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Information and Planning Issue Brief

Information Technology in Area Agencies on Aging: Special Focus on Regional Networks/Consortia

Background

As Area Agencies on Aging (AAAs) engage in new and innovative lines of business, new opportunities to partner with the health care system emerge. It is also important to recognize that AAAs are developing unique partnerships with each other, whether through informal collaborations or more formal arrangements, including the establishment of new incorporated agencies and limited liability companies (LLCs). As agencies pursue these new partnership opportunities, information technology (IT) has become increasingly important for its role in sharing information between partners; tracking services and consumer outcomes; managing financials; and/or billing for services. This issue brief highlights how AAAs are engaging in formal and informal networks and consortia to serve clients and the IT implications of such partnerships. Data was collected for this through the 2015 AAA Survey on Information Technology, as well as follow-up key informant interviews with representatives from six AAAs.

Introduction to Networks/ Consortia

AAAs have traditionally engaged in a multitude of informal and formal partnerships to achieve their missions and serve older Americans as effectively as possible. As the need grows and traditional funding streams erode or remain stagnant, some AAAs are developing networks or partnerships with their fellow AAAs. A key component of these arrangements involves information technology to allow them to track data more efficiently across AAAs and with providers, with the goal of better serving clients and better supporting and tracking client outcomes.

Data exchange is important to networks and consortia of AAAs. When AAAs were asked to consider some of the most common challenges, nearly half (46.2 percent) of AAA respondents said that data exchange between their AAA and outside organizations is a major challenge. Forty-one percent of AAAs said that needing an IT system that works with multiple outside systems is a major challenge. Furthermore, 45.6 percent of AAAs reported that there are organizations with which they would like to share an IT system or data but do not or cannot. The most common reasons AAAs gave for not being able to share IT are the need for a new or upgraded system, incompatible data formats and concerns about their own data security. Participation in a network or consortia of agencies may assist in addressing some of these very real challenges.

Through key informant interviews, two main types of networks emerged. The first type may be considered a traditional state-AAA network. States often purchase an IT system that all AAAs within

that state will use for reporting. Respondents noted that the benefits include more seamless reporting for the state; easier exchange of client information across AAA boundaries, such as when a consumer moves across a service area; and sometimes the process of joining together on an IT system led to improvements with data collection processes, such as developing systems and definitions for data collection to ensure consistency. Other AAAs are part of formal networks such as LLCs or members in separate non-profit organizations to support their efforts to contract with managed care organizations or other health care entities. The more formal structures may range from a regional co-op governed by a charter, to an unincorporated business association, to a for-profit limited liability company (LLC). These entities use IT to exchange data with the health care entity, including services rendered, outcomes and financials/billing.

Benefits and Challenges of Networks/ Consortia

There are certain benefits as well as challenges faced by AAAs involved in a network or consortium. Networks focused on health care partnerships offer AAAs these types of benefits:

- Ability to strategically position themselves as a unified entity that offers an array of services greater than what their agencies provide separately to meet the needs of a wider target population.
- Opportunity to diversify funding streams and potentially increase revenue, while maintaining a mission focus.
- Access to increased buying power, the ability to share resources and exchange information, and to pool resources for training and infrastructure development such as IT (i.e., economies of scale).
- Serve as a central hub for the development of common requests for proposals for IT software packages and leverage points to retool products better tailored for aging services organizations.
- Ability to overcome challenges such as limited geographic reach in partnering with health care entities.

