Building the Business Case: I&R/AQ and Delivery System Reforms

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Integrated Care Opportunities

- Accountable Care Organizations (ACOs)
- Health Homes
- Community-Based Care Transitions Program (CCTP)
- Medicaid Managed LTSS (MLTSS)
- Duals Financial Alignment Initiative
- State Innovation Models (SIM)
Where do community-based organizations (CBOs) fit into delivery system reform?

- Working with their state in an outreach/education/advocacy role
  - Assisting consumers with selecting plans
  - Monitoring quality of services provided to older adults and persons with disabilities (e.g., secret shopping and other forms of monitoring)
  - Individual complaint resolution (through ombudsman programs)

- Contracting with integrated care entities (e.g., health systems, ACOs, managed/integrated care plans) as part of their long-term services and supports (LTSS) provider networks
For integrated care entities (especially health plans), the question is...
Where do CBOs add value?

- Stanford model of chronic disease self-management
- Diabetes self-management
- Nutrition counseling
- Meal provision
- Education about Medicare preventive benefits

Managing chronic conditions

- Stanford model of chronic disease self-management
- Diabetes self-management
- Nutrition counseling
- Meal provision
- Education about Medicare preventive benefits

Preventing hospital (re)admissions

- Information, referral & assistance/system navigation
- Evidence-based care transitions
- Care coordination
- Medical transportation
- Evidence-based medication reconciliation programs
- Evidence-based fall prevention programs/home risk assessments
- Caregiver support
- Environmental modifications

Diversion/Avoiding long-term residential stays

- Information, referral & assistance/system navigation
- Nursing facility transitions (Money Follows the Person)
- Person-centered planning
- Assessment/pre-admission review
- Environmental modifications
- Caregiver support
- LTSS innovations

Activating beneficiaries

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

ACL

State aging & disability agencies

Community-based aging & disability organizations
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 Collaborative(s)
2013-2014 Business acumen learning collaborative

• Targeted technical assistance to build business capacity of *community-based integrated care networks*  

• **Goal:** Each network would have at least one new contract with an integrated care entity by the end of 2014.

• Site leads:
  – Partners in Care Foundation (CA)
  – San Francisco Department of Aging and Adult Services (CA)
  – Healthy Aging Regional Collaborative (FL)
  – Elder Services of the Merrimack Valley (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. in partnership with the PA Centers for Independent Living (PA)
  – North Central Texas Council of Governments (TX)
• 9 networks, 15 signed contracts
Most common service under contract

• Care Transitions (12 of 15 contracts)

Other services under contract

• Assessment and medication reconciliation in home
• Care coordination and navigation
• Evidence-based programs (EBP)
Most common population served

- Dual eligibles -- in particular, duals with chronic conditions (9 of 15)

Other populations served under contracts

- Special diagnosis patients
- EBP targets
- High risk
Most common payer

- Dual Eligible Plans (8 of 15)

Other payers

- Accountable Care Organizations
- Medicaid MCO
- Physician Group
- State Healthcare Exchange
Most common payment model

- Case rate
A few success stories

• Conversation among the sites has evolved over the course of the collaborative, and sites are now exploring issues related to network infrastructure – information technology, billing, accreditation, and more

• One management services organization being established, and at least one more under development
2015 Business acumen learning collaborative

- Network 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)
  - Aging and Disability Resource Consortium of the Greater North Shore, Inc. (MA)
  - St. Louis Metropolitan Integrated Health Collaborative (MO)
  - Center on Aging and Community Living (NH)
  - 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)
  - Aging and Long Term Care of Eastern Washington (WA)
  - Wisconsin Institute for Healthy Aging (WI)
What we’ve learned

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

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http://www.acl.gov/Programs/CDAP/BusinessAcumen/index.aspx