Bringing medicine, patients and community-based services together.

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Building an Integrated System of Care & Services:

Community Partnerships for Whole-Person Care

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Partners in Care Foundation

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Who We Are

- Partners in Care serves as a catalyst for shaping a new vision of healthcare by partnering with organizations, families and community leaders in the work of changing healthcare systems, changing communities and changing lives—focusing on home and community care.

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Partners – Local, state, national leader

- 3 HCBS waiver contracts – most/largest in California
- CA State technical assistance center for evidence-based self-management programs for chronically ill adults
- Developer of HomeMeds and Healthy Moves
  - ACL/AoA High-level evidence-based prevention & health promotion programs
  - Co-founder & business office for national Evidence-Based Leadership Council representing 19 EB programs
- ACL Targeted Technical Assistance – selected site PLUS planning/steering team
- Research partner for Kaiser Permanente
- History of serving as fiduciary for new nonprofits

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Preparing for Healthcare Partnerships

- Staff backgrounds include executive-level experience in
  - Hospital
  - Home Health
  - Health Plan
  - ACO
  - Hospice, SNF
- Board includes:
  - RN healthcare management consultant
  - PharmD venture capitalist
  - Executives from hospitals, health systems, health plans, medical groups
  - Healthcare lawyer

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Facing the future together

Networks of CBOs will enable all boats to rise together and give us scale to compete successfully in post-ACA markets

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Improving Population Health Using Integrated Networks for Medical Care and Social Services

- Develop prototype networks that link community-based, social service agencies to the health care sector
- Goals:
  - Establish the value proposition for integrated health care and social services systems
  - Create CBO networks to deliver home and community-based services
  - Successfully contract with health plans
  - Deliver high quality person-centered care
  - Disseminate learning

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Why Focus on Integrated Networks for Medical Care and Social Services?

- Improve health care for adults with chronic conditions through *comprehensive, coordinated, and continuous expert and evidence-based services*
- Add supportive social services to medical care
  - Reduce the cost of medical care
  - Improve health outcomes
- ACA and Duals plans provide opportunity for shared cost savings for LTSS

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Health Care + Social Services = Better Health, Lower Costs

- Address social determinants of health
  - Personal choices in everyday life
  - Isolation, family structure/issues, caregiver needs
  - Environment – home safety, neighborhood
  - Economics – affordability, access
- Social Service Agencies Have Advantages
  - Time to probe, trust, different authority
  - Cultural/linguistic competence
  - Lower cost staff & infrastructure
  - High impact evidence-based programs

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Theory behind the Network

- IF CBOs join together to present a unified contracting entity to healthcare organizations
- AND they can meet the quality, volume, confidentiality, geographic coverage and information needs of healthcare
- AND they can demonstrate their value in terms of the Triple Aim
- AND they are competitively priced
- THEN they will *win* contracts with healthcare entities and *perform* well