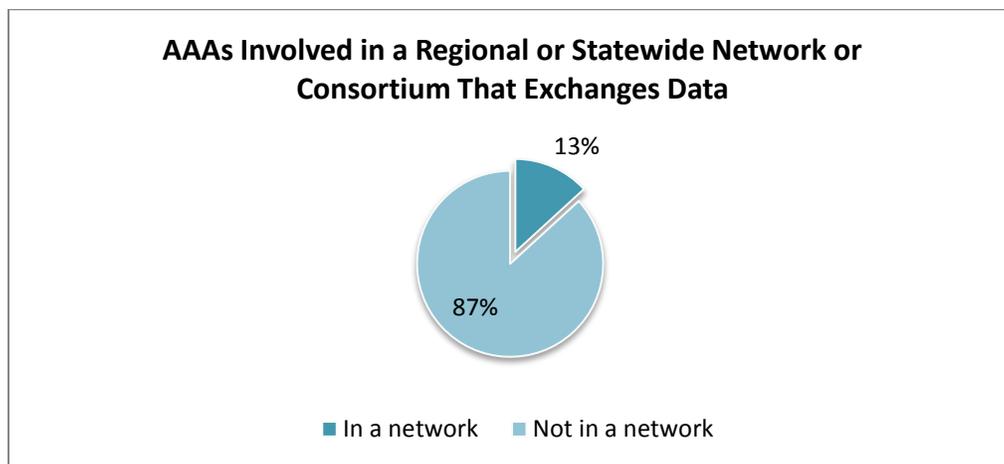
There are benefits for health care partners as well. Networks are attractive to health systems or other payers looking for community-based organizations with which to contract. AAAs know their communities and the needs of the individuals who live in them, which are often specific to their region and community—this may be knowledge a health care payer does not have for community-based services. Community-based organizations can help to address the social determinants of health, an area that managed care organizations and health care entities are increasingly focused on. AAAs impact those areas through services such as case management, care transitions, behavioral health care, in-home supports, evidence-based health promotion and disease prevention, falls prevention and more. However, health care providers do not generally want to contract individually with each AAA, and they need to ensure consistency across jurisdictional boundaries. Networks or consortia offer health care entities the opportunity to tap into their benefits and reach a larger geographic area while minimizing the administrative burden of creating and maintaining a multitude of contracts.

Developing a network also comes with challenges—as does any partnership. Challenges will vary depending on the nature of the partnership and stakeholders involved, yet a common challenge is having a decision-making process that meets the needs of all stakeholders. For example, if AAAs

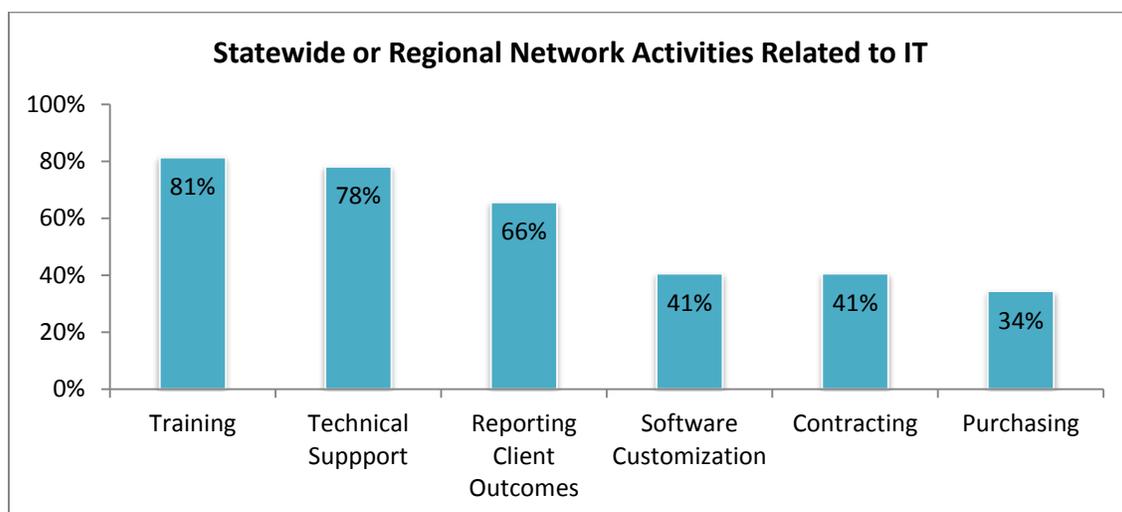
agree to use a common IT system through the network, it is important to identify an administrator and clarify roles, ensure agencies have the financial resources to sustain participation in the IT system (e.g., licensing fees or cost of upgrades), and there is a need for consensus about making changes to the IT system. When the network is formed to partner with health care entities, there are additional factors that come into play, such as requirements the health care entity may have about IT system capabilities, outcome tracking and data exchange and security.

Prevalence of Networks/Consortia and Most Common Activities

Of the AAAs responding to the 2015 AAA IT survey, 13.2 percent reported that they are part of a statewide or regional network of Area Agencies on Aging or community-based organizations (CBOs) that exchange data.

