out in the Affordable Care Act (ACA), hospitals have more support in making investments in prevention through their community benefit programs.

Golden M. "Pay for Success Financing: A New Vehicle for Improving Population Health?" *Population Health News*, Health Policy Publishing, 2014, 1:1.

[https://wagner.nyu.edu/files/labs/Pop\\_Health\\_News\\_3-14\\_Golden\\_on\\_PFS.pdf](https://wagner.nyu.edu/files/labs/Pop_Health_News_3-14_Golden_on_PFS.pdf)

A description of the mechanisms and key stakeholders involved in pay-for-success financing and its potential application to population health improvement.

Gorman A. "Getting Private Investors to Fund Public-Health Projects." *The Atlantic*, Oct 19, 2014.

<http://www.theatlantic.com/health/archive/2014/10/getting-private-investors-to-fund-public-health-projects/381628/>

A profile of an asthma prevention project in California suggests the appeal to investors of social impact bonds and the importance of tracking data to show evidence of savings and reaching health targets.

Gourevitch MN, Cannell T, Boufford JI, Summers C. "The Challenge of Attribution: Responsibility for Population Health in the Context of Accountable Care." *American Journal of Public Health* 102.S3 (2012): S322-S324.

<http://ajph.aphapublications.org/doi/pdf/10.2105/AJPH.2011.300642>

This article discusses divergent concepts of population health held by care delivery organizations and public health agencies and suggests potential approaches to bridging these gaps.

Institute on Urban Health Research and Practice, Bouve College of Health Sciences, Northeastern University. *The Massachusetts Prevention and Wellness Trust: An Innovative Approach to Prevention as a Component of Health Care Reform*. 2014.

<http://www.northeastern.edu/iuhrp/wp-content/uploads/2014/01/PreventionTrustFinalReport.pdf>

A report on the funding, structure, and priorities of the Massachusetts Prevention and Wellness Trust to assist other states in identifying opportunities in their budgets and health-care infrastructure to form similar initiatives.

Isham GJ, Zimmerman DJ, Kindig DA, Hornseth GW. "HealthPartners Adopts Community Business Model To Deepen Focus On Nonclinical Factors Of Health Outcomes." *Health Affairs* 32.8 (2013): 1446-1452.

<http://content.healthaffairs.org/content/32/8/1446.full>

A community business model was adopted in 2010 by the Minnesota-based HealthPartners to target nonclinical community health factors as part of its strategic plan to improve public health in the Twin Cities. This article describes the health system's efforts to promote area health through new partnerships with businesses and institutions.

[Kindig, DA. \*Purchasing population health: paying for results\*. Ann Arbor: University of Michigan Press, 1997. Print.](#)

This book analyzes the health care system in the United States and surmises that appropriate financial incentives need to be designed to promote population health improvements.

Liebman JB. Social Impact Bonds: A promising new financing model to accelerate social innovation and improve government performance. *Center for American Progress* Washington DC: 2011.

<http://www.americanprogress.org/issues/open-government/report/2011/02/09/9050/social-impact-bonds/>

The author outlines the social impact bond model, barriers to social innovation, challenges with and necessary steps for implementation, and criteria for interventions that benefit from this model.

Miller HD. Measuring and Assigning Accountability for Healthcare Spending. *Center for Healthcare Quality and Payment Reform* 2014. <http://www.chqpr.org/downloads/AccountabilityforHealthcareSpending.pdf>

This report analyzes methods for measuring and assigning accountability for healthcare spending, outlines problems with current methods, and proposes new measurement strategies, accountable payments systems, and methods for obtaining data for implementation.

New York State Department of Health. New York State Delivery System Reform Incentive Payment (DSRIP) Program Project Toolkit. 2014. [http://www.health.ny.gov/health\\_care/medicaid/redesign/docs/dsrip\\_project\\_toolkit.pdf](http://www.health.ny.gov/health_care/medicaid/redesign/docs/dsrip_project_toolkit.pdf)

The New York State DSRIP program strategies, requirements, and areas of focus are outlined in this toolkit.

Rosenbaum S, Amber R, Byrnes M. "Encouraging Nonprofit Hospitals To Invest In Community Building: The Role Of IRS 'Safe Harbors.'" *Health Affairs Blog Health Affairs*, 2014.

<http://healthaffairs.org/blog/2014/02/11/encouraging-nonprofit-hospitals-to-invest-in-community-building-the-role-of-irs-safe-harbors>

In this blog article reviews public health investments as part of a community benefit strategy and proposes that the Internal Revenue Service (IRS) establish "safe harbors" to enable hospitals to use evidence-based investments to advance community health improvement.

Stine NW, Chokshi DA. "Primary Care and Population Health." Web blog series. *Human Capital Blog* The Robert Wood Johnson Foundation, 23 January- 6 February 2013.

<http://www.rwjf.org/en/blogs/human-capital-blog.html?bst=human-capital-blog%3ANYAM>

This 5 part blog series is a synthesis of the New York Academy of Medicine's 2012 survey of 17 leaders in primary care and population health, addressing their concepts of population health, challenges in the urban context, local and state health department collaboration, the role of primary care and clinical incentives, and addressing social determinants of health.

Young GJ, et al. "Provision of Community Benefits by Tax-Exempt U.S. Hospitals." *The New England Journal of Medicine* 2013; 368:1519-27. <http://www.nejm.org/doi/full/10.1056/NEJMsa1210239>

This article provides an assessment of the level and pattern of benefits that tax-exempt hospitals in the United States provided before the implementation of the Affordable Care Act requirements.