Delivery System Reform and Community-Based Organizations: Roles and Lessons Learned

October 3, 2016
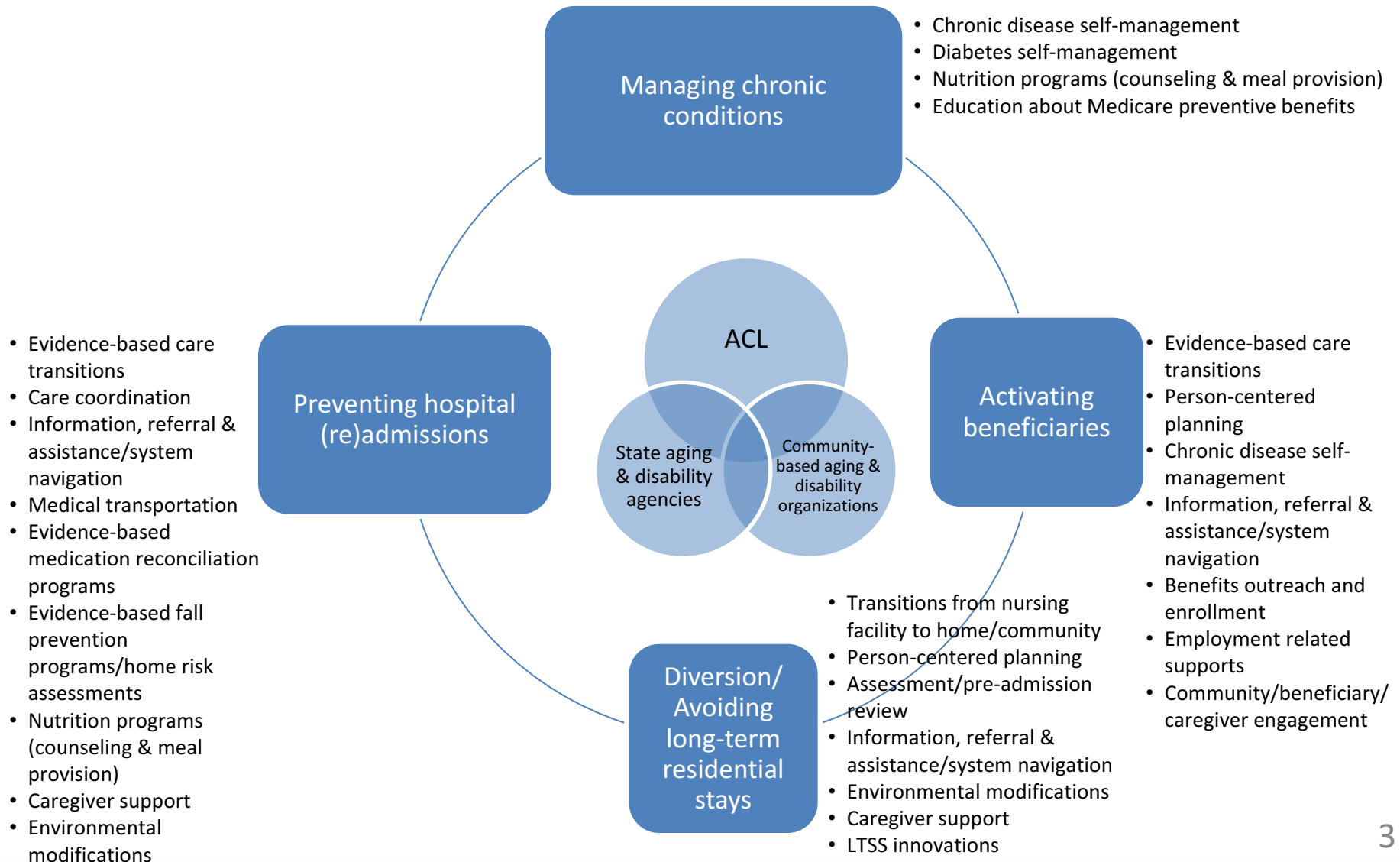
Why does this matter?