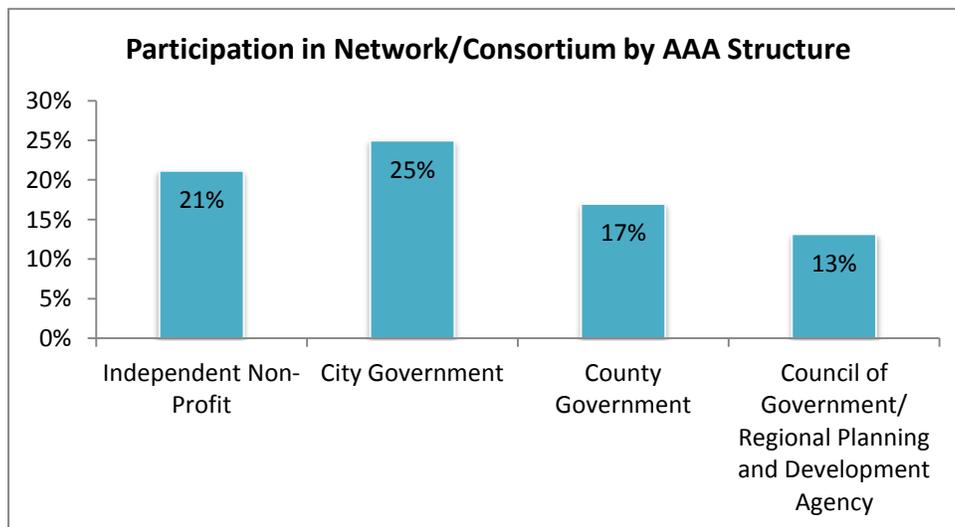
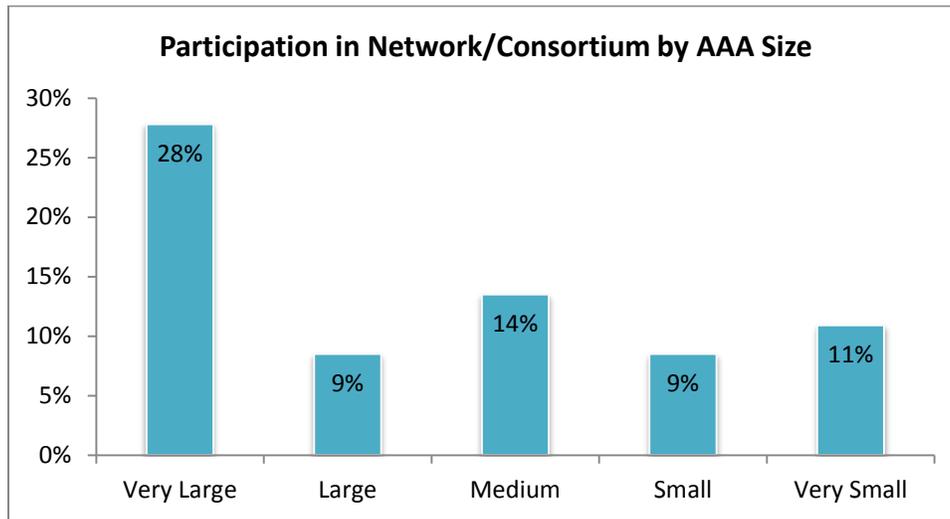


The most common IT-related activities addressed by statewide or regional networks include training, technical support and reporting client outcomes.



