Building Community-Based Integrated Care Networks

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Where we started
Integrated Care Opportunities

- Accountable Care Organizations (ACOs)
- Community-Based Care Transitions Program (CCTP)
- Health Homes
- Medicaid Managed LTSS (MLTSS)
- Duals Financial Alignment Initiative
- State Innovation Models (SIM)
Key Questions
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

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

For us... Where do we fit in?
For integrated care entities (especially health plans)...

Build it

Buy it
Where we are now
**MLTSS Programs - 2015**

- **Current MLTSS program (regional **)**
- **Duals demonstration program only**
- **MLTSS is being planned or implemented (2015 or later)**

Source: NASUAD 2014 State of the States; CMS
Concerns about sustainability & systems changes

Source: Aging and Disability 2015 Information & Referral/Assistance National Survey, National Association of States United for Aging and Disabilities (NASUAD) in partnership with the National Council on Independent Living (NCIL)
ACL Business Acumen Learning Collaboratives

- **2013-14**: 9 CBO networks, 15 signed contracts, 1 MSO formed, 1 network LLC under formation, 1 organization accredited by NCQA for care management
- **2015**: 11 networks, 2 signed contracts (thus far), 2 under negotiation, 1 network LLC under formation
About the contracts

• Most common services: Care transitions*, in-home assessment and medication reconciliation, care coordination & navigation, evidence-based programs (EBP)

• Most common contracting organizations: duals plans*, Accountable Care Organizations, Medicaid MCO, physician group, state healthcare exchange
What we’ve learned

- Culture matters
- Relationships (and champions) are critical to the process
- Contracts take TIME
- What you want to sell may not be what they want to buy
- Infrastructure to deal with “back office” functions (e.g., billing, tracking outcomes, information technology) is as important – if not more important – as pricing
- Still many issues that need more work: Network service quality, performance measurement, information technology, accreditation, and more
What’s next?

- New HHS delivery system reform goals:
  - Alternative Payment Models (e.g., ACOs, bundled payment arrangements):
    ✓ 30% of Medicare payments are tied to quality or value through alternative payment models by the end of 2016
    ✓ 50% by the end of 2018
  - Linking FFS Payments to Quality/Value (e.g., Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs):
    ✓ 85% of all Medicare fee-for-service payments are tied to quality or value by 2016
    ✓ 90% by the end of 2018
- “Capture and spread” learnings from business acumen efforts to larger field of aging and disability organizations
- Continue development of public-private partnerships
New opportunities (and challenges)

• Increasing recognition of importance of social determinants of health
  ✓ Good for our networks...but also brings out competition

• Getting the contracts may just be the easy part
  ✓ Dealing with conflict of interest, volume/scaling, IT, data access, performance measurement/management
  ✓ Opportunity to perform and to SHINE

• Increasing number of champions:
  ✓ Foundations
  ✓ Health-care sector
One final thought

“For these individuals [with both chronic conditions and functional limitations requiring long-term services and supports] to achieve better health, providers must be able to connect their patients to social supports and human services while focusing on prevention and wellness in ways that emphasize behavior change. By partnering with community-based organizations (CBOs), such as Area Agencies on Aging (AAAs), providers can help individuals manage their chronic diseases and meet their often overlooked social needs.”

Dr. Anand Parekh & Dr. Robert Schneider
“How Community-Based Organizations Can Support Value-Driven Health Care”
Health Affairs, July 10, 2015
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http://acl.gov/Programs/CIP/OICI/BusinessAcumen/index.aspx