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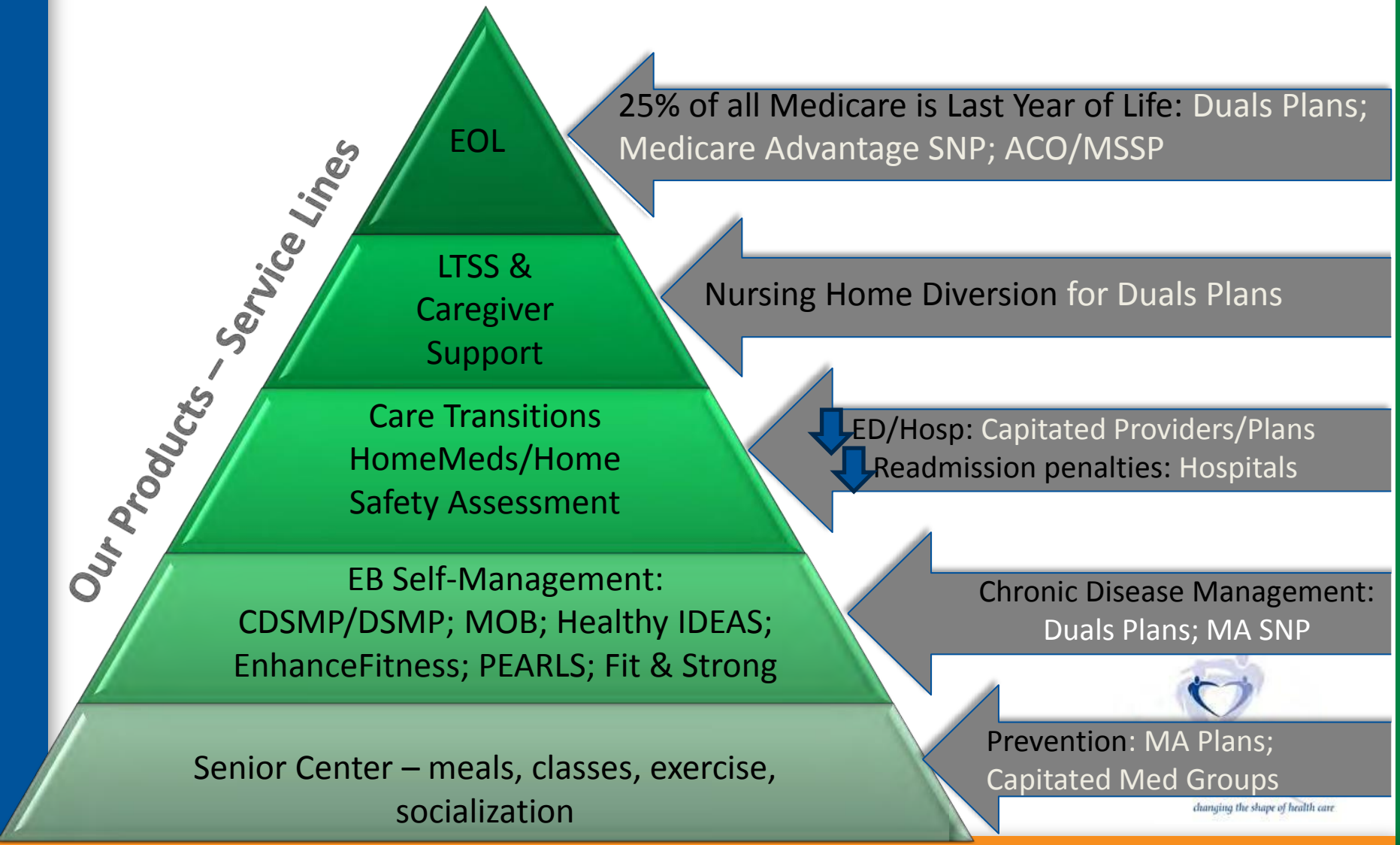
CBO Network Service Lines – Value Proposition: Who Pays and Who Saves?



Building CBO Networks for Integration: *Care Transitions SoCal Example*

1. Start with Community-based Care Transitions Program providers to avoid duplication and inability to bill CMS – support group re: CMS
2. Subcontract with each other for patients whose homes are in different geographic area
3. Seek contracts for other payers/hospitals
4. Build business capacity
5. Expand to include other services to create comprehensive community care system

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CARE TRANSITIONS SoCal

We are a network of community-based organizations leading the nation in providing the health enhancements of care transitions, with the added bonus of delivering a package of wraparound support services including home-delivered meals, medical transportation and more. Currently, we are contracted with 40 hospitals and have served thousands of appreciative patients in less than a year, with swift and impressive results.

"My coach helped me make continuing health a priority – and having her support made me feel important despite my age."
Patient Lolita

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Care Transitions SoCal Members

- Camarillo Health Care District & Ventura AAA
- Community SeniorServ, Orange County
- Partners in Care Foundation
- AltaMed Health Services Corporation
- San Diego Aging & Independence Services
- Los Angeles Jewish Home for the Aging

CARE TRANSITIONS SoCal

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Expanding the Network

- Partnership with Los Angeles Area Agency on Aging (AAA) and its provider network
  - Meals
  - Transportation
  - Emergency response system
  - Evidence-based self-management and wellness programs
- Partnerships with Special Service for Groups:
  - Mental health
  - Homeless
  - Greater cultural diversity
- ***New name soon to come***

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Why Be in a Network?

What Networks Do for Members and for the Healthcare System

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Population Health & Mission

- Most people who can benefit from our services are NOT dual eligibles
  - Older adults with chronic conditions
  - Disabled populations
  - Any adult with chronic condition
    - Evidence-based programs
- Providers and health plans are the payers, but the ***purpose*** is to improve health & quality of life for people with chronic conditions
- Decreasing cost & improving health benefit the whole country.

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Why belong to a network?

- **Contracting is expensive**
  - Legal fees – one contract $40,000+
- **Contracting is time consuming** – multiple meetings every week over 9 months – ~2,000 hours of team time *for <u>one</u> contract*
  - Build the relationship – prepare materials, business case
  - Negotiate the contract
  - Roll out the program
    - Develop workflows
    - Policies & procedures
    - Hire staff
    - Training
  - Reporting & evaluation

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More reasons for network

- ✓ **Competition** – Large **national** companies like APS promise efficient service, unified IT, analytics, quality assurance
- ✓ **Medical Loss Ratio – Billing**
  - ✓ **Health Plans must spend 85% on clinical care & quality**
    - ✓ **No more pilots under administrative budget**
    - ✓ **To be clinical, you need license &/or accreditation**
  - ✓ **Accreditation** is costly ($33,000+)
    - ✓ Requires huge effort…better through a single entity.
    - ✓ May be required for contracting with health plans *other than* Medi-Cal, especially Medicare
  - ✓ **License:** Sharing cost for licensed supervision may be more economical.
  - ✓ **Medicare Provider # Difficult**

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Expensive for healthcare too!