The critical role of community-based organizations

Managing chronic conditions
- Chronic disease self-management
- Diabetes self-management
- Nutrition programs (counseling & meal provision)
- Education about Medicare preventive benefits

Preventing hospital (re)admissions
- Evidence-based care transitions
- Care coordination
- Information, referral & assistance/system navigation
- Medical transportation
- Evidence-based medication reconciliation programs
- Evidence-based fall prevention programs/home risk assessments
- Nutrition programs (counseling & meal provision)
- Caregiver support
- Environmental modifications

ACL

State aging & disability agencies

Community-based aging & disability organizations

Activating beneficiaries
- Evidence-based care transitions
- Person-centered planning
- Chronic disease self-management
- Information, referral & assistance/system navigation
- Benefits outreach and enrollment
- Employment related supports
- Community/beneficiary/caregiver engagement

Diversion/ Avoiding long-term residential stays
- Transitions from nursing facility to home/community
- Person-centered planning
- Assessment/pre-admission review
- Information, referral & assistance/system navigation
- Environmental modifications
- Caregiver support
- LTSS innovations

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ACL & business acumen

ACL, in partnership with foundations, are providing aging & disability organizations with the tools they need to partner and contract with health care payers and providers in delivery system reform.

2012: Grants to national partners to build the business capacity of aging and disability organizations for MLTSS

2012 - Present: Engagement with public and private partners

2013-Present: Business Acumen Learning Collaboratives

ACL Business Acumen Learning Collaboratives

- Leverage existing ACL grants and contracts and public-private partnerships to provide targeted technical assistance to build business capacity of *community-based integrated care networks*

- **Aim of collaborative:** Each network will have at least one new contract with an integrated care entity by the end of each collaborative.

  - *Secondary Aim:* To establish networks through which they can do business.

2013-2014 Business Acumen Learning Collaborative

- Networks/leads:

  - Partners at Home/Partners in Care Foundation (CA)

  - San Francisco Department of Aging and Adult Services (CA)

  - Florida Health Networks (FL)

  - Healthy Aging Center of Excellence/Elder Services of the Merrimack Valley/Hebrew SeniorLife (MA)

  - The Senior Alliance and the Detroit Area Agency on Aging (MI)

  - Minnesota Metro Aging and Business Network (MN)

  - AAAs of Erie and Niagara counties (NY)

  - PA Association of AAAs, Inc. & PA Centers for Independent Living (PA)

  - Texas Healthy at Home/North Central Texas Council of Governments (TX)

2015-2016 Business Acumen Learning Collaborative

- Networks/leads:

    — County of San Diego, Health and Human Services Agency Aging & Independence Services (CA)
    — Alameda County Aging, Disability, and Resource Connection (CA)
    — Indiana Association of Area Agencies on Aging, Inc., and the Indiana Aging Alliance, LLC (IN)
    — Greater North Shore Link/Aging and Disability Resource Consortium of the Greater North Shore, Inc. (MA)
    — Gateway Wellness Network/St. Louis Metropolitan Integrated Health Collaborative (MO)
    — Center on Aging and Community Living (NH)
    — Oklahoma Aging and Disability Alliance, LLC/INCOG Area Agency on Aging and Ability Resources, Inc. (OK)
    — The Arc Tennessee (TN)
    — Vermont Association of Area Agencies on Aging (v4a) and the Vermont Community-Based Collaborative (VT)
    — Conexus Health Resources/Aging and Long Term Care of Eastern Washington (WA)
    — Wisconsin Institute for Healthy Aging (WI)

Success on our aim:
Where we are now (Contracts)

20 networks
28 signed contracts
At least 10 more under negotiation

Services under contract	Populations served	Payers
• Care transitions • In-home assessment • Medication reconciliation • Care coordination • Evidence-based programs (EBP)	• EBP targets • Dual eligibles • Other high risk populations	• Duals plans • ACOs • Medicaid health plans • Physician group, • State healthcare exchange

What we've learned

- Culture is critical

- Networks need to match their strengths with a payer's needs

- Contracts take TIME.

- Flexibility is key…but so is selectivity

- Relationships (and champions) are critical to the process

- Policy shifts offer new opportunities (and challenges)

- Still issues needing more work: Continuous quality improvement, generating and managing volume, network infrastructure, information technology, outcomes data, & more

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"You know that window of opportunity we've been waiting for? Turns out they've been on sale at House Depot the whole time!"

So what does this mean for CBOs?