Variation in Network/ Consortium Participation by AAA Size and Structure

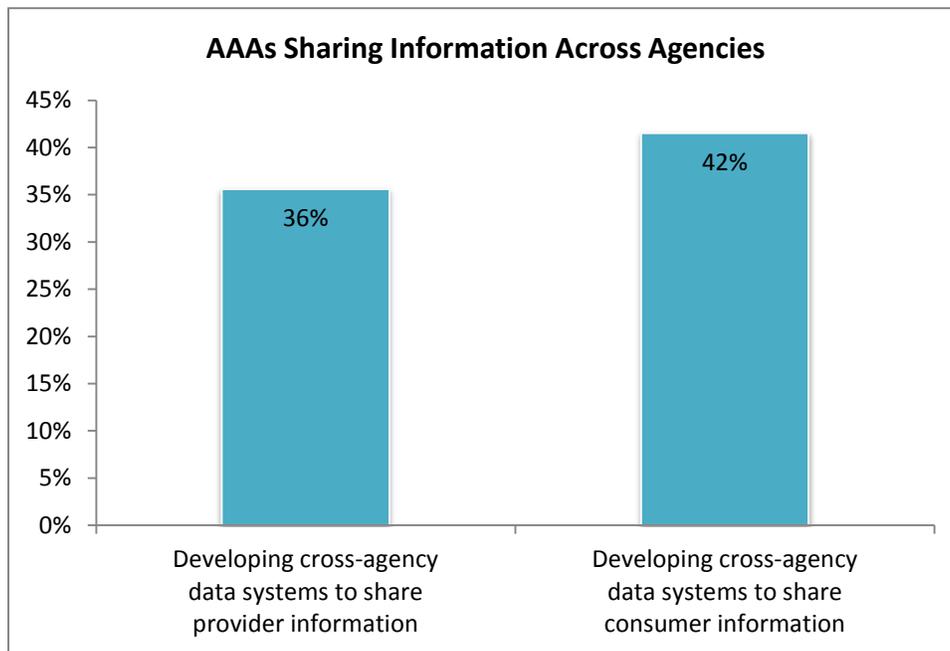
There is some variation among AAAs with regard to participation in a network or consortium based on the AAA size or structure. In terms of AAA size, very large AAAs are most likely to participate in a network/consortium, with AAAs of other sizes relatively evenly split. With regard to AAA structure, independent non-profit AAAs and AAAs that are part of city government are most likely to be involved in these activities. It should be noted that, according to the 2014 AAA National Survey,¹ only 3 percent of AAAs across the country are housed within city government. The majority of AAAs are independent non-profits (39 percent), part of county government (28 percent), part of COGs/RPDAs (26 percent). The balance is classified as other types of structures (4 percent).



¹ <http://www.n4a.org/files/AAA%202014%20Survey.pdf>

AAAs Are Developing Cross-Agency Data Sharing

When AAAs were asked how they have made progress on enhancing their IT infrastructure capacity, 36 percent responded that they are developing cross-agency data systems to share provider information, and 42 percent responded they are doing so to share consumer information. Having these efforts in place may support their participation in a network or consortia.



Key Informant Interviews

Of the 13.2 percent of AAAs that reported that they were involved in a network or consortia of agencies that exchange data, 22 indicated in the survey that they would permit follow-up contact and of these six agencies were available for follow-up phone calls to share further information on their involvement with a network or consortia.

Agencies spoken to were Blair Senior Services AAA in Altoona, PA; Northern Kentucky Area Development District AAA, in Florence, KY; Health and Social Service Consortium in Sharon, MA; Maui County Office on Aging in Wailuku, HI; and Seniors Plus in Lewiston, Maine.

Of the agencies interviewed, they represented a range of network and consortia arrangements. Several AAAs² described being part of a statewide network of AAAs that use a shared software system to exchange data between AAAs as clients cross geographic boundaries, but also to streamline data reporting and analysis to the state. In these instances, the state typically serves as the administrator and the AAAs hold separate licenses to use the system. In some instances the AAAs may also require or encourage their contracted providers to use the system as well, which

² Blair Senior Services AAA in Altoona, PA; Northern Kentucky Area Development District AAA, in Florence, KY; Health and Social Service Consortium in Sharon, MA; and Maui County Office on Aging in Wailuku, HI.

further streamlines data and information exchange and can also support invoicing/billing, making and receiving referrals, service tracking and quality assurance practices.

These types of networks did not always originate from the state level—in one instance it occurred through a AAA effort to pool resources and consolidate efforts, which also gave them the opportunity to collaborate on service definitions and units to ensure that statewide AAAs are collecting data consistently. In some instances, having a shared system has led to service innovations. The Maui County Office for Aging described using their system to develop up-to-the-moment disaster preparedness information, such as tracking individuals who are homebound and will need support in the event of a power outage, weather event or other emergency situation.

The Health and Social Services Consortium (HESSCO) AAA in Sharon, MA described how they use their IT system to connect to a physician provider group that serves a significant portion of AAA clients. Nurse managers at the physician group are able to access client information and ascertain if the client is on medications from another doctor that may conflict with a prescription from their practice. This AAA is also involved with opportunities through Massachusetts Health Information HIway (Mass HIway) and is now, for example, transmitting long-term care screening results that their agency conducts to nursing homes through the Mass HIway system. Further opportunities such as exchanging information between the AAA and local hospitals are pending.

