

Philanthropy's Role and Response to Local Hospital Closings: An opportunity for Healthcare Disruption

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Keywords: equity, healthcare, philanthropy, disruption, hospital closing, integrated care

Abstract

As a philanthropic leader, I reflect upon the impact of a local community hospital closing its doors after forty years, which serves a large low-income population and reflect upon the opportunity to design and build a comprehensive integrated health system as a result of the hospital closing. The questions addressed in this reflection include: How can a philanthropic organization, like The Alliance become part of the solution? Can the status quo of healthcare delivery be disrupted to center equity into an integrated care model as part of a broader new healthcare ecosystem? Can a foundation be poised to address the implications of the overall health and morale of the community due to the recent hospital closure along with the inequities and disparities related to the pandemic?

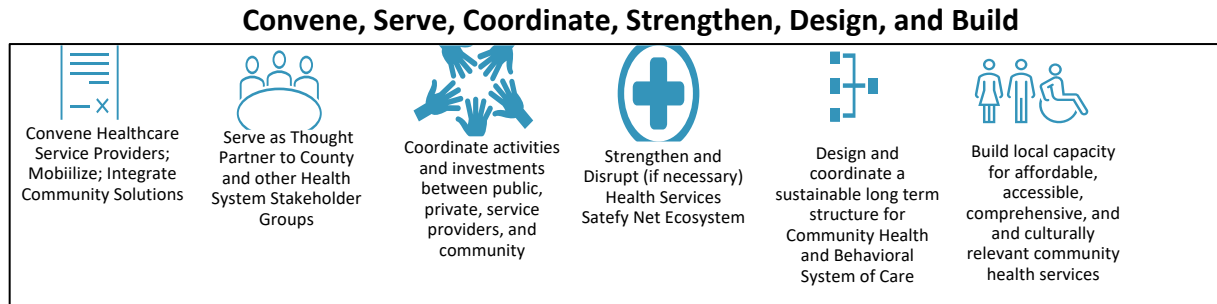
Introduction

In the United States, two groups of patients experience the problems in our health system more acutely than others: people with complex care needs and people with low-income according to the Commonwealth Fund. This was indeed the circumstance faced by The Alliance for Health Equity (The Alliance), a place-based health conversion foundation formed from acquired assets from the sale of its local hospital twenty-five years ago. The Alliance serves a marginalized service area, in the heart of a healthcare and food desert community within the wealthiest county in Pennsylvania. The Alliance is no stranger when addressing health, social, and economic needs of low-income communities, therefore viewed both the hospital closure and pandemic impacts as an opportunity to use its sphere of influence as a bridge builder.

Philanthropy's Role

The Alliance utilized its philanthropic role and leveraged its local, county and state relationships, grant-making knowledge of community need, and power to convene. In doing so, it formed and convened a cross-sector Community Leadership Taskforce, see Figure 1, with the intent to understand, communicate and align local needs across public health, healthcare, and social supports. This Taskforce also identified opportunities to extend and improve lost hospital services, include community voice, and share information across county agencies.

Figure 1: Community Leadership Taskforce Role



The Taskforce consist of leaders representing twenty community advocates, cross-sector nonprofits, for-profit and state, local and county representatives. Using a bottom-up approach, The Alliance worked in collaboration its local, county and state government to problem-solve the hospital closure dilemma. To best meet the needs of its community, The Alliance understood its neutral role, influence, and position in the hierarchy of decision making as a thought partner and change agent.

The Healthcare System’s Challenge

A ripple effect of anger, disbelief, and sorrow for yet another setback for its community occurred when The Alliance learned of the hospital closure. This news was on the heels of pandemic’s historic financial pressures for America’s hospitals and health systems, causing sharp revenue declines. Which undoubtedly continues to expose the frailty and inequities of our health system, especially for people with complex care needs and people with low income. Thus, leaving a broken system of care, fragmented and uncoordinated services across public health, health care, and social supports that are not adequately funding.

The Equity Center Integrated Care Model Solution

The Alliance conducted research on best practices and several types of innovative models of care. This led to co-designing a new sustainable Equity Center Integrated Care Model in efforts not create the prior health system. The three elements within the Equity Center Integrated Care Model are:

- 1) Strengthening Out-patient Safety Net Services by expanding upon an already existing Federally Qualified Health Center: Community-based patient-centered medical home and co-locating expanding or new services within the same building;
- 2) Adoption of Alternatives for Acute Care in collaboration with hospital and health systems to address the need for flexible acute care space, for complex care and low-income needs, and to pre-empt future public health emergencies and;

3) Integrate Social Service Supports by incorporating the Social Determinants of Health (SDoH) into Out-patient Safety Net and Alternative Acute Care Services.

Although there are existing integrated care models, however the current political, public health, healthcare and societal landscapes influence the success of rendering cost effective quality care and services. The Equity Integrated Care Model aims to address three tailored conditions based on community need:

- 1) *Service Gaps or Expansion Conditions*: Expansion of free clinics via telehealth and pharmacy services; community benefit health prevention services, and micro-transportation programs; new service gaps include centralized coordination hub; youth mental health prevention services, and Medicaid feasibility study and complex care equity assessments.
- 2) *System Change Conditions*: Increased use and adoption of equity centric digital technology to improve access to care; a platform that integrates with EHR; established a Community & Provider Network; policies focused on cost reimbursement models, payment for health prevention and SDoH interventions, a workforce pipeline and ongoing public health emergency services offered across the model.
- 3) *Equity & Disparities Conditions*: Culturally tailored public health emergency services; inclusion of community voice and decision making and ongoing community educational and marketing campaign to raise awareness and educate the public of the model and how to access services.

To operationalize such a comprehensive multi-functional integrated care model, The Alliance, Leadership Taskforce with County official's input, co-designed and tailored the model based on the needs of the community and service line gaps related to the hospital closure and pandemic. The Alliance for Health Equity will leverage its own grantmaking and community investments to seek American Rescue Plan funds to pilot its Equity Center: Integrated Care Model targeting its low-income service area. If proven effective, the Equity Integrated Care Model is easily adaptable for any community.

Final Reflections

Philanthropy means "love for humanity" and as The Alliance for Health Equity reflects on the past five months and its role as a convener and thought partner to tackle a local hospital closure, it has demonstrated that it too can propose disruption in healthcare, particularly when centering an integrated model of care around equity. Love for humanity in action is when all populations can receive the holistic public health, healthcare, and social supports they deserve supported by fair and just policies.