- Structure

- People

- Systems

- Relationships

- Culture

Building blocks: Organizational culture

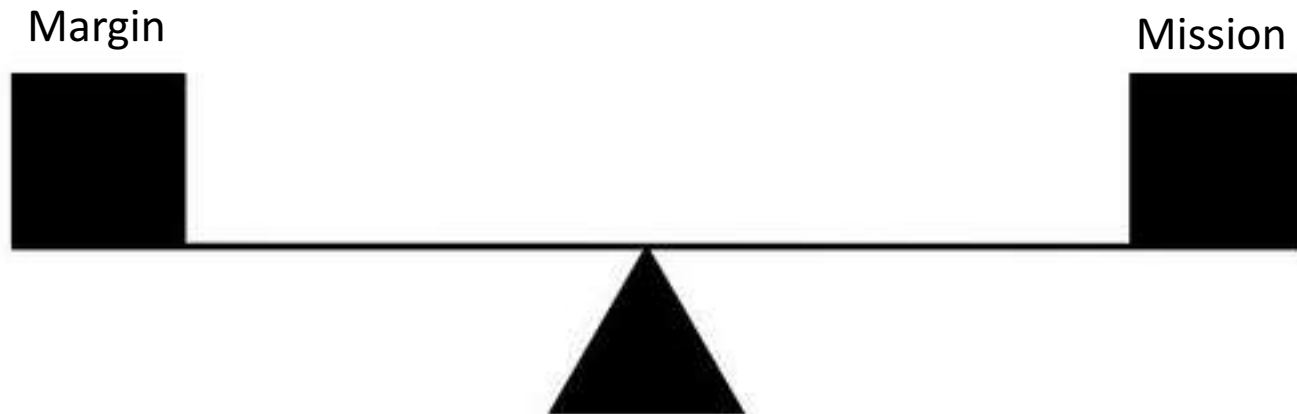One of our most important lessons from our work related to building business capacity...

Culture matters
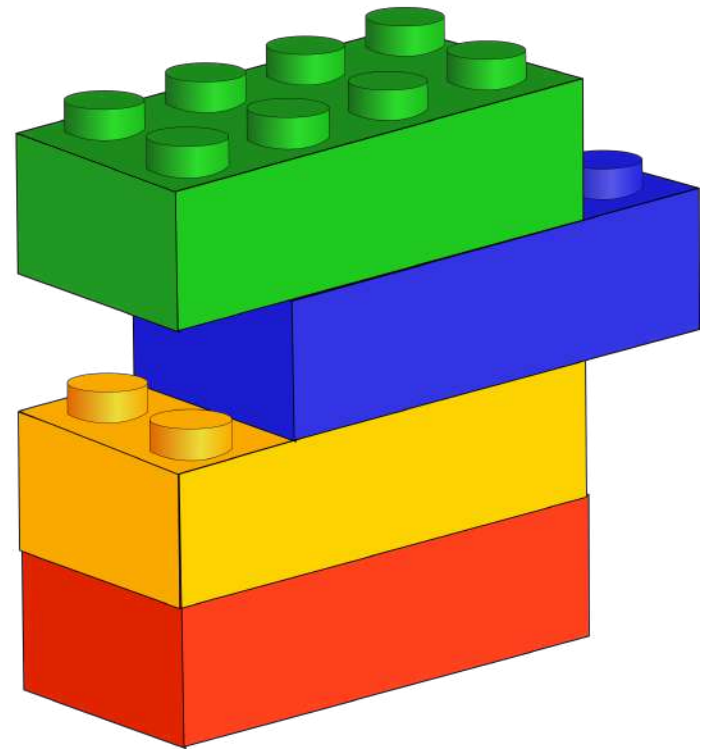
In a lot of ways, this shift can feel like…

Because there's a very real tension here…

Margin

Mission

"No margin, no mission"

Building your organization's business acumen can help you become a better steward of your resources (margin) and thereby better serve the populations whom you care most about (mission).

This involves commitment at all levels…
Staff, Managerial, Executive, Board

Culture eats strategy for breakfast.
- Peter Drucker

What kind of culture are we talking about?

- An expanded view of who your customers are: Clients & payers
  - Also who your competitors and partners are
- Sales and customer service focus
- Data-driven decision making
- Flexibility
- Understanding your *real* costs
- Emphases on speed and volume
- Focus on outcomes, quality, performance and results
- Having the systems in place to support the strategy
- Vision, innovation, and excitement

Building blocks: Market analysis

- Understanding your market (aka…do your homework)

  – Existing and changing

  – Who are your customers (payers AND clients)?

  – What do they want/need?

  – What are your network's strengths (and weaknesses)?

  – Who are your competitors?

  – What regulatory and political factors might impact your ability to deliver services and attain contracts?

Building blocks: Service lines/packages

- Which service(s) does your organization or network have the capacity to deliver?

- What is your history of delivering those services?

  — What is your organizational stature in the market?

Building blocks: Developing your value proposition

- What is the business case for buying your services?
  - Communicating your services and value clearly and consistently
    - Stories and data
    - Return on Investment (ROI)
  - ***How do the services you can offer meet your customer's needs or solve their problem(s)?***
  - How can your services help a payer meet the quality requirements to which they must adhere?

# Building blocks: Relationships/ champions

- Who is in your network? Who isn't, but needs to be (based on customers' needs)?