Pennsylvania's Comprehensive Care Connection (C3) was established in summer 2016 as AAAs prepared for the state's shift to Medicaid Managed Long-Term Services and Supports (MLTSS) beginning in 2017. Pennsylvania is only second to New York State with the number of AAAs (52 and 59, respectively). The AAAs saw value in contracting with the MCOs but recognized that MCOs may be unwilling or unable to contract with each individual AAA. As a result, C3 was formed to serve as the umbrella organization for the AAAs and to establish contractual agreements with the managed care organizations. It was decided that C3 should be established in June 2016 and by January 2017, 33 of 52 AAAs in Pennsylvania joined the network and over \$1 million of funding to support C3 was contributed by the AAAs. C3's goal is to pursue an IT solution for client population management and data analysis that will integrate with the MCO data systems—and potentially other partners as well such as hospital or provider groups—reducing the need for AAA staff to enter data in multiple systems which also would reduce training needs and improve efficiency for AAA staff. C3 is working with a consultant to help identify the best IT solution and has seen significant interest from IT companies in working with them with several companies coming to C3 for hands-on on demonstrations for their IT systems as part of the request for proposal process. C3 is being set-up as a 501(C)3 corporation, pending IRS approval, and will be receive ongoing revenue through a per member per month (PMPM) model once MCO contracts are established.

Lessons Learned

Many of the lessons shared through the key informant interviews related to having a system that can be customized to meet the needs of the AAAs. Challenges to customization related to both limitations internal to a system, as well as a need for fuller or better trained system administrators. Several AAAs noted that the entity administering the system needs to have staff with expert-level knowledge of the system. When the IT system is administered at that state level, the state staff may not have full knowledge of the system as their use tends to focus on reporting, while AAAs are using the system for a broad array of functions including demographics, service tracking, invoicing/billing, quality assurance and reporting. Some AAAs reported working to address this

issue by offering the expertise of their local IT staff as technical consultants to those administering the system at the state level. Another state has a consultant from the software company assigned to them for hands-on assistance; this AAA director reported that when she needs help, it is readily accessible and was pleased with the flexibility of the system. One AAA reported ongoing challenges with lack of flexibility in their IT system. AAAs also described taking the opportunity to work together with other AAAs to ensure consistency with service definitions and units, ensuring that data reported statewide is as consistent and accurate as possible.

Some AAAs reported that subcontractor providers are also using the shared IT system which facilitates referrals, billing and subcontractor monitoring. Training staff of contracted agencies on the IT system was reported as a challenge. AAAs have worked to address this first by ensuring providers had advance notice about the switch in IT system and by providing ongoing training and support. Some providers build the cost of the IT license into their subcontract agreements; in one state, the state currently pays for the license for AAAs and subcontractors. Ensuring ongoing licensing fee costs are addressed in budget planning is also essential.

For AAAs involved in organizations that are building or buying a new IT system, the challenge is ensuring a new system is the right one. C3 described a thorough and strategic engagement process where they organized a workgroup comprised of IT professionals, service coordinators, service coordinator supervisors and AAA administrators among others to inform what they need in an IT system to ensure the best selection possible is made. C3 is also holding on-site live demonstrations of the IT systems and checking references (i.e., speaking to others who currently use the system) before making a decision.

Conclusion

Collecting and exchanging data through an IT system that is both effective and efficient is essential for AAAs as they pursue new partnerships with health care agencies. Networks or consortia of AAAs that share an IT system experience benefits including streamlined reporting, improved data exchange, tracking of consumer outcomes and the ability to receive and send referrals more seamlessly. As AAAs innovate and continue to partner with each other and the health care sector in new and different ways, having an IT system that supports their work is critical.

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Additional Resources

[Information Technology in Area Agencies on Aging](#)
[Aging and Disability Business Institute – Building Your Network](#)
[ACL Business Acumen for Community-Based Organizations](#)

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National Association of Area Agencies on Aging (n4a)

1730 Rhode Island Avenue, NW, Suite 1200

Washington, DC 20036

202.872.0888

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