- Every meeting with us was a meeting for them
- Lawyers for them, too
- These are innovations for them, so single investment is best
- Dept. Managed Health Care has to approve every contract
- Health plan has accreditation issue with NCQA – temporary exemption, but…

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Network Functions 1: Meet Health Plan Due Diligence Requirements

- Credential network members to assure compliance with contract terms
  - HIPAA/HITECH security
  - IT Systems for data exchange
  - Insurance
  - Staff – drug testing, background check, TB test, etc.
  - License/certification/accreditation

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Network Functions 2: Quality Assurance

- Support accreditation through MSO or business office
- Ensure consistent delivery of service
- Fidelity to evidence-based models
- Performance data
- Supervision by licensed personnel (e.g., LCSW, RD, RN)
- R & D – evaluation

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Network Functions 3: Business Office

- Shared sales & marketing
- Negotiate and hold contracts
- Billing & service authorization
- Maintain IT infrastructure
- Legal support
- Call center/communications systems
- Policies/procedures – HIPAA/HITECH

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Decisions: Network Structures

- Incorporate together
  - For-profit?
  - Not-for-profit?
  - “For Benefit” LLC?
- Subcontract with each other
- Membership organization/association
- Contract through MSO
- Become MSO
  - Other regions may wish to join/collaborate

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SoCal Network for an Integrated Community Care System

One Call Does It All!

Building CONTRACTS together

Current & Pending Contracts

Role of & Opportunities for Network Members

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3 Service lines to be offered

Evidence-based Self-Management

Independent w/ chronic condition

HomeMeds,

Stanford Chronic Disease Self-Management

(Diabetes, Pain, Spanish versions)

Short-term In-Home Services

At risk for deterioration & high utilization

Care transition coaching

Risk screening

Psychosocial evaluation

Service coordination

Long-term Services & Supports

Frail/disabled

Service coordination,

Purchase of services (meals, respite, transport, chores)

Current contracts that could engage the network

Healthcare Entity	Population	Contracted Services
• **Large statewide Health Plan**	• Healthcare Exchange & Medicare Advantage • High-Risk Members w/ functional &/or cognitive impairment	• HomeMeds • Evidence-based self-management, • Care transitions • Comprehensive home assessment, care plan, navigation/service coordination
• **Four Duals Plans**	• Dual eligibles needing long-term services & supports (LTSS)	• Waiver-like comprehensive program to keep members out of nursing home, includes purchase of service
• **Hospital system** • **Medicaid Health Plan**	• High-risk post-acute	• Care transition coaching and social services; referral to self-management
• **Large regional medical group**	• Post-acute high-risk seniors	• HomeMeds-Plus: In-home psychosocial evaluation, environmental risk assessment, HomeMeds medication review and pharmacist intervention

Contracts & Sustainability

- Initial contracts are PILOTS
  - Success will bring ongoing contracts
  - Small numbers expected at first
- Current payment model is case rate
  - Built-in network cost
  - Efficiency improves net return
- With data, move to PMPM or shared savings

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Caveat Vendor: Data-related contract requirements

- Must have data disaster recovery plan (backup & restore)
  - Tested annually and test results submitted to plan
- "Physical Security & Environmental Controls"
  - Limit access to those who need it; secure environment
- No data on laptops or mobile devices
- Must provide documented data security plan including diagrams, info architecture, risk assessment, policies
- Annual security audit & report
- Insurance – Privacy Liability and Network Security Insurance

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More requirements

- Same-day documentation of every attempt to contact member
  - Date, time, notes, plan
- Document supervision/monitoring by LCSW
- Provide access for Plan to internal record-keeping systems related to Plan members
- Provide monthly summary of services delivered (and not delivered…with explanation)
- Maintain data system compatible with Plan's and capable of data exchange
- Secure File Transfer Protocol (SFTP) & Secure Email required

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Usual work, new standards

- What we do now can affect outcomes for health plans, hospitals, ACOs and provider groups
- We have to do it better & faster
  - New Culture: How high?!! Accountability
    - Just doing it vs. doing it right and getting outcomes
- We have to measure & improve constantly
  - Data – We MUST require contracting partners to share data and information so we can improve…***and demonstrate outcomes!***

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