- Who are your champions -- especially those closely tied to your target customers?

  — (And who are potential saboteurs?)

Building blocks: Network structure

- What are your options for structuring your network?

  — Limited liability corporation, brokerage model, Memoranda of Understanding (MOUs), something else?

  — How viable are these options given your existing operational structure, your ability to contract for services, and the capacity of your subcontractors and market partners?

- What firewalls do you need?

- What is your contracting vehicle?

Building blocks: Network infrastructure
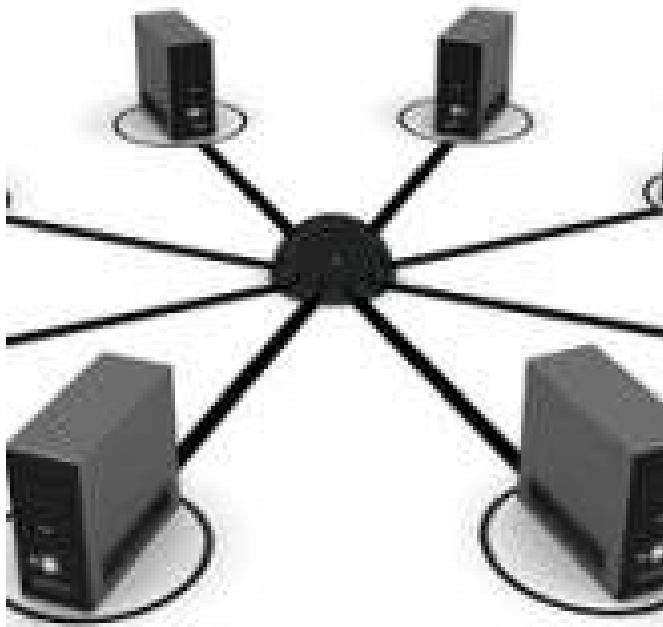
- What is your infrastructure for referrals, billing, and tracking outcomes?
- Health Information Technology
  - Which data elements do you need to collect?
  - How will you transfer information to other entities (payer, state health information exchange, partners, etc.?
- How will you bill for services?

Building blocks: Pricing/cash flow

- What are your costs to deliver the service(s)? What can the market bear?
  - True cost to deliver the service (direct costs)
  - Indirect rate required to deliver said services
  - Market rate for the service
  - Value of the service to the payer
  - Market demand for said services
  - Access to proposed services in the market

Building blocks: Volume

- How will you generate and sustain client volume?

  — Contract language

  — Referral processes

  — Plan/provider staff level buy-in

- How will you meet potential demand? (Staffing, partnerships)

Building blocks: Quality

- How will you track quality of the services you provide?

    — Process and outcomes

- How will you use what you collect to manage performance?

- How will this factor into payer quality systems (i.e. star quality ratings, reporting systems, etc)?

- How will you ensure the quality of services of network partners?

- Will you seek out accreditation?

Moving forward

- Two new ACL grants related to business acumen -- awarded last week
- *Business Acumen for Disability Organizations*
  - Develop baseline knowledge about the content and infrastructure needs of community-based disability
  - organizations through surveys and feasibility studies;
  - Provide broad-based training and technical assistance for the disability networks; and
  - Utilize a learning collaborative model to provide targeted technical assistance to 10 to 15 state networks of CBOs serving persons with disabilities of all ages and all types that seek to build their business capacity to contract with integrated care entities.

Moving forward (continued)

- *Learning Collaboratives for Advanced Business Acumen Skills*
  - Organize and conduct 3-5 topically-based action learning collaboratives to address "next generation" issues such as continuous quality improvement, infrastructure and technology, generating and maintaining volume, data pooling, and more; and to provide targeted technical assistance to networks of community-based aging and disability organizations.
  - Create knowledge and capture insights through these collaboratives to incorporate into future curriculum for national dissemination.

Moving forward (continued)

- Recent grant from John A. Hartford Foundation, SCAN Foundation, Colorado Health Foundation, Gary and Mary West Foundation, and Marin Community Foundation to n4a, American Society on Aging, Independent Living Research Utilization, Partners in Care Foundation & Elder Services of the Merrimack Valley – to form the *National Aging and Disability Business Institute*

Online Resources

- ACL-Business Acumen for Community Based Organizations

  - http://www.acl.gov/Programs/CIP/OICI/BusinessAcumen/index.aspx

- Aging and Disability Partnership for Managed Long-Term Services and Supports

  - Resources, past webinars, self-assessment tools

  - http://mltssnetwork.org/

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http://www.acl.gov/Programs/CIP/OICI/BusinessAcumen/index